



## **2022 AREA PLAN PROGRAM MODULE UPDATE**

Alliance for Aging, Inc.

PSA: 11

For the Period January 1, 2020 - December 31, 2023

Submitted September, 2022

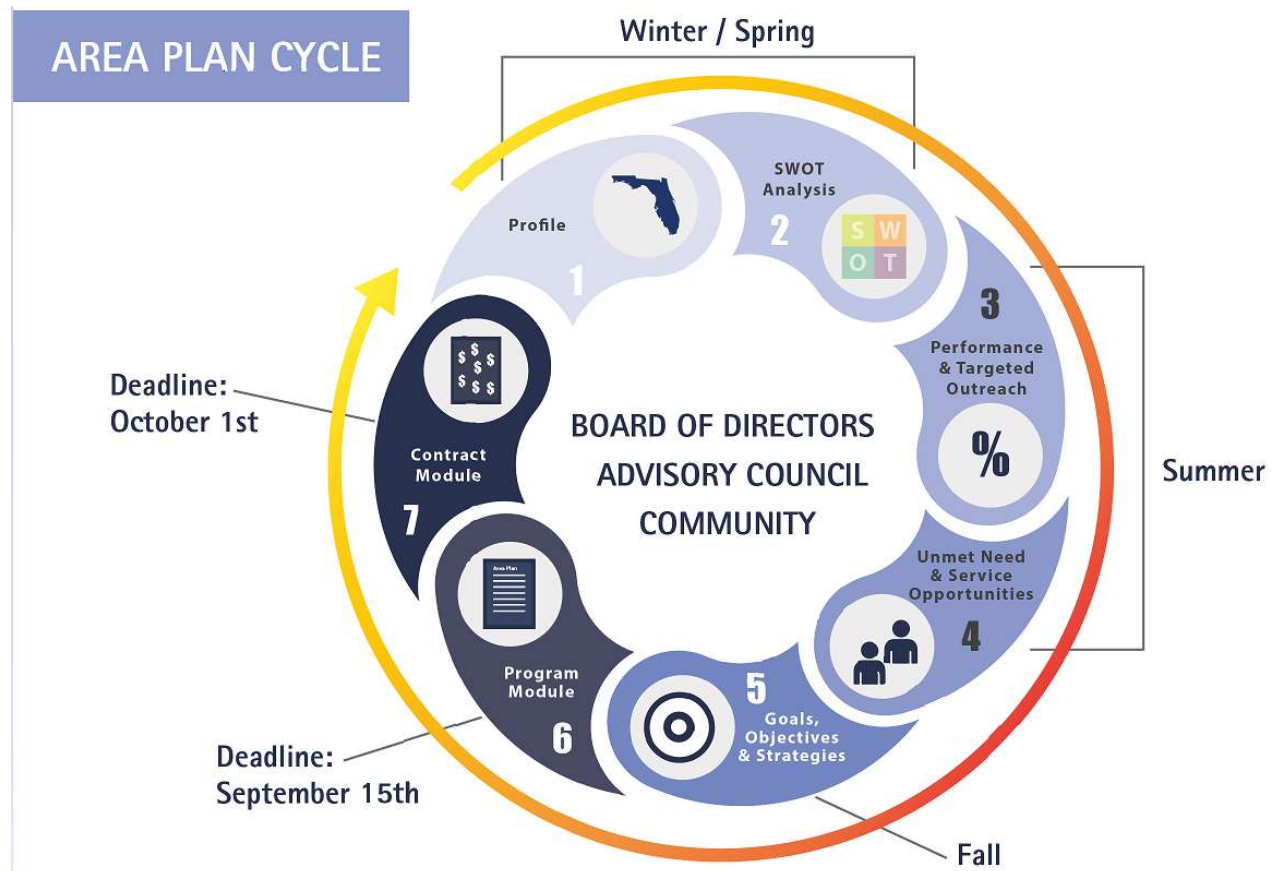
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The Area Plan describes in detail the specific services to be provided to the population of older adults residing in a given Planning and Service Area (PSA). The plan is developed from an assessment of the needs of the PSA as determined by public input that involves public hearings, the solicited participation of those affected and their caregivers, and service providers. The plan also states the goals and objectives that the Area Agency on Aging (AAA) and its staff and volunteers plan to accomplish during the planning period.

The Area Plan is divided into two parts, the Program Module and the Contract Module. The Program Module includes a profile of the PSA; a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis; an analysis of performance and unmet needs; the service plan including goals, objectives, and strategies; assurances; and other elements relating to the provision of services.

The Contract Module includes the elements of the plan relating to funding sources and allocations, as well as other administrative/contractual requirements, and otherwise substantiates the means through which planned activities will be accomplished.

In planning for the production of the Area Plan, AAAs consider the following Area Plan development cycle.



# Program and Contract Module Certification

Legal Name of Agency:	Alliance for Aging, Inc.		
Mailing Address:	760 NW 107 <sup>th</sup> Avenue, Suite 214, Miami, FL 33172		
Telephone:	( 305 ) 670-6500	FEDERAL ID NUMBER:	65-0101947

CERTIFICATION BY BOARD CHAIR, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

I hereby certify that the attached documents:

- ☒ Reflect input from a cross section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the Planning and Service Area (PSA).
- ☒ Incorporate the comments and recommendations of the Area Agency's Advisory Council.
- ☒ Have been reviewed and approved by the Board of Directors of the Area Agency on Aging.

Additionally:

- ☒ Signatures below indicate that both the Program Module and the Contract Module have been reviewed and approved by the respective governing bodies.

I further certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved this 2020-2022 Area Plan Update.

Chair, Board of Directors

Name Sheryl J. Manning, J.D.  
Date: Sep 30, 2022

Signature:   
Sheryl J. Manning (Sep 30, 2022 11:58 EDT)

Advisory Council Chair

Name Ramona L. Frischman  
Date: Sep 30, 2022

Signature:   
Ramona Frischman (Sep 30, 2022 11:17 EDT)

Area Agency on Aging Executive Director

Name Max B. Rothman  
Date: Sep 30, 2022

Signature:   
Max B. Rothman (Sep 30, 2022 13:09 EDT)

Signing this form verifies that the Board of Directors and the Advisory Council and AAA Executive Director understand that they are responsible for the development and implementation of the plan and for ensuring compliance with Older Americans Act Section 306.



## [AAA Board of Directors](#)

### Membership Composition:

The policy-setting function of the Corporation shall be the responsibility of the Board of Directors (hereinafter referred to as the Board in these Bylaws), consisting of not less than fifteen (15) and no more than twenty-seven (27) members.

The Board shall be composed of residents of, and/or persons with their principal place of business/employment in, Miami-Dade and Monroe Counties and who support the purposes and objectives of this Corporation and who are representative of the area to the degree feasible.

### Frequency of Meetings:

At least quarterly

### Officer Selection Schedule:

Nominations are made in the Fall, or at any time throughout the year.

The Executive Committee reviews nominations and proposes the slate to the full Board.

A simple majority of the Board elects the slate of officers. Each member of the Board has one vote.

### AAA Board Officers:

<b>Title</b>	<b>Name</b>	<b>Term</b>
<b>Chair</b>	<b>Sheryl J. Manning, J.D.,</b>	01/20 -12/20, 01/21 – 12/21, 01/22 – 12/22
<b>Vice Chair</b>	<b>Lisa Chin</b>	01/22 – 12/22
<b>Treasurer</b>	<b>Albert Palombo</b>	01/20 -12/20, 01/21 – 12/21, 01/22 – 12/22
<b>Secretary</b>	<b>Jeffrey Codallo</b>	01/20 -12/20, 01/21 – 12/21, 01/22 – 12/22
<b>Immediate Past Chair</b>	<b>Madeleine G. Arritola</b>	01/20 -12/20, 01/21 – 12/21, 01/22 – 12/22

AAA Board of Directors Membership:

<b>Name</b>	<b>Occupation / Affiliation</b>	<b>Member Since</b>	<b>Current Term of Office</b>
<b>Madeleine G. Arritola</b>	Healthcare	01/15	01/21 – 12/21
<b>Andrew Bellinson</b>	Elder Law Attorney	01/22	01/22 – 12/24
<b>Kevin D. Chambliss</b>	State Representative	01/21	Legislative appointment
<b>Lisa Chin</b>	Asst VP Operations West Kendall Baptist Hospital	02/20	02/20 - 12/22
<b>Jeffrey A. Codallo</b>	USAF Retired	01/17	01/20 - 12/22
<b>Marke Dickinson</b>	Chief Marketing Officer ChenMed	5/18	01/21 – 12/23
<b>Trudy Gaillard</b>	Associate Professor College of Nursing and Health Sciences FIU	1/20	1/20 - 12/22
<b>Marries Gómez</b>	Director of Operations 24/7 Nursing Care	01/22	01/22 – 12/24
<b>Heather Harris</b>	Senior Medical Science Liaison Cognivue, Inc.	01/22	01/22 – 12/24
<b>Oscar Llorente</b>	Director Network Development Mt. Sinai Medical Center	02/22	02/22 – 12/24
<b>Peter J. López</b>	CEO Sainz Management Group	02/22	02/22 – 12/24
<b>Sheryl J. Manning</b>	Elder Law Attorney	01/16	01/19 - 12/21
<b>Albert Palombo</b>	Chief Marketing Officer ClareMedica Health Partners	01/19	01/19 - 12/21
<b>Lesly Quintanilla López</b>	Project Director Keys Advocacy Center	01/19	01/19 - 12/21
<b>Joy Siegel</b>	Healthcare	01/21	01/21 – 12/23
<b>Jayati Sinha, Ph.D.</b>	Asst. Professor FIU	2/18	01/21 – 12/23

## [AAA Advisory Council](#)

### Council Composition:

The Council shall be composed of persons whose interests are compatible with and coincide with the purposes and objectives of the Alliance. The actual membership of the Council shall be in accordance with, and not in conflict with all applicable federal and state laws, guidelines and regulations. More than 50 percent must be older persons (60 years of age and over), including minority individuals who are participants, or who are eligible to participate, in a program under the Older Americans Act. Other members may include representatives of the following:

- a. Older persons
- b. Health care provider organizations, including providers of veterans' health care (if appropriate)
- c. Supportive service provider organizations
- d. Persons with leadership experience in the private and voluntary sectors
- e. Local elected officials
- f. The general public

The membership of the Council shall be representative of the population and demographics of the service area which include but are not limited to its ethnic, cultural, geographic, and economic characteristics. Monroe County shall be represented by not less than two representatives.

The Advisory Council shall consist of at least - fifteen (15), but no more than fifty-five (55) members.

### Frequency of Meetings:

At least quarterly

### Member Selection Schedule:

Any time throughout the year

### Service Term(s):

3 years, eligible to be re-elected

AAA Advisory Council Members:

Name	Occupation / Affiliation	Member Since	Current Term of Office	Age	Race	Ethnicity
<b>Ramona L. Frischman</b>	Retired	03/08	03/20 – 03/23	Over 60	White	Non-Hispanic
<b>Cyndi Guerra</b>	Aging services	01/11	01/20 – 12/23	Under 60	White	Hispanic
<b>Della McCurdy</b>	Florida Power and Light	05/97	05/18 - 05/21	Over 60	White	Non-Hispanic
<b>Edeline B. Mondestin</b>	Miami-Dade County Community Action	12/14	12/20 – 12/23	Over 60	Black	Non-Hispanic Haitian
<b>Wendie Nemeroff</b>	Jewish Community Services	03/18	03/18 - 03/21	Over 60	White	Non-Hispanic
<b>Gloria Orlandi-Kass</b>	Alzheimer's Association	09/20	09/20 - 09/23	Over 60	White	Hispanic
<b>Mayra Poldo</b>	Adult housing	04/11	04/20 - 04/23	Over 60	White	Hispanic
<b>Dolores Pollack</b>	Volunteer Consultant United HomeCare	03/19	03/19 - 03/22	Over 60	White	Hispanic
<b>Raymond J. Reigadas</b>	Retired	11/16	11/20 - 11/23	Over 60	White	Non-Hispanic
<b>Lymari Rivera</b>	Home Care Plus	01/22	01/22 – 01/25	Under 60	White	Hispanic
<b>Marlen Rodríguez</b>	Physical 4 U Inc.	05/17	05/20 - 05/23	Under 60	White	Hispanic
<b>Barbara Sánchez</b>	Private Investigator	03/21	03/21 – 03/24	Under 60	White	Hispanic
<b>Jan Schneider</b>	Retired	05/11	05/20 - 05/23	Over 60	White	Non-Hispanic
<b>Alex Sino</b>	Faith Health Care	02/11	02/20 - 02/23	Over 60	White	Non-Hispanic
<b>Luviana Solis</b>	Preferred Health	05/22	05/22 – 05/25	Under 60	White	Hispanic
<b>Angela M. Vázquez</b>	Retired	01/05	01/20 - 01/23	Over 60	White	Hispanic
<b>Marjorie York</b>	Retired	02/11	02/20 - 02/23	Over 60	White	Non-Hispanic

# Funds Administered and Bid Cycles

The following funds are administered by The Alliance for Aging, Inc. for PSA 11. The current and anticipated Bid Cycles are provided for those programs that are administered through competitively procured subcontracts.

Funds Administered			Current Bid Cycle		Anticipated Bid Cycle	
			Published	Current Year of Cycle	Ant. Pub.	Ant. Award
Older Americans Act (OAA)	III B	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	III C.I	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	III C.II	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	III D	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	III E	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	American Rescue Plan Act*	<input checked="" type="checkbox"/>				
		<input type="checkbox"/>				
	VII*	<input checked="" type="checkbox"/>				
General Revenue	ADI	<input checked="" type="checkbox"/>	10/2020	2	10/2026	7/2027
	CCE	<input checked="" type="checkbox"/>	10/2016	5	10/2022	7/2023
	HCE	<input checked="" type="checkbox"/>	10/2016	5	10/2022	7/2023
Other	ADRC*	<input checked="" type="checkbox"/>				
		<input type="checkbox"/>				
	EHEAP*	<input checked="" type="checkbox"/>				
		<input type="checkbox"/>				
	LSP*	<input checked="" type="checkbox"/>				
	NSIP*	<input checked="" type="checkbox"/>				
	RELIEF*	<input checked="" type="checkbox"/>				
	SHINE*	<input checked="" type="checkbox"/>				
		<input type="checkbox"/>				

\* This fund does not have an associated Bid Cycle.



## Resources Used

- ☒ [AARP Livability Index](#)
- ☒ [AARP Livable Communities](#)
- ☒ [Age Friendly Initiative Miami Dade County](#)
- ☒ [Age Friendly Initiative Housing Policy Scan, 2018](#)
- ☒ [American Community Survey](#)
- ☒ [American FactFinder](#)
- ☒ [BRFSS Survey Data](#)
- ☒ [Bureau of Economic and Business Research \(BEBR\)](#)
- ☒ [Center for Independent Living](#)
- ☒ [Center for Medicare and Medicaid Services Chronic Conditions](#)
- ☒ [CIRTS](#)
- ☒ [Corporation for National and Community Service](#)
- ☒ [CDC's Social Vulnerability Index \(SVI\)](#)
- ☒ [County Health Profile \(flhealthcharts.gov\)](#)
- ☒ [DCF Council on Homelessness Annual Report 2021](#)
- ☒ [DOEA Assessing the Needs of Elder Floridians 2016](#)
- ☒ [DOEA Client Satisfaction Survey](#)
- ☒ [DOEA Profile of Older Floridians- 2021, PSA 11, Miami-Dade County, Monroe County](#)
- ☒ [DOH Florida Charts](#)
- ☒ [Economic and Demographic Research \(EDR\)](#)
- ☒ [Elder Economic Security Index](#)
- ☒ [The Dynamics of Housing Affordability in Miami-Dade County, The South Florida Housing Studies Consortium](#)
- ☒ [Facility Locator, Florida HealthFinder](#)
- ☒ [Feeding South Florida](#)
- ☒ ["The 15 most-congested cities in the U.S.," Matousek, Mark, Business Insider, May 20, 2019](#)
- ☒ [Florida Department of Economic & Demographic Research](#)
- ☒ [Florida Department of Highway Safety and Motor Vehicles](#)
- ☒ [Florida Department of Revenue](#)
- ☒ [Florida Department of Transportation Safety Office](#)
- ☒ [Florida Department of Vital Statistics Annual Report 2019](#)
- ☒ [Florida Domestic Violence, Martin R. Huecker; William Smock, May 2019](#)
- ☒ [Florida Health Justice Project HCBS needs](#)
- ☒ [Florida Housing Data Clearinghouse, University of Florida, Shimberg Center for Housing Studies](#)
- ☒ [Florida Office on Disability and Health, University of Florida](#)
- ☒ [Genealogy Trails History Group](#)
- ☒ [Genworth Cost of Care Survey 2020](#)
- ☒ [Health Resources and Services Administration Data Warehouse](#)
- ☒ [Hispanics' Expectations and Planning for Long Term Care](#)
- ☒ [Is Miami the 'epicenter' of nation's housing crunch? Here's how crisis has mounted \(msn.com\)](#)
- ☒ [Kaiser Family Foundation: Poverty Rate by Age](#)
- ☒ [Latino Reporter: The 2018 NAHJ Student Project](#)
- ☒ [Miami Affordability Project](#)
- ☒ [Miami-Dade County Community Health Needs Assessment 2019](#)
- ☒ [Miami-Dade County Department of Regulatory & Economic Resources](#)
- ☒ [Miami Dade County Property Appraiser](#)
- ☒ [Miami-Dade County Alzheimer's Disease Death Statistics | LiveStories](#)
- ☒ [Miami Matters](#)
- ☒ [Monroe County Homeless Continuum of Care](#)
- ☒ [Monroe County Property Appraiser](#)
- ☒ [NAPIS](#)
- ☒ [National Alliance for Caregiving Study of Hispanic Family Caregiving in the U.S.](#)
- ☒ [National Association of States United for Aging and Disability \(NASUAD\)](#)
- ☒ [National Hispanic Council on Aging](#)
- ☒ [National Plan to Address Alzheimer's Disease: 2021 Update | ASPE \(hhs.gov\)](#)

- ☒ [Pew Research Study: Americans 60 and older are spending more time in front of their screens than a decade ago](#)
- ☒ [Pew Research Center: Number of older Americans in the workforce is on the rise](#)
- ☒ [Pew Research Study: On average, older adults spend over half their waking hours alone](#)
- ☒ [Pew Research Center: More older Americans are working, and working more, than they used to](#)
- ☒ [Pew Research Study: Tech Adoption Climbs Among Older Adults](#)
- ☒ [Pew Research Study: Technology use among seniors](#)
- ☒ [Population Projection, 2020–2045, With Estimates for 2019 – BEBR \(ufl.edu\)](#)
- ☒ [Progress and Unmet Challenges: Sant La’s Profile of the Haitian Community of Miami-Dade, 2010-2015](#)
- ☒ [Robert Wood Johnson County Health Rankings](#)
- ☒ [Data ~ Safe Mobility For Life \(safemobilityfl.com\)](#)
- ☒ [Shimberg Center | University of Florida \(ufl.edu\)](#)
- ☒ [Small Business. Big Impact. Report on Small Businesses in Miami Dade County, 2018](#)
- ☒ [Smart Growth America/Dangerous by Design 2019](#)
- ☒ [Social Security Administration](#)
- ☒ [South Florida Housing Studies Consortium](#)
- ☒ [Southeast Florida Regional Planning Council](#)
- ☒ [Southern Region Agency for Persons with Disabilities](#)
- ☒ [Targeting Data and Dashboard](#)
- ☒ [Targeting Performance Maps](#)
- ☒ [Thriving Mind South Florida](#)
- ☒ [Top 10 Cities with the Worst Traffic in the United States, Tore, Ozgur, FTN News, June 04, 2019](#)
- ☒ [TownCharts](#)
- ☒ [The Miami-Dade County Transit Development Plan, 2022-2031](#)
- ☒ [The ARC of South Florida](#)
- ☒ [The Beacon Council](#)
- ☒ [The Homeless Trust](#)
- ☒ [The Metropolitan Institute \(FIU\) Prosperity Initiative Research Study](#)
- ☒ [U.S. Department of Housing and Urban Development](#)
- ☒ [U.S. Department of Health and Human Services HHS emPOWER map](#)
- ☒ [U.S. Social Security Administration](#)
- ☒ [Veteran homelessness ends in Miami-Dade County, The Homeless Trust, August, 02, 2018](#)

## Other Resources

In addition to the quantitative data contained in the plan, there was significant qualitative data gathered as well. Between July and September 2019, the Alliance hosted eight “community conversations”, facilitated by the Health Council of South Florida. We invited public comment from consumers on the service needs of older adults and asked them to consider the Age-Friendly aspects of their community (e.g., transportation, housing, employment, social opportunities). These were held in Monroe County (Key West and Marathon) and Miami-Dade County (Miami Beach, West Kendall, Hialeah, Cutler Bay, North Miami, and Miami Lakes). Comments and suggestions from those meetings have been incorporated into this plan. The purpose of the Community Forums was to gain insight from Miami-Dade and Monroe County residents regarding the aging experience as it relates to available delivery of care and services (e.g., healthcare), housing, the care and support provided by professional and family caregivers, and types of services delivered by providers to older adults and adults with disabilities.

Residents who participated in these Community Forums provided insightful information related to their aging experience in Miami-Dade and Monroe Counties. A vast majority of the conversation on aging focused on availability of services and programs for older adults and adults with disabilities (represented in Word Cloud). Although there were several topics of discussion such as, housing, information about services, support for caregivers, and needed services from a caregiver and provider perspective, participants would frequently voice their concerns about the limited availability of services and programs – whether it would be affordable housing options, support groups for family caregivers, or in-home services. In general, participants attributed limited access to services and programs for older adults to four barriers: scarce services and programs, transportation, lack of awareness of available services and programs, and long waiting lists to receive these services.

Two overarching themes observed throughout these conversations on aging were education (on available programs/services for older adults) and transportation. In every category of questioning, participants felt that it would be essential to incorporate an educational component to address the needs of older adults and adults with disabilities.

A general question posed during these community conversations asked participants whether they considered their communities “age-friendly.” With the exception of a few participants in the different Community Forums facilitated, most participants felt that in order for their community to be “age-friendly” there are several components that still need to be in place. These include access to reliable transportation services, in-home services at an affordable cost, and services for older adults with mental disabilities (e.g., dementia) to include a hot meal daily. Furthermore, participants felt it is crucial to educate older adults and caregivers on how and where to obtain needed services. Respite for caregivers, improved evacuation assistance services (specifically in Monroe County), services for homeless veterans (specifically in Monroe County), access to affordable hospice and long-term care, more providers to deliver services (specifically in Monroe County), affordable senior living facilities within walking distance of needed resources (e.g., grocery stores, shops, recreation facilities), and a more compassionate society towards older adults were some of the other components mentioned. A main concern voiced by all participants was the long waiting list that older adults and adults with disabilities are placed on to receive services through providers contracted with the Alliance for Aging. All these themes will be discussed in more detail in the subsequent sections. The Word Cloud below represents the most commonly used words during these discussions, with the word “services” yielding the greatest count among all geographic areas.

**Figure 1 – Word Frequency during the Community Conversations on Aging**



In addition, the Alliance solicited input through one-on-one expert interviews with key professionals active in the field of aging services, and meetings were held with groups such as the Monroe County Older American Advisory Board, Miami -Dade Age Friendly Initiative Taskforce, the Older Adults Advocacy Taskforce of Miami-Dade County, and the Elder Issues subcommittee of the Consortium for a Healthier Miami-Dade.

The Alliance attended or participated in a number of conferences and events in the past year, including events hosted by the National Hispanic Council on Aging, the Latino Center on Aging, and other local organizations, where we obtained information from providers, consumers, and community members about the needs of elders in this community. The annual Fearless Caregiver Conference allows us to speak with caregivers about their needs as well as the needs of their loved ones.

For the last four years, the Alliance has participated in nearly monthly meetings with partners in the Age-Friendly Initiative/Miami—which includes representatives from the United Way, AARP, Urban Health Partnership, Health Foundation of South Florida, and Miami-Dade County, as well as academics from local universities, service providers, and community-based nonprofit organizations—to create a community-wide Action Plan for an Age-Friendly Miami-Dade.

This Area Plan presents an analysis of the demographics of aging in Miami-Dade and Monroe Counties, a description of the service system, and an analysis of current and projected needs. It is intended to capture all relevant available data concerning the evolving needs of an increasing older adult population. The Alliance will utilize these data in future planning preparation of solicitations for service provider organizations, preparation of proposals for external funding, and for education of the community at large. The fact that a problem has been identified does not translate into an ability to effectively address that problem, but the Alliance will continue to work with our many partners and collaborators throughout the community to respond as effectively as possible.

As the Area Agency on Aging for Miami-Dade and Monroe Counties, the Alliance for Aging administers over \$54 million in federal, state, and local funding, providing accountability and oversight to 26 contracted providers of home- and community-based services for older adults. These contractors provide meals, homemaker, personal care, transportation, adult day care, respite, legal assistance, counseling, caregiver support, nutrition counseling, and/or other support services. The Alliance monitors these agencies on annual basis to ensure compliance with federal and state program regulations.

The Alliance operates the Aging and Disability Resource Center, including the Helpline, which provides information and referral to older adults, adults with disabilities, their caregivers, and the public. The Alliance's other programs include SHINE (Serving the Health Insurance Needs of Elders) program, and Healthy Aging programs that educate elders in chronic disease management and falls prevention, as well as elder abuse and financial exploitation.

In preparation for this Area Plan, the Alliance conducted an extensive needs assessment that considered both quantitative and qualitative data, as well as information and opinions from both consumers and providers. Several themes emerged from this assessment:

- **PSA 11 has a growing elder population-** The number of adults age 60+ who are potentially eligible for OAA services will grow by nearly 30% between 2020 and 2030 (from 670,043 to 847,912). The fastest growth in the number of older adults will occur in in both counties by 2025. People are also living longer, so the number of elders age 85+ will grow even faster (36.3%) in the same time (from 70,927 in 2020 to 96,691 in 2030). Local health data indicate this older population may be more likely to have dementia or a disability, or to need a caregiver or alternate transportation. This growing elder population promises to stress the capacity of the local service system for decades to come.
- **Housing and Transportation needs are major concerns** - Areas of concern and unmet need were consistently identified across the various groups and individuals interviewed. Consistent concern was expressed for housing, transportation, and a need for more information on what resources exist and how to access them.
- **Poverty is a primary risk factor in PSA 11**, where one in five (20.5%) of all elders is below the Federal Poverty Line (FPL) and one in four (28.5%) are below 125% of FPL. In fact, PSA 11 has the largest population of poor elders in the state. As a result of the high cost of living in South Florida, poverty is relative in PSA 11, where 25-30% of elders spend more than 50% of their monthly income on housing expenses. Because poverty compromises the health, nutrition, and well-being of older adults and prevents elders from paying for much-needed care and services, it is a driver of both need and frailty, and fuels increased demand for free or low-cost services.



- **Caregivers** are the key to aging in place, especially for people with Alzheimer’s, dementia, and chronic conditions. The largest unmet service need in PSA 11 is for respite care. Family caregivers, especially those who are working, want affordable, ongoing respite care, but current funding for free services supports only time-limited care. Family caregivers also need training, education, and support but are not always interested in receiving it in traditional models (e.g., support groups and training/education sessions). Additional funding is needed for high-demand services like home-based and facility respite and adult day care, which may need to be bundled with other services, like transportation, meals, and caregiver support/education.

### Underserved Populations

The Alliance will continue to target priority populations identified by funding sources, including low-income elders; racial-ethnic minorities; and elders with the most social and economic need. Based on the community needs assessment contained within this Area Plan, however, the Alliance has identified underserved populations and geographic areas as follows:

Geographic Areas	Racial/Ethnic Groups	Special Subpopulations
Monroe County, especially rural	Blacks	Caregivers
South Dade, especially rural	Haitians	Elders with Alzheimer’s
Miami-Dade County’s most distressed neighborhoods	Limited English Speakers	LGBT Elders
		Elders/adults with a disability

PSA 11’s combination of a high cost of living with a large low-income population means demand for free or subsidized services far outweighs available funding. **Unmet need** is everywhere in PSA 11, from the thousands of residents on the Statewide Medicaid Managed Care Long Term Care (SMMCLTC) waitlist to the estimated 160,000 elders living in poverty; from the estimated 112,000 elders with mobility disabilities to the over 230,000 with Limited English proficiency<sup>1</sup>. **Lack of adequate funding** stresses the capacity of the ADRC (comparing 2019 to 2021, the number of calls answered live by the Helpline increased from 41,552 to 70,094, reflecting a 69% increase) and prevents the Alliance from expanding services, offering new services, or serving more elders overall. From January to December 2021, there was an average of 15,872 people on the SMMCLTC wait list; this does not include the 11,846 people who were released from the wait list in that same period. Funding must increase in order to keep pace with a growing elder population in PSA 11.

### Opportunities for Collective Impact: Age-Friendly Miami-Dade

For the past several years, the Alliance has been one of many organizational partners—including AARP, the United Way, Health Foundation of South Florida, Urban Health Partnerships, Miami-Dade County, and others—working collaboratively on an Age-Friendly Miami-Dade initiative. An Action Plan was created that identified three priority areas: housing, transportation, and outdoor spaces. We continue to add community partners from all sectors—including government, business, health and human services—interested in ensuring that local policies, systems, and environments address the needs and preferences of older adults. Led by the United Way, these partner organizations are also seeking to establish additional local sources of funding for home and community-based services for elders. The Alliance will continue working with an array of public and private community partners to identify and serve the myriad needs of our growing elder population

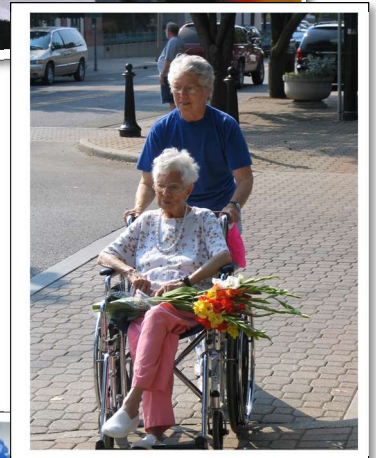
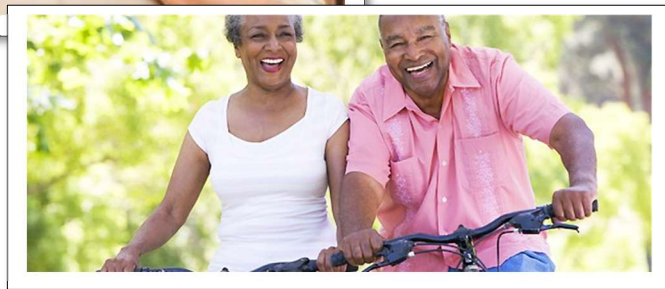
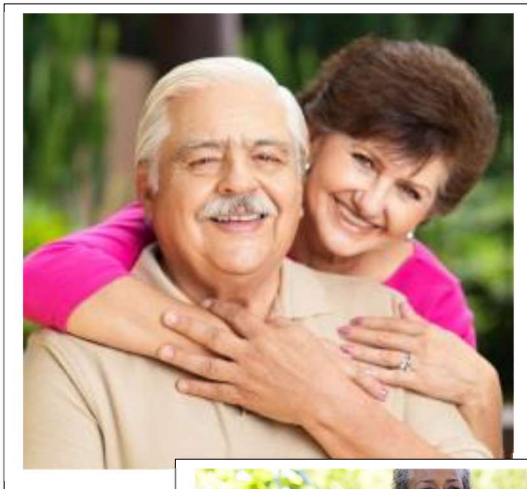
<sup>1</sup> 2021 Profile of Older Floridians, Florida Department of Elder Affairs

## Mission and Vision Statements

The Mission Statement defines the purpose and primary objectives of the AAA. The Vision Statement describes what the AAA intends to accomplish or achieve in the future.

Mission: To promote and advocate for the optimal quality of life for older adults and their families

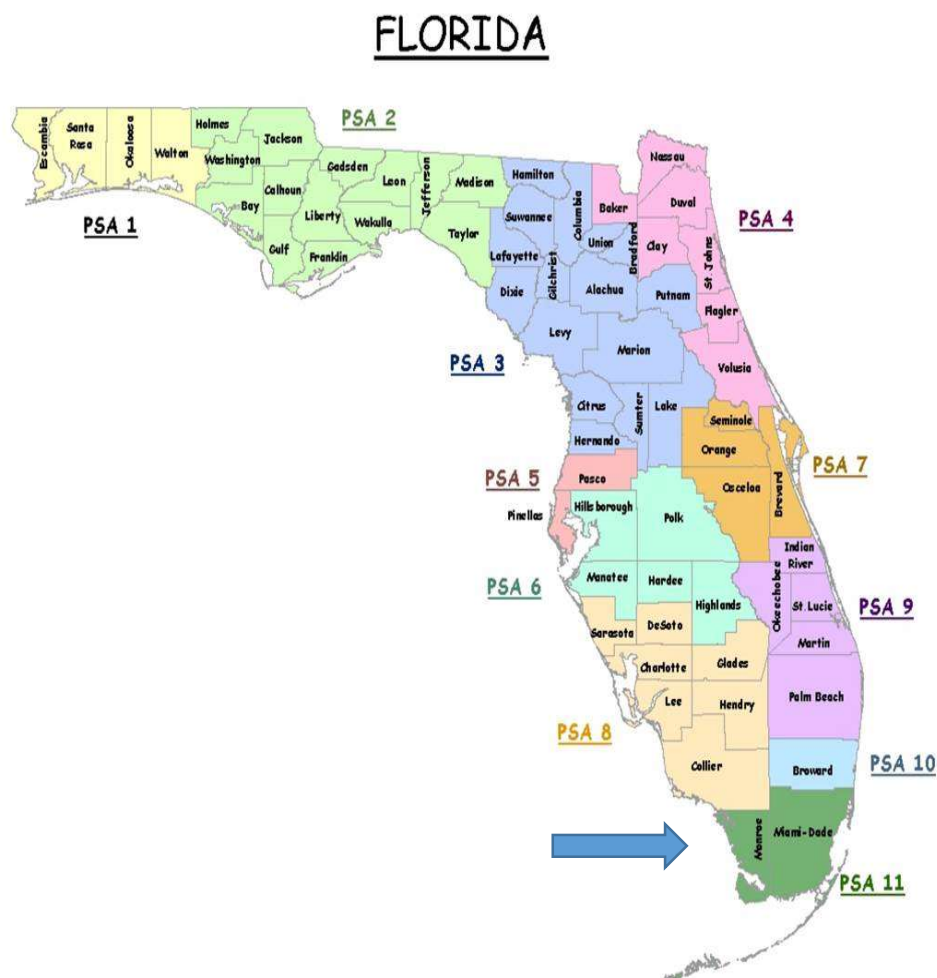
Vision: Miami-Dade and Monroe Counties are communities where the quality of life of elders is valued and their contributions to community life are recognized



This section provides an overview of the social, economic, and demographic characteristics of the PSA. The focus of this overview includes consideration of those geographic areas and population groups within the PSA of low-income older individuals, including low-income minority elders, as well as elders with limited English proficiency and those residing in rural areas. The social and economic resources section is organized to reflect the 8 core areas of the AARP/World Health Organization's age friendly community model. Information provided in this section will be used to determine need and gaps, as well as strategies for targeting clients in need and partnering with other organizations to have a collective impact on the policies, systems, and environments affecting older adults and others served by the Alliance for Aging (e.g., caregivers, adults with disabilities).

## Identification of Counties

The Alliance for Aging, Inc., is the area agency on aging for Miami-Dade and Monroe Counties, Florida, and serves as Planning and Service Area (PSA) 11 for the State of Florida's Department of Elder Affairs (DOEA). Together these two counties make up the southernmost tip of the state. Large portions of both counties are part of the Everglades, 734 square miles of tropical wetland that is the home of the Seminole and Miccosukee tribes of Florida. The island areas of Monroe County are known as the Florida Keys, including the "southernmost city" of Key West.



## Natural and Economic Resources Overview

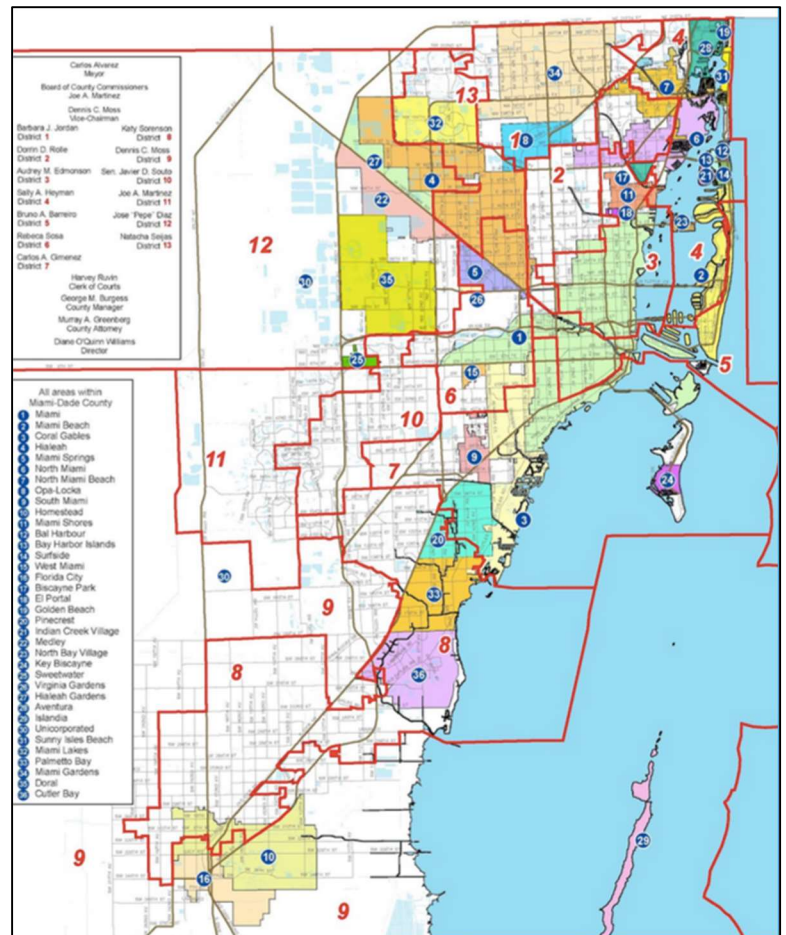
	Miami-Dade County	Monroe County
Geography	Miami-Dade County is made up of 2,000 square miles of land with only 430 square miles of urban development. This includes highly urban cities and upscale beach towns, as well as dense or sprawling suburbs and rural farming areas. To the west, 80% of the county is the Everglades). To the east, between the mainland and the communities on the barrier islands, is the 428 square mile Biscayne Bay. (Transportation Disadvantaged).	Monroe County is made up of 3,737 square miles, of which 997 square miles is land and 2,740 square miles is water, and 90% of which is part of the mainland (including Big Cypress National Preserve and Everglades National Park). The portion known as the Florida Keys is a string of 822 islands. Only 30 are inhabited, and most are among the 38 keys connected by U.S. Route 1, “the only road in and out of the Keys.” (Transportation Disadvantaged).
Key Economic Assets	Port <i>Miami</i> , popularly known as the “cruise capital of the world” and “cargo gateway to the Americas,” is the bustling home of freight and transportation, as well as 19 international cruise lines. Miami International Airport, “the Gateway to Latin America” is one of the largest airline hubs in the U.S.	The Florida Keys National Marine Sanctuary is a 2,800 square nautical mile area surrounding the Keys, including the Atlantic Ocean, Florida Bay and the Gulf of Mexico. The waters surrounding the Keys provide myriad opportunities in tourism, including boating, sport fishing, diving, and snorkeling.
Largest Employers	The top public employers in Miami-Dade in 2016 were Miami-Dade Public Schools, Miami-Dade County, and the Federal Government; the top private employers were University of Miami, Baptist Health South Florida. ( <a href="#">Beacon Council</a> ) In 2017, there were 82,293 small businesses; 80% of these have less than 9 employees, with 54,754 having less than four ( <a href="#">Florida SBDC at FIU</a> )	Tourism—both water- and land-based—is the largest industry in the Keys, and the top employers were accommodations and food service (22%), retail (11%), and real estate (9%). (EDR)
Population	As of the 2017 census, Miami-Dade was the most populous county in Florida and the 7th most populous in the United States. (Shimberg)	As of the 2017 census, Monroe was the 38 <sup>th</sup> most populous county in Florida.



### Identification of Communities:

Miami-Dade	Population Estimate 2020
<b>County (all ages)</b>	<b>2,701,767</b>
Aventura	40,242
Bal Harbour	3,093
Bay Harbor Islands	5,922
Biscayne Park	3,117
Coral Gables	49,248
Cutler Bay	45,425
Doral	75,874
El Portal	1,986
Florida City	13,085
Golden Beach	961
Hialeah	223,109
Hialeah Gardens	23,068
Homestead	80,737
Indian Creek	84
Islandia	0
Key Biscayne	14,809
Medley	1,056
Miami	442,241
Miami Beach	82,890
Miami Gardens	111,640
Miami Lakes	30,467
Miami Shores	11,567
Miami Springs	13,859
North Bay Village	8,159
North Miami	60,191
North Miami Beach	43,676
Opa-locka	16,463
Palmetto Bay	24,439
Pinecrest	18,388
South Miami	12,026
Sunny Isles Beach	22,342
Surfside	5,689
Sweetwater	19,363
Virginia Gardens	2,364
West Miami	7,233
UNINCORPORATED	1,186,954

**Miami-Dade County** includes 34 incorporated communities of various sizes. About 43% of the county's population lives in unincorporated areas of the county, while over one-quarter of all residents (24.6%) live in the county's two largest cities, the City of Miami (16.3%) and the City of Hialeah (8.25%) (Numbers and 4, respectively, on the map below). The north and central areas of the county are densely populated, with smaller communities in the south, and a large, sparsely populated portion in the south and west that is the tribal lands of the Miccosukee Indians and the Everglades.



Map Source: Florida Community Studies Consortium





Both Miami-Dade County and the City of Miami include a number of unincorporated but distinct communities recognized as “neighborhoods” within the city. Many are known by the historical racial-ethnic makeup of their residents: Little Havana (Cuban), Little Haiti (Haitian), Liberty City and Overtown (African American). Some of these older ethnic neighborhoods—such as Coconut Grove—are in transition, as gentrification makes them increasingly less affordable for their long-term residents.

**Monroe County** has only five incorporated communities (see table at right). Just under half (46.6%) of residents live in unincorporated areas of Monroe County, while one-third (33.9%) live in the City of Key West. Geographically, residents are said to live in the upper keys (north of Islamorada, including Key Largo), middle keys (including Marathon), or the lower keys (from Big Pine to Key West). A large portion of the county is a sparsely inhabited region of the southwest mainland, part of the Everglades National Park. According to the 2020 U.S. Census, Key Largo (a census designated place but not an incorporated community) had a population of about 12,447 people (an increase of 19% from nearly 10,433 in 2010).

Monroe County	2020 Pop Estimate
County (all ages)	82,874
Islamorada, Village of Islands	7,107
Key Colony Beach	790
Key West	26,444
Layton	210
Marathon	8,235
UNINCORPORATED	9,689

Source: University of Florida, Bureau of Economic and Business Research



## Socio-Demographic and Economic Factors:

- Monroe County has a higher proportion of elders (31.5%) in the general population than both Miami-Dade (21.8%) and the state of Florida (26.5%).
- Miami-Dade is home to a significant proportion of the state's poor elders: one in five (21.1%) of the state's elders living below the Federal Poverty Line (FPL) and 40.2% of the state's minority elders living below 125% FPL reside in Miami-Dade County.
- About 12.2% of the state's elders with 2+ disabilities live in Miami-Dade, while elders in Monroe County are somewhat less likely to have two or more disabilities (10.1%) than elders in Miami-Dade (15.7%).
- Persons over the age of 60 account for 21.8% of the total Miami-Dade County population.

2021	State of Florida	PSA 11	Miami-Dade County	Monroe County
<b>Total Population (all ages)</b>	<b>21,596,068</b>	<b>2,910,617</b>	<b>2,832,794</b>	<b>77,823</b>
<i>% of State population (all ages)</i>	100%	13.5%	13.12%	0.4%
<b>Elders age 60+</b>	<b>5,893,870</b>	<b>661,568</b>	<b>636,153</b>	<b>25,415</b>
<i>% of State population that is age 60+</i>	27%	11%	10.8%	0.4%
<i>% of PSA population that is age 60+</i>		22.7%	21.9%	3.8%
<i>% of county population that is age 60+</i>			22.5%	32.7%
<b>Elders age 60+ below FPL</b>	<b>576,870</b>	<b>116,315</b>	<b>113,725</b>	<b>19,930</b>
<i>% of State elders below FPL</i>	9.8%	20.2%	19.7%	3.5%
<i>% of PSA elders below FPL</i>		17.6%	97.8%	17.1%
<i>% elders by county below FPL</i>			18%	10%
<b>Minorities age 60+ &lt;125% FPL</b>	<b>375,684</b>	<b>143,905</b>	<b>142,830</b>	<b>865</b>
<i>% of State minority elders &lt;125%</i>	6.4%	38.3%	38.0%	0.2%
<i>% of PSA elders</i>		22%	99.3%	0.6%
<i>% elders by county</i>			22%	4%
<b>Elders age 60+ with 2+ disabilities</b>	<b>812,885</b>	<b>97,795</b>	<b>95,620</b>	<b>2,175</b>
<i>% of State elders</i>	14%	12%	11.8%	0.3%
<i>% of PSA elders</i>		15%	97.8%	2.2%
<i>% elders by county</i>			15.0%	2.8%

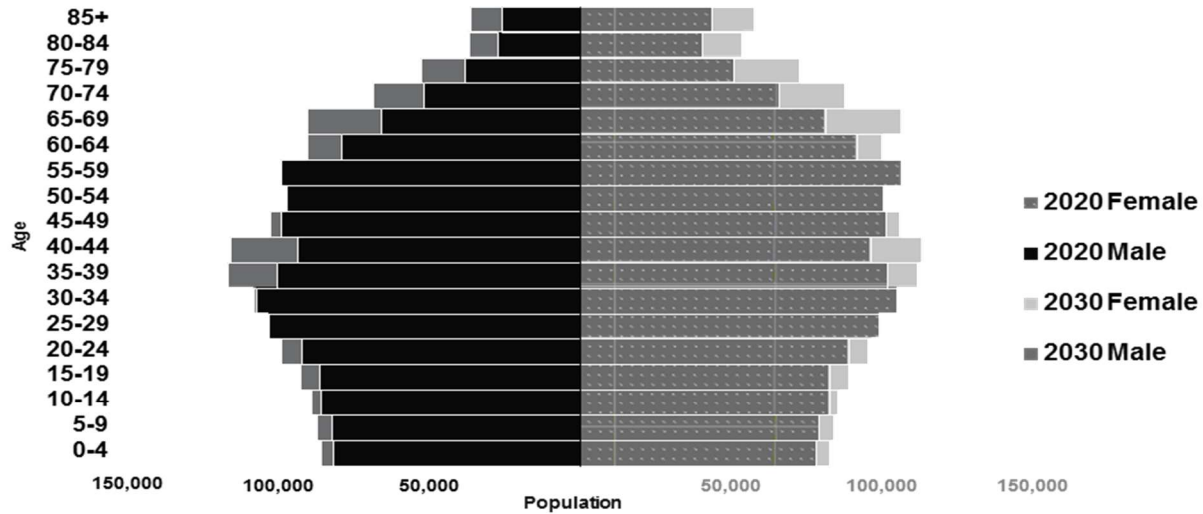
Source: DOEA, 2021 Profile of Older Floridians

A note about demographic statistics: There are a number of sources that can be consulted to estimate the current and future population of a county. As noted above, these data were provided by DOEA. Other population data in this report are based on **2020 estimates from the American Community Survey. For all calculations, unless otherwise noted, the total elder population of Miami-Dade was 636,153 and for Monroe was 25,415.**

The 2021 Florida State Profile of Older Floridians presented below provides a detailed look at the elder population PSA 11.

## Planning and Service Area (PSA) 11 Demographic Profile

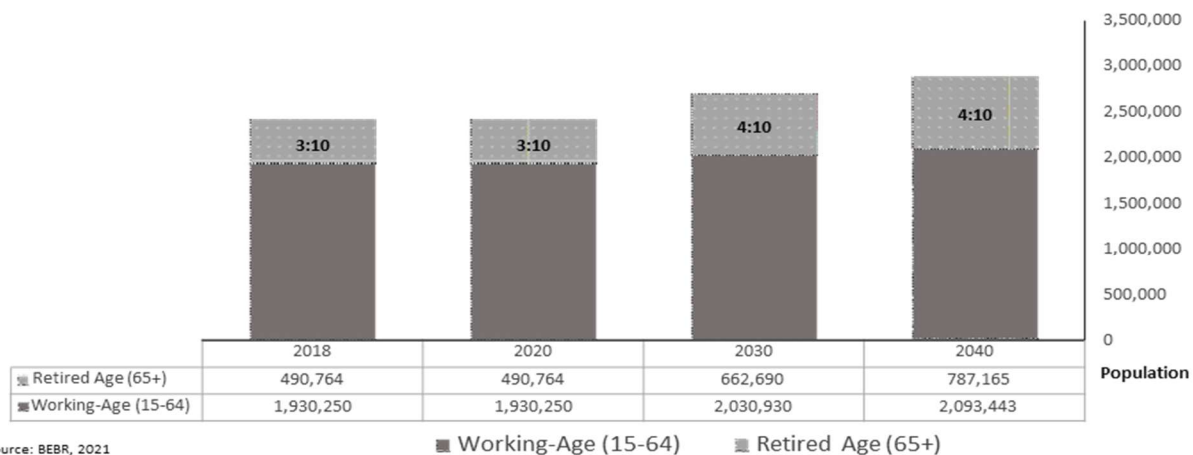
The population pyramid below compares the projected older adult population by gender between 2018 and 2030, demonstrating the changes expected in the next decade. As a whole, Florida is expected to experience population growth, with some areas expecting notable growth in the proportion of those age 65 and older.



