



Ohio Statewide Independent Living Council Needs Assessment

June 2026



Measurement
Resources

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Introduction

The Ohio Statewide Independent Living Council (OSILC) promotes consumer control, peer support, self-help, self-determination, equal access, and advocacy. OSILC's mission is to maximize leadership, empowerment, independence, productivity, and full inclusion of individuals with disabilities into mainstream society.

Ohio is served by 12 Centers for Independent Living (CIL), which support individuals with disabilities in living independently in the communities of their choice. To advance this goal, CILs provide a range of core programs and services, including:

- Advocacy.
- Information and referral.
- Peer support.
- Skills training.
- Nursing home and institution transition to the community.
- Youth transition.
- Diversion from nursing home or institution.

Many CILs also provide additional services that support consumers in achieving their independent living goals. Beyond direct service delivery, CILs collaborate with community partners to strengthen accessibility and inclusion across Ohio communities. CILs serve individuals of all ages and disability types, and the majority of CIL board members and staff are people with disabilities.

OSILC is committed to assessing community needs and using data to inform decision-making that strengthens the effectiveness and impact of independent living services across Ohio. To support this effort, Measurement Resources Company (MRC) was selected to conduct a data-driven needs assessment. Through this process, OSILC seeks to better understand the following:

1. What are the most important needs of consumers that OSILC and CILs can realistically address?
2. What barriers prevent consumers from accessing services or achieving their independent living goals?
3. How are consumers experiencing the CIL services, and how well are those services meeting their needs?
 - How satisfied are consumers with services?
 - What would make services more accessible or effective?
 - To what extent do services lead to desired outcomes?
4. Who is OSILC currently reaching, and which populations are underserved or not reached?

Methods

To answer the Needs Assessment’s research questions, MRC, a third-party evaluator and strategic planning facilitator, designed a mixed-methods data collection approach in collaboration with OSILC.

Primary Data

Detailed survey results are presented in Appendix A, and interview data are presented in Appendix B.

Surveys: Two electronic surveys were distributed through OSILC partners and CILs to both CIL consumers and people with disabilities living in Ohio.

The surveys were designed to better understand the needs of people who receive services from CILs, as well as people with disabilities who do not access these services. Survey questions focused on independent living goals, barriers to achieving those goals, experiences with services and opportunities for improvement, any changes respondents experienced as a result of receiving services, and any new services or resources they would like to see offered in the community.

Total Participants

232 Total Survey Respondents

6 CIL Consumer Participants in Interviews/Focus Groups

CIL-Consumer Interviews/Focus Groups: MRC hosted one focus group with four CIL consumers and conducted individual interviews with two additional consumers. These discussions explored participants’ independent living needs, barriers to accessing services, experiences with CILs, and suggestions for improving services and supports to provide additional context to survey data.

Secondary Data

All secondary data are presented in Appendix C.

CIL Internal Data Review: MRC reviewed and summarized 2025 internal data from 10 of 12 Ohio CILs to better understand who they are serving and the needs reported by people with disabilities.

State-level Data Review: MRC reviewed and summarized five-year estimates from the 2024 American Community Survey (ACS) to better understand the demographics of Ohioans living with disabilities. Data from the Ohio Department of Developmental Disabilities (DODD) were also reviewed to assess who is currently receiving services, and identify potentially underserved populations by comparing DODD data with ACS estimates.

Findings

Taken together, the findings from data found in the appendices show that the seven core service areas remain highly relevant to the needs of people with disabilities in Ohio, but the level of visibility, access, and use varies across services.

Opportunities to Celebrate

Assessing consumer perceptions of quality and impact can tell an organization where services are strong and how they can be improved to achieve better outcomes. Overall, CIL consumer ratings suggest that services are generally well received, with staff being respectful, having good communication and involving consumers in decision making (Figure A4). Consumers' perceptions of the impact of services were also generally positive, specifically with confidence to make their own choices and live in their own space as independently as possible (Figure A5).

Many liked the services, as one focus group participant shared:

“When we did the ADA walk we had a celebration and it made front page newspaper. I was on the front page, and my friend’s mom had the original print newspaper and framed it for me! They [the CILs] do a lot of community events, and I started doing it more and more.” –Focus Group Participant

Additionally, comparing internal CIL data with state-level disability data helps identify whether CILs are serving populations that represent large shares of Ohioans with disabilities (Table C1; Table C5). CIL consumer demographics generally align with the largest proportions of people living with disabilities in Ohio, including older adults, females, those who identify as White, and those with physical disabilities. These findings suggest that CILs are reaching many of the populations most represented among Ohioans with disabilities.

Overall, an assessment of perceptions of quality and impact of core services are good. Additional analysis below shows how services could be improved.

Opportunities for Improvement

Information and referrals appear to be both the most widely requested service and one of the clearest unmet needs among people not connected to CILs, as reflected in both community member survey responses and internal CIL service request data (Figure A6; Table C2). Skills training, peer support, and advocacy also emerged as important needs and opportunities for improvement, particularly as consumers seek support navigating systems, building confidence, speaking up for themselves, and connecting with others (Table A3; Table A4; Figure A6; Appendix B).

“Navigating the healthcare system is hard. I’m type II diabetic. I have a sensor on my arm, and not just anyone can help me put it on. Emergency rooms don’t know how to do it. So, if my dad or my nurse friend doesn’t help me, I can’t do it. We need help navigating how healthcare can and can’t help you. The pharmacist can’t put it [the sensor] on you. Understanding the healthcare system and where to go to help. Not many people know nurses like I do.” –Focus Group Participant

While there was less survey data specific to transition to the community, diversion from institutions, and youth transition, related themes appeared through requests for housing, personal care assistance, youth and school-based supports, independent living skills, and services that help people remain in or move into community-based settings (Table A3; Table A4; Table A5).

“Work more closely with Public and Private High School Transition Coordinators. For instance, offer at least to have one in person meeting (combined with IEP meetings) with special needs families entering high school to help families understand the landscape and supports available. Most families find out too late and then their kids are stuck at home in a vicious cycle of exclusion, care burnout and regression. An early start to transition to independent living, just like early intervention for babies goes a long way to help our special needs kids build independent living skills.” –Survey Respondent

Overall, these findings suggest that OSILC and CILs may benefit from strengthening existing core services while also increasing outreach to individuals who are not currently connected to CILs but report clear unmet needs in these same areas. Recommendations for doing so are outlined below.

Data-driven Recommendations

OSILC will ultimately determine the goals they will focus on over the next few years. To support this process, MRC has developed data-driven recommendations grounded in multiple sources of evidence. Specifically, based on secondary data, survey results, and qualitative findings.

Overall goal: Strengthen the CIL services that consumers already use and value while also increasing access for people with disabilities who are not currently connected to a CIL.

Across the Needs Assessment, people with disabilities identify both unmet needs and specific ways existing services could be improved. The examples below reflect specific recommendations shared by people with disabilities and are organized by CIL core service area to help OSILC and CILs identify concrete strategies for improving access, responsiveness, and impact. The tables below summarize specific consumer-identified needs and MRC network recommendations aligned with each CIL core service area.

Table 1. Information and Referral.

Need(s)	Network Recommendations
Information that is specific to a specific type of disability—currently information is generic for “disabilities.”	- Provide more disability-specific information (e.g., Parkinson's disease, aging with a disability, adult services, policy updates). - Create information and referral sheets specific to a type of disability that are easily accessible to CIL referral staff and consumers, such as creating drop-down options by type of disability in CIL systems or on websites.
- Knowledge of: - Types of public benefits for people living with disabilities, and how to navigate the system. - Disability rights related to work, living, and for children in schools (and their parents). - Key questions consumers should ask professionals when calling about students’ IEPs or public benefits. - Who (which staff member) to contact for assistance at referred locations. - Who to call for transportation, and of which transportation services people are qualified (e.g., special transportation services for wheelchairs, elderly).	- Create topic-specific “who to call/what to ask” sheets for benefits, IEPs/504 plans, transportation, employment rights, housing, and independent living supports. - Include basic ADA/disability rights guidance in resource guides, such as reasonable accommodations, accessible transportation, workplace protections, school rights, and grievance processes. - Provide consumer-facing checklists with key questions to ask when contacting agencies, schools, transportation providers, or benefits offices. - Make all guides available in accessible formats, including large print, screen-reader-friendly PDFs/Word documents, plain language versions, and translated versions where needed. - Develop quick-reference transportation guides that explain available public, paratransit, wheelchair-accessible, senior, Medicaid/non-emergency medical transportation, and local ride options.
- More referrals distributed/more options on the referral list for the following supports: - Caregivers. - Housekeeping services.	Develop a broader resource inventory that identifies available referral options by service category and county, with emphasis on filling gaps in high-need areas such as in-home support, housing, transportation, mental health, employment, and emergency assistance.

