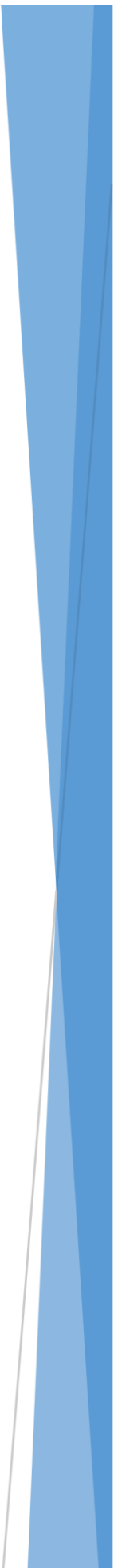


**CITY OF BLOOMINGTON**  
**commission on aging**

**Report of the  
Best Cities for Successful Aging  
(BCFSA) Task Force**

January 2016



City of Bloomington Commission on Aging, January 2016

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## Report Summary and Introductory Notes

This report describes how the 2015 White House Conference on Aging sparked the Commission's interest in the Best Cities for Successful Aging (BCFSA) project of the Milken Institute, which led in turn to formation of the Commission's BCFSA Task Force.

It then provides a brief overview of Milken's comprehensive project, and discusses the four elements of BCFSA Task Force efforts. The first two elements were: *requesting input from former Mayor Krusan*, and *reviewing quantitative comparisons of Bloomington to other small metros*. In the section on quantitative comparisons, the report highlights a few specific topics:

- Geriatric services
- Two factors relevant to "cost of living"
- Crime rate
- 65+ population below the poverty line

The report then covers the third and fourth elements of Task Force work: *assessing exemplary programs elsewhere to determine what might complement current Bloomington activities*, and *asking for renewal of Bloomington's commitment to its senior citizens*.

Up front, we would like to note that our resources for conducting this exploration were very limited. This was a volunteer, unfunded effort; we did not have the wherewithal to take our analysis to the deeper, more detailed, level that seemed to be warranted in some instances.

The limited nature of our work may generate more questions than answers. And although we have done our best to verify every number and statement included in this report, there may be errors or omissions.

Ultimately, we learned some valuable lessons as "consumers" of research from this exercise. We expect to be better Commissioners—and citizens—because of that. We hope that this report can offer something of interest to others who are concerned with similar issues. We love Bloomington! It is a wonderful city with a wide variety of strengths, but there also are some areas in which we might grow.

References and supporting materials are provided within the text, in appendices, or in accompanying tables, but the link to BCFSA's excellent website should be singled out here:

<http://successfulaging.milkeninstitute.org/>

From this website, their 2014 narrative report can be downloaded. The site also features access via a dropdown menu to the full set of 2014 scores and ranks for each of the metros reviewed.

## **The 2015 White House Conference on Aging**

Once every decade since the 1960s, the White House holds its Conference on Aging (WHCOA). These meetings have been crucial elements in the movement to raise awareness about aging issues in America, and to solidify support for senior citizens through the Older Americans Act and programs such as Medicare, Medicaid, and Social Security.

For the current decade, the Conference date was July 13, 2015. The Bloomington Commission on Aging hosted a public watch party that day at the Monroe County Public Library for the WHCOA webcast.

Matt Hayek, Mayor of Iowa City, was invited to the White House to serve on one of the Conference discussion panels. He received this invitation because Iowa City was ranked #1 out of the 252 Small Metros reviewed by the Milken Institute for its 2014 Best Cities for Successful Aging report.

Commissioners followed up after the Conference by reviewing the BCFSA report, where they discovered that Bloomington was ranked #80. On the face of it, #80 out of 252 would seem to be a relatively respectable ranking. But although rankings are useful in many circumstances, they can be difficult to interpret; the size of the intervals between each rank can vary considerably due to the absolute value of the data point upon which each rank is based.

Commissioners were curious about the rankings and, ultimately, about why Iowa City had fared so much better than Bloomington. This led to formation of the Commission's BCFSA Task Force.

### **Brief Overview of the *Best Cities for Successful Aging* Project**

#### *Quantitative Analysis:*

Milken researchers used 2013 Office of Management and Budget geographic delineations for the Metropolitan Statistical Areas (MSAs) of 100 Large Metros and 252 Small Metros in the US as the basis for their comparisons. Guided by their Advisory Committee and the literature, they outlined eight general categories relevant to their concept of "successful aging," with various indicators assigned to each:

- General (7 indicators used for Small Metros)
- Healthcare (16 indicators used for Small Metros)
- Wellness (10 indicators used for Small Metros)
- Financial (9 indicators used for Small Metros)
- Living Arrangements (11 indicators used for Small Metros)
- Employment / Education (5 indicators used for Small Metros)
- Transportation / Convenience (6 indicators used for Small Metros)
- Community Engagement (6 indicators used for Small Metros)

They collected data for each indicator from a variety of publicly-accessible resources such as the Census Bureau, Bureau of Labor Statistics, etc.

They used the collected data to assign an indicator score for each metro via an indexing system. Whichever metro "performed best" on an indicator was assigned a score of 100 for that indicator. Then, scores for all

other metros were calculated in direct proportion to that benchmark. Please note that “performed best” will translate into a high underlying data value for some indicators (such as “Percent of Seniors Near Groceries”), but a low underlying data value for others (such as “Unemployment Rate”).

This indexing technique is very useful because it makes possible a gross assessment of relative performance across totally different types of data units—e.g., dollars for “Median House Price,” percentages for “Unemployment Rate,” etc. However, if the data underlying the extremes of the resulting scale (i.e., at “0” and “100”) are fairly close in actual value, indexing can artificially magnify or “stretch” any differences.

BCFSA researchers then pooled the indicator scores, weighted within each category, and calculated a category score for each metro as well. Finally, three cross-category scores were calculated; an overall score, a 65-79 subpopulation score, and an 80+ subpopulation. Each of these used differing weights, to represent changes in priorities and needs as we age.

The BCFSA project clearly was a very thorough and thoughtful effort, undertaken by experts. In contrast, we are not familiar with the literature of this field. So we did not feel comfortable looking at scores generated through weighting processes, since weighting has the potential to introduce issues if underlying constructs are incomplete. Instead, we chose to focus our review on BCFSA indicator scores, rather than considering any category or cross-category scores.

For all three score levels—indicator, category, and cross-category—metros also were assigned rankings based on those scores. As we already have noted, rankings are useful, but a ranking process can introduce additional interpretational issues.

#### *Qualitative Component:*

During their work on this project, Milken researchers became aware of a great many exemplary programs across the country related to successful aging. Since such efforts could not be factored into the quantitative analysis, they chose to showcase a number of them with short narrative descriptions in the report.

#### *The Mayor’s Pledge:*

Additionally, Milken sent all US city mayors a letter in 2014, prior to publishing their report. The letter requested signatures on a Mayor’s Pledge (see Appendix I for text of the Pledge). Commissioners were delighted to find that former Mayor Kruzan was listed in the BCFSA report among those who had signed the Pledge.

### **Purpose of the BCFSA Task Force**

Given the features of the BCFSA project, we proposed a four-step plan for our work:

1. Send a letter to the Mayor asking for his perspective on fulfilling the Mayor’s Pledge in Bloomington
2. Review Bloomington’s quantitative performance relative to comparable Small Metros
3. Select a small number of the exemplary programs featured in the 2014 report as possible complements to current Bloomington efforts in these areas

4. Ask incoming-Mayor John Hamilton to renew Bloomington's commitment to its senior citizens by signing the Mayor's Pledge

The remainder of this report is organized into sections corresponding to these four aspects of the Task Force's work.

### **Response from Former Mayor Mark Kruzan**

We were gratified to receive a comprehensive response from former Mayor Kruzan regarding Bloomington's strengths, which is attached as Appendix II. We hope that it will provide a useful historical and practical context for the various elements of the BCFSA Mayor's Pledge. As with all other aspects of this Task Force report, the Commission would welcome the opportunity to discuss specifics with Mayor Hamilton.

### **Reviewing Quantitative Measures, Part One: What We Did With BCFSA Scores, and Why**

Given our particular interest in Iowa City, our first action was to produce the accompanying **TABLE A**, "Comparison of Indicator Scores for Bloomington and Iowa City." We did this to give ourselves an overall sense of where the differences between the scores for those two MSAs lay.

There are various ways to assess the differences shown here. For example, one could start by summarizing the highest- and lowest-scoring indicators for each city.

