RESEARCH GROUP INC

Comprehensive Needs Assessment for Adults Age 50 and Older in Indian River County

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- Alzheimer & Parkinson Association of Indian River County
- Area Agency on Aging Palm Beach/Treasure Coast
- AARP Florida
- By The River/Kashi Foundation
- City of Fellsmere
- City of Sebastian
- City of Vero Beach
- DGL Management & Associates
- Economic Opportunities Council
- Gifford Youth Activity Center
- Indian River Community Foundation
- Indian River County Board of County Commissioners
- Indian River County Chamber of Commerce
- Indian River County Emergency Services
- Indian River County Fire Rescue
- Indian River County Health Department
- Indian River County Human Services
- Indian River County Hospital District
- Indian River County Recreation Department
- Indian River County Sheriff's Office
- Indian River County Veterans Services
- Indian River Medical Center
- Indian River State College
- Mental Health Association
- New Vision Eye Center
- Perkins Medical Supply
- Progressive Civic League of Gifford, Inc.
- School District of Indian River County
- Sebastian River Area Chamber of Commerce
- Treasure Coast Community Health
- United Way of Indian River County
- Vero Beach Museum of Art
- Visiting Nurse Association of the Treasure Coast
- Workforce Board of the Treasure Coast

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Needs Assessment Introduction

The *Comprehensive Needs Assessment for Adults Age 50 and Older in Indian River County* was born out of the need for knowledge about our community's population of older adults. Currently, 48% of our population is age 50 and older, and projected to reach 65% of 2030. At the Senior Resource Association, we recognized that the population was incredibly diverse, but other than basic demographic data, we didn't know much about them. We wanted to have a better understanding of our aging population to ensure that our limited resources are used effectively and to appropriately address the identified gaps in services. As we considered this population's social and economic importance, we believed that our community would benefit by learning more about its population of older adults.

On December 1, 2010, the Senior Resource Association convened a diverse group of community leaders to ask if they, and those they serve, would benefit from a comprehensive needs assessment for older adults. We received a loud and resounding "*Yes*!"   All agreed that a well done needs assessment would be a critical tool for addressing current and future challenges and opportunities for older adults in our community. This group committed to work with us in partnership to ensure a quality and representative needs assessment. From that initial meeting, a Steering Committee was formed to guide the process with the Senior Resource Association serving as project manager. The Steering Committee identified SRA Research Group as the professional consultant, and worked with them to shape and inform the process so that the report accurately reflects our community.

SRA Research Group prepared a draft Preliminary Report with seventeen recommendations which was shared with community "Stakeholders" at a Stakeholder Workshop held in March 2013. A "Stakeholder" was defined by the Steering Committee as a person who:
- Lives and/or works in Indian River County
- Understands critical issues which impact our community
- Brings a unique understanding and perspective of those critical issues
- Helps identify, prioritize and address critical issues.

The purpose of the Stakeholder Workshop was to review the Comprehensive Needs Assessment for Adults Age 50 and Older in Indian River County, and prioritize the Report's recommendations into 3 categories of importance – high, medium and low.

Through a two-step, nominal voting process, Stakeholders identified the following priorities listed here in order of importance.

High Priorities
- Evaluate ways to address the major need in Indian River County regarding health and health insurance issues
- Continue working on collaborative efforts for seniors in all parts of the county towards the common goal of improving the status of residents age 50 and over

Medium Priorities
- Look for ways agencies can do a better job informing people about how they can help
- Create awareness of food related resources
- Address the need for respite care
- Look for ways to make public transportation more accessible
- Create networks to help support and watch out for seniors
- Promote services to all senior residents regardless of age as the need for services crosses age categories
- Explore ways to help 50 to 64 year olds both now and in planning for the future

Low Priorities
- Develop ways to help seniors deal with the housing issues they face
- More aggressively look for funding opportunities and emulate what is working well in other areas for seniors
- Provide assistance to families planning for aging
- Expand employment training opportunities for seniors
- Refer senior veterans to Indian River County Veteran Services to help with their needs
- Create ways to teach seniors to be safe and to help their family members support them
- Make activities more accessible to all seniors
- Involve all community partners to address the inability of many males to ask for help

The principal audience for the Comprehensive Needs Assessment for Adults Age 50 and Older in Indian River County is the Board and staff leadership of Indian River County area governments and economic, social service, education, nonprofit, civic leadership, philanthropic and advocacy organizations. Members of our community are encouraged to refer to the information contained in this report. As noted in the partners section of this report, many individuals and organizations contributed to its completion; we thank them for their significant support of this project.

As baseline information for common use, we hope that the Comprehensive Needs Assessment for Adults Age 50 and Older in Indian River County will focus community attention on both the strengths and opportunities identified to improve quality of life for older adults in Indian River County.

Karen B. Rose Deigl
President & CEO
Senior Resource Association

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EXECUTIVE SUMMARY

Background and Objectives

SRA Research Group, Inc. (SRA) assisted a steering committee led by the Senior Resource Association of Indian River County to develop "A Report on the State of the Social, Health, and Public Safety Services Among Residents Age 50 and over in Indian River County."

The project officially began with a discovery session meeting on January 24, 2012 with stakeholders, funders, community leaders, and service providers. During this meeting, the project process, methodology, indicators desired, peer counties, and timeline were discussed.

The overall objective for the project was to identify the social, health, and public safety needs of Indian River County residents age 50 and over which can be used to improve availability and delivery of social, health, and public safety services in the future. Specific objectives included:

- Describing the existing environment by compiling data relating to social, health, and public safety services.
- Collecting community input from surveys, focus groups, and in-depth interviews concerning needed services.
- Identifying gaps in services and underserved areas.

The report includes the following sections:

- Executive Summary   Chapter 1
- Methodology   Chapter 2
- Demographics   Chapter 3

The demographics chapter includes local population trends, the communities within the county, and the general characteristics of county residents including race, ethnicity, and gender.

The next set of chapters, as part of the needs assessment, focused on roughly 30 indicators. Indicators are data which are available in the public domain that are identified as important at the federal, state, or county level. SRA was provided with some of the indicator data by members of the steering committee. However, it was determined by our team that additional indicators should be included and additional secondary research was done to provide this additional data. The indicators are grouped into seven major categories as follows:

- Health and Health Insurance   Chapter 4
- Financial Status   Chapter 5
- Caregivers   Chapter 6
- Housing   Chapter 7
- Leisure and Recreation   Chapter 8
- Safety and Security   Chapter 9
- Transportation   Chapter 10

In order to provide an understanding of where Indian River County stands on the indicators, where available, the indicator data are compared to the Florida state rate and to three peer counties. Based on input from the steering committee, it was decided to use the following peer counties:

- Charlotte
- Collier
- Martin

In addition to the indicator data, the voice of residents, community leaders, service providers, and other stakeholders was an integral part of the needs assessment process. The community response sections of the assessment include findings based on two research projects – a series of four focus groups and a community survey. The focus groups included:

- Female residents age 50 to 64
- North County residents
- Female residents age 70 and over
- Grassroots service providers

The community survey consisted of 450 telephone interviews among adult residents of Indian River County who were age 50 and over. The survey was representative of the population of residents age 50 and over in Indian River County. In addition, the survey provided a good geographic representation within the county. The questionnaire was designed to complement the indicator data. SRA worked with the steering committee to identify questions which were most important to the community. More detail on how this project was completed is included in Chapter 2 which contains the detailed methodology.

In addition to the community response, a series of in-depth interviews was completed with stakeholders in the community who were identified by the steering committee. The stakeholder interviews are integrated into the appropriate chapters of the report and the executive summary. Additional detail on these interviews is contained in Chapter 2 (methodology).

The focus groups, community survey, and stakeholder interviews were used to create two other chapters including:

- Important Issues   Chapter 11
- Services and Providers   Chapter 12

In addition, a final chapter looked at funding sources:

- Funding Analysis   Chapter 13

The highlights of the needs assessment are presented in the following pages. This is followed by the individual chapters which explore the indicators and community response for each area in more detail.

This executive summary consists of the following sections:

- Demographics
- Health and Health Insurance
- Financial Status
- Caregivers
- Housing
- Leisure and Recreation
- Safety and Security
- Transportation
- Important Issues
- Services and Providers
- Funding Analysis

The most up-to-date sources available were used for the indicator data. In a few instances, different sources have been used for similar measures. For instance, AARP, U.S. Census, and the Florida Department of Elder Affairs may have different numbers on some measures. This also means that bases (age 50 and over versus 55 and over, etc.) along with data sources change throughout this report. It should also be noted that trend data is provided where available and that the most current data available can vary by indicator.

Demographics

The demographic chapter of the report is designed to provide an overview of the population in Indian River County age 50 and over.

As of the 2010 U.S. Census, Indian River County had 138,028 residents and almost half (67,146 or 48.6%) are age 50 and over. Among those age 50 and over, more than half (56%) are 65 and over, with 18% age 80 and over (this represents 8.6% of the total population).

The number of residents age 55 and over is expected to grow from 57,337 in 2010 to 74,575 in 2020. This will represent an increased need for a variety of services and a variety of affordable housing options to accommodate different levels of health and care needs for seniors.

A vast majority of the population age 60 and over is white (94.6%) and non-Hispanic (97.1%). Among those 60 and over, there are more females than males (54.5% versus 45.5%). Among those age 65 and over, 28.4% are veterans.

Based on the focus groups, there is no consistent definition for someone who is a senior and it is not necessarily tied to numerical age. In fact, many residents feel being a senior has more to do with declining physical and mental health than age.

Focus group respondents also indicated there are unique issues for those 50 to 64 including, in some cases, lack of or difficulty finding a job, lack of Medicare eligibility, caregiving for parents or grandchildren, and a lack of social security income.

Respondents indicated there are some differences by gender in the focus groups. For instance, women age 50 to 64 feel men their age face less stress as they don't tend to have primary responsibility for household issues, children, and parents.

However, focus group respondents suggested that men age 50 and over are less likely to discuss their feelings, ask for help, and have more difficulty adjusting to getting older and the physical changes that creates. Further, respondents indicated this can lead to behavioral issues such as substance abuse or anger management issues for some men.

Focus group results suggested that the issues do not vary significantly by sections of Indian River County.

Health and Health Insurance

This chapter of the report focuses on the physical and mental health of residents age 50 and over, as well as the healthcare service providers and health insurance issues facing residents.

The county health rankings place Indian River County as 11 out of the 67 counties in Florida. This places Indian River County in the top quartile for the state in health rankings which includes health indicators, behaviors, clinical care, and outcomes. However, Florida is only ranked 33 out of the 50 states.

The proportion of people age 65 and over with disabilities is more of an issue in Indian River County. Specifically, the disability rates for Indian River County are substantially higher than the state rate. This suggests that there will be a greater demand for services for persons with disabilities than in other areas of the state.

Among people age 65 and over, 15.1% of the county's population are probable cases of Alzheimer's disease as stated by the Department of Elder Affairs. Given the anticipated population growth and the "silver tsunami," this suggests the potential for quite a large number of people needing care for this disease.

Overall, the 37,871 residents age 65 and over are potentially eligible for Medicare benefits in Indian River County. Of residents age 60 and over, 4.8% (2,321 people) are eligible for Medicaid and another 4.4% (2,122 people) are dually eligible for Medicaid and Medicare. Despite this, it is estimated that 11,368 (30%) of the residents age 65 and over are medically underserved in Indian River County. The medically underserved are areas or populations designated by the Health Resources and Services Administration as having too few primary care providers, high poverty, and/or a high elderly population.

The county has three hospitals and 352 physicians. In addition, there are 645 skilled nursing facility beds with a 91.3% occupancy rate.

A majority of residents age 50 and over rated their health as excellent or very good (58%), while approximately one in five (19%) rated their health fair or poor. Age did not impact how residents rated their health. However, those with incomes of $75,000 or over were more likely to say they are in excellent or very good health (74%). This is likely due to more of this group having health insurance and financial resources which allows them to receive preventative care. While most residents in the community survey had health insurance, 23% of the 50 to 64 year olds did not. Further, most (76%) do not have long-term care insurance and, based on the focus groups, there appears to be little knowledge about long-term care insurance.

Based on the community survey, health and health insurance are the most important issues to residents of Indian River County age 50 and over.

In regard to access to care, focus group respondents suggested there are few physicians who treat poor or Medicaid patients in the county. In addition, focus group respondents also cited a great need for more mental health services for people age 50 and over in the county.

Most residents in the community survey said they have adequate support for both their emotional and physical needs, but fewer are prepared financially, particularly those in fair or poor health, residents with incomes of $25,000 or less, and those who live alone.

Additionally, roughly one in four community survey residents age 50 and over agree that they worry about who will take care of them if they need help with activities of daily living. Not surprisingly, this concern about care is more acute among those who live alone. Fortunately, a vast majority of respondents in the community survey indicated they do not have problems with activities of daily living.

Almost one-quarter of Indian County residents age 60 and over are living alone (24.3%). In the community survey, residents who live alone were more than twice as likely to agree they experience loneliness compared to those who live in households with two or more residents (43% versus 18%).

Concerns about loneliness were also discussed in the focus groups. They mentioned knowing people who rarely leave their homes. In some cases, elders become isolated because they are sick, infirmed, have lost interest in life and are waiting to die.

Respondents also mentioned that being a loner is not necessarily a function of age. Focus group participants pointed out most people were not active or engaged with others long before they became older. Their perception is that people of all ages need to take the initiative to engage with other people to avoid isolation and loneliness. They also indicated that being active helps people deal with losing friends and spouses since they have a support system in place.

Financial Status

The financial status chapter explores issues regarding income and economic resources.

The median income for Indian River County as a whole is $47,341, while the median income for residents age 65 and over is $40,890. Median incomes for households headed by someone age 65 or over are generally increasing, up 9.4% since 2005.

However, 10.4% of residents age 65 and over are below the poverty guidelines which equates to $13,596 or less per year for a two person household headed by someone age 65 and over. In addition, just over one-third of residents age 60 and over (33%) participate in the SNAP (formerly food stamp) program.

Among those residents age 55 and over, 25% are employed and 10% are unemployed in 2011. The remaining residents most likely consider themselves retired.

In the community survey, only 55% of the residents agreed with the statement "I am financially prepared for my future." The level of agreement with this statement was lower for those age 50 to 64, and those with incomes of $25,000 or less.

Having enough money to retire was a major concern for some focus group respondents who suggested they could use some help with financial planning. Other focus group respondents suggested the economy is impacting people over 50, with many living with adult children or adult children living with their parents. These focus group respondents felt there is a dichotomy among the 50 and over population in Indian River County, with a sizable group of wealthy residents and also a sizable group living near or below the poverty level.

Caregivers

Being a caregiver to either a parent, child, or grandchild has an impact on the physical and mental well-being of the person primarily responsible for providing that care. This chapter focuses on issues related to caregiving.

Among those residents age 60 and over living in Indian River County, 459 are responsible for their own grandchildren. While this only represents about one percent (.95%) of this population, it is higher on a percentage basis than in peer counties, but lower than the state overall.

In the community survey, one in four residents age 50 to 64 (25%) reported they are a caregiver, mostly for a parent. In the focus group among 50 to 64 year olds, respondents said they are less likely to think about themselves and their needs due to their position as a caregiver.

Housing

This chapter discusses housing and the impact housing makes on the quality of life and stability of Indian River County's population age 50 and over.

A majority of all residents own their home in Indian River County. This is also the case among residents age 65 and over, with 87.2% owning their home. Home ownership among respondents in the community survey, which included people age 50 and over, was slightly higher (92%) and most community survey respondents consider their home an asset (87%).

However, almost one in four households (23%) with residents age 65 and over are cost-burdened. This means they spend more than 30% of their income on housing costs. This is in spite of substantial declines in the housing prices in Indian River County. For example, in 2011, the average price of a single family home was $155,000, down from a high in 2007 of $230,000, while condominium prices declined during the same period to $94,000 from $220,000. The median gross rent in Indian River County is $771, which means renters need to have incomes over $30,000 in order to not incur cost-burdened housing.

In the community survey, 25% of residents age 50 and over had one or more "major" issues with maintaining or affording their home. The top problem from the community survey was the ability to repair and maintain their home (a major or minor issue for 38%). Not surprisingly, those with incomes under $25,000 and people in poorer health were more likely to have issues dealing with their house. Home maintenance was also mentioned by many focus group respondents who stated that a deteriorating home can be unsafe and more expensive for elderly residents.

As a solution, focus group respondents suggested enlisting the help of younger people to help elders with home repairs.

Another problem is that many respondents from the community survey don't have a plan if they can no longer live in their home (46%). This may indicate a need to have assistance available to help people find appropriate living arrangements if they are in a health crisis which prevents them from living in their home. Respondents in some of the focus groups mentioned that there are places, such as Barefoot Bay, which offer services to residents who need help. Other focus group respondents suggested there are limited options for those who cannot live without assistance and that appropriate and affordable housing for seniors seems to be an issue. The issue is particularly relevant for residents who are not sick enough to be in a nursing home and who cannot afford assisted living, but need some help.

Leisure and Recreation

Leisure and recreational activities help create a sense of community and provide opportunities for social engagement which helps deter isolation that can lead to loneliness. While no secondary data was available for this chapter, it was covered in the community survey and focus groups.

Based on the community survey, almost all residents age 50 and over participate in some type of social or recreational activity (92%). On average, of the eight activities listed in the study, people age 50 and over participate in at least four. The 70+ focus group respondents suggested that staying active is a key to successful aging. Respondents in the grassroots focus group specifically mentioned that lifelong learning programs are quite valuable for senior's mental acuity and socialization.

Age does not have much of an impact on participation. However, those respondents age 50 to 64, many of whom work, feel excluded from some activities since they are closed in the evenings. This was supported by focus group results where it was suggested that younger seniors (50-64) are most interested in activities which provide an opportunity to socialize and meet other people.

Other focus group respondents mentioned that some residents need to travel for events and activities which they say can be inconvenient. As well, it was indicated in the focus groups that some seniors cannot afford to pay for activities.

Safety and Security

Having a sense of security both at home and in the community is important to all residents, including those age 50 and over. Part of having a good quality of life relates to being protected from crime, fraud, abuse, neglect, and exploitation. This chapter covers safety and security in Indian River County.

Indian River County is comparatively quite a safe place to live, with a crime rate which is lower than all three peer counties and the state rate. In addition, the Indian River County Sheriff's Office offers a number of programs specifically designed to help and protect seniors.

In 2011, a majority of calls received by Indian River County Fire Rescue (63.2%) were from residents age 55 and over. This may be the case since people of this age and over may be more prone to accidents/injury, as well as more likely than younger counterparts to be caring for elderly relatives. Stakeholders particularly mentioned the need for more early intervention to keep seniors out of crisis situations.

Based on the community survey, it is clear a vast majority of respondents (90%) agree with the statement "I feel safe in my neighborhood." In addition, several respondents from the North County focus group complemented law enforcement on the good job they do and stated that they feel the community is safe. This feeling was echoed by the grassroots focus group who indicated seniors in Indian River County feel safe.

Despite this, one in ten (10%) community survey respondents age 50 and over reported they have been a victim of identity theft. This was more prevalent among respondents age 50 to 64 than older residents and may be due to a greater likelihood to shop online.

Transportation

Transportation is vital to allow seniors to have access to services and community resources for health and well-being, as well as socialization. This chapter covers issues related to transportation.

Most (95%) residents age 60 and over in Indian River County have a driver's license, with 39.4% possessing a Florida license and the balance having licenses from other states. In addition to travel by private vehicle, the GoLine operates fixed bus routes which are free and the Community Coach offers door-to-door service for eligible residents for a nominal fee.

However, in the community survey, less than half of the residents (46%) are aware they have access to public transportation, and only 5% report they use it. Several focus group respondents also commented on public transportation. Some of the concerns mentioned included no service at night or on Sundays, the need to ensure shelter at bus stops are covered to protect people from sun and rain, and that it can be difficult or impossible for some seniors to travel from home to the bus stop.

When asked in the community survey if they are worried about finding transportation in the future, roughly one-quarter (27%) of residents agreed that it is a concern. This was much higher (41%) among residents with incomes of $25,000 or less. The community survey also shows that driving at night is a bit of a concern for some residents who are 75 and over, as well as residents who have incomes of $25,000 or less.

Important Issues

This chapter of the report reviews the most important issues facing residents age 50 and over in Indian River County based on input from the community survey and the four focus groups which were conducted.

Regardless of age, the most important issue mentioned in the community survey were healthcare and health insurance (31%). While more than 20 issues were mentioned, this was by far the most frequently mentioned concern.

It is likely that residents age 50 to 64 were concerned because they may or may not have health insurance, don't currently have access to Medicare, and are most likely to be impacted by any future changes to the Medicare system. Grassroots focus group respondents mentioned some of the people age 65 and older have issues affording the supplemental insurance premiums and their medications.

Next on the list of resident concerns was unemployment. Residents age 50 to 64 were more concerned about unemployment probably because they are not eligible for social security. They may also be tapping into retirement or other savings for living expenses.

Transportation was the next most frequently mentioned issue, and was particularly a problem for residents age 65 and over, as well as those who live alone. Concerns related to this issue are discussed in more detail in the transportation chapter.

The stakeholder interviews generally aligned with the resident survey and focus group findings citing access to healthcare coverage and services, increased transportation options, more employment opportunities, and the need for outreach to combat isolation and at-risk living situations.

The focus groups also uncovered a number of other issues and concerns for residents.

Some respondents suggested that younger seniors face more stress than their elders due to caregiving responsibilities for children, spouses, and parents. Other issues for younger seniors include joblessness, lack of health insurance, and dwindling savings.

Another issue mentioned in the focus groups is a lack of involvement by family members of older residents in Indian River County. Specifically, they mentioned that many residents do not have family living near them. Focus group respondents suggest some family members do not want to be involved in caring for aging parents, that they don't understand the needs of the aging population, and/or that they don't treat elders with respect and as capable people.

Respondents discussed that there is a need for families to plan for the impact aging will have on seniors in terms of finances, health, housing, and transportation. However, they acknowledge this is a difficult thing to do and most often is ignored by both the family and the senior. If the senior's family cannot or will not be involved, it was suggested that a community support system be created to provide assistance.

In the community survey, residents were read a list of areas where they would like services or assistance. Not surprisingly, they want solutions to the issues they mentioned. Specifically, help with prescription drug costs, transportation, help in their home with household chores, and social activities.

Services and Providers

This chapter of the report discusses the home and community-based services in Indian River County which are available to residents age 50 and over. These services are critical to allowing seniors to age in place which is preferred over moving them to an institutional setting. It also looks at the level of awareness of service providers, access to services, and information sources used by seniors.

Indian River County residents age 50 and over have a variety of public and privately funded home and community-based services to support their aging in place. There are two adult day care centers, two adult family care homes, 18 home health agencies, and nine homemaker and companion service companies in Indian River County (according to the Florida Department of Elder Affairs data).

Based on data provided by the Visiting Nurse Association (VNA), a majority of residents using their services are 71 to 90 years of age. VNA reported over 2,500 home healthcare admissions, 1,045 hospice admissions, and 343 private duty nursing admissions in 2010.

In terms of information sources, 25% of all 2-1-1 Indian River County information and referral callers were 55 years of age and older in 2011. Senior Resource Association and Your Aging Resource Center (Area Agency on Aging of Palm Beach and Treasure Coast) were among the top 25 referral sources for these callers.

However, based on the community survey, there is low awareness of agencies which provide services to seniors. Residents most frequently mentioned VNA (26%), Senior Resource Association (18%), and hospice (13% without any further description). In addition, a few respondents in the focus groups mentioned 2-1-1, but had mixed reactions to it. Some focus group respondents also mentioned Senior Resource Association as a good information source.

Based on the community survey, many residents get information from talking to other residents. This is particularly the case for people age 65 and over. Residents age 50 to 64 most frequently go to the Internet for information. People in the focus groups suggested clubs, churches, Meals on Wheels, soup kitchens, home healthcare workers, bill inserts, physician offices, hospitals, and retailers as places to distribute information about senior services. In addition, they mentioned TV and radio, the Sheriff's Office, the Mental Health Association, and 2-1-1.

Stakeholders mentioned the limited awareness and knowledge residents have of services and providers and suggested there is a need to maximize collaboration and resources among agencies and service providers to get information to seniors. In addition, stakeholders recognize there is a need to more effectively engage the older adult population and decrease the stigma associated with receiving services. Like the residents, stakeholders also suggested a need to have more locations and methods to disseminate information and a greater collaboration with 2-1-1 in the county.

Some focus group respondents also suggested best practices in other areas of the country where they had previously lived and suggested Indian River County look into these examples which are outlined in the detail of the report.

Funding Analysis

No data were available for Indian River County in general or on funding specifically for older adult services. However, the data from the Foundation Center's Statistical Information Services does provide some insight on grant recipients and values which are discussed in this chapter of the report.

Generally speaking, educational institutions receive twice as many grants, both in number and value, as hospitals and healthcare organizations which are the next highest category. Services for older residents fall under the category of human service organizations which are ranked fourth nationally in terms of total grant value. However, human service organizations are at the bottom of the list in terms of average grant value. Within Florida, United Way's from large population areas, educational institutions, and religious organizations were among the top grant recipients. Note that neither the United Way in Indian River County nor the peer county United Way's made the top 50 list.

In Indian River County, organizations received more than $100 million in stimulus funding, according to ProPublica. However, none was designated specifically for organizations which serve seniors.

There was also substantial discussion among stakeholders regarding the limited funding and resources which are targeted to services for older adults in Indian River County.

METHODOLOGY

The presentation of the needs assessment data is organized into the following chapters:

▪ Executive Summary	Chapter 1
▪ Methodology	Chapter 2
▪ Demographics	Chapter 3
▪ Health and Health Insurance	Chapter 4
▪ Financial Status	Chapter 5
▪ Caregivers	Chapter 6
▪ Housing	Chapter 7
▪ Leisure and Recreation	Chapter 8
▪ Safety and Security	Chapter 9
▪ Transportation	Chapter 10
▪ Important Issues	Chapter 11
▪ Services and Providers	Chapter 12
▪ Funding Analysis	Chapter 13

The needs assessment focused on roughly 30 indicators. Indicators are data which are available in the public domain that are identified as important at the federal, state, or county level. SRA received indicator data from members of the steering committee and other service providers and stakeholders. In addition, SRA independently collected some indicator data. Chapters 3 through 10 present the indicator data along with quantitative and qualitative information pertaining to each of these chapters, while chapters 11 and 12 present information only from the focus groups, telephone surveys, and stakeholder in-depth interviews. Chapter 13 presents information on funding data from The Foundation Center's Statistical Information Services.

Indicator Data

Chapters 3 through 10 present quantitative data for each of the groups of indicators. These data come from a variety of sources, primarily state databases and the U.S. Census. Information was collected from the following:

- ▪ American Association of Retired Persons (AARP)
- ▪ Florida Department of Economic Opportunity
- ▪ Florida Department of Elder Affairs
- ▪ Florida Department of Health
- ▪ Florida Department of Law Enforcement
- ▪ Florida Legislature, Office of Economic and Demographic Research
- ▪ Indian River County Fire Rescue - Emergency Medical Services
- ▪ Indian River County Health Department
- ▪ Indian River County Medical Center
- ▪ Indian River County Sheriff's Office
- ▪ The Foundation Center's Statistical Information Services
- ▪ Treasure Coast Homeless Services Council, Inc.
- ▪ Office on Homelessness, Department of Children and Families
- ▪ ProPublica

- U.S. Census
- University of Florida, Bureau of Economic and Business Research
- University of Florida, Shimberg Center for Affordable Housing, Florida Housing Data Clearinghouse

Data for the most recent year available are presented for Indian River County and, in some cases, for three peer counties – Charlotte, Collier, and Martin. These counties were selected as peers based on population size, and the similarity in population and economic characteristics. The counties were reviewed and discussed with the steering committee.

The table below shows some comparison points considered in the selection of the peer counties. Within each of the chapters and where available, data for Indian River County is contrasted with data for peer counties. For example, the median income in Indian River County and the peer counties is contrasted in the financial status chapter of the report.

Peer County Comparison of Indicators

Indicator	Indian River	Charlotte	Collier	Martin
Population 60+	48,300 (34.8%)	70,089 (43.7%)	109,289 (33.8%)	51,318 (35%)
Caucasian 60+	45,693 (94.6%)	66,534 (94.9%)	104,458 (95.6%)	49,432 (96.3%)
Female 60+	26,314 (54.5%)	37,069 (52.9%)	57,912 (53%)	27,589 (53.8%)
Living Alone 60+	11,726 (24.3)	13,930 (19.9%)	20,604 (18.9%)	12,274 (23.9%)
Below Poverty 60+	3,495 (7.2%)	4,498 (6.4%)	6,694 (6.1%)	3,227 (6.3%)
Unemployment (*All ages*)	12.6%	10.8%	10.3%	10.8%
Medicaid Eligible Age 60+	2,321 (4.8%)	3,141 (4.5%)	4,708 (4.3%)	2,010 (3.9%)
At least 1 Disability 65+	6,321 (16.7%)	10,078 (18.3%)	11,364 (13.2%)	6,141 (15.2%)
2 or more Disabilities 65+	5,573 (14.7%)	7,648 (13.9%)	11,074 (12.8%)	5,921 (14.7%)
Veterans 65+	10,650 (66%)	16,507 (66%)	23,558 (71%)	10,762 (62%)
Grandparents 60+ Raising Grandchildren	459 (.95%)	456 (.66%)	518 (.47%)	374 (.73%)

Source: Florida Department of Elder Affairs, 2011

Community Telephone Survey, Focus Group Research, and Stakeholder Interviews

The voice of residents is an integral part of the needs assessment process. Chapters 3 through 10 each end with sections entitled community response and Chapters 11 and 12 are based entirely on community input. Community response includes findings based on two research projects – four focus groups and a community-wide telephone survey.

Primary research among residents of Indian River County was conducted in order to supplement secondary indicator data. Primary research provides a firsthand look at factors that impact residents of the county. Both quantitative and qualitative primary research was conducted, with a telephone survey gathering statistically reliable data and focus groups that provided attitudes and perceptions among residents.

The telephone survey and focus groups were designed to provide data from a broad spectrum of residents. Further, the grassroots focus group was invaluable in providing a voice for residents who are underrepresented in random telephone surveys. This is particularly true of low income households and minority groups who either are not reachable by telephone or who are hesitant to participate in this type of survey.

Community Survey

A telephone survey of Indian River County residents was conducted in order to obtain results which offered a high level of statistical confidence. Survey results provided data on household composition, annual household income, education, and employment characteristics. SRA conducted a telephone survey among 450 residents of Indian River County.

SRA designed the sampling plan. This involved reviewing the locations of the senior population within Indian River County, determining the age of the senior population by area including Fellsmere, Florida Ridge, Gifford, Indian River Shores, North Beach, Orchid, Roseland, Sebastian, Vero Beach, Vero Beach South, Wabasso, Wabasso Beach, West Vero Corridor, Winter Beach, and other areas. We then determined the number of interviews needed and systematically selected the households to be targeted for participation in the survey.

SRA completed 450 interviews via CATI (Computer Aided Telephone Interviewing). The sample was stratified to include 150 interviews among respondents age 50 to 64, 150 among respondents age 65 to 74, and 150 among those age 75 and older as the needs of each group were different.

SRA obtained the sample, including phone numbers and age of household members.

SRA designed the community survey based upon expertise with similar projects, as well as input from the steering committee led by the Senior Resource Association. The team worked closely with steering committee members to ensure that the survey was structured to provide the level of input needed.

The survey required 15 minutes to complete and included a series of both closed-ended and open-ended questions.

After receiving approval on the survey, a pre-test was conducted among a random sample of area residents. The pre-test determined if questions were clear and non-ambiguous and if all possible answer options were included.

The following topic areas were included in the survey:

- Quotas and qualifications

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- Seniors and issues
- Caregiving
- Services and providers
- Daily living
- Transportation
- Social activities
- Housing and living arrangements
- Health and health insurance
- Safety and security
- Demographics

The survey was fielded using a team of professionally trained and fully briefed interviewers. All members of the interviewing team attended three briefings to ensure a complete understanding of the survey.

The community survey was conducted between March 12 and May 8, 2012 during the hours of 5:00 PM and 9:00 PM Monday through Friday, and Saturday from 10:00 AM to 2:00 PM in order to reach the full spectrum of residents.

Focus Groups

Focus groups are an effective market research technique for gathering perceptions and attitudes from groups of people who, because of their unique experiences and perspectives, are able to share a deeper level of information on a specific topic.

Four focus group discussions were held as follows:

- Female residents age 50 to 64	March 21, 2012
- North County residents	August 16, 2012
- Female residents age 70 and over	November 8, 2012
- Grassroots service providers	November 8, 2012

Focus group participants were selected through recommendations made by the steering committee and the focus groups were coordinated by the Senior Resource Association. Note that grassroots respondents were defined as leaders who provide services to seniors.

SRA developed the list of questions to be asked during the focus groups. The questions were designed to meet the goals and objectives of the project and were specific to each group's audience.

Stakeholder Interviews

In-depth interviews were conducted with twenty diverse community stakeholders identified by the project steering committee. Interviews were performed during the months of May and June 2012 at the convenience of the interviewee. All interviews were conducted on a one-on-one basis and were an average of 45 minutes in length. A majority of the interviews (14 of the 20) were performed in person, and the balance completed by telephone.

Recruited respondents, who voluntarily participated in the process, represented the following Indian River County constituencies:

- Behavioral health
- Business and senior employment
- County and municipal government
- Culture and the arts
- Elder law and the legal community
- Emergency medical services and fire rescue
- Faith-based community
- Funding entities
- Healthcare: hospital system
- Healthcare: primary care
- Health Department
- Higher education
- Housing
- Law enforcement and public safety
- Minority populations
- Older adult service providers
- Recreation
- Senior population

All interviews covered a standardized set of questions that focused on a number of issues associated with adults 50 years of age and older and community services and resources available to support their needs in Indian River County.

Funding Analysis

While specific data was not available regarding the details of funding and resources for older adult services in Indian River County, a review of 2010 data from *The Foundation Center's Statistical Information Services* provides some insight regarding funding trends. Although this data is not Indian River County specific, it offers information on grant distribution and allocation. These data are discussed in Chapter 13 of the report.

In addition, data for stimulus funding for Indian River County from ProPublica is included in this chapter.

DEMOGRAPHICS

The demographics chapter contains the following information:

- Population size by geography
- Age
- Race/ethnicity
- Gender
- Veterans
- Definition of seniors
- Age and gender issues

Demographic Indicators

Population

Indian River County, located within the Treasure Coast region of Florida, is approximately 503 square miles. It is bordered on the north by Brevard County, on the south by St. Lucie County, on the east by the Atlantic Ocean, and on the west by Okeechobee and Osceola Counties.

Indian River County is comprised of five incorporated municipalities:

- Fellsmere
- Indian River Shores
- Orchid
- Sebastian
- Vero Beach

There are 17 unincorporated communities in Indian River County, which is predominantly semi-rural with suburban neighborhoods. Indian River County is the 33rd most populous county of 67 within the State of Florida.

2010 Census Population County-wide and Municipalities

Area	2010 Population	50+ Population	% 50+
Indian River County	**138,028**	**67,146**	**48.65**
Fellsmere	5,197	711	13.6
Indian River Shores	3,901	N/A	-
Orchid	415	N/A	-
Sebastian	21,929	11,001	50.2
Vero Beach	15,220	7,836	51.5
Unincorporated	91,366	N/A	-

Source: Bureau of Economic & Business Research, 2010

A proportion of Indian River County's residents are seasonal. However, data reported by the various sources included in this report focuses on year-round residents.

Age of Residents

According to the 2010 U.S. Census Bureau, 67,146 of the 138,028 Indian River County residents are 50 years of age or older. This represents nearly half (48.65%) of the county's population, compared to 34.11% for Florida overall. Estimates for 2020 place this population at 74,575. Furthermore, it represents significant growth since 2000 when the 50 plus population was 45,595.

The largest subpopulation is the 60 to 64 age group, followed closely by the 50 to 54.

The following chart shows age data for Indian River County.

Total 2010 Population of Residents 50 Years of Age and Older
for Indian River County and Florida

Age Group	Indian River County Population	% of Indian River County Population	Florida Population	% of Florida Population
50 to 54	9,809	7.1%	1,340,291	7.1%
55 to 59	9,581	6.9%	1,202,418	6.4%
60 to 64	10,252	7.4%	1,135,250	6.0%
65 to 69	9,651	7.0%	959,233	5.1%
70 to 74	8,385	6.1%	768,707	4.1%
75 to 79	7,535	5.5%	615,514	3.3%
80 to 84	6,255	4.5%	482,023	2.6%
85+	5,678	4.1%	434,125	2.3%
Total	67,146	48.65%	6,413,645	34.11%

Source: U.S. Census Bureau, 2010

Locations where seniors represent a higher proportion of the population generally have greater demands on service providers who support older residents. Compared to peer counties, Indian River is similar to two peer counties, and well below one peer county in terms of the population age 60 and over.

Age Group	Indian River	Charlotte	Collier	Martin
60+ Population	48,300 (34.8%)	70,089 (43.7%)	109,289 (33.8%)	51,318 (35%)

Source: Florida Department of Elder Affairs, 2011

It is anticipated that there will be continued growth in Indian Rivers County's population 50 years of age and older. In particular, there has been and will continue to be significant growth in county residents 80 years of age and older through 2015 and beyond. The following tables represent projections through 2040.

Population Projections for Residents 55 Years of Age and Older in Indian River County through 2040

Age Group	2015	2020	2025	2030	2035	2040
55 to 64	23,573	25,427	25,129	22,412	22,319	23,782
65 to 79	28,045	35,571	40,123	46,943	45,688	45,729
80+	13,403	13,577	15,807	18,074	21,960	25,325
TOTAL 55+	65,021	74,575	81,059	87,429	89,967	94,836

Source: U.S. Census Bureau, 2010
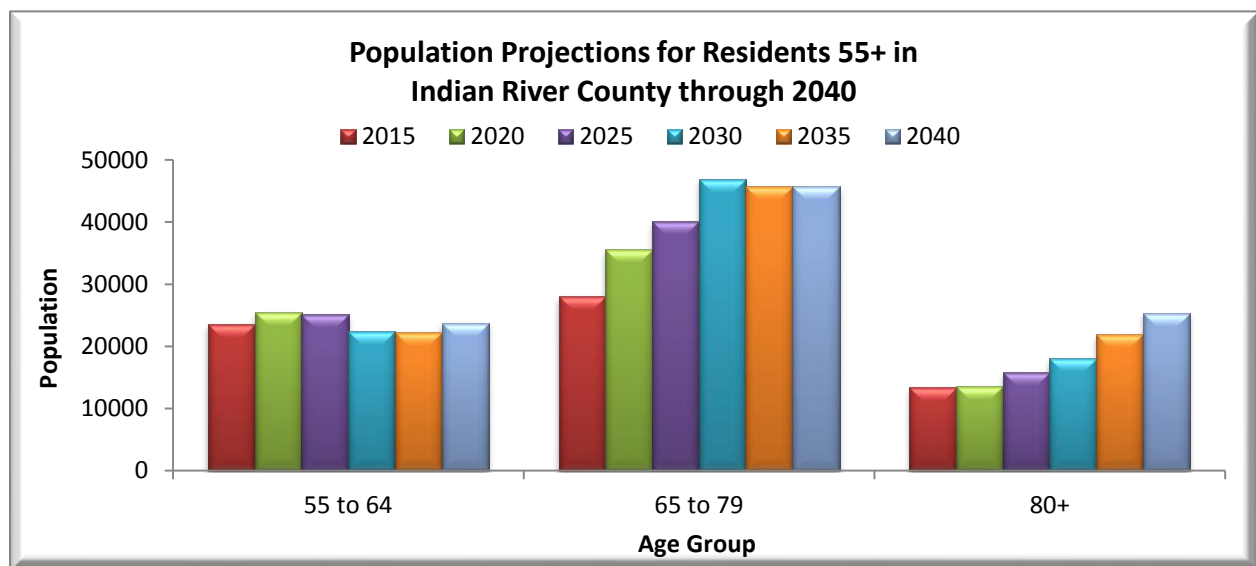
Source: U.S. Census Bureau, 2010

Race and Ethnicity of Residents

Currently, a majority of Indian River County's residents age 60 plus are white (94.6% or 45,693). As such, the proportion of black residents is small.

Hispanics and other ethnic backgrounds also account for only a small portion of the 60 and over population (3,659 or 7.6% according to the Department of Elder Affairs).