Need(s)	Network Recommendations
○ Support groups. ○ Affordable housing. ○ Transportation. ○ Mental health services. ○ Employment supports. ○ Emergency assistance.	
● Referrals that include accurate and updated contact information and updated services that are provided by that referral (and excluding services that are no longer offered from the list).	● Provide referrals that have been vetted for updated phone numbers, emails, and persons of contact at each agency. ● Establish a routine check-in (monthly) to ensure referrals are up to date and that the referral site continues to offer the services.
● Referrals that connect consumers to organizations that can effectively meet their needs (e.g., in local areas, that consumers are qualified to access/receive).	● Create a more personalized referral system to help consumers identify resources based on their individual needs/circumstances, such as finding a mental health provider who specializes in their type of disability or situation (e.g., drug use) over a general mental health referral. ● Ensure referrals provided are in counties where people are eligible and able to utilize the services. ● After the referral is provided, follow up with consumers to check whether the referral was a good fit or if another is needed.
● Faster response times by CIL staff, and easier access to the CILs and their online resources.	● Ensure CILs offer fast response times to consumers, by returning calls or emails within 24 hours. ● Create online sources on CIL websites that are accessible to a range of people living with disabilities. ○ Add screen-reader-friendly resource pages with clear headings, alt text for images, descriptive buttons/links, and downloadable materials in accessible Word or PDF formats. ○ Organize online resources by topic and disability-related need, such as transportation, housing, public benefits, IEP/504 supports, assistive

Need(s)	Network Recommendations
	technology, peer support, and mental health resources. ○ Include multiple ways to access information, such as written guides, short videos with captions, audio versions, and printable checklists. ○ Add accessibility features such as adjustable text size, strong color contrast, keyboard navigation, voice-search compatibility, and compatibility with dictation/speech-to-text tools. ○ Create an easy-to-find “Contact us for help” option on each resource page, including phone, email, and a simple request form for people who need assistance navigating the information. ● The phone menus at CILs should include voice-activated options, not just touch-tone navigation, to make them more accessible for people who are blind.

Table 2. Skills Training.

Need(s)	Network Recommendations
● Consumers and non-CIL consumers identified trainings they feel they need offered by CILs, which include: ○ Independent living and household management skills, such as cooking, food and kitchen safety, cleaning, household management, parenting, budgeting, and financial management. ○ Technology and assistive/adaptive tools, including computers, cell phones, AI tools, virtual assistants, common device accessibility features,	● Continue offering and strengthening skills training in areas already aligned with consumer needs, including independent living, household management, technology, self-advocacy, safety, social skills, and systems navigation. ● Identify which training topics are already available across CILs and where gaps exist by region, disability type, age group, or consumer population. ● Increase outreach and marketing so consumers, families, schools, providers, and community partners are aware of available CIL training opportunities. ● Offer trainings in multiple formats, including in-person, virtual, one-on-one, group-based, and community-based options, to increase accessibility for people with different needs and transportation barriers. ○ Develop a shared training menu or resource calendar across the CIL network so consumers and referral partners can easily identify available trainings by topic, location, format, and audience.

Need(s)	Network Recommendations
bump dots, braille, sign language, and other adaptive strategies. - Self-advocacy, safety, and disability rights, including self-advocacy, disability rights, emergency preparedness, water safety, transportation safety, and driving. - Social, relationship, and community navigation skills, such as social skills, dating, relationship building, internet use, library and research skills, and navigating travel resources within the U.S. and internationally. - Systems navigation, including housing applications, Medicaid waivers, public benefits, and other resources that support independent living.	
Opportunities for community-based learning in accessible and social community settings.	- Host trainings and workshops at libraries, community centers, or other public spaces that are not solely located at Department of Developmental Disabilities Offices or at CILS. - Provide transportation to trainings/events.

Table 3. Peer Support.

Need(s)	Network Recommendations
• One-on-one peer support from people living with a disability (i.e., peer support by people with shared experiences). • Disability-led peer support groups and mentoring opportunities.	• Ensure consumers who contact CILs for any service are informed about peer support opportunities and offered a warm connection to a peer mentor when appropriate. • Create or strengthen a peer-matching process that considers disability type, age/life stage, goals, communication needs, and preferred format. • Offer peer support in multiple formats, including in-person, phone, virtual, and community-based options, to reduce barriers related to transportation, accessibility, and communication. ○ Ensure enough open spots to attend are available for peer support groups. • Develop a small network-wide peer mentor training and support structure to prepare consumers with disabilities to serve as peer mentors.
• Programs that help consumers connect with others who share similar experiences, challenges, and goals.	• Develop an opt-in consumer connection network that helps people with disabilities identify others with similar experiences, goals, communication preferences, or life stages. • Build a “community connector” role or process within CILs to help consumers make warm introductions to other consumers, disability-led networks, advocacy groups, recreational clubs, or community organizations that match their interests and needs. • Create small, goal-based connection circles organized around common interests or independent living goals, such as building social confidence, navigating services, using Augmentative and Alternative Communication, aging with a disability, employment, or community participation.

Table 4. Advocacy.

Need(s)	Network Recommendations
Follow-up support for people navigating Medicaid, Social Security, accessible housing, and disability rights issues; the process is difficult to follow once it begins and consumers are unclear about their rights.	- Increase follow-up support for individuals navigating Medicaid, Social Security, accessible housing, and disability rights issues. - Host additional Q&A meetings after trainings on these topics. - Create follow-up surveys to distribute to ensure needs were met, or if additional support is needed.
Community awareness of disability-related issues and disability-led initiatives among non-disability focused organizations.	- Strengthen partnerships with non-disability organizations to increase awareness of disability issues and disability-led initiatives. - Promote collaboration between CILs and community organizations to improve access to resources and coordinated supports.
Peer-led advocacy opportunities that help build confidence and leadership skills.	- Offer peer-led “advocacy practice labs” where consumers can practice real-life advocacy skills in a supported setting (e.g., preparing for benefits appointments, requesting accommodations, speaking at public events). - Recruit and support consumers with disabilities to co-facilitate advocacy trainings, community education workshops, or disability awareness presentations. - Develop short-term advocacy projects or action teams focused on issues consumers identified as important, such as transportation, accessible housing, healthcare navigation, public benefits, and disability rights.

Table 5. Transition to the Community and Diversion.

Need(s)	Network Recommendations
• Opportunities for social connection through community events, workshops, and social gatherings.	• Expand low-barrier social and recreational opportunities that help people with disabilities build relationships, reduce isolation, and participate more fully in community life. • Offer a broader mix of inclusive activities based on consumer identified interests, such as arts and crafts, wheelchair-accessible exercise classes, sensory-friendly activities, and adaptive sports. • Develop age-responsive social opportunities for children, teens, working-age adults, and older adults with disabilities, recognizing that connection needs may differ across life stages.
• Activities in accessible community locations.	• Host activities in accessible community-based locations, such as libraries, recreation centers, parks, and community centers, rather than relying only on CIL offices or disability-service locations. • Use consumer input to plan activities, schedules, and locations so offerings reflect what people with disabilities say they want and can realistically attend.
• Opportunities for volunteering in the community and skill-building activities.	• Develop accessible community volunteer pathways that connect consumers to local nonprofits, civic groups, libraries, parks, food programs, arts organizations, animal shelters, disability-led groups, and community events based on their interests and access needs. • Pair volunteer opportunities with skill-building supports, such as communication, scheduling, transportation planning, workplace expectations, self-advocacy, technology use, budgeting, teamwork, and problem-solving. • Create short-term, supported volunteer projects for consumers who want to build confidence before committing to ongoing roles. • Build partnerships with community organizations to identify disability-inclusive volunteer roles and educate partners on accessibility, accommodations, communication needs, and inclusive supervision.

Need(s)	Network Recommendations
• Opportunities for individuals who use augmentative and alternative communication (AAC) devices to connect with peers.	• Design activities with accessibility supports built in, including transportation options or coordination, accessible communication, AAC-friendly participation formats, plain language materials, and virtual or hybrid options when appropriate.