Bloomington's top-tier (90-100) scores were for these indicators:

- Percent of Hospitals with JCAHO\* Accreditation (\*Joint Committee on Accreditation of Healthcare Organizations; note that 112 other metros also scored 100 on this indicator)
- Percent of Seniors Near Grocery

Bloomington's bottom-tier (0-9.99) scores were for these:

- Number of Orthopedic Surgeons
- Number of Long-Term Hospitals
- Number of Hospitals with Geriatric Services
- Total Bank Deposits
- Continuing Care Facilities
- Output of Service Sector and Manufacturing
- Number of YMCAs

Iowa City's top-tier scores were for these indicators:

- Sugary Drink Consumption
- Percent of Seniors Near Grocery

Iowa City's bottom-tier scores were for these:

- Fatal Car Crashes

- Total Bank Deposits
- Number of Home Health Care Providers
- Output of Service Sector and Manufacturing

But it also is instructive to look for differences from the larger, category perspective. For example, the table shows a clear distinction between Bloomington and Iowa City in the Health Care category overall. The majority of Iowa City's indicator scores are in the upper tiers (50.00 or higher), while the majority of Bloomington's are in the lower. However, due to Bloomington's score on geriatric services, we took a closer look at Bloomington's healthcare system on our own; see the discussion on page eight for additional notes.

We concluded that this kind of table could be a useful tool, but we could not justify spending more time on producing similar tables for other comparison metros. Instead, we moved on to considering how to tackle the rest of the data in a more targeted fashion. All 252 of the Small Metros had been scored on each of 70 indicators. We did not have the resources to examine—let alone compare—17,640 scores in any meaningful way. We therefore decided to *limit the number of metros* we compared with Bloomington, and to *limit the number of indicators* examined for each of those metros.

#### *Limiting the Metros:*

Even if there had been fewer indicators, limiting the metros would have been a good step to take. Many of the other 251 small metros are very different from Bloomington in fundamental ways, which would have made attempts at comparison feel like apples-to-oranges.

So, we identified a subset of other “college towns” using scores on the BCFSAs College Enrollment (per capita) indicator. On the BCFSAs scale of 0-100, Bloomington scored 77.38 for this indicator. We took all small metros scoring anywhere from 50-100 for our “college town” pool, thereby putting Bloomington's score approximately in the “middle.” This gave us a total comparison pool of twenty-six small metros (excluding Bloomington).

We then produced the accompanying **TABLE B**, showing the “Highest Scoring ‘College’ Metro(s)” for each indicator. On it, we also noted how Bloomington fared with respect to each indicator. Our goal here was to place Bloomington's scores within a more limited “college town” context for evaluation. We include notes about making a distinction between indicators for which Bloomington's score was less-than-half (versus more-than-half) of the highest-scoring college town on each indicator. However, the use of “half” as a line of demarcation was simply a choice we made, and should not be construed as having any other significance.

Additionally, this is an appropriate point for a side note on how the BCFSAs project rankings for each indicator sometimes can provide a useful reference point, for there is a perfect illustration of that included on this table. Within the Financial category, you'll note that the highest-scoring college town for the indicator *Total Bank Deposits* was Bloomington, IL with a score of only 5.23. Within just the context of this table, that would seem to be very low. But by inspecting the full set of BCFSAs scores for that indicator, we identified the problem. Sioux Falls, SD was the benchmark for that indicator, scoring 100 and ranking #1. However, Sioux Falls clearly was an extreme “outlier” value on the distribution of these scores; Reno, NV came in at #2 with a score of only 13.12, and Bloomington, IL's score of 5.23 earned it the #4 spot!



### *Limiting the Number of Indicators:*

We then gave the “Highest Scoring ‘College’ Metro(s)” table to the whole Commission and asked everyone to vote on which of the 70 indicators were the most important to study. The vote was taken at the Commission’s October 2015 meeting, with all eight Commissioners participating. That vote generated a list of fourteen indicators; these are referenced individually in the following section.

### *Preliminary Analysis of BCFSAs Scores*

Once we had established both metro and indicator limits, we produced fourteen bar graph charts (one per indicator) for the November Commission meeting. Our goal here was to aid the Commission in assessing potential areas of concern by showing several side-by-side comparisons of Bloomington with another metro. Two comparisons represented highest achievement, and those metros varied:

- Bloomington compared to whichever metro(s) scored 100 for that indicator
- Bloomington compared to the highest-scoring college town(s) for that indicator

The remaining four comparisons were with a standing group of Midwestern college towns:

- Bloomington (ranked #80) and Iowa City (ranked #1)
- Bloomington and Ames (ranked #6)
- Bloomington and Ann Arbor (ranked #8)
- Bloomington and Champaign-Urbana (ranked #31)

For five of the fourteen indicators selected by the Commission, BCFSAs researchers could get only state-level data, so they assigned the same score to all metros within each state. We had no interest in following up on data from a level so distant from local government. Those indicators were:

- Alzheimer’s Cases
- Number of Caregivers
- Investment in Public/Senior Transportation
- Senior Volunteer Rate
- Funding for Seniors

For an additional five indicators, the results were mixed. We were delighted to see Bloomington score higher than some of the comparison metros on some indicators. We noted the instances in which Bloomington had lower scores, but nothing alarmed us. Those five indicators were:

- Number of Home Health Care Providers
- Percent of Seniors Living in Family Households
- Percent of 65+ Employed
- 65+ Unemployment Rate
- Percent of Seniors Near Grocery

But the results for these remaining four indicators were of particular concern to us:

- Number of Hospitals with Geriatric Services
- Cost of Living

- Crime Rate
- Percent of 65+ Population Below the Poverty Line

We were disturbed by the conclusions we had to draw from these four charts, which were that Bloomington:

- Had no hospital-affiliated geriatric support (all of the comparison college towns did)
- Had a higher “cost of living” (as operationalized by Milken) than any of the comparison college towns
- Had a higher crime rate than any of the comparison college towns
- Had a higher percent of 65+ population below the poverty line than any of the comparison college towns

We therefore decided to explore how Bloomington compared to these towns by examining the original, underlying data—or something comparable—in sources other than the BCFSA report.

### **Reviewing Quantitative Measures, Part Two: Looking at Data from Other Sources**

At this point, we chose to depart from Milken’s unit of analysis—that is, the OMB-defined metropolitan statistical area (MSA)—wherever possible. We had reservations about use of that unit because it frequently can include two or three counties. For example, in Bloomington’s case it includes both Monroe and Owen.

However, we think we understand why Milken used MSAs. A much wider variety of data are readily available at the MSA level than at the city level, and we knew that Milken had even had to use state-level data for some of its indicators. Given the scope of the Milken effort, easy access to data had to be a deciding factor in their choice of analysis level. But for our more limited explorations, city- or county-level data were available (although in one instance below we do also include the MSA data, just for comparison).

Since our preference was to use city-level data when available, we had to drop Champaign-Urbana from our standing group of Midwestern college town comparisons. Due to the way in which population and the University of Illinois are distributed across this double-town, neither Champaign by itself nor Urbana by itself makes a useful comparison to Bloomington; and, unfortunately, for some of the data in which we were interested it was not possible to aggregate the available Champaign and Urbana figures.

#### *Number of Hospitals with Geriatric Services:*

It is known that Bloomington does not have a geriatrician specialist associated with the major hospital or available to the general public. IU Health Bloomington Hospital does not have any geriatric specialists employed in either hospital or clinical settings. However, IU Health has hired a significant number of additional primary care providers in recent years. In the last three years, the number of primary care practitioners has gone from 40 to 200 serving the Bloomington area. This includes primary physicians and nurse practitioners. Several family medicine or primary care physicians have significant experience in working with older adults. IU Health has also added several new specialists to the healthcare system locally. Several new oncologists, urologists, and a nephrologist have been added to the healthcare provider network in the last two years.

In addition, the Alzheimer’s Resource Center provides referrals and guidance to individuals and their families for dementia related conditions free of charge. There are support groups for people with dementia and for

those who are caregivers. Staff at the Alzheimer’s Resource Center also provide information and referrals to appropriate services.

Community Health Office at IU Health also supports Falls Prevention Programming in the community such as the evidence-based program “A Matter of Balance” and works with IU School of Public Health to research falls prevention.

IU Health Bloomington Hospital is also NICHE certified. NICHE (Nurses Improving Care for HealthSystem Elders) is a nurse driven program designed to help hospitals and healthcare organizations improve the care of older adults. Hospital practices and policies are reviewed from the cafeteria and hallway lighting to clinical care procedures. IU Health has been a NICHE certified hospital for the last five years.

In the fall of 2015, Dr. Priti Jindal, a geriatric physician began working at a number of the Extended Care Facilities within Bloomington including Meadowood, Bell Trace, Hearthstone and Stonecroft. She remains the only geriatrician employed in Bloomington at this time.