Indian River County Population 2011

2,607
5%

45,693
95%

■ White
■ Non-White
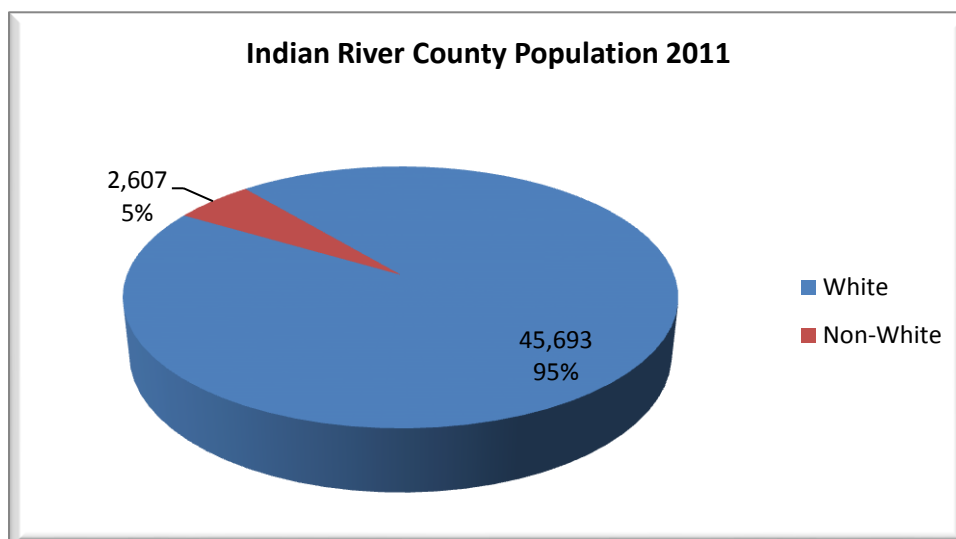
Source: Florida Department of Elder Affairs, 2011

While it is still quite high, the percentage of the population which is Caucasian is lower in Indian River County than all three peer counties.

2011 Caucasian Residents 60+

Indian River: 45,693 94.6%
Charlotte: 66,534 (94.9%)
Collier: 104,458 95.6%
Martin: 49,432 96.3%
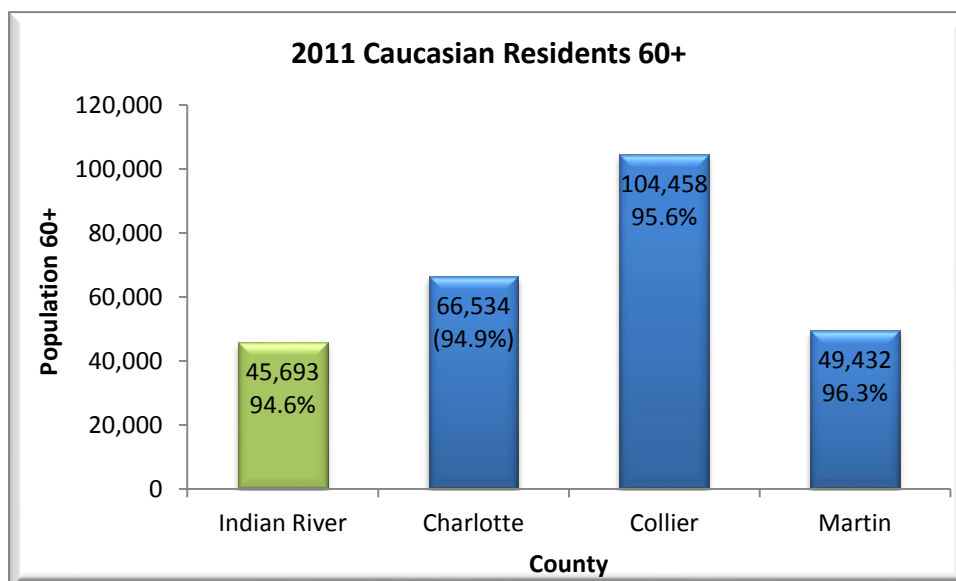
Source: Florida Department of Elder Affairs, 2011

Gender of Residents

54.5% of Indian River County's residents 60 years of age and older are female.

Indian River County Gender 60+
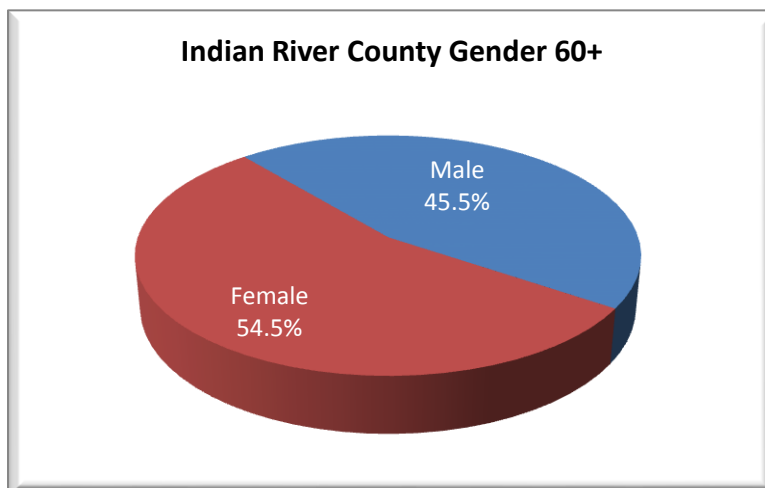
Male
45.5%

Female
54.5%

Source: Florida Department of Elder Affairs, 2011

The breakdown of females within Indian River County's population 50 years of age and older in comparison to peer counties shows that the percentage of females is higher than one peer county, equal to one, and lower than one peer county.
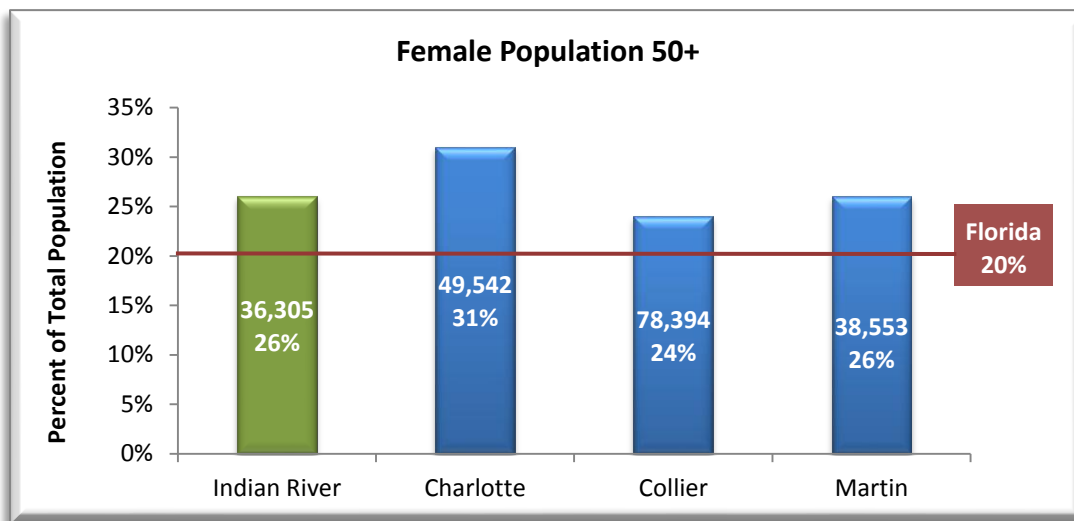
Female Population 50+

Percent of Total Population

Indian River: 36,305 26%
Charlotte: 49,542 31%
Collier: 78,394 24%
Martin: 38,553 26%
Florida 20%

Source: 2010 Demographic Profile Data of General Population and Housing Characteristics

The male population within Indian River County's population 50 years of age and older in comparison to peer counties shows that the percentage of males is equal to one peer county and lower than two peer counties.
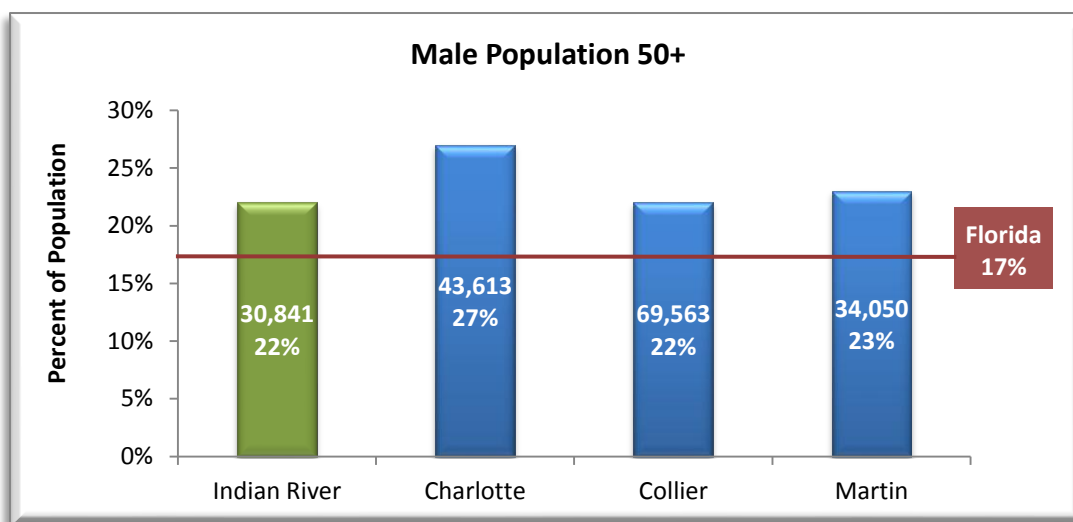
Source: 2010 Demographic Profile Data of General Population and Housing Characteristics

Veteran Population

Some veterans are eligible for resources available through the Veterans Administration (VA) which can address some of their health and human services issues.

In 2011, 10,650 (or 28.4%) of the county's residents 65 years of age and older are veterans.
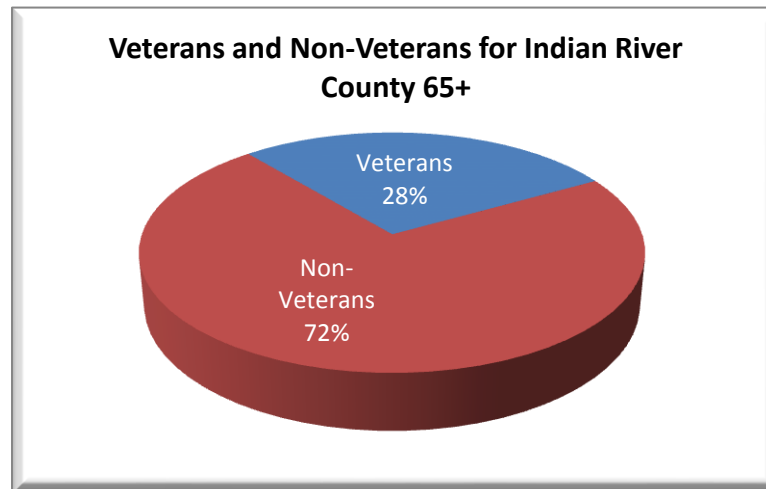
Source: Florida Department of Elder Affairs, 2011

As a percentage of the veteran population, Indian River County is the same as one peer county, higher than another peer county, and lower than one peer county.
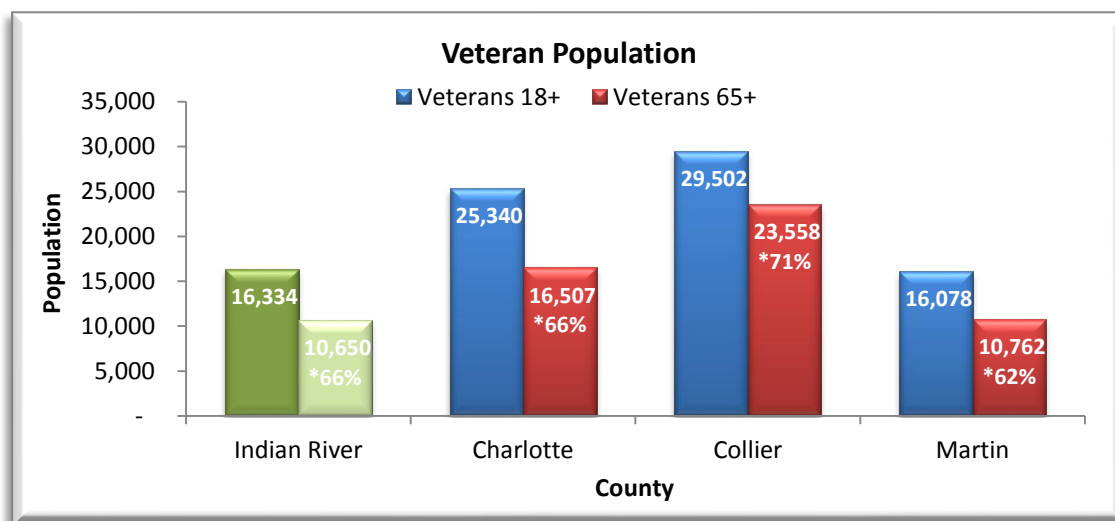
Source: 2011 Demographic Profile Data of General Population and Housing Characteristics; Department of Elder Affairs, 2011
 * Percent is calculated with respect to the county's entire veteran population

Indian River County Veterans Services has locations in Vero Beach and Sebastian. They provide assistance to veterans, their dependents, and survivors of Indian River County. These services include the following:

- ➢ Advise and assist in the preparation of filing claims (benefits) for:
    - o service connected disability compensation
    - o non-service connected disability compensation
    - o death pension
    - o accrued benefits
    - o veteran's life insurance
    - o other claims for benefits under federal or state statutes

- ➢ Procurement of available VA healthcare from:
    - o VA Medical Center West Palm Beach
    - o outpatient clinics in Ft. Pierce, Vero Beach and Viera

- ➢ Assist in obtaining copies of documents, such as:
    - o military discharge
    - o service medical records
    - o VA claims files
    - o lost military records

- ➢ Transportation through the Veterans Council Transportation Service (van transportation system) to:
    - o VA Medical Center West Palm Beach

- ➢ Education
- ➢ VA guaranteed home loans
- ➢ Burial benefits
- ➢ Dependent and survivor benefits
- ➢ Homestead tax exemptions

Community Response to Demographic Data

Definition of Seniors

Most feel the parameters that define a senior are constantly changing.

Focus group respondents acknowledge that while they may be considered a senior, they also think the older they get, the older the definition of a senior becomes.

> *"I am going to be 60 this year and I don't consider myself a senior."*

> *"Now that I am 60, I say a senior is 70 or maybe 80."*

In the past, many felt that the definition of a senior was when one turned 65. They now no longer feel this is representative.

> *"I don't feel like a senior at all and I most definitely am a senior. The older I get, the higher the age is for seniors."*

Some, in particular, feel that the so called seniors living in Vero Beach do not act or feel like seniors.

> *"People here can be very old, but they act very young and look young. Maybe it is the warm weather and lifestyle."*

In particular, some respondents feel that seniors today act significantly "younger" than seniors their age from the past.

> *"Fifty years ago, people our age didn't look like this. They were old when they were 40."*

> *"Thinking about my grandmother, she looked the same age until she died. She was an old Italian lady who didn't color her hair."*

> *"They acted and dressed differently. My mom died at 74, which isn't old, but she had the same hairstyle for 20 years and acted old. My mom told me you can't wear your hair long after 40. The walls are broken down now… I don't look good in short hair."*

Some focus group respondents feel the term "senior" is looked at as a label which is not necessarily defined by numerical age.

The word senior carries many complex variables that are seen to have been packaged and driven by media, government entities, businesses, and discounts, as opposed to being terminology embraced by and representative of older people.

> *"AARP says it is 50."*

"You get free checking at a bank when you are over a certain age."

"For senior discounts, you have to be 50."

"To get social security, you have to be at least 62."

"There is a legal definition of senior and a social definition."

"It is a definition that is different for everybody and the number is just a convenience thing that is used."

"It is a moving target."

Focus group respondents also suggested falling into the senior category depends more on someone's mental and physical status.

Rather, aging is seen as being a state-of-mind.

"I'm not a senior in my mind. To me, I am still 21 and look 21 from the inside not the outside."

"I used to work with a lot of Spanish people. When one was asked how old she was and said 65, another said okay, so you are young."

"When you are 25, seniors are thought of as old but, as you age, it doesn't mean anything."

In addition, physical ability or condition impacts when people are seniors.

"Frailty is the word, not senior."

"When you can't do what you used to do and you need the help of others, you may be a senior."

"At my church, seniors are people who cannot get around and need assistance."

"It is when you can't do for yourself any longer and that can happen at any age."

Several focus group respondents indicated the young old (50 to 64) have unique needs.

People in this age group were seen as having special challenges that the 65+ population does not experience as often, including lost jobs, inability to get another job, depleting savings, and lack of health insurance.

"There are people who are falling into a hole and they are in their 50s and early 60s. They cannot get another job and don't have insurance. Overall, they don't have access to services."

Physical condition is also seen as playing an important role in the demarcation as to whether or not one is a senior.

> "We are in better physical shape because we are walking and our minds are in better shape because we are working."

> "It really depends upon the person's physical condition. She (referring to another respondent who indicated she is 55) looks like she is 40. Everyone is different."

> "It is physical ability to move around."

Respondents also credited the media with altering the perception of aging and what it means to be a senior.

> "They are showing people who are aging that look fantastic. They are toning down the senior image and just saying live a healthier lifestyle."

As might be expected, if monetary incentives are available, some will gladly take on the moniker of senior.

Several focus group respondents indicated that when being a senior suits them, they will admit they are one.

> "I'm a senior for McDonald's coffee."

> "I am a senior for discounts at Bealls and T.J. Maxx."

In addition, the word senior, while not ideal, was acceptable to several focus group respondents.

Respondents were asked if they accept the use of the word senior to describe themselves. Several acknowledged that it was "okay." While not ideal, they could not come up with another word to adequately describe their age group.

> "It is a common term."

> "I don't think it is derogatory. Just don't call me old."

> "I think we may earn the title senior. It's kind of satisfying to be a senior and able to do all kinds of things."

Gender Differences

Female focus group respondents think that males in their same age group face less stress and are also less likely to open up as to their needs and concerns.

First, respondents in the focus groups feel their husbands and men with whom they work who are a similar age would be less likely to open up and share their experiences and needs.

> *"Most men do not share. You would have to ask very specific questions to get more than a yes, no, or don't know answer."*

Further, respondents feel that women generally are the people in the household who are responsible and take accountability for not only their immediate household, but grown children and elderly parents as well.

> *"I think in our age group, the problems that we, our children, and parents face are handled by women even though we are working full-time."*

> *"I'm not married and my kids have a father, but who do they call? It's me."*

The big need identified for men is the availability and access to more jobs.

On the other hand, several focus group respondents agreed that older men can have a significantly more difficult time adapting to aging, particularly if they have lost a spouse.

It was mentioned that one of the reasons men have a more difficult time is that they are more resistant to asking for help than women.

> *"For men, it is male pride. They feel their roles are changing and they don't want to ask for help."*

> *"Women are better able to cope. I think it is because we had and coped with children."*

> *"Women usually make all the decisions in terms of where you go and what you do when you get older. If there is not a woman around, men don't know what to do."*

> *"Women have been socialized with PTAs from early years of marriage. Women know how to work with others."*

Ancillary issues for this reason, such as substance abuse and anger, were identified as more frequently afflicting older men than women.

> *"Domestic violence classes have a lot of people over 50 and it is rare to see females because they are more open to using mental health services."*

"Men just don't get it because of the male pride thing. For this reason, a lot of them start to drink."

"The anger management classes are mostly males in the 50 plus group and it is getting worse."

The "It's Okay To Ask For Help" campaign was mentioned as one that has been embraced by providers to help reach those in need with an emphasis on males.

"We are trying to get more males to see us and know we can help. You will see at every walk-in center and every police car this sign about asking for help. We know that a lot of men will not get help unless they are forced to get it."

However, other focus group respondents mentioned the disproportionate lower number of single elderly men compared to women makes some a target for older women to want to support them.

Respondents even have a name coined for older women who are seeking to know older men – "casserole ladies."

"When a man loses his wife, casserole ladies bring over food. That is how they try to meet the man and form a liaison. This works well if you are living in the same area or apartment complex."

Western Indian River County

Several focus group respondents mentioned strength and improvements in the western section of North Indian River County.

It was emphasized that the area of Indian River County to the west of Sebastian was enjoying improvement and growth.

"There are very energetic plans for growth out there."

"There is population growth and we are seeing plans for housing developments."

"Even though the economy has slowed things down, Fellsmere is still moving ahead. They have a new visitor center planned."

It was indicated that the Hispanic population in Indian River County has a heavy concentration in western Indian River County.

Focus group respondents suggested that the Hispanic population has services to support their people.

"There are very good services for the Hispanic population."

"Operation Hope is out there."

"Fellsmere is a strong community and they take care of each other."

"Culturally, as a community, they know how to take care of each other."

A few mentioned that the Sebastian area should also continue working toward helping each other as a community, as Fellsmere is doing.

Several focus group respondents suggested the need for residents to be more involved.

"If people here would focus as a group on helping people get help, it would be good."

"I think we need to go ask people if they need anything, as opposed to waiting for them to say they need help."

"We need to all get involved to help each other."

Stakeholder Input on Demographics

The following chapter outlines comments related to demographic issues and their impact on seniors in the county.

Stakeholders identified the disparity between the wealthy and the poor in the county.

According to one stakeholder, despite a wealthy population in some areas of Indian River County, there are still many seniors with limited financial resources. One comment in this area was:

> *"I know part of the work that you're doing is a demographic analysis of this community. I'm sure you've learned there is a great disparity here. I don't know what that the actual rankings are today, but two years ago, Indian River County was the number two or three county in the state in per capita income, but we were second from the bottom in earned income and wage income. We've got a lot of people in need. Seniors fall in those demographics."*

The 50 to 64 age segment of the population was identified as the senior group with the hardest road to travel.

As discussed in other sections of the report, it has been identified that seniors age 50 to 64 are in the most difficult situation compared to their elders who have the safety net of Medicare and social security. It is reported that many 50 to 64 year olds do not have jobs, or are under-employed. In addition, many do not have health insurance.

A sampling of the comments about this demographic group includes:

> *"Let's start with 50 to 64. They face issues with reasonable housing costs, affordable transportation, and inflationary issues which impact their ability to maintain the current quality of life here. In some cases, the 50 to 64 year olds are forced into retirement due to their deteriorating skill set. In addition, a lot don't have time to prepare themselves for retirement."*

> *"Our county has lagged behind in employment and financial recovery. It was one of the last to get hit by the recession and it's one of the last to come out of it. If you go to some service industry establishments, you will see an older population age 50 plus who are working in jobs that perhaps they would've worked in in their teens or 20s."*

> *"The depressing thing is what do you tell a person age 50 or over? You tell them to go rebrand themselves? It's kind of difficult to rebrand yourself at plus 50. The critical issue we are facing is what are we doing for the 50 to 64 year olds?"*

Males were also identified as having unique needs.

In other sections of the report, it was indicated that some men have issues with anger, or when they lose a spouse. One stakeholder also indicated they have issues adjusting when they retire from working.

> *"Men have transitional issues and that might be more for the 65 to 74 set. When they had a big income and then their pension wasn't as much as they thought they have issues. In addition, they have transitional life issues if they lose their spouse. They are going from being married for 50 years to not having a spouse anymore and dealing with all that."*

Veterans are another demographic segment identified by stakeholders as having a need for services.

Stakeholders suggested more could be done to help veterans in Indian River County. The comments in this regard are as follows:

> *"There are elderly veterans out there. A few of them get help, but Indian River County does not invest a significant amount of money in veteran services."*

> *"One opportunity is for veterans and veteran services. A lot of people who come down here or who are living here are veterans or folks that are friends of veterans. There are a lot of opportunities to help them."*

> *"I think it's just a generational thing for veterans. I think it's pride to some extent with that senior population. I think they also grew up in tougher times and many of them lived through either the depression or significant conflicts like world wars. They have a different mentality and approach about how to make due, but there is little help for them."*

One program the stakeholders did mention for veterans is Honor Flight.

> *"There are quite a few World War II veterans out there. There was a program going on for a while out of Palm Beach County. They identified and sponsored World War II veterans to fly up to Washington, D.C. for a couple of nights. That's a great program to thank the veterans that are seniors today for their service in the past."*

Analysis of Demographics

- Almost half of Indian River County's population is age 50 or over compared to approximately one-third for Florida as a whole. In addition, the population age 55 and over is expected to grow from the present level of 57,337 to almost 75,000 in 2020.

- According to the Department of Elder Affairs data, a vast majority of county residents who are age 60 and over are white. The Hispanic population among those age 60 and over is 7.6%. Women outnumber men among residents who are age 60 and over (55% versus 45%).

- Just under three in ten residents age 65 and over are veterans.

- Based on the focus groups, respondents feel being a "senior" has little to do with numeric age. Respondents indicated aging is tied to state-of-mind, health, and physical ability.

- The focus groups and the community survey uncovered that residents age 50 to 64 have unique challenges not faced by those age 65 and over. These challenges include lost jobs or the inability to find another job, depleted savings, lack of health insurance, and caring for both children and parents at the same time. In addition, they do not have the safety net of social security and Medicare.

- The focus groups also suggested older men have more difficulties adjusting to aging than women. This difficulty manifests itself in higher levels of substance abuse and issues with anger.

Recommendations for Demographics

When looking at the various demographic groups in Indian River County, there appears to be several areas where opportunities to improve the lives of residents age 50 and over exist.

Explore ways to help 50 to 64 year olds both now and in planning for the future.

There is a need to make something happen for 50 to 64 year olds. They are the most vulnerable of those over 50 in the county. Many do not have health insurance or jobs, plus quite a few have caregiver responsibilities. Further, they do not have the safety net of social security or Medicare.

- Create greater awareness of services that are available for 50 to 64 year olds who need help themselves and in caring for their parents.

  - ➢ Overall, there is low awareness of services and providers of service in Indian River County.

- Work to get job training/re-training for 50 to 64 year olds.

  - ➢ Make sure training is for skills where employers in Indian River County have jobs.
  - ➢ Develop coaching programs where people can get help and rebuild self-esteem.
    - ○ Coaching should also include working with 50 to 64 year olds to help them understand how to create life balance.

- Develop a program to help 50 to 64 year olds pay attention to planning for their future. This should include:

  - ➢ Housing
  - ➢ Healthcare
  - ➢ Finances
  - ➢ Identity theft

Involve all community partners to address the inability of many males to ask for help.

Based on this and other research, many men have difficulty asking for help. This can lead to isolation which may create substance abuse issues, issues with anger management, and other problems.

- Develop a special outreach program for men who are age 50 and over in Indian River County.

  - ➢ Create a PSA explaining to men that it is okay to ask for help
  - ➢ Perhaps it can be modeled on the mental health campaign "*It's Okay To Ask For Help*"
  - ➢ Don't only use women in the PSA, but include men in the outreach
  - ➢ Look for ways to help provide more opportunities for men to volunteer to help other men

Promote services to all senior residents regardless of age as the need for services crosses age categories.

This research suggests that age is not a primary driver in terms of the need for many services. For instance, many residents age 75 and over indicate they are healthy, living in appropriate housing, and are financially secure.

- Rather than create solutions tailored to age categories, stop thinking about seniors from an age perspective.
- Instead, focus efforts on addressing specific issues such as healthcare, caregiving, etc.

Continue working on collaborative efforts for seniors in all parts of the county towards the common goal of improving the status of residents age 50 and over.

Everyone in Indian River County needs to work collaboratively to address the needs of seniors in all areas of the county. This may include:

- Recognize that budget issues are going to impact the ability of service providers to reach everyone in all areas of the county.

- Understand that senior service providers are competing with providers serving other constituencies for funding, with children and education gaining the bulk of available funding.

  ➢ Service providers need to make agencies and funders recognize there is a great need for additional funding for senior services.

- Consider the development of a "one stop shop" for information about services and activities for seniors. A good example of this may be One Senior Place in Viera.

Refer senior veterans to Indian River County Veteran Services to help with their needs.

Indian River County Veteran Services offers a variety of services to assist veterans with filing claims, procuring healthcare and transportation, obtaining documents, education, and other benefits.

- The Department of Elder Affairs data indicates that almost three in ten residents of Indian River County age 65 and older are veterans.

HEALTH AND HEALTH INSURANCE

The health chapter contains the following information:

- Health rankings
- Disability rates
- Alzheimer's disease
- Medicare beneficiaries
- Medicaid eligible population
- Medically underserved
- Medical care providers
- Hospitalization and disease
- Health ratings
- Average days sick
- Exercise
- Health insurance
- Long-term care insurance
- Physical and emotional support
- Daily living activities

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Health and Health Insurance Indicators

Health Rankings

Access to affordable and quality healthcare is vital for the physical and emotional well-being of Indian River County's older adult population.

Indian River ranks 11 out of 67 counties in the 2012 County Health Rankings. Health rankings take into consideration health indicators, health behaviors, clinical care, and health outcomes. A ranking of one is the optimal ranking. Florida ranks 33 out of the 50 states.

Florida County Health Rankings

County	Rate
Indian River	11
Charlotte	25
Collier	4
Martin	5
Florida	33
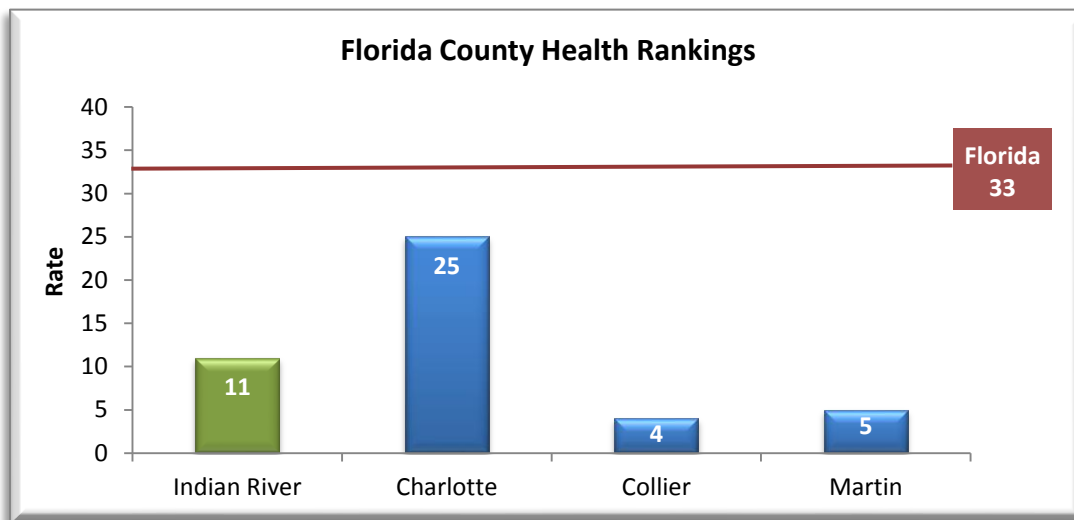
Source: County Health Rankings 2012

Disability Rates

According to 2011 Florida Department of Elder Affairs data, 6,321 (or 16.7%) of Indian River County's population 65 years of age and older have at least one disability. 5,573 (or 14.7%) of this age group has two or more disabilities.

Indian River County Disabled Population 65+
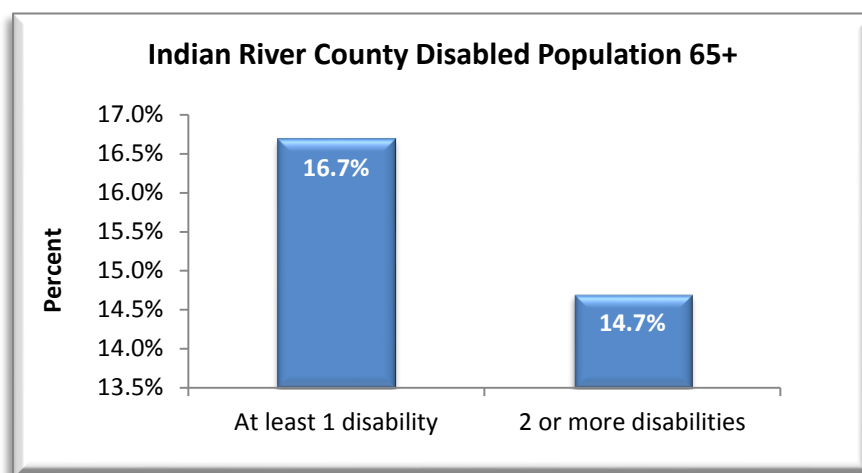
Source: Florida Department of Elder Affairs, 2011

Compared to the peer counties, Indian River County has a higher percentage of residents with one disability than two peer counties and a lower percentage than the other peer county of Charlotte. Indian River County also has a greater percentage of residents age 65 and over with two disabilities than two peer counties.

The disability rates for Florida as a whole are far lower than those in Indian River County (15.5% for one disability).

Disability Status 65+
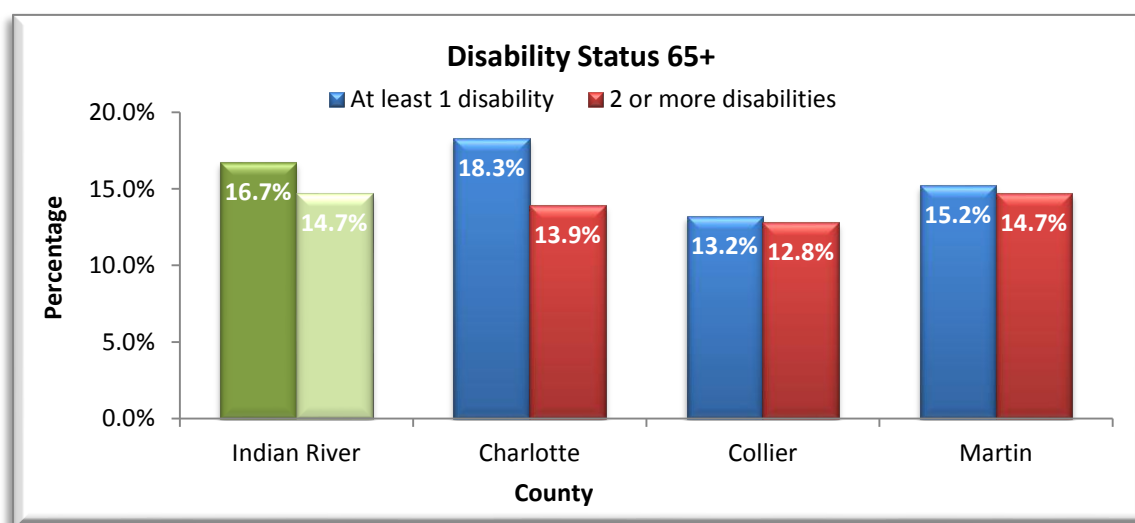
Source: Florida Department of Elder Affairs, 2011

Alzheimer's Disease

A total of 5,707 (or 15.1%) of the county's 65+ population has an anticipated diagnosis of Alzheimer's disease based on data from the Florida Department of Elder Affairs.

Medicare Beneficiaries

Generally, residents are eligible for Medicare if they or their spouse worked for at least 10 years in Medicare-covered employment, are 65 years or older, and are a citizen or permanent resident of the United States.

There are 37,871 potentially eligible Medicare beneficiaries 65 years of age and older in Indian River County.

Medicaid Eligible Population

In 2011, in order to be Medicaid eligible, Florida residents age 65 and over must have monthly incomes of less than $820 for an individual and $1,110 for an eligible couple, as well as assets less than $5,000 for an individual and $6,000 for an eligible couple. Note that some residents under age 65 are also eligible for Medicaid based on other factors such as being disabled.

A projected 2,321 (or 4.8%) Indian River County residents 60 years of age and older are eligible for Medicaid, and 2,122 (or 4.4%) are dually eligible for Medicaid and Medicare.

The percentage of Medicaid eligible residents age 60 and over is higher in Indian River County than all three peer counties and lower than the state rate.
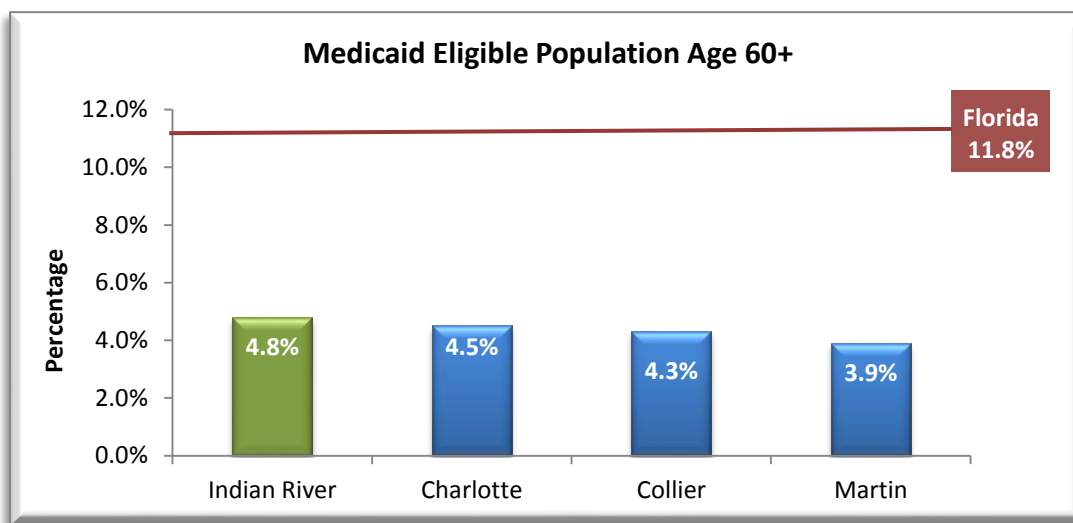
Source: Florida Department of Elder Affairs, 2011

Medically Underserved

An estimated 11,368 (or 30%) of Indian River County's 65 years of age and older population are medically underserved based on data from the Florida Department of Elder Affairs. The medically underserved are areas or populations designated by the Health Resources and Services Administration as having too few primary care providers, high poverty, and/or a high elderly population.

Medical Care Providers

There are three hospitals located in the county including Indian River Medical Center, HealthSouth Treasure Coast Rehabilitation Hospital, and Sebastian River Medical Center. In addition, there are 645 skilled nursing facility beds in Indian River County with a 2011 occupancy rate of 91.3%. In addition, there are 352 licensed medical doctors in Indian River County.

In 2011, Indian River Medical Center reported 10,317 inpatient and 73,367 outpatient discharges for individual 50 years of age and older. Data for the other two hospitals was not available.
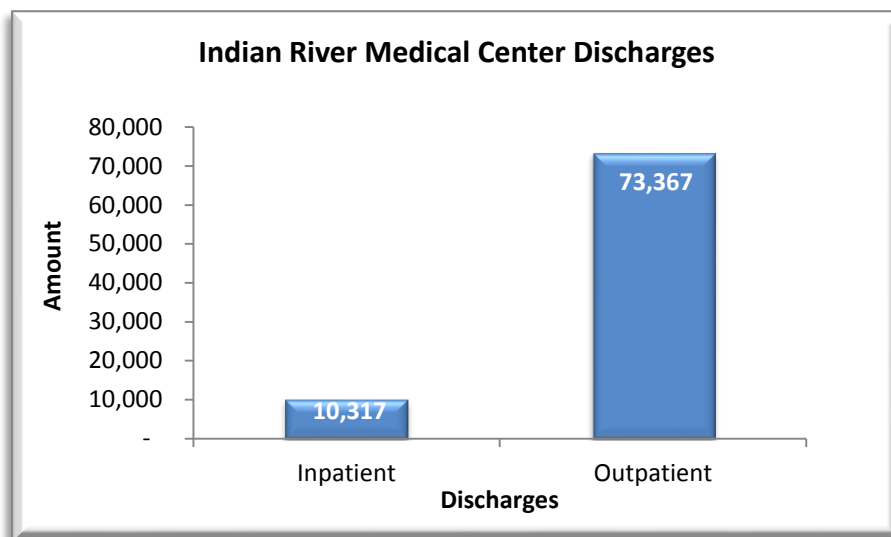
Source: Indian River Medical Center, 2012

Hospitalization and Disease

According to 2009 Florida Health Department data, hypertension is one of the most common causes of hospitalization within Indian River County.

While obesity rates are the 15th lowest of Florida's 67 counties, Indian River County's unintentional injury rate (accidents) is higher than the state.

Cancer and heart disease are the major causes of death among Indian River County's population who are age 50 and older. According to the Florida Department of Health, the incidence of cancer is over 35% greater than Florida's overall rate.

There is a more comprehensive report published by the Health Department entitled "Indian River County Community Health Assessment." This report can be accessed by going to http://www.doh.state.fl.us/chdIndianRiver/IRCNeedsAssessment.pdf.

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Community Response to Health, Insurance, Quality of Life

Poor health and low incomes isolate residents and contribute to loneliness.

Community survey respondents were asked to rate the following statement on a 10-point scale, with 1 being disagree completely and 10 being agree completely: I sometimes feel lonely and isolated.