Table 6. Youth Transition.

Need(s)	Network Recommendations
• Independent living experiences and skill-building opportunities for youth during weekends or school breaks.	• Develop or partner with organizations that provide short-term, hands-on independent living “practice” programs for youth during weekends, summer breaks, or school breaks. ○ Design youth skill-building experiences around practical independent living tasks, such as cooking, cleaning, laundry, budgeting, scheduling, transportation planning, medication/health routines, technology use, safety, and self-advocacy. ○ Include family/caregiver orientation or follow-up so parents understand how to reinforce independent living skills at home and support youth autonomy. • Create age-appropriate cohorts or small-group experiences for teens and young adults to build confidence, social connection, and peer learning while practicing independent living skills.
• Support for students and families navigating IEPs, 504 plans, and other school-based services.	• Develop parent- and family-friendly resources that explain the IEP/504 process, common accommodations, and family rights. ○ Create accessible checklists or “what to ask at school meetings” tools for families preparing for IEP, 504, transition, or accommodation-related conversations.

Need(s)	Network Recommendations
	• Offer workshops or one-on-one guidance for parents who are new to the special education process or who feel uncomfortable advocating during school meetings. • Provide family transition planning sessions that help students and caregivers understand school-based supports, community resources, independent living services, and post-secondary options.
• Awareness and support for accommodations and assistive resources, including service dogs in educational settings.	• Increase student, family, and school awareness of accommodations, assistive technology, communication supports, and other assistive resources that can support students with disabilities in educational settings. ○ Provide one-on-one navigation or referral support for families seeking assistive technology, AAC-related support, therapy-related accommodations, service animals, or other disability-specific resources in school settings. ○ Partner with schools and transition coordinators to improve understanding of disability-related accommodations, including how assistive resources can support participation, communication, independence, and safety at school.
• Connection of children and youth with disabilities to services, supports, and peer networks at earlier ages.	• Partner more closely with public and private school transition coordinators to connect families to CIL supports earlier, especially as students enter high school. • Increase marketing to help parents better identify when their children have a need that can be supported by the CILs.

Appendix A: Survey Results

How to Read Figures and Tables

Responses to open-ended survey questions were analyzed by using content analysis, with content coding applied to identify recurring and emergent themes relevant to the research questions. An initial set of codes was developed through a review of responses and refined iteratively for consistency and accuracy. Each response was systematically coded, and theme frequencies were documented (e.g., the number of respondents mentioning each theme for a given question). Trends were analyzed, and findings are presented in the final tables.

Five-point Likert-style scales—such as those measuring satisfaction or agreement from “strongly disagree” to “strongly agree”—were condensed into three-point scales for reporting purposes (e.g., combining “strongly disagree” and “disagree”). When the data were presented in a condensed format, the mean (average) score was also included in the figure. This approach was used to simplify interpretation and reduce visual noise while still conveying key trends. In interpreting the results, mean scores of 1 or 2 are categorized as negative perceptions, a score of 3 as a neutral perception, and scores of 4 or 5 as positive perceptions.

How to Read Data Tables and Figures

- **“Themes”** represent the ways in which respondents answered the question.
- **“Count”** is the number of respondents who mentioned the theme.
 - The total “count” can be larger than “n” because one person can mention more than one theme in their response.
- **“n”** is the total number of respondents who answered the question.
- **“m”** is the average (mean) score for questions that use a 3-point or 5-point scale.
- **“Construct score”** is the average score created by combining responses from several related survey questions that measure the same topic or experience.

Survey Respondent Demographics

A total of 232 individuals participated in the survey, 58 of whom completed the survey on behalf of someone with a disability. Among the 221 respondents who indicated whether they had used a CIL, most reported having received services ($n = 135$), with 13 respondents reporting use of more than one CIL. Among respondents who had used a CIL, the most commonly used were The Ability Center of Greater Toledo ($n = 48$) and Western Reserve Independent Living Center ($n = 44$). Eighty-six respondents reported not using a CIL (Table A1).

Figure A1 shows that among survey respondents who disclosed their Zip Code of residence, most lived in Lucas County (n = 38) and Trumbull County (n = 21).

Table A2 shows that most respondents who answered the demographic questions were between the ages of 25 to 59 (58%), identified as White or Caucasian (73%), and reported having multiple disabilities (52%).

Table A1. Survey Respondents' CIL Use. (n = 221)

Center for Independent Living	Count
The Ability Center of Greater Toledo (ACT)—Sylvania, OH	48
Western Reserve Independent Living Center (WRILC)—Warren, OH	44
Independence Alliance, formerly Center for Independent Living Options (CILO)—Cincinnati, OH	13
Access Center for Independent Living (ACIL)—Dayton, OH	10
Services for Independent Living (SIL)—Westlake, OH	8
The Center for Disability Empowerment (CDE)—Columbus, OH	7
Linking Employment, Abilities and Potential (LEAP)—Cleveland, OH	7
Southeastern Ohio Center for Independent Living (SOCIL)—Lancaster, OH	6
Advancing Independence Network, formerly Tri-County ILC—Akron, OH	3
Mid-Ohio Board for an Independent Living Environment (MOBILE)—Columbus, OH	1
Independent Living Center of North Central Ohio (ILCNCO)—Mansfield, OH	0
Society for Equal Access (SEA)—Dover, OH	0
<i>I do not know which one I received services from</i>	4
I have not received services from any of the above	86

[illegible]

Demographic	Count	Percent
Age (n = 192)		
Under 5	0	0%
5 to 19	4	2%
20 to 24	12	6%
25 to 59	111	58%
60 and over	65	34%
Race and Ethnicity (n = 184) ¹		
White or Caucasian	135	73%
Black or African American	29	16%
Two or more races/ethnicities	12	7%
Hispanic or Latino	4	2%
Native American or Alaska Native	2	1%
Asian	1	<1%
Middle Eastern or North African	1	<1%
Native Hawaiian or Other Pacific Islander	0	0%

Disability (n = 183)		
Multiple disabilities ²	96	52%
Physical/mobility	35	19%
Mental/emotional	22	12%
Intellectual/cognitive	15	8%
Another disability ³	7	4%
Vision	5	3%
Deaf/hard of hearing	2	1%
Chronic health condition	1	<1%

¹Respondents who selected more than one race or ethnicity were classified under “Two or more races/ethnicities” rather than being counted within each individual race/ethnicity category.

²Respondents who selected more than one disability category were classified under “Multiple Disabilities” rather than being counted within each individual disability category.

³Respondents who selected “Another disability” reported conditions including autism, Parkinson’s disease, aging-related disabilities, and Williams Syndrome.

CIL Consumers and Community Member Responses

The most commonly reported services and resources that people living with disabilities identified as needed to help them achieve their independent living goals over the next three years include transportation supports (n = 91), housing assistance (n = 69), skill-building opportunities (n = 37), and personal care assistance (n = 32). See Table A3 for the specific types of skills respondents would like to learn or have available through community-based programs.

Table A3. When thinking about the next three years, what services or resources do you think may be most needed to help you achieve your independent living goals? Please list up to three. (n = 218)

Service/Resource	Count
Transportation e.g., car; transportation information; door-to-door wheelchair accessible transportation; help scheduling rides	91
Housing e.g., Section 8 housing; housing referrals; info on housing; quality, safe housing; affordable housing; disability housing with 24-hour supports; universal design; mortgage assistance; home modifications; 100% accessible group home; Ohio Board of Building Standards needs to create an accessible housing code, train all professionals on it, assess multi-family housing back to March 14, 1991, remove Existing Building Code, and take on accessible housing as an emergency	69