#### *Cost of Living (COL):*

At the outset of this discussion, three caveats are in order.

First, we would like to clarify the limitations on what this “cost of living” (COL) indicator covers. The data used for it were “median housing price” divided by “personal income,” which then was divided by corresponding US value. Certainly, the resulting ratio is an interesting and useful one. But we associate the COL concept with something more extensive than just “housing” and “income” data, given how many other types of expenses we all have, and how widely such expenses can vary by location.

However, we did not have the capacity to expand our analysis and include a broader range of variables. Fortunately, we also discovered that this work already is being done. An offshoot of City Council efforts—the Affordable Living Study Group—is well along in that analysis; we applaud their work, and look forward to their results.

Second—again due to our limited resources—we used Census Bureau data related to “housing” and “income” because they were readily available. The Census data we used for our analysis can be found by entering the appropriate geographic units in the search box on the QuickFacts section of their website:

<http://www.census.gov/quickfacts/table/PST045215/00>

BCFSA researchers used a wider range of data sources. Thus, we are not sure how the “housing” and “income” values we retrieved compare with what the BCFSA researchers used. For example, we used “median value of owner-occupied housing units,” whereas BCFSA calculations used “median housing price.”

Third, there may be additional methodological issues with the data we present. Census Bureau data should be interpreted according to their guidelines. For the QuickFacts tables on their website, the Census Bureau does not include margins of error, but instead notes only that:

“Some estimates presented here come from sampling data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable.”

We will not discuss sampling error here, as we present a specific illustration of it in our later section on the indicator *Percent of 65+ Population Below the Poverty Line*; please see that section for details. But given that we had reservations about how the COL indicator was operationalized, we did not feel it was worthwhile to dig deeper into the Census website to find the right margins of error for use with the QuickFacts data; this is why our concluding statements regarding our own table are so tentative.

With those three caveats in mind, our results are shown on the accompanying **TABLE C**, “Census Data *and Our Calculations* Related to ‘Cost of Living’ by City.”

If the Census data included here are relatively accurate, they suggest confirmation of Bloomington’s position on this indicator in the BCFSA report (keeping in mind that the report looked at the MSA level instead). The City of Bloomington’s ratio of “median value of owner-occupied housing units” to either form of “income” seems to be higher than that of the other three cities. Additionally, we note that the housing component seems lower than any of the other three cities, which would suggest that our lower income figures are what’s driving the ratios. Our city’s higher percentage of people below poverty level would seem to confirm that lower income—rather than housing cost—may be the central problem.

However, even if these data are accurate, operationalization of the “housing” variable in other ways might change this picture. The work of the Affordable Living Study Group, which will be much more comprehensive and sophisticated than ours, should shed additional light on this.

#### *Crime Rate:*

BCFSA researchers operationalized “crime rate” as violent and property crimes per 100,000 population. Their primary data source was the FBI, which was what we used as well; however, they also list the Illinois State Police Department as a second source, which we did not consult.

We retrieved the Uniform Crime Report (UCR) tables for Indiana, Iowa, and Michigan from the FBI database and reviewed the county-level data for Bloomington and our three comparisons.

The data we used can be found by clicking on the appropriate state and browsing to the county level on the Table 10 section of the FBI site; per the BCFSA report, we summed the violent and property crime figures from this table, then calculated the per 100,000 population rate:

[https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/tables/table-10/table\\_10\\_offenses\\_known\\_to\\_law\\_enforcement\\_by\\_state\\_by\\_metropolitan\\_and\\_nonmetropolitan\\_counties\\_2013.xls/view](https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/tables/table-10/table_10_offenses_known_to_law_enforcement_by_state_by_metropolitan_and_nonmetropolitan_counties_2013.xls/view)

These data seemed to suggest that, at the county level, results for our area were concerning, but our rate was not the highest (as BCFSA results at the MSA-level had indicated).

Story County (Ames) and Johnson (Iowa City) are at 178.58 and 205.92 violent and property crimes per 100,000 population respectively, while Monroe (Bloomington) is at 667.64 and Washtenaw (Ann Arbor) is at 697.16.

However, **we do not feel comfortable with relying on the figures cited above**. First, there is a note on the UCR tables that the data shown “do not reflect county totals but are the number of offenses reported by the

sheriff's office or county police department." Second, there is an extended statement from the FBI—excerpt below—regarding use of UCR data:

“UCR data are sometimes used to compile rankings of individual jurisdictions and institutions of higher learning. These incomplete analyses have often created misleading perceptions which adversely affect geographic entities and their residents.”

The statement goes on to list a wide range of factors “known to affect the volume and type of crime occurring from place to place,” including some that would be challenging to measure such as “citizens’ attitudes towards crime” and “crime reporting practices of citizens.”

BCFSA researchers may have had access to additional FBI data beyond the UCR tables, and they used a second data source as well. As a result, their presentation is likely to be much better grounded than ours.

*Percent of 65+ Population below the Poverty Line:*

This indicator was of particular interest to us. BCFSA researchers used Census Bureau data for it, and that was what we used as well.

There were Census data on this for MSAs, counties, and cities, and we looked at all three levels. We hoped this would enable us to address both the question of verifying BCFSA (MSA-level) results, and the question of what’s happening more locally.

The Census data we used can be found by using the “Add/Remove Geographies” feature in the American FactFinder section of their website:

[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_DP03&src=pt](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_DP03&src=pt)

The accompanying **TABLE D**, “65+ Population Below Poverty Level by Geographic Unit,” shows our results. For each section (MSA, county, and city) of the table:

- The row labeled “Percent of 65+ population below poverty level” is the Census Bureau’s **estimate**.
- The row labeled “Percent margin of error” represents “the degree of uncertainty for an estimate arising from sampling variability” at the 90% level, per Census table footnotes (nonsampling error is not represented). Their table notes further indicate “the margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value.”
- The row labeled “*Confidence interval (90%)*” is *our calculation* of the range (interval) described just above.

And so, we conclude that the Census Bureau is 90% confident the true value for the percent of 65+ populations below poverty level lies somewhere between 5.0-7.4% for the Bloomington MSA, 4.9-7.7% for Monroe County, and 4.8-9.4% for the City of Bloomington.

Certainly, the **estimate** of 65+ poverty is higher for Bloomington than for any of the other three college-town comparisons used here; and indeed, this difference holds at all three levels of comparison—MSA, county, and city.

But sampling variability alone could account for this result. In fact, if the true values for Bloomington's geographic units were at the LOW ends of those three confidence intervals and the true values for the other MSAs/counties/cities were at their HIGH ends, it's even possible that Bloomington could have a lower percentage of 65+ poverty than any of the others.

The BCFSAs project was comprehensive in scope, and the results described above suggest a potential unintended consequence of undertaking so large a project. It appears as if BCFSAs researchers took the Census Bureau's MSA-level **estimates** and assigned scores based on those, which certainly would be a reasonable start to any analysis; the **estimate** figures shown here do reflect the ordering of scores/ranks shown in the BCFSAs report. However, given the methodological cautions in the Census Bureau footnotes, that does not tell the whole story. And given the scope of the BCFSAs project, it would be overwhelming to attempt presentation of all cautionary notes that might be needed across their indicator data within their report.

One final note, which is tangential to this discussion but central to the concerns of the Commission. The analysis represented here uses only the standard "poverty level" measure rather than the special age/expense-adjusted measure that typically shows a much higher percentage of 65+ population below its line. Thus, readers should bear this in mind; no matter where Bloomington's "true value" lies in the accompanying chart, that value is most likely to UNDERESTIMATE the percentage of our senior citizens who simply cannot make ends meet.

### **Exemplary Programs That Might Complement Current Bloomington Activities**

The Task Force reviewed the websites of all programs cited in the 2014 BCFSAs report, and presented those listed below to the Commission at its December 2015 meeting; descriptions are taken directly from the BCFSAs report, URL included at the beginning of this document:

*Duet:*

<http://duetaz.org/index.php/giving/map/>

- Joan could use a friendly visitor, and Roger would like someone to accompany him grocery shopping. Judy needs a ride every Monday. People who are willing to help a neighbor out in the Greater Phoenix area can see who's in need by simply clicking the interactive map on the website of Duet, a nonprofit that helps older people live independently at home. Volunteers provide free, one-on-one support in the form of check-in calls and visits, computer assistance, light home repairs, help with paperwork, and transportation to medical appointments and other destinations. Volunteers are screened by Duet, which also supports people caring for their grandchildren. The interfaith organization, founded by Rev. Dr. Dosia Carlson and the Church of the Beatitudes in 1981, helped 756 homebound neighbors last year. Volunteers provided more than 8,300 rides to health and social services.

