

The Characteristics and Current and Future Needs of Older Adults in the Five-County Senior Connection Center, Inc. Service Area



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Introduction

The purpose of this report to Senior Connection Center is to provide information about the existing challenges, needs, and strengths related to serving older adults in its five-county service area, with the larger goal of informing strategies to enable older adults to live with independence and dignity.

This project began with and was built upon an examination of several prior reports on the characteristics, resources, and overall needs of the five counties – Hardee, Highlands, Hillsborough, Manatee, and Polk counties (see Appendix 1 for a list of the reports). The purpose of this examination was to determine what data had already been compiled concerning the needs of older adults.

Following this first step, we collected and examined the most recent statistical data available on older adults in each of the five counties from multiple sources. These sources included the Bureau of Economic and Business Research at the University of Florida; the Florida Agency for Health Care Administration; the Florida Department of Health; the Shimberg Center for Housing Studies, University of Florida; the U.S. Bureau of the Census, American Community Survey; and the U.S. Center for Medicare and Medicaid Services.

For the third step we conducted interviews with individuals from each county who play key roles in programs or organizations that provide services for older adults (please see Appendix 2 for a list of the questions guiding each interview). We recorded the interviews, with the participants' agreement, then transcribed and analyzed them to identify recurrent issues and concerns. Two USF School of Aging Studies faculty members conducted the one-on-one interviews. Three people, one School of Aging Studies faculty member and two students, analyzed the interview transcripts to identify the key issues or concerns expressed. Several of the interviews were analyzed by two people, working separately, who then discussed their observations and came to a consensus on the main issues.

We present our results in three sections.

- Section I reviews prior reports and needs assessments of the five Senior Connection Center counties.
- Section II presents data from various indicators for the five counties and Florida together, providing a view of the service area as a whole but also allowing for direct comparisons of the five counties. The indicators include population projections and data on functional abilities, sociodemographic characteristics, health care provider availability, and hospitalization rates for chronic conditions.
- Section III consists of analyses of each county individually. It combines the quantitative data with results of interviews with key informants who provided further perspective from their vantage points as public officials and service providers. The interview data are presented to shed light on the statistical data and highlight differences and similarities among the counties regarding the needs of older adults. For each county, we highlight specific issues of interest, but we also intend for our analyses to provide an overall view of the needs of older adults served by Senior Connection Center.

Finally, we provide conclusions and a set of recommendations or next steps developed on the basis of the information gathered for this report.

I. Needs Identified in Prior Reports

Prior needs assessments and program reports on Hardee, Highlands, Hillsborough, Manatee, and Polk counties addressed a wide range of issues, based mostly on data from 2020 or earlier. They focused largely on issues of concern for younger adults and families, such as economic opportunity/jobs, education, and the cost of living. Health issues, chronic illnesses in particular, also emerged as prominent concerns, but for the adult population overall. In general, these reports presented little detailed information on the population of older adults and their needs. The information that did emerge on the needs of older adults came primarily from focus groups conducted for some of these studies.

The attention to younger demographic groups in three of the counties was not surprising, given the median ages at the time the data were gathered - Hardee (35), Hillsborough (37), and Polk (40) - compared to Florida's median age of 42. The median ages in Manatee and Highlands were reported to be considerably higher, 48 and 54, respectively, so it is likely that in these counties, the needs of residents overall also reflected the needs of older adults. This appeared to be the case for Highlands in particular, because of the past and projected growth of its older population.

The following are the issues that prior reports presented as most concerning for older adults:

Housing

Focus group participants in several counties raised the issue of housing, with Highlands County focus group participants discussing long waiting lists for low-income senior housing and rising homeowners insurance costs. A report on Manatee County prepared for the U.S. Department of Housing and Urban Development stated that older adults were more likely than others in the county to be burdened by housing costs. Reports on Hillsborough and Polk counties also highlighted that rising rental costs were an increasing concern for older adults. Housing costs and availability emerged as an issue affecting people across generations.

Transportation

In the reports for every county except Hillsborough, focus group participants discussed numerous difficulties related to transportation. Most prominent were comments about the lack of transportation services and the related consequences, such as missing doctors' appointments, not being able to get to grocery stores, and being socially isolated. Where services were available, the waiting and ride times were hours long and sometimes the drivers did not arrive at all.

Health

Several of the prior reports focused broadly on health and health care, showing that younger and older adults across the five counties experienced high rates of chronic illness. Hardee was notable. The percentage of Hardee County residents who had experienced a stroke or heart attack or had been told they had coronary heart disease was almost double that of the state. Its residents had a higher incidence of colorectal cancer than the state, with fewer older adults (age 50 and older) having received a sigmoidoscopy or colonoscopy. Twice the percentage of Hardee County residents had been diagnosed with diabetes (23.6%) compared to Floridians (11.8%). Hardee was also identified as a Health Professional Shortage Area and Medically Underserved Area.

In both Hillsborough and Polk counties, the percentage of Medicare beneficiaries in treatment for Alzheimer's disease or a related dementia (ADRD) or depression was characterized as a "warning

indicator.” In addition to diabetes, mental health and social isolation were identified as top issues for older adults in Manatee County.

Other issues

Food insecurity. Access to nutritious food emerged as a concern in Hardee, Highlands, and Polk counties, but mostly in relation to the problems of transportation and costs (medication and/or housing expenses leaving little for food).

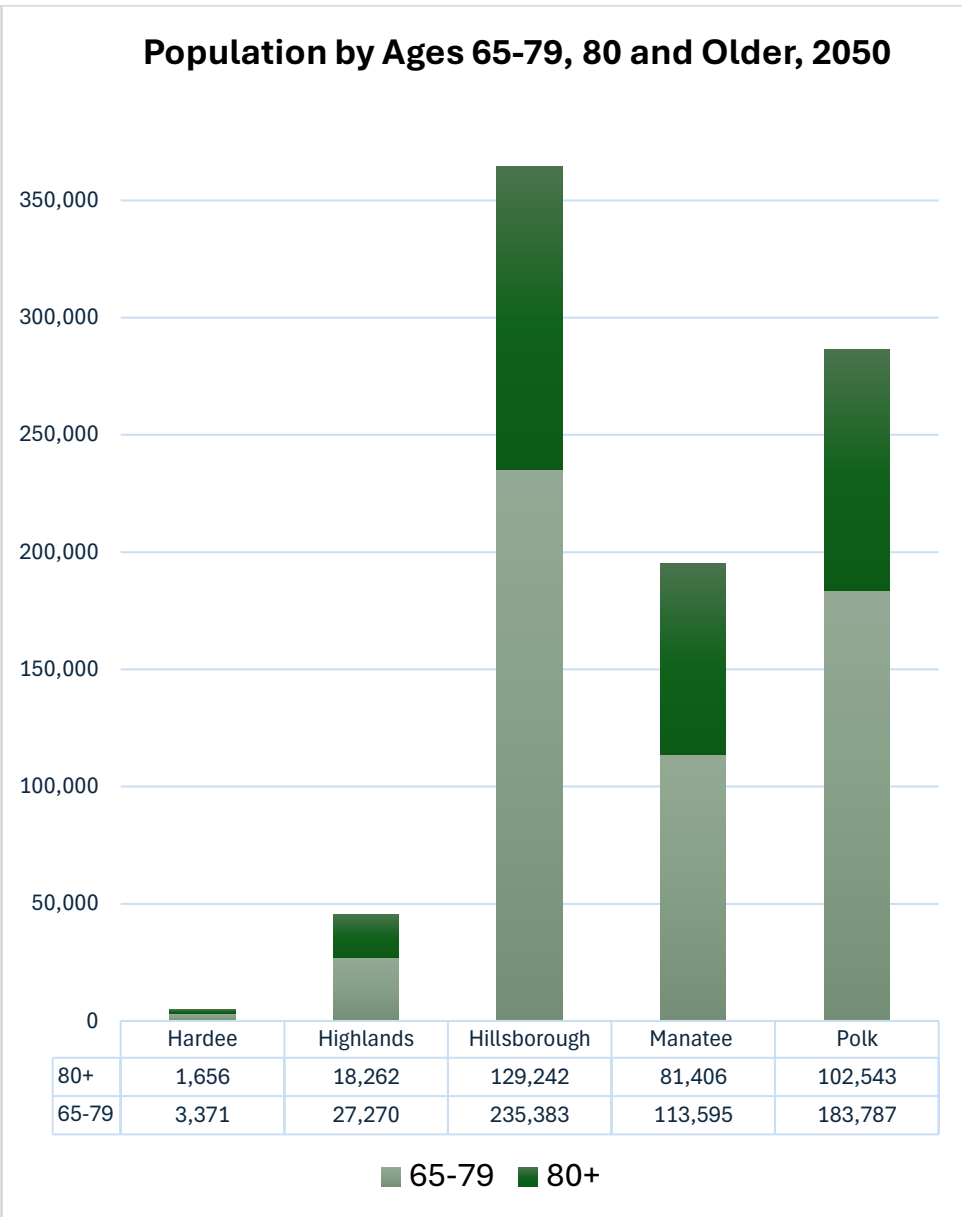
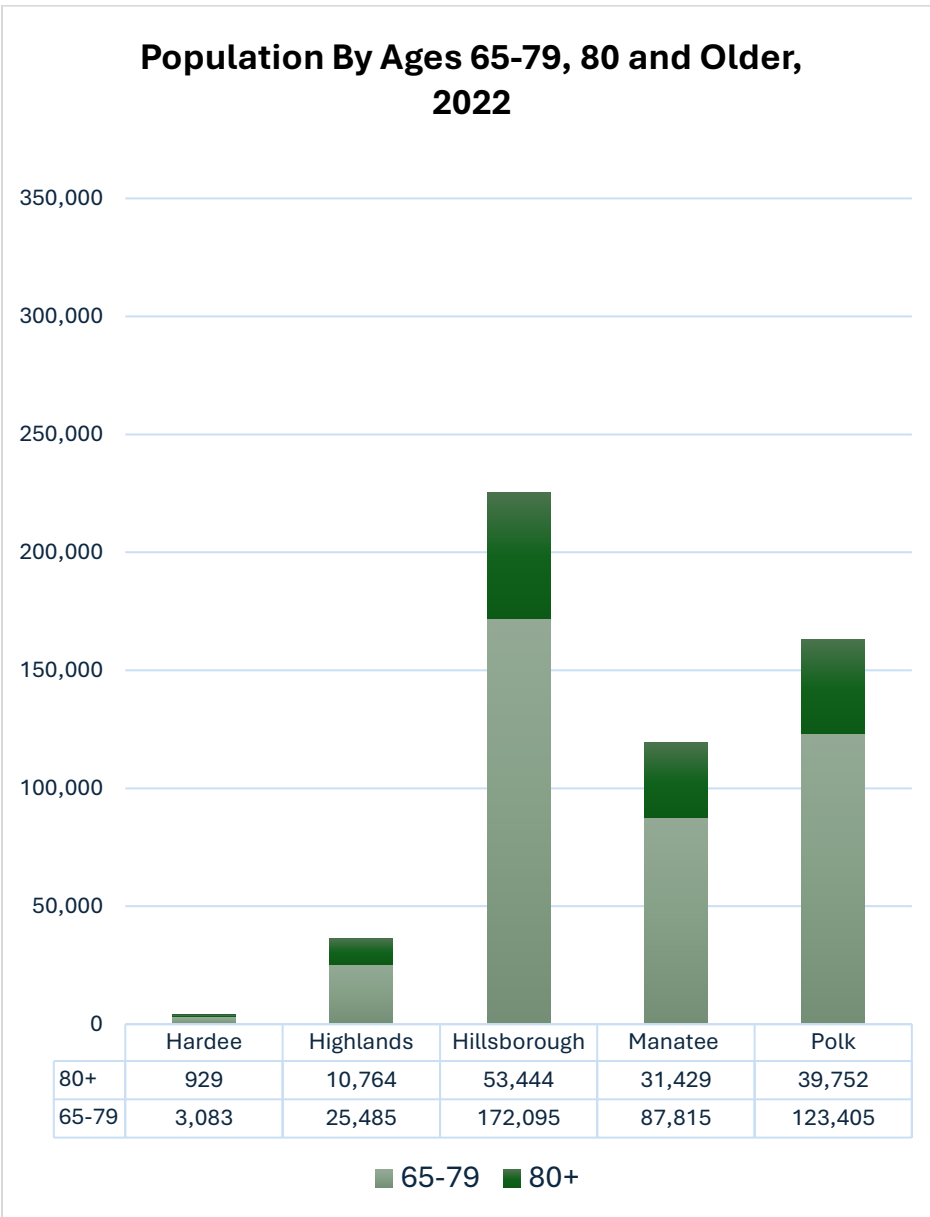
Information/technology and jobs/education. Access to needed information about health care and services also emerged as a multi-faceted issue across the five counties, largely related to the difficulties that some older adults had with digital technology and using the internet. Focus group participants from multiple counties discussed the need for more education, but also the creation of more usable means of delivering information, such as mobile services to connect older adults with resources. They also highlighted the need for education and/or career centers to help older adults find jobs they are able to perform.

These prior findings served as a foundation for the present report, which describes more current circumstances and challenges in the service area with a specific focus on older adults. With this approach, we aim to fill the gaps apparent in earlier reports, but also to recognize the needs they did identify and determine whether those needs continue to exist.

II. Overview of Current Characteristics and Needs of the Counties Across Senior Connection Center’s Service Area

Population by Age

While prior needs assessments emphasized the growth of the older adult population primarily in Highlands County, the numbers of those 65 and older are growing across the five-county service area - notably so in the currently, relatively young Hillsborough and Polk counties. A critical feature of this growth is the increase in the numbers and proportions of those age 80 and older, who typically need a higher level of care and services because of the prevalence of chronic health conditions and impairments in the oldest of older adults. These data strongly suggest that enabling older adults across the five counties to live independently will require rising levels of health care and home- and community-based services.



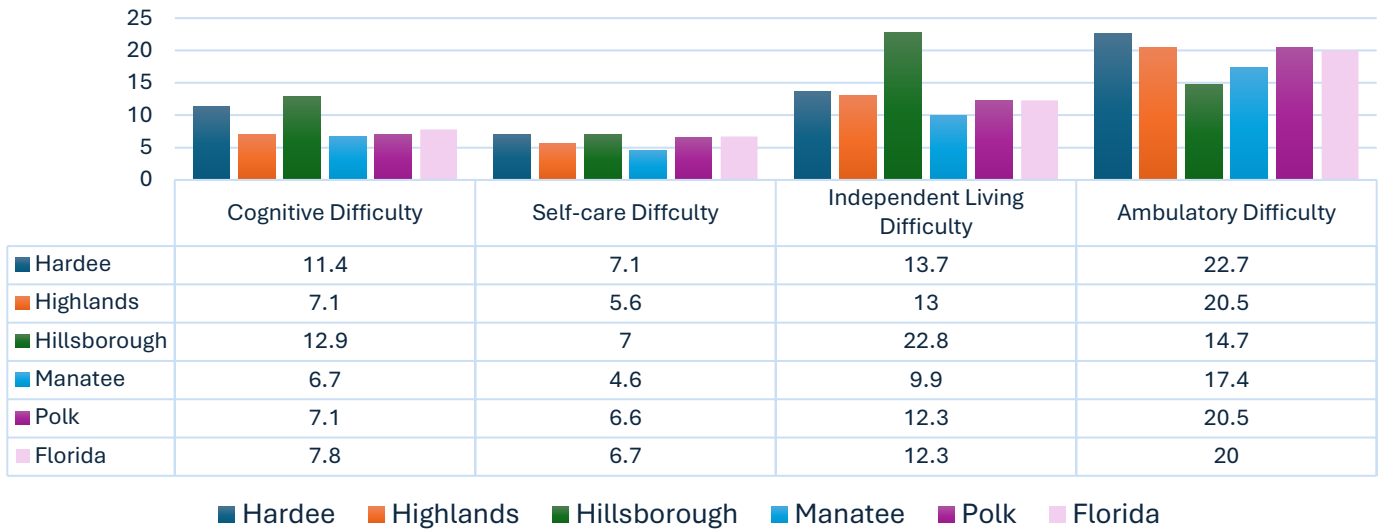
Source: Bureau of Economic and Business Research (BEBR), University of Florida

Functional and Sensory Needs

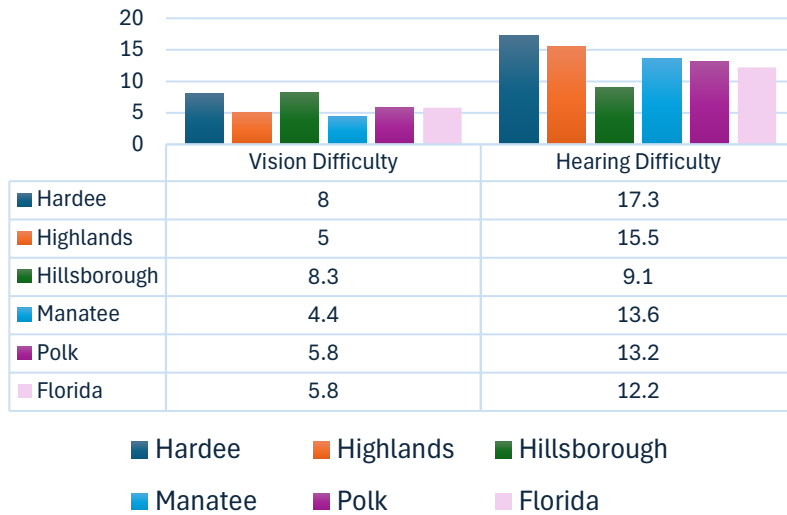
Aging with independence and dignity depends largely on a person's ability to process information and make decisions, grocery shop, manage their finances, dress and/or bathe, and walk. A comparison of the abilities of older adults in the five counties shows some notable differences and patterns. Rates of cognitive difficulty were above the state average in Hardee and Hillsborough counties, particularly so in Hillsborough, which may explain why nearly a fourth of Hillsborough County's older adults have independent living difficulty. This means it is difficult for them to shop or go to a doctor's visit. Ambulatory difficulty was relatively high across the counties, but highest in Hardee, Highlands, and Polk counties, where more than one in five older adults had serious difficulty walking or climbing stairs. The need for assistance with these and other daily tasks is likely to increase substantially in the coming decades as the number of those over age 80 increases.

Hearing difficulty, which the U.S. Census defines as being deaf or having serious hearing difficulty, was above the state average in all but one county in the service area, though most prevalent in Hardee and Highlands counties. This is a concern in light of the prevalence of independent living difficulty in these counties. The hearing difficulty data may reflect a lack of hearing health providers in rural areas, and if this is the case, hearing difficulties will go untreated over time, potentially worsening independent living difficulties. The vision difficulty measure included those who wear glasses and may indicate there is a greater need for early treatment of vision problems, such as macular degeneration.

Functional Needs, Percent of Age 65 and Older Population, 2022



Sensory Needs, Percent of Age 65 and Older Population, 2022



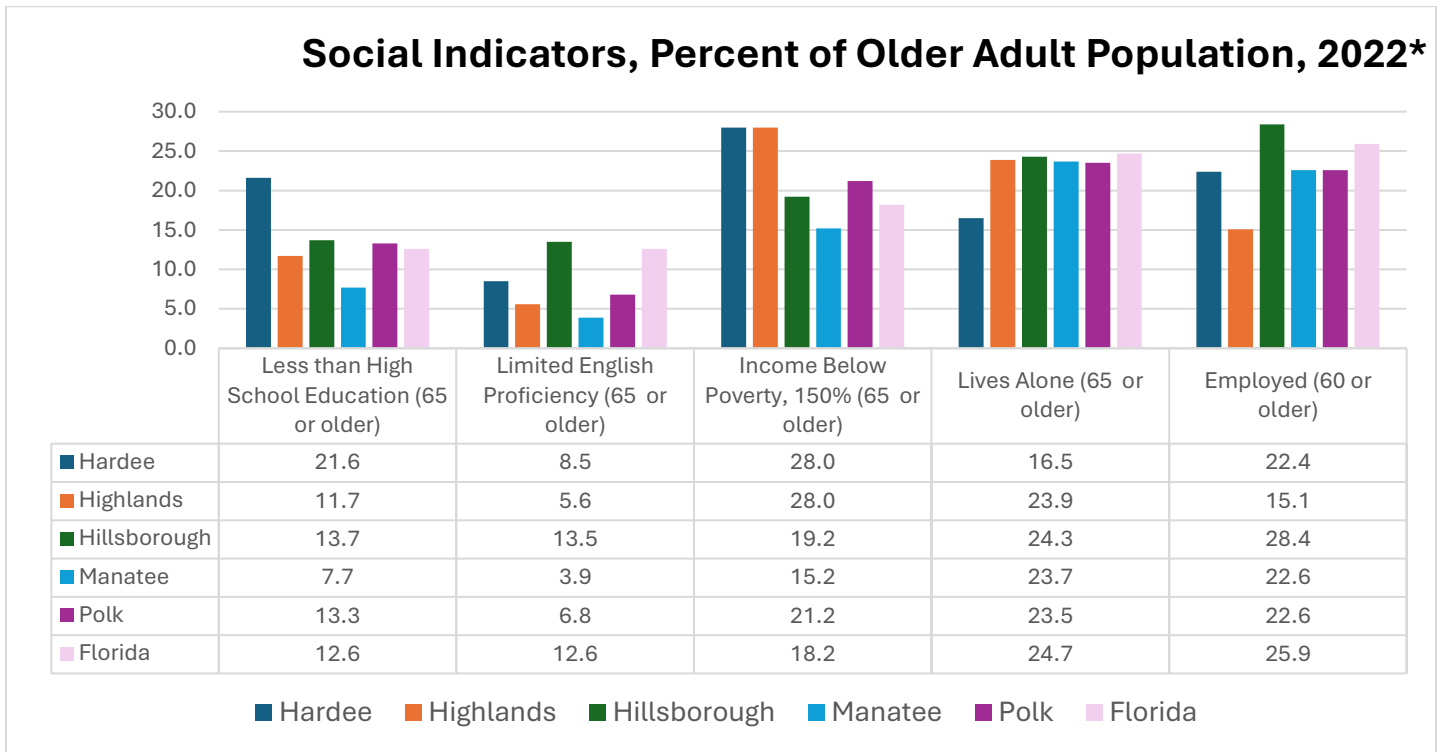
Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

Notes: Self-care difficulty = difficulty dressing or bathing; Independent-living difficulty = having difficulty doing errands alone such as visiting a doctor’s office or shopping because of a physical, mental, or emotional problem.

Social Indicators

Social and economic factors affecting the incidence of disability and illness among older adults varied widely across the five counties, with evidence in the 2022 data (the most recent available) of serious education and income disparities in Hardee County. Income disparities were also evident in Highlands County, where employment may also be a challenge. The disadvantage in other counties was not as extreme. However, prior reports highlighted that many older adults had difficulty accessing

information about care and services, making it notable that more than one in 10 lacked a high school education in most of the counties, based on the recent data. The data on those who live alone may help explain the relatively high rates of independent and ambulatory difficulty seen in the previous chart. The proportions of older adults who live alone across the five counties are likely to increase over time as they increasingly experience the loss of spouses and others available to provide care, and this could add to the factors responsible for functional difficulties.



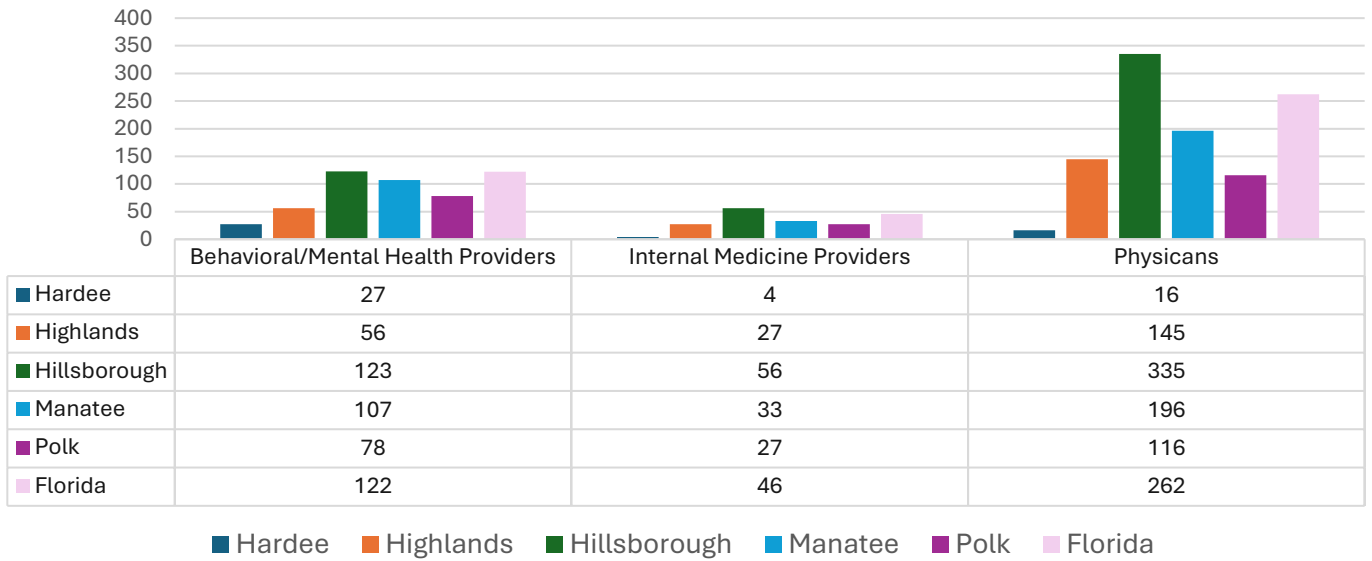
Source: U.S. Bureau of the Census, American Community Survey; based on five-year estimates (2018-2022)

*Note: The percent of employed older adults is from 2021, based on five-year estimates (2017-2021)

Health Care Providers

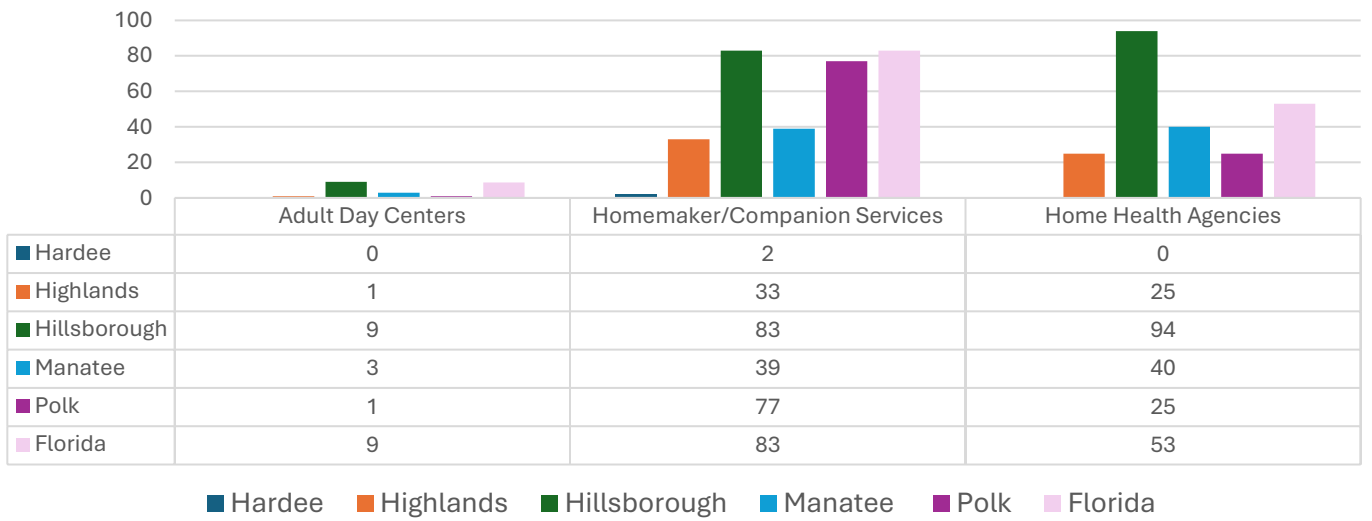
Urban versus rural differences are evident in the data on health care provider availability, particularly in Hardee County, but also in Highlands and Polk counties. Prior reports noted a growing need for professionals to provide care for older adults with ADRD and depression. However, even in Hillsborough, there appears to be only about one behavioral health provider for every 800 people of any age, and in Polk, only about one for every 1,250 people. The data also show a severely limited number of adult day centers and fewer than average numbers (state average) of home health agencies in most of the five counties. It's possible that homemaker/companion service agencies can meet some of these needs, however, these data raise an urgent question about who will provide care and services to the rising number of older adults likely to need them in the coming decades.

Health Care Providers, per 100,000 of Total Population, 2023-2024



Source: Florida Department of Health, Division of Medical Quality Assurance, 2023-2024.
 Notes: The numbers shown represent 1 for every 100,000 individuals, total population.

Home Care Agencies, Adult Day Centers, per 100,000 of Age 65 and Older Population, 2024



Source: Florida Agency for Health Care Administration
 Notes: The numbers shown represent 1 for every 100,000 individuals 65 and older, based on the latest population estimates, and include only those with a physical location in the county.
 While no home health agencies are shown for Hardee County, it is served by agencies based in Highlands.

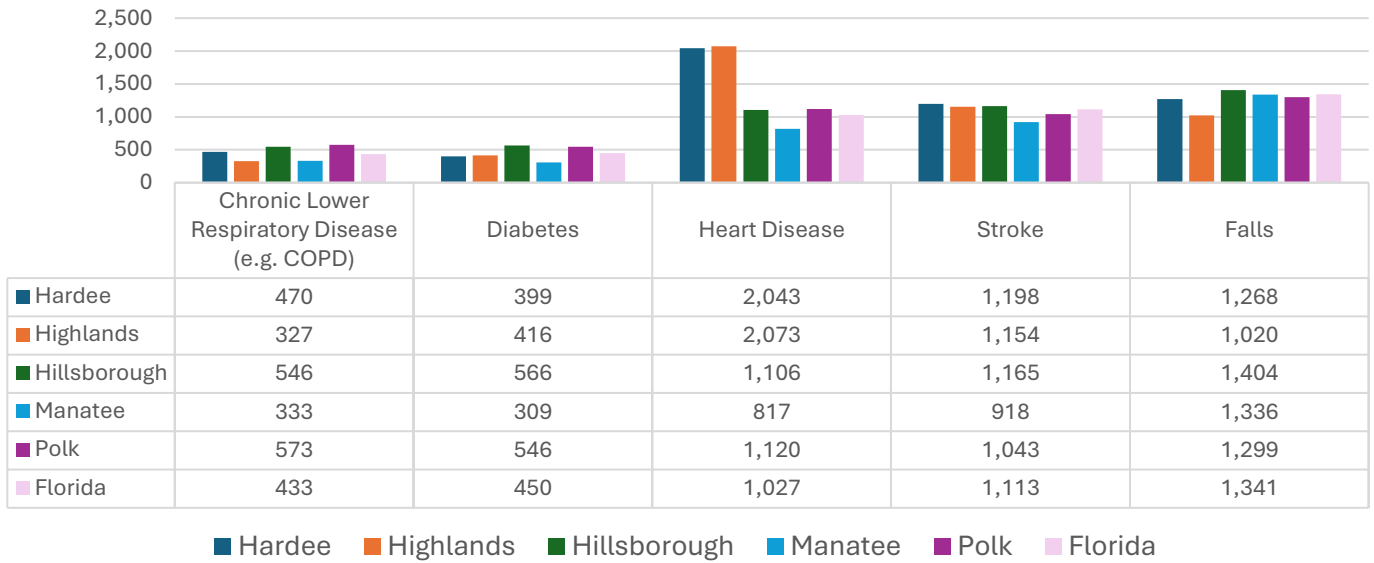
Emergency Department Visits and Hospitalizations

In general, the rate of emergency visits across Senior Connection Center's service area may be related to sociodemographic factors, such as income and education, with Hardee County older adults consistently experiencing a higher rate of emergencies in four key indicators: chronic respiratory disease, diabetes, heart disease, and stroke. Lower, but relatively high rates are also seen in the data for Highlands County, and to some extent Hillsborough and Polk counties. Falls, however, present a distinct pattern, especially the high rates in Hillsborough, Manatee, and Polk counties, as in the state overall. The percentages of older adults living alone in these counties, as well as ambulatory difficulty rates, could partially explain the fall emergency rates.