Service/Resource	Count
Skill-building e.g., socializing skills; establishing good cleaning habits; cooking; parenting classes; financial management/budgeting support; kitchen safety; how to use bump dots on appliances; sign language; braille; how to use technology including computers and cell phones; use of supplies, templates, calendars etc.; how to use AI and virtual assistants; advocacy training; emergency preparedness; water safety; learning how to drive	37
Personal care assistance e.g., help with laundry; maintaining household; shovel snow	32
Employment e.g., help job searching; job coach; support accessible Workforce and Economic Independence Initiatives Services focused on financial independence through inclusive employment programs, remote work access, benefits counseling, entrepreneurship support	29
Community support e.g., community resources like DODD offices; community advocacy; every municipality, township, and county have an ADA Coordinator, ADA Grievance process, a written ADA Intervention Plan, and hire appropriate experienced professionals to implement; community-Based Advocacy and Rights Protection Networks Local peer-led advocacy groups that help people with disabilities navigate changes to Medicaid, Social Security, housing, and civil rights protections while organizing grassroots action and self-advocacy training	28
Assistive technology and equipment e.g., assistive technology; durable medical equipment; service dogs	22
In-home healthcare/virtual or remote care e.g., home health aides; home health for nursing, physical therapy, and occupational therapy; Direct Support Professionals	21
Healthcare (not specified as in-home) e.g., unspecified; physical therapy; speech therapy; nursing; Applied Behavior Analysis (ABA) therapy	19
Medicaid/ Medicare (including waivers and the Passport Medicaid Waiver Program)	18
Income, cash, grants (including Achieving a Better Life Experience account resources)	17
Recreational activities/social opportunities e.g., volunteering; arts resources; sensory-friendly activities; special Olympics; exercise support groups	16
Accessibility in the community e.g., not all hotels are handicap accessible; historical store fronts are valued over accessibility; doctor offices need right equipment; lower	15

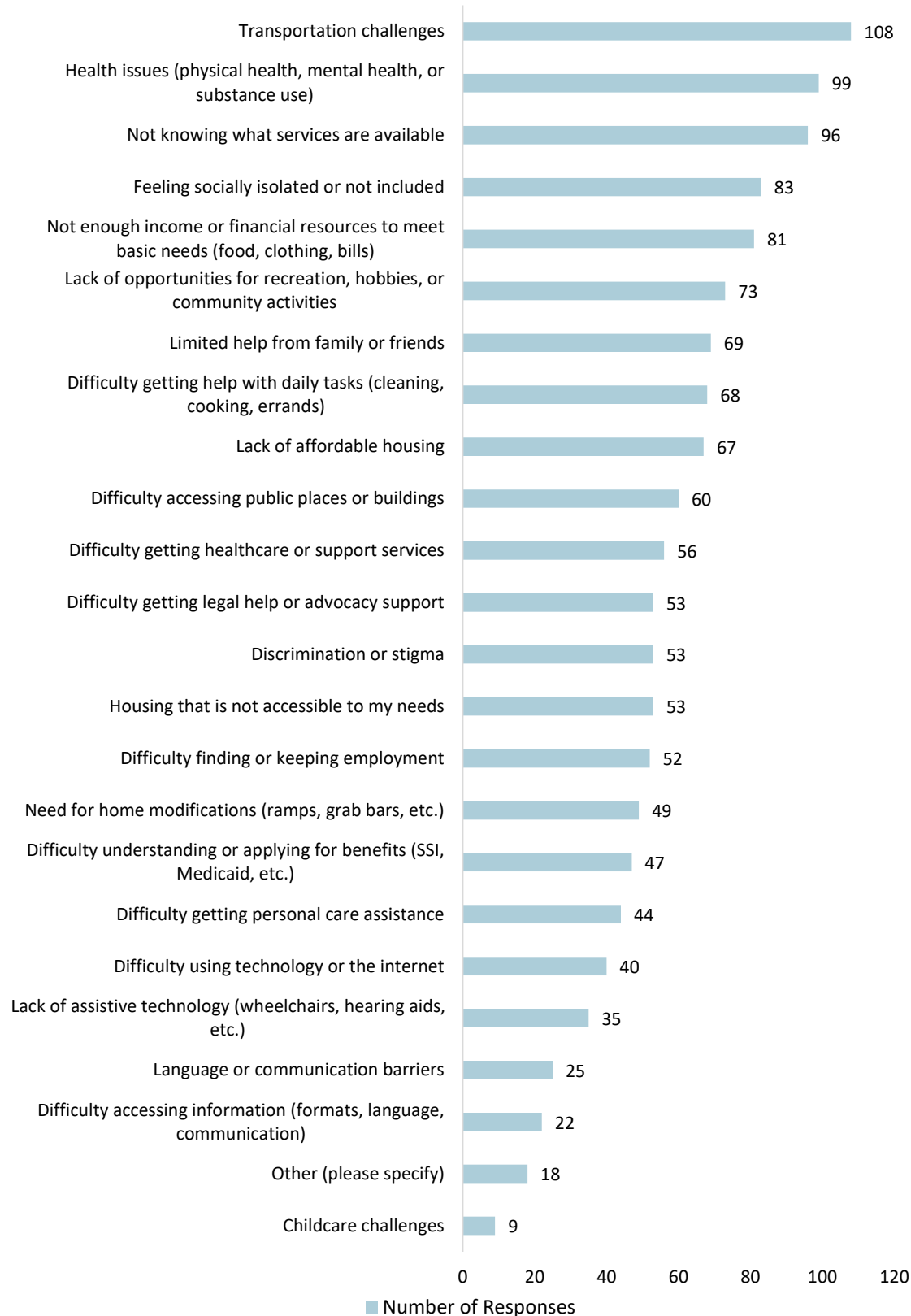
Service/Resource	Count
counters at businesses; non-judgmental environments to explore opportunities	
Food e.g., food stamps; general grocery assistance; meal delivery	15
Peer support e.g., independent living support groups	9
Caring, dependable, and competent staff/medical team (and more staff)	8
Information or referrals e.g., for Parkinson's Disease; aging seniors with disabilities; understand funding and resources for adult services; policy updates to understand what is happening at a federal and state level; finding caregivers	8
Mental health e.g., anxiety support group; counseling services and options	8
Healthcare and goal management/decision-making support e.g., scheduling medical appointments; coaching or other assistance working toward and keeping track of goals	7
Day programs e.g., SAW day program; Dayhab	4
Legal assistance or advice e.g., on workplace discrimination; custody	4
Drug and alcohol recovery help	3
Help in the schools e.g., helping maneuver the 504/IEP process; help get therapy dogs in schools; bring ABA therapists to schools	3
Help with Social Security	3
Improve existing healthcare and home care services e.g., provide education for disability-serving organizations; better services through VocRehab	2
Basic needs e.g., undergarments and wipes	1
Childcare	1
Opportunities to build independent living skills and confidence e.g., local Independent Living Options over weekends or school breaks to practice and gain confidence in living away from home	1
Respite	1

Among survey respondents who experienced barriers to living independently, the most frequently listed barriers included transportation challenges (n = 108), health issues (n = 99), and not knowing what services are available (n = 96; Figure A2).¹

¹ The “Other” barriers category on Figure A2 includes limited support services, financial constraints, healthcare access issues, aging-related concerns, and difficulties navigating systems.

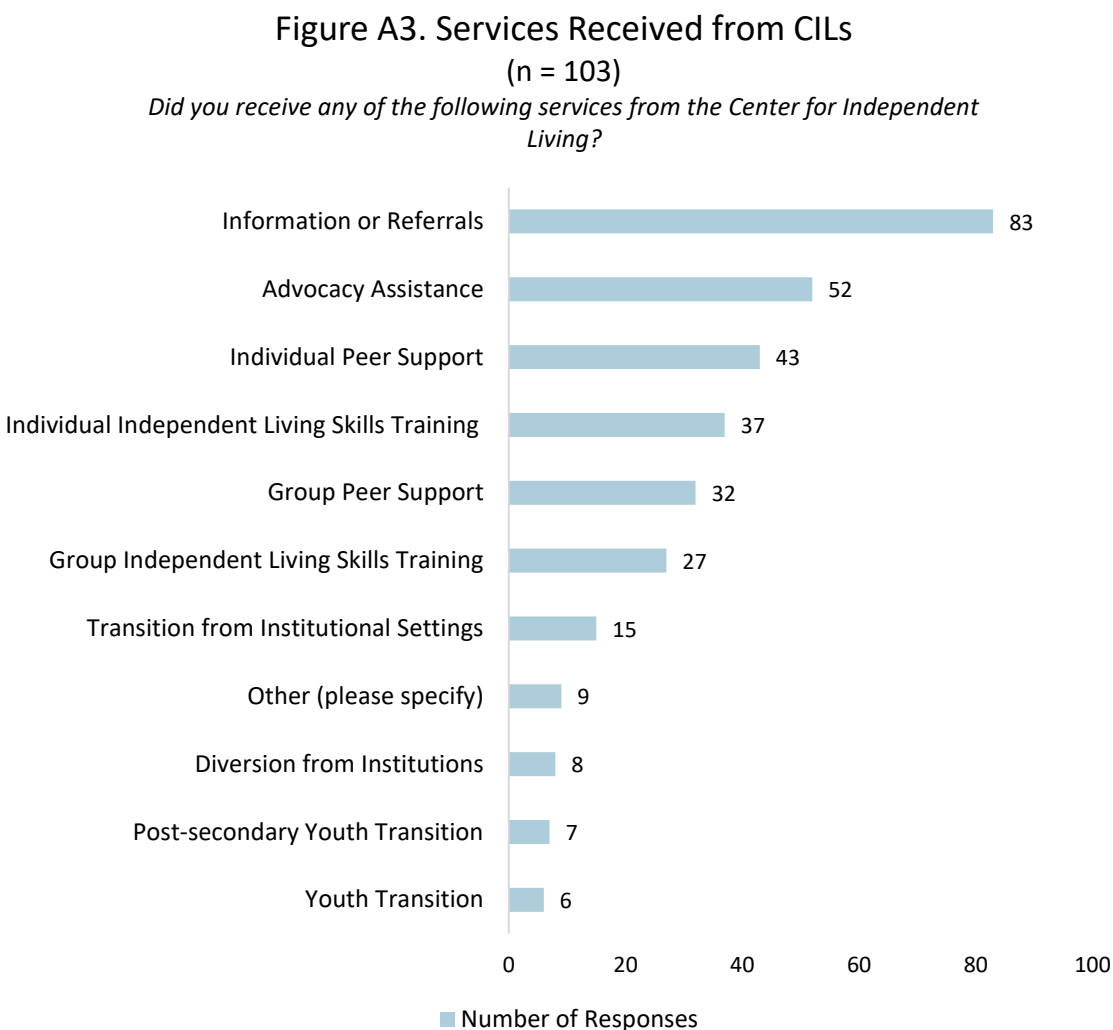
Figure A2. Barriers to Living Independently (n = 210)