Almost half of the residents who consider themselves to be in fair or poor health indicate they experience some degree of loneliness. In addition, those residents with incomes under $25,000 are also more likely to experience loneliness. Again, many residents in fair or poor health have incomes under $25,000.

Agreement with statement: I sometimes feel lonely and isolated

Legend: ■ Rating of 10, 9, 8   ■ 7, 6, 5, 4   ■ 3, 2, 1

Category	Rating of 10, 9, 8	7, 6, 5, 4	3, 2, 1
TOTAL	8%	16%	76%
50 to 64	9%	15%	75%
65 to 74	6%	16%	78%
75+	9%	17%	73%
Caregivers	10%	15%	75%
Fair/poor health	20%	27%	53%
Under $25,000 income	17%	25%	58%
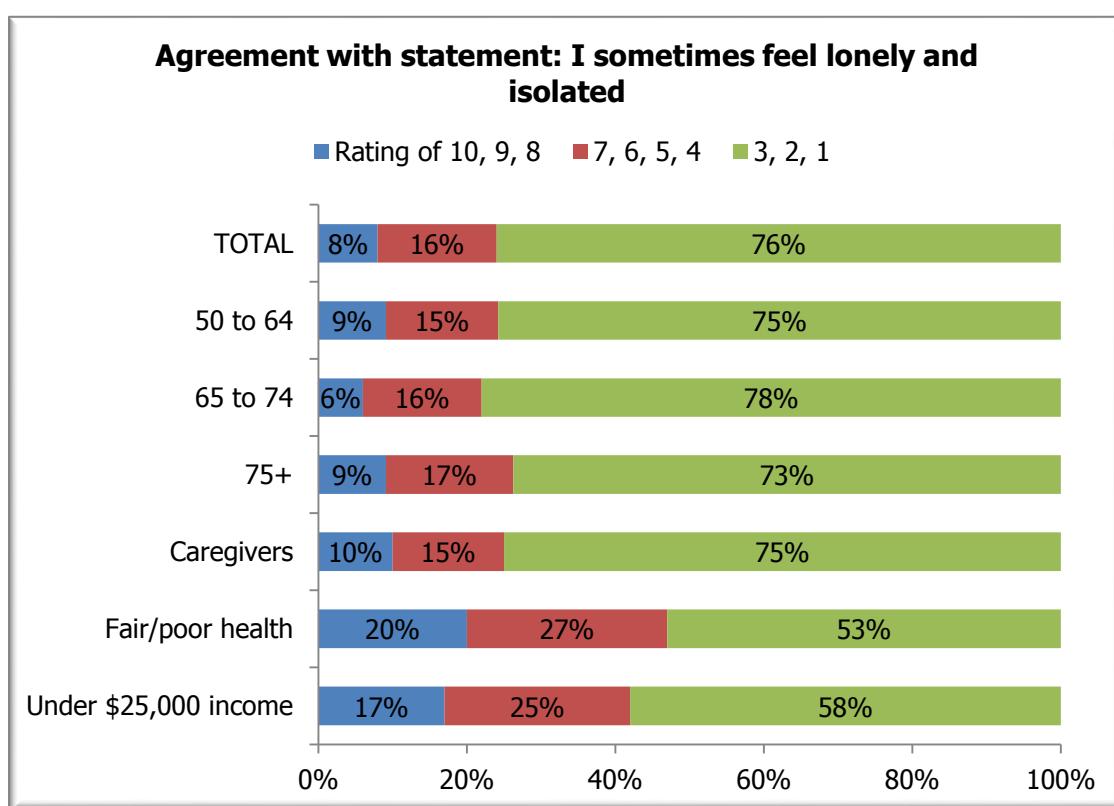
Source: Community Survey - Q. 16: Using a scale from 1 to 10, where 1 is disagree completely and 10 is agree completely, please tell me if you agree with the following statement: I sometimes feel lonely and isolated.

Not surprisingly, people who live alone are more than twice as likely to experience some degree of loneliness as those who live in households with two or more residents (43% versus 18%).

Those in zip code 32963 are significantly less lonely compared to residents in other zip codes.

Concerns about living alone and loneliness were also mentioned in the focus groups.

Isolation was an issue mentioned in the focus groups.

"Some of these older people never go out of their house. Their kids aren't here, their neighbors have changed, and they don't drive any longer. They use the phone to have groceries delivered. They also are no longer involved in church because they can't drive."

"My dad is isolated by choice and says his walls are coming in."

As discussed in other chapters, developing and retaining relationships and emotional bonds was identified as an important part of thinking about ones future as they age. Further, being part of a community that permits interaction with others helps people as they age, better cope with adversity such as losing a spouse. It also helps alleviate concern seniors may have when they can no longer drive.

"Who will take care of me if I can't drive? I worry about that."

"Doing these things is important after 50 so you can have peace of mind, tranquility, and overall contentment."

The female respondents in the focus groups who are also single particularly stressed the importance of being able to interact with others. Some of the younger, single female seniors who are 50 to 64 also have an interest in dating or being in a situation where they can find a mate.

"I've been a single woman for 20 years and I don't mind being alone, but I think the older I get, the more I think about things I used to be able to do that I don't do anymore. It gets lonely once in a while when I am home alone even though I am very active and busy."

Isolation and loneliness as a senior was associated, by many respondents in the focus groups, as a lifelong personality attribute rather than something that only happens when one ages.

While respondents mentioned that loss and ailments that occur as one ages can exacerbate loneliness, a major reason for isolation in old age may be based upon how a person has always lived, according to respondents.

"I think it is very interesting that most people I have met did not become active just when they turned 65. Their activity was a function of what they did their entire life."

"It's hard to get people to be social if they are not used to being that way."

"People need to start as early as possible being active in life. You can't start telling someone at age 65 what they need to do to be healthy. They have to be active all along."

"Some people choose to be isolated. I know people who live in communities where there are people around them, but they want to be isolated. They are just

nonsocial people who have chosen to be that way in life. They just stayed that way in older age."

The perception is that seniors, as is the case with people of all age groups, have to be self-motivated to prevent isolation and cannot be forced to be involved with others if they do not care to be.

"Either you are motivated or not."

"We need to teach people starting at a very young age the importance of being part of a community and to be responsible for themselves."

Many respondents voiced the perception that being active, in part, helps people handle loss in older age.

"Friends start dying off and spouses go, so we need help from others to go through the grieving."

"You lose the closeness of your children because they are involved in their own lives and children."

"I've lost mobility after surgeries and I am dealing with loss of strength and power."

"My husband died a few years ago and I have established very close friends that I can rely on. That is what has helped me the most."

Being ready to die was also credited as a reason for some elders to be isolated.

Some respondents in the focus groups believe that some seniors just simply lose interest in life overall and feel ready to die.

"My mother passed away at 95. She was isolated and her depression was overwhelming. Her family had died off and everything hurt. Maybe we are living too long."

"Some people just want to be done and say I want to die. Every time they get a cold, they think maybe this is the time the Lord is going to take me."

"I wonder if the brain's ability to keep up with the body's ability to stay alive and the influence of modern medicine is keeping people alive long past their ability to function on all burners."

Most residents claim to be healthy.

However, despite a majority indicating their health is excellent or very good, roughly one in five residents indicated their health was fair or poor. The percentage of residents in fair or poor health was higher among those age 50 to 64, for caregivers, and for residents with incomes under $25,000. Note that residents age 50 to 64 are least likely to have health insurance which may impact their overall health.

Residents with incomes of $75,000 or over are more likely to say they are in excellent or very good health (74%). This is likely due to 96% of people in the income category having health insurance compared to 68% of those with incomes of $25,000 or less. Having health insurance gives the higher income residents better access to healthcare. Note these data are not shown in the table below.

How Respondents Rated Their Health

■ Excellent/Very good   ■ Good   ■ Fair/Poor

Category	Excellent/Very good	Good	Fair/Poor
TOTAL	58%	23%	19%
50 to 64	59%	17%	24%
65 to 74	57%	25%	19%
75+	58%	27%	15%
Caregivers	58%	18%	25%
Under $25,000 income	44%	25%	31%
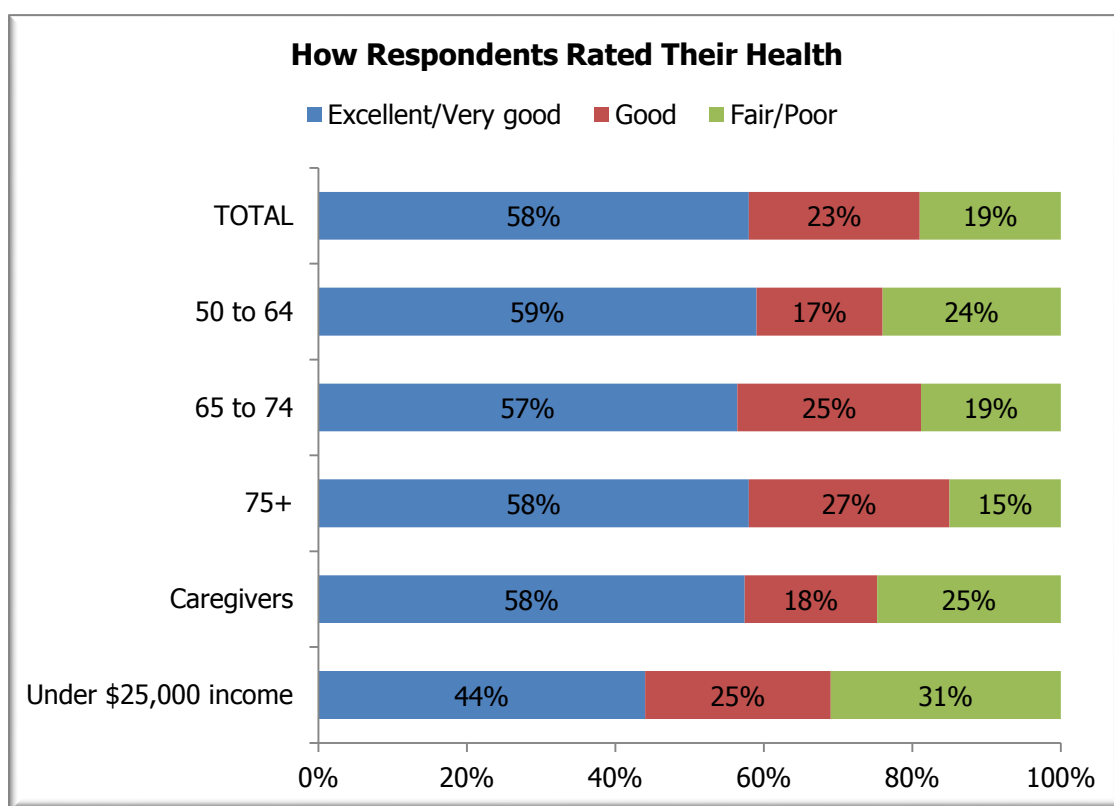
Source: Community Survey - Q. 22: Would you rate your health excellent, very good, good, fair, or poor?

Geographically, the only noteworthy difference is that residents in zip code 32963 are far more likely to feel they are in excellent or very good health (80%).

The quality and availability of doctors may also be contributing to the health of the community.

Several focus group respondents commented on the quality and availability of doctors and healthcare facilities at their disposal which may contribute to the perceived health of the community.

> "We have lots and lots of doctors and it keeps on getting better."

> "We have a better hospital."

> "The VNA visits once a week for people who do not have insurance."

Interestingly, while healthcare was mentioned as one of the more positive aspects, it was subsequently also mentioned as being an issue.

> "A lot of the doctors are high end; it would be nice to have a clinic here."

Focus group respondents were dissatisfied with access to what they consider "primary care" via gynecological. Many of these women want access to female gynecologists which they consider their primary care physician.

> "There are only two female gynecologists. One is in Vero and the other in Sebastian."

Some critiqued the availability, as they put it, to "competent" physicians, many of whom are male.

> "They (the male gynecologists) are dismissive."

The perceived gap in providers who accept Medicaid is another healthcare issue.

Respondents indicated that the number of physicians available to serve poor seniors in Indian River County is limited.

> "It is a fight for them (Medicaid beneficiaries) to get service. I think there are only one or two physicians that accept it."

Further, some respondents feel facilities available to poor seniors cannot provide the level of service needed. As a result, poor seniors use hospital emergency rooms in lieu of going to a physician's office.

> "There is the Health Department, but many go to the emergency room. The Health Department will help people if they don't have money, but many do not know that."

However, it was also indicated that the long wait at the Health Department makes it less appealing to seniors.

"We refer seniors to the Health Department, but they don't go because they don't want to wait three to four hours to be seen."

"They are at an age where so many things are very sensitive to them and they don't have patience anymore."

Focus group respondents were asked if they ever have to leave Indian River County for medical services. Some travel south to Palm Beach County and north to Brevard County for selective medical services, particularly for their grandchildren. The consensus was that this question applied more to their children than to themselves.

"This question absolutely does not pertain to us. It does to our kids."

"But think about it. If it pertains to our grandchildren, it pertains to us since many of us are caregivers at times. Many people our age are raising grandchildren."

One specific area that appears to result in residents leaving Indian River County is neonatal pediatric care.

"Neonatal care is terrible."

"I am raising a grandchild who was born with hydrocephalus and a cleft palate. She immediately went to West Palm to St. Mary's because we don't have any one here to help her. All they could do here was stabilize her."

"We need a pediatric ear, nose, and throat specialist. My granddaughter needed to get tubes and we took her up to Melbourne."

At the same time, according to focus group respondents, heart care is seen as having improved in Indian River County. However, a few recounted that many people in Indian River County used to drive north to Melbourne for cardiac care.

"It was just until recently that we needed to leave for heart care. Now we have it."

Many recognize the strong need for access to mental health services for seniors and feel that while improvements have been made, there is a need to keep increasing access to these services.

Access to mental health services was mentioned as available, with the caveat that there is a need for greater funding.

"We are down to where we can't service all the people coming because we don't have enough money. This is because when we see them, they are almost at the end of their rope."

Many focus group respondents feel that inadequate mental healthcare is not just an issue in Indian River County, but one that the state and country faces.

"It is disastrous. Programs are closing and we as a country are failing people."

In the last six months, residents over age 50 were sick about a week on average.

Residents were too sick to do their regular activities an average of 7.6 days in the past six months. Average sick days were higher for those age 50 to 64 (11.1), those with incomes under $25,000 (12.9), and those in fair or poor health (26.7). The average sick days for those age 50 to 64 may be due to the fact that they work, are caring for a parent, children, or grandchildren, while also trying to take care of themselves.

Average Number of Days Sick in Past Six Months

Category	Days
TOTAL	7.6
50 to 64	11.1
65 to 74	5.6
75+	6.3
Caregivers	9.1
Fair/poor health	26.7
Under $25,000 income	12.9
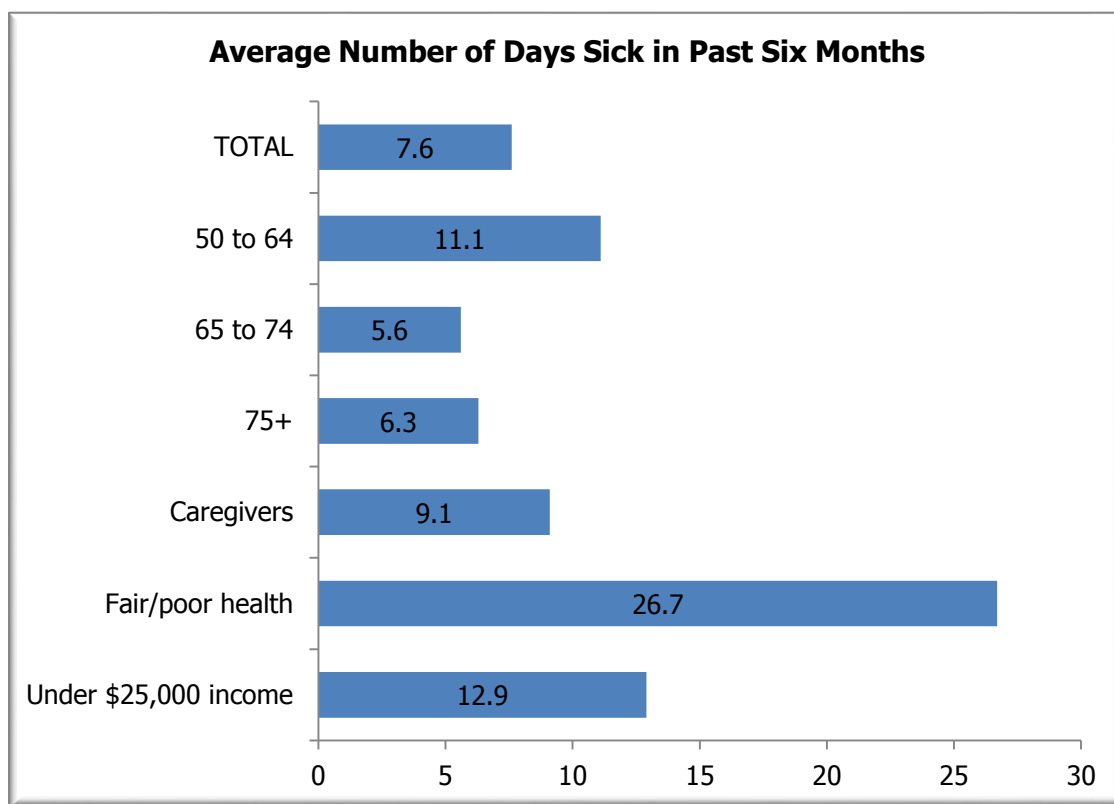
Source: Community Survey - Q. 26: In the past six months, how many days were you too sick to do your regular activities?

Geographically, residents in zip code 32958 were sick more frequently, while those residents in 32963 were sick less days on average (13.6 and 2.4 respectively).

Most respondents claim they regularly exercise.

Overall, most residents indicated they regularly exercise. However, the type of exercise and how often were not specified.

Residents least likely to regularly exercise are those in fair or poor health, and residents with incomes of $25,000 or less. In addition, residents in zip code 32958 were somewhat less likely to indicate they exercise regularly (64% not shown in table).

Exercise Regularly

Category	Percentage
TOTAL	73%
50 to 64	67%
65 to 74	76%
75+	75%
Caregivers	77%
Fair/poor health	48%
Under $25,000 income	58%
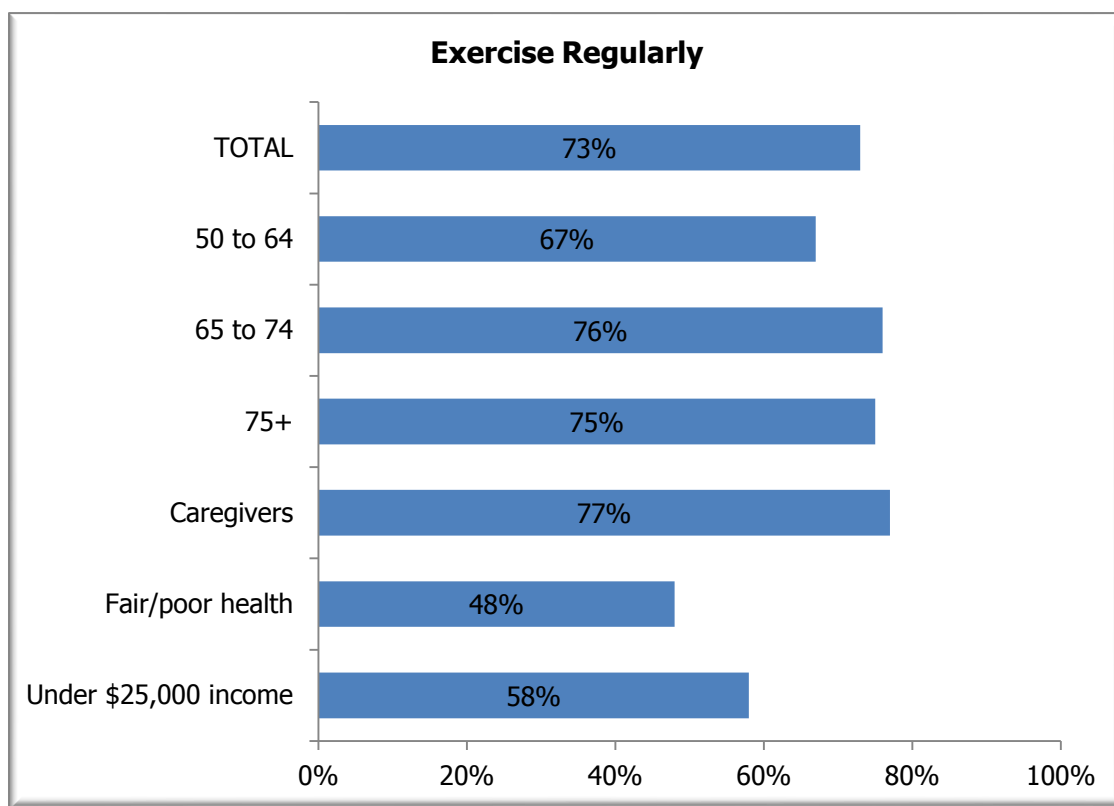
Source: Community Survey - Q. 23: Do you exercise regularly?

Those most likely to indicate they exercise regularly are residents with incomes of $75,000 or over and those in zip code 32963 (84% and 92% respectively).

A majority of residents have health insurance.

While most residents age 50 and over have some form of health insurance, one-quarter (23%) of those age 50 to 64 do not currently have health insurance. In addition, among those with incomes of $25,000 or less, 32% do not have health insurance.

Has Health Insurance

Category	Percentage
TOTAL	84%
50 to 64	77%
65 to 74	83%
75+	93%
Caregivers	78%
Fair/poor health	77%
Under $25,000 income	68%
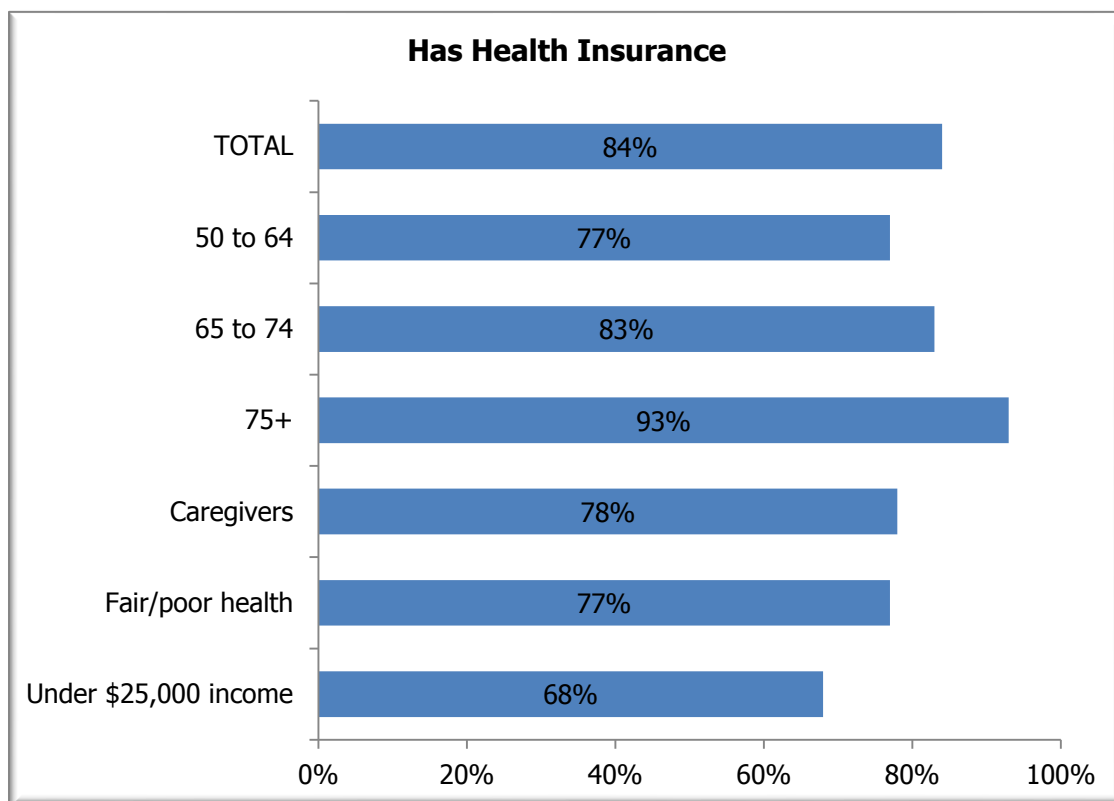
Source: Community Survey - Q. 24: Do you have health insurance?

Geographically, residents in zip code 32960 are somewhat less likely to have health insurance while residents in zip code 32963 are more likely to have health insurance (76% and 97% respectively).

Long-term care insurance is less prevalent than health insurance coverage.

Overall, one in four residents has long-term care insurance. The incidence of having a long-term care policy increases as age and income increases. Those in fair or poor health and caregivers are no more or less likely to have these extended care policies.

Has Long-Term Care Insurance

Category	Percentage
TOTAL	24%
50 to 64	19%
65 to 74	25%
75+	29%
Caregivers	21%
Fair/poor health	19%
Under $25,000 income	12%
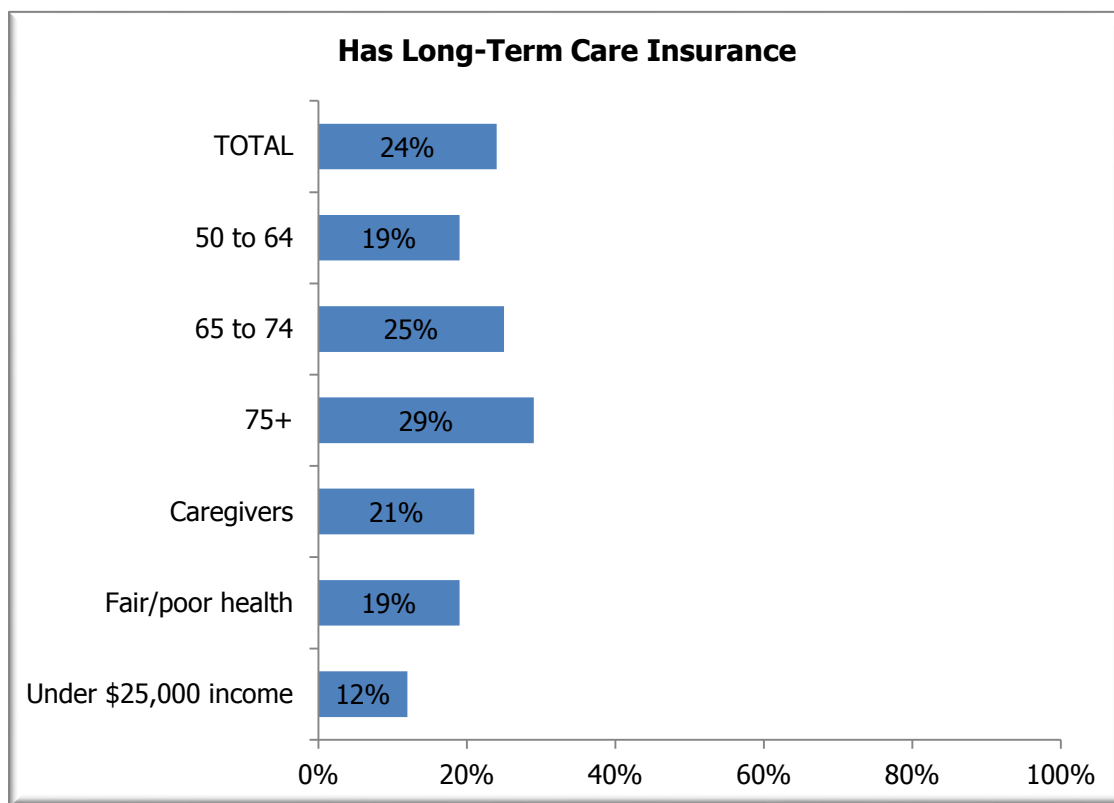
Source: Community Survey - Q. 24: Do you have long-term care insurance?

Residents in zip code 32960 are much less likely to have long-term care insurance (6%). However, all other areas of the county are similar in terms of the proportion of residents with long-term care insurance.

There may be a lack of awareness of long-term care insurance.

In the focus groups, minimal awareness existed about long-term care insurance. In fact, none of the respondents mentioned long-term care insurance as part of their planning process for the future without prompting.

When asked if long-term care insurance is something they consider or plan to consider, the responses were mostly questions.

> *"Is that nursing home care?"*

> *"Is that long-term disability?"*

After this explanation, some respondents indicated a level of awareness, with the caveat that it is too expensive to purchase.

"It's a big chunk of money."

Most residents feel they have an adequate support system for their physical and emotional needs.

Virtually all residents in the community survey indicated they have the support they need to meet their physical and emotional needs. However, those who may have the least adequate support system are caregivers (79%), those in fair or poor health (73%), and have incomes under $25,000 (77%). Again, many residents in fair or poor health have incomes under $25,000.

Adequate Support System and Financial Resources

■ Has adequate support system ■ Has adequate financial resources for future

	TOTAL	50 to 64	65 to 74	75+	Caregivers	Fair/poor health	Under $25,000 income
Has adequate support system	90%	89%	91%	89%	79%	73%	77%
Has adequate financial resources for future	73%	64%	75%	80%	59%	50%	48%
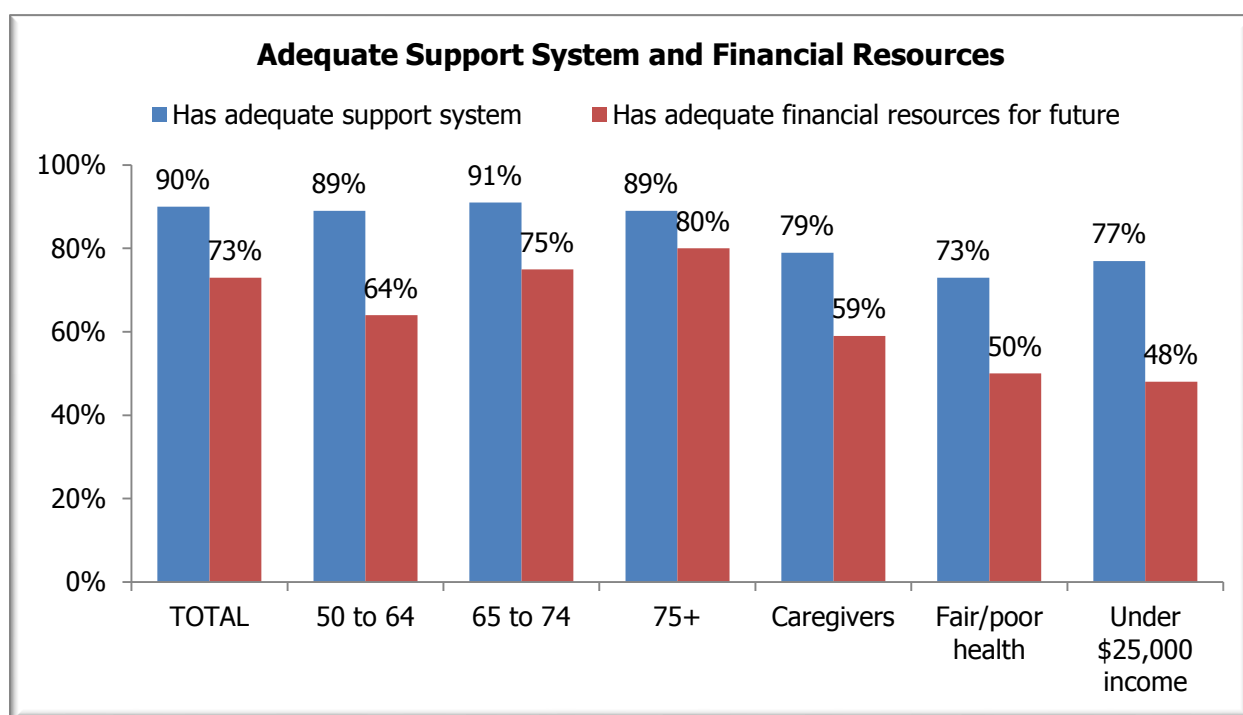
Source: Community Survey - Q. 25: Do you have an adequate support system for your physical and emotional needs? Do you have adequate financial resources for your future?

There are no differences by geography on this measure.

Many residents do not have adequate financial resources for their future.

As was seen in earlier data, about one in four residents are not adequately prepared for their future financially. In fact, over one-third of those residents age 50 to 64 are not prepared. Even more caregivers, residents in fair or poor health, and those with incomes under $25,000 are not prepared for their future financially.

In one of the few gender differences, men are much more likely to say they are prepared financially than women (86% versus 67%).

Additionally, residents who live alone are somewhat less likely to be financially prepared than those who live with someone else (64% versus 77%).

In terms of geography, residents in zip code 32960 are less likely to be financially prepared, while those residents in zip code 32963 are more likely to be ready for their financial future (54% and 88% respectively).

Several groups of residents are delaying medical care and prescriptions.

In general, only about one in ten residents have delayed medical care or put off buying prescription drugs. However, those residents age 50 to 64, those in fair or poor health, and residents who earn under $25,000 are far more likely to delay care and filling prescriptions. Note that residents age 50 to 64 are less likely to have health insurance and many of the residents in fair or poor health have incomes under $25,000. As for caregivers, the delays may be due to a lack of either time, money given the expenses incurred by the care receiver, or both.

Delayed Medical Care and/or Purchasing Prescriptions due to Cost
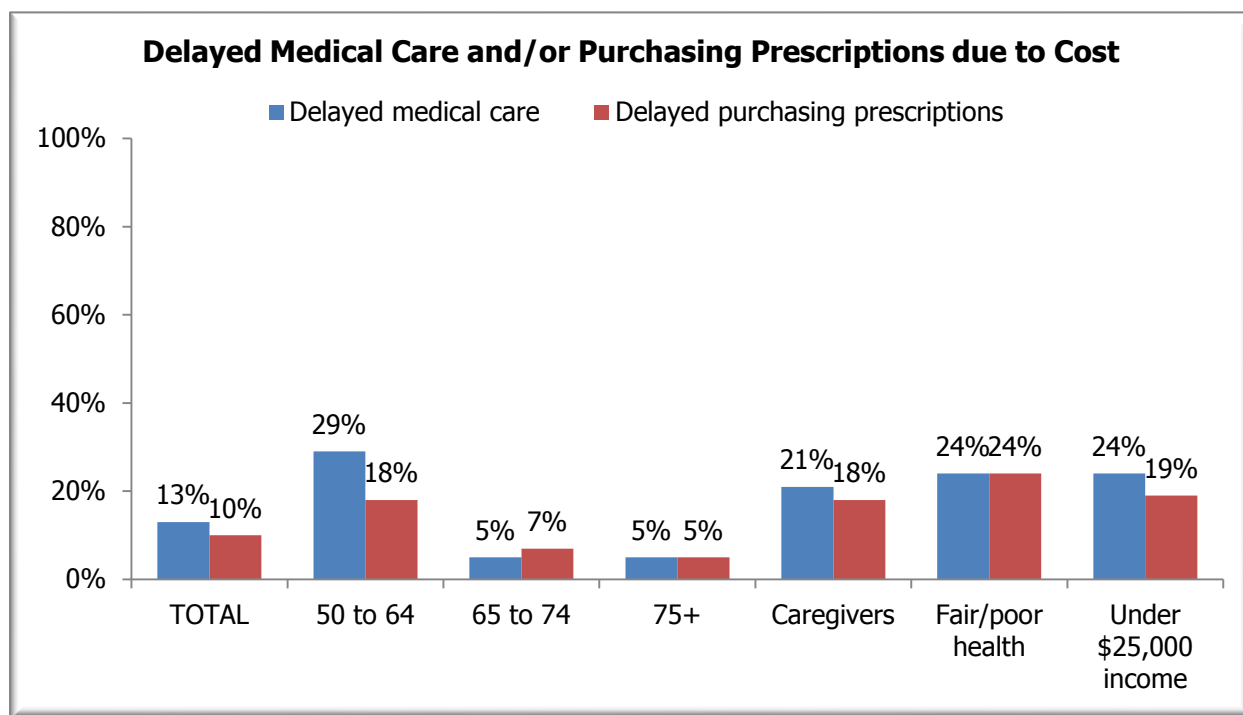
Source: Community Survey - Q. 27: In the past six months, have you delayed medical care because of cost?
Q. 28: In the past six months, have you delayed purchasing prescriptions because of cost?

Residents in zip code 32960 are also more likely to have delayed medical care (22%).

One in four worry about who will take care of them if they need help with activities of daily living.

Respondents were asked to rate the following statement on a 10-point scale, with 1 being disagree completely and 10 being agree completely: I worry about who will take care of me if I need help with activities of daily living.

Overall, 24% worry about who will take care of them in the future, while 50% indicated they are not worried. Those who are 75+ are least worried since they probably have resources in place to handle their activities of daily living compared to those 50 to 64 who are slightly more worried about who will take care of them if they need help.

Life circumstances tend to drive worry more than respondent age. If the respondent is a caregiver, in fair/poor health, or has a low household income, these respondents worry more than those who are not in these situations.

Agreement with statement: I worry about who will take care of me if I need help with activities of daily living

Legend: ■ Rating of 10, 9, 8 ■ 7, 6, 5, 4 ■ 3, 2, 1

	Rating of 10, 9, 8	7, 6, 5, 4	3, 2, 1
TOTAL	24%	26%	50%
50 to 64	28%	23%	50%
65 to 74	21%	34%	44%
75+	22%	21%	57%
Caregivers	38%	30%	32%
Fair/poor health	36%	24%	40%
Under $25,000 income	32%	22%	46%
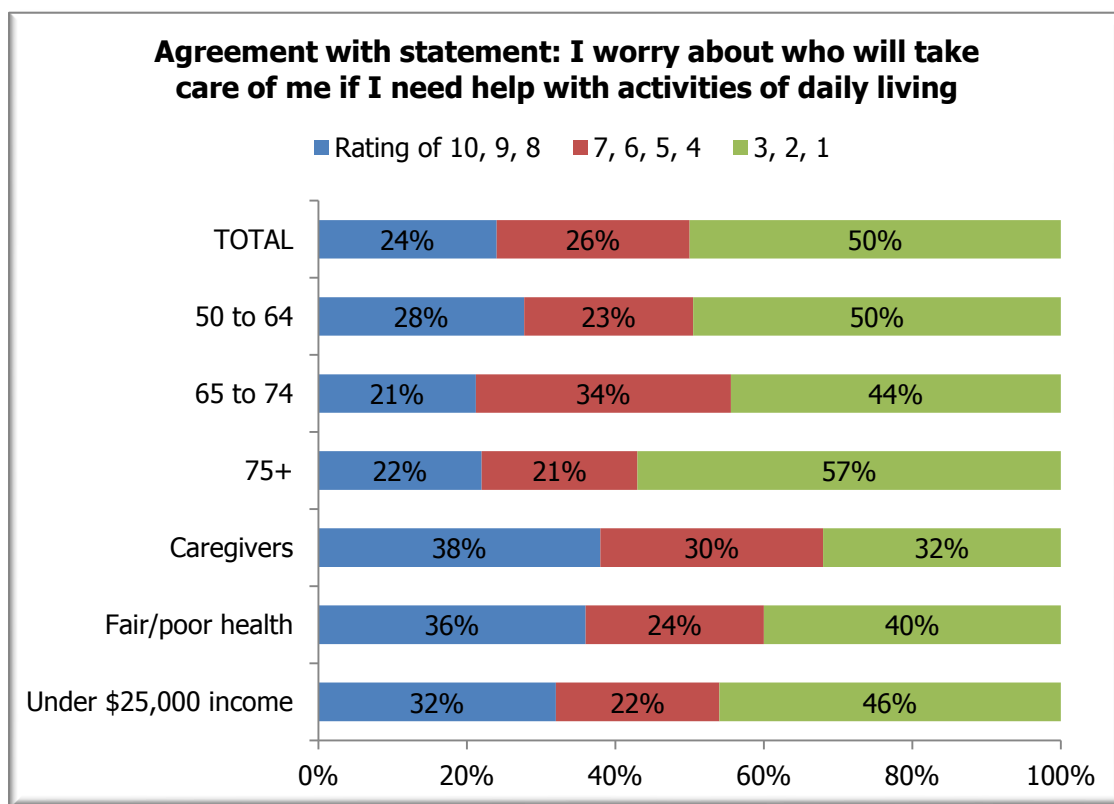
Source: Community Survey - Q. 12: Using a scale from 1 to 10, where 1 is disagree completely and 10 is agree completely, please tell me if you agree with the following statement: I worry about who will take care of me if I need help with activities of daily living.

Not surprisingly, those who live alone worry more compared to those who don't live alone (32% versus 21%). Also, residents who live in zip code 32963 are the least worried (13%) compared to zip code 32966 (31%) since those in 32963 probably have more financial resources.