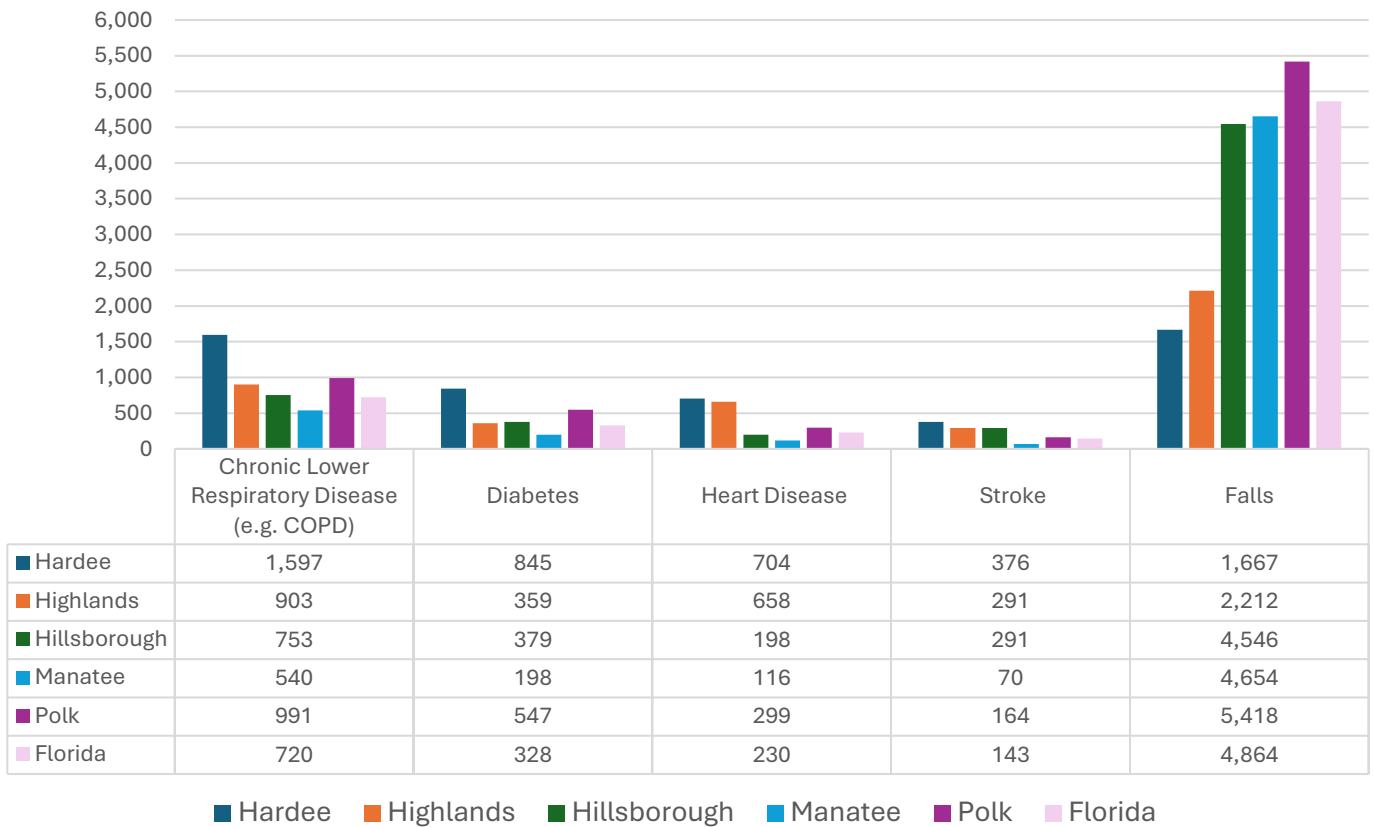
Hospitalizations follow a different pattern, with heart disease in particular. Though heart disease emergency visits are evident in the data for Hardee and Highlands counties, they are much more pronounced for hospitalizations. It is notable that prior needs assessments included data showing that the percentage of Hardee County residents of any age who had coronary heart disease, heart attack, or stroke diagnoses was almost double that of the state. The most recent hospitalization rates for strokes and falls are similar across the five counties and on par with the state rates, with stroke somewhat lower for Manatee County and somewhat higher for Hardee, Highlands, and Hillsborough counties.

Preventable hospitalization numbers are based on data from the Centers for Medicare and Medicaid Services and may explain some of the health care outcomes. These data show relatively high preventable hospitalization rates among Medicare enrollees who are Black living in Highlands, Hillsborough, and Polk counties and enrollees who are Hispanic in Hillsborough and Polk counties. Among the five counties, Manatee County had the lowest preventable hospitalization rate, as well as lower emergency and hospitalization rates across the conditions. These differences may be explained by the counties' differing sociodemographic profiles, possibly poverty and education levels, but also health care and service availability. Overall, this suggests that a focus on socioeconomic and health disparities is needed in the future to manage older adults' health care usage, particularly with the rising numbers and percentages of older adults who are Black or Hispanic, as shown in the county-level data in the following section.

Hospitalizations, per 100,000 of Age 65 and Older Population, by Condition, 2022

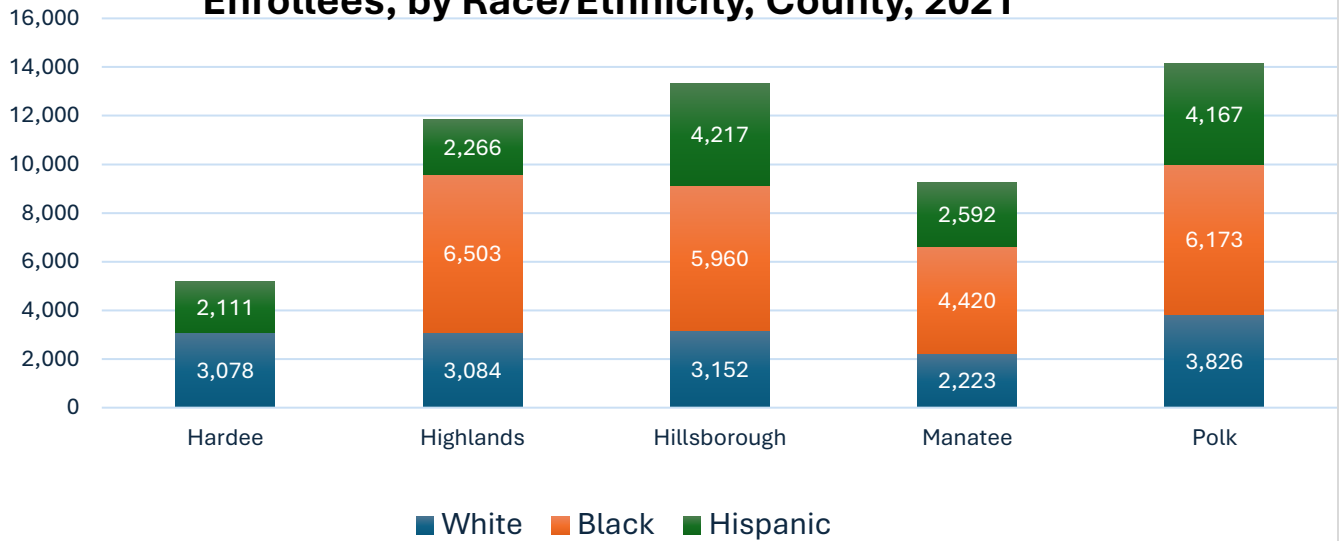


Emergency Department Visits, per 100,000 of Age 65 and Older Population, by Condition, 2022

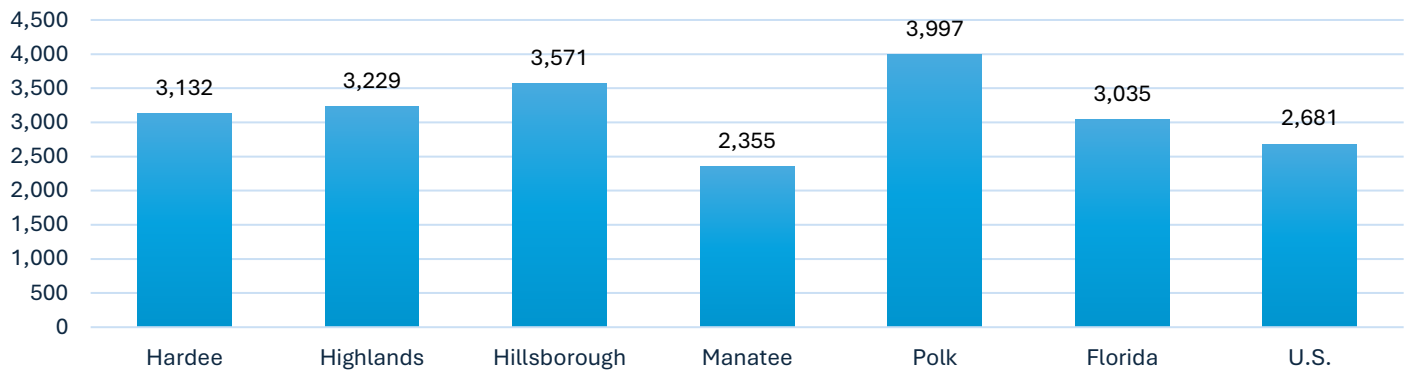


Source: Florida Agency for Health Care Administration; compiled by the Florida Department of Health

Preventable Hospital Stays, per 100,000 of Medicare Enrollees, by Race/Ethnicity, County, 2021



Preventable Hospital Stays, per 100,000 of Medicare Enrollees, by County, State, Nation, 2021



Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool; County Health Rankings and Roadmaps

Note: The preventable hospitalization rate in Hardee is available only for Hispanic and White, non-Hispanic older adults. Statewide data by race and ethnicity were not readily available. Rates are calculated based on population numbers in each category of race and ethnicity, non-Hispanic White, non-Hispanic Black, and Hispanic.

III. Individual County Analyses

Hardee County

Prior Hardee County needs assessments highlighted the younger average age of Hardee residents. They provided little data or background on older adults in the county, despite evidence in these reports that older adults were a population of concern. For instance, one indicator from an earlier report showed that while the percentage of children and adults living in poverty decreased, the percentage of older adults living in poverty increased from 2016-2020. One assessment conducted a single focus group to address issues of concern for older adults in Hardee. The concerns included the following:

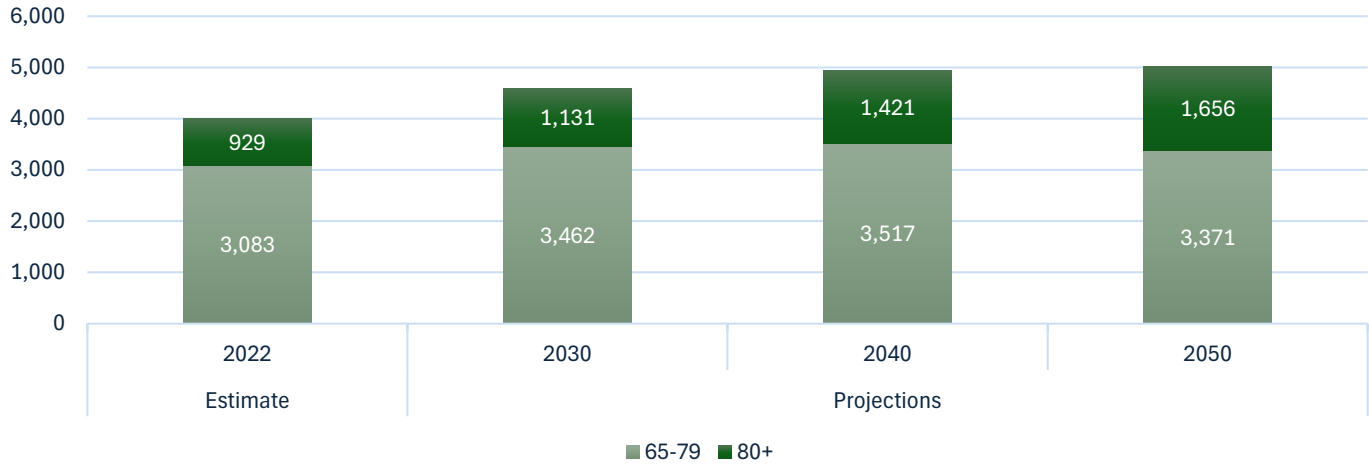
- Difficulty getting to doctor's offices and grocery stores because of a lack of transportation options.
- A lack of job opportunities for older adults who need to supplement their income and wish to work but cannot find jobs that are not physically demanding.
- Concerning health care, the top needs for **all** residents were 1) access to care, 2) cancer, and 3) chronic disease. Heart disease, heart attack, or stroke diagnoses for all residents were almost double that of the state.

Current Data

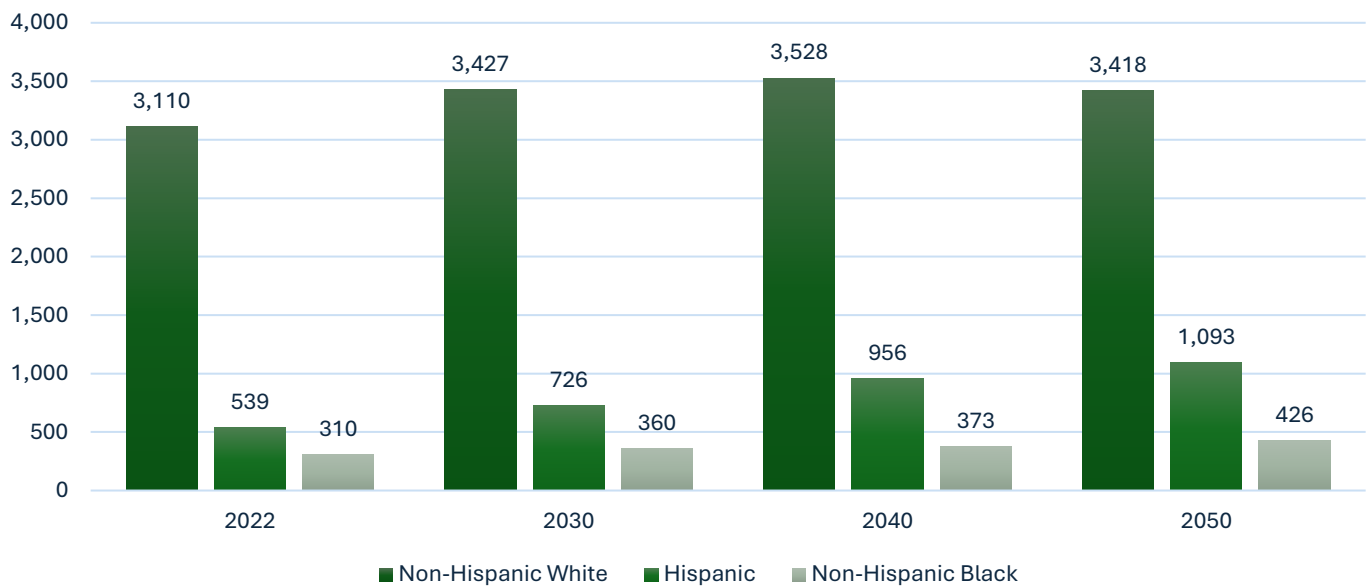
Hardee County is the youngest of the five counties in Senior Connection Center's service area. About 16% of Hardee County's population is 65 or older, based on the most recent data, which is from 2022. However, **projections show that more than 20% of the Hardee County population is expected to be 65 or older in 2050**. The numbers of the oldest of this population, those 80 and older, are rising faster than any other age group in Hardee County, providing strong evidence of the need for more services to help older adults manage the disabilities and diseases that tend to increase in severity as older adults age.

The demographic distribution by race and ethnicity is also expected to shift in the coming decades. The proportions of older adults identified as non-Hispanic White and those identified as non-Hispanic Black are projected to rise marginally. However, the older Hispanic population in Hardee County is expected to double by 2050. These data underscore the need to address current health disparities and plan for services in the future that account for cultural and language differences, ensuring, for instance, that all older adults have access to health care and community-based services and information.

Hardee County Population, Ages 65-79, 80 and Older, 2022 Estimate and Projections



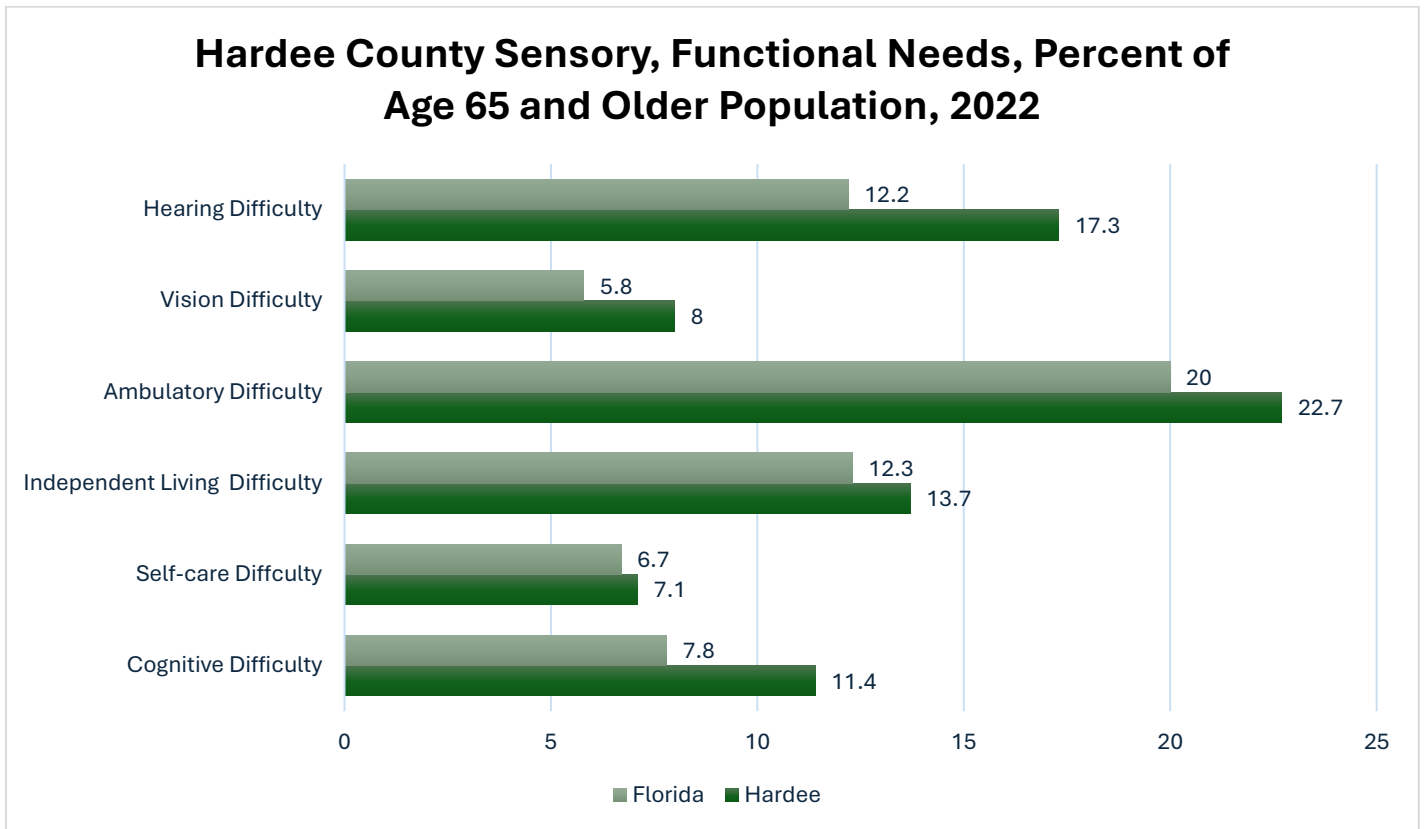
Hardee County Population, Race/Ethnicity, Age 65 and Older, 2022 Estimate and Projections



Source: Bureau of Economic and Business Research (BEBR), University of Florida

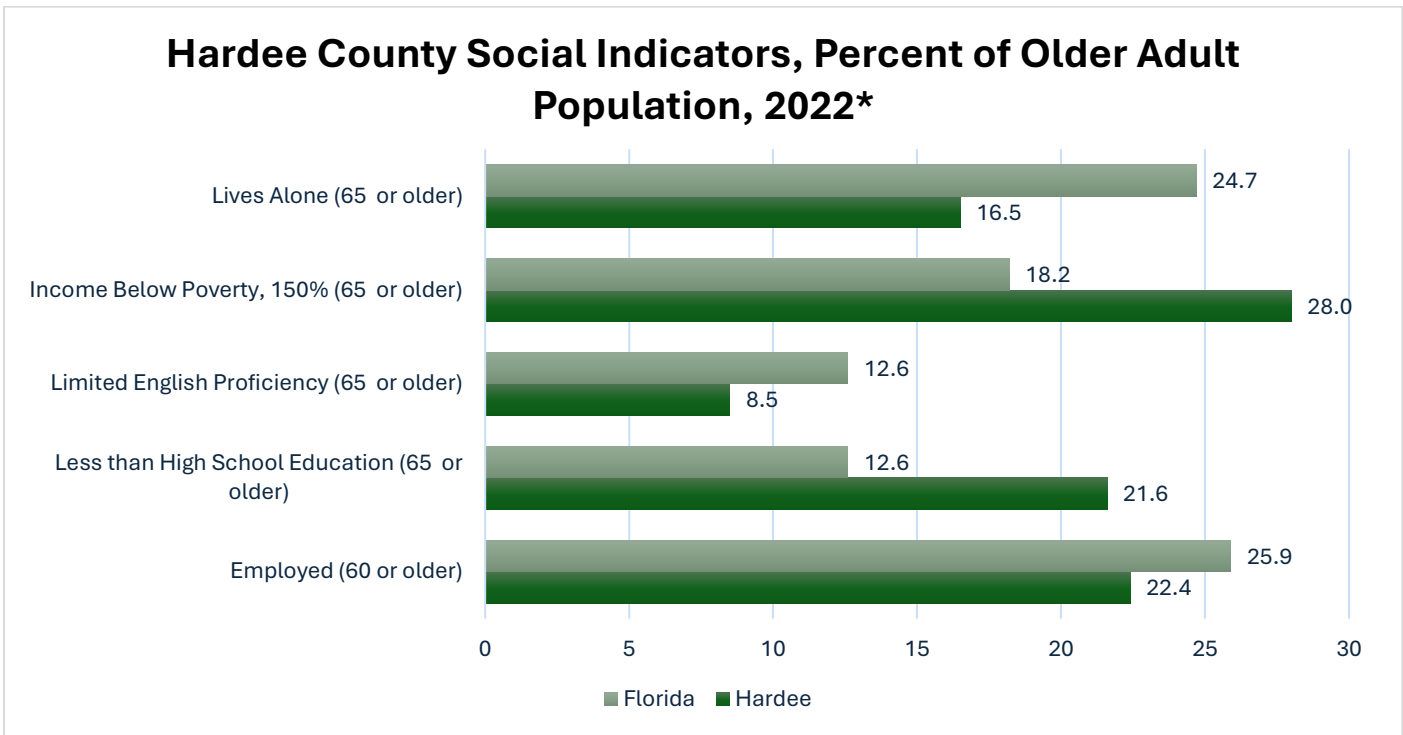
Note: BEBR projections are based on assessments of births, deaths, and migration (in- and out-migration), considering differences by age and sex cohorts.

We considered functional ability rates to assess needs related to carrying out daily activities. **The data show that in all indicators of difficulty, Hardee County’s older adults were more impaired than older adults statewide.** Rates of hearing difficulty and cognitive difficulty were substantially higher. This warrants attention because hearing difficulty is modifiable with hearing aids but is likely to worsen without treatment, and research links hearing difficulty and cognitive impairment.



Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

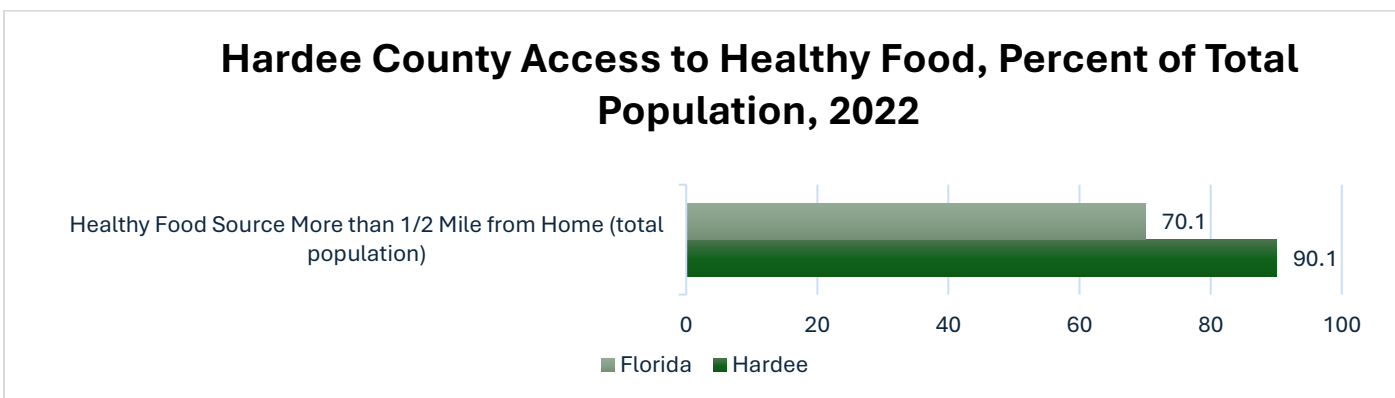
Hardee County social indicators show that a substantially higher percentage of older adults had limited income (at or under 150% of the federal poverty level) and less than a high school education, a disparity deserving of attention given the growth of the older population and the role of health literacy in the health and wellbeing of older adults. However, fewer Hardee County older adults lived alone, possibly because of the relatively younger age of the population, and fewer had limited English language proficiency. The lower percentage of older adults in the workforce is notable, given comments in prior needs assessments that older adults in Hardee sought employment but could not find jobs that they were physically able to do.



Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

*Note: The percent of employed older adults is from 2021, based on five-year estimates (2017-2021).

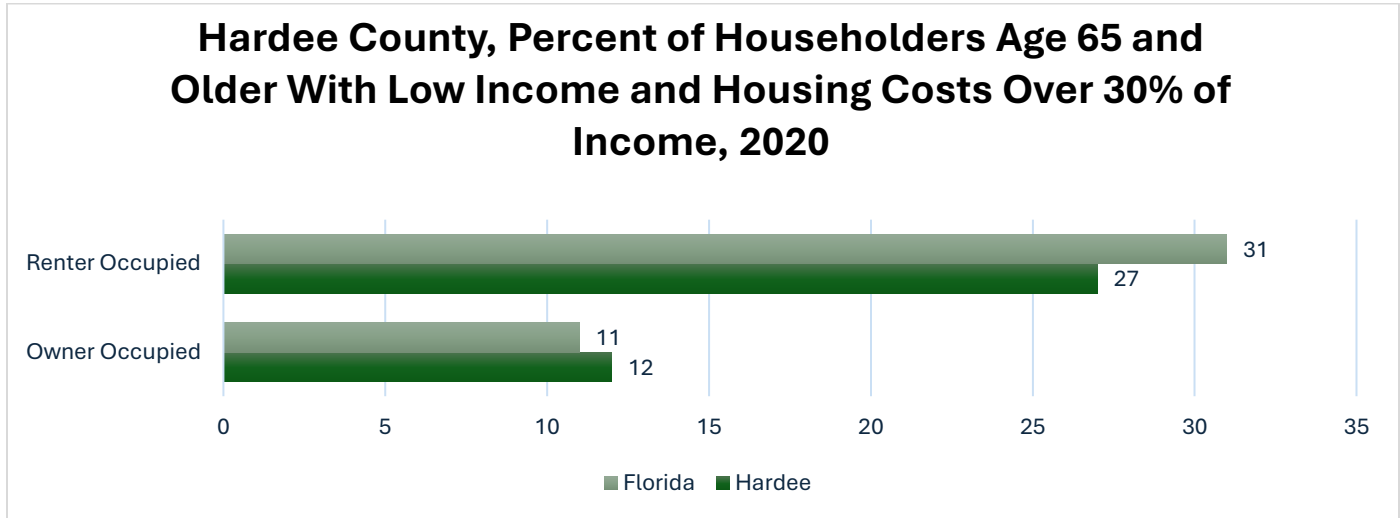
One measure of nutrition is access to healthy food. More than 90% of Hardee County residents lived more than a half of a mile from a store with fresh food, well above the state average. This indicator was not available solely for older adults, but given the levels of poverty among older adults in Hardee County, these data suggest some of them may not receive proper nutrition. With the older adult population growth, there is a need to better understand and address the adequacy and acceptance of meal services and/or food distribution across the county.



Source: Florida Department of Health, Environmental Public Health Tracking

Housing costs reflect not only the availability of shelter, but the demands on the income of older adults. Current U.S. Census housing cost data for Hardee County were not available due to small sample sizes. However, data from 2020 assessed the percentage with a “high-cost burden.” This was defined as having below-median income and paying more than 30% of income for housing.

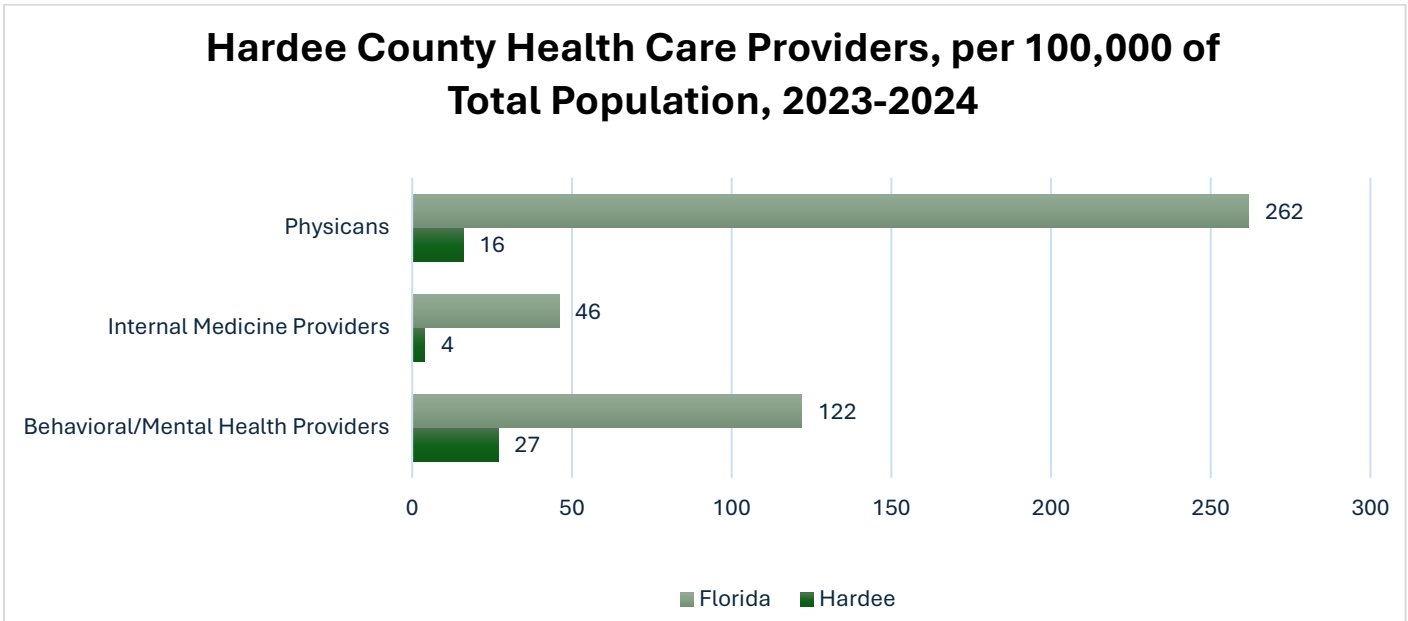
The 30%-of-income measure is widely used to indicate the point at which housing costs begin to reduce income needed for other expenses. Of owners, 12% experienced high-cost burdens. For renters it was 27%. While more recent data on housing costs for older adults in Hardee County was not readily available, the burdens are likely to have worsened since 2020 as growth and housing pressures increased across the state.



Source: The Shimberg Center for Housing Studies

Health care provider availability data provide insight into the resources available to meet the health and caregiving needs of older adults in Hardee County. They show that, accounting for population size, **many fewer physicians, internal medicine providers, and behavioral/mental health providers operate within Hardee County**, compared to the state overall. This is an issue that affects many rural counties, including Highlands, and strongly suggests there is a substantial gap in care available to rural older adults.

The gap extends to home health agencies and adult day services. None of either is located in Hardee, though nine home health agencies from Highlands County operate in Hardee. Hardee County also has two homemaker/companion service providers; Highlands has 12. However, these home health and homemaker services are stretched across a large geographical area. The two counties together have more than 40,000 people 65 and older, and many live with cognitive difficulties and serious health care needs.