Source: BEBR, 2021

## Older Adult Dependency Ratio

The dependency ratio contrasts the number of working-age (15-64) individuals compared to the number of individuals age 65 and older who are likely retired from the workforce. This ratio reflects the ongoing contributions of taxes and wages to support the health care and retirement systems used by retirees, as well as the availability of younger individuals to serve as caregivers to older loved ones.



Source: BEBR, 2021

Unless otherwise noted, the data presented in this Profile refer to populations in Florida age 60 and older.

## Elders Age 60+

Age 60 is significant because it represents the age at which most individuals become eligible for home- and community-based services under the Older Americans Act. The 60+ population served by the Alliance for Aging is growing, but in different ways in Miami-Dade and Monroe Counties. The older adult population in Miami-Dade will grow by over 202,678 by 2030.

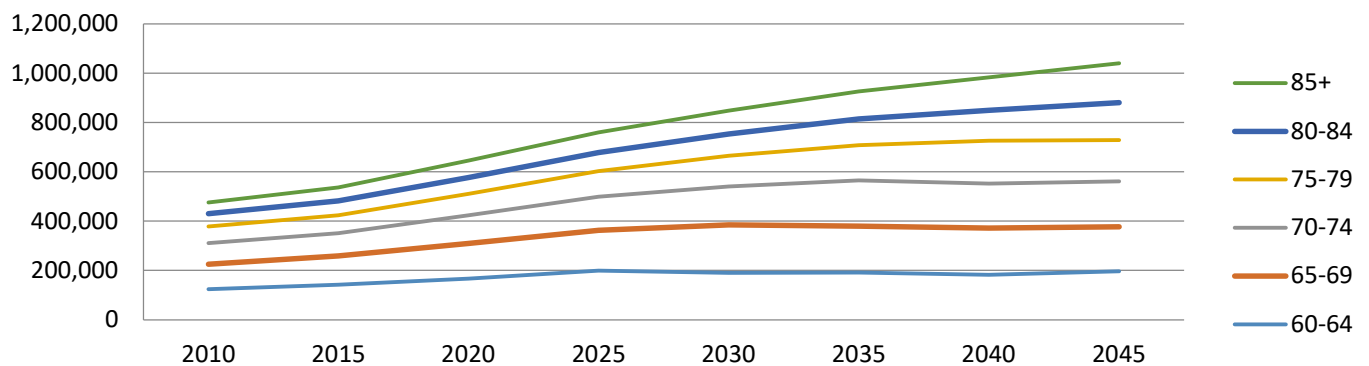
Trends in 60+ Population, 2010-2045, Miami-Dade County									
	2010	2015	2017	2020	2025	2030	2035	2040	2045
60-64	124,220	142,283	153,182	166,345	199,171	189,907	191,723	181,918	196,038
65-69	100,980	116,070	128,784	142,501	163,550	195,523	187,100	190,290	181,338
70-74	85,996	91,891	102,209	114,039	135,439	154,860	186,511	179,749	183,921
75-79	67,140	73,433	81,015	86,962	104,623	123,990	142,541	173,247	168,074
80-84	52,031	58,207	60,353	66,591	74,596	89,321	106,563	123,583	151,510
85+	45,866	54,723	61,908	68,787	81,889	94,311	111,374	133,545	158,866
<b>Total 60+</b>	<b>476,233</b>	<b>536,607</b>	<b>587,451</b>	<b>645,225</b>	<b>759,268</b>	<b>847,912</b>	<b>925,812</b>	<b>982,332</b>	<b>1,039,747</b>
% change		12.7%	9.48%	9.8%	17.6%	11.7%	9.2%	6.1%	5.8%

Source: 2010/2015 Department of Elder Affairs, 2020-2045, Bureau of Economic and Business Research

From 2020 to 2025, Miami-Dade County will experience a 17.6% increase in the number of people age 60+, compared to an only 6.2% increase in the total “all ages” population. This is primarily due to the large number of people in the “Baby Boomer” generation (born 1946-1964) reaching this age. The table above highlights four “Baby Boomer” age cohorts whose projections can be followed through the life span via color-coding. Growth in the elder population will continue more slowly after 2025.

Over the next 10 years (2020 to 2030), Miami-Dade will see an estimated 31.4% increase in the number of elders age 60+. This age group will grow more quickly than the overall population over the next 25 years (2020-2045),

### Elder Population Growth Miami-Dade County 2010-2045





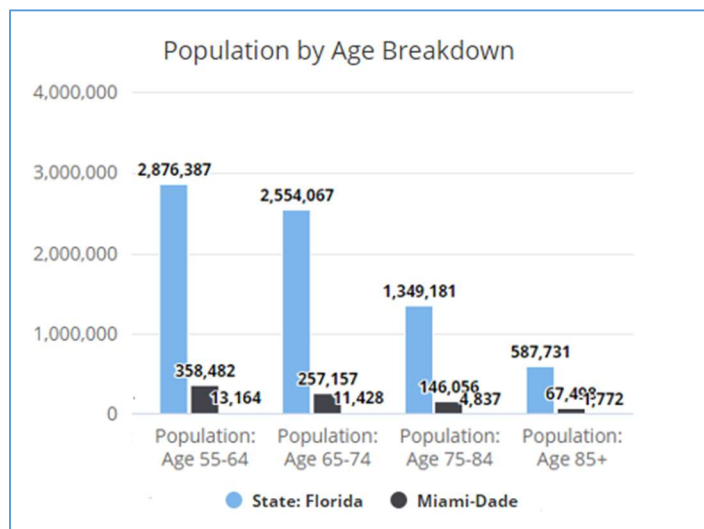
when we will have an estimated 61.1% increase in people age 60+, compared to an only 23.1% increase in the all-ages population. The largest increases in the elder population in Miami-Dade are expected to occur between 2015 and 2025, when the remainder of the Baby Boom generation joins the age 60+ population.

Notably, while the *number* of elders in Miami-Dade will steadily increase over the next 20 years, we will see also see only a slow (1-2% every five years) increase in the *proportion* of elders in the general population, slowly growing from 19.1% to 28.2%. By 2040, more than one in four residents will be age 60+.

Trends in 60+ Population, 2010-2040, Miami-Dade County									
	2010	2015	2017	2020	2025	2030	2035	2040	2045
Proportion of total population age 60+	19.1%	20.4%	21.4%	22.5%	24.8%	26.4%	27.6%	28.2%	28.9%

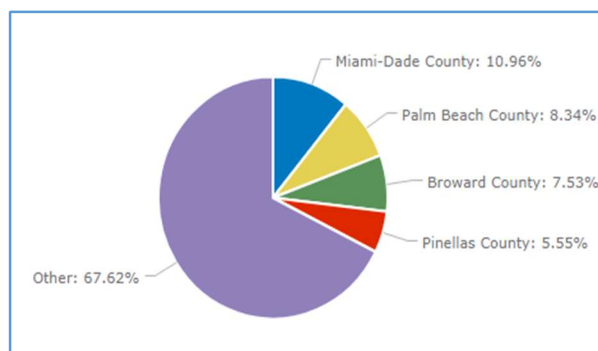
As of the 2010 census, two of the nation's top 10 places with the highest percentage of population age 65 plus were located in Miami-Dade County: the cities of Miami (16.0%) and Hialeah (19.1%) (Source: EDR). As of 2021, people over age 60 represented 27% of Florida's total population and between 2015 and 2045, Florida's older population is expected to almost double (particularly in the age categories 75-79, 80-84, and 85+). Miami-Dade will experience a 31% increase in that same time frame.

**As of 2018, Florida had the highest percentage elder population in the nation, and Miami-Dade had the largest elder population in the state, over 10% of the state's 65+ population.**

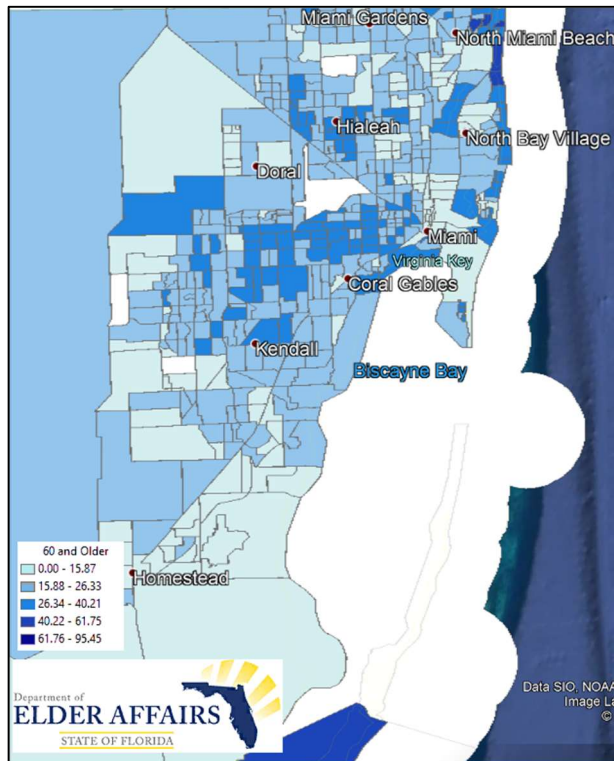


Source: [Miami-Dade Matters](#)

**Population Percentage by County, Age 65+**



Source: [Miami-Dade County Dual Eligibility Study](#)



As seen on the map (left) the two darkest shades of blue are concentrations of elders age 60+ above the county average (20%), primarily in communities in north and central Miami-Dade, such as Hialeah and Kendall, with the densest elder populations residing in areas in North Miami Beach.

Population maps at the census tract level are available to the public on DOEA's Elder Needs Index webpage at <https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>

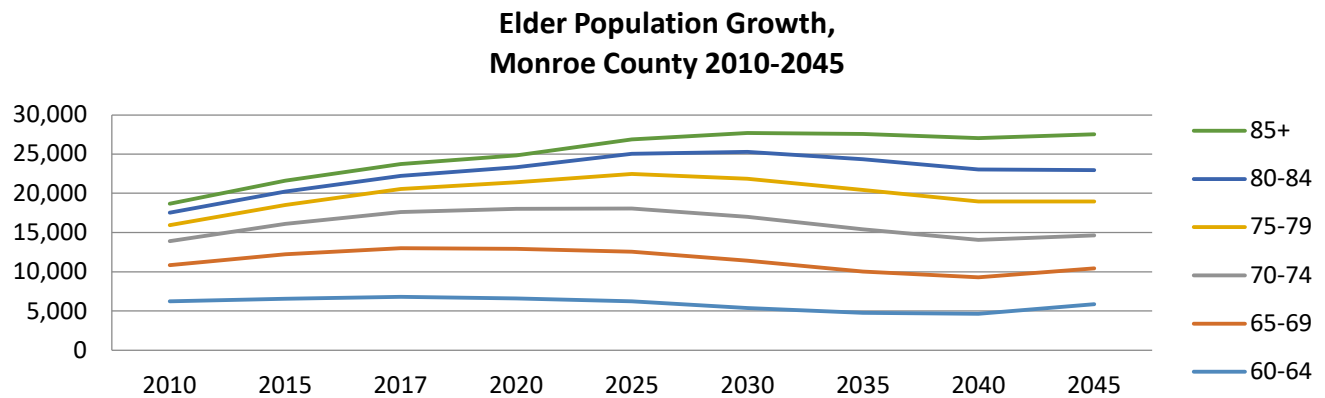
Monroe County will also experience growth in the age 60+ population, with an additional 2,000+ older adults by 2025, and almost another 1,000 by 2030. The fastest growth in the number of elders occurred between 2015 and 2020.

Trends in 60+ Population, 2010-2045, Monroe County									
	2010	2015	2017	2020	2025	2030	2035	2040	2045
60-64	6,217	6,571	6,822	6,617	6,229	5,396	4,760	4,660	5,851
65-69	4,617	5,679	6,212	6,302	6,310	6,008	5,258	4,656	4,568
70-74	3,079	3,872	4,563	5,111	5,523	5,606	5,396	4,748	4,202
75-79	2,024	2,373	2,945	3,380	4,401	4,858	5,029	4,888	4,327
80-84	1,585	1,731	1,692	1,898	2,586	3,446	3,888	4,081	3,986
85+	1,164	1,387	1,485	1,510	1,807	2,380	3,217	3,988	4,572
<b>Total 60+</b>	<b>18,696</b>	<b>21,613</b>	<b>23,719</b>	<b>24,818</b>	<b>26,856</b>	<b>27,694</b>	<b>27,548</b>	<b>27,021</b>	<b>27,506</b>
% change		15.6%	9.7%	4.6%	8.2%	3.1%	-0.5%	-1.9%	1.8%

Source: 2010/2015 Department of Elder Affairs, 2020-2045, Bureau of Economic and Business Research

From 2020 to 2025, Monroe County will experience an 8.2% increase in the number of people age 60+, compared to a 2% increase in the total "all ages" population. This, again, is primarily due to the large numbers of people in the

“Baby Boomer” generation (born 1945-1964) reaching this age. The table above highlights four “Baby Boomer” age cohorts whose projections can be followed through the life span via color-coding.



Projections anticipate a slowing of growth from 2020 to 2030, due in part to the smaller numbers of 60-69 year old residents in that decade. After 2035, on the other hand, Monroe County may actually see a loss in the 60+ population, with lower numbers in all age groups except for those age 80+.

Notably, while the *number* of elders in Monroe will steadily increase until 2030, then stabilize and decrease from 2030-2040, the *proportion* of elders in the general population predicted to increase slowly until 2030. In 2010, the County’s proportion of elders in the general population (25.6%) was 50% higher than the state’s (17%).

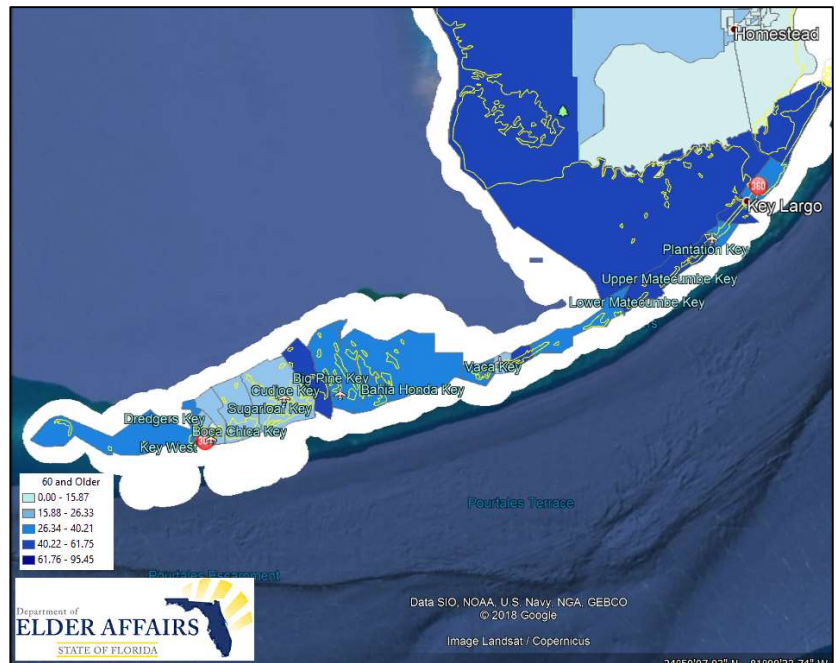
Trends in 60+ Population, 2010-2045, Monroe									
	2010	2015	2017	2020	2025	2030	2035	2040	2045
Proportion of total population age 60+	25.6%	29.5%	30.8%	33.0%	35.4%	36.3%	35.9%	35.1%	35.6%

As shown on the map to the right, technically the areas with the densest elder population in Monroe County are located on the Florida mainland. It should be noted, however, that the bulk of this area has an incredibly sparse populations, with a total population count of 7 and an elder count of 4. Other areas of high elder population density include Cudjoe Key and Key Colony Beach.

#### Elders Age 85+

According to data compiled by the Social Security Administration:

- A man reaching age 65 today can expect to live, on average, until age 84.0.
- A woman turning age 65 today can expect to live, on average, until age 86.5.

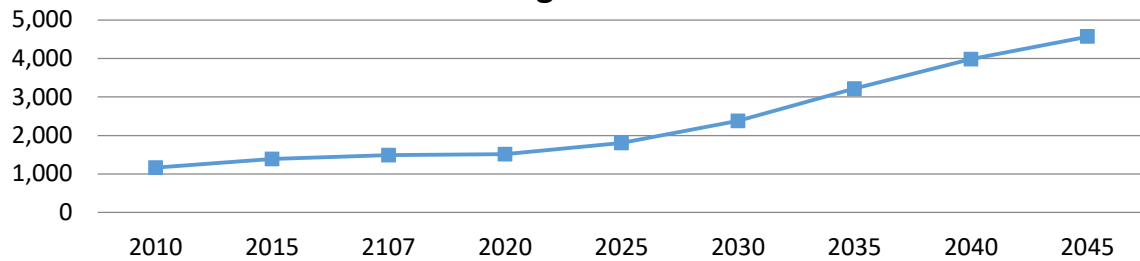


This is important not only as a data point in demographics, but also because, on average, only half of us alive at 65 will survive past the age of 85. Many—though certainly not all—who do may experience decreased mobility or physical abilities, health issues, and/or financial instability that put them at risk for institutionalization. This is a population that is extremely likely to benefit from home- and community-based services, and it is growing quickly in our service area, with an additional 19,000+ by 2025.

Trends in 85+ Population, 2010-2045, Miami-Dade County									
	2010	2015	2107	2020	2025	2030	2035	2040	2045
85+	45,866	54,723	61,908	68,787	81,889	94,311	111,374	133,545	158,866
% change		19.2%	13.1%	11.1%	19.0%	15.2%	18.1%	19.9%	19.0%

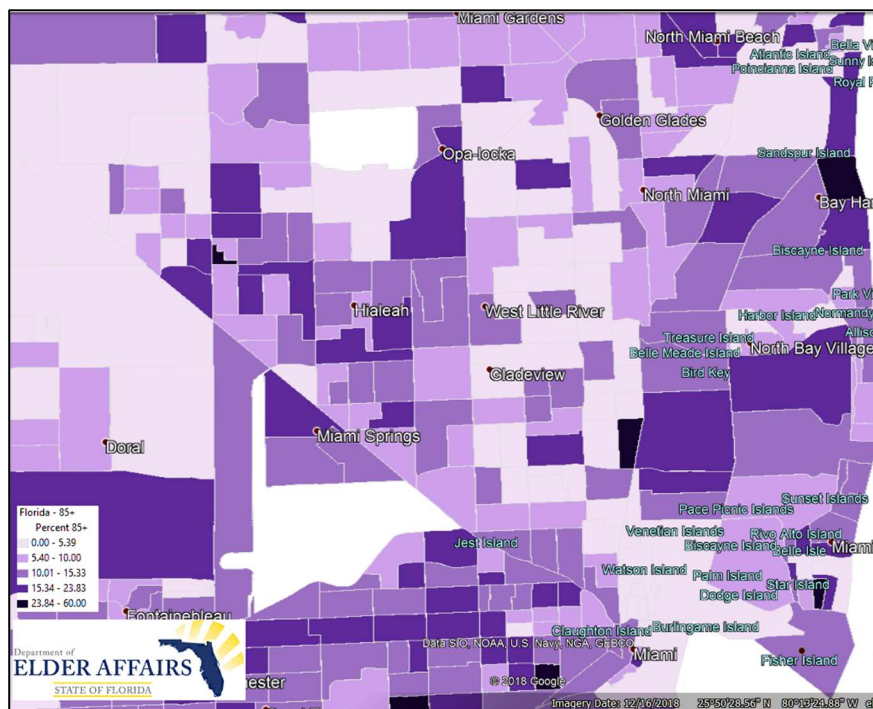
Prop. of 60+ pop. that is age 85+	9.6%	10.2%	10.5%	10.7%	10.8%	11.1%	12.0%	13.6%	15.3%
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## Population Growth: Elders Age 85+ in Miami-Dade



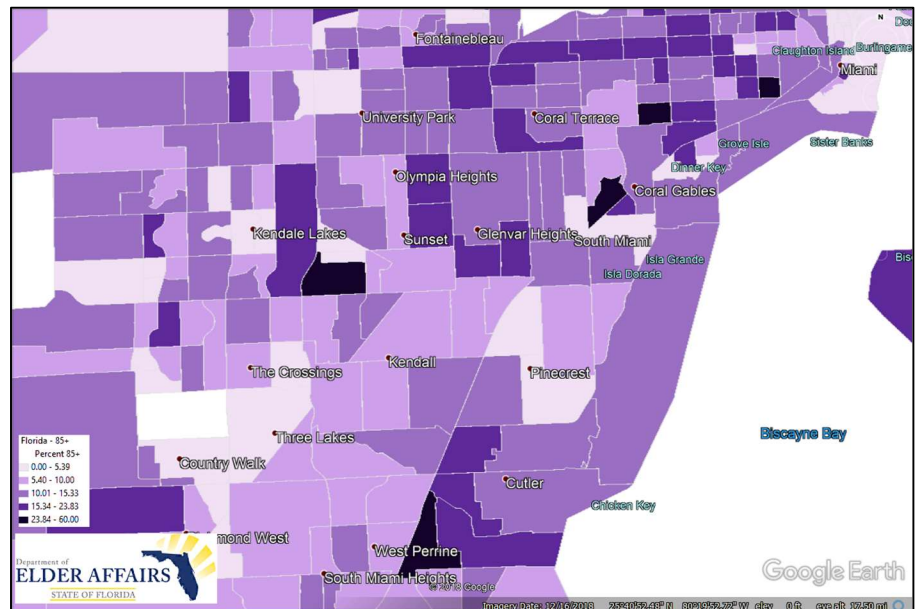
Between 2015 and 2020, Miami-Dade experienced a 25.7% increase in the number of elders over age 85, and projections predict an 19% increase in this age group from 2020 to 2025. The largest increase in this age group will be seen after 2030, when the Baby Boom generation enters this age group. This is tied to the rising numbers of elders overall, however, the proportion the 60+ population that is 85+ will remain fairly constant according to these estimates (which consider a number of factors including attrition and longevity, as well as in-migration and out-migration).

### Elders Age 85+ in North Miami-Dade



As shown on these maps, the three darkest shades of purple represent heavier than average (10%) concentrations of older adults. The densest population of elders age 85+ in Miami-Dade County is in Miami-Beach, in the area known as South Beach. In north and central Miami-Dade, there are relatively dense concentrations of elders age 85+ in areas such as: Bay Harbour Islands; Hialeah, Aventura; Opa-Locka; and Little Haiti.

In central and south Miami-Dade, there are concentrations in East Little Havana, West Coconut Grove, Coral Gables, West Miami, Kendall, and Homestead. This statistic may be a bit misleading, however, as it can also reflect concentrations of older adults in residential care facilities, as well as those living in the community.



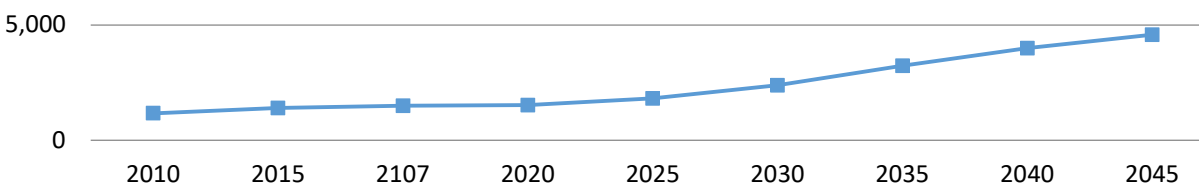
Source for Maps: DOEA Maps. Population maps at the census tract level are available to the public on DOEA's Elder Needs Index webpage at <https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>



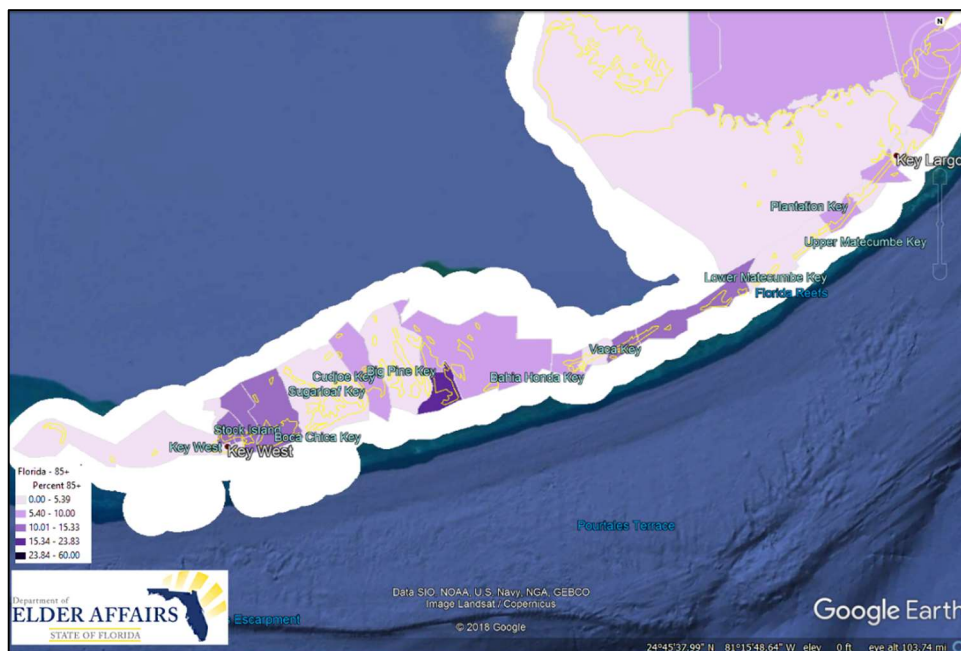
Between 2015 and 2020, Monroe County experienced an 8.9% increase in the number of people over age 85, and can anticipate another 19.7% increase by 2025. Notably, although the growth in the number of elders age 60+ in Monroe County will grow slowly between 2020 and 2030, and actually decrease between 2030 and 2040, the growth in the *number* of elders age 85+ will peak between 2020 and 2035, while the *proportion* of elders age 85+ remains relatively steady (about 10% of the 60+ population) in that same time.

Trends in 85+ Population, 2010-2045, Monroe									
	2010	2015	2017	2020	2025	2030	2035	2040	2045
85+	1,164	1,387	1,485	1,510	1,807	2,380	3,217	3,988	4,572
% change		19.2%	7.1%	1.7%	19.7%	31.7%	35.2%	24.0%	14.6%
Prop. of 60+ Pop that is 85+	6.2%	10.2%	6.3%	6.1%	6.7%	8.6%	11.7%	14.8%	16.6%

### Population Growth: Elders Age 85+ in Monroe County



As shown on the map at right, small and not very dense concentrations of elders age 85+ can be found in Key Colony Beach, and Key West. The densest concentration can be found on Big Pine Key.



Population maps at the census tract level are available to the public on DOE's Elder Needs Index webpage at <https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>



## Diversity Within the Age 60+ Population

### Racial/Ethnic Diversity

The two counties in PSA 11 are very different culturally and demographically. Miami-Dade is a sprawling metropolitan area with a large and increasingly diverse community, while Monroe County is a series of small island communities with transient seasonal populations and a steady stream of tourists. Diversity among elders in these two counties looks like this:

2021, for those Age 60+	Miami-Dade		Monroe	
	#	%	#	%
<b>Total population</b>	636,153	100	25,415	100
<b>Gender</b>				
Female	361,535	57	11,881	47
Male	274,618	43	15,534	53
<b>Race/Ethnicity</b>				
White, Non-Hispanic	516,600	81	24,298	86
Black & Other, Non-Hispanic	119,553	19	858	3
Hispanic	434,981	68	3,302	13

Source: DOEA, 2021 Profile of Older Floridians

As Miami-Dade is a majority minority community (67.5% Hispanic and 24.9% non-White as of 2017 Census estimates), the minority population age 55+ is distributed widely throughout the county, though somewhat less densely in coastal communities east of U.S. Route 1 (see at right).

Monroe County's small but growing minority populations are concentrated in higher population centers such as Key Largo, Marathon, and Key West.

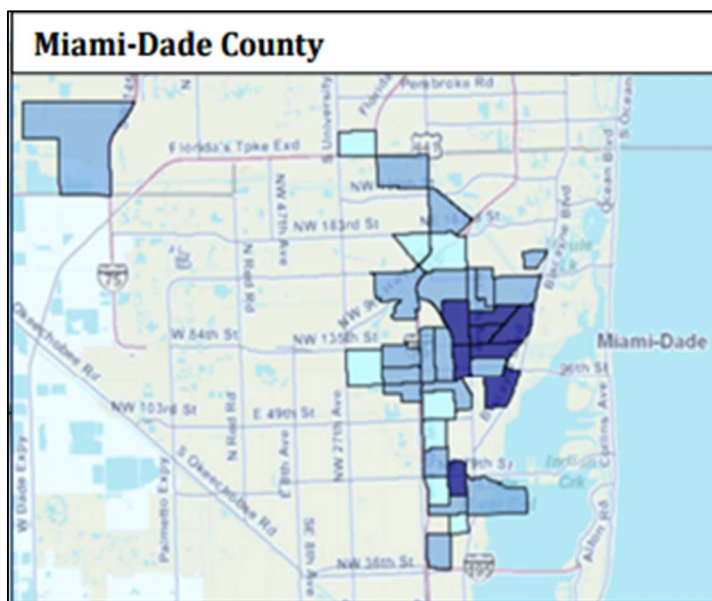


Miami-Dade County is known as a diverse community because of its large proportions of Hispanics (67.5%) and foreign-born (52.9%) residents. Not surprisingly, Miami-Dade's foreign-born population (age 18+) of 1,473,238 people is primarily Hispanic (82.9%), but it is also relatively young (50.8% age 25 to 54) and more than half (56%) are naturalized citizens. In 2017 there were an estimated 314,794 foreign-born adults age 65+; of these, 164,551 (52.3%) were age 65-74. As of 2017, foreign-born older adults age 65+ represented 22% (314,794) of the foreign-born population in Miami-Dade County. According to the 2017 American Community Survey, Miami-Dade's Hispanic population (all ages) predominantly identifies as Cuban (53.6%), with increasing numbers with ancestry in places such as Columbia (7.1%), Nicaragua (6.2%), Venezuela (3.9%), Honduras (3.7%), the Dominican Republic (3.7%), and Mexico (3.3%) as well as Puerto Ricans (5.5%) from both the island and the mainland. Local demographers, who

have access to more granular data, confirm that the large majority of the Hispanic elders age 60+ are still most likely to be born in Cuba or to be of Cuban descent.

Miami-Dade's Black population is also diverse, with 67% of those age 18+ native-born and 32.9% foreign born, according to the 2017 American Community Survey. Among Blacks of all ages, more than one-third (35.3%) were of West Indian ancestry, and 23.6% of these were of Jamaican ancestry. Approximately 27% of Blacks of all ages were of Haitian descent in 2017.

The largest Haitian population (50.1%) in the US resides in Florida, with 71% concentrated in South Florida, including 130,883 in Miami-Dade. According to data from the 2010 census, they live across the county, but the highest concentrations of people with Haitian ancestry are in the following communities (highlighted on the map in dark blue):



Source: Progress and Unmet Challenges: Sant La's Profile of the Haitian Community of Miami-Dade, 2010-2015

Haitians also live in smaller concentrations in Golden Glades, Ives Estates, and Florida City/Homestead. Census data indicate the Haitian population in Miami-Dade grew by 12.7% from 2010 to 2017, but most (50.6%) are younger, working-age adults. Only 11.9% are age 65+. The 2017 American Community Survey estimates there are 130,883 people of Haitian descent of all ages in Miami-Dade County, including 16,753 people age 55-64; 9,293 people age 65-74; and 6,282 people age 75+.

Community	% Haitian
Little Haiti	42%
North Miami	39%
North Miami Beach	24%
Miami Gardens	9%

Source: 2010 US Census, Haitian ancestry

Formerly known as Lemon City, the neighborhood known as Little Haiti is within the city of Miami. Like other neighborhoods in desirable downtown locations, Little Haiti faces increasing pressure from gentrification and development. This makes it extremely difficult for long-time, low-income residents to age in place or to find affordable housing.

Several Aging Network providers have indicated there are small but growing populations of other ethnic groups such as Russians in Aventura and Brazilians in North Bay Village. Our service area also includes a small number of people age 60+ who are members of the Miccosukee and Seminole Tribes of Florida. These communities have access to Title VI funding through the Older Americans Act, and support their own senior centers and services. Several health care providers have noted a number of Urdu speakers in North Miami, but it is not known whether this population (from Pakistan and northern India) contains significant numbers of elders.



Monroe County’s racial and ethnic minority elders are fewer and more isolated. Although health and social service providers seem to have sufficient bilingual staff to serve in this area, there may be more demand for this in the future.

Serving a diverse community comes with many challenges, including a wide variety of cultural beliefs about issues such as aging, caregiving, and cognitive decline; different ways of understanding the system and accessing assistance; various preferences for what services to receive and how services are delivered; differing levels of trust toward staff, providers, or “the system;” diverse beliefs about gender roles and family dynamics; and various working definitions of dignity, privacy, and quality of life.

#### **Limited English Proficiency (LEP)**

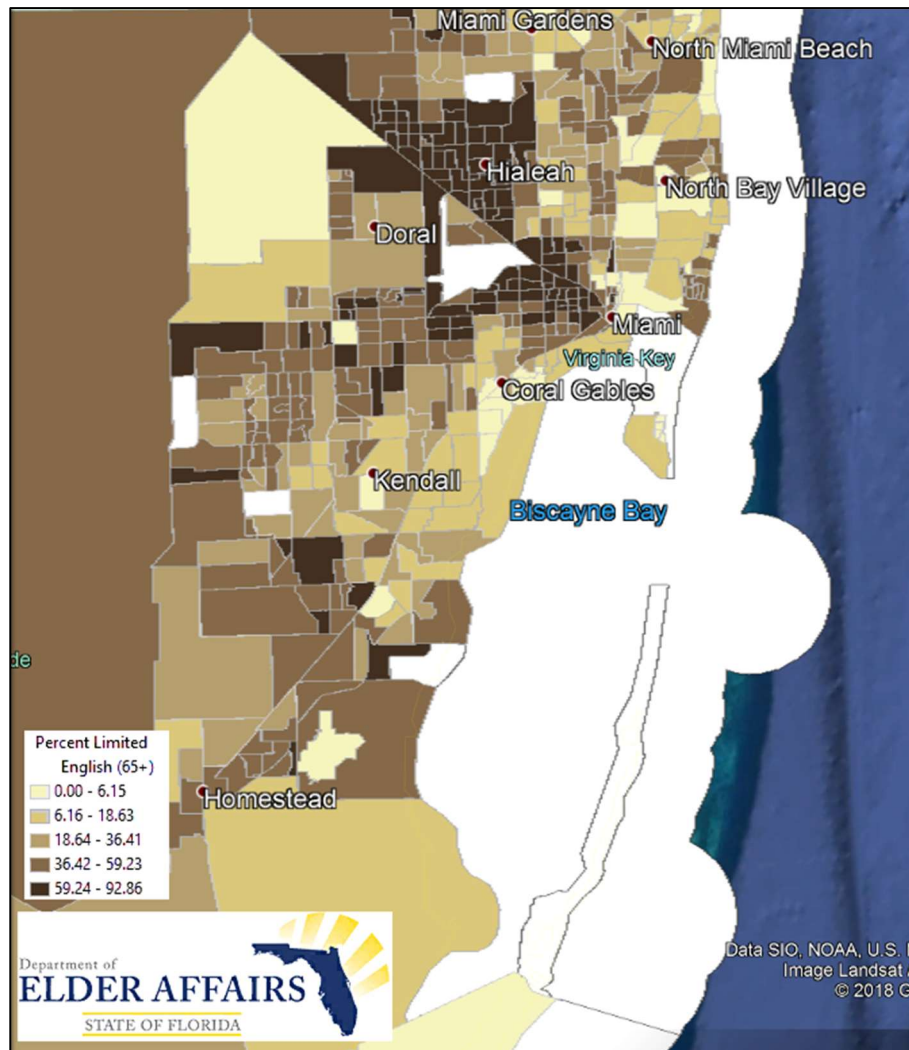
Considering its “majority-minority” demographics and large proportion of foreign-born residents (52.9% of the total population, according to 2017 census estimates), it’s unsurprising that more than a quarter of a million older adults in Miami-Dade indicate they have limited English skills.

	#	% of 60+ population
<b>Miami-Dade</b>	229,530	36%
<b>Monroe</b>	1,065	4%

*Source: DOEA, 2021 Profile of Older Floridians*

While the majority of those with limited English speak Spanish, Haitian Creole is the third most common language in Miami-Dade and represents the highest percentage of Creole speakers in any county in the nation. Although the county includes Creole in many of its public documents, including most health and human services materials, there is still a shortage of providers who offer culturally and linguistically appropriate services for Creole speakers (including older adults).

As shown on the map below, limited English speaking older adults are found throughout the county, but concentrated in areas such as Hialeah, City of Miami, South Miami, and areas to the west of Kendall.



*Population maps at the census tract level are available to the public on DOEA's Elder Needs Index webpage at*

<https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>

While the map does not indicate what languages are being spoken, aside from Spanish speakers, limited English speakers in Miami-Dade include speakers of Haitian Creole (particularly, but not exclusively, in Little Haiti), Russian (Jewish immigrants in Aventura), Portuguese (the nation's largest Brazilian community is in North Bay Islands), and Urdu (in North Miami), among others.

Monroe County's less diverse population has a smaller proportion of limited English speakers that may leave these elders far more isolated—both linguistically and geographically—than their counterparts in Miami-Dade, as seen below.



Population maps at the census tract level are available to the public on DOE's Elder Needs Index webpage at <https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>

### Undocumented Elders

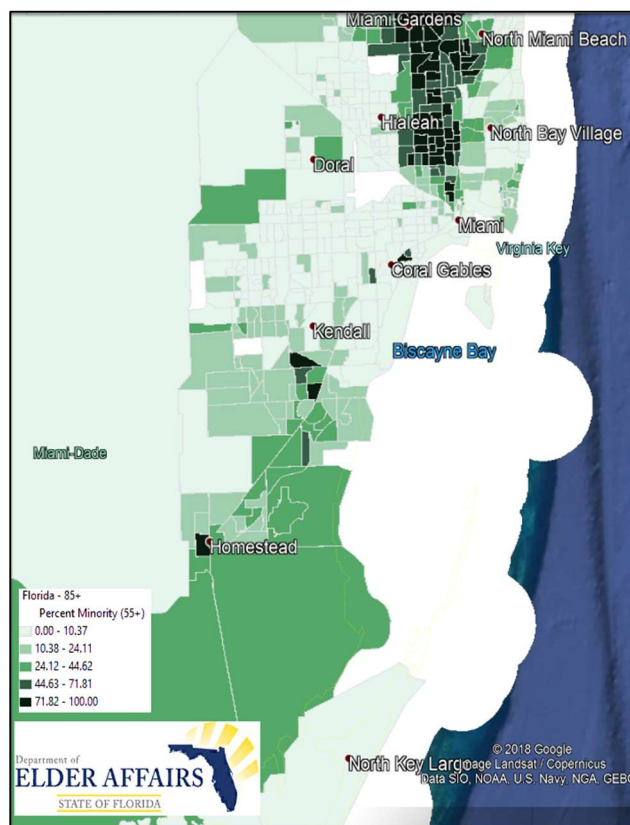
There is a substantial number of older adults in PSA 11 who are undocumented. This includes not only Hispanics and Haitians, but others from around the world. These immigrants may be more likely to have limited English proficiency. Used to living “under the radar,” they may be more reluctant to ask for help for fear of exposure. Additionally, they may not receive any kind of social security or retirement income or be eligible for Medicaid or Medicare. While they may not appear in the census or in-service data, they are mothers, fathers, grandmothers, and grandfathers. They live alone or with family, interact with friends and neighbors, and contribute to the life of the community. Ineligible for many services and supports commonly needed by older adults, they are the invisible elders in need in our communities.



## Elders with Disabilities

Whether lifelong or recently acquired, having a disability can make aging in place more of a challenge. According to the Florida Office on Disability and Health, 30% of persons with disabilities were age 65+ at the time of their diagnosis. One-fourth of all Florida's persons with disabilities are between the ages of 55 and 64, and nearly one-third of persons with disabilities are over the age of 65. While the majority of older adults in Miami-Dade (69.6%) and Monroe (75.5) have no disabilities, this means nearly one-third of elders in Miami-Dade (184,351) and one-quarter of elders in Monroe (5,969) have a physical, cognitive, self-care, or ambulatory disability that may affect their quality of life and service needs.

Ambulatory disabilities are the most common form of disability among elders in both counties, affecting nearly 1 in 5 older adults in Miami-Dade (18.0%) and 11.9% of elders in Monroe. Elders in Miami-Dade are significantly more likely to have a cognitive disability than those in Monroe to (due in part to higher rates of Alzheimer's disease among Black and Hispanic populations), and nearly twice as likely to have a disability affecting their ability to live independently or provide self-care (for example, they are unable to cook or do chores or errands alone, or need help getting dressed, going to the doctor, or shopping).



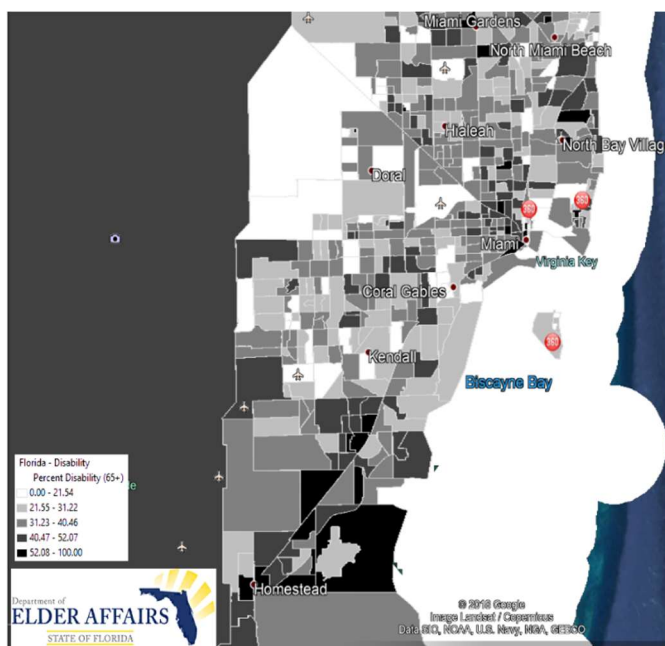
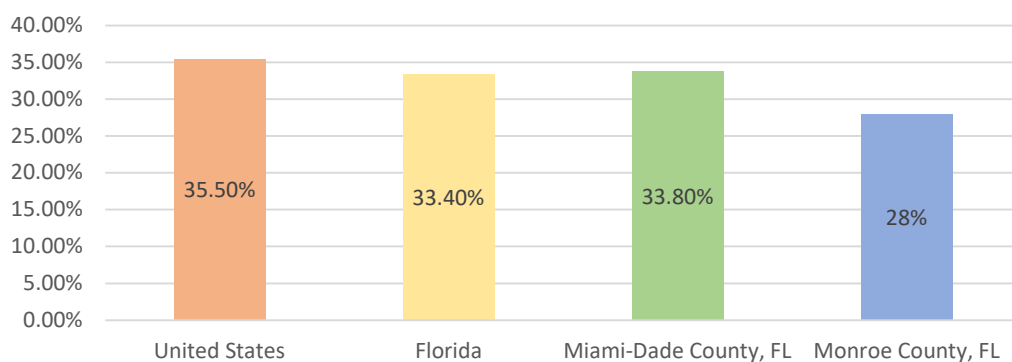
Disability Status	Miami-Dade		Monroe	
	Value	Percent	Value	Percent
With No Disabilities	403,245	63%	17,685	70%
With One Disability	67,510	11%	2,660	10%
With Two or More Disabilities	95,620	15%	2,175	9%
Hearing	41,355	6%	1,990	8%
Vision	33,505	5%	840	3%
Cognitive	61,600	10%	1,080	4%
Ambulatory	109,855	17%	2,785	11%
Self-Care	48,990	8%	880	3%
Independent Living	79,555	13%	1,680	7%
Probable Alzheimer's Cases (65+)	65,069	14%	2,042	11%

Source: DOEA, 2021 Profile of Older Floridians

Data from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) reflect a similar rate of disability overall, as well as some additional specifics.

	Florida	Miami-Dade	Monroe
% of adults age 65+ who <b>are limited in any activities because of physical, mental, or emotional problems</b>	21.2	11.9	19.3
% of adults age 65+ who <b>use special equipment because of a health problem</b>	9.9	6.6	7.8
% of adults age 65+ who <b>are blind or have serious difficulty seeing, even when wearing glasses</b>	5.8	6.1	8

65+ Population with Any Disability, Percent



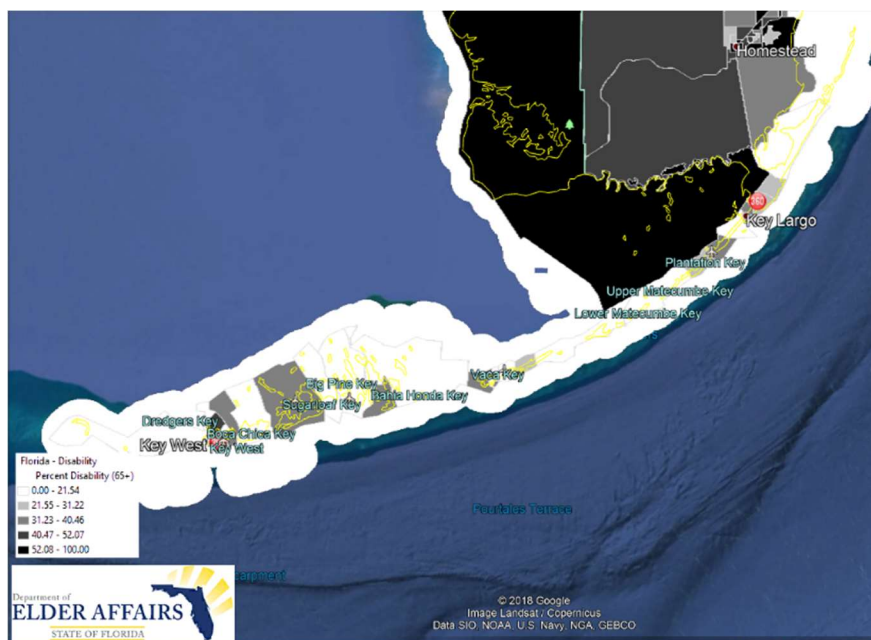
Looking at the Miami-Dade map of elders 65+ with one or more disabilities, there are concentrations in isolated individual census tracts. The darkest color on the map reflects a number of tracts with 40-50% disabled elders.

Population maps at the census tract level are available to the public on DOEA's Elder Needs Index webpage at <https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>



Areas with elders with disability includes areas such as Golden Glades, Opa-Locka, Brownsville, Liberty City, Overtown, Downtown Miami, Little Havana, Homestead, north of Coral Gables and rural areas between Goulds and Naranja, as well as west of Zoo Miami.

In Monroe County, the highest concentrations of elders 65+ with one or more disabilities are extremely small numbers of people. Relatively small but proportionally dense concentrations of elders with disabilities are Marathon (south of 47<sup>th</sup> Street Gulf), Key Largo (between Bass Avenue and Lauderdale Drive) and in concentrations in the lower Keys (Dredger's Key, Big Pine, Cudjoe, and Sugarloaf).



Population maps at the census tract level are available to the public on DOE's Elder Needs Index webpage at <https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>

### Adults Age <60 with Disabilities

In 2017, there were 117,206 people (12.3%) age 18-64 with a physical or self-care disability in Miami-Dade and 4,221. (16.4%) in Monroe, compared to 15.2% at the state level, according to the American Community Survey.

2017 Disability Status, Adults 18-64	Miami-Dade		Monroe	
	#	% of adults 18-64	#	% of adults 18-64
Hearing difficulty	17,504	1.0	894	1.9
Vision difficulty	25,007	1.5	729	1.5
Cognitive difficulty	54,975	3.2	1,924	4.1
Ambulatory difficulty	56,251	3.3	1,928	4.1
Self-care difficulty	22,938	1.3	608	1.3

Independent living difficulty	44,104	2.6	1,711	3.6
Total age18-64 with a disability	117,206	12.3	4,221	16.4

Source: [2013-2017 American Community Survey](#)

In Monroe, ambulatory and cognitive difficulty are the most common forms of difficulty among adults age 18-64, followed by independent living difficulties. The most common form of difficulty among adults age 18-64 in Miami-Dade is also ambulatory and cognitive. Among the total population of adults age 18-64, 2.6% in Miami-Dade and 3.6% in Monroe have an independent living difficulty.

According to local mental health and disability experts, the number of adults with severe and persistent mental illness, as well as developmental disabilities, who are aging into the system of care for older adults is small due to shortened lifespans (average 60 years versus 80 in the general population). The ARC of South Florida serves the over 60,000 Miami-Dade County citizens with intellectual and developmental disabilities.

### **Marital Status**

Marital Status 60+	Miami-Dade				Monroe			
	Male		Female		Male		Female	
	#	%	#	%	#	%	#	%
Never Married	24,570	10	32,525	10	985	8	540	5
Married	161,550	66	132,280	40	7,350	62	5,835	54
Widowed	22,435	9	95,840	29	1,025	9	2,430	22
Divorced	37,770	15	68,635	21	2,545	21	2,000	19

Source: *DOEA, 2021 Profile of Older Floridians*

Both Miami-Dade and Monroe Counties experienced similar trends with regard to marital status. In both counties, the majority of males and females report being married. Females also have a greater chance of being widowed than males in each county (29% in Miami-Dade and 22% in Monroe for females versus 15% and 9% respectively for males).

### **LGBT Elders**

While LGBT elders can be found in most communities, they may be isolated as stigma and negative perceptions from service providers or other community members may cause a reluctance to seek services. South Florida is known for a number of gay-friendly communities, including Key West in Monroe County and Miami Beach in Miami-Dade County, known primarily for their youthful and inclusive social scenes.