Which of the following has limited or prevented you from living independently or participating in the community? Please select all that apply.



CIL Consumers-only Responses

Most survey respondents who answered the question about receiving specific services from their CIL reported receiving information and referral services (n = 83), advocacy assistance (n = 52), and individual peer support services (n = 43; Figure A3).



*The “Other” services category includes aging supports, service dogs, and equipment.

Survey respondents reported positive perceptions of the quality of services they received from the CIL (Figure A4). More than 80% indicated that no improvements were needed in their involvement in decisions about their services (87%), the respect shown by staff (82%), or communication from staff (82%). Despite these positive perceptions, respondents identified opportunities for CILs to enhance their services, particularly through offering additional activities and programs to improve the consumer experience (Table A4).

Figure A4. Quality of CIL Services

Overall, thinking about the services you received from the Center for Independent Living (CIL), how would you rate the CIL in the following areas?

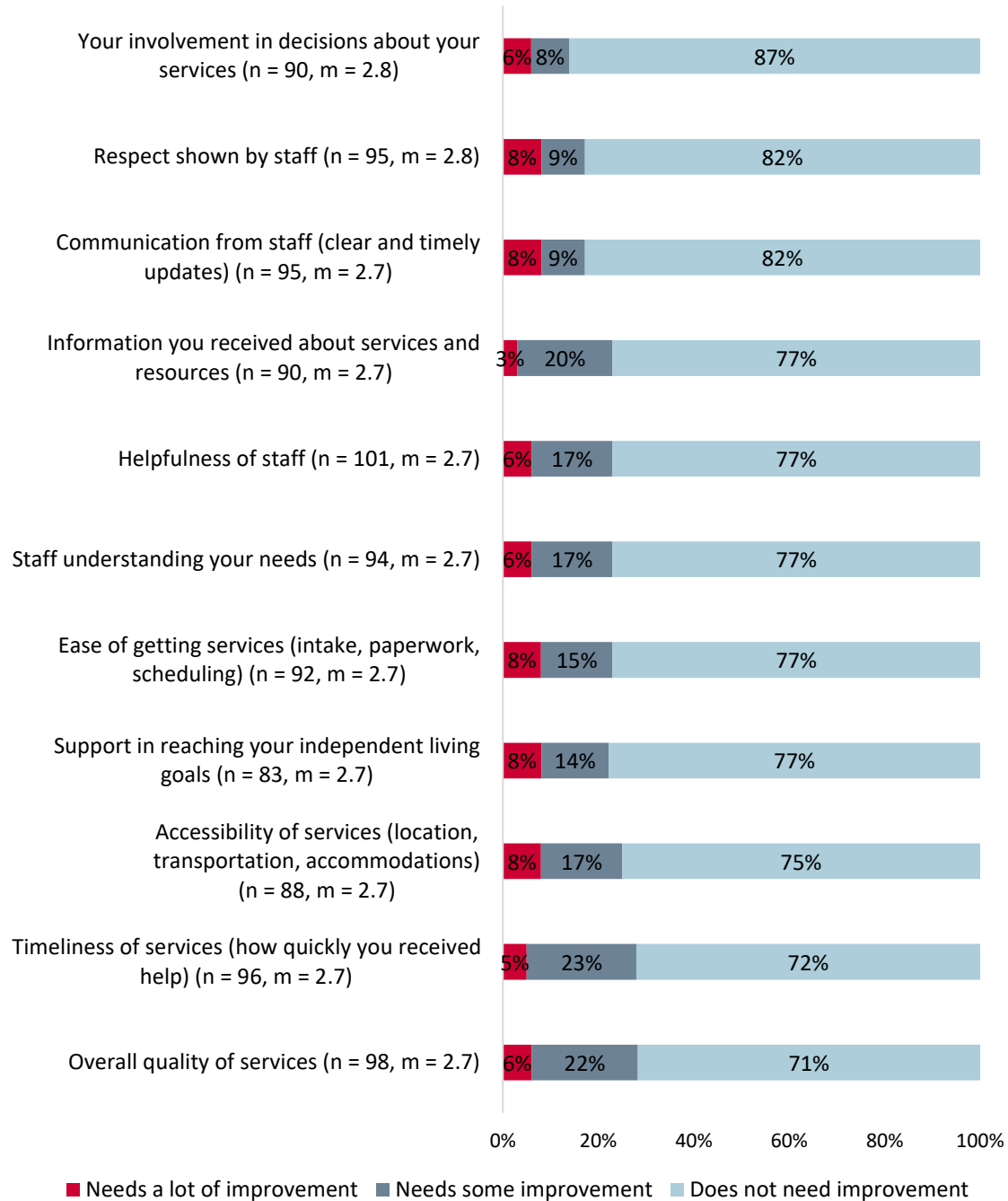


Table A4. Thinking about the services you received from the Center for Independent Living, how can current services be enhanced or improved to better meet your needs, or what new services or supports would you like your local Center for Independent Living to offer? (n = 70)

Themes	Count
Provide more activities e.g., host more social get-togethers outside of the building; provide more events and workshops; find more volunteer opportunities; more activities for kids and teens; wheelchair exercise classes; host craft events; create groups or activities that help connect people who use Augmentative and Alternative communication devices; provide the activities in community locations like the library rather than only through the DODD; more social opportunities to reduce isolation	16
More information and referrals e.g., a sheet with overview of benefits available to the disability population; finding more resources on goals and ideas; housekeeping referrals; have a simple information sheet that tells consumers who to call, what to ask for, what rights they have, some questions to ask, and where to reach out to; help getting online for an anxiety group; ensure referrals are to places where they will be able to receive help; services could be enhanced by providing more up-to-date local resource information, especially for affordable housing, transportation, mental health services, employment supports, and emergency assistance programs; need faster response times, easier online access to resources, and more personalized referrals based on individual needs; more assistance with navigating public benefits, housing applications, Medicaid waivers, and disability rights advocacy during changing political and economic conditions	13
Housing e.g., find affordable housing options that do not just refer consumers to someone else; have more pull/input in the housing centers; help with housing modifications; support a more robust home accessibility program beyond aluminum ramps; find/provide safe housing	12
Improve communication e.g., return voicemail or have a person answer the phone; shorter, more frequent communication; share updates more often and ask for member feedback on desired activities; increase information and resources in digital formats, such as on websites and social media; reach out to clients regarding what services, grants, and resources may be available; establish a more direct link to managing staff	12
Transportation	11