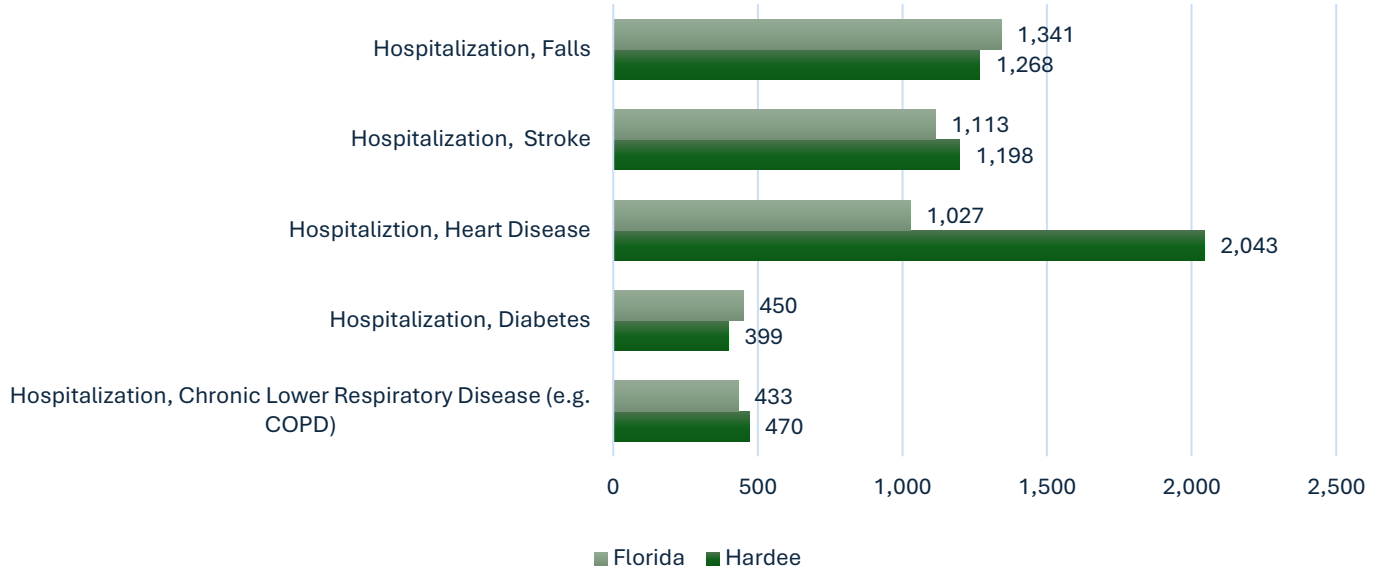


Source: Florida Department of Health, Division of Medical Quality Assurance, 2023-2024

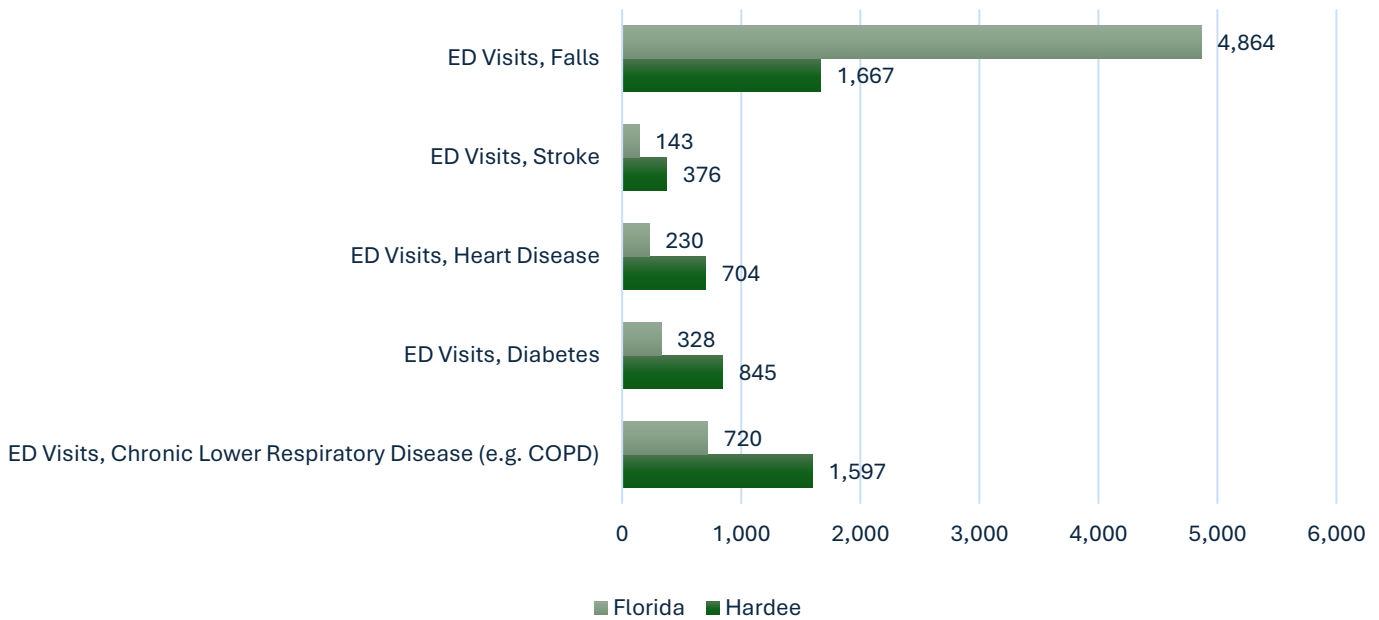
Medical service data provide insight into older adults' health care usage and the potential effect of their functional needs and the resources available to meet those needs, as shown in prior charts. **The data show substantially higher rates of emergency treatment for stroke, heart disease, diabetes, and chronic lower respiratory disease, such as COPD, among older adults in Hardee County,** compared to the state. By contrast, many fewer older adults experienced falls requiring an emergency department visit, which may be related to the county's rural nature; prior research has found that older adults' fall risks are higher in urban areas. Other factors behind these data could be the relatively younger age of older adults in Hardee County and the lower percentage of older adults who live alone. Both of these factors are likely to change as the county's population ages.

Compared to older adults statewide, nearly twice as many older adults in Hardee were hospitalized because of heart disease. Stroke and lower respiratory disease hospitalization rates were also higher. The higher emergency and hospitalization rates may be related to several factors, including higher rates of poverty and functional impairment and lower availability of health care and service providers, all of which pose obstacles to seeking and receiving preventative health care.

Hardee County Hospitalizations, per 100,000 of Age 65 and Older Population, by Condition, 2022

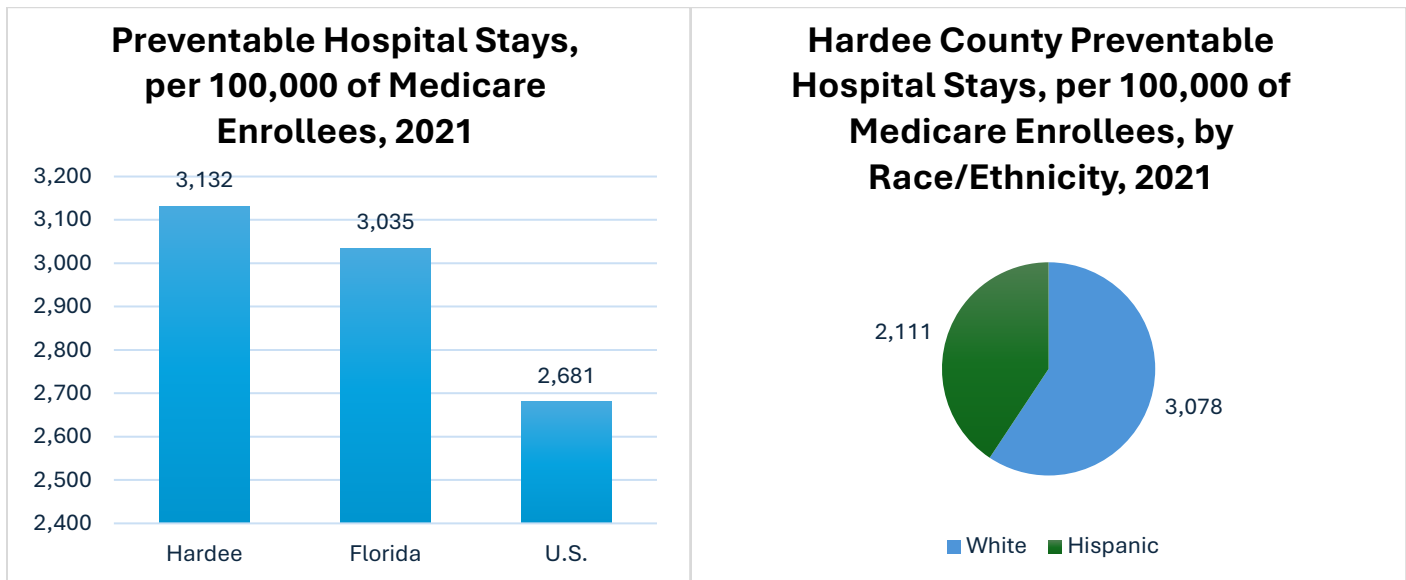


Hardee County Emergency Department Visits, per 100,000 of Age 65 and Older Population, by Condition, 2022



Source: Florida Agency for Health Care Administration; compiled by the Florida Department of Health

Based on an overall measure of health service quality, Medicare enrollees in Hardee County had higher rates of preventable hospital stays, compared to enrollees across Florida and the U.S. Additionally, the likelihood was greater for enrollees identified as White, compared to Hispanic enrollees; rates were not available for enrollees identified as Black. A preventable hospital stay is defined by the Centers for Medicare and Medicaid Services as an inpatient stay for a condition, such as diabetes, heart failure, or COPD, that could have been avoided with necessary care in an outpatient setting. These data add a dimension to the hospitalization data above, particularly concerning heart disease; combined with data from prior needs assessments, they suggest there is a substantial need for services to help older adults better manage their chronic conditions.



Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool; County Health Rankings and Roadmaps

Interviews

Health care and service providers in Hardee County expressed concerns that exemplify the needs of many rural areas. Some were especially prominent, including concerns about cultural divisions and distrust of health care and service providers, low access to providers, limited transportation options, and little awareness within the community of older adults' needs.

As in other culturally diverse counties, participants' comments dealt with the growing number of Spanish speakers in Hardee County and the challenges of serving a growing population of older adults not proficient in English. They also highlighted a prevalent distrust of providers that complicates efforts to reach those who need services, including meals and in-home and respite care.

"Hardee and Highlands are different, and we have to be aware of that because Highlands County is mistrusted as the big city, there is a basic mistrust as to how resources are distributed."

"We do find that those neighborhoods will take care of themselves [and reject services], but it means they do without, and so there's opportunities to improve the quality of their life, improve their financial situation, their health, their mental health. But getting that first foot in the door really takes more recruiting."

However, it is a challenge to locate the older adults who may need services in the sparsely populated areas that make up large portions of Hardee County.

“We have not found [a geolocating tool] that gives us specific information that breaks it down small enough for us to say, let's target this area.... It's just you're too spread out.”

Meanwhile, the number of older adults who need care is growing, with evidence emerging from demographic data and from service provider interviews.

“The ones that don't have any family seem to have the worst, because they don't have family to help them. [And] because we're a little area, there are areas...where insurance won't cover home health.... That's one of the barriers because we're such a rural area.”

“I do think the senior center is a strength, if people can go there; although, it's my understanding they cannot stay there all day. There's not a full day program.”

One participant described a Hardee County resident who is taking care of a parent with dementia while also holding a full-time job. He spends three hours a day taking his parent to and from an adult day center in Sebring, because the parent cannot be alone.

Interview participants also described a shortage of primary and specialty care providers that means residents must often drive long distances to find care. This issue is interconnected with the problem of transportation for older adults that emerged in this study and in prior needs assessments of Hardee County.

“They are not able to go to those follow-up appointments like they should [after a hospitalization]. Some of them, because they are not able to go to their follow-up appointments, they can't get prescriptions refilled. They find themselves back into the hospital.... All of our older patients are 70, 80, 90. So most of them do not drive. Or they haven't been cleared to drive or they just do not have a vehicle. There are ambulance companies that service the area, but that's medical transport. That's super expensive for them to just go to an appointment. There is other van transport or community transport, but there's only one that services here, and they do require 24-hour notice, and that's if they have any availability.”

As in other counties, participants discussed the efforts of local churches to help older adults, though in many cases, the help is available only to members of the churches' congregations. **Participants called for more education of people of all ages across Hardee on the growing needs of older adults.**

“The churches definitely try, and there's some churches that will reach out and help some of the elderly when it comes to fixing their stairs or maybe clean their yard. But it's very limited and it's usually just for their members.”

“I don't think the schools are involved. We come up with ideas sometimes, but I think there is a lack of education when it comes to the needs of the elderly. And definitely there's a battle where there's not very many funds, that I'm aware of.”

Key Points:

- The population of older adults in Hardee County is growing, particularly among those who are Hispanic. A third of older adults will be 80 or older by 2050, compared to less than one-fourth currently.
- Compared to older adults statewide, older adults in Hardee County are more likely to experience poverty and have less than a high school education. Language, social, and cultural disparities are prevalent, potentially posing barriers to service provision.
- Functional difficulties across the spectrum, including cognitive difficulties, are more prevalent among older adults in Hardee, compared to Florida overall. Additionally, hospitalization risks are higher for those with chronic conditions, particularly heart disease. Hospitalizations considered to be preventable exceed state and U.S. rates.
- Medical, home health, and community-based services are in short supply, even accounting for the Highlands County-based services available to Hardee County residents.
- A lack of options for transportation affects access to health care services, potentially leading to worse health outcomes for older adults.

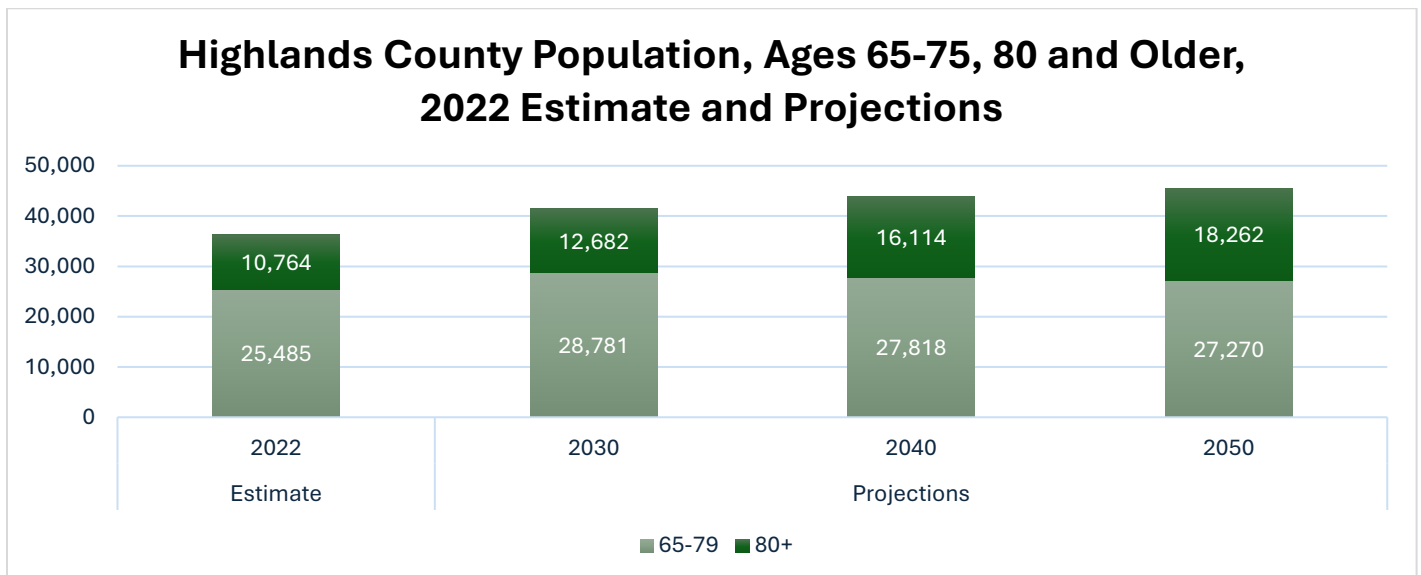
Highlands County

Prior needs assessments highlighted the growth of the older adult population in Highlands County as a key issue. The “aging population” in Highlands emerged as the first of the top three health concerns identified in surveys, followed by “illness and death” and “social and behavioral health.”

- In one focus group, participants discussed housing issues for older adults with income limits. A great concern was the rising cost of homeownership due to insurance costs for older homes needing repairs.
- Focus group participants also identified the lack of transportation as a serious problem for older adults, largely because it hampers their ability to obtain food and medicine and get to doctors’ appointments.
- Technology was discussed as a barrier to accessing resources, including the growing need to use the internet to apply for services and the closure of service centers where older adults could find application assistance.
- Concerning food access, prior reports identified several census tracts in Highlands County as food deserts, and local agencies that provide meals reported having difficulty keeping up with the rising need.

Current data

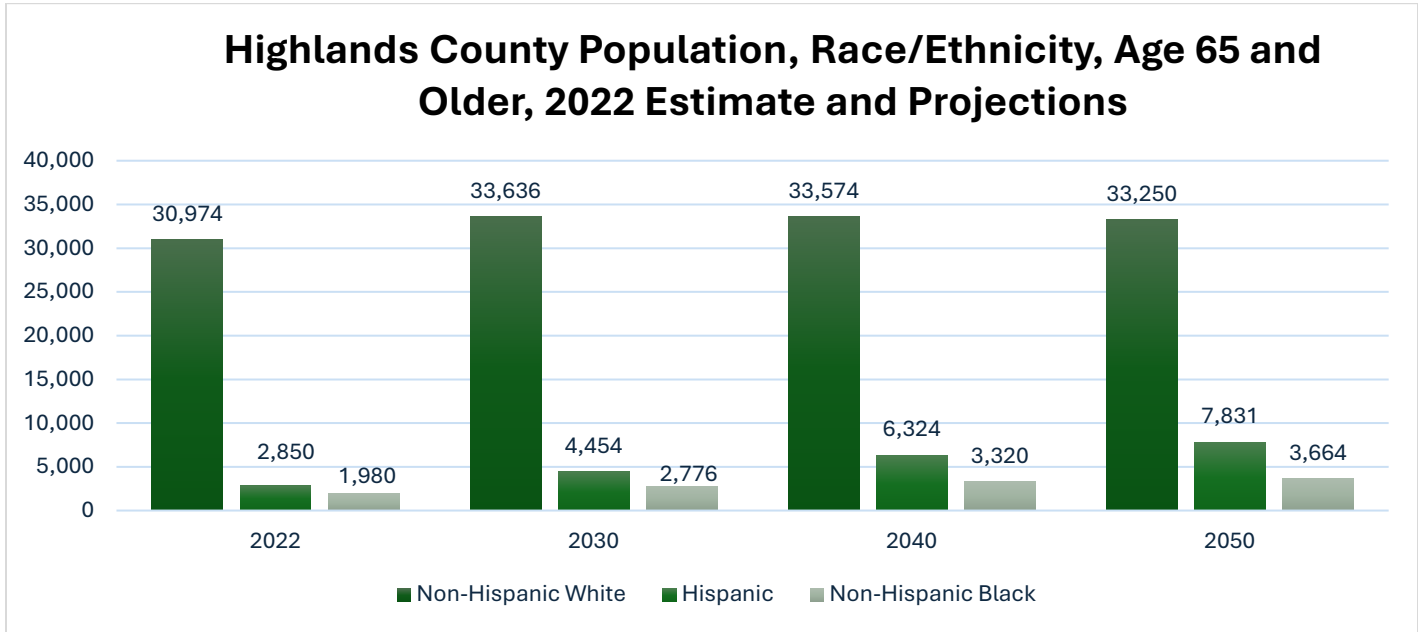
The older adult population of Highlands County already exceeds 35% of the total, ranking it 4th among Florida’s 67 counties, and the growth is projected to continue. By 2050, older adults are expected to make up nearly 40% of the total county population. Importantly, the fastest growth is among those 80 and older, projected to make up more than four in 10 of all older adults by 2050. This strongly suggests there will be a growing need for more services to help older adults manage the disabilities and chronic conditions that tend to increase in severity as older adults age.



Source: Bureau of Economic and Business Research (BEBR), University of Florida

Note: BEBR projections are based on assessments of births, deaths, and migration (in- and out-migration), considering differences by age and sex cohorts.

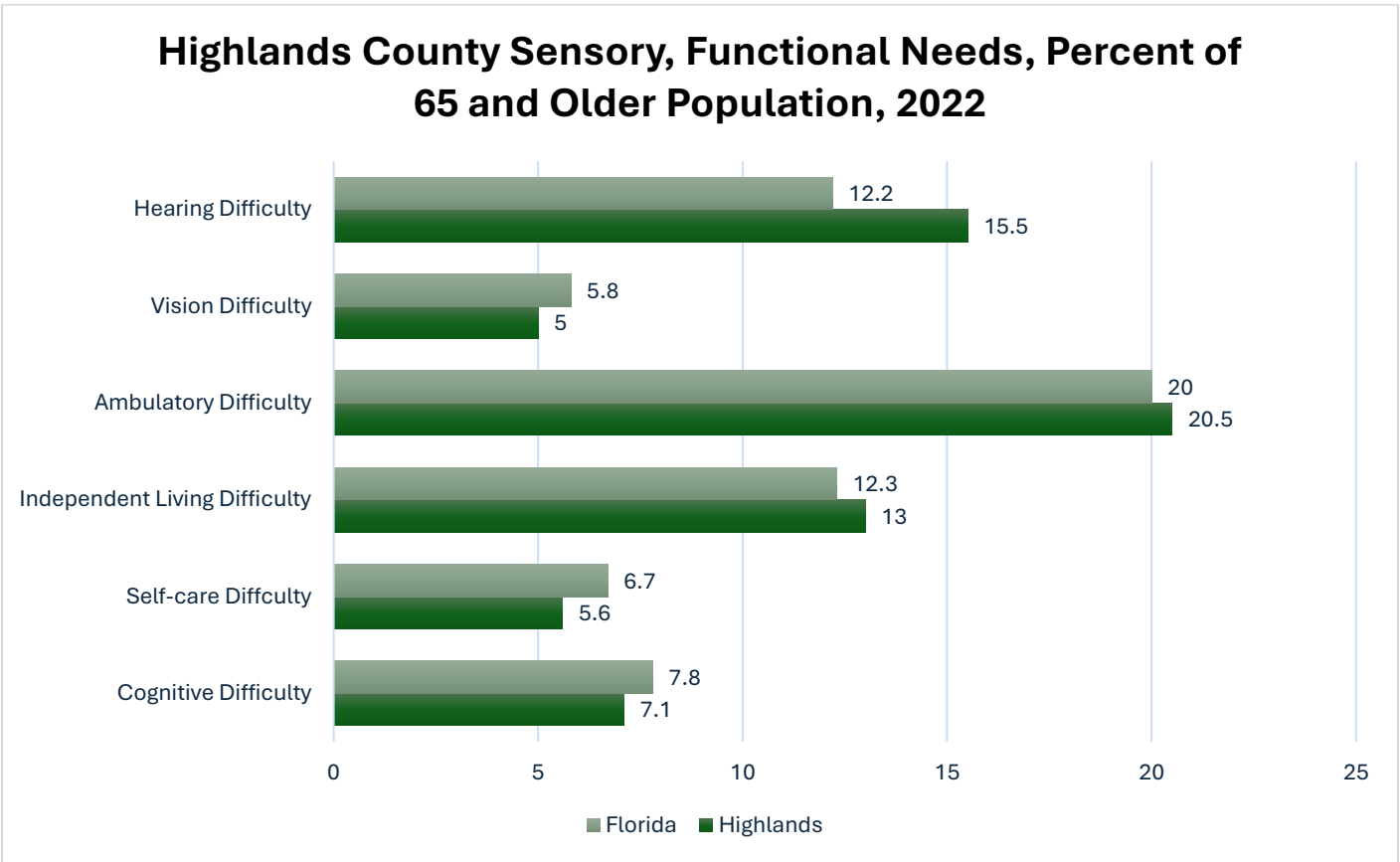
As in other counties, the population distribution by race and ethnicity is also changing. The proportion of older adults identified as non-Hispanic White is projected to rise only marginally in Highlands County, while the numbers of older adults who are Hispanic will nearly triple. Growth is also expected among older adults who are Non-Hispanic Black. This shift highlights the need to ensure current and future services address disparities, including language barriers, and ensure access to health care and community-based services and information for all older adults.



Source: Bureau of Economic and Business Research (BEBR), University of Florida

Note: BEBR projections are based on assessments of births, deaths, and migration (in- and out-migration), considering differences by age and sex cohorts.

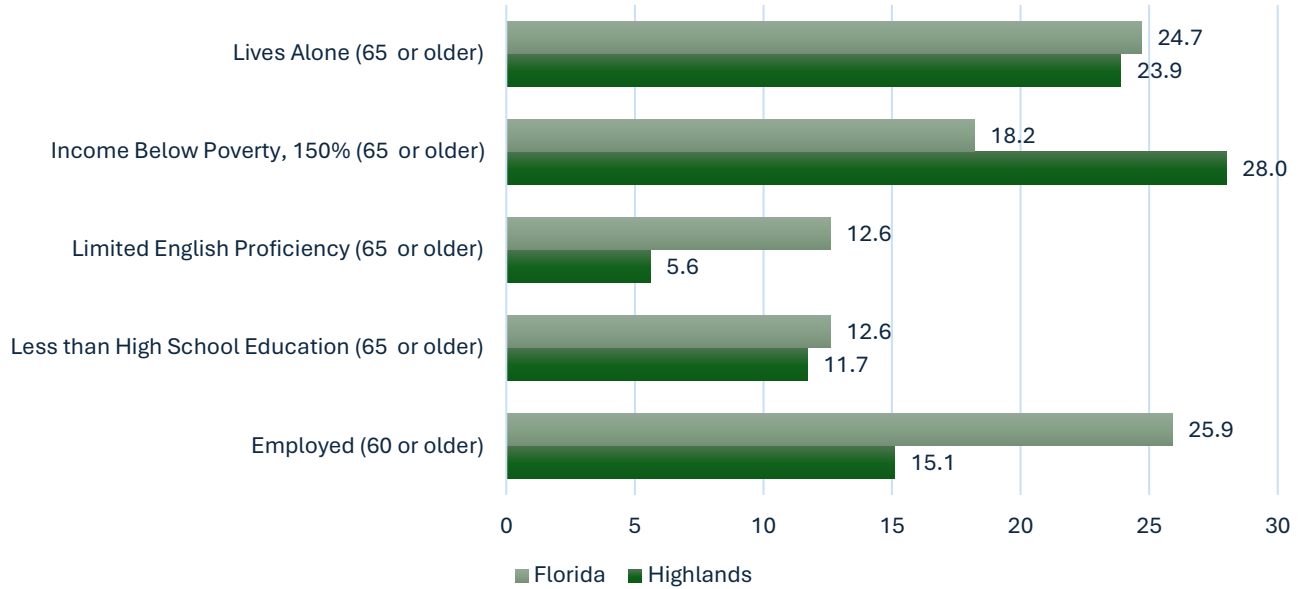
Sensory and functional ability data provide insight into the needs of older adults in Highlands County related to carrying out their daily activities. In five of the six measures, the county’s rates were comparable to or lower than state averages. The exception was the higher rate of hearing difficulties, which is a concern given that hearing loss can be treated and is related to cognitive decline when left untreated. Though similar to state rates, other indicators warrant attention, particularly the more than 20%, or one in five of older adults, with ambulatory difficulty, defined as serious difficulty walking or climbing stairs. This health disparity indicates a level of disability that could lead to increased health care costs, reduced workforce participation, and social isolation.



Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

Social indicators in Highlands County portray a population that is similar to the state average in some ways, but substantially different in others. Based on 2022 estimates, about a fourth of older adults in Highlands County, and across Florida, lived alone. However, the percentage of those with incomes at least 150% below the federal poverty level was substantially higher in Highlands County. On the other hand, the county had a substantially lower percentage of older adults with limited English language proficiency and a lower percentage of older workers. It is possible that older adults in Highlands, as in Hardee County, wish to work to supplement their incomes but cannot find jobs they are able to do. The language measure may reflect the current demographic situation in Highlands County, in which the number of older Hispanic residents is relatively low. However, population projections show that this number is growing and will continue to grow over the next two decades.

Highlands County Social Indicators, Percent of Older Adult Population, 2022*

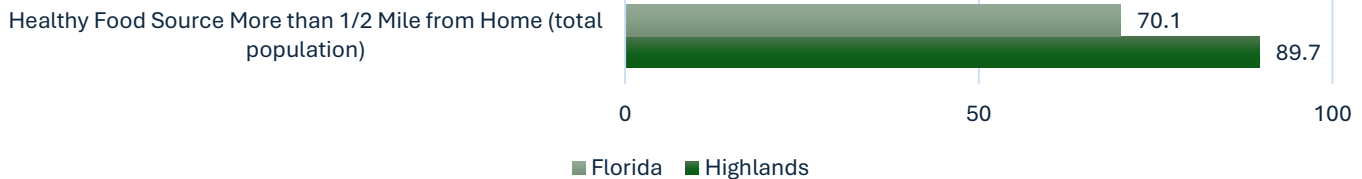


Source: U.S. Bureau of the Census, American Community Survey; based on five-year estimates (2018-2022)

*Note: The percent of employed older adults is for 2021, based on five-year estimates (2017-2021).

Considering access to healthy food, **nearly 90% of all Highlands County residents lived more than a half a mile from a healthy food source, such as a grocery store with fresh fruits and vegetables.** This indicator was not available solely for older adults, but it echoes observations from earlier reports that access to fresh and/or healthy food is a challenge for older adults in Highlands County and suggests there may be a need for more meal services or mobile food distribution.

