

# 2023 COMMUNITY HEALTH NEEDS ASSESSMENT FOR OLDER ADULTS



*Alliance for Aging, Inc.*  
*Answers on Aging*



# Executive Summary

Incorporated in 1988, the private, not-for-profit organization Alliance for Aging, Inc. (Alliance) was designated by the State of Florida as the Area Agency on Aging for PSA 11: Miami-Dade and Monroe Counties. A major function of the Alliance is to provide information about available services for older adults, caregivers, and persons with disabilities and how to obtain these services. Services such as meals, adult day care, personal care, legal help, and transportation are provided to older people through a network of local agencies in the community. Other services may also be available.

In preparation for developing their Area Plan, the Alliance conducted a community needs assessment, in collaboration with the Health Council of South Florida, Inc. (HCSF) to analyze the current and projected needs of older adults living in Miami-Dade and Monroe counties. The purpose of this needs assessment is to understand the environment where services are delivered by summarizing its strengths and resources available, as well as help to identify risks, opportunities, and gaps that may challenge the delivery of services to the community. This assessment will also provide a snapshot of the current environment, which can then be used to strategize and prioritize actions for implementation based on the needs of the community and its end user.

The report aims to address the following objectives:

- Identify and distinguish the community strengths in serving older adults
- Communicate the specific needs of older adults in the community, particularly those needs created as a result of the COVID-19 pandemic
- Validate the importance and need for connection of older adults to the community, particularly in the context of social isolation; and
- Recommend strategies to communicate and conduct outreach to hard-to-reach and underserved communities, given growing waitlists in this area.

This executive summary will provide a brief overview of the common themes from the data and recommendations to consider. The full report will provide a detailed thematic analysis of the qualitative and quantitative findings. The appendices will include the assessment materials and any additional data that is unique to the report.

## Key Stakeholder Insight

The key stakeholder interviews were conducted to obtain input from individuals and organizations in the community to ensure that the Area Plan models being developed accurately reflected the communities of Miami-Dade and Monroe Counties. Representative organizations included: county government leaders; social services and health services organization; non-clinical community-based organizations, home-based organizations providing services focused on home care, companionship, and meals; assisted-living facilities; and advocacy organizations.

The most common theme which emerged from the key informant interviews was the topic of community. From the initial question about aging in place to the final question on suggestions of resources for older

adults, community was linked through each. Community, when defined, meant connection and familiarity. Several stakeholders mentioned that with the aftermath of the COVID-19 pandemic, closeness was important to the older adult population. When the topic of aging in place was discussed, the ability for older adults to have the choice and independence to age in their homes and within their communities was the highlight of stakeholder responses. However, housing costs, access to programs and safety were the top concerns listed as difficulties to make aging in place possible. In addition to not being able to access programs, the lack of knowledge by older adults as to the types of resources available was another theme that was discussed.

Due to the complexity of care coordination systems, older adults are faced with extended wait periods and potential delays in care. A frequent suggestion made was to develop a streamlined system to connect services to prevent these delays and limit frustration experienced by the older adult community. Stakeholders all agreed that isolation was a major challenge for older adults during the pandemic. The inability to serve their clients in a traditional manner and the lack of regular community connection, whether through in-person meetings or congregate meal sites, posed a major threat to the safety and well-being of older adults. Stakeholders also mention that stereotypes and biases were presented as many older adults had to learn how to be technologically savvy to stay connected with their community.

# Key Research Findings

## Respondent Demographic Profile

- Participants aged 60 years and older collectively represented 65.6% of the overall sample. Participants 45 to 59 years of age represented 21.7% of the sample, with participants under 45 years of age representing 11.5% of the sample.
- Females comprised the highest proportion of respondents (82.1% of sample), with males comprising 17.4% of the sample.
- The majority of participants (68.5%) identified as White, followed by Black (18.7%).
- The majority of participants identified as Hispanic/Latino (52.3%), followed by 31.9% identifying as non-Hispanic and 5.5% identifying as Haitian.
- The majority of participants spoke English as their primary language (58.3%), followed by Spanish (34.5%) and Haitian-Creole (5.1%).
- The vast majority of participants (91.9%) indicated that they had obtained at least a high school diploma or GED, and 32.3% indicated that they had obtained a graduate or professional degree, with 24.2% of participants indicating that they had completed either an associate degree or a bachelor's degree.
- Almost half of the sample (45.5%) made less than \$50,000. Participants making \$25,000 to \$49,999 (18.7% of sample) represented the largest proportion of the sample that chose to share their income.

# Quantitative Survey Analysis Overview

## Caregiving

- Adults aged 60 and older reported needing help with household work and emotional/mental support

## Employment and Housing

- Over 55% of 60+ respondents were retired, with 20.9% working full-time
- Compared to the overall sample, a larger proportion of 60+ respondents lived alone

## Challenges with Independent Living

- Compared to the overall sample, higher proportions of the 60+ respondents struggled with physical health, being able to do heavy housework, and being able to afford housing/living costs

## Transportation

- Older adults (aged 60+) struggled with public transportation, finding it difficult to use and reporting a lack of public transportation options

## Respect and Social Inclusion

- Participants of all ages struggled with feeling lonely and feeling depressed, indicating that all age groups may benefit from more access to mental health services

## Outdoor Spaces and Buildings

- A substantial proportion of older adults were dissatisfied with the availability of public parking lots and areas to park, including handicapped parking

## Community and Information/Technology

- The majority of the respondents obtained their information from the Internet or social media, with a large proportion obtaining this information from a doctor or health care professional.
  - While older adults also reported using the Internet/social media or consulting a physician, they were also more avid users of 9in-person resources (e.g., local senior center), TV, and printed media (e.g., newspapers and magazines).
- Less than 40% of older adults reported feeling very comfortable using the internet, and 25% reported feeling “not comfortable” with it. Nearly 5% of older respondents did not have Internet access.
  - Thus, there is a need for greater technological education for older adults (e.g., internet and basic computer skills)

## Community and Health Services

- Overall, participants were aware of some major community services (e.g., primary health care, specialty care, and hospitals, clinics, and urgent care centers)
- In contrast, higher proportions of older adults reported that they were “not sure” about whether certain services were accessible and affordable in the community, particularly mental health care, nutrition programs, disease self-management programs, home care services, and



legal services. Given that these services may be valuable for this age group, it is important that they receive more information about available resources in these areas.

- Of note, 12.4% of the overall sample and 15.0% of older adults (60+) stated that nobody helps them with instrumental activities of daily living, but that they do need support in completing these tasks.

### **Social Participation**

- Overall, participants aged 60+ years old had a preference for affordable activities, activities for socializing, and continuing education classes

### **Civic Engagement**

- When asked what interferes with their ability to engage in volunteer work in the community, 56.6% of adults 60+ years old did not consider this question to be applicable to them
  - Other barriers were health limitations (14.0%) and limited availability (16.2%)

### **Disaster Preparedness**

- Compared to the overall sample, more older adults said that they did not have a plan in place (21.4%).
- Compared to the overall sample, more older adults preferred alerts to be given by local TV stations, which is consistent with their comparatively greater reliance on TV for information. They also were more likely to prefer an automated phone call and less likely to use social media or a smartphone app to receive alerts.

### **Overall**

- When asked about programs that were important to them, all age groups valued recreation, adult education, wellness programs, and companionship/social activities. In contrast, there was considerably less interest in group (congregate) meals or employment/job training.
- Compared to the overall sample, a higher proportion of older adults rated their communities less favorably (e.g., as “poor” or “not sure”).

## **Top Needs Identified for Respondents Over 60+ Years Old**

- More help with caregiving responsibilities
- More help with household work and more emotional/mental support
- Help with certain aspects of independent living (being able to do heavy housework, being able to afford housing/living costs)
- Help using public transportation and greater awareness of available options
- Help with feelings of loneliness and depression
- Greater access to mental health services
- Greater availability of public parking lots and areas to park, including handicapped parking
- More opportunities to learn how to use the internet and computer skills in general
- More sharing of community information through channels other than the Internet (e.g., in-person meetings, TV)
- More awareness of mental health care, nutrition programs, disease self-management

- programs, home care services, and legal services in their communities
- More affordable activities, activities for socializing, and continuing education classes
- Assistance in formulating a disaster preparedness plan
- Greater interest in recreation, adult education, wellness programs, and companionship/social activities

## Qualitative Analysis Overview

### Focus Groups

- Aging in Place
  - All participants voiced their dislike of being placed in a nursing home
- Experiences Aging in Place in Miami-Dade and Monroe Counties
  - Most participants feel a sense of community and their neighborhoods and appreciate and exposure to cultural diversity of Miami-Dade and Monroe counties
- Challenges of Aging in Place
  - Retirement income is not enough for older adults
  - Discrimination (**overarching theme**)
    - Gender and sexual identity of LGBTQ+ community
      - Not many volunteering opportunities offered for LGBTQ+ community
      - Mistreatment in buses and lack of respect towards this community
      - LGBTQ+ community are fearful of going to shelters in preparation for a storm
    - Ageism leading to social stigma
      - Limited opportunities of employment for older adults
        - A need for skill building training
  - Transportation
    - Difficult for older adults in Monroe County to go to specialists in Miami-Dade County due to limited transportation
- Domains of Livability
  - Transportation
    - Limited bus routes (**overarching theme**)
    - Door-to-door transportation services suggested by participants
  - Housing
    - High housing costs
  - Social Participation
    - A need for community centers (**overarching theme**)
      - Increase social interaction among older adults
      - A trusted place where older adults can obtain information on resources and services
  - Respect & Social Inclusion
    - Lack of Respect (**overarching theme**)
      - Lack of patience and consideration towards older adults
        - Need for cultural sensitivity training (e.g., healthcare facilities)

- Communication & Information
  - The use of the radio to communicate with older adults is most effective way
- Community Support & Health Services
  - Improve transportation services for older adults as a way to support the community (**overarching theme**)
- Disaster Preparedness
  - Availability of preparation kits for older adults
  - Availability of a directory of “helpers” to assist before and after a storm threatens the community
  - Strategize on the most effective way to deliver important information to older adults related to emergency preparedness
- Respect Earned & Social Inclusiveness
  - Lack of respect (**overarching theme**)
    - As cognitive abilities decline, respect toward older adults also diminishes from younger generations
- Special Populations of Older Adults who are Underserved
  - Low-income residents
  - Racial minorities
  - Older adults with a mental illness
- Community Support & Health Services
  - Desired Qualities in a Community
    - Availability of community and health centers
    - Education (**overarching theme**)
      - Skill building training for older adults
      - Connect health care providers with older adults to understand benefits covered by their insurance plans
  - Health Service Needs
    - A need of domestic and health services for older adults
  - Respite for Caregivers
    - Difficulty in finding qualified providers to provide relief for caregivers
- Transportation
  - Means of transportation
    - Bus
    - Own cars
  - Challenges during the Pandemic
    - Transporting residents to different locations took longer than before the pandemic
      - Isolation guidelines
      - People fearful of contracting the disease
- Civic Participation and Employment
  - Most participant volunteer in their communities and see the benefits of volunteering for themselves and for the person receiving the service

### Community Listening Sessions

- Aging in Miami-Dade County
  - Participants felt a strong sense of community (**overarching theme**)
  - Enjoyed the cultural diversity offered in Miami-Dade County
  - Grateful for the different activities being offered for older adults
- Challenges of Aging in Miami-Dade County
  - Lack of safety (**overarching theme**)
    - Reckless driving
    - Limited crosswalks for pedestrians
    - Limited police presence
    - Increase accessibility to guns
    - Increase robberies and break-ins
  - High cost of living (**overarching theme**)
    - High HOA assessment payments
    - High food cost

## Overall Findings

The following are overarching themes observed in the focus groups, community listening sessions, key informant interviews, and in the survey findings. Please note that at times, the themes presented subsequently surfaced across all sessions and needs assessment survey results; in other instances, the themes were specific to two or three sessions but not for all data collection methods (i.e., focus groups, community listening sessions, key informant interviews, survey findings).

- When participants across all sessions were asked to describe what “aging in place” means to them, the most common response was to experience a sense of community or familiarity
- It is crucial to implement more mental and behavioral health services in the community to address the needs of older adults
- Participants place great value on the different social activities developed for older adults in the community
  - Participants would like to overcome the generational gap and implement social activities that involve older adults and younger generations
  - Implementation of community or senior centers for older adults to gather, particularly in Monroe County
- Education
  - The need to develop continuing education or skill building training for older adults—participants of different focus group sessions shared that this would allow this population to return to the workforce if they desire to do so
  - Inform and educate older adults on how to access much needed services in the community by sharing different resources
  - There is a need to support older adults in their understanding on the benefits of available programs and how to access them

- Rising housing costs in Miami-Dade and Monroe counties
- Transportation barriers—such as limited bus routes, lack of adequate training for drivers, and limited transport to medical appointments—emerged an overarching theme in the focus groups as well as in the community listening sessions and key informant interviews. However, respondents of the survey did not see it as a “major problem”.
- Long waiting periods to receive services (e.g., housing) and limited knowledge on technology to access online services were barriers experienced by underserved older adults
- Across most focus groups, community listening sessions, and key informant interviews, the following groups of older adults were identified as the most underserved:
  - African Americans
  - Immigrant communities
  - Low-income residents
  - LGBTQ+ older adults
  - Asian Americans
  - Haitian/Haitian Americans

It is important to note that some of overarching themes identified in the focus groups, community listening sessions, and key informant interviews did not correlate with findings of the needs assessment survey analysis. For instance, most participants of all focus group sessions shared they had been discriminated against and stigmatized due to their age, however, survey respondents indicated that being treated in a discriminatory manner due to their race, ethnic background, or age was not a “major problem”. Another overarching theme observed across focus groups, community listening sessions, and key informant interviews was the need to educate older adults on how to effectively navigate the internet and technology to access resources; however, most survey respondents indicated they are comfortable using the internet or other forms of technology.

It should be noted, however, that the questionnaire designed for the focus groups, community listening sessions, and key informant interview sessions was qualitative in nature, and it included open-ended questions—it provided an open forum of discussion, for the group who participated, on topics related to aging. On the other hand, the needs assessment survey intended to capture residents’ experiences on aging using a quantitative approach; as such, the questions posed in the survey were multiple choice or Likert Scale in nature and were completed by each individual resident without the option of an open discussion. The difference in data collection approaches, whether qualitative or quantitative, could account for some of the differences perceived with respect to the most common themes identified.



# Recommendations

Recommendations were developed based on the overall themes gathered from the needs assessment report. The following recommendations may be considered for future implementation planning:

- 1) Given that the participants in this sample struggled more with feeling lonely and/or depressed and given that they may not be aware of mental health care resources in their communities, greater efforts can be directed toward making such services available and affordable for this population and linking individuals to these services.
- 2) Given that participants also struggled with using public transportation, greater efforts may be directed toward creating new and/or improving existing transportation services for older adults.
- 3) Since so much information is distributed via online channels, greater efforts can be directed toward helping older adults become more familiar and comfortable with using such technologies, such as the Internet, smartphones, and other aspects of computer basics.
- 4) Greater focus may be directed toward ensuring that all older adults have a disaster preparedness plan in place in case of an emergency.

As mentioned earlier in this report, the objective of this assessment was to gauge residents' perspectives as it relates to the needs of older adults. This was accomplished by facilitating focus groups, community listening sessions, key informant interviews, and by distributing the community health needs assessment survey in neighborhoods of Miami-Dade and Monroe counties which have historically been impacted by the social determinants of health resulting in adverse health outcomes (e.g., preventable hospitalizations due to chronic conditions). Even though the facilitation of the focus groups and community listening sessions, as well as the distribution of the survey occurred in areas of highest need, such as Cluster 5 (Brownsville/Coral Gables/Coconut Grove), it is paramount for the next endeavor to comprehensively focus on the eight clusters previously selected by the Florida Department of Health in Miami-Dade. These eight clusters derive from the original 13 clusters developed by the HCSF, which are comprised of zip codes with similar socioeconomic needs. As mentioned, the eight clusters represent 38 zip codes in Miami-Dade County determined to be at high risk of health disparities associated with COVID-19 infection and suffer poor outcomes related to the social determinants of health. The same approach would need to be followed in Monroe County by identifying the areas of highest need and working with partners across the Keys so they can be part of this process, not only in identifying the needs of older adults, but also in working together to implement solutions to barriers in accessing services among this population.

This is a countywide effort, and there are already numerous projects and initiatives underway, such as the United Way Older Adult Advocacy Taskforce, or West Kendall Baptist Hospital's Healthy West Kendall Age-Friendly Initiative. This is a process that requires collaboration to address the needs of older adults in areas of highest need in Miami-Dade and Monroe counties

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# I. Introduction

The Alliance for Aging, Inc. (Alliance) conducted a community needs assessment, in collaboration with the Health Council of South Florida, Inc. (HCSF), to identify the needs of older adults living in Miami-Dade and Monroe counties. The mission of the Alliance is to promote and advocate for the optimal quality of life for older adults and their families. The goal of the agency is to provide information and access to quality services for older adults that help keep them at home and in their communities.

This report will examine the unmet needs of the older adult population residing in Miami-Dade and Monroe counties to learn of the potential barriers residents encounter and the gaps in services being offered within the community. Furthermore, given the current atmosphere of living in a post-pandemic environment, thoughtful efforts have been made to understand and learn of the impact of COVID-19 on the needs of older adults in our community. It is important to highlight the effects and examine the internal and external influences within the environment in which our older adults live.

The report aims to address the following objectives:

1. Identify and distinguish the community strengths in serving older adults,
2. Communicate the specific needs of older adults in the community, particularly those needs created as a result of the COVID-19 pandemic,
3. Validate the importance and need for connection of older adults to the community, particularly in the context of social isolation, and
4. Recommend strategies to communicate and conduct outreach to hard-to-reach and underserved communities, given growing waitlists in this area.

This assessment's results will be used to provide useful information for planning and resource development and strengthen advocacy efforts and stakeholder engagement. Through providing more information about community preferences and priorities, the data obtained in this assessment will be used to guide future projects and service development, as well as focus on solutions to the expressed needs of the communities.



## II. Community Profile: Demographics

### Demographic Profile of Residents 60 Years of Age and Older

#### Resident Population

According to the U.S. Census Bureau, 2,690,113 residents live in Miami-Dade County and account for 12.1% of Florida's total population; in comparison, the 82,244 residents of Monroe County comprise less than 1% of the statewide total population<sup>1</sup>. Furthermore, 10.2% of Florida's older adults (60 years of age and older) reside in Miami-Dade County, compared to less than 1% of this age group residing in Monroe County (please refer to Table 2.1). Relative to its total population, however, Monroe County is home to 31% of residents 60 years of age and older, compared to approximately 27% statewide and 22% in Miami-Dade County (please refer to Table 2.2). When other age categories are considered, Miami-Dade County has a relatively young population, with 78.1% of its population under the age of 60, compared to 73% at the state level and 69.3% in Monroe County.

Table 2.1—Resident Population, 60 Years of Age and Older, Statewide Comparison, 2021

Geography	Total Population (60+)	%
Miami-Dade County	590,253	10.2%
Monroe County	25,238	0.4%
Florida	5,762,756	100.0%

Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table S0102

Table 2.2—Resident Population, 60 Years of Age and Older, Relative Proportion, 2021

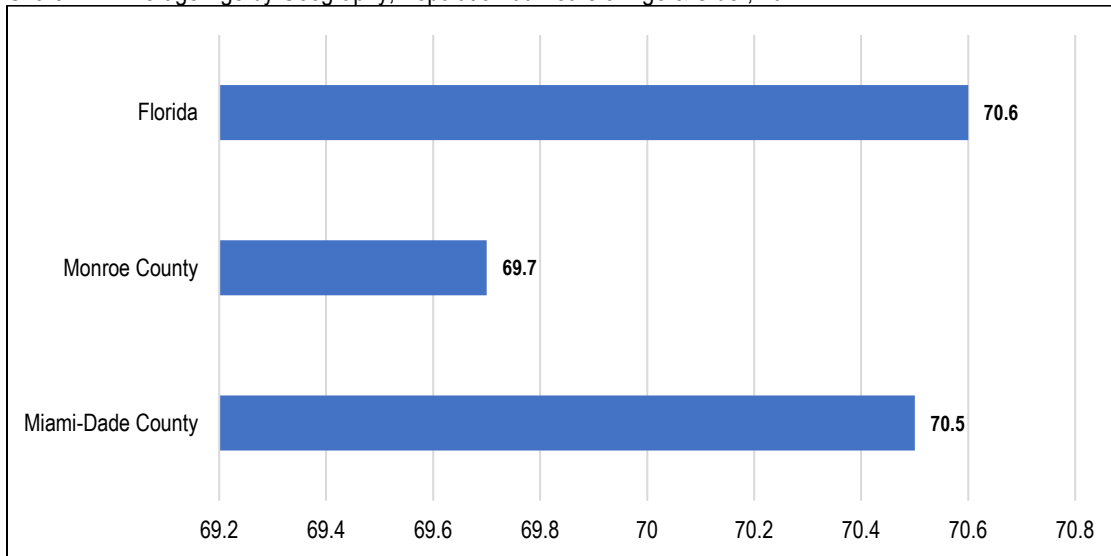
Geographic Areas	Total Population (60+)	Total Population	% of Total Population
Miami-Dade County	590,253	2,690,113	21.9%
Monroe County	25,238	82,244	30.7%
Florida	5,762,756	21,339,762	27.0%

Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table DP05

The statewide average age of residents 60 years of age and older is 70.6 years of age, which is similar to average age exhibited in Monroe County (70.5) and higher than the average age observed in Miami-Dade County among this population (69.7). Please refer to Chart 2.1.

<sup>1</sup> U.S. Census Bureau, American Community Survey, Tables S0102 & DP05. [Data Platform]. [Cited 2023 Sept 25]. Retrieved from [https://data.census.gov/table?q=older+adults&g=040XX00US12\\_050XX00US12086,12087&tid=ACSST5Y2021.S0102](https://data.census.gov/table?q=older+adults&g=040XX00US12_050XX00US12086,12087&tid=ACSST5Y2021.S0102)

Chart 2.1—Average Age by Geography, Population 60 Years of Age & Older, 2021



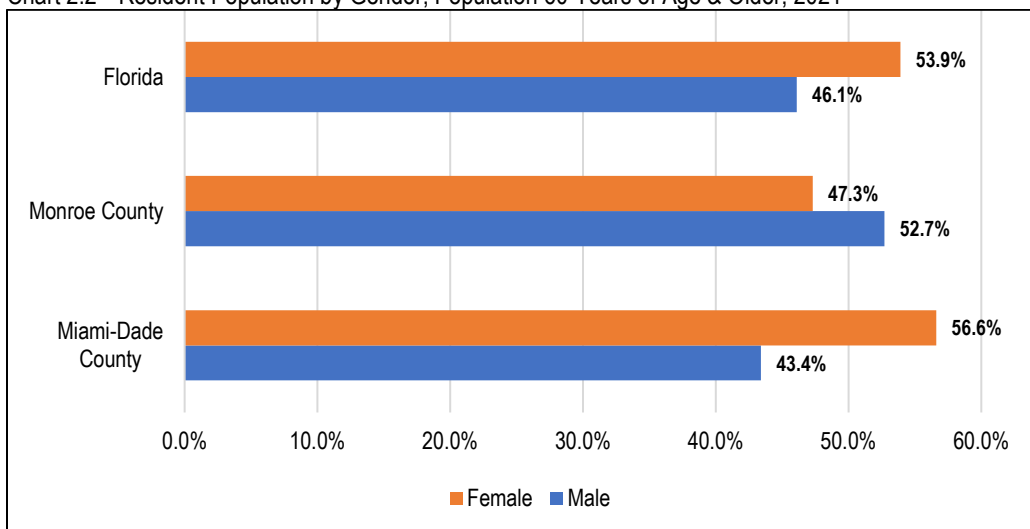
Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table SO102

### Gender

Chart 2.2 highlights the percentage of the population 60 years of age and older according to gender for all three geographies. Miami-Dade County has the highest percentage of female residents compared to males (56.6% versus 43.4%), followed by the state of Florida (53.9% versus 46.1%). Please refer to Chart 2.2. By contrast, close to 53% of residents 60 years of age and older in Monroe County are male, while 47.3% are female.

When gender distribution is taken into account for the total population (i.e., all age categories), similar statistics are observed in the three geographic areas, with Monroe County still exhibiting a higher percentage of male than female residents (52.3% compared to 47.7%). By comparison, Miami-Dade County and Florida reveal similar figures with a slightly higher percentage of female residents than male residents (49.2% versus 50.8% and 48.9% versus 51.1%, respectively).

Chart 2.2—Resident Population by Gender, Population 60 Years of Age & Older, 2021



Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table SO102

## Race & Ethnicity

When racial identity is considered, 89% of the population 60 years of age and older in Monroe County identify as White, compared to 80% statewide and 58% in Miami-Dade County (please refer to Table 2.3). It is noteworthy that among the population 60 years of age and older, five times as many residents in Miami-Dade County identify as Black or African American compared to those in Monroe County (14.6% versus 3%).

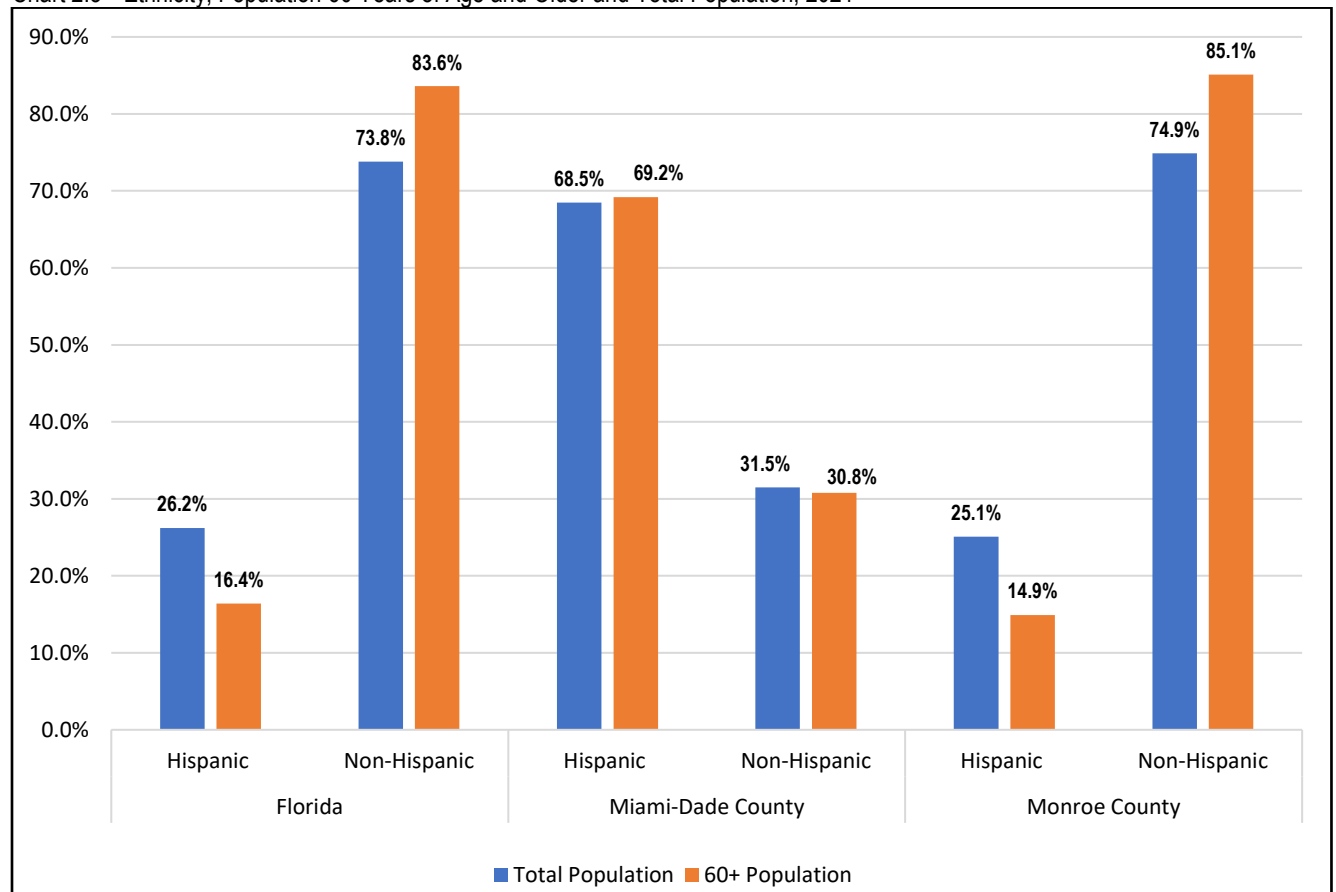
Chart 2.3 highlights ethnic identity according to geographic area and specific population groups (total population and residents 60 years of age and older). Slightly over 69% of Miami-Dade County residents, 60 years of age and older, identify as Hispanic, compared to 16.4% and 14.9% in the state of Florida and Monroe County, respectively. As Chart 2.3 demonstrates, ethnic identity statistics in Miami-Dade County among residents 60 years of age and older mirrors the figures observed at the county level (i.e., total population). However, the statistics for Monroe County and the state of Florida overall depict a more substantial difference when ethnic identity is observed among the general population and residents 60 years of age and older. For instance, in Monroe County, over 25.1% of the total population identify as Hispanic, compared to 14.9% among residents 60 years of age and older; meanwhile, at the state level, 26.2% of the total population identify as Hispanic, compared to 16.4% among residents 60 years of age and older.