Concerns about help with daily living may also be impacted by concerns about living alone and loneliness.

Isolation was an issue discussed in all focus groups. It was discussed that while many Indian River County residents over 70 may currently be able to perform the activities of daily living, some don't or can't leave their house.

Some focus group respondents are also concerned, particularly those who are living alone, about being isolated.

> *"I have been alone and I'd like to be in a relationship again."*

> *"Not having anyone to talk to or who will listen to you. This is being home alone."*

> *"I'm thinking about a person who could fall in the shower and doesn't get help for 10 hours."*

> *"I know this. I am in good health, but I had an experience at 2:00 AM. I had a cramp in my thigh and I couldn't move. I thought okay, I am all alone and I'm thinking I will have to drag myself to the shower to get heat on it. And then I thought who is going to find me here?"*

The transient nature of Florida overall and parts of Indian River County also contribute to isolation and loneliness.

> *"We had a person who moved here. She was 63. She died alone at her condo. The police came and estimated the time of death was December 21. She had not been sick and had no family here."*

> *"Florida more so than other states is transient. This means we are more isolated. I only know one neighbor here and I've been here 10 years."*

> *"More people are renters so you don't get to know people as well."*

> *"There are snowbirds here so you get to know them for three months a year."*

> *"People pass away and their families sell or rent out the home."*

Having a relationship and sense of community was mentioned as important in all focus groups. The need to develop and retain relationships and emotional bonds is also an important part of thinking about ones future. In particular, some mentioned that they are "mending fences" and/or establishing stronger bonds with family and friends as they get older.

In addition, respondents indicated that they realize as they get older they need to have relationships since loneliness is a fear, particularly among single women.

Others started thinking about who they would rely upon to help with tasks they may not be able to achieve as they age.

A majority of households do not experience issues with activities of daily living.

Community survey respondents were asked, in random order, to indicate if any of the following activities of daily living are a major, minor, or not an issue for anyone 50+ in their household:

- Maintaining balance and not falling
- Preparing meals
- Eating
- Bathing and hygiene
- Using the phone
- Homemaking
- Remembering to take prescription medications on time
- Getting up and down stairs

Almost eight in ten households (79%) do not have major issues with any of the activities listed above.

However, at least ten percent of caregivers, those in fair/poor health, and those with incomes under $25,000 do experience problems with three or more of the daily activities listed above.

Maintaining balance and not falling is an issue for three in ten households who experience issues with activities of daily living.

Overall, maintaining balance and not falling is an issue for 29% of the households surveyed, followed by getting up and down stairs (19%), homemaking (17%), and taking medications on time (15%).

Other issues affect less than 10% of households surveyed.
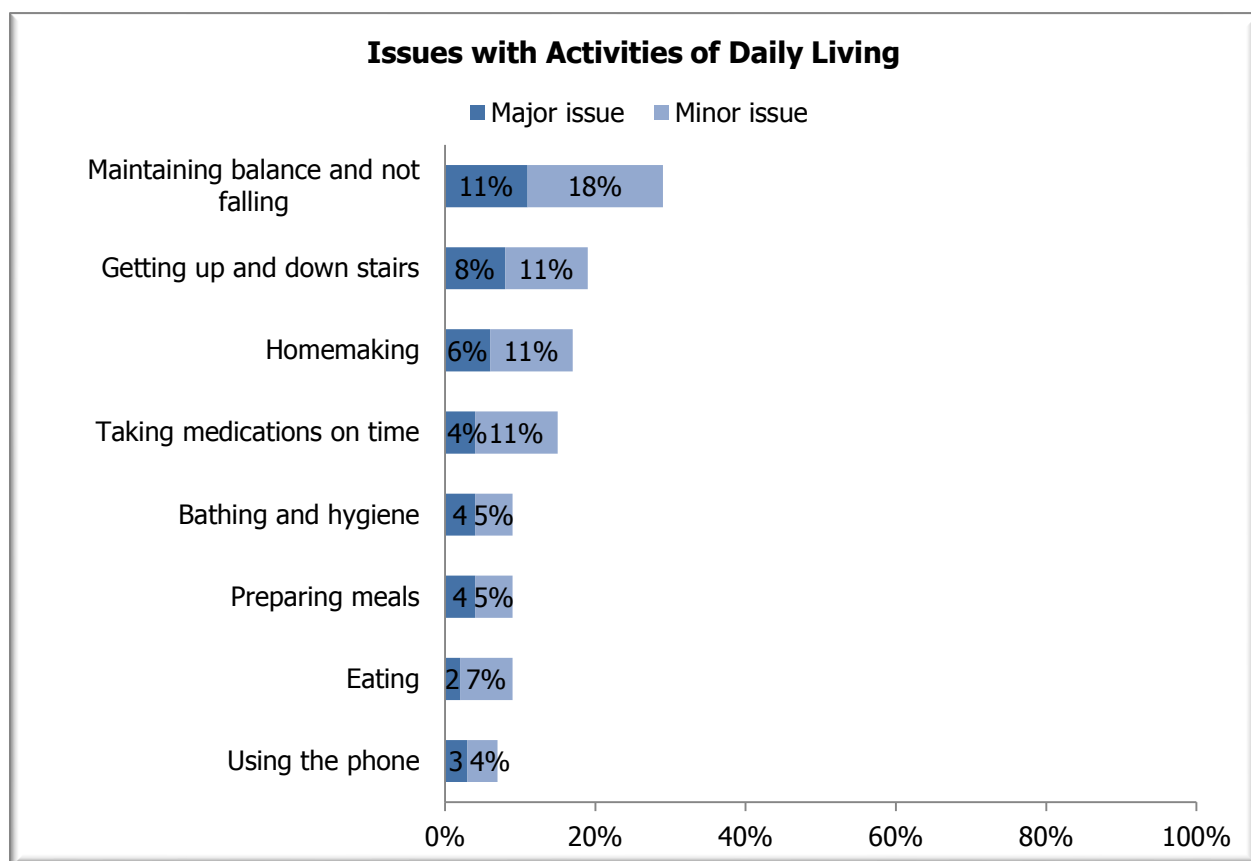
Issues with Activities of Daily Living

■ Major issue ■ Minor issue

Activity	Major issue	Minor issue
Maintaining balance and not falling	11%	18%
Getting up and down stairs	8%	11%
Homemaking	6%	11%
Taking medications on time	4%	11%
Bathing and hygiene	4	5%
Preparing meals	4	5%
Eating	2	7%
Using the phone	3	4%

Source: Community Survey - Q. 11A-H: Please tell me which is a major issue, a minor issue, or not an issue for anyone in your household who is age 50 or over.

The 50 to 64 year age group households have more issues with activities of daily living than residents 75+.

Respondents were asked if the listed activities were a major, minor, or not an issue for anyone age 50 or over in their household.

When comparing the 50 to 64 age group to those 75+, in some cases, the 50 to 64 age group is reporting a higher percentage of issues in their household compared to those 75+. This can be attributed to the fact that half of the caregivers surveyed are age 50 to 64 and taking care of a parent, while 43% of residents 75+ live alone and are taking care of themselves.

Using age as the defining factor as to whether or not a household has issues with activities of daily living is restrictive. Having issues with activities of daily living also depends on the life circumstances affecting the household. For instance, being a caregiver puts added strain on remembering to do some daily activities, such as taking medications on time.

Issues with Activities of Daily Living

	TOTAL	50 to 64	65 to 74	75+
Maintaining balance and not falling	28%	29%	21%	35%
Getting up and down stairs	19%	18%	15%	24%
Homemaking	16%	19%	13%	17%
Taking medications on time	15%	21%	13%	12%
Eating	9%	13%	8%	7%
Bathing and hygiene	9%	11%	8%	7%
Preparing meals	9%	11%	5%	11%
Using the phone	8%	10%	5%	7%

Source: Community Survey - Q. 11A-H: Please tell me which is a major issue, a minor issue, or not an issue for anyone in your household who is age 50 or over.

Household income plays a role in whether or not a household has issues with daily living.

Three in ten households with incomes under $25,000 experience at least one major issue with activities of daily living. This compares to only six percent of those with incomes over $75,000. In fact, for five out of eight issues tested, residents with a higher income report no major issues. Further, they have no issues at all with preparing meals. This is one example that those with incomes over $75,000 have the resources and means to prevent some of these activities from being a problem.

Caregivers were more likely to classify an issue as "major" as opposed to minor.

The strain of being a caregiver may explain why caregivers feel an issue is a "major" one in their household compared to an issue being a "minor" one.

More than 20% of caregivers and those in fair/poor health indicate six of the eight activities of daily living are a problem in their household.

Issues with Activities of Daily Living

	TOTAL	Caregivers	Fair/Poor Health	< $25,000 income
Maintaining balance and not falling	28%	47%	57%	42%
Getting up and down stairs	19%	27%	42%	27%
Homemaking	16%	23%	37%	30%
Taking medications on time	15%	27%	31%	15%
Eating	9%	22%	20%	12%
Bathing and hygiene	9%	26%	19%	13%
Preparing meals	9%	14%	22%	13%
Using the phone	8%	18%	15%	9%

Source: Community Survey - Q. 11A-H: Please tell me which is a major issue, a minor issue, or not an issue for anyone in your household who is age 50 or over.

Some residents are trying to improve their lives.

Focus group respondents mentioned that getting older has opened doors to improving aspects of some respondents' lives, particularly working to take better care of themselves. In fact, some are evaluating how they can better embrace preventative health measures.

> *"I am thinking more about my health. I am not thinking about healthcare, but taking better control of my physical health. It makes me think about changing my diet and trying to get off medications."*

In addition, the idea of enriching their lives by finding new things to do is also occurring to respondents in the focus groups.

> *"I want to keep my mind active."*

> *"I want to try something new, like going back to school."*

In essence, all want to have purpose in their life as they age. For some, this equates to getting actively involved in volunteering efforts while, for most, it means continuing to work and adding other activities.

However, a few women in the focus groups are beginning to face health issues.

> *"I am afraid of health problems."*

> *"My eyesight is failing and I am experiencing memory problems."*

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Stakeholder Input on Health

This section covers input from stakeholders related to resident health and health insurance. Note that health and health insurance were cited by residents in the community survey as the number one issue facing seniors in Indian River County. The issue of health and health insurance was also documented in the focus groups.

Healthcare and health insurance consistently resonated as a primary issue among stakeholders.

While this cuts across all ages, respondents indicated the cost of health insurance and the expense of medical care are the heaviest burden for those age 50 to 64. They do not qualify for Medicare and many do not have and cannot afford health insurance.

Some representative comments in this area include:

> *"First and foremost is access to healthcare and funding for healthcare, specifically for 50 to 64. A lot of those residents are uninsured or underinsured so that can be challenging."*

> *"With 50 to 64 year olds, there are some that are uninsured and that has to do with the employment we have in the county. A lot of positions available are in the service industry. I know that the Chamber is working on economic development, but still a majority of jobs are in service which pay a lot less. What we find are working poor and that's where the uninsured come in because the service industry cannot provide health insurance."*

> *"The cost of healthcare is an issue. You know I can't pay for that. I can't afford it and I'm in that age group."*

Coordination of healthcare for seniors is another issue.

Stakeholders mentioned that many seniors could use help coordinating care between doctors and navigating the system. They mentioned:

> *"The whole coordination of healthcare services for these age groups is a challenge. It's because everybody's on their own and the patient has to somehow get through the healthcare system with not a lot of assistance."*

> *"The other part of healthcare which is important is the coordination of physicians. I've learned that there are some elderly people who have this doctor over here taking care of their foot, and another doctor taking care of the eyes, and this doctor taking care of the stomach. There should be a consultation unit saying I need to know your doctor's name and what he's giving you so we can coordinate care. We need more coordination for seniors so they don't have a problem down the road."*

One stakeholder mentioned the parish nurse program which helps coordinate care.

> *"We do the parish nurse thing. These parish nurses don't administer medicine, but they know the language. Sometimes they'll take one of our members to the doctor and listen, because they understand, they know the language, and they translate. When the seniors go home from the hospital, they'll follow up. That's really been helpful for our older members in a personal context."*

There is an issue in Indian River County with physicians accepting Medicaid.

Stakeholders indicate few physicians in the county will accept Medicaid patients. However, they also mentioned the Health Department provides care, as does Treasure Coast Community Health which operates federally qualified health clinics. Some of their comments included:

> *"There is an insufficient supply of primary care doctors in Indian River County who will accept Medicaid. We are scrambling to recruit primary care physicians and geriatricians."*

> *"The current funding source is Medicaid which is a state-funded healthcare program. Unfortunately, in Indian River County, a lot of healthcare providers choose not to participate in Medicaid. When these patients are seeking healthcare services, they most likely end up in the Health Department and could be on a waiting list for care."*

> *"No doctor in this community will accept Medicaid. It doesn't matter whether you've got it or not. I've made phone calls as far as West Palm Beach and as far as Melbourne. On every single AHCA approved Medicaid provider, not one said they will accept it."*

However, there are some other healthcare alternatives.

> *"We do have Treasure Coast Community Health. It seems like a really wonderful resource, but a lot of our folks either don't know about it or they just don't use it."*

One stakeholder mentioned the special taxing district designed to care for the indigent.

> *"The other area of funding Indian River County service providers may or may not be aware of is the hospital taxing district. The taxing district is a special district just for indigent care for healthcare services. The annual funding currently based on property assessed values is about $12 million. That $12 million is divvied up amongst providers within the county to cover the indigent."*

Another mentioned providing medication assistance from the taxing fund.

> *"We have a couple other programs that I think we could expand. Right now, we have medication assistance programs for the mentally ill and we get funding from the hospital district for medicine. We also worked with the pharmaceutical*

companies like Pfizer and AstraZeneca because they have their own assistance programs. We could be a place where people could come and get assistance for whatever medicine it is."

These assistance programs still leave a problem of the medically underserved.

According to stakeholders, there are members of the senior community who are not being cared for the proper way medically. Several related comments include:

"I think if we've got medically underserved folks, we've got to take care of their issues because they're going to deteriorate. Whether that's an access issue or an affordability issue, I don't know, but I would say that we've got to focus on the medically underserved."

"If their situation gets worse, they end up in the emergency room at the hospital, so funding is critical."

Many stakeholders indicated seniors routinely use the emergency department at area hospitals.

Rather than using other alternatives which would be less expensive to the community, respondents indicated using the emergency department is more costly.

"A lot of people just use the emergency room as their doctor instead of going to their doctor or an urgent care or something which can handle most minor things. There are other places they can get the same care without the huge expense. A doctor's visit is cheaper than an ER visit."

Mental health is also an issue which needs to be addressed.

Several stakeholders suggested there needs to be more work to get seniors, particularly those who are 65 and over, to seek help for depression and other mental illnesses. Comments regarding mental health included:

"We're doing more with the Mental Health Association now. Their campaign of 'Its Ok To Get Help' is the national model. They've done a lot of outreach. They've really been fairly innovative in a lot of their different programming, so they're very visible in trying to reduce the stigma attached to it."

"The mental health issue is the most concerning to me, but the generation we're talking about is very resistant to ask for help."

"I think you have to go to all of the communities where they live and start talking. 'It's alright to ask for help.' That's a big slogan for mental health and I think that's what the senior needs. The older ones are very resistant to help. They're actually ashamed."

In addition, one stakeholder mentioned that helps exists for people with Alzheimer's.

> *"We do have a pretty good Alzheimer's/Parkinson's support group in town here and the people know about it. That seems to be pretty well organized and established and funded. People just need to know about it, but I know folks who have used it and it's been real helpful to them."*

Analysis of Health and Health Insurance

- Compared to the rest of the state, Indian River County residents of all ages are relatively healthy. Residents age 65 and over are somewhat more likely to have one or more disabilities than two of three peer counties. In addition, according to the Department of Elder Affairs, about 15% of residents age 65 and over have a probable diagnosis of Alzheimer's disease.

- In Indian River County, over 37,000 residents are Medicare eligible and just over 4,000 residents are Medicaid or both Medicare and Medicaid eligible. In addition, over 11,000 Indian River County residents are medically underserved. The incidence of cancer in Indian River County is over 35% higher than in the state overall.

- From the community survey, most residents age 50 and over report they are healthy, and most say they exercise regularly. However, residents in the community survey age 50 and over were sick an average of one week in the last six months.

- Approximately one in four (23%) residents in the community survey age 50 to 64 do not currently have health insurance and this percentage is higher among all respondents age 50 and over who have incomes of $25,000 or less. A minority (24%) have long-term care insurance.

- According to community survey respondents, most feel they have an adequate support system for their physical and emotional needs, though fewer, particularly those age 50 to 64, those in fair or poor health, and those with incomes under $25,000 have adequate financial resources for their future.

- Most respondents in the community survey said they do not feel lonely or isolated. However, in the focus groups, feelings of loneliness and isolation were frequently discussed. Focus group respondents suggested isolation is more of a lifelong personality trait rather than something people develop as they get older.

- Though few residents age 50 and over currently have difficulties with activities of daily living based on the community survey, half worry about who will help them with these activities in the future.

- As discussed in the Important Issues chapter, health and health insurance are the biggest issues faced by Indian River County residents.

Recommendations for Health and Health Insurance

While most seniors age 65 and over are eligible for Medicare, residents age 50 to 64 are not and many do not have health or prescription drug insurance. In addition, regardless of age, roughly one-fifth of the residents rate their health fair or poor. Further, health and health insurance are the biggest issues faced by residents age 50 and over, according to the community phone survey.

Evaluate ways to address the major need in Indian River County regarding health and health insurance issues.

- Make residents aware of the availability of the National Association of Counties (NACO) discount prescription card for individuals without prescription insurance coverage.

  ➢ While this is not insurance, it does offer discounts on prescription drugs for residents who do not have insurance.
  ➢ Help with prescription drug costs was one of the most wanted services.

- Explore ways to serve the needs of more low income residents, including seniors.

  ➢ The clinics offer health and dental care to qualified low income residents.
  ➢ Determine if there are ways to expand care to residents who just miss qualifying, either at no cost or at a reduced cost.

- Develop a program of exercises in conjunction with gyms, fitness centers, fitness instructors, and physical therapists to work toward improving balance of senior residents.

  ➢ Maintaining balance and not falling is an issue for many residents, regardless of age.
  ➢ "Matter of Balance" is a best practice program for improving balance among seniors.

FINANCIAL STATUS

Socioeconomic characteristics such as income, financial status and resources, economic self-sufficiency, and sustainability all impact quality of life. These factors include, but are not limited to, housing, food security, nutrition, health, and healthcare.

The financial status chapter contains the following information:

- Median household income
- Employment and unemployment
- Poverty
- SNAP participation (formerly food stamp)
- Financial preparedness

Financial Status Indicators

Median Household Income

According to the U.S. Census Bureau, overall, the median household income in Indian River County is $47,341 which is slightly lower than Florida's median household income of $47,661.

Among households headed by people age 65 and over, the median household income in Indian River County is $40,890. This is higher than the state median income of $35,024 for people 65+ and two of the three peer counties.

Median Household Income 2010 for 65+

Indian River	$40,890
Charlotte	$38,851
Collier	$51,419
Martin	$39,498
Florida	$35,024
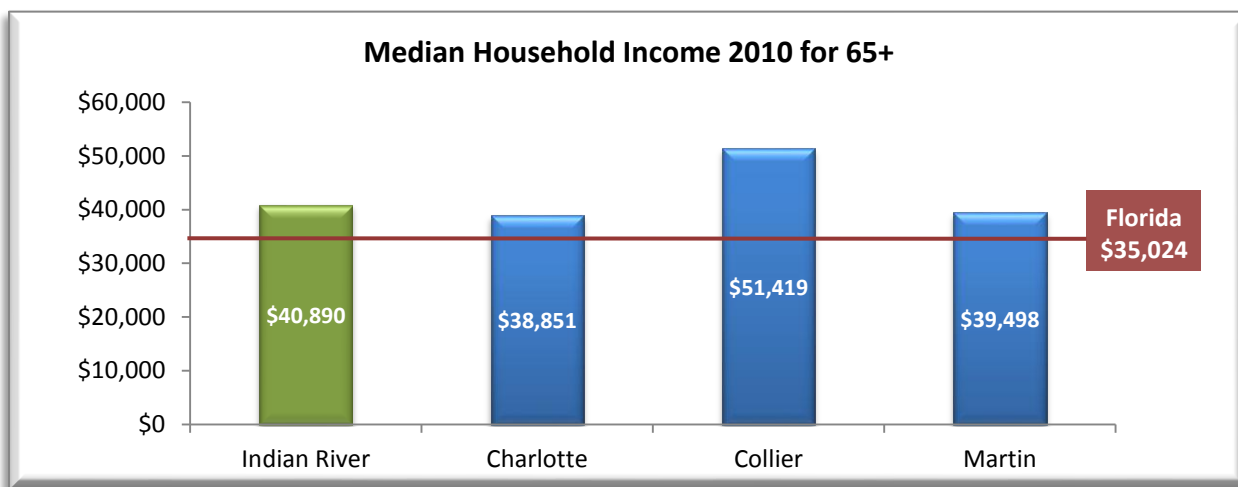
Source: 2010 American Community Survey – 1 Year Estimates

For households headed by someone age 65 and over, median household income is generally trending up despite a decline in 2006. Compared to 2005, median income has increased 9.4% among households headed by someone age 65 or over.
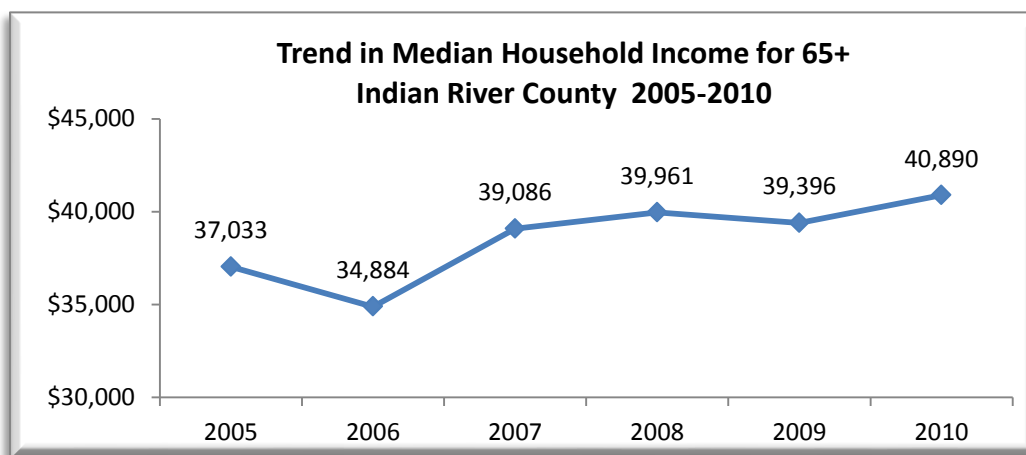
Trend in Median Household Income for 65+
Indian River County 2005-2010

Year	Value
2005	37,033
2006	34,884
2007	39,086
2008	39,961
2009	39,396
2010	40,890

Source: 2010 American Community Survey – 1 Year Estimates

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Employment

Note that several different data sources are used in this section which accounts for the differences in employment and unemployment levels cited.

American Association of Retired Persons (AARP) 2011 Florida State Fact Sheet statistics on Florida's population 50 years of age and older indicates a 42.9% labor employment participation, and a 9.6% unemployment rate for this population.

Overall for the general population, 2011 U.S. Department of Labor Statistics places Indian River County's unemployment rate at 12.6%. This level is higher than both Florida's unemployment rate of 10.5% and the country's unemployment rate of 8.9%.

A comparison to peer counties of Indian River County's population 55 to 64 years of age within the labor force demonstrates Indian River County having an equal percentage of labor force participation for this age group as Charlotte County, while slightly lower than Collier County, but slightly higher than Martin County. Among the population 65 years of age and over, Indian River County has a higher percentage of labor force participation for this age group than Charlotte and Martin counties, but a lower percentage of participation than Collier County.
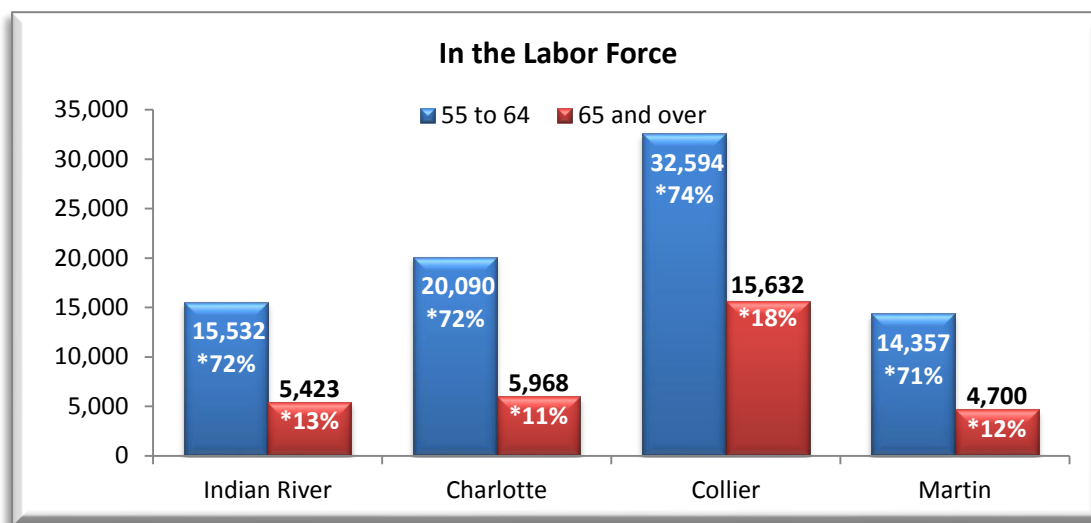
Source: 2011 American Community Survey 1 Year Estimates
* Percentage is out of the county population in each age group.

A comparison to peer counties of Indian River County's employed in the 55 to 64 age group demonstrates Indian River County as having lower employment participation for this age group than Collier County, the same level of participation as Charlotte County, and higher participation than Martin County. Among the 65 and over age group, Indian River County has a lower participation level than Collier County, but higher participation than Charlotte and Martin counties.
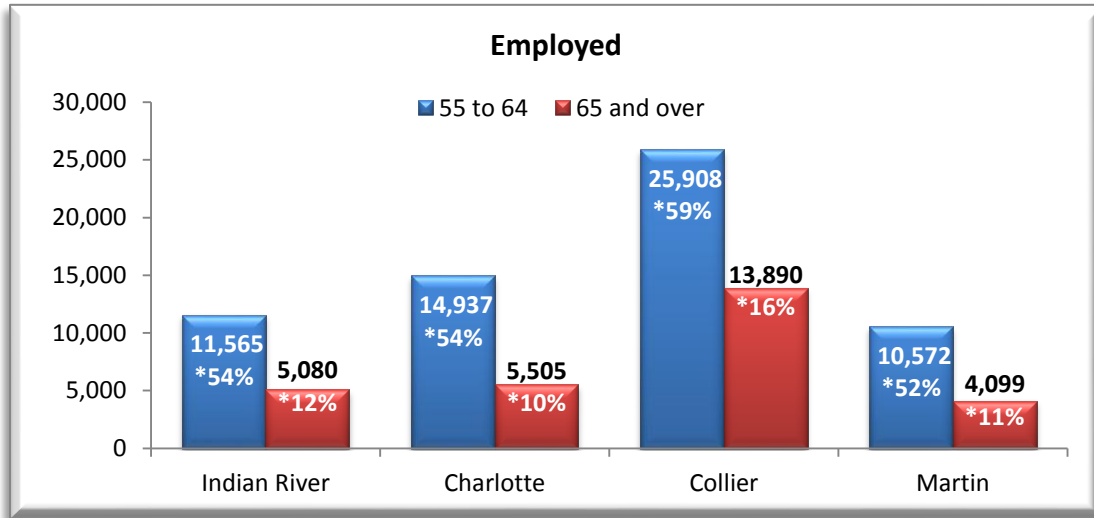
Employed

	55 to 64	65 and over
Indian River	11,565 *54%	5,080 *12%
Charlotte	14,937 *54%	5,505 *10%
Collier	25,908 *59%	13,890 *16%
Martin	10,572 *52%	4,099 *11%

Source: 2011 American Community Survey 1 Year Estimates
 * Percentage is out of the county population in each age group.

A comparison to peer counties of Indian River County's unemployed among the 55 to 64 age group demonstrates Indian River County as having an equal unemployment level for this age group as Martin County, while it is higher than the unemployment levels in Charlotte and Collier counties. Among the 65 and over age group, Indian River County has an equal unemployment level as Charlotte County, while it is lower than the unemployment levels in Collier and Martin counties.
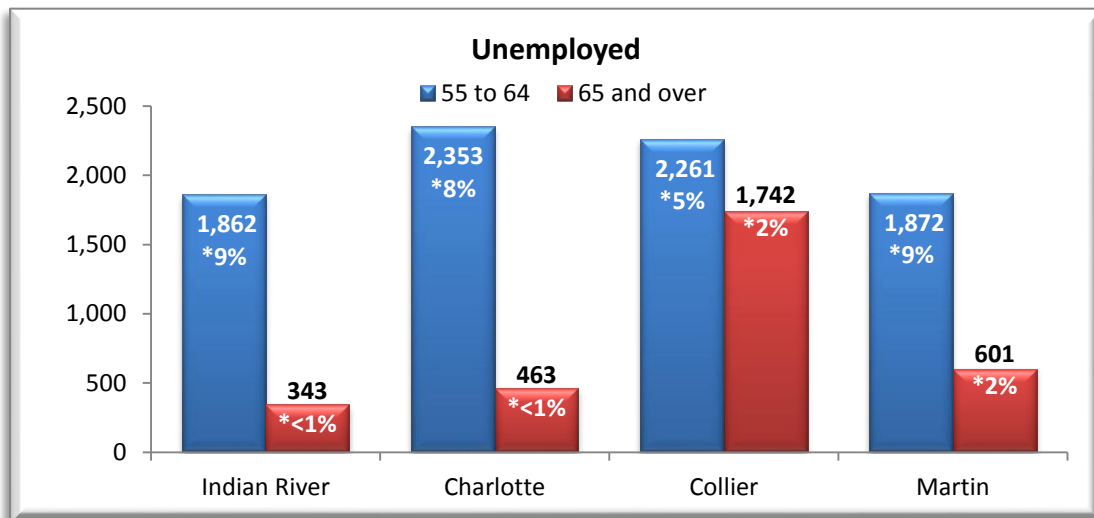
Unemployed

|	55 to 64	65 and over
Indian River	1,862 *9%	343 *<1%
Charlotte	2,353 *8%	463 *<1%
Collier	2,261 *5%	1,742 *2%
Martin	1,872 *9%	601 *2%

Source: 2011 American Community Survey 1 Year Estimates
* Percentage is out of the county population in each age group.

Poverty

According to 2011 Florida Department of Elder Affairs data, 7.2% of Indian River County residents 60 years of age and older have a financial status below poverty guidelines.

According to the 2009 U.S. Census American Community Survey, 10.4% of Indian River County's 65 years of age and older population have income below the poverty level, which is higher than the rate of 10.2% for this age group statewide in Florida. Based on the 2011 figures from the U.S. Census, the poverty level for a two person household age 65 and over is $13,596 per year.
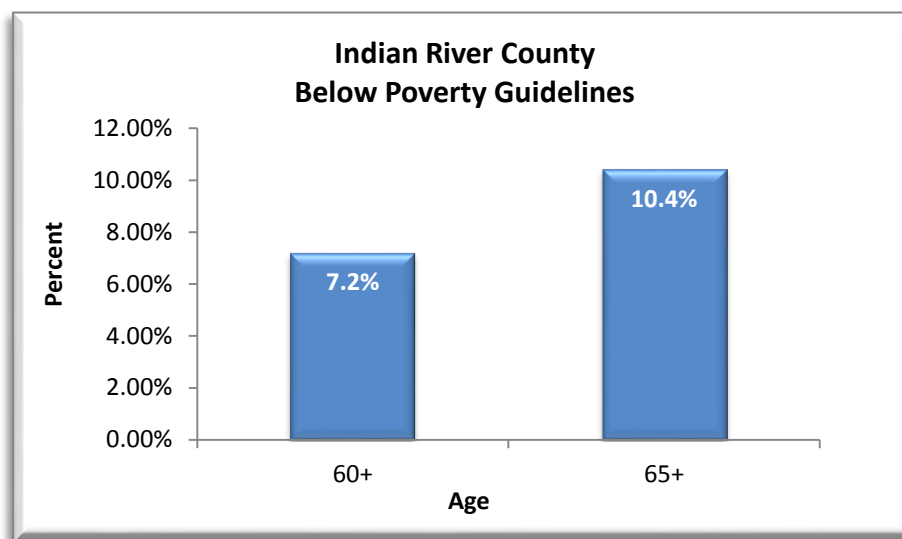
Source: Florida Department of Elder Affairs, 2011; American Community Survey, 2009

The following chart shows that Indian River County has a higher percentage of residents age 60 and over who live below the poverty level compared to all three peer counties.
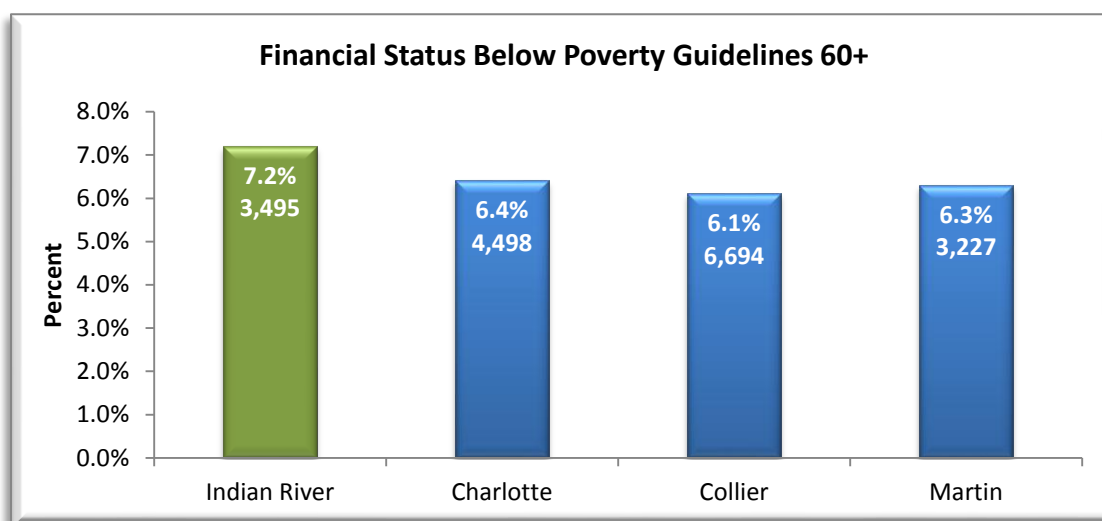
Source: Florida Department of Elder Affairs, 2011

SNAP (Formerly Food Stamp)

In Indian River County during 2011, 1,810 residents 60 years of age and older participated in the SNAP program, although 5,492 of residents 60 years of age and older were eligible to participate.

On a percentage basis, Indian River County's SNAP participation among residents 60 years and older is higher than two peer counties and lower than Collier County.

SNAP Participation 60+
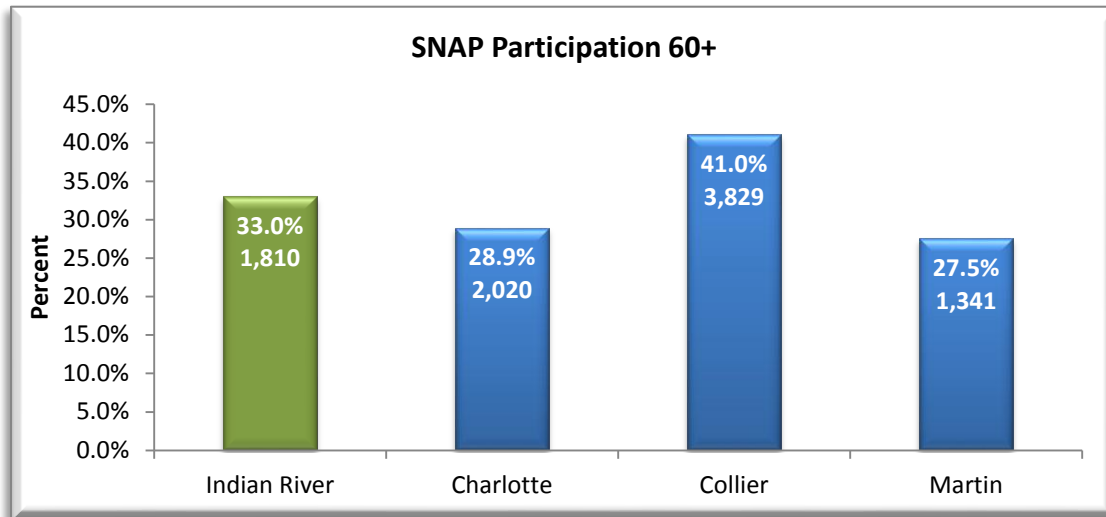
Source: Florida Department of Elder Affairs, 2011

In 2011, according to the Economic Opportunities Council of Indian River County, 350 older adults were served through the Low Income Home Energy Assistance Program. No definition of "older" was provided.

Community Response to Financial Status

Only about half of residents are financially prepared for their future.

Community survey respondents were asked to rate the following statement on a 10-point scale, with 1 being disagree completely and 10 being agree completely: I am financially prepared for my future.

Many residents are not financially prepared for the future as they age. While older residents appear to be better prepared, it is likely some are just living with what they have rather than living the way they want. Again, this points out that a large proportion of county residents may be in need of planning help as they age.

Large percentages of those 50 to 64, caregivers, those with health issues, and residents with incomes under $25,000 are not financially prepared for their future. Most residents with incomes of $75,000 or over indicate they are financially prepared for their future (75% agree, not shown in table).
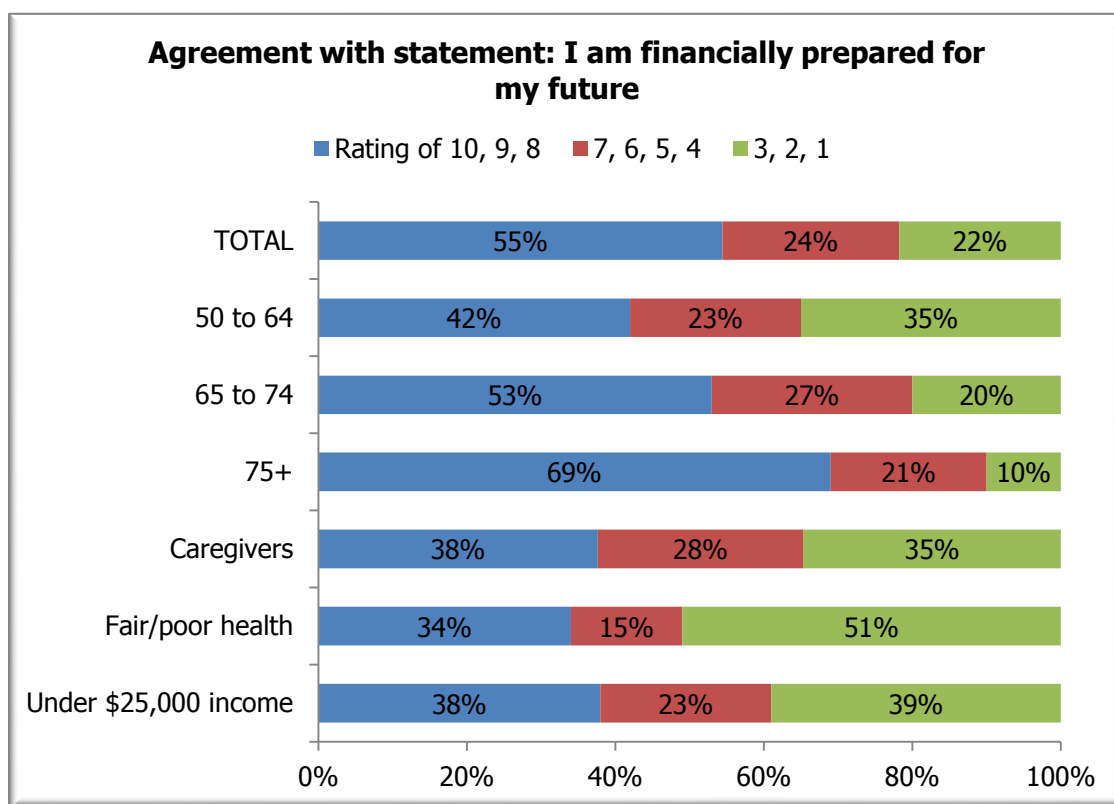
Source: Community Survey - Q. 21: Using a scale from 1 to 10, where 1 is disagree completely and 10 is agree completely, please tell me if you agree with the following statement: I am financially prepared for my future.