Highlands County Access to Healthy Food, Percent of Total Population, 2022

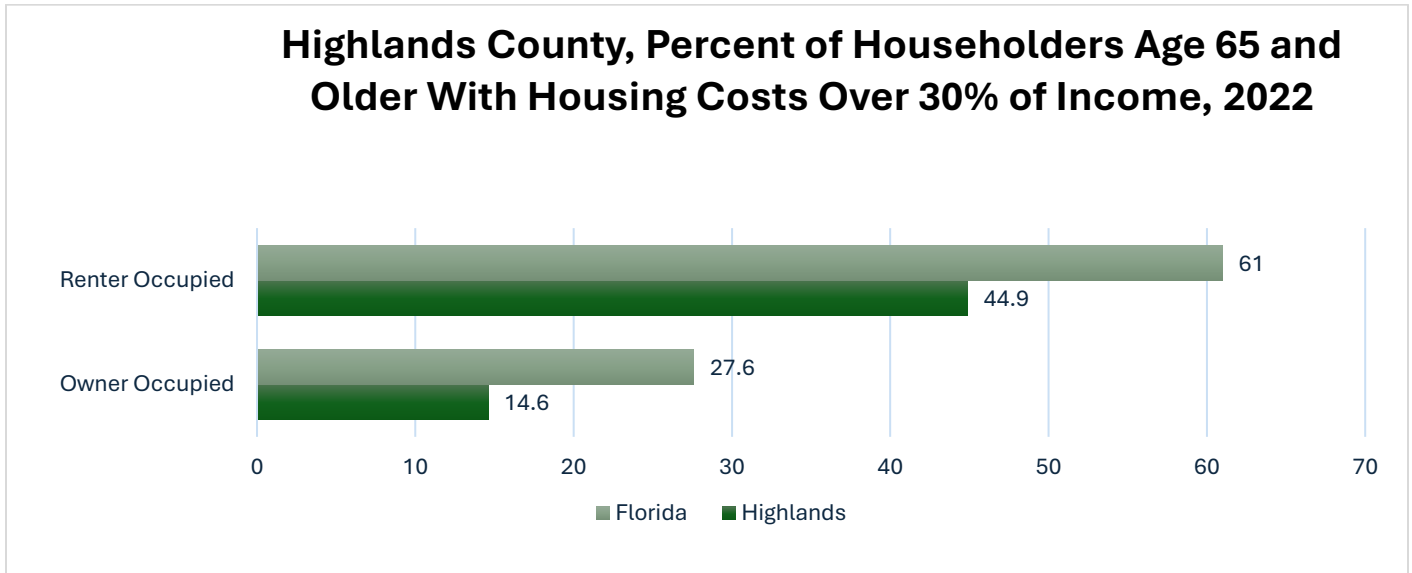


Source: Florida Department of Health, Environmental Public Health Tracking

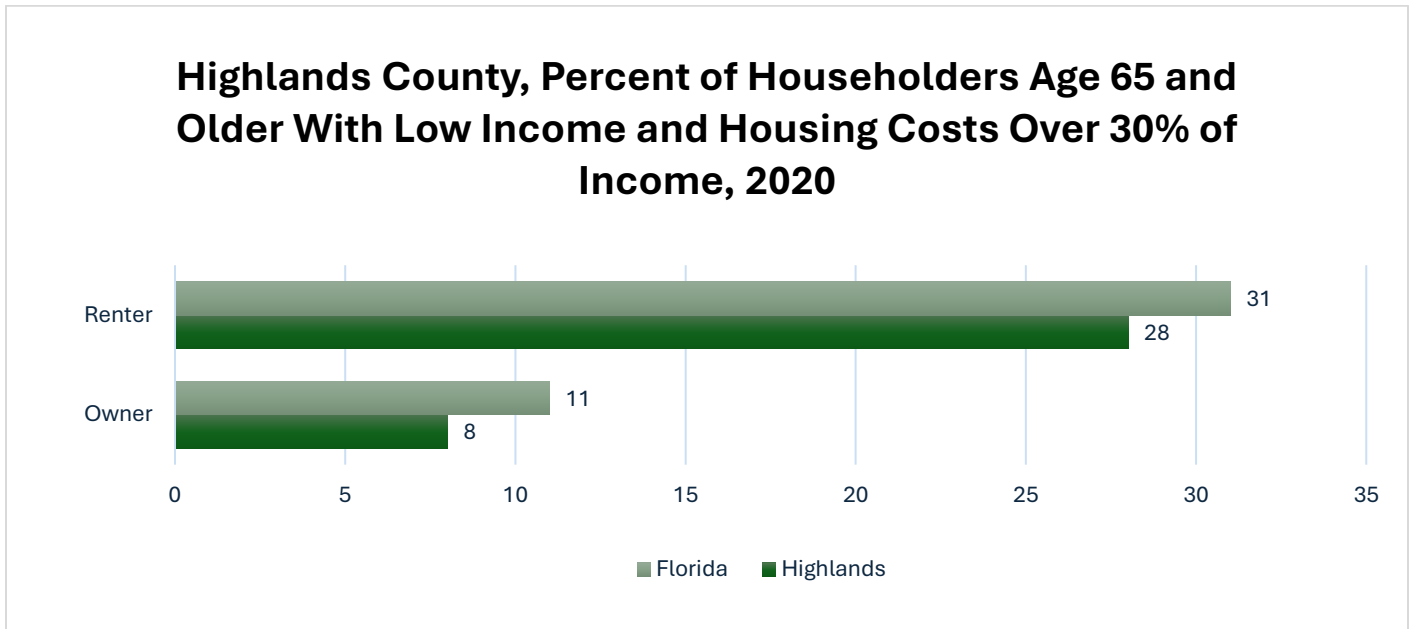
As a measure of housing costs and financial resources available to Highlands County older adults, the proportion of those who paid more than 30% of their income on housing was much lower than the state average. Even so, more than four in 10 older adults who rented in

Highlands County were in this category, based on 2022 counts. The 30%-of-income measure is widely used to indicate housing affordability and the point at which housing costs begin to reduce income needed for other expenses.

An earlier measure, from 2020, showed that 8% of older adult homeowners and 28% of renters in Highlands had below-median income plus housing costs of 30% or more. Given the increase in housing costs over the past four years, these data combined with the 2022 data suggest that a substantial number of older adults in Highlands County may be struggling to cover their rent or other housing expenses, such as insurance, while also paying for their health care, food, and other expenses.

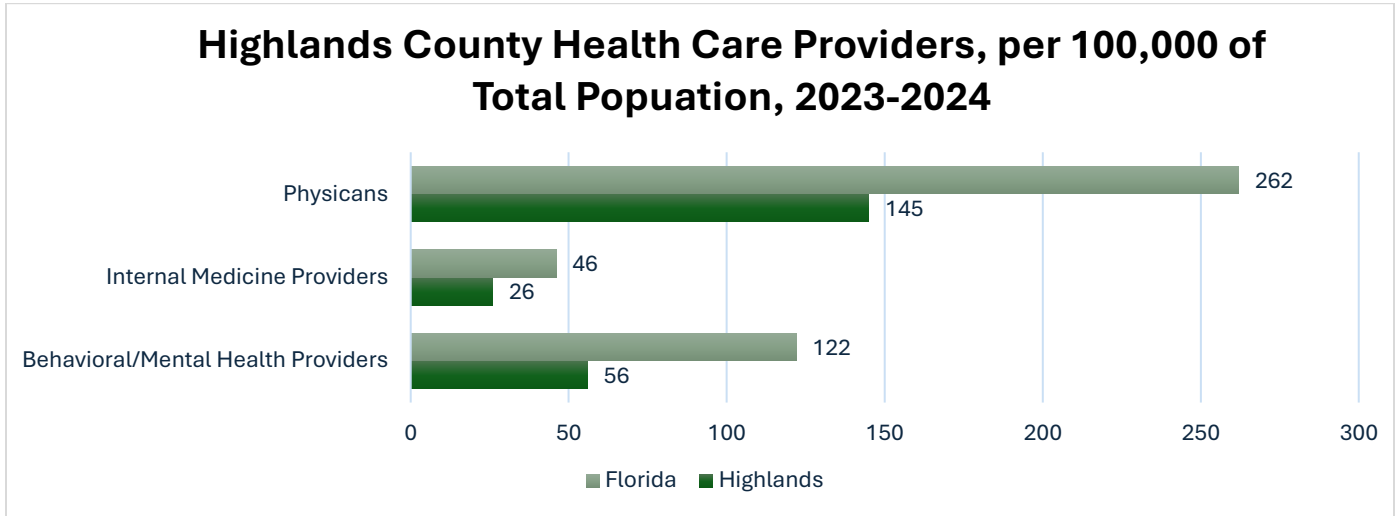


Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

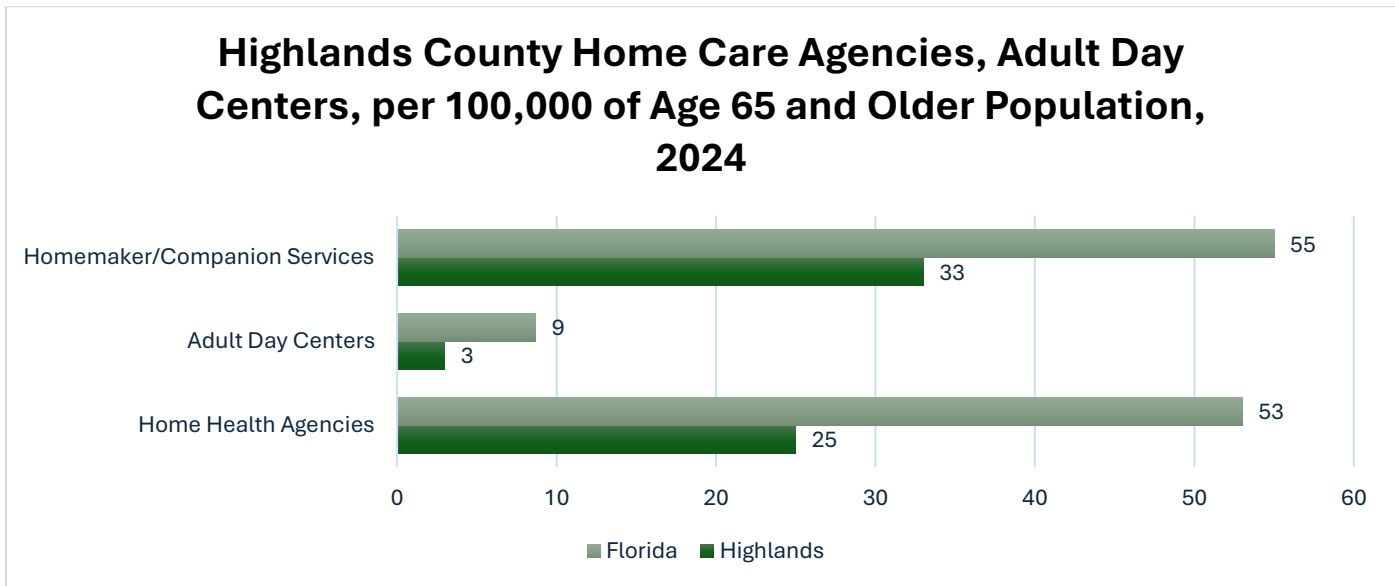


Source: The Shimberg Center for Housing Studies

Health care provider availability provides information on the resources available to meet the health and caregiving needs of older adults. **Highlands County had substantially lower numbers of physicians, internal medicine providers, and behavioral/mental health providers. Similarly, there were many fewer home health agencies, adult day centers, and homemaker/companion services.** An additional consideration is that some of these providers also deliver services in Hardee County and may be stretched thin.



Source: Florida Department of Health, Division of Medical Quality Assurance, 2023-2024



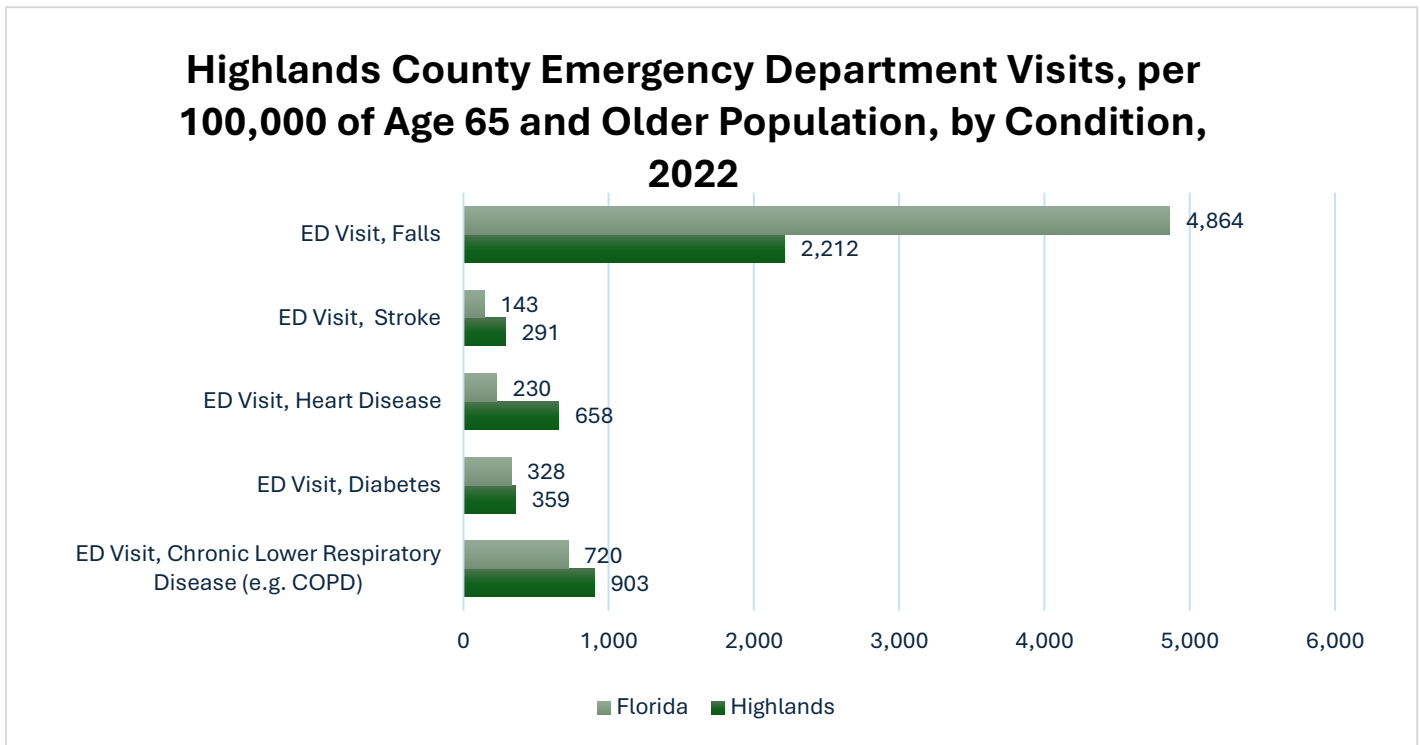
Source: Florida Agency for Health Care Administration

Notes: The numbers shown represent 1 for every 100,000 individuals 65 and older, based on the latest population estimates. Total Highlands County provider numbers are as follows: homemaker services – 12; adult day centers – 1; home health agencies – 9.

Medical service use data provide insight into the potential effects of sociodemographic characteristics and provider availability. **Nearly three times as many older adults in Highlands County required emergency treatment in 2022 for heart disease, compared to older adults statewide; stroke emergencies were twice as high.** Emergency visit rates for diabetes and chronic lower respiratory

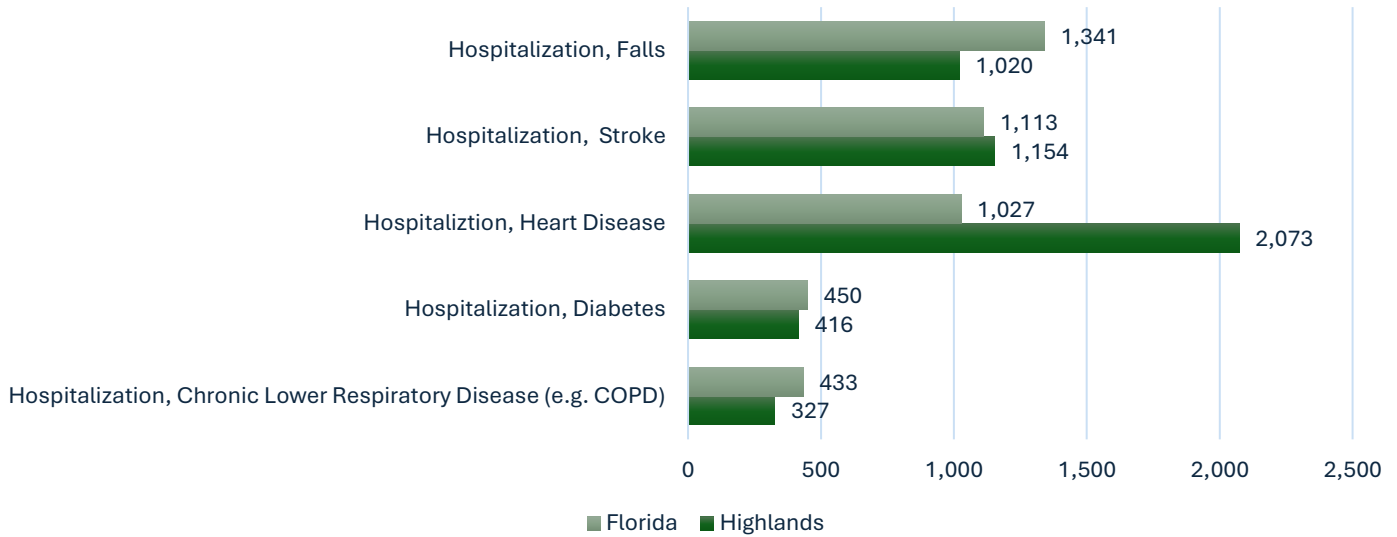
disease also were higher than the state rates. Many fewer older adults in Highlands County experienced falls requiring an emergency visit, possibly because of the smaller proportion of those over age 80 and/or the lower percentage who lived alone, though these factors are changing as the population ages.

More than twice as many older adults in Highlands County, compared to Florida overall, were hospitalized because of heart disease. Stroke hospitalizations were marginally higher. Hospitalizations for diabetes and lower respiratory disease were somewhat lower than statewide rates; hospitalizations for falls were considerably lower. The emergency visit and hospitalization rates are likely related to several factors, including higher rates of poverty and functional impairment and lower care provider and service availability, all of which may pose obstacles to seeking and receiving preventative health care. This is especially relevant concerning heart disease hospitalizations, given the range of treatments available to manage vascular issues.



Source: Florida Agency for Health Care Administration; compiled by the Florida Department of Health

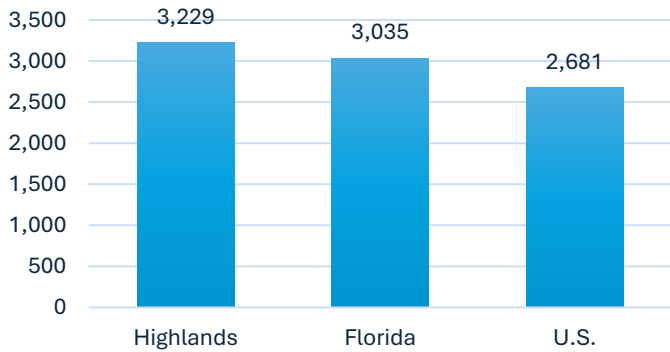
Highlands County Hospitalizations, per 100,000 of Age 65 and Older Population, by Condition, 2022



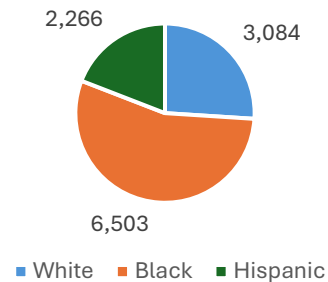
Source: Florida Agency for Health Care Administration; compiled by the Florida Department of Health

Based on an overall measure of health service quality, Medicare enrollees in Highlands County had somewhat higher rates of preventable hospitalizations, compared to enrollees in Florida and the U.S. overall. The racial disparity is notable. For Medicare enrollees identified as Black, there were 6,503 preventable hospital stays per 100,000, compared to 2,266 for Hispanic enrollees and 3,084 for White enrollees. This suggests that access to health care and the many factors related to the wellness of older adults who are Black warrant greater attention, especially given the growth of this population in Highlands County.

Preventable Hospital Stays, per 100,000 of Medicare Enrollees, 2021



Highlands County Preventable Hospital Stays, per 100,000 of Medicare Enrollees, by Race/Ethnicity, 2021



Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool; County Health Rankings and Roadmaps

Interviews

Among the concerns that arose from interviews about the needs of older adults in Highlands County, cultural divisions were prominent. Related to this issue were concerns about the availability of services for non-English speakers and lower income residents who lack transportation, as well as for those who need assistance, including food assistance, but do not know where to go for help. Other prominent issues were housing costs, barriers to accessing health care providers, and limited transportation options for those who cannot drive.

The cultural division concerns focused largely on the growing number of Spanish speakers in Highlands County and the challenges of serving them, given language differences. The percentage of older adults in Highlands who are not proficient in English is smaller than the state average, though service providers highlighted the growth of the Hispanic population.

“Our minority populations, I feel like are very underserved in this county. Well, both counties [Hardee and Highlands]. I haven't seen a lot of services in these counties that are multilingual, which I think would be very helpful. And I've seen a lot of people who are Spanish, for example, especially the older populations, they don't seek help when they get sick.”

Others, however, commented on the large number of older adults of all races and ethnicities in both Hardee and Highlands County who are struggling. Difficulties can be acute for caregivers without the resources to pay privately for home care. One participant described a young man who lost his job because of the time required to care for his mother and son after she became ill; she had provided care for the son. Home health care is often unavailable. Companion services are severely limited, given the need, as are adult day services and respite care on more than a short-term basis.

This family was able to get food through NU-HOPE, but at the time the man called, *“they had no food, went to try to get food stamps and there again was the delay [more than a month] They were isolated.”*

Interview participants discussed housing costs as an increasing worry for older adults in Highlands County, as an influx of retirees and real estate investors has fueled demand and led to rising prices. Owners of older homes face soaring insurance rates and threats of losing their properties if they cannot complete repairs to fortify the structures to withstand severe weather. Mobile home and rental costs have risen amid these pressures.

“The housing being built is meant to attract out-of-area retirees.... Even mobile home parks are priced out of price range for lower-income residents.”

One participant listed the issues – unavailable or unaffordable homeowners insurance, high repair costs, and rising lot rents at mobile home parks. As noted by other interview participants, high housing costs leave older adults with less money to pay for medication, food, and other daily needs, which can damage their health and wellbeing.

“I'm concerned about the stress level of seniors because I'm hearing the stories of those that have mortgages. They need to have insurance, and their insurance is canceling.... Unrelenting stress has cognitive impairments as well as affecting the heart and everything else, so I am concerned. What is the health rebound?”

Transportation is also a prevalent issue in Highlands County, as in other counties. The county's older adults *"might not have the ability to drive, or they might not have a vehicle, or they might not have a ride share. You know, they might not have family around. And I do know we have transportation services for health care. But it's still very limited.... So often we see people missing their appointments because they just don't have the transportation."*

Transportation challenges intersect with health care in other ways. Interview participants highlighted a lack of health care providers in the area, particularly specialists. As a result, seeing a doctor may require an older adult to travel to another county, which may be impossible for those without their own means of transportation.

Participants also linked transportation challenges to access to healthy food. *"I believe most of Highlands County is in the food desert category....A lot of our older population, especially if they're not within a care facility, they don't necessarily have access to healthy foods and some of them are just not eating very well or not eating at all because they don't have the ability to cook themselves and they don't have the ability to get out and go get food. There's a couple of places, like Meals on Wheels and NU-HOPE [Elder Care Services], but that's still again limited."*

While resources exist, obtaining information about them is a challenge. Some older adults do not have the knowledge or confidence required to navigate websites to find information or apply for services. Others do not learn about them because of a lack of service coordination between health care and service providers.

"[It is] difficult navigating multiple pages; difficulty finding correct pathways to enter info or advance to correct screen."

Public health departments provide services for free or on a sliding scale, noted one participant who worked in a hospital and recently met with the county's Department of Health. *"These are huge resources, but even I didn't know about some of them. And a lot of the older population...might not seek health care because they think 'well, I don't have insurance.'...It's frustrating when the resources exist and there's people who need them and trying to bring it all together. I think that's always the problem – connecting all the dots."*

Key Points:

- Already ranked 4th in the percentage of older adults, Highlands County's older population will continue to grow. Four in ten of all county residents are expected to be 65 or older by 2050, with nearly four in 10 of those older adults expected to be 80 or older.
- Relatively high rates of older adults in Highlands County appear to have difficulty hearing and living independently, and more than one in five has serious difficulty walking and climbing stairs, suggesting there is a need for more home- and community-based services for those who are isolated and more transportation options for those with disabilities.
- With a rise in housing costs related to market changes and turbulence in the home-owner insurance market, many older adults in Highlands County may not be able to afford their health care, food, and other expenses.

- Currently, more than a fourth of the county's older adults have incomes at or under 150% of the federal poverty level.
- Minority populations are growing, with the number of those identified as Hispanic nearly tripling. These demographic shifts raise concerns about disparities, particularly for non-English speakers.
- Hospitalization rates for heart disease are relatively high. The charts above on preventable hospital stays provide additional data on hospitalization for conditions including heart disease. Preventable hospitalization rates in Highlands County are comparable to state rates. However, the rates are high for Medicare enrollees who are Black, in relation to the rates for enrollees who are White or Hispanic.
- As in other counties, a lack of transportation options in Highlands County may limit older adults' access to health care services, potentially leading to worse health outcomes for older adults.

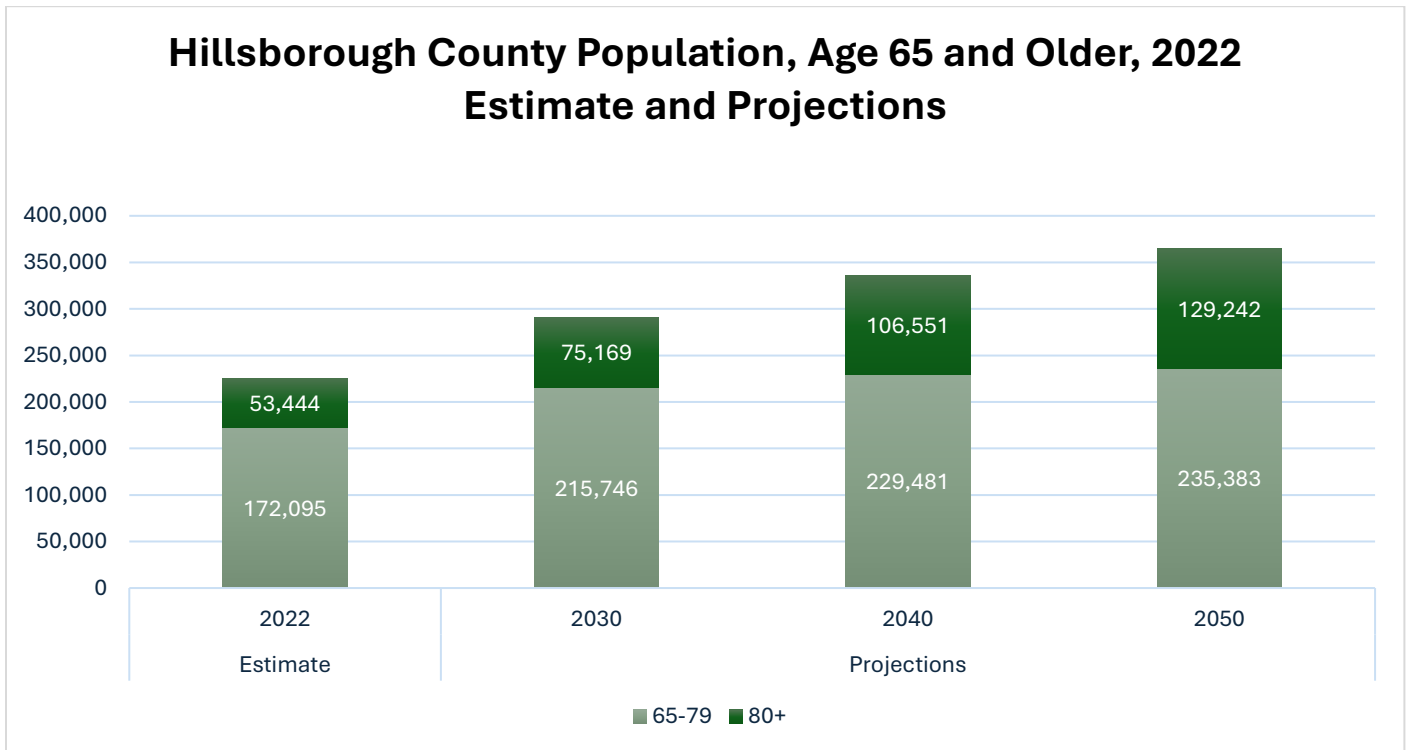
Hillsborough County

Hillsborough County is unique among Senior Connection Center counties because of its size and the large percentage of older adults who live in urban and suburban settings; though, it does have several rural communities.

Prior needs assessments for Hillsborough County provided little data on older adults, beyond noting the relatively low percentage of people 65 and older across the county. The reports primarily emphasized the needs of those in poverty (affordable housing, vocational training, greater health care access, transportation, substance abuse, and mental health) and the lack of funding and collaboration of service agencies as obstacles to addressing these issues.

Current data

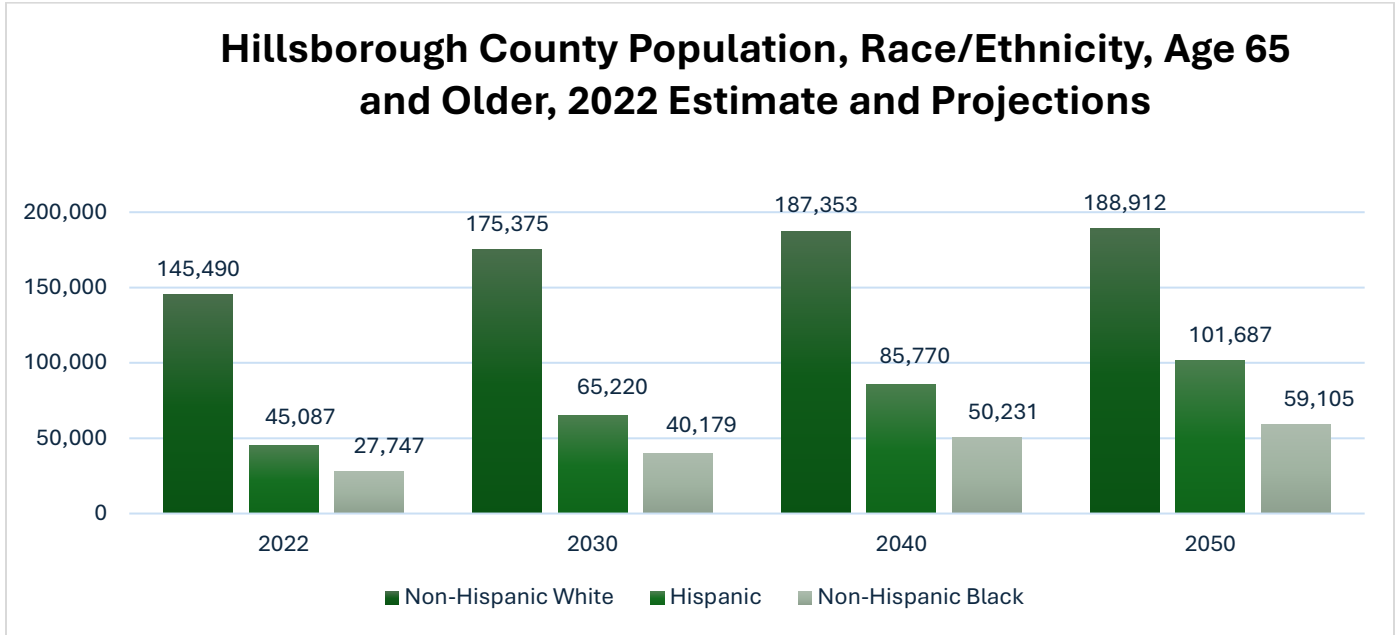
Population data provide key insights concerning the growth of the older adult population in Hillsborough County and their current and future needs. Less than 16% of Hillsborough County’s total population was 65 or older in 2022. However, both the number and percentage are growing, and by 2050, older adults will make up more than 18% of the total. Importantly, those who are 80 and older will make up more than a third of older adults in 2050, compared to less than a quarter in 2022. As with each of the counties in the Senior Connection Center service area, these data provide evidence of the growing need for services to meet the functional and health care needs that tend to accelerate, sometimes sharply, as older adults advance into their 80s and beyond.



Source: Bureau of Economic and Business Research (BEBR), University of Florida

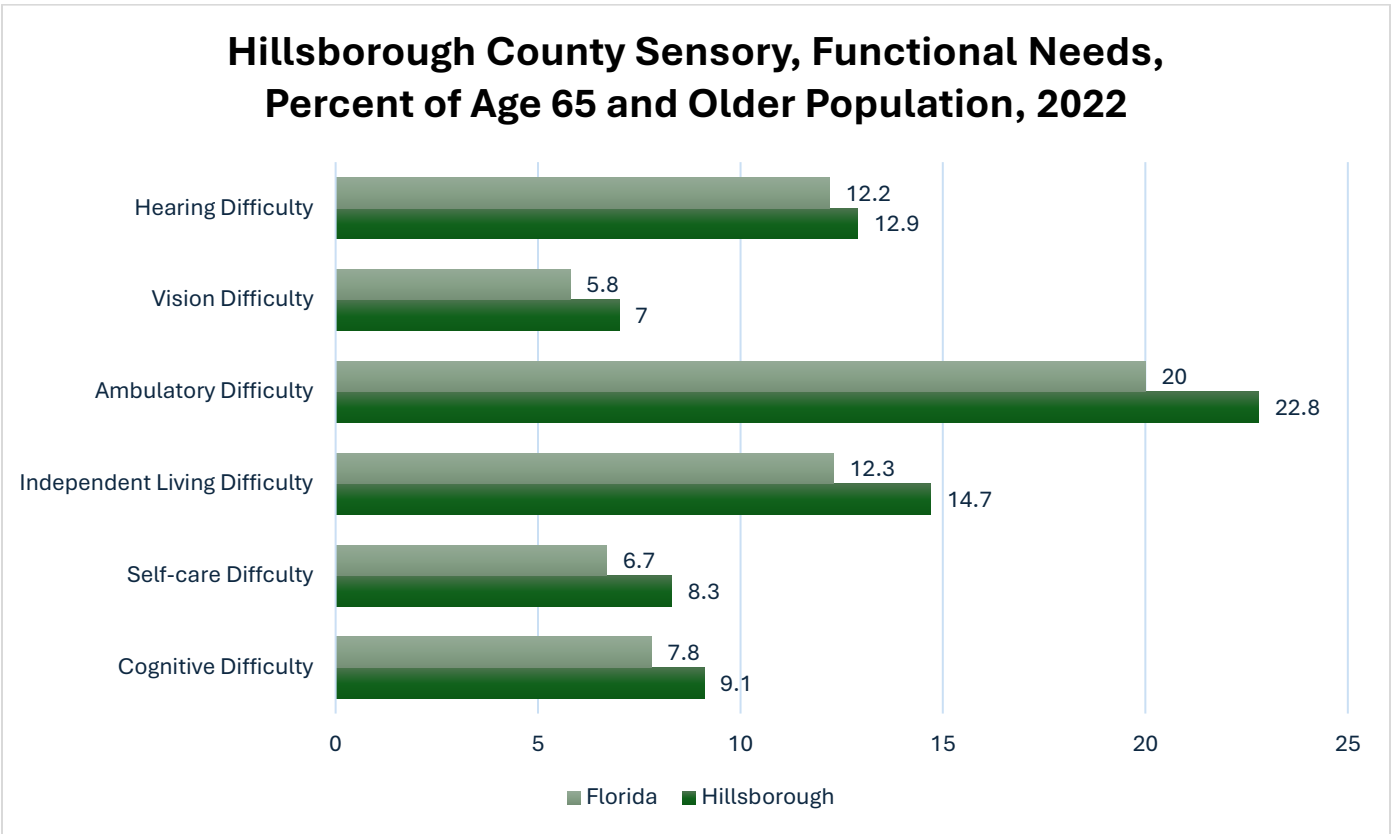
Note: BEBR projections are based on assessments of births, deaths, and migration (in- and out-migration), considering differences by age and sex cohorts.