Table 2.3—Population by Race & Ethnicity, Population 60 Years of Age & Older, 2021

Race and Ethnicity	Miami-Dade County	Monroe County	Florida
<b>One Race</b>			
White	58.0%	89.0%	79.8%
Black or African American	14.6%	3.0%	9.9%
American Indian and Alaska Native	0.2%	0.0%	0.2%
Asian	1.5%	0.4%	2.1%
Native Hawaiian and Other Pacific Islander	0.0%	0.4%	0.0%
Some other race	5.2%	1.1%	2.3%
<b>Two or more races</b>	20.6%	6.1%	5.6%
<b>Non-Hispanic, White</b>	14.7%	80.4%	70.3%

Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table SO102

Chart 2.3—Ethnicity, Population 60 Years of Age and Older and Total Population, 2021

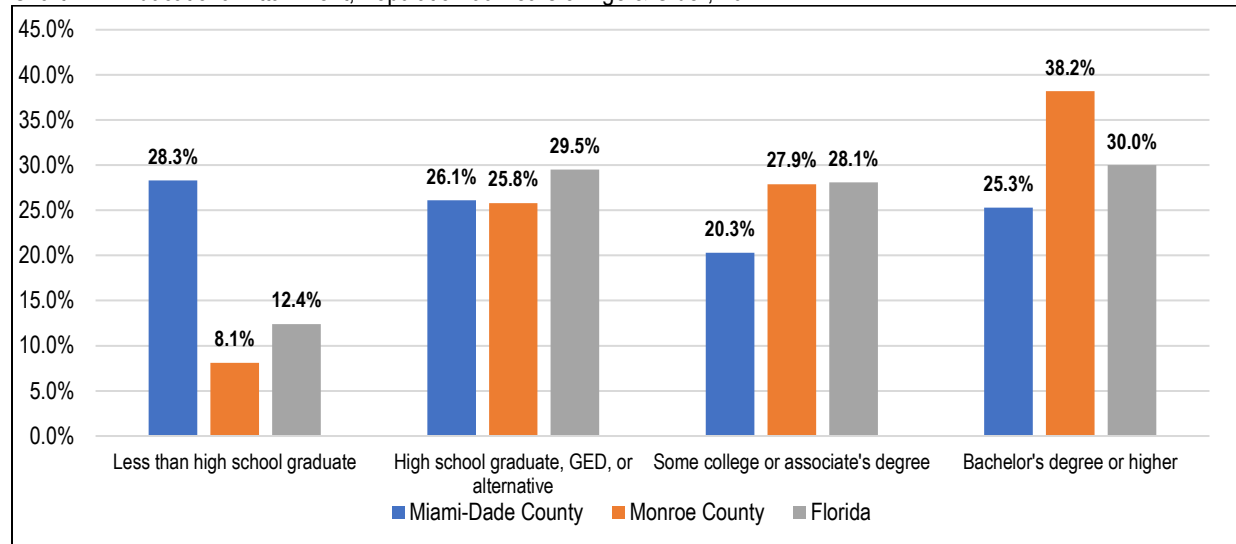


Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table S0102

### Educational Attainment

Chart 2.4 depicts educational attainment in Miami-Dade and Monroe counties compared to the state of Florida. The greatest percentage of residents 60 years of age and older who attained a bachelor's degree or higher derive from Monroe County with 38.2%, compared to 30% and 25.3% in the State of Florida and Miami-Dade County, respectively (please refer to Chart 2.4). In addition, there is a greater percentage of residents among this age group in Miami-Dade County with less than a high school diploma compared to the state of Florida and Monroe County (28.3% compared to 12.4% and 8.1%, respectively).

Chart 2.4—Educational Attainment, Population 60 Years of Age & Older, 2021

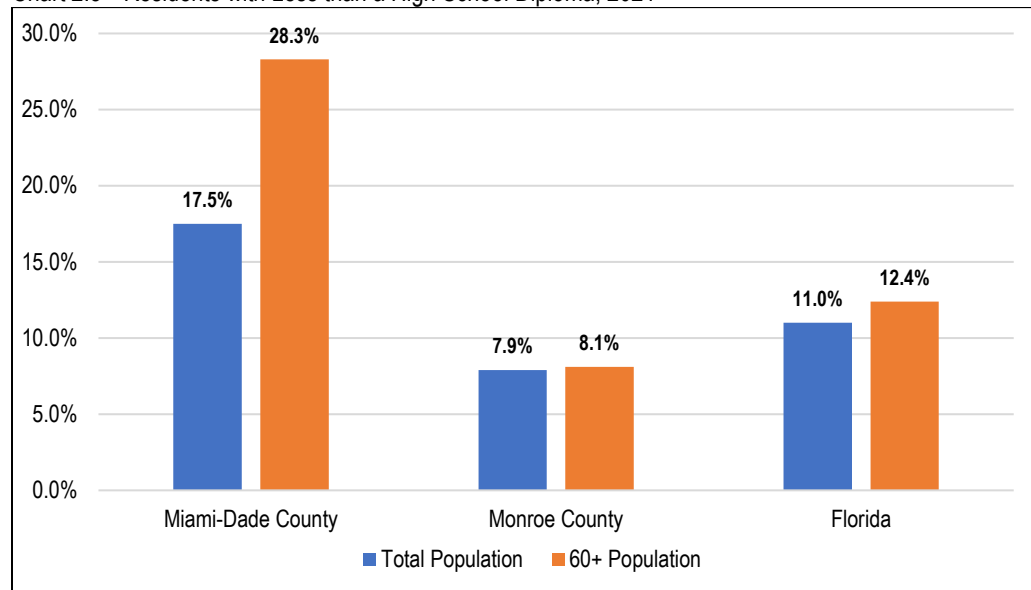


Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table SO102

Data Note: The denominator utilized to calculate percentage is population 25 years of age and older

When educational attainment is considered for the total population in all three geographic areas, similar statistics are observed across all educational levels, with the exception of residents in Miami-Dade County, 60 years of age and older, who exhibited a substantially higher percentage than the total population (28.3% compared to 17.5%). Please refer to Chart 2.5.

Chart 2.5—Residents with Less than a High School Diploma, 2021



Source: U.S. Census, American Community Survey, 2021 Population Estimates



## Income

The average household earnings for residents 60 years of age and older in Monroe County is \$105,856 compared to \$80,603 and \$74,818 in Miami-Dade County and the state of Florida, respectively (please refer to Table 2.4). It is important to note that close 46% of the households in Florida, 60 years of age and older, receive retirement income—higher than the percentage observed in Monroe and Miami-Dade counties in the same age group (39.3% and 23.4%, respectively). Furthermore, when average earnings for residents 60 years of age and older are compared to average earnings of the total population, it should be noted that, at the state level, the total population exhibits an average earning of \$87,734 compared to \$74,818 among residents 60 years of age and older—a difference of \$12,916 average earnings.

Table 2.4—Income in the Past 12 Months, Population 60 Years of Age & Older, 2021

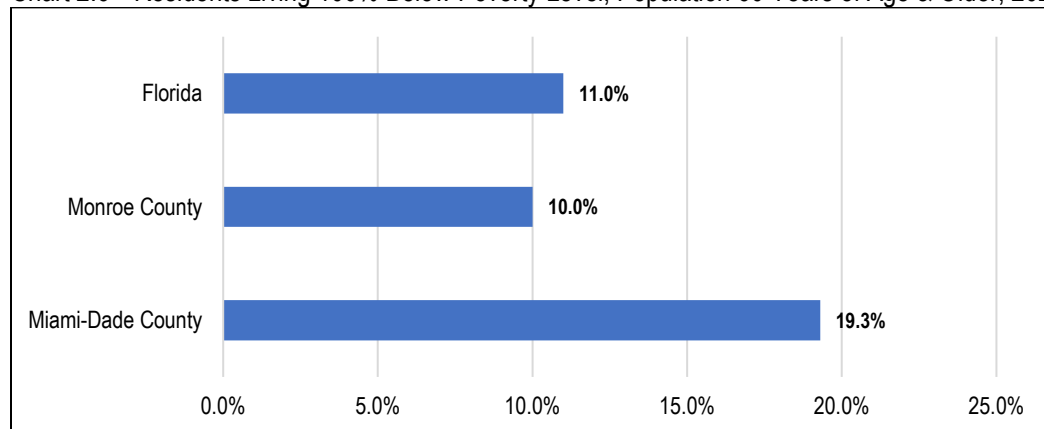
Description	Miami-Dade County	Monroe County	Florida
Number of Households (HHs)	316,080	14,787	3,383,621
Percent of HHs With earnings	54.5%	50.6%	44.3%
Mean earnings	\$80,603	\$105,856	\$74,818
Percent of HHs with Social Security income	70.3%	73.9%	77.6%
Mean Social Security income	\$18,005	\$22,247	\$22,488
Percent of HHs with Supplemental Security Income	12.0%	3.1%	6.4%
Mean Supplemental Security Income	\$8,506	\$13,341	\$10,507
Percent of HHs with cash public assistance income	3.9%	1.6%	2.0%
Mean cash public assistance income	\$2,414	\$5,950	\$2,849
Percent of HHs with retirement income	23.4%	39.3%	45.9%
Mean retirement income	\$31,239	\$40,571	\$33,174
Percent of HHs with Food Stamp/SNAP benefits	29.9%	6.3%	11.0%

Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table SO102

## Poverty Level

The U.S. Census also reports that there are twice as many residents, 60 years of age and older, in Miami-Dade County who live below 100% poverty level compared to the state of Florida and Monroe County (19.3% compared to 11% and 10% respectively). Please refer to Chart 2.6.

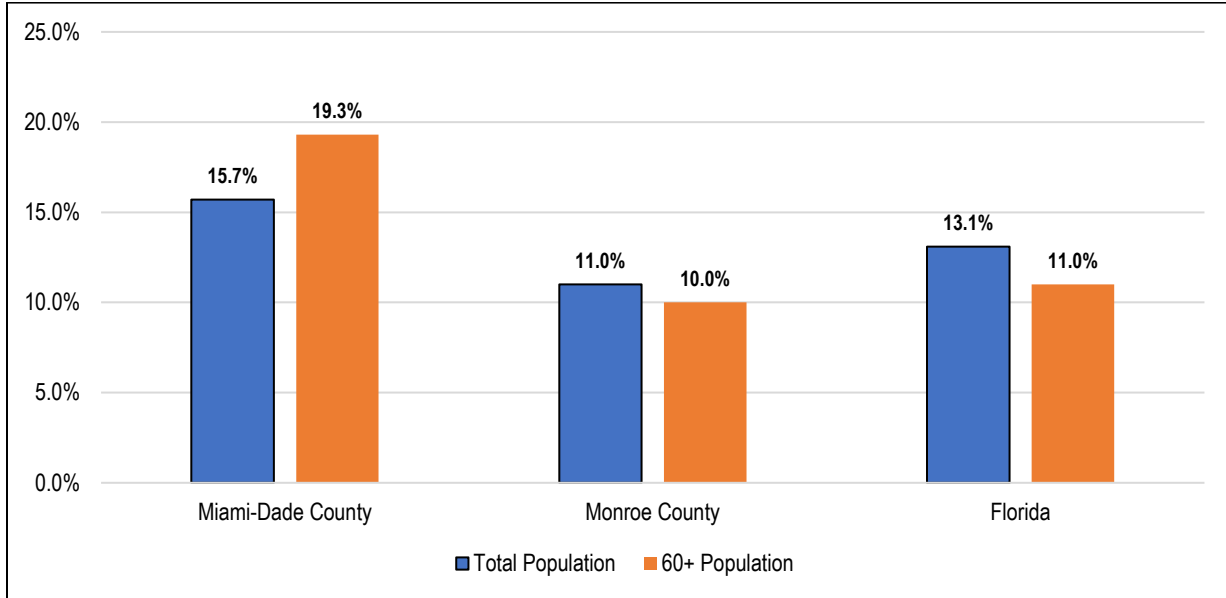
Chart 2.6—Residents Living 100% Below Poverty Level, Population 60 Years of Age & Older, 2021



Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table SO102

Similar statistics are observed among the total population in comparison to residents 60 years of age and older in Monroe County and Florida overall, in which the total population exhibits a slightly higher percentage of residents living 100% below poverty level compared to residents 60 years of age and older. However, in Miami-Dade County there is a higher percentage of residents 60 years of age and older living below 100% poverty level compared to the total population (19.3% compared to 15.7%, respectively). Please refer to Chart 2.7.

Chart 2.7— Residents Living 100% Below Poverty Level, Population 60 Years of Age & Older & Total Population, 2021



Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table SO102

## Health Equity Index: Miami-Dade County

Map 2.1 depicts the Health Equity rank for Miami-Dade County according to zip code. It derives from the Health Equity Index, developed by Conduent Healthy Communities Institute, and it is a measure of socioeconomic need which is correlated with poor health outcomes—the higher the rank, the greater the socioeconomic need. The Health Equity Index aims to identify areas of highest need that experience health inequities by considering indicators related to income, employment, education, and household environment<sup>2</sup>. As the map highlights, the following areas exhibit a high Health Equity Rank (i.e., 4 or higher): South Miami/Homestead, also classified as Cluster 1; Downtown/E. Little Havana/Little Haiti/Liberty City/Overtown (Cluster 13); Brownsville/Coral Gables/Coconut Grove (Cluster 5); and Hialeah/Miami Lakes (Cluster 9). Furthermore, close to 75% of zip codes that fall within clusters 1, 5, 9, and 13 exhibited a health equity rank of 4 or higher—an indication of high socioeconomic need. It is important to note that approximately 27% of residents in Cluster 9 are 60 years of age and older, higher than the countywide rate of 21.9%<sup>3</sup>. Table 2.5 below depicts the percentage of residents 60 years of age and older who reside in the top four clusters with the highest socioeconomic need (of note, the percentages highlighted in the table are relative to the overall population of each specific geographic area).

Table 2.5—Residents 60 Years of Age and Older by Cluster of Residence

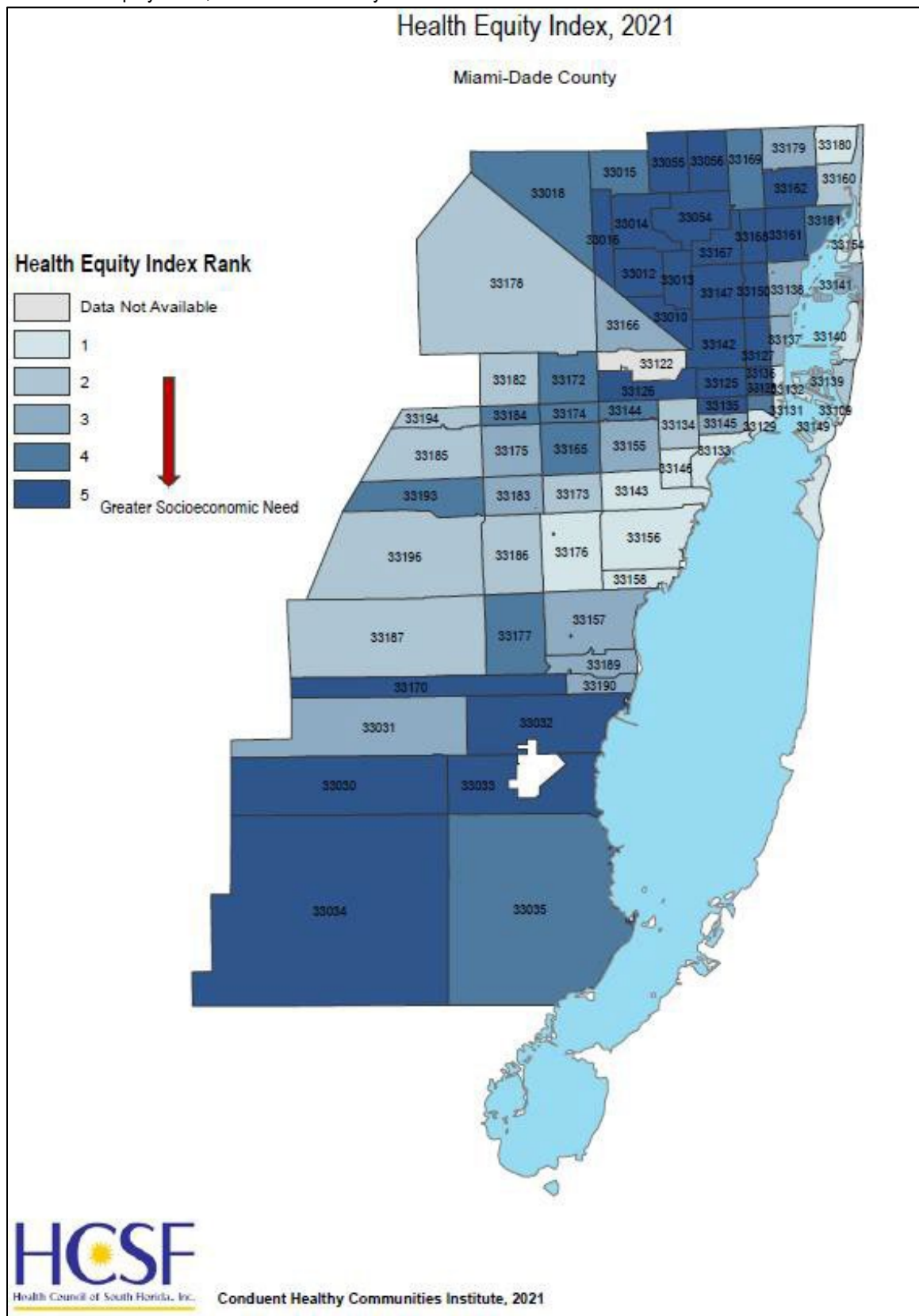
Geography	Community	Total 60+ Pop	Total Population	% of Total Population
Cluster 1	South Dade/Homestead	36,950	262,534	14.1%
Cluster 5	Brownsville/Coral Gables/Coconut Grove	49,990	208,788	23.9%
Cluster 9	Hialeah/Miami Lakes	61,473	230,956	26.6%
Cluster 13	Downtown/E. Little Havana/Liberty City/Little Haiti/Overtown	20,881	104,334	20.0%
Miami-Dade County		590,253	2,701,301	21.9%

Source: U.S. Census, American Community Survey, 2021 Population Estimates, Table DP05

<sup>2</sup> Health Equity Index. Miami Matters. [Data Platform]. [Cited 2023 Sept 21]. Available from <https://www.miamidadematters.org/indexsuite/index/healthequity?localeType=3&parentLocale=414>

<sup>3</sup> U.S. Census Bureau, American Community Survey, Table DP05. [Data Platform]. [Cited 2023 Oct 23]. Retrieved from [https://data.census.gov/table?q=older+adults&g=040XX00US12\\_050XX00US12086,12087&tid=ACST5Y2021.S0102](https://data.census.gov/table?q=older+adults&g=040XX00US12_050XX00US12086,12087&tid=ACST5Y2021.S0102)

Map 2.1—Health Equity Rank, Miami-Dade County



### III. Methodology

The HCSF utilized a mixed-methods approach to conducting the community needs assessment. The timeline of the project was between November 2022 and August 2023. The initial focus of the project focused on literature review, community survey and stakeholder interview guide development and stakeholder interview recruitment. The next phase of the project focused on survey distribution and hosting focus group and community listening sessions. The final phase primarily directed all efforts to continued survey distribution and data collection in preparation for the data analysis and interpretation.

#### **Literature Review**

As a best practice system, the HCSF reviewed past local needs assessments and other nationally recognized older adult surveys. A complete review of literature comprised of the 2022 Area Plan on Aging, 2020 Alliance for Aging Program Summary, 2019 Alliance for Aging Needs Assessment, and the Community Assessment Survey for Older Adults that is administered by the National Research Center, Inc (NRC). These documents aided in the development of the needs assessment survey, stakeholder interview guide, focus group moderator guide and the overall needs assessment report. The HCSF also conducted a brief preliminary SWOT (strengths, weaknesses, opportunities, and threats) analysis of the current Area Agency for PSA 11 in order to better understand the current state of the Alliance and its service practices.

#### **Survey Development and Distribution**

A comprehensive needs assessment survey was developed to incorporate questions capturing resident demographics and to include questions related to the life of older adults incorporating the AARP domains of livability. The survey was administered between March 1 – September 8<sup>th</sup>, 2023. There was a total of 35 questions in the survey to complete. The HCSF utilized hard copy surveys and online surveys to capture responses. The survey was offered in English, Spanish, and Haitian Creole so that clients could choose their preferred language. Various locations in Miami-Dade and Monroe County were selected to distribute the survey and promote participation. The sample size for this project was 385. A total of 235 surveys were completed and recorded for the report data analysis.

#### **Stakeholder Interview**

The Alliance was instrumental in supporting the recruitment of local organizational leadership for the stakeholder interviews. It was important to include entities from different backgrounds to limit the potential bias and favorability towards one type of organization. Organizations were identified in several areas of the community including government, social services, non-profit groups, and assisted living facilities. A key informant was identified from each organization to participate in a virtual interview. HCSF prepared personalized invitations and sent them directly to their email. For participants who wanted to participate and were unable to attend the live virtual interview an online interview form was created for key informants to submit their responses to the open-ended questions. A total of 16 stakeholders were interviewed (10 virtual interviews and 6 interview guide submissions). Videos were recorded for transcription purposes.



## Focus Group and Community Listening Sessions

During the COVID-19 pandemic, FDOH-Miami-Dade identified eight clusters that represent 38 zip codes of Miami-Dade County determined to be at high risk of health disparities associated with COVID-19 infection and suffer poor outcomes related to the social determinants of health. During the planning phase of the focus group facilitation process, which involved the development of the questionnaire tool and selection of the geographical areas where these sessions would be held, the HCSF planning team assessed that it would be important to concentrate in the eight clusters selected to carry out the focus group sessions; this approach would align with countywide efforts to assess health disparities as well as to fully understand the needs of residents in the County. It was also important to facilitate the focus groups and listening sessions with individuals who identified with a specific racial or ethnic group or nationality; as well as by individuals who have a sexual orientation and gender identity. Focus groups were recorded for transcription purposes.

## Limitations and Challenges

It is important that we highlight the limitations and challenges in the process of preparing for this needs assessment. These points should be considered when conducting future projects.

- Survey Participation
  - o Survey participation rates were lower compared to the sample size goal.
  - o There were difficulties in reaching certain demographic communities in PSA 11
  - o Online participation limited for older adults
  - o Instead of an electronic link/QR code, due to lack of access to computers or ability to navigate technology by seniors, a preference to have a hard copy survey issued or mail to respondents
- Survey Launch & Implementation
  - o Protracted timeline to launch survey (several delays due to modifications being done to the survey)
  - o Based on beta testing of survey, several tweaks and adjustments were made to shorten survey and maintain the flow of an electronic survey
  - o Once launched, community feedback was the length (too many questions) and time (more than 15 minutes) it took to complete the survey tool
- Recruitment for Community Participants
  - o Recruiting community members to take part in the focus groups and community listening sessions was a challenge especially for the older adult population
  - o Immigration issues (HB 1718) impact and reluctance of potential participants and venues a little nervous about convening
- Focus Group/ Community Listening Sessions:
  - o Competing priorities, with sites being used for summer programming and other services, making some spaces unavailable
  - o Additionally, with many agencies downsizing during the pandemic, space and funding were issues

Based on the population distribution of the eight clusters of Miami-Dade County, as discussed earlier, as well on the population size of Monroe County, the HCSF planning team determined that 385 surveys (i.e.,

sample size of 385 with 95% confidence level) would needed be collected in order to have a representative sample of both counties. As of September 8, 2023, the survey was closed, and residents no longer had the option to complete the survey online. As of this date, 235 completed surveys were collected by the HCSF, which is substantially lower than the desired sample size of 385. However, after discussions with the data analysis team, the HCSF felt there was still a good number of surveys completed to conduct sound analysis of the data collected without jeopardizing the integrity of the data analytical process. Due to the smaller number of surveys collected than the original desired sample size, it is important to highlight the following limitations of the data analysis process:

- Variability
  - Associated with the standard deviation (SD) and it highlights how far the true results of the survey might be from the results of the sample that was collected
- Predictive Power
  - As sample size decreases, so does predictive power or the ability to make reasonable assumptions of the target population, thus affects precision and interpretation
- Non-Response Bias
  - Meaning that residents do not get the opportunity to participate I the survey, thus contributing to overall results of the data collected

Due to these limitations, the HCSF recommends for the next assessment to conduct a pre-survey key informant or focus group session to assess this information from a qualitative lens that would help to understand the most effective way to increase survey participation and completeness. Potential themes of these discussions may include qualities of the target population (age, gender, race, ethnicity, language); appropriate venue to distribute the surveys in addition to providing the survey electronically; and appropriate length of the survey.

Although these challenges and limitations were present, the information captured for the project allowed for significant analysis of the data and its findings.

## IV. Key Informant Interviews

### **Interview Design**

The key stakeholder interviews were conducted to obtain input from individuals and organizations in the community to ensure that the Area Plan models being developed accurately reflected the communities of Miami-Dade and Monroe counties. To develop the interview, guide the Health Council leveraged past community assessment surveys for older adults including surveys developed by the AARP and the National Research Center, Inc. (NRC). Topics were compiled to understand the overall thoughts and opinions of the current landscape for older adults in PSA 11 and opted for insight in the organizations' ability to fulfill the needs of the older community. The open-ended questions were developed to ensure that the AARP Livable Domains were highlighted, which include Housing, Outdoor Spaces and Buildings, Transportation, Social Participation, Respect and Social Inclusion, Work and Civic Engagement, Community and Health Services, and Communication and Information. With continued focus on evaluating a community that is often impacted by natural disasters such as hurricanes and given the worldwide impact of the COVID-19 pandemic, an additional domain was added: Disaster Preparedness. Upon final development of the interview guide, the Alliance provided their reviews and comments, which guided revisions to include the recommended changes.