Geographically, the zip codes which are least prepared are 32960 (31% agree) and 32958 (42%), while residents in 32963 are most prepared (75%).

According to some focus group respondents, age 50 is seen as a good time to start thinking about and planning for their future.

The rationale for this age is that respondents identify that they have less working years ahead of them.

> *"It makes you feel like you may have peaked and will start going toward retirement and thinking about what's the next step in life."*

Having enough money is the major concern many have with planning for their future.

> *"Will I have enough money to survive old age?"*

> *"I want to retire one day and it's all related to money."*

> *"How am I going to pay off the mortgage?"*

> *"How will I pay for healthcare?"*

> *"I'm single and carrying the whole load myself."*

> *"My biggest fear is not being able to afford visiting my grandchildren who live out of state."*

> *"Financial concerns."*

Younger respondents in the focus groups also suggested they need help with financial planning.

> *"I would like to learn ways to improve my finances."*

> *"How about consumer credit counseling to help people manage their money wisely?"*

> *"We need financial counseling for people who are middle class."*

> *"Older people need to know what benefits they may be entitled to since a lot of older people don't know."*

> *"Too often, the kids take over the money and old mom is hung out to dry without a dime."*

> *"Older people have trouble with tax returns."*

Financial strains from a weak economy have made some seniors' budgets even tighter.

Further, some focus group respondents believe that it is becoming a more common situation for seniors to outlive their financial resources.

> *"There are so many elderly living with children now. That is why my mother-in-law lives with us. She ran out of resources."*

As some said – *"The empty nest is no longer empty. There are more generations living in one house."*

It is common, according to some focus group respondents, for seniors to be supporting children and grandchildren.

> *"I see an increase in children and grandchildren living with older people."*

Due to the needs of extended families, some Indian River County seniors that were once financially self-sufficient now need assistance.

> *"Financially, it is a big strain and I now see seniors come in and apply for benefits like SNAP (food stamp)."*

In addition, it was pointed out that the weak economy has generated a rise in children having to rely on their elderly parents for financial assistance and housing. In some situations, this is helping the seniors while, in others, it is not.

> *"I see the adult child moving in with parents as a caregiver because it makes financial sense. They are caring for the parents and also getting some of the benefits from social security."*

> *"I meet 50 year old children in the home of their mom, but if mom has digressed to the point where she needs to be in a skilled facility, this is not happening because the child doesn't have a job and is there because she needs to get part of mom's social security. They want mom to be at home because it helps them."*

Further, the lack of adequate financial resources is tied to the perception that many Indian River County seniors rely on social security as their main source of income.

It was agreed in most of the focus groups that dependence on social security is one of the main factors that create an issue in being able to afford needed healthcare.

> *"Many of our seniors are living on social security. With the cost of gas and food going up and limited increases in social security, it is hard for many to pay for what they need."*

> *"At By The River, I would say the typical person is getting probably $600 to $700 a month."*

> *"At my agency, we see the same thing. It is about $600 to $700 each month."*

In this discussion, it was also pointed out that Indian River County possesses a very diverse population of elderly, with some being very wealthy and many more than expected living near the poverty level.

> *"We hide our poverty people in Indian River County. We put them in Gifford and Fellsmere and they become invisible."*

> *"Maybe poverty is not hidden as much as it is segregated. If you are poor, you are not living where the wealthy live."*

Stakeholder Input on Financial Status

This chapter contains commentary from stakeholders on the financial status of senior residents and their needs.

Financial insecurity was identified as critical for some older adults.

Economic instability was described as the result of a number of factors, such as a lack of means to meet general cost of living, unemployment, underemployment, utility cost burden, fraud, and scams. Some older adults were seen as outliving their resources, while others, regardless of age, were viewed as unable to find appropriate and sustainable employment in a primarily service-focused business environment. In addition, some older adults were viewed as unable to or simply not financially planning for their retirement.

Representative respondent comments include:

"Indian River County is number two or three in the state in per capita income, but second from the bottom in earned income and wage income."

"We need more companies that are employing older people and that are paying wages over median income."

"Financial insecurity for the senior population has increased."

"We are seeing a much larger percentage of the senior population who never needed assistance before, needing it now."

"Many very elderly are living on nothing in their houses trying to maintain existence. People don't realize that there are so many pockets of that."

In a recurring theme, one stakeholder indicated that the difficult economic conditions have the greatest impact on 50 to 64 year olds since they have no safety net.

"The 50 to 64 population's number one issue is the unwillingness of Indian River County to allow any kind of industry or economic development that would address the high levels of unemployment in this community for that population. That population has experienced significant loss in terms of income. There have been job reductions, with many underemployed or unemployed. That's the result of the limited number of options people in that age group have for employment."

Another stakeholder mentioned that utility costs are quite high for Vero Beach area residents. In addition, they mentioned the need to provide help to seniors to pay their utility bills.

> *"City of Vero Beach Utilities is the second highest in the state at the moment. Anybody who's a tenant or an owner actually pays three to four times what FPL people are paying. We pay utility costs for people on a regular basis. If you are a City of Vero Beach Utilities customer in a little house with an air conditioner in the window, the bills are easily $400 bucks a month."*

One stakeholder also mentioned the need for financial advisors to help seniors with their finances.

> *"Seniors could possibly use financial advisors. Some people I know have a difficult time knowing how to keep their finances in order. Again, a low-cost/no-cost approach where they come and do that and get good information would be helpful."*

Analysis of Financial Status

- Indian River County residents age 65 and over have a median income of $40,890, according to 2010 U.S. Census data. According to AARP, just over four in ten Florida residents age 50 and over are in the labor force and the unemployment rate for this age group is 9.6%.

- One in ten residents in Indian River County age 65 and over have a financial status below the poverty guidelines. In addition, 1,810 residents age 60 and older participated in the SNAP program in 2011 in Indian River County, though this is only one-third of those who are eligible to participate.

- In the community survey among Indian River County residents age 50 and over, just over half indicated they are financially prepared for their future.

Recommendations for Financial Status

Indian River County is financially quite diverse. Many are wealthy residents age 50 and over, while others struggle to get by financially.

Expand awareness of training opportunities for seniors in the county.

- The training/re-training effort discussed earlier for 50 to 64 year olds could be expanded to include residents age 65 and over who want or need to work.

  - One in ten Indian River County residents age 65 and over live below the poverty level.
  - Even part-time employment would help some seniors make ends meet.

Look for ways to get more seniors using food subsidies.

- Create a campaign to increase awareness and usage of SNAP (formerly known as food stamps) among seniors. The effort could also offer nutrition counseling and advice to help residents improve their health.

  - The SNAP program is underutilized in Indian River County.
  - There is a need to provide assistance to residents in applying for SNAP as it was reported there are navigation issues and it can be very hard to complete the forms.
  - There is a need to be sensitive to the stigma which surrounds the use of SNAP. In fact, PR efforts to combat this negative perception may be of value.

Provide assistance to families in planning for aging.

- Develop a planning manual to help families prepare for aging or aging of parents. The guide could include sections on finance, age appropriate housing options, estate planning and wills, final wishes and healthcare directives, and long-term care options, to name a few.

  - Many families have difficulty discussing the preparations for aging and end of life.
  - Providing a manual with the questions which need to be addressed may help forge willingness to address these issues and foster better communication.

CAREGIVER

The caregiver chapter contains the following information:

- Grandparents raising grandchildren
- Grandparents living with grandchildren
- Caregiving

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Caregiver Indicators

Grandparents Raising Grandchildren

For a variety of reasons, some grandparents have become primary caregivers to their grandchildren. The following chart provides grandparents raising grandchildren comparison data for Indian River County and peer counties.

In Indian River County during 2011, 459 grandparents were responsible for their own grandchildren who were under the age of 18. This is less than one percent (.95%) of 48,300 residents age 60 and over.

There are a greater percentage of grandparents raising grandchildren in Indian River County than in peer counties and lower than the state.

Grandparents 60+ Raising Grandchildren

County	Percentage
Indian River	0.95%
Charlotte	0.66%
Collier	0.47%
Martin	0.73%
Florida	1.4%
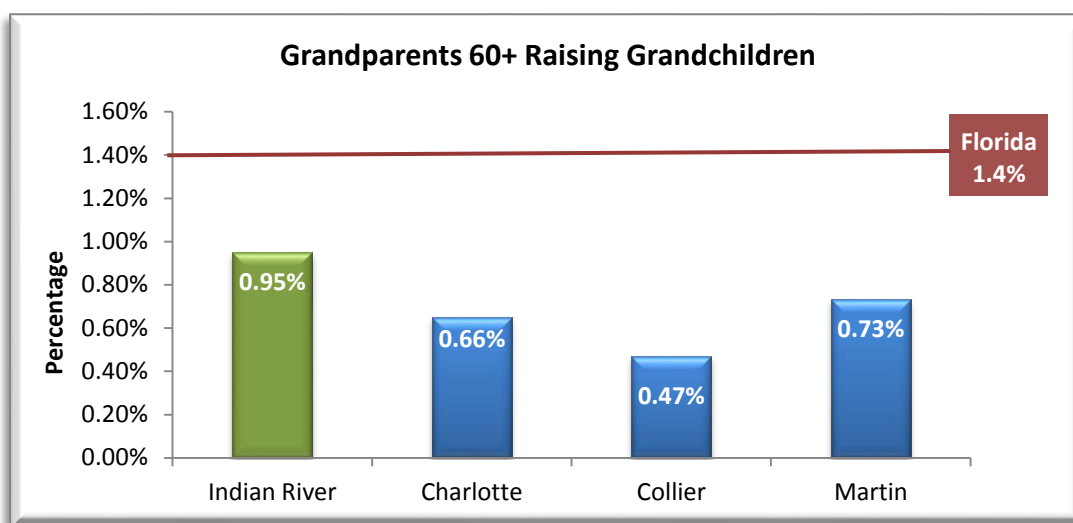
Source: Florida Department of Elder Affairs, 2011

Grandparents Living With Grandchildren

In Indian River County during 2011, 867 grandparents were living with grandchildren under the age of 18. This is almost two percent (1.79%) of 48,300 residents age 60 and over.

The percentage of grandparents living with their grandchildren in Indian River County is similar to one peer county, greater than one peer county, and lower than one peer county and the state.

Grandparents 60+ Living With Own Grandchildren

County	Percentage
Indian River	1.79%
Charlotte	1.56%
Collier	3.37%
Martin	1.82%
Florida	4.8%

Source: Florida Department of Elder Affairs, 2011

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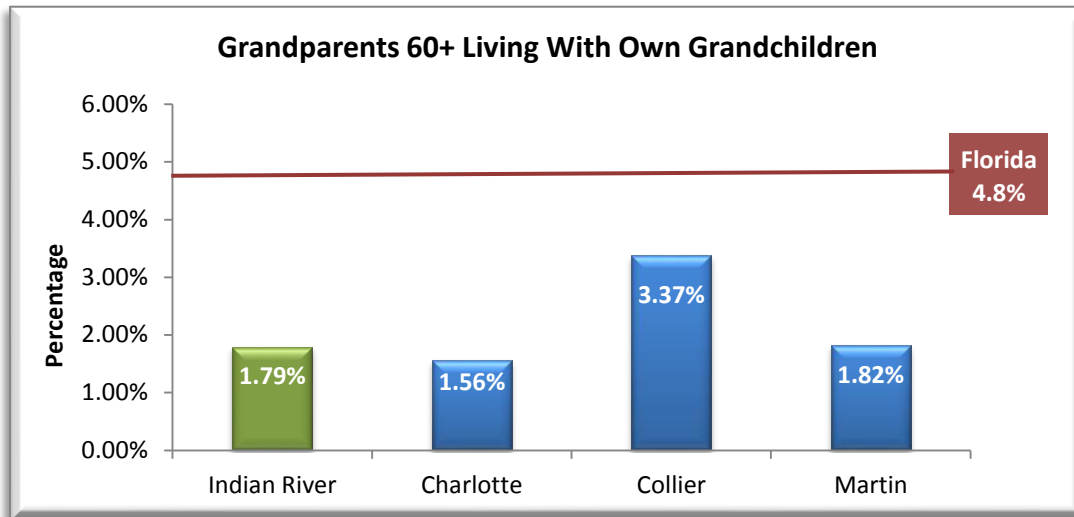
Community Response to Caregiver Issues

One-quarter of residents 50 to 64 are caregivers, mostly to a parent.

Community survey respondents were asked if they consider themselves a caregiver or someone who is assisting or providing care to a family member. Overall, 16% consider themselves a caregiver to a family member living either in or out of their household.
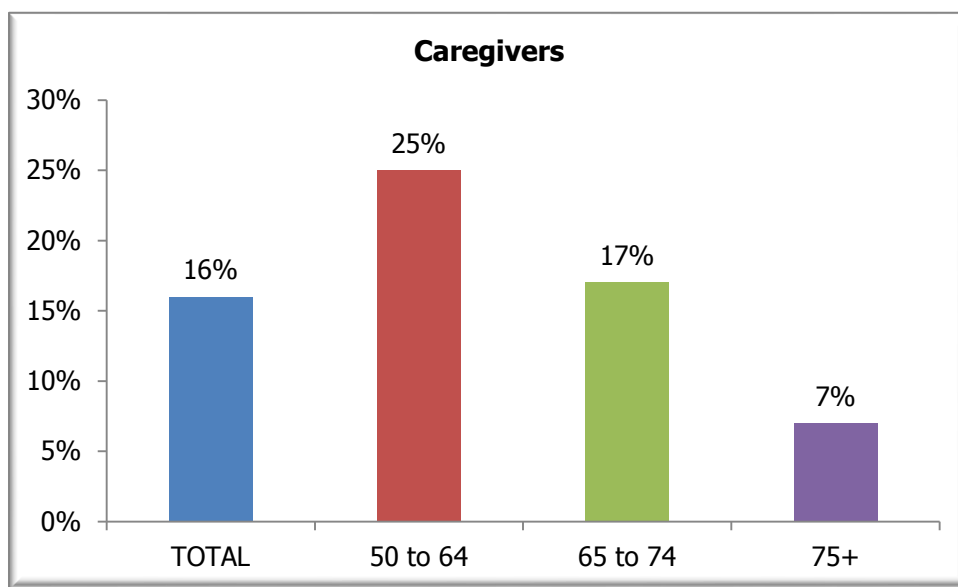
Source: Community Survey - Q. 6: We consider a caregiver someone who is assisting or providing care to a family member. Are you a caregiver to a family member either in or out of the household who is over 50, 18 to 50, or under 18?

Not surprisingly, a majority of caregivers 50 to 64 are caring for a parent (55%), while those 65 to 74 (62%) and 75+ (63%) are caring for a spouse.

	TOTAL	50 to 64	65 to 74	75+
Spouse	45%	28%	62%	63%
Parent	38%	55%	29%	0%
An adult child	3%	3%	5%	0%
Other relative	14%	14%	5%	37%

Source: Community Survey - Q. 7A: What is that person's relationship to you?

The role as a caregiver to other family members gave many focus group respondents pause as to what they need themselves.

Interestingly, when asked what they specifically need or would like to have available, many had a hard time initially replying.

> *"It's funny. When it comes to ourselves, we don't know what we need. We don't have time to think about it."*

> *"We don't think about ourselves so we don't know what we need."*

"As women, we are caretakers. We feel guilty if we can't do things for other people or if we have to ask people for help."

"When you go through life doing for others, it is hard to overcome that routine."

"I had a doctor ask me what I was doing for myself. I told him my joy is being able to pay bills. I go to sleep, get up in the morning, go to work and start the process over the next day. My doctor told me he wants me to tell him next time what will make my life happier."

Some focus group respondents also mentioned the need for respite care.

One respondent mentioned and several others agreed there is a need for caregivers to have access to respite care.

"For younger people who are taking care of older parents and other caregivers, there is a need for respite care. It could be like a babysitting co-op for adults."

Stakeholder Input on Caregiving

The following section contains comments from stakeholders as they relate to caregiving.

Stakeholders identified the need for programs to check in on seniors with no caregiver or family in the area.

A number of stakeholders indicated that many seniors in Indian River County live alone and do not have family in the area. This means seniors tend to call 9-1-1 when they have an issue, as do their out-of-town family members when they cannot get in touch with the senior.

Some representative comments in this area include:

> *"It's usually the 70 to 80 year old with no family in the area to watch after them and they're living alone and calling 9-1-1. They wouldn't call 9-1-1 if they had somebody looking after them. If you can keep them out of the hospital, that can save money in the long run."*

> *"You'd be amazed how many elderly are here with no family who live locally. We get a lot of calls from family members that are out-of-state calling for their father or mother because they're down here all alone and they called them because they were having a problem."*

> *"A lot of older people are living here and their kids are somewhere else and that's an issue. I've gotten calls asking if there is somebody at church that can just stop by every couple of days and see if there's food in the refrigerator, if they're taking their medicine."*

> *"We need a program where people just go and pay visits. The worst thing that can happen is they lay in their home for weeks at a time before somebody realizes they died. I think home visits would be well-received and it could be volunteer-based."*

One stakeholder mentioned a program which has volunteers checking in on seniors, but clearly this is not well-known by service providers.

> *"The We Care Program are senior volunteers that have a list of seniors that we will call twice a day to check on them. We will also, if requested, have a volunteer go by their home and make sure they're secure."*

Stakeholders indicated that seniors caring for parents or spouses is another issue.

According to stakeholders, there are plenty of seniors in Indian River County who are caregivers for either parents or elderly spouses. This places a considerable burden on the caregivers and stakeholders suggest they need support and respite care.

Some comments in this area include:

"I see more and more people in their 60s taking care of parents. It becomes difficult to cope with either a spouse or another senior adult when you start to get into your 60s and you have needs as well."

"The difference between having access to an adult day care center or not having it can be the difference of someone continuing to live somewhat independently versus not being able to do that anymore."

"My mother's 81 and she's as active as anybody. She's a caregiver to her boyfriend who's 91. He's very difficult for her. I think she would appreciate some support."

Other seniors are caregivers to adult children and worry who will care for their children when they die.

"We have a group of parents that meet every Thursday called the Lunch Bunch and they all have kids that they have to take care of, so they are worried about what's going to happen to those kids when they die."

Analysis of Caregivers

- According to the Department of Elder Affairs, just under 1% of grandparents age 60 and over are responsible for raising their own grandchildren.

- Based on the community survey, one-quarter of Indian River County residents age 50 to 64 are caregivers, mainly to a parent.   Among those age 65 and over in the community survey who reported they are a caregiver, most were caring for a spouse.

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Recommendations for Caregivers

Many residents of Indian River County are responsible for providing care to a parent, spouse, or child. This can be a tremendous burden on the caregiver, taking a toll both physically and mentally.

Address the need for respite care in the county.

- There is a need to get volunteers to help with respite care.

  - With 25% of 50 to 64 year olds saying they are caregivers and 50 to 64 year olds struggling the most of all ages studied, there is a large need for help in this area.

Create networks to help support and watch out for seniors.

- Work to start an operation to provide support and companionship to elders in the community.

  - This program would be designed to provide some assistance and companionship to elders.
  - Hopefully, engaging younger residents with elders will increase respect/regard for elders in the community.
  - Volunteers could also be trained to alert agencies about the need for early intervention to prevent small problems from becoming more serious.
  - This would also be a great program for high school students to gain community service time.

- Create volunteer programs within neighborhoods or communities where residents can call and get help, information, or companionship.

  - This is currently being done within communities in other states.
  - Another part of this program could create a buddy system within these areas so seniors check in with each other on a daily basis and provide family members who live outside the area with a contact if they cannot reach their loved one.

- Explore a program to distribute emergency alert devices to seniors at low or no cost.

  - This would provide a back-up system to seniors when caregivers are not available.

HOUSING

Safe and affordable housing influences the quality of life and stability of Indian River County's older adult population. Note that the sources and years for the data shown in this section vary by measure.

The housing chapter contains the following information:

- Home ownership
- Housing units
- Housing prices
- Rent expenses
- Living alone
- Homelessness
- Feelings of loneliness and isolation
- Issues with housing
- Has a plan if cannot live at home

Housing Indicators

Home Ownership

Among all residents, most of the Indian River County population owns their residence. According to the 2010 U.S. Census Bureau, there are a total of 45,026 owner-occupied, 15,150 renter-occupied, and 16,170 vacant housing units in Indian River County.

The 2011 U.S. Bureau of Labor Statistics indicates that one in 278 properties are in foreclosure action, which classifies Indian River County in "high" prevalence of property foreclosure.

Indian River County Housing Figures

Units

50,000	
40,000	45,026
30,000	
20,000	
10,000	15,150 16,170
-	

Owner-occupied   Renter-occupied   Vacant

Occupied and Vacant Housing

Source: U.S. Census Bureau, 2011 American Community Survey

According to the 2009 Florida Housing Data Clearinghouse figures, there were 23,145 households headed by persons 65 years of age and older in Indian River County, representing 37.4% of all households.

Households spending more than 30 percent of income on housing costs (mortgage or rent, plus insurance and taxes) are considered to be "cost-burdened." Almost one in four of all households (23%) for those aged 65 and over are cost-burdened in Indian River County.

Housing Highlights
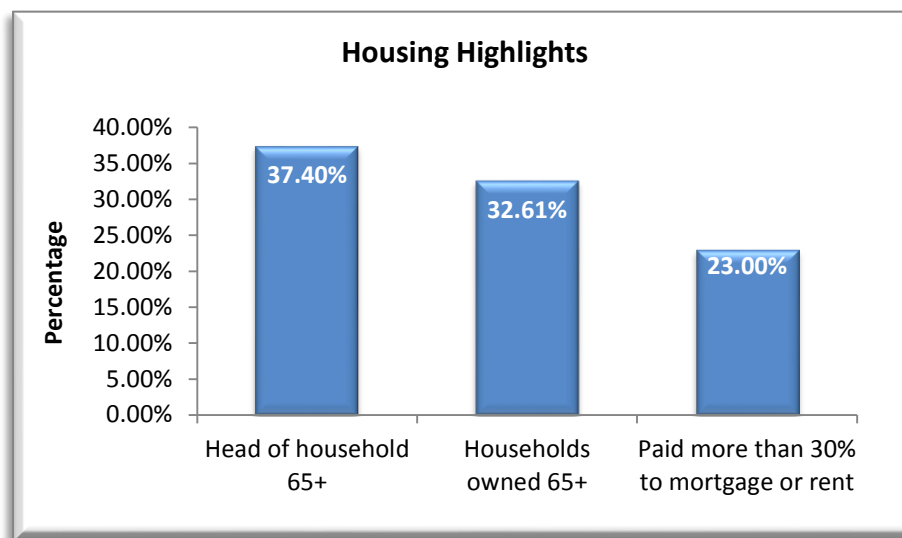
Source: University of Florida/Shimberg, Florida Housing Data Clearinghouse, 2009

Housing Units

The following chart compares estimated housing units in Indian River County with peer counties.

Indian River County has fewer housing units than all three peer counties, likely due to Indian River County having the smallest population.

Total Estimated Housing Units

Indian River	76,253
Charlotte	100,614
Collier	198,432
Martin	78,354
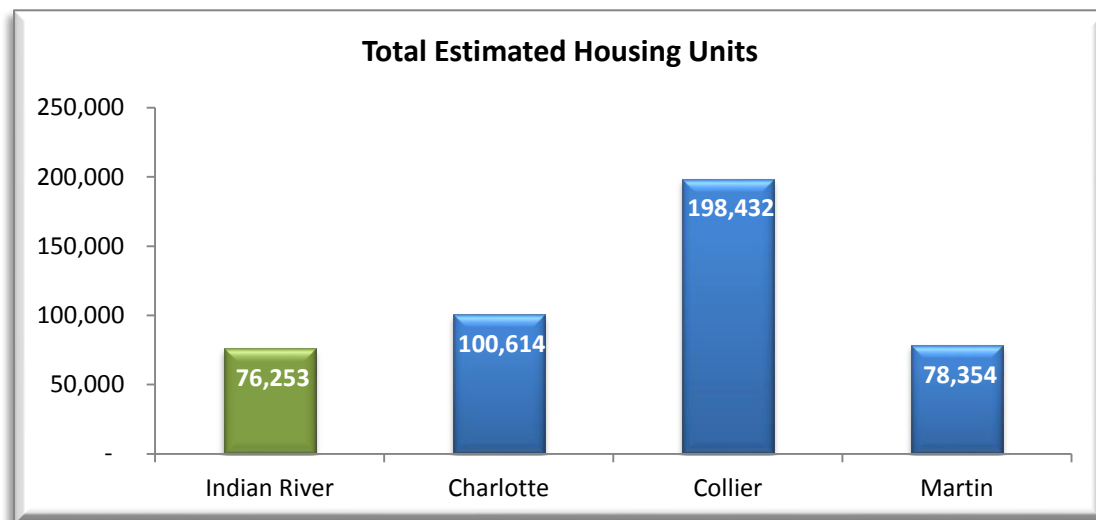
Source: U.S. Census Bureau, 2011 American Community Survey

Housing Prices

In 2011, the average price for a single family home was $155,000, down from a high in 2007 of $230,000. For condominiums, the average price was $94,000 in 2011, down from a high of $220,000 in 2007.

UF Shimberg - FL Housing Data Clearinghouse

sra **RESEARCH GROUP INC**

Rent Expenses

According to the 2011 American Community Survey, the median gross rent in Indian River County is $771.

The median gross rent in Indian River County is lower than all three peer counties.

Median Gross Rent

County	Median Gross Rent
Indian River	$771
Charlotte	$889
Collier	$913
Martin	$863
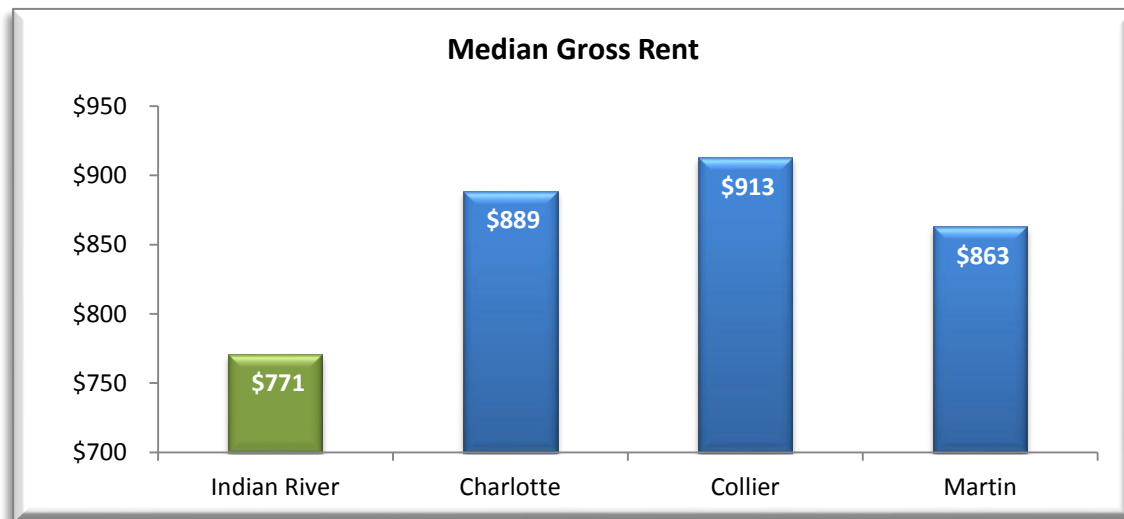
Source: U.S. Census Bureau, 2011 American Community Survey

Living Alone

Based on 2011 Florida Department of Elder Affairs data, 11,726 Indian River County residents 60 years of age or older (24.3%) live alone.

In comparison to peer counties and the state, Indian River County has a higher prevalence of residents 60 years of age and older living alone.
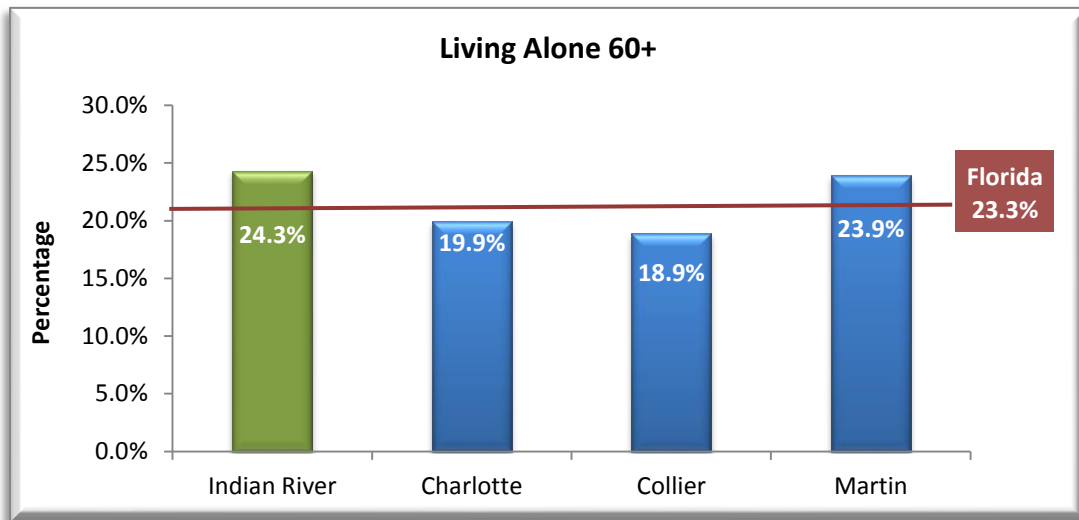
Source: Florida Department of Elder Affairs, 2011

Homelessness

According to the 2012 Florida Department of Health data, there are 485 homeless adults age 18 and over in Indian River County. This number represents a 39.8% increase from 2011.

The number of homeless individuals 60+ in Indian River County is moderately higher as a total percent of the homeless population than in the other peer counties. At 9.57%, the proportion of homeless who are age 60+ is almost double that of Florida (5%). This may be due to the presence of a homeless shelter in Indian River County. The Florida Coalition for the Homeless (2010) contends that affordable housing is the number one unmet need in the State of Florida, the leading cause of homelessness.

Several housing needs were identified by the Florida Coalition for the Homeless (2010). These include the following:

- Affordable (and permanent) housing
- Permanent supportive housing
- Emergency shelter
- Transitional housing

In addition to these housing needs, which pertain to the entire population of Florida, several service gaps were identified. These include:

- Rent subsidies
- Transportation
- One-stop centers to access services
- Job training and placement
- Prevention resources
- Day resource centers
- Employment at wages that cover housing costs
- Discharge planning from healthcare and correctional facilities
- Money to cover everyday shelter and housing operating costs
- Supportive services (case management, substance abuse treatment, mental health treatment)

Subsequently, to afford a two bedroom apartment at fair market rental rates in Florida, a household needs an hourly wage of $19.60 or an annual income of $40,776 (Florida Coalition for the Homeless, 2010).

60+ as a Percent of Total Homeless Population
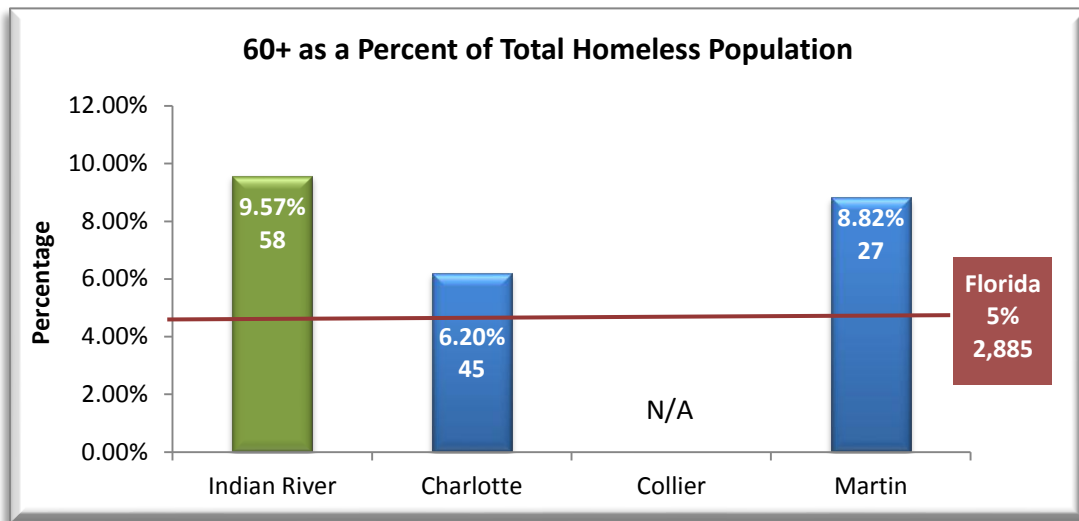
Sources: Office on Homelessness, Department of Children & Families, "Annual Report on Homeless Conditions in Florida" (2012). Treasure Coast Homeless Services Council, Inc., "Homelessness Fact Sheet for Indian River County" (2011). Florida Coalition for the Homeless, "Homelessness in Florida: Homeless and Extremely Low Income Families and Individuals Need Housing Options" (2010). NOTE: Collier County data was not available at time of report.

Community Response to Housing

The proportion of home ownership is quite high among most respondents.

Residents who are in poor health or who have incomes under $25,000 are somewhat less likely to own their home. Many residents who are in fair or poor health fall into this low income category.

Geography and whether or not the respondent lives alone had little impact on home ownership.

Note that home ownership in the survey sample is higher than that indicated by the 2006-2010 U.S. Census at 76.8%.

Owns a Home

Category	Percentage
TOTAL	92%
50 to 64	89%
65 to 74	95%
75+	93%
Caregivers	88%
Fair/poor health	81%
Under $25,000 income	82%
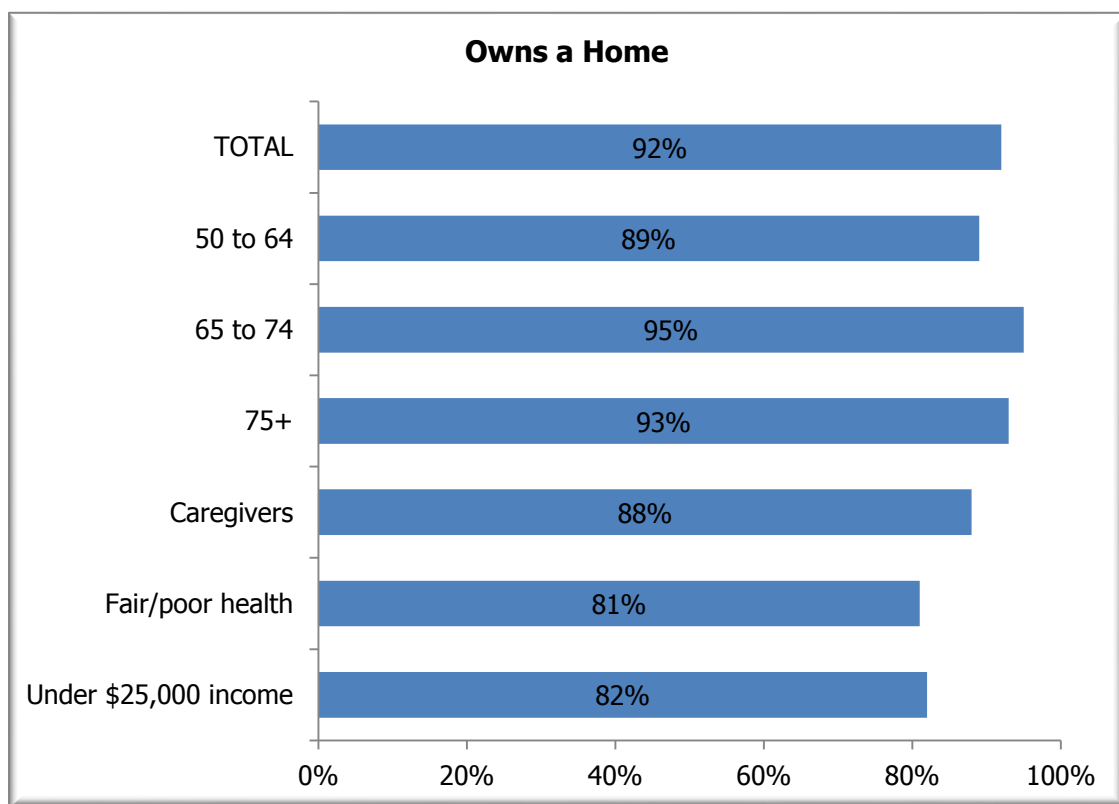
Source: Community Survey - Q. 17: Do you own or rent your home?

Some residents are experiencing major issues with housing.

Community survey respondents were asked, in random order, to indicate if any of the following housing issues are a major, minor, or not an issue for anyone 50+ in their household:

- Being able to afford the mortgage or rent
- Being able to afford housing expenses such as association fees, property taxes, or homeowners insurance
- Doing yard work
- Doing home repairs and maintenance

Overall, 25% of the residents have one or more "major" issues with maintaining or affording their housing (not shown in table). The greatest problems revolve around home maintenance and repairs, along with the ability to pay fees, taxes, and insurance. This may indicate that some do not have a mortgage, but do have issues keeping up with cost increases in these other areas.
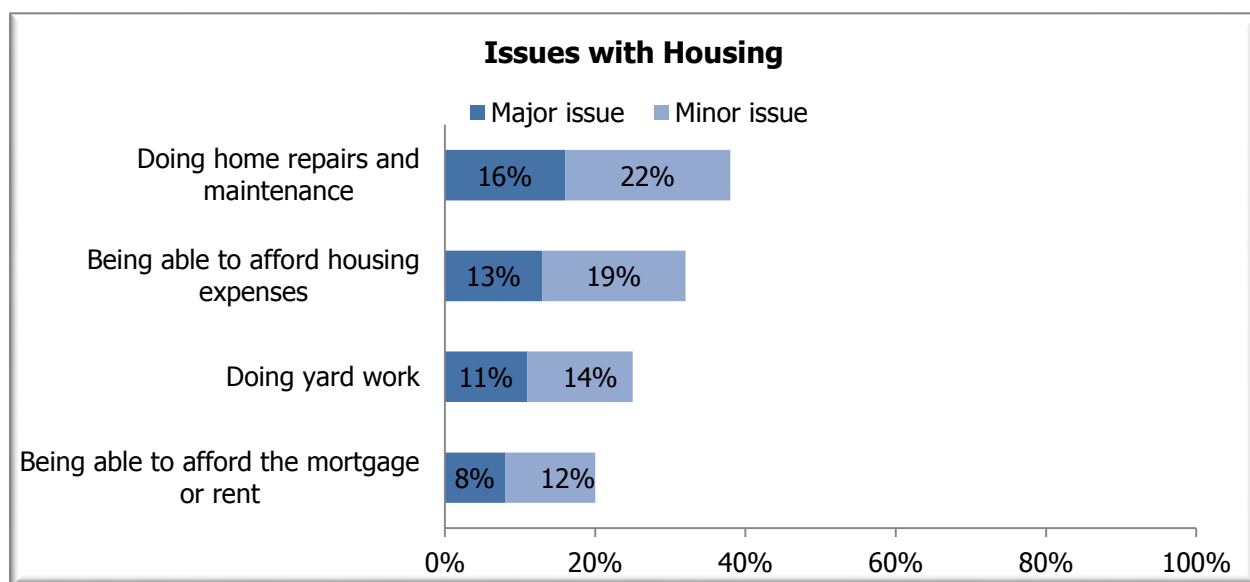
Q. 18A-D: Please tell me if each of the following are a major issue, minor issue, or not an issue for you?

Residents in zip code 32958 are more likely to report issues with housing expenses and doing yard work (40% and 34% respectively). Residents in zip code 32963 are less likely to have issues with yard work which may be due to many of the homes in this zip code being in communities which handle the yard maintenance (9%). Residents in 32963 are also less likely to have problems with home repairs (19%).

An issue faced by seniors is their ability to maintain and make the repairs needed for their home.

This factor was strongly emphasized in the focus groups since it is an issue they hear from others they know in their age group.

> *"A black lady I know in northern Indian River County told me to mention in this group that she needs help in her house. It might be minor to some, but her toilet doesn't flush anymore and her light bulbs need changing."*

> *"The need for help is huge. You either hire a handyman or try to do it yourself. It is a biggie. I don't want my husband getting on ladders anymore."*

A deteriorating home is also associated with unsafe conditions and more expense for the elderly.

> *"If things don't work well, for example, the water bill can go up."*

> *"I have seen people living in unsafe conditions because they don't have the money to fix things."*

> *"We need to keep in mind that adult children often live in other states and are not available to help."*

A solution suggested to assist with home repairs was to enlist available younger people to help.

Respondents in the focus groups recommended connecting younger and older generations. This includes both students who could volunteer, as well as middle aged people approaching or in retirement who have extra time on their hands.