The population distribution by race and ethnicity is also shifting, with the proportions of older adults identified as Hispanic and non-Hispanic Black more than doubling in the next 25 years. This demographic shift highlights the need in the future for care and services that account for cultural and language differences. Additionally, it underscores the critical need to address existing health disparities within Hispanic and Black communities, particularly as the population ages.



Source: Bureau of Economic and Business Research (BEBR), University of Florida
 Note: BEBR projections are based on assessments of births, deaths, and migration (in- and out-migration), considering differences by age and sex cohorts.

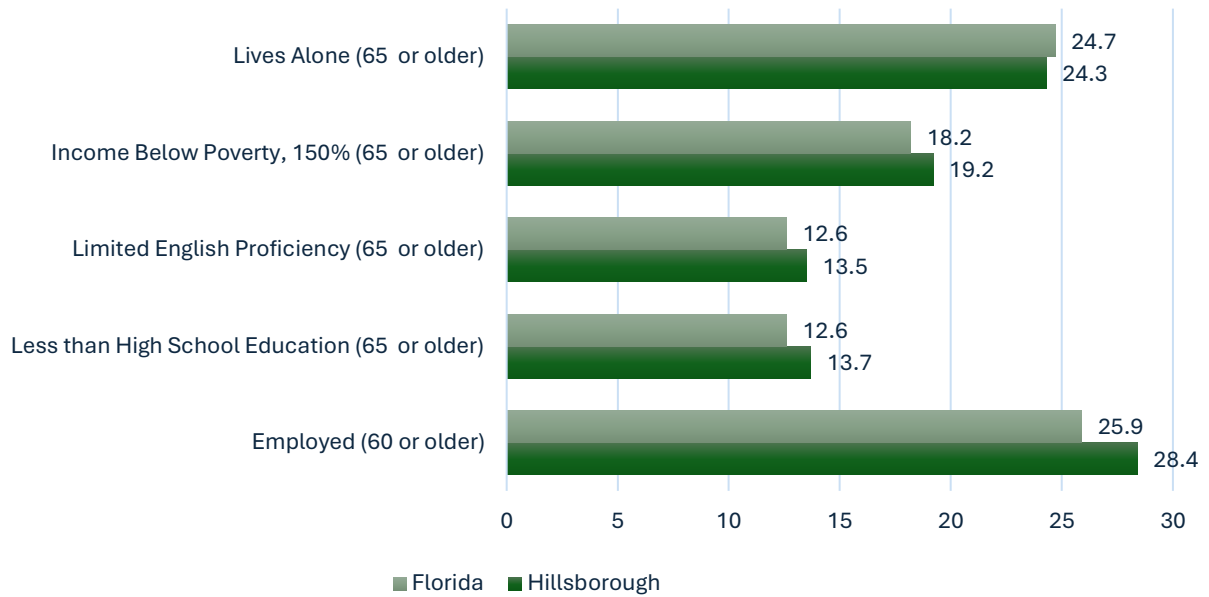
We considered functional abilities to assess the current daily activity needs of older adults. In all of the six indicators, Hillsborough County’s rates were above the state’s, notably in ambulatory difficulty (14% higher), defined as serious difficulty walking and climbing stairs, and independent living difficulty (20% higher). Difficulties in both of these areas are likely to increase as the number and proportion of those age 80 and older rise. These health disparities may contribute to increased health care costs, reduced workforce participation, and social isolation within the community.



Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

We examined several social and resource indicators, finding that **a slightly smaller percentage of older adults lived alone in Hillsborough County, compared to statewide. However, higher percentages had limited income (under 150% of the federal poverty level), less than a high school education, and limited English language proficiency**, notable given the projected increase in the older Hispanic population. These disparities suggest that accessing essential resources and services is a challenge for many older adults in Hillsborough County, particularly if they need to find and use information that requires a higher level of education or language proficiency.

Hillsborough County Social Indicators, Percent of Older Adult Population, 2022*

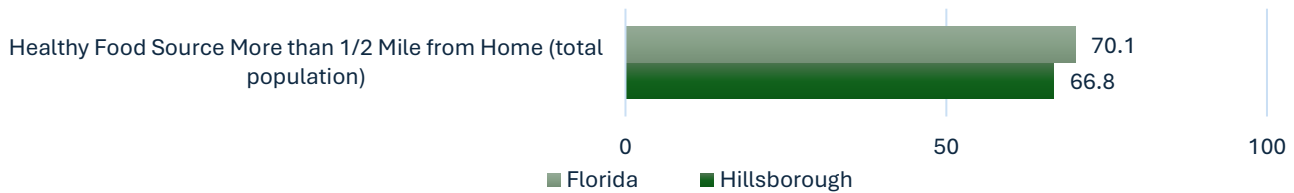


Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

*Note: The percent of employed older adults is from 2021, based on five-year estimates (2017-2021).

We also considered access to nutritious food and found that **a smaller percentage of county residents, compared to residents statewide, had limited access to healthy options.** This measure was not available solely for older adults but suggests that food insecurity may be less of a problem for older adults in Hillsborough County. Nevertheless, it suggests that many may lack access to fresh food and highlights the importance of meal and food services for those with limited transportation options.

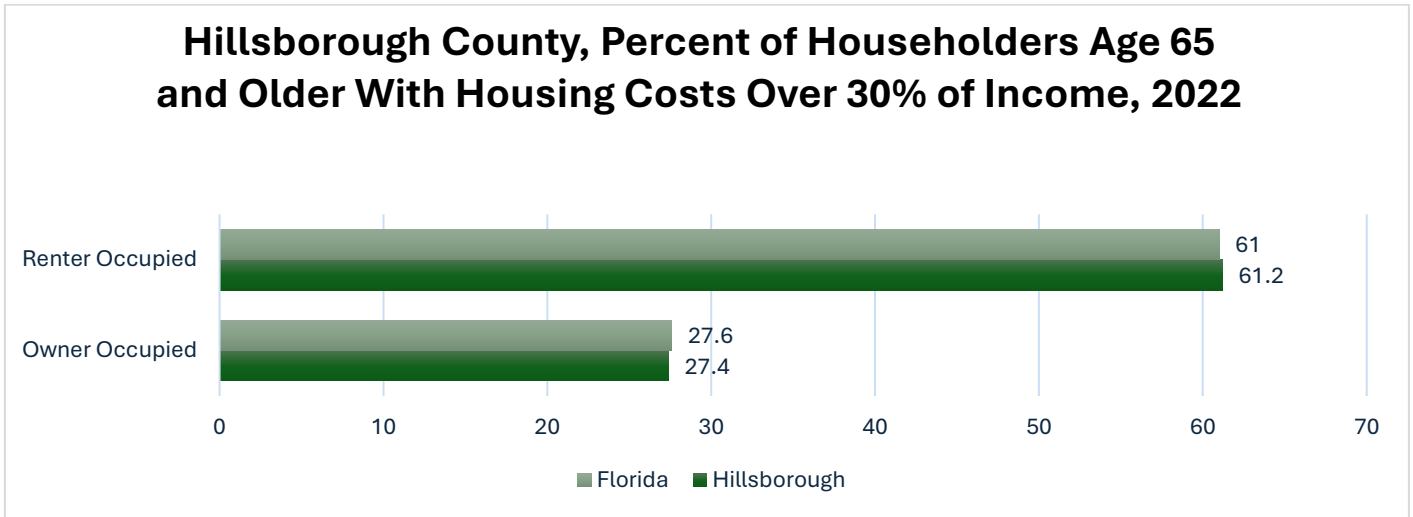
Hillsborough County Access to Healthy Food, Percent of Total Population, 2022



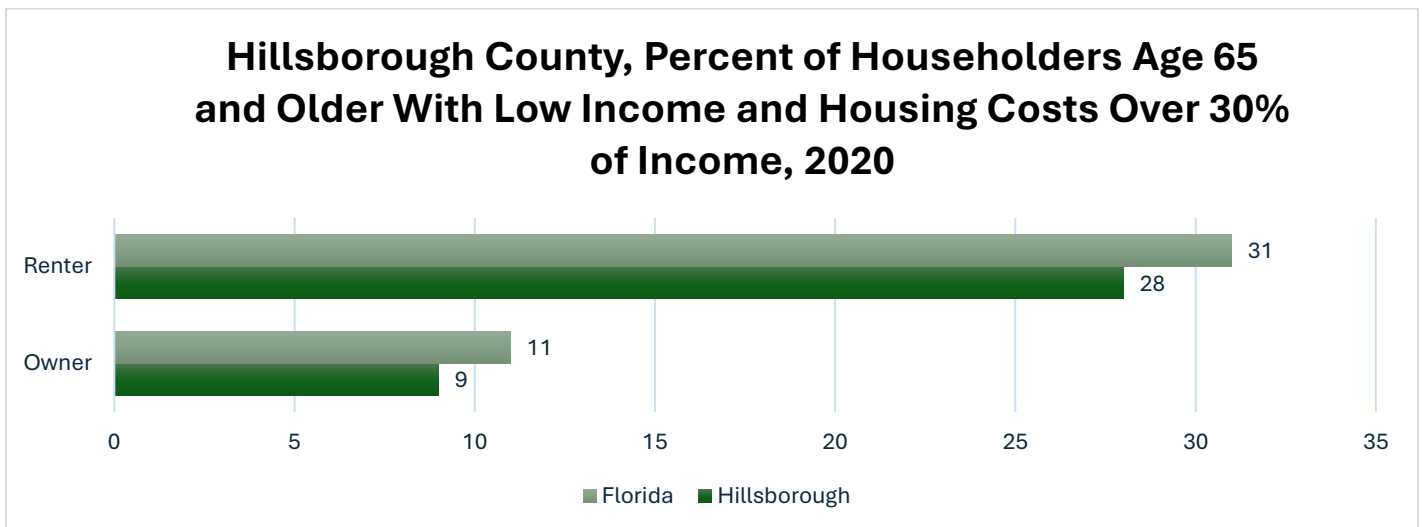
Source: Source: Florida Department of Health, Environmental Public Health Tracking

Data show that Hillsborough County and the state overall are similar in their percentages of older adult householders who pay 30% or more of their income on housing. The 30%-of-income measure indicates when housing costs begin to use up income needed to cover other expenses. More than six in 10 of older adults who rented in Hillsborough County were in this category.

Another measure of housing costs, from 2020, considers housing costs for older adults with lower incomes. It showed that 9% of homeowners and 28% of renters in Hillsborough County had below-median income plus housing costs of 30% or more. These data combined indicate that a substantial number of older adults who rent in Hillsborough County and across the state may struggle to meet their daily needs because of their housing costs.



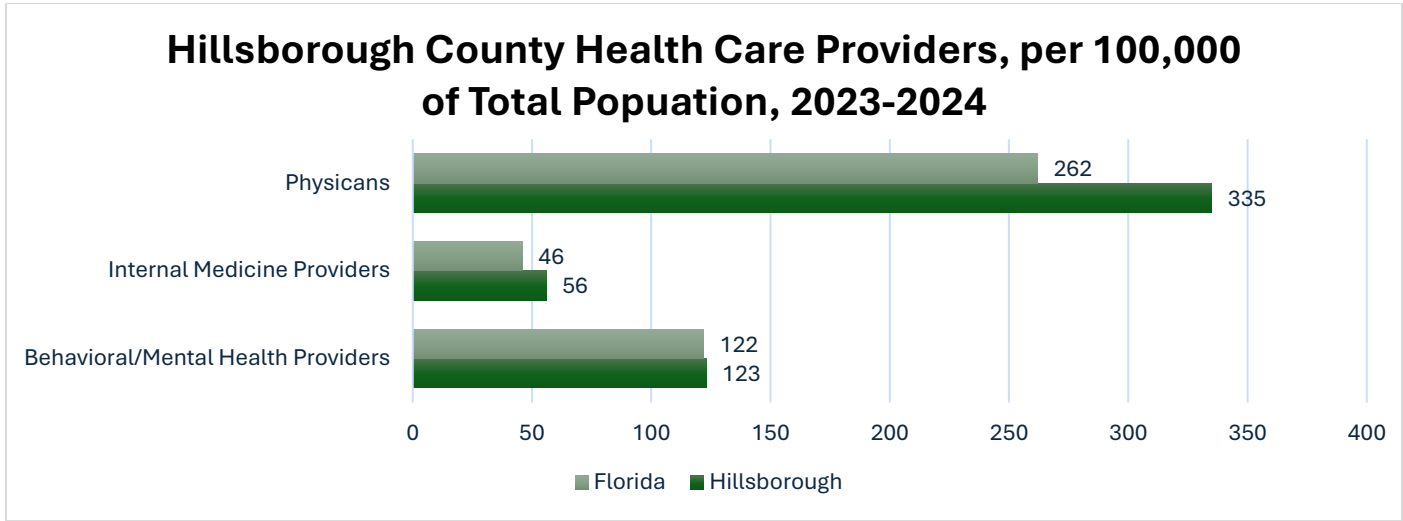
Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)



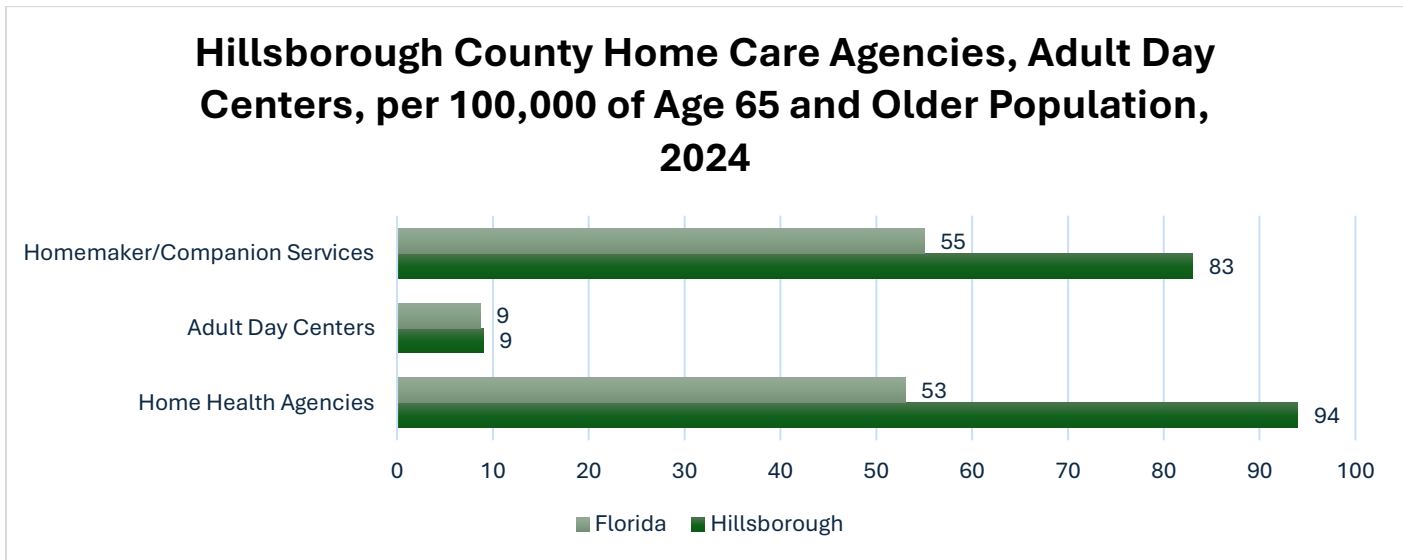
Source: The Shimberg Center for Housing Studies

We reviewed health care provider availability to assess the resources available to meet the health and caregiving needs of older adults in Hillsborough County. **The data show that Hillsborough County equaled or exceeded the state ratios in numbers of physicians, internal medicine**

providers, and behavioral/mental health providers and in numbers of homemaker/companion services, home health agencies, and adult day centers, setting it apart from the rural counties in Senior Connection Center’s service area.



Source: Florida Department of Health, Division of Medical Quality Assurance, 2023-2024



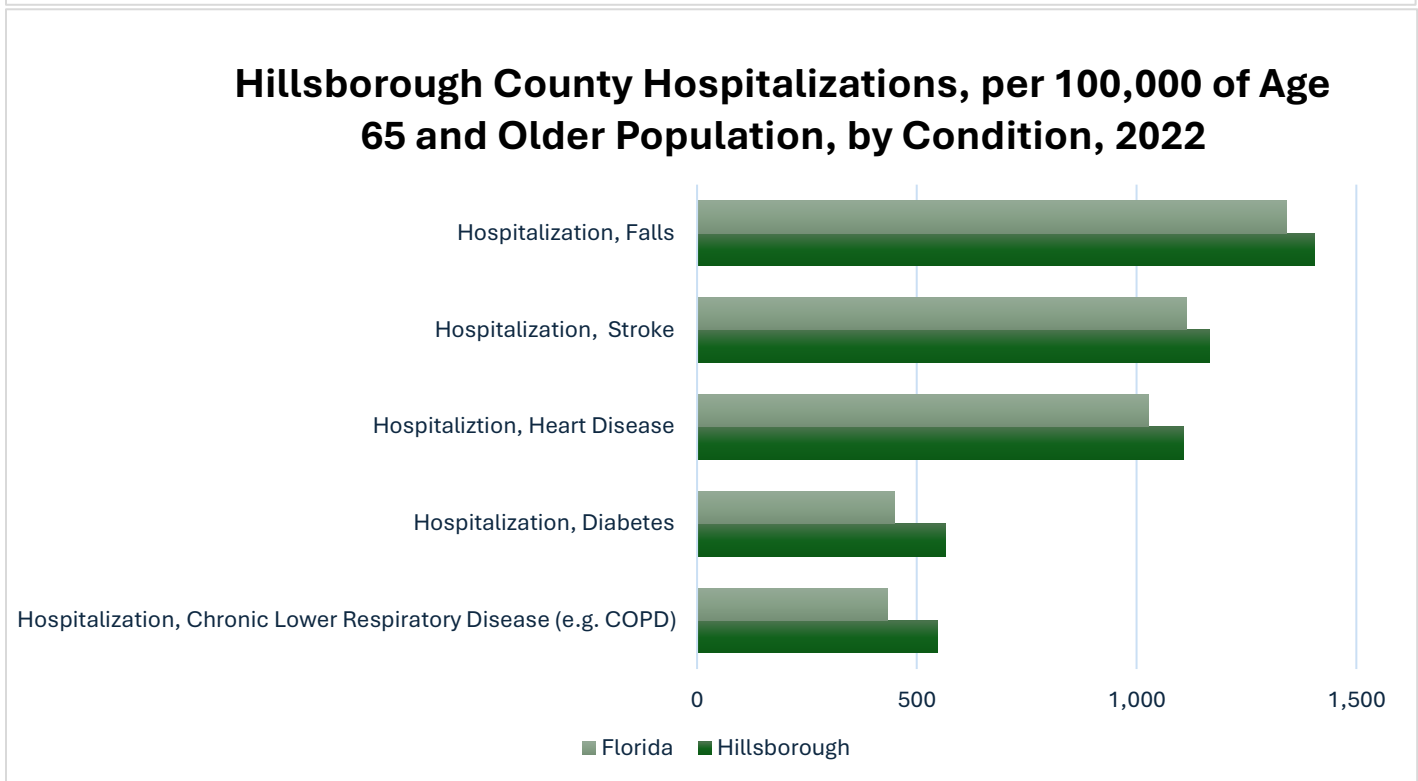
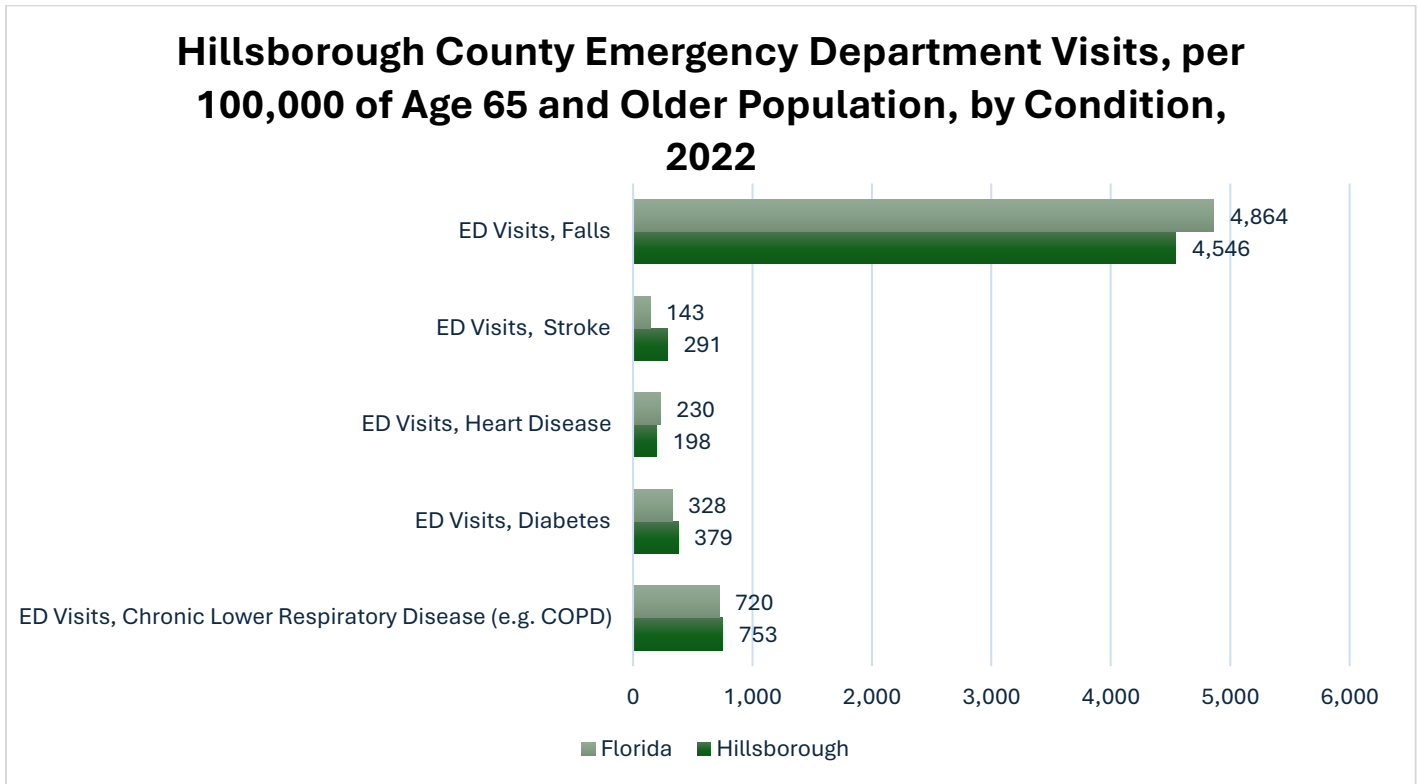
Source: Florida Agency for Health Care Administration

Notes: The numbers shown represent 1 for every 100,000 individuals 65 and older, based on the latest population estimates. Total Hillsborough County provider numbers are as follows: homemaker services – 187; adult day centers – 20; home health agencies – 213.

The population estimates used in these calculations are the latest available, from 2022.

Medical service use provides insight into the extent to which health and caregiving resources meet the needs of older adults. **Despite relatively high provider availability, rates of emergency treatment for stroke, diabetes, and chronic lower respiratory disease, such as COPD, are higher for older adults in Hillsborough County, compared to the state.** Heart disease and fall emergency rates were lower. **Hospitalizations for older adults were above the state rates in every category.** These emergency visit and hospitalization rates are likely to be related to

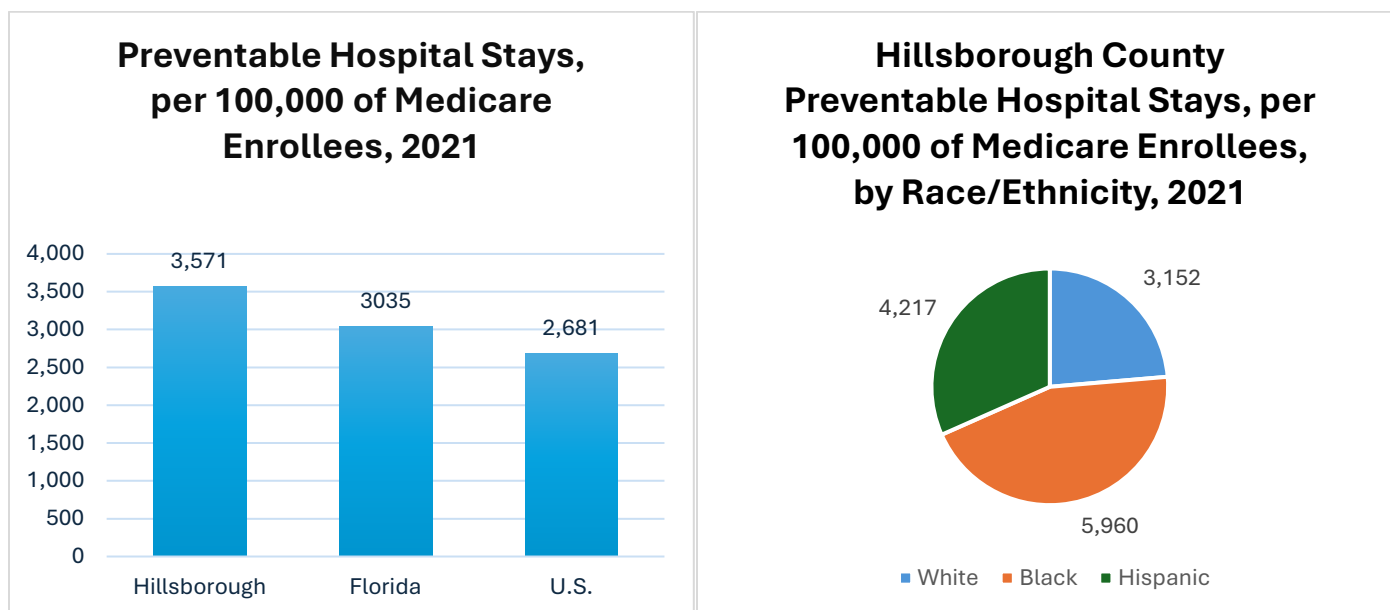
sociodemographic and functional challenges in Hillsborough County (depicted in prior charts) that may discourage or block older adults from seeking and/or receiving adequate preventive health care.



Source: Florida Agency for Health Care Administration; compiled by the Florida Department of Health

Based on an overall measure of health service quality, **Medicare enrollees in Hillsborough County had higher rates of preventable hospital stays, compared to Florida and the U.S., and the**

likelihood of having a preventable stay was greater for residents identified as Black or Hispanic. Specifically, for Medicare enrollees identified as Black, there were 5,960 preventable hospital stays per 100,000, compared to 4,217 for Hispanic enrollees and 3,152 for White enrollees. A preventable hospital stay is defined as an inpatient stay for a condition that could have been avoided with necessary care in an outpatient setting. These conditions can include acute illnesses such as diabetes, hypertension, heart failure, and COPD. These data amplify the Hillsborough County hospitalization data above and underscore the critical need noted previously to address existing health disparities within Hispanic and Black communities as the population ages.



Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool; County Health Rankings and Roadmaps

Interviews

Several issues were prominent in interviews with service providers in Hillsborough County, with concerns centering on caregiving/providing care for older adults aging alone, housing costs and availability, strengthening community connections, and disparities (cultural and income). The interview participants' observations show that the challenges described in the data are present in the daily lives of older adults.

Interview participants described the difficulties of those who live alone and those providing care without adequate support. They noted the need for more in-home services and emphasized that while adult day services exist, they are often unaffordable or inaccessible.

One participant expressed concern for the older adults whose family members live in other states and provide little, if any, support. *"We've got a lot of seniors who either don't have family or their family [lives elsewhere], and [the seniors] they're in that part of their life where they really can't care for themselves."*

"We're very fortunate to have adult daycare, so that helps somewhat there, but then you have that personal care piece that still is needed. People [are] trying to stay home to remain independent and

not go into a nursing home, and they need that personal care. We can't give them as many hours as they need, but the county does put in some additional funding for that."

Another participant described that day services are available but are too far away or too expensive for many caregivers across the county. She described one client whose spouse cannot be left alone for any length of time. *"Somebody will come in for four hours, two days a week. But it is [possible] because it's being provided by volunteers from the churches.... And they can only do so much."*

"The big crunch I see coming is affordable housing, but really affordable assisted living, affordable independent living for seniors. Even our worst assisted living is \$4,800 a month," for those who are not on Medicaid and pay privately.

As another participant described, many seniors go into nursing homes for rehabilitation or therapy after a hospital stay, which is covered by Medicare, but lack the care they need after returning home.

"They leave skilled nursing, and they end up back in the hospital months later because they don't have family that calls or cares all the time."

As in other counties, Hillsborough County participants widely discussed the value of community connections, such as neighborhood groups and individuals who look after older adults in their communities. They discussed the prevalence and dangers of social isolation and highlighted the critical need for services and organizations that help older adults maintain connections and develop new ones.

"There's a lot of them that just kind of fall through the cracks," who have lost a spouse or others they depended on for the care and/or activity they needed.

Older adults *"are actually faring better if they are really connected to community. [For example], my church will help coordinate services for the members. But those who are not connected to community, any kind of group...I would say those are the neediest."*

There are *"interdependencies of all these issues, where there's the social isolation....They don't know about resources and then they don't have food....They don't have transportation to go get the food and then they eat the crummy food and they're sick and they're stressed....For me, the first step is the connectedness that we've been talking about, and getting trusted people in their lives."*

Others highlighted the need for attentive, supportive health care providers for people who do not have close family connections. It can be especially important for people with chronic health conditions.

"If they don't have a really good family connection or good medical team, a good connection team, they will decline very quickly.... At the end of the day, having somebody that is caring for you and going to follow up, connect all the dots. That saves your life at the end of the day."

Another issue that emerged in Hillsborough and across the other counties in the service area dealt with disparities and mistrust. The sources of the divisions range from language barriers to doubts about service providers' motives.

"I still see some mistrust of the system [across racial and ethnic groups]."

Some won't accept free services, suspicious that the provider is trying to take advantage of them. Others are distrustful or do not seek services because of language barriers.

"I've seen language barriers for the Latino population, and it's a huge population here in Hillsborough County. [A large majority of the dining and senior centers] have to have someone who can speak Spanish."

Other older adults, particularly those with lower incomes, do not seek out available health care and services because they feel shame or fear of being seen as incompetent or insignificant.

"They have a lot of wisdom to share, but they'll just close up. They'll just close up if this is how you're going to talk to me. 'If you treat me like an elderly senior, then I'll just shut down.' I know that's what I've heard."

"Having the support and putting it in a way where that person feels dignity, that's everything. It might mean saving their lives."

Housing emerged as a distinct issue in Hillsborough County, but one related to income disparities, rising costs, and the lack of housing options that are affordable. Housing costs have spiked as the county has grown amid post-pandemic inflation. The demand has also caused rental costs to soar as the older housing stock that was inexpensive to rent has been taken down to make way for new units.

One participant described the efforts of her church and others to find homes for more than a dozen people, many because they have been priced out of their rental accommodations.

"They're all seniors, and getting on the service list to get low-cost housing is practically impossible.... Some of them are sleeping on couches [of family members], they're sleeping in with friends because they do not have housing.... Low income is their primary problem."

Amid the rising costs, *"we've seen individuals 62 and older be our highest growing homeless population."*

Participants described a dangerous cycle in which rising housing costs drain the funds older adults set aside in the past to pay for food, transportation, and health care for themselves and family members, in effect, depleting the resources they need to remain independent.