Themes	Count
e.g., knowing who to call and which transport services people are qualified for; have someone designated for transporting consumers; provide transportation to CIL social activities	
Skills training e.g., internet use, library, and research skills; sign language classes at assisted living places; computer skills training, specifically how to use the adaptive technologies built into average PCs; how to date people; food safety classes; how to travel in the U.S. and internationally; more community workshops on self-advocacy, emergency preparedness, and independent living skills	8
Ensure people with disabilities are treated with respect/have awareness of the disability	6
Help in schools/with youth e.g., getting service dogs in schools; help with 594/IEP services; more support for parents who are new to the IEP process and uncomfortable to advocate; involve and connect with kids with disabilities at an earlier age; help families understand the landscape and support available in schools	6
More concrete advocacy training/CILs should be visible advocates in their cities e.g., advocacy services could be improved by increasing outreach and follow-up support for individuals navigating changes in Medicaid, Social Security, accessible housing, and disability rights protections; more peer-led advocacy opportunities, community education workshops, and assistance with self-advocacy skills would help individuals feel more informed and empowered; connect more with other non-disability organizations so that those other organizations can learn more about disability-led initiatives and connect and partner with CILs	6
Peer supports e.g., one-on-one support; offer expanded peer support and community connection programs, including disability-led support groups, mentoring, and social opportunities	6
Assistive technology training and access to relevant technology e.g., services geared towards Augmentative and Alternative Communication users	5
Employment assistance e.g., help find a job; interview training; employment programs focused on remote work, entrepreneurship, and workplace accommodations	4
Expand CILs into more counties e.g., Fayette County, Ohio; including rural areas as aging population has a difficult time with Zoom, etc.	3

Themes	Count
Ensure activities are available e.g., enough slots in group activities; have better times scheduled for group meetings	2
Improve awareness and marketing of the CILs	2
Mental health resources e.g., a trauma group and other mental health-related stuff for support groups	2
Personal Care Assistants e.g., help with cleanliness at living facility; not be alone when doing important paperwork; someone to take people shopping/out to eat	2
Change the CILs from a care-based system to a support-based system	1
Legal help	1
Medical programs and benefits	1
More caregivers needed in the community	1
More interaction and access to local and county services and officials and leaders in the disability community	1
More services for people with a disability who are not former substance users, alcoholics, or mentally challenged	1
More virtual options for training and opportunities	1
Provide exemplary models for people with disabilities e.g., enhance demonstrating living and working options for people with disabilities, with access to local leaders and communicators in the disabilities community to continue to show lifetime options	1
Supports for aging with a disability	1

Survey respondents reported positive outcomes associated with their involvement with CILs (Figure A5). Approximately two-thirds or more agreed that they had increased knowledge of needed services, programs, and supports (70%), confidence in making their own choices (68%), ability to speak up for themselves (66%), ability to live independently in their own space (65%), and access to needed services, programs, and supports (63%). More than half also reported improvements in leadership skills (54%) and participation in their communities (54%). However, these two areas had the lowest levels of agreement among the outcomes measured, suggesting opportunities for CILs to further support leadership development and community engagement.

Figure A5. CIL Consumer Outcomes

How much do you agree with the following statements? Since being connected to the Center for Independent Living, I have noticed an increase in my...

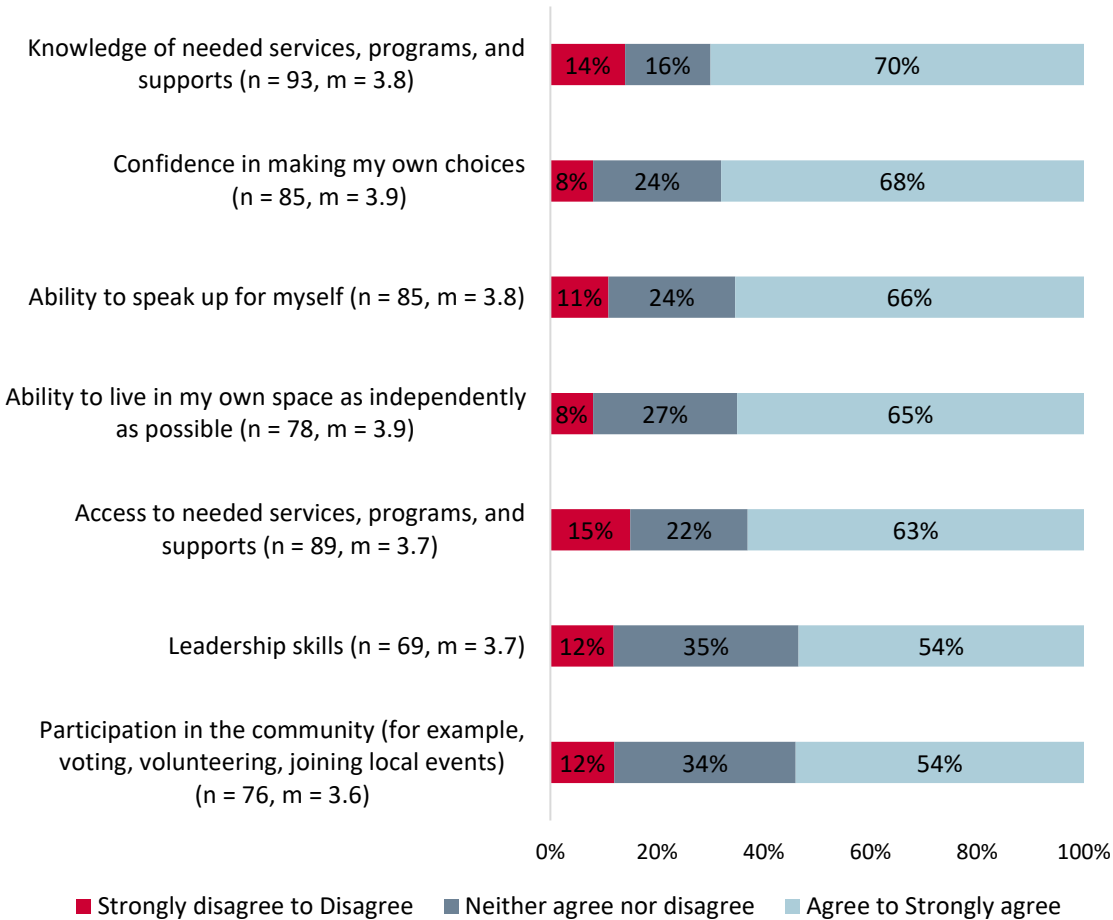


Table A5 presents construct scores among CIL consumers who reported using specific services (e.g., information and referral services). Quality scores were calculated by combining responses to the service quality questions shown in Figure A4, while impact scores were calculated by combining responses to the service impact questions shown in Figure A5. All service areas were rated as performing or excelling in quality, with scores above 3.49 on the 5-point scale. Impact scores were also generally positive; however, the post-secondary youth transition service area fell below the 3.49 threshold, indicating a need for improvement (though it was a small sample size).

Table A5. Construct Scores Among CIL Consumers Who Specified Using the Following Services.

Service	Overall Quality Construct Score (3-pnt)	Overall Impact Construct Score (5-pnt)
Information or Referrals	2.75	3.91
Advocacy Assistance	2.67	3.99
Individual Peer Support	2.70	3.88
Individual Independent Living Skills Training	2.88	4.11
Group Peer Support	2.72	4.02
Group Independent Living Skills Training	2.77	3.90
Transition from Institutional Settings	2.54	4.04
Diversion from Institutions	2.50	4.49
Post-secondary Youth Transition	2.66	3.47
Youth Transition	2.41	3.58

Community Member-only Responses

Among survey respondents living with a disability who were not connected to a CIL, the most commonly reported unmet service needs were information and referral services (n = 24), advocacy assistance (n = 21), individual independent living skills training (n = 15), and individual peer support (n = 15; Figure A6). When asked what additional supports they would like to see offered in their communities, respondents most frequently identified transportation assistance and legal services or advocacy support (Table A6).

Figure A6. Non-CIL Consumer Needed Services

(n = 51)

Which of the following services do you need, but are not receiving, in the community? Please select all that apply.