> *"There are plenty of 55 and over folks who need something to do. They have the skills and would be a good resource."*

> *"It also would be good for the people in their 50s and 60s to see in 10 to 15 years that they may be in the same spot so they could plan."*

> *"People in their 50s and communities geared toward 55+ are a good resource because they are at a point of closing in on 60 and can start projecting their own needs."*

> *"People in their 50s have a vested interest in helping since they are going to be elderly in the not too distant future."*

As a case in point, a few respondents stressed that not all people in their 50s would be a good target to help since they are still actively employed and raising children.

"We have sons in their 50s that are so busy with jobs and raising children. They would never be able to help."

Age impacts the ability to afford the mortgage or rent.

Community survey respondents were asked if the four issues related to housing were a major, minor, or not an issue for their household.

Residents age 50 to 64 are more likely than their older counterparts to have issues affording their mortgage or rent payments. They may be more likely to have a mortgage, while older residents may be more likely to own their home outright. Residents who are 75 and older are somewhat less likely to have issues with yard work as they may be more likely to live in multi-family dwellings or gated communities where the grounds are maintained by the community.

Issues with Housing

	TOTAL	50 to 64	65 to 74	75+
Afford the mortgage or rent	20%	28%	21%	13%
Afford housing expenses	31%	33%	31%	31%
Doing yard work	25%	28%	27%	20%
Doing home repairs/maintenance	37%	38%	38%	35%

Source: Community Survey - Q. 18A-D: Please tell me if each of the following are a major issue, minor issue, or not an issue for you? Housing expenses can be defined as those expenses other than mortgage or rent, such as utilities, insurance, etc.

Poor health and low income increase the likelihood of having housing issues.

Residents who indicated they are in poor health or who have incomes under $25,000 were more likely to have housing issues. Many residents in fair or poor health have low incomes.

In addition, over half of caregivers have issues with home repairs and maintenance. This may be due to not having sufficient time to address these items due to the time required to provide care.

Issues with Housing

	TOTAL	Caregivers	Fair/Poor Health	< $25,000 income
Afford the mortgage or rent	20%	26%	38%	27%
Afford housing expenses	31%	39%	51%	45%
Doing yard work	25%	28%	49%	34%
Doing home repairs/maintenance	37%	53%	60%	50%

Source: Community Survey - Q. 18A-D: Please tell me if each of the following are a major issue, minor issue, or not an issue for you? Housing expenses can be defined as those expenses other than mortgage or rent, such as utilities, insurance, etc.

Most respondents in the community survey consider their home an asset.

Regardless of their age or health status, most homeowners in the county consider their home to be an asset.

Considers Home an Asset

Category	Percentage
TOTAL	87%
50 to 64	86%
65 to 74	85%
75+	91%
Caregivers	88%
Fair/poor health	80%
Under $25,000 income	88%
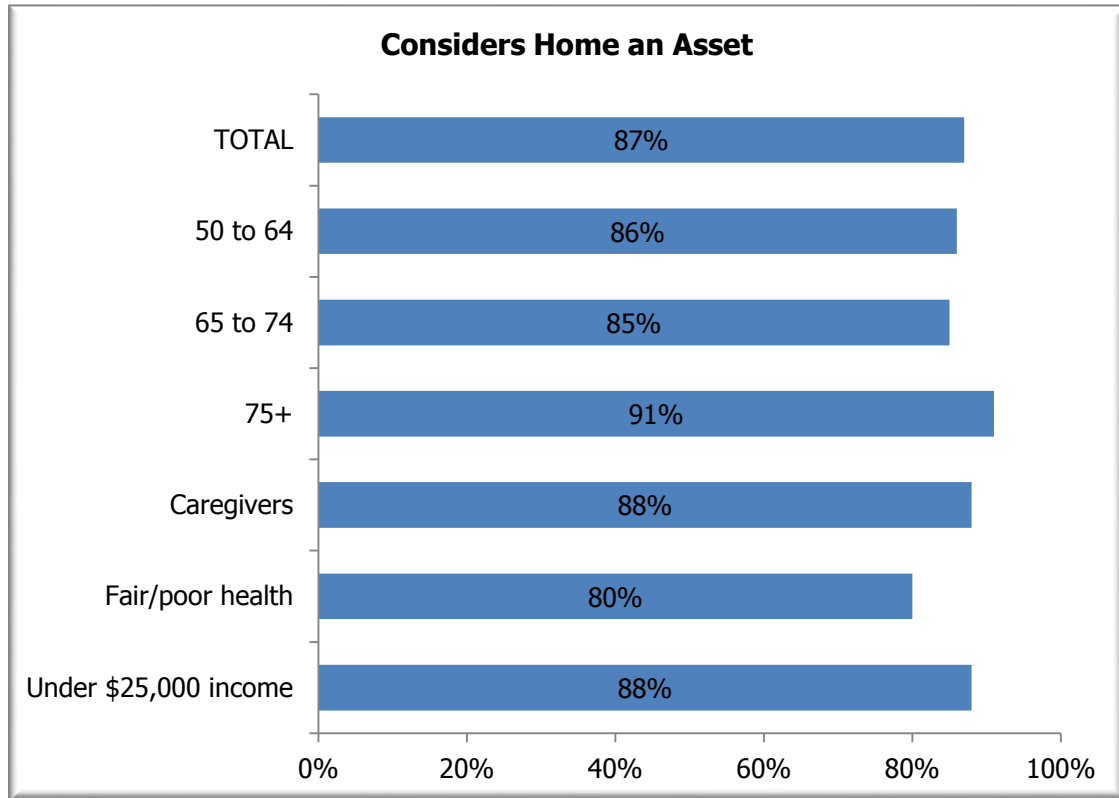
Source: Community Survey - Q. 19: Do you consider your home an asset or a liability?

Those residents with incomes of $75,000 or over are more likely to feel their home is an asset (96%). There is no difference by geography on this question.

Many don't have a plan if they can no longer live in their home due to illness or injury.

Overall, just over half of residents report they have a plan if they are unable to stay in their home due to illness or injury. Planning for this need appears to increase as residents age. However, this suggests that a sizable portion of the population over age 50 will need assistance finding appropriate living arrangements at a time of crisis since they do not have a plan and may not be in a condition to help themselves.

Has a Plan If Can No Longer Live at Home

Category	Percent
TOTAL	54%
50 to 64	45%
65 to 74	52%
75+	65%
Caregivers	48%
Fair/poor health	48%
Under $25,000 income	54%
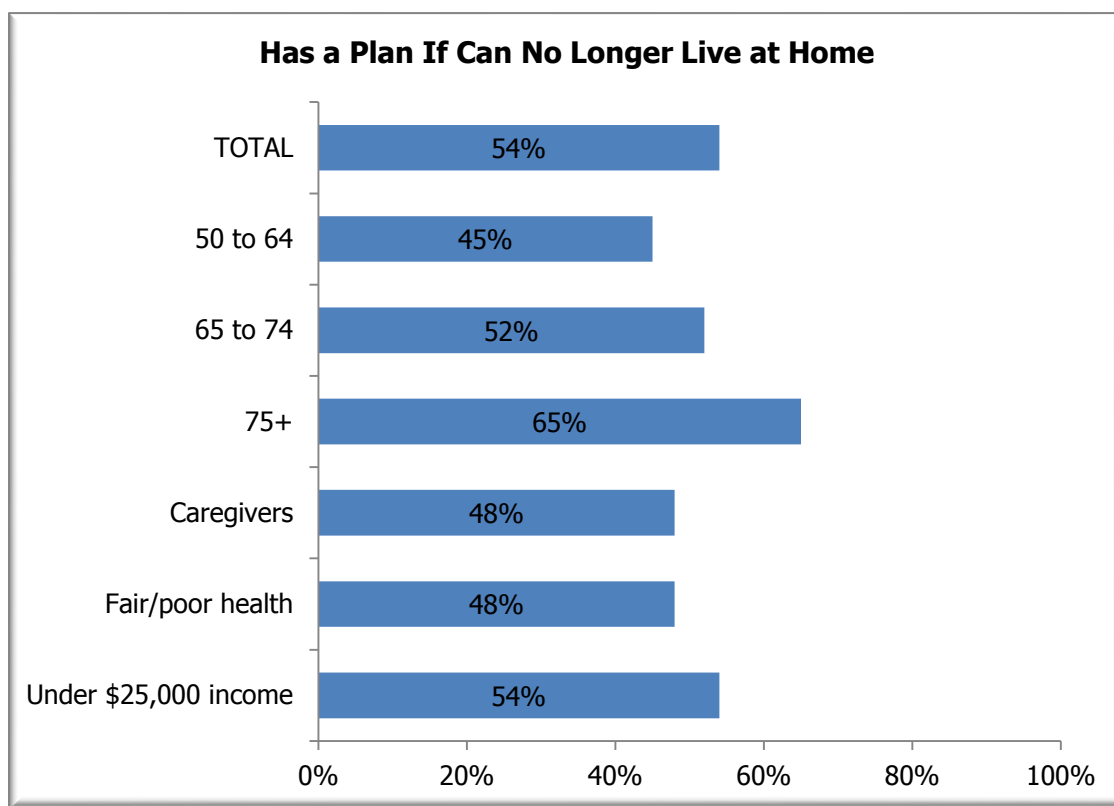
Source: Community Survey - Q. 20: Do you have a plan for what you will do if you can no longer live in your home due to illness, injury, or the inability to take care of yourself?

Those with incomes of $75,000 or over are more likely to have a plan (67%).

Geographically, residents in zip code 32958 are somewhat less likely to have a plan, while residents in 32967 are somewhat more likely to have a plan (43% and 73% respectively).

Focus group respondents mentioned Barefoot Bay as a community that offers desirable services to residents that are not perceived to be readily available to the general public.

Barefoot Bay, an unincorporated community located in southern Brevard County near Sebastian, was mentioned as an ideal housing arrangement for people as they age. The community includes manufactured homes and is predominantly populated by retirees and snowbirds.

Several respondents feel this community offers unique services and resources which could help residents who may not be in a condition to help themselves.

> *"I have friends my age who live up in Barefoot Bay and they have resources in that community that don't exist in Indian River County. It is a huge mobile home park."*

> *"They have community people who get together to do things to help neighbors who need help. For example, the community helped a lady who needed to get to work by taking her husband to the doctor."*

> *"I don't know if the Vista Communities here in Indian River does the same thing."*

In addition, focus group respondents suggested there are limited living facilities for those who cannot live alone.

Respondents voiced concern regarding gaps in structured living arrangements for people who can no longer care for themselves.

> *"There are no skilled nursing facilities here."*

> *"I hear people many times ask, why isn't there anything closer so we don't have to drive so far away or never get to visit the person in the nursing home?"*

> *"We only have one assisted living facility."*

Also, appropriate and affordable housing for seniors was mentioned as an issue.

According to some focus group respondents, many seniors feel a gap exists as to the best type of housing for them. These seniors may no longer be able to successfully live independently, but are not ready for a nursing home and cannot afford the costs of assisted living. As a result, they stay in their homes.

> *"There is a lack of long-term planning and some know they are at the stage where they can no longer live alone since they need assistance, but they are not going into a nursing home. They can't afford the $2,400 a month for assisted living, so what are they supposed to do?"*

> *"We see big gaps. They are living at home and not ready for a nursing home, but funds are not available for assisted living."*

> *"This is the reason By the River exists."*

It was also acknowledged that many seniors do not want to move.

Leaving the home a senior has known for a long time is a very disconcerting process and does not happen in many cases without duress, according to respondents.

"They just don't want to make a move. It takes a family member or social worker to go to the house where you know there is risk and try to get them to leave where they have already stayed too long. This is very hard."

"They are afraid of losing independence and just will not accept it."

Stakeholder Input on Housing

This chapter reflects the issues mentioned by stakeholders in regard to housing, living alone, and homelessness.

Stakeholders expressed concern about older adults living alone who can no longer take care of their homes.

They indicated that some older adults were identified as living in housing that required home modification and repair. However, stakeholders also indicated they are either looking for partners or can offer help to these homeowners with repairs.

> *"The Gifford Front Porch Revitalization Council helps individuals pull themselves up by their bootstraps. If you need something at your house, I can go and help. I also try to see if you can get that couch or chair or wheelchair or walker. I'm in a position to help a lot of people."*

> *"We go into the home and assess whether it's safe or not. We also look for hand rails and non-skid rugs and things that are visually appealing to them that they can see because we have a lot of low-vision patients. Some of the older homes are just not adaptable for anyone that's handicapped or disabled."*

> *"It would be interesting to work with a company that knows how to make a home more adaptable, inexpensively though. Maybe working with Habitat for Humanity. I know they build homes for the working poor. Is there something we could do with seniors to get their houses adaptable without having to create a whole new area?"*

Absentee landlords raising rents are also an issue for some seniors on fixed incomes.

One stakeholder mentioned rental costs are increasing dramatically and absentee landlords who inherit properties are raising rents beyond the ability of elders who reside there to pay.

> *"At this point in time because of the foreclosure rate, rents are going up very rapidly. Rent which used to be $700 per month now costs more."*

> *"I get phone calls every day from realtors saying I'm stuck with this person in a lease because he inherited the property with the current lease, but their lease is up, and I'm putting them out because they can't afford $950 and I can get $950 for this place all day long."*

Some seniors are living in dilapidated properties which may be unsafe and are unsanitary to occupy.

Several stakeholders related stories of seniors who live in unsafe or unsanitary housing who don't want to leave and don't have anywhere to go.

"There are deteriorating properties all over the place. There are old grandmas that have been living in their house since they were born. We see them every day. Their sewer doesn't work anymore; their roof is full of mold and is falling off. Some of them have dirt on the floor. This is the older population that has deteriorating real estate. They own it and they are not giving it up, and they are not willing to have the county mortgage their property for a loan to repair their property."

"You've got a whole different situation when you get to the black community. Wabasso and Gifford are the poorest. It's just unbelievable. I didn't know they were living out there in the woods with no bathrooms. They have pipes in the old grove shacks. They were shacks the size of this room and they had a toilet with a pipe that just went out the back and just fell on the ground. They've been living there forever. I'm talking about 35 of them. We ran across them because they came out to the churches and that's how we found out that they existed."

The homeless population was also mentioned by stakeholders as an issue in Indian River County.

There is concern that Indian River County's growing homeless population includes older adults. However, unlike some neighboring counties, Indian River County is addressing the problem through Camp Haven and the work of The Source.

"We also have a big homeless population. There are people working every day trying to help, but the lack of funds and the lack of communication seems to not let us move as quickly as we would like to or as efficiently as we would like to. We have some mighty fine organizations in this community. We have agencies who are trying desperately to take care of the homeless and they do a good job. They just don't have enough help or enough room."

"The homeless situation in this county is something that a lot of people don't believe. They just don't believe that we've got 250 people on any given night who are in the bushes."

"It started as Camp Haven. That's a tender issue in the community too because who wants to be known as the Homeless Capital of the World? The word on the street is if you're homeless, go to Vero Beach. They've got the best services and programs there. You can live comfortably and get free food and a free shower and clothing and not have a worry in the world."

Analysis of Housing

- Regardless of age, there are just over 45,000 owner-occupied residences in Indian River County. Over one-third are owned by residents age 65 or over. However, almost one in four homes owned by residents age 65 and older are cost-burdened, with owners spending more than 30% of their income on housing costs. This is despite substantially lower housing prices in 2011 than 2007.

- Among residents age 60 and older, one-quarter live alone. Almost one in ten counted as homeless were age 60 and older.

- Based on the community survey, 25% of residents have one or more major issues with maintaining or affording their housing. Their most frequent issues are related to home maintenance and repairs, as well as being able to afford taxes, fees, and insurance.

- The ability to manage home maintenance and make repairs was also mentioned in the focus groups where respondents suggested enlisting the help of younger generations to volunteer and help older residents with these chores.

- Almost half of the community survey respondents also indicated they do not have a plan if they can no longer live in their home. This was also mentioned in the focus groups where it was suggested that there is limited appropriate and affordable housing for people as they age.

Recommendations for Housing

There is an issue in Indian River County with seniors in cost-burdened housing. In addition, many residents age 50 and over are facing issues maintaining or affording their current housing. Further, half don't have any idea what they will do if they can no longer live in their home on their own.

Develop ways to help seniors deal with the housing issues they face.

- An example would be "A Brush With Kindness" program from Habitat for Humanity geared toward seniors.

  - ➢ Home repairs and maintenance is a considerable issue which increases as resident's age.
  - ➢ This program could help senior homeowners with light maintenance and home repairs.

- Consider developing a list of approved home maintenance contractors to work with seniors.

  - ➢ Seniors would gain considerable peace of mind if they could have more assurance they were not being taken advantage of by contractors.

- Explore the possibility of approaching public entities about donating public land and approach a developer about building senior housing.

  - ➢ The proportion of seniors in cost-burdened housing and comments from focus group and community survey respondents suggests there is limited affordable, appropriate senior housing in Indian River County.
  - ➢ Look at local affordable housing alternatives in the county as a base for future development.

- Evaluate ways to implement outreach to homebound seniors.

  - ➢ According to focus group respondents, this group has many issues which need to be addressed.

LEISURE AND RECREATION

Engagement in community activities promotes a sense of community membership for older adults adding purpose to their lives. Socialization is particularly essential to combat isolation that can create loneliness and at-risk situations.

Indian River County boasts numerous leisure and recreational activities for residents 50 years of age and older. These include:

- Adult education
- Arts, crafts and hobby classes
- Computer classes
- Beaches
- Parks
- Recreation departments
- Museums
- Theatre

Many of these activities and venues are offered for free or for a nominal fee.

The leisure and recreation chapter contains information regarding participation in activities and events.

Leisure and Recreation Indicators

No indicator data on usage of leisure and recreational activities were available for residents age 50 and over at the time of this report.

Community Response to Leisure and Recreation

Most residents are attending events or participating in activities in the community.

A vast majority of residents participate in or take advantage of activities and entertainment in the county. In fact, 92% (not shown in the table below) participate in more than one of the listed activities. The average number of the eight activities in which residents participate is 4.6.

Residents are least likely to participate in sports or regularly exercise in a gym. In addition, many do not attend government or community meetings.
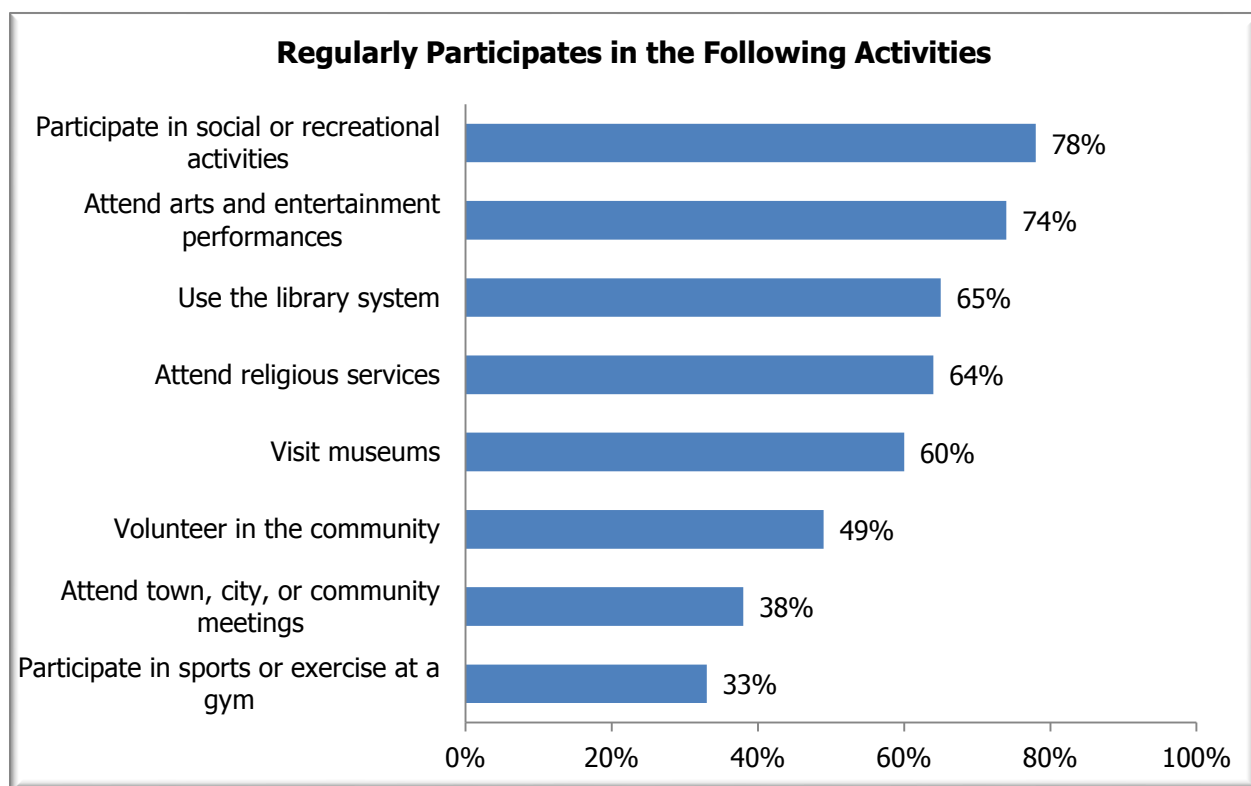
Regularly Participates in the Following Activities

Activity	Percent
Participate in social or recreational activities	78%
Attend arts and entertainment performances	74%
Use the library system	65%
Attend religious services	64%
Visit museums	60%
Volunteer in the community	49%
Attend town, city, or community meetings	38%
Participate in sports or exercise at a gym	33%

Source: Community Survey - Q. 15: Our next questions are about social or recreational activities. Please tell me if you regularly participate in any of the following activities. Multiple responses allowed.

Residents living in zip code 32963 are the most active participating in an average of six of these eight activities, while there is little difference in activity by other zip codes in the county.

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Age doesn't have a large impact on activity.

Overall, participation across the three age group categories studied is relatively similar. However, the 50 to 64 year olds are somewhat less likely to visit museums or attend meetings, while they are somewhat more likely to volunteer. The 50 to 64 age group is more likely to be employed compared to other age categories. Therefore, some locations which offer activities may be closed when this group would have time to participate.

In fact, the lack of extended evening and weekend hours of operation of services and activities is an issue for working women, according to focus group respondents.

Some focus group respondents work full-time and feel they are excluded from access to services and activities for that reason.

"Everything in Indian River County closes early and is shut down on weekends."

"Most of the time, when we need something, it will be after hours or late at night."

"Everything is for people who do not work."

"Although we are still working, we would like to participate in classes and stuff, but can't do it because they are closed in the evening."

Focus group respondents perceive that activities available to working women are also expensive.

"Gyms may have classes at night, but it is expensive."

"The places that are reasonable, like Leisure Square, don't have programs at times when we can use them."

Those age 75 and over are more likely to attend religious services and participate in sports or exercise. This may support the idea of organizations offering services to older residents to reach out to them through these two venues.

Regularly Participates in the Following Activities

	TOTAL	50 to 64	65 to 74	75+
Social or recreational activities	78%	73%	79%	81%
Attend arts/entertainment	74%	71%	76%	75%
Use the library system	65%	61%	65%	68%
Attend religious services	64%	59%	59%	73%
Visit museums	60%	53%	65%	61%
Volunteer in the community	49%	55%	47%	46%
Attend town/city/community mtg.	38%	32%	40%	41%
Sports or exercise at a gym	33%	31%	28%	40%

Source: Community Survey - Q. 15: Our next questions are about social or recreational activities. Please tell me if you regularly participate in any of the following activities. Multiple responses allowed.

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Respondents in the focus groups indicated that seniors participate in a wide variety of activities in Indian River County.

Among those mentioned were:

- Art shows
- Arts and crafts
- Attending festivals
- Attending sporting events
- Attending the theater
- Boating
- Computer classes
- Concerts
- Dating
- Fishing
- Gardening
- Lifelong learning opportunities
- Social events/activities
- Swimming

Specific events/festivals mentioned include:

- Chalk Drawing
- Fellsmere Day
- Festival of Frog Legs
- Sebastian Clambake

Focus group respondents mentioned some leisure activities which they enjoy.

> *"We have a wonderful swimming pool."*

> *"We also have a very nice shooting range."*

> *"We have a little park in the middle of town that has lights on all night so you feel safe when you walk."*

> *"We are blessed with an entire park system."*

However, some respondents mentioned a lack of some venues in the county.

> *"A lot more (events) happen in Vero Beach."*

> *"The Senior Resource Association has a whole program and building where seniors can go, while they have cut their programing off up here."*

> *"We don't have a mall or high end shops, plus you are not going to see hotels."*

> *"There is no laundromat."*

"We don't have a movie theatre; we have to drive to Vero."

For a few in the focus groups, the perception also existed that it is inconvenient for residents of north Indian River County to travel south for activities.

While respondents were resistant to specifying a set amount of time they are willing to drive to access activities, the sentiment for some is that the shorter the distance the better.

"It takes 30 minutes to go from Fellsmere to Vero."

"People don't want to drive because of the cost of gas."

"Sebastian and Vero are worlds apart. It is a long drive. More importantly, in the minds of the communities, they are far apart. This is one of the challenges that our county faces."

Lifelong learning opportunities are perceived to be particularly good in Indian River County for seniors.

Many respondents in the focus group touted the importance of having access to such activities and feel they are providing valuable resources to seniors.

"They are like medicine for the brain."

"We started with 13 classes and now have over 50, with 700 members in the five county area that Indian River State College serves. They are unbelievably good."

"They provide an opportunity for socialization and learning."

"I would recommend these to people who are lonely. They could be socialized and not even know that it was happening."

However, some seniors are perceived to be extremely price sensitive to activity fees.

A drop in participation in activities was noted by focus group respondents due to price increases.

"Our computer classes are taken mostly by seniors and we have seen a tremendous drop in attendance because it costs money they don't have. We charge $3 an hour and most of our classes are 16 hours and they say they can't come up with the money."

"Seniors love free things."

Poor health status and low income reduce participation.

Those in poor health are among the least likely residents to participate in any of these activities. In addition, residents with incomes under $25,000 are also less likely to participate in all

activities except attending religious services. Note that many of those in fair or poor health also have incomes under $25,000 per year.

On the other end of the income spectrum, those residents with incomes of $75,000 or over participate in more activities on average (5.6 of 8).

Regularly Participates in the Following Activities

	TOTAL	Caregivers	Fair/Poor Health	< $25,000 income
Social or recreational activities	78%	70%	56%	68%
Attend arts/entertainment	74%	73%	52%	59%
Use the library system	65%	71%	55%	55%
Attend religious services	64%	64%	57%	67%
Visit museums	60%	53%	40%	37%
Volunteer in the community	49%	55%	26%	34%
Attend town/city/community mtg.	38%	34%	21%	31%
Sports or exercise at a gym	33%	33%	17%	16%

Source: Community Survey - Q. 15: Our next questions are about social or recreational activities. Please tell me if you regularly participate in any of the following activities. Multiple responses allowed.

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Stakeholder Input on Leisure and Recreation

The following chapter covers commentary from stakeholders relative to leisure and recreation.

There are quite a few programs designed to reach seniors in Indian River County.

Several stakeholders mentioned a variety of programs geared toward seniors. These include light exercise programs, computer courses, quilting, and the arts, as well as lifelong learning programs which can include travel.

A sample of the comments regarding the programs available includes:

> "We started a program called Special K which was an opportunity to get seniors to at least come out and do some low-impact aerobics. They sit there in their chair with a golf club and curl the golf club. Then they do some leg lifts and some different things like that."

> "We have computer courses for seniors, both beginning as well as intermediate courses. We do quilting, sewing, bible study and philosophy, art and theater."

> "Indian River County is the largest of all our Lifelong Learning Offerings. Computer classes are very popular. There are workshops and seminars on interesting topics and it's the host of the Distinguished Lecture Series where we have half a dozen lectures a year on a sold out basis. We travel abroad and learn. We go to half a dozen countries. It may tie in Costa Rica with learning Spanish. You go to Italy and it ties in with art. There's plenty of that going on."

> "There are a lot of programs in the community. The Museum of Art and the churches have programs specifically designed for seniors and a lot of those 55 plus communities have things designed. For example, we have a culinary institute where we train chefs and every now and then a 55 plus community will have our students come out and do a demonstration at their clubhouse and cook a meal or show them how to do something special. It could be a theme, it could be appetizers, it could be Spanish food, it could be any kind of thing you can think of."

However, some stakeholders feel more is needed in this area.

In the opinion of some stakeholders, there is still a need for more types of programs to get seniors out and engaged. This may suggest there needs to be better communication regarding the programs currently available in the community.

Some sample comments include:

> "In my opinion, the services we would need are probably recreational kinds of social programming. What I mean by that is specific classes that would provide

opportunities for seniors to interact, whether that's a bridge club, quilter club, or social events and functions that are sponsored by the community."

"I'm in the 50 to 64 population so I can kind of speak candidly. That particular age group feels there are not enough activity services for them. I remember growing up here and we used to call it Zero Beach because there were zero things happening here. Since that time, there have been some improvements, but the mindset still exists that there isn't anything to do here."

Analysis of Leisure and Recreation

- Respondents in the community survey were asked if they regularly participate in a list of eight activities. Most (92%) indicated they participate in one or more of the listed activities. Many participate in social or recreational activities or attend arts and entertainment performances. Only half volunteer in the community. Age doesn't have a large impact on activity levels.

- In the focus groups, respondents mentioned a wide variety of leisure activities they enjoy throughout Indian River County. However, focus group participants who live in the north part of the county mentioned it requires a relatively long drive to attend events or activities in Vero Beach. Several focus group respondents also mentioned the importance and availability of lifelong learning opportunities which they report help keep people engaged and sharp-minded. Focus group respondents also mentioned some seniors are quite sensitive to the cost of some activities.

Recommendations for Leisure and Recreation

While there appears to be many leisure and recreational activities available to residents age 50 and over in Indian River County, there are also several issues which could be addressed in this area.

Make activities more accessible to all seniors.

- Evaluate the possibility of holding more activities in the evening, in addition to during the day.

  ➢ Residents age 50 to 64 who are working suggested they have difficulty participating in some activities as they are only held during the daytime.

- Whenever possible, make activities for seniors free.

  ➢ Many focus group respondents suggested seniors are very cost sensitive and may not attend events which they would enjoy and could benefit them due to the cost.

SAFETY AND SECURITY

Like all residents in a community, older adults benefit from a sense of security within the communities in which they live. They need protection from crime and fraud, as well as from abuse, neglect, and exploitation.

The safety and security chapter contains the following information:

- Crime rates
- Emergency response
- Feeling safe
- Issues with safety and security

Safety and Security Indicators

Crime Rates

According to 2011 Florida Legislature Office of Economic and Demographic Research data, Indian River County has a crime rate of 1,628.1 per 100,000 population. This is below all three peer counties and the state rate.

Crime Rate

Indian River	1,628.1
Charlotte	2,762.6
Collier	2,194.4
Martin	3,029.1
Florida	4,070.2
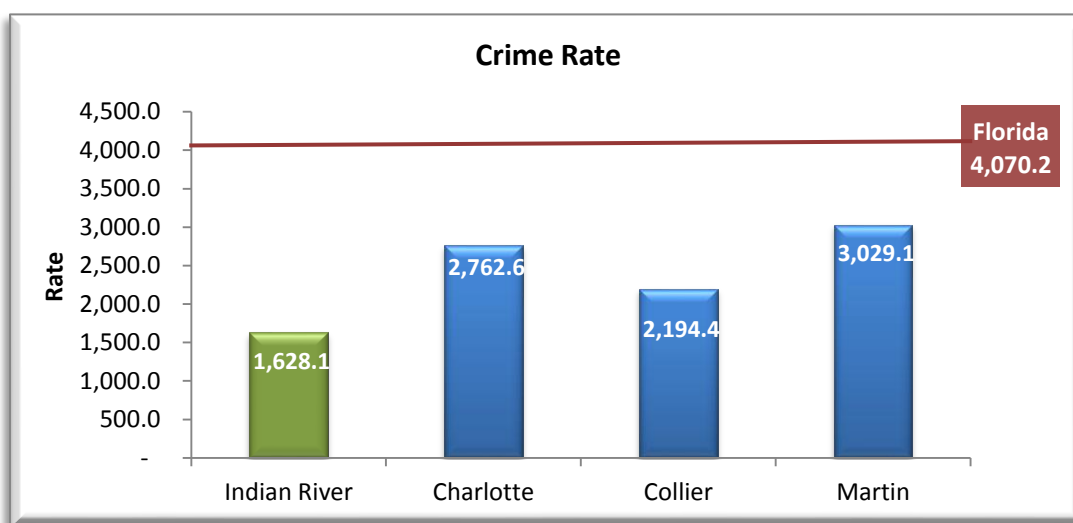
Source: 2011 Florida Legislature Office of Economic and Demographic Research

According to the Indian River County Sheriff's Office, the following initiatives address the public safety of seniors:

- We Care Program telephone reassurance
- Vials of Life Program for medication information
- Seniors Against Crime initiative
- Project Lifeline for Alzheimer's patients
- Neighborhood watch programs

Emergency Response

According to Indian River County Fire Rescue, 63.2% of all emergency responses over the past five years were to residents 55 years of age and older. In 2011, this number reached 66%.

Fire Rescue Emergency Response for Age 55+

No
37%

Yes, had emergency response in the last 5 years
63%
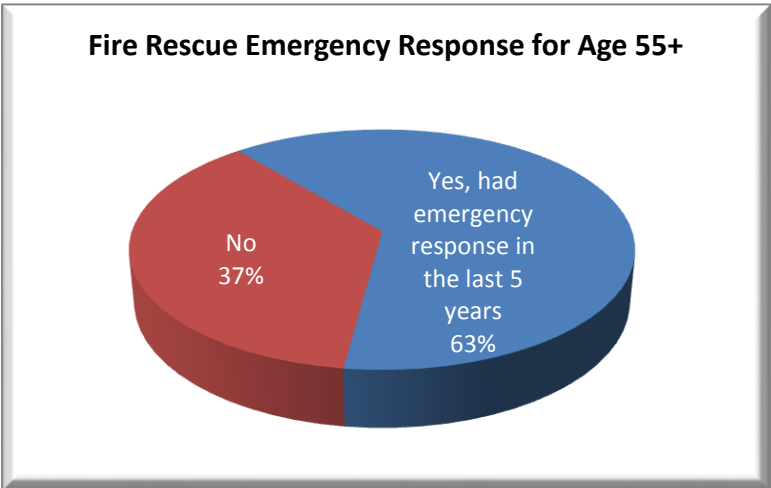
Source: Indian River County Fire Rescue, 2012

Community Response to Safety and Security

Safety and security is not a concern for most residents.

Community survey respondents were asked to rate the following statement on a 10-point scale, with 1 being disagree completely and 10 being agree completely: <u>I feel safe in my neighborhood</u>.

Virtually all residents agree they feel safe in their neighborhood, while only a very few disagree with this statement.

This feeling of safety does not differ by demographic subgroup. However, those in zip codes 32958 and 32963 feel safer than those who live in zip codes 32960 and 32967.

Agreement with statement: I feel safe in my neighborhood

Legend: Rating of 10, 9, 8 | 7, 6, 5, 4 | 3, 2, 1

Category	Rating of 10, 9, 8	7, 6, 5, 4	3, 2, 1
TOTAL	90%	8%	2%
50 to 64	87%	9%	5%
65 to 74	87%	11%	1%
75+	95%	5%	
Caregivers	85%	11%	4%
Fair/poor health	84%	12%	5%
Under $25,000 income	89%	10%	2%
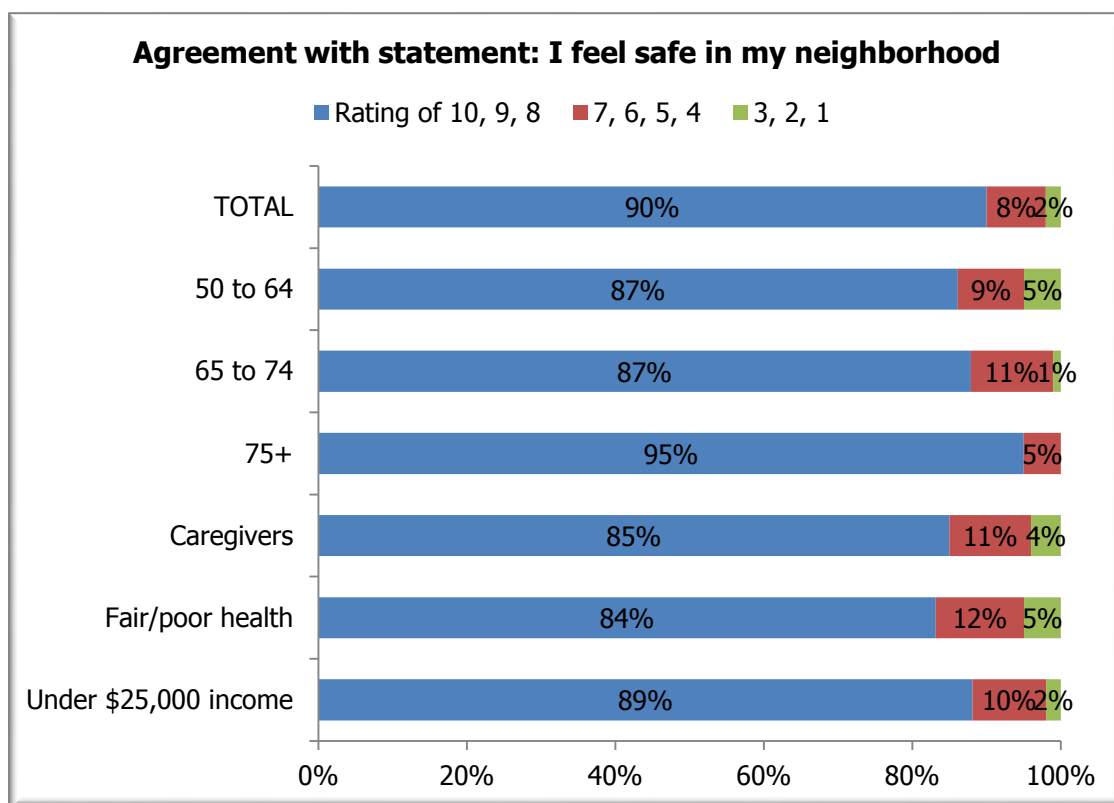
Source: Community Survey - Q. 30: Using a scale from 1 to 10, where 1 is disagree completely and 10 is agree completely, please tell me if you agree with the following statement: I feel safe in my neighborhood.

In fact, a few focus group respondents complemented law enforcement and mentioned feeling safe.

In expressing their opinions, they said:

"We have good police protection."

"You don't need to be afraid to be alone at night."

Further, according to respondents, seniors feel safe in Indian River County.

No respondents indicated safety was an issue. In fact, many were proud to discuss how well prepared the county is to address natural disasters.

> *"The police department and sheriff all know what they are supposed to do. They hold disaster preparedness classes that are phenomenal."*

Most residents have not experienced issues with safety or security.

Community survey respondents were asked, in random order, if the following safety and security issues are a major, minor, or not an issue for anyone 50+ in their household:

- Being a victim of a robbery or burglary
- Experiencing racial or ethnic discrimination
- Experiencing age discrimination
- Being a victim of identity theft
- Being a victim of physical or emotional abuse

Overall, a vast majority have not had a major issue with any of the listed concerns in the table below (84% no issues - not shown in table).

Among those who have experienced issues, the biggest problem appears to be identity theft.
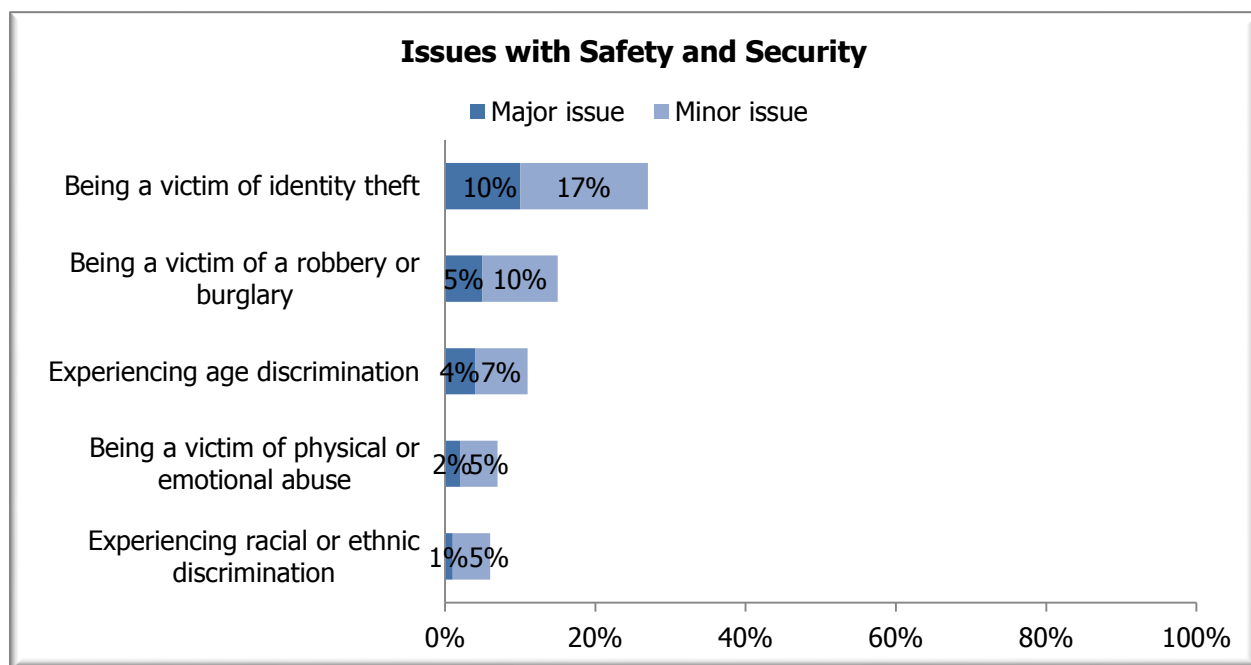
Source: Community Survey - Q. 29A-E: The following questions are related to safety and security in your community. Please tell me if this is a major problem, a minor problem, or not a problem for anyone in your household age 50 or over.