### **Interview Procedures**

Key informants were sampled from some of the top organizations that provide services to the community. The represented organizations included the following: county government leaders; social services and health services organization; non-clinical community-based organizations, home-based organizations providing services focused on home care, companionship, and meals; assisted-living facilities; and advocacy organizations. A personalized email invitation to participate as a key informant for the community needs assessment was sent directly to each person. Interviews were scheduled with the stakeholders between December 2022 and February 2023. Interviews were conducted virtually by the HCSF team and recorded for transcription and reporting purposes. Individuals who were unable to schedule a one-on-one interview were provided with an electronic interview form with questions from our interview guide. This form allowed people to input their responses to a secure platform for review and inclusion in the report. A total of 16 stakeholders were interviewed (10 virtual interviews and 6 interview guide submissions).

### **Thematic Analysis of Interviews**

The themes that emerged from our stakeholder interviews will be summarized to highlight the most common responses for the open-ended questions related to aging in place, the underserved elderly population, and organization outlook. Many of the stakeholder responses are interconnected throughout the interview, therefore there may be recurring points for the interview questions. Responses for the 9 livable domains will be presented in a table-based, bulleted format to include all responses to the issue. This is to ensure that all suggestions and recommendations are considered for the area plan model development. The *Summary of Findings* section of the report will condense these themes and include any related outcomes from the qualitative and quantitative data analysis. Additionally, please note that some questions were not answered by participants.

## Stakeholder Conclusions

One of the reasons it is so important to gain insight from key informants who work with and for older adults in the community is due to their involvement in the decision-making process at a higher level. These individuals know what is going on in the communities they serve and can function as advocates of change for their residents. Interviewing experts in the field of aging helped with a better understanding of the present makeup of the older adult population and those involved in their care. For this needs assessment it was imperative that voices from leadership in the community were heard.

The most common theme which emerged from the key informant interviews was the topic of community. From the initial question about aging in place to the final question on suggestions of resources for older adults, community was linked through each. When defined, community meant connection and familiarity. Several stakeholders mentioned that with the aftermath of the COVID-19 pandemic, closeness was important to the older adult population. When the topic of aging in place was discussed, the ability of older adults to have the choice and independence to age in their homes and within their communities was the highlight of stakeholder responses. However, housing costs, access to programs and safety were the top concerns listed as difficulties to make aging in place possible. In addition to not being able to access programs, the lack of knowledge by older adults as to the types of resources available was another theme that was discussed.

Due to the complexity of care coordination systems, older adults are faced with extended wait periods and potential delays in care. A frequent suggestion made was to develop a streamlined system to connect services to prevent these delays and limit frustration experienced by the older adult community. Stakeholders all agreed that isolation was a major challenge for older adults during the pandemic. The inability to serve their clients in a traditional manner and the lack of regular community connection, whether through in-person meetings or congregate meal sites, posed a major threat to the safety and well-being of older adults. Stakeholders also mention that stereotypes and biases were presented as many older adults had to learn how to be technologically savvy to stay connected with their community.

The following section has the individual sections of the key stakeholder interview and the responses for each question. The interview was divided into 3 sections: (1) Aging in Place in Miami-Dade and Monroe County, (2) Underserved Elders, and (3) Organizational Outlook.

### Aging in Place in Miami-Dade and Monroe County

#### ***1. What does the phrase: “aging in place” mean to you?***

**Choice & Independence:** The majority of the stakeholders agreed that this phrase meant two crucial things:

- Remaining in your home of choice and having a sense of independence; ‘having a sense of self’.
- Being able to age in your home without needing to leave due to lack of access to resources or support was the most important factor related to aging in place.

- Being able to age with ‘dignity’ and a ‘high quality of life’.

**Community:**

- Being able to access support from social services as well as other older adults was also supportive to aging in place.

**2. What are the strengths or positive aspects about aging in place in Miami-Dade County?**

**Familiarity & Diversity:**

- Many cultures are familiar with caregiving for their older adult relatives.
- Caregivers are an important aspect in the aging process.

**Programs & Services Offered:** Many stakeholders highlighted the vast number of programs and services available and offered to the older adults in the community.

**3. What are the strengths or positive aspects about aging in place in Monroe County?**

**Community:**

- A tightknit community was the main feature for Monroe County.
- Grassroots organizations enhance community connections.
- Safety due to the closeness among residents.

**4. What makes it difficult to age in place in Miami-Dade County?**

**Housing Costs:**

- Scarcity of affordable homes
- Rise in homelessness within Miami-Dade County.

**Safety:**

- Building structures and locations may be unsafe for older adults because of little to no wheelchair accessibility, stairs only buildings and homes near the water.
- Home maintenance and completing daily activities of living may be difficult for older adults with limitations and can be harmful to their overall well-being.

**Program Access:**

- Streamline of services to offer the older adult community.
- Support in understanding of programs and what is available.
- The need to develop a care coordination system to ensure that older adults aren’t lost in the system.
- Difficulty in accessing older adults who may not be in common locations, for example in Homestead. This is especially common for vulnerable populations.
- Limited transportation options, particularly for those who are unable to access certain programs and services, can cause difficulties as well.

**5. What makes it difficult to age in place in Monroe County?**

**Housing Costs:**

- Cost of living

- Unable to repair their homes due to hurricanes

**Lack of Social Programs:**

- No local senior center sponsored by the county in the Upper Keys location
- Many older adults may be left isolated without connection.

**Transportation:**

- Many older residents are unable to travel freely to other cities.
- When there is a need for certain medical services, many older adults must find transportation or are faced with poor health outcomes as a result.

***6. What is one major challenge that your specific client population face when they receive services?***

**Knowledge of Resources:**

- Older adults need to know where to go for resources and how to access them. There is a lack of understanding of these resources.
- Client population have difficulty receiving services due to disconnected resources and service processes.

**Accessing Services:**

- Accessing locations for “place-based” services poses a major challenge
- Vulnerable populations, such as the LGBT community and homeless older adults, are often isolated and unaware of services that are available to them.

***7. What challenge(s) increased the most or were NEW during the COVID-19 pandemic for our elder community members?***

**Isolation & Mental Health:**

- Navigating unique ways to provide services while still ensuring the safety of their clients was a top priority
- Important for stakeholder organizations that hosted in- person programming to create ways to stay connected with their clients and for their clients to stay connected with each other.
- Depression also increased for many older adults due to isolation and, at times, the loss of a loved one.

**Service Process Shifted:**

- Learning how to deliver services in a socially distant environment was another challenge. Several stakeholders mentioned this issue.
- The continued increase in the older adult population in Miami-Dade County which also increased the demand for services.
- Staffing became a challenge due to changes in the availability of personnel to serve clients.

## Underserved Elders

### **8. What elder populations do you think are most underserved in this community?**

Stakeholders responded with the following populations. The populations are listed based on the frequency in which they were mentioned during the interview. The populations that were mentioned the most were:

- African Americans
- Haitians/Haitian Americans
- Immigrant Communities
- Persons with Disabilities
- Low-Income Residents
- Isolated/Homebound Elders
- Persons with Alzheimer's/Dementia
- Limited English Speakers
- LGBT Elders
- Asian Americans

### **9. What are the unmet needs of the populations you mentioned?**

In addition to the unmet needs identified by stakeholders in the previous questions (transportation, affordable housing support, access to programming), stakeholders highlighted additional needs for the specific populations mentioned. These include the following:

- Clear communication of resources available to them
- The need to feel safe when receiving services
- Receiving health literate and culturally sensitive care and services
- Supporting caregivers in a culturally appropriate way

### **10. What are the main barriers experienced by underserved older adults who receive or access the services they need?**

Again, stakeholders referenced earlier points related to the barriers older adults encounter when receiving services, however specifically for the aforementioned groups there were several additional barriers discussed. These include technology, language and waiting periods for services.

**Technology:** Many older adults who are not as technologically savvy may find it difficult to navigate online systems and paperwork required for delivery of services.

**Language:** Language was important since several groups may be from different countries, therefore communication could be difficult when providing services.

- There may be a lack of cultural connection and identity to best communicate their needs.

**Wait Periods:** Often when there are communities who are underserved, longer wait

periods happen due to a lack of understanding or visibility of a particular group.

- Stakeholders stress the need for collaboration among agencies to provide proper services in a timely fashion.

***11. Based on feedback received from older adults, does the topic of respect and inclusion arise when providing services to this population? If so, could you please elaborate?***

**Stereotypes:** Older adults may be fearful when receiving healthcare services due to a history of mistrust or how they will be perceived by family or friends based on their sexual orientation.

## Organization Outlook

***12. How does your organization learn about the barriers and needs experienced by the population you serve?***

**Direct Contact:** The most common way of learning about their clients is through direct communication when services are being requested or provided. Clients most often call stakeholder organizations directly to communicate their needs.

***13. What are the challenges for your organization when providing services? (Staffing, client location, funding capacity, etc.)?***

**Funding:** Each stakeholder discussed the limits in funding availability when providing services.

- Resources were drained faster than anticipated. Organizations had limited resources to support the demand of their clients and support potential new ones.
- For those stakeholders who oversee non-profits and operate based on donations, the delivery of services is also limited based on the economic circumstances of their residents.

**Staffing:**

- Pay grade for the job is often a common reason why finding staff can be difficult. There was no specific salary range mentioned.

***14. During the pandemic, what changes were made in your organization to continue managing your clients and providing services? Do you currently still provide these alternatives? Why or why not?***

- **Technology – Phones & Virtual:** Many stakeholders described their focus to investing in technology and utilizing these methods to shift services. These shifts in services included virtual support group meetings and phone or video for at-risk fall hazards.
- **In-home deliveries:** There was also a need for in-home delivery of food since



congregate meal sites were closed. During this time medications and the need to get vaccinated also shifted to in-home delivery.

***15. What additional programs or resources do you believe are needed by elders within the community, if any?***

The final question provided multiple responses to which stakeholders stated the following:

- In Monroe County, the following resources were identified:
  - Expansion of local health services and include an increase in dental care services.
  - Creation of a government-based Senior Center to encourage older adult community building and participation.
  - The need to identify additional service providers in the county.
- The following resources were listed for both Miami-Dade and Monroe Counties:
  - Increase in mental health resources for the older adult community.
  - Increase in case management or program coordination for persons who have no family or support to navigate the system
  - The development of caregiver programs and services to address caregiver burden and provide financial support

## Domains of Livability: Age-Friendly Recommendations

The AARP's 8 domains of livability were included as individual categories in our interview guide to gain insight and recommendations specifically from key stakeholders on how to enrich age-friendly living in Miami-Dade and Monroe Counties. Most of the responses were applicable to Miami-Dade and Monroe County. For goals specific to our community, an additional 9<sup>th</sup> domain was added. With a focus on the effects of COVID-19 and older populations, the question focused on the stakeholders' strategies and recommendations to continue the improvement of age-friendly living in these specific domains. In the table below, key informants answered the following question:

***When you think about the COVID-19 pandemic and your experience, in what specific ways can Miami-Dade/Monroe County be more age-friendly in the following areas?***

### Transportation

- Provide door-to-door transportation services
- Develop age-friendly Uber-like ride share service for ride scheduling and at a free/low cost for elders
- Develop specific transport opportunities to social activities specifically for community events
- Extend senior ridership network: Increase trips to out of County locations for older adults unable to travel themselves [Monroe County specific answer]

### Housing

- Fixed cost of rent for older adults and their living spaces
- Ensure safety regulations of housing locations
- Subsidize housing costs to offset increase in house pricing
- Transition housing vouchers for rental assistance
- Expand housing assistance requirements to include low-income older adults

### Outdoor Spaces and Buildings

- Encourage adherence to ADA regulations for buildings and park spaces
- Include meal spaces for wheelchair accessibility
- Determine walkability index of sidewalks, roads, etc.

### Social Participation

- Provide day trips to theatres/museums and assist with entrance fees
- Plan local events and activities specifically geared toward older adults
- Create a central directory of events for older adults in the community
- Provide access to tablets or devices and include training and the availability for online classes/activities
- Incorporate social events and programming at congregate meal sites

## Respect and Social Inclusion

- Incorporate training for staff to interact with non-English speaking persons.
- Include elders in activities even if it is hosted virtually
- Encourage patient-directed care {client-directed care would be used in the Alliance domain}
- Develop a social media campaign against ageism

## Communication and Information

- Be aware of the type of media needed to keep older persons informed appropriately for resources. Not a one-size-fits-all method.
- Subsidize free internet for elders
- Seek collaborative opportunities with other providers and organizations in the community to promote services

## Work and Civic Engagement

- Further the similar efforts attempted by AARP
- Create opportunities for volunteering and civic engagement with local nonprofits and organizations. Advertising the opportunities available to the older adult's community.
- Provide adequate work or skills training to shoe a more competitive resume when applying for employment

## Community and Health Services

- Develop and encourage peer volunteer programs for older adults to support each other.
- Coordinate a group of volunteers to visit older adults and provide them with treats, gifts, etc.
- Support older adults with completing electronic forms using tablets, kiosks, cellphones, etc.

## Disaster Preparedness

- Develop an educational campaign on hurricane disasters
- Partner with peer volunteer programs to support older adults during these times to encourage action and preparedness.
- Encourage grassroots participation post-disaster event to support older adults
- Grow efforts of communication and education of what to do and where to go.

# V. Community Assessment Survey Results: Quantitative Analysis

## Survey Results

A total of 235 respondents completed surveys that included items on demographics, caregiving, transportation, community services, and other important topics. These surveys were offered in English (174 respondents), Spanish (56 respondents), and Haitian Creole (5 respondents). Of these 235 respondents, 156 (66.4%) were at least 60 years old, and 78 (33.2%) were younger than 60 years of age. All survey results are displayed in the tables below. Results are shown for the overall sample, for participants younger than 60 years old, and for participants 60 years of age and older. (Note: One participant did not disclose their age; thus, their information has been omitted from the age-related frequencies presented in this section.)

### I. Demographics

Table 5.1: Which of the Following Best Describes You? (Select all that apply)\*

Category	Count	Percent of Entire Sample (N=235)
An older adult (60+ years old)	148	63.4%
Adult (under 60 years old)	54	23.0%
An individual with a disability	19	8.1%
A caregiver	30	12.8%
A relative or friend of an elder who needs care	26	11.1%
I work as a provider of services to older persons	26	11.1%
Other (please specify)**	4	1.7%

\*Note: Total percentages in this column may exceed 100% because participants could select more than one option. \*\*Note: "Other" responses were as follows: 1) Physician, 2) case manager, 3) researcher of brain health with a large "older adult" population", and 4) someone in need of help with cleaning and safety issues around their home.

Table 5.2: County of Residence

County	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)**	Count	Percent of Subsample (N=156)
Miami-Dade	185	78.7%	63	80.8%	121	77.6%
Monroe	42	17.9%	11	14.1%	31	19.9%
Other (please specify)	8*	3.4%	4	5.1%	4	2.6%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

\*Note: "Other" counties specified were as follows: Broward (5 participants), Leon (1), Macon (1), and Seminole (1).

Table 5.3: 5-Digit ZIP Code

ZIP Code	Count	Percent of Entire Sample (N=235)
28734	1	0.43%
32312	1	0.43%
32707	1	0.43%
33012	3	1.28%
33014	1	0.43%
33015	4	1.70%
33016	3	1.28%
33023	2	0.85%
33028	1	0.43%
33030	2	0.85%
33032	1	0.43%
33033	2	0.85%
33034	1	0.43%
33036	6	2.55%
33037	22	9.36%
33040	2	0.85%
33056	1	0.43%
33065	1	0.43%
33070	11	4.68%
33126	3	1.28%
33127	7	2.98%
33130	2	0.85%
33132	1	0.43%
33133	5	2.13%
33134	2	0.85%
33136	1	0.43%
33137	2	0.85%
33138	7	2.98%
33139	4	1.70%
33140	2	0.85%
33141	14	5.96%
33142	10	4.26%
33143	2	0.85%
33144	2	0.85%
33145	1	0.43%
33146	1	0.43%
33147	2	0.85%
33149	1	0.43%
33150	3	1.28%
33154	1	0.43%
33155	4	1.70%
33156	2	0.85%

33157	3	1.28%
33158	1	0.43%
33160	1	0.43%
33161	1	0.43%
33162	5	2.13%
33165	3	1.28%
33166	7	2.98%
33167	1	0.43%
33168	1	0.43%
33169	3	1.28%
33170	2	0.85%
33172	2	0.85%
33173	2	0.85%
33174	2	0.85%
33175	5	2.13%
33176	6	2.55%
33177	5	2.13%
33179	4	1.70%
33180	2	0.85%
33183	2	0.85%
33184	1	0.43%
33185	4	1.70%
33186	4	1.70%
33187	3	1.28%
33189	2	0.85%
33193	3	1.28%
33194	2	0.85%
33196	7	2.98%
33244	1	0.43%
33326	1	0.43%
33331	1	0.43%
33351	1	0.43%
No ZIP code provided	2	0.85%
<b>Total</b>	<b>235</b>	<b>100.0%</b>

Table 5.4: Race

Race	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Black	44	18.7%	6	7.7%	38	24.4%
White	161	68.5%	60	76.9%	100	64.1%
Asian	6	2.6%	2	2.6%	4	2.6%
American Indian/Alaskan Native	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian/Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%
Two or more races	7	3.0%	3	3.8%	4	2.6%
Other (please specify)*	3	1.3%	2	2.6%	1	0.6%
I prefer not to say	14	6.0%	5	6.4%	9	5.8%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

\*Note: "Other" responses were specified as follows: Hispanic (3).

Table 5.5: Ethnicity

Ethnicity	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Hispanic or Latino/a	123	52.3%	51	65.4%	71	45.5%
Non-Hispanic	75	31.9%	21	26.9%	54	34.6%
Haitian	13	5.5%	2	2.6%	11	7.1%
Two or more ethnicities	8	3.4%	2	2.6%	6	3.8%
Other (please specify)*	7	3.0%	1	1.3%	6	3.8%
I prefer not to say	9	3.8%	1	1.3%	8	5.1%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

\*Note: "Other" responses were specified as follows: Jewish (2), Chinese (2), Black (1), Canadian (1), and Irish- American (1).

Table 5.6: Gender

Gender	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Male	41	17.4%	10	12.8%	31	19.9%
Female	193	82.1%	67	85.9%	125	80.1%
Non-binary	0	0.0%	0	0.0%	0	0.0%
Transgender	0	0.0%	0	0.0%	0	0.0%
Other (please specify)	0	0.0%	0	0.0%	0	0.0%
I prefer not to say	1	0.4%	1	1.3%	0	0.0%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 5.7: Age

Age	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Under 45 years	27	11.5%	27	34.6%	0	0.0%
45 to 59 years	51	21.7%	51	65.4%	0	0.0%
60 to 64 years	38	16.2%	0	0.0%	38	24.4%
65 to 69 years	31	13.2%	0	0.0%	31	19.9%
70 to 74 years	36	15.3%	0	0.0%	36	23.1%
75 to 79 years	23	9.8%	0	0.0%	23	14.7%
80 to 84 years	13	5.5%	0	0.0%	13	8.3%
85 to 89 years	11	4.7%	0	0.0%	11	7.1%
90 years and over	2	0.9%	0	0.0%	2	1.3%
I prefer not to say	3	1.3%	0	0.0%	2	1.3%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>



Table 5.8: Marital Status

Marital Status	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Never married	33	14.0%	15	19.2%	18	11.5%
Married	95	40.4%	36	46.2%	59	37.8%
Widowed	38	16.2%	2	2.6%	36	23.1%
Divorced or separated	61	26.0%	21	26.9%	40	25.6%
I prefer not to say	8	3.4%	4	5.1%	3	1.9%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 5.9: Total Household Income (Before Taxes) for the Current Year

Household Income	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Less than \$15,000	30	12.8%	6	7.7%	24	15.4%
\$15,000 to \$24,999	33	14.0%	8	10.3%	25	16.0%
\$25,000 to \$49,999	44	18.7%	13	16.7%	31	19.9%
\$50,000 to \$74,999	29	12.3%	13	16.7%	16	10.3%
\$75,000 to \$99,999	23	9.8%	12	15.4%	11	7.1%
\$100,000 or more	27	11.5%	15	19.2%	12	7.7%
I prefer not to say	49	20.9%	11	14.1%	37	23.7%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 5.10: Sexual Orientation

Sexual Orientation	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Heterosexual or straight	201	85.5%	72	92.3%	128	82.1%
Gay or lesbian	4	1.7%	0	0.0%	4	2.6%
Bisexual	1	0.4%	1	1.3%	0	0.0%
Other (please specify)*	0	0.0%	1	1.3%	0	0.0%
I prefer not to say	29	12.3%	4	5.1%	24	15.4%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 5.11: Highest Level of Education Completed

Level of Education	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
No diploma	13	5.5%	0	0.0%	13	8.3%
High school diploma or GED	38	16.2%	8	10.3%	30	19.2%
Some college	45	19.1%	11	14.1%	34	21.8%
Associate degree	25	10.6%	12	15.4%	13	8.3%
Bachelor's degree	32	13.6%	15	19.2%	17	10.9%
Graduate or professional degree	76	32.3%	30	38.5%	45	28.8%
I prefer not to answer	6	2.6%	2	2.6%	4	2.6%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 5.12: Have you ever served on active duty in the United States Armed Forces, either in the regular military, National Guard or in a military reserve unit?

Military Service	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Yes	5	2.1%	1	1.3%	4	2.6%
No	222	94.5%	74	94.9%	148	94.9%
I prefer not to say	8	3.4%	3	3.8%	4	2.6%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 5.13: Type of Health Insurance Coverage (Select all that apply)\*

Health Insurance Type	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Employer-based	87	37.0%	57	73.1%	29	18.6%
Medicare	111	47.2%	4	5.1%	107	68.6%
Medicaid	37	15.7%	7	9.0%	30	19.2%
Veteran's Health Administration	7	3.0%	1	1.3%	6	3.8%
I do not have health insurance	8	3.4%	4	5.1%	4	2.6%
Other (please specify)	26**	11.1%	6	7.7%	20	12.8%
No response provided	2	0.9%	0	0.0%	1	0.6%

\*Note: Total percentages in columns may exceed 100% because participants could select more than one option.

\*\*Note: "Other" responses were specified as follows: Affordable Care Act (7), private (6), Florida Blue (2), Blue Cross (2), BCBS PPO (1), Simply Health (1), Individual (1), Dental (1), purchased/personal insurance plan (1), clinic (1), Champ VA (1), and United Health (1).

Table 5.14: Primary Language Spoken in Household

Primary Language	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
English	137	58.3%	46	59.0%	90	57.7%
Spanish	81	34.5%	29	37.2%	52	33.3%
Haitian-Creole	12	5.1%	1	1.3%	11	7.1%
Other (please specify)*	5*	2.1%	2	2.6%	3	1.9%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

\*Note: "Other" responses were specified as follows: Chinese (1), Spanglish (1), English and Spanish (1), Urdu (1), and Kanjober (1).

## II. Caregiving

Table 5.15: Who do you provide for as a caregiver? (Select all that apply)\*

Recipient of Caregiving	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=79)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=35)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=44)
Parent(s)	31	13.2%	39.2%	15	19.2%	42.9%	16	10.3%	36.4%
Spouse/partner	19	8.1%	24.1%	1	1.3%	2.9%	18	11.5%	40.9%
Child(ren)	16	6.8%	20.3%	10	12.8%	28.6%	6	3.8%	13.6%
Grandchild(ren)	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
Other family member(s)	13	5.5%	16.5%	7	9.0%	20.0%	6	3.8%	13.6%
Friend/neighbor/as sociate	8	3.4%	10.1%	3	3.8%	8.6%	5	3.2%	11.4%
I work as a paid caregiver	5	2.1%	6.3%	4	5.1%	11.4%	1	0.6%	2.3%
I volunteer as an unpaid caregiver	2	0.9%	2.5%	1	1.3%	2.9%	1	0.6%	2.3%
Other (please specify)**	1	1.3%	1.3%	0	0.0%	0.0%	1	1.9%	2.3%
No response provided	156	66.4%	N/A	43	55.1%	N/A	112	71.8%	N/A

\*Note: Total percentages in columns may exceed 100% because participants could select more than one option. \*\*Note: The "other" response was specified as follows: "All adults over 18" (1).

Table 5.16: How old are the persons for whom you provide care? (Select all that apply)\*

Age Range	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=80)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=35)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=44)
0-18 years old	15	6.4%	18.8%	11	14.1%	31.4%	4	2.6%	9.1%
19-44 years old	11	4.7%	13.8%	5	6.4%	14.3%	6	3.8%	13.6%
45-59 years old	8	3.4%	10.0%	3	3.8%	8.6%	5	3.2%	11.4%
60+ years old	65	27.7%	81.3%	25	32.1%	71.4%	39	25.0%	88.6%
No response provided	155	66.0%	N/A	43	55.1%	N/A	112	71.8%	N/A

\*Note: Total percentages in columns may exceed 100% because participants could select more than one option.

Table 5.17: Do you have enough help with your caregiving responsibilities?

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=82)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=36)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=45)
Yes	28	11.9%	34.1%	13	16.7%	36.1%	15	9.6%	33.3%
No	39	16.6%	47.6%	12	15.4%	33.3%	26	16.7%	57.8%
Sometimes	15	6.4%	18.3%	11	14.1%	30.6%	4	2.6%	8.9%
No response provided	153	65.1%	N/A	42	53.8%	N/A	111	71.2%	N/A
<b>Total</b>	235	100.0%	100.0%	78	100.0%	100.0%	156	100.0%	100.0%

Table 5.18: What type of help do you need most with your caregiving responsibilities? (Please select 3)\*

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=83)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=36)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=46)
Transportation	23	9.8%	27.7%	11	14.1%	42.3%	12	7.7%	26.1%
Financial assistance	30	12.8%	36.1%	17	21.8%	65.4%	12	7.7%	26.1%
Emotional/mental support	29	12.3%	34.9%	13	16.7%	50.0%	15	9.6%	32.6%
Someone to provide care so I can have a break	24	10.2%	28.9%	12	15.4%	46.2%	11	7.1%	23.9%
Support in household work (chores, maintenance, etc.)	36	15.3%	43.4%	16	20.5%	61.5%	19	12.2%	41.3%
Home health and/or medical support	14	6.0%	16.9%	5	6.4%	19.2%	8	5.1%	17.4%
Caregiver skills training	10	4.3%	12.0%	5	6.4%	19.2%	5	3.2%	10.9%
Information about resources	22	9.4%	26.5%	9	11.5%	34.6%	12	7.7%	26.1%
I do not need any help	14	6.0%	16.9%	6	7.7%	23.1%	8	5.1%	17.4%
Other (please specify)**	5	2.1%	6.0%	2	2.6%	7.7%	3	1.9%	6.5%
No response provided	152	64.7%	N/A	42	53.8%	N/A	110	70.5%	N/A

\*Note: Total percentages in columns may exceed 100% because participants could select more than one option.

\*\*Note: "Other" responses were specified as follows: "Activities" (1), computer skills (1), "someone to provide care while I'm at work" (1), "it depends on the situation" (1), and "have full staff" (1).