*Elders Share the Arts:*

<http://www.estanyc.org>

- They all have stories to tell, and the older adults in this program share their stories through art: vivid paintings of home, photographic reflections on the water in Maine and Amsterdam, an essay on a

childhood friend, collages reflecting rich lives. Through Elders Share the Arts, founded in 1979 by Susan Perlstein, seniors give creative voice to their experiences. The New York City nonprofit enlists professional artists to teach writing, photography, theater, visual arts, and more. IN senior centers and residences and other community settings, they help centers and residences and other community settings, they help older adults explore their identities, then share a bit of themselves through performance, exhibits and writing. A talented and popular group of ESTA storytellers, the Pearls of Wisdom, regularly performs in schools and community settings, showcasing their personal narratives. These performances link generations, as do ESTA's programs that bring schoolchildren and older adults together for art projects.

*EngAGE:*

<http://www.engagedaging.org>

- A newfound knack for painting, a rekindled talent for acting, the discovery of tai chi: EngAGE provides lifelong learning that inspires residents of affordable senior housing communities in Southern California and Oregon. Residential facilities hire EngAGE to offer arts and wellness classes, which are designed like college courses and taught by professionals. Whether jamming in a jazz group, producing theater or creating visual artworks, the older students prove that creativity and learning know no age barriers. Established in 1999, EngAGE serves 6,000 people at 33 senior-living locations, demonstrating the endless possibilities for reinvention. AT EngAGE's flagship program, the Burbank Senior Arts Colony, residents share their talents with a new generation of artists through an exchange with the Burbank Unified School District. Whatever creative passion these older adults pursue, their classes frequently culminate in a performance or exhibition. It's Showtime!

*Experience Corps:*

<http://www.aarp.org/experience-corps/our-impact/>

- AARP's popular volunteer tutor program offers something for everyone: a helping hand for classroom teachers, new purpose for retirees, and reading skills for school kids. These skills come with a bonus in the form of caring adults in the students' lives. With the help of 2,100 volunteers, Experience Corps is helping to create positive learning environments in 22 U.S. cities. AARP provides training for the volunteers, who are then matched with academically struggling children. In the course these relationships, the tutors commitment and mentoring offer reliable support for the students, who generally from low income homes. Frequently, the volunteers end up providing a grandparent-type presence for the children as well as, and they build a bridge between schools and their communities. As for results, research finds that students who worked with Experience Corps' tutors showed significantly more progress in comprehension and grade-level reading skills than their peers.

*Oasis' Catch Healthy Habits:*

<http://www.oasisnet.org/National-Programs/CATCH-Healthy-Habits>

- “The sooner we get these kids moving, the better.” That’s Evelyn Gillespie, a retired schoolteacher who these days can be found with children jumping through hoops—literally—and leading them in other lively games. She and her sister, Rose, also a retired teacher, are volunteers with Catch Healthy Habits, a program of the St. Louis-based Oasis Institute. Devoted to fighting the obesity epidemic, Catch uses teams of volunteers age 50 and older to teach healthy habits to low-income kids in afterschool and summer programs. Each session involves fun exercise, healthy snacks, and a lesson in nutrition. Today, Catch has 1,100 volunteers working in 21 cities nationwide. Since 2011, it has served more than 13,000 K-5 children. Best of all: proven intergenerational results. Not only do the kids get healthier, the volunteers improve their own nutrition and fitness as well.

*PACE, Program of All-Inclusive Care for the Elderly:*

<http://www.medicare.gov/your-medicare-costs/help-paying-costs/pace/pace.html>

- It’s no secret that aging at home can be difficult. The complexities of finding and plugging into health and social services alone can stymie one’s independence. The Program of All-inclusive Care for the Elderly is helping people meet this challenge in 105 communities in 31 states. PACE features interdisciplinary professional teams who coordinate support at home and in the community. Building on a San Francisco program launched in 1979, PACE has become a Medicare- and Medicaid-funded option for people age 55 and older who are nursing-home eligible. Care plans are individualized, with PACE providing such necessities as medication, doctors, transportation, and home care. The program also may provide needed services beyond what Medicare and Medicaid cover. Local PACE programs are sponsored by a range of community organizations, including health centers, hospices, and hospitals.

*Workforce Academy for Youth, San Diego County:*

<http://www.livewellsd.org/content/livewell/home/all-articles/news/april-2014/workforce-academy-for-youth-program-brings-hope-and-support.html>

- Foster youth are often at their most vulnerable when they “age out” of the system. It’s the time when they begin to grapple with the adult responsibilities such as managing bank accounts and applying for college and jobs. In San Diego County, volunteers over age 50 serve as Life Skills Coaches, helping young people navigate their new lives through the county’s Workforce Academy for Youth. The eight year old program hires and trains foster youth, ages 17 to 21, as six-month interns in county agencies ranging from land use positions to jobs in criminal justice and animal control, to prepare them for public sector jobs and encourage them to go to college. Frequently, Life Skills Coaches have backgrounds in fields the interns hope to enter. They provide career insight and enrichment opportunities as well as advice on workplace behavior, job interviews, housing, fulfilling responsibilities, and other issues crucial to self-sufficiency.

Some of the programs described above already are known in Bloomington, or they represent different approaches to work already being done locally. The Commission recommends continuing to raise awareness about all of these programs, and looking for any opportunities to incorporate such programming into future Bloomington efforts.



## **Concluding Notes and Request for Renewal of the Pledge**

The BCFSA work was a very useful guide for us. It was a massive and comprehensive project. It presented a calculated approximation of how well small metros across the country were doing in a wide range of areas, which gave us a broad menu of comparison metros and specific indicators from which to choose. It used a universal scoring system, which made our preliminary analysis via bar graphs quite straightforward. And it cited the data sources used for each indicator, which provided us with direction in deciding how to do our follow-up work.

However, while the scale and scope of the BCFSA project certainly must be cited among its strengths, those characteristics also may have had downsides. As we have noted elsewhere in this report, we had some reservations about the potential for interpretation issues with the use of ranking and scoring processes. Also, it is possible that methodological cautions—such as we found in Census table footnotes and in the FBI’s statement on use of UCR data—may have been needed.

In contrast, our Task Force project was a very small undertaking, locally-focused and very limited in scope. We took those cautions into account, with the result that our work was inconclusive. We were interested in refuting or confirming Bloomington’s status relative to other college towns with respect to a few particular indicators, but we were largely unable to do that.

Yet as outlined in our introductory notes, this project taught us a great deal, and the Commission is very grateful to the Milken Institute for its extraordinary work. Most especially, we are grateful for Milken’s efforts to keep aging issues at the top of local agendas.

And the BCFSA Mayor’s Pledge is a very useful step in accomplishing that particular goal. The Commission therefore respectfully requests that Mayor Hamilton renew Bloomington’s commitment to its senior citizens by signing the BCFSA Mayor’s Pledge.

## APPENDIX I

### Text of the Best Cities for Successful Aging Mayor's Pledge

I, \_\_\_\_\_, pledge to make \_\_\_\_\_ a city for successful aging.

To make our city work for older adults, I will take steps to:

- Ensure that the well-being of our aging population is addressed by each department, agency and division in our city government.
- Make our city safe, affordable and comfortable for our older residents.
- Provide older adults access to resources promoting health and wellness.
- Support employment, entrepreneurship, education and other services to make our older residents more financially secure.
- Offer housing options that suit the varied needs of our older population.
- Improve access to transportation and mobility options for our older adults.

To provide opportunities for older adults to work for our city, I will:

- Promote the engagement of older residents in volunteer and paid roles that serve the needs of our city and its residents.
- Call upon higher education and workforce development programs to help older adults refresh their skills, train, and transition to a new stage of work focused on strengthening our city.
- Recognize older residents as an asset for our city and celebrate their contributions to improving lives for all generations

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX II

# Response from Former Mayor Kruzan Regarding the Mayor's Pledge

To make our city work for older adults, I will take steps to:

- Ensure that the well-being of our aging population is addressed by each department, agency and division in our city government.
- There are efforts made to assure that all city services and programs are physically accessible, affordable and inclusive regardless of age or ability.
- Make our city safe, affordable and comfortable for our older residents.
  - City of Bloomington Council for Community Accessibility (CCA) coordinates the AccessAbility Decal Program which recognizes local businesses that are accessible to persons with physical limitations. In order to obtain an AccessAbility decal, a business must pass an accessibility screening that checks parking; paths of travel; entrances; elevators, stairs and railings; common areas; restrooms; and customer service. Qualifying businesses are presented with a decal to display on their storefront. The CCA administers these accessibility screenings free of charge.
  - Area 10 Agency on Aging is a private, nonprofit organization serving Monroe and Owen Counties, with the mission to serve as a leader in providing resources, solutions and connections for seniors, persons with disabilities and family caregivers living in Monroe and Owen counties. Annually, Area 10 provides case management to more than 500 clients, delivers more than 67,000 nutritious meals to homes and neighborhood meal sites, answers more than 6,500 calls from those seeking health and human services, matches 450 adults with meaningful volunteer opportunities, provides 200,000 rides through Rural Transit bus service\*, and houses 100 seniors in three affordable apartment complexes.\*\*
  - To help reduce the risks associated with falling, Area 10 Agency on Aging sponsors the annual Safe at Home event. This event, held during Falls Prevention Awareness Month, is a high-impact, volunteer powered half-day of service for low-income homeowners ages 60 and over who need help to make their homes and yards safe and accessible for daily living.
  - 211 - The 211 Call Center maintains and disseminates health and human service information that enables people to make informed choices and to improve their quality of life.