A 2017 Gallup poll estimates are that 4.2% of people of all ages in Florida while, nationally, only 1.9% of people age 65+ identified as LGBT. If the 1.9% statistic is accurate, that indicates there's estimated 11,543 elders in Miami-Dade and 463 in Monroe who identify as LGBT. If 4.2% identified as LGBT, that would be 29,747 elders in Miami-Dade and 1024 in Monroe. This proportion is likely much higher in Key West than other parts of both counties, but few reliable estimates exist, and the rising cost of living may be changing this demographic there as well. SAGE (Services & Advocacy for LGBT Elders) estimates there are 43,000 LGBT older

adults in Miami-Dade, Broward, and Palm Beach Counties.

While there are undoubtedly thousands of LGBT people growing older in PSA 11, many may have spent much of their lives unable to freely express their identity for fear of reprisals or discrimination. Many live alone and isolated because few in this generation had children, and many were ostracized by intolerant family members. These LGBT elders may still be somewhat “hard to reach,” as they may not be connected community resources that are gay-identified and often more youth-oriented.

A survey by the University of Miami Center on Aging found that although 73% of South Florida’s healthcare agencies and facilities report providing services to the LGBT community, less than a third offer any staff training in LGBT-related needs. This is mostly due to a perceived lack of need, despite the statistics estimating over 43,000 LGBT elders across three prominent South Florida counties (including Miami-Dade). Respondents to a 2012 South Florida LGBT Community Assessment by Our Fund indicated that the top three issues related to LGBT elders were: 1) healthcare that is sensitive to LGBT patients; 2) retirement housing sensitive to LGBT residents; and 3) loneliness and social acceptance. Unfortunately, there are few overtly LGBT social programs available for elders in PSA 11, even in Key West and Miami Beach, that resemble those in nearby Wilton Manors, Fort Lauderdale, where LGBT supportive senior housing is being developed and the Pride Center hosts weekly “Coffee and Conversation” get-together with LGBT elders.

Jewish Community Services of South Florida, a member of the Aging Network, worked with SAGE to open an affiliate in Miami-Dade that will improve the aging experience for local LGBT elders. SAGE Miami was officially launched in 2016. Raising awareness and providing training for local health and human service staff is just the beginning, as they hope to work with others to build a more LGBT-friendly aging network.

### **Education**

On average, elders in Monroe County are almost twice as likely to have obtained an advanced degree than those in Miami-Dade (40% versus 23%), whereas Miami-Dade has a higher number of elders to have not graduated high school. This might be attributed to the high number of foreign-born individuals in Miami-Dade who are more likely to have not have participated in the local school system.

<b>2021 Educational Attainment</b>	<b><i>Miami-Dade</i></b>		<b><i>Monroe</i></b>	
	<b><i>#</i></b>	<b><i>% of elders 65+</i></b>	<b><i>#</i></b>	<b><i>% of elders 65+</i></b>
Less than High School	152,238	32	1,871	11
High School Diploma	110,115	23	3,799	16
Some College, No Degree	50,903	11	3,652	15
Associates Degree or Higher	117,650	23	7,467	32

*Source: DOEA, 2021 Profile of Older Floridians*

## Veterans

Veterans, 2021	Miami-Dade		Monroe	
	#	% Elder Population	#	% Elder Population
Age 45-64	26,527	-	3,236	-
Age 65-84	18,654	28	2,602	33
Age 85+	3,615	5	556	7

*Source: DOEA, 2021 Profile of Older Floridians*

According to a 2017 analysis by Wallethub, the state of Florida boasts the third-largest veteran population in the nation. Of that population, more than half is over the age of 40. Florida is also ranked the top state for enabling veteran employment and fifth best in the number of VA health facilities per number of veterans. According to the National Center for Veterans and Statistics, there are over 56,000 veterans in Miami-Dade County total.

In Monroe County, 13.7% of elders age 65+ are U.S. Veterans. The 2019 “Point in Time” survey of people who were homeless in Monroe County found that 10% of those in shelters and 11.5% of those who were unsheltered said they were veterans. However, a significant portion of those who were unsheltered refused to answer. Census takers who regularly work with this population estimate that as many as 50% of those who are homeless may be veterans.

In Miami-Dade, the homeless situation is significantly better for veterans. In 2014, the Homeless Trust, the Miami Office of Veterans Affairs and various community entities partnered in an effort to create “a system and infrastructure to make veteran homelessness rare, brief and non-recurring.” In 2018, it was announced the program had been largely successful. In 2018, the number of veterans had been reduced by half from 2014, going from 317 homeless veterans to 120. While half of all homeless veteran population, 142, were unsheltered in 2014, by 2018, that number had been reduced to nine. Those that are sheltered are found permanent placement relatively quickly. Since 2014, 576 veterans have been permanently housed. As of August 2018, the number of veterans entering homelessness was less than number of veterans being connected with permanent housing.

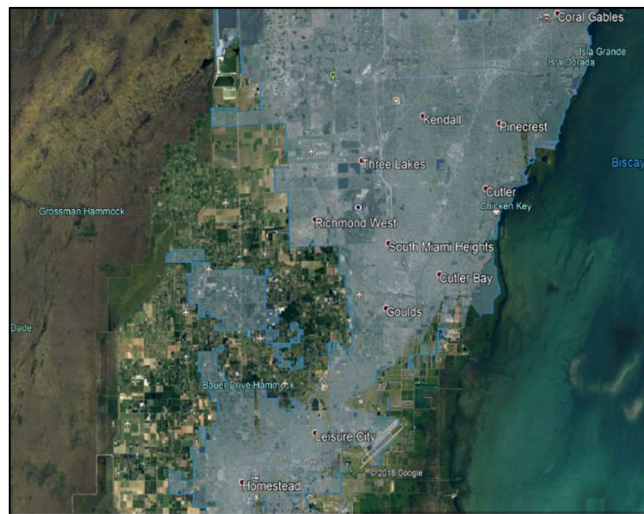
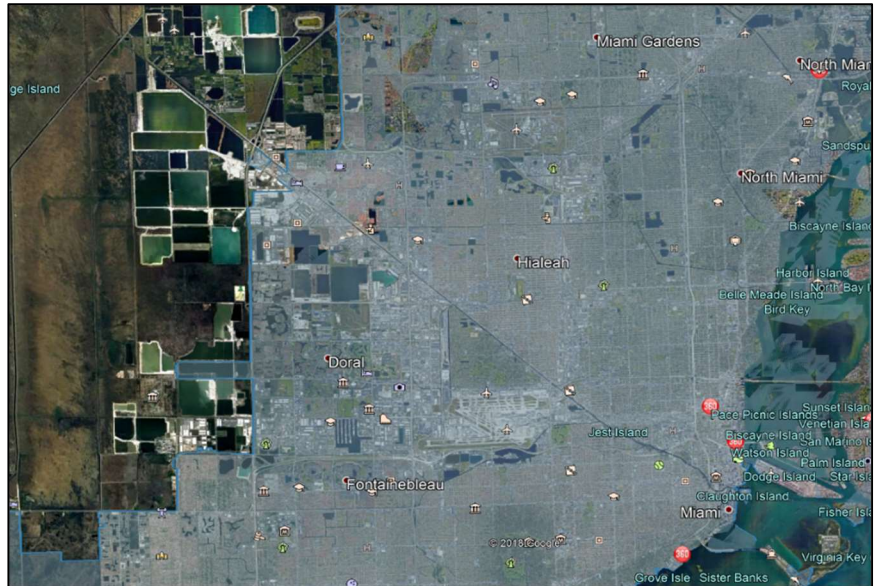


## Rural Areas

The following maps, supplied by the Department of Elder Affairs, identify urban areas in Miami-Dade, shown in light blue. By default, those that are not covered in light yellow below are considered rural areas.

In north Miami-Dade County, there are a few areas in the west that are primarily industrial, with sparse populations in undeveloped areas.

There are more non-urban areas in south Miami-Dade, located along the edge of the Everglades and in areas that are still primarily farm lands, including areas locally known as The Redlands, and areas west of Homestead and Florida City.



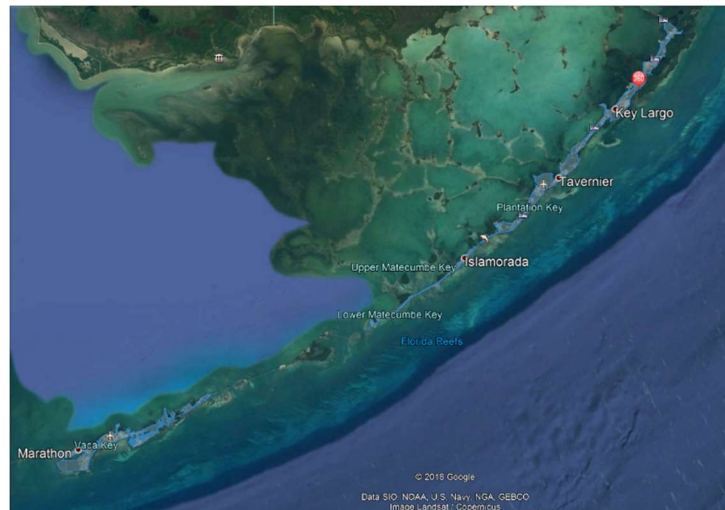
The Department of Elder Affairs has identified rural populations as a priority because many older adults in rural areas have limited access to services, for many reasons, including: 1) providers may have a more limited number of locations in rural areas; 2) the cost of sending staff to outlying rural areas increases the overall cost of service delivery; and 3) rural elders may need more specialized outreach to identify individuals who are not yet aware that there are services available to them.

Florida Statutes Section 288.0656 defines a rural county as:

1. A county with a population of less than 75,000 or less
2. A county with a population of 125,000 or less which is contiguous to a county with a population of 75,000 or less
3. Any municipality within a county as described above

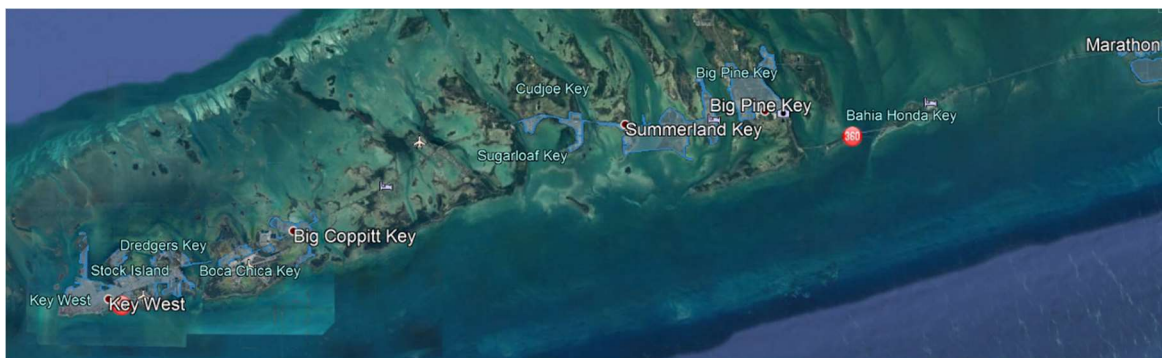


By this definition, Monroe County is classified by the State as a rural county. However, DOEA’s “rural designation” is limited to areas defined by the Florida Department of Economic Opportunity’s Rural Economic Development Initiative (REDI) as areas that are both rural *and* economically distressed. By this definition, Monroe County is not a rural county. There are significant non-urban (i.e., rural) areas in the county, however, and they show up on the maps below between most of the communities in the Keys.



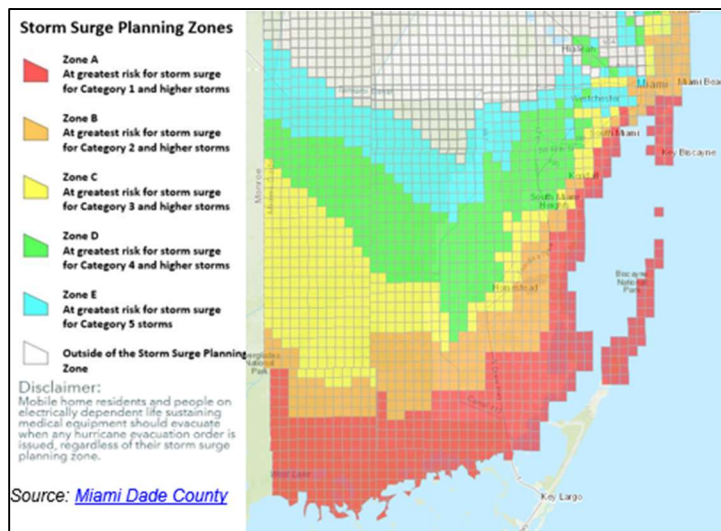
*Upper Keys: Marathon to Key Largo*

*Lower Keys: Key West to Marathon*



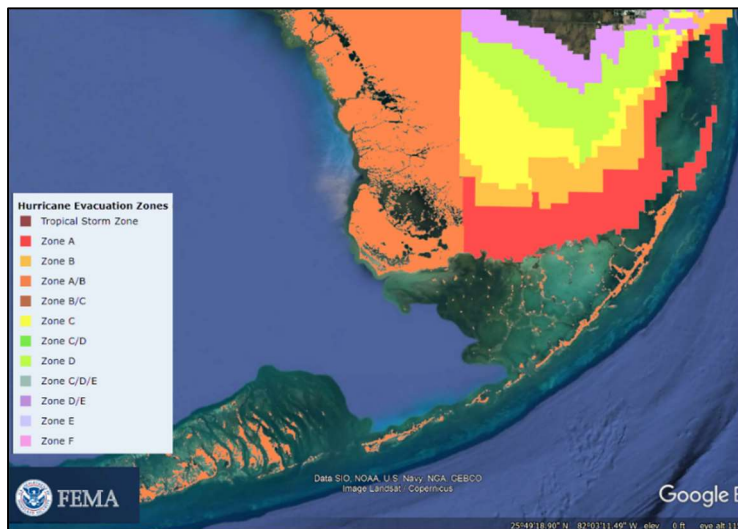
*An Age Friendly Community has adequate safe, affordable, accessible housing for older adults and people of all ages and abilities.*

## Elders At Risk in Disasters



Much of Miami-Dade and all of Monroe County are considered at risk during a hurricane due to storm surge, as well as coastal and inland flooding. Miami-Dade County provides an interactive online map of storm surge planning zones (at left) that helps the Aging Network prepare for approaching storm systems.

FEMA has designated mandatory evacuation zones to instruct residents when they must leave their homes should a hurricane or tropical storm threaten Miami-Dade and/or Monroe counties. Depending on the storm's severity, tens of thousands of elders may potentially be required to evacuate their homes in the event of a hurricane. However, many may be unable to do so due to lack of transportation and resources, or unwillingness to leave pets and property behind.



DOEA HCBS Clients in Evacuation Zones	Miami-Dade		Monroe	
	#	%	#	%
DOEA HCBS Clients	10,804	100	246	100
Zone A	238	2.2	244	0
Zone B	2,688	24.8	0	0
Zone C	1,287	11.9	0	0
Zone D	3,212	29.7	0	0
Zone E	3,379	31.2	1	0.4
Lives in an Evac. Zone and Has Memory Problems	1,281	11.8	0	0
Lives in an Evac. Zone and Lives Alone	5,923	54.8	2	0.8

Source: DOEA, 2021 Profile of Older Floridians



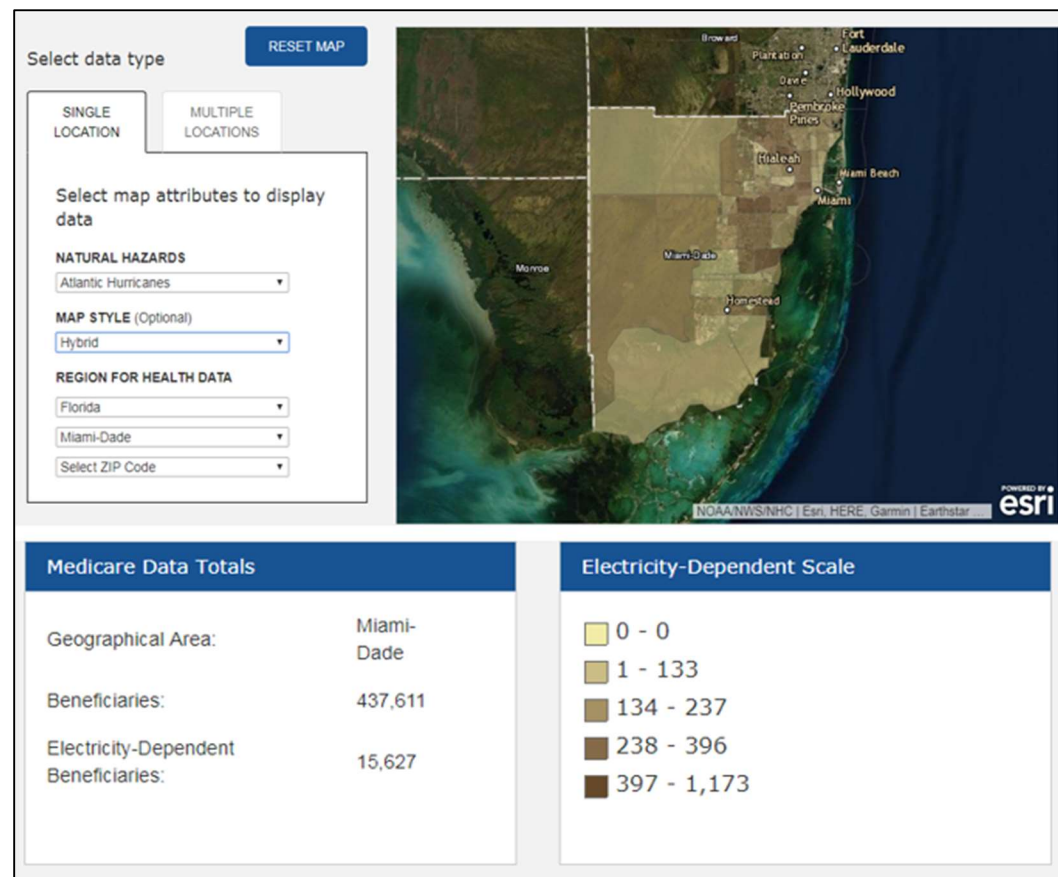
During times of disaster, many unable to evacuate may seek refuge in a shelter. Miami-Dade County has an abundance of shelters, including 8 serving special needs populations, and accommodates 75,878 individuals overall. Monroe is somewhat more limited, with only one general shelter and none serving special needs populations.

Shelter Resources	Miami-Dade	Monroe
<b>Number of General Shelters</b>	154	1
General Shelter Max Capacity in People	75,878	511
<b>Number of Special Needs Shelters</b>	8	1
Special Needs Shelter Max Capacity in People	2,842	91

Source: DOEA, 2021 Profile of Older Floridians

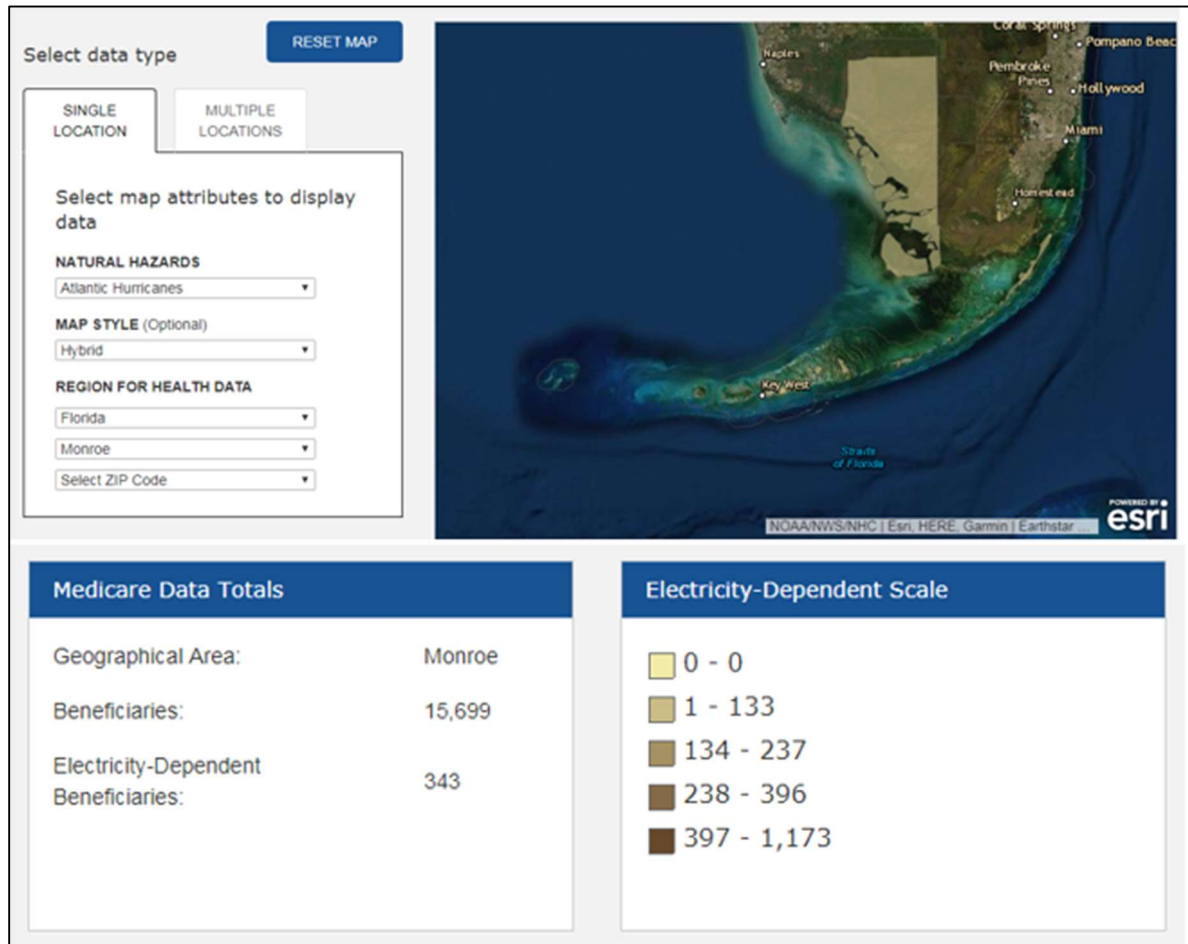
Elders who are most at risk during a natural disaster include those who are dependent upon medical equipment (e.g., oxygen, IV pumps, home dialysis machines). To assist with emergency planning, the Department of Health and Human Services (HHS) has launched an initiative called HHS emPOWER that uses Medicare beneficiary data to generate maps that show emergency responders, hospitals, and home health agencies where elders who are electricity dependent live. Individuals utilizing the emPOWER tool can choose to zoom into individual ZIP codes. Below the maps, tables indicate the number of people in each zip code who are electricity-dependent.

#### Miami-Dade County



Source: <https://empowermap.hhs.gov/>

## Monroe County



Source: <https://empowermap.hhs.gov/>

As seen by the emPOWER maps and tables, there are 15,627 electricity-dependent Medicare beneficiaries in Miami-Dade and 343 in Monroe, concentrated in areas that have large elder populations (see above).

In 2017, many of these concerns were realized when Irma made landfall in Monroe County as a Category 4 hurricane on September 10. The Florida Keys were hardest hit area in the state. Strong winds and storm surge flooding caused major damage to buildings, homes, [trailer parks](#), boats, roads, the electricity supply, mobile phone coverage, internet access, sanitation, the water supply and the fuel supply throughout the island chain. Access to Monroe County was restricted to first responders until September 12, when residents and business owners began to be allowed to return to the upper Florida Keys. Throughout Monroe County and South Florida, older adults (both living at home and in nursing homes) were impacted by extensive property damage, restricted options for affordable housing/rentals, service disruptions, road closures, business disruptions, etc.

## Income

According to the 2017 American Community Survey, in Miami-Dade County, only 71.3% of elders age 60+ receive a Social Security benefit, which averages \$15,265 per person annually. Only 19.9% have additional retirement income, and 27.0% still work in some capacity. A similar proportion of Monroe County elders (71.7%) receive Social Security benefits, though a greater proportion (35.9%) have additional retirement income. Just under one-third (32.7) still work in some capacity.

## 2021 Profile of Older Floridians

### Planning and Service Area (PSA) 11 Financial Profile

This section examines financial conditions, poverty rates, and the cost of living for older Floridians. The ratio of income to poverty level graphic below shows the distribution of older adults relative to the poverty level to show the proportion of the senior population who fall below the Federal Poverty Level (FPL). The portrayal of the financial conditions of older adults is detailed in the final graphic, which includes information about income relative to rates of homeownership and partnership status in the consideration of cost of living.

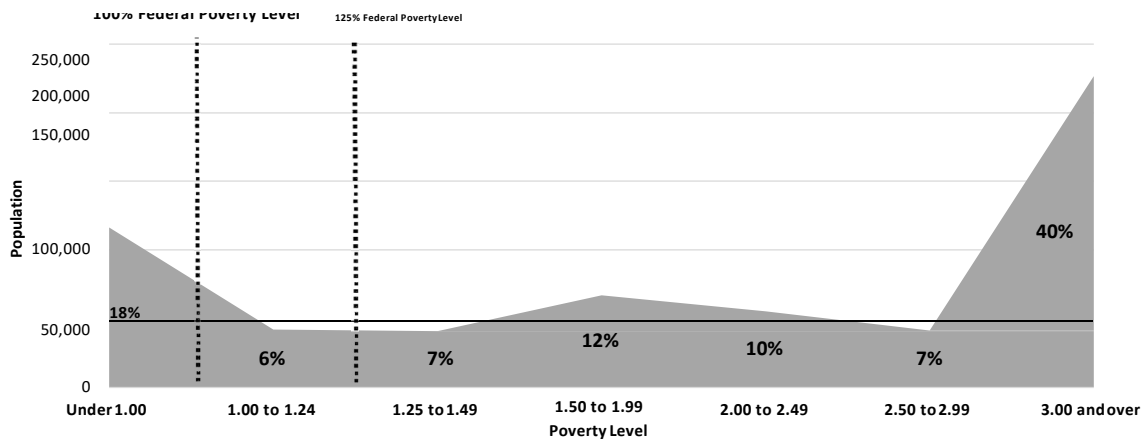
Federal Poverty Level	Value
Single-Person Household	\$12,140
Two-Person Household	\$16,460
125% Single-Person Household	\$15,175
125% Two-Person Household	\$20,575

Source: U.S. Department of Health & Human Services, 2021

Poverty	Value	Percent
At Poverty Level	116,315	18%
Below 125% of Poverty Level	158,285	24%
Minority At Poverty Level	106,060	16%
Minority Below 125% of Poverty Level	143,905	22%

Source: AGID 2014-18 ACS

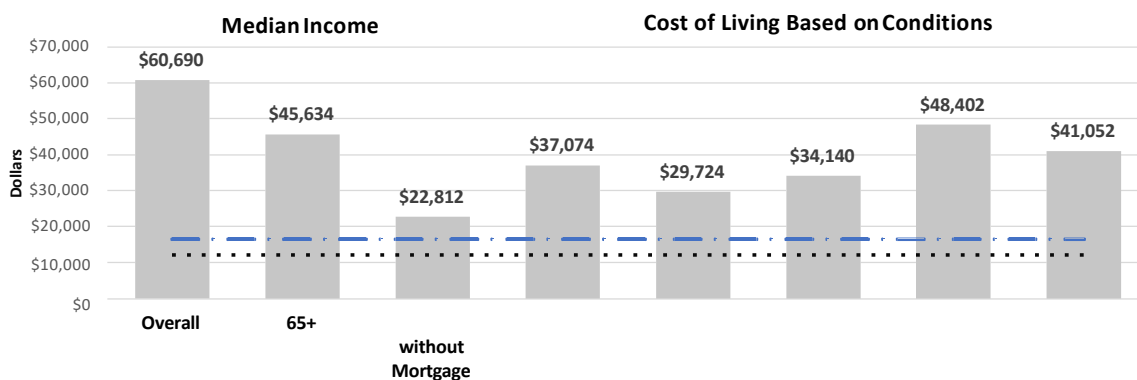
### Ratio of Income to Poverty Level



Value is expressed as the percentage of the 60+ population, with the dotted lines representing the Federal Poverty Level.

Source: AGID 2014-18 ACS

### Financial Conditions



Mean Income 2017, for those Age 65+ By Household	Miami-Dade		Monroe	
	\$	%	\$	%
Earnings income	77,271	80.1	86,271	74.2
Social Security income	15,265	30.1	17,945	36.5
Supplemental Security Income	7,985	7.5	10,774	2.8
Cash public assistance income	2,255	2.4	3,316	2.7
Retirement income	25,591	8.6	36,263	19

Source: 2017 [American Community Survey](#)

The large number of elders age 65+ reporting earned income may indicate not only a desire to continue working past age 65, but a financial need to do so as well. This reflects a national trend of elders staying in the workforce longer. According to the Pew Research Center, as of 2016, 18.8% of Americans ages 65 and older, nearly 9 million people, reported being employed full or part-time, up from 12.8% in 2000. The Pew Research Center also estimates that the share of Americans age 65-74 in the workforce is expected to exceed 30% by 2022.

National data from Wider Opportunities for Women indicate that women may receive as much as \$4,500 less annually in Social Security because life events (e.g., time off for childbirth, caregiving, lower wages) result in lower lifetime earnings. Although they are more likely to live longer and live alone, women are at increased risk of having insufficient incomes in retirement (75% of Hispanic women, 74% of Black women, and 49% of white women) and only 36% report any income from a retirement plan or pension.

#### **Federal Poverty Level (FPL)**

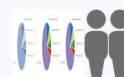
A large proportion of elders in Miami-Dade live below the poverty line, and many elders in both counties may have insufficient incomes to cover basic expenses.

2021, for those Age 60+	Miami-Dade		Monroe		Florida
	#	%	#	%	%
Elders at FPL (\$12,140 individual/\$16,460 couple)	113,725	18	2,590	10	10
Minority Elders at FPL	105,195	17	865	3	5
Elders Below 125% of FPL (\$15,175 individual/\$20,575 couple)	154,775	24	3,510	14	14
Minority Elders below 125% FPL	142,830	22	1,075	4	6

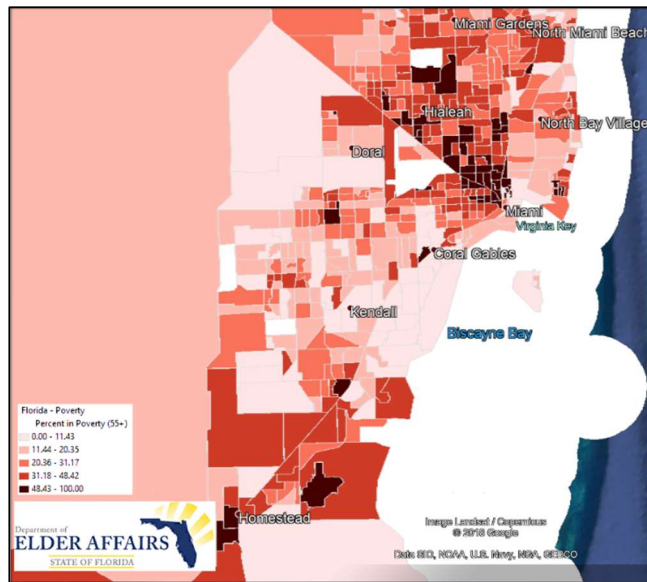
Source: DOEA, 2021 Profile of Older Floridians

Miami-Dade has the largest proportion of poor elders of any county in the state: nearly one in five elders (18.6%) in Miami-Dade County live below the Federal Poverty Level (FPL), which is almost twice as high as the state proportion (9.9%). According to the Kaiser Family Foundation, approximately 10% of elders nationwide have incomes below FPL. One in four minority elders (26.0%) in Miami-Dade live below 125% of FPL, which is *nearly four times* the proportion found at the state level (7.3%). According to Department of Elder Affairs estimates, only two Planning and Service Areas (PSAs) have 10% or more of their elder population living below FPL:

One of every five poor  
elders in Florida (21.1%)  
lives in Miami-Dade



PSA	Service Area/Counties	% Elders Below FPL
11	Miami Dade, Monroe	18.6%
10	Broward	11.6%

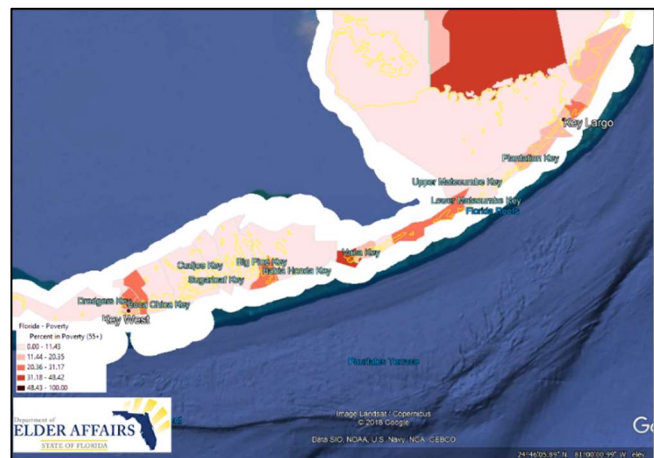


Poverty in Miami-Dade is not isolated in pockets of poor minority communities but is found throughout the county among our large minority-majority population.

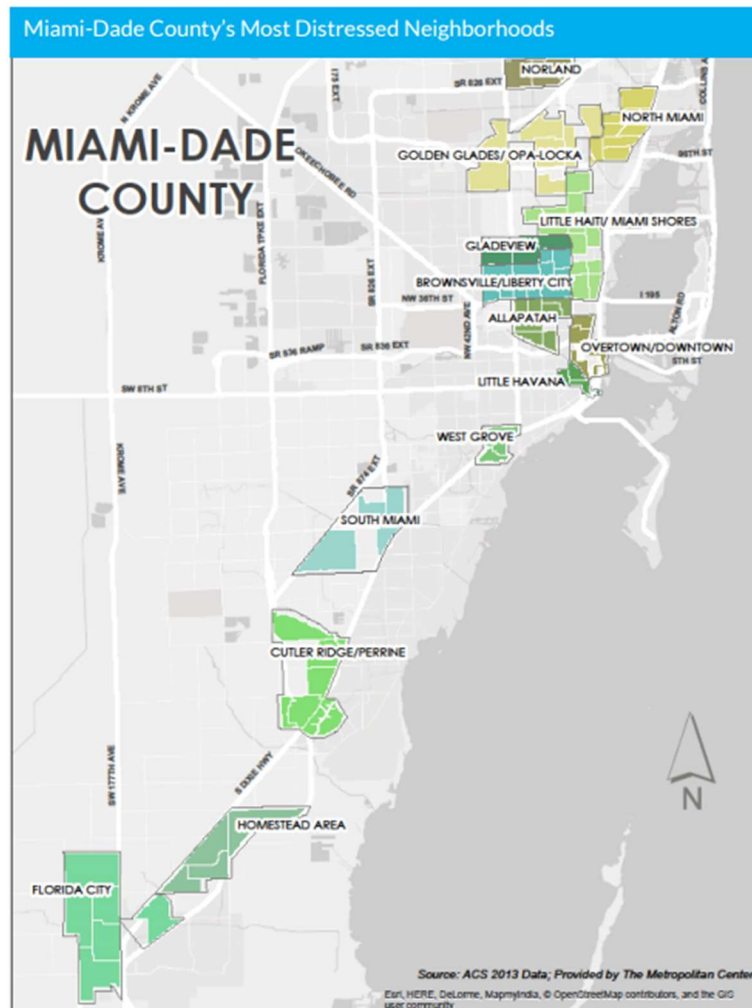
The map at left shows high concentrations of elders age 55+ living below the Federal Poverty Line (FPL) all over the county, but particularly in the North, Cities of Miami and Hialeah, the deep South, and scattered pockets in central Miami-Dade. Statistical anomalies show the densest concentrations in places with small populations but many elders, such as industrial areas west of Medley and the Homestead Air Force Base.

In Monroe County, the Upper Keys have the highest concentrations of elders 55+ in poverty, though there are additional pockets of poverty in the Lower and Middle Keys.

*Population maps at the census tract level are available to the public on DOEA's Elder Needs Index webpage at <https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>*

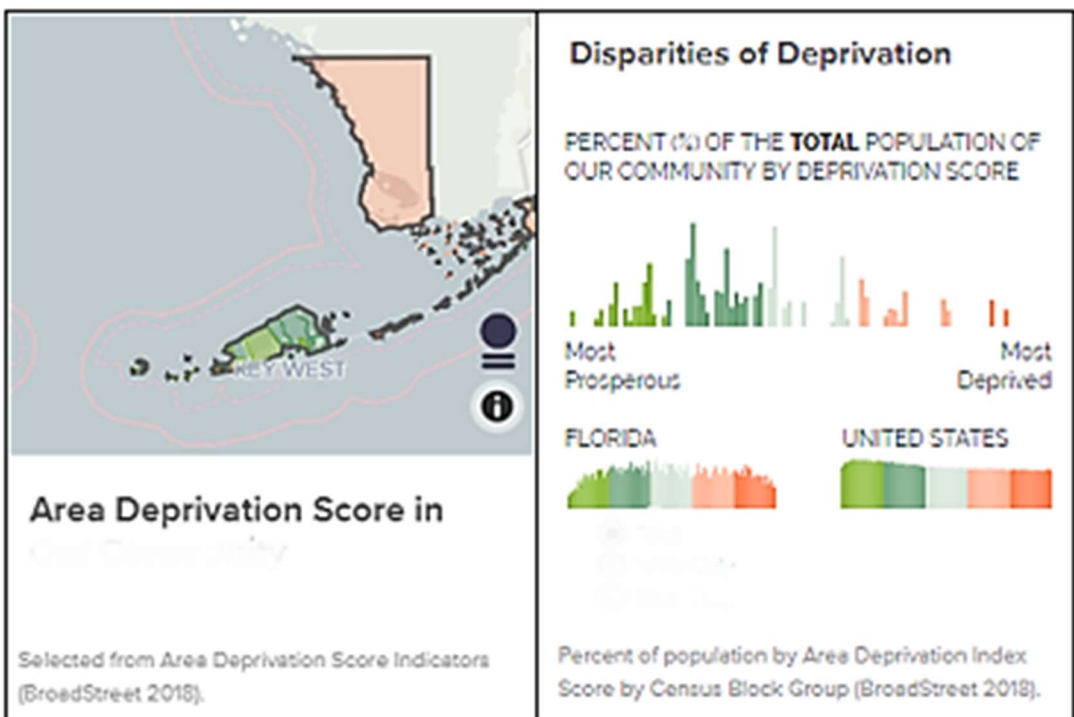
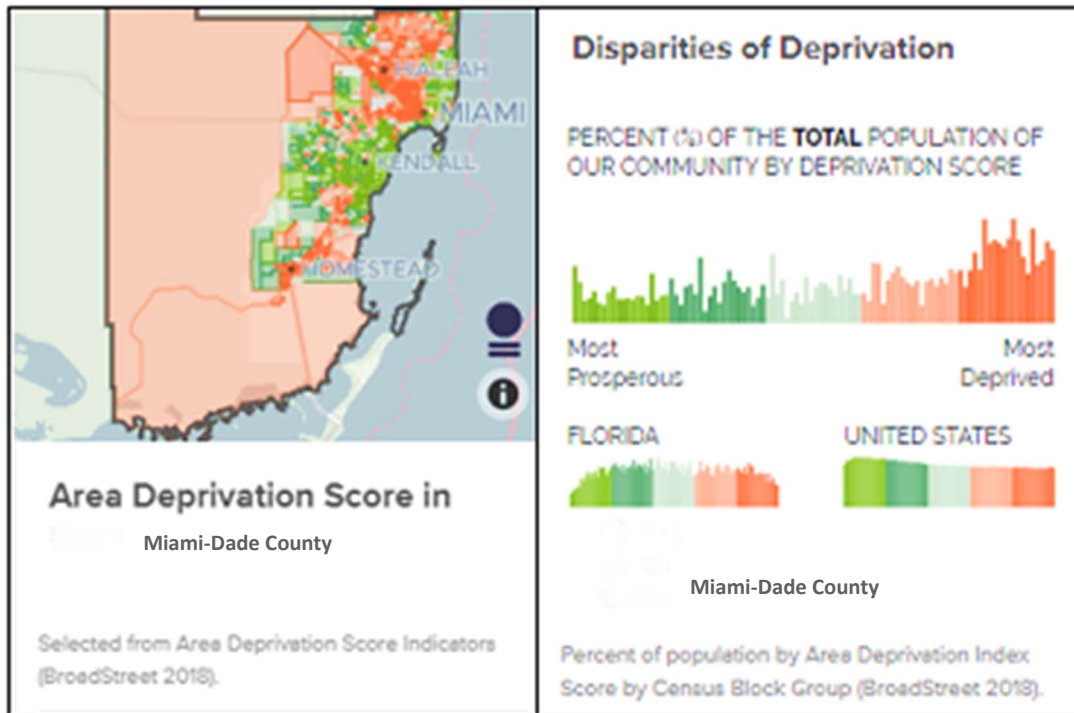


Although not specific to older adults, there are geographic areas of Miami-Dade that have been identified as historically impoverished and economically challenged. The 2016 Miami-Dade County Prosperity Initiatives Feasibility Study created a Prosperity Initiative Neighborhood Distress Index, a composite measure of 12 different indicators of economic distress (e.g., income, unemployment), education distress, and housing distress (for example cost burden). The researchers used this composite index to create a map of communities where the county's poorest residents—in the bottom 20% of low-income households and experiencing the most distress—tend to be concentrated (shown to the left). These areas show significant overlap with the areas where minorities age 55+ live below poverty.





In addition, the BroadStreet Network developed an Area Deprivation Index (ADI) to help indicate where areas of deprivation and affluence exist within a given community. Taking 17 indicators into consideration, including factors such as education, employment, home value, etc. Miami Dade County scored higher than average in terms of deprivation, receiving a 106.1, which is in the 66% percentile of deprivation (0% being most prosperous, 50% average, and 100% most deprived). Monroe county had a more prosperous result, scoring lower than average with a 92.3, which is in the 37% percentile.



## Elder Households

Elders are a large proportion of households in both Miami-Dade and Monroe Counties. According to the 2017 American Community Survey, there were 872,495 total householders (owners and renters) in Miami-Dade, and one-third (293,285) of them were age 60+, while Monroe had a total of 31,285 households, and 45.9% (14,386) were age 60+. As shown below, older adults age 65-74 constitute the largest group of both owner and renter households in both counties.

In 2017, Owner/Householders	Miami-Dade		Monroe	
	#	% of elder owners	#	% of elder owners
Total age 60+	197,552	100	10,333	100
Age 60-64	52,125	26.3	2,468	23.8
Age 65-74	81,798	41.4	4,641	44.9
Age 75-84	46,036	23.3	2,088	20.2
Age 85+	17,593	8.9	1,136	10.9

In 2017, Renter/Householders	Miami-Dade		Monroe	
	#	% of elder renters	#	% of elder renters
Total age 60+	95,733	100	4,053	100
Age 60-64	26,441	27.6	1,548	38.1
Age 65-74	37,338	39.0	1,974	48.7
Age 75-84	20,580	21.4	320	7.8
Age 85+	11,374	11.8	211	5.2

Data from the U.S. Census In the culturally diverse South Florida community, older adults often play a more-valued role in the family, both formally and informally. Elder activities within the community must often be scheduled around the school schedule (home by 2 pm) to accommodate the fact elders are often responsible to for picking up or meeting children at the school or bus stop in the afternoon. There are 58,360 elders in Miami-Dade living with grandchildren, including 7,530 that are responsible for those grandchildren. There are far fewer elders living with grandchildren in Monroe (3.3%)

Although it seems a small proportion of the total 60+ population, Miami-Dade County has a higher proportion of older adults living with grandchildren (9.6%) than other nearby counties (Monroe, 3.1%; Broward 7.0%, Collier 3.1%) or PSAs (PSA 9, 4.0%).

Age 60+ grandparents, 2021	Miami-Dade		Monroe	
	#	%	#	%
Age 60+ not living with grandchildren	502,675	79	21,845	86
Age 60+ living with grandchildren <18	59,325	9	500	2
Responsible for grandchildren	7,850	1	95	0
Not responsible for grandchildren	51,480	8	405	2

Source: DOEA, 2021 Profile of Older Floridians

Whether they have legal custody or informal family agreements, many grandparents play a key role in raising their grandchildren, serving as primary providers and caregivers. The added responsibility of children in the household increases financial needs in areas such as food, school costs, transportation, and medical care, which can cause a financial burden for elders on fixed incomes, particularly those in poverty.

### **Assisted Living**



Of the 4,076 assisted housing units in the City of Miami, 64% can be occupied by elderly persons. The units designated for the elderly solely based on age amount to 30% of the total. Some units can be occupied by elderly persons who also have a disability (2.5%), and others can be occupied by the elderly but also by disabled persons regardless of age (28%). Assisted housing units that can be occupied by the elderly, as well as disabled or other special needs populations, and that provide central dining facilities are called "congregate" and amount to 3.6 % of the total number of units. The average monthly cost of assisted living in Miami-Dade is \$3,350.

Population	Assisted Units	Total Units
Congregate/Elderly	149	150
Disabled	199	200
Elderly	1386	1245
Elderly/Disabled	1131	1155
Elderly-disabled	99	100
Family	1055	1211
Urban Infill/Disabled	57	80
<b>Total</b>	<b>4076</b>	<b>4141</b>

*(source: Department of Community and Economic Development Five-Year Consolidated Plan 2014-2018)*

## Local Housing Costs

The average cost of owning or renting a home in PSA 11 is the highest in the state. In Miami-Dade, new homes come with the burden of higher tax rates, as some long-term owners qualify for a “senior citizen exemption” if they are:

- Age 65 and older
- Have a household Adjusted Gross Income less than \$28,482 (this income limit typically excludes social security benefits)
- Own a home with a market value of less than \$250,000
- Have lived in the home for at least 25 years



In Monroe County, the homestead exemption is based solely on home value and is not specific to elders or dependent on long-term ownership or income. It provides \$25,000 off the assessed value of a property used as a primary residence whose assessed value is over \$75,000, with a 3% per year increase cap. An additional \$25,000 off is available for homes whose assessed value is between \$50,000 and \$75,000 (mobile homes can be included if land is also owned). As seen by the statistics below, this may actually apply to very few homes in Monroe County.

Median Housing Values, 2018	Miami-Dade	Monroe
Non-rental housing properties	\$242,800	\$429,000

Source: 2018 American Community Survey

Median Gross Rent, 2013-2017 (All Ages)	State	Miami-Dade	Monroe
	\$1,077	\$1,195	\$1,507

Source: American Community Survey via University of Florida, [Shimberg Center for Housing Studies](#)

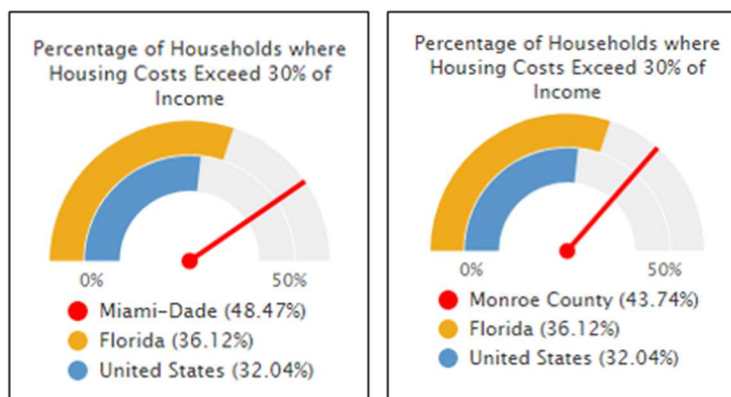
HUD Fair Market Rent, 2019	Miami-Dade	Monroe
Studio Apartment	\$951	\$1,054
One-bedroom Unit	\$1,147	\$1,240
Two-bedroom Unit	\$1,454	\$1,640
Three-bedroom Unit	\$1,934	\$2,157
Four-bedroom Unit	\$2,354	\$2,761

Source: U.S. Department of Housing and Urban Development, 2019 Fair Market Rents

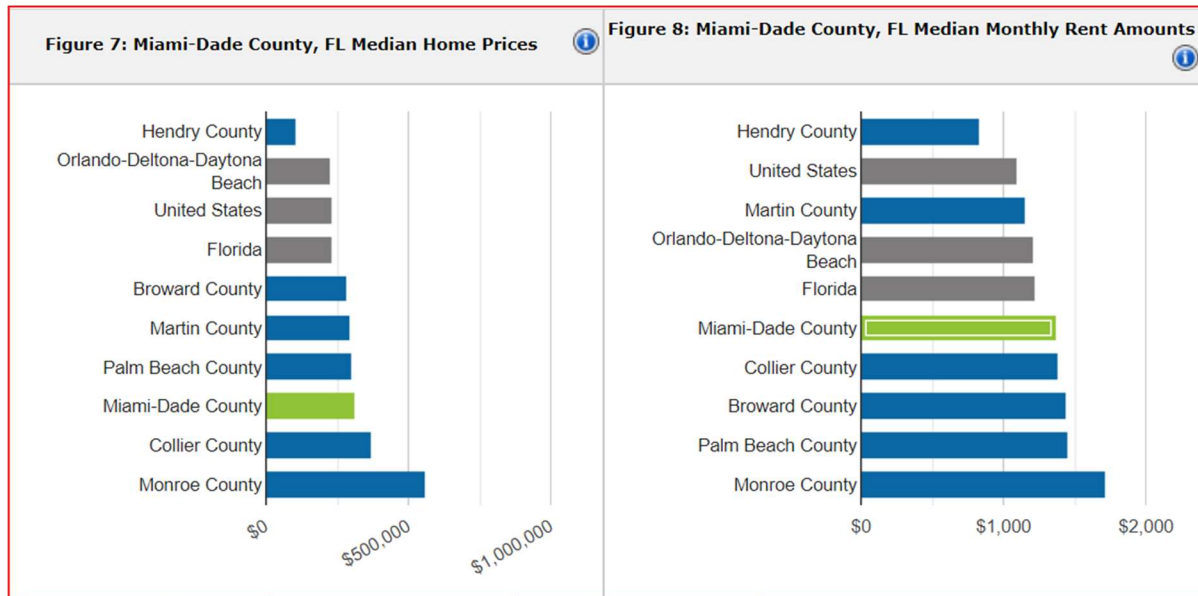
The HUD Fair Market Rent figure, which gives a good sense of the minimum housing costs in each county, establishes the maximum amount of rent value for Section 8 housing in a community, as well as the amount that can be provided as a subsidy for Voucher programs (see below for more information on subsidized housing).