"Funds that they had allocated for those other needs [are exhausted when] they have to use that to pay for rent or mortgage."

Participants noted that housing can be less expensive in the rural areas of the county, but then older residents become isolated because of a lack of transportation.

"In the more rural areas, transportation is huge...sometimes you can get the better prices on your housing and rent, but then you're stuck in your homes due to lack of transportation, especially people who come from up north and they didn't have to drive....They never drove before, so they thought they would just come here and do the same thing and then they end up being stuck in their homes."

Many participants discussed the resources that exist across Hillsborough County provided by government and private organizations, such as churches. They noted that Hillsborough County residents are better off than older adults of other counties because of additional funding from the county government. However, they emphasized the need to promote the available resources and better harness existing resources to cover the gaps.

The county needs *“some kind of coming together of the churches and other nonprofits so we can do a bit more with what we have, and making people aware.... We still have to do a better job at getting the word out.”*

Key Points:

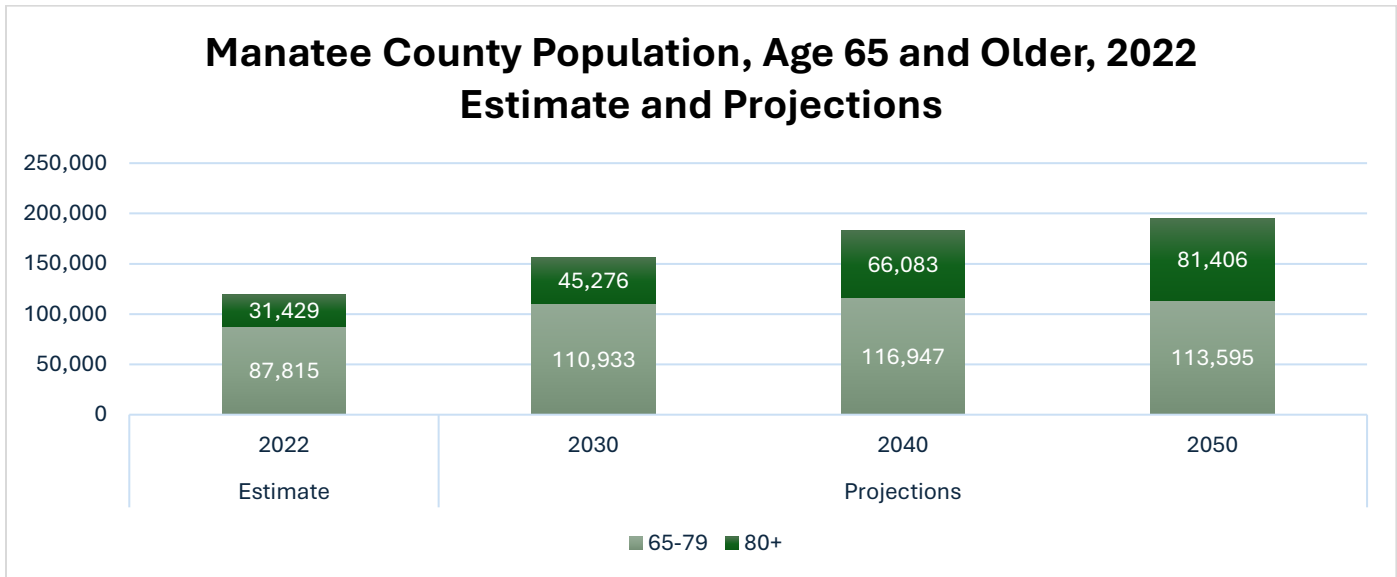
- The population of older adults in Hillsborough County is growing, leading to a greater number and proportion of the “older old,” those age 80 and older, and those who are Hispanic or Black.
- Compared to older adults statewide, older adults in Hillsborough are more likely to experience poverty, have limited English proficiency, and have less than a high school education. Language, social, and cultural disparities are becoming prevalent as the immigrant population grows.
- Functional difficulties in mobility and independent living appear to be more prevalent among older adults in Hillsborough County, compared to the state overall. Additionally, hospitalization risks are higher. Disparities in care for those on Medicare are evident in preventable hospitalization data.
- Stronger community, neighbor-to-neighbor connections are needed to alleviate growing social isolation among older adults, particularly among those who are separated from family and have lost spouses and other social connections. Isolated older adults are at high risk of health decline and exploitation.
 - Caregivers also experience a high level of isolation and strain amid the limited availability of affordable in-home care and low access to adult day services in some parts of the county.
- Rising housing costs are forcing some older adults out of their homes and depleting the financial resources they depend on to pay for needed health care and services.
- Volunteerism is strong, particularly within churches, though their resources are limited. Many service groups operate independently and could potentially do more if their efforts were coordinated.
- While transportation options exist in the more populated areas of the county, older adults in rural areas have difficulty obtaining healthy food and medical care when they lack the ability to drive.

Manatee County

Prior reports on the needs in Manatee County have focused on the rise of the older adult population, with housing costs emerging as a serious challenge, more so for older than younger adults. Health data showed that older adults in Manatee were more likely to be categorized as in poor physical or mental health, with social isolation identified as the greatest mental health threat. Additional concerns included the rising costs of fuel, utilities, and food, with service organizations reporting an inability to meet the needs of a rising older adult population, particularly those who were socially isolated.

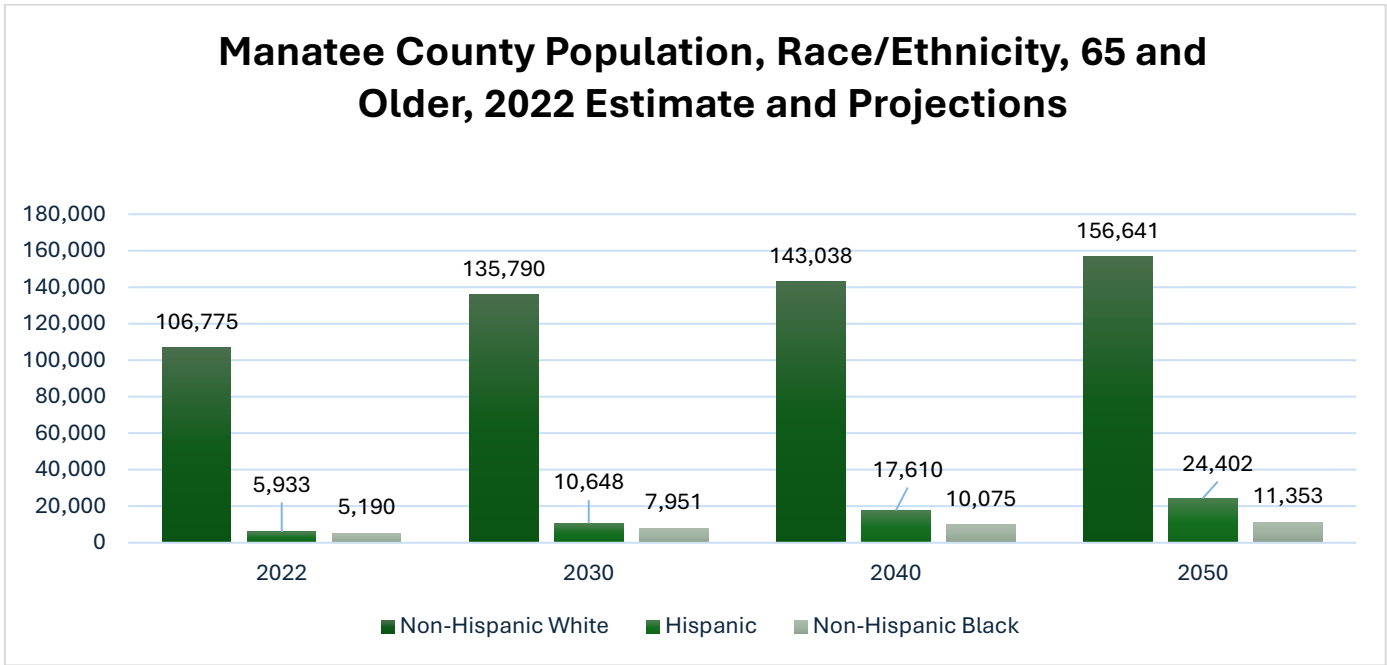
Current Data

More than 28% of all Manatee County residents were 65 and older in 2022, a relatively high percentage that is second only to Highlands County among the five counties in the service area. That proportion is expected to grow to more than 33% by 2050. In keeping with the trend across the counties, the percentage of the oldest old is steadily rising in Manatee. By 2050, more than four in ten of Manatee’s residents will be age 80 or older. This suggests there will be a rising need for care and services to help older adults manage chronic conditions and disabilities that are more prevalent in later life and make it difficult to live independently.



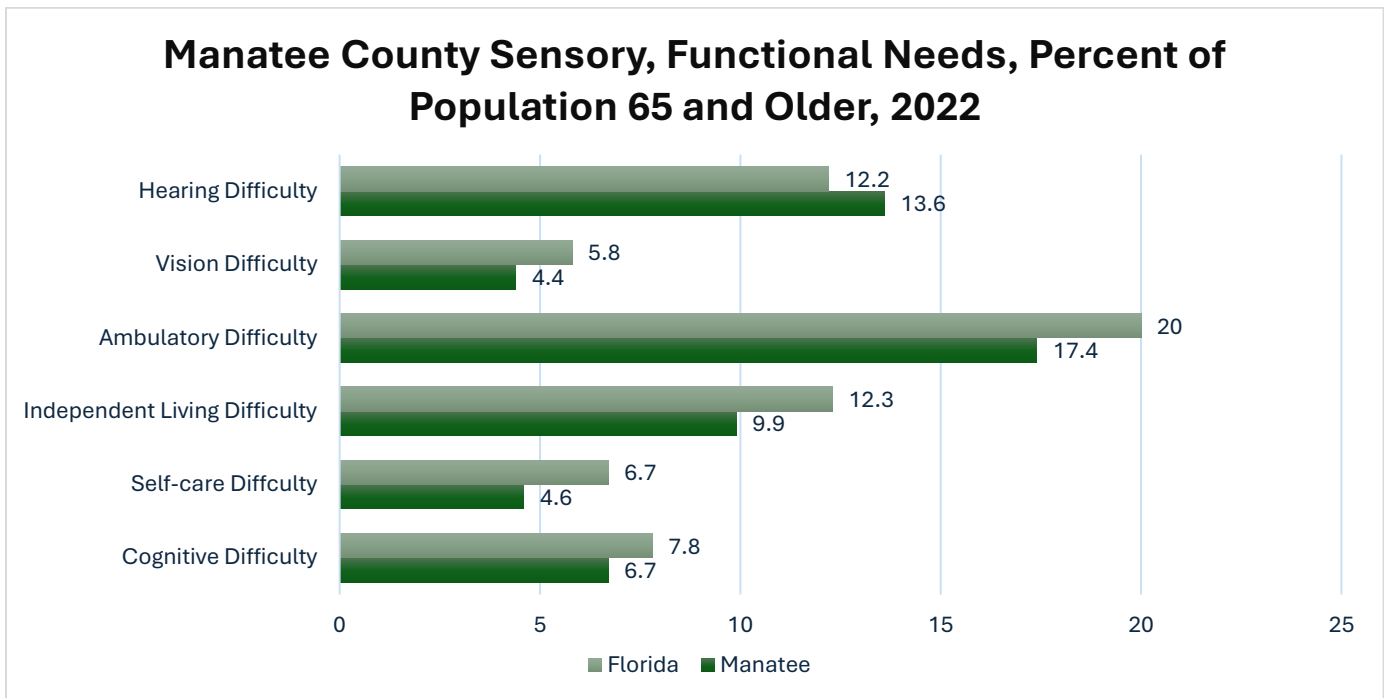
Source: Bureau of Economic and Business Research (BEBR), University of Florida
 Note: BEBR projections are based on assessments of births, deaths, and migration (in- and out-migration), considering differences by age and sex cohorts.

As in other counties, the population distribution by race and ethnicity is also shifting. Substantial growth is expected for all groups, though it is most notable for Hispanic older adults, whose numbers are projected to more than quadruple by 2050. This trend, seen across Senior Connection Center’s service area, suggests there will be a broad-based need in the future for care and services that account for older adults’ cultural and language differences.



Source: Bureau of Economic and Business Research (BEBR), University of Florida
 Note: BEBR projections are based on assessments of births, deaths, and migration (in- and out-migration), considering differences by age and sex cohorts.

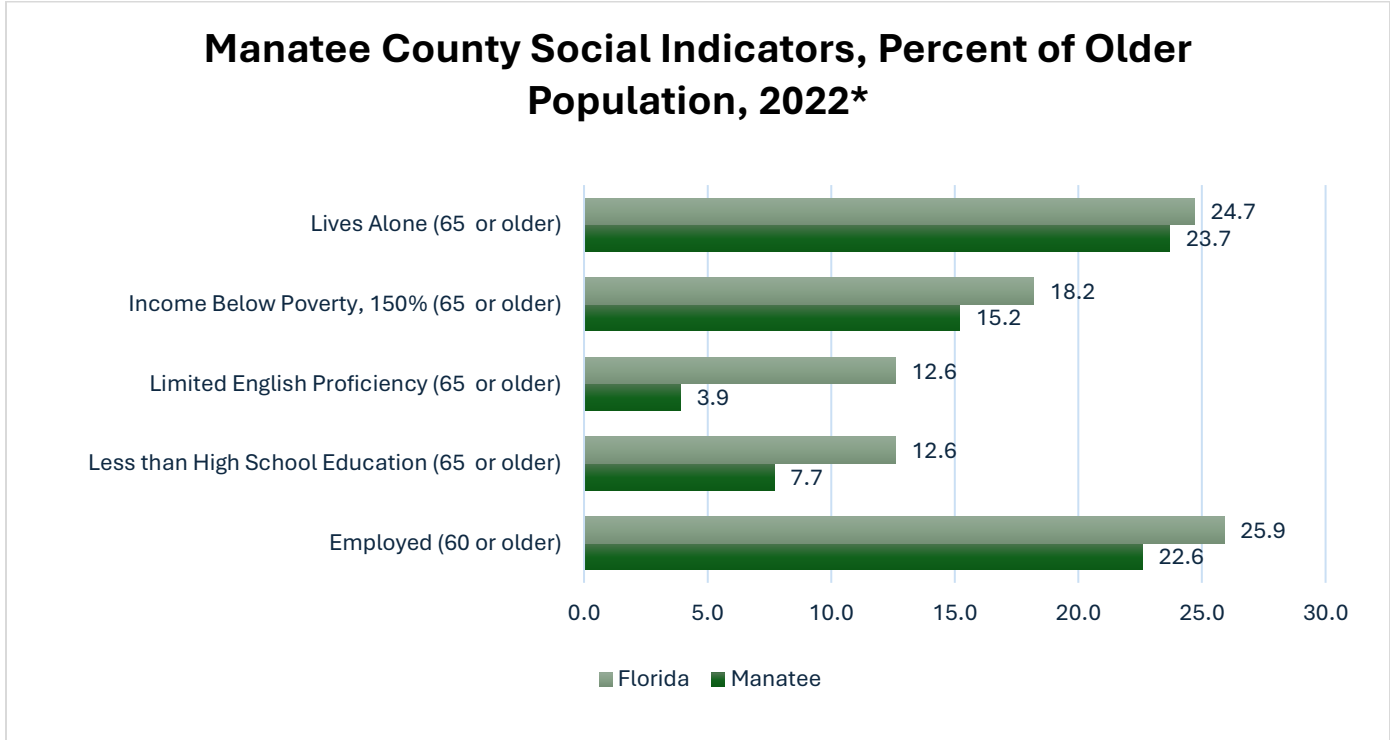
Data on functional abilities indicate that older adults in Manatee County experience less difficulty than older adults statewide, except with hearing. This lesser difficulty may be related to the higher income of older adults in Manatee and the lower percentage of older adults who are Hispanic or Black and tend to experience disabling chronic conditions, such as diabetes. These indicators may worsen as the county’s demographic profile changes.



Source: U.S. Bureau of the Census, American Community Survey

Manatee County older adults also appear to have fewer sociodemographic limitations.

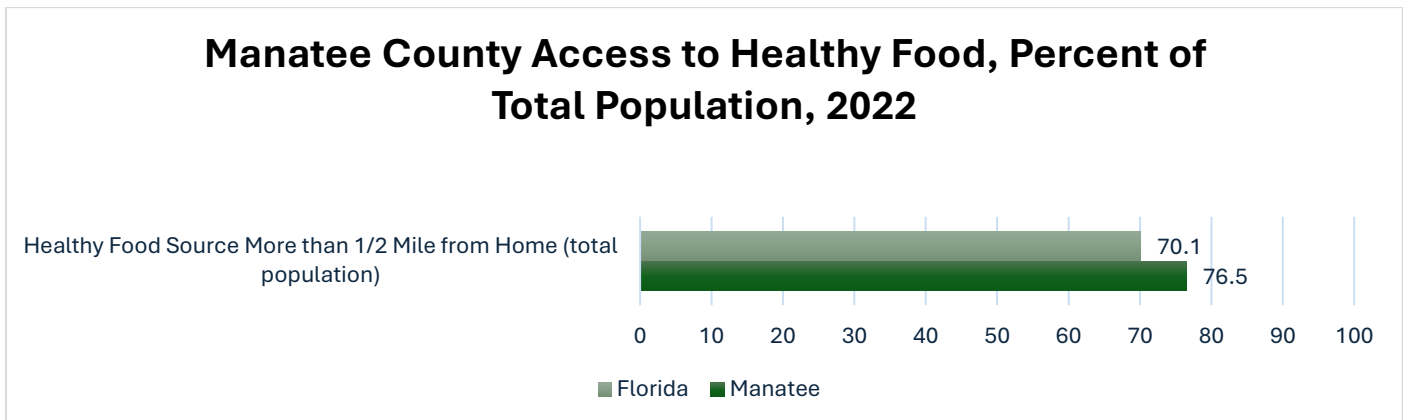
Compared to older adults statewide, they are less likely to live alone, have incomes below 150% of the federal poverty level, and have limited education and English language proficiency. The language indicator may reflect the relatively low percentage of older adults in Manatee identified as Hispanic, a percentage projected to grow from about 5% to more than 12% of the older adult population by 2050.



Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

*Note: The percent of employed older adults is from 2021, based on five-year estimates (2017-2021).

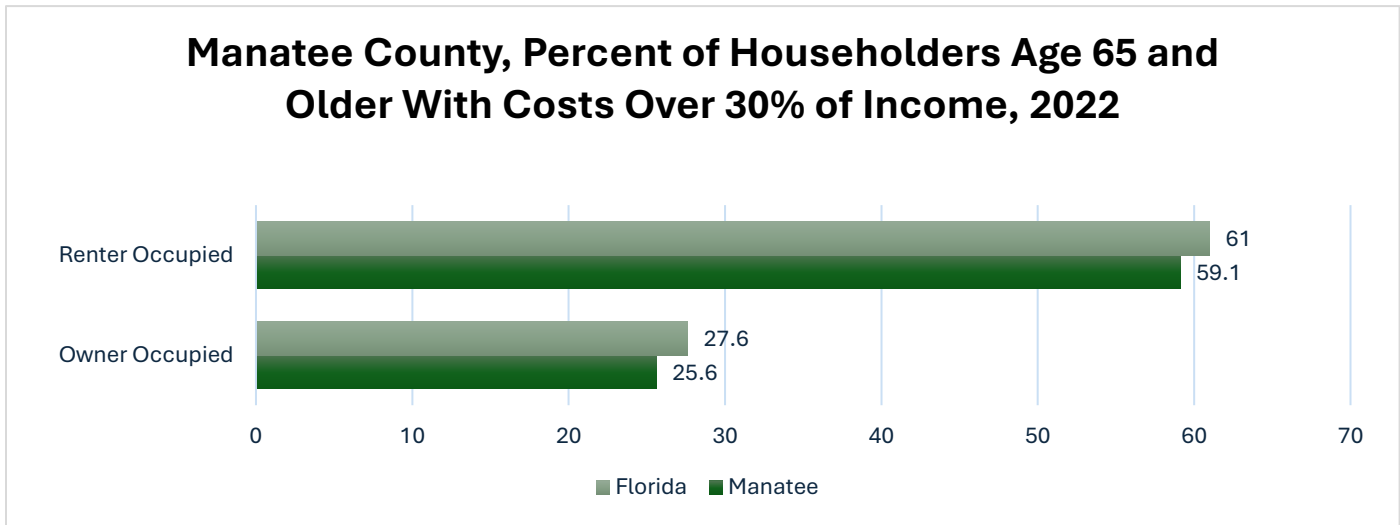
As a slight contrast to the indicators above, **more than three fourths of all Manatee County residents had limited access to healthy food.** This indicator was not available solely for older adults, but considering other risks (nearly one fourth living alone), there may be a greater need for healthy meal and food services for older adults. In earlier reports, providers discussed the difficulties of meeting the needs of a growing county population, particularly those who were socially isolated.



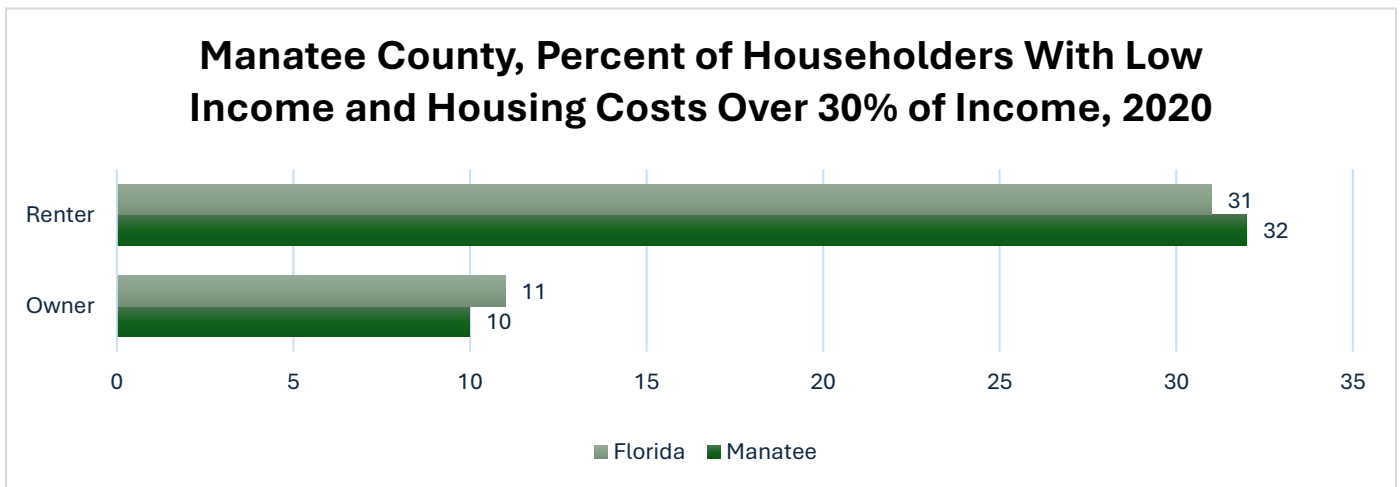
Source: Source: Florida Department of Health, Environmental Public Health Tracking

Considering housing as a measure of demands on income for older adults in Manatee County, data show that the proportion of householders who paid more than 30% of their income on housing in 2022 is on par with the state average, though this describes nearly six in 10 older adults who rent in Manatee County. Thirty percent is the point at which housing costs are considered to be a burden that depletes resources needed for other expenses.

As another measure that indicates a greater burden, data from 2020 show that nearly one in three older adults who rented had below-median incomes and paid more than 30% of their income for housing. Prior reports highlighted housing costs for older adults in Manatee County, with one noting that older adults across all income categories faced greater housing-cost burdens than younger homeowners and renters and that the rising cost of housing was a risk factor for homelessness.



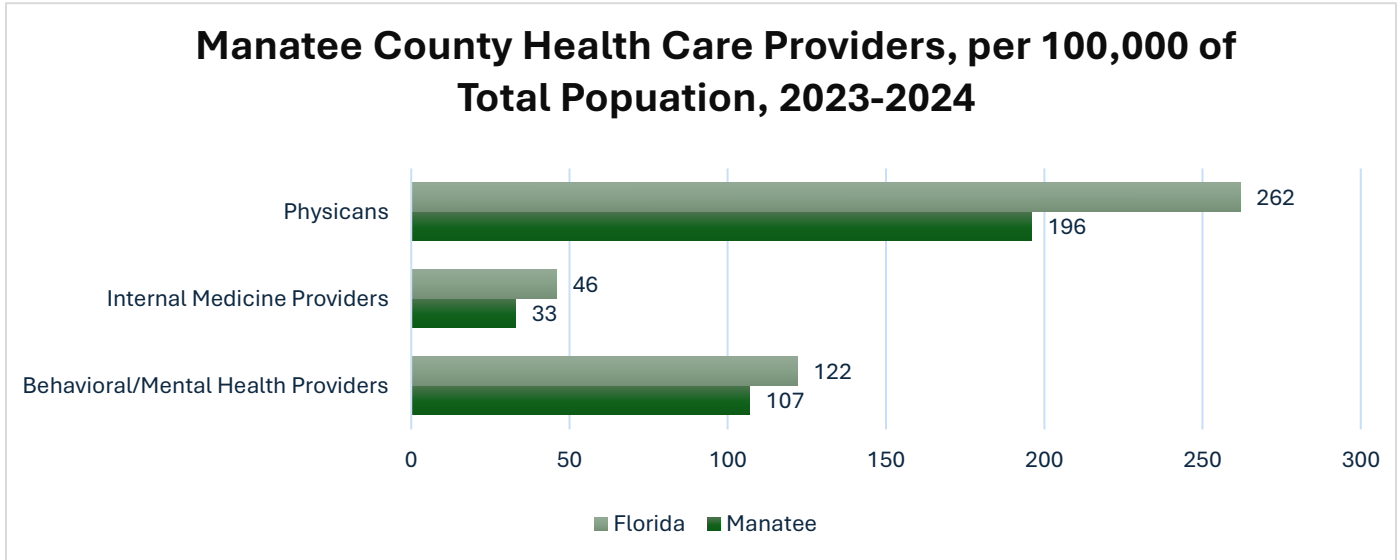
Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)



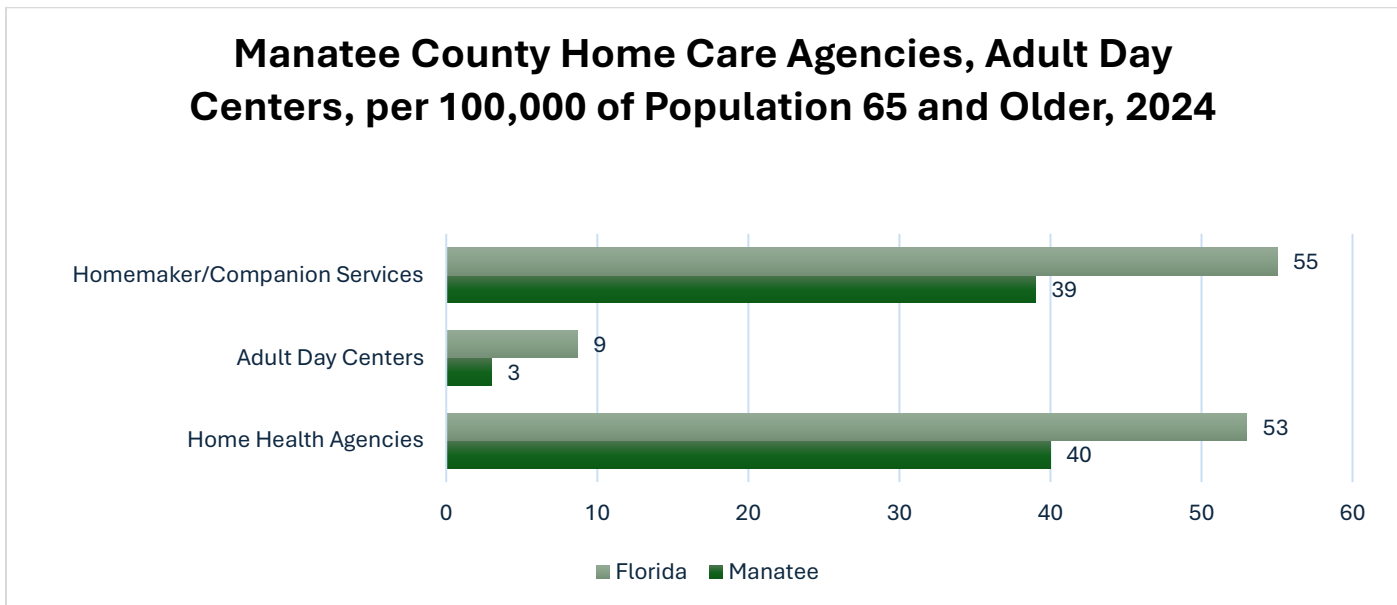
Source: The Shimberg Center for Housing Studies

A review of health care provider availability found lower numbers of physicians, internal medicine providers, and behavioral/mental health providers in Manatee County. Similarly, there were many fewer home- and community-based care providers, though the provider

availability gap in Manatee is not as wide as the gap in many other counties served by Senior Connection Center. Notably, the eastern edge of Manatee County is rural, though quickly being developed, raising concerns about the availability of providers for the number of older adults moving into these developments. The rural growth dynamic and demographic features of eastern Manatee could be compared to Highlands County.