### III. Employment

Table 5.19: Current Employment Status\*

Current Employment Status	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=185)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=56)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=129)
Employed, working full-time	69	29.4%	37.3%	42	53.8%	75.0%	27	17.3%	20.9%
Employed, working part-time	9	3.8%	4.9%	3	3.8%	5.4%	6	3.8%	4.7%
Not employed, looking for work	10	4.3%	5.4%	4	5.1%	7.1%	6	3.8%	4.7%
Not employed, NOT looking for work	10	4.3%	5.4%	0	0.0%	0.0%	10	6.4%	7.8%
Self-employed	7	3.0%	3.8%	3	3.8%	5.4%	4	2.6%	3.1%
Homemaker	3	1.3%	1.6%	2	2.6%	3.6%	1	0.6%	0.8%
Retired	74	31.5%	40.0%	2	2.6%	3.6%	72	46.2%	55.8%
Disabled, not able to work	13	5.5%	7.0%	3	3.8%	5.4%	10	6.4%	7.8%
Other (please specify)**	4	1.7%	2.2%	1	1.3%	1.8%	3	1.9%	2.3%
No response provided	50	21.3%	N/A	22	28.2%	N/A	27	17.3%	N/A

\*Note: Total percentages in columns may exceed 100% because some participants selected more than one option.

\*\*Note: "Other" responses were specified as follows: Volunteer (1), ready to retire (1), "disability and working approved by SSA" (1), and "2 side jobs" (1).

#### IV. Housing

Table 5.20: Which of the following types of homes best describes your current living situation?

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=209)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=65)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=143)
Single-family home	128	54.5%	61.2%	42	53.8%	64.6%	86	55.1%	60.1%
Apartment/condominium	71	30.2%	34.0%	19	24.4%	29.2%	51	32.7%	35.7%
Mobile home	5	2.1%	2.4%	0	0.0%	0.0%	5	3.2%	3.5%
Senior housing or assisted living facility	2	0.9%	1.0%	1	1.3%	1.5%	1	0.6%	0.7%
Homeless or in-between living areas	3	1.3%	1.4%	3	3.8%	4.6%	0	0.0%	0.0%
Other (please specify)	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
No response provided	26	11.1%	N/A	13	16.7%	N/A	13	8.3%	N/A
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>	<b>100.0%</b>



Table 5.21: What is your living arrangement? (Select all that apply)\*

Living Arrangement	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=210)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=65)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=143)
Live alone	59	25.1%	28.1%	5	6.4%	7.7%	54	34.6%	37.8%
Live with my spouse/partner	84	35.7%	40.0%	29	37.2%	44.6%	55	35.3%	38.5%
Live with family members or friends	75	31.9%	35.7%	34	43.6%	52.3%	40	25.6%	28.0%
Live with a roommate/house-mate	3	1.3%	1.4%	1	1.3%	1.5%	2	1.3%	1.4%
Live in a group home/assisted living	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
Live with a paid caretaker	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
Other (please specify)	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
No response provided	26	11.1%	N/A	13	16.7%	N/A	13	8.3%	N/A

\*Note: Total percentages in columns may exceed 100% because some participants selected more than one option.

Table 5.22: Some older adults may face difficulties living independently in their home. In the recent past, how much of a problem, if at all, has each of these been for you?

**Overall Sample**

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Having housing to suit your needs	25	10.6%	26	11.1%	104	44.3%	52	22.1%	28	11.9%
Your physical health	33	14.0%	67	28.5%	69	29.4%	37	15.7%	29	12.3%
Your ability to do heavy housework	46	19.6%	54	23.0%	69	29.4%	36	15.3%	30	12.8%
Safety in your home	18	7.7%	25	10.6%	116	49.4%	45	19.1%	31	13.2%
Being able to afford housing/living costs	44	18.7%	55	23.4%	75	31.9%	35	14.9%	26	11.1%

\*Note: All percentages presented in this table are computed out of the total sample (N=235).

Table 5.23: Some older adults may face difficulties living independently in their home. In the recent past, how much of a problem, if at all, has each of these been for you?

**Participants Aged <60**

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Having housing to suit your needs	10	12.8%	9	11.5%	25	32.1%	20	25.6%	14	17.9%
Your physical health	7	9.0%	19	24.4%	23	29.5%	14	17.9%	15	19.2%
Your ability to do heavy housework	8	10.3%	14	17.9%	27	34.6%	14	17.9%	15	19.2%
Safety in your home	3	3.8%	5	6.4%	38	48.7%	17	21.8%	15	19.2%
Being able to afford housing/living costs	14	17.9%	17	21.8%	20	25.6%	14	17.9%	13	16.7%

\*Note: All percentages presented in this table are computed out of the subsample of participants <60 years old (N=78).

Table 5.24: Some older adults may face difficulties living independently in their home. In the recent past, how much of a problem, if at all, has each of these been for you?

**Participants Aged 60+**

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Having housing to suit your needs	15	9.6%	17	10.9%	79	50.6%	32	20.5%	13	8.3%
Your physical health	26	16.7%	48	30.8%	46	29.5%	23	14.7%	13	8.3%
Your ability to do heavy housework	38	24.4%	40	25.6%	42	26.9%	22	14.1%	14	9.0%
Safety in your home	15	9.6%	20	12.8%	78	50.0%	28	17.9%	15	9.6%
Being able to afford housing/living costs	30	19.2%	38	24.4%	55	35.3%	21	13.5%	12	7.7%

\*Note: All percentages presented in this table are computed out of the subsample of participants 60+ years old (N=156).

## V. Transportation

Table 5.25: Some older adults may have the following challenges when travelling to an appointment, event, or community location? In the recent past, how much of a problem, if at all, has each of these been for you?

### Overall Sample

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
I have difficulties walking	32	13.6%	27	11.5%	79	33.6%	48	20.4%	49	20.9%
I do not own or drive a car	31	13.2%	7	3.0%	55	23.4%	101	43.0%	41	17.4%
I do not have others who are able or willing to take me	19	8.1%	30	12.8%	62	26.4%	79	33.6%	45	19.1%
Lack of public transportation options	35	14.9%	22	9.4%	61	26.0%	76	32.3%	41	17.4%
Public transportation is difficult to use and/or unreliable	45	19.1%	28	11.9%	48	20.4%	75	31.9%	39	16.6%
I cannot afford transportation costs	19	8.1%	21	8.9%	61	26.0%	88	37.4%	46	19.6%

\*Note: All percentages presented in this table are computed out of the total sample (N=235).

Table 5.26: Some older adults may have the following challenges when travelling to an appointment, event, or community location? In the recent past, how much of a problem, if at all, has each of these been for you?

**Participants Aged <60**

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
I have difficulties walking	8	10.3%	5	6.4%	31	39.7%	17	21.8%	17	21.8%
I do not own or drive a car	11	14.1%	4	5.1%	19	24.4%	28	35.9%	16	20.5%
I do not have others who are able or willing to take me	5	6.4%	9	11.5%	24	30.8%	23	29.5%	17	21.8%
Lack of public transportation options	5	6.4%	9	11.5%	25	32.1%	22	28.2%	17	21.8%
Public transportation is difficult to use and/or unreliable	7	9.0%	11	14.1%	22	28.2%	22	28.2%	16	20.5%
I cannot afford transportation costs	5	6.4%	8	10.3%	22	28.2%	25	32.1%	18	23.1%

\*Note: All percentages presented in this table are computed out of the subsample of participants <60 years old (N=78).

Table 5.27: Some older adults may have the following challenges when travelling to an appointment, event, or community location? In the recent past, how much of a problem, if at all, has each of these been for you?

**Participants Aged 60+**

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
I have difficulties walking	24	15.4%	22	14.1%	48	30.8%	31	19.9%	31	19.9%
I do not own or drive a car	20	12.8%	3	1.9%	36	23.1%	73	46.8%	24	15.4%
I do not have others who are able or willing to take me	14	9.0%	21	13.5%	38	24.4%	56	35.9%	27	17.3%
Lack of public transportation options	30	19.2%	13	8.3%	36	23.1%	54	34.6%	23	14.7%
Public transportation is difficult to use and/or unreliable	38	24.4%	17	10.9%	26	16.7%	53	34.0%	22	14.1%
I cannot afford transportation costs	14	9.0%	14	9.0%	39	25.0%	63	40.4%	26	16.7%

\*Note: All percentages presented in this table are computed out of the subsample of participants 60+ years old (N=156).

## VI. Technology

Table 5.28: How comfortable do you feel using the internet for email communication or finding information?

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=207)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=64)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=143)
Very comfortable	98	41.7%	47.3%	43	55.1%	67.2%	55	35.3%	38.5%
Comfortable	35	14.9%	16.9%	12	15.4%	18.8%	23	14.7%	16.1%
Somewhat comfortable	23	9.8%	11.1%	4	5.1%	6.3%	19	12.2%	13.3%
Not comfortable	41	17.4%	19.8%	5	6.4%	7.8%	36	23.1%	25.2%
I do not have a way to access the internet	7	3.0%	3.4%	0	0.0%	0.0%	7	4.5%	4.9%
Other (please specify)*	3	1.3%	1.4%	0	0.0%	0.0%	3	1.9%	2.1%
No response provided	28	11.9%	N/A	14	17.9%	N/A	13	8.3%	N/A
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>	<b>100.0%</b>

\*Note: "Other" responses were specified as follows: I do not use the internet/computers (2), "I do not speak or write much; I only speak Spanish" [translated from Spanish] (1).

## VII. Respect and Social Inclusion

Table 5.29: The following questions list several problems that older adults may or may not face. In the recent past, how much of a problem has each of the following been for you?

### Overall Sample

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Feeling lonely	31	13.2%	41	17.4%	89	37.9%	42	17.9%	32	13.6%
Feeling depressed	26	11.1%	57	24.3%	80	34.0%	39	16.6%	33	14.0%
Feeling disrespected by others	19	8.1%	28	11.9%	114	48.5%	43	18.3%	31	13.2%
Having friends or family you can rely on	17	7.2%	44	18.7%	102	43.4%	41	17.4%	31	13.2%
Being treated unfairly or discriminated against because of your race or ethnic background	17	7.2%	17	7.2%	118	50.2%	52	22.1%	31	13.2%
Being treated unfairly or discriminated against because of your age	17	7.2%	28	11.9%	111	47.2%	47	20.0%	32	13.6%

\*Note: All percentages presented in this table are computed out of the total sample (N=235).



Table 5.30: The following questions list several problems that older adults may or may not face. In the recent past, how much of a problem has each of the following been for you?

**Participants Aged <60**

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Feeling lonely	12	15.4%	15	19.2%	21	26.9%	13	16.7%	17	21.8%
Feeling depressed	12	15.4%	15	19.2%	20	25.6%	13	16.7%	18	23.1%
Feeling disrespected by others	4	5.1%	11	14.1%	32	41.0%	14	17.9%	17	21.8%
Having friends or family you can rely on	3	3.8%	18	23.1%	27	34.6%	13	16.7%	17	21.8%
Being treated unfairly or discriminated against because of your race or ethnic background	5	6.4%	7	9.0%	35	44.9%	14	17.9%	17	21.8%
Being treated unfairly or discriminated against because of your age	4	5.1%	7	9.0%	35	44.9%	14	17.9%	18	23.1%

\*Note: All percentages presented in this table are computed out of the subsample of participants <60 years old (N=78).

Table 5.31: The following questions list several problems that older adults may or may not face. In the recent past, how much of a problem has each of the following been for you?

**Participants Aged 60+**

Issue	Major Problem		Minor Problem		Not a Problem		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Feeling lonely	19	12.2%	26	16.7%	68	43.6%	29	18.6%	14	9.0%
Feeling depressed	14	9.0%	42	26.9%	60	38.5%	26	16.7%	14	9.0%
Feeling disrespected by others	15	9.6%	17	10.9%	82	52.6%	29	18.6%	13	8.3%
Having friends or family you can rely on	14	9.0%	26	16.7%	75	48.1%	28	17.9%	13	8.3%
Being treated unfairly or discriminated against because of your race or ethnic background	12	7.7%	10	6.4%	83	53.2%	38	24.4%	13	8.3%
Being treated unfairly or discriminated against because of your age	13	8.3%	21	13.5%	76	48.7%	33	21.2%	13	8.3%

\*Note: All percentages presented in this table are computed out of the subsample of participants 60+ years old (N=156).

## VIII. Outdoor Spaces and Buildings

Table 5.32: Would you rate your community as excellent, good, fair, or poor on having the following?

### Overall Sample

Issue	Excellent		Good		Fair		Poor		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Well-lit, accessible, safe streets and intersections for all users	36	15.3%	57	24.3%	71	30.2%	30	12.8%	41	17.4%
Separate pathways for bicyclists and pedestrians	26	11.1%	41	17.4%	63	26.8%	54	23.0%	51	21.7%
Availability and accessibility of parks	45	19.1%	74	31.5%	49	20.9%	23	9.8%	44	18.7%
Public buildings and spaces, including restrooms accessible to people with different physical abilities	30	12.8%	49	20.9%	64	27.2%	28	11.9%	64	27.2%
Conveniently located public parking lots and areas to park, including handicapped parking	26	11.1%	48	20.4%	65	27.7%	34	14.5%	62	26.4%

\*Note: All percentages presented in this table are computed out of the total sample (N=235).

Table 5.33: Would you rate your community as excellent, good, fair, or poor on having the following?

**Participants Aged <60**

Issue	Excellent		Good		Fair		Poor		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Well-lit, accessible, safe streets and intersections for all users	14	17.9%	21	26.9%	17	21.8%	6	7.7%	20	25.6%
Separate pathways for bicyclists and pedestrians	10	12.8%	17	21.8%	15	19.2%	14	17.9%	22	28.2%
Availability and accessibility of parks	19	24.4%	21	26.9%	14	17.9%	4	5.1%	20	25.6%
Public buildings and spaces, including restrooms accessible to people with different physical abilities	13	16.7%	17	21.8%	20	25.6%	2	2.6%	26	33.3%
Conveniently located public parking lots and areas to park, including handicapped parking	14	17.9%	16	20.5%	19	24.4%	6	7.7%	23	29.5%

\*Note: All percentages presented in this table are computed out of the subsample of participants <60 years old (N=78).

Table 5.34: Would you rate your community as excellent, good, fair, or poor on having the following?

**Participants Aged 60+**

Issue	Excellent		Good		Fair		Poor		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Well-lit, accessible, safe streets and intersections for all users	22	14.1%	36	23.1%	54	34.6%	24	15.4%	20	12.8%
Separate pathways for bicyclists and pedestrians	16	10.3%	24	15.4%	48	30.8%	40	25.6%	28	17.9%
Availability and accessibility of parks	26	16.7%	53	34.0%	35	22.4%	19	12.2%	23	14.7%
Public buildings and spaces, including restrooms accessible to people with different physical abilities	17	10.9%	32	20.5%	44	28.2%	26	16.7%	37	23.7%
Conveniently located public parking lots and areas to park, including handicapped parking	12	7.7%	32	20.5%	46	29.5%	28	17.9%	38	24.4%

\*Note: All percentages presented in this table are computed out of the subsample of participants 60+ years old (N=156).

## IX. Community and Information

Table 5.35: Where do you go to find information about services for older adults such as caregiving services, medical transport, social activities or home delivered meals? (Select all that apply)\*

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=202)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=57)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=141)
Internet or social media (Facebook, Instagram, Twitter)	107	45.5%	53.0%	47	60.3%	82.5%	60	38.5%	42.6%
Doctor or health care professional	83	35.3%	41.1%	23	29.5%	40.4%	60	38.5%	42.6%
Faith-based organization or church	34	14.5%	16.8%	9	11.5%	15.8%	25	16.0%	17.7%
Printed media (newspapers, magazines)	43	18.3%	21.3%	11	14.1%	19.3%	32	20.5%	22.7%
Radio	28	11.9%	13.9%	7	9.0%	12.3%	21	13.5%	14.9%
Television	51	21.7%	25.2%	9	11.5%	15.8%	42	26.9%	29.8%
In-person (local senior center, Department of Elder Affairs, Social Security Office)	58	24.7%	28.7%	14	17.9%	24.6%	44	28.2%	31.2%
Other (please specify)**	12	5.1%	5.9%	1	1.3%	1.8%	11	7.1%	7.8%
No response provided	38	16.2%	N/A	23	29.5%	N/A	15	9.6%	N/A

\*Note: Total percentages in columns may exceed 100% because some participants selected more than one option.

\*\*Note: "Other" responses were specified as follows: Difficult to find such resources (5), city and county board meetings (1), friends/acquaintances (3), work (1), research (1), library (1).

X. Community and Health Services

Table 5.36: Are the following community health and wellness services easily accessible and affordable?

**Overall sample**

Issue	Yes		Sometimes		No		Not Sure		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Primary health care (checkups, labs, preventive health, etc.)	126	53.6%	43	18.3%	16	6.8%	17	7.2%	33	14.0%
Specialty care (dental, vision, etc.)	102	43.4%	42	17.9%	41	17.4%	17	7.2%	33	14.0%
Mental or behavioral health care (counseling, therapy, substance abuse, etc.)	55	23.4%	42	17.9%	41	17.4%	64	27.2%	33	14.0%
Hospitals, clinics, and urgent care centers	118	50.2%	40	17.0%	19	8.1%	25	10.6%	33	14.0%
Nutrition programs and classes (smoking cessation, fitness, and weight control)	52	22.1%	44	18.7%	44	18.7%	62	26.4%	33	14.0%
Disease self-management programs (diabetes, high blood pressure)	61	26.0%	40	17.0%	40	17.0%	61	26.0%	33	14.0%
Home care services or personal care and housekeeping	43	18.3%	34	14.5%	64	27.2%	61	26.0%	33	14.0%
Legal services and assistance	43	18.3%	32	13.6%	66	28.1%	60	25.5%	34	14.5%

\*Note: All percentages presented in this table are computed out of the total sample (N=235).

Table 5.37: Are the following community health and wellness services easily accessible and affordable?

**Participants Aged <60**

Issue	Yes		Sometimes		No		Not Sure		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Primary health care (checkups, labs, preventive health, etc.)	38	48.7%	12	15.4%	6	7.7%	3	3.8%	19	24.4%
Specialty care (dental, vision, etc.)	31	39.7%	14	17.9%	12	15.4%	2	2.6%	19	24.4%
Mental or behavioral health care (counseling, therapy, substance abuse, etc.)	21	26.9%	15	19.2%	14	17.9%	9	11.5%	19	24.4%
Hospitals, clinics, and urgent care centers	37	47.4%	12	15.4%	6	7.7%	4	5.1%	19	24.4%
Nutrition programs and classes (smoking cessation, fitness, and weight control)	22	28.2%	12	15.4%	16	20.5%	9	11.5%	19	24.4%
Disease self-management programs (diabetes, high blood pressure)	22	28.2%	12	15.4%	13	16.7%	12	15.4%	19	24.4%
Home care services or personal care and housekeeping	21	26.9%	12	15.4%	16	20.5%	10	12.8%	19	24.4%
Legal services and assistance	19	24.4%	10	12.8%	19	24.4%	11	14.1%	19	24.4%

\*Note: All percentages presented in this table are computed out of the subsample of participants <60 years old (N=78).



Table 5.38: Are the following community health and wellness services easily accessible and affordable?

**Participants Aged 60+**

Issue	Yes		Sometimes		No		Not Sure		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Primary health care (checkups, labs, preventive health, etc.)	88	56.4%	31	19.9%	10	6.4%	14	9.0%	13	8.3%
Specialty care (dental, vision, etc.)	71	45.5%	28	17.9%	29	18.6%	15	9.6%	13	8.3%
Mental or behavioral health care (counseling, therapy, substance abuse, etc.)	34	21.8%	27	17.3%	27	17.3%	55	35.3%	13	8.3%
Hospitals, clinics, and urgent care centers	81	51.9%	28	17.9%	13	8.3%	21	13.5%	13	8.3%
Nutrition programs and classes (smoking cessation, fitness, and weight control)	30	19.2%	32	20.5%	28	17.9%	53	34.0%	13	8.3%
Disease self-management programs (diabetes, high blood pressure)	39	25.0%	28	17.9%	37	23.7%	49	31.4%	3	1.9%
Home care services or personal care and housekeeping	22	14.1%	22	14.1%	48	30.8%	51	32.7%	13	8.3%
Legal services and assistance	24	15.4%	22	14.1%	47	30.1%	49	31.4%	14	9.0%

\*Note: All percentages presented in this table are computed out of the subsample of participants 60+ years old (N=156).

Table 5.39: Who helps you with instrumental activities of daily living (cleaning, preparing meals, hygiene, etc.)? (Select all that apply)\*

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=202)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=58)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=140)
A spouse, family member, friend, or member of your community	66	28.1%	32.7%	23	29.5%	39.7%	43	27.6%	30.7%
A nurse, doctor, aide, or other health professional	7	3.0%	3.5%	2	2.6%	3.4%	5	3.2%	3.6%
No one, I can support myself in daily living activities	111	47.2%	55.0%	34	43.6%	58.6%	77	49.4%	55.0%
No one, but I do need support in my daily living activities	25	10.6%	12.4%	4	5.1%	6.9%	21	13.5%	15.0%
Other (please specify)**	3	1.3%	1.5%	0	0.0%	0.0%	3	1.9%	2.1%
No response provided	38	16.2%	N/A	22	28.2%	N/A	16	10.3%	N/A

\*Note: Total percentages in columns may exceed 100% because some participants selected more than one option.

\*\*Note: "Other" responses were specified as follows: Housekeeper/cleaning professional (2), help through husband's long-term care (1).

## XI. Social Participation

Table 5.40: How would you rate your need for the following community resources?

### Overall Sample

Community Resource	Very Important		Somewhat Important		Not Important		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Activities for socializing	133	56.6%	51	21.7%	7	3.0%	9	3.8%	35	14.9%
Activities that are affordable to all residents	155	66.0%	29	12.3%	5	2.1%	11	4.7%	35	14.9%
Activities that involve both younger and older people	122	51.9%	55	23.4%	8	3.4%	14	6.0%	36	15.3%
A variety of cultural activities for diverse populations	135	57.4%	43	18.3%	8	3.4%	14	6.0%	35	14.9%
Conveniently located entertainment venues	139	59.1%	34	14.5%	10	4.3%	15	6.4%	37	15.7%
Continuing education classes or social clubs to pursue new interests, hobbies, or passions	145	61.7%	33	14.0%	8	3.4%	14	6.0%	35	14.9%

\*Note: All percentages presented in this table are computed out of the total sample (N=235).

Table 5.41: How would you rate your need for the following community resources?

**Participants Aged <60**

Community Resource	Very Important		Somewhat Important		Not Important		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Activities for socializing	39	16.7%	16	6.8%	2	2.6%	2	2.6%	19	24.4%
Activities that are affordable to all residents	48	20.5%	8	3.4%	1	1.3%	2	2.6%	19	24.4%
Activities that involve both younger and older people	39	16.7%	17	7.2%	1	1.3%	2	2.6%	19	24.4%
A variety of cultural activities for diverse populations	44	18.8%	10	4.3%	3	3.8%	2	2.6%	19	24.4%
Conveniently located entertainment venues	47	20.1%	6	2.6%	3	3.8%	3	3.8%	19	24.4%
Continuing education classes or social clubs to pursue new interests, hobbies, or passions	44	18.8%	10	4.3%	3	3.8%	2	2.6%	19	24.4%

\*Note: All percentages presented in this table are computed out of the subsample of participants <60 years old (N=78).

Table 5.42: How would you rate your need for the following community resources?

**Participants Aged 60+**

Community Resource	Very Important		Somewhat Important		Not Important		Not Applicable		No Response Provided	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Activities for socializing	94	60.3%	35	22.4%	5	3.2%	7	4.5%	15	9.6%
Activities that are affordable to all residents	107	68.6%	21	13.5%	4	2.6%	9	5.8%	15	9.6%
Activities that involve both younger and older people	83	53.2%	38	24.4%	7	4.5%	12	7.7%	16	10.3%
A variety of cultural activities for diverse populations	91	58.3%	33	21.2%	5	3.2%	12	7.7%	15	9.6%
Conveniently located entertainment venues	92	59.0%	28	17.9%	7	4.5%	12	7.7%	17	10.9%
Continuing education classes or social clubs to pursue new interests, hobbies, or passions	101	64.7%	23	14.7%	5	3.2%	12	7.7%	15	9.6%

\*Note: All percentages presented in this table are computed out of the subsample of participants 60+ years old (N=156).

## XII. Civic Engagement

Table 5.43: If you are interested in finding a volunteering opportunity but have been unable to do so, what has interfered with your ability to do so? (Select all that apply)\*

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=199)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=58)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=136)
Limited availability	40	17.0%	20.1%	18	23.1%	31.0%	22	14.1%	16.2%
Health limitations	27	11.5%	13.6%	8	10.3%	13.8%	19	12.2%	14.0%
Language barriers	12	5.1%	6.0%	5	6.4%	8.6%	7	4.5%	5.1%
Lack of transportation/ too far away	23	9.8%	11.6%	7	9.0%	12.1%	16	10.3%	11.8%
Don't know where to search	26	11.1%	13.1%	9	11.5%	15.5%	17	10.9%	12.5%
Caregiving responsibilities	21	8.9%	10.6%	11	14.1%	19.0%	10	6.4%	7.4%
Not applicable	100	42.6%	50.3%	23	29.5%	39.7%	77	49.4%	56.6%
Other (please specify)**	1	0.4%	0.5%	1	1.3%	1.7%	0	0.0%	0.0%
No response provided	40	17.0%	N/A	20	25.6%	N/A	20	12.8%	N/A

\*Note: Total percentages in this column may exceed 100% because some participants selected more than one option.

\*\*Note: "Other" responses were specified as follows: Expense to park/timing for meals (1).

## XIII. Disaster Preparedness

Table 5.44: Do you have an emergency preparedness plan in the event of a disaster (hurricane, pandemic, tornado, etc.)?

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=198)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=58)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=140)
Yes	110	46.8%	55.6%	36	46.2%	62.1%	74	47.4%	52.9%
No	39	16.6%	19.7%	9	11.5%	15.5%	30	19.2%	21.4%
Somewhat	49	20.9%	24.7%	13	16.7%	22.4%	36	23.1%	25.7%
No response provided	37	15.7%	N/A	20	25.6%	N/A	16	10.3%	N/A
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>	<b>100.0%</b>

Table 5.45: How would you prefer to receive alerts from local officials in case of an impending disaster/emergency? (Select all that apply).\*

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=198)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=58)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=140)
Local TV stations	129	54.9%	65.2%	30	38.5%	51.7%	99	63.5%	70.7%
Radio stations	70	29.8%	35.4%	22	28.2%	37.9%	48	30.8%	34.3%
Text messages	118	50.2%	59.6%	43	55.1%	74.1%	75	48.1%	53.6%
Automated phone call	65	27.7%	32.8%	15	19.2%	25.9%	50	32.1%	35.7%
Social media	48	20.4%	24.2%	20	25.6%	34.5%	28	17.9%	20.0%
Smartphone app	48	20.4%	24.2%	23	29.5%	39.7%	25	16.0%	17.9%
Home visit from an individual	22	9.4%	11.1%	4	5.1%	6.9%	18	11.5%	12.9%
Email	51	21.7%	25.8%	20	25.6%	34.5%	31	19.9%	22.1%
Other (please specify)**	2	0.9%	1.0%	0	0.0%	0.0%	2	1.3%	1.4%
No response provided	37	15.7%	N/A	20	25.6%	N/A	16	10.3%	N/A

\*Note: Total percentages in columns may exceed 100% because some participants selected more than one option.