Specific health and human services include, but are not limited to:

- Ensuring that people have access to adequate food, shelter, clothing, and transportation

- Financial resources to meet their needs
  - Consumer education and decision support
  - Criminal justice or legal services
  - Education and employment
  - Health and mental health care including substance abuse services
  - Environmental protection, both routinely and in times of disaster
- Provide older adults access to resources promoting health and wellness.
    - The City of Bloomington has a Certified Health Insurance Navigator to assist older adults in choosing a Health Care Plan through the Health Insurance Marketplace and Healthy Indiana Plan (HIP) 2.0 Enrollment.
    - The City of Bloomington sponsors an annual health and wellness fair during public health week in April. Nurses from IU Health Bloomington screen participants for hypertension and diabetes. Centerstone Behavioral Healthcare provides depression screenings, Osmon Chiropractic Center provides spinal screenings, and IU Health Positive Link screens adults for HIV. There are also health and wellness exhibitors present.
    - The City of Bloomington collaborates with IU Health Bloomington to provide ongoing weekly tobacco cessation classes. The Health Projects Coordinator of the City of Bloomington teaches a cessation class at the Volunteers in Medicine Clinic. IU Health Bloomington Hospital Foundation funds nicotine replacement therapy (nicotine patches, nicotine gum, and nicotine lozenges) free of charge for all of the community classes.
    - The city monitors the smoking ordinance to protect the public from the harmful effects of secondhand smoke.
    - Older adults can donate blood at the City of Bloomington community blood drives.
    - The City of Bloomington Community and Family Resources Department with support from Area 10 Agency on Aging will sponsor the first annual “Navigating the Caregiver Challenge” which will include panelists and exhibitors. This event brings community members together to discuss the challenges and questions associated with caregiving. Panelists, who have experienced caregiving firsthand, will briefly discuss how people in the community can support each other with advice, words of wisdom, and suggestions for resources.
    - The Active Living Coalition is a network of individuals and organizations whose mission is to work together to promote a healthy lifestyle to those who live, work, and visit Monroe County. Through events, programs, and policies, the Coalition connects organizations and community members who are interested in creating a culture of health and wellness and offer opportunities for people who live, work, and visit Monroe County. This enable older members of the community to thrive physically, emotionally, and socially.

- Sally's Place is Bloomington's downtown gathering place for senior citizens located in the Salvation Army building. Seniors meet every Wednesday at 10:00 a.m. for a program and lunch. After lunch, seniors take part in exercise programs in the Salvation Army's gym.
- Support employment, entrepreneurship, education and other services to make our older residents more financially secure.
  - Experience Works - Experience Works, formerly known as Green Thumb, is a national non-profit organization whose mission is to improve the lives of older people. Achieved through training, community service and employment, hiring these pre-screened participants makes good business sense. Experience Works staff matches qualified mature workers with local businesses who seek reliable, experienced employees. To encourage hiring these mature workers, Experience Works can offer eligible for-profit businesses up to 50% reimbursement of wages to employers during a training period.

To be eligible for program services, applicants must be 55 or older, unemployed, at an income below 125% of the federal poverty income level, and living within the county serviced by Experience Works.

- Offer housing options that suit the varied needs of our older population.
  - The Housing and Neighborhood Division (HAND) provides a variety of services designed to help seniors age in place through three programs funded through their office. HOME funds were used to support the development of Patterson Pointe, a 55 and up senior residence located on the former Rodgers Building Supply property. This development combines senior housing with supportive services such as access to a gym, public transportation and a shopping district. Additionally, HAND provides support to seniors who wish to remain in their home through the Home Modifications for Accessible Living Program (HMAL) and the no cost Home Equity Conversion Mortgage (HECM) counseling service (commonly referred to as reverse mortgage counseling). The HMAL program is designed to provide financial assistance to income-eligible individuals who are experiencing accessibility issues in their home or rental unit. These grants can be used to build ramps, widen door openings, install ADA fixtures, and implement other modifications that make the living units more accessible to seniors and/or those with disabilities. Finally, HECM is FHA's reverse mortgage program that enables seniors to withdraw a portion of their home's equity which can then be used as income or as a line of credit. This mortgage option is designed for homeowners age 62 and older. FHA requires that counseling through a certified entity be achieved before a reverse mortgage can be acquired by a homeowner and HAND offers the certified counseling free of charge.
  - Senior housing communities and facilities in Bloomington that include independent living, assisted living and skilled nursing care (some provide short and long term rehabilitative services):
    - ❖ Bell Trace Senior Living Community
    - ❖ Bell Trace Health and Living Center
    - ❖ Bloomington Nursing and Rehabilitation Center
    - ❖ Garden Villa
    - ❖ Golden Living Center

- ❖ Hearthstone Health Campus
  - ❖ Meadowood Retirement Community
  - ❖ Monroe Place
  - ❖ Redbud Hills Retirement Residence
  - ❖ Richland Bean Blossom Health Care Center
  - ❖ Sterling House of Bloomington
  - ❖ Stonecroft Health Campus
  - ❖ Gentry Park Senior Living
  - ❖ Patterson Pointe Senior Residence
- Improve access to transportation and mobility options for our older adults.
    - **Bloomington Transit offers** reduced fares to senior citizens, and persons with disabilities receiving assistance from the Social Security Administration, Medicare, or who submit a completed BT Reduced Fare application verified by a doctor or approved agency.
    - BTaccess is a transportation service for persons with disabilities who, by means of a disability, cannot use the existing Bloomington Transit “fixed route” bus system. The service provides vans equipped with wheelchair lifts that can pick up individuals and take them anywhere within the Bloomington city limits.
    - The New Freedom Transportation Voucher Program is funded through the New Freedom Transportation Grant and the Community Foundation of Bloomington and Monroe County. It is a pilot project created to assist a broad range of people with disabilities in expanding their transportation options beyond the operational constraints of public transit.

To provide opportunities for older adults to work for our city, I will:

- Promote the engagement of older residents in volunteer and paid roles that serve the needs of our city and its residents.
  - Bloomington Volunteer Network publicizes opportunities for service throughout the year. The City of Bloomington Volunteer Network promotes a large number of volunteer opportunities hosted by local nonprofits that are ideal for those 55 and older - providing those members of our community who have a lifetime of experiences and knowledge built up - an avenue to use them to make a difference in the community.
  - Area 10 Agency on Aging’s 55+ Volunteer Program provides information about volunteer needs in the area; personalized suggestions for volunteering; weekly Volunteer Center for drop-in volunteering; email notices about one-time special events; annual awards luncheon to celebrate volunteerism
- Call upon higher education and workforce development programs to help older adults refresh their skills, train, and transition to a new stage of work focused on strengthening our city.

- The Bloomington Lifelong Learning Coalition (BLLC) supports, promotes and facilitates lifelong learning in Bloomington. Its membership includes the City of Bloomington Mayor's Office, Indiana University, Ivy Tech Community College, Monroe County Community School Corporation, the Monroe County Public Library, WorkOne, and the Active Aging Coalition.
- Recognize older residents as an asset for our city and celebrate their contributions to improving lives for all generations.
  - City of Bloomington Commission on Aging was established to encourage the development of programming, explore issues and concerns, celebrate accomplishments, promote solutions to the problems and challenges and work in collaboration with other community organization to promote public awareness of the senior and aging community.