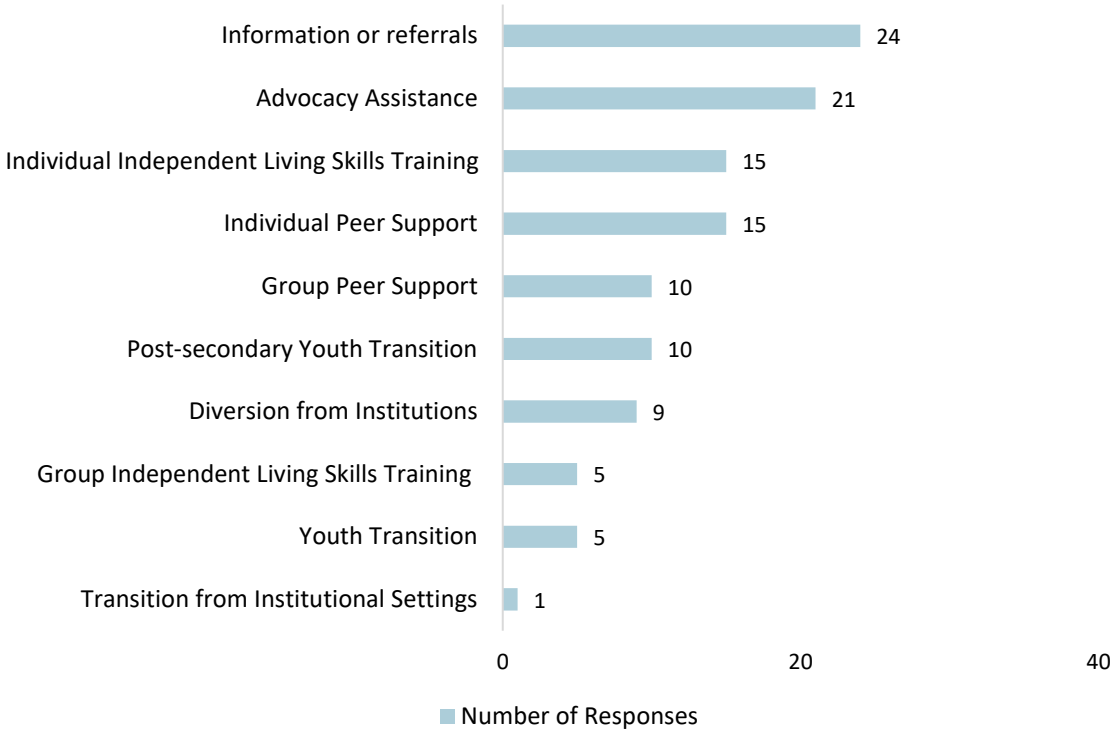


Table A6. What services or supports would you like to see offered in your community for people with disabilities? Please be as specific as you can. (n = 35)

Themes	Count
Transportation e.g., more public transport options; full English fluent staff; wheelchair accessible van rentals	6
Legal help or defense e.g., for Social Security issues; legal advice to help explain accommodation needs to doctors; nonprofit legal organizations do not focus on bigger systemic issues, and legal cases take too long and delays hurt people who need services	5
Employment e.g., self-employment support for a secondary job for supplemental income; job development; businesses or programs that employ legally blind in individuals	4

Themes	Count
Housing e.g., there is a severe shortage of housing for people with developmental disabilities, and state agencies are not taking further action to improve housing access such as Ohio Medicaid removing the waitlist; services to help seniors with disabilities age in their home	4
Recreational opportunities that support connections and friendships e.g., social clubs; special needs sports	4
Advocacy groups e.g., People First Group; patient advocates	3
Budgeting and financing services	3
Increased community awareness of accessibility needs e.g., more events sharing the importance of creating accessible, public spaces; Tele Med services need to stop being drawn back or discouraged as this is the only point of access for many	3
In-home assistance with organization/cleaning and planning	3
Training e.g., self-defense and safety; independent living skills; how to keep up with technology; how to be safe when using transportation services; on how to report problems with medical staff	3
Referrals or information e.g., information on disability help in home with knowledge of specific needs; information about their unique disability	3
Support groups e.g., for people with Level 1 Autism	2
Adequate tech devices and internet service (laptops/pc/tablets)	1
Adult group homes	1
Assistance with voting	1
Center for all disabilities	1
Improved quality of home healthcare options	1
Mental health supports	1
Mentoring or help for youth e.g., help teens understand what is expected as a teen transitioning to independent living and possibly going to college	1
Respite care for parents	1
Vision services	1

Appendix B: Interviews/Focus Group Results

Most Important Needs When Trying to Live Independently

What are the most important needs you have when trying to live independently in your community?

Accessible and Affordable Housing with Physical Accessibility

Across interviews and the focus group, participants consistently emphasized housing affordability and physical accessibility as foundational needs for independent living.

- “The most important would be accessibility. Physical accessibility... Ramps, elevators.”
- “Accessible and affordable housing... safe and effective housing.”
- “Our biggest issue is housing... renters increased 25% in the last three years.”

Transportation Access

Transportation is described as essential for accessing housing, services, and community participation.

- “Where I live has to be on a bus route because I take public transportation.”
- “Transportation must be nearby.”

Assistive Technology and Accessibility of Information

Consumers emphasized the need for accessible technology and systems that work across different disabilities.

- “Websites are not compatible for voice text... I use Dragon.”
- “Access to accessible technology... talking thermometers.”

Navigating Systems (Healthcare, Resources, Services)

Participants highlighted the importance of support in understanding and navigating complex systems.

- “Understanding the healthcare system and where to go to help.”
- “There is so much information... they [CILs] help me learn.”

Advocacy and Systems Change

Advocacy is viewed as a key need, particularly around systemic barriers and rights.

- “Doing advocacy for system’s change... where are they [CILs] tackling these systemic problems?”

- “It helps teach me as an advocate of what I can do.”

Community Connection and Social Participation

Participants emphasized the importance of social inclusion and community engagement.

- “Support with others in the community so they don’t feel isolated.”
- “The power of networking... helped me know what I know today.”

What Worked Well When Using CIL Services

Thinking about the services you received from the Centers for Independent Living, what has worked well for you?

Referral and Resource Connection

CILs are highly valued for connecting consumers to resources and services.

- “They helped me with resources, community connection.”
- “Referral services are good... help me live independently.”
- “They help connect you to those services and large resources.”

Training, Skill Building, and Education

Training programs and classes are viewed as important tools for increasing independence.

- “They can give you trainings... help you find stuff you need.”
- “The class I took on goal making... was a really great class.”

Advocacy and Empowerment

CILs support individuals in building advocacy skills and participating in civic life.

- “They give people the voice to do stuff.”
- “Went to the board of elections... city hall... disability pride flag raisings.”
- “Got to be part of a group... neighbors in action.”

Community Building and Networking

Participants highlighted the role of CILs in fostering connections and engagement.

- “They had networking events.”
- “They do a lot of community events... I started doing it more and more.”
- “They get people together in the community and come up with plans.”

Positive Responsiveness (in Some Cases)

Some participants reported timely and helpful responses from CIL staff.

- “They were responsive quickly with referrals and resources.”

What Did Not Work Well When Using CIL Services

Thinking about the services you received from the CIL, what did not work well?

Communication and Follow-up

Participants described inconsistent communication and a lack of follow-up as key challenges.

- “All of a sudden it fell off... I don’t hear about them.”
- “The contact is inconsistent... slow or not present.”

Accessibility of Systems and Processes

Some service systems themselves created access barriers.

- “Their phone system... not accessible for people with visual impairment.”
- “Difficult figuring out who to talk to when you are new.”

Transportation and Physical Access to Services

Even when services are helpful, getting to them is often difficult.

- “If I didn’t have a car I would have to use two buses.”

Limited System-level Impact

Some participants felt that broader systemic issues were not being adequately addressed.

- “I don’t see my local center... tackling these systemic problems.”

Changes to Make CIL Services More Accessible

What changes would make CIL services more accessible or more helpful for people?

Improve Communication and Consistency

Participants emphasized the need for more reliable communication and follow-up.

- “Now I don’t hear about them... communication.”

Reduce Wait Times and Streamline Processes

Faster access to services is especially critical in urgent situations.

- “There were wait lists... we were desperate.”
- “Days of waiting is more harmful... problems are long waits.”

Expand Outreach and Awareness

Increasing visibility of services is needed to reach more consumers.

- “They don’t do enough service announcements or advertisements.”
- “People... don’t know they can use the services at the center.”

Strengthen Partnerships and Coordination

Participants recommended greater collaboration across organizations and systems.

- “Agencies... tend to be siloed.”
- “Have the CIL host the partners so they know who each other are.”

Increase Transportation and Housing Supports

Greater investment in structural barriers like transportation and housing is needed.

- “They should invest in transportation because that is the major barrier.”