As shown on the graphs to the right, compared to state and national rates, both Miami-Dade and Monroe County have a much higher than average percentage of households where housing costs exceeded the recommended 30% of household income.

Source: [Source: CHNA Report, Community Commons](#)



Monroe County ultimately boasts the highest median home value in the state, while Miami-Dade ranks third. Monroe also has the highest rental rates, with Miami ranking fourth in the state. The below figure compares values among neighboring counties.



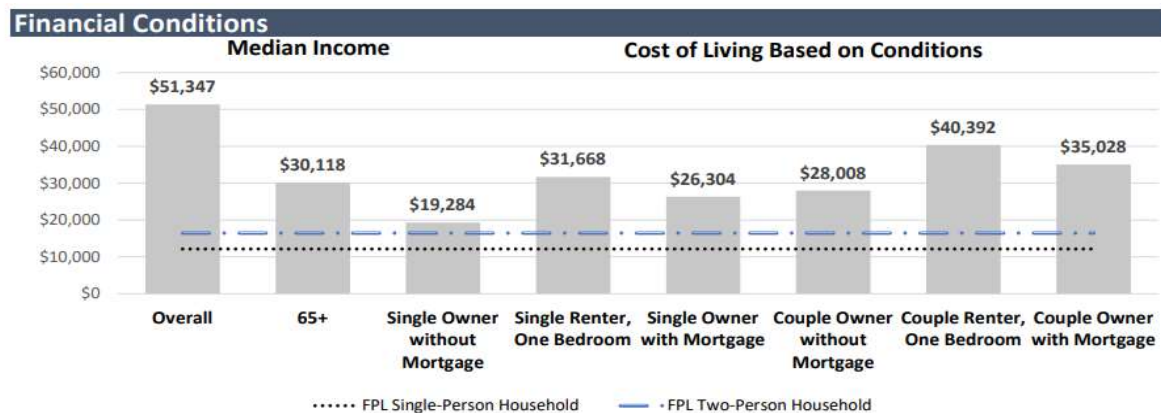
Source: 2019 American Community survey via <https://www.towncharts.com>

One factor that contributes to the high cost of housing is damage due to hurricanes. Community Forums conducted by the Alliance indicate that affordable housing is a major concern for elders in Monroe County.

### Elder Cost of Living

The cost of living in Miami-Dade and Monroe is among the highest in the nation. The Cost of Living is a measure of the income that retired older adults need to meet their basic needs and age in place with dignity.

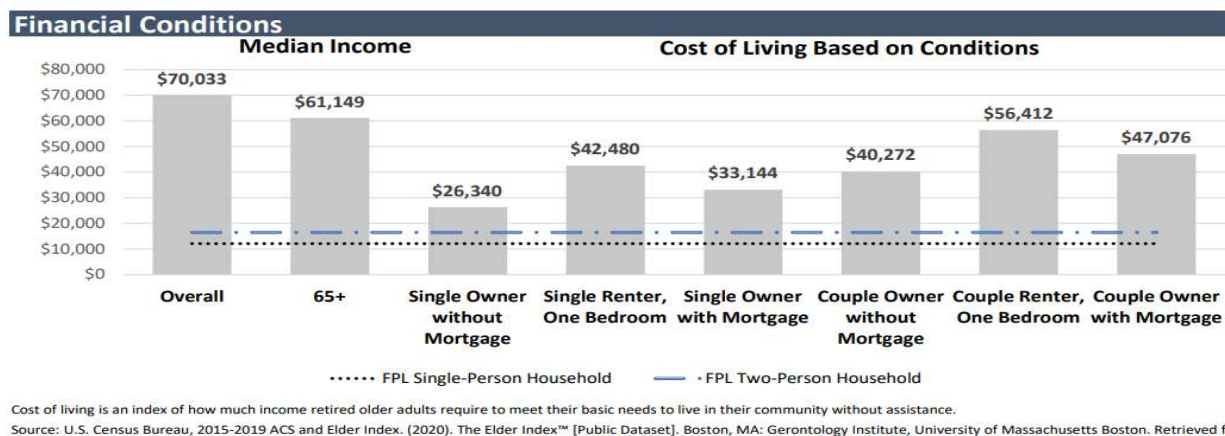
Miami-Dade County:



Cost of living is an index of how much income retired older adults require to meet their basic needs to live in their community without assistance.

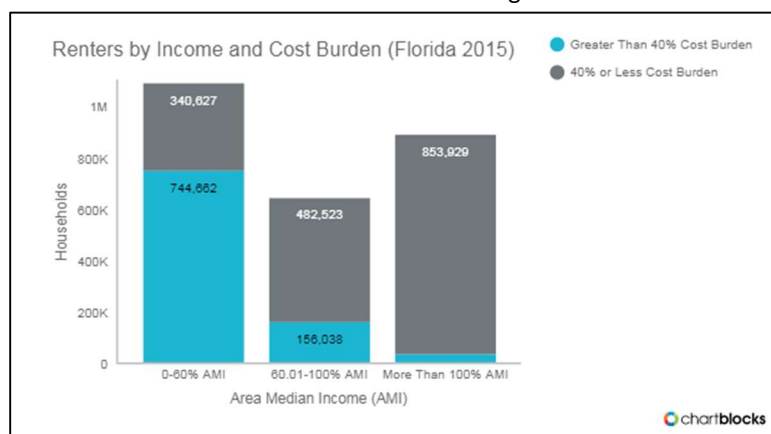
Source: U.S. Census Bureau, 2015-2019 ACS and Elder Index. (2020). The Elder Index™ [Public Dataset]. Boston, MA: Gerontology Institute, University of Massachusetts Boston. Retrieved from

Monroe County:



Source: DOEA, 2021 Profile of Elder Floridians

Data from the Miami Herald analyzing housing costs by zip code, which indicates that the lowest annual household income required to rent an apartment for under the recommended 30% of pre-tax monthly income in Miami-Dade is \$50,400, a figure allowing residency in only a single zip-code (33065). If this data is accurate, according to the American Community Survey, 68% (139,605) of elder households 65+ and over cannot comfortably afford the average rent in any zip code in Miami. Home-ownership is even more challenging, as those seeking to purchase a house at the recommended two-and-a-half times annual income would have to make \$75,000 annually to purchase a home in Miami-Dade. In its [15th Annual International Housing Affordability Survey](#), Demographia International, a team of London School of Economics Professors who rate housing affordability markets around the world, ranked Miami as one of the most unaffordable housing markets in the world.



Source: [Latino Reporter: The 2018 NAHJ Student Project](#)

Unfortunately, already owning a home may not provide sufficient financial security for elders, particularly the one in five elders in Miami-Dade County who live below the Federal Poverty Level (\$12,490 individual/\$16,910 couple) and the one in four minority elders who live below 125% of FPL (\$15,613 individual/\$21,138 couple).

Living expenses are much higher in Monroe County (32-35% higher for singles and 42-48% higher for couples), which may influence the much lower rate of elders in poverty there (11.4% under FPL and 16.8% under 125% of FPL).



Facing increasing difficulty to live in Monroe County, elders may be more inclined to opt to move north, where housing costs are lower and services are more available.

According to the Bureau of Economic and Business Research, Florida counties that have high proportions of minority residents (Blacks and Hispanics) and low proportions of older adults tend to have a larger average household size (such as Miami-Dade with 2.86), while counties that have low proportions of minorities and high proportions of older adults have smaller average household size (such as Monroe, with 2.18).

Miami-Dade County, 2016: Households Owned or Rented, Age 65+						
% Monthly Income Spent on Housing	Owners		Renters		Total # Households	% All 65+ Households
	#	%	#	%		
<30%	86,327	55%	28,490	38.0%	114,817	50%
30.1-50%	33,535	21.4%	20,533	27.4%	54,068	23.3%
>50%	37,111	23.6%	25,891	34.6%	63,002	30%
	<b>156,973</b>		<b>74,914</b>		<b>231,887</b>	

Source: Florida Housing Data Clearinghouse, University of Florida, Shimberg Center for Housing Studies

One-half of all elders in Miami-Dade (51%) spend more than 30% of their monthly income on housing, and 30% spend *more than half* of their monthly income on housing. In Monroe County, where housing costs are higher, one in five elders (22.2%) spend more than half of their monthly income on housing, while nearly one in five (18.5%) spend 30-50% of their monthly income.

Monroe County, 2015: Households Owned or Rented, Age 65+						
% Monthly Income Spent on Housing	Owners		Renters		Total # Households	% All 65+ Households
	#	%	#	%		
<30%	5,043	62.5%	941	46.7%	5,984	59.3%
30.1-50%	1,396	17.3%	466	23.1%	1,862	18.5%
>50%	1,631	20.2%	608	30.2%	2,239	22.2%
	<b>8,070</b>		<b>2,015</b>		<b>10,085</b>	

Source: Florida Housing Data Clearinghouse, University of Florida, Shimberg Center for Housing Studies

Renters are more likely to spend a higher proportion of their monthly income on housing than owners, with just over one-third (34.6%) spending more than half their monthly income in Miami-Dade and just under (30.2%) in Monroe.

Poverty is a relative condition, particularly for elders on a fixed income. Paying more for basic housing expenses leaves less for other essentials such as food, medication, and transportation, which can have a significant effect it has on the quality of life of an older adult.

Results from Community Conversations with elders in Miami-Dade and Monroe confirm that affordable housing is one of their primary concerns, noting that even for those who own their own homes, the costs of upkeep, taxes, and insurance keep rising every year, making whatever housing they do have less affordable over time. Many elder homeowners have even made the difficult financial decision to drop their homeowner's insurance, which places them at risk for great losses after a natural disaster. Because of a lack of affordable options, many homeowners are unable to “downsize” to smaller properties or condominiums and find that rising costs of rent do not result in cost-saving either. Elder homeowners therefore frequently find themselves in deteriorating properties with few resources to maintain or improve them as needed. As one elder homeowner said, “we got old and so did our houses.”

**In Miami-Dade County, nearly 1 in 3 older adults spend more than half of their monthly income on housing; in Monroe, it is nearly 1 in 4.**



#### **Subsidized/Low Income Housing for Elders**

In both Miami-Dade and Monroe Counties, the high cost of living is coupled with a lack of low income and accessible housing for elders. A limited number of subsidized units are available based on income.

The Key West and Monroe County Housing Authority administers both a public housing and Section 8 housing voucher program. The Monroe County Authority maintains three apartment communities with 638 units for families and senior/disabled individuals, with a waitlist of people requesting placement. The Authority also owns and manages 50 affordable rental units and administers 166 Section 8 housing vouchers. While the Monroe County Housing Authority has a smaller-than-average proportion of public housing units (20%) than the average housing authority in Florida, it has a larger-than-average proportion of Section 8 vouchers (80%). Thirty-five percent of the households within the voucher program are headed by person 62 years and older, with 5% being headed by someone 85 years and older. While the Monroe County Housing Authority has a smaller-than-average proportion of public housing units (20%) than the average housing authority in Florida, it has a larger-than-average proportion of Section 8 vouchers (80%).

<b>Public Housing-All Ages Miami-Dade 2015</b>	
Unit type	#
0 bedrooms	2,690
1 bedroom	2,092
2 bedrooms	1,453
3 bedrooms	2,114
4 bedrooms	755
5 bedrooms	235
6 bedrooms	7
	9,346

*Source: Miami-Dade County Public Housing*

The Housing Authority of the City of Key West oversees 5 low-income communities: the Henry V. Haskins Senior Citizen Plaza has 199 units and are restricted to elderly (62+), while the remaining 390 units (for families and seniors) are scattered throughout the city. The Authority also owns and manages 10 affordable housing communities with 430 units and administers 254 Housing Choice Vouchers (Section 8) and 200 Housing Choice Vouchers. The fact that the applications must be completed in English only may create a barrier for limited English speakers (though a copy is provided in Spanish as a reference). The waiting list for families of all ages is 2-5 years, and like Miami Beach, they receive applications from across the country.

According to a report from the South Florida Housing Studies Consortium, as of 2017, Miami-Dade-County was the country's fifth most unaffordable housing market. As such, the need for Public Housing is high. The Miami-Dade County Department of Public Housing and Community Development (MD-DPHCD) is the source of information on affordable housing in the county, including both existing and developing properties. The county leverages funds

from a variety of sources—such as the Documentary Stamp Surplus, Home Investment Partnership Program, State Housing Initiative Partnership, Neighborhood Stabilization Program, and General Obligation Bond Program—to provide funding or low-interest loans to developers to build or rehabilitate housing in the community. Several municipalities—including the City of Miami, the City of Miami-Beach, the City of Hialeah, and others—also have designated elder housing. Even with these efforts, however, Miami-Dade County has difficulty meeting demand for affordable housing for its residents of all ages.

According to the 2010 Multi-Family Housing Inventory Survey of Units for the Elderly and Disabled by the US Department of Housing and Urban Development, there were fifty (50) communities in Miami-Dade with 6,012 units designated for “elderly” and 190 for “disabled” tenants, distributed across the county as shown on the following page:

Location	# Housing Communities	# Units for Elderly	# Units for Disabled	Total # Units
North Miami	1	66	8	74
Opa Locka	1	113	0	113
Miami Beach	5	872	47	919
Hialeah	5	477	55	532
Hialeah Gardens	1	111	12	123
Sweetwater	1	98	10	108
Cutler Bay	1	99	0	99
Homestead	3	253	0	253
Florida City	1	99	0	99
Miami	31	2,188	58	2,246
	50	6,012	190	6,202

Source: [http://portal.hud.gov/hudportal/documents/huddoc?id=DOC\\_13047.pdf](http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_13047.pdf)

### **Section 8 Housing Choice Voucher Program**

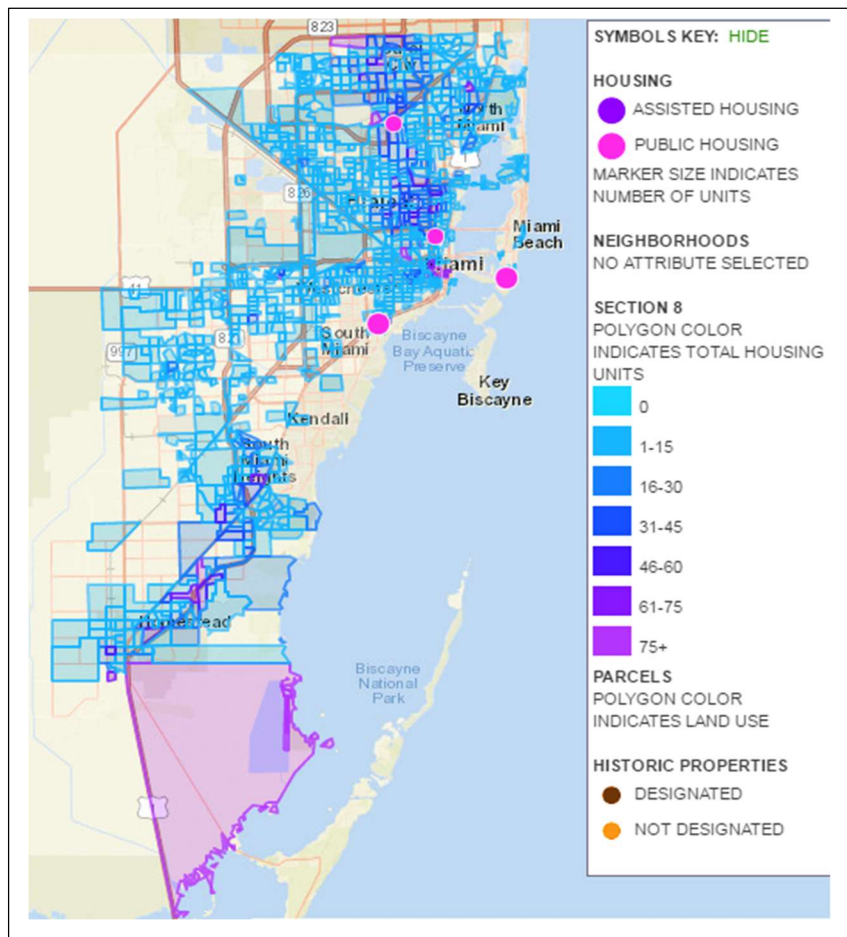
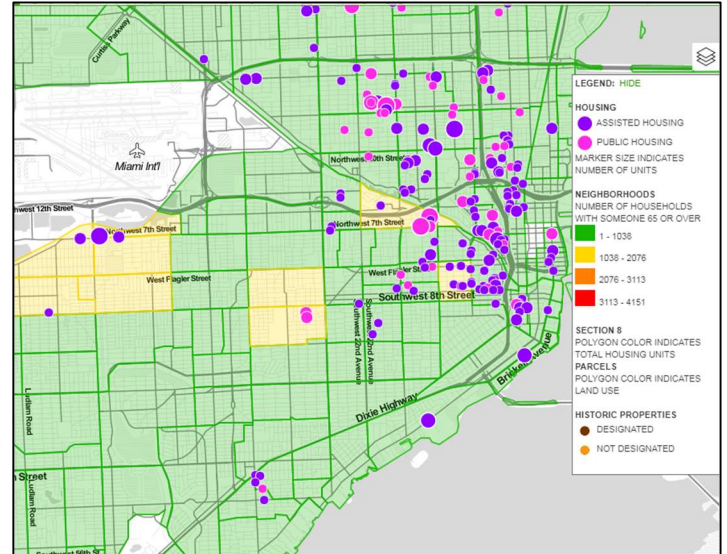
The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Participants are free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. According to Miami-Dade Housing, in 2014 there were:

<b>Section 8 Voucher Waiting List: Miami-Dade County 2014</b>	<b>#</b>
Older Adults (age 62+) already in the program	4,977
Older Adults (age 62+) on the wait list for the program	16,907

Source: 2014 data from Miami-Dade County Public Housing and Community Development

As of July 2014, the waiting list has been closed to new applicants. As of 2019, there is no notice of when it will reopen again.

The map to the right, created by the Miami Affordability Project, shows public and assisted housing locations in relation to the density of the elder population within those in Miami-Dade County is located in the area in and around the City of Miami, and along transportation corridors to the south, with a few locations to the south and west.



The map to the left shows the locations of properties in Miami-Dade that accept the Section 8 Housing Choice Vouchers (all ages). These are located throughout the county, including locations that may not have ready access to transportation. This is particularly challenging for older adults who no longer drive, but still need to get around our sprawling suburban communities where public transportation routes are not as dense as those in more urban areas.

## Homeless Elders



Data at the state level estimate that older adults age 60+ made up 7.9% of the homeless population in 2014 and 5.2% in 2015. In 2015, this is somewhat lower in Miami-Dade (6%) but far higher in Monroe County (12%).

According to a “Point in Time” census homeless people in Miami-Dade in 2015, there were 109 people over age 60 (6% of the total) who were homeless. Statistics indicate a gradual decline in the homeless population in Miami-Dade in previous years. In January 2018, there were 3,526 people who were homeless, down from 3,847 (12%) the previous year. The number who were

sheltered in Miami-Dade in 2018 was 2,496 and 2,836 in 2017, leaving approximately 1,000 people unsheltered each year. Differences by geographic location were noted:

<b>Miami-Dade County Unsheltered Homeless Estimate</b>	<b>2017</b>	<b>2018</b>
City of Miami, City Limits	609	665
City of Miami Beach	133	124
Miami-Dade County: South Dade, South of Kendall Drive, to Monroe County Line	119	85
Miami-Dade County: Unincorporated Miami-Dade County North of Kendall Drive to the Broward County Border	150	156
<b>TOTAL</b>	<b>1011</b>	<b>1030</b>

*Source: Point in Time Estimates, Miami-Dade County*

The Miami-Dade County Homeless Trust was created via an ordinance in 1994 to use the proceeds of a 1% food and beverage tax to implement a continuum of care guided by the Miami-Dade County Community Homeless Plan. The majority (85%) of the tax funds support the Miami-Dade County Homeless Trust, with 15% for Miami-Dade County’s domestic violence centers. Agencies are contracted with the County, through the Trust, to provide an array of services for homeless persons, including case management, meals, mental health services, dental and medical care, job training and placement assistance, legal services, life skills training, after-school programs, veterinary care for homeless pets, dorms for individuals and families, and ultimately, placement in permanent or transitional housing. There are a total of 800 beds for individuals and families funded by the Trust. Additional community resources are available at sites supported by faith communities, such as Camillus House and Camillus Health Concern.

The “Point in Time” census of people who were homeless conducted in Monroe County in 2019 estimated that there were 501 people who were homeless, a higher figure from 2018 (495), yet lower from January 2017 (631), months before Hurricane Irma struck the region.

Of these, 10.5% were veterans, down from 19% in 2014. These census activities found that the largest number of people who are homeless are found in the Lower Keys (over 50%) and the fewest in the Middle Keys. There were 69 people age 60+ who made up 12% of the local homeless population in 2016.

Monroe County Homeless Services Continuum of Care is the lead agency for homeless services in the county, and contracts with a number of local organizations to provide essential and supportive services.



## 2021 Profile of Older Floridians

### Planning and Service Area (PSA) 11 Livability Profile

The livability section presents new elements, such as available affordable housing for older adults. Many essential community elements are also included below, such as sidewalk safety, the safety of roadways, and availability of green spaces. The rates of older Floridians who have access to a vehicle or public transportation, as well as the availability of internet access and various food resources, are also provided. These provide estimates of older adults' ability to access community resources.

Pedestrian Safety	Percent
Sidewalks with Barriers	30%

Physical barriers are those that separate motorized vehicle lanes from sidewalks or shared path (e.g. areas for parking lots, guardrail, trees, etc.).

Source: Florida Department of Transportation, 2021

Road Incidents	Value
Total Involved in Fatal Car Crashes per 100,000	50

This figure includes occupants and non-occupants involved in a crash.

Source: National Highway Traffic Safety Administration, 2020

Age Friendly Designation	Value
Age Friendly	1
Number of Counties	2

The following counties have received the designation: Miami-Dade

Source: Florida DOEA Livable Communities, 2021

Food Resource Centers	Value
SNAP Access Sites	104
Fresh Access Bucks Outlet	3
Farmer's Market	14
Food Distribution (No Cost)	15
SNAP Retailers	1,422
Congregate Meal Sites	99

Food Distribution (No Cost) is the number of food pantries, soup kitchens, and food banks in the area.

Source: Feeding Florida.org, USDA, FDACS and 2021, and Florida DOEA, 2019

Public Transportation Options	Value
Bus Operations at least at the County	1
Rail Operations at least at the County	1
Public Transit Service Area (sq. mi.)	306
Public Transit Service Area Population	2,496,435
Annual Unlinked Trips	77,800,696
Vehicles Operated in Maximum Service (VOMS)	1,471
Total Miles of Bike Lanes	526

Information on service area is not reported by rural and intercity public transit.

VOMS are the number of vehicles operated to meet the annual max service, and unlinked trips are the number of passengers boarding public transit.

Source: Federal Transit Administration, 2017, and FDOT, 2018

Green Space	Value
Number of Nearby State Parks	14

Nearby refers to the park that has the shortest distance from the center of the county.

Source: Florida Department of Environmental Protection, 2021

Rural-Urban Designation	Value
Census Tracts Rural	50%
Census Tracts Urban	50%
Number of Census Tracts	548

Source: U.S. Department of Agriculture, 2019

Households With High Cost Burden (65+)	Value
Owner-Occupied Households	80,025
Percent of Owners with High Cost Burden	17%
Renter-Occupied Households	73,330
Percent of Renters with High Cost Burden	40%

Households with a high cost burden have occupants age 65+ paying more than 30% of income for housing costs and having an income below 50% of the area median income.

Source: The Shimberg Center for Housing Studies, 2018

Affordable Housing Inventory	Value
Properties	151
Properties Ready for Occupancy	144
Total Units	17,224
Units with Rent and/or Income Restrictions	17,124
Units Receiving Monthly Rental Assistance	8,226

Affordable housing inventory receives funding from HUD, Florida Housing Financing Corp., and the USDA. The inventory above includes older adults as its target population.

Source: The Shimberg Center for Housing Studies, 2018

Housing Units by Occupancy (65+)	Percent
Owner-Occupied Housing Units	32%
Renter-Occupied Housing Units	17%

Source: U.S. Census Bureau, 2015-2019 ACS

Vehicle Access (65+)	Percent
Owner-Occupied Households with Access to Vehicle(s)	90%
Renter-Occupied Households with Access to Vehicle(s)	60%

Source: U.S. Census Bureau, 2015-2019 ACS

Employment Status (65+)	Value	Percent
Number of Seniors Employed	151,705	31%
Number of Seniors Unemployed	7,775	2%

Source: U.S. Census Bureau, 2015-2019 ACS

Retirement (65+)	Value	Percent
Social Security Beneficiaries	364,800	80%
SSI Recipients	106,600	66%

SSI stands for Supplemental Security Income. To qualify, a person must be at least age 65 OR be blind or disabled. Also, the person must have limited income and resources.

Source: U.S. Social Security Administration, 2019

SNAP or Food Stamps	Value
Potentially Eligible	158,285
Annual Participants	245,533
Current Beneficiaries as of Dec-20	216,243
Percent of Total Population Receiving Benefits	33%

Potentially Eligible are individuals below 125% of the Federal Poverty Level

Source: Florida Department of Children and Families, 2018

Internet Access (65+)	Percent
Have Internet Access	85%

Source: U.S. Census Bureau, 2015-2019 ACS

Unless otherwise noted, the data presented in this Profile refer to populations in Florida age 60 and older.



## Outdoor Spaces and Buildings

*An Age-Friendly Community has outdoor spaces and buildings that are safe, welcoming, and accessible for older adults and people of all ages and abilities.*

### Parks

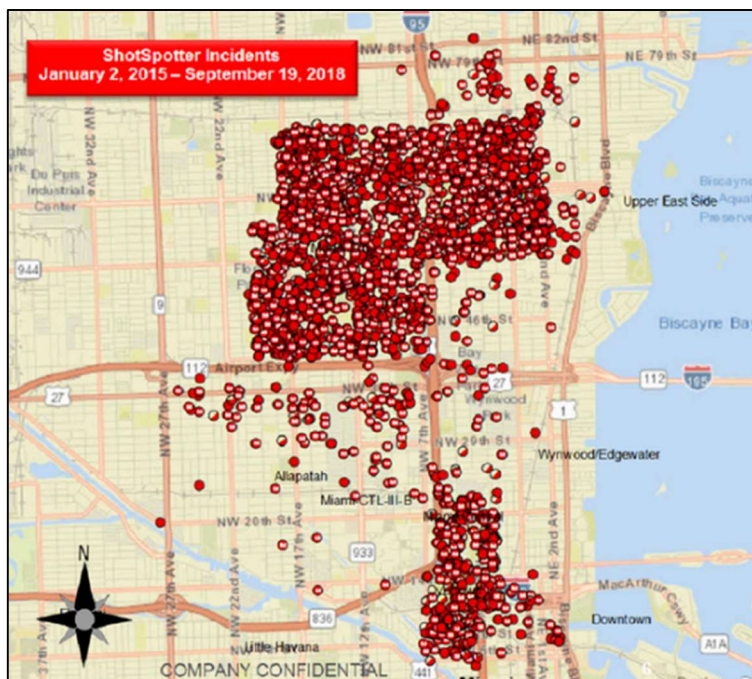


South Florida has an abundance of natural environments worth, though many may not be suited for older adults. According to the AARP Livability Index, Miami-Dade has a higher-than-average number of parks (2.1) within a half-mile of any residential location. According to the Department of Elder Affairs, there are a total of 5 state parks near Miami-Dade, and 8 in Monroe. Miami-Dade County has also made strides in establishing “Senior Zones,” “Active Older Adults Recreation Hubs” and designated “Age-Friendly Parks.” These locations are used to provide a variety of amenities for older adults including fitness equipment and classes, educational programming, and meal programs, depending on the site. A number of incorporated communities have also built community centers that host recreational activities for older adults, and Miami Beach recently installed wheelchair access to the beach in several locations. There are many more mundane challenges, however, both for Miami-Dade and Monroe, which only boasts an average number of parks, with 0.3 parks within a half-mile radius. City planners should be encouraged to re-think community design to include more features for older adults (e.g., shade, benches with handles, water, restrooms) in public spaces.

### Crime and Safety

Safety is an issue that is important to older adults. Miami-Dade has a crime rate (number of violent and property crimes per 10,000 people) of 466 and Monroe’s is 414 versus the median U.S. neighborhood’s 261 (AARP Livability Index). The crime in some neighborhoods—or even the perception of crime in a neighborhood—has a negative impact on the quality of life of older adults, who are sometimes the target of personal and property crimes and feel vulnerable and fearful as a result. Elders in one community may feel much safer than their counterparts in another.

The Miami Police Department uses technology to track and respond to gunshots in several high-crime areas, including the majority Black communities of Little Haiti,



*The Miami-Dade Police Department uses ShotSpotter to help track and respond to gunshots in Liberty City, Haiti and Overtown. This map shows shootings in these areas since implementation. In the first year alone, 8,280 bullets were reported.*

Overtown, and Liberty City. Elders in these communities are often less likely to walk in their neighborhood or take advantage of local parks and recreation due to the threat of violent crime in the surrounding area. Violence in these areas is not contained and can spill over into neighboring communities with much lower crime rates. Provider staff

who are unfamiliar with these areas and their populations may be somewhat reluctant to provide services in an area if they feel their own safety could be compromised.

## Transportation

*An Age-Friendly Community has adequate transportation that is safe and accessible for older adults and people of all ages and abilities, including those who do not drive.*

### Elder Drivers

Florida Driver's Licenses	Miami-Dade	Monroe
All Ages	2,079,347	74,626
Age 60+	493,830	25,194
% of Drivers with a Florida License, Age 60+	24%	34%
% of those Age 60+ with a Florida Driver's License	78%	99%

Source: [Florida Department of Highway Safety, 2021](#), DOEA, 2021 Profile of Older Floridians

It should be noted that statistics for elder drivers in Monroe County almost equals local population estimates. This may be accounted for by seasonal migration and a highly transient population.



About 1 in 5 drivers in Miami-Dade County—and nearly 1 in 3 in Monroe County—are age 60+.



Licensed Florida Drivers, By Age	Miami-Dade		Monroe	
	#	%	#	%
Age 60-69	260,145	61.5	13,887	98.4
Age 70-79	148,690	73.0	7,970	98.3
Age 80-89	57,835	61.4	2,328	70.3
Age 90+	6,737	5.6	304	n/a
All Drivers Age 60+	473,407	73.0	24,489	95.9

Source: 2019 Driver's License data from Florida Department of Highway Safety and Motor Vehicles proportion calculated using 2016 population estimates by [FL DOH](#).

As shown above, as each decade over age 70 passes, older adults become less likely to have a driver's license and potentially more dependent on alternative forms of transportation: friends, family, and caregivers; or public services like shuttles, public transit; or paid drivers with on-demand services (e.g., taxis or door-to-door services).

## **Public Transportation**

Miami-Dade County's transit system is extensive, including buses, trolleys, and light rail that serves the county heavily in the north and near the coast and less densely in the southern and western reaches of developed areas. There are 17 incorporated communities that also operate "circulator" or community trolley routes, which serve their community for free or much-reduced fares (e.g., 25 cents but elders ride for free).



Older adults in Miami-Dade are fortunate to have the Golden Passport program, which allows anyone over age 65 and Social Security beneficiaries <65 to ride free of charge at any time using an EASY Card. Riders must apply in person at one of four locations or at outreach events in the community and must re-apply each year. Information on how to use the card or transit schedules are available by calling 311, visiting their website, or using the Miami-Dade Transit Tracker phone app. Data from the Miami-Dade Department of Transportation and Public Works indicates that 175,572 people age 65+ used the Golden Passport in April, May, and June of 2016. This represents not quite half (44.2%) of an estimated 361,817 transportation disadvantaged older adults age 65+ identified in the 2016-2021 Miami-Dade County Transportation Disadvantaged Service Plan:

<b>Transportation Disadvantaged Population: Miami-Dade</b>	<b>2016</b>	<b>2020</b>
Elderly, not disabled, not low income	208,012	217,830
Elderly, not disabled, low income	54,280	56,842
Elderly, disabled, not low income	99,525	104,222
Elderly, disabled, low income	34,799	36,442
<b>Total transportation disadvantaged elderly</b>	<b>396,616</b>	<b>415,336</b>
Non-elderly, disabled, low income	48,582	50,875
Non-elderly, disabled, not low income	88,852	93,045
Non-elderly, not disabled, low income	422,434	442,372
<b>Total transportation disadvantaged non-elderly</b>	<b>559,868</b>	<b>586,292</b>

*Data Source: University of South Florida's Center for Urban Transportation Research*

Because Miami-Dade supports the Golden Passport through a program supported by general funds, there are no transportation disadvantaged funds dedicated to serving older adults.

As Monroe County is much smaller and more geographically remote than Miami-Dade, the public transportation is less extensive, less convenient, and available on a more limited basis. Despite the fact communities may extend a mile or more to the east and west of it, Service Routes tend to focus on the main artery, Route 1. Connectivity between counties is available via the Dade-Monroe Express Route 301, which offers weekday service from the Wal-Mart in Florida City, Miami-Dade County, to Key Large, Tavernier, Islamorada, and Marathon.

Public Transportation Options	Miami-Dade	Monroe
Bus Operations at least at the County	1	0
Rail Operations at least at the County	1	0
Public Transit Service Area (sq. mi.)	306	0
Public Transit Service Area population	2,496,435	0
Annual Unlinked Trips	77,800,696	0
Vehicles Operated in Maximum Service (VOMS)	1,471	0
Total Miles of Bike Lanes	334	192

Source: DOEA, 2021 Profile of Older Floridians

Key West Transit serves the Lower Keys between Key West and Marathon, making eight complete circuits each day. The standard fare is \$4 one way, with a discounted \$2 fare for people with a disability and are active or retired military, while people age 60+ ride for \$1.00. Riders can connect with Miami-Dade transit in Marathon. Additional routes serving the city of Key West offer a discounted \$1 fare people with a disability and are active or retired military, while people age 60+ ride for 50 cents. Monroe County Transportation provides low-cost (\$1-\$2 one way), door-to-door transportation for (especially disadvantaged, elderly, or disabled) residents and their escorts for medical or non-medical trips, operating Monday through Friday only.

Monroe County also provides Healthcare Ride, a by-appointment van service for ambulatory clients with limited mobility or wheelchairs to medical appointments in Miami-Dade. This service, available to Veterans, departs Key West at 7am and returns to the Upper Keys by 3pm. Clients must pre-register with Monroe County Transportation. The Middle Keys Transportation/Guidance Center recently lost funding that provided transportation to health facilities in Miami-Dade, which has created a significant gap in affordable, medically necessary transportation services in Monroe.

According to results from our Community Conversations, Miami-Dade County elders like the free Golden Passport, but those who still drive said they usually use it to avoid parking at special events in downtown Miami. Those who used transit exclusively were less enthusiastic, noting that routes and schedules were not consistent and convenient, and drivers were not always aware of ways to make it easier for older adults to travel (e.g., not letting them out in gutters or puddles, using the kneeling feature on the bus). Monroe County elders had mixed reviews of the local transportation system, praising the free, door-to-door service for older adults but disappointed in the sporadic nature of regular transit service and its lack of penetration into communities.

### **Special Transportation Services (STS)**

In Miami-Dade County, anyone with a physical, mental, or intellectual disability that prevents them from using transit vehicles (bus or rail) is eligible for a shared-ride, door-to-door Special Transportation Service (STS). Transportation America operates this service under contract to Miami-Dade County. As of May 19, 2019, the cost is \$3.50 per one-way trip. STS is a 24-hour, 7-day a week service that currently serves about 31,000 people, with 200 new applicants per week. STS makes an estimated 6,000 trips per day. The service area matches the Department of Transportation and Public Works (DTPW) transportation system (bus and rail). STS destination in the South area is the Park and Ride location, located at 344 Street SW W. Palm Drive Florida City, FL 33034. Clients can transfer to/from Route 301 Dade/Monroe Express and we continue to transport clients to East Hallandale in Broward County. It

**STS serves about 23,250, or 17%, of the estimated 134,324 elders with a disability identified in the 2016-2021 Transportation Disadvantaged Action Plan**

covers the area from mile marker (mm) 50 in Marathon, Monroe County, to East Hallandale in Broward County. This covers most urbanized areas of Miami-Dade County, with the exception of Fisher Island, Trail Glades Range, and Miccosukee Indian Reservation Bingo Hall. Applicants must have doctor's verification of their need for the service and an in-person visit to qualify. Clients can reserve a ride to go anywhere they need in the service area with 24-hour advance notice. One personal care attendant, companion, child can ride for free with STS clients.

Data from the Miami-Dade Department of Transportation and Public Works indicated as of May 2019 there were approximately 31,000 registered STS users, of which approximately 75% (23,250) are elders age 65+. This represents about 17% of the 134,324 transportation disadvantaged older adults with a disability identified in the 2016-2021 Miami-Dade County Transportation Disadvantaged Service Plan. While a valuable program, responses from Community Conversations reveal that the quality and convenience of the service remains inconsistent in the face of the growing population's need. Many report long waits and rides that, particularly in light the medical needs and disabilities of a number of patrons, make the service unusable.

### **FreeBee Ride Services**

FreeBee is a recently introduced service serving both Miami-Dade and Monroe Counties. Utilizing electric vehicles, FreeBee provides users free transportation to any location within designated service areas. Service areas in Miami-Dade presently include Pinecrest, Coconut Grove, Coral Gables, Key Biscayne, Doral, Central Miami, Miami Lakes and Mid and South Beaches. Monroe county's lone service area is Islamorada. Hours of operation depend on the service area, leaving some particular areas less assessable than others. Other potential limitation is the service's reliance on an app to schedule rides, which may decrease potential usage among elders unfamiliar with the technology. FreeBee is a private company funded through marketing and advertisements.

### **Elder Pedestrian Safety**

While elder mobility includes motorized transportation, it begins with individual mobility. Safely accessing transportation often means being a pedestrian first, which can be a challenge to elders in Florida. Pedestrian safety in Florida is a huge problem across the board. According to the DOEA, in 2018, only 25% of sidewalks in Miami-Dade and 27% in Monroe had physical barriers which would separate pedestrians from motorized vehicles. The 2019 report by Dangerous By Design showed that nine of the 20 deadliest U.S. cities for pedestrian fatalities are in Florida. Miami-Dade County ranks number 14<sup>th</sup> on the list. Between 2008 and 2017, the number of annual pedestrian deaths in the U.S. increased by a concerning 35.7%. Elders are particularly vulnerable to becoming victims of pedestrian fatalities and are 50% more likely to be hit and killed by a car while walking. The area including Miami-Ft. Lauderdale-Pompano Beach has the highest number of pedestrian crashes involving people age 65+ in the state, and one of the highest in the nation (Dangerous By Design, 2014).

As both counties in PSA 11 are tourist destinations, the hazards for both local and visiting pedestrians are heightened. Tourists who are unfamiliar with local streets and traffic patterns face an increased risk of causing or being involved in crashes between pedestrians and rented cars, bicycles, and scooters/mopeds. Even worse, as Miami routinely ranks among the highest traffic-congested cities in the United States (number #6 in the nation on the 2019 TomTom Traffic Index, and #12 in the 2019 INRIX Research report), troubling traffic patterns increase the likelihood of pedestrian-involved crashes.



Miami-Dade	Monroe
According to the Miami Dade Metro Planning Organization in 2016, elder pedestrians represented just 16% of all pedestrian crashes but one-third of all pedestrian fatalities: one in nine elder pedestrian crashes in Miami-Dade was fatal, twice greater than the overall pedestrian crash rate. From 2014-2016, the Florida Department of Motor Vehicles has recorded 900 elder (65+) related pedestrian crashes. According to the 2019 FDOT Highway Safety Matrix, Miami-Dade ranked first in counties with populations of 200,001+ for pedestrian-crash related injuries and fatalities.	With a much smaller number of pedestrian deaths (40 from 2000 to 2009), Monroe County still has the third highest pedestrian fatality rate (5.27 per 100,000, unadjusted for amount of walking) among Florida counties, and the ninth highest rural pedestrian fatality rate in the nation (Dangerous by Design 2011: Florida). According to the 2019 FDOT Highway Safety Matrix, Monroe ranked first in counties with populations of 50,001 to 200,000 for pedestrian-crash related injuries and fatalities.

### **Community Conversations Summary of Transportation Issues**

Limited transportation for older adults and adults with disabilities was an overarching theme that developed during the community conversations in Miami-Dade and Monroe Counties. Transportation issues encountered by participants differed based on their place of residence (Hialeah, Key West, Miami Beach, Miami Lakes, North Miami, South Dade, and West Kendall). For instance, participants residing in West Kendall and Hialeah voiced their concerns with the Special Transportation System (STS), a shared-ride public transportation service of Miami-Dade County that accommodates residents with disabilities based on the Americans with Disabilities Act (ADA) of 1990.<sup>2</sup> One participant shared her mother’s experience with STS and how after receiving chemotherapy treatment, her mother was taken to Homestead when she only lived two blocks away from the treatment facility located in West Kendall: “... she went into STS and the guy drove her to Homestead ... she was vomiting ...” Participants also shared dissatisfaction with the long wait times to be transported by STS.

In Monroe County, and in Key West specifically, participants voiced their concerns with the long wait times for transportation to services (e.g., medical appointments, grocery shopping), lack of providers that deliver these services, the lack of knowledge where these limited services are provided for older adults and adults with disabilities, and how to apply for these services.

Participants in Miami Lakes were satisfied with the transportation system that is provided to its residents which includes Freebee, a free travel option available in Miami Lakes, Coconut Grove, Key Biscayne, and Miami Beach. Local governments are planning to expand this service to other neighborhoods in Miami-Dade County. It is noteworthy that some participants who reside in Unincorporated Miami, which is near Miami Lakes, were not aware that this travel option existed.



## Housing

*An Age-Friendly Community has housing that is affordable, accessible, and adapted to the needs of older adults needs and interests.*

### **Accessibility**

Accessible housing refers to the construction or modification of a home that allows independent living throughout the lifespan, including people with disabilities. This might include features such as ground-floor or single-story housing with wide doorways; no-step entry or ramps that allow use of wheelchairs or walkers; lowered cabinets and raised toilets; walk-in showers or bathtubs; non-slip surfaces; handrails and grab bars; handles instead of knobs on doors and sinks; and a number of other adaptations for personal needs.

According to the AARP Livability Index, only 2.6% of housing units in Miami-Dade and Monroe County have basic passage, defined as extra-wide doors or hallways, floors with no step between rooms, and entry-level bedroom and bathroom. This lack of accessible housing affects not only children and adults with disabilities, but also elders with limited mobility. Reaching our Age-Friendly goal of keeping older adults and people with disabilities in their homes and in the community can only be attained with sufficient housing to meet their needs.

### **Community Conversations Summary of Housing Issues**

#### *Affordability*

The topic of housing for older adults and adults with disabilities generated valuable conversations in all geographical areas where the Community Forums were facilitated. A major theme that was observed in five of the seven geographical areas (Key West, Miami Lakes, North Miami, South Dade, West Kendall) is the unaffordability of housing in Miami-Dade and Monroe Counties. However, participants from Villa Alegria, a housing community in Hialeah, felt that the fixed rate that they are provided through the Housing Choice Voucher allows them to live in a place that they can afford. Participants added that they are “blessed” to live in Villa Alegria not only because of the affordable monthly rent, but also because of the commitment of Hialeah to maintain the building at no cost to the residents. Participants from North Miami (Sant La Haitian Neighborhood Center, Inc.) emphasized that in addition to not being able to afford their rent or mortgage, they also find it difficult to afford or pay for their utility bills due to their “low retirement [pension].” By comparison, most participants from Miami Lakes shared that even though their homes are already paid for, the insurance and taxes that need to be paid are almost as high as a mortgage payment which makes it unaffordable for them to live in this neighborhood.

In Monroe County, participants pointed out that affordable housing is “problematic for any age group” but more so for vulnerable populations such as older adults and adults with disabilities, as many older adults live by themselves and some find themselves homeless. As one participant, who is a nurse, described when discussing availability of services and affordable housing: “You can’t grow old here [Monroe County].” Another participant mentioned that homelessness in Monroe County is an increasing issue, especially among homeless veterans with disabilities: “We have a homeless problem here [Monroe County] ... a lot of them are veterans ... they are almost embarrassed to talk about themselves.”

#### *Importance of Staying at Home for as Long as Possible*

As part of the Housing section of these conversations, participants were also asked to share whether it was important for older adults to stay in their homes for as long as possible. Participants from most geographical areas pointed out that older adults value their independence and want to age in their own homes. It was observed that this valuable component transcended all cultural backgrounds of residents who attended these conversations, as they felt that it

enhances their quality of life, physically and mentally. As one participant stated: “Older adults would be able to see their families whenever they want, eat what they feel like eating by aging in place in their own surroundings.”

Even though all participants agreed that older adults prefer to “age in place” as opposed to being placed in a nursing home facility, many also felt that there are still barriers that would need to be addressed that would allow older adults and adults with disabilities to live in a safe and healthy environment. One of the barriers discussed extensively during these conversations is the limited access to affordable in-home services or support programs that would enhance the quality of life for older adults in their own homes. These would include transportation services, household maintenance, personal care, companionship, home modifications for older adults with disabilities - characterized by limited mobility - among others.

As noted earlier, in Monroe County, homelessness is a considerable issue especially among homeless veterans, who according to participants choose not to utilize all available services such as mental health treatment for fear of being stigmatized. Participants also shared that a case management component is needed due to the lack of “follow-through” often seen among the homeless population.

### Social Participation

*An Age-Friendly Community offers a variety of accessible, affordable, and fun social opportunities of interest to older adults and people of all ages and abilities.*

#### Living Alone/Social Isolation

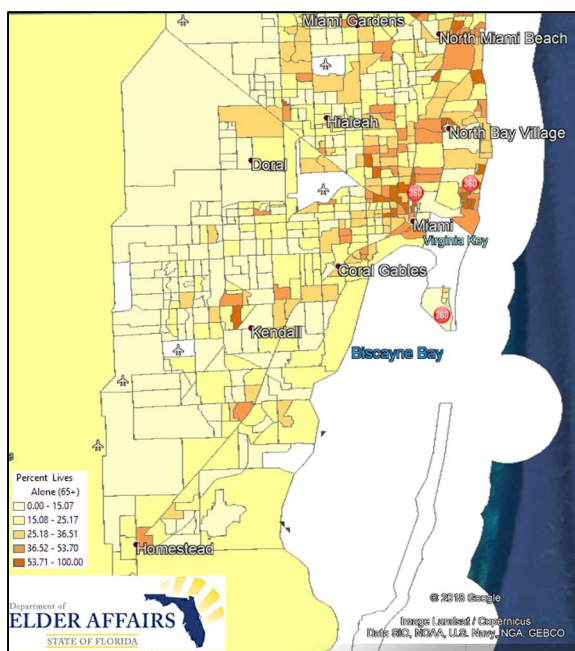
While not everyone who lives alone is lonely and isolated, but many older adults experience loss of a spouse or caregiver, mobility impairments, inability to drive, vision or hearing loss, depression, or other conditions that isolate them in their homes and/or in remote areas of the community (e.g., a non-driver living in a rural area with few friends who drive and no public transportation options). A 2019 Pew Research Center study indicates that Americans over the age of 60 spend more than half of their daily measured time alone. This averages about 7 hours a day, though for elders living alone, it could reach up to over 10 hours a day. By contrast, people between their 40s and 50s will spend only 4 hours and 45 minutes a day alone and those that are younger spend on average only three and a half hours. Additionally, over 14% of older Americans report spending the entirety of their daily measured time alone, a stark contrast to the only 8% of people under the age of 60 who report spending their all their daily measured time alone. While this time spent alone may not necessarily result in adverse effects, the increased social isolation is often linked with negative health outcomes for older adults, including an increased likelihood of mortality, as reported by the 2015 study “*Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review.*”



In PSA 11, about one in five elders lives alone. Elder women in Miami-Dade are twice as likely to live alone as elder men, whereas Monroe-County sees a more even split.

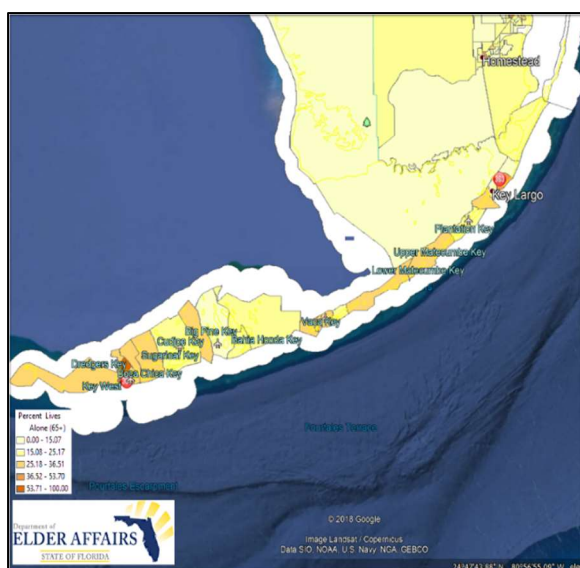
In 2021, for those Age 60+	Miami-Dade		Monroe	
	#	%	#	%
Live Alone	106,055	17	5,310	21
Female	69,060	11	2,670	11
Male	36,995	6	2,640	10

Source: DOEA, 2021 Profile of Older Floridians



As seen on the map on the left, there are small concentrations of elders living alone in north and central Miami-Dade, North Bay Village, and North Miami Beach.