This commission serves as a catalyst for improved public awareness of the senior and aging community. Commission members work in collaboration with diverse community members and organizations to build bridges, open dialogue, celebrate accomplishments, encourage programming, and explore issues and concerns. The commission's intent is to promote solutions to the problems and challenges of our older citizens

- The Creative Aging Festival is a series of community events held annually during the month of May to celebrate Older Americans Month. The objectives are to: • Highlight the artistic talents of older adults, • Cultivate intergenerational understanding through dialogue, sharing traditions and storytelling, and • Increase awareness about the value of creative engagement to adult health and well-being.
- The Active Aging Coalition is a grassroots organization consisting of seniors, their families, caregivers, and other community advocates interested in improving lives of seniors in the community. Through monthly meetings and an interactive website, they learn about how others participate in the senior community, find ways to work together more efficiently, and increase their understanding of available resources in Monroe County.

## COA BCFSa TASK FORCE: COMPARISON OF INDICATOR SCORES FOR BLOOMINGTON & IOWA CITY (Table A)

*Please see the BCFSa Task Force Report for notes on interpretation of scores and potential methodological issues.*

| SCORES     | BLOOMINGTON GENERAL INDICATORS                                     | IOWA CITY GENERAL INDICATORS                                       |
|------------|--|--|
| 90 - 100   |  |  |
| 80 – 89.99 | 80.14: Employment Growth (2007-2012)<br>80.04: Income Distribution | 85.78: Employment Growth (2007-2012)<br>84.09: Income Distribution |
| 70 – 79.99 |  | 76.45: Unemployment Rate   |
| 60 – 69.99 |  | 67.19: Crime Rate  |
| 50 – 59.99 |  |  |
| 40 – 49.99 | 43.84: Crime Rate<br>42.47: Weather<br>41.66: Cost of Living       | 47.92: Cost of Living<br>40.00: Weather                            |
| 30 – 39.99 | 39.34: Unemployment Rate   |  |
| 20 – 29.99 |  |  |
| 10 – 19.99 | 12.68: Fatal Car Crashes   |  |
| 0 – 9.99   |  | 9.60: Fatal Car Crashes  |



| SCORES     | BLOOMINGTON HEALTH CARE INDICATORS  | IOWA CITY HEALTH CARE INDICATORS  |
|------------|---|---|
| 90 - 100   | 100.00: Percent of Hospitals with JCAHO Accredited (+112)   |   |
| 80 – 89.99 |   | 86.55: Number of Doctors<br>82.78: Expenses per Inpatient Day<br>81:27: Number of Hospitals with Hospice Services   |
| 70 – 79.99 |   | 78.43: Number of Hospital Beds<br>74.66: Number of Hospitals with Geriatric Services<br>71.86: Number of Physical Therapists  |
| 60 – 69.99 |   | 61.33: Percent of Hospitals with Rehab Services<br>60.89: Number of Nurses<br>60.00: Percent of Hospitals with JCAHO Accreditation<br>60.00: Percent of Hospitals with Med School Affiliation |
| 50 – 59.99 | 54.12: Expenses per Inpatient Day   | 59.40: Number of Orthopedic Surgeons<br>52.87: Number of Long Term Hospitals  |
| 40 – 49.99 | 40.10: Number of Hospitals with Alzheimer Units   | 42.56: Number of Hospitals with Alzheimer Units   |
| 30 – 39.99 | 39.90: Number of Physical Therapists<br>38.32: Number of Psychologists<br>33.33: Percent of Hospitals with Med School Affiliation<br>33.33: Percent of Magnet Hospitals<br>31.25: ER Wait Times |   |
| 20 – 29.99 | 25.42: Number of Hospital Beds<br>25.03: Number of Hospitals with Hospice Services<br>23.84: Number of Nurses   | 29.54: Number of Psychologists<br>25.00: ER Wait Times<br>20.00: Percent of Magnet Hospitals  |
| 10 – 19.99 | 19.00: Percent of Hospitals with Rehab Services<br>14.59: Number of Doctors   |   |
| 0 – 9.99   | 9.19: Number of Orthopedic Surgeons<br>0.00: Number of Long Term Hospitals (+196)<br>0.00: Number of Hospitals with Geriatric Servs (+52)   |   |

| SCORES     | BLOOMINGTON WELLNESS INDICATORS  | IOWA CITY WELLNESS INDICATORS  |
|------------|--|--|
| 90 - 100   |  | 92.25: Sugary Drink Consumption  |
| 80 – 89.99 | 89.94: Medicare Enrollment<br>86.74: Alzheimer’s Cases<br>84.68: Life Expectancy at 65         | 88.74: Life Expectancy at 65<br>87.90: Medicare Enrollment                                     |
| 70 – 79.99 | 73.91: Number of Caregivers  | 73.97: Alzheimer’s Cases   |
| 60 – 69.99 | 67.15: Number of Fast Food Outlets<br>61.98: Sugary Drink Consumption                          | 68.69: Number of Fast Food Outlets<br>65.14: Diabetes Rate                                     |
| 50 – 59.99 | 52.37: Obesity Rate, Population 65+  | 59.85: Number of Caregivers<br>58.20: Obesity Rate, Population 65+                             |
| 40 – 49.99 | 42.14: Diabetes Rate   |  |
| 30 – 39.99 |  | 36.16: Number of Fitness Centers<br>32.24: Number of Golf Courses, Skiing, Marinas,<br>Bowling |
| 20 – 29.99 | 29.79: Number of Fitness Centers<br>21.18: Number of Golf Courses, Skiing, Marinas,<br>Bowling |  |
| 10 – 19.99 |  |  |
| 0 – 9.99   |  |  |

| SCORES     | BLOOMINGTON FINANCIAL INDICATORS   | IOWA CITY FINANCIAL INDICATORS   |
|------------|--|--|
| 90 - 100   |  |  |
| 80 – 89.99 | 86.18: Dependency Ratio  | 85.19: Dependency Ratio  |
| 70 – 79.99 | 79.69: Tax Burden<br>71.23: Index Growth of Small Businesses (2006-2011) | 73.88: Index Growth of Small Businesses (2006-2011)<br>71.73: Tax Burden           |
| 60 – 69.99 | 63.55: Income Growth (2007-2012)   | 68.00: Income Growth (2007-2012)<br>64.76: Percent of 65+ Population Below Poverty |
| 50 – 59.99 |  | 51.76: Number of Banks and Financial Institutions                                  |
| 40 – 49.99 | 43.69: Number of Banks and Financial Institutions                        |  |
| 30 – 39.99 | 39.67: Percent of 65+ Population Below Poverty                           | 33.29: Capital Gains as Percent of AGI   |
| 20 – 29.99 | 27.89: Capital Gains as % of AGI   |  |
| 10 – 19.99 | 10.64: Amount of Reverse Mortgages                                       | 16.82: Amount of Reverse Mortgages   |
| 0 – 9.99   | 1.07: Total Bank Deposits  | 1.52: Total Bank Deposits  |

| SCORES     | BLOOMINGTON LIVING ARRANGEMENTS INDICATORS  | IOWA CITY LIVING ARRANGEMENTS INDICATORS  |
|------------|---|---|
| 90 - 100   |   |   |
| 80 – 89.99 | 85.71: Percent of Seniors Living in Family Households   | 89.24: Cost of Semi Private Room<br>81.29: Cost of Assisted Living  |
| 70 – 79.99 | 75.81: Cost of Semi-Private Nursing Room<br>75.10: Cost of Assisted Living                                | 78.32: Percent of Seniors Living in Family Households<br>75.00: Cost of Adult Day Services                |
| 60 – 69.99 | 69.92: Median Rental Price  | 64.81: Median Rental Price  |
| 50 – 59.99 | 50.00: Cost of Adult Day Services   | 54.21: Nursing Home Rating  |
| 40 – 49.99 | 42.45: Median House Price<br>41.53: Percent of Houses with 65+ Residents<br>40.84: Number of Nursing Beds |   |
| 30 – 39.99 | 35.90: Nursing Home Rating  | 36.15: Number of Nursing Beds<br>35.45: Median House Price<br>32.77: Percent of Houses with 65+ Residents |
| 20 – 29.99 |   |   |
| 10 – 19.99 |   | 16.14: Continuing Care Facilities   |
| 0 – 9.99   | 8.67: Continuing Care Facilities<br>3.24: Number of Home Health Care Providers                            | 4.74: Number of Home Health Care Providers  |