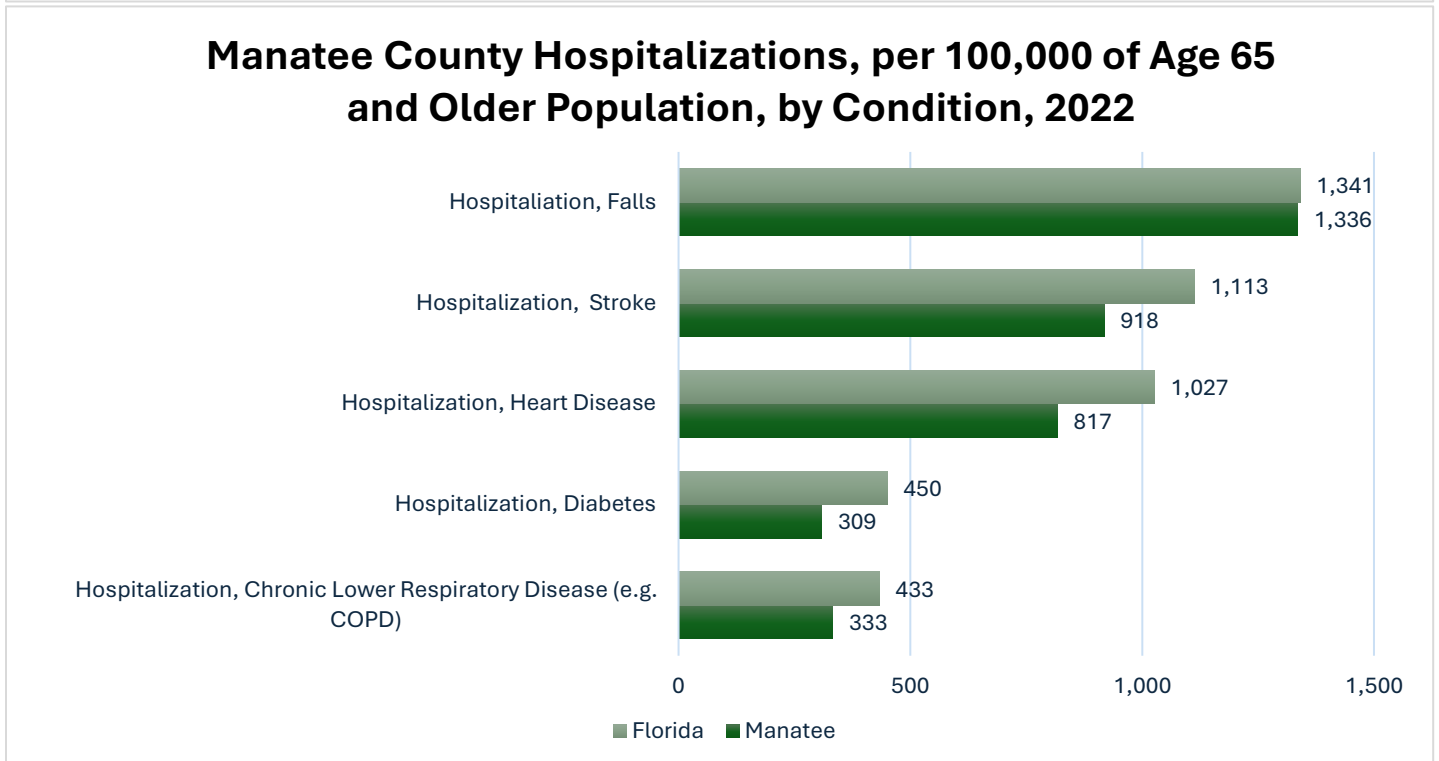
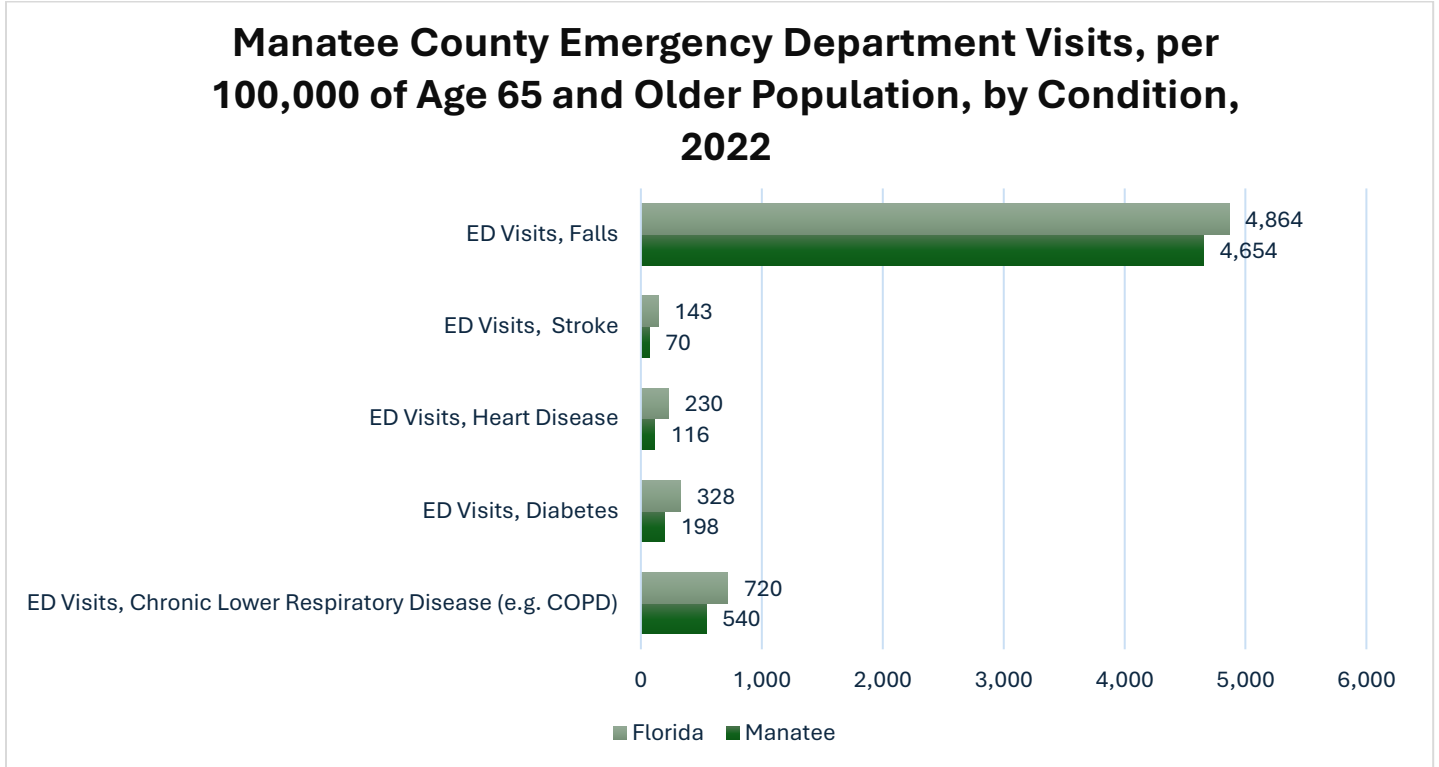
Source: Florida Department of Health, Division of Medical Quality Assurance, 2023-2024



Source: Florida Agency for Health Care Administration

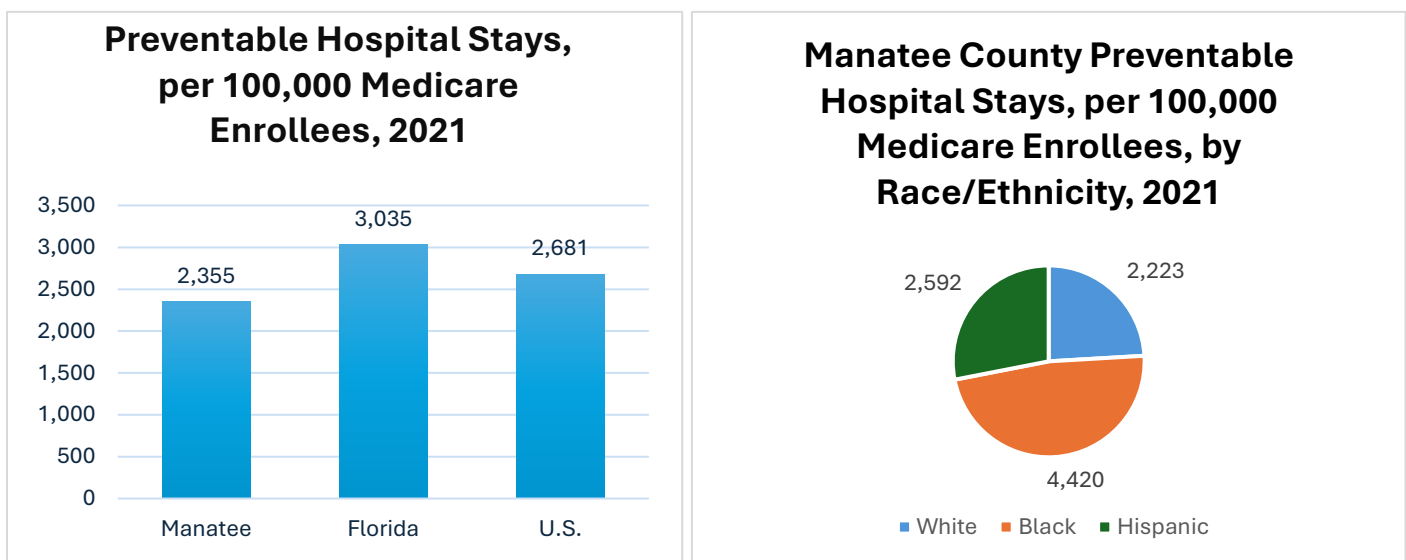
Notes: The numbers shown represent 1 for every 100,000 individuals 65 and older, based on the latest population estimates. Total Manatee County provider numbers are as follows: homemaker services – 47; adult day centers – 3; home health agencies – 48.

Considering the use of health care services, **compared to Florida overall, emergency visit rates for older adults in Manatee County were lower in every category. Hospitalizations for older adults in Manatee were also below the state average in each of the five categories.** As with the rates of functional abilities, these data may reflect the demographic advantages of the county’s older adult population, advantages that may not hold as the population demographics shift.



Source: Florida Agency for Health Care Administration; compiled by the Florida Department of Health

Based on an overall measure of health service quality, Medicare enrollees in Manatee County had lower rates of preventable hospital stays, compared to Florida and the U.S. Notably, however, the likelihood of a preventable stay was greater for residents identified as Black or Hispanic. Specifically, for every 100,000 Medicare enrollees identified as Black in Manatee, there were 4,420 preventable hospital stays, compared to 2,592 per 100,000 Hispanic enrollees and 2,223 per 100,000 White enrollees. A preventable hospital stay is defined as an inpatient stay for a condition that could have been avoided with necessary care in an outpatient setting. These data show that disparities in the care of older adults exist in Manatee County, and they underscore the critical need noted previously to address existing health disparities within Hispanic and Black communities as the population ages.



Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool; County Health Rankings and Roadmaps

Interviews

Senior service providers and others who work with older adults in Manatee County highlighted a range of issues that echo the concerns from across the five-county service area. Among the main issues were the difficulty of getting information out to older adults about resources and a need for stronger community connections; health care services, including caregiving needs; and affordable housing, particularly the stress on older adults' incomes from rising costs.

Communicating with older adults about activities and resources is increasingly difficult given the lack of local communication outlets. The sprawling nature of residential growth in Manatee County complicates the task of distributing information and drawing older adults to activities.

A recent community assessment showed that there are volunteer opportunities in the county and *“the aging population really wants to immerse themselves in that, but then it goes to access and understanding where things are.... They don't know necessarily where to go to get involved and to sign up.... We need to think about how to get people involved.”*

One example is a falls prevention program that originated with Blake Hospital, which is on the west side of the county. *“We try to plan at least one falls-related talk presentation a month along with some fall prevention screening at [senior living] communities to bring the resources directly to those people.... The biggest battle is getting them to come to you.”*

One participant described work with an elder abuse task force and being impressed by the number of resources available for older adults, but he was surprised that he had never heard of most of them before.

“I think there needs to be a stronger rollout when it comes to just educating the public in general because if I live in Connecticut and my parents live down here and I'm looking for resources, I don't know where to go.”

A related issue is disconnectedness or lack of cohesion across the county.

“We saw from our focus groups folks not knowing where to go or not understanding what is all available to them. And then another thing came out,...community cohesiveness and being together.... We have the people here; we have programs. We just have to get people together.”

Similarly, participants discussed the isolation of older adults in Manatee County who do not have family nearby and the need that many have for service and/or care, possibly a more prominent issue in Manatee because many older adults are seasonal visitors or have moved in from another state.

“Cognition is always something that comes into play with everything that we do.... When they come into the hospital and we discover that they are having cognitive issues and [we have to tell family members] that ‘your parent or your loved one is cognitively not OK to go home.’ People have a really hard time understanding that.... I really think that it comes down to just making people more aware, more education [so people] understand the risks and understand what they need to be doing.”

A serious risk to socially isolated older adults is financial exploitation.

“They're more vulnerable down here.... Living life isolated is not healthy for anybody. And it can be lonely, and...dangerous in terms of being taken advantage of....There's a full-court press on fraud that is taking place,...especially the vulnerable, the elderly, that are not as up-to-date on the techniques that these schemers are using, particularly when it comes to technology and some of the tactics.... That's obviously extremely concerning when we've worked many cases where bank accounts have been emptied.”

Related to the issue of connections, when an older adult is in a crisis situation, it can be hard to bring attention to the problem. Participants commented that the Department of Children and Families will not respond unless the danger to the older adult is extreme.

“If we can get resources in there that can be more preventative in getting eyes and ears on a person who might be a little bit more vulnerable, then, that's a lifeline. That's preventing someone from becoming a victim. There are a lot of resources, but it's a matter of pulling them all together in one place so we can find them.”

As in other counties, owning or renting a home is becoming more expensive, with insurance and monthly rent bills rising. Older adults on fixed incomes are particularly affected as the expenses use up financial resources they have previously relied on to meet other needs.

Problems extend to new home buyers, with one participant noting that some newer communities for older adults lack needed amenities, such as strategically placed and well-secured grab bars.

“And so now these residents are responsible for having them installed themselves [and] these grab bars can be costly. However, if they fall now, they may not be able to go home because they don’t have them.”

“I know we would like to think that everyone [who is] retiring from up north has a substantial amount of money and can move here and live, but that’s not truly the case. People come down here and a lot of them are struggling.”

“In a larger way, I would love for people to have better access to affordable housing and affordable health care. That is most important. It would make such a huge difference if we could eliminate that stress and burden, so people don’t have to worry about where they’re going to live and how they’re going to live. That stress is damaging.”

Key Points:

- Manatee County’s older adult population is already relatively large, and it is expected to grow in the coming decades; one of every three Manatee residents will be 65 or older by 2050.
- Older adults in Manatee County currently appear to be less impaired and healthier, with more financial resources and higher education levels than older adults across Florida, on average. However, the county’s demographic profile is changing, including rising rates of older adults of advanced age, who are more likely to experience functional declines and illnesses requiring care and services.
- Despite the relatively low rates of disability and illness, many older adults in Manatee County experience social isolation and cognitive impairment and are vulnerable to financial exploitation.
- Resources exist to aid older adults, including a falls prevention program developed by a community-wide coalition, though communicating with and engaging older adults is difficult across a geographic area of disconnected neighborhoods.
- Racial disparities exist in the health and health care of older adults.
- Housing costs for both owners and renters are rising and depleting the resources older adults need to cover other critical expenses, such as health care.

Polk County

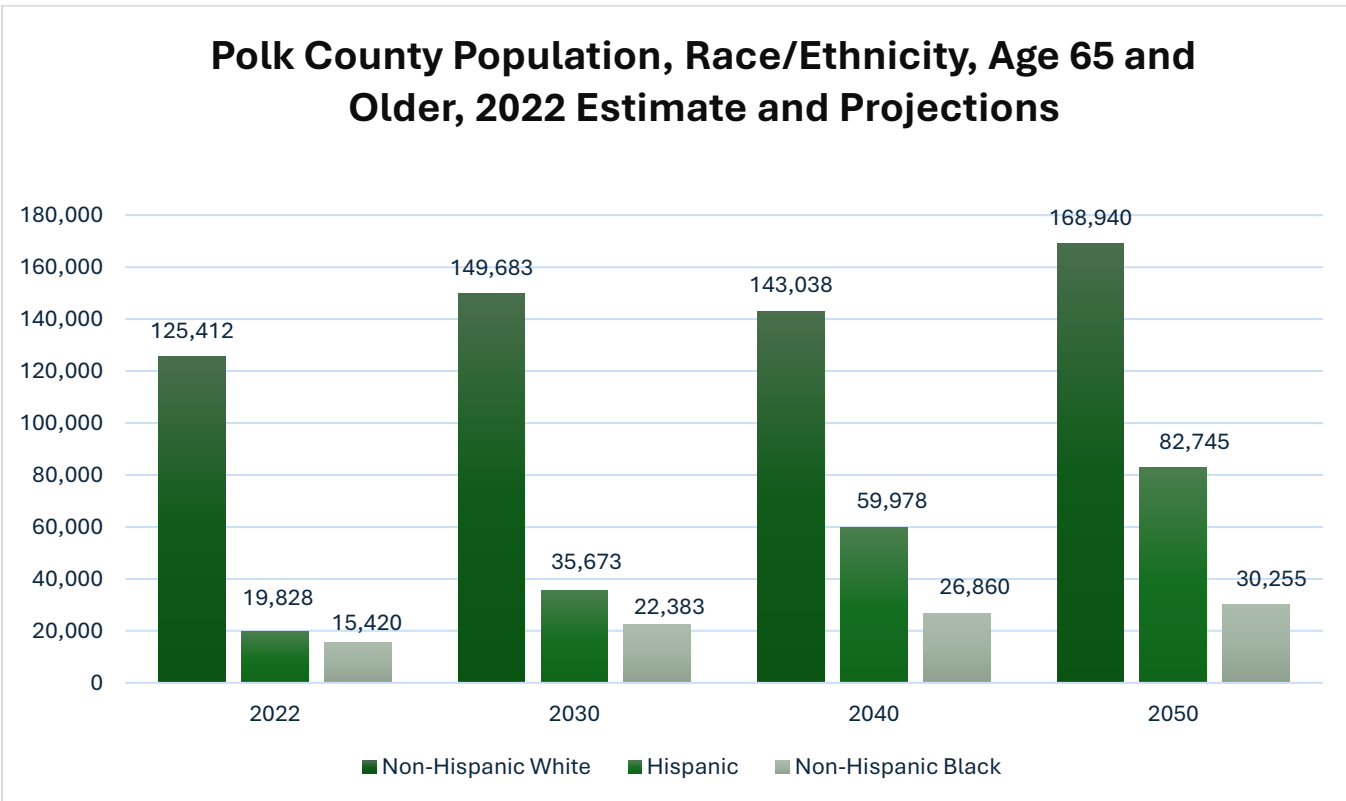
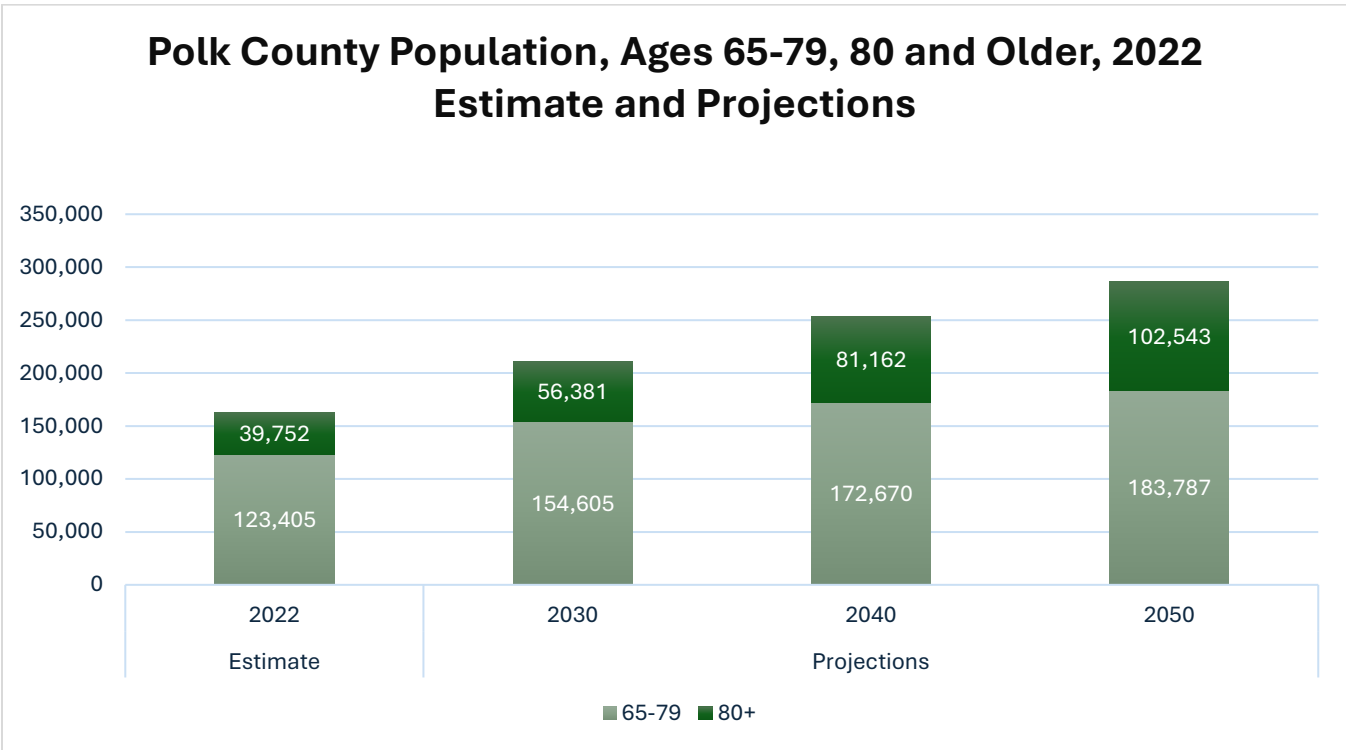
Prior needs assessments identified Polk County as the fastest-growing county in Florida and the seventh fastest-growing in the nation, with 725,046 residents who on average were slightly younger than residents across Florida. Reports highlighted the growth of the 18-and-under age group. Older adults' needs were mentioned, though not prominently.

- One report noted that the older adult population in poverty increased from 14.7% to 15.8% between 2016-2020 and that the high cost of rental housing was affecting all racial and ethnic groups of the 65-and-older population.
- “Warning indicators” of concern for older adults included depression in the Medicare population, the prevalence of Alzheimer’s disease and other dementia, and older adults’ low access to grocery stores.
- Participants of one focus group described significant transportation issues for older adults, noting that ride services were difficult to access and use.
- Focus group participants also discussed the information and education needs of older adults, particularly difficulties using the internet and the need for a one-stop service to help older adults connect with resources.

Current Data

While Polk’s total population is expected to grow by 39% in the next 25 years, the older adult population will grow by more than 75%. By 2050, older adults will make up more than a fourth of the total county population, and those who are age 80 and older will account for more than a third of all older adults. This trend, seen in every other county in Senior Connection Center’s service area, strongly suggests there will be a growing need for care and services, given the accelerating risks of disability and illness for older adults after age 80.

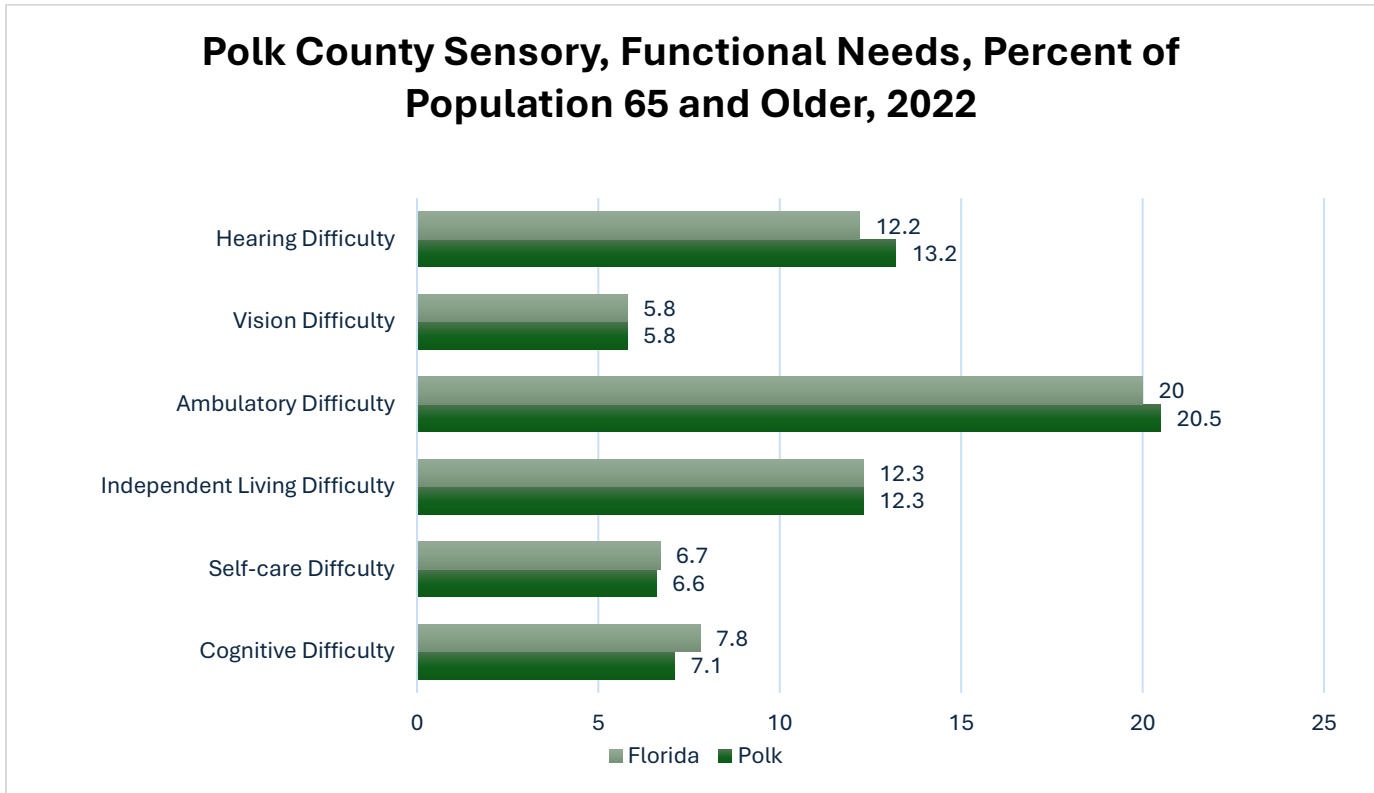
The population distribution by race and ethnicity is also shifting, with the number of older adults identified as non-Hispanic Black doubling in the next 25 years and the number of Hispanic older adults more than quadrupling. This firmly underscores the need now and in the future to address health disparities for residents of Polk County who are Black and Hispanic and to develop services that take cultural and language differences into consideration.



Source: Bureau of Economic and Business Research (BEBR), University of Florida
 Note: BEBR projections are based on assessments of births, deaths, and migration (in- and out-migration), considering differences by age and sex cohorts.

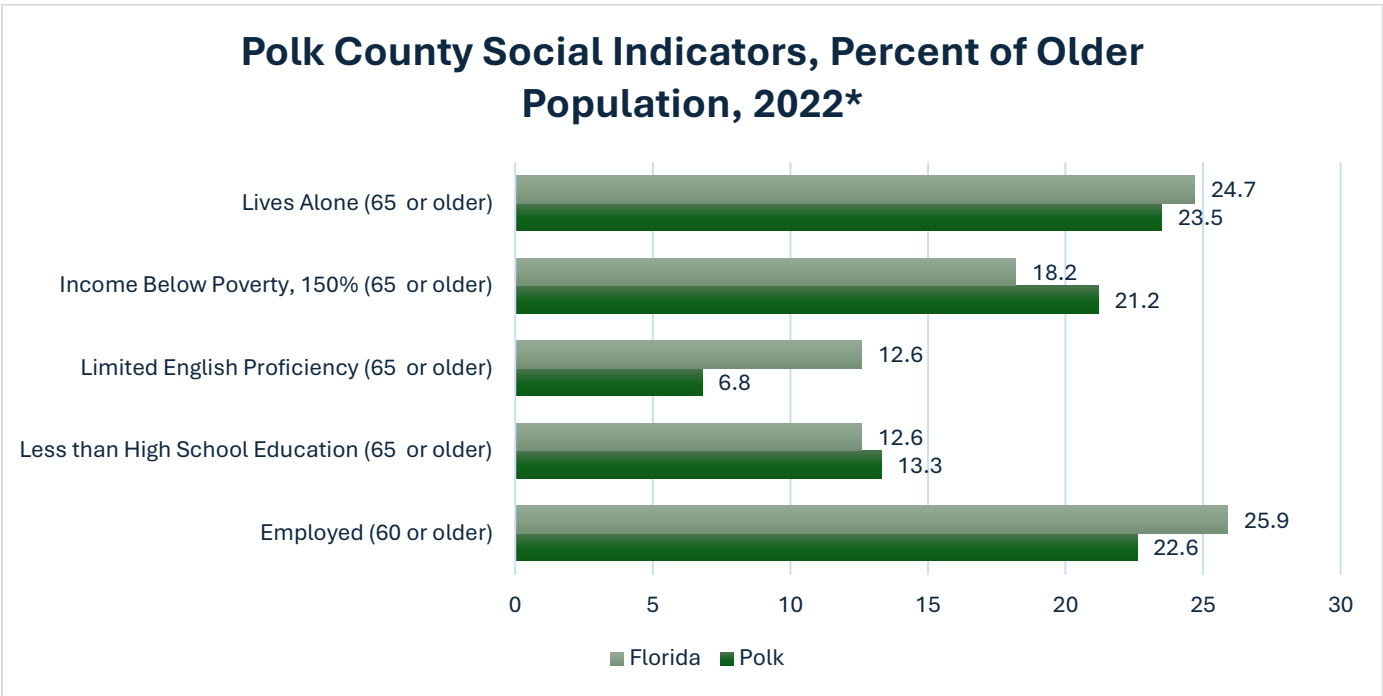
Data on sensory and functional abilities show that Polk County rates are similar to state rates in all six indicators, somewhat higher on hearing difficulty and ambulatory difficulty. **The ambulatory difficulty indicator, however, shows that more than one in five older adults in Polk County have serious**

difficulty walking or climbing stairs. This is a health disparity that could lead to reduced workforce participation, social isolation, further functional decline, and increased health care costs as the population ages. Hearing loss is also an indicator of concern, given that hearing loss is often treatable and untreated hearing loss is associated with cognitive decline.



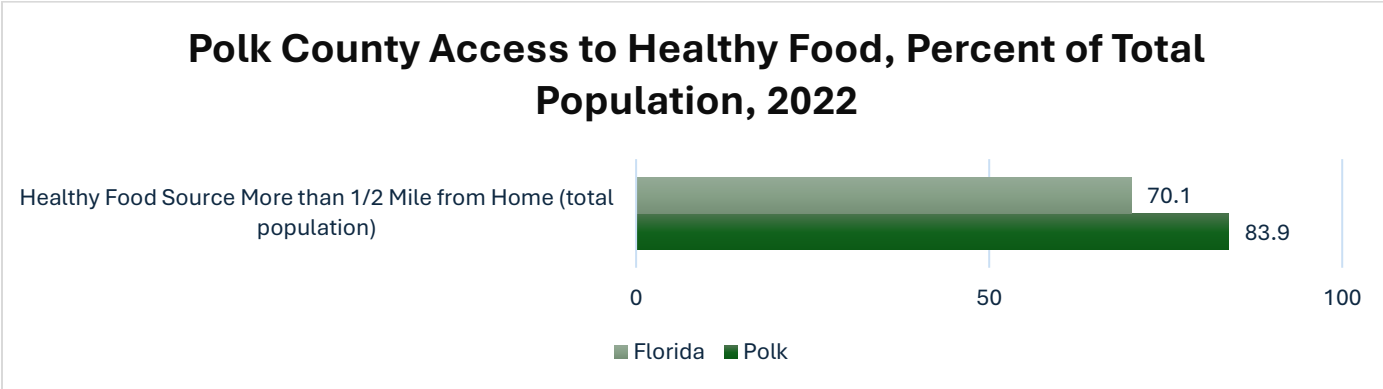
Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

Social and resource indicators show that a higher percentage of older adults in Polk County, compared to Florida overall, had incomes of at least 150% below the federal poverty level. This is a red flag combined with earlier evidence of rising poverty among older adults in Polk County and the current data showing that about one in every seven older adults in Polk has less than a high school education. A slightly lower percentage were living alone, though the rate is relatively high, representing nearly one-fourth of the county’s older adults. A lower percentage of older adults in Polk, compared to statewide, were in the workforce. As in other counties, more older adults may wish to work but are unable to because of disabilities, low education, and a lack of appropriate jobs. Limited English language proficiency in Polk was lower than the state average, though this may change as the percentage of older adults who are Hispanic rises to 29% by 2050.



Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)
*Note: The percent of employed older adults is from 2021, based on five-year estimates (2017-2021).

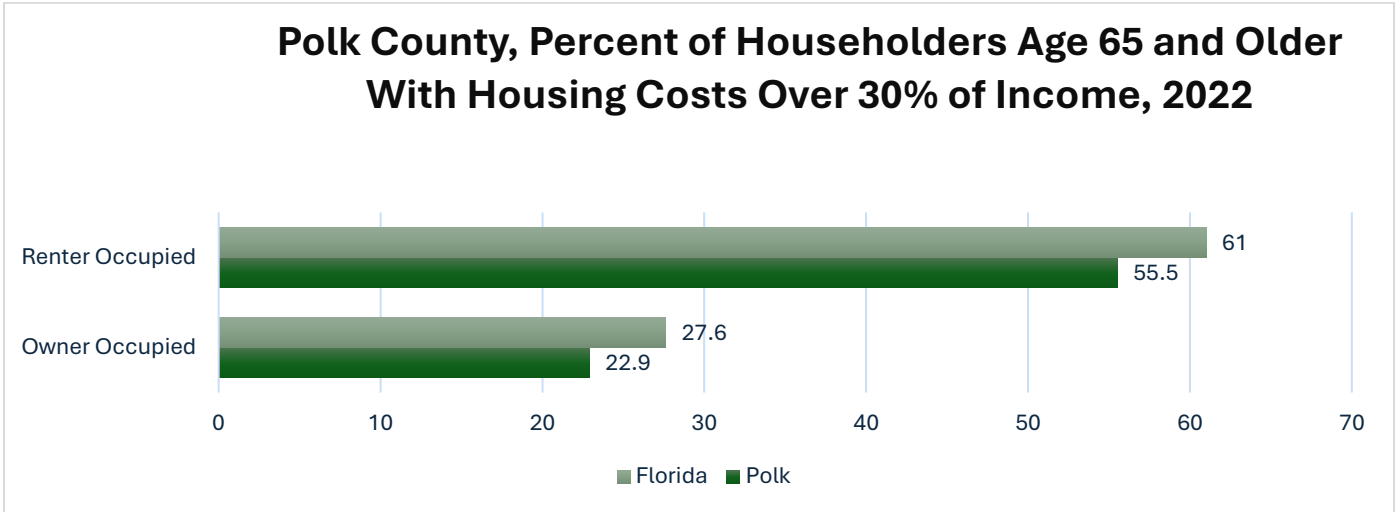
Of all Polk County residents, more than 80 percent lived more than a half of mile from a healthy food source, such as a store with fresh vegetables. This indicator was not available solely for older adults, but considering older adults who are at risk in other ways (living alone, lower income), there may be a greater need in Polk County for healthy meal services and home-delivered food and meals for older adults. These data echo prior reports highlighting older adults’ low access to grocery stores.