There are no differences in safety and security by geography of the county.

A few focus group respondents mentioned taking steps to avoid being a victim.

> "I take my car keys to bed with me because I have a horn on that thing. It is my alarm."

> "Women need ways to protect themselves."

Shown below are responses to five statements regarding safety and security. Community survey respondents were asked if each was a major, minor, or not an issue for their household.

Identity theft is slightly more prevalent among residents age 50 to 64. This may be due to the fact that this age group is more likely to make purchases over the Internet compared to those 75+.

Issues with Safety and Security

	TOTAL	50 to 64	65 to 74	75+
Victim of identity theft	27%	35%	25%	21%
Victim of a robbery/burglary	16%	19%	14%	14%
Age discrimination	12%	17%	13%	5%
Victim of physical/emotional abuse	7%	10%	6%	6%
Racial or ethnic discrimination	6%	9%	7%	2%

Source: Community Survey - Q. 29A-E: The following questions are related to safety and security in your community. Please tell me if this is a major problem, a minor problem, or not a problem for anyone in your household age 50 or over.

Caregivers, residents in fair or poor health, and those with incomes of $25,000 or less are no more likely to face safety and security issues.

Issues with Safety and Security

	TOTAL	Caregivers	Fair/Poor Health	< $25,000 income
Victim of identity theft	27%	29%	31%	26%
Victim of a robbery/burglary	16%	16%	22%	18%
Age discrimination	12%	16%	15%	17%
Victim of physical/emotional abuse	7%	11%	13%	11%
Racial or ethnic discrimination	6%	15%	6%	6%

Source: Community Survey - Q. 29A-E: The following questions are related to safety and security in your community. Please tell me if this is a major problem, a minor problem, or not a problem for anyone in your household age 50 or over.

Stakeholder Input on Safety and Security

This chapter covers comments from stakeholders regarding safety and security in Indian River County.

There is a need for home visits and information to help "adult-proof" houses.

Several stakeholders mentioned the need to make simple changes in the homes of seniors to prevent falls. It was suggested this be accomplished by initiating home visits or by providing information to seniors as to what they need to do to have a safer living environment with a reduced risk of falls.

Some comments in this area included:

> "Some of the problems could be corrected if they stopped putting down area rugs and had bars in the bathroom and stuff to help them get up. It's really simple things like that. They need to think about lighting in the house. I think we see problems with falls and they can't get up. A lot of it is just simply because they have an area rug that shouldn't really be there. In addition, they get pets that walk under them and they trip and fall and break a hip."

> "Elder Affairs has pamphlets on how to adult-proof your house now. If they can get that information at an early age, maybe they would set their house up now for when they do get older so that they have a safer house, because it's the falls that do them in."

> "When we are at a senior's home, we do what I call a windshield survey where you actually look around the room. You may see an extension cord over in the corner with 12 different things plugged into it. That's not safe because it could cause a fire."

Despite being perceived as a very safe county, there are issues which negatively impact seniors.

Stakeholders mentioned issues with both elderly abuse and scams which take advantage of the elderly.

Some examples of these include:

> "The Sheriff keeps telling me he's seeing abuse with the elderly. They move in with family and they're being abused because the family's mad because they have to take care of them. It's both physical and mental abuse."

> "From a law enforcement perspective, we have plenty of folks that are taking advantage of grandma and grandpa. They're befriending them and ultimately scamming them."

"Recently, we have had scams where seniors are getting e-mails and phone calls saying 'hey, this is your grandson Johnny. I'm in jail and need $6,000'. In fact, a month ago, we had one of our seniors wire $6,000 to a kid pretending to be a grandson or great grandson."

Analysis of Safety and Security

- Indian River County is quite safe compared to the peer counties and the state crime rates. In addition, the Indian River County Sheriff's Office has several initiatives to address the public safety of older adults.

- Of the emergency calls to Indian River County Fire Rescue, two-thirds were from residents age 55 and older.

- In the community survey, a vast majority agree they feel safe in their neighborhood. Additionally, few have experienced major issues with crime. Only identity theft is somewhat of a problem.

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Recommendations for Safety and Security

Despite Indian River County being very safe, there are a couple of areas where seniors could benefit from additional services.

Create ways to teach seniors to be safe and to help their family members support them.

- Develop programs to teach seniors how to prevent identity theft.

  ➢ This is a particular problem for residents age 50 to 64 who may be more likely to be active online.

- Re-start the home safety inspection program which was run by Indian River County Emergency Services.

  ➢ This program could help with both early intervention and fall prevention for seniors in the county.

- Recommend a protocol where out-of-town relatives and family members can check on senior residents with whom they cannot get in touch.

  ➢ Currently, these calls are received by Emergency Services and Senior Resource Association.
  ➢ A more formal process to handle these calls, perhaps coordinated through a multi-agency alliance, could streamline this process and potentially get help to seniors in distress faster.

TRANSPORTATION

Mobility and access to community resources and services allows older adults to maintain their independence and is connected to their overall well-being.

The transportation chapter contains the following information:

- Driver's licenses
- Public transportation
- Transportation issues

Transportation Indicators

Driver's Licenses

Of the 48,300 residents age 60 and over, 46,046 (95%) Indian River County residents have a driver's license (regardless of the state). Among those age 60 or older, 39.4% possess a valid Florida driver's license.

60+ with Florida Driver's License

With a license 39%

Without a license 61%
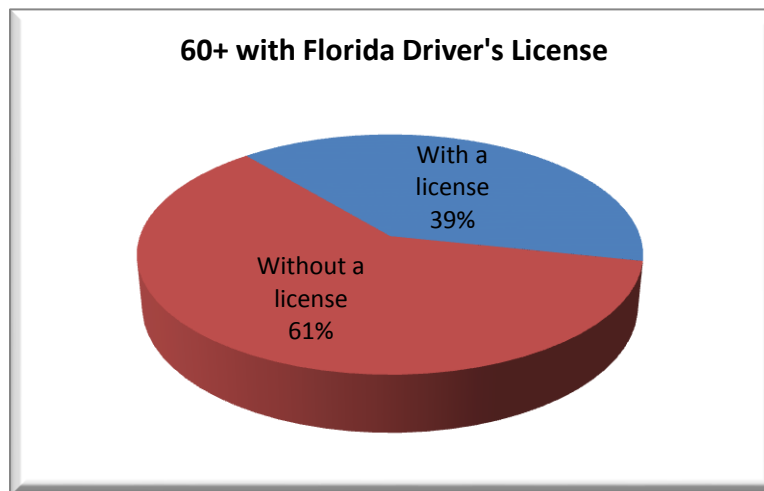
Source: Florida Department of Elder Affairs, 2011

Transit Systems

Two transit systems exist within Indian River County. The GoLine is the county's public transit system of 14 fixed bus routes. The GoLine, which operates Monday through Friday 8:00 AM to 6:00 PM and Saturday from 9:00 AM to 3:00 PM, is free. The Community Coach is a door-to-door pick-up and drop off transportation service provided for a nominal fee and for those eligible through Medicaid for medical and necessity appointments.

Household and Travel Characteristics

According to the Indian River County Metropolitan Planning Organization, almost 80% of Indian River County residents commute 30 minutes or less to work. Approximately one-third (36%) commute less than 15 minutes to work.

The county-wide average of households which do not have a vehicle is 5.5%. Following is a summary by area of the county of households which do not have access to a vehicle. As the table indicates, areas with the highest need of public transportation include Gifford, Rock Ridge, Royal Park, Tropic Grove, Fellsmere, and Vero Beach Northeast.

Percentage of Indian River County Households With No Access to a Vehicle

	Percentage
Gifford	14.9%
Rock Ridge/Oakmont Park	14.5%
Royal Park/Vero Isles	13.3%
Tropic Grove	12.1%
Fellsmere	11.6%
Vero Beach Northeast	10.7%
Vero Beach Southeast	9.9%
West Vero Corridor	9.9%
Rosewood	7.7%
Airport/McAnsh Park	5.8%
Sebastian North/Roseland	5.3%
Vista Royale	5.2%
Indian River Heights/Timber Ridge	4.6%
Central Barrier Island	4.3%
Glendale East	4.0%
Pointe West/Villages	4.0%
Oslo/Vero Beach Highlands	3.2%
Glendale Doctors Row	2.9%
Sebastian East	2.5%
South Barrier Island	1.9%
Vero Beach Southwest	1.3%
Winter Beach/Wabasso	1.2%
Sebastian South	1.1%
North Barrier Island	0.9%
Vero Lake Estates	0.5%

Source: Indian River County MPO Summary Report 2012

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Community Response to Transportation

Those with incomes under $25,000 worry the most about finding transportation in the future.

Community survey respondents were asked to rate the following statement on a 10-point scale, with 1 being disagree completely and 10 being agree completely: <u>I sometimes worry that I will have a problem in the future finding transportation</u>.

Overall, 27% are worried about finding transportation in the future, while almost half (47%) are not worried at all about transportation.

Those households with incomes under $25,000 worry more (41%) than those with incomes over $75,000 (16%). Those with fair/poor health also tend to worry about transportation.

Agreement with statement: I sometimes worry that I will have a problem in the future finding transportation

	Rating of 10, 9, 8	7, 6, 5, 4	3, 2, 1
TOTAL	27%	25%	47%
50 to 64	26%	27%	47%
65 to 74	29%	25%	46%
75+	28%	24%	49%
Caregivers	33%	31%	36%
Fair/poor health	37%	28%	35%
Under $25,000 income	41%	22%	38%
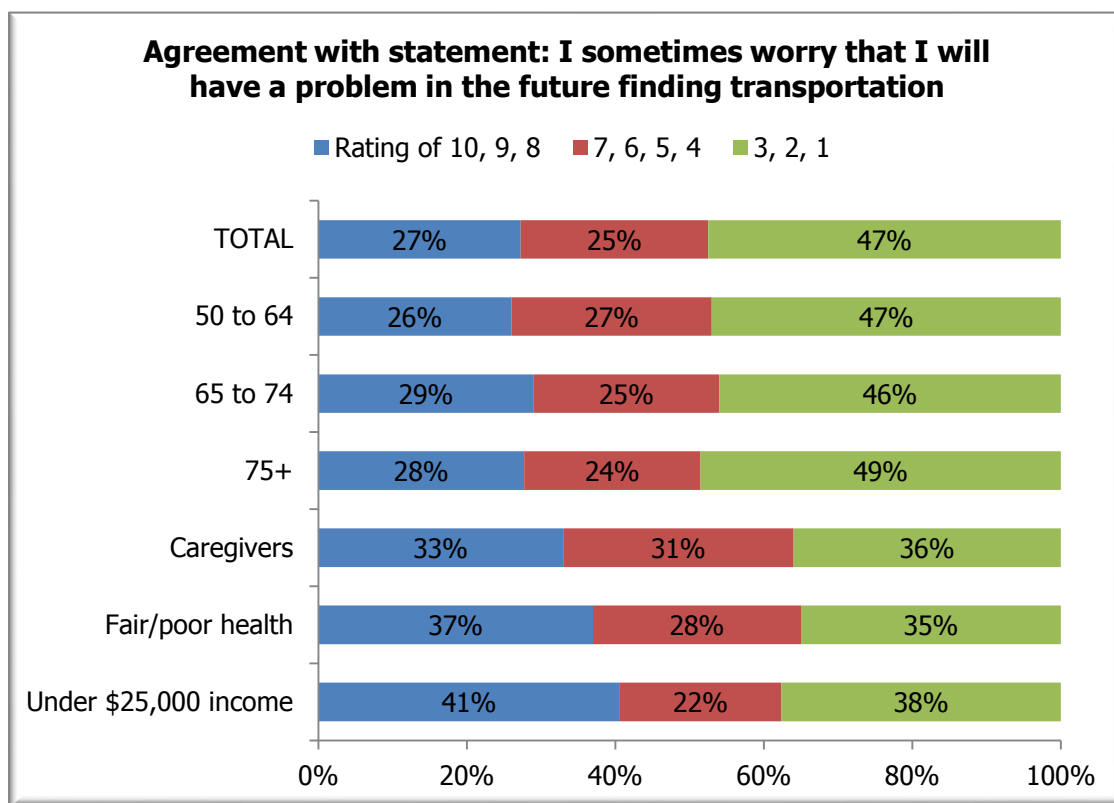
Source: Community Survey - Q. 14: Using a scale from 1 to 10, where 1 is disagree completely and 10 is agree completely, please tell me if you agree with the following statement: I sometimes worry that I will have a problem in the future finding transportation.

Driving at night is more of an issue for residents 75+, those in fair/poor health, and residents with a low income.

Community survey respondents were asked about their driving patterns and their reliance on public transportation or friends/family for transportation.

Virtually everyone owns a car (95%) and drives during the day (98%). There are no major differences by age or other demographic segments as to whether they own a car or drive during the day.

However, driving at night shows a wider difference. More residents who are 75+ do not drive at night (35%) compared to those under 75 years of age (19%). This may be due to deteriorating vision as one ages. Also, residents in fair/poor health and those with household incomes less than $25,000 are more hesitant to drive at night and are more likely to rely on others for transportation than any other demographic group.
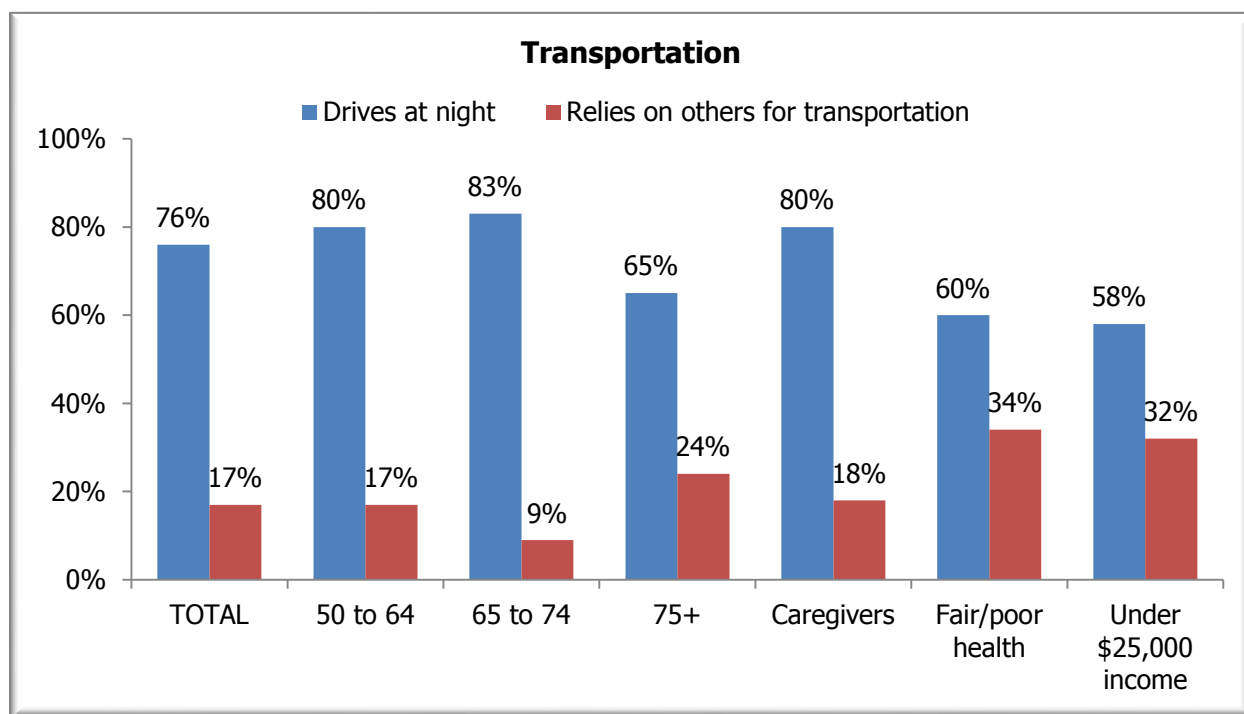
Source: Community Survey - Q. 13B and D: Now, I'd like you to think about transportation. Please respond with yes or no to each of the following: B – Do you drive at night? D – Do you rely on family or friends for transportation?

Almost half have access to public transportation.

The lack of awareness among half the residents in the community survey as to whether or not they have access to public transportation ties back to transportation being the number two issue (behind healthcare) mentioned as most important facing people 50+ in Indian River County in the next five years.

It is unclear why only 46% mentioned they have access to public transportation, but it could be because the remaining 54% feel the bus routes are not convenient in terms of location or the time it's accessible is not convenient.

Several focus group respondents mentioned the bus service was not adequate and the high cost of taxis.

They discussed voids such as:

"We need a better bus service."

"There is no taxi service here. When I need a taxi, I call a service in Vero and they charge $15 to drive up here and $15 to take a patient home."

While adequate transportation resources are seen as improved in some areas, it still remains an issue for some seniors, according to some focus group respondents.

One respondent from Sebastian voiced praise for better access.

"We just got a bus stop and it's a huge milestone. We don't want our seniors driving, but we can't make decisions for them. It is good they have an alternative to getting around."

The Community Coach and GoLine were mentioned as good resources, but in many cases not adequate to serve the needs of all elderly.

"When the GoLine came to Fellsmere, it was a life line and hallelujah, but it still doesn't take you anywhere on Sunday. It should be expanded so if the elderly cannot get a ride to church, they can still go."

In addition to a need for more access to convenient transportation, it was indicated that there is a need to make sure bus stops are covered.

"There are no protective bus stop covers in some places and with the sun in the summer it becomes unbearable."

Lack of transportation service at night is also an issue for some seniors.

"If they want to go out to dinner or other functions at night, there is no night time service."

Further, some seniors are known to have difficulty getting to designated bus stops.

> *"The challenge they face is that they have to walk to the GoLine. Some seniors are medically contracted and cannot walk. I know there can be a door-to-door pick up where they have to complete an application to show that door-to-door is really needed. In lots of cases, this application does not come back in time."*

More rely on family/friends for transportation than use public transportation.

Only 5% of those with access to public transportation use it. If needed, residents will rely on family or friends for transportation before using public transportation.

Those with lower incomes tend to use public transportation more (12%) versus none of the residents with incomes over $75,000.

Public Transportation

■ Has access ■ Uses

	TOTAL	50 to 64	65 to 74	75+	Caregivers	Fair/poor health	Under $25,000 income
Has access	46%	55%	37%	47%	49%	44%	57%
Uses	5%	6%	3%	7%	6%	8%	12%
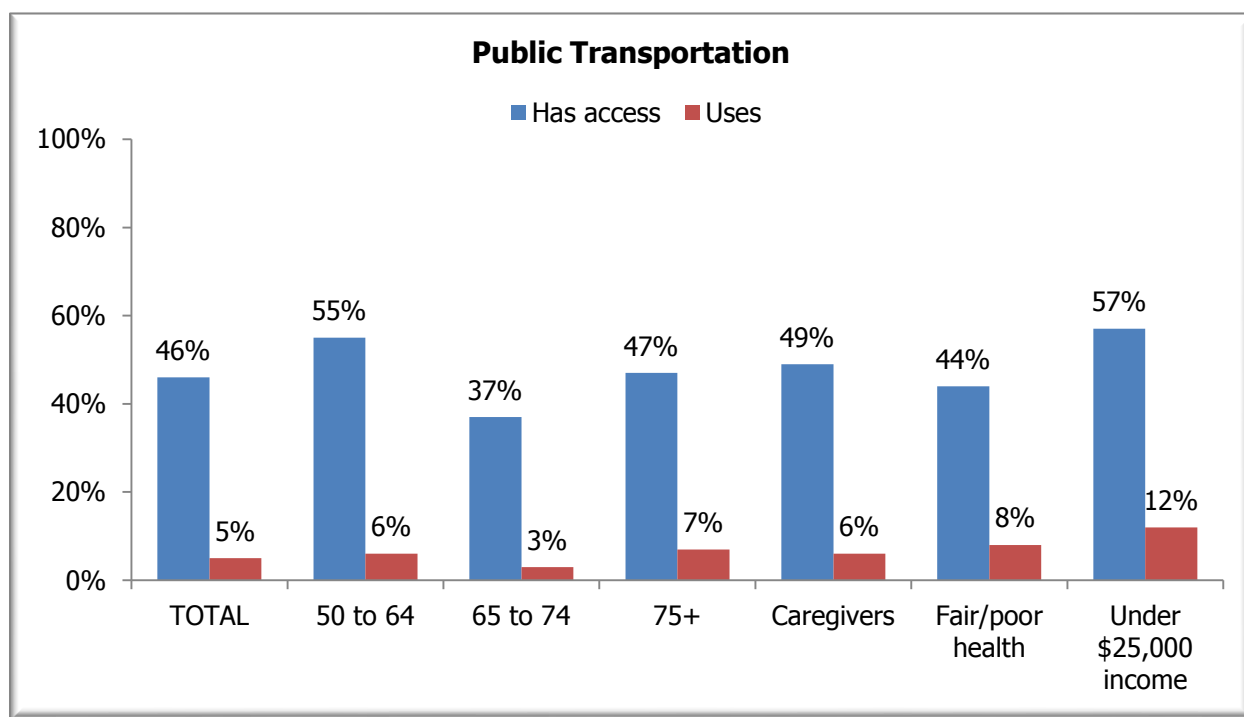
Source: Community Survey - Q. 13E and F: Now, I'd like you to think about transportation. Please respond with yes or no to each of the following: E – Do you have access to public transportation? F – Do you use public transportation?

A majority in zip codes 32963 and 32968 say they do not have access to public transportation.

There is a sizeable difference in the percentage of residents who indicated they have access to transportation in these two zip codes compared to other zip codes in the county. In zip code 32963, only 18% said they have access to transportation, and 27% indicated they have access in zip code 32968. This compares to 53% in other zip codes.

Almost all residents in 32963 drive during the day and at night, with very few relying on others for transportation. Therefore, it may be that these residents have not thought about public transportation since there doesn't seem to be a need for it among residents in this zip code.

The inability to continue driving can create isolation.

According to the focus group respondents, it is believed some seniors who were once active may face isolation when they can no longer drive.

> *"Isolation happens when they can no longer drive and the only visitation is when someone comes to visit them. They cannot get out when they want to get out."*

> *"They have to depend on others for things."*

Stakeholder Input on Transportation

The following section discusses stakeholder comments regarding the existing public transportation system in Indian River County, particularly in regard to the GoLine.

Many stakeholders feel the GoLine transportation system works quite well.

In general, stakeholder comments indicate that, overall, the transportation system, including the GoLine, serves the community well.

"I think they've done a really good job on transportation in this area."

"We didn't have any public transportation until they got formed. It was just a couple of taxis. In the past, we had a couple of buses that ran from Gifford to Vero Beach and Vero Beach to Sebastian, but nothing like what we have today."

"Over the years, the public transportation system has gotten pretty big. They're all over the county, and a lot of people, both young and old, are taking advantage of that. It was so difficult in the past. I think it's gotten a lot better with the system now that they can get around."

Others talk about how the GoLine has fulfilled an unfilled need.

"I know about the GoLine and they do a fantastic job. My uncle lived here for almost three years without a car and went everywhere. He was from New York City so he knew how to read a bus schedule and he knew how to take this bus to here. You take the A to H and you pick up the L bus. You go from there to here and you pick up the J bus, then you get to the mall."

"We give $50,000 a year to help with transportation. We put the GoLine out there and we were the first municipality to step forward and do that. And it's extensively used. It's probably one of the heaviest used routes on the system. Particularly with the gas prices like they are, it's not just the senior citizens, but everybody has been able to take advantage of it."

However, others did cite limitations to the transit system.

Among the limitations is that the system only operates during the day and does not operate on Sundays. This was a topic also mentioned in focus groups. As well, the system is difficult for younger seniors to use for who are looking for a job.

"The transportation is still extremely limited. It's an issue for anyone who has no transportation has no car and is 50 to 64 looking for a job if the only time you can go on an interview is once a day because it takes four hours to get the bus and another four hours to get back, even though they will tell you otherwise."

> *"One of our counselors said a lot of seniors would like to go to church but there's no transportation to take them specifically to church. Although, I don't think the GoLine or the Coach run on the weekend, I don't know if they do or not."*

Another issue identified by stakeholders is the location of the bus stops which can be exacerbated by physical limitations some seniors have.

> *"I remember a few months ago they moved one of the stops. Instead of stopping there at Gardenia or right here on the street, which would service both the Senior Resource Center and Gardenia, they had to move it because they can't come down this street. They have to go down to 6th Avenue which is a hike for some older people with walkers and canes and stuff."*

> *"It's not that a transportation system doesn't exist, but the ability to meet needs and capacity is probably the issue. Clearly, with the senior population, they add another dimension of their ability to always get to where the bus stops are. There was an article about a bus stop being moved a block and a half away from a senior residential area where it used to be."*

Respondents suggested making the current transportation system more "elder-friendly" including the need for additional hours, routes, and stops.

Suggestions were made to remove obstacles experienced by older adults who use the buses, as well as to eliminate barriers that prevent older adults from using public transportation. The main barriers identified were bus stop locations and weekend hours.

> *"General transportation and the ability to get to services is sometimes a problem. Even if there is a service or program available, they don't always have the capacity to get there."*

> *"Transportation is a huge issue, particularly after hours and on weekends."*

> *"Seniors need to know how to find out bus schedules."*

> *"I am not sure if the transportation infrastructure is necessarily the same across the county."*

Analysis of Transportation

- A vast majority of residents age 60 and over have a driver's license. Within Indian River County, there are two public transit options. There are 14 fixed bus routes which make up the GoLine. In addition, residents have access to door-to-door transportation services provided by Community Coach.

- From the community survey, most residents age 50 and over do not have concerns about finding transportation in the future. Virtually everyone in the survey owns a car and drives during the day. However, fewer drive at night, particularly those age 75 and over.

- Just under half of the respondents in the community survey say they have access to public transportation and only about one in twenty report they use public transportation.

Recommendations for Transportation

Despite most seniors in Indian River County owning a car and driving, there are still residents who must rely on public transportation since they cannot drive and the cost of a taxi is too expensive on their limited budgets. Transportation was the second largest issue after health and health insurance.

Look for ways to make public transportation more accessible to seniors.

- Evaluate the GoLine service routes, stops, and service hours to optimize service in order to meet the needs of residents.

  ➢ There are some issues with routes not being accessible to some senior residents as they may not be able to physically get to the stops.
  ➢ Focus group respondents indicated there is no night service for those who have jobs and no service on Sunday to travel to church.
  ➢ It was suggested that the bus stops have covered shelters to shield seniors and other riders from the sun and rain.

IMPORTANT ISSUES

In an effort to better understand the issues which affect the lives of residents of Indian River County who are age 50 and older, questions were included in the focus groups and community survey regarding issues. There are no indicator data for this chapter.

The important issues chapter contains the following information:

- Most important issues for the community
- Issues by gender
- Involvement of family
- Services wanted

Important Issues Indicators

Indicator data on important issues are covered in the individual chapters.

Community Response to Important Issues

The most important issues to residents are healthcare and health insurance.

Respondents were asked, unaided, what they think are the most important issues facing people their age in Indian River County during the next five years. Respondents mentioned over 20 different issues they feel are important. (Note that a pre-coded list was used and most respondents provided one to two word answers to this question).

Overall, respondents mentioned healthcare and health insurance most often. Those 50 to 64 years old are more concerned about healthcare than those 75+ probably because they are at greatest risk to be impacted by future change. Also, 50 to 64 year olds have no "safety net" with Medicare if they lose their job or are unemployed.

The reasons for concern among those 65+ since they are Medicare eligible may be due to the cost of Medicare supplement plans.

Transportation and unemployment were also important.

Other concerns mentioned by more than 10% of respondents were transportation and issues related to the economy.

In addition to health related issues, 50 to 64 year olds are more likely to be concerned about unemployment since they are not eligible for social security and need to have an income. Those who are unemployed may be tapping into retirement/savings accounts to make ends meet. Unemployment is also more of a concern among residents living in zip codes 32967 and 32968 (16%) compared to those in zip code 32963 (5%).

Transportation is more of an issue for residents age 65 and over than those under age 65, as well as those who live alone versus respondents who do not live alone.

The graph on the following page summarizes what residents feel are the most important issues facing people 50+ in the next five years.

Most Important Issues

Issue	TOTAL	50 to 64	65 to 74	75+
Healthcare/Health insurance	31%	33%	33%	28%
Transportation	17%	13%	19%	19%
Don't know	15%	11%	17%	16%
General economy	13%	9%	13%	17%
Cost of living	12%	9%	13%	13%
Unemployment	11%	22%	7%	5%
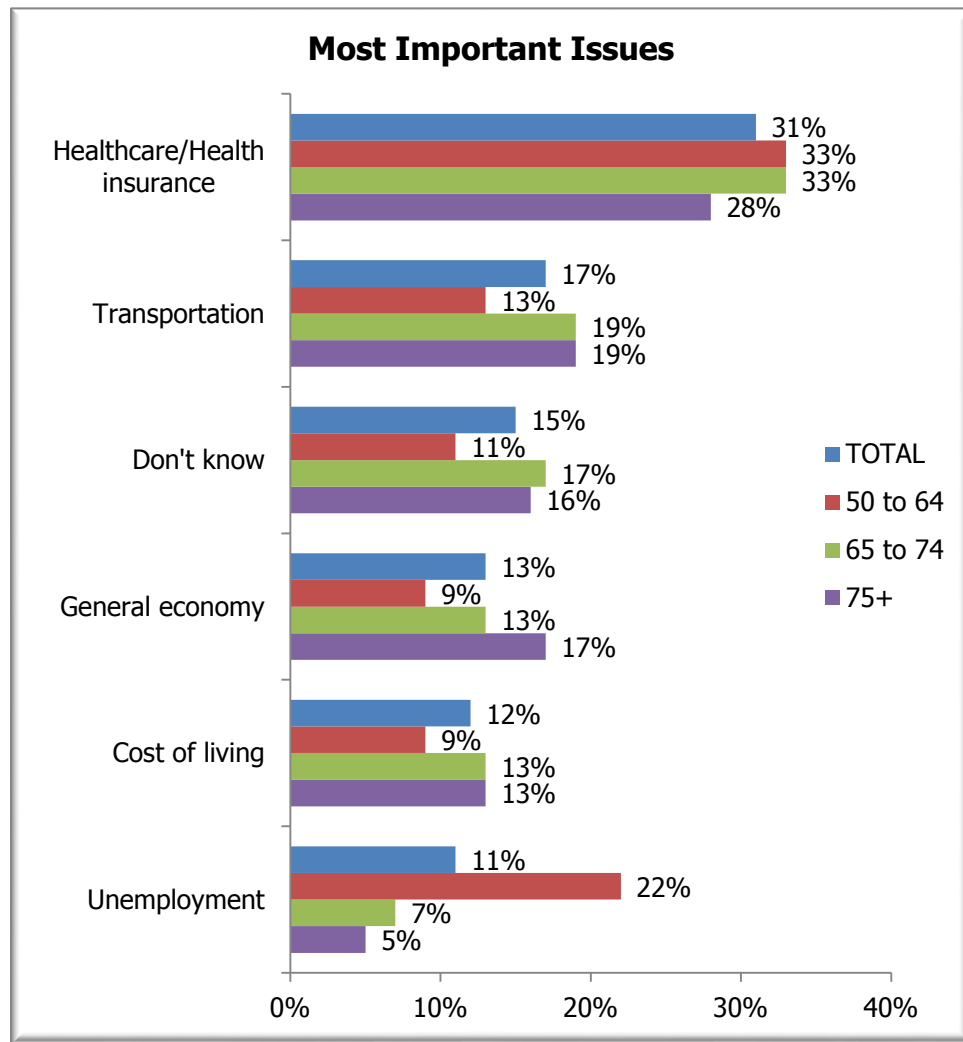
Source: Community Survey - Q. 5: What do you think are the most important issues facing people your age in Indian River County during the next five years? Multiple responses allowed.

Other issues mentioned with less frequency, but by more than 5% of respondents, include:

- Taxes (8%)
- Having enough money to retire (7%)
- Cost of fuel (6%)
- Access to recreational facilities (6%)
- Crime/violence/safety (5%)
- Senior services (5%)

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Unaided, focus group respondents mentioned cost of health insurance and medication as a leading issue faced by Indian River County seniors.

This parallels a finding from the community survey and is due to the fact that younger seniors (under 65) may not have access to health insurance coverage, while those with Medicare may not be able to afford supplemental insurance.

"Many of those 65+ may be in the donut hole and cannot afford the high copay."

"My mother-in-law is one of those people living in Indian River County. I can't believe the cost of medicine she takes at 84. She has Diabetes and it is amazing what she has to pay on top of Medicare."

"For some seniors, it is the choice of housing, food, or medication. There is a lot of stress involved in making those decisions when you are on a fixed income."

"People are concerned about health insurance because they either can't afford it or have a pre-existing condition that hopefully ObamaCare will address."

"Supplemental insurance is high if you are on Medicare and, as a result, is unattainable for some."

Lack of family involvement was indicated as an issue that negatively impacts some older Indian River County residents.

According to the focus groups, a lack of multi-generational support is an issue for some older residents, with immediate and extended family members not able or wanting to support their elderly family members.

"Some kids who live out of state don't want to be involved. They feel like the parent is somebody else's responsibility, not theirs."

"Right now I am working with a 91 year old man and his 86 year old wife with moderate Alzheimer's. They have five kids in Ohio who do not want to get involved."

However, focus group respondents also acknowledged that older people protect and want their independence, so the dynamics of some older people not getting access to the family support they need could be of their own making.

In addition, focus group respondents also strongly dislike being treated as less powerful or capable people by their children.

Children were particularly identified as people in the lives of seniors that need to walk a fine line between supporting their aging parents, while not talking down to them or treating them as invalids.

> *"The other day, my son turned into a pure caregiver. I had to tell him that I can take care of myself. I am okay. Why does he see me as helpless? I am still a strong powerful woman and he sees me as a tottering old fool."*

Culturally, some county focus group respondents believe respect for the elder population is declining.

In explaining this opinion, it was indicated that older individuals are not connoted as resources of wisdom and value in our society.

> *"The native Americans had it and were respectful of their elders."*

> *"I am the grandchild of Italian immigrants and our family would have rather died than not care for our elders."*

> *"The culture I am thinking of is in India where there is a feeling for the family unit being responsible for each other."*

Further, focus group respondents indicated that unless a person has direct contact with an older person, they do not understand the needs of the aging population.

> *"Unless a person under 50 has elderly parents that they are taking care of, I don't think they are aware."*

> *"It is people from their 50s to 70s that are dealing with the crisis."*

The focus groups suggested more end-of-life planning is needed by families.

Respondents in the focus groups frequently mentioned that families have failed to discuss impending needs/issues with aging. As a result, plans are not developed to support changes that are and will be occurring.

> *"The beginning of dementia is one of the hardest things for families to deal with. Many do not have their finances in order."*

It appears, according to some focus group respondents, that a crisis is what encourages families to start planning. At this stage, it is perceived as too late to plan.

> *"We receive them after an accident happens or some type of trauma. They are not prepared. This is when critical choices happen, such as returning north to be with family."*

Respondents concurred that planning is difficult for many families to even talk about, and that planning includes far more things than it used to since people are living longer.

> *"It used to be just legal and banking information that you needed to think about. Now it is a whole smorgasbord."*

Due to lack of planning, respondents were able to provide examples of older people they know in Indian River County who are not able to age well.

> "We have a neighbor who is overweight and on the second floor. There is no way she can get out. Her sons from California came to visit, but went back without making plans. The neighbors are saying what the heck are we going to do? We don't want to become her caregiver."

> "I know a senior I tried to help. I introduced her to a doctor who told her because of bad arthritis there is a possibility she is going to fall and should move. I found a facility for her. At first she liked it, then said no I am not going there. When I asked her about falling and getting hurt, she said I will just stay by myself."

> "I am trying to help my mother who has osteoporosis and falls. My brother and I are pulling our hair out because we can't afford to keep supplementing mom. My mother will not give up her independence."

Resoundingly, the denial both families and seniors face in planning appears to have negative ramifications with no easy answers or solutions other than it takes a series of people to help seniors think about transitioning to a safer and better living space.

> "It takes teamwork because the family member can't do it themselves. They (senior) start distrusting the family member. Social workers can help leverage the situation."

> "We see denial all the time. There is a need for a public campaign."

An outcome of poor family planning is that caregivers (usually when they are 50+) frequently experience emotional and financial rollercoasters when caring for parents in their 80s.

In explaining this, one respondent indicated:

> "I see caregivers who are usually children in the home. The children are at the breaking point where they are telling me I am a full-time caregiver to my parent and I can't get out of the house. Some children are at the point where they need to seek mental health services because they feel locked down 24 hours a day."

Due to these increasing demands on many young seniors, there is a need to have access to respite services.

> "We started a program in Gifford that is free for those who are caring for people with dementia. The people we serve are not just lower income. They are also middle class families."

In the absence of family involvement, it was recommended that a community support system be set up to aid older people who do not have assistance or support.

Respondents in the focus groups recommended multiple outreach efforts to bring young and old together in the community.

> *"What we are talking about is creating a chain of human beings in the North County who will be committed to taking care of and supporting people who need someone to check up on them."*

> *"It would be like a church circle of ten to twelve people where everyone cares for and interacts with each other."*

> *"We need to start it younger than teenagers so they know."*

> *"It could be through Girl Scouts, Boy Scouts, schools, or any other groups with children."*

> *"It sounds like we have to teach this skill because it might not be taught at home; it needs to be brought into their realm of awareness."*

> *"Let them adopt a grandparent by bringing them to a facility that has older people."*

Respondents 50 to 64 years old feel they face unique issues that older seniors do not.

Several focus group respondents shared the stress they face every day in their lives that is either different or more stressful than older seniors might face. It is evident these respondents are juggling many responsibilities at one time.

> *"I was almost in tears before I came here tonight. I am taking care of my niece, and my granddaughter had a medical appointment today which she missed. My husband who is home, who also needs a hip replacement and has other disorders, forgot about the appointment for our granddaughter."*

People in the 50 to 64 age group were seen as having special challenges that the older population does not experience as often, such as lost jobs, inability to get another job, depleting savings, and lack of health insurance.

> *"There are people who are falling into a hole and they are in their 50s and early 60s. They cannot get another job and don't have insurance. Overall, they don't have access to services."*

Respondents in the focus groups who are all female think that males in the same age group face less stress and are also less likely to open up as to their needs and concerns.

First, these respondents feel their husbands and men with whom they work who are a similar age would be less likely to open up and share their experiences and needs.

Further, these respondents feel that women generally are the people in the household who are responsible and take accountability for not only their immediate household, but grown children and elderly parents as well.

The big need identified for men is the availability and access to more jobs.

In addition to jobs, focus group respondents indicated men have more issues with substance abuse and anger management.

Services Wanted

Help with prescription drug costs is the top service desired for those 50+ in their household.

Community survey respondents were read a list of nine possible services those 50+ in their household may want if cost was not an issue. The list of possible services read to respondents, in random order, included:

1. Adult day care
2. In-home help with household chores/cooking
3. Help with prescription drug costs
4. Assistance finding paid employment
5. Legal assistance
6. Help managing money
7. Low income or affordable housing
8. Social activities
9. Transportation

Overall, one-third (33%) indicated they would want help with prescription drugs. This was the number one service wanted by respondents, followed by transportation (28%), in-home help with household chores (26%), and social activities (25%).