Population maps at the census tract level are available to the public on DOE's Elder Needs Index webpage at <https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>



While more evenly distributed than Miami-Dade, the highest concentrations of elders living alone exist in a couple of small pockets, including Key Largo and Boca Chica Key.

### **Community-Based Activities for Elders**

No matter a person's age, loneliness can have a debilitating effect so overwhelming it can rival a chronic illness or disease. However, isolation and the sadness that can result can be combatted by the availability of accessible, affordable and fun social activities in the community. Local AARP chapters are located in Opa Locka; Northwest Miami; Miami/Richmond Heights; and Miami-Dade North/Miami Gardens in Miami-Dade County, and in Monroe County there are chapters in Marathon and Key West. Congregate meals, healthy aging programs, and entertaining activities at parks, elder housing, and wellness, community, and senior centers also provide older adults with social venues for interaction with peers that can provide enjoyment, prevent loneliness, and an enhanced quality of life.



The Miami-Dade County Department of Cultural Affairs offers a **Golden Ticket Arts Guide** that provides a limited number of free tickets to adults age 62+ to a variety of cultural events, from theater and music, to art and history museums. Interested elders simply call in advance to reserve and use a coupon and proof of age to enjoy events at no charge. Copies of the guide and coupons are available at most senior centers, and many events are in the Cultural District of downtown Miami, which is accessible via public transportation. A number of local branches of the Miami-Dade County Public Library System offer programs of interest to older adults, as well as **Connections**, a library service for those at home, in senior centers, in nursing homes, or assisted living facilities who can't visit the library in person.

### Respect and Social Inclusion

*An Age-Friendly Community takes time to respect and include older adults, from encouraging intergenerational programs to recognizing their ongoing value and contributions.*



### Abuse, Neglect, and Exploitation

Older adults remain especially vulnerable to abuse and exploitation, particularly those struggling with dementia, loneliness, and limited mobility. Elders can be victims of physical, sexual, emotional, and psychological abuse, as well as financial or material exploitation. In some cases, an older adult fails to provide for themselves resulting in self-neglect, including such things as severe depression and behaviors such as hoarding. During the 2018 state fiscal year, 39,041 elder abuse reports were made to the Department of Children and Families. Of those, more than 8,000 (21%) were reports of financial exploitation, which has become the third largest category of reported abuse. Other investigations concerned mental and physical injuries, confinement/punishment, medical neglect, environmental hazards, inadequate supervision, and death. However, obtaining accurate incidence information on elder abuse is difficult as it often under-reported. There are estimates that for every reported case of abuse, twenty-four go unreported out of fear or embarrassment. Abuse is thought to occur in three to 10% of the elder population in Florida.

In 2018, the Alliance for Aging received 115 referrals from Adult Protective Services. Working with the Department of Children and Families (DCF), the Alliance helped provide protective supervision, placement, and home- and community-based services for these elders in crisis. The Aging & Disability Resource Center also received 137 calls in 2018 concerning Adult Protective Intervention/Investigation, whether to report abuse or get more information, suggesting that this problem is far larger than the number formally reported to DCF.

### Legal Needs

PSA 11's large population of low-income older adults are frequently in need of legal services that are free or low cost. After spending 30-50% of their income on housing, and the remainder on other essentials like food and medications, few have resources to engage legal help to protect their rights. The diversity of PSA 11's population is reflected in the diversity of their legal needs, which are served by a variety of community-based organizations utilizing multiple funding sources. Legal services funded under the Older Americans Act are targeted to those with the greatest economic and social need, which is determined by an intake process conducted by Legal Services of Greater Miami (LSGM, part of the Alliance's Aging Network). LSGM prioritizes clients by serving the poorest, most vulnerable elders with the most urgent legal problems, for as long as funding is available. Their Miami office conducts intake with walk-ins, by telephone, and via a mobile-friendly online site. LSGM schedules in-person meetings with an attorney in the Keys for clients who are in need of services there. Legal Services of Greater Miami covers issues such as:



- Public benefits (e.g., health care, food stamps), housing, and long-term care
- Foreclosure and eviction
- Guardianship, durable power of attorney, health care surrogate, guardianship for those with dementia
- Abuse, neglect, and exploitation by family members or others

There are also a number of other legal issues important to older adults not addressed by LSGM. Elders who need services that are not provided by LSGM are given a referral to other community-based legal service providers who offer free, low-cost, or sliding-scale fees for services such as:

- Wills, estate planning
- Legal action against a nursing home or assisted living facility
- Foreign-born elders who are not yet citizens and need assistance with immigration and naturalization
- Family law, e.g., grandparents responsible for their grandchildren who need assistance with custody issues
- LGBT elders may have additional, more complex legal needs regarding marriage and divorce, spousal benefits, child custody, and discrimination.

Vulnerable populations, such as older adults who do not speak English and those who are homeless, are often unaware of their rights, so LSGM collaborates with the Alliance for Aging and members of the Aging Network—as well as other community-based service organizations—to educate staff on identifying needs and making referrals. LSGM recently received a grant to support an Elder Justice Program that will focus on educating the public and addressing legal issues concerning elders’ real property, consumer fraud, and breach of fiduciary duties (financial exploitation). Unfortunately, the legal needs of Miami-Dade’s large low-income elder population, as well as Monroe’s small but isolated elder population, far exceed the availability of free or low-cost legal services, so much (if not most) of this need goes unmet.

## Employment and Civic Engagement

*An Age-Friendly Community has sufficient opportunities for older adults (and others) to work, volunteer, or engage in meaningful civic activities.*

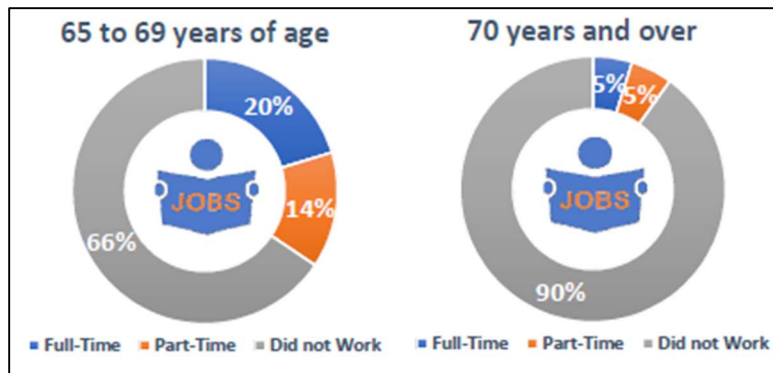
### Employment

Due in part to the recent recession’s impact on home values and retiree savings, older adults are staying in the workforce longer. Local data from the 2017 American Community Survey estimate that 17.1% of elders age 65+ are still working or seeking work in Miami-Dade and that one in five elders age 65+ in Monroe County (20.6%) are still in the labor force.

Employment Status, Age 65+	Miami-Dade		Monroe	
	#	%	#	%
Elders not in the labor force	348,153	83.6	11,236	79.4
Elders in the labor force	71,989	16.4	2,915	20.6
Employed	69,795	15.9	2,703	19.1
Unemployed	6,584	0.5	212	1.5
Percent of total work force (all ages)		3.1		7.1

Source: American Community Survey, 2017





Elder Employment Status by Age, Miami-Dade

Source: Profile of Elderly Populations, Miami-Dade County

Data from the U.S. Census American Community Survey 5-year Survey indicates for the population 65 to 69 years of age, 20.3% (24,814 individuals) in Miami-Dade worked full-time, year-round. Statewide, the share working full-time, year-round was just 15%. Some of this difference is made up with part-time employment. Part-time workers accounted for 14.1% (17,261 individuals)

of elders 65 to 69 years old in Miami-Dade and 17.1% in all of Florida. Among the population 70-years-of-age and over in

Miami-Dade County, 4.8% worked full-time, year-round, and in Florida, 3.4% worked full-time, year-round. Part-time work occupied 5.1% of this cohort in the county compared to 7.4% in the state. Unfortunately, beyond employment status, little else is known in examining the actual elders in the workforce experience. A number of unknown factors can contribute to this experience- Are they working out of desire or necessity? Are those who are unemployed encountering ageism that prevents them from working? How long will they continue to work?

There is one elder employment program operating in Miami-Dade County:

- **AARP Foundation's Senior Community Service Employment Program** helps low-income, unemployed individuals aged 55+ find work. Eligible job seekers are matched with local nonprofits and public agencies so they can increase skills and build self-confidence, while earning a modest income. Based on their employment interests and goals, participants may also receive supportive services and skills training through an educational institution, and their experience often leads to permanent employment.





## Volunteerism

Miami experiences traditionally low rates of volunteerism. In 2018, the Corporation for National and Community Service ranked the Metropolitan Statistical Area of Miami-Miami Beach-Ft. Lauderdale as having the lowest volunteer rates of the 50 cities in their study, with only 18.7% of people of all ages. The most recent statistics specific to elder volunteerism rates in the area from 2013 indicate only 10.9% of elders said they volunteer. Notably, however, 51% of those who do said they informally volunteer (e.g., doing favors for neighbors), and many more tend to do informal volunteer activities at their place of worship. Some recent research suggests that Hispanics may be more likely to engage in informal volunteer opportunities.

**The Miami-Ft. Lauderdale metro area has one of the lowest volunteer rates in the nation.**

Opa Locka; Northwest Miami; Miami/Richmond Heights; and Miami-Dade North/Miami Gardens in Miami-Dade County, and in Monroe County there are chapters in Marathon and Key West AARP members provide volunteer services to the community, learn about issues affecting older adults, and sponsor events that enhance the lives of members and others in the community.



## Registered Voters

Voters over age 60 represent about one in three registered votes in both counties.

Registered Voters, 2021	Miami-Dade	Monroe
Registered voter in FL-All Ages	1,509,353	54,724
Registered voter in FL-Age 60+	444,190	24,290
% of Age 60+population- registered voters	69.8	.99
% of registered voter population- that is Age 60+	29.4	44.3

Source: DOEA, 2021 Profile of Older Floridians, [Florida Department of State 2022](#)

## Communication and Information

*An Age-Friendly Community uses a variety of media to communicate information of interest to older adults and people of all ages and abilities.*

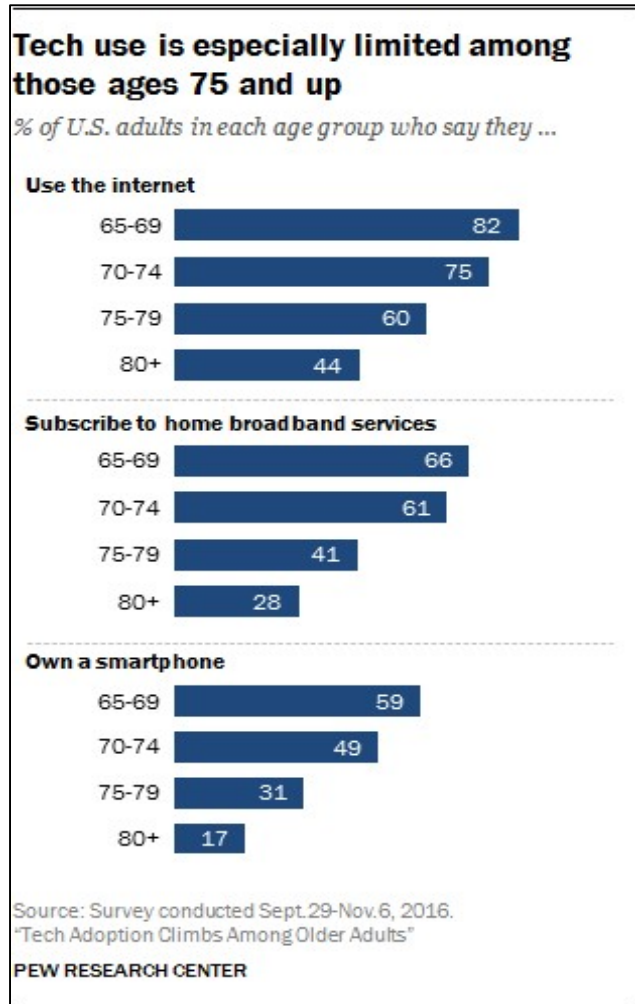
According to results from our Community Conversations with elders, older adults in Miami-Dade and Monroe are not always aware of the many options available to get information on services, including:

- The **Aging and Disability Resource Center (ADRC)** provides information, referrals, and “answers on aging” to over 95,492 callers per year. As noted below, the most common topics include information on the Statewide Medicaid Managed Care Long Term Care program (38.7%); caregiver services (11.4%), Medicare, Medicaid and other Long Term Care insurance (6%), meals (4.4%), and housing (3.9%).

- **Seniors Never Alone Program** is a free, voluntary service that provides reassurance counseling, suicide prevention and case management to seniors age 65+ residing in Miami-Dade County
- In Miami-Dade, callers can also get information on social and government services by calling **3-1-1**. The Contact Center can provide older adults with information on social services, transportation, events in the parks, public works, code enforcement, emergency evacuation and shelter assistance, and other government services.

Recent data suggests more older adults are adopting technology at a greater rate. According to data from the Pew Research Center, as of 2019, 73% of older Americans utilized the internet, up dramatically from 14% in 2000. National data from 2018 indicates half (53%) of people age 65+ own a smartphone. As of 2017, half of older Americans utilize broadband services at home. On a county level, according to the DOEA, in 2021, 82% of elders in Miami-Dade County and 88% in Monroe have internet access.

However, despite these increases, one-third of Americans over 65 report never utilizing the internet at all, and while smartphone usage is up among seniors, the overall proportion of the population using them is 42 percentage points less than those ages 18-64. Education level and household income contribute the rate of technology usage among older adults. This lack of access to new technology—particularly for low-income elders—limits older adults’ ability to access information on health and well-being, as well as their ability to use new innovations to summon an on-demand ride, track their health indicators, or stay in touch with a caregiver.



## Community and Health Services

*An Age-Friendly Community has adequate and affordable health, community, and social service for older adults and people of all ages and abilities.*

## 2021 Profile of Older Floridians

### Planning and Service Area (PSA) 11 Health Profile and Medical Resources

The health and medical section presents the variety and availability of different types of facilities, medical professionals, and treatment services in the community. This includes complex estimates based on probable usage by older adults. For example, the "Medically Underserved" are areas designated by the U.S. Department of Health and Human Services as having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Medical access and health support services information is an important area for community planners to ensure that support is in place to accommodate an older population.

Ambulatory Surgical Centers	Value
Facilities	37
Operating Rooms	103
Recovery Beds	320

Source: Florida AHCA, 2021

Hospitals	Value
Hospitals	38
Hospitals with Skilled Nursing Units	2
Hospital Beds	9,935
Skilled Nursing Unit Beds	782

Source: Florida AHCA, 2021

Medical Professionals	Value
<b>Medical Doctors</b>	
Licensed	3,250
Limited License	1
Critical Need Area License	155
Restricted	0
Medical Faculty Certification	17
Public Health Certificate	0

#### Other Professionals

Licensed Podiatric Physicians	235
Licensed Osteopathic Physicians	723
Dentists	2,082
Licensed Registered Nurses	32,976
Pharmacies	696

Source: Florida Department of Health, 2021

Assisted Living Facility	Value
Total ALF Beds	10,206
Optional State Supplementation (OSS) Beds	6,892
Non-OSS Beds	3,314
<b>Total ALF Facilities</b>	<b>855</b>
Facilities with Extended Congregate Care License	9
Facilities with Limited Mental Health License	464
Facilities with Limited Nursing Service License	27

Source: Florida AHCA, 2021

Medically Underserved	Value	Percent
<b>Total Medically Underserved</b>	<b>356,103</b>	<b>54%</b>
Living in Areas Defined as Having Medically Underserved Populations	279,853	42%
Living in Medically Underserved Areas	76,250	12%

Source: Calculated using U.S. Health Resources & Services Administration and AGID

Health Insurance 65+	Value	Percent
Insured	427,796	97%
Uninsured	11,911	3%

Source: U.S. Census Bureau, 2015-2019 ACS

Disability Status	Value	Percent
With One Type of Disability	70,170	11%
With Two or More Disabilities	97,795	15%

#### Total With Any Disability

Hearing	43,325	7%
Vision	34,345	5%
Cognitive	62,680	9%
Ambulatory	112,670	17%
Self-Care	49,870	8%
Independent Living	81,235	12%
With No Disabilities	420,930	64%
Probable Alzheimer's Cases (65+)	67,112	14%

Source: AGID 2014-18 ACS

Medicaid & Medicare Beneficiaries	Value	Percent
60+ Medicaid Eligible	226,617	31%
60+ Dual Eligible	202,830	90%

Source: Florida AHCA, 2021

Adult Day Care (ADC)	Value
ADC Facilities	182
Capacity	10,316

Source: Florida AHCA, 2021

Home Health Agencies	Value
Agencies	333
Medicaid Certified Agencies	3
Medicare Certified Agencies	134
Homemaker and Companion Service Companies	319

Source: Florida AHCA, 2021

## 2021 Profile of Older Floridians

### Planning and Service Area (PSA) 11 Health Profile and Medical Resources

Skilled Nursing Facility (SNF) Use	Value
SNFs With Beds	60
Community Beds	56
Sheltered Beds	2
Veterans Administration Beds	0
Other Beds	0
SNF Beds	8,585
Community Beds	8,521
Sheltered Beds	64
Veterans Administration Beds	0
Other Beds	0
SNFs With Community Beds	56
Community Bed Days	3,118,686
Community Patient Days	2,546,447
Medicaid Patient Days	1,815,205
Occupancy Rate	82%
Percent Medicaid	71%

The day the patient is admitted is a patient day. A bed day is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital.  
Source: Florida AHCA, 2021

Emergency Medical Services (EMS)	Value
Providers	27
EMS providers include air ambulances and ambulances with Basic Life Support (BLS) or Advanced Life Support (ALS).	
Source: Florida Department of Health, 2021	

Adult Family Care Homes	Value
Homes	11
Beds	55
Source: Florida AHCA, 2021	

Memory Disorder Clinics	Value
Total	3
Source: Florida DOEA's Summary of Programs and Services (SOPS), 2020	

Dialysis	Value
End-Stage Renal Disease Centers	66
Source: Florida Department of Health, 2021	

### Planning and Service Area (PSA) 11 Disaster Preparedness

The disaster preparedness section presents the count and percentage of people age 60 or older living in the legislative district that fall within particular storm surge evacuation zones, as well as the number of DOEA Home and Community-Based Services (HCBS) clients who reside in these zones. The estimate of electricity-dependent individuals is presented by insurance type to show the number of people who use electricity-dependent medical equipment necessary for things such as survival or mobility. This information can also be used to evaluate the sufficiency of shelters, generators, and evacuation route roadways to handle the needs of seniors and medically fragile adults in emergencies.

Electricity-Dependent	Value
Medicare Beneficiary	17,226
Medicaid Beneficiary	1,416
Medicare beneficiary includes the entire Medicare population (65+ and SSI Recipients).	
Medicaid beneficiaries are individuals age 60 to 64.	
Source: Florida AHCA and U.S. Centers for Medicare & Medicaid Services, 2021	

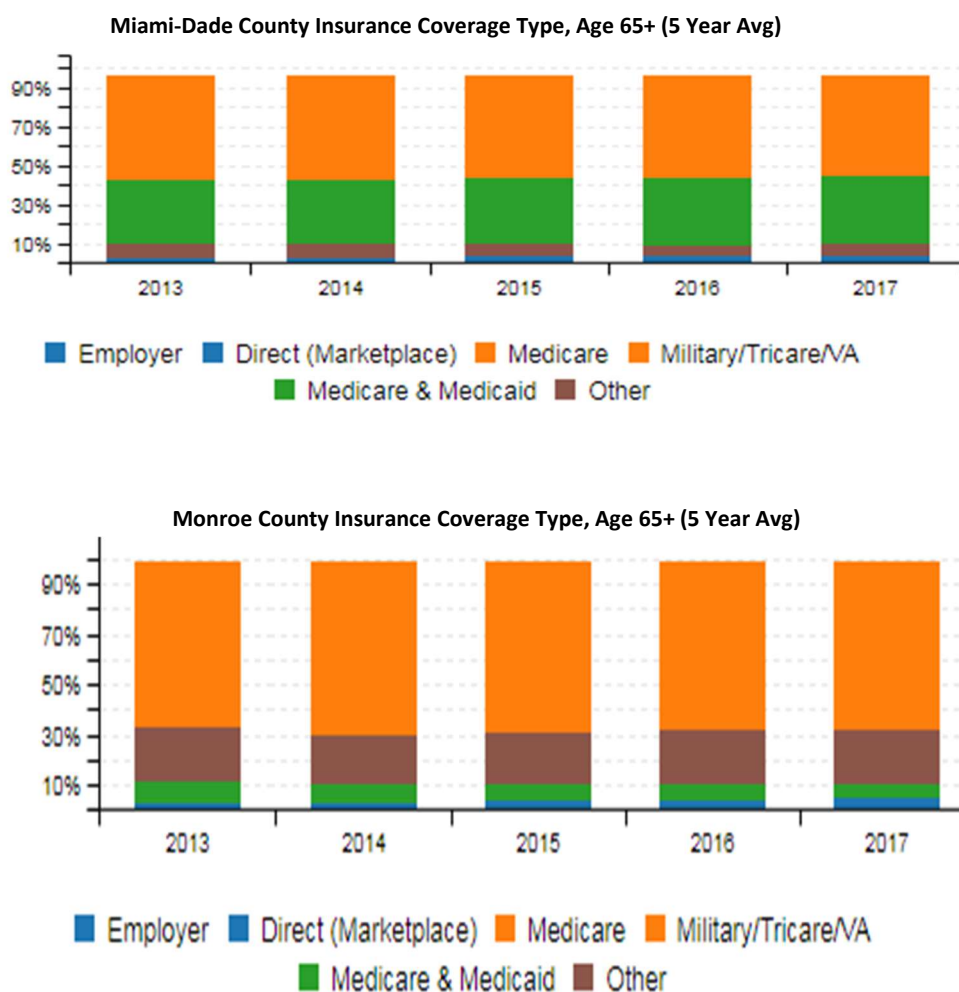
Shelter Resources	Value
Number of General Shelters	155
General Shelter Max Capacity in People	76,389
Number of Special Needs Shelters	9
Special Needs Shelters Max Capacity in People	2,933
Source: FDEM, 2021	

Evacuation Zones	Value	Percent
Total Population Residing in Evac Zone:	11,050	2%
Zone A	482	0%
Zone B	2,688	0%
Zone C	1,287	0%
Zone D	3,213	0%
Zone E	3,380	1%
DOEA HCBS Clients	791	100%
Lives in an Evac Zone and Has Memory Problems	1,281	12%
Lives in an Evac Zone and Lives Alone	5,925	54%

Zones are associated with the following surge heights: Zone A up to 11 feet, Zone B up to 15 feet, Zone C up to 20 feet, Zone D up to 26 feet, and Zone E up to 35 feet.  
Source: Florida DOEA CIRT5, ACS, Florida Division of Emergency Management (FDEM), 2019

### Access to Medical Care

Although the large majority of elders age 65+ surveyed by the CDC for the 2016 BRFSS reported having some sort of health insurance, 5.3% in Miami-Dade said they had none. Of those that do, the majority for both Miami-Dade and Monroe utilized either Medicare or military insurance (in 2017, 51.7% in Miami-Dade 67.3% in Monroe). However, Miami-Dade residents were more likely to be dually enrolled in Medicare and Medicaid, with 34.7% enrolled in 2017 compared to Monroe's 6.1%. Monroe County elder residents, on the other hand, were more likely than elder Miami residents to rely on insurance coverage outside the more traditional coverages (Medicare, Marketplace, etc.), with 21.2% enrolled in 2017 compared to 5.9%.



Source: [Data.CMS.gov](https://data.cms.gov)

Although most elder residents age 65+ surveyed in 2016 BRFSS reported that they had a personal doctor, that fact alone did not guarantee that they received an annual checkup. In addition to other limiting factors such as transportation issues, 8.2% could not see a doctor in the past year simply due to cost. Respondents in Monroe were less likely to say that cost prevented a visit, but nearly 20% said they did not have an annual checkup.



	Florida	Miami-Dade	Monroe
% of adults age 65+ who <b>reported having any type of insurance coverage</b>	98.1	94.7	97.9
% of adults age 65+ who <b>could not see a doctor in the past year due to cost</b>	5.2	8.2	6.9
% of adults age 65+ who <b>have a personal doctor</b>	93.2	95.2	77.8
% of adults age 65+ who <b>had a medical checkup in the past year</b>	94.2	94.6	81.6

2017 Medicare Beneficiaries	Miami-Dade		Monroe	
	#	%	#	%
Aged	391,846	87.4	14,227	86.5
Disabled	56,490	12.6	2,220	13.5

Source: [Centers for Medicare and Medicaid Services \(CMS\)](#)

While Medicare eligibility begins at age 65, people under age 65 who have end stage renal disease or who have received Social Security disability benefits for at least 24 months also qualify, and are counted in the table above under “disabled.” There are a few exclusions to what most believe is a universal benefit for everyone age 65+. Elders who came to this country and did not work at least 10 years (paying into the Medicare system) do not receive a Medicare benefit, but they are eligible to participate by paying a premium. Elders living in our service area without proper documentation are difficult to estimate, but they do not have access to entitlement programs like Social Security and Medicare (though they can receive limited medical treatment free of charge at local clinics as a *county* resident even if they are not a US resident).

2021 Medicaid Eligibility	Miami-Dade		Monroe	
	#	%	#	%
Elders age 60+				
Medicaid Eligible	224,594	31	2,023	20
Dual Eligible (Medicare + Medicaid)	201,088	91	1,742	80

Source: *DOEA County Profiles 2021*

In Miami-Dade, elders are only 29.4% of the 707,961 people covered by Medicaid but are 88.9% of the dually eligible (33.2% of all elders in Miami-Dade). In Monroe, elders are 19.2% of 9,012 covered by Medicaid, but 76.3% of the dually eligible (6.0% of all elders).

One factor that heavily impacts the health and human services system in Miami-Dade County is **fraud**. According to a June 2016 article by the Miami Herald, recent arrests of 300 people nationwide for \$900 million in bogus Medicare claims included 100 people in South Florida and demonstrated “infiltration of fraud at every level of the healthcare process,” thereby “reinforcing [Miami’s] reputation as the nation’s healthcare fraud capital.” Local schemes included doctors who billed for services that were never delivered; a home healthcare agency that paid kickbacks to patient recruiters and patients in exchange for their billing information; and a pharmacy owner who paid patients kickbacks and then used their Medicare numbers to submit \$5.2 million in fake prescription claims. In July 2016,

**More than one-third (35.2%) of all elders in Miami-Dade County are eligible for Medicaid, compared to just 7.3% in Monroe County.**





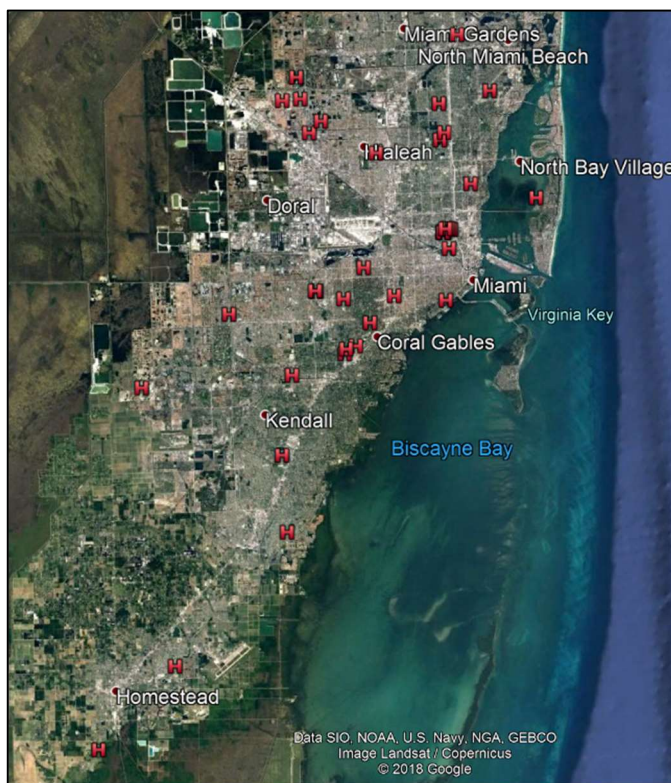
federal agents arrested a healthcare operator in Miami Beach who was running the nation's largest-ever Medicare fraud scheme, worth a mind-boggling \$1 billion in kickbacks and fraudulent claims for mental health, prescription drug, and home healthcare services. In April of 2019, he was convicted of 20 of the 26 charges laid against him. In September 2019, he was sentenced to 20 years in prison.

Medicare Advantage programs provide limited home- and community-based services for their clients (e.g., medically necessary personal care and social services), and many medical clinics in Miami-Dade provide free transportation via vans (see Home and Community Based Services Infrastructure). Enrolling more elders in these managed care programs—and providing these services through that system—may reduce the number of older adults dependent on free or subsidized services through state and federal sources.

There are some key medical support services that are not covered by Medicare: routine visual care (e.g., eye exams, glasses), routine dental care (e.g., exams, dental work, dentures), and routine hearing care (e.g., exams, hearing aids). These oversights in coverage can have severe consequences for older adults. Age-related macular degeneration is the leading cause of blindness in older adults and routine eye care can prevent late diagnosis and complications. Routine dental care is necessary to avoid the pain of decay, tooth loss, and ill-fitting dentures, all of which can affect how and how much one eats, which can compromise the often-fragile nutritional health of an older adult. Nationally, one in three people over age 60 and half of those over age 85 have hearing loss, which can cause depression and social isolation for an elder with insufficient resources to purchase a hearing aid.

As shown on the map on right, there is an abundance of medical facilities in Miami-Dade, most of which are clustered in the center and north, with far fewer in the south. The County's Transit Development Plan ensures there are 64 transit service routes operating within a ¼ mile of major medical facilities.

Monroe County, on the other hand, has only four hospitals- Lower Keys Medical Center and Depoo Hospital in Key West, Fisherman's Hospital in Marathon and Mariner's Hospital in Tavernier, shown below. There are few medical specialists in Monroe County, and many older adults must travel to Miami-Dade to see a specialist, and sometimes even for relatively routine vision, dental, or hearing care.





## Medical Infrastructure

As evidenced in the table at right, Miami-Dade has significantly more doctors and medical facilities than Monroe. Lack of facilities cause many in Monroe to seek care in neighboring Miami-Dade.



	Miami-Dade	Monroe
<b>Inpatient Medical Facilities</b>		
Hospitals	34	4
Hospitals with Skilled Nursing Units	1	1
Hospital Beds	9,739	196
Skilled Nursing Unit Beds	664	118
<b>Ambulatory Surgical Centers</b>		
Facilities	36	1
Operating Rooms	101	2
Recovery Beds	311	9
<b>Medical Professionals</b>		
Medical Doctors – Licensed	3,175	75
Medical Doctors - Limited License	1	0
Medical Doctors - Critical Need Area License	155	1
Medical Doctors - Restricted	0	0
Medical Faculty Certificate	17	0
Medical Doctors - Public Health Certificate	0	0
Licensed Podiatric Physicians	230	5
Licensed Osteopathic Physicians	695	28
Licensed Dentists	2,038	44
Licensed Registered Nurses	32,045	931

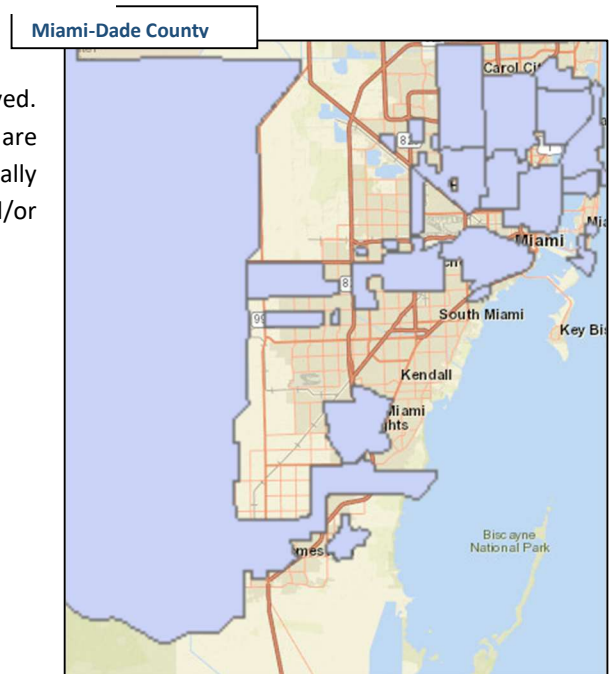
Source: DOEA, 2021 Profile of Older Floridians

## Medically Underserved Elders

Over 28% of all Miami-Dade elders age 65+ are medically underserved. The majority live in areas with large racial/ethnic populations that are traditionally medically underserved, while others are medically underserved due to being located in an area lacking services and/or providers. All of Monroe is a medically underserved area.

	Miami-Dade	Monroe
Total Medically Underserved (65+)	333,960	22,143
Living in Areas Defined as having Medically Underserved Populations	279,853	0
Living in Medically Underserved Areas	54,104	24,143

Source: DOEA, 2021 Profile of Older Floridians



## Significant Health Issues and Disparities

Data on health conditions specific to older adults is often difficult to obtain via publicly available sources because much of the data includes all adults age 18+ and/or is “age-adjusted,” a statistical method to account for differences in age groups (see below, for example, how different the causes of death are for those age 55-64 than those age 85+). The best available sources of data on the medical conditions of older adults is Medicare data (age 65+ Fee-for-Service clients in 2017) and data from respondents age 65+ on the 2016 Behavioral Risk Factor Surveillance System survey conducted annually by the CDC. Data on causes of death was also obtained directly from the Health Department.

### Miami-Dade County

- Cancer and Heart Disease are the two most common causes of death in Miami-Dade County, followed by natural causes *Map Source: HRSA Data Warehouse*
- Depression rates among FFS Medicare Beneficiaries are twice the national rate, but people are not as likely to report this on the BRFSS survey
- The prevalence of Schizophrenia/Other Psychotic Disorders among Medicare FFS Beneficiaries age 65+ (7.1%) is more than triple the state rate (2.1%), and quadruple the national rate (1.7%).
- The HIV/AIDS prevalence among Medicare FFS Beneficiaries age 65+ in Miami-Dade (0.7%) is seven times higher than the national rate (0.1%) and more than triple the state rate (0.2%), and the rate of Hepatitis (Chronic Viral B & C) is the highest in the state (0.8%), along with Broward, Dixie, and Monroe counties.
- FFS Medicare Beneficiaries Age 65+ in Miami-Dade have received an Alzheimer’s diagnosis at more than twice the national average, and local estimates suggest over half (54.6%) of all Blacks age 85+ and 44.8% of Hispanics age 85+ may have Alzheimer’s

### Monroe County

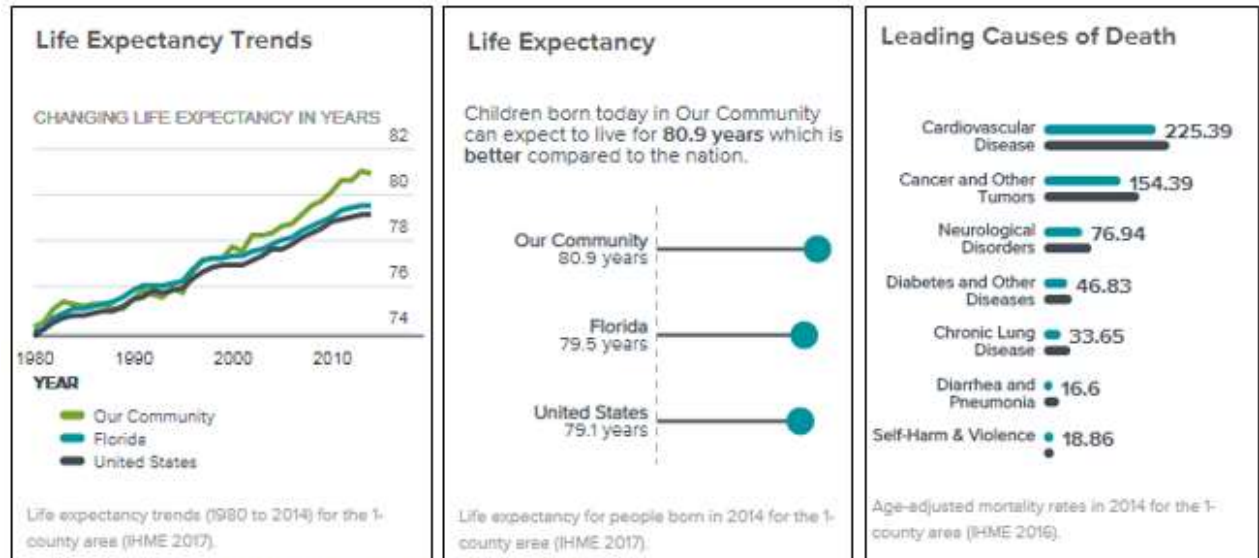
- The HIV/AIDS rate among Medicare FFS Beneficiaries age 65+ in Monroe (0.4%) is double the state rate, and quadruple the national rate
- The rate of Hepatitis (Chronic Viral B & C) among Medicare FFS Beneficiaries age 65+ in Monroe is the highest in the state (0.8%), along with Miami-Dade, Broward, and Dixie counties.

SELF-REPORTED HEALTH STATUS			
	Florida	Miami-Dade	Monroe
% of adults age 65+ who said their health was good to excellent	75.7	66.9	91.4
Average number of unhealthy physical days in the past 30 days adults age 65+	4.1	4.9	4.5
% of adults age 65+ who said they had poor physical health on 14 or more of the past 30 days	16.1	16.1	15.6
Average number of days (in the last 30 days) where poor mental/physical health interfered with activities of daily living in past 30 days adults age 65+	4.6	6.2	6.7

Source: 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

### Life Expectancy and Causes of Death

Miami-Dade County is fortunate to have a higher-than average life expectancy that has been steadily growing for decades. On average, the life-expectancy of Miami-Dade residents is 80.9 years, above the state average of 79.5 and the national average of 79.1. Women tend to live longer, averaging 83.5 years compared to men averaging 78.1.



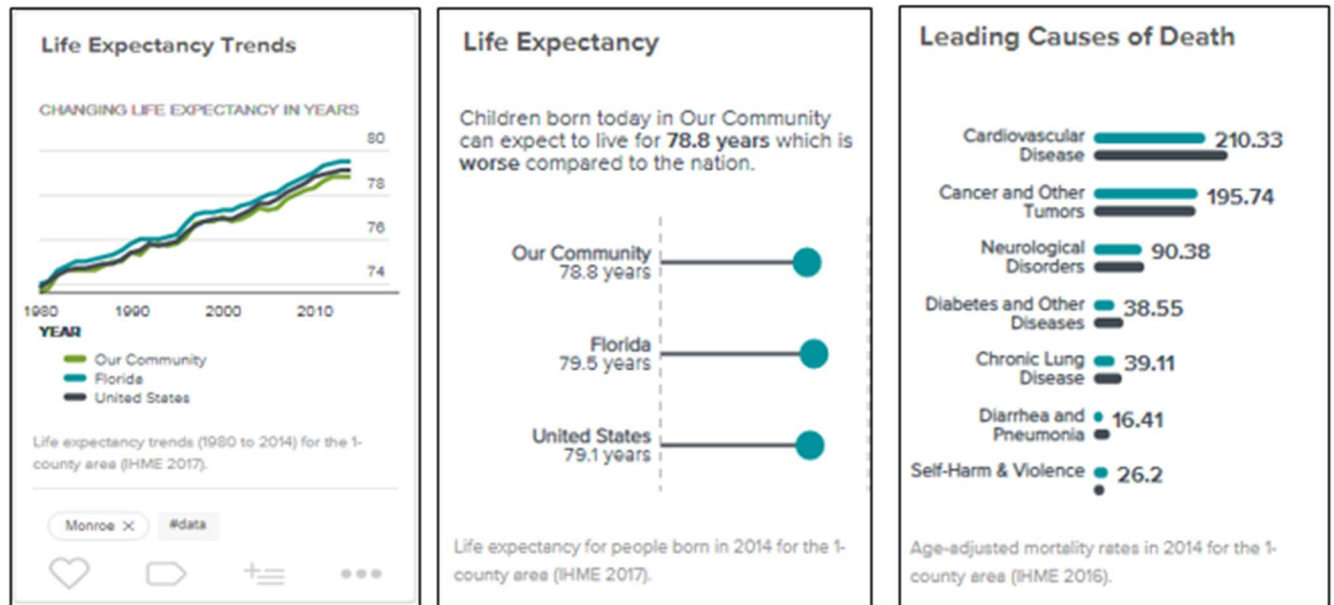
Source: [Broadstreet Mortality Report, Miami-Dade County](#)

Cause of Death by Age, Miami-Dade County, 2018 Number/Percent by Cause of Death			
Age 55-64 2,276 Deaths	Age 65-75 3,270 Deaths	Age 75-84 5,069 Deaths	Age 85+ 7,165 Deaths
Cancer 728 (32.0%)	Cancer 1,076 (33.0%)	Heart Disease 1,327 (26.1%)	Heart Disease 2,229 (31.1%)
Heart Disease 510 (22.4%)	Heart Disease 778 (23.8%)	Cancer 1,303 (25.7%)	Natural Causes 1025 (14.3%)
Natural Causes 259 (11.4%)	Natural Causes 392 (12.0%)	Natural Causes 611 (12.0%)	Stroke 948 (13.2%)
Diabetes 124 (5.4%)	Diabetes 199 (6.1%)	Stroke 387 (7.6%)	Cancer 887 (12.4%)
Unintentional Injury 117 (5.1%)	Stroke 181 (5.5%)	Chronic Lower Respiratory Disease 308 (6.1%)	Alzheimer's Disease 619 (8.6%)
Stroke 89 (3.9%)	Chronic Lower Respiratory Disease 181 (5.5%)	Alzheimer's Disease 220 (4.3%)	Chronic Lower Respiratory Disease 398 (5.5%)
Chronic Liver Disease/Cirrhosis 77 (3.4%)	Diabetes 158 (4.8%)	Diabetes 219 (4.3%)	Diabetes 162 (2.3%)
Chronic Lower Respiratory Disease 63 (2.8%)	Nephritis 54 (2.4%)	Parkinson's 119 (2.3%)	Influenza & Pneumonia 135 (1.9%)

Source: Florida Department of Vital Statistics Annual Report 2018



Monroe County, by contrast, has a slightly lower life expectancy (78.8 years) than state and national averages, though, like Miami-Dade, expectancy has steadily risen over time. Also similar to Miami-Dade, women averaged a longer life span at 82.6 years, as opposed to the male average of 75.8 years.



Source: [Broadstreet Mortality Report, Monroe County](#)

Cause of Death by Age, Monroe, 2018 Number/Percent by Cause of Death			
Age 55-64 123 Deaths	Age 65-74 182 Deaths	Age 75-84 157 Deaths	Age 85+ 158 Deaths
Cancer 39 (31.7%)	Cancer 51 (28.0%)	Cancer 42 (26.8%)	Heart Disease 39 (24.7%)
Heart Disease 22 (17.9%)	Heart Disease 40 (22.0%)	Heart Disease 40 (25.5%)	Natural Causes 36 (22.8%)
Natural Causes 16 (13.0%)	Natural Causes 28 (15.4%)	Natural Causes 25 (15.9%)	Cancer 21 (13.3%)
Unintentional Injury 12 (9.8%)	Stroke 11 (6.0%)	Stroke 17 (10.8%)	Alzheimer's Disease 16 (7.3%)
Suicide 11 (8.9%)	Chronic Liver Disease/Cirrhosis 9 (5.0%)	Chronic Lower Respiratory Disease 8 (5.1%)	Stroke 13 (10.1%)
Chronic Liver Disease/Cirrhosis 10 (8.1%)	Unintentional Injury 9 (5.0%)	Alzheimer's Disease 4 (2.5%)	Hypertension 7 (4.4%)
Diabetes 3 (2.4%)	Chronic Lower Respiratory Disease 8 (4.4%)	Diabetes 4 (2.5%)	Chronic Lower Respiratory Disease 5 (3.2%)
Chronic Lower Respiratory Disease 3 (2.4%)	Suicide 8 (4.4%)	Suicide 3 (1.9%)	Unintentional Injury 5 (3.2%)

Source: Florida Department of Vital Statistics Annual Report 2017



Notably, many reports on cause of death for all ages ignore “natural causes,” which turns out to be the third most common cause of death among older adults, after cancer and heart disease.

#### Common Health Conditions Among Older Adults

Rates of conditions related to heart disease among older adults in Miami-Dade are above, while rates in Monroe are below, state and national rates.

HEART DISEASE				
	National	Florida	Miami-Dade	Monroe
Ischemic Heart Disease	26.9	34.3	38.7	25.8
Atrial Fibrillation	8.4	10.0	7.5	8.3
Heart Failure	13.9	14.7	17.9	9.9
Hypertension	57.1	62.2	63.1	49.5
Hyperlipidemia	40.7	51.6	46.5	35.4
<b>BEHAVIORAL RISKS:</b>				
% of adults age 65+ who have ever had coronary heart disease, heart attack, angina, or stroke		21.5	23.1	14.6
% of adults age 65+ who have ever had angina or coronary heart disease		10.9	11.5	8.2
% of adults age 65+ who have ever had a heart attack		11.0	9.4	8.4

Sources: [2017 Chronic Conditions Prevalence \(%\) Among Fee-for-Service \(FFS\)\\*Medicare Beneficiaries Age 65+](#)

2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

Blacks and Hispanics have higher rates of death from cancer, both locally and nationally, due in part to late screening and late stage diagnosis. Blacks have higher rates of stroke due to higher rates of untreated hypertension.

CANCER				
	National	Florida	Miami-Dade	Monroe
<b>Cancer (all types)</b>	8.2	10.0	9.0	8.0
<b>BEHAVIORAL RISKS:</b>				
% of adults age 65+ who have ever been told they have skin cancer		22.5	19.2	24.7
% of adults age 65+ who have ever been told they have cancer (not skin)		17.1	14.5	10.1
% of adults age 65+ who received a blood stool test in past year		21.4	19.1	8.1
% of adults age 65+ who received a sigmoidoscopy or colonoscopy in the past five years		61.6	55.3	55.5

Sources: [2017 Chronic Conditions Prevalence \(%\) Among Fee-for-Service \(FFS\)\\*Medicare Beneficiaries Age 65+](#)

Source: 2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

STROKE				
	National	Florida	Miami-Dade	Monroe
Stroke	3.8	4.7	5.2	3.4
Hyperlipidemia	40.7	51.6	46.5	35.4
<b>BEHAVIORAL RISKS:</b>				
% of adults age 65+ who have ever had a stroke		7.3	7.8	7.3

Sources: [2017 Chronic Conditions Prevalence \(%\) Among Fee-for-Service \(FFS\)\\*Medicare Beneficiaries Age 65+](#)

Source: 2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

Diabetes prevalence rates in Miami-Dade are higher, while rates in Monroe are lower, than state and national rates. This may be due in part to local demographics, as diabetes prevalence rates—as well as hospitalizations and complications—are higher among Blacks and Hispanics, both locally and nationally.

DIABETES				
	National	Florida	Miami-Dade	Monroe
Diabetes	27.2	28.3	36.7	19.2
Chronic Kidney Disease (a common long-term complication of Diabetes)	24.0	27.5	31.3	15.8
<b>BEHAVIORAL RISKS:</b>				
% of adults age 65+ with diagnosed diabetes		21.0	25.7	19.6
% of adults age 65+ who are overweight or obese		65.1	69.6	50.4
% of adults age 65+ who have Kidney disease		6.1	4.9	4.2

Sources: [2017 Chronic Conditions Prevalence \(%\) Among Fee-for-Service \(FFS\)\\*Medicare Beneficiaries Age 65+](#)

2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

PULMONARY DISORDERS				
	National	Florida	Miami-Dade	Monroe
COPD	11.7	13.7	16.0	9.1
ASTHMA	5.1	5.3	6.0	2.8
<b>BEHAVIORAL RISKS:</b>				
% of adults age 65+ who have ever been told they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis		13.0	9.9	7.7
% of adults age 65+ who currently (have) Asthma		6.3	6.0	4.9
% of adults age 65+ who currently smoke		10.5	8.1	8.4

Sources: 2017 Chronic Conditions Prevalence (%) Among Fee-for-Service (FFS)\*Medicare Beneficiaries Age 65+

2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+ \*data also available on those who quit, never smoked, tried to quit.

BONE AND JOINT DISEASES				
	National	Florida	Miami-Dade	Monroe
ARTHRITIS	33.1	37.1	39.4	29.4
OSTEOPOROSIS	6.4	8.1	10.1	4.6
<b>BEHAVIORAL RISKS:</b>				
% of adults age 65+ who have ever been told they have arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia		48.8	39.8	44.5

Sources: [2017 Chronic Conditions Prevalence \(%\) Among Fee-for-Service \(FFS\)\\*Medicare Beneficiaries Age 65+](#)  
2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

The rate of HIV/AIDS among Medicare FFS beneficiaries in Miami-Dade is *six times* the national rate and over *three times* the state rate, while Monroe's rate is *three times* the national rate and *50%* higher than the state rate. While previously the two highest in the state, Miami-Dade and Monroe County's rankings for the rate of Hepatitis (chronic viral B & C) among Medicare FFS beneficiaries age 65+ have dropped to 3<sup>rd</sup> and 6<sup>th</sup> respectively.