| SCORES     | BLOOMINGTON EMPLOYMENT / EDUCATION INDS  | IOWA CITY EMPLOYMENT / EDUCATION INDICATORS   |
|------------|--|---|
| 90 - 100   |  |   |
| 80 – 89.99 |  |   |
| 70 – 79.99 | 77.38: College Enrollment<br>73.39: Employ Growth In Health, Educ, Leisure, Hosply | 77.67: Percent of 65+ Employed<br>70.18: Employ Growth in Health, Educ, Leisure, Hosply |
| 60 – 69.99 | 68.70: Percent of 65+ Employed   | 65.88: College Enrollment   |
| 50 – 59.99 |  |   |
| 40 – 49.99 |  |   |
| 30 – 39.99 |  |   |
| 20 – 29.99 |  |   |
| 10 – 19.99 | 11.34: 65+ Unemployment Rate   | 17.64: 65+ Unemployment Rate  |
| 0 – 9.99   | 2.51: Output of Service Sector / Manufacturing                                     | 5.31: Output of Service Sector / Manufacturing  |

| SCORES     | BLOOMINGTON TRANSPORT / CONVENIENCE INDS   | IOWA CITY TRANSPORT / CONVENIENCE INDICATORS                            |
|------------|--|---|
| 90 - 100   | 93.30: Percent of Seniors Near Grocery   | 90.85: Percent of Seniors Near Grocery                                  |
| 80 – 89.99 |  |   |
| 70 – 79.99 |  | 79.06: Average Commute Time to Work<br>70.66: Number of Passenger Trips |
| 60 – 69.99 | 69.59: Average Commute Time to Work<br>64.96: Investment in Public / Senior Transportation | 63.04: Investment in Public / Senior Transportation                     |
| 50 – 59.99 |  | 54.87: Percent of Commuters Who Walk to Work                            |
| 40 – 49.99 | 46.74: Percent of Commuters Who Walk to Work<br>43.22: Number of Groceries, Etc.           | 46.66: Number of Groceries, Etc.  |
| 30 – 39.99 | 33.69: Number of Passenger Trips   |   |
| 20 – 29.99 |  |   |
| 10 – 19.99 |  |   |
| 0 – 9.99   |  |   |

| SCORES     | BLOOMINGTON COMMUNITY ENGAGEMENT INDS   | IOWA CITY COMMUNITY ENGAGEMENT INDICATORS                      |
|------------|---|--|
| 90 - 100   |   |  |
| 80 – 89.99 |   | 89.28: Senior Volunteer Rates                                  |
| 70 – 79.99 |   |  |
| 60 – 69.99 | 63.63: Senior Volunteer Rates   |  |
| 50 – 59.99 |   |  |
| 40 – 49.99 |   |  |
| 30 – 39.99 | 31.50: Percent of Population 65+  | 30.98: Number of YMCAs<br>30.96: Number of Public Libraries    |
| 20 – 29.99 | 23.70: Funding for Seniors  | 28.94: Percent of Population 65+<br>25.91: Funding for Seniors |
| 10 – 19.99 | 19.91: Number of Arts, Entertainment, Rec Facilities<br>11.47: Number of Public Libraries | 13.14: Number of Arts, Entertainment, Rec Facilities           |
| 0 – 9.99   | 9.60: Number of YMCAs   |  |

## COA BCFSa TASK FORCE: HIGHEST SCORING “COLLEGE” METRO(S)\* (Table B)

*Please see the BCFSa Task Force Report for additional notes on interpretation of scores and potential methodological issues.*

| INDICATORS<br>Note: Bloomington’s score (in parentheses) was <u>less than half</u> of the highest-scoring “college” metro(s) for the indicators in <b><i>bold italics</i></b> below | HIGHEST-SCORING “COLLEGE” METRO(S)*<br>FOR EACH INDICATOR |
|---|---|
| GENERAL   |   |
| Cost of Living (41.66)  | Muncie, IN (72.27)  |
| <b><i>Crime Rate</i></b> (43.84)  | State College, PA (98.89)                                 |
| Employment Growth, 2007-2012 (80.14)  | Morgantown, WV (90.18)                                    |
| Unemployment Rate (39.34)   | Iowa City, IA (76.45)                                     |
| Income Distribution (80.04)   | Logan, UT-ID (88.36)                                      |
| Weather (42.47)   | Gainesville, FL (59.69)                                   |
| <b><i>Fatal Car Crashes</i></b> (12.68)   | Ames, IA (100)  |
| HEALTH CARE   |   |
| <b><i>Number of Doctors</i></b> (14.59)   | Iowa City, IA (86.55)                                     |
| <b><i>Number of Hospital Beds</i></b> (25.42)   | Iowa City, IA (78.43)                                     |
| Percent of Hospitals with JCAHO Accreditation (100)   | Bloomington, IN (100) (+13 others)                        |
| Expenses per Inpatient Day (54.12)  | Morgantown, WV (83.28)                                    |
| <b><i>Number of Long Term Hospitals</i></b> (0)   | Iowa City, IA (52.87)                                     |
| <b><i>Number of Hospitals with Geriatric Services</i></b> (0)   | Iowa City, IA (74.66)                                     |
| <b><i>Percent of Hospitals with Rehab Services</i></b> (19.0)   | Columbia, MO (100)  |
| Number of Hospitals with Alzheimer Units (40.10)  | Iowa City, IA (42.56)                                     |
| <b><i>Number of Hospitals with Hospice Services</i></b> (25.03)   | Iowa City, IA (81.27)                                     |
| <b><i>Percent of Hospitals with Med School Affiliation</i></b> (33.33)  | Harrisonburg, VA; Ithaca, NY; Lawrence, KS (100)          |
| Percent of Magnet Hospitals (33.33)   | Greenville, NC (50.00)                                    |
| <b><i>Number of Orthopedic Surgeons</i></b> (9.19)  | Columbia, MO (64.23)                                      |
| Number of Psychologists (38.32)   | State College, PA (56.38)                                 |
| <b><i>Number of Nurses</i></b> (23.84)  | Ann Arbor, MI (67.70)                                     |



|   |                                   |
|---|-----------------------------------|
| <b>Number of Physical Therapists</b> (39.90)                    | Boulder, CO (96.26)               |
| <b>ER Wait Times</b> (31.25)                                    | Logan, UT-ID (68.18)              |
| WELLNESS  |                                   |
| Medicare Enrollment (89.94)                                     | Ames, IA (97.92)                  |
| Obesity Rate, Population 65+ (52.37)                            | Boulder, CO (96.99)               |
| Diabetes Rate (42.14)   | Boulder, CO (83.08)               |
| Alzheimer's Cases (86.74)                                       | Corvallis, OR (96.16)             |
| Number of Caregivers (73.91)                                    | Auburn-Opelika, AL (87.01)        |
| Life Expectancy at 65 (84.68)                                   | Corvallis, OR (90.02)             |
| <b>Number of Fitness Centers</b> (29.79)                        | Boulder, CO (80.79)               |
| Number of Fast Food Outlets (67.15)                             | State College, PA (74.83)         |
| Sugary Drink Consumption (61.98)                                | State College, PA (99.62)         |
| <b>Number of Golf Courses, Skiing, Marinas, Bowling</b> (21.18) | Flagstaff, AZ (45.04)             |
| FINANCIAL   |                                   |
| <b>Number of Banks and Financial Institutions</b> (43.69)       | Boulder, CO (91.49)               |
| <b>Total Bank Deposits</b> (1.07)                               | Bloomington, IL (5.23)            |
| Tax Burden (79.69)  | Auburn-Opelika, AL (95.81)        |
| Dependency Ratio (86.18)  | Ithaca, NY (100)                  |
| Index Growth of Small Businesses, 2006-2011 (71.23)             | Ithaca, NY (77.80)                |
| <b>Percent of 65+ Population Below Poverty</b> (39.67)          | Corvallis, OR (86.21)             |
| <b>Capital Gains as Percent of AGI</b> (27.89)                  | Ithaca, NY (80.89)                |
| Income Growth, 2007-2012 (63.55)                                | Morgantown, WV (71.45)            |
| <b>Amount of Reverse Mortgages</b> (10.64)                      | Athens-Clarke County, GA (68.30)  |
| LIVING ARRANGEMENTS   |                                   |
| Median House Price (42.45)                                      | Muncie, IN (74.81)                |
| Median Rental Price (69.92)                                     | Logan, UT-ID (80.59)              |
| Percent of Houses with 65+ Residents (41.53)                    | Muncie, IN (52.33)                |
| Number of Nursing Beds (40.84)                                  | College Station-Bryan, TX (58.10) |
| Cost of Semi Private Nursing Room (75.81)                       | College Station-Bryan, TX (97.24) |
| <b>Number of Home Health Care Providers</b> (3.24)              | Greenville, NC (24.70)            |