\*Note: "Other" responses were specified as follows: Pre-trained neighborhood captain (1), "in Spanish" [translated from Spanish] (1).

XIV. Overall

Table 5.46: What programs and services do you need MOST to support yourself as you age? (Please select 3)\*

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=191)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=56)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=136)
Adult education	69	29.4%	36.1%	17	21.8%	30.4%	52	33.3%	38.2%
Adult day care services	31	13.2%	16.2%	9	11.5%	16.1%	22	14.1%	16.2%
Companionship/social activities	68	28.9%	35.6%	18	23.1%	32.1%	50	32.1%	36.8%
Housing	52	22.1%	27.2%	25	32.1%	44.6%	27	17.3%	19.9%
Employment/job training	22	9.4%	11.5%	10	12.8%	17.9%	12	7.7%	8.8%
Group (congregate) meals	14	6.0%	7.3%	3	3.8%	5.4%	11	7.1%	8.1%
Home care in-home support	44	18.7%	23.0%	13	16.7%	23.2%	31	19.9%	22.8%
Income assistance	46	19.6%	24.1%	21	26.9%	37.5%	25	16.0%	18.4%
Legal assistance	33	14.0%	17.3%	13	16.7%	23.2%	20	12.8%	14.7%
Meal deliveries to your home	46	19.6%	24.1%	11	14.1%	19.6%	35	22.4%	25.7%
Recreation	77	32.8%	40.3%	25	32.1%	44.6%	52	33.3%	38.2%
Transportation	55	23.4%	28.8%	17	21.8%	30.4%	38	24.4%	27.9%
Wellness programs	83	35.3%	43.5%	34	43.6%	60.7%	49	31.4%	36.0%
Disaster preparedness	41	17.4%	21.5%	15	19.2%	26.8%	26	16.7%	19.1%
Other (please specify)**	5	2.1%	2.6%	0	0.0%	0.0%	5	3.2%	3.7%
No response provided	<b>44</b>	18.7%	N/A	<b>24</b>	30.8%	N/A	<b>20</b>	12.8%	N/A

\*Note: Total percentages in columns may exceed 100% because some participants selected more than one option.

\*\*Note: "Other" responses were specified as follows: Basic computer skills education (1), opportunities to travel to other cities in the US (1), senior center (1), help with home modifications (1), insurance (1).



Table 5.47: How would you rate your current community as a place for people to live as they age or get older?

Response	Overall Sample			Participants Aged <60			Participants Aged 60+		
	Count	Percent of Entire Sample (N=235)	Percent of Respondents (N=196)	Count	Percent of Subsample (N=78)	Percent of Respondents (N=58)	Count	Percent of Subsample (N=156)	Percent of Respondents (N=138)
Excellent	30	12.8%	15.3%	12	15.4%	20.7%	18	11.5%	13.0%
Very good	36	15.3%	18.4%	13	16.7%	22.4%	23	14.7%	16.7%
Good	47	20.0%	24.0%	14	17.9%	24.1%	33	21.2%	23.9%
Fair	51	21.7%	26.0%	16	20.5%	27.6%	35	22.4%	25.4%
Poor	19	8.1%	9.7%	3	3.8%	5.2%	16	10.3%	11.6%
Not sure	13	5.5%	6.6%	0	0.0%	0.0%	13	8.3%	9.4%
No response provided	39	16.6%	N/A	20	25.6%	N/A	18	11.5%	N/A
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>	<b>100.0%</b>

## Analysis of Survey Findings

### **Survey Demographics and Comparisons with Miami-Dade and Monroe County Demographic Profiles**

As seen in Table 5.2, the vast majority of participants (78.7%) reside in Miami-Dade County, with a smaller proportion (17.9%) residing in Monroe County. Among respondents 60+ years old, approximately 20% resided in Monroe County, with 78% residing in Miami-Dade.

Several demographic characteristics of the survey sample mirror those of Miami-Dade County as a whole. For example, in the overall sample, the majority of participants identified as White (68.5%), followed by Black (18.7%). A small minority of participants identified their racial background as two or more races (3.0%) and Asian (2.6%). These racial demographics more closely mirror those of Miami-Dade County than Monroe County (US Census, American Community Survey, 2021). Additionally, compared to the overall sample, a higher proportion of the respondents aged 60+ identified as Black (24.4%), with 64% identifying as White.

Additionally, a majority of participants indicated that they identified as Hispanic or Latino/a (52.3%), while 31.9% identified as non-Hispanic. A total of 5.5% of participants identified as Haitian. Compared to the overall sample, a lower proportion of the 60+ respondents identified as Hispanic or Latino/a (45.5%), while a higher proportion identified as Non-Hispanic (34.6%) or Haitian (7.1%). While these findings somewhat mirror the demographic profile of Miami-Dade County with respect to ethnicity, there is a higher proportion of Hispanic residents in Miami-Dade County (approximately 65-70%; US Census, American Community Survey, 2021); thus, the proportion of Hispanic individuals in this survey is slightly lower. In contrast, Monroe County has a lower Hispanic population (approximately 25%; US Census, American Community Survey, 2021). Thus, the ethnic distribution of the survey participants fall between those observed in Monroe County and Miami-Dade County.

With respect to educational attainment, the vast majority of participants (91.9%) indicated that they had obtained at least a high school diploma or GED. Regarding categories of educational attainment, the largest proportion of participants (32.3%) indicated that they had obtained a graduate or professional degree, with 24.2% of participants indicating that they had completed either an associate degree or a bachelor's degree. These levels of education mirror those observed in Miami-Dade and Monroe County, where 25.3% and 38.2% of the population, respectively, report having a bachelor's degree or higher (US Census, American Community Survey, 2021). Approximately 5.5% of the sample did not have a high school diploma. Respondents aged 60+ generally had lower educational attainment compared to the overall sample and to the subgroup aged <60.

Other characteristics of the survey sample differed from the demographic characteristics observed in Miami-Dade and Monroe County. With respect to gender, most participants in the survey identified as female (82.1%), while 17.4% identified as male. Among the respondents aged 60+, similar proportions identified as female (80.1%) and male (19.9%). This disproportionately female sample differs markedly from the more even gender split observed in both Miami-Dade County (56.6% female, 43.4% male) and Monroe County (47.3% female, 52.7% male).

Additionally, survey participants represented various age groups, but those aged 60 years and older collectively represented 65.6% of the overall sample. Participants 45 to 59 years of age represented 21.7% of the sample, with participants under 45 years of age representing 11.5% of the sample. When the

subgroup of 60+ respondents was examined more closely, it was found that over two-thirds of this group (67.4%) was between 60-74 years old. In contrast, the 60+ age group accounts for 21.9% and 30.7% of the population of Miami-Dade County and Monroe County, respectively (US Census, American Community Survey, 2021).

Household income varied among the participants. Almost half of the overall sample (45.5%) made less than \$50,000. Participants making \$25,000 to \$49,999 (18.7% of sample) represented the largest proportion of the sample that chose to share their income. A substantial proportion of participants chose not to share their household income (20.9%). Among the 60+ respondents, over half (51.3%) made less than \$50,000 per year. Given that the mean annual household income for residents in Miami-Dade County and Monroe County is approximately \$81,000 and \$106,000, respectively (US Census, American Community Survey, 2021), the income representation in this sample of survey respondents appears to be lower overall.

### **Overall Survey Findings**

#### **Caregiving**

- The majority of respondents younger than 60 years of age were caregivers of older adults.
- Of the 79 participants who identified as caregivers, substantial proportions were caregivers of family members, including parents (39.2%), spouses/partners (24.1%), children (20.3%), and other family members (16.5%).
  - A higher proportion of participants 60 years of age or older (60+ participants) provided care to their spouses/partners (40.9%), in addition to parents (36.4%)
- The majority of the overall sample (81.3%) were caregivers to individuals 60+ years old, with smaller proportions of respondents caring for those aged 0-18 years old (23.8%), 19-44 years old (20.0%), and 45-59 years old (16.3%)
  - Nearly 90% of older respondents (60+ years old) were caregivers to other 60+-year-old adults
- Of the overall sample, a near-majority (47.6%) indicated that they did not have enough help with caregiving responsibilities, while 34.1% indicated that they did have enough help.
  - However, 57.8% of 60+ participants reported not having enough help with caregiving responsibilities
  - Specifically, older adults reported needing help with household work (41.3%) and emotional/mental support (32.6%).
  - In the overall sample, a large proportion (43.4%) indicated that they most needed help with household work, with 36.1% needing financial assistance and 34.9% needing emotional/mental support.

#### **Employment and Housing**

- A large proportion of respondents indicated that they were retired (40.0%) or employed full-time (37.3%). Approximately 5.4% of respondents to this question indicated that they were unemployed and looking for work, and approximately 7.0% of respondents indicated that they were disabled and therefore unable to work.
  - Over 55% of 60+ respondents were retired, with 20.9% working full-time
- The majority of respondents reported living in a single-family home (61.2%), with 34.0% reporting that they lived in an apartment/condominium. Of note, 1.4% of respondents reported being homeless or in between living areas

- Approximately 40.0% of respondents lived with their spouse/partner, 35.7% lived with family members or friends, and 28.1% lived alone.
  - Of note, a larger proportion of 60+ respondents lived alone (37.8%), while 38.5% lived with a spouse/partner, and 28% lived with family members or friends.

#### Challenges with Independent Living

- Compared with other issues, more participants struggled with physical health, being able to do heavy housework, and being able to afford housing/living costs, with 14-20% of respondents considering these issues to be “major problems”, and approximately 23-29% of considering them to be “minor problems”.
  - Higher proportions of the 60+ respondents struggled with these same issues, with 16-25% of older adults considering them “major problems” and 24-31% of them deeming them “minor problems”.

#### Transportation

- Of the specific transportation issues listed, participants appeared to struggle more with the following (as indicated by a higher proportion of them (i.e., 13-19% of the overall sample) considering these issues “major problems”): difficulties walking, not owning or driving a car, lack of public transportation options, and difficulty using public transportation. Participants who considered these issues “major problems” resided in zip codes located in the following areas: North Miami Beach, Brownsville, Pinecrest, Kendall, Kendall Lakes, The Hammocks, Richmond West/South Miami Heights, and Key Largo/Tavernier (Monroe County).
  - Older adults (aged 60+) in particular reported struggling with public transportation, finding it difficult to use (24.4% considered this a “major problem”) and reporting a lack of public transportation options (19.2% reporting this as a “major problem”).

#### Respect and Social Inclusion

- While most aspects of social inclusion did not present major challenges for participants as a group, compared with other issues, more participants struggled with feeling lonely and feeling depressed, with approximately 11-13% considering these issues to be a “major problem”, and 17-24% of the sample considering them a “minor problem”. Additionally, nearly 19% of the sample considered “having family or friends you can rely on” to be a “minor problem”. It is notable that feelings of loneliness and depression were reported by participants of all ages, indicating that all age groups may benefit from more access to mental health services.

#### Outdoor Spaces and Buildings

- More participants rated “separate pathways for bicyclists and pedestrians” as “poor” compared to other community features (23.0% vs. 9-15% for other community features).
  - Older adults in particular appreciated the availability of parks and well-lit streets and intersections. However, a substantial proportion were dissatisfied with the availability of public parking lots and areas to park, including handicapped parking (17.9% rating this community feature as “poor”).

#### Community and Information/Technology

- The majority of the respondents (53.0%) obtained their information from the Internet or social media, with 41.1% obtaining this information from a doctor or health care professional.
  - Older adult also reported using the Internet/social media or consulting a physician, but

compared to the overall sample, they were also more avid users of in-person resources (e.g., local senior center; 31.2%), TV (29.8%), and printed media (e.g., newspapers and magazines; 22.7%).

- The majority of respondents reported feeling comfortable to very comfortable using the internet (64.2%), with 19.8% reporting that they did not feel comfortable using it. Approximately 3.4% of participants reported not having access to the internet.
  - Notably, only 38.5% of older adults reported feeling very comfortable using the internet, and 25.2% reported feeling “not comfortable” with it. Nearly 5% of older respondents did not have Internet access.
  - Thus, accommodations should be made to both provide information to older adults through channels other than the internet (e.g., in-person or via television PSAs) and offer opportunities for them to learn more about internet and computer use in general.

#### Community and Health Services

- Overall, participants were aware of some major community services (e.g., primary health care (71.9% responding either “yes” or “sometimes”), specialty care (61.3%), and hospitals, clinics, and urgent care centers (67.2%))
- In contrast, more participants indicated that the following services were either absent in their communities or that they were not aware of them: legal services and assistance (53.6% responding either “no” or “not sure”), home care services (53.2%), mental or behavioral health care (44.6%), nutrition programs (45.1%), and disease self-management programs (43.0%).
  - Interestingly, higher proportions of older adults reported that they were “not sure” about whether certain services were accessible and affordable in the community, particularly mental health care, nutrition programs, disease self-management programs, home care services, and legal services (31-35% unsure). Given that these services may be valuable for this age group, it is important that they receive more information about available resources in these areas.
- Overall, most participants (55.0%) stated that nobody helps them with instrumental activities of daily living, and that they are able to perform them on their own. Additionally, 32.7% of respondents said that a spouse, family member, friend, or community member helps them with these activities.
  - Of note, 12.4% of respondents stated that nobody helps them with these activities, but that they do need support in completing these tasks.
  - These findings were similar for older adults as well, although a higher percentage (15.0%) reported not having help but needing more support.

#### Social Participation

- Overall, participants highly valued activities for socializing (56.6%), activities that are affordable (66.0%), activities that involve both older and younger people (51.9%), a variety of cultural activities for diverse populations (57.4%), conveniently located entertainment venues (59.1%), and continuing education classes (61.7%).
  - Older people in particular had a preference for affordable activities, activities for socializing, and continuing education classes

#### Civic Engagement

- When asked what interferes with their ability to engage in volunteer work in the community, a

slight majority of respondents (50.3%) stated that this question is not applicable to them. Other factors interfering with their ability to pursue volunteer opportunities include limited availability (20.1%), health limitations (13.6%), not knowing where to search (13.1%), and lack of transportation or excessive distance (11.6%).

- For adults 60+ years old, 56.6% of respondents did not consider this question to be applicable to them
- Other barriers were health limitations (14.0%) and limited availability (16.2%)

#### Disaster Preparedness

- A majority (55.6%) of respondents stated that they do have an emergency preparedness plan, 19.7% stated that they have “somewhat” of a plan, and 24.7% said that they do not have a plan.
  - Compared to the overall sample, more older adults said that they did not have a plan in place (21.4%).
- Most participants (65.2%) preferred to receive alerts from local TV stations, followed closely by receiving text messages (59.6%). Other preferred methods of receiving alerts included radio stations (35.4%), automated phone calls (32.8%), email (25.8%), social media (24.2%), and through smartphone apps (24.2%).
  - Compared to the overall sample, more older adults preferred alerts to be given by local TV stations (70.7%), which is consistent with their comparatively greater reliance on TV for information. They also were more likely to prefer an automated phone call (35.7%) and less likely to use social media (20.0%) or a smartphone app (17.9%) to receive alerts compared to the overall sample.

#### Overall

- When asked about programs that were important to them, all age groups valued recreation (40.3% overall, 38.2% for older adults), adult education (36.1% overall, 38.2% for older adults), wellness programs (43.5% overall, 36.0% for older adults), and companionship/social activities (35.6% overall, 36.8% for older adults). In contrast, there was considerably less interest in group (congregate) meals (endorsed by 7.3% of respondents overall and 8.1% of older adults) or employment/job training (11.5% of overall respondents and 8.8% of older adults).
- Most respondents rated their communities as “fair” (26.0%) or “good” (24.0%) places to live as they age. Approximately 33.7% of the overall sample rated their communities as “excellent” or “very good”, while 16.3% of the respondents rated it as “poor” or “not sure”.
  - A total of 21% of older adults rated their communities as “poor” or “not sure”, while a slightly lower percentage of older adults rated their communities as “excellent” or “very good” (29.7% across both categories).

# VI. Focus Group and Community Listening Sessions: Qualitative Analysis

## Focus Group Analysis

### Introduction

In 2013, in collaboration with Professional Research Consultants, Inc. (PRC), the HCSF developed 13 neighborhood clusters of Miami-Dade County which have been utilized by community partners, such as the Florida Department of Health in Miami-Dade County (FDOH-Miami-Dade), in many public health efforts. These clusters represent zip codes linked according to community identity for which they are a part, but at times cross boundaries based on socioeconomic status or population counts. During the COVID-19 pandemic, FDOH-Miami-Dade identified eight clusters that represent 38 zip codes of Miami-Dade County determined to be at high risk of health disparities associated with COVID-19 infection and suffer poor outcomes related to the social determinants of health. During the planning phase of the focus group facilitation process, which involved the development of the questionnaire tool and selection of the geographical areas where these sessions would be held, the HCSF planning team assessed that it would be important to concentrate in the eight clusters selected to carry out the focus group sessions; this approach would align with countywide efforts to assess health disparities as well as to fully understand the needs of residents in the County.

The facilitation of the focus groups is part of a post COVID-19 needs assessment process of the Alliance for Aging in which the main objective is to understand the priority needs of older adults in Planning Service Area 11 or PSA-11 (Miami-Dade and Monroe counties). Between February and August 2023, the Health Council of South Florida (HCSF), on behalf of the Alliance for Aging, conducted four focus groups—three of which were conducted in-person, and one virtually. The in-person sessions were facilitated in Miami-Dade County and represented the neighborhoods of South Little Havana, Doral, and Liberty City; while session conducted virtually, geographically located in Tavernier, Monroe County, hosted residents of Key Largo, Tavernier, and Islamorada. It is noteworthy that two of the focus group sessions fall within Cluster 5 (Brownsville/Coral Gables/Coconut Grove), which are part of the eight clusters selected, while one session was facilitated in Cluster 7 (Doral/Miami Springs/Sunset ). Even though Cluster 7 is not part of the eight clusters selected by the FDOH-Miami-Dade, the session facilitated allowed ethnic minority residents to share their experiences as they age in Miami-Dade County. The following community centers hosted the four focus group sessions: Survivors' Pathway, Charles Hadley Park, The Just Older Youth Center (JOY Center), and Health Education Prevention & Promotion (HEPP). A total of 54 residents participated in the four focus group sessions. The table below highlights all four sessions according to the date each focus group session was facilitated, number of participants who attended these sessions, and the communities and respective clusters where these sessions occurred.

Table 6.1—Focus Group Sessions

Focus Group Session*	Date Session was Facilitated	Number of Participants	Community Represented	Cluster
Survivors' Pathway	February 9, 2023	20	Brownsville/Coral Gables/Coconut Grove	5
Charles Hadley Park	March 21, 2023	19	Brownsville/Coral Gables/Coconut Grove	5
The Just Older Youth Center (JOY Center)	April 4, 2023	6	Key Largo, Tavernier, and Islamorada	N/A
Health Education Prevention & Promotion (HEPP)	August 19, 2023	9	Doral/Miami Springs/Sunset	7
Total Number of Participants		54		

\*All sessions have been color-coded to highlight the most common themes identified pertinent to each of these sessions. This approach has been followed in the section entitled "Domains of Livability".

Each focus group session facilitated was distinctively represented by participants who identified with a specific racial or ethnic group or nationality; as well as by residents whose sexual orientation and gender identity were defined in the acronym LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning). It is important to note that even though demographic information was not collected during these sessions, racial/ethnic and sexual and gender identity was provided by participants during these conversations. Many of the themes identified in the analysis of the information collected from participants, were specific to each group (i.e., themes within each group), however there were other overarching themes observed across all groups which will be discussed subsequently.

## Introductory Questions on Aging

### Age in Place

The first question posed to participants during the focus group session was to share with the group what the phrase "age in place" means to them. Across all sessions, participants use specific words or phrases to describe what "Age in Place" means to them. For instance, words such as "familiar" were shared by participants to indicate familiarity with their surroundings; to be comfortable with their surroundings; to be surrounded by loved ones in their own homes; and to age gracefully with access to much needed services (social and health care services). Participants from the Charles Hadley Park session and from Survivors' Pathway employed the word "rooted" to signify the development of a strong foundation in their respective communities and homes that is the result of adaptation over a period of time leading to a healthy connection with their neighbors and community. Participants shared the following quotes to describe aging in place:

- "...Like a plant that is placed in a new city...the roots have to adapt"
- "Where I have been most of my life"

Three out of the four sessions conducted agreed on the mistreatment of older adults in nursing homes, and how they wouldn't like to age in this type of facility, which, in the participants' view, is the opposite of aging in place. Participants from the JOY Center, HEPP, and Survivors' Pathway were concerned with the lack of compassion shown by nursing home staff towards older adults. The following quote describes the sentiment of participants towards nursing homes:

- "I rather stay home to die"



- “Many older residents are stuck in facilities that are depressing”
- “They abuse of people with mental health issues”
- “Don’t have to die in a horrible nursing home”

In particular, participants from the Charles Hadley Park session felt that in order to be able to age in place happily, it is important to be harmonious with all neighbors regardless of their cultural background; while those who attended the session held at HEPP, shared that it is not customary in the Haitian culture to transfer a loved one to a nursing home—older adults prefer to age in their own homes surrounded by family.

### **Aging in Place in Miami-Dade and Monroe Counties**

Once participants shared with the group the meaning of “age in place”, they were asked about the qualities in their communities that makes it ideal to age-in-place. Participants from three out the four sessions facilitated described all the positive qualities that make Miami-Dade and Monroe counties good places to age in place, and three major themes were identified. Participants expressed that in their neighborhoods, they are able to connect with friends which allows them to develop a strong sense of community; they also shared feelings of gratitude for the cultural diversity offered in both counties; and lastly, all sessions agreed that the weather in South Florida is ideal for someone growing older.

By contrast, participants from two sessions shared negative aspects of Miami-Dade County, in particular, that hinders residents from being able to age in place safely and happily. While participants from the Charles Hadley Park session focused on their experience with increase homelessness, break-ins, and robberies in their neighborhoods, participants from the HEPP session expressed their unwillingness and discontent to age in Miami-Dade County. According to participants, this is attributed to the unequal distribution of benefits for Haitian residents and a longing to go back to their native land, which due to unstable economic conditions, they are unable to do so. This is most notable quote from participants:

- “Miami is a melt pot, for example, for African Americans or Blacks, which we are part of, but the Haitian community within this group we are the last to get benefits, especially within the Black group”

### **Challenges of Aging in Place in Miami-Dade & Monroe Counties**

As facilitators discussed with participants about the challenges they face which hinder their ability to age in place in Miami-Dade and Monroe counties, two major themes were observed in two of the sessions where these conversations occurred. Participants from the HEPP session and Survivors’ Pathway concurred that retirement income is not enough to be able to “survive” and pay the bills in Miami-Dade County. Participants from Survivors’ Pathway added that because retirement income is low, older adults have started to look for employment opportunities. However, due to their age, they are unable to find work—according to participants, this is a form of ageism.

Secondly, residents who participated in the sessions at HEPP and Survivors’ Pathway, also shared their experiences being discriminated against. Those who attended the session at Survivors’ Pathway experience discrimination at different levels—structural and individual. At the structural level, participants felt that volunteering opportunities are limited for the LGBTQ+ community, which is compounded by the age factor (i.e., among LGBTQ+ residents who are getting older); while at the individual level, participants shared they are being discriminated and not accepted by family members and the community at-large. It is important

to note here that the literature points out that discrimination can be seen as a social determinant of health which warrants further investigation and analysis.<sup>4</sup>

Furthermore, there were themes identified which are specific to each of the sessions conducted. For instance, Charles Hadley Park participants cited examples of loud music and safety (increase robberies, people driving too fast and not stopping at pedestrian crossings) as barriers to age in place; while participants from the JOY Center agreed that transportation for older adults is challenging in Monroe County and it impedes patients from keeping their medical appointments—they shared that most specialists are located in Miami-Dade County and transportation is limited to get to these appointments. The JOY Center participants also emphasized the need to have in place a senior community center, which would allow older adults to benefit from the social events offered in these centers. It is noteworthy that the development of senior community center was identified as an overarching theme among residents who attended the session at the JOY Center (i.e., this topic surfaced in most of the categories in the focus group questionnaire).

Lastly, one participant from the HEPP session felt that the high cost of living in Miami-Dade County (housing and food) was an obstacle to age in place in Miami-Dade County. The participant elaborated on this topic and shared that even if residents qualify for affordable housing (e.g., Section 8), they will need to wait years before they are accepted into such programs.

Figure 6.1 – Introductory Questions: Most Common Words Employed by Participants



<sup>4</sup> Healthy People 2030, U.S. Department of Health and Human Services. Discrimination . [Internet]. [cited 2023 Sept 15]. Available from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/discrimination>

## Domains of Livability

The second section of the focus group questionnaire asked participants to reflect on their experiences during the pandemic and to share their views on how Miami-Dade and Monroe counties could be more age-friendly as the group discussed the following the seven Domains of Livability, a framework developed by the American Association of Retired Persons (AARP)<sup>5</sup>: Transportation, Housing, Social Participation, Communication and Information, Civic Participation and Employment, Community Support and Health Services, and Outdoor Spaces and Buildings. Please note that Disaster Preparedness was added to this list to gauge participants' experience as they prepare for hurricane season in South Florida; while Respect and Social Inclusion, the eighth domain of livability, was included as a separate section of the questionnaire, as this is a topic of great discussion among older adults which require the inclusion of additional questions to comprehensively understand the view of participants. It is important to note that even though the question asked participants to share their perspectives on how to make their communities more age-friendly, in several instances, most participants mainly discussed the obstacles experienced with each domain.

This section highlights the overarching themes identified across all sessions facilitated according to each Domain of Livability, as well as themes that were specific to each session or group that represented these sessions—these have been color-coded, which will allow the reader to associate the common themes identified with the corresponding session facilitated. Each table under the subcategory “Common Themes Specific to each Session” include the common themes identified and its description, potential solutions, and notable quotes (if applicable).

The table below depicts the color assigned to each session.

Session	Color Assigned
Charles Hadley Park	
Survivors' Pathway	
The JOY Center	
HEPP	

### Transportation

#### *Overarching Themes*

Participants from Charles Hadley Park, Survivors' Pathway, and the JOY Center felt that bus routes and schedules are limited and very often residents have to walk long distances to their respective bus stops. Across these sessions, participants suggested the provision of door-to-door services especially for older adults and residents with adaptive needs to prevent the long walks to the bus stop in the South Florida heat. These are the most notable quotes:

- “Place bus stops in residential areas”
- "Lack of diversity in the routes and the times are limited"

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<sup>5</sup> American Association of Retired Persons (AARP). The 8 Domains of Livability: An Introduction. [Internet]. [cited 2023 Sept 16]. Available from <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>

### Common Themes Specific to each Session

Table 6.2: Transportation: Common Themes

Specific Themes	Description	Solutions	Notable Quotes
Long wait at the bus stop	Older adults have to wait between two and three hours at the bus stop due to the bus schedule not being followed—many times the bus routes are modified without informing residents who depend on this service.	None Provided	•"For transportation sometimes you wait 2-3 hours, they don't keep the schedule, or buses don't respect the times"
Safety	Drivers driving at high speed at intersections, and do not stop at pedestrian crossings.	Provision of proper training to drivers in Miami-Dade County.	•"People don't stop" [participants were referring to fast drivers who do not stop at pedestrian crossings]
Untrained drivers	Many bus drivers do not speak English and do not seem to know their routes.	Provision of proper training to drivers in Miami-Dade County.	N/A
Lack of respect	One participant shared their interaction with bus drivers and how they show lack of respect towards the LGBTQ+ community.	Cultural Sensitivity Training	•"Lack of respect towards the LGBTQ+ community..."They will close bus door on you"

Charles Hadley Park  
Survivors' Pathway  
The JOY Center  
HEPP

### Housing

#### Overarching Themes

All four sessions agreed that the housing cost in Miami-Dade and Monroe counties is increasing rapidly. For instance, participants from the Survivors' Pathway session highlighted that those who qualify for Section 8 Housing are able to pay less for housing, however there are many people who have limited resources who do not qualify for this program and are subjected to live in small apartments at a high cost of rent.