SEXUALLY TRANSMITTED INFECTIONS				
	National	Florida	Miami-Dade	Monroe
HIV/AIDS	0.4	0.6	1.8	1.1
HEPATITIS (chronic viral B & C)	0.8	0.8	1.1	1.1
<b>BEHAVIORAL RISKS:</b>				
% of adults age 65+ who have ever been tested for HIV		21.4	30.9	27.7

Sources: [2017 Chronic Conditions Prevalence \(%\) Among Fee-for-Service \(FFS\)\\*Medicare Beneficiaries Age 65+](#)  
2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

Racial and Ethnic minority women have higher rates of death by breast and cervical cancer, both locally and nationally, in part due to late screening and late-stage detection. This is particularly acute among Haitian women, who may be reluctant to seek care due to cultural beliefs about propriety and privacy (e.g., being examined by male doctors).

BEHAVIORAL RISKS/WOMEN'S HEALTH			
	Florida	Miami-Dade	Monroe
% of women age 65+ who <b>had a mammogram in past year (women)</b>	71.4	65.6	61.6
% of women age 65+ who <b>received Pap test in past year (women)</b>	28.5	36.8	25.1

Source: 2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

Health data from Miami-Dade's large Hispanic population reflects what some call the "Hispanic Health Paradox." This means that although prevalence rates of chronic disease are higher, they have better health outcomes than expected, due to multiple factors. Recent immigrants tend to be healthier than long-term residents—walking more, eating more fruits and vegetables—suggesting that their acculturation to American habits is a health risk. Close-knit

families living in ethnic enclaves may also be a protective factor. Although this may not apply to all Hispanic populations, it does seem to play a complex and little-understood role in the health of those from the Caribbean region.

BEHAVIORAL RISKS/PREVENTIVE HEALTH AND HEALTHY BEHAVIORS			
	Florida	Miami-Dade	Monroe
% of adults age 65+ who <b>received a flu shot in the past year</b>	62.2	51.7	39.7
% of adults age 65+ who <b>received a tetanus shot since 2005</b>	44.5	34.9	50.0
% of adults age 65+ who <b>are sedentary</b>	34.0	38.8	36.4
% of adults age 65+ who <b>are inactive or insufficiently active</b>	55.9	67.9	51.4
% of adults age 65+ who <b>meet aerobic recommendations</b>	53.8	33.5	49.3
% of adults age 65+ who <b>meet muscle-strengthening recommendations</b>	23.7	28.2	28.1
% of adults age 65+ who <b>always/nearly always use a seatbelt while riding in a car</b>	97.0	93.8	98.9

Source: 2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+

Prevalence of depression among older adults is difficult to document because of stigma and reluctance to seek help or self-disclose.

MENTAL AND BEHAVIORAL HEALTH				
	National	Florida	Miami-Dade	Monroe
Depression	17.9	18.9	24.9	13.6
Schizophrenia/Psychotic Disorders	3.0	3.1	9.4	1.9
<b>BEHAVIORAL RISKS:</b>				
% of adults age 65+ who have ever been told they have a depressive disorder		16.0	14.2	11.3
% of adults age 65+ who Said they had poor mental health on 14 or more of the past 30 days		7.8	7.0	7.1
Average number of unhealthy mental days in the past 30 days adults age 65+		2.4	2.0	2.5
Average number of days (in the last 30 days) where poor mental/physical health interfered with activities of daily living adults age 65+		6.2	4.6	6.7
% adults age 65+ who engage in heavy or binge drinking		9.4	4.1	18.4
% adults age 65+ who currently smoke		10.5	8.1	8.4

Sources: [2017 Chronic Conditions Prevalence \(%\) Among Fee-for-Service \(FFS\)\\*Medicare Beneficiaries Age 65+](#)  
 2017 Behavioral Risk Factor Surveillance System, Respondents Age 65+; 2016 Behavioral Risk Factor Surveillance System, Respondents Age 65+ \*data also available on those who quit, those who never smoked, those who tried to quit

According to local mental health experts, very few individuals diagnosed with serious and persistent mental illnesses (SPMI), such as schizophrenia and psychotic disorders, survive to or beyond age 65. As shown above, however, the rate in Miami-Dade is over twice as high as state and national rates, indicating there are a number of people with SPMI aging into the long-term care system.

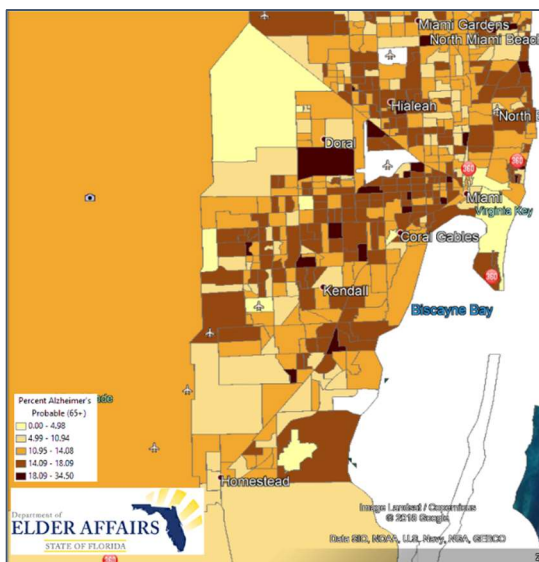
#### Alzheimer's Disease and Dementia

Since Alzheimer's is a disease not reported to the CDC upon diagnosis like certain other conditions (such as HIV), it is difficult to access the exact number of people with a diagnosis of Alzheimer's or other dementias. The Alzheimer's Association reports an estimated 560,000 individuals age 65 and older in Florida suffer from Alzheimer's Dementia in 2019 and projects the figure to increase 28.6% to 720,000 by 2025. The reported number of deaths and annual mortality rate in Florida in 2017 as reported by the Alzheimer's Association is 6,980 and 33.3 respectively.

Using state-level data from the CDC's 2011 Behavioral Risk Factor Surveillance System (BRFSS) the Alzheimer's Association noted that in Florida:

- 13.8% of people age 60+ reported experiencing confusion or memory loss that is happening more often or getting worse
- 78.1% of them have not spoken to a health care professional about it
- four in ten say it has interfered with household activities and/or work or social activities

These self-reported data also show that while 53.6% said they need assistance, only 8.3% receive help from friends and family, and 28.2% live alone.



*Miami-Dade County Probable Alzheimer's by Census Tract.*  
Source: Florida DOEA, 2018



*Monroe County probable Alzheimer's by Census tract.* Source: Florida DOEA, 2018

As Miami-Dade has a majority-minority population that is not reflective of the national demographic profile, using the standard 10% estimate indicated by the Alzheimer's Association may be misleading. Some studies cited by Association indicate Hispanics are about one and half times more likely to have Alzheimer's or dementia than older whites. Data on Fee-for-Service Medicare beneficiaries age 65+ show a rate for Miami-Dade that is about twice the state and national rates, as well as double the estimates by the Department of Elder Affairs. [Fee for service Medicare data does not include beneficiaries in managed care plans or Medicare Advantage.]

**Standard 10% estimates of Alzheimer's may underestimate prevalence in Miami-Dade's diverse elder population by nearly 25,000 elders.**

**Nearly 80,000 older adults in Miami-Dade could have Alzheimer's Disease or another form of dementia.**

**These estimates suggest the probability of Alzheimer's among people age 55+ in Miami-Dade may actually be as high as 22.5% overall, and highest among Blacks (54.6%) and Hispanics (44.8%) age 85+.**

#### ALZHEIMERS/DEMENTIA

<b>National</b>	10.9%
<b>Florida</b>	12.7%
<b>Miami-Dade</b>	21.5%
<b>Monroe</b>	9.1%

Source: CMS FFS Beneficiaries 2017

Of course, these estimates for rates of Alzheimer's among Hispanics are based on national populations, rather than South Florida's unique demographic profile. Certain specific ethnic groups within the Hispanic population may have a lower incidence. Notably, at least one study in New York with another Caribbean-American Hispanic population (Puerto Rican) had slightly lower rates for those age 65-74 (7.5), higher rates for those age 75-84 (27.9), and much higher rates for those 85+ (62.9), which suggests there may be significant variation within Hispanic populations (Gurland et al, Int J of Geriatric Psychiatry, 1999). The Department of Elder Affairs' annual County Profiles provide estimates of probable Alzheimer's cases among people age 65+ in PSA 11:

Estimates of Probable Alzheimer's Disease Among Racial-Ethnic Groups in Miami-Dade, by Age					
Based on 2017 Population Estimates	55-64	65-74	75-84	85+	TOTAL
National Rate: <b>White Non-Hispanics</b>	1.2	2.9	9.8	26.9	
# Elders in Miami-Dade	48,013	38,423	19,410	10,941	
ALZ Estimate	576	1,114	1,902	2,943	6,535
National Rate: <b>Hispanics (All Races)</b>	3.3	9.3	23.7	44.8	
# Elders in Miami-Dade	212,284	147,925	97,336	42,653	
ALZ Estimate	7,005	13,757	23,069	19,109	62,940
National Rate: <b>Black Non-Hispanics</b>	4.8	12.4	32.5	54.6	
# Elders in Miami-Dade	57,478	33,624	16,418	5,864	
ALZ Estimate	2,759	4,169	5,336	3,202	15,446
ALZ Estimate All Races/Ethnicities	10,340	19,040	30,307	25,254	<b>84,941</b>

Source: National Alzheimer's Association, national estimates applied to local population estimates from the American Community Survey 2017



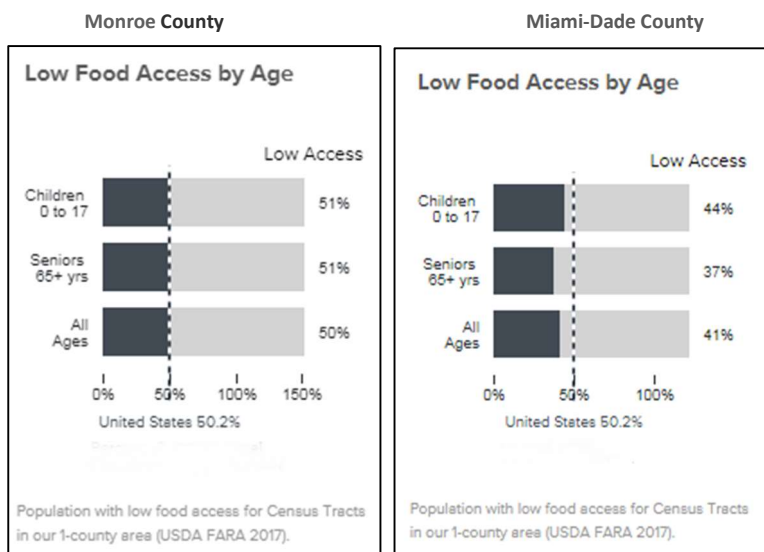
Although Alzheimer’s disease is the primary cause of dementia for people age 65+, it is not the only cause. There are other forms of dementia, such as vascular dementia (caused by stroke or blood vessel conditions); Lewy body dementia, frontotemporal dementia, and mixed dementia. Other conditions that have a high incidence of co-occurring dementia include Parkinson’s disease, Huntington’s disease, Creutzfeldt-Jakob disease, and traumatic brain injury. Dementia can also occur as a result of infections, immune disorders, medications, nutritional deficiencies, metabolic or endocrine problems (e.g., diabetes or thyroid), anoxia/hypoxia (lack of oxygen), brain tumors or hematomas, or depression. Estimates on the number of older adults with dementia attributed to these causes are not available.

### Prescription Drug & Opioid Abuse



Prescription drug and opioid abuse is a national epidemic that Florida has very much been in the epicenter of for decades. In the early 2000s, the state became known for its “pill mills” which dispensed high rates of opioid prescription drugs with little oversight. While subsequent legislation and law enforcement efforts have shut down most of the mills and led to a temporary decrease in opioid drug-related deaths, the number of deaths associated with prescribed drugs is again on the rise. E-FORSCE reports that in 2017, there were 6,932 overdose deaths

involving at least one prescription drug. A 2016 report by Florida’s Statewide Drug Policy Advisory Council indicates that overdose deaths in which at least one prescription drug was the cause had increased 40% over the previous year. In 2017, then-Governor Rick Scott declared the opioid epidemic a statewide public health emergency. While Miami-Dade has fared better in the epidemic than some of its neighboring counties such as West Palm and Broward, Monroe county, however, ranked fifth in the state in opioid-related deaths in 2017, with 37.9 deaths per 100,000 residents. In April of 2019, Monroe County filed a lawsuit in Federal court against several pharmaceutical companies and pharmacies for their contribution to the opioid epidemic. Unfortunately, elder-specific statistics are unavailable for both counties, but given increased chronic conditions and pain-management needs of the elder population, it remains particularly vulnerable to the effects.



Source: [Broadstreet Network, Community Commons](#)

### Food Insecurity

While hunger is often a passing condition for most, many in our community struggle daily with “food insecurity,” an ongoing condition that leaves one without reliable access to a sufficient quantity of affordable, nutritious food. Older adults on a fixed income, living in poverty, and paying more than 50% of their income on housing, make difficult choices between buying food and other necessities like medication or transportation. Food insecurity can cause or aggravate health conditions and result in malnutrition or even death. More than 134,000 elders in Miami-Dade and 3,500 elders in Monroe are food insecure, or 1 in 5 elders in PSA 11 are food insecure.

National estimates by the National Foundation to End Senior Hunger found that in 2016, about 7.7% of elders nationally—and about 15.09% in Florida—face the threat of hunger/food insecurity, with those age 60-69 at most risk. Racial and ethnic minorities, those who live in poverty, those who live alone, and people with disabilities all have a higher rate of food insecurity. They also noted a spike in food insecurity related to the 2008 recession, particularly among elder Hispanics.

According to the National Hispanic Council on Aging, Hispanic elders are at greater risk because they have higher levels of poverty and receive fewer Social Security benefits, noting that nationally, almost one in four Hispanic elders (18%) is food insecure. Given the large proportion of Hispanic elders and the large proportion of elders in Miami-Dade living in poverty, it is therefore not unreasonable to assume that 20% of elders are food insecure in Miami-Dade (120,000+) and at least 7.7% in Monroe (1,800+), for a total of at least 121,800 food insecure elders in PSA 11.

2021, Participation among Age 60+	Miami-Dade		Monroe	
	#	% elders	#	% elders
SNAP Participants	243,091	38.21	2,442	9.6
SNAP potentially eligible (estimate)	154,775	24.4	3,510	13.8
SNAP participation rate (% of eligible who are participating)	1577%		99.57%	

Source: DOEA County Profiles 2018

It should be noted that in Miami-Dade, the number of elders participating in SNAP exceeds the estimated number of those eligible based on income. One-third of all elders (32.2%) in Miami-Dade receive some SNAP benefit. Older adults in Miami-Dade County are often encouraged by their medical providers and other social service agencies to apply for SNAP, and the data would suggest this approach has been successful.

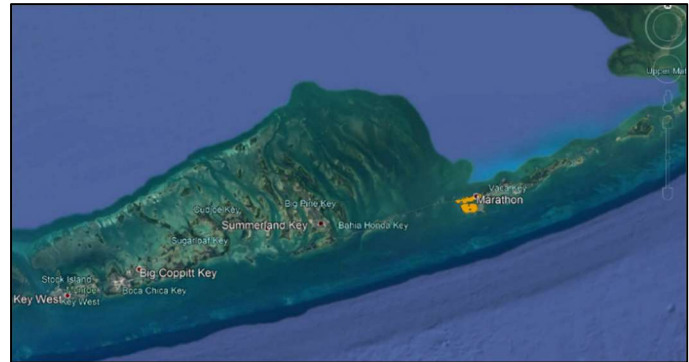
In contrast, in 2018 in Monroe County, only two-fifths of (41.3%) of those elders potentially eligible for the program receive a benefit. This figure is even down from 2017's 45.6%. This may be caused by ignorance of their eligibility or a reluctance to accept the benefit. No matter the reason, more must be done to encourage utilization.

Food Resource Centers	Miami-Dade	Monroe
SNAP Access Site	104	0
Fresh Access Bucks Outlet	62	1
Farmer's Market	13	1
Food Distribution (No Cost)	10	5
SNAP Retailers	1,349	73
Congregate Meal Sites	94	5

Source: DOEA, 2021 Profile of Older Floridians

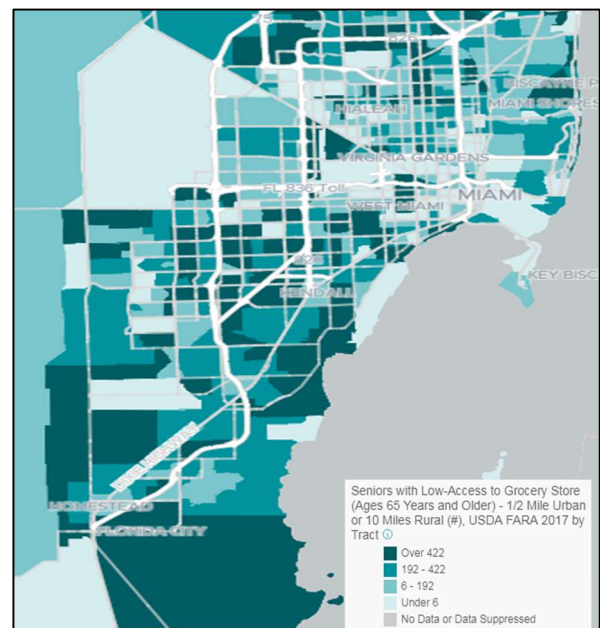
In addition to the challenges created by low income, many elders in Miami-Dade and Monroe Counties find themselves living in areas that have limited access to affordable and nutritious food. These food deserts, often in the more impoverished areas, are void of supermarkets and other places to purchase fresh food. They can pose a greater challenge to the elder population, who may have mobility and transportation limitations.

noted the largest expanse is an area with a very limited population. By contrast, Monroe County has only one area, Marathon, considered to be a food desert.



Sources: DOEA 2018

The following maps explore the numbers of seniors (65+) with low-access to grocery stores, as defined by a half-mile distance (10 miles for rural areas) in Miami-Dade and Monroe Counties.



Source for maps: [Broadstreet Network](#), [Community Commons](#)

Additionally, in the article, “The Hidden Hungry,” the Sun Sentinel explores food deserts in South Florida in relation to the elder community. While food deserts are often associated with low income areas, in a surprising finding, many retirement communities, including the iconic golf-course-laden Century Village, are located in food deserts as well. All counted, it identifies 326 food deserts in South Florida alone.

In 2014 and 2015, about 2% of all calls to the Aging and Disability Resource Center were requesting information about congregate meals, home-delivered meals, or SNAP. This percentage increased to 4.0% in 2018. In 2018, a total of 5,223 people received home-delivered meals, and a total of 10,920 people received congregate meals, funded by Older Americans Act, Community Care for the Elderly, and Local Service programs.

Local food banks serve a large number of food insecure families in Miami-Dade. **Feeding South Florida** has a Senior Food Distribution Program, and partners with local elected officials, communities, senior centers, elder housing, and others to distribute fresh fruits and vegetables, as well as shelf ready foods from USDA programs. This program serves more than 130,000 people per year. Located in the farmlands of South Dade, **Farm Share** specializes in “rescuing” produce from local farms and the Port of Miami that would otherwise be discarded. They partnered with local food banks and community partners in rural and impoverished areas to distribute over 4 million household packages in the last year.

### Caregivers

Caregivers remain vital to the well-being of their loved ones, many of whom would be in an institution rather than at home, in the community, without their assistance. As such, the health of caregivers is also of great concern, because caregiving can be many things—a rewarding, expensive, exhausting, stressful, depressing, isolating experience, and up to one-third of caregivers die before their loved ones. Caregivers take on this responsibility because of love, and respect, and gratitude, and for many, economic necessity, but it is an all too often invisible but invaluable service they provide.



**There may be as many as 67,000 caregivers in need of free or low-cost services in PSA 11.**

Estimating the number of caregivers in the community is no easy task. According to the Florida Department of Elder Affairs 2018 projections, approximately 89,181 elders in over the age of 65 in Miami-Dade and 2,208 in Monroe have independent living difficulties; about 124,795 elders in Miami-Dade and 2,463 in Monroe have ambulatory difficulties; and as many as 60,885 elders in Miami-Dade and 1,882 in Monroe who have probable cases of Alzheimer’s. Using only these estimates, there may be as many as 281,495 older adults in PSA 11 who depend on a caregiver or assisted living setting (including living with family). Adding to this the adults age 18-64 who have independent living (45,815) and ambulatory difficulties (58,179), increases this number to 385,489. Even if only half of these people (200,000) actually need a caregiver, and only one-third of those caregivers are living in poverty (the same rate as elder minorities in poverty), this means nearly 67,000 caregivers in PSA 11 may be in need of free or low-cost services—far more than is available through current funding sources.

Studies have found that the caregiving experience among Hispanic households, a prevalent population in Miami-Dade, to be unique. *The Evercare® Study of Hispanic Family Caregiving in the U.S.* reported that one-third (36%) of Hispanic households indicate at least one family caregiver. These caregivers are statistically more likely to be in high-burden situations (63% compared to 51% of non-Hispanic households) and spend an average of more hours in their caregiving role (37 hours vs. 31). Yet, despite this, Hispanic households report less stress, more fulfillment and a greater sense of familial obligation than non-Hispanic households.

Discussions in Community Conversations revealed that language barriers are an increasing problem in Miami-Dade County. The majority of professional caregivers speak only Spanish, leaving those elders and their relatives for whom English is their primary language unable to communicate effectively with their caregivers. Caregivers who are fluent in English are rare and difficult to find.

Caregiver services are provided based on the needs of the older adult. The demographics shown below, therefore, describe the older adult being cared for rather than the caregiver.

Clients Receiving Home Respite Services		
Demographics, CY 2017	Miami-Dade % of those served	Monroe % of those served
Female	64	67
Male	36	33
Black	14	4
White	80	93
Hispanic	81	33
Limited English Proficiency	76	44
Age 75+	83	81
Live Alone	11	15
Live with Caregiver	72	74

Source: CIRTS

Clients Receiving Facility Respite Services		
Demographics, CY 2017	Miami-Dade % of those served	Monroe % of those served
Female	67	74
Male	33	26
Black	27	0
White	69	100
Hispanic	66	42
Limited English Proficiency	63	42
Age 75+	85	71
Live Alone	2	10
Live with Caregiver	81	76

Source: CIRTS

The Alliance for Aging provided respite care for a total of 786 caregivers, with 4,122 more on wait lists for caregiver services through Older Americans Act and Home Care for the Elderly programs. This represents only 7.3% of the estimated 67,000 caregivers in need of free or low-cost services. Having the infrastructure to support family caregivers means having adequate infrastructure to provide both at-home and community-based respite. As shown below, while there are a number of entities serving Miami-Dade County, Monroe County has a lack of adult day care facilities (there is only one, in Key Largo). This means that the majority of caregivers in the county do not have access to facility-based respite.

Adult Day Care, 2021	Miami-Dade	Monroe
Adult Day Care-facilities	180	2
Adult Day Care-capacity	10,141	175
Home Health Agencies	332	1
Medicare Certified	133	1
Medicaid Certified	3	0
Homemaker & Companion Service Companies	315	4

Source: DOEA, 2021 Profile of Older Floridians

Similarly, there are only four companies available to provide non-medical in-home services in Monroe County. Representatives from two of these Monroe County home care organizations attended meetings to discuss unmet need in June 2016 and explained that 1) it is difficult to recruit and retain staff to provide these services for \$12 per hour when potential employees can make more money in the tourist industry cleaning rooms or washing dishes; and 2) hiring staff to make the long commute from Miami-Dade often results in high turnover. Tranquility Bay offers the only facility-based adult day cares in the Keys, with one location in Key Largo and a second in Marathon, which opened in February of 2018. Raising demand for community-based long-term care will be driven by increasing

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## Description of Service System:

### Residential Long-Term Care Infrastructure

	Miami-Dade	Monroe
<b>Skilled Nursing Facilities (SNF aka “nursing homes”)</b>		
Total SNF Beds	8,345	240
Community Beds	8,281	240
Sheltered Beds	64	0
Veterans Administration Beds	0	0
Other Beds	0	0
<b>SNFS with Beds</b>	54	2
Community Beds	52	2
Sheltered Beds	2	0
Veterans Administration Beds	0	0
Other Beds	0	0
<b>SNFs with Community Beds</b>	55	2
Community Bed Days	3,030,846	87,840
Community Patient Days	2,484,069	62,378
Medicaid Patient Days	1,767,420	47,785
Occupancy Rate	82%	71%
Percent Medicaid	71%	77%
<b>Adult Family Care Homes*</b>		
Homes	14	0
Beds	69	0
<b>Assisted Living Facilities</b>		
Total Facilities	852	3
Facilities with ECC (Extended Congregate Care) License	9	0
Facilities with LMH (Limited Mental Health) License	463	1
Facilities with LNS (Limited Nursing Services) License	27	0
Total Beds	10,118	88
OSS (Optional State Supplementation) Beds	6,862	30
Non-OSS Beds	3,256	58

Source: DOEA, 2021 Profile of Older Floridians

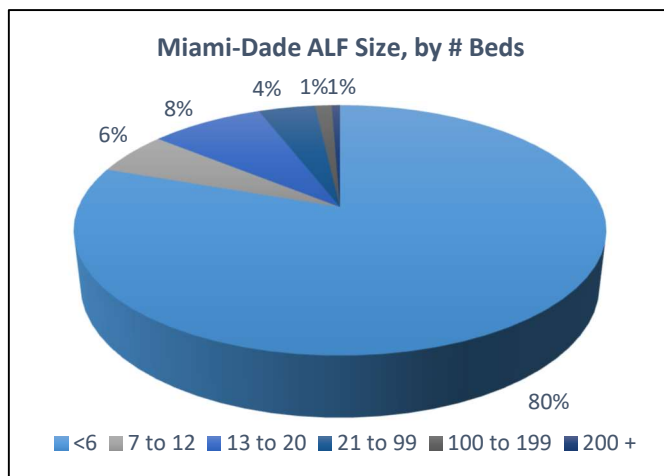
**Community Beds** refers to the number available to community members, as opposed to shelter beds designated to serve the homeless, or beds designated for veterans.

The **Adult Family Care Home** is a residential home designed to provide personal care services to individuals requiring assistance. The provider must live in the home and offers personal services for up to 5 residents. (AHCA)

The DOEA estimates that, in 2018, 2.0% of Floridians age 65+ lived in nursing or skilled nursing facilities, compared to 3.1% nationally (EDR). The maximum capacity of Miami-Dade’s skilled nursing facilities (8,416 beds) can accommodate represents 1.4% of Miami-Dade’s 60+ elder population. In Monroe, the maximum capacity of 240 represents 1.0% of elders age 65.

Miami-Dade has an abundance of assisted living facilities (833), skilled nursing facilities (54) and Adult Family Care Homes (1). In contrast, Monroe County only has two skilled nursing facilities: Bayshore Manor in Key West and Plantation Key Nursing Center in Tavernier.

According to [Floridahealthfinder.gov](https://floridahealthfinder.gov), there are 828 assisted living facilities licensed by the Florida Agency for Healthcare Administration (AHCA) in Miami-Dade which represent a total of 9,810 beds, serving an average of 12 clients per facility. As shown at right, nearly 80% of assisted living facilities in Miami-Dade are small, serving 6 or fewer clients in a home-like setting. There are only sixteen facilities with 100 or more beds; the largest one has 350 beds.



According to the [Genworth Cost of Care Survey](#), the average cost of assisted living in Florida in 2018 is \$3,500 monthly, while costs in Miami-Dade are somewhat lower, with an average cost of \$3,350 per month. In contrast, the cost of nursing care in Miami-Dade, while average compared to other metropolitan areas of Florida, is higher than the state average with the cost of \$8,699 a month for a semi-private room, versus the state average of \$8,152. Miami-Dade's large population of low-income older adults, including those living in poverty or those receiving the mean annual social security benefit of \$15,265, do not have the private resources to pay for long-term care and depend heavily on the Statewide Medicaid Managed Long Term Care (SMMLTC) program. To be eligible for the LTC program one must be 65 or older, require a nursing home level of care, have a monthly income of \$2,313 or less for single applicants (\$4,626 for couples), and assets cannot exceed \$2,000 (single) or \$3,000 (married). However, large wait lists and delays in the enrollment process affect their ability to be placed in a timely manner, and the assisted living facilities serving these low-income clients must ensure clients are enrolled in SMMLTC before admitting, or risk not being reimbursed for care that has already been provided.

## **Aging & Disability Resource Center (ADRC)**

The ADRC provides information and referral to residents of Miami-Dade and Monroe Counties, for privately and publicly funded benefits, programs, and services, to include services available under the Older Americans Act, as well as other state and federal programs such as Emergency Home Energy Assistance for the Elderly (EHEAP). It is also responsible for waitlist management for Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), Alzheimer's Disease Initiative (ADI) and Statewide Medicaid Managed Care Long-Term Care (SMMCLTC) programs, and coordinates eligibility determination for the SMMCLTC program.

The ADRC is comprised of three highly interrelated functional units: 1) Information and Referral, which operates the Helpline; 2) Intake, which conducts assessments for CCE, HCE, ADI and SMMCLTC programs, and 3) Eligibility, which works with clients who have been released from the SMMCLTC wait list.

The demand for information, assessment, and referrals have risen along with our elder population, but the number of calls to the ADRC's Elder Helpline has grown significantly since the implementation of the SMMCLTC:

Year	# Calls
2013	39,267
2014	75,130
2015	89,208
2016	100,768
2017	101,781
2018	95,492
2019	100,334
2020	89,725
2021	110,721

**Information and Referral:** The total number of calls received by the Helpline has almost quadrupled since 2012, and now averages about 426 calls per day. Much of this increase is tied to the SMMCLTC program, which represented 85% of Helpline calls in 2021. The Alliance continues to prioritize available funds to increase Helpline staffing. We currently have 13 staff to answer incoming calls and inquiries, and to return messages. The number of calls received by the ADRC is expected to continue to rise along with the increasing number of older adults in our service area.

**Intake:** The number of referrals for assessment has risen along with the call volume (below), from 2,384 the entire year of 2012 to an average of 2,388 per month in 2022. Referrals from providers in the community contribute to the workload as well, causing a delay in reassessments. During 2021, Intake received 28,659 referrals for screening.

**Eligibility:** Once a client has been released from the SMMCLTC waitlist, ADRC staff work with CARES, and the Department of Children and Families (DCF) to assess the client for physical and financial eligibility. The calendar year of 2019 allowed for 6293 individuals to be released from the LTCC waiting list. During 2021, the number of individuals released from the waiting list to be assisted with eligibility for the Long

Term Care Program increased to 11,846. This represents a workload increase of 88% for eligibility activities. During 2021, the Alliance prioritized additional staffing to assist with the increased numbers of clients released for the SMMCLTC program through the eligibility process for enrollment

***What services are most frequently requested?*** Looking at data on referrals made by ADRC/Helpline staff (see the following page), there are several clusters of services/topics that emerge:

***Insurance*** - questions about Medicare and Long Term Care insurance, including calls transferred to SHINE volunteers.

***Caregivers*** - caregiver support, respite care, or adult day care. Notably, the ADRC's Caregiver Specialist handled 1,617 calls from caregivers in 2021; many of these calls address more complex issues than standard calls to the Helpline, and so take longer than the average call.

***Housing***- housing information (not including assisted living or nursing homes).

***Meals*** - congregate meals, home-delivered meals, or SNAP.



Referrals Made by ADRC/Helpline Staff (excluding SMMC Enrollment)	# Calls 2015	# Calls 2016	# Calls 2017	# Calls 2018	# Calls 2020	# Calls 2021
Home Delivered Meals	1,856	2,209	1,320	2,183	4,106	4297
Congregate Meals/Nutrition Sites	160	275	188	144	14	39
Homemaker Assistance	1,244	1,981	874	1,560	2,618	2950
LTC Insurance Information/Counseling	1,204	658	439	418		261
Caregiver Counseling	1,204	1,236	1,034	1,505	2,146	
Medicare Information/Counseling (SHINE)	1,072	1,649	1,880	1,253	1,136	964
Incontinence Supplies	1,069	1,010	644	1,007	1,413	1004
Electric Service Payment Assistance (EHEAP)	1,035	564	484	374	891	1109
Personal Care	989	1,832	1,259	2,701	4,439	4050
Case/Care Management	757	452	378	583	1,954	1653
Adult Out of Home Respite Care	682	509	458	585	27	44
Senior Centers	658	477	182	97	18	30
Disability Related Transportation	627	480	387	420	356	462
Medical Appts Transportation	197	209	117	90	81	112
Adult Day Program Centers	563	883	722	720	148	295
Home Health Aid Services	550	185	102	227	1,515	4251
Specialized Information and Referral	491	287	321	302	1,339	1363
Medicare Prescription Drug Plan Enrollment	470	819	955	660	136	109
Prescription Drug Patient Assistance Programs	176	53	50	9	36	74
Housekeeping Assistance	409	109	124	182	74	81
Comprehensive Information and Referral	356	91	53	34	102	74
Medicaid Applications	328	135	107	73	343	389
General Legal Aid	286	163	182	162	112	60
Assisted Living Facilities	242	54	23	6	50	108
Adult Day Health Programs	198	244	220	107	215	218
Adult Protective Intervention/Investigation	186	166	170	137	259	230
Food Stamps/SNAP Applications	168	137	132	35	293	664
State Administered SSI Suppl Prgm	168	281	180	125	380	102
Adult Respite Care	203	See Adult in Home Respite Care				
Adult In-Home Respite Care	162	646	445	610	688	838
Home Maintenance and Minor Repair	160	206	70	83	94	143
Housing Search Assistance	611	441	399	355	563	542
Low-Cost Home Rental Listings	308	307	282	404	260	473
Low Income/Subsidized Private Rental Housing	407	248	216	320	410	374
Housing Authorities	147	180	175	260	204	181
Public Housing	118	181	134	244	193	159
Rent Payment Assistance	106	123	90	43	211	309
Caregiver Training	129	164	125	270	18	209
Caregiver/Care Receiver Support Groups	75	168	121	221	27	22

Source: ReferNet

### **The Aging Network**

By the end of 2022, the Alliance for Aging had 25 provider organizations in the Aging Network contracted to provide direct services funded by the Older Americans Act and/or State General Revenue Programs.. Five receive only Older Americans Act (OAA) funding, fourteen receive both federal OAA and state funding (CCE, HCE, ADI, or LSP), and six receive only state funding to provide home- and community-based services to elders and their caregivers. There are three providers—Florida Keys AHEC, Monroe County Social Services, and Independent Living Systems—serving Monroe County, and the rest, including Independent Living Systems, provide services in Miami-Dade.

<b>Provider Agency</b>	<b>OAA</b>	<b>CCE</b>	<b>HCE</b>	<b>ADI</b>	<b>LSP</b>
Allapattah Community Action	X				X
Catholic Charities of the Archdiocese of Miami	X				
City of Hialeah					X
City of Hialeah Gardens	X				X
<b>City of Homestead</b>					X
City of Miami Springs	X				
<b>City of OpaLocka</b>					X
City of Sweetwater	X				X
City of West Miami	X				X
Easter Seals of South Florida				X	
First Quality Home Care	X	X	X		
Florida Keys AHEC	X				
Hialeah Housing Authority	X				
Independent Living Systems, Inc.		X	X	X	
Jewish Community Services of South Florida	X				X
Legal Services of Greater Miami	X				
Little Havana Activities & Nutrition Centers	X				X
Miami-Dade Community Action and Human Services Department	X				X
Michael Ann Russell Jewish Community Center	X				X
Monroe County Social Services	X	X		X	
North Miami Foundation	X				X
Southwest Social Services Program	X				X
<b>Village of Cutler Bay</b>					X
United Home Care Services	X	X	X	X	
UNIDAD of Miami Beach	X				

### **CARES**

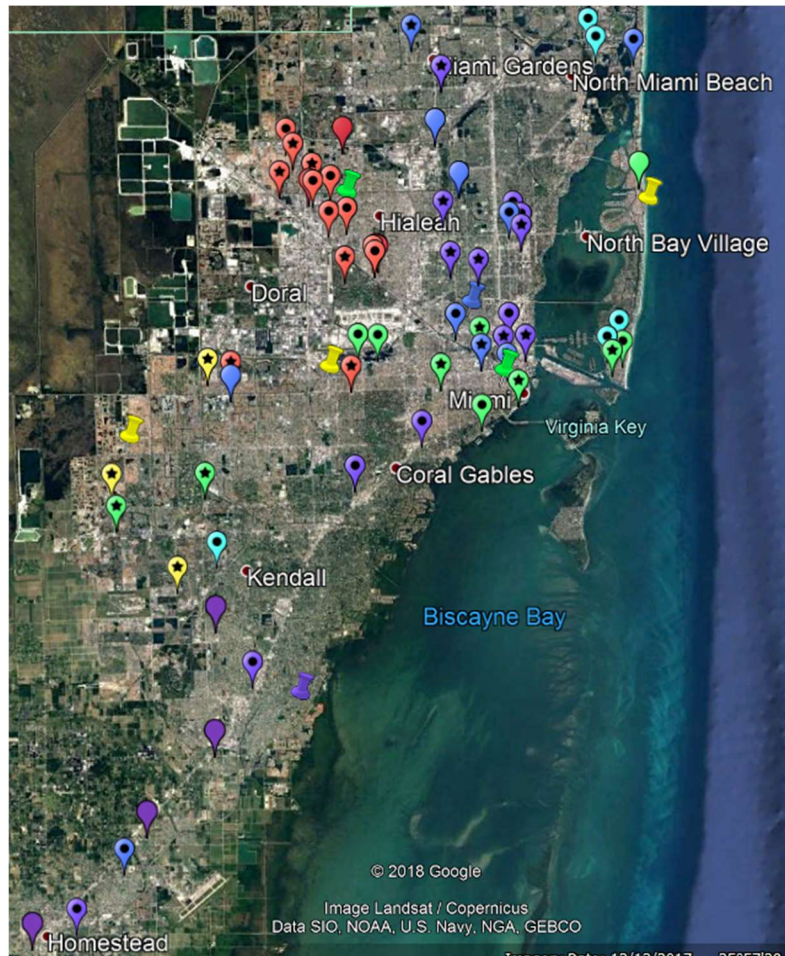
7270 N.W. 12th St., Suite 130  
Airport Executive Tower 2  
Miami, FL 33126

Comprehensive Assessment and Review for Long-Term Care Services (CARES), in coordination with the ADRC and the Department of Children and Families, is responsible for completing the eligibility process for Statewide Medicare Managed Care Long Term Care (SMMCLTC) clients who have been released from the waiting list.



### Congregate Meals for Older Adults

In Miami-Dade County there are 13 Aging Network Providers offering meals at 72 sites capable of serving 7,998 elders per day. There are: 12 sites serving 50 or less (indicated in green below); 27 sites serving 51-99 (blue); 25 sites serving 100-199 (purple); and 8 sites serving more than 200 per day. A complete list is available on the Alliance website: (<http://www.allianceforaging.org/providers/funded-agencies>).



#### ***Largest meal sites:***

Rafael Villaverde Senior Center (380)  
Unidad of Miami Beach (337)  
Badia Senior Center (330)  
Bird Road Senior Center (300)  
Hialeah Goodlet Senior Center (250)  
Allapattah Community Action (220)

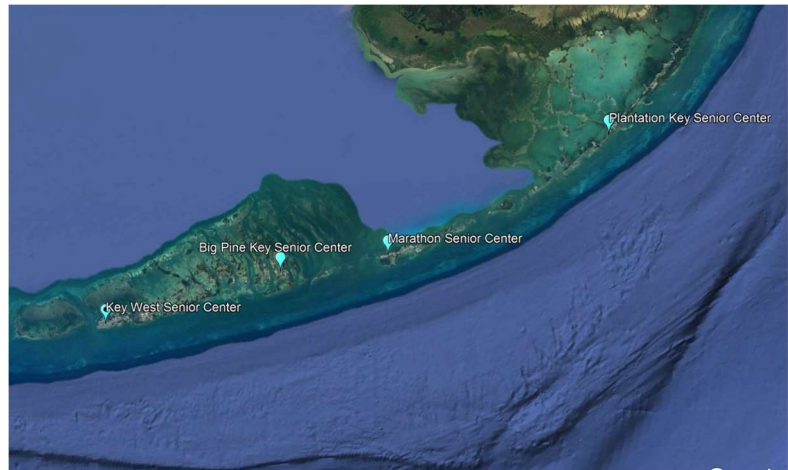
#### **KEY**

Capacity

Provider Agency

-  50 or less
-  51-99
-  100-199
-  200+

There are four congregate meals sites in Monroe County: Key West, Big Pine Key, Marathon, and Plantation Key, with a capacity to serve 190 elders each day. The largest site, in Key West, has the capacity to serve 70 older adults per day.



As of January 2018, Congregate meals are reported by client in CIRTS, which projects a more accurate number of clients compared to previous years. This is due to each meal unit being tied to a client, whereas in previous years the number of units provided were accounted as a whole, aggregate, and not tied to a specific client. In 2018, a total of 14,875 clients were served, including 11,454 (77%) supported by federal funding—Older Americans Act Title C-1 (OAAC-2) and Nutrition Services Incentive Program (NSIP)—and 4,909 (33%) supported by state Local Service Program (LSP) funding.

<b>Congregate Meals CY 2018</b>	<b>Miami-Dade</b>	<b>Monroe</b>
Older Americans Act Title III C-1 (federal)	8,585	128
Nutrition Services Incentive Program (federal)	107	0
Local Service Programs (state)	6,055	0

The US Department of Agriculture’s Nutrition Services Incentive Program (NSIP) is a cash/commodity program that supplements funding of food used in meals served under the OAA. It is intended to provide incentives for the effective delivery of nutritious meals to older individuals that allows programs to increase the number and/or the quality of meals served. Under the NSIP program, \$6,116,211 million dollars were allocated to Florida PSAs in 2018 to serve an estimated 7,715,226.

#### Older Americans Act (OAA) Services

OAA funding supports an array of home and community-based services that help older adults stay as independent as possible in their homes and communities and avoid unnecessary hospitalization and costly nursing home care. The Act is divided into titles, and the service-related titles are:

	Single Sites/Cities
	Miami-Dade County
	Hialeah Housing Authority/City of Hialeah
	Catholic Charities
	Jewish Community Services
	Little Havana Activity and Nutrition Center
	Southwest Social Services

OAA Title	Purpose	Unduplicated # Served in PSA 11 in CY 2018
OA3B	Supportive Services	7,867
OA3C-1	Nutrition Services: Congregate Meals	3,569
OA3C-2	Nutrition Services: Home-Delivered Meals	10,691
OA3D*	Disease Prevention & Health Promotion	2,281
OA3E	National Family Caregiver Support Program	573
OA3EG	Grandparent Caregivers	12
OA3ES	Supplemental Services	314

Source: CIRTS, calendar year 2018, \*OA3D, program data summary

Note: numbers are unduplicated by title but not across titles (i.e., cannot add for total)

**Registered Services-** The total unduplicated clients receiving OAA registered services (not including OA3D clients) in PSA 11 was 8,424 in calendar year 2018. In Miami-Dade, about 1.4% of all elders (8,362 clients) received OAA registered services, while in Monroe, 62 elders (0.3% of all elders) received registered services supported by OAA funding.

Demographics CY 2018	Miami-Dade	Monroe
	% of those served	% of those served
Female	70	69
Male	28	31
Black	23	2
White	73	90
Hispanic	71	34
Limited English Proficiency	63	30
Age 75+	76	76

Source: CIRTS, OAA Registered Services only

Services CY 2018	Miami-Dade	Monroe
	# clients	# clients
Chore/Enhanced Chore	337	28
Homemaker	277	25
Personal care	235	21
Transportation	3385	0
Respite - Home	316	6
Respite - Facility	48	14
Specialized Medical Equipment	210	16

Source: CIRTS

The only services not included in this total are unregistered services provided under title OA3D, Disease Prevention & Health Promotion (see Healthy Aging Evidence-Based Programs summary, below). Transportation services are primarily used to take older adults to meal sites. A full list of services that will be provided with OAA funding is available in the Contract Module of the Area Plan.

#### State-Funded Services (CCE/HCE/ADI/LSP)

In addition to federal funding received from the Older Americans Act, state-funded programs supporting home- and community-based programs are essential to serving PSA11's large elder population. These funding streams come with their own target population: the most frail elders, based on an assessment. These programs include Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), Alzheimer's Disease Initiative (ADI) and Local Service Programs (LSP).

#### Community Care for the Elderly (CCE)

The purpose of this program is to provide community-based services organized in a continuum of care to help functionally impaired elders live in the least restrictive yet most cost-effective environment suitable to their needs. Individuals age 60+ must be functionally impaired, and priority is given to elders referred by Adult Protective Services who are in immediate need of services to prevent further harm. A total of 5,611 unduplicated clients received CCE services in 2018; the majority—75% in Miami-Dade and 63% in Monroe—are age 75+ and about one-third (36%) in Miami-Dade and half (51%) in Monroe live alone.

Demographics CY 2018	Miami-Dade	Monroe
	% of those served	% of those served
Female	68	60
Male	32	40
Black	11	5
White	82	88
Hispanic	82	23
Limited English Proficiency	73	2422
Live Alone	30	50
Live with Caregiver	46	3044

Source: CIRTS; Registered Services Only

Services CY 2021	Miami-Dade	Monroe
	# clients	# clients
Adult Day Care	15	0
Case Management/ Case Aide	1,537	82
Chore/Enhanced Chore	136	9
Home Delivered Meals	520	16
Homemaker	954	5
Personal Care	997	36
Respite-Home	402	9
Specialized Medical Equipment	884	32

Source: CIRTS

#### CCE Lead Agencies:

- First Quality Home Care Services
- Independent Living Systems
- United Home Care Services

#### Home Care for the Elderly (HCE)

This program supports care for Floridians age 60 and older in family-type living arrangements within private homes, as an alternative to institutional or nursing home care. A basic subsidy is provided for support and maintenance of the elder, including some medical costs, and a special subsidy may also be provided for services and/or supplies. It is not surprising to find the majority of recipients (79% in Miami-Dade and 68% in Monroe) are age 75+ and the majority—88% in Miami-Dade and 79% in Monroe—live with a caregiver. Most (95+%) received the caregiver basic subsidy and case management.

Demographics CY 2018	Miami-Dade	Monroe
	% of those served	% of those served
Female	61	62
Male	39	38
Black	14	14
White	77	81
Hispanic	78	38
Limited English Proficiency	76	32
Age 75+	79	68
Live Alone	4	11
Live with Caregiver	88	79

Source: CIRTS

Services CY 2018	Miami-Dade	Monroe
	# clients	# clients
Basic Subsidy	948	16
Chore	1	0
Homemaker	17	1
Personal Care	32	1
Respite-Home	50	0
Specialized Medical Equipment	117	3

Source: CIRTS

### **Alzheimer's Disease Initiative (ADI)**

The purpose of this funding is to support people with Alzheimer's disease and similar memory disorders, as well as the family members who care for them, so the majority of service recipients—86% in Miami-Dade and 82% in Monroe—are age 75+ and live with a caregiver (82% in Miami-Dade and 89% in Monroe). A total of 245 unduplicated clients received ADI services in 2018.

Demographics CY 2018	Miami- Dade	Monroe
	% of those served	% of those served
Female	66	59
Male	34	41
Black	21	0
White	72	100
Hispanic	74	36
Limited English Proficiency	71	41
Age 75+	86	82
Live with a Caregiver	82	91

Source: CIRTS

Services CY 2018	Miami- Dade	Monroe
	# clients	# clients
Case Management	177	22
Gerontological Counseling	11	0
Model Day Care	27	0
Respite-Facility	86	16
Respite-Home	151	5

Source: CIRTS

### **Local Service Programs (LSP)**

The purpose of this program is to increase the array of services provided to older adults, particularly meals. LSP funds are an essential source of funding for several senior centers in Miami-Dade County, and provide thousands of meals for the elderly in Miami-Dade County, including more than \$600,000 for the High-Risk Nutrition Meals Program. This funding is awarded to specific providers to be spent for specific services or in specific communities, including:

#### **Meals (congregate, home-delivered, and/or screening)**

- Allapattah Community Action
- City of Hialeah
- City of Hialeah Gardens
- City of Sweetwater
- City of West Miami
- Little Havana Activities & Nutrition
- Centers of Dade County

#### **Meals and/or Other Services**

- First Quality Home Care (skilled nursing)
- Jewish Community Services of South Florida (adult day care and in-home respite)
- Miami-Dade [County] Community Action and Human Services Department (meals, adult day care, homemaker, personal care services)
- Michael Ann Russell Jewish Community Center (health promotion, risk assessment, and support)
- Mount Sinai Elderly House Call Program (skilled nursing and health support)
- Southwest Social Services Program, Inc. (meals, in-home respite, recreation, transportation)



Demographics CY 2018	Miami-Dade	Monroe
	% of those served	% of those served
Female	61	67
Male	39	33
White	86	100
Hispanic	90	100
Limited English Proficiency	70	67
Age 75+	56	0
Live Alone	57	100

Source: CIRTS, OAA Registered Services only

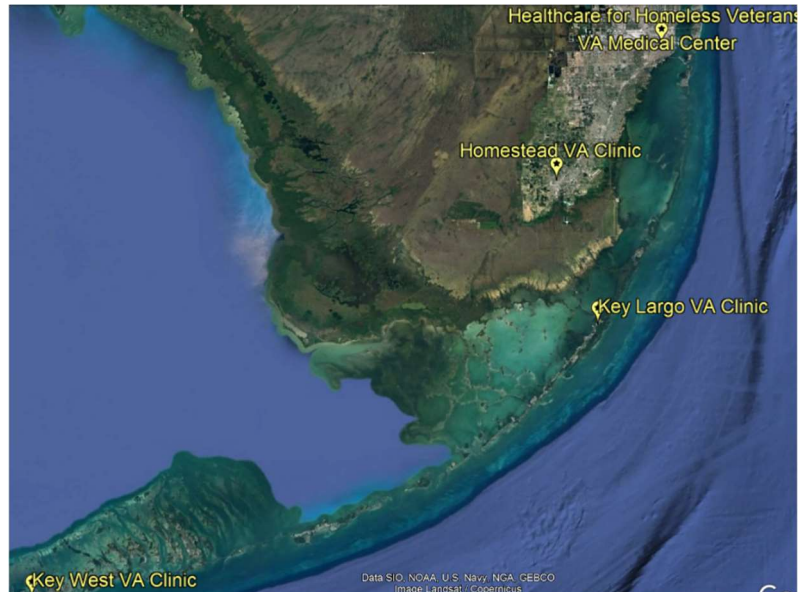
Services CY 2018	Miami-Dade	Monroe
	# clients	# clients
Adult Day Care	136	0
Congregate Meals	5,440	0
Home Delivered Meals	2,037	0
Screening & Assessment	768	0
Transportation*	765	0
Respite-Home	48	0

Source: CIRTS

### **Veterans Services**

As of 2017, there are 4,250 veterans age 65+ in Monroe County (one in five elders) and 19,402 in Miami-Dade who served in the active military, naval or air service and may qualify for Veterans Administration (VA) health care benefits. Elders in Big Pine Key and Plantation Key in Monroe County confirmed that a representative from the VA visits their senior centers on a regular basis to provide information. (American Community Survey, 2017).