Offer Flexible and Accessible Service Delivery

Services that meet people where they are (e.g., in-home, multiple formats) were recommended.

- “Counselor coming to their home... more choices for how people can do their things.”

Appendix C: Secondary Data Review

Internal Ohio CIL Data

Consumer Demographics

Across the 10 out of 12 Ohio CILs that provided data, there were a total of 6,076 consumers. Table C1 shows the demographics, as most were ages 60 and older, female, White, and had a physical disability.

Table C1. Demographics of CIL Consumers by Number and Percent.

Demographic	Number	Percent
Age (n = 6,054)		
Under 5	122	2%
5 to 19	535	9%
20 to 24	276	5%
25 to 59	1,968	32%
60 and over	3,153	52%
Sex (n = 6,052)		
Female	3,435	57%
Male	2,617	43%
Race and Ethnicity (n = 5,941)		
White	3,887	65%
Black or African American	1,677	28%
Hispanic/Latino of any race or Hispanic/Latino only	172	3%
Two or more races	135	2%
Asian	46	1%
American Indian or Alaska Native	15	<1%
Native Hawaiian or Other Pacific Islander	9	<1%
Disability (n = 6,076)		
Physical	3,784	62%
Cognitive	1,325	22%
Mental/Emotional	482	8%
Multiple Disabilities	235	4%
Vision	112	2%
Hearing	47	1%
Other	91	1%

Consumer Reported Needs

Table C2 shows the number and percentage of CIL consumers requesting different types of services during the reporting year. The most commonly requested services in 2025 were information and referral services and assistive technology.

Table C2. Number and Percentage of Consumers Requesting Services from CILs. (n = 13,564)

Services	Number of Consumers Requesting Services	Percent of Consumers Requesting Services
Information and Referral Services	5,875	43%
Assistive Technology	2,248	17%
Other Services	1,779	13%
IL Skills Training and Life Skills Training	671	5%
Housing, Home Modifications, and Shelter Services	606	4%
Peer Counseling Services	473	3%
Recreational Services	409	3%
Advocacy/Legal Services	221	2%
Physical Restoration Services	276	2%
Youth/Transition Services	224	2%
Communication Services	102	1%
Personal Assistance Services	173	1%
Preventive Services	68	1%
Vocational Services	185	1%
Children's Services	52	<1%
Counseling and Related Services	52	<1%
Family Services	38	<1%
Mental Restoration Services	18	<1%
Mobility Training	28	<1%
Prostheses, Orthotics, and Other Appliances	0	<1%
Rehabilitation Technology Services	4	<1%
Therapeutic Treatment	7	<1%
Transportation Services	55	<1%

Table C3 indicates the number and percentage of consumers who identified a need for transportation, health care services, or assistive technology that had previously been unavailable to them prior to receiving CIL services during the reporting year. The most requested access need in 2025 was assistive technology.

Table C3. Number and Percentage of Consumers Requiring Access to Assistive Technology, Health Care Services, and Transportation Prior to Being at the CIL. (n = 4,265)

Areas	Number of Consumers Requiring Access	Percent of Consumers Requiring Access
Assistive Technology	3,232	76%
Health Care Services	906	21%
Transportation	127	3%

State-level Data

According to the five-year estimates of the 2024 American Community Survey in Ohio, 14.4% of the population has a disability. Looking at disability prevalence within demographic groups, an estimated 46.0% of adults ages 75 and older have a disability, as do 14.7% of females and 21.8% of individuals who identify as American Indian and Alaska Native alone. Among disability types, 7.2% of Ohio’s population experiences ambulatory difficulties (Table C4).

Looking at the demographic composition of Ohioans with disabilities, the largest proportions are adults ages 35 to 64 (36.8%), females (51.7%), individuals who identify as White alone (78.1%), and those with ambulatory difficulties (47.2%; Table C4).

Table C4. Prevalence: Demographics of Ohio’s Total Civilian Non-Institutionalized Population with a Disability per five-Year 2024 American Community Survey Estimates. (n = 1,678,429)¹

Demographic	Percent of Disabled Population	Percent of Ohio Total Sub-population
Age		
Under 5	0.3%	0.8%
5 to 17	8.2%	7.2%
18 to 34	14.0%	9.2%
35 to 64	36.8%	14.1%
65 to 74	18.3%	24.2%
75 years and over	22.3%	46.0%
Sex		
Female	51.7%	14.7%
Male	48.3%	14.2%
Race and Ethnicity²		
American Indian and Alaska Native alone	0.2%	21.8%
Black or African American alone	12.9%	15.5%
White alone, not Hispanic or Latino	77.3%	14.7%
White alone	78.1%	14.6%
Native Hawaiian and Other Pacific Islander alone	<1%	16.2%
Two or more races	6.0%	13.4%
Some other race alone	1.6%	13.3%
Hispanic or Latino (of any race)	4.0%	12.1%
Asian alone	1.1%	6.3%
Disability³		
Ambulatory difficulty	47.2%	7.2%
Cognitive difficulty	40.7%	6.2%
Independent living difficulty	33.5%	6.2%
Hearing difficulty	26.3%	3.8%
Vision difficulty	16.9%	2.4%
Self-care difficulty	16.8%	2.6%

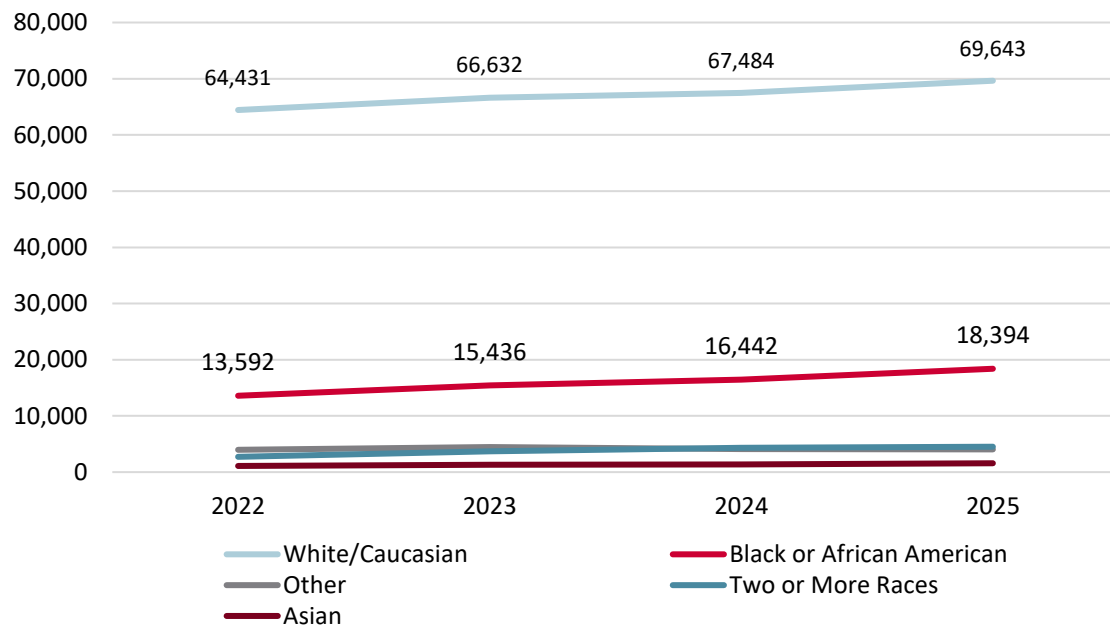
¹U.S. Census Bureau. "Disability Characteristics" American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810, 2024, <https://data.census.gov/table/ACSST5Y2024.S1810?q=S1810>: Accessed on May 23, 2026.

²“White alone, not Hispanic or Latino” and “White alone” were separate categories in the ACS data.

³For cognitive difficulty, ambulatory difficulty, and self-care difficulty, children under five are not included in these measures.

The Ohio Department of Developmental Disabilities (DODD) has primarily served people who are White/Caucasian from 2022 to 2025, with the next highest racial group being served identified as Black or African American (Figure C1). Both CILs and DODD are serving racial and ethnic groups in proportions that generally reflect the demographic composition of Ohioans with disabilities.

Figure C1. Ohio DODD Race Demographics from 2022 to 2025*



*Ohio Department of Developmental Disabilities. "DODD General Demographics-Race". Ohio Data Portal.
<https://data.ohio.gov/wps/portal/gov/data/view/dodd-general-demographics?visualize=true>: Accessed on May 24, 2026.