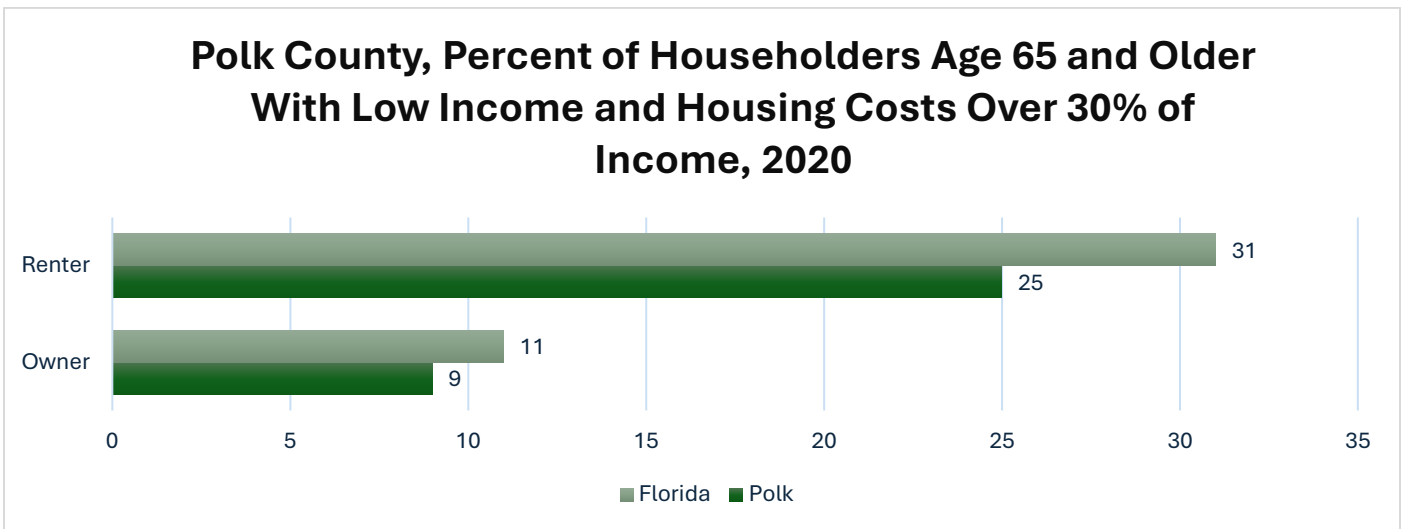
Source: Source: Florida Department of Health, Environmental Public Health Tracking

Housing costs are a measure of the demands on the income of older adults in Polk County. **Data show that the proportion who paid more than 30% of their income on housing was lower than the state average, though nearly six in 10 older adults who rented in Polk were in this category.** The 30%-of-income measure is used to indicate when housing costs threaten to deplete resources needed to cover other expenses. An additional, though older, measure of housing costs combines income and housing cost data to show that in 2020, 9% of homeowners and 25% of renters

in Polk had income under half of the area median while also paying more than 30% of their income for housing. The difficulties for this population of older adults are likely to have increased over the past four years as growth has accelerated in Polk County and home insurance and rental costs have risen.

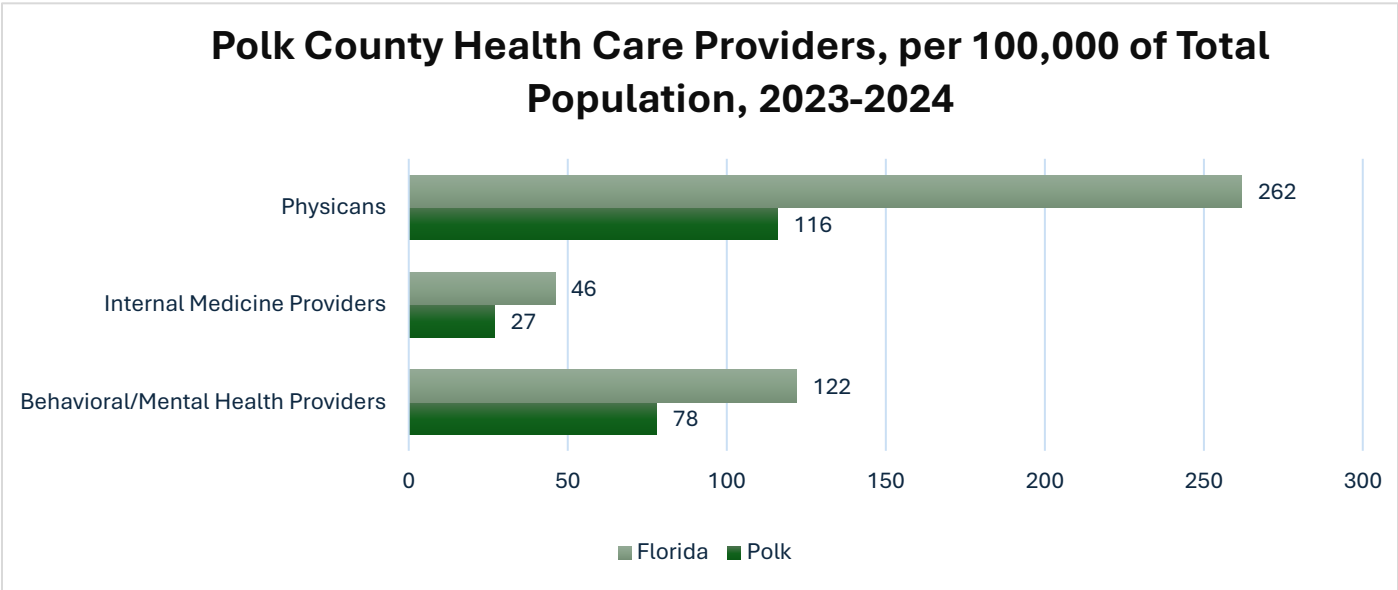


Source: U.S. Bureau of the Census, American Community Survey, based on five-year estimates (2018-2022)

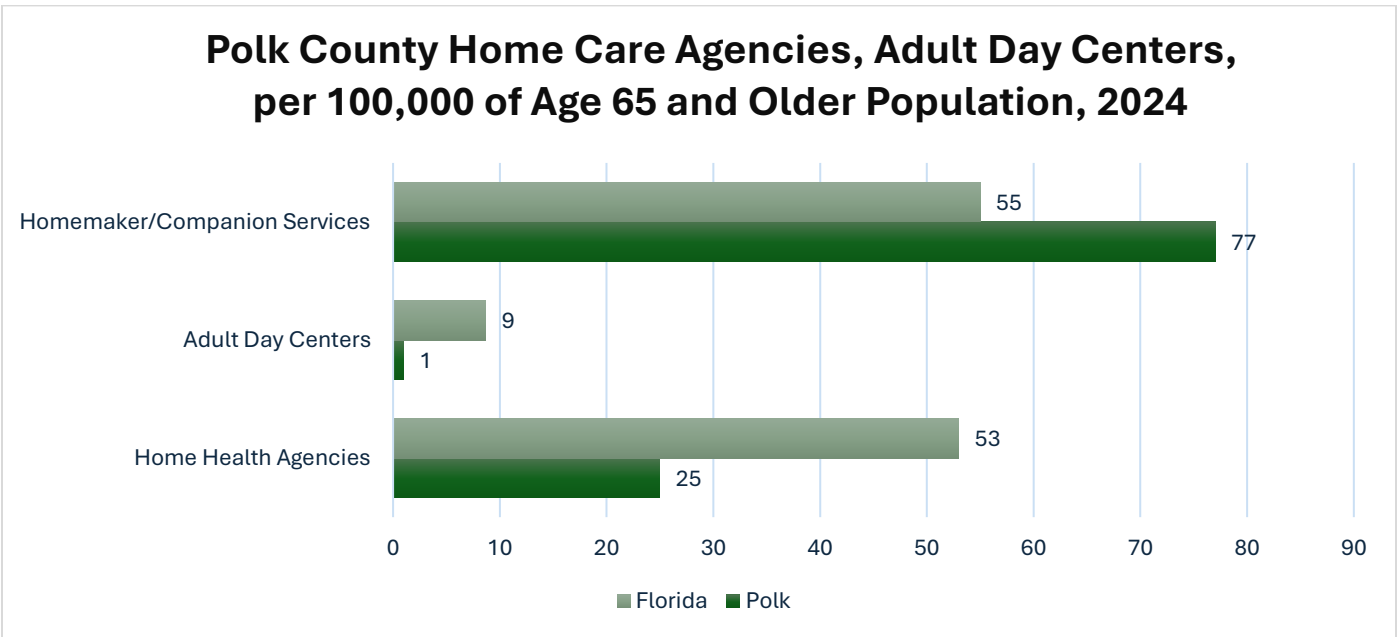


Source: The Shimberg Center for Housing Studies

Health care provider availability data, a measure of the resources available for older adults, show that **Polk County had substantially lower numbers of physicians, internal medicine providers, and behavioral/mental health providers. Similarly, there were many fewer home health agencies and adult day centers.** However, as in Hillsborough County, the homemaker/companion service numbers exceeded statewide numbers.



Source: Florida Department of Health, Division of Medical Quality Assurance, 2023-2024



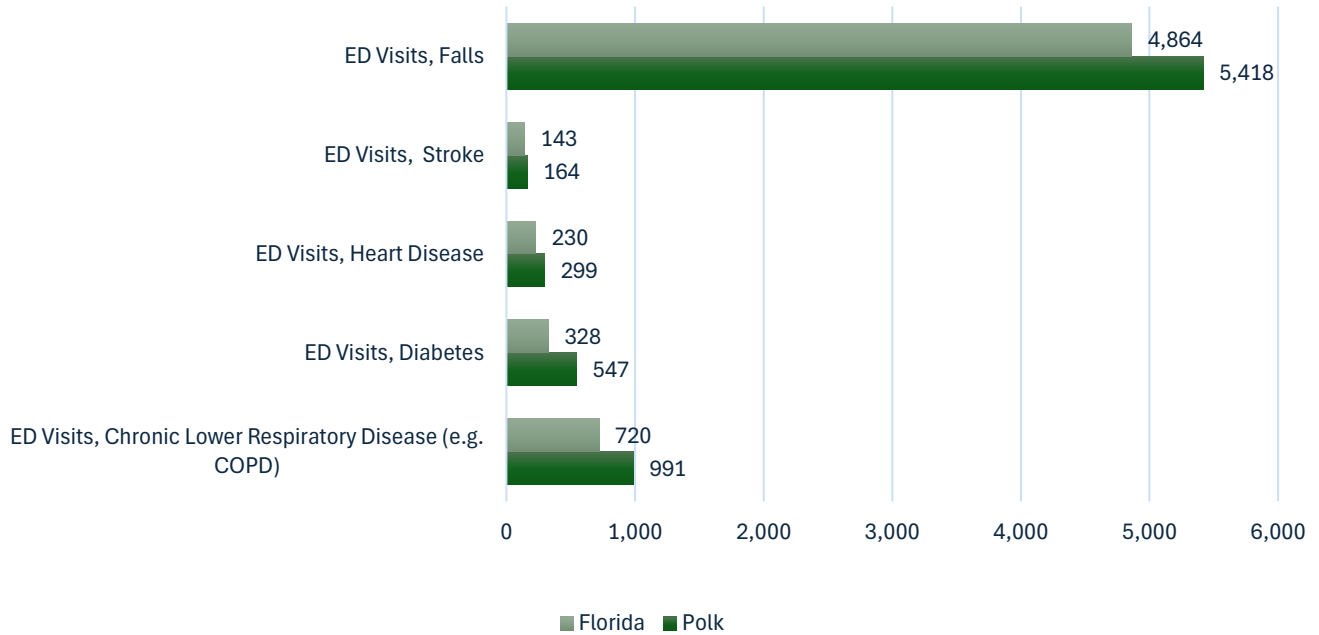
Source: Florida Agency for Health Care Administration

Notes: The numbers shown represent 1 for every 100,000 individuals 65 and older, based on the latest population estimates. Total Polk County provider numbers are as follows: homemaker services – 126; adult day centers – 2; home health agencies – 41.

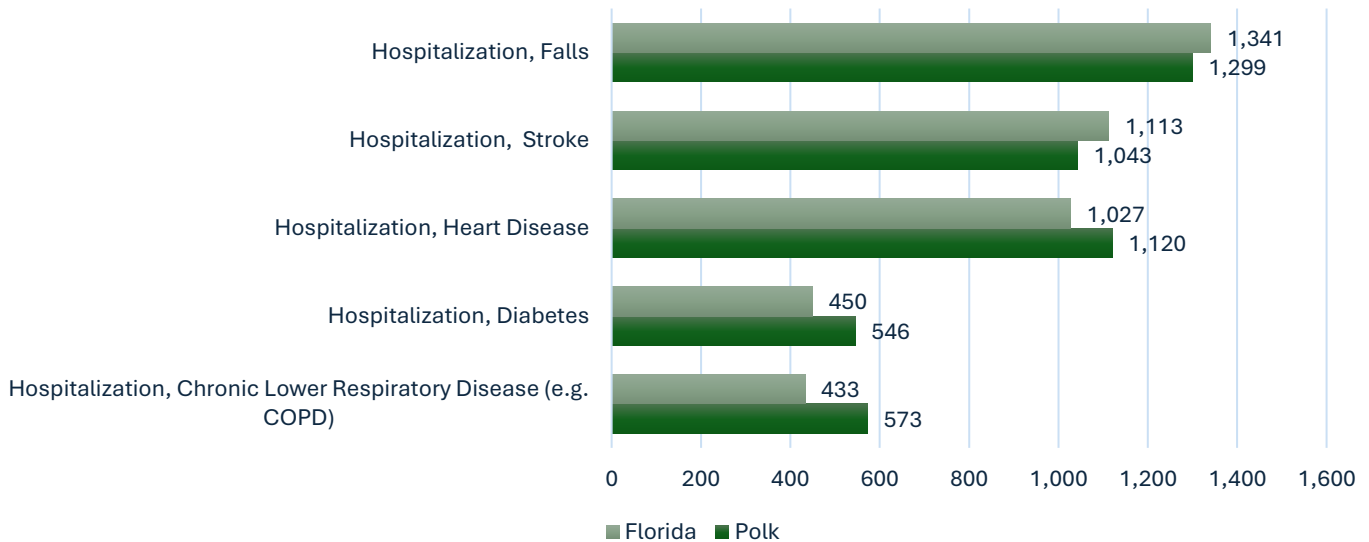
Medical service use can indicate the extent to which health and caregiving resources meet older adults’ needs. **The emergency visit rates in Polk County, compared to Florida, were higher in every category. Hospitalizations for older adults in Polk County were above the state average in three of the five categories – heart disease, diabetes, and chronic lower respiratory disease.** Rates were lower than the state rates for falls and strokes. These data may reflect other measures

shown in this report, such as lower income and less education (suggesting lower health literacy), as well as lower health care provider availability.

Polk County Emergency Department Visits, per 100,000 of Age 65 and Older Population, by Condition, 2022

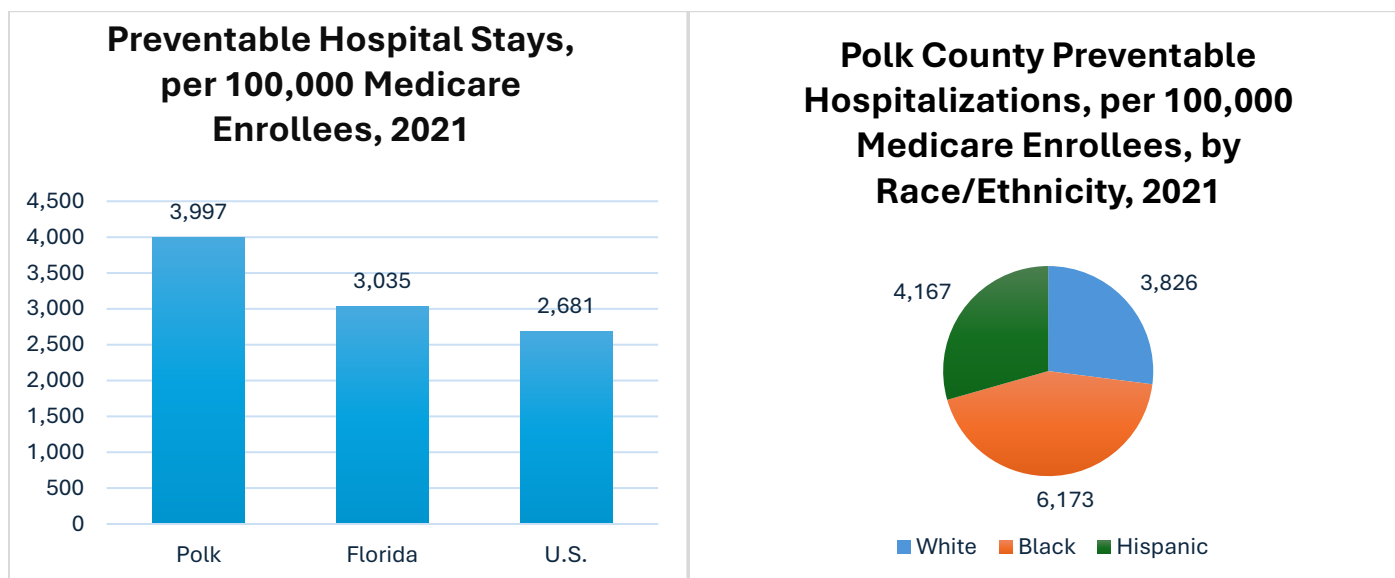


Polk County Hospitalizations by Condition, per 100,000 of Age 65 and Older Population, by Condition, 2022



Source: Florida Department of Health Care Administration; compiled by the Florida Department of Health

Measures of health quality indicate there are high rates of preventable hospital stays among Medicare enrollees in Polk County, compared to Florida and the U.S. The likelihood of such an event was greater for residents identified as Black or Hispanic. Specifically, among Medicare enrollees who were Black, there were 6,173 preventable hospital stays per 100,000, compared to 4,167 among enrollees who were Hispanic, and 3,826 for White enrollees. In these data, a preventable hospital stay is defined as an inpatient stay for a condition that could have been avoided with necessary care in an outpatient setting. These data highlight the critical need to address existing health disparities within Hispanic and Black communities in Polk County as its population rapidly ages.



Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool; County Health Rankings and Roadmaps

Interviews

Senior service providers in Polk County described a number of concerns that were similar to those of participants from other counties in the Senior Connection Center service area, though in different order of priority. A prominent issue centered on a need for more information about available resources, or information that is more effectively distributed. Other concerns included cultural divisions and a need for stronger community connections; health care services, including caregiving needs; housing costs/availability; and limited transportation options.

Echoing comments from prior needs assessments, interview participants discussed the need for more information and/or better access to information about available care and services for older adults. They identified technology as a barrier – from automated telephone systems to telemedicine to the reliance on the internet to inform people about services and events. Interview participants noted that many older adults were becoming more comfortable using the internet, but many others were not. These concerns may be related to the education level of many older adults in Polk, as shown in the current data.

“I know that we’re moving toward technology. Older people are more face to face. But even if we can do a video call for a medical appointment, that presents itself as another challenge because, like

accessibility to technology, the lack of confidence in using it puts them in a position where [they're unlikely to use it]. It's scary."

Several emphasized that information about existing programs does not reach the people who need the help.

"So much is going to technology and online.... I have somebody who's 96. She lives by herself, handles all her own stuff. She's amazing, but she has no e-mail. She has no computer."

One participant provided an example of the interconnection between information and access to essential services, such as transportation.

"If you're trying to get from one end of the county to the other for some sort of service, there is a Handy Bus that seniors can book, but I would say most seniors don't know that, and don't know how to utilize that. So, I think information is something that's lacking, [including] how to get it to people in different ways."

Another emphasized the need for general education on elder care to enable people to understand how to search for a service.

"People don't understand what assisted living or respite means, in the same way that they don't know the difference between home health and homemaker, companion care. They think they are all under one blanket term, which then goes all the way back to people having access to good information and knowing that they should be looking for it because, I think one of my favorite phrases is, 'you don't know what you don't know,' so people are just trudging along."

Interview participants also expressed concerns about income and cultural disparities. These concerns included language barriers, as well as differing attitudes about family responsibilities. Some participants also perceived a distrust of the health care system, including providers of services for older adults.

"We do in Polk County have a large Spanish speaking population and so there's also the language barrier with some of the services. Can they access those services?"

Among those who are Hispanic *"the first place that you look is in your own household...[Many] don't even know that other situations are available. They don't know that they should consider daycare."*

Other interview participants described the challenges of serving older adults who see providers as disinterested and the difference that showing concern can make in terms of their acceptance of treatment recommendations.

"Just to find a provider who understands their issues, a provider who listens, who might have seen 100 people but makes you feel like you're the first one.... Because once you do that, that person trusts you. That trust is huge."

Income disparities were a central issue in several participants' comments about health care, with some discussing the number of people who skimp on food to pay for their medicine. They also described how Medicaid and Medicare limits, particularly for those in managed care, restrict access to dental care and rehabilitation.

Income disparities were a central aspect of another area of concern – housing. Participants described rising rental costs and long waiting lists for affordable housing.

“I think affordable housing is something nationwide that everybody is saying, and that is certainly true here. Polk County is the fastest growing county in the nation right now. And what that means is, a studio apartment or maybe a one bedroom, if you're lucky, it's going to run you about \$1,800 a month.”

Participants highlighted that housing costs, particularly rising insurance rates and the costs of repairs required by many home insurance companies, are creating financial pressures for older adults across the income spectrum.

The needs of caregivers and older adults who need care emerged as major concerns among a majority of Polk County interview participants. Specific issues ranged from the difficulty of sorting through the available resources (related to the information concerns above) to managing care for those who are alone and may not have a caregiver.

“There's so many phone calls [to make] that people really need someone to help them navigate through that. And so they get frustrated. I believe that we have some resources that are being unused because of the process. Getting to those resources, whether they're paid or unpaid, is somewhat of a challenge.”

Some also noted the risks for older adults when they lose a family member who supported them or provided care. Currently more than one in five older adults in Polk County live alone. Comments reiterated the demands of technology.

“You have a situation where there are people who should not be by themselves at home.... They could probably survive on their own and live fairly safely independently if they had a little bit of help like cooking and cleaning and reminders to take their meds and just having eyes on them and getting them to the grocery store. That would certainly create a situation where we have less food insecurity because they have transportation to get to the store and someone to kind of help them with the day-to-day things. You know, even something as simple as paying a bill can be very difficult these days because so many companies have gone to digital.”

Nearly every interview participant in Polk County also discussed an issue that can be characterized as the need for stronger community connections. Many highlighted the risks of social isolation and called for more opportunities for older adults to connect with each other, particularly within their own neighborhoods.

Seniors say *“they want more recreation.... They mean really more fellowship – fellowship and socialization.... Their focus is reducing the isolation, and they are looking for socialization and fun activities that they can do for little or no cost, of course. Things they can do together.”*

Several discussed the idea of a senior center as a hub that would facilitate neighborhood activities and connect neighbors with each other.

“We are working on bringing a senior center to Lakeland. But this is not what you think of as a senior center....It's a spoke model where you'll have the center as the hub, but all of the other organizations that serve older adults will be spokes....We want to identify people within each neighborhood, and we want them to help us identify what your neighborhood's particular issues are....And then connect them to the appropriate organizations within the community to address those needs.”

Transportation also arose as an overarching issue related to social isolation, food access, and health care (the ability to go to a doctor's office). This was a concern largely for the more rural areas

of Polk County. Ride services are available but require long waits that can be exhausting. Participants highlighted the services of volunteers who provide older adults with rides to doctors' offices but emphasized that they could not meet the full need.

“Transportation is always our number one problem in Polk County, trying to get people from A to B, and seniors who need to get to appointments and things like to get groceries, get to a doctor or whatever. Those things are always challenging.”

Key Points:

- While Polk County is considered a “younger” county, the older adult population is expected to grow by more than 75% in the next 25 years, with high growth among older adults who are Hispanic or Black.
- Addressing existing disparities is a concern, given the percentages of older adults with lower incomes and less education.
- Disparities are evident in medical care usage rates. Compared to Florida overall, older adults in Polk County are at higher risk of emergency visits and hospitalizations for heart disease, diabetes, and COPD, potentially reflecting current sociodemographic factors and provider availability.
- Access to information is a continuing concern, largely related to the growing use of digital communication and older adult education levels. Language barriers may be a concern in the future as the number and percentage of Hispanic older adults rise.
- Social isolation is potentially a rising risk, with the current percentage of older adults living alone and the growth of the older-old population.
- Transportation options are lacking in the more rural areas, potentially putting older adults in these areas at higher risk of social isolation and poor health outcomes.

Conclusion

The most recent data on older adults in Senior Connection Center's service area depict a population that is relatively functional but is also vulnerable, with lower-than-average incomes and education in several counties. Additionally, hospitalization data indicate a disturbing prevalence of serious vascular illness, as well as disparities in care. Most critical are the data showing that the older adult population is not only growing but getting older.

Several continuing issues are apparent from the overall analysis of prior and recent data, including interviews with local providers and public officials. Housing is one of the most prominent, and it appears to be worsening and creating new difficulties for older adults, such as depleting financial resources used in the past to meet food, medicine, and health care needs. Homelessness was presented as a rising threat for older adults.

The lack of transportation options continues to be a serious concern, most severely in rural areas, but also in newly suburbanized areas. Like housing, this is an issue that intersects with others. For instance, older adults who lack needed transportation miss appointments for routine doctors' visits and medical procedures, have diminished access to fresh foods, and risk being socially isolated.

The difficulties of navigating increasingly fragmented and digitized communication systems block many older adults from engaging in once-simple interactions with medical and other service providers and obtaining information about resources and services, creating further social isolation risks.

The full range of data in this report, notably the population projections, strongly suggest that enabling older adults to live with independence and dignity into the next two decades will require substantial increases in preventive health care and home- and community-based services across the service area.

Recommendations/Next Steps

Housing

- The issue of housing needs for older adults is complex, focusing largely on the cost of homeowners insurance and rising rental costs. Both are influenced by market forces beyond the five-county service area. However, there is a need for advocacy on this issue, to make public officials aware of the ripple effect of these rising demands on older adults and their pocketbooks. When older adults are required to spend more on their housing, they have less for other essential needs, such as health care and food.

Older adults in or near poverty are most severely affected, to the extent that they forego spending on these other needs and put their health at risk. Many who have managed to stretch their limited income for years to maintain their housing and pay for needed expenses may be at their limit and at risk of becoming homeless.

- In terms of more tangible remedies, older adult homeowners could benefit from a program that helps to pay for repairs required to maintain their homeowner's insurance and/or protect their home from future damage in an extreme weather event. Like home modification, home repair assistance is becoming essential to aging in place.

- The rental cost issue could be addressed through efforts to increase the availability of senior housing alternatives, such as home sharing, cohousing, and assistance to families to provide space for an older adult relative. A related approach could be the creation of housing navigators for older adults to prevent homelessness; many existing programs are for people who are already homeless. With access to information on all options, from affordable rental units to home-sharing opportunities, housing navigators could identify new housing and facilitate arrangements for older adults who are being forced to leave their homes for any reason. A more elaborate form of this approach could be for the navigator to serve as a virtual matchmaker, as in the Airbnb model, vetting and matching individuals who could benefit from moving in together to share housing expenses.

Transportation

- The issue of transportation is like housing, in that it affects other aspects of life, such as being able to get to a medical appointment or obtain food. It is a long-standing challenge. Here again, advocacy is needed to increase public officials' awareness of the expanding needs and the ripple effects of insufficient transportation systems – increasing social isolation and health decline.
- Here again, the creation of mobility management services or transportation navigators could more efficiently pair older adults who need transportation with those who are able to provide it, including other older adults who wish to volunteer for such service. Their energies could be harnessed to build and expand existing ride service programs. While ride services exist, it may be necessary to better understand their limitations to incorporate these lessons into new mobility management services. It may also be useful to think about why older adults need transportation and whether some of these needs can be met in other ways.
- One critical aspect of insufficient transportation is that older adults have difficulty getting to their doctors' appointments. However, are there ways to bring the medical services to older adults? Telemedicine is a partial answer, but it does not fully meet the needs. Additionally, if older adults are not able to get to a grocery store, what are the ways to bring the food to the neighborhood, such as pop-up or mobile fruit/vegetable stands?

Connecting the community

- Services could be organized and provided on a neighborhood level. This option could function as a senior or service center, except in mobile form. Mobile senior services could meet a number of essential needs – most importantly providing critical access to information.
 - **Knowledge navigators could be on hand to provide education and information**, including help with the issues described above. This mobile option could also be equipped with internet access, enabling information navigators to help older adults complete tasks that require computer use.
 - **Information could be distributed about health care**, importantly critical health information on cardiovascular disease and hearing health, both of which are treatable and manageable, particularly if addressed early.
 - **Health professionals could perform basic heart and hearing health checks and provide advice and information.** Physician assistants and advance practice nurses could

fill these roles, given the low numbers of physicians in many areas. Medicare may cover the cost of some of these services.

- **Healthy foods could be distributed** during these visits/events, potentially including cooking demonstrations.
- Critical to this effort is the recruitment of volunteers within the neighborhoods, including Spanish language speakers, to serve as liaisons and ad hoc educators.
- If only one of the functions above could be implemented, it could be the knowledge/information navigator. Trained staff or volunteers could go into the neighborhoods, setting up “pop-up” events using temporary or existing infrastructure, such as libraries, schools, and senior/dining centers where internet service is available or hotspots could be established. Computer training on laptops could also be provided during these visits/events.
- Such an approach could meet the growing need in the rural areas and underserved communities, including areas where older adults speak primarily Spanish.

Services for caregivers/older adults living alone – provider, staff availability

- For many caregivers and older adults who live alone, a companion to carry out basic independent living functions, such as shopping and/or cooking, would fill a critical need. Caregivers also need more access to respite services. If it is not possible to build more adult day centers, a service is needed to connect caregivers and older adults who live alone with companions. This includes the expansion of self-directed care programs. Enabling an older adult to use funding to hire a neighbor, friend, or family member as a companion could provide critical support and prevent existing ambulatory and independent living difficulties from worsening. These prevention measures have the potential to extend the ability of older adults to remain independent in their own homes, even as they grow older.
- Concerning home health care, more services, or more efficient use of existing services, could be provided through partnerships or increased coordination with hospitals and hospices. Hospitals play a key role in ensuring their patients receive the post-acute care they require, to avoid rehospitalizations. Hospices are rapidly expanding into home health and enrolling patients who do not yet qualify for hospice care but do require home health care. There is a potential to improve access to home health care through working with these providers to understand their capacity and communicate the growing need for services. Here again, a knowledge/information navigator could help older adults find needed services and service providers.

Appendix 1.

Reports reviewed in preparation for data analysis and interviews

- Community Health Needs Assessment, Hillsborough County, 2022, by All4HealthFL Collaborative
- Community Health Needs Assessment, Polk County, 2022, by All4HealthFL Collaborative
- Hillsborough County Department of Social Services 2022-2025 Community Needs Assessment, by The Community Action Partnership and Hillsborough County
- Manatee CHIP – Community Health Improvement Plan, February 2021 - December 2023, by Manatee Healthcare Alliance
- Manatee County – Five-year Consolidated Plan 23-24/27-28; Annual Action Plan 23-24, prepared by Manatee County for the U.S. Department of Housing and Urban Development
- Polk County Community Health Improvement Plan (CHIP), 2021-2025, revised January 2022, by Polk County Department of Health
- Step Up Suncoast (Community Action Agency) 2022 Needs Assessment (for Charlotte, Manatee, Sarasota, DeSoto, and Hardee counties)
- The United Community Needs Assessment – A comprehensive needs assessment of Polk, Hardee, and Highlands Counties, by the United Way of Central Florida

Appendix 2.

Questioning guide used for all interviews

Question 1: Could you tell me a little about yourself, your background, and your organization? If applicable, please share your organization's mission and whether your organization provides direct care or operates as an advocacy organization?

Question 2: We would like your perspective on the major needs/issues related to aging and older adults in the community you serve/work with. Please share the following in your response:
-What are the top priority issues concerning older adults that your organization is dealing with?
-What do you think are the factors that contribute to these issues, specifically in relation to the needs of older adults?

Question 3: Which groups in your community appear to struggle the most with these issues you've identified and how does it affect their lives? Please consider the following in your response:

- Are there specific challenges that low-income, underserved/uninsured persons who are older experience?
- Are there specific challenges that affect different groups of older adults based on gender, race/ethnicity or other characteristics?

Question 4: What barriers or challenges might prevent someone in the community from accessing care? (Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)

Question 5: Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs?

Question 6: What services or programs do you feel could potentially have the greatest effect on the needs that you've identified?

Question 7: Is there anything additional that you would like to add concerning the needs of the community and individuals you serve?