Although there are no VA-funded skilled nursing facilities or beds in either county, there are several VA facilities in PSA 11:



#### **Miami-Dade**

- VA Medical Center  
1201 NW 16<sup>th</sup> St., Miami, FL 33125
- Homestead VA Community-Based Outpatient Clinic  
950 Krome Avenue, Homestead FL 33030
- Healthcare for Homeless Veterans and VA Substance Abuse Center  
1492 West Flagler Street, Miami, FL 33135

#### **Monroe**

- Key West VA Outpatient Clinic  
1300 Douglas Circle, Building C-15, Key West, FL 33040
- Key Largo VA Community-Based Outpatient Clinic  
105662 Overseas Highway, Key Largo, FL 33037



### **Veteran Directed Home and Community Based Services Program (VD-HCBS)**

In partnership with the Veteran's Administration (VA) Hospital, the Alliance for Aging operates the **Veteran Directed Home and Community Based Services Program (VD-HCBS)**. Established in 2009, this program was designed to meet the growing need for home care services for veterans who want to live and "age in place" at home, as opposed to a nursing home. By definition, aging in place refers to when a person is able to live in the residence of their choice, for as long as they are able, as they age. This includes being able to have any services (or other support) they might need over time as their needs change. As "aging in place" is very important to many elder individuals, veterans included, this program allows them this opportunity. Veterans who are referred by the VA to the Alliance for this program can choose the services they need, then recruit and hire their own caregivers (including family and friends). The program currently serves approximately 30 Veterans and about 50 caregivers in Miami-Dade County. The VD-HCBS program authorizes a monthly flexible spending budget to buy goods and services based on needs assessment for any disabled veteran of any age to live safely at home.

#### *Choosing a Representative*

Any Veteran who is uncomfortable with or is unable to independently handle the VD-HCBS budgeting responsibility can select a representative to manage the budget on his or her behalf. A representative may be a Veteran's legal guardian, family member, friend, or any other person identified by the Veteran to manage the program on the Veteran's behalf and in the Veteran's best interest.

### **Alzheimer's/Dementia Services**

The state of Florida's Alzheimer's Disease Initiative (ADI) provides a continuum of services to meet the changing needs of individuals with Alzheimer's disease, and similar memory disorders, and their families. The Memory Disorder Clinics provide comprehensive diagnostic and referral services for persons with Alzheimer's disease and related disorders. They routinely conduct free community events where individuals are screened, provided a score with an explanation of the results, and advised to follow up with their own physicians.

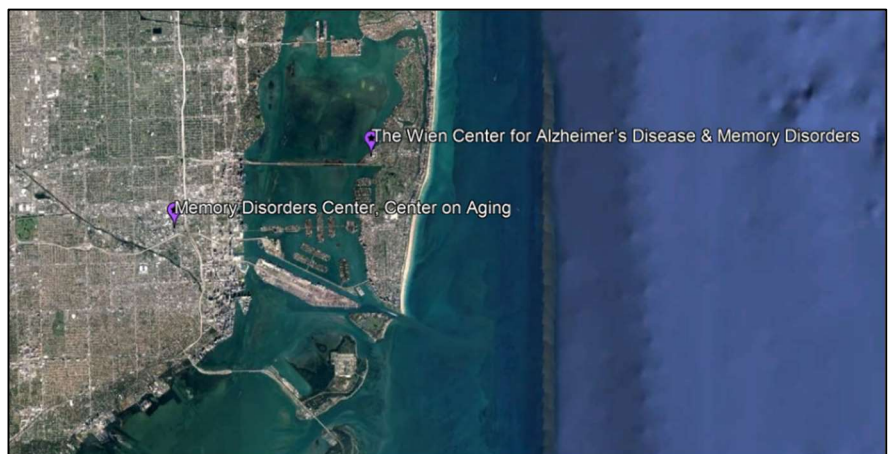
PSA 11 has two Memory Disorders Clinics, both located in Miami-Dade County:

#### **The Wien Center for Alzheimer's Disease & Memory Disorders**

Mt. Sinai Medical Center  
4300 Alton Road  
Miami Beach, FL 33140

#### **Memory Disorders Center, Center on Aging**

University of Miami,  
Miller School of Medicine  
Memory Disorders Center,  
Center on Aging  
Mental Health Hospital Center  
1695 NW 9th Ave, Suite 3202  
Miami, FL 33136



### Model Day Care Program

Easter Seal Society of Miami-Dade County operates a person/family-centered program open 12 hours daily on weekdays and 9 hours on Saturdays to accommodate working caregivers and their loved ones with Alzheimer's. Clients receive a variety of individualized services appropriate to their cognitive level and disease stage (e.g., exercise, art, music, intergenerational activities, book club) and caregivers receive education and training, as well as individual and group support.

### Dementia Care & Cure Initiative (DCCI)

This initiative from the Florida Department of Elder Affairs seeks to increase awareness of dementia, services, and supports; develop Caring Communities work plans; and promote care and cure programs for both those diagnosed and those caring for someone with dementia. The Alliance for Aging leads the volunteer DCCI Miami-Dade Taskforce.



### Support Groups

There are several organizations offering support groups for caregivers, most of which focus on people with dementia. Several members of the Aging Network provide caregiver training and support. The **Alzheimer's Caregiver Support Group** meets every second Wednesday of the month in the Miami (Kendall) area and is facilitated by a Licensed Psychotherapist who specializes in Alzheimer's. The **Alzheimer's Association** sponsors several support groups available in the community for people with Alzheimer's and their caregivers. In Miami-Dade they are found at Coral Gables Adult Activity Center; Easter Seals (English and Spanish); Mt. Sinai Medical Center Aventura; Mt. Sinai Medical Center Miami Beach; Live Well Therapy Group in Kendall; West Kendall Regional Library; Southwest Dade Gild Adult Day Care center (Creole); St Anne's Nursing Center; The Palace Suites; and the Neuroscience Centers of Florida Foundation. A Spanish language telephone support group is also available. In Monroe County, Alzheimer's support groups meet monthly at the Plantation Key Senior Center, the Marathon Senior Center, and in Key West at the Visiting Nurse Association & Hospice of the Florida Keys. **Easter Seals** offers support groups the first Friday of every month in Miami (English & Spanish); Hialeah (English & Spanish). Several local healthcare providers also offer caregiver support groups; **Vitas Health**, for example, hosts groups in 10 locations: 6 in English and 5 in Spanish. The **Residential Plaza ALF** and **FIU Student Health Center** also offer monthly support groups in both English and Spanish. Other monthly support groups hosted only in English include **Homestead Manor**, **Sunny Hills of Homestead**, and the **East Ridge Retirement Community**. Monthly support groups offered exclusively in Spanish include the **Riviera Health Resort**, **Fair Haven Center**, **West Gables Rehabilitation Center**, and **Floridian Nursing and Rehab Center**. In Monroe County, the **Key West Dementia/Alzheimer's Support Group** meets regularly.

## **Disability Services**

Although the Alliance for Aging does not receive funding to provide services to adults age <60 with disabilities, there are some instances where they are eligible:

1. If they are a caregiver for someone age 60+
2. If they “age into” the system of care by turning 60
3. If they are seeking information on home- and community-based services for people age 18-59 with a disability

As demonstrated by its name, the Aging and Disability Resource Center (ADRC) operated by the Alliance for Aging provides information and referrals to home- and community-based services for adults age 18+ with a disability. The ADRC is part of a community-based network of agencies and organizations that meet regularly to improve services to individuals with disabilities and their caregivers through a shared computerized referral system.



The service system for adults with disabilities is much like the safety net medical and social service systems: it's not really a system; it operates in silos (where funding is based on one's medical condition or disability); it does not have sufficient resources to meet the needs of everyone it seeks to serve; and it doesn't integrate well with other, related systems. Aging into and out of systems (the school system for children, the Medicare landscape for elders) can mean difficult transitions for people with lifelong disabilities. They may receive support services in one system (e.g., meals for children or elders) that they do not receive in another (e.g., no home-delivered meals for adults in the community).

The **Center for Independent Living** provides holistic services in Miami-Dade and Monroe that support community living through information and referral; planning and skills training; advocacy and peer support. The Center helps participants identify and access housing, transportation, medical services, accessibility, assistive technology, employment, education, benefits, resources, recreation, and social needs, as well as anything else that the participant chooses to address.

The **Southern Region Agency for Persons with Disabilities (APD)** provides access to services to adults with disabilities. For Monroe County residents, all services are considered critical services and applications from Monroe County are accepted at all times. For Miami-Dade County residents, the following services are considered Critical Need Services: waiver support coordination; respiratory, speech, occupational or physical therapy; supported employment; environmental adaptations; and dietician services.

The **South Florida Behavioral Health Network, Inc.**, serves as the nonprofit managing entity providing comprehensive planning and coordination for the prevention and treatment of mental and behavioral health disorders (serving a similar function as an area agency on aging).

The **ARC of South Florida** serves the over 60,000 Miami-Dade County citizens with intellectual and developmental disabilities, providing children and youth services; adult services; and guardianship and trust services; and advocacy for the diversity of opportunities and individual life choices.



### **EHEAP**

Emergency Home Energy Assistance for the Elderly Program (EHEAP) assists low-income households which include at least one person age 60 and older, when the household experiences a home energy crisis. The program is funded by the US Department of Health and Human Services. Applicants must have incomes below 150% of Federal Poverty Level (FPL, which is \$18,090 for a household of one). Of the 1,093 households who received assistance in Miami-Dade, 26.2% had incomes below 75% of FPL and 37.8% had incomes between 75 and 100% of FPL. This represents just 0.6% of all elders within incomes below FPL in Miami-Dade.

EHEAP in Miami-Dade 2021		
Applicant Households	Households Assisted - Elders	Households Assisted – Disabled
1,664	1,003	463

Elders in Monroe County who need assistance with their energy bill are referred to the Low Income Home Energy Assistance Program (LIHEAP) administered by the County. The Alliance has recommended over a number of years that the county could use LIHEAP more efficiently if it referred older adults to EHEAP.

### **SHINE**

Over 2,400 people contacted the Aging and Disability Resource Center (ADRC) in 2018 for information on Medicare, Medicaid, and long term care insurance options. Managed care plans and recent changes to the Medicare system create a complex landscape that can be confusing. Having a well-trained volunteer who can provide unbiased information can help thousands of older adults access more appropriate healthcare plans, including some that offer a range of home-based services (including medically-related transportation and medically necessary personal care). Maintaining a pool of 30-40 trained SHINE volunteers is a particularly notable accomplishment given that South Florida had the lowest volunteer rate in the nation in 2014.

The **Senior Medicare Patrol** program trains local volunteers to teach older adults how to monitor their Medicare Summary notice and report any suspicious activity as a way of preventing fraud. But it's difficult to compete with disreputable providers and recruiters who pay clients up to \$1,200 for their information—and according to several local sources, sometimes even provide other free perks like lunch, haircuts, manicures, and pedicures. Once stolen, these funds are rarely recovered, drain already scarce federal resources to serve older adults, and drive up the cost of medical care for everyone—of all ages—in South Florida.

### **Legal Services**

Given the large number of older adults living in poverty and/or spending 50% or more on housing costs, there is insufficient funding to provide free or subsidized legal services to all of the elders who need assistance in PSA11.



### **Culturally and Linguistically Competent Care**

As Miami-Dade has a large population of Hispanic elders, it is fitting and fortunate that it has a comprehensive multilingual, multicultural health and human services work force serving the community. Unfortunately, there are limitations with regard to the significant Haitian Creole-speaking community. Despite the county including Haitian



Creole in many of its public documents, including most health and human services materials, there remains a shortage of providers who offer culturally and linguistically appropriate services for Creole speakers (including older adults).

Barriers to care go beyond language, however. Most older adults may prefer to receive services from someone who not only speaks their language, but also understands their cultural beliefs and values, whether due to race (African Americans) or ethnicity (e.g., Hispanics, Haitians, West Indians), or sexual or gender identity (e.g., LGBT elders), or some other life experience (e.g., disability). Building a culturally competent workforce is an ongoing necessity in the diverse communities of PSA 11.

#### Abuse, Neglect, And Exploitation

The Alliance for Aging provides education to providers and community members on identifying abuse, neglect, and exploitation of elders, including emotional, physical, financial, and other forms. The Alliance also trains student interns from local universities who are interested in becoming social workers to help provide community-based training. The Alliance will also continue working with Adult Protective Services (APS) to provide emergency services to elders in crisis under immediate threat of institutionalization. The Alliance collaborates with Senior Medicare Patrol to educate elders about medical fraud, and with Legal Services of Greater Miami to provide free or low-cost legal services to elders who have been victimized.

#### Home and Community-Based Services (HCBS):

##### Underserved Priority Populations

Miami-Dade's elder population is majority-minority, and nearly one-third live in poverty (whether determined by income or cost of living). While there is a substantial unmet need among a large number of Hispanic elders in Miami-Dade, particularly among those who are living in poverty or have limited English proficiency, there is also a significant unmet need among Black elders.

Race/Ethnicity	% of Miami-Dade County Elder Population	% of Clients Receiving Services				
		OAA	CCE	HCE	ADI	LSP
Black	16.7	23	11	16	21	10
Hispanic	68.2	71	82	78	74	90

Although Blacks are 16.7% of the population, they do not receive federal OAA-funded or state-funded CCE, HCE, or LSP services in the same proportion. Even more troublesome, because CIRTS does not include any ethnicity other than Hispanic, it is impossible to quantify how many Haitians have received services unless they indicate they speak only Haitian Creole. With no way to reliably identify this population in CIRTS, it is impossible to document whether we have met that community's need in any way. For PSA 11, this is a severe shortcoming in the CIRTS software, as we are serving the largest Haitian community in the nation.



## Eligible But Waiting

Wait lists are not first-come, first served. Clients are ranked according to a score, and clients with higher scores are served first. Newer clients with higher scores will receive services before long term clients with lower scores.

The largest demonstrable unmet need in PSA 11 is sufficient funding to serve older adults and their caregivers who have been assessed and found to be eligible and in need of services. Older Americans Act funding is limited, and eligibility is based on social and economic need. When demand exceeds supply, wait lists allow those with higher scores to receive services first. Because demand—and eligibility—for funded services far exceeds supply, *only those with the highest scores ever receive services in PSA 11, particularly in Miami-Dade.*

**Wait lists are not first-come, first served. Clients are ranked according to a score, and clients with higher scores are served first. Newer clients with higher scores will receive services before long term clients with lower scores.**

## Older Americans Act (OAA) Wait List

Rank	OAA IIIC-1 <i>Congregate meals</i>	OAA IIIC-2 <i>Home Delivered meals</i>	OAA IIIB <i>Services</i>	OAA IIIE <i>Caregiver Services</i>
5	31	535	838	485
4	2	177	294	125
3	3	233	384	142
2	1	186	306	98
1	0	38	88	48
0	0	-	-	-
<b>TOTAL</b>	<b>37</b>	<b>1,169</b>	<b>1,910</b>	<b>893</b>

Monroe				
Rank	OAA IIIC-1 <i>Congregate meals</i>	OAA IIIC-2 <i>Home Delivered meals</i>	OAA IIIB <i>Services</i>	OAA IIIE <i>Caregiver Services</i>
5	-	1	22	7
4	-	0	23	1
3	-	12	19	2
2	-	1	26	1
1	-	0	2	0
<b>TOTAL</b>	<b>0</b>	<b>4</b>	<b>92</b>	<b>11</b>

Source: eCIRTS, as of September 7, 2022

Providers of OAA III C-1 congregate meals are encouraged to keep their own wait lists. There are 1,173 people awaiting home meal services in Miami-Dade and Monroe. The largest OAA wait list is for OAA IIIB home- and community-based services (2,002). OAA IIIE caregiver services have a wait list of 904. There is a total of 4,009 people in Miami-Dade and 107 in Monroe waiting for services, including 1,893 in both counties with “most frail” scores.

**UNMET NEED:** As of July 2022, there were 4,116 people in PSA 11 on the wait list for Older Americans Act (OAA) services, including 1,893 with “most frail” scores.

### **State-Funded Programs Wait Lists**

One of the conditions of state funding for home- and community-based services for older adults is that those who are “most frail” (as determined by an assessment) should be served first. Unfortunately, because demand for home- and community-based services in Miami-Dade far exceeds the supply available through current funding sources, this effectively means that *only* the most frail receive services. Funding is not always sufficient to serve all those with the highest priority scores (i.e., there are clients assessed as “most frail” on the wait list). This means that anyone with needs assessed as anything less than “most frail” are underserved and represent an unmet need.

Because all of the funding streams for home- and community-based services for elders (OAA, SMMCLTC, CCE, and HCE) have wait lists, many clients in need agree to be put on three or more wait lists. While waitlisted, clients are eligible to receive non-waitlisted services like congregate meals or housekeeping. Unfortunately, the receipt of these time-limited services actually lowers the score of those on the SMMCLTC waitlist, pushing them further down and reducing their chances of being released from that waitlist. It is not the intention of service providers to disadvantage their clients by providing much-needed services, and clients in need are often grateful for any amount of immediate assistance, without understanding the impact on their ability to benefit from a program for which they are qualified.

### **Statewide Medicaid Managed Care Long-Term Care (SMMCLTC) Program Wait List**

The SMMCLTC wait list in PSA 11 is the largest in the state due to having the largest population of eligible elders. One-third of all elders in Miami-Dade County are eligible for Medicaid, compared to just 7.0% in Monroe County. In addition to elders, adults with disabilities who are 18 and above may also be eligible for assistance through the SMMCLTC program. Because funding is limited, individuals who wish to participate in this program must first be screened and given a priority score from 1 to 5 (5 being most frail) reflecting their frailty and risk of institutionalization. Everyone then goes on a statewide wait list according to their score/rank. As funding becomes available, the state releases the people at the top of the list for an assessment and eligibility determination. The Alliance for Aging, CARES, and the Department of Children and Families (DCF) work together to assess the client for physical and financial eligibility. Once this process is complete, approved clients can select a plan.

**UNMET NEED:** As of September 1, 2022, there were 15,573 people on the Statewide Medicaid Managed Care Long Term Care (SMMCLTC) wait list from PSA 11.

Rank	Miami-Dade	Monroe
5	2,030	10
4	3,134	16
3	5,722	16
2	2,765	20
1	1,887	12
<b>TOTAL</b>	<b>15,538</b>	<b>81</b>

Source: eCIRTS, as of September 1, 2022

People released from PSA11 waitlist	
2015	4,026
2016	7,240
2017	6,659
2018	5,409
2019	6,293
2020	7886
2021	11,846
<b>Total</b>	<b>43,066</b>

There are 15,538 people in Miami-Dade and 81 in Monroe on the SMMCLTC waitlist, including 2,040 people in Miami-Dade with “most frail” scores.

#### CCE/HCE/ADI/LSP Wait Lists

These programs provide services to older adults and their caregivers. Once again, demand exceeds supply, so people are prioritized according to their rank/score, with those who are “most frail” served first. There are a number of clients on the wait list for HCE who have scores of “most frail” but are still awaiting services (particularly respite care). Anyone on the wait list, especially those with lower scores, are underserved and represent an unmet need.

Shown below are: the Alzheimer’s Disease Initiative (ADI) serves older adults with Alzheimer’s disease and similar memory disorders and their caregivers; the Community Care for the Elderly (CCE) program provides home- and community-based services to elders; the Home Care for the Elderly (HCE) program serves older adults and their caregivers, and the Local Service Programs (LSP) provide some services but mostly meals.

Miami-Dade				
Rank	ADI	CCE	HCE	LSP
5	1,935	7,962	1,411	3
4	555	3,279	602	0
3	881	5,762	971	1
2	421	4,198	660	2
1	300	2504	652	1
<b>TOTAL</b>	<b>4,092</b>	<b>23,705</b>	<b>4,296</b>	<b>7</b>

Source: eCIRTS, as of September 2, 2022

Monroe				
Rank	ADI	CCE	HCE	LSP
5	9	12	1	0
4	1	2	0	0
3	3	4	2	0
2	2	5	3	0
1	0	2	0	0
<b>TOTAL</b>	<b>15</b>	<b>25</b>	<b>6</b>	<b>0</b>

Source: eCIRTS, as of September 2, 2022

It should be noted that these are not unduplicated clients. In other words, clients who are eligible may choose to be placed on multiple wait lists, hoping to increase their chances of receiving services through any available funding source. Also, the number of people on the waitlist changes daily, as people are taken off when they receive services, and more people are screened and placed on the list according to their rank/score.

**UNMET NEED: As of September 2, 2022, there were 26,062 older adults in PSA 11 wait listed for services for older adults and their caregivers.**

### Disaster Planning

Given Florida's vulnerability to natural disasters, specifically hurricanes, the Alliance for Aging's Emergency Operations Coordinator ensures that providers in the Aging Network have a disaster plan and continuation of operations plan that addresses how services will be provided in the event of a natural disaster. Aging Network providers and staff in the Aging and Disability Resource Center (ADRC) assist local elders in registering for evacuation assistance and special needs shelters, as well as connecting them with the Emergency Evacuation and Assistance program that offers specialized transportation, safe shelter, medical monitoring, and wellness checks. The Alliance is also a member of Volunteer Organizations Active in Disasters (VOAD), a local coalition of organizations responding to the needs of community members before, during, and after a natural disaster. VOAD agencies, including the United Way, Salvation Army, Switchboard of Miami, Emergency Management, and others, help coordinate responses to public requests and resources for assistance with county agencies, emergency management, and other public and private entities. The Alliance, members of the Aging Network, and other community partners will work together to identify elders in danger before disasters, and to meet the needs of elders during the recovery phase.

## AAA's Role in Interagency Collaborative Efforts:

The Alliance works with a multitude of community organizations, agencies, and other private entities on issues of importance to older adults. A sample of these activities appears below.

### **Veterans Services**



In partnership with the Veteran's Administration Hospital, the Alliance for Aging operates the Veteran Directed Home and Community Based Services Program (VD-HCBS), which allows veterans with service-connected disabilities live more independently in their communities and avoid costly nursing home placement by choosing services, then recruiting and hiring their own paid caregivers (including family and friends).

### **Adults with Disabilities**

PSA 11's Aging & Disability Resource Center works closely with members of the Workgroup, which continues to provide oversight and direction in the activities of the ADRC and remains highly involved in the activities of the SMMCLTC. Membership in the Local Coalition Workgroup includes representatives from agencies serving individuals with disabilities as well as older adults, and the Annual Improvement Plan is a standing agenda item for all Local Coalition Workgroup meetings. Membership includes a broad array of government agencies, nonprofits, and provider organizations from both Miami-Dade and Monroe Counties who work together to improve access to home and community-based services for adults with disabilities.

### **Elders in Disasters**

The Alliance for Aging is a partner in Volunteer Organizations Active in Disasters (VOAD), a local coalition of organizations convened by the Miami-Dade County Emergency Operations Center to assist in responding to the needs of community members before, during, and after a natural disaster. VOAD agencies, including the United Way, Salvation Army, Switchboard of Miami, and others, help coordinate responses to public requests and resources for assistance with county agencies, emergency management, and other public and private entities.

### **Age-Friendly Community**

Working with the Age-Friendly Miami-Dade initiative has presented a number of opportunities for the Alliance and partners—such as AARP Florida, Florida Department of Health in Miami-Dade, the United Way of Miami-Dade, the Health Foundation of South Florida, Urban Health Partnerships, and Miami-Dade County—to collectively address issues of importance to older adults. Using the AARP/World Health Organization's Age Friendly Community model, the initiative has drafted an action plan to assess and address the eight core areas of the model (as described in the section above) beginning with three priority topics: housing, transportation, and parks/outdoor spaces. Accomplishments to date include ensuring that local policies and planning efforts for transportation, parks, and outdoor spaces incorporate language

addressing the needs and preferences of older adults; establishing a set of Age-Friendly Parks standards and parks with elder programming; and hosting Age-Friendly Summits and workshops for representatives from local municipalities to educate them on the model and encourage them to consider implementing age-friendly policies in their own communities. To date, 8 local municipalities have been designated as age friendly. Future efforts will explore opportunities to address the lack of affordable, accessible housing for older adults and begin to address an Age-Friendly Public Health System.

### **Local Funding for Elder Services**

The Alliance has also been a partner in an Older Adult Advocacy Task Force, convened by the United Way of Miami-Dade, to explore the possibility of establishing new sources of support for programs serving older adults in Miami-Dade to help to narrow the gap between available public funding and the needs of elders in Miami-Dade County.

### **Catalyst Communities**

A few communities stand apart with a greater commitment to supporting services and initiatives for older adults, thus serving as a catalyst that encourages similar efforts throughout the community. For example, five municipalities have joined AARP's Network of Age-Friendly Communities, including Coral Gables, Cutler Bay, Miami Lakes, Palmetto Bay and Pinecrest. Another prime example includes communities who have joined the state's Communities for a Lifetime initiative (e.g., Cutler Bay, Miami Gardens, Miami Beach, Miami Lakes), as well as Miami-Dade County, who are required to have an older adult advisory group. They are also more likely to have funded initiatives that provide city-level services for older adults (e.g., free local trolleys, exercise and activity facilities, social events, meals). Results from our Community Conversations indicate that older adults in incorporated communities may have better access to services and activities than those living in unincorporated areas. Although incorporated communities have additional revenue sources they can tap for this purpose, this funding varies greatly by community.

Local funding for senior centers may become increasingly important. There are currently approximately 44 senior centers in Miami-Dade and 4 senior centers in Monroe (Key West, Big Pine, Marathon, Plantation Key). Additionally, some Medicare providers, such as Leon Medical Center, have established Healthy Living Centers co-located with their medical facilities. Like a senior center, these are places where an older adult can have a meal (free in their cafeteria), use the fitness center, take a yoga or dance class, watch a movie, or socialize with friends. Transportation is also provided, both for medical appointments and time spent at the center



# Strengths, Weaknesses, Opportunities, and Threats Analysis

## SWOT Development Process Description:

The SWOT/SWAT Analysis is a tool used to help understand the internal and external influences that affect an organization's ability to thrive. The Alliance for Aging asked members of three entities—the Executive Management Group, the Governing Board, and the Advisory Board—to engage in this activity in May and June of 2019 to help identify trends and themes from a variety of perspectives, both inside and outside the organization. The results presented here reflect consensus-based observations that arose during these conversations.

## Strengths

- One-stop shop for information, eligibility, access, and referrals.
- Strong commitment to serve/internal culture: Experienced, motivated, committed staff and management (“good people who want to do a good job”) in the face of ongoing workload challenges. Staff and management are willing to go above and beyond (especially the ADRC) and are able to accomplish so much with limited resources.
- Committed volunteers (e.g., SHINE, provider volunteers) and older worker programs (e.g., AARP)
- Internal training (basic and ongoing).
- Aging Network able to serve the farthest reaches of both counties
- Healthy Aging Program unit offers evidence-based wellness and other quality of life programs
- Sensitivity to our diverse community's needs, efforts to fund culturally specific programs. Cultural and linguistic competence (English, Spanish, Haitian Creole).
- The Alliance has continuously worked to increase efficiency and improve systems and tools
- Expertise of Alliance President and Executive Team, well connected and well regarded in the Aging community.
- Committed Board of Directors
- Community partnerships/presence in the community continues to grow -The Alliance has established and nurtured a number of strategic alliances that support a variety of projects through diverse funding streams. Alliance staff always willing to share information and provide speakers for community events (e.g., SHINE, Healthy Aging, ADRC, other initiatives). Creation of new partnerships is the most powerful strength that the AFA possesses. Collaboration with other agencies might help minimize and overcome weakness/threats.
- Strong reputation for serving older adults, and for professional/proactive oversight

## Weaknesses and Challenges:

- Technology and automation deficiencies
  - Lack of integrated electronic record keeping (i.e., contract management) results in duplication of effort
  - Limited use of analytics
  - No use of mobile technologies (smart phones/apps) to connect with clients and general population
  - Inadequate website
- Turnover in Alliance requires ongoing training and technical assistance at all levels, as well as enhanced staff recruitment, recognition, and retention.

- The AFA is not as well-known as a referral/assessment source for disability services and has fewer collaborations with agencies serving disabled people.
- Need to augment public relations efforts and communications on all issues (who we are, what we do, growing demographic challenges, etc.) to all audiences. Inability to identify and deploy funding opportunities and grants

#### Opportunities and Assets:

- State Medicaid Managed Long Term Care Program (SMMLTCP) has exponentially increased the number of people served in our community.
- Local interest in collaborating with the Older Adult Advocacy Task Force to advocate for more support for services for older adults, and to develop partnerships with non-traditional organizations.
- The Alliance understands the elder community and its needs and, in partnership with DOEA leadership, has a unique status to inform and educate legislators and other decision-makers.
- Potential for a more friendly environment with designation of FL as an Age friendly state.
- Collaboration: to maximize benefits from collective problem solving and to promote education and information by taking full advantage of the volunteers from the SHINE program and technology (website and Social media). To increase collaboration, the AFA will have to increase outreach (to provide education).
- The abundance of service providers in Miami-Dade County allows for a competitive environment where the highest quality providers are available.
- The Federal Government has expanded its Medicare Diabetes Prevention Program model. There is an opportunity to partner with providers to expand our diabetes program in a sustainable way.
- Models are being created in other states for client-directed care programs (NY, AZ, OH) where family members are trained to care for their elderly relative. This may help address workforce issues.
- There is high demand for the LTC/in-home services. Organizations and the aging population need more education on LTC (how it works, what is the process and requirements to apply) to partners and the aging population might decrease the demand.
- State Health Improvement Plan will include Alzheimer's as its own issue. Legislation has passed to strengthen Governor's Advisory Board on Alzheimer's.
- Current Governor advocates for Alzheimer's and Dementia-friendly initiatives.
- During call surges, expand disaster-related system for sending overflow ADRC calls to another PSA year round.
- There is greater awareness for the need to plan for future disasters, post Irma and post Michael.
- Opportunity to increase presence in Monroe County by establishing a remote office, and by better advertising in Monroe County regarding future funding cycles. Monroe advertising needs to include print and radio.
- Medicare Advantage now covers supplemental services, including non-skilled home care

## Threats:

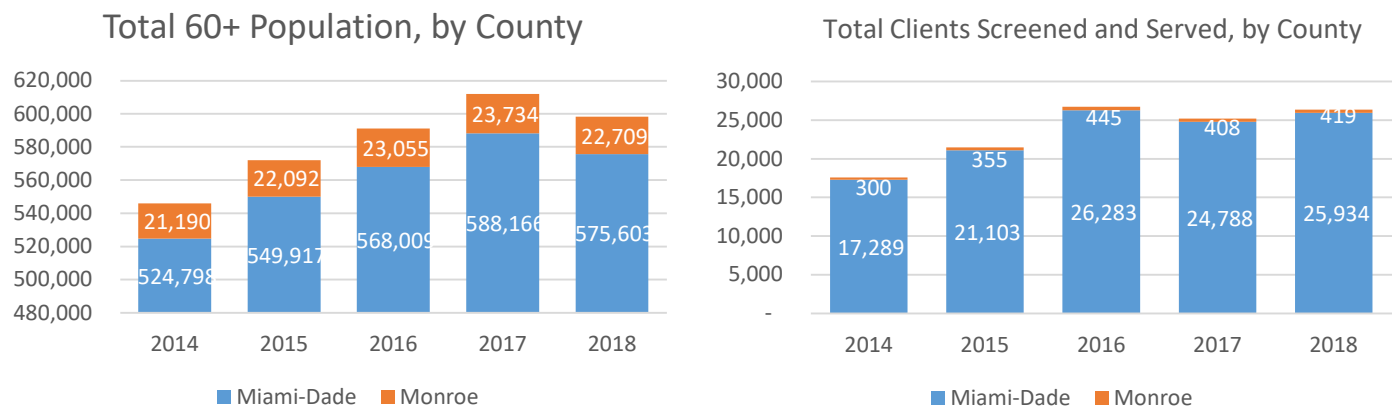
- Much of the local elder population is high risk, e.g., poor, minority, limited English proficiency, disabled
- Inadequate funding for local needs - Community need and demand for services far exceeds funding, affects public perception of the Alliance. High and increasing demand for services. Cost of services continues to increase. Funding not based on needs or geography.
- Increasingly difficult to meet DOEA requirements with current staff and funding levels
- Need for enhanced technology and training available from DOEA to improve systems (e.g., electronic files, CIRT, integrated systems)
- Monroe County's geographic remoteness presents challenges for providers
- Competitive nature of local service system increases when funding is limited
- Lack of awareness among local elected officials, leaders and the general public about the issues affecting the older adults and disabled, and the responsibilities of the Alliance to provide oversight and accountability. Need to elevate governmental interest and public opinion about the needs of older adults, and to create a picture of the future demographic pressures the county will face.
- Two counties have vast cultural differences that affect how organizations and communities work together and require different approaches.
- Complex and overlapping constituencies and conflicting stakeholder interests
- Complex network and local service system diverse in language, populations served, organizational structure and culture, management styles.
- Smaller, local Monroe County service providers do not respond to competitive procurements, therefore relatively few contracted agencies serve the county. Larger contracted providers from Miami-Dade can find service delivery in the Keys somewhat challenging.
- Complex Aging Network with 23 providers and multiple stakeholders.
- Inadequate funding results in inadequate staffing (staffing levels and salaries) to address workload and demand
  - Inadequate office space limits ability to add staff
- Lack of public awareness that the Alliance isn't a Government agency, not funded by the government 100%. This makes the Alliance less attractive to foundations and donors.
- High cost of living in both counties
- Each ADRC functions independently. ADRC's cannot rely on other PSA's to accept overflow calls during non-emergency times.
- Nonparticipation in 2020 Census is a potential threat which may disproportionately affect Miami-Dade County funding
- Uncertainty regarding Medicare and Health Insurance
- OAA and SHARE funding are threatened
- The strong job market means that the pay rate for caregivers is generally not competitive with other sectors (i.e. CNAs start at \$9-10/hr.). This makes it difficult to recruit staff.
- While the Alliance has a strong reputation for serving older adults, we are less known in Monroe County.
- There have been challenges to identify organizations in Monroe County that are able to accept funding and donations.

This section demonstrates the effectiveness of the AAA's efforts at the county level in reaching a comparable proportion of the specified sub-populations of seniors based on the prior year's performance and details the strategic plan that the AAA will employ conducting outreach to the targeted populations in the coming planning period. This section identifies specific location details for planned outreach to sub-populations in which performance was below standard in the previous year, including when and where activities and events will take place, information on target audiences, goals for number of older individuals and caregivers reached, and plans for how these outreach efforts will reach the targeted sub-populations.

## Performance Analysis:

Under Older Americans Act funding requirements, the Alliance is responsible for ensuring that people in the community are equitably served. This is measured by comparing the proportion of DOEA-established priority populations served with the proportion that they appear in the population (in other words, if 12% of elders have a characteristic, so should 12% of the Alliance's served population). The Department of Elder Affairs then determines whether the Alliance's performance meets or exceeds expectations by comparing these numbers.

Since 2014, the 60+ population in PSA 11 has increased by 9.6%. During that same time period the total number of clients screened and served has increased by 49.8% .



The data below represent people who were screened and served in 2018, the most recent available data. "Screened" is defined as telephone-screened using a 701S assessment by the Alliance's Aging & Disability Resource Center in 2018. This includes wait-list management, initial screenings for long-term care programs, and annual re-screening of individuals on the priority waitlist. "Served" is defined as having received home- and community-based services (state or federal, excluding OA3E caregiver services), or being placed on an OAA wait list. These data do not include screenings conducted by Aging Network providers, referrals to community resources, or any services rendered to individuals on the Statewide Medicaid Managed Care Long-Term Care (SMMCLTC) waitlist.

Miami-Dade					
<b>2021 Total Population 60+: 636,153</b>					
Indicator	2021 Pop. for Indicator	Pop. of Indicator as % of Total Population	# Screened and Served in Indicator	Performance (% of those served)	Performance Against Standard
Below Poverty Level*	113,725	18%	19,055	73%	SUPER Exceeds <sup>2</sup> by 53%
Limited English	229,530	36%	17,546	68%	SUPER Exceeds by 36%
Living Alone	106,055	17%	7,063	27%	Standard Plus 10% over 12% <sup>1</sup>
Low Income Minority^	142,830	22%	18,494	71%	SUPER Exceeds by 53%
Minority	554,534	87%	24,256	94%	Standard Plus 10% over 10%
Probable Alzheimer's Cases	65,069	10%	4,538	17%	Meets or Exceeds by 8%
Rural	2,318	0%	20	0%	Does not meet standard

**Total Unduplicated Number Screened and Served in 2018: 25,934**

^ Minorities below 125% of poverty level

1 Standard plus 10%+ indicator + 10%

2 Super Exceeds = indicator x 2

Source: CIRTS/DOEA 2020

With Miami-Dade's majority-minority elder population, and its high proportion of Hispanics who are foreign-born, it is not difficult to identify minority elders with limited English proficiency who are living in poverty. In fact, the Alliance "super exceeds" targets in this area, and meets the standard for elders living alone, living in rural areas, and having probably Alzheimer's.

Monroe					
<b>2021 Total Population 60+: 25,415</b>					
Indicator	2021 Pop. for Indicator	Pop. of Indicator as % of Total Population	# Screened and Served in Indicator	Performance (% of those served)	Performance Against Standard
Below Poverty Level*	2,590	10%	163	39%	SUPER Exceeds <sup>2</sup> by 28%
Limited English	1,065	4%	71	17%	SUPER Exceeds <sup>2</sup> by 13%
Living Alone	5,310	17%	160	38%	SUPER Exceeds <sup>2</sup> by 20%
Low-Income Minority^	1,075	4%	75	18%	SUPER Exceeds <sup>2</sup> by 14%
Minority	4,429	17%	131	31%	Standard Plus 10% over 12% <sup>1</sup>
Probable Alzheimer's Cases	2,042	9%	68	16%	SUPER Exceeds <sup>2</sup> by 9%
Rural	2,588	11%	14	3%	Does not meet by 8%. Needs to serve at least 33 more clients

**Total Unduplicated Number Screened and Served in 2018: 419**

^ Minorities below 125% of poverty level

1 Standard plus 10%+ indicator + 10%

2 Super Exceeds = indicator x 2

Source: CIRTS/DOEA 2020

Efforts by the Alliance (and Monroe County Social Services, which conducts outreach and provides assessment and services in the county) also exceeded expectations for elders in all categories but one. We will collaborate with our existing service provider (MCSS), as well as with other Monroe community partners to identify opportunities for outreach and education (i.e., health fairs) to the rural older adult population in Monroe County.

### **Challenges, Obstacles, Solutions**

The relationship between conducting outreach in the community and ensuring that priority populations (e.g., underserved racial/ethnic groups, geographic areas, low-income elders) receive assessment and services is not linear. The industry standard for outreach activities (e.g., health fairs, community events) does not always result in the identification of elders in need, referral to assessment, and receipt of services. Few providers have sufficient funding to conduct more intensive or targeted case-finding activities (like knocking on doors and conducting outreach evenings and weekends). Even if these activities did find elders in need, we have no reliable way of documenting that a call to the ADRC is the result of an outreach effort, or track that call to verify it resulted in screening and ultimately, services.

The Alliance is fortunate to have an extensive network of contracted providers in the Aging Network who regularly conduct outreach in the community, and Miami-Dade is fortunate to have an HCBS workforce that is majority bilingual, bicultural Hispanics who easily serve this population and help those with limited English access services. The biggest challenge in Miami-Dade is ensuring that non-Spanish speakers in need—especially Haitian Creole-speaking elders—are being targeted for outreach activities and connected to needed services by a variety of providers in the community.

The Covid-19 Pandemic has hit Miami-Dade County elders particularly hard. Through September 2021, many restrictions remain (public gatherings, congregate sites, etc.). This has added an additional challenge to outreach efforts, since face-to-face encounters are extremely limited. The Alliance has relied heavily on telephonic and virtual options to conduct outreach and program delivery, including Facebook Live, Zoom, Teams, etc.

Workload in other areas of the ADRC limits the amount of staff time available for outreach, so the Alliance utilizes its student interns and SHINE volunteers to participate in a large number of local community outreach events (e.g., health fairs, events) while full-time staff focus on a smaller number of more in-depth presentations at conferences and provider events. The Alliance has integrated a brief presentation on the ADRC and SHINE into every presentation and event, in order to maximize our ability to let community members know about both of these resources. When SHINE presentations are given in churches in Monroe County, participants also receive information on the ADRC. Although the Alliance receives invitations to participate in a large number of events, we have by necessity prioritized our participation to focus on events that reach designated special populations and geographic locations with unmet need as determined by the 2020-2023 Area Plan.

Engaging members of the Aging Network in targeting and outreach is not without challenges for many of the same reasons. Providers in the Aging Network are not paid to conduct outreach. It is therefore difficult to mandate or require that contracted providers conduct specific outreach activities that may be outside the scope of their organization or operating budget. Few agencies, for example, have the staff or



funding to support mass mailings, or conduct door-to-door campaigns, or send staff to remote rural areas to speak with individuals. Most, therefore, reserve scarce education and outreach funds to reach larger groups at public events (e.g., fairs, festivals); address “captive audiences” at training events, or professionals who can serve as additional referral sources. Perhaps even more importantly, with so much unmet need in PSA 11, it is difficult to convince providers that they need to invest time and limited resources in an effort to identify more people who will simply be put on a waiting list.

### Targeted Outreach Plan:

In developing the Targeted Outreach Plan, and pursuant to the Older Americans Act reauthorization of 2020 (OAA), this plan details at the county and PSA levels:

- The AAA’s proposed methods for providing preference to older individuals with greatest economic need, older individuals with greatest social need, and low-income minority older individuals;
- Specific approaches to serve older individuals residing in rural areas;
- Specific approaches to improve access to services for groups that have limited English proficiency (LEP);
- Specific approaches to reach older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement;
- Specific approaches to identify and assist other significant unserved and underserved populations; and
- Methods the AAA will use to evaluate the effectiveness of any resources that will be used to meet the needs of the above consumer groups.

Older adults and caregivers in need of services who contact the Aging and Disability Resource Center (ADRC)—or a provider in the Aging Network—are asked to complete an assessment that will determine their social and economic needs, as well as establish their eligibility for services through a variety of funding sources with different criteria (e.g., need for OAA and fragility for state-funded programs) and priorities (e.g., low-income elders, racial/ethnic minorities, rural elders, caregivers, people with Alzheimer’s).

Social need is determined by looking at factors such as having a caregiver or living alone, and fragility is determined by factors such as disabilities, activities of daily living (ADLs), and instrumental activities of daily living (IADLs). Assessment results in a score that will determine the individual’s priority on the wait list for services. Due to a lack of funding to serve everyone with established need, only those with the most critical need—as determined by assessment—receive services in PSA 11.

The process of receiving home- and community-based services for older adults is data-based and assessment-driven to ensure that it is equitable. But only elders who know to ask can receive services. Outreach conducted to date has resulted in a demand for services that exceeds supply. After conducting an extensive needs assessment, the Alliance has determined that underserved elders can be found in the following:

Geographic Areas	Racial/Ethnic Groups	Special Subpopulations
Monroe County, especially rural	Blacks	Caregivers
South Dade, especially rural	Haitians	Elders with Alzheimer's
Miami-Dade County's most distressed neighborhoods	Limited English Speakers	LGBT Elders
		Elders/adults with a disability

The Alliance's outreach strategy includes partnering with providers in the Aging Network and other community-based organizations to maximize opportunities for outreach focusing on:

1. Priority populations as defined by the funding source
  - a. OAA: need, with priority to low income, minorities, limited English proficiency
  - b. HCE/CCE/ADI: most frail
2. Priority geographic locations where elders are underserved
3. Priority subpopulations: caregivers, elders with Alzheimer's, LGBT elders, adults elders and adults with disabilities

Contingent upon the reopening of community and congregate events post-pandemic, as part of this strategy, the Alliance intends to participate in recurring events in the community where significant numbers of older adults and their caregivers are gathered. These annual events include:

Community Event (Miami-Dade)	Anticipated month (contingent upon reopenings)	Est. # of attendees	Underserved area/pop.
Mount Sinai Medical Center's Annual Alzheimer's Public Educational Forum/Caregiving Conference	January	150	Yes
Annual Ministering to the Elderly Conference	May	120	
De Hostos Senior Center Annual Health Fair	May	150	
Culmer Community Health & Wellness Fair	May	100	Yes
Serving our Seniors Expo (Miami Lakes)	August	100	Yes
Haitian American Resource Fair	August	50	Yes
Volunteers of America/Sweetwater Towers Annual Health Fair	August	100	Yes
Sant La's Silver Fair	October	40	Yes
South Florida Senior Lifestyle and Health Expo	October	100	
iHeart Miami Active Adults Health Expo	October	260	
DOH-Miami-Dade Community Partner Fair & Conference	October	1500	
Fearless Caregiver Conference	December	200	Yes

Through our Service Providers in Monroe County, and contingent upon the reopening of community and congregate events post-pandemic, we will participate in community events that target older adults, including:

<b>Community Event (Monroe)</b>	<b>Anticipated month (contingent upon post-COVID reopenings)</b>	<b>Est. # of attendees</b>	<b>Underserved area/pop.</b>
AARP/Big Pine Key Senior Center	March	40	Yes
St. Bede's Outreach Event	July	100	Yes

Outreach conducted in Monroe County is our primary strategy for rural outreach. Due to the Pandemic, outreach in Monroe County is primarily limited to virtual platforms.

In 2021, Alliance staff and volunteers participated in a total of 20 face to face events and 99 virtual events in 2021, including health fairs food distribution drive throughs, and educational workshops. The face-to-face events reached an estimated 759 people. The virtual events reached an estimated 2000 people. One-third of the events attended were new events to Alliance staff. Additionally, SHINE and SMP volunteers participated in a total of 261 events

In 2021, Alliance Service Providers participated in a total of 228 in-person events and 20 virtual events in 2021, including 17 food distribution events, 4 COVID Awareness/Disaster Preparedness events, and 12 health fairs and public events. These events reached nearly 15,000 people. Seven events were held in Monroe County and 16 were held in underserved communities.

Through mid-2022, examples of targeted outreach events have included:

- Strategies for a Brain Healthy Lifestyle virtual Community Forum (partners: Sheba Medical Center, UM, Cognivue)
- Alzheimer's Faith Based Community Forum (partner: Alzheimer's Association)
- Facebook Live Elder Resource Forum (partner: Sant La)
- Monroe County Food Drive (partner: Monroe County Social Services Community Support Services)
- Low-income Housing Fair (partner: Lincoln Ave. Capital Family Resource Day)
- Para Mayores Radio Show (partner: Latin Center on Aging)
- ADI Virtual Conference (partner: Center on Aging)
- EHEAP Outreach (partner: Haitian American Senior Center)
- EHEAP Outreach (partner: Singer Plaza Affordable Housing Community)
- Pastors Association Outreach (partner: Casa Sobre la Roca Church)

## Older Americans Act Targeting: Need

### **Priority Populations: Low-income Elders, Minorities, and People with Limited English Proficiency**

Because Miami-Dade County is 82.7% minority and 25.9% of them have incomes <125% of the Federal Poverty Line (FPL), and 42% have limited English proficiency, the DOEA Elder Index Maps can show where the highest concentrations of these populations are likely, but they are also numerous throughout the county. It is, therefore, necessary to use more specific geographic and subpopulation targeting strategies to identify and reach underserved populations.

While there is clearly unmet need in the large number of Hispanic elders in Miami-Dade, particularly among those who are living in poverty or have limited English proficiency, they appear in the service data in proportions above that in the elder population. Blacks, on the other hand, are being served at a proportion lower than their proportion of the elder population, indicating potential unmet need as well as a need for a more intentional targeting with this population. The inability to identify and document Haitian elders both in the community and in the CIRTS service dataset suggests they may be extremely underserved, as well as a need for targeted outreach to ensure access to this culturally and linguistically distinct population.

<b><i>Distressed Majority Hispanic Communities</i></b>	<b><i>Distressed Majority Black Communities</i></b>
<ul style="list-style-type: none"><li>• Miami Shores</li><li>• Allapattah</li><li>• Downtown Miami</li><li>• Little Havana</li><li>• South Miami</li><li>• Cutler Ridge</li><li>• [East] Perrine</li><li>• Homestead</li><li>• Florida City</li></ul>	<ul style="list-style-type: none"><li>• North Miami</li><li>• Norland</li><li>• Opa Locka</li><li>• Golden Glades</li><li>• Little Haiti</li><li>• Gladeview</li><li>• Brownsville</li><li>• Liberty City</li><li>• Overtown</li><li>• West [Coconut ]Grove</li><li>• [West] Perrine</li></ul>

*Source: Miami-Dade County Prosperity Initiatives Feasibility Study, FIU Metropolitan Center, May 2016*

Low-income racial and ethnic minority elders can be found throughout Miami-Dade, but they are often concentrated in historically ethnic neighborhoods (e.g., Little Haiti, Little Havana). These communities may also contain higher numbers of older adults who are aging in place with less risk of institutionalization and represent opportunities for effective outreach to individuals with unmet need and local organizational capacity building.