Several solutions were offered by participants. Participants from the Charles Hadley and HEPP sessions suggested placing qualifying older adults in a sliding pay scale, in which the determining variable would be income—this would allow qualifying residents to pay less for housing. Additionally, those who attended the JOY Center session pointed out that one way to offset the high cost of living affecting older adults in particular is to share "housing living spaces" among residents who may have lost a spouse. According to participants this solution is twofold—it will provide affordable housing, while at the same time it would increase socialization among older adults sharing housing spaces.

### *Common Themes Specific to each Session*

Table 6.3: Housing: Common Themes

Specific Themes	Description	Solutions	Notable Quotes
Lack of rent control	Rent has increased dramatically, and guidelines are not being followed.	None Provided	"...They will put you in a low rate and then they will raise it up in six (6) months"

Charles Hadley Park  
Survivors' Pathway  
The JOY Center  
HEPP

### **Social Participation**

#### *Overarching Themes*

The JOY Center, HEPP, and Charles Hadley Park participants agreed that the availability of community or senior centers is an essential component for older adults—interaction with other members enhances their cognitive capabilities. Participants added that it could also serve as a multigenerational connection where older adults could interact with a younger generation, benefiting both groups.

Although most participants see the value of having a community center for older adults, many residents are unaware if there is one near their residence; as such, participants from the Charles Hadley and the HEPP session highlighted the need for better communication and advertisement of their location. In reference to the importance to be inclusive of all cultural groups in community centers, one participant stated the following:

- “Involve different cultures to have shared language and communication”

#### *Common Themes Specific to each Session*

None were identified

### **Respect & Social Inclusion**

#### *Overarching Themes*

Participants from two sessions (Charles Hadley Park and Survivors' Pathway) agreed that lack of respect is often experienced by older adults characterized by a lack of patience and consideration. According to participants, this is often seen in health care clinics. To address this issue, one participant from the Survivors' Pathway session stressed the need to offer cultural sensitivity training in the community, but especially in health care centers. The following quote was noted:

- "Respect that older people are not as advanced technologically, so it becomes a very big issue"

#### *Common Themes Specific to each Session*

None were identified

### **Communication & Information**

#### *Overarching Themes*

Residents who attended the Survivors' Pathway and HEPP sessions shared that radio is the most effective

way to communicate with older adults; while participants of the Charles Hadley Park and the JOY Center felt that the free press is another way to effectively convey information to this population. Participants of the HEPP and the JOY Center session stated that it is important not to employ technology exclusively when attempting to share information with older adults. These are the most notable quotes by participants:

- "Some older adults do not understand phone technology"
- "Sometimes these kind of phones are complicated even to answer the call they can't"

#### *Common Themes Specific to each Session*

Table 6.4: Community & Information: Common Themes

Specific Themes	Description	Solutions	Notable Quotes
Church	<i>Participants did not elaborate on this theme</i>	N/A	N/A
Email newsletters; through the senior centers	Participants stated that many older adults utilize senior centers as a "hub" to receive information	N/A	N/A
Television	<i>Participants did not elaborate on this theme</i>	N/A	"Television is a big way that people receive information"

Charles Hadley Park  
Survivors' Pathway  
The JOY Center  
HEPP

## **Civic Participation & Employment**

### *Overarching Themes*

None were identified

### *Common Themes Specific to each Session*

Table 6.5: Civic Participation & Employment: Common Themes

<b>Specific Themes</b>	<b>Description</b>	<b>Solutions</b>	<b>Notable Quotes</b>
Stigma due to participants' age and sexual and gender identity	Due to stigma being experienced by the transgender community, participants highlighted that not many transgender residents look for volunteering opportunities for fear of being seen in public. However, even if this community wanted to volunteer, opportunities to do so are not available or not offered to the transgender community in Miami-Dade County; unless one frequents this center where information is often shared with members.	None provided	"Clients know about the services because the management at Survivors Pathway shares with them the community information...They even take them to events. They will also give their clients materials to share with their friends and family"
Limited volunteering opportunities	There is a need to offer volunteering opportunities to the community to assist Haitian residents, such as assistance completing citizenship paperwork and voting, however information of these opportunities is limited or non-existent among this community.	To place voting polls near residents' homes so they could participate, in addition to sharing pamphlets at health care clinics. Participants added that even though this would be a good way to increase participation among the Haitian community, still the best way to communicate with this population is verbal communication as opposed to offering reading materials related to volunteering opportunities.	"Starting with our community, people need help filling out citizenship paper, even with a lot of citizens, we need help understanding and assist with those civic duties"

Charles Hadley Park  
Survivors' Pathway  
The JOY Center  
HEPP

## **Community Support & Health Services**

### *Overarching Themes*

The topic of transportation surfaced as an overarching theme among those who attended the Charles Hadley Park and HEPP sessions, however both groups had opposing views on this topic. For instance, participants from the Charles Hadley Park session highlighted that since the pandemic, transportation to medical services "has gone down ...". By comparison, HEPP participants shared that many health care

centers in Miami-Dade County have a good transport system. One participant from the Charles Hadley session shared the following,

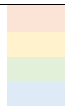
- "Before pandemic doctors had buses which would pick up patients. Now they have Lyft drivers, which are not great at transporting patients"

#### *Common Themes Specific to each Session*

Table 6.6: Community Support & Health Services: Common Themes

Specific Themes	Description	Solutions	Notable Quotes
Competency training	Offering competency training to older adults who are looking to enhance their knowledge base and return to the workforce is one way to support the community.	The provision of competency training to older adults is twofold—it will make them feel more useful, while at the same time, it will enable them to contribute to the community with the new skills acquired.	N/A
Connect health care providers with older adults	Participants would like to see Baptist Health South Florida as guest speakers at the wellness center to discuss the benefits available.	Participants believe that a partnership with Baptist Health South Florida would be one way to support the older adult community.	N/A
Social and health care assistance to residents without a legal status	Many older adults in the Haitian community have recently immigrated to the U.S. and do not have health insurance and limited access to care.	Provision of a "special insurance" to cover older adults who do not have legal status in the U.S.	•"With no legal status there are many programs you can't [can't] qualify, maybe there should be a special kind of services for people without status"

Charles Hadley Park  
Survivors' Pathway  
The JOY Center  
HEPP





## Outdoor Spaces & Buildings

### *Overarching Themes*

None were identified

### *Common Themes Specific to each Session*

Table 6.7: Outdoor Spaces & Buildings: Common Themes

Specific Themes	Description	Solutions	Notable Quotes
Lack of consideration	With gentrification being a concern for many residents who have lived in their neighborhoods for many years, older adults are being displaced to high rise buildings without any adaptive changes (e.g., elevators to fit wheelchairs), which may put them at risk in the event of an emergency (e.g., fire, storm)	None Provided	"Build buildings so high up and this can cause issues in terms of emergencies. They put elderly in high rises instead of lower floors. When storm came and elevators weren't working but they couldn't reach people"
Limited indoor spaces	Attendees highlighted that in Monroe County, there are many outdoor spaces available for all ages but limited indoor spaces for older adults.	The Director of Parks and Recreation has been working to let the Commissioner know about this situation and how increase indoor spaces for older adults.	N/A
Need for aides	Even though there are outdoor spaces available for older adults (e.g., parks), there is a need to provide aides to assist older adults with adaptive needs to get to these recreational areas.	Residents with health insurance are provided with a personal assistant or aide, however without coverage it is very difficult for older adults to receive any assistance. For those who do not have health insurance due to their immigration status, there should be a State office where residents could call to receive assistance	"It is good to go out to go to parks but again transportation and assistance if the person cant [can't] get there themselves"

Charles Hadley Park  
Survivors' Pathway  
The JOY Center  
HEPP

## Disaster Preparedness

### *Overarching Themes*

Participants from the Charles Hadley Park and Survivors' Pathway sessions agreed on the importance to provide emergency kits to residents prior to hurricane season in South Florida—these, they added, could be provided at community centers or, if possible, these could be delivered to residents' homes.

A second overarching theme that emerged relates to education. Participants from Charles Hadley, Survivors' Pathway, and HEPP emphasized the need to educate older adults on what steps to follow before and after a storm threatens their community. Expanding on this theme, participants of the Survivors' Pathway session suggested placing billboards in Spanish with storm preparation information and shelter locations along I-95, in areas highly populated by Hispanic residents.

Another overarching theme observed as it relates to disaster preparedness was the need to provide a directory of helpers in the community; community members that would be able to assist older adults with

adaptive needs to adequately prepare for a storm before it affects their community (e.g., installing shutters and dismantling them after a storm passes). This overarching theme was shared by participants of the Charles Hadley Park and the JOY Center sessions. Several participants who attended the session at Charles Hadley Park were grateful for the resources provided at the Center, and shared the following notable quote:

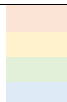
- "This park has done a great job of making sure people are taken care of...People to help put shutters up; they have a phone line for older adults to call"

### *Common Themes Specific to each Session*

Table 6.8: Disaster Preparedness: Common Themes

Specific Themes	Description	Solutions	Notable Quotes
Discrimination	Attendees shared that many LGBTQ+ community members do not go to shelters during a threat of a storm for fear of being discriminated against.	None provided	"People fear going to a shelter because they can be discriminated"
Transportation	Although there are shelters available that provide a safe place for residents during a storm, participants highlighted the need to have available transportation to take older adults to these shelters.	None provided	N/A

Charles Hadley Park  
Survivors' Pathway  
The JOY Center  
HEPP



## **Respect & Social Inclusion**

### **Meaning of Respect and Social Inclusion**

Participants from all four sessions provided varied responses when asked to relate the meaning of respect and social inclusion as they reflect on their lives and those close to them; as such, the themes identified were specific to each of these sessions. It is important to highlight that not all participants provided a direct response to this question, as some provided examples of how older adults are being disrespected in their communities.

Participants of the Charles Hadley Park session felt that treating others the way a person would like to be treated is a way of demonstrating respect regardless of age; while those who attended the HEPP session felt that simply greeting an older adult and allowing them to participate in different activities would enable them to feel included, valued, and respected. In addition, attendees of the Survivors' Pathway session shared that "priority" and "consideration" are two words that demonstrate respect towards older adults; they also voiced their concern with the lack of respect towards the LGBTQ+ community who experience prejudice due to their sexual and gender identity. According to participants, this is exacerbated by ageism experienced in the workforce and in their daily lives. These are the most notable quotes from participants:

- "During COVID, they called out the older name of an LGBTQ individual which was a different gender than their identity. They said that the ID wasn't her because she goes by a female now rather than a man...They need training dealing with the LGBTQ community"
- "I already have a situation with my mother—I always had respect for her which means take care

of them, listen to them, try to understand them, assist them, pay attention to their needs, that person feels cared for”

Participants of the JOY Center session shared that they experience disrespect in a different way, by not being listened to. They explained that for many years, members of the JOY Center have been discussing with the County the need for a senior center in Monroe County to no avail; they feel their interests are not being considered and they feel disrespected.

### **Respect Earned and Social Inclusiveness of Older Adults**

When participants were asked if they receive the respect they deserve, most responded negatively, and cited examples which described a lack of respect toward older adults—whether experienced personally or by people whom they are acquainted with. For example, participants of the Charles Hadley Park session claimed that the younger generation “look down upon” older adults and regards them as “stupid”. Similarly, residents who attended the JOY Center session shared that as older adults become less independent and begin to lose some of their cognitive abilities, respect toward them diminishes. According to participants, the lack of respect is seen at the community level (residents at-large), as well as the governmental level (by not including older adults in the decision-making process). One participant from the JOY Center pointed out that the direct result of the lack of respect towards older adults, at different levels, leads to stigma; many older adults do not use their canes or wheelchairs for fear of being stigmatized in the community. The same participant continued by stating that the implementation of a community or senior center in Monroe County could address social stigma by openly discussing their limitations and that it is acceptable to utilize their wheelchairs or other adaptive devices in their daily lives. This is what some of the participants shared:

- “...A generation does not want to listen to what older adults have to say” [this quote is in reference to a younger generation, according to attendees, belittling older adults]
- “The more enabled and cognizant you are - you will receive more respect. Less independent persons receive diminished respect. When declining in health, there is limited support”

By contrast, participants from the HEPP session felt that older adults receive the respect they deserve from their children and community at-large (e.g., hospitals, government)—this was especially experienced during the pandemic, in which not only was the community respectful towards older adults but also compassionate.

In terms of social inclusiveness, participants of the JOY Center session stated that even though there are several social activities in Monroe County for other age groups, those for older adults are limited. One participant shared the following: “A lot that I have been aged out of, but nothing to age into”. By contrast, participants of the HEPP session highlighted that there are many social events in Miami-Dade County, however many older adults do not know about them; as such, there is a need to promote these events among older adults to increase participation.

Figure 6.2: Respect & Social Inclusion: Most Common Words Employed by Participants



## Special Populations of Older Adults: Needs and Barriers

In this section of the focus group questionnaire, the main objective was to gauge participants' views on what special populations of older adults they felt are the most underserved in the community and what are the most pressing needs of these populations.

### Special Populations and Needs

Participants from Survivors' Pathway, the JOY Center, and HEPP shared that low-income people and racial minorities are specific populations of older adults that experience the highest need—adverse outcomes of the social determinants of health. In addition, participants of the HEPP session, specifically, mentioned that Haitian residents without a legal immigration status (not necessarily older adults) are also in need since, for the most part, do not have health insurance coverage or a retirement pension; while attendees of the Survivors' Pathway session added that LGBTQ+ community and those who suffer a mental illness are also the most underserved.

In regard to the unmet needs for these special populations of older adults, one common theme was identified among participants of the Charles Hadley Park and Survivors' Pathway sessions, which included the need to address mental illness among veterans and older adults who do not have adequate access to care. Survivors' Pathway participants added that during the pandemic, it was challenging for low-income older adults, LGBTQ+ community, and racial minorities to receive vaccine appointments due to limited transportation and isolation guidelines—this resulted in mental distress for many families. These are the most notable quotes for this section:

- "Veterans are underserved...They cannot get affordable housing or anything they need"
- "People didn't have any contact with some families due to quarantine. Elders who were intubated in the hospital died without family contact"

### Special Populations & Barriers to Access Services

Participants from the JOY Center and HEPP elaborated on barriers that prevent special populations of older adults and the general population from accessing social and health care services. These were not themes that surfaced across these two sessions, but were specific to each group (i.e., common themes within each group). For instance, attendees of the JOY Center session felt that the inclusion and participation of racial minorities in the JOY Center could be beneficial for these groups since it could provide a "safe place" for older adults, however, they added, participation is limited. Participants highlighted the need to plan for engagement strategies to try to be inclusive of racial minorities, which will in turn help to address many of the barriers experienced by these groups (e.g., access to resources). A theme that surfaced among participants of the HEPP session in relation to barriers experienced by racial minorities and low-income residents (not necessarily older adults), was the lack of funding to implement programs to assist these populations—programs to assist the underserved who may not have health insurance coverage.

Figure 6.3: Special Populations of Older Adults: Most Common Words Employed by Participants



### Community Support & Health Services

This section of the focus group questionnaire aimed to determine the qualities, in participants' views, that would transform their communities in better places to live; the most important needs of older adults as it

relates to health services; and whether there are respite services for caregivers, whether it involves the care of an older adult or support for an older adult who are taking care of a loved one.

### **Desired Qualities in a Community**

Several themes were observed when participants were asked about the specific qualities that would make their communities better places to live. Participants of the Charles Hadley Park and HEPP sessions agreed that the availability of community and health centers is an essential component as residents grow older: community centers would facilitate social participation in different activities, while health centers would address any age-related health needs. Participants of the Survivors' Pathway and HEPP sessions pointed out that the provision of adequate transportation to medical appointments is an essential component for older adults who depend on this service. Participants of both sessions also agreed that education is a key component in the lives of older adults—work-related training to allow older adults to return to the workforce (HEPP) and educating residents on the benefits covered by their health insurance plan to avoid being taken advantage of (Survivors' Pathway). Participants shared the following: "There are also some people who try to steal older adults' information".

Other themes observed that were specific to each session included: provision of home care services, such as yard work (Charles Hadley Park) and opportunities for part-time employment for older adults (HEPP).

### **Health Service Needs**

When participants were asked to discuss the most pressing needs that older adults face, most participants stated that there is a need to provide home services (e.g., domestic services) and home health services (e.g., regular blood pressure readings) to older adults. This is a common theme observed among participants of Survivors' Pathway, the JOY Center, and HEPP. One participant of the Survivors' Pathway session elaborated on this topic and explained that not only are these services needed for older adults, but just as importantly there is also a need to provide adequate training so that people who would be delivering these services are patient and compassionate toward older adults: "You have to be very patient when dealing with elders...Patient and compassionate staff."

Furthermore, two major themes developed among participants of the JOY Center session, which included addressing mental health and improving primary care access for older adults in the Keys. In reference to the need to address mental health among older adults, one participant stated: "We are what we think". Participants of the Charles Hadley Park session contributed to this discussion by sharing the following pressing needs for older adults: medical assistance, transportation, affordable housing, and an increase in social security checks. Participants believed these needs became more pressing after the pandemic.

### **Respite for Caregivers and Available Community Support**

In recent years, public health research points to the need to improve caregiver resilience as they care for a family member who may be experiencing a mental or physical condition. The literature agrees that caregivers may not realize the physical and mental or emotional impact of caring for a loved one which makes it difficult to "bounce back with each new set of caregiving responsibilities and circumstances"; as such, researchers highlight the benefits of social support groups to address the needs of caregivers<sup>6</sup>.

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<sup>6</sup> Roberts E, Struckmeyer K. The Impact of Respite Programming on Caregiver Resilience in Dementia Care: A Qualitative

Among caregivers who were present during the focus group sessions, facilitators asked if there are any organizations or other family members that provide respite to assist with the care of an older adult. One participant of the HEPP session shared with the group the difficulty in finding a qualified provider to care for a family member; as a result, the family member, an older adult, had to return to their native land to be cared for by other family members. This theme was also reflected among participants of the Survivors' Pathway session and voiced their concern finding qualified providers to care for older adult family members since the main motive for many providers, according to their views, is to receive compensation.

In response to a second question posed by facilitators regarding the type of support a caregiver would need, one participant of the JOY Center discussed with the group the need to have someone come into their house and assist with bathing or other domestic service needs; to be able "to leave the house for a moment". In addition to receiving relief on the caring of an older adult, another participant mentioned the importance of skill building for the caregiver—not only to be able to care for their loved one adequately, but also for the caregiver to know when to seek support for themselves as their responsibilities become more challenging. One participant stated the following: "Sometimes the caregiver doesn't realize the emotional impact being absorbed by the caregiver—selfcare is critical, physical and emotional".

Figure 6.4: Community Support and Health Services: Most Common Words Employed by Participants





## Transportation

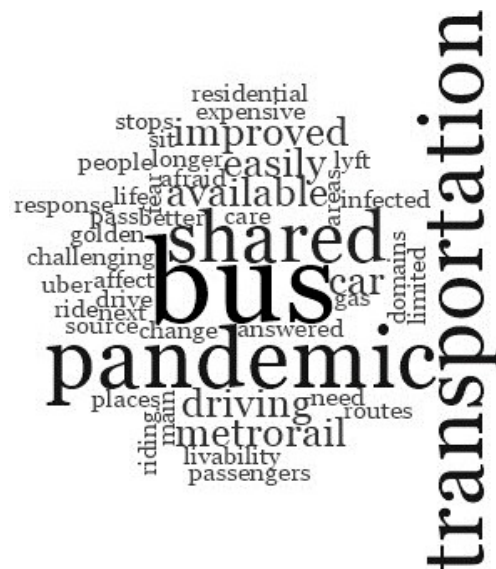
As stated earlier in this report, Transportation is one of the eight Domains of Livability—a framework developed by AARP to assist communities to prioritize initiatives around these domains to make communities more livable, not just for older adults but for residents of all ages. This section expands on the original question posed to participants which inquired about different ways to improve the transportation services in Miami-Dade and Monroe counties to attain a more suitable system for older adults. In this section, facilitators aimed to understand participants' main source of transportation, whether the pandemic affected their means of transportation and if it had improved, and finally, if transportation is easily available when they need it.

### Means of Transportation During and After the Pandemic and Current Availability

Most participants from three sessions (Charles Hadley Park, Survivors' Pathway, and HEPP) utilize the bus system in Miami-Dade County, while some attendees of the Charles Hadley Park and HEPP sessions own their cars and are able to drive in their communities. The use of Uber or Lyft as a means of transportation was specific to some members of the Charles Hadley Park session, while other participants of the Survivors' Pathway session utilize Metrorail.

As participants discussed their experience with the transportation system in their communities during the pandemic, one theme that surfaced from participants who attended the Survivors' Pathway and HEPP sessions was that riding the bus or Metrorail in Miami-Dade County was challenging. Participants explained that due to COVID-19 guidelines, people couldn't ride next to each other, which "... took longer to get places". In addition, participants from both sessions related their feeling of fear of contracting the disease while riding the bus. Nonetheless, participants of these sessions agree that since the pandemic the public transportation service has improved, which is a contrasting view of participants of the Charles Hadley Park session who mentioned that bus routes are still limited in their communities (this is a theme highlighted during the discussion of the Domains of Livability in an earlier section).

Figure 6.5: Transportation: Most Common Words Employed by Participants





## Civic Participation & Employment

The last section of the focus group questionnaire broadens the discussion on another Domain of Livability previously discussed, Civic Participation and Employment, which had originally asked participants to brainstorm on different ideas to increase civic participation (e.g., voting, political involvement, volunteering, community participation or engagement) and on employment opportunities for older adults who may want to return to the workforce. In this section, participants were specifically asked if they are involved in any volunteering activities, and how important volunteering is for older adults in their communities. Throughout the U.S., there is an increasing number of organizations and programs that highlight the benefits of volunteering among older adults. Some of these benefits include: contributes to mental health by keeping the brain active; increases social participation and prevents isolation and loneliness; it provides a feeling of purpose by allowing members to set goals; increases physical activity, whether participants are serving meals at a shelter, helping to clean a local park, walking with another older adult as a companion, or any other activity that requires movement; it allows members to interact with younger generations and helps “bridge the generation gap”; helps to learn new skills; and others<sup>7</sup>.

Most participants from three of the focus group sessions (Charles Hadley Park, the JOY Center, and HEPP) are actively involved in volunteering activities in their communities as they have experienced the benefits of volunteering and being engaged with other members of the community. Participants shared with the group the following examples of how they volunteer in their communities: serving as senior companions for other older adults unable to walk; providing emotional support to a neighbor who has recently lost a spouse; volunteering at a nursing home; by being part of the Women’s Group; volunteering at the National Association for the Advancement of Colored People (NAACP) during the pandemic; assisting at the Nurse Association in the Keys; and volunteering at the JOY Center. It is noteworthy that members of the HEPP session pointed out that although volunteering opportunities are available in their communities, volunteering is not customary in the Haitian culture. However, one participant added, when a resident wants to volunteer the steps to do so are difficult which discourages those who want to volunteer to complete this initial process.

Finally, participants of the JOY Center session added that there are plenty of volunteering opportunities in Monroe County, however many times older adults do not have the time to volunteer due to a number of medical appointments scheduled for them or their spouses which is common for someone getting older.

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<sup>7</sup> Vantage. Benefits of Volunteering for Older Adults. 2023. [Internet]. [Cited 2023 Sept 20]. Available from <https://vantageaging.org/blog/benefits-older-adults-gain-volunteering/>

Figure 6.6: Civic Participation: Most Common Words Employed by Participants



### Participants: Final Thoughts

As all sections of the focus group questionnaire were completed, facilitators asked participants if they had any additional comments to the sessions conducted on aging. Participants reinforced specific topics which had been identified as overarching themes for their group throughout the different sections of the focus group questionnaire. For instance, participants from the JOY center stressed the importance of addressing mental health among older adults and the need to have community or “senior” centers available for older adults. One participant of the JOY Center session suggested that perhaps the most effective manner to voice the need to implement a community center in their community is “ask the right questions” to the County; in other words, what have been the steps or processes followed by other communities that could be employed as a model for their own communities.

Participants of the Survivors’ Pathway session reinforced the need to increase education efforts for older adults to understand the benefits covered by their insurance plans; this theme was also voiced by other participants of the JOY Center. Lastly, members of the HEPP session felt that the Haitian community receives less benefits than other communities and they would like for the provision of services and benefits to “be at least equal to what other communities are receiving”.

## Conclusion

The information collected from residents who participated in the focus groups sessions was paramount in determining the priority needs of older adults living in Miami-Dade and Monroe counties, from the perspective of participants, and complements other components of the needs assessment process of PSA-11, spearheaded by the Alliance for Aging, such as the Needs Assessment Community Survey. The focus group questions posed by the HCSF facilitators allowed participants to engage with the group constructively, and they were able to share their experiences as they relate to the eight Domains of Livability; as well as to provide solutions to some of barriers and challenges residents encounter as they age in Miami-Dade and Monroe counties.

During these focus group conversations, several overarching themes were identified which surfaced in several categories of the focus group questionnaire. For instance, not only was education an overarching theme as participants discussed the Domains of Livability—such as Transportation, Civic Participation and Employment, Community Support and Health Services, and Disaster Preparedness—but it also emerged under Respect and Social Inclusion, a separate category of the focus group questionnaire. Participants regarded education as a crucial element in the lives of older adults and discussed the following components associated with learning and attaining knowledge: the importance to provide skill building training for older adults who would like to return to the workforce; connect health care providers with older adults so they can fully understand the benefits of their health insurance coverage; provide home service competency training to adequately address the needs of older adults; provide cultural sensitivity training in the workplace to promote inclusiveness and acceptance, as well as respect of the LGBTQ+ community; and lastly, the need to educate older adults so that they can be better prepared before and after a natural disaster threatens their communities.

Participants also discussed their experiences with discrimination in the form of social stigma and ageism—this overarching theme emerged as participants elaborated on the topic of respect and social inclusion of older adults, as well on topics of civic participation and employment. It is important to note that some participants experienced ageism as well as discrimination due to their gender and sexual identity as it was the case of participants of the LGBTQ+ community. Along the topics of social stigma and ageism, participants also voiced their concern with the lack of respect towards older adults, people of different races and ethnic backgrounds, and the LGBTQ+ community regardless of age.

Lastly, transportation was another overarching theme and a topic of great discussion among participants. Participants perceived the transportation system in Miami-Dade and Monroe counties as a challenge to age in place during and after the pandemic due to limited bus routes and long waits at the bus stop caused by bus drivers not following the bus schedule—this prompted participants to highlight the need for competency training for drivers. Participants voiced the need to facilitate transportation for older adults so that they could be transported to their medical appointments, recreational areas, and shelters in the event of a natural disaster. This overarching theme surfaced as residents discussed four domains of livability: Transportation, Community Support and Health Services, Outdoor Spaces and Buildings, and Disaster Preparedness.