Respondents age 50 to 64 mentioned help with prescription drugs (41%) and assistance finding paid employment (29%) more often than any other age group. This is in line with the most important issues they feel they will face in Indian River County during the next five years.

Caregivers, lower income households, and those who are in fair or poor health want all the services listed above most.

Caregivers and lower income households (less than $25,000) were more apt to indicate they want the nine services listed above compared to their counterparts. Also, those in fair or poor health were more likely to say yes, these services are wanted in their household, particularly help with prescription drug costs (50%) and help with household chores (41%). Note that many residents in fair or poor health have incomes under $25,000. Approximately one-third of those with incomes under $25,000 are more likely to live in zip codes 32960, 32962, and 32966.

Services Wanted

Help with prescription drug costs
- TOTAL: 33%
- 50 to 64: 41%
- 65 to 74: 32%
- 75+: 25%

Transportation
- TOTAL: 28%
- 50 to 64: 24%
- 65 to 74: 23%
- 75+: 39%

In-home help with household chores/cooking
- TOTAL: 26%
- 50 to 64: 24%
- 65 to 74: 25%
- 75+: 29%

Social activities
- TOTAL: 25%
- 50 to 64: 29%
- 65 to 74: 24%
- 75+: 22%

Legal assistance
- TOTAL: 24%
- 50 to 64: 25%
- 65 to 74: 23%
- 75+: 24%

Assistance finding paid employment
- TOTAL: 18%
- 50 to 64: 29%
- 65 to 74: 11%
- 75+: 15%

Low-income or affordable housing
- TOTAL: 15%
- 50 to 64: 16%
- 65 to 74: 11%
- 75+: 19%

Adult day care
- TOTAL: 15%
- 50 to 64: 15%
- 65 to 74: 15%
- 75+: 17%

Help managing money
- TOTAL: 9%
- 50 to 64: 12%
- 65 to 74: 7%
- 75+: 8%

Source: Community Survey - Q. 9: If cost was not an issue, which of the following would you or another member of your household 50+ want?

Recommendations for the important issues chapter are covered within the chapter related to the issue. For example, important issues such as health and health insurance are contained in the health and health insurance chapter.

Respondents who live in zip code 32958 mentioned the need for social activities (36%) more than respondents in other areas of the county. Those who live in 32963 were less likely to indicate they are in need of <u>any</u> of these services overall.

Stakeholder Input on Important Issues

Stakeholder input on important issues is covered in the individual chapters.

Analysis of Important Issues

- Based on both the community survey and the focus groups, healthcare and health insurance were by far the most important issues to residents age 50 and over in Indian River County. While important to all ages, respondents age 50 to 64 were most concerned about healthcare and health insurance issues. This is likely due to their not being eligible for Medicare, because they are at the greatest risk of changes in entitlement programs, and since they are least likely of those age 50 and over to have health insurance.

- Transportation and unemployment were also important issues based on the community survey.

- Respondents in the focus groups also indicated that there is an issue with a lack of family involvement which has a negative impact on some elder residents in Indian River County. They suggested some immediate and extended family members are unable or unwilling to support their older family members. Respondents in the focus groups discussed the need for better planning as people age. At the same time, they suggested that this is among the most difficult issue for families to address. In the absence of family involvement, focus group respondents recommended developing a community support system to have younger residents aid elders.

- In the community survey, respondents were read a list of nine services and were asked which they would want if cost were not an issue. Many indicated they would want help with prescription drugs, particularly among the 50 to 64 year old respondents. Help with prescriptions was followed by transportation, in-home help with household chores, and social activities.

Recommendations for Important Issues

Recommendations for the important issues chapter are covered within the chapter related to the issue. For example, important issues such as health and health insurance are contained in the health and health insurance chapter.

SERVICES AND PROVIDERS

Home and community-based services offer the ability to "age in place" and in the least restrictive possible environment. These supports successfully maintain older adults in their homes, which is primarily their choice, and prevent premature institutionalization.

Note that comparative data for peer counties and the state were not available at the time of this report.

The home and community-based services chapter contains the following information:

- Support services
- Service users
- Referrals to services
- Waiting lists for services
- Awareness of service providers
- Access to service
- Information sources
- Best practices

Services and Providers Indicators

Types of Support Services

According to 2011 Florida Department of Elder Affairs data, there are a number of public and privately funded home and community-based service alternatives for Indian River County residents 50 years of age and older. These include in-home care, Meals on Wheels, caregiver programs, adult day care, senior centers, assisted living facilities, and hospice services.

According to 2011 Florida Department of Elder Affairs data, there are two adult day care centers, two adult family care homes, 18 home health agencies, nine homemaker and companion service companies, and 20 assisted living facilities with 939 beds in Indian River County. In addition, there are 645 skilled nursing facility beds in Indian River County with a 2011 occupancy rate of 91.3%.

Profile of Service Users

According to 2011 Visiting Nurse Association (VNA) data, most home and community-based services recipients are between the ages of 71 and 90. For 2010, VNA reported over 2,500 home healthcare admissions, 1,045 hospice admissions, and 343 private duty nursing admissions.

Referrals to Services

During 2011, 25% of all 2-1-1 Indian River County information and referral callers were 55 years of age and older. Among all age groups, most (92%) of the 2-1-1 callers placed the telephone call themselves and the primary need of the inquiries was financial assistance (31.5%).

Senior Resource Association and Your Aging Resource Center (Area Agency on Aging of Palm Beach and Treasure Coast) were among the top 25 referral sources for these callers.

Waiting List for Services

Currently, there is a waiting list for some of the publicly and Medicaid funded home and community-based services. In 2011, the number of Indian River County residents on the list reached 1,023.

Community Response to Services and Providers

Awareness of agencies that serve those 50+ is low overall.

Respondents were asked which groups or agencies, either public or private, come to mind that provide services for people age 50 or over.

Overall, 30% could not name an agency or organization which provides services to those 50+. Of particular concern is that 35% of those 75+ could not name an agency since they would be the greatest users of services. This compares to 27% who are in the 50 to 64 age group.

This demonstrates the need for additional information to be provided to residents indicating the services which exist in the county for those 50. All residents 50+, especially those 75+, should be able to name at least one agency that provides services to their age group.

The Visiting Nurse Association, Senior Resource Association, and hospice were the organizations mentioned most often.

Of those residents who could name an agency which serves the 50+ population, almost 30 different agencies were named. Those mentioned most often were:

- Visiting Nurse Association (26%)
- Senior Resource Association (18%)
- Hospice (13%)

Other agencies were mentioned by less than 10%.

Residents 50 to 64 mentioned Senior Resource Association more often compared to other age groups (23% vs. 12% who are 75+). Also, residents of zip code 32963 were more likely to name Senior Resource Association than residents from other areas of the county (28% compared to a low of 11% in zip code 32966). More than one in five (22%) residents in the zip code where Senior Resource Association is located (32960) mentioned the organization.

However, it should be noted that several factors could have skewed awareness for Senior Resource Association, such as:

- The PSA (flyer and radio) done prior to launching the survey where Senior Resource Association was identified.
- Interviewers indicated the research was sponsored by the Senior Resource Association in their introduction.

In all focus groups, the Senior Resource Association was mentioned.

While some identification of Senior Resource Association may be due to the fact that a representative of the organization coordinated the focus groups, it is also clear that several either have had personal experience with Senior Resource Association or know about it from others.

> *"I think they have a senior resource center and that they have changed their name in the last couple of years."*

Interestingly, one seasonal respondent and her husband are frequent users of Senior Resource Association since it is seen as a way to socialize and meet people.

> *"We go and play cards there every Tuesday. We play Canasta and meet people. I also know they have a chorus, a band, and people can come in and dance. They have a lot of activities there."*

Other respondents who have used Senior Resource Association, or know someone who has used it, did so to assist an elderly relative or friend.

> *"I have a friend at work who has her boyfriend's grandmother living with them. The grandmother has Alzheimer's and they have to work. She needed to do something with granny during the day."*

There was a perception that some places in the county may have more resources than others.

> *"There was a senior center near Wal-Mart that used to have a lot of programs, now they are charging people $1."*

The Senior Resource Association was also identified as a focal point of information.

The guide published by Jameison was identified as being published by the Senior Resource Association and is considered a useful tool.

> *"I know a lot of people who consider their blue book as their bible. Once we have it, we can give individuals resources."*

> *"The blue book should be handed out by people doing Meals on Wheels and put on the door step of all older people in the county."*

> *"It is our bible. We mark it up and use it for knowing about social services."*

Overall, in the community survey, caregivers are more likely to mention Meals on Wheels and religious organizations than non-caregivers. This may be because they rely on these organizations when caring for their loved one. Also, in general, females were able to name an agency more often than male respondents (74% vs. 61%). In SRA's experience conducting research related to healthcare and caregivers, females tend to take the lead in finding resources for their family. This may be the reason for differences by gender.

Agencies Which Provide Services to Those 50+

Don't know
- TOTAL: 30%
- 50 to 64: 27%
- 65 to 74: 29%
- 75+: 35%

Visiting Nurse Association
- TOTAL: 26%
- 50 to 64: 25%
- 65 to 74: 26%
- 75+: 26%

Senior Resource Association
- TOTAL: 18%
- 50 to 64: 23%
- 65 to 74: 19%
- 75+: 12%

Hospice
- TOTAL: 13%
- 50 to 64: 13%
- 65 to 74: 14%
- 75+: 11%

Legend: TOTAL, 50 to 64, 65 to 74, 75+
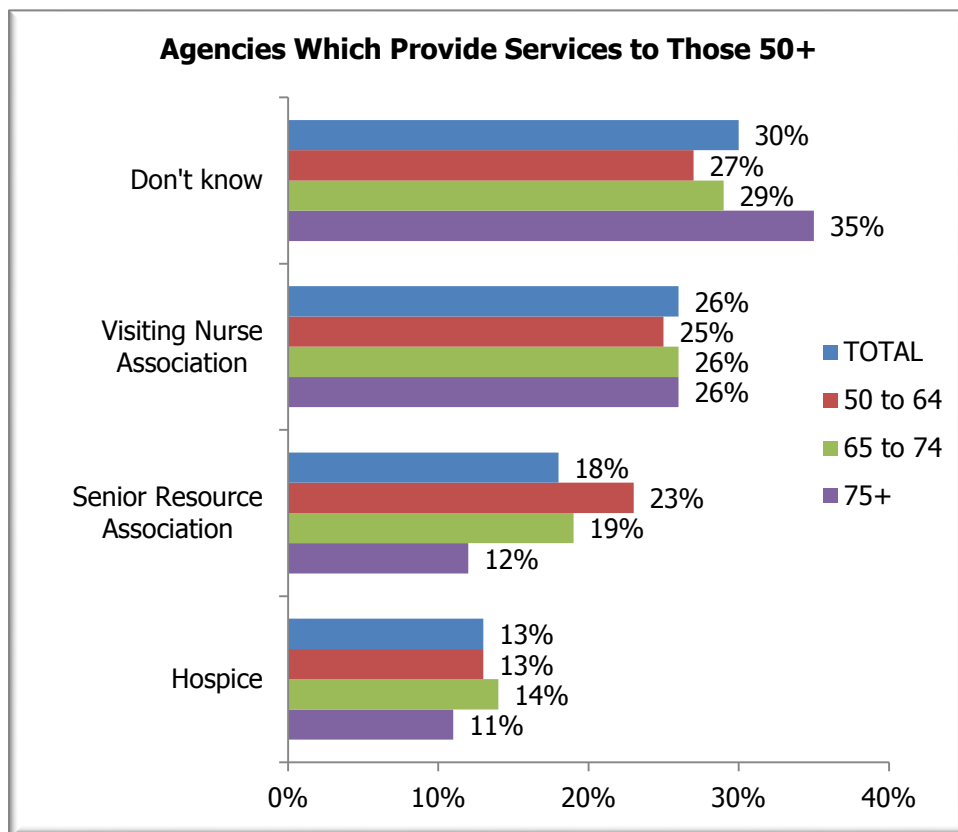
Source: Community Survey - Q. 8: When you think of groups or agencies, either public or private, that provide services for people age 50 or over, which ones come to mind? Multiple responses allowed

In the focus groups, some awareness of 2-1-1 exists, with mixed reactions evident.

One respondent questioned the others regarding awareness of 2-1-1. The reaction to 2-1-1 was either lack of knowledge or some dissatisfaction among those who have heard about it or used it.

> *"I have heard it depends on who is on the other side giving you information. They use volunteers."*

> *"I don't have any personal experience with them, but I know people who have tried it and been told that if you are in Indian River County, you end up talking to someone in Martin County. They can't help us here."*

A few focus group respondents voiced dissatisfaction with either access to and/or awareness of services that are available. It should be noted that these respondents either currently or have in the past had the responsibility of caring for an older adult.

> *"When my parents who lived here 10 years ago were sick, we could not get assistance. My sisters and I had to take time off from work to help them. If it wasn't for my sisters, I probably would have lost my job. It is a great place to*

raise kids, but care for the elderly is not good and people my age have trouble accessing activities because of the hours (of availability)."

"Is there a volunteer ambulance service here? My father needed dialysis three times a week."

"I think the most important thing to get out of this effort is to advertise the things that are available for people our age."

Many focus group respondents don't know what they need.

Interestingly, when focus group respondents were asked what they specifically need or would like to have available in terms of services, many had a hard time initially replying.

"It's funny. When it comes to ourselves, we don't know what we need. We don't have time to think about it."

"We don't think about ourselves so we don't know what we need."

"As women, we are caretakers. We feel guilty if we can't do things for other people or if we have to ask people for help."

"When you go through life doing for others, it is hard to overcome that routine."

"I had a doctor ask me what I was doing for myself. I told him my joy is being able to pay bills. I go to sleep, get up in the morning, go to work and start the process over the next day. My doctor told me he wants me to tell him next time what will make my life happier."

Services desired which are not related to leisure or social activities included:

Mental health therapists

"I am spending $280 a month out-of-pocket. I wish therapists here would take insurance."

Financial counseling

"I would like to learn ways to improve my finances."

"How about consumer credit counseling to help people manage their money wisely?"

"We need financial counseling for people who are middle class."

Help with home maintenance

"I have things that need to be done around my home that cost too much for me to do. I don't have the money to hire anyone."

"I used to be able to do a lot myself, but now I can't keep up with it."

Someone to take care of pets

"If you are in the hospital or something like that you need to get someone trustworthy to go to your house."

Some focus group respondents also mentioned the need for respite care.

"For younger people who are taking care of older parents and other caregivers, there is a need for respite care. It could be like a babysitting co-op for adults."

It was suggested that in-home visits to seniors needing services would be beneficial.

Some respondents recommended that an ideal situation would be for providers to visit seniors who have difficulty accessing needed services.

"In some cases, we really need to go to the patient because they are aged and frail."

"We are thinking about that and are partnering with VNA to start providing home visits for some of our seniors."

For many respondents, home visits are out of the question since they have limited resources to handle their existing demand and operations.

"We don't have enough people. We get flooded with people needing help with so many not making an appointment, but just walking in."

Sources Used

Word of mouth is the main source used to find out about services available to those 50+.

Respondents rely mostly on word of mouth from family or friends about possible services available. Not surprisingly, the Internet is used more by those 50 to 64, while older age categories rely more on word of mouth and the local newspaper.

The yellow pages are relied upon just as much as the local paper. One in five depends on the phone book for services and resources available for those 50+.

Sources Used to Find Out About Services and Resources Available to Those 50+
(Top Mentioned Responses)

	TOTAL	50 to 64	65 to 74	75+
Word of mouth	40%	35%	47%	40%
Internet	26%	41%	21%	15%
Local newspaper	20%	19%	17%	24%
Yellow pages/telephone book	20%	17%	21%	20%

Source: Community Survey - Q. 10: How do you find out about services and resources you need for you or someone in your household who is age 50 or over?

In the focus groups, many suggested creating communication resources that can be a vehicle by which to get information on services.

A popular suggestion was to contact and embrace medical professionals at physician offices and hospitals as a resource.

> "Maybe doctors can tell us about the different options that exist."

> "Hospitals can have a list of places that we could call."

A majority of women between the ages of 50 to 64 do not think most people their age are aware of the services that exist. For this reason, several recommended a strong need to improve communication about services that exist.

In addition, the Internet is considered an important resource for younger seniors.

Some respondents rely on the Internet to get information on services for an older relative for whom they are a caregiver. Additionally, several use the Internet to research services they might need in the future.

> "I am computer savvy and I use the computer. I would look up the Senior Resource Center website."

However, while electronic technology is accepted as an important and widely used resource, it also is not considered appropriate for all older people.

> "In the business world, the assumption is everyone is on a computer and that is a real problem. The move toward electronic information is leaving out many older people."

> "Some older people would prefer being given a booklet that has everything listed in it."

Respondents in the focus groups suggested several ways to get information on services to seniors.

Although an information guide already exists, they suggested publishing one. This points to the lack of awareness that exists as to what is available for seniors.

> *"It would be good to have an information book that lists all the nursing homes in this county, as well as all the services and what they entail."*

> *"We need a hub we can access."*

In addition, they recommended that bulletins or flyers be distributed to keep older people informed about services and activities.

> *"A bulletin in large print should be put out every month."*

> *"Flyers at local banks and stores."*

Further, some focus group respondents recommended using organizations and facilities that assist older people to serve as a liaison to target who needs to get the information.

> *"Meals on Wheels is a great program and it somehow needs to expand so volunteers get the names of people getting meals and find out what else can be provided to them."*

> *"Maybe an exit interview; when an older person is leaving the hospital, ask if they need follow-up or get their contact information so a volunteer can call to see how they are doing."*

> *"That is a great starting point. I have been in many homes and seen the devastation and elderly going downhill. If we can go in there and assess, it would help."*

Focus group respondents also recommended the following information resources:

- Word of mouth
- Churches and clubs – *"Booklets can be handed out."*
- Newsletters – *"The Pelican Brief was good, but we don't do it anymore."*
- Bill inserts – *"Fellsmere communicates through water bills."*
- Phone – *"There needs to be a dedicated number that an older person can call in Sebastian so we don't need to call Vero."*
- Physicians and hospitals
- Newspaper – *"The Press Journal sends out a big insert that lists all the stuff once a year."*

Respondents acknowledge that lack of awareness exists as to resources that are available to seniors.

In order to effectively reach the seniors targeted, it was recommended that both the services and marketing of them be tailored to the applicable audience segmented by age.

> *"They definitely need to know that the needs vary by age group, even though there are a few things in common across ages."*

Examples of ways to educate seniors were provided in both groups and included:

Piggy backing on other communications

> *"In Fellsmere, we use water bills to provide information. You can mail three pages for the same postage as one page, so every one of our water bills has an insert."*

The local newspaper

> *"We hooked up with our main newspaper and they run a supplement once a year because the players and locations change."*

Availability at retailers used

> *"Information should be put in grocery stores and other retailers. We should try to make them partners."*

Jameison Publishers

> *"There is a senior newsletter that is published by Jameison Publishers and he handles health and seniors. He doesn't have a mailing list, but he puts them around like at the Senior Resource Association and United Way."*

Provide information to younger people/get younger people involved

> *"My community in northern Indian River County is disproportionately young with few elderly, so we need to get information to the younger group."*

> *"We need to approach the younger generation who are taking care of the older people."*

> *"Most schools have programs where young people can volunteer. A lot of elderly do not have family and it would be good to coordinate young volunteers with lonely older people."*

> *"There would need to be coordination, but a reverse of a Big Brothers program for seniors should be made possible."*

"Intergenerational efforts work well. Seniors love to engage with kids and for kids the interaction is healthy."

"Sometimes if you have a child present and the senior has dementia, the simplest interaction with the child can help the senior communicate because the lovely child sitting in front of them may remind them of someone from their past."

Radio and TV

"The older folks listen to the radio and TV, but less TV since their eye sight is bad."

Physicians

"There should be an emphasis on doctors since older people go for medical appointments. While they are there, they can look at literature."

"I know doctors are pressured like crazy to up productivity and cut time with patients, so having information in waiting rooms is good. All the doctors or nurse practitioners need to do is say we have pamphlets that might interest you."

Meals on Wheels/soup kitchen

"All people who deliver food to seniors are resources. They see them (seniors) and can give them information packets or stick it onto their refrigerators. I know seniors read."

"The Hispanic, black and non-Hispanic communities are all distinct, but the things all three have told me is that isolation is happening, with the Meals on Wheels person frequently being the only person the older people talk to."

"We have a soup kitchen in the black community. That is where we see a lot of people. I have concerns because we need more volunteers and gas prices are high for them."

Home healthcare

"After people are safe to be discharged from the hospital, they benefit from a home health visit and the social worker can assess them and family resources, so they know about services."

At arranged activities

"At my center, I have 45 to 50 seniors exercising every Thursday and I usually will have someone come in and present to them so they can get information, but I try not to have too many different faces come in to present because seniors need to get to know people and I am protective of them (seniors)."

Religious community

> *"Seniors trust their ministers, so they are a good source."*

Events

> *"There are at least three major events at the mall that target seniors. The seniors are brought in by bus and provided with a lot of information and resources."*

Sheriff's office

> *"We have the sheriff's office We Care Program and they go out and volunteer as part of the sheriff's department. They will call people to check on them. If the phone isn't answered, they may send out a police officer."*

Mental Health Association

> *"We can hand out/have information available in the lobby so older people with depression and anxiety can get information."*

2-1-1

> *"2-1-1 is a wonderful resource, but people don't know enough about it. Every organization that exists in Indian River County should have copies of how to connect to it."*

> *"I got information about 2-1-1 because some lady came to us in Fellsmere and told us about it."*

> *"I think there are four counties involved in our 2-1-1. People should be told they can call them and they will send a brochure."*

Greater collaboration among providers

> *"I see agencies that set up their tables at health fairs, but they never go and pick up each other's cards. We should visit each other and better connect because I could have something that another agency would need."*

It was recommended that Indian River County explore best practices of resources offered in different parts of the country and consider offering them in the county.

As part of this conversation, respondents provided examples of resources they found to be of value in other places where they lived.

The following are a few examples mentioned.

Friendly Visitors – Pittsburgh, PA

> *"They would actually match people with others that they could be compatible with at no charge and it would list all agencies available."*

Self-help Network – Pittsburgh, PA

> *"We had a self-help network to help people from other cities. It was a medical model and anyone who moved to Pittsburgh could call the self-help group and get information."*

SWIM (Single Women in Mid Life) – Pittsburgh, PA

> *"In Pittsburgh, the National Council of Jewish Women noticed that women in their 50s whose husbands had died at a young age needed help. So a group called SWIM was started that paired a woman (in need) with another woman, like a big sister, who could work with them."*

Automotive Checks for Seniors – Seattle, WA

> *"I used to live in Seattle and they had a program there where once or twice a year firefighters would check automotive vehicles for seniors. You would have to sign a waiver and they would check your battery and fix simple things. If it went beyond what they could do, they would tell you what needed to be done. The cost of this was to put a donation in a bucket if you wanted to. It was fabulous."*

Stakeholder Input on Services and Providers

This section discusses stakeholder comments regarding the issues facing services and providers.

Service System Challenges

There is a perceived lack of available funding to deliver all desired services.

Respondents discussed budget and staff reductions and the strain of the distressed economy on available resources to support providing services at the same time that target population demands were increasing, particularly for emergency financial assistance and in-home care.

In the area of funding, respondents further stressed that older adults and their service needs do not appear to be a funding priority within Indian River County.

Representative respondent comments include:

> "My social workers identified that there's still not enough funding for senior services such as Meals on Wheels, personal care, homemaker, transportation, medication, adult daycare, and respite care. In addition, we need access to alternate housing, like some kind of healthcare assisted housing."

> "Overburdened and underfunded, obviously."

> "A majority of our resources are spent on children and they're not a big percentage of our population."

> "There is a disconnect with funders."

> "They (older adults) need a better voice for themselves. We need to bring some kind of awareness to that population."

> "I think the biggest thing is marketing how much seniors are in need."

It was suggested that quite a number of initiatives exist in the county, but awareness of these are low.

Service providers need to determine the most effective approaches to engage the senior population. Respondents indicated the need to make the population more aware of services and opportunities which are available.

Highlighted Initiatives

Some of the services for older adults mentioned as noteworthy and/or best practice include:

- Cocoa Beach Florida Fire Rescue *Safe Senior* Initiative
- Elder Driving Classes at County Government Facility

- Free County-wide Recreation Programming
- Indian River Fire Rescue Smoke Detector Installations
- Indian River Health Department Chronic Disease Education
- Indian River Health Department Health Fair Coordination
- Indian River Sheriff's Office *Seniors Against Crimes* Crime Prevention Initiative
- Indian River Sheriff's Office *We Care Program (daily telephone reassurance)*
- Indian River State College Lifelong Learning Program
- Gifford Center Intergenerational Programming
- Meals on Wheel *(particularly the post-hospitalization initiative)*
- Museum of Art Intergenerational Arts Program
- Treasure Coast Community Health
- VNA Charitable Flu Clinic
- VNA Mobile Health Unit

Opportunities for Collaboration

Communication and collaboration among service providers is important.

Respondents mentioned the need to form alliances, maximize existing resources, and avoiding duplication (i.e., similar intake and assessment processes) to free up resources for use in other programs.

Collaboration was not only recommended among formal agencies, but with informal community entities. A "neighbors-helping-neighbors" approach was presented by respondents.

Representative respondent comments include:

> *"We are fragmented with too many groups doing their own thing. We need a county-wide united front. We need to look at partnerships."*

> *"We need connectivity of services and activities."*

> *"We have to think of more things we can do together… creating efficiencies across agency lines."*

Some organizations specifically identified for collaboration included the following:

- 55+ Communities county-wide *(for outreach, older adult engagement, and information dissemination)*
- Faith-based organizations *(for parish nurses, as well as information dissemination)*
- Fire Rescue *(for home and risk assessment, as well as information dissemination)*
- Indian River Medical Center *(for clinical services, as well as in conjunction with the wellness center they are developing)*
- Indian River Sheriff's Office *(for public safety initiative and information dissemination)*
- Mental Health Association
- Veteran's Services
- VNA *(for home and home safety assessment)*
- VNA *(for their proposed outpatient counseling clinic)*

- United Way *(for their Executive Round Table, as well as information dissemination to their donors and funded organizations)*

Community Awareness

Many senior residents and service providers simply don't know what services are available to them.

Knowing available services and resources was identified as both a concern for respondents, as well as for Indian River County's older adult population.

"I think the thing that needs to be most improved, and I'm sure you'll hear this over and over again, is just the idea of communication. Getting the word out to everybody and how you can go about getting the word out."

"We need some kind of collaboration between agencies that have services for these age groups. People need to know that there's somebody out there that can do it and then get that information distributed to everybody in some shape or form."

"There is just so much out there. There is the Senior Resource Guide that Jameison Publishing does and the Senior Bulletin Board. That Bulletin Board I think comes out monthly, but it has lots of information in it. I go to the Homeless Services Council, the Economic Opportunities Council, Harvest Food Bank, the Internet, we have a medical guide to services, we have a mental health guide to services. I don't think it is all in one place."

"Some people live right here and don't realize that there are a lot of things that are available."

"If somebody's got time to go talk to homeowner association meetings, that's a great way to get out information."

"Senior services are under-marketed. The general community does not understand."

Community awareness and education was seen as a critical vehicle for reducing stigma and connecting people with services.

It was suggested that there is a need to provide standardized information and education about programs for the older adult population. Respondents suggested many methods and places for dissemination of information to the older adult population. Frequently suggested venues included the following:

- 2-1-1
- Billboards
- Buses
- Doctor's offices and medical facilities

- Faith-based councils
- Homeowner associations
- Medical Security Program
- Newspaper
- Internet
- Provider agencies
- Radio
- Television
- Utility bill inserts

In addition, many stakeholders indicated there is an issue with 2-1-1 in terms of awareness, among both providers and the public. Some suggest 2-1-1 does not have a local presence which is a problem when trying to link seniors to services in Indian River County.

"We need to encourage 2-1-1 to broaden their education public awareness campaign. That's been quite a struggle for them."

"I bet most of my guys don't even know 2-1-1 is there. And, to tell you the truth, I kind of knew it was there, but I didn't know exactly what it does. If I knew more about them, my guys might be more likely to say call 2-1-1, they can help you with this."

"I'm not sure if people are aware of 2-1-1 or not. I've never heard of anybody that's called. I don't think it's very highly advertised. I remember there was a little bit of publicity on it."

"I'd probably call 2-1-1, but now that I find out it goes to West Palm, I'm not so sure that would be that helpful."

"The 2-1-1 system is based in West Palm Beach. You know I have mixed feelings about that. You can call 2-1-1 and get some numbers, but we need to take it a step further. I think, if anything, it needs to be a little bit more local than that."

Analysis of Services and Providers

- According to the Florida Department of Elder Affairs, there are quite a number of organizations in Indian River County which provide both home and community-based services to residents age 50 and older.

- According to AARP, 14% of Floridians 50 years of age and older receive home and community-based services. Data from the Visiting Nurse Association in 2011 suggest most residents who receive these services are between 71 and 90 years of age.

- Residents age 50 and over in Indian River County have a wide variety of service providers available depending on the level and type of care needed. One-quarter of all calls to 2-1-1 were from residents age 55 and over. These calls were primarily for financial assistance or medical assistance. The Senior Resource Association and Your Aging Resource Center were among the top agencies receiving referrals from 2-1-1. In 2011, there were 1,023 residents on the waiting list for publically and Medicaid funded home and community-based service.

- Overall, awareness of agencies which serve residents age 50 and over was quite low in the community survey. The most frequently mentioned agencies were VNA, Senior Resource Association, and hospice.

- In the focus groups, the Senior Resource Association was also identified as a key source of information on seniors. In addition, some in the focus groups mentioned 2-1-1. Many community survey respondents mentioned word of mouth or the Internet as sources of information about senior services. Focus group respondents mentioned all types of organizations and the media should be used to spread the word about senior services and events. Those who have direct contact with seniors (such as Meals on Wheels volunteers) are also a way to disseminate information.

- Finally, focus group respondents suggested there may be value in studying best practices in other areas which work well for seniors.

Recommendations for Services and Providers

There are a number of actions service providers could consider to better serve seniors in Indian River County. These include:

Agencies need to do a better job informing people about how they can help.

- Create greater awareness of services available to seniors in the county.

  - ➢ Currently, there is low awareness of the organizations which serve seniors in Indian River County and, consequently, many residents do not know what types of help can be obtained.
  - ➢ Look to get the Guide to Senior Services in Indian River County in the hands of a wider audience.
  - ➢ Use religious organizations and the library system to spread the word to seniors and children of seniors as these are key gathering points for seniors.

- Encourage 2-1-1 to do more to increase its awareness in Indian River County by attending events, advertising, etc.

  - ➢ Awareness of 2-1-1 is low in Indian River County.
  - ➢ There is a perception in the county that 2-1-1 is a Palm Beach focused organization and does not provide referrals to organizations in Indian River.
  - ➢ Also, make sure agencies serving seniors are listed and have updated information in 2-1-1 files so the referrals can be accurate.

- Explore ways to provide more early intervention with seniors in the county.

  - ➢ One example would be Meals on Wheels drivers who can help be the eyes and ears for early intervention.

FUNDING ANALYSIS

While specific data was not available regarding the details of funding and resources for older adult services in Indian River County, a review of 2010 data from The Foundation Center's Statistical Information Services provides some insight regarding funding trends. Although this data is not Indian River County specific, it offers insights on grant distribution and allocation. In addition, ProPublica has compiled data on the distribution of stimulus funding which shows data for Indian River County and the specific organizations which received those dollars.

Data from this source, which is related to resources for older adult services, is generally categorized under the title human service organizations and not delineated by type of human service, such as aging services.

The funding and resources chapter contains the following information:

- National grant funding
- Southern U.S. funding
- Average grant amounts
- Top grant recipients
- ProPublica Stimulus Funding Analysis

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Funding Analysis Indicators

National Distribution of Grant Funding

The following table provides details associated with distribution of grants, grant values, and proportion of overall funding by type of recipient organization on a national level.

In 2010, human service organizations ranked fourth in receipt of total grant dollars despite ranking 1st in submission of grant applications. Educational institutions, healthcare organizations, and public affairs organizations receive more grant funding than human service organizations.

Recipient Type	Value of Grants	%	Number of Grants	%
Educational institutions	$6,221,439	30.3	34,693	22.7
Hospitals and healthcare organizations	$3,191,613	15.5	16,410	10.7
Public affairs and society benefit organizations	$3,059,215	14.9	20,511	13.4
Human service organizations	$2,717,101	13.2	41,706	27.3
Arts and culture organizations	$2,223,975	10.8	19,751	12.9
International organizations	$1,110,948	5.4	4,063	2.7
Environment and animal related organizations	$1,105,534	5.4	8,558	5.6
Science organizations	$380,887	1.9	1,023	.7
Churches and temples	$377,689	1.8	5,178	3.4
Social science organizations	$156,442	.8	778	.5
Unspecified	$976	0	21	0

Source: The Foundation Center's Statistical Information Services, 2010

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Distribution of Grants for the Southern United States

The following table represents the number of grant awards for the southern portion of the United States by recipient organization type. Within the south region of the United States, human service organizations received the greatest number of grants.

Recipient Type	Number of Grants	%
Human service organizations	11,525	30.7
Educational institutions	8,391	22.4
Public affairs and society benefit organizations	4,580	12.2
Arts and culture organizations	4,221	11.3
Hospitals and healthcare organizations	4,047	10.8
Churches and temples	2,314	6.2
Environment and animal related organizations	1,572	4.2
International organizations	581	1.5
Science organizations	172	.5
Social science organizations	111	.3
Unspecified	3	0

Source: The Foundation Center's Statistical Information Services, 2010

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Average Grant Funding Amount

The following table represents the average grant awards for each recipient industry. Human service organizations received the lowest average grant award amount.

Recipient Type	Average Grant Amount
Science and technology	$256,310
Health	$223,273
International affairs	$177,851
Education	$168,432
Social sciences	$165,716
Public affairs and social benefit	$137,811
Environment and animals	$136,391
Other	$114,794
Arts and culture	$110,646
Religion	$89,540
Human services	$72,624

Source: The Foundation Center's Statistical Information Services, 2010

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Top Florida Foundation Grant Recipients

Some United Way agencies within the State of Florida are among the top fifty Florida recipients of foundation grants. The United Way's in large population areas tend to be the recipients of more grant dollars. The United Way of Indian River County and the United Way agencies of the peer counties (Collier, Charlotte, and Martin) are not among these top recipients.

Adjusted for outliers, many of the other top Florida grant recipients tend to be colleges/universities and religious organizations.

The following table represents those Florida United Way agencies that were among the top recipients.

Recipient Organization	Total Dollars Awarded	Number of Grants
United Way of Tampa Bay	$2,556,665	17
United Way Heart of Florida	$1,994,310	17
United Way of Central Florida	$1,948,004	9
United Way of Miami Dade	$1,770,526	18
United Way of Broward County	$1,403,387	16
United Way of Northeast Florida	$1,067,882	31

Source: The Foundation Center's Statistical Information Services, 2010

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Florida Stimulus Recipients

ProPublica collected data regarding the distribution of stimulus funds. Awards were in the form of either grants or loans. In addition, some funds were "direct pay" to agencies, including the Social Security Administration and the Department of Agriculture.

Total Indian River County Stimulus Dollar Recipients

	U.S.	Florida	Indian River County
Population	308,745,538	18,801,310	138,268
Total recovery funding	$522,082,377,600	$24,250,688,306	$108,858,324
Funding per capita	$1,691	$1,290	$787

Source: ProPublica Recipient reported data through the second quarter of 2012.

Of the grants awarded, human service organizations in Indian River County received $2,685,140. The Treasure Coast Homeless Services Council received the bulk of these funds ($2,587,977) under a grant from the Department of Housing and Urban Development. Of the remaining money, the Salvation Army received $54,663 under a grant from the Department of Homeland Security, and the Boys and Girls Club of Indian River County received $42,500 in a grant from the Department of Justice.

**Total Human Service Dollars Received in
Indian River County**

Organization	Dollars
Boys and Girls Club of Indian River County, Inc.	$42,500
Treasure Coast Homeless Services Council, Inc.	$2,587,977
Salvation Army	$54,663
Total human service organization grants	$2,685,140
Total Indian River County grants	$96,521,258

Community Response to Funding

Potential Resources

Indian River County was identified as a community with a number of generous philanthropic organizations.

Respondents stressed the importance of demonstrating the need for support to the older adult community and their service organizations. Respondents reported funders as not only unaware of the population's needs, but also non-strategic in their funding practices.

Representative respondent comments include:

> "Probably one of the most philanthropic communities for our size that you will ever bump into."

> "Market how much this population is in need, but is currently suffering in silence."

> "Funders not always aware of the real needs."

> "Funding is currently too fragmented."

Respondents suggested the following as potential grantors for older adult services and programming:

- CVS and other major corporations
- Financial Institutions
- Grand Harbor Community Outreach
- Indian River Community Foundation
- Indian River County Funders Forum
- Indian River County Hospital District
- Indian River Impact 100
- John's Island Community Service League
- John's Island Foundation
- Quail Valley Charities
- United Way of Indian River County

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Stakeholder Input on Funding

This chapter contains stakeholder comments regarding funding and issues with funding.

Funding for senior service providers competes with other "causes" in the county.

Stakeholders indicated that seniors are not a funding priority in the county and donors are more inclined to support other causes. For example, several commented:

> "My social workers identified that there's still not enough funding for senior services such as Meals on Wheels, personal care, homemaker, transportation, medication, adult daycare, and respite care. In addition, there is no access to alternate housing, like some kind of healthcare assisted housing."

> "There are a number of really good causes and we're all vying for the same donor dollars. The causes that do inspire those that have the means aren't always seniors though. It's more children, pets, maybe the environment, not so much for seniors."

Many stakeholders indicated their funding has consistently declined.

Several stakeholders talked about how their funding has been cut for consecutive years which impacts the ability to serve the senior community. Their comments included:

> "The county does give us some dollars, but they are diminishing. Fifteen years ago they gave us $120,000, the next year they gave us $100,000, and now we're down to about $85,000. Next year they said they are going to cut another 5%. We'll probably be down to about $75,000 out of a million-dollar budget, so you're not really even giving us 10% of what we're doing."

> "I know they've been cutting back on everybody and then you start cutting back on services. Everybody is getting cut. There are a lot of essential services that the elderly need or could use and that's probably the biggest thing when they get cut."

Cuts in funding were indicated which will particularly impact younger seniors (under 65) who do not have insurance.

> "The funding is decreasing and our ability to provide care to people who are uninsured is becoming a lot more challenging. Certainly, we serve more adults between 50 and 64 than those over the age of 65. The economic situation has put pressure on everyone, including that population."

Stakeholders indicate there is grant money available.

However, they also indicated that the grants are very competitive and that some require matching funds. Several comments regarding grants included:

"I know there's grant money out there you can probably get. There are some grants that could potentially be done. Unfortunately, some of them are matching and that's going to be a problem because you've got to fund part of it."

"We've written three to four federal grants, but we don't receive funding because of the way they categorize us. Our funding is definitely always needed in public relations. That's what I do. I've got to make a lot of presentations. I made one and 120 people or more came who are potential donors."

One stakeholder indicated the Indian River Foundation is also a good source of funding.

"I think that all of the adult services in this community do a good job as far as federal and state grants. There's a new organization in this community which is only four years old and it's called the Indian River Community Foundation. I think that organization has strong possibilities of being able to help with grants because they have access to people who are genuinely interested in the needs of this community. The Foundation has a grant program that's gotten stronger in the last two years."

Analysis of Funding

- Education is the most funded area and receives almost twice the funding as healthcare which is the second most funded category. Human service organizations, which include aging services, was ranked fourth in funding. In the southern U.S., human service organizations received the greatest number of grants. However, human service organizations have the lowest average grant amount.

- In Florida, the United Way's in large population areas tend to be among the largest recipients of grants. Other top Florida grant recipients tend to be educational institutions or religious organizations.

- Organizations in Indian River County received over $100 million in stimulus funding from a variety of sources. Of the more than $96 million in grant money which came to Indian River County, none was specifically designated for organizations which serve seniors in the community.

Recommendations for Funding

More aggressively look for funding opportunities and emulate what is working well in other areas for seniors.

- Once priorities are established, consider hiring a shared grant writer for the agencies serving seniors.

  - ➢ The performance of human service organizations in terms of grant money is fourth below educational institutions, hospitals, and public affairs and society organizations.
  - ➢ The average amount of grants awarded to human service organizations is the smallest of all types of organizations.
  - ➢ Only three human service organizations in Indian River County received any of the over $500 billion in federal stimulus money distributed.

- Undertake a best practice review to determine what is being done by agencies providing services to seniors in other areas of the U.S. to see if there are opportunities for Indian River County to emulate those programs.

  - ➢ Focus group respondents mentioned programs in other areas of the country in which they found benefits.