|  |                            |
|--|----------------------------|
| <b>Continuing Care Facilities</b> (8.67)                     | Corvallis, OR (40.18)      |
| Cost of Assisted Living (75.10)                              | Auburn-Opelika, AL (86.45) |
| Nursing Home Rating (35.90)                                  | Tallahassee, FL (66.20)    |
| Percent of Seniors Living in Family Households (85.71)       | Auburn-Opelika, AL (95.66) |
| Cost of Adult Day Services (50.00)                           | Auburn-Opelika, AL (100)   |
| EMPLOYMENT / EDUCATION                                       |                            |
| Percent of 65+ Employed (68.70)                              | Lawrence, KS (88.88)       |
| <b>65+ Unemployment Rate</b> (11.34)                         | Grand Forks, ND-MN (36.10) |
| Employ Growth in Health, Educ, Leisure, Hospitality (73.39)  | Harrisonburg, VA (75.98)   |
| <b>Output of Service Sector / Manufacturing</b> (2.51)       | Tallahassee, FL (42.59)    |
| College Enrollment (77.38)                                   | Ames, IA (100)             |
| TRANSPORTATION / CONVENIENCE                                 |                            |
| Average Commute Time to Work (69.59)                         | Grand Forks, ND-MN (99.34) |
| <b>Number of Passenger Trips</b> (33.69)                     | Ames, IA (100)             |
| Investment in Public / Senior Transportation (64.96)         | Morgantown, WV (75.11)     |
| <b>Percent of Commuters Who Walk to Work</b> (46.74)         | Ithaca, NY (100)           |
| Number of Groceries, Etc. (43.22)                            | Gainesville, FL (63.73)    |
| Percent of Seniors Near Grocery (93.30)                      | Greenville, NC (99.35)     |
| COMMUNITY ENGAGEMENT   |                            |
| Percent of Population 65+ (31.50)                            | Muncie, IN (42.51)         |
| <b>Number of Arts, Entertainment, Rec Facilities</b> (19.91) | Grand Forks, ND-MN (46.03) |
| Senior Volunteer Rates (63.63)                               | Logan, UT-ID (97.69)       |
| <b>Number of Public Libraries</b> (11.47)                    | Ames, IA (64.63)           |
| <b>Number of YMCAs</b> (9.60)                                | Lawrence, KS (75.65)       |
| Funding for Seniors (23.70)                                  | Grand Forks, ND-MN (27.00) |

\*For each indicator, the best-performing Small Metro(s) were assigned a score of 100. Each remaining metro then got a proportionately lower score to denote how well it performed compared to the metro(s) that scored 100.

**For example:** The Bismarck, ND MSA had the lowest overall Unemployment Rate of the 252 Small Metros, per the data the BCFSA researchers found using Bureau of Labor Statistics and Moody's Analytics as their sources. Bismarck was assigned a score of 100 for that indicator. Those sources showed that Bloomington's MSA had a higher Unemployment Rate, and the Bloomington score of 39.34 reflects how much that rate differs from Bismarck's. In this indexing system, Bloomington scored less than half of Bismarck's score.

But some of the metros that scored 100 might be considered too different from Bloomington for the comparisons to be appropriate. To give Bloomington an additional, more relevant reference point for each indicator, we decided to identify the highest-scoring "college town" for each indicator as well.

However, we did not want to use our own (subjective) criteria to classify some subset of the metros as "college towns." So for the sake of objectivity, we opted to use the BCFSA indicator College Enrollment (CE) as our test.

All cities cited as "College" Metros above scored at least 50.00 for the CE indicator. This means that their college enrollment per capita was at least half the value of Ames, IA (which scored 100 for CE).

Certainly, this is not a perfect solution to the problem of finding appropriate comparisons for Bloomington! There may be Midwestern metros that some of us would consider "comparable" to Bloomington, but they failed to score 50.00 for the CE indicator. And, the reverse is true as well; there may be some metros included above that seem "incomparable" to Bloomington due to other factors such as their locale, demographic characteristics, etc.

However, for this analysis, College Enrollment seemed like the most objective place to start.

**Going back to our example:** Of the 252 Small Metros, the Iowa City, IA MSA was the "College" Metro that had the lowest overall Unemployment Rate, and therefore the highest Unemployment Rate score (76.45). Half of 76.45 is 38.23. Bloomington's score of 39.34 is more than half of Iowa City's score.

Bottom line, using "College" Metro(s) as an alternative comparison (to the benchmark score of 100) gives us a better idea of how Bloomington would have fared if the BCFSA study had been limited to communities in which higher education plays a significant economic and cultural role.

**COA BCFSA TASK FORCE: CENSUS DATA AND OUR CALCULATIONS FOR “COST OF LIVING” BY CITY (Table C)**

*Please see the BCFSA Task Force Report for notes on potential methodological issues.*

| <b>POPULATION STATISTICS</b>                                      | <b>BLOOMINGTON</b> | <b>IOWA CITY</b>   | <b>AMES</b>        | <b>ANN ARBOR</b>   |
|---|--------------------|--------------------|--------------------|--------------------|
| <b>Homeownership rate, 2009-2013</b>                              | <b>33.8%</b>       | <b>47.8%</b>       | <b>42.2%</b>       | <b>45.7%</b>       |
| <b>Housing units in multi-unit structures, percent, 2009-2013</b> | <b>52.6%</b>       | <b>45.6%</b>       | <b>49.8%</b>       | <b>47.0%</b>       |
| <b>Median value of owner-occupied housing units, 2009-2013</b>    | <b>\$171,900</b>   | <b>\$180,900</b>   | <b>\$173,200</b>   | <b>\$230,700</b>   |
| <b>Persons per household, 2009-2013</b>                           | <b>2.22</b>        | <b>2.21</b>        | <b>2.26</b>        | <b>2.25</b>        |
| <b>Per capita money income past year (2013 \$), 2009-2013</b>     | <b>\$18,987</b>    | <b>\$25,671</b>    | <b>\$23,713</b>    | <b>\$34,247</b>    |
| <b>Median household income, 2009-2013</b>                         | <b>\$27,395</b>    | <b>\$41,410</b>    | <b>\$42,714</b>    | <b>\$55,003</b>    |
| <b>Persons below poverty level, percent, 2009-2013</b>            | <b>39.2%</b>       | <b>28.2%</b>       | <b>28.8%</b>       | <b>22.1%</b>       |
| <b><i>Median housing unit value / per capita money income</i></b> | <b><i>9.05</i></b> | <b><i>7.05</i></b> | <b><i>7.30</i></b> | <b><i>6.74</i></b> |
| <b><i>Median housing unit value / median household income</i></b> | <b><i>6.27</i></b> | <b><i>4.39</i></b> | <b><i>4.05</i></b> | <b><i>4.19</i></b> |

## COA BCFSA TASK FORCE: 65+ POPULATION BELOW POVERTY LEVEL BY GEOGRAPHIC UNIT (Table D)

*Please see the BCFSA Task Force Report for notes on potential methodological issues.*

| CENSUS DATA AND <i>OUR CALCULATIONS</i>       | BLMGTN <u>MSA</u>    | IOWA CITY <u>MSA</u>  | AMES <u>MSA</u>     | ANN ARBOR <u>MSA</u>    |
|---|----------------------|-----------------------|---------------------|-------------------------|
| Percent of 65+ population below poverty level | 6.2%                 | 4.9%                  | 4.8%                | 5.8%                    |
| Percent margin of error                       | +/- 1.2%             | +/- 0.9%              | +/- 1.6%            | +/- 0.9%                |
| <i>Confidence interval (90%)</i>              | 5.0 - 7.4%           | 4.0 - 5.8%            | 3.2 - 6.4%          | 4.9 - 6.7%              |
|   | MONROE <u>COUNTY</u> | JOHNSON <u>COUNTY</u> | STORY <u>COUNTY</u> | WASHTENAW <u>COUNTY</u> |
| Percent of 65+ population below poverty level | 6.3%                 | 4.3%                  | 4.8%                | 5.8%                    |
| Percent margin of error                       | +/- 1.4%             | +/- 1.1%              | +/- 1.6%            | +/- 0.9%                |
| <i>Confidence interval (90%)</i>              | 4.9 - 7.7%           | 3.2 - 5.4%            | 3.2 - 6.4%          | 4.9 - 6.7%              |
|   | BLMGTN <u>CITY</u>   | IOWA <u>CITY</u>      | AMES <u>CITY</u>    | ANN ARBOR <u>CITY</u>   |
| Percent of 65+ population below poverty level | 7.1%                 | 4.3%                  | 3.5%                | 5.9%                    |
| Percent margin of error                       | +/- 2.3%             | +/- 1.4%              | +/- 1.9%            | +/- 1.4%                |
| <i>Confidence interval (90%)</i>              | 4.8 - 9.4%           | 2.9 - 5.7%            | 1.6 - 5.4%          | 4.5 - 7.3%              |