In an effort to comprehensively understand the needs of older adults in Miami-Dade and Monroe counties, it would be crucial to conduct additional focus groups, community listening sessions, public forums, and key informant interviews in the eight clusters of Miami-Dade County; as well as in zip codes of Monroe

County, which have historically experienced health disparities due to the social determinants of health.

## Community Listening Sessions: Analysis

In June 2023, the HCSF facilitated two community listening sessions at Elite Health, a healthcare facility for older adults, and at Miami Beach Regional Library. A total of 22 residents attended both sessions. The subsequent section highlights the most common themes identified as participants discussed the following questions on aging:

1. As an older adult, what are three (3) things you enjoy about living in Miami-Dade County?
2. As an older adult, what are some of your daily experiences living in Miami-Dade County?
3. What would you like to see in your community that would make it a better place for older adults to live?
4. What are some challenges that can make it difficult to age in place in Miami-Dade County?

### **Aging in Miami-Dade County**

Participants of the Elite Health and Miami Beach Regional Library sessions felt that being part of a community, which is culturally diverse, as well as the different activities provided at both locations are features, they enjoy and appreciate about living in Miami-Dade County as older adults.

### **Experiences Living in Miami-Dade County as an Older Adult**

Participants of both sessions provided different viewpoints when asked to share their daily experiences living in Miami-Dade County as older adults, as such the themes identified were specific to each group. For instance, participants of the Elite Health session mainly discussed their negative experiences living in Miami-Dade County, such as their dissatisfaction with the transportation system, in which there are limited trolley routes, and limited police presence in certain neighborhoods where drivers speed without consideration for pedestrians. However, one participant of the Elite Health session shared that the police are always present at North Bay Village where the participant resides.

By contrast, participants of the Miami Beach Regional Library session described Miami Beach as a great place to age and enjoy living by the ocean; they shared that Miami Beach which allows residents to be active and engaged in the community by helping others and connect them to needed resources.

### **Desired Qualities in the Community**

When participants were asked what they would like to see in their communities to make it a better place for older adults to live, specific themes surfaced for each session conducted. In other words, overarching themes between the two sessions were not identified, but were specific to each session. The most common theme observed among members of the Elite Health session was safety. For instance, one participant shared that many of sidewalks need to be fixed since they are broken, which makes it unsafe for older adults to walk; while another participant stated that street lighting is limited in their community, which discourages older adults from walking at night.

By comparison, participants of the Miami Beach Regional Library session shared that there is a need to provide older adult education classes related to technology—many felt that the elderly “are left behind” when it comes to accessing resources, especially if they are offered online. Participants highlighted that during the COVID-19 pandemic, many older adults felt isolated from their community since most services shifted online; as such, residents “were missing out” on essential information. To address this issue, one participant suggested the development of a database for residents older than 75 to be able to reach out to this population and ensure they are informed and not isolated.

### **Challenges of Aging in Place in Miami-Dade County**

When participants were asked to share some of the challenges of aging in their communities, two overarching themes were identified among participants of Elite Health and Miami Beach Regional Library. First, participants perceived the lack of safety as a barrier or challenge for older adults and provided examples of reckless driving and limited crosswalks for pedestrians, limited police presence, increase accessibility of guns to younger generations, and increase robberies and break-ins in their communities. In addition, Participants of both sessions agreed that the cost of living in South Florida has prompted residents to “give up their condos” due to inability to meet their Homeowner’s Association (HOA) assessment payments, while other participants voiced their concern with rising food costs.

### **Conclusion**

In summary, there were three overarching themes captured in these two sessions. First, participants perceived Miami-Dade County as great place to age in place due to the strong sense of community, its cultural diversity, and the availability of different social activities for older adults. Even though participants felt a strong connection with their community they shared some of the challenges they face, which included lack of safety and the high cost of living.

During the session conducted at the Miami Beach Regional Library, facilitators were able to broaden the conversation on aging and discussed some of the Domains of Livability. With respect to transportation services, participants explained the need to continue to deliver food to older adults’ residences as it was provided during the pandemic; as well as to offer affordable housing for this population. In terms of Civic Participation and Employment, participants would like to see more resources and training, free of charge, offered to older adults who may want to re-enter the workforce; and as a way to provide community support, participants felt that there is need to offer blood pressure and diabetes screenings for older adults—this could be offered regularly at public libraries and health fairs at no cost. Lastly, one participant stated any outdoor space developed would need to be ADA compliant.

One participant of the Miami Beach Regional Library session voiced their concern with obstacles in accessing services among the elderly Asian community, which face a language barrier. The participant highlighted that most information available about different resources are not available in their language and feels that the needs of Asian older adults are not being prioritized.

Figure 6.7: Community Listening Sessions: Most Common Words Employed by Participants



## VII. Summary of Key Findings

### Demographic Summary

- Participants aged 60 years and older collectively represented 65.6% of the overall sample. Participants 45 to 59 years of age represented 21.7% of the sample, with participants under 45 years of age representing 11.5% of the sample.
- Females comprised the highest proportion of respondents (82.1% of sample), with males comprising 17.4% of the sample.
- The majority of participants (68.5%) identified as White, followed by Black (18.7%).
- The majority of participants identified as Hispanic/Latino (52.3%), followed by 31.9% identifying as non-Hispanic and 5.5% identifying as Haitian.
- The majority of participants spoke English as their primary language (58.3%), followed by Spanish (34.5%) and Haitian-Creole (5.1%).
- The vast majority of participants (91.9%) indicated that they had obtained at least a high school diploma or GED, and 32.3% indicated that they had obtained a graduate or professional degree, with 24.2% of participants indicating that they had completed either an associate degree or a bachelor's degree.
- Almost half of the sample (45.5%) made less than \$50,000. Participants making \$25,000 to \$49,999 (18.7% of sample) represented the largest proportion of the sample that chose to share their income.

### Respondent Demographic Profile

The following information provides a summary of major demographics for the survey respondents. Additional analysis is provided in the report.

Table 7.1: Age of Participants

Age	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Under 45 years	27	11.5%	27	34.6%	0	0.0%
45 to 59 years	51	21.7%	51	65.4%	0	0.0%
60 to 64 years	38	16.2%	0	0.0%	38	24.4%
65 to 69 years	31	13.2%	0	0.0%	31	19.9%
70 to 74 years	36	15.3%	0	0.0%	36	23.1%
75 to 79 years	23	9.8%	0	0.0%	23	14.7%
80 to 84 years	13	5.5%	0	0.0%	13	8.3%
85 to 89 years	11	4.7%	0	0.0%	11	7.1%
90 years and over	2	0.9%	0	0.0%	2	1.3%
I prefer not to say	3	1.3%	0	0.0%	2	1.3%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 7.2: Gender

Gender	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Male	41	17.4%	10	12.8%	31	19.9%
Female	193	82.1%	67	85.9%	125	80.1%
Non-binary	0	0.0%	0	0.0%	0	0.0%
Transgender	0	0.0%	0	0.0%	0	0.0%
Other (please specify)	0	0.0%	0	0.0%	0	0.0%
I prefer not to say	1	0.4%	1	1.3%	0	0.0%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 7.3: Race

Race	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Black	44	18.7%	6	7.7%	38	24.4%
White	161	68.5%	60	76.9%	100	64.1%
Asian	6	2.6%	2	2.6%	4	2.6%
American Indian/Alaskan Native	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian/Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%
Two or more races	7	3.0%	3	3.8%	4	2.6%
Other (please specify)*	3	1.3%	2	2.6%	1	0.6%
I prefer not to say	14	6.0%	5	6.4%	9	5.8%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

\*Note: "Other" responses were specified as follows: Hispanic (3).



Table 7.4: Ethnicity

Ethnicity	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Hispanic or Latino/a	123	52.3%	51	65.4%	71	45.5%
Non-Hispanic	75	31.9%	21	26.9%	54	34.6%
Haitian	13	5.5%	2	2.6%	11	7.1%
Two or more ethnicities	8	3.4%	2	2.6%	6	3.8%
Other (please specify)*	7	3.0%	1	1.3%	6	3.8%
I prefer not to say	9	3.8%	1	1.3%	8	5.1%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

\*Note: "Other" responses were specified as follows: Jewish (2), Chinese (2), Black (1), Canadian (1), and Irish-American (1).

Table 7.5: Primary Language Spoken at Home

Primary Language	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
English	137	58.3%	46	59.0%	90	57.7%
Spanish	81	34.5%	29	37.2%	52	33.3%
Haitian-Creole	12	5.1%	1	1.3%	11	7.1%
Other (please specify)*	5*	2.1%	2	2.6%	3	1.9%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

\*Note: "Other" responses were specified as follows: Chinese (1), Spanglish (1), English and Spanish (1), Urdu (1), and Kanjobal (1).

Table 7.6: Level of Educational Attainment

Level of Education	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
No diploma	13	5.5%	0	0.0%	13	8.3%
High school diploma or GED	38	16.2%	8	10.3%	30	19.2%
Some college	45	19.1%	11	14.1%	34	21.8%
Associate degree	25	10.6%	12	15.4%	13	8.3%
Bachelor's degree	32	13.6%	15	19.2%	17	10.9%
Graduate or professional degree	76	32.3%	30	38.5%	45	28.8%
I prefer not to answer	6	2.6%	2	2.6%	4	2.6%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

Table 7.7: Household Income for the Current Year

Household Income	Overall Sample		Participants Aged <60		Participants Aged 60+	
	Count	Percent of Entire Sample (N=235)	Count	Percent of Subsample (N=78)	Count	Percent of Subsample (N=156)
Less than \$15,000	30	12.8%	6	7.7%	24	15.4%
\$15,000 to \$24,999	33	14.0%	8	10.3%	25	16.0%
\$25,000 to \$49,999	44	18.7%	13	16.7%	31	19.9%
\$50,000 to \$74,999	29	12.3%	13	16.7%	16	10.3%
\$75,000 to \$99,999	23	9.8%	12	15.4%	11	7.1%
\$100,000 or more	27	11.5%	15	19.2%	12	7.7%
I prefer not to say	49	20.9%	11	14.1%	37	23.7%
<b>Total</b>	<b>235</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>156</b>	<b>100.0%</b>

## Quantitative Survey Analysis Overview

### Caregiving

- Adults aged 60 and older reported needing help with household work and emotional/mental support

### Employment and Housing

- Over 55% of 60+ respondents were retired, with 20.9% working full-time
- Compared to the overall sample, a larger proportion of 60+ respondents lived alone

### Challenges with Independent Living

- Compared to the overall sample, higher proportions of the 60+ respondents struggled with physical health, being able to do heavy housework, and being able to afford housing/living costs

### Transportation

- Older adults (aged 60+) struggled with public transportation, finding it difficult to use and reporting a lack of public transportation options

### Respect and Social Inclusion

- Participants of all ages struggled with feeling lonely and feeling depressed, indicating that all age groups may benefit from more access to mental health services

### Outdoor Spaces and Buildings

- A substantial proportion of older adults were dissatisfied with the availability of public parking lots and areas to park, including handicapped parking

### Community and Information/Technology

- The majority of the respondents obtained their information from the Internet or social media, with a large proportion obtaining this information from a doctor or health care professional.
  - While older adults also reported using the Internet/social media or consulting a physician, they were also more avid users of in-person resources (e.g., local senior center), TV, and printed media (e.g., newspapers and magazines).
- Less than 40% of older adults reported feeling very comfortable using the internet, and 25% reported feeling “not comfortable” with it. Nearly 5% of older respondents did not have Internet access.
  - Thus, there is a need for greater technological education for older adults (e.g., internet and basic computer skills)

### Community and Health Services

- Overall, participants were aware of some major community services (e.g., primary health care, specialty care, and hospitals, clinics, and urgent care centers)
- In contrast, higher proportions of older adults reported that they were “not sure” about whether certain services were accessible and affordable in the community, particularly mental health care, nutrition programs, disease self-management programs, home care services, and legal services. Given that these services may be valuable for this age group, it is important that

they receive more information about available resources in these areas.

- Of note, 12.4% of the overall sample and 15.0% of older adults (60+) stated that nobody helps them with instrumental activities of daily living, but that they do need support in completing these tasks.

### **Social Participation**

- Overall, participants aged 60+ years old had a preference for affordable activities, activities for socializing, and continuing education classes

### **Civic Engagement**

- When asked what interferes with their ability to engage in volunteer work in the community, 56.6% of adults 60+ years old did not consider this question to be applicable to them
  - Other barriers were health limitations (14.0%) and limited availability (16.2%)

### **Disaster Preparedness**

- Compared to the overall sample, more older adults said that they did not have a plan in place (21.4%).
- Compared to the overall sample, more older adults preferred alerts to be given by local TV stations, which is consistent with their comparatively greater reliance on TV for information. They also were more likely to prefer an automated phone call and less likely to use social media or a smartphone app to receive alerts.

### **Overall**

- When asked about programs that were important to them, all age groups valued recreation, adult education, wellness programs, and companionship/social activities. In contrast, there was considerably less interest in group (congregate) meals or employment/job training.
- Compared to the overall sample, a higher proportion of older adults rated their communities less favorably (e.g., as “poor” or “not sure”).

## **Top Needs Identified for Respondents Over 60+ Years Old**

- More help with caregiving responsibilities
- More help with household work and more emotional/mental support
- Help with certain aspects of independent living (being able to do heavy housework, being able to afford housing/living costs)
- Help using public transportation and greater awareness of available options
- Help with feelings of loneliness and depression
- Greater access to mental health services
- Greater availability of public parking lots and areas to park, including handicapped parking
- More opportunities to learn how to use the internet and computer skills in general
- More sharing of community information through channels other than the Internet (e.g., in-person meetings, TV)
- More awareness of mental health care, nutrition programs, disease self-management programs, home care services, and legal services in their communities
- More affordable activities, activities for socializing, and continuing education classes

- Assistance in formulating a disaster preparedness plan
- Greater interest in recreation, adult education, wellness programs, and companionship/social activities

## Qualitative Analysis Overview

### Focus Groups Analysis Overview

#### Summary of Findings

##### **Aging in Place**

- All participants voiced their dislike of being placed in a nursing home

##### **Experiences Aging in Place in Miami-Dade and Monroe Counties**

- Most participants feel a sense of community and their neighborhoods and appreciate and exposure to cultural diversity of Miami-Dade and Monroe counties

##### **Challenges of Aging in Place**

- Retirement income is not enough for older adults
- Discrimination (**overarching theme**)
  - Gender and sexual identity of LGBTQ+ community
    - Not many volunteering opportunities offered for LGBTQ+ community
    - Mistreatment in buses and lack of respect towards this community
    - LGBTQ+ community are fearful of going to shelters in preparation for a storm
  - Ageism leading to social stigma
    - Limited opportunities of employment for older adults
      - A need for skill building training
- Transportation
  - Difficult for older adults in Monroe County to go to specialists in Miami-Dade County due to limited transportation

##### **Domains of Livability**

- Transportation
  - Limited bus routes (**overarching theme**)
  - Door-to-door transportation services suggested by participants
- Housing
  - High housing costs
- Social Participation
  - A need for community centers (**overarching theme**)
    - Increase social interaction among older adults
    - A trusted place where older adults can obtain information on resources and services
- Respect & Social Inclusion
  - Lack of Respect (**overarching theme**)
    - Lack of patience and consideration towards older adults
      - Need for cultural sensitivity training (e.g., healthcare facilities)

- Communication & Information
  - The use of the radio to communicate with older adults is most effective way
- Community Support & Health Services
  - Improve transportation services for older adults as a way to support the community (**overarching theme**)
- Disaster Preparedness
  - Availability of preparation kits for older adults
  - Availability of a directory of “helpers” to assist before and after a storm threatens the community
  - Strategize on the most effective way to deliver important information to older adults related to emergency preparedness

#### **Respect Earned & Social Inclusiveness**

- Lack of respect (**overarching theme**)
  - As cognitive abilities decline, respect toward older adults also diminishes from younger generations

#### **Special Populations of Older Adults who are Underserved**

- Low-income residents
- Racial minorities
- Older adults with a mental illness

#### **Community Support & Health Services**

- Desired Qualities in a Community
  - Availability of community and health centers
  - Education (**overarching theme**)
    - Skill building training for older adults
    - Connect health care providers with older adults to understand benefits covered by their insurance plans
- Health Service Needs
  - A need of domestic and health services for older adults
- Respite for Caregivers
  - Difficulty in finding qualified providers to provide relief for caregivers

#### **Transportation**

- Means of transportation
  - Bus
  - Own cars
- Challenges during the Pandemic
  - Transporting residents to different locations took longer than before the pandemic
    - Isolation guidelines
    - People fearful of contracting the disease

#### **Civic Participation and Employment**

- Most participant volunteer in their communities and see the benefits of volunteering for themselves and for the person receiving the service

## Community Listening Sessions Analysis Overview

### Summary of Findings

#### **Aging in Miami-Dade County**

- Participants felt a strong sense of community (**overarching theme**)
- Enjoyed the cultural diversity offered in Miami-Dade County
- Grateful for the different activities being offered for older adults

#### **Challenges of Aging in Miami-Dade County**

- Lack of safety (**overarching theme**)
  - Reckless driving
  - Limited crosswalks for pedestrians
  - Limited police presence
  - Increase accessibility to guns
  - Increase robberies and break-ins
- High cost of living (**overarching theme**)
  - High HOA assessment payments
  - High food cost

## Overarching Themes for All Data Collection Methods

The following are overarching themes observed in the focus groups, community listening sessions, key informant interviews, and in the survey findings. Please note that, at times, the themes presented subsequently surfaced across all sessions and needs assessment survey results; while in other instances, the themes were specific to two or three sessions but not for all data collection methods (i.e., focus groups, community listening sessions, key informant interviews, survey findings).

- When participants across all sessions were asked to describe what “aging in place” means to them, the most common response was to experience a sense of community or familiarity
- It is crucial to implement more mental and behavioral health services in the community to address the needs of older adults
- Participants place great value on the different social activities developed for older adults in the community
  - Participants would like to overcome the generational gap and implement social activities that involve older adults and younger generations
  - Implementation of community or senior centers for older adults to gather, particularly in Monroe county
- Education
  - The need to develop continuing education or skill building training for older adults—participants of different focus group sessions shared that this would allow this population to return to the workforce if they desire to do so
  - Inform and educate older adults on how to access much needed services in the community by sharing different resources
  - There is a need to support older adults in their understanding on the benefits of available programs and how to access them
- Rising housing costs in Miami-Dade and Monroe counties

- Transportation barriers—such as limited bus routes, lack of adequate training for drivers, and limited transport to medical appointments—emerged an overarching theme in the focus groups as well as in the community listening sessions and key informant interviews. However, respondents of the survey did not see it as a "major problem".
- Long waiting periods to receive services (e.g., housing) and limited knowledge on technology to access online services were barriers experienced by underserved older adults
- Across most focus groups, community listening sessions, and key informant interviews, the following groups of older adults were identified as the most underserved:
  - African Americans
  - Immigrant Communities
  - Low-income residents
  - LGBTQ+ older adults
  - Asian Americans
  - Haitian/Haitian Americans

It is important to note that some of overarching themes identified in the focus groups, community listening sessions, and key informant interviews did not correlate with findings of the needs assessment survey analysis. For instance, most participants of all focus group sessions shared they had been discriminated against and stigmatized due to their age, however survey respondents indicated that being treated in a discriminatory manner due to their race, ethnic background, or age was not a “major problem”. Another overarching theme observed across focus groups, community listening sessions, and key informant interviews was the need to educate older adults on how to effectively navigate the internet and technology to access resources; however, most survey respondents indicated they are comfortable using the internet or other forms of technology.

It should be noted, however, that the questionnaire designed for the focus groups, community listening sessions, and key informant interview sessions was qualitative in nature, and it included open-ended questions—it provided an open forum of discussion, for the group who participated, on topics related to aging. On the other hand, the needs assessment survey intended to capture residents’ experiences on aging using a quantitative approach; as such, the questions posed in the survey were multiple choice or Likert Scale in nature and were completed by each individual resident without the option of an open discussion. The difference in data collection approaches, whether qualitative or quantitative, could account for some of the differences perceived with respect to the most common themes identified.



## VIII. Community Readiness to Address Identified Needs

Community readiness refers to how prepared the community is to take action to address a particular issue.<sup>8</sup> Completion of this needs assessment supports the process for evaluating how best to strategize the efforts in developing a thriving environment for older adults living in Miami-Dade and Monroe counties. In order to address the identified needs of the community, it is important to note that in addition to the Alliance other initiatives such as Thrive 305, Age Friendly Initiative, the ‘Elder Issues Taskforce’ of the Consortium for a Healthy Miami-Dade and others would need continued support to properly and effectively solve these issues. Here are some key observations that were made based on the results of this assessment:

### **STRENGTHS**

- Community stakeholders and leaders are dedicated to the continued improvement for the delivery of services to older adults
- The older population encourages connection and closeness within their communities
- The diversity and cultural makeup of the geographic location promote community and encourages safety among each cultural group
- Awareness that adaptability is possible during times of crisis and providing ongoing services to the older population has been successful despite this

### **CHALLENGES**

- Developing a way to streamline the delivery of services or communications between programs and clients
- Providing services to the underserved and more vulnerable adult population given the barriers of language and cultural competency
- Creating ways to ease the process of accessing services, especially persons who live in more rural areas within the counties.
- Increased costs in living that do not support older adults aging in place in their homes
- Funding allocations for programs and services may not be able to meet the demand of a continuously growing older population

### **OPPORTUNITIES**

- Create systems to provide better more expansive communication of services available to current clients and potential clients. Use evidence-based interventions to drive service delivery
- Target programs and services related to the AARP’s domains of livability to ensure needs specific to those domains are met across rural/minority/low-income populations

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<sup>8</sup> <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/program-models/community-readiness> Rural Health Information Hub. Community Readiness Model. [Internet]. [Cited 2023 Sept 22]. Available from <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/program-models/community-readiness>

- Expand collaborative network to partner with agencies or organizations that specifically allocate funds to support older adult services and programs
- Conduct outreach in rural and underserved areas that do not fit the definition of 'rural' to highlight needs within those communities. Some communities outside of rural areas also have challenges in accessing services.
- Develop culturally sensitive programs and educate network to address health inequities

## IX. Recommendations

Recommendations were developed based on the overall themes gathered from the needs assessment report. The following recommendations may be considered for future implementation planning:

1. Given that the participants in this sample struggled more with feeling lonely and/or depressed and given that they may not be aware of mental health care resources in their communities, greater efforts can be directed toward making such services available and affordable for this population and linking individuals to these services.
2. Given that participants also struggled with using public transportation, greater efforts may be directed toward creating new and/or improving existing transportation services for older adults.
3. Since so much information is distributed via online channels, greater efforts can be directed toward helping older adults become more familiar and comfortable with using such technologies, such as the Internet, smartphones, and other aspects of computer basics.
4. Greater focus may be directed toward ensuring that all older adults have a disaster preparedness plan in place in case of an emergency.

As mentioned earlier in this report, the objective of this assessment was to gauge residents' perspectives as it relates to the needs of older adults—whether through the use of a qualitative approach, such as the facilitation of focus groups or by the distribution of the community needs assessment survey, later to be analyzed quantitatively—in geographical areas of Miami-Dade and Monroe counties which have historically been impacted by the social determinants of health resulting in adverse health outcomes (e.g., preventable hospitalizations due to chronic conditions). Even though the facilitation of the focus groups and community listening sessions, as well as the distribution of the survey occurred in areas of highest need, such as Cluster 5 (Brownsville/Coral Gables/Coconut Grove), it is paramount, on the next endeavor, to comprehensively focus on the eight clusters previously selected by the Florida Department of Health in Miami-Dade, which derive from the original 13 clusters developed by the HCSF comprised by zip codes with similar socioeconomic needs. As mentioned, the eight clusters represent 38 zip codes in Miami-Dade County determined to be at high risk of health disparities associated with COVID-19 infection and suffer poor outcomes related to the social determinants of health. The same approach would need to be followed in Monroe County by identifying the areas of highest need and working with partners across the Keys so they could be part of this process not only in identifying the needs of older adults, but also working together to implement solutions to barriers accessing services among this population.

This is a countywide effort and there is already a number of projects and initiatives underway, such as the United Way Older Adult Advocacy Taskforce, or West Kendall Baptist Hospital, Healthy West Kendall Age-Friendly Initiative. This is a process that requires collaboration to address the needs of older adults in areas of highest need in Miami-Dade and Monroe counties.

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## Appendix B: Communications Template & Media

### ALLIANCE FOR AGING: SURVEY COMMUNICATIONS

We want to hear from you!

The Area Agency on Aging (Alliance for Aging, Inc.), an organization that serves older adults residing in Miami-Dade and Monroe counties. The Alliance for Aging is conducting a survey to learn more about the needs of older adults living within the community. Questions will focus on identifying the priority needs of older adults and challenges faced, including housing, transportation, health services, social isolation, among others.

You can make your voice heard by taking the survey and then sharing the link with family, friends, and neighbors. Any interested residents 18+ years may provide their feedback. Survey results will guide the agency to develop an updated aging plan of action, which will include programs and services that will be delivered to older adults in our communities.

The survey is available online at the following links:

- ENGLISH: <https://www.surveymonkey.com/r/AgeFriendlyHCSF>
- SPANISH: <https://es.surveymonkey.com/r/EncuestaEdad>
- HAITIAN CREOLE: <https://fr.surveymonkey.com/r/SONDAJ>

For questions or alternative formats, please e-mail [healthcouncil@healthcouncil.org](mailto:healthcouncil@healthcouncil.org) or call 305-592-1452.

Your feedback is important to us, and we thank you for your time and voice! Please share wherever you can!

### SOCIAL MEDIA VERSION:

The Alliance for Aging is conducting a survey to learn more about the needs of older adults living within the community. Questions will focus on identifying the priority needs of older adults and challenges faced. You can make your voice heard by taking the survey and then sharing the link with family, friends, and neighbors. Residents 18+ years may provide their feedback. For questions or alternative formats, please e-mail [healthcouncil@healthcouncil.org](mailto:healthcouncil@healthcouncil.org) or call 305-592-1452.

CLICK THE LINK BELOW:

- ENGLISH: <https://www.surveymonkey.com/r/AgeFriendlyHCSF>
- SPANISH: <https://es.surveymonkey.com/r/EncuestaEdad>
- HAITIAN CREOLE: <https://fr.surveymonkey.com/r/SONDAJ>

## QR CODES:

English



Spanish



Haitian Creole



## ASSOCIATED GRAPHICS:



**WE WANT TO HEAR  
FROM YOU!**

### 2023 COMMUNITY NEEDS ASSESSMENT

The Alliance for Aging is conducting a survey to learn more about the needs of older adults living within the community. Questions will focus on identifying the priority needs of older adults and challenges faced. You can make your voice heard by taking the survey and then sharing this with family, friends, and neighbors! Residents 18+ years may provide their feedback.

Use your phone to  
scan for the  
survey!

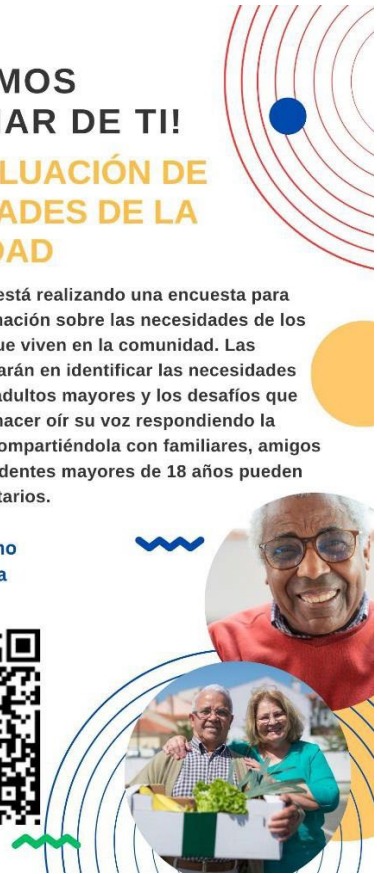


**¡QUEREMOS  
ESCUCHAR DE TI!**

### 2023 EVALUACIÓN DE NECESIDADES DE LA COMUNIDAD

Alliance for Aging está realizando una encuesta para obtener más información sobre las necesidades de los adultos mayores que viven en la comunidad. Las preguntas se centrarán en identificar las necesidades prioritarias de los adultos mayores y los desafíos que enfrentan. ¡Puede hacer oír su voz respondiendo la encuesta y luego compartiéndola con familiares, amigos y vecinos! Los residentes mayores de 18 años pueden brindar sus comentarios.

¡Use su teléfono  
para buscar la  
encuesta!





## NOU VLE TANDE OU!

### 2023 KOMINOTE EVALYASYON BEZWEN

Alliance for Aging ap fè yon sondaj pou aprann plis sou bezwen granmoun aje k ap viv nan kominote a. Kesyon yo pral konsantre sou idantifye bezwen priorite granmoun aje yo ak defi yo fè fas. Ou ka fè tande vwa ou lè w pran sondaj la epi pataje sa ak fanmi, zanmi, ak vwazen! Rezidan ki gen plis pase 18 an ka bay fidbak yo.

Sèvi ak telefòn ou pou eskane pou sondaj la!



## WE WANT TO HEAR FROM YOU!

### 2023 COMMUNITY NEEDS ASSESSMENT

The Alliance for Aging is conducting a survey to learn more about the needs of older adults living within the community. Questions will focus on identifying the priority needs of older adults and challenges faced. You can make your voice heard by taking the survey and then sharing this with family, friends, and neighbors! Residents 18+ years may provide their feedback.

Use your phone to scan for the survey!



## 2023 COMMUNITY NEEDS ASSESSMENT

The Alliance for Aging offers effective home- and community services that make a positive impact on the quality of life for older adults and their families. To do that at the highest level possible, we are inviting you to take part in our community needs assessment. Tell us what YOU think are the most the most important needs for older adults in our community.

Thank you for making your voice heard!

Take Survey

<https://www.surveymonkey.com/r/AgeFriendlyHCSF>



<https://es.surveymonkey.com/r/EncuestaEdad>



Responde la encuesta

## 2023 EVALUACIÓN DE NECESIDADES DE LA COMUNIDAD

La Alianza ofrece servicios efectivos en el hogar y en la comunidad que tienen un impacto positivo en la calidad de vida de los adultos mayores y sus familias. Para lograrlo al nivel más alto posible, te invitamos a participar en nuestra evaluación de necesidades de la comunidad. Cuéntanos qué crees que son las necesidades más importantes para los adultos mayores en nuestra comunidad. ¡Gracias por hacer que tu voz sea escuchada.



## Appendix C: Key Informant Invitation Letter



**Name/Title**

**Address**

**City, State Zip**

Dear Mr./Ms./Mrs. **[NAME]**,

The Alliance for Aging ([\*Alliance for Aging – Answers for Aging Website\*](#)) is currently conducting a post COVID-19 needs assessment focused on the aging population within Miami-Dade and Monroe Counties. The purpose of this assessment is to evaluate the needs of the aging community and understand what services and programs are needed to enhance the overall health and well-being of the aging population living and working in our area. In partnership with the Alliance, the Health Council of South Florida, Inc. (HCSF) will be conducting subject matter expert interviews, focus groups discussions and listening sessions to gain valuable insight on factors that are impacting the health and well-being of the aging population.

As a subject matter expert in your field, we would like to invite you to participate in a 60-minute interview and contribute your knowledge and experience to our needs assessment evaluation. To ensure we respect your schedule; we are offering multiple days and times to participate. Please use this Doodle poll link to select the times that work best: **SCHEDULE HERE**

Upon selecting a day and time, additional guidance and materials will be sent to you before the scheduled interview. If you are unable to attend the listed dates, there will be more opportunities to do so.

We truly value your input and encourage you to participate. Feel free to share this invitation with others who would be interested and can contribute to this conversation. If you have any questions regarding the project or focus group process, please do not hesitate to contact me. Thank you in advance for participating in this important initiative!

**[Name]**

**Health Council of South Florida**

**7855 NW 12<sup>th</sup> Street, Suite 117, Doral, FL 33126**

**Direct Line: 786-535-4374 | Office: 305-592-1452 Ext.121 | Fax: 305-592-0589**

## Appendix D: Community Needs Assessment Survey

1

### Community Needs Assessment

**Introduction:** The Alliance for Aging is interested in learning about the needs of older adults residing in Miami-Dade and Monroe counties after the COVID-19 pandemic. The information collected from this survey will be used to create a more age-friendly community. **The survey should only take around 15 minutes to complete.**

**Thank you for participating! Please complete all questions to the best of your ability!**

#### I. Demographics

**1. Which best describes you? (Select all that apply)**

- ☐ An older adult (60+ years old)
- ☐ Adult (Under 60 years old)
- ☐ An individual with a disability
- ☐ A caregiver (*A caregiver is a family member, friend, volunteer, or paid helper who regularly looks after an older adult or disabled person*)
- ☐ A relative or friend of an elder that needs care
- ☐ I work as a provider of services to older persons
- ☐ Other (please specify) \_\_\_\_\_

**2. What county do you live in?**

- ☐ Miami-Dade
- ☐ Monroe
- ☐ Other (please specify) \_\_\_\_\_

**3. What is your 5-digit zip code?**

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**4. What is your race?**

- ☐ Black
- ☐ White
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Two or more races
- ☐ Other (please specify) \_\_\_\_\_
- ☐ I prefer not to say

**5. What is your ethnicity?**

- ☐ Hispanic or Latino/a
- ☐ Non-Hispanic
- ☐ Haitian
- ☐ Two or more ethnicities
- ☐ Other (please specify) \_\_\_\_\_
- ☐ I prefer not to say

**6. What is your gender? (Select all that apply)**

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Transgender
- ☐ Other (please specify) \_\_\_\_\_
- ☐ I prefer not to say

**7. What is your age range?**

- ☐ Under 45 years
- ☐ 45 to 59 years
- ☐ 60 to 64 years
- ☐ 65 to 69 years
- ☐ 70 to 74 years
- ☐ 75 to 79 years
- ☐ 80 to 84 years
- ☐ 85 to 89 years
- ☐ 90 years and over
- ☐ I prefer not to say

**8. What is your marital status?**

- ☐ Never Married
- ☐ Married
- ☐ Widowed
- ☐ Divorced or Separated
- ☐ I prefer not to say

**9. What will your total income be (before taxes) for the current year?**

- ☐ Less than \$15,000
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 or more
- ☐ I prefer not to say

**10. What is your sexual orientation?**

- ☐ Heterosexual or straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ I prefer not to say

**11. What is the highest level of education that you completed?**

- ☐ No Diploma
- ☐ High School diploma or GED
- ☐ Some College
- ☐ Associates Degree
- ☐ Bachelor's Degree
- ☐ Graduate/Professional Degree
- ☐ I prefer not to say

**12. Have you ever served on active duty in the United States Armed Forces, either in the regular military, National Guard or in a military reserve unit?**

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

**13. What type of health insurance do you have? (Select all that apply)**

- ☐ Employer-based
- ☐ Medicare
- ☐ Medicaid
- ☐ Veteran's Health Administration
- ☐ I do not have health insurance
- ☐ Other (please specify) \_\_\_\_\_



**14. What is the primary language spoken in your household?**

- ☐ English
- ☐ Spanish
- ☐ Haitian-Creole
- ☐ Other (please specify) \_\_\_\_\_

## **II. Caregiving**

*A caregiver is a family member, friend, volunteer, or paid helper who regularly looks after an older or disabled person. **If you identify as a caregiver, please complete this section (Q15-Q18) from your caregiving perspective and then respond to the remaining sections from your own personal perspective as a member of your community. If you are not a caregiver, please skip to Section III.***

**15. Who do you provide care for as a caregiver? (Select all that apply)**

- ☐ Parent(s)
- ☐ Spouse/Partner
- ☐ Child (ren)
- ☐ Grandchild (ren)
- ☐ Other family member(s)
- ☐ Friend/Neighbor/Associate
- ☐ I work as a paid caregiver
- ☐ I volunteer as an unpaid caregiver

**16. How old are the persons for whom you provide care for? (Select all that apply)**

- ☐ 0-18 years old
- ☐ 19-44 years old
- ☐ 45-59 years old
- ☐ 60+ years old

**17. Do you have enough help with your caregiving responsibilities?**

- ☐ Yes
- ☐ No
- ☐ Sometimes

**18. What type of help do you need most with your caregiving responsibilities? (Please select 3)**

- ☐ Transportation
- ☐ Financial Assistance
- ☐ Emotional/Mental support
- ☐ Someone to provide care so I can have a break
- ☐ Support in household work (chores, maintenance, etc.)
- ☐ Home health and/or medical support
- ☐ Caregiver skills training
- ☐ Information about resources
- ☐ I do not need any help
- ☐ Other (please specify) \_\_\_\_\_

### III. Employment

**19. What is your current employment status? (Select all that apply)**

- ☐ Employed, working full-time
- ☐ Employed, working part-time
- ☐ Not employed, looking for work
- ☐ Not employed, NOT looking for work
- ☐ Self-employed
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled, not able to work
- ☐ Other (please specify) \_\_\_\_\_

### IV. Housing

**20. Which of the following types of homes best describes your current living situation?**

- ☐ Single-family home
- ☐ Apartment/Condominium
- ☐ Mobile home
- ☐ Senior housing or assisted living facility
- ☐ Homeless or In-Between Living Areas
- ☐ Other (please specify) \_\_\_\_\_

**21. What is your living arrangement? (Select all that apply)**

- ☐ Live alone
- ☐ Live with my spouse/partner
- ☐ Live with family members or friends
- ☐ Live with a roommate/housemate
- ☐ Live in a group home/assisted living
- ☐ Live with a paid caretaker

- 22. Some older adults may face difficulties living independently in their home. In the recent past, how much of a problem, if at all, has each of these been for you? (Please indicate with checkmark)**

	Major problem	Minor Problem	Not a Problem	Not applicable
Having housing to suit your needs				
Your physical health				
Your ability to do heavy housework				
Safety in your home				
Being able to afford housing/living costs				

Other (please specify) \_\_\_\_\_



## V. Transportation

23. Some older adults may have the following challenges when travelling to an appointment, event, or community location? In the recent past, how much of a problem, if at all has each of these been for you? (Please indicate with checkmark)

	Major problem	Minor Problem	Not a Problem	Not applicable
I have difficulties walking				
I do not own or drive a car				
I do not have others who are able or willing to take me				
Lack of public transportation options				
Public transportation is difficult to use and/or unreliable				
I cannot afford transportation costs				

Other (please specify) \_\_\_\_\_

## VI. Technology

24. How comfortable do you feel using the internet for email communication or finding information?

- ☐ Very Comfortable
- ☐ Comfortable
- ☐ Somewhat comfortable
- ☐ Not comfortable
- ☐ I do not have a way to access the internet
- ☐ Other (please specify) \_\_\_\_\_

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## VII. Respect and Social Inclusion

25. The following questions list several problems that older adults may or may not face. In the recent past, how much of a problem has each of the following been for you? (Please indicate with checkmark)

	Major problem	Minor Problem	Not a Problem	Not applicable
Feeling isolated or lonely				
Feeling depressed				
Feeling respected by others				
Having friends or family you can rely on				
Being treated unfairly or discriminated against because of your race or ethnic background				
Being treated unfairly or discriminated against because of your age				

Other (please specify) \_\_\_\_\_

## VIII. Outdoor Spaces and Buildings

26. Would you rate your community as excellent, good, fair, or poor on having the following? (Please indicate with checkmark)

	Excellent	Good	Fair	Poor	Not sure
Well-lit, accessible, safe streets and intersections for all users					
Separate pathways for bicyclists and pedestrians					
Availability and accessibility of Parks					
Public buildings and spaces including restrooms accessible to people with different physical abilities					
Conveniently located public parking lots and areas to park including handicapped parking					

## **IX. Community and Information**

**27. Where do you go to find information about services for older adults such as caregiving services, medical transport, social activities or home delivered meals? (Select all that apply)**

- ☐ Internet or Social Media (Facebook, Instagram, Twitter)
- ☐ Doctor or Health care professional
- ☐ Faith-based organizations or church
- ☐ Printed media (newspapers, magazines)
- ☐ Radio
- ☐ Television
- ☐ In-Person (Local Senior Center, Department of Elder Affairs, Social Security Office)
- ☐ Other (please specify) \_\_\_\_\_

## X. Community and Health Services

28. Are the following community health and wellness services easily accessible and affordable? (Please indicate with checkmark)

	Yes	Sometimes	No	Not Sure
Primary health care ((checkups, labs, preventive health, etc.)				
Specialty care (dental, vision, etc.)				
Mental or behavioral health care (counseling, therapy, substance abuse, etc.)				
Hospitals, clinics, and urgent care centers				
Nutrition programs and classes (smoking cessation, fitness, and weight control)				
Disease self- management programs (diabetes, high blood pressure)				
Home care services or personal care and housekeeping				
Legal services and assistance				

**29. Who helps you with instrumental activities of daily living (cleaning, preparing meals, hygiene, etc.)? (Select all that apply)**

- ☐ A spouse, family member, friend, or member of your community
- ☐ A nurse, doctor, aide, or other health professional
- ☐ No one, I can support myself in daily living activities
- ☐ No one, but I do need support in my daily living activities
- ☐ Other (please specify) \_\_\_\_\_

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**XI. Social Participation**

**30. How would you rate your need for the following community resources? (Please indicate with checkmark)**

	Very Important	Somewhat Important	Not Important	Not Applicable
Activities for socializing				
Activities that are affordable to all residents				
Activities that involve both younger and older people				
A variety of cultural activities for diverse populations				
Conveniently located entertainment venues				
Continuing education classes or social clubs to pursue new interests, hobbies, or passions				

Other (please specify) \_\_\_\_\_

## **XII. Civic Engagement**

**31. If you are interested in finding a volunteering opportunity but have been unable to do so, what has interfered with your ability to do so? (Select all that apply)**

- ☐ Limited availability
- ☐ Health limitations
- ☐ Language barriers
- ☐ Lack of transportation/Too far away
- ☐ Don't know where to search
- ☐ Caregiving responsibilities
- ☐ Not Applicable
- ☐ Other (please specify)\_\_\_\_\_

## **XIII. Disaster Preparedness**

**32. Do you have an emergency preparedness plan in the event of a disaster (hurricane, pandemic, tornado, etc.)?**

- ☐ Yes
- ☐ No
- ☐ Somewhat

**33. How would you prefer to receive alerts from local officials in case of an impending disaster/emergency? (Select all that apply.)**

- ☐ Local TV stations
- ☐ Radio stations
- ☐ Text messages
- ☐ Automated phone call
- ☐ Social media
- ☐ Smart phone app
- ☐ Home visit from an individual
- ☐ Email
- ☐ Other (please specify)\_\_\_\_\_

#### **XIV. Overall**

**34. What programs and services do you need MOST to support yourself as you age? (Please select 3)**

- ☐ Adult Education
- ☐ Adult Day Care Services
- ☐ Companionship/Social activities
- ☐ Housing
- ☐ Employment and Job Training
- ☐ Group (Congregate) Meals
- ☐ Home Care In-Home Support
- ☐ Income Assistance
- ☐ Legal Assistance
- ☐ Meal Deliveries to your home
- ☐ Recreation
- ☐ Transportation
- ☐ Wellness Programs
- ☐ Disaster Preparedness
- ☐ Other (please specify) \_\_\_\_\_

**35. How would you rate your current community as a place for people to live as they age or get older?**

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Not sure

**Additional Comments:**

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**Thank you for completing this survey!**



## Appendix E: Focus Group Interview Guide and Questionnaire

### Focus Group Interview Guide and Questionnaire

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#### Welcome and Introductions (5 mins)

**Moderator:** Hi everyone. Thank you for taking the time to attend this focus group today. My name is [moderator name] and I will be leading today's focus group session. We would like to share with you why your participation in this focus group is so important. The Alliance for Aging is conducting a post COVID-19-focused needs assessment to understand the priority needs of the aging population in Miami-Dade and Monroe Counties. We are interested in learning more about your perspective on how to best promote a high quality of life among older adults in Miami-Dade County/Monroe County. Your responses will be kept confidential and will help contribute to this important county-wide survey report. Please remember, there are no right or wrong answers, and we encourage active participation from everybody in the group so that we can hear everyone's perspective.

We are recording this discussion so we can take notes and not miss anything that is said. The recording will also be transcribed by a translation company after the session. The recording will not be shared with anyone outside of the translation company or our team. We will keep the transcript of the recording as well as the notes taken by the notetaker. Notes and transcripts will also be translated into English by our translators. Your personal identifiable information will not be included anywhere in the transcript or notes.

#### Housekeeping/Rules

There are a few housekeeping and rules about which we would like to inform you before we dive into our conversation about aging in place.

- Please be kind and respectful of any viewpoints and opinions of other participant
- We strongly encourage all participants to share their opinions and experiences
- Please limit side conversations or chatter while a participant is speaking
- Allow one person to speak at a time
- When sharing concerns about your experience with aging services, we encourage you to share your thoughts on any potential solutions that could improve your experiences and/or reduce barriers to care

*Moderator: At this time, we will proceed with asking you a questions regarding older adults in your community.*

#### Introductory

#### Questions

1. What does the phrase: "aging in place" mean to you? (Follow this up with a brief description of "aging in place") "Aging in place means choosing to stay in your home with family, friends, and neighbors — instead of moving to a residential facility designed to support long-term care, such as an assisted living facility — as you grow older."
2. What makes Miami-Dade/Monroe County a good place to age-in-place?

3. What are some challenges that can make it difficult to age in place in Miami-Dade County? Monroe County? In other words, what are the biggest obstacles?

### **Livable Community**

4. When you think about the COVID-19 pandemic and your experience, in what specific ways can Miami-Dade/Monroe County be more age friendly in the following areas:
- Transportation: "How can transportation services be improved to make them more suitable for older adults?"
  - Housing: "How can the housing situation in your community be improved to be more considerate towards older adults? "
  - Social participation: "How can your community ensure older adults have the chance to participate socially?"
  - Communication and Information: "How can your community relay important information effectively to older adults?"
  - Civic participation and Employment: "How can your community increase civic participation and employment opportunities?"
  - Community Support and health services: "How can your community support older adults regarding health services?"
  - Outdoor spaces and buildings: "How can outdoor spaces and building be improved to make them more accessible to older adults?"
  - Disaster Preparedness: "How can your community ensure older adults are prepared for a disaster?"

### **Respect and Social Inclusion**

5. What does "respect and social inclusion" mean to you?
6. Do you believe that you get the respect you deserve? Please tell us why.
- Do you believe you were treated fairly and respectfully during the pandemic? (*by healthcare providers, family, government, etc.*) Why or why not?
  - Do you feel your community is socially inclusive towards older adults?

### **Special Populations**

7. What elder populations do you think are most underserved in this community? (and why do you think so?) (*Below are possible options.*)
- *Racial minorities?*
  - *Persons with disabilities?*
  - *LGBTQ elders?*
  - *Limited English Proficiency elders?*
  - *Elders living in poverty?*
  - *Veterans?*
  - *Caregivers? Grandparents?*
  - *Elders with Alzheimer's/Dementia?*
  - *Others?*

8. What are the unmet needs of the populations you mentioned?
  - a. What are the main **barriers** experienced by these underserved older adults who receive or access the services they need in the community?

### Community Support and Health Services

9. What would you like to see in your community that would make it a better place for older adults to live?
10. *Sometimes older adults need help with daily life activities.* What are the top three needs in **health care** services for older adults? What kinds of activities **overall** do you think older adults need the most help with?
  - a. Right now, what do you believe is the most important need for older adults related to their health care?
11. If there are caregivers with us today, are there any organizations or other family members that provide you with respite ('relief') to assist with your family member(s)?
12. What additional support would you as a caregiver or your own caregiver need?
  - a. What are the specific needs of grandparents who are caregivers?

### Transportation

13. What is your main source of transportation?
  - a. Did this change during the pandemic? Has it improved since then?
14. Is transportation easily available to you when you need it? If not, how does this affect your life? *Probe to assess barriers with transportation.*

### Civic Participation and Employment

15. Are you involved in any volunteering activities in the community? What are your thoughts surrounding volunteering in your community?

#### Additional Comments

16. Is there any additional information that you would like to provide regarding the needs of older adults in your community as we move forward?

#### Additional Resources:

CASOA-Pasco-Pinellas-2019-Summary.pdf (pinellascf.org)

Senior\_Regional\_Collaborative\_Needs\_Assessment (macombgov.org)

\*Focus Group Questions from The District of Columbia Office on Aging Senior Needs Assessment (9/5/2012)

## Appendix F: Key Informant & Subject Matter Expert Interview Guide and Questionnaire

### Key Informant & Subject Matter Expert Interview Guide and Questionnaire

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#### Welcome and Introductions (5 mins)

**Moderator:** Hello, Thank you for taking the time to participate in this interview. My name is [**moderator name**] and I will be facilitating this discussion today. We wanted to share with you why your participation in this interview is important and its purpose. As you are aware, the Alliance for Aging is conducting a “post” COVID-19 focused needs assessment to understand the priority needs of the aging population in Miami-Dade and Monroe counties. We are interested in learning more about your perspective about how to best promote a high quality of life among older adults in your communities. Your responses will be kept confidential and will help contribute to this important service area survey report. Please remember, there are no right or wrong answers.

We are recording this discussion for note taking and transcription purposes. The recording will not be shared with anyone outside of the translation company or our team. Your personal identifiable information will not be included in the transcript or notes. We will keep the transcript of the recording and the notes taken by the notetaker confidential. This interview is scheduled for about 1 hour, however, please feel free to indicate if you are unable to remain the entire time.

Before we begin, are there any questions?

#### OPENING QUESTIONS

**Moderator: At this time, we will proceed with asking you introductory questions about aging in Miami-Dade/Monroe County.**

1. What does the phrase: “aging in place” mean to you? (Meant to gauge understanding of Aging Population?)
2. What are the strengths or positive aspects about aging in place in Miami-Dade County? Monroe County?
3. What makes it difficult to age in place in Miami-Dade County? Monroe County?
  - 3.1. What is one major challenge that your specific client population face when they want to access or receive services? (*If not already mentioned*)
  - 3.2. What challenge(s) increased the most or were NEW during the COVID-19 pandemic for our elder community members (older adults in the community)?

## DOMAINS OF LIVABILITY & COVID-19

**Moderator:** As you continue to think about the COVID-19 pandemic, we would like to learn more about specific aspects related to the AARP domains of livability and how it may apply to your community. As you may know, this framework is used by many of the towns, cities, counties and states to organize and prioritize their work to become more livable for both older residents and people of all ages.

4. When you think about the effects of the COVID-19 pandemic, in what specific ways can Miami-Dade/Monroe be more age-friendly in the following areas. Please identify or discuss any programs or resources:

- Transportation:
- Housing:
- Social participation:
- Respect and social inclusion:
- Communication and Information:
- Civic participation and Employment:
- Community Support and health services:
- Outdoor spaces and buildings:
- Disaster Preparedness:

## UNDERSERVED ELDERS

**Moderator:** The pandemic also highlighted to a greater extent populations who may be often overlooked and underrepresented. Next, we want to hear your answers to questions related to the needs of these groups.

5. What elder populations do you think are most underserved in this community? (and why do you think so?) *(The person being interviewed answers this question. Below are possible options.)*
- Racial minorities?
  - Persons with disabilities?
  - LGBTQ elders?
  - Limited English Proficiency elders?
  - Elders living in poverty?
  - Veterans?
  - Caregivers?
  - Grandparents?
  - Elders with Alzheimer's/Dementia?
  - Others?

6. What are the unmet needs of the populations you mentioned?
  - 6.1. What are the main **barriers** experienced by these underserved older adults who receive or access the services they need in the community?
7. How does your organization learn about the barriers experienced by the population you serve?
  - 7.1. During the COVID-19 pandemic were you able to communicate effectively with your underserved elderly population? Why or why not?
  - 7.2. Based on feedback received from older adults, does the topic of respect and inclusion arise when discussing services this population is currently receiving or accessing? If so, could you please elaborate?

#### ORGANIZATION OUTLOOK

**Moderator: As an expert in your field, communities are seeking guidance on plans and next steps for continued improvement for the aging population. The next set of questions will help us learn specifically more about your organization. Some of your responses may overlap**

8. What are the challenges for your organization when providing services? (*Staffing, client location, funding capacity, etc.*)?
9. During the pandemic, what changes were made in your organization to continue managing your clients and providing services?
  - 9.1. Do you currently still provide these alternatives? Why or why not?
10. What additional programs or resources do you believe are needed by elders within the community, if any? (*If not already mentioned in question 4*)

#### CONCLUSION

**Moderator: As we close are there any other points or comments you would like to make to contribute based on the questions posed today?**

**Once again, on behalf of the Health Council of South Florida, we thank you for your participation in this interview. We would like to encourage you to stay connected with us so that we may provide you with continued updates on the outcome of this report.**

## Appendix G: Community Listening Sessions Moderator Guide

### Community Listening Session Guide and Questionnaire

#### **Welcome and Introductions (5 mins)**

**Moderator:** Hi everyone. Thank you for taking the time to attend our discussion today. My name is [moderator name] with the Health Council and I will be leading today's discussion. The purpose of today's session is to understand the priority needs of the aging population in Miami-Dade/Monroe County. The Alliance for Aging is conducting a post COVID-19-focused community needs assessment and are interested in learning more about your perspective on how to best promote a high quality of life among older adults in Miami-Dade County/Monroe County. Please remember, there are no right or wrong answers, and we encourage active participation from everybody in the group so that we can hear everyone's perspective. Your responses will be anonymous. When sharing concerns about your experience with aging services, we encourage you to share your thoughts on any potential solutions that could improve your experiences and/or reduce barriers to care.

We are recording this discussion so we can take notes. The recording will not be shared with anyone outside of our team. We will keep the transcript of the recording as well as the notes taken by the notetaker. Your personal identifiable information will not be included anywhere in the transcript or notes. However, please be sure to sign in as we would like to capture a few demographics for our report.

#### **Housekeeping/Rules**

There are a few housekeeping and rules about which we would like to inform you before we dive into our conversation about aging in place.

- Please be kind and respectful of any viewpoints and opinions of other participants
- Please limit side conversations or chatter while a participant is speaking
- Allow one person to speak at a time.
- Please silence any cellphones and if you must take a call, we kindly ask you to take this outside of the room.

#### **Before we begin, are there any questions?**

1. As an older adult, what are three (3) things you enjoy about living in Miami-Dade County? Monroe County?
2. As an older adult, what are some of your daily experiences living in Miami-Dade/Monroe County?
3. What would you like to see in your community that would make it a better place for older adults to live?
4. What are some challenges that can make it difficult to age in place in Miami-Dade County? Monroe County? OR What affected you during the pandemic (What were your biggest challenges during the pandemic)? Does that still affect you now?