The Alliance will continue to prioritize participation in collaborative outreach activities (contingent upon post pandemic reopening), and encourage Aging Network providers to do the same, that reach low-income elders, racial/ethnic minorities, and people with limited English proficiency in Miami-Dade's "most distressed neighborhoods," which are low income, majority-minority communities in Miami-Dade County.

Because Monroe County is 84.0% White Non-Hispanic, identifying racial and ethnic minorities living in poverty and/or having limited English proficiency depends on an intimate knowledge of the local communities. Outreach to these populations that identifies individuals with service needs is therefore dependent on the expertise and effort of Monroe County Social Services' bilingual, bicultural staff.

The Alliance can help build the capacity of the local infrastructure in Monroe by partnering with local organizations to host events specific to populations such as caregivers, LGBT elders, and adults with disabilities, especially Alzheimer's. In fact, many county residents would rather contact County Social

Services than the ADRC, preferring a familiar, local contact over an unfamiliar, distant one. It is therefore important for the Alliance to continue including Monroe County organizations and providers in work done by task forces and committees as a strategy to increase knowledge about and access to the ADRC as well as county social services.

### **Priority Populations: Elders in Rural Areas**

Elders in rural areas in Monroe are underserved according to performance data, and there are a number of underserved elders in isolated rural areas of Miami-Dade as well. The Alliance will, therefore, prioritize outreach activities, and will encourage providers to target their outreach activities, in areas identified as rural by the Department of Elder Affairs. Based on information available at the census tract on DOE's Elder Needs Index webpage (<https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>), rural areas in Miami-Dade are found in South Dade, specifically in census tracts that are farming areas on the edges of the Everglades, most notably the Redlands and areas to the east and west of Homestead and Florida City. In Monroe, most of the areas designated as rural are to be found between more densely populated areas—for example, anyone living in the stretch between Marathon and Lower Matecumbe Key lives in a rural area. The Alliance will generate maps of the rural areas within Miami-Dade to assist providers in locating these underserved areas. We will present these maps at the annual provider training and encourage providers to conduct more outreach activities and events in these areas. In Monroe County, the Alliance will work with County Social Services to create a Strategic Outreach Plan that identifies rural areas via maps and notes activities that can reach potential clients in these scarcely populated areas. This could include, for example, a mailing to all health and human service organizations and agencies, both public and private, to ensure they are aware of the ADRC and the resources available to eligible clients through the Alliance for Aging.

### **Priority Populations: Caregivers, Adults with Disabilities, and LGBT Elders**

Although it is not currently possible to reliably quantify caregivers in the community—estimating that as many as 67,000 adults in Miami-Dade may need a caregiver—the Alliance is acutely aware of their needs that go unmet, and so they are an underserved population. People with a disability often have complex needs that go unmet, making them, and their older caregivers, an underserved population. Elders with Alzheimer's and their family caregivers are often at the nexus of these two groups, but once again, though it is difficult to quantify their number, we are keenly aware that the current service system is underserving this population in our service area. And finally, as a population that often goes unrecognized by service providers, LGBT elders are underserved because it is difficult to ascertain their population size, needs, and preferences, and because of a lack of local services specific to their needs in Miami-Dade and Monroe.

The local service infrastructure for these populations, including funding for all services, is limited, so the most effective targeting strategies are to partner with organizations that have direct contact with these populations to build capacity for a “no wrong door” approach to information dissemination that directs people to the Aging & Disability Resource Center (ADRC) or provider agencies who can conduct the assessment to determine need and eligibility. We will continue our work with the Local Coalition Workgroup to improve referrals from the ADRC, and our work to improve services available with community partners, such as the Agency for Persons with Disability, the Center for Independent Living, the Alzheimer's Association, Easter Seals, and the service providers in the Aging Network.

Disability is also a major driver of frailty among older adults, so it makes sense to include people with disabilities in outreach efforts. Although DOEA's Elder Needs Index webpage (<https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>) can identify census tracts with the largest concentrations of adults with disabilities, it is of limited use because it doesn't tell us what kind of disability (that will determine which service agency can serve them) and these populations are often hidden within a community. This map will be helpful to providers who are interested in identifying communities in their service area that have relatively dense populations of elders with disabilities. This includes many of the "distressed communities" previously identified, as well as more suburban and rural areas in South Dade.

### **HCE/CCE/ADI Targeting: Frailty**

One of the conditions of state funding for home- and community-based services for older adults is that those who are "most frail" (as determined by an assessment) should be served first, along with those at most risk for institutional placement. Unfortunately, demand for home- and community-based services in Miami-Dade far exceeds the supply available through current funding sources, even among the "most frail." The Alliance will prioritize outreach activities, and will encourage providers to target their outreach activities, toward populations that are most likely to be frail.

### **Targeting by Age**

Given that frailty becomes more likely with advanced age, it makes sense to include people of advanced age in outreach efforts. Although DOEA's Elder Needs Index webpage (<https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>) can identify census tracts with the largest concentrations of elder age 85+, it does not tell us how many of these elders are already in nursing homes or assisted living facilities, and so is of limited utility for targeting elders age 85+ in the community. What it can do is assist providers in identifying which communities in their service area have relatively dense concentrations of adults of advanced age. This includes affluent areas in Monroe County and Miami-Dade (e.g., the beaches), as well as many of the "most distressed neighborhoods".

### **Targeting by Caregiver Need: Elders with Alzheimer's**

Given the long-term consequences of caring for a loved one with Alzheimer's, as well as the estimated 20% of adults age 55+ in Miami-Dade (80,000) who may have Alzheimer's, the Alliance will prioritize outreach activities, and will encourage providers to target their outreach activities, in areas where people with Alzheimer's are most likely to live. Although this does not appear on one of the DOEA maps, the highest rates of Alzheimer's nationally are found among Blacks (54.6 %) and Hispanics (44.8 %) age 85+. The maps available from DOEA's Elder Needs Index webpage (<https://elderaffairs.org/resource-directory/2018-doea-elder-needs-index-maps/>), may be somewhat helpful in identifying communities likely to have high numbers of racial/ethnic minority elders age 85+, including many of Miami-Dade County's most distressed neighborhoods.



### **30 Years of Services to Florida's Elders**

The Alliance for Aging, Inc., incorporated in 1988, joined with Secretary Branham in celebration of the 30<sup>th</sup> anniversary of DOEA during her visit to PSA 11 in March of this year. During that visit, meetings and celebrations were held at the locations of various providers and during a symposium at FIU. In addition, the Alliance will highlight the 30<sup>th</sup> anniversary during its annual New Face of Aging conference in October 2022. During the first 30 years of the existence of DOEA, the Alliance established the aging network of service providers and continued to develop the administrative and service delivery infrastructures necessary to manage and ensure the quality delivery of services to increasing numbers of older adults in Miami-Dade and Monroe Counties.

The Alliance and the Department will address the challenges of an aging society over the next 30 years. As the older adult population increases in size (664,820 to 1,036,994 from 2020 to 2045), diversity, and increased lifespan, together with dramatic increases in dementia and levels of frailty, the Alliance will build upon our network's current capabilities to expand the delivery of services to all those in need. The Alliance will continue to address the social determinants of health which will influence both life expectancy and a healthier older age. In order to achieve this goal, the Alliance and the Department will identify critical program areas in need of expansion in order to meet increased levels of demand and to ensure broad geographic coverage. In general, the Alliance will continue to focus on the use of technology and other services that can reduce loneliness and isolation, support caregivers, and address the need for meals and services in order to ensure that we maximize aging in place and make it easier for all elders to remain at home.

## Access to Services:

Many elders that attended Community Conversations held in both Miami-Dade and Monroe expressed ignorance of the existence of existing information resources, such as the Aging & Disability Resource Center (ADRC), Elder Helpline, 311, and individual provider information lines and called for increased outreach efforts. Providers echoed the sentiment, acknowledging that many clients are simply unaware of the resources available to them. Some communities, such as Miami, Beach, have a staff member dedicated to elder programming who is well known as a reliable source of local information. Making older adults aware of these resources is by necessity ongoing and includes increased outreach activities, health fairs, and other community events, as well as collaborative partnerships with other organizations serving elders. Even those aware of the resources available to them, whether in Miami-Dade or Broward counties, do not feel it enough. A sentiment echoed across all Community Conversations indicated that limited access to housing, transportation (particularly in Monroe), supportive services, and, to a lesser extent, legal services is a prevailing problem in PSA-11. This is further evidenced by the rising number of calls to the Aging & Disability Resource Center, which presents a greater problem. Demand for the services have already exceeded capacity and outpaced available resources for the past several years. Additional outreach may make elders more aware of the services available to them but may ultimately do little in helping them actually access those services. Unless additional resources and improved processes are identified to support information, referral, and intake, the growing older adult population in PSA 11 will continue to stress available ADRC resources. Data provided in the Performance section of the Area Plan can also be used to estimate how many people in each priority category have *not* been screened, and therefore may have unmet need. This number may feasibly range from several hundred elders in Monroe County to tens of thousands in Miami-Dade.

Potential Unmet Need: Access 2019*		Below Poverty Level	Minority	Low-Income Minority	Limited English	Living Alone	Probable Alzheimer's Cases
Miami-	# Elders in Each Category	113,725	554,534	105,195	229,530	105,678	60,792
	# Screened and Served*	19,836	25,366	19,232	18,316	7,814	4,933
	<b># Not Screened and Served</b>	<b>93,889</b>	<b>529,168</b>	<b>85,963</b>	<b>211,214</b>	<b>97,864</b>	<b>55,859</b>
Monroe	Elders in Each Category	2,590	4,419	865	1,065	5,310	1,871
	# Screened and Served*	164	135	80	73	141	62
	<b># Not Screened and Served</b>	<b>2,426</b>	<b>4,284</b>	<b>785</b>	<b>992</b>	<b>5,169</b>	<b>1,809</b>

Data Source: eCIRTS/DOEA 2020 Targeting Report

\*2020 Targeting Report uses 2019 data

It would literally be impossible to screen and assess every elder in the service area in these priority populations. For example, of 105,195 low-income minorities in Miami-Dade, only 18% were screened and assessed for need. In Monroe, only 10% of low-income minority elders were screened and assessed.

## Caregiver:

Respite care is the largest identifiable unmet need among local caregivers, and there has been high demand for caregiver services in PSA 11. In 2018, a total of 1,037 older adults (1,037 in Miami-Dade and 58 in Monroe) received respite care via multiple funding streams (i.e., OAA, CCE, LSP).

Service	Miami-Dade	Monroe
Respite Care – Home	913	27
Respite Care – Facility	124	31

Source: CIRTS

As of September 2019, there are a total of 1,081 people awaiting caregiver services in PSA 11; almost all of them live in Miami-Dade.

Caregiver Programs Waitlists	Miami-Dade	Monroe
OAAIIIIE	625	0
ADI	444	2
CCE	4	0
RELIEF	6	0

Source: CIRTS

If there are an estimated 67,000+ caregivers in need of free or low-cost caregiver services in PSA 11, and 940 received services and 1,081 are on a waitlist, this leaves, at best, 65,919 caregivers without access to free or low-cost respite services. There are also about 9,000 grandparents responsible for raising grandchildren in PSA 11. Given PSA 11's demographic profile, they are likely to be racial or ethnic minorities, and about one-third are living in poverty. There is insufficient funding to provide free or subsidized respite care all the community caregivers who need it, particularly for those who need 40-hour respite care because they cannot afford to stop working to care for a loved one. In fact, several local providers noted that even caregivers in crisis will refuse time-limited respite services when long-term arrangements are not possible, feeling it is worse to receive services temporarily than to never receive services at all.

**UNMET NEED:** An estimated 60,000+ caregivers of older adults, and 9,000+ grandparents raising grandchildren, are in need of free or low-cost caregiver services, including respite, in PSA 11.

While there is a large need for caregiver support services, the demand is much more limited. Caregivers will often refuse participation in caregiver support or caregiving training programs. However, when asked if they would like to learn caregiving skills (e.g., how to move someone without hurting yourself, caring for urinary incontinence) or have an opportunity to speak with other caregivers about their experience, they express more interest. The manner in which we market these services does not seem to resonate with the populations we wish to serve. Those receiving services often discontinue them after a few weeks. While sometimes this is because their caregiving crisis has passed, more often it's because they can't leave their loved one, job or family long enough to participate. This trend has been seen by other organizations offering support groups, such as the Alzheimer's Association. One potential option mentioned in

Community Conversations is to offer more training and support services online, saving time and eliminating the need to leave the one they are looking after.

According to data from the National Hispanic Council on Aging, 45% of Hispanic caregivers are in “high burden” situations, defined as more hours per week (32 hours on average) and caring for people in need of more intensive assistance. More than 80% provided care for a friend or family member, and as such, were most often unpaid. Many of these are elder spouses to the person in their care. Long hours spent



providing caregiving assistance and navigating the health care system often result in a high degree of emotional and financial stress to these caregivers (National Hispanic Council on Aging, 2017). National research suggests higher levels of caregiver burden among Hispanic caregivers is matched by underutilization of caregiver services by Hispanics. This underutilization is driven by a number of factors, including a lack of awareness of available services; language barriers; health beliefs that promote informal care over formal care; financial limitations; insensitivity to cultural factors in the formal setting; stigma of illness or dementia; and feeling that they don’t need what is being offered. Clients are more likely to utilize services that are “culturally congruent,” that is, they fit with their beliefs and values and are offered in a way that “makes sense” to them.

Cultural barriers to service aren’t limited to caregivers themselves or to the Hispanic population. Community Conversations have revealed that, because of the higher percentage of the population that has limited-English proficiency in Miami-Dade, those who do not speak Spanish are finding it more difficult to hire a professional caregiver to who they can adequately communicate. This can cause a serious barrier to proper care.

Local providers believe those who are new to the caregiving role may be more open to caregiver training (particularly if it highlights practical skills), while those who are experiencing caregiver fatigue or burnout may be more interested in caregiver support—as long as it comes with respite care. In fact, several local providers have noted that caregivers prefer to receive support services as a “bundled” service—i.e., caregiver support and education, respite care, transportation, and ideally, lunch. Unfortunately, it is difficult to fully cover the cost of this “bundled” approach to caregiver services under current reimbursement rates without additional or alternate sources of funding. Caregiver support programs that recruit caregivers who are already receiving respite services seem to have the most success and the least attrition.

Another observation by providers was that caregivers have a wide variety of expectations about what constitutes respite care. While some caregivers expect that respite only entails watching over a loved one, others believe—often mistakenly—that the respite care worker is responsible for housekeeping or chores or personal care as well. Expectations can also be very different for adult day care, with some

hoping simply for a break from responsibilities with their loved one in a safe environment, while others expect their loved one will be entertained with activities or socialization throughout the day.

The Aging and Disability Resource Center operated by the Alliance for Aging provides information and referral for caregivers of older adults and adults <60 with disabilities. Recognizing the unique and often complex needs of caregivers, the ADRC has a full-time Caregiver Specialist to address those needs. In addition to taking the extra time needed to help caregivers understand and navigate the confusing service landscape, she also provides emotional support and encouragement to caregivers in crisis.

### **Community Conversations Summary of Caregiver Issues**

Participants were asked to share what would be the best way to support professional and family caregivers as they care for older adults and adults with disabilities. The themes that were identified varied according to geographical area where participants reside.

For instance, participants residing in South Dade and West Kendall felt that there is a challenge in trying to find caregivers that speak English which prevents them from being able to communicate with non-bilingual older adults to assist with their care. Participants suggested more training or educational programs and higher salaries for caregivers to “make the position more attractive”, which would in turn support family members and allow them to work and provide for their families. Participants felt that it is crucial for professional caregivers to be better qualified to care for an older adult – to understand the condition that the person they care for are suffering from, whether physical or mental, in order to better address their needs.

Mental health needs for family caregivers was another theme identified which should be addressed to allow them to cope with the care of their loved ones that often manifests as stress. Participants in Key West and South Dade added that a decline in mental health is often seen among family caregivers as they care for their loved ones. Often, the mental health condition of both the caregiver and their loved one deteriorate simultaneously. It was also mentioned that it is important to have in place support groups for family caregivers, and the need to better inform caregivers where these services or programs are available.

Additionally, a theme noted under this section was the need to provide respite care at an affordable cost to support family caregivers. Participants shared that often family caregivers feel overwhelmed with the care of their loved ones, which is exacerbated with their responsibility to work regular jobs in order to pay for their own and their family’s necessities.

During the discussion of the care provided by family and professional caregivers to older adults there were two major differences observed between Miami-Dade and Monroe County participants that were identified as themes for each respective geographical area. In Miami-Dade County these themes included: a language barrier that professional caregivers face, or not being able to speak English fluently to effectively communicate with the person they care for, and the need to have more qualified professional caregivers by improving their training programs. By contrast, in Monroe County a major theme that developed was that there are not enough caregivers, and as such, the family and the community help each other by providing care to their loved ones. However, participants shared that in Monroe County

this is only a temporary solution since more professional assistance or specialist care is needed that would address the specific needs of older adults (e.g., mental-related health conditions).

### Communities:

The contracts with the providers in the Aging Network cover all of the populated geographic areas of Miami-Dade and Monroe Counties, with the exception of those areas belonging to the Miccosukee and Seminole Tribes of Florida, who are funded directly through Title VI of the Older Americans Act and have their own programming and senior centers. According to the NCOA Benefits Visualization Tool, in 2012 there were 12 people in Miami-Dade who lived in a household with someone who identified as Native American *and* was covered by Medicare *and* had an income <150% of the Federal Poverty Line (and thus qualified them for benefits targeted to low-income elders).

As noted, Monroe County clients have limited access to adequate services—especially respite care and transportation—and therefore face more challenges in receiving services. Staff quality, retention, and turnover are common issues for home-based services due to the low compensation rates, particularly in the Keys, where agencies must often hire Miami-Dade residents who then commute several hours to provide services in Monroe. This is most challenging in the Middle Keys, which are about an hour’s drive from both Key West and Miami. Limited access to transportation, medical care, and home- and community-based services make aging in place in Monroe County especially challenging.

### Housing, Transportation, Employment:



Affordable housing is the most critical unmet need for older adults in PSA 11, particularly but not exclusively among elders living in poverty. However, poverty is relative, and 25-30% of older adults spend more than 50% of their income housing. This affects their ability to pay for basics like food and medication and limits their ability to pay out of pocket for much-needed home- and community-based services—even for elders who are not in poverty according to their income. The list of economically distressed communities in Miami-Dade (p. 130) represents areas in the county where this need is most critical, but all of Monroe County has a shortage of affordable housing for both elders and the workforce serving them.

Results from Community Conversations revealed that in Miami-Dade, the biggest unmet transportation need is a free or low cost, door-to-door, on-demand transportation service. Although elders have increased access to medical appointments thanks to private shuttles operated by clinics, practices, HMOs, and Medicare Advantage programs, there is a lack of free or subsidized transportation to other locations of need (e.g., pharmacy, grocery store) or quality of life activities. STS services are available, which many older adults find helpful, but potential long wait and ride times make the service infeasible to others, particularly fragile health populations. Travel training for older adults to give them the skills needed to navigate the transit system that is free with their Golden Passport may prove beneficial, as well as elder pedestrian safety education to keep them safe while walking.



According to discussions with elders in several communities in Miami-Dade, as well as staff in the Transportation Department, one remaining challenge is getting elders from their homes that may be in suburban communities far from the main arteries served by transit. Elders in dense urban communities have easier access to more routes, but those with limited mobility still feel they have to walk too far to stops, which may lack age-friendly features like shaded benches with arm rails. Several said drivers may need reminders about the needs of elders, like using the kneeling bus feature more often. With a more limited system dependent on one main route, public transportation in Monroe faces similar challenges: getting elders from their homes to the main artery where transit operates. Several older adults at our community conversations in Monroe indicated that their homes on the developed Keys are often miles away from Route 1, making it difficult to reach. Many no longer driving indicated a reliance on friends for transportation needs.

Considering the economic situation faced by many older adults in Miami-Dade and Monroe, many are more interested in employment than volunteerism. Local statistics and the experience of elder employment programs seem to indicate there are far more older adults who wish to work than there are places that want to hire them. The Alliance for Aging is fortunate to have an opportunity to collaborate on these issues with other community partners—including the United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and Miami-Dade County—on an Age-Friendly Community initiative that seeks to address these issues through actions that have a collective impact on policy and systems that affect older adults.

## Health Care:



While most elders age 65+ have Medicare (95.2% in Miami-Dade and 92.84% in Monroe), elders in poverty may not be able to afford co-payments, specialty visits, or pharmacy costs. One-third (33.2%) of all elders in Miami-Dade County may be eligible for Medicaid due to low income, compared to just 7.0% in Monroe County. There are also 15,000+ adults age 65+ in Miami-Dade who are without Medicare, leaving them financially vulnerable to the high cost of hospitalization for complications from untreated chronic conditions. Older adults in Monroe are more likely to have insurance, but less likely to have access to facilities, so they must seek services in Miami-Dade while transportation may be a problem.

Other than natural causes, the top causes of death for older adults include cancer, heart disease, stroke, chronic lower respiratory disease, diabetes, and Alzheimer's disease. Miami-Dade's minority elder population is disproportionately affected by high rates of chronic disease, e.g., diabetes, heart disease, COPD, arthritis, HIV, and viral chronic Hepatitis B & C that are above the state and national rate. Older adults in Miami-Dade have higher rates of depression and disability than state and national rates, and local estimates suggest up to 20% of people age 55+ may have Alzheimer's.

Monroe's elder population is generally healthier than Miami-Dade, having lower than the state and national rates on most conditions (e.g., heart disease, stroke, diabetes, depression) but high rates of viral

chronic Hepatitis B & C, skin cancer, and binge drinking. Chronic liver disease/cirrhosis is one of the five top leading causes of death in elders age 55-74 in Monroe county.

These statistics suggest the need for evidence-based healthy aging programming that addresses managing chronic conditions (especially heart disease, diabetes) and self-care limitations; general nutrition, preventing falls; improving physical health (e.g., Tai Chi); and behavioral health. The high rate of depression in Medicare Fee-for-Service data for Miami-Dade suggests there is also an unmet need among elders experiencing depressive symptoms for mental health interventions, such as the Program to Encourage Active Rewarding Lives (PEARLS). This evidence-based elder mental wellness program will soon be offered statewide through Florida Health Networks.

Ancillary health care needs, such as hearing aids, eyeglasses, and dental care, are not covered by Medicare, so many elders in poverty go without or are dependent upon a few free or sliding-scale services. In Monroe, there is an extremely limited number of providers (particularly of free or low-cost services), so many older adults must go to Miami-Dade for these services or simply do without. There is clearly a need for additional resources to help older adults pay for visual, dental, and hearing services not covered by Medicare, particularly the 126,000+ living in poverty in Miami-Dade and 2,800 more in Monroe.

### Food Insecurity:

Estimates suggest that 20% of elders in Miami-Dade (120,000+) and at least 15% in Monroe (1,800+) are food insecure, for a total of at least 121,800 food insecure elders in PSA 11.

Because clients do not necessarily attend every day, providers must maintain a pool of eligible clients that slightly exceeds the number of meals in each site in order to avoid uneaten meals. A total of 10,842 clients were eligible to receive a congregate meal in 2017 in PSA 11: 10,741 (or 1.8% of all elders) in Miami-Dade and 101 (0.4% of all elders) in Monroe. Federal funding in the form of Older Americans Act Title III C-2 supports home-delivered meals to a total of 3,139 eligible clients. Local Service Program funding increases the number of clients eligible for congregate meals in Miami-Dade by 5,137.

**UNMET NEED: Nutrition programs for older adults supported by state and federal funding provided meals for 18,625 food insecure elders, or approximately 13.5% of the estimated 137,500+ food insecure elders in PSA 11.**

PSA 11 population	#
Estimated food insecure elders	121,800
Received OAA III C-1 congregate meals	9,032
Received OAA III C-2 home-delivered meals	3,553
Received LSP congregate meals	7,064
Total Food Insecure Elders Served	19,646
<b>Food Insecure Elders Unserved</b>	<b>102,154</b>

Although most providers we spoke with agreed that we have not met the nutritional needs of every food insecure elder in the community, few have many people on a wait list for congregate meals (the wait list for home-delivered meals is managed by the Alliance). Clearly, there are significant numbers of food insecure elders who are not being served and are not on wait lists.

### Supplemental Nutrition Assistance Program (SNAP)

Eligibility for SNAP (formerly known as Food Stamps) is based on gross and net income limits, which are—for a household of one elder—a maximum gross annual income under 130% of poverty) and a maximum net annual income under 100% of poverty.

	Miami-Dade		Monroe	
In 2021, for those Age 60+	#	% elder population	#	% elder population
Number of SNAP Participants	243,091	38%	2,442	10%
Number Potentially Eligible*	154,775	29.0%	3,510	16.8%

Source: DOEA, 2021 Profile of Older Floridians

Estimates of eligible participants provided by the Department of Elder Affairs are based on the number of people age 60+ living below 125% of poverty. This clearly underestimates the number of people actually eligible and would, therefore, account for the illusion that there is no unmet need or there is SNAP “overutilization” in Miami-Dade. There is an unmet need, but it is difficult to estimate because it exists in the gray area between 125% and 130% of poverty, and gross versus net income requirements. Monroe County, on the other hand, clearly has unmet need among elders eligible for SNAP, and more than 2400 people age 60+ might be enrolled via enhanced outreach from local social service agencies.

### **Service Implications Of Identified HCBS Unmet Needs**

High demand for free or low-cost home- and community-based services for older adults collides with limited funding to create an enormous unmet need in nearly every service area in PSA 11. The waitlist is full of people who aren’t prioritized as “frail enough” to receive services, yet they have been assessed to be in need of those services. Many elders in the community tell stories about people who only made a few dollars more than the income threshold, or people whose only asset—their home—keeps them from qualifying for assistance. As the months on the waitlist drag on, many elders—and their caregivers—may face deteriorating health, dwindling finances, and possibly even death. Meanwhile, growing numbers of elders in PSA 11 will continue to stress the administrative and service delivery capacities of the Alliance for Aging and the Aging Network in PSA 11.

### **Community Conversations Summary of Disaster Preparedness Issues**

A major difference observed between participants in our community conversations in both geographical areas is related to the emergency services that are available to residents during a natural disaster, such as a hurricane. Generally, most Miami-Dade County participants felt satisfied with the emergency services that are being offered by their local agencies, while several Monroe County participants stressed the need to improve the coordination of services specifically for the most vulnerable populations such as older adults. Participants shared that local agencies would need to improve upon emergency services currently in place as well as addressing the mental component that manifests as anxiety and stress during an emergency situation. It was noted by a participant that it is crucial to promote the “mental wellness” of older adults when faced with a natural disaster such as Hurricane Irma. According to this participant, this stress may lead older adults to “not want to believe that this thing is gonna [going to] happen.”

**GOAL 1: Empower seniors, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care.**

**OBJECTIVE 1.1: ▲ Provide streamlined access to health and long-term care options through the Aging and Disability Resource Centers (ADRCs)**

**STRATEGIES/ACTION STEPS:**

- Improve the ability of the ADRC to connect people to information and services through the ADRC (e.g., building new relationships and/or partnerships and the effective use of technology).
  - Ensure that the ADRC provides updated information and referrals to callers in English, Spanish, and Haitian Creole.
  - Partner with community organizations that serve older adults and adults with disabilities to increase awareness; update resource information; and collaboratively promote the services of the ADRC and SHINE through outreach and education, including multilingual marketing materials.
  - Utilize enhanced communication applications such as the website, email, and social media for disseminating information about the Aging Network Partners and other available community resources.
  - Implement specific action steps to improve and streamline community access and management reporting by improving call center technology, performance reporting, and data analysis, including:
    - ♦ Implement processes to reduce paper and increase electronic access to documents related to the assessment process.
    - ♦ Further understand and develop reporting capability through the new call center application.

**OUTCOMES:**

During, 2021, the Alliance prioritized available funds to increase ADRC staffing as the volume of incoming calls to the Helpline has more than tripled since the transition to SMMCLTC. The additional Intake positions which were added in late 2020 resulted in a significant increase in the size of EMS Releases in 2021. During 2021, -11,846 individuals were released from the statewide waiting list for eligibility activities. This represents a 50% increase in the number of clients released for the MLTC program between 2020 and 2021.

The ADRC continued providing Telephone Reassurance, to offer a wellness check during the pandemic, to schedule vaccination appointments and to assist homebound individuals to receive vaccinations. In early 2021, the Alliance contracted for a new cloud-based telephone service that better enables remote connectivity during emergency or crisis situations such as storms or community health concerns. In conjunction with the cloud-based phone system, a cloud-based call center application was implemented to support remote access of the Helpline to continue to provide information about access to community services. This new call center application will also provide better management reporting to further support organization improvements.

**OUTPUTS:**

- 2021 70,837 I&R contacts provided in English, Spanish, or other languages with an interpreter service.
- 2021 – 6,051 Telephone Reassurance contacts provided.
- 3 of referral resources added.
- Numerous short-term and “pop-up” COVID-related resources were identified and provided by Helpline, to include food distribution events, financial assistance, testing, vaccination sites, appointments, etc.
- 2021 – 1100 inquiries responded to via email, social media, etc.

**OBJECTIVE 1.2: ▲ Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information**

**STRATEGIES/ACTION STEPS:**

- Increase public awareness of the costs of long-term care (LTC), the likelihood of the need for LTC services, and the LTC options available by:
  - Partner with other community organizations that serve older adults and adults with disabilities to conduct education and outreach on the need for long-term care planning, and assistance available from the ADRC/SHINE.
  - Collaborate with community partners in the age-friendly movement to increase awareness of growing local elder populations in need of long-term care and engaging in shared activities that will have a collective impact on this issue, such as exploring options for alternative funding sources for long-term care and services.
- Increase public awareness of the limitations of Medicare as a singular long-term care solution.
- Partner with community organizations to provide SHINE/ADRC presentations and individual consultations on long-term care options.

**OUTCOMES:**

The Alliance collaborated with Florida Health Justice Project to create educational videos with information about applying for and navigating Medicaid Long Term Care Home and Community Based Services, in English, Spanish and Creole. These videos are located on Alliance's website and our partner's YouTube channel. The link has been shared widely throughout Alliance's network.

**OUTPUTS:**

- # of new community partners 1
- # of client contacts 2,821
- # of hours of counseling 1,897
- 579 Medicare Savings Program applications completed
- 118 Medicare Basics or LTC presentations
- # of health and benefits fairs attended 28

**OBJECTIVE 1.3: Ensure that complete and accurate information about resources is available and accessible.**

**STRATEGIES/ACTION STEPS:**

- Ensure that information in ReferNET is kept accurate and current, reflecting both the inclusion of new services and service providers; as well as the removal of inappropriate references, including:
  - Working with members of the Local Coalition Workgroup to ensure that services for adults with disabilities are included and updated in the statewide shared database.
  - Making information on community referral resources available on the Alliance website.
- Maintain participation in F4A workgroups; as well as Implement and complying with data collection and reporting standards established through F4A and DOEA collaboration, for example:
  - Participate in the ReferNET Workgroup and subcommittees as needs arise.
  - Using the AIRS/211 LA County Taxonomy of Human Service classification system to enter records of community resources into the Refer database.
  - Conduct an annual survey to review and update records in the resource database.

**OUTCOMES:**

Alliance staff participates in F4A Workgroups, ADRC/ReferNet Workgroup, and subcommittees. Subcommittee activities have included policies and procedures, taxonomy data, and duplicate records. Alliance staff completes both annual and ongoing reviews of community agencies to update resource records as needed.

The Alliance developed a new website ([www.billhelp.org](http://www.billhelp.org)) to promote the EHEAP program, which provides detailed program information, together with frequently asked questions and information needed to initiate an application. Online inquiries from the site are routed directly to staff for contact. As more calls are answered and more clients screened and served, the ADRC continues to focus on efficiency and streamlining whenever possible.

**OUTPUTS:**

- 11 new entries in ReferNet
- 24 of F4A workgroup meetings attended
- 60 of ReferNet Workgroup meetings attended
- 1100 surveys conducted to review/update records



**OBJECTIVE 1.4: Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling.**

**STRATEGIES/ACTION STEPS:**

- Establish counseling sites by:
  - Working with community partners who have signed MOUs to serve as sites
  - Educating the public on SHINE and exploring options for by-appointment sites
- Continue to provide face-to-face counseling service at Community Sites, with available volunteers
  - Provide cross-training on both ADRC and SHINE to all staff and volunteers conducting education and outreach so that every presentation in the community is an opportunity to provide information—including multi-lingual materials—on both.
  - Partner with community-based organizations to provide group presentations and information to individuals at public events.

**OUTCOMES:**

In 2021, SHINE presented 118 outreach and community events (virtual and in-person) attended by a total of 1300 people to enhance access to the service system. Nearly 270 people with service needs were identified as a result of this outreach and were referred to the ADRC.

In 2021, the Alliance for Aging SHINE and SMP programs were uniquely prepared for the challenges that a continuing pandemic environment brought. SHINE and SMP Volunteer Counselors continued to provide telephone counseling remotely. In-person counseling started again at the Key Biscayne Community Center and the Miami Springs Adult Activity Center.

The number of SHINE volunteers held steady at 27. While we trained new Volunteers, existing Volunteers had to leave due to illness and moving out of the area. We continue to keep in touch with all volunteers as opportunities arise for them to become more active again. Outreach has picked up slightly at in person group events. The SHINE Liaison continued to present Medicare Basics on Zoom Monday – Friday at 11am. We also continued to deliver several Medicare Basics presentations for Baptist Health System employees by Transamerica, their benefits company on Zoom. We also continued partnering with the Miami Dade Public Library system each month to present Medicare Basics on their virtual platform, and with Florida International University (FIU) to present Medicare Basics for staff on the FIU virtual platform. SHINE sent out a weekly email blast to community partners about our updated outreach calendar. Also, many email blasts were sent out about Medicare fraud alerts that were issued during 2021.

**OUTPUTS:**

- # of counseling sites established 1
- # of *SHINE Outreach presentations conducted* 126
- SHINE had 2,449 initial client contacts in 2020 and 373 additional client contacts in 2021

**OBJECTIVE 1.5: Increase public awareness of existing mental and physical health and long-term care options.**

**STRATEGIES/ACTION STEPS:**

- Inform the public of available long-term care services through a variety of new and traditional media such as websites, social media, publications, or direct mail.
  - Make information on mental health, physical health, and long-term care options available on the Alliance website.
  - Collaborate with community partners in the age-friendly movement to increase awareness of the mental, physical, and long-term care needs of our growing local elder populations and working to identify shared activities that will have a collective impact on this issue, such as exploring options for additional local funding sources for long-term care and services.

**OUTCOMES:**

The Alliance collaborated with Florida Health Justice Project to create short explanatory videos on the Medicare LTC application process in English, Spanish and Creole. These videos have been shared widely in our network, on the Alliance website, and on YouTube.

**OUTPUTS:**

- 1 video (translated into Spanish and Creole) published on websites and social media
- 1 community collaboration
- 900 clients accessed the video link on the Alliance website in 2021

## **OBJECTIVE 1.6: Identify and serve target populations in need of information and referral services.**

### **STRATEGIES/ACTION STEPS:**

- Reach individuals with limited English proficiency; low-literacy, low-income, individuals residing in rural populations; persons with disabilities who receive Medicare but are under the age of 65; grandparents caring for grandchildren; individuals with disabilities; and dual eligible across any Special Needs Population. This will include:
  - Partner with community organizations to conduct at least six (6) events per year targeting one or more of these high priority geographic areas, racial/ethnic groups, or special populations.
  - Encourage providers in the Aging Network to conduct outreach to these high priority populations.
  - Maintain a database of outreach activities that identifies events held that target specific geographic areas, racial/ethnic groups, or special subpopulations, as identified in the Targeted Outreach Plan.
- Establish new partnerships and efforts to address, at a minimum, the needs of rural adults; hunger; and Alzheimer's disease and related dementias.
  - Collaborate with community partners in the age-friendly movement to increase awareness of the needs of rural elders, older adults with food insecurity, and those with Alzheimer's disease or other dementias and their caregivers.
  - Collaborate with one or more community partners to co-host a caregiver conference that includes a focus on elders with dementia.

### **OUTCOMES:**

The Alliance has continued to implement a targeting outreach strategy that is focused on:

1. Priority populations identified in the Area Plan, such as low-income elders, underserved racial/ethnic minorities like Haitians, and Spanish speakers with limited English proficiency.
2. Priority zip codes identified in the Area Plan.
3. Specific subpopulations of interest such as caregivers and adults age <60 with disabilities.

Prior to the COVID pandemic, through mid-March 2020, the Alliance conducted direct outreach at a variety of community events, such as health fairs, expos, family day, elder day, and other related events. Alliance outreach staff disseminated information (flyers, brochures) on the Aging and Disability Resource Center (ADRC), SHINE, and other resources available through the Alliance, such as EHEAP and Elder Abuse Awareness. Staff answered questions from older adults, people with disabilities, their caregivers, family members, and providers. If individuals with service needs were identified at these events, they were always encouraged to call the Elder Helpline at the ADRC for more information, or for intake, eligibility, and referral.

Since March 2020, direct outreach has been hampered considerably; the COVID-19 pandemic resulted in the closing of almost all congregate meal sites and public events. Miami-Dade County was particularly hard hit, and public activities, especially those concerning older adults were heavily restricted. In addition, most recurring events in which the Alliance normally hosted or participated were cancelled, hampering all planned outreach. The outreach strategy for the Alliance and its service providers pivoted to virtual platforms such as Zoom, Facebook Live, and telephones. While 2021 was similar to 2020 in that opportunities for in-person events were limited, the Alliance staff and volunteers safely participated in a total of 20 face to face events and 99 virtual events in 2021, including health fairs, food distribution drive throughs, and educational workshops. The face-to-face events reached an estimated 759 people, including the following estimates of individual contacts: 54 older adults; and 6 caregivers. The virtual events reached an estimated 2,000 people, including 385 older adults. One-third of the events attended were new events to Alliance staff.

Alliance Service Providers safely participated in a total of 228 in-person events and 20 virtual events in 2021, including 17 food distribution events, 4 COVID Awareness/Disaster Preparedness events, and 12 health fairs and public events. These events reached nearly 15,000 people. Seven events were held in Monroe County.

In addition to work with partners such as such as Miami-Dade Public Library system, Sant La, Baptist Health Systems and Florida International University, the Alliance participated in any known event that presented an outreach opportunity. For example, Alliance outreach staff participated in FL DOH's Bounty of Healthy Food Distribution Drive-Thru, in November 2020, and 2021. Flyers on multiple programs and services were included in the food distribution, reaching more than 500 participants for both years combined.

Additional opportunities to share information on the ADRC and other Alliance resources include several SHINE events and presentations.

Through mid-2022, examples of targeted outreach events have included:

- Strategies for a Brain Healthy Lifestyle virtual Community Forum (partners: Sheba Medical Center, UM, Cognivue)
- Alzheimer's Faith Based Community Forum (partner: Alzheimer's Association)
- Facebook Live Elder Resource Forum (partner: Sant La)
- Monroe County Food Drive (partner: Monroe County Social Services Community Support Services)
- Low-income Housing Fair (partner: Lincoln Ave. Capital Family Resource Day)
- Para Mayores Radio Show (partner: Latin Center on Aging)
- ADI Virtual Conference (partner: Center on Aging)
- EHEAP Outreach (partner: Haitian American Senior Center)
- EHEAP Outreach (partner: Singer Plaza Affordable Housing Community)
- Pastors Association Outreach (partner: Casa Sobre la Roca Church)

#### OUTPUTS:

- 12,791 : # of LEP, low literacy, low income, rural, persons with disabilities reached
  - *2,759 reached in 2020:* face to face events reached an estimated 759 people, the virtual events reached an estimated 2000 people.
  - *10,032 reached in 2021:* face-to-face events reached an estimated 8196 people, the virtual events reached an estimated 1836 people
- *# of events completed that target high priority groups*
  - *119 events in 2020:* 20 face-to-face events and 99 virtual events
  - *172 events 2021:* 34 face-to-face events and 138 virtual events
- *# of outreach events conducted by Aging Network that target high priority groups*
  - 50 events in 2020: Alliance Service Providers participated in a total of 50 events in 2020, including 10 food distribution events, and 32 health fairs and public events, reaching approximately 2,280 people.
  - 248 events in 2021: Alliance Service Providers participated in a total of 228 in-person events and 20 virtual events, including 17 food distribution events, 4 COVID Awareness/Disaster Preparedness events, and 12 health fairs, reaching nearly 15,000 people. Seven events were held in Monroe County
- *# of new partnerships established: 2*

**OBJECTIVE 1.7: Provide streamlined access to Medicaid Managed Care and address grievance issues.**

**STRATEGIES/ACTION STEPS:**

- Collaborate with groups such as the Florida Health Justice Project to promote awareness of long-term services and supports through MMC, and of the online availability of the Advocate's Guide to the Florida Long-Term Care Medicaid Waiver.
- Effectively manage all programmatic, fiscal, and operational aspects of ADRC Medicaid related functions by:
  - Providing Statewide Medicaid Managed Care Long-term Care (SMMC LTC) eligibility assistance.
  - Enhancing overall customer service through the performance and oversight of the following Medicaid compensable activities:
    - ◆ Medicaid Outreach and LTC Program Education
    - ◆ Medicaid Eligibility Screening and Waitlist Placement
    - ◆ Enrollment Management System
    - ◆ Grievances and Complaints
    - ◆ Quality Assurance
  - Conduct analyses of current capacity to employ these strategies, including details concerning process and performance improvement efforts.

**OUTCOMES:**

The Alliance collaborated with Florida Health Justice Project to create short explanatory videos on the Medicare LTC application process in English, Spanish and Creole. These videos have been shared widely in our network, on the Alliance website, and on YouTube.

**OUTPUTS:**

- 134,179 sessions of SMMC LTC assistance
- 15,487 individuals wait listed for SMMC LTC (Dec 2021)
- 42 Grievances and Complaints

**GOAL 2:** Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

**OBJECTIVE 2.1: Identify and serve target populations in need of home and community-based services (HCBS)**

**STRATEGIES/ACTION STEPS:**

- Using the Targeted Outreach plan included in this document, the Alliance will identify and serve individuals who are in need of HCBS with limited English proficiency; low-literacy, low-income individuals in rural populations; disabled Medicare recipients under the age of 65; grandparents caring for grandchildren; people with developmental disabilities; and dual-eligibles across any Special Needs Population.
  - Partner with community-based organizations that have capacity to serve (or are already serving) priority populations, such as clients living in rural areas and underserved communities.
- Work with providers in the Aging Network who serve clients in rural areas and collaboratively plan activities to provide outreach to these populations including:
  - A mass mailing to all health and human service agencies and providers (both public and private) in Monroe County to ensure they are aware of the ADRC and Alliance-funded services for eligible clients.

**OUTCOMES:**

The Alliance exceeded or super exceeded all of its targeting goals for underserved populations, except for the rural category. Where feasible, Alliance outreach staff members conducted direct outreach by participating in community events, including health fairs hosted by local communities or churches. Staff and volunteers distributed information (flyers, brochures) on the Aging and Disability Resource Center, SHINE, EHEAP, Elder Abuse Awareness, and other resources available through the Alliance. Staff also answered questions from older adults, people with disabilities, their caregivers, family members, and providers. Individuals with service needs who were identified at these events were encouraged to call the Elder Helpline at the ADRC for more information, or for intake, eligibility, and referral.

Due to the ongoing Pandemic many events were held virtually. Working with community partners, the Alliance participated in any known event that presented an outreach opportunity, particularly those held outdoors. For example, Alliance outreach staff participated in the 1<sup>st</sup> and 2<sup>nd</sup> Annual Bounty of Healthy Food Distribution Drive Thru, sponsored by FL DOH held each November. Flyers on multiple programs and services were included in the food distribution, reaching more than 500 participants.

Alliance staff and volunteers participated in a total of 20 face to face events and 99 virtual events in 2021, including health fairs, food distribution drive throughs, and educational workshops. The face-to-face events reached an estimated 759 people, including the following estimates of individual contacts: 54 older adults; and 6 caregivers. The virtual events reached an estimated 2,000 people, including 385 older adults. One-third of the events attended were new events to Alliance staff.

SHINE and SMP volunteers participated in a total of 261 events. Because of the extensive reporting already required by these programs, these events are not entered into the Alliance database. As a result, while we know the ZIP code of each event, we don't have information on other services needs identified at these events.

Alliance Service Providers participated in a total of 228 in-person events and 20 virtual events in 2021, including 17 food distribution events, 4 COVID Awareness/Disaster Preparedness events, and 12 health fairs and public events. These events reached nearly 15,000 people. Seven events were held in Monroe County.

**OUTPUTS:**

- 4 community partnerships
- # of mass mailings
- 2021: 28 outreach events held in rural or target zip codes



**OBJECTIVE 2.2: Ensure efforts are in place to fulfill unmet needs and serve as many clients as possible**

**STRATEGIES/ACTION STEPS:**

- Conduct annual monitoring of contracted providers to ensure that 1) clients served are those with greatest needs; and 2) clients served are receiving all necessary services to address unmet needs, funding permitting; 3) compliance with program regulations.
- Review monthly surplus/deficit for CCE, HCE, OAA, LSP and ADI to ensure that the maximum number of clients are being served.
- Identify unmet needs and/or gaps through review of client files and outcome measure reports and ensure that contract providers are referring to strategies identified on the Service Provider Applications (SPA) to address needs. This includes collaborating with other entities which have expertise in meeting the identified needs and/or gaps, such as other providers in the Aging Network and local nonprofit organizations.
- Develop specialized support services for aging caregivers by;
  - Provide a Caregiver Specialist within the ADRC who can handle longer calls from caregivers with complex needs; provide presentations in the community on caregiver services; and participate in collaborative activities with other organizations to address the needs of caregivers in the service area.
  - Partner with other community organizations that serve caregivers (e.g., Alzheimer's Association, Easter Seals, Memory Disorder Clinics) to better understand the needs of local caregivers, as well as their preferences for services and service delivery models.

**OUTCOMES:**

- *DCCI Taskforce includes membership of organizations that serve caregivers, including Alzheimer's Association, Easter Seals, and the Memory Disorder Clinics.*
- Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours.
- Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved.
- Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved.
- Percent of elders assessed with high or moderate risk environments who improved their environment score.

**OUTPUTS:**

- # of people served with registered long-term care services
- 2146 calls handled by caregiver specialist
- 22 providers monitored
- # of clients served in CCE, HCE, OAA, LSP and ADI

### **OBJECTIVE 2.3: Provide high quality services**

#### **STRATEGIES/ACTION STEPS:**

- Establish procedures to ensure client satisfaction and the delivery of quality services, including:
  - Conduct annual client satisfaction surveys with a random sample of ADRC clients.
  - Conduct annual client satisfaction surveys with a random sample of recipients of services from the Aging Network.
  - Reviewing annual client satisfaction surveys conducted by contracted providers.
- Participate in the statewide survey conducted by the Department of Elder Affairs and the nationwide survey conducted by the Administration on Community Living.
- Review provider complaint logs to ensure that service complaints were addressed adequately and promptly and that they objectively evaluate the quality of the service and the level of client satisfaction.
  - Submission of the Annual Program Improvement Plan (APIP). The APIP plan must: detail the role of the ADRC's Local Coalition Work Group (LCWG) in the development and evaluation of the APIP; address specific ADRC performance improvement goals; actions steps to implement and evaluate the performance goals; and, quality assurance efforts specific to ADRC functions.
  - Utilize the Local Coalition Work Group (LCWG) to advise in the planning and evaluation of the ADRC and to assist in the development of an ADRC Annual Program Improvement Plan.

#### **OUTCOMES:**

- 

#### **OUTPUTS:**

- 1500 client satisfaction surveys mailed in 2022
- 3519 ADRC client satisfaction surveys completed
- 97.3% %—of clients satisfied with ADRC
- 100%of complaints resolved
- 100% of providers completed consumer satisfaction surveys

**OBJECTIVE 2.4: Provide services, education, and referrals to meet specific needs of individuals with dementia**

**STRATEGIES/ACTION STEPS:**

- Implement caregiver programs that adopt or expand state and federal volunteer respite program models and innovative projects that address caregiver needs and reduce their stress
- Develop and maintain effective partnerships with organizations and providers who have dementia expertise, for example, Alzheimer's Association, Easter Seals, Memory Disorder Clinics.
- Provide services for aging caregivers of individuals with dementia through providers in the Aging Network.
- Work with local partners, including the Alzheimer's Association, Easter Seals, and the two Memory Disorder Clinics in our service area, to understand the needs of local populations with dementia and their caregivers and collaborate on public events to bring information to communities in need, including how to reach and serve those living in rural areas.
- Co chair the Dementia Care and Cure Initiative (DCCI) Miami Taskforce.
- Develop the position of Lead ADI Contract Manager to collaborate with memory disorder clinics to provide a minimum of 4 hours in-service training related to Alzheimer's disease annually for Alliance funded respite and adult day care providers.

**OUTCOMES:**

With support from the Alliance, the Dementia Care and Cure Initiative (DCCI) Taskforce was formed in Miami. Fourteen member community organizations coordinate efforts to increase awareness of dementia. The Taskforce collaborated with Miami Age Friendly Initiative (AFI) to deliver dementia awareness training to all local AFI municipalities. The Savvy Caregiver program was added in 2020. To date 4 workshops have been held.

**OUTPUTS:**

- 8 bimonthly DCCI meetings
- 14 DCCI partners
- 1 in-service trainings provided to respite providers in collaboration with memory disorder clinics

## **OBJECTIVE 2.5: Improve caregiver supports**

### **STRATEGIES/ACTION STEPS:**

- Provide education, training, and options to help caregivers make better decisions and deal with current and prepare for possible future needs, including:
  - Provide a Caregiver Specialist within the ADRC who handles calls from caregivers with complex needs, such as making difficult decisions and planning for future needs.
  - Participate in local events targeting caregivers (e.g., conferences, training sessions) offered by other organizations.
  - Work with local partners, including the Alzheimer's Association, Easter Seals, and the two Memory Disorder Clinics in our service area, to understand the differing needs and preferences of local caregivers—including spouses, family members, LGBT elders, grandparents, etc.
- Provide caregiver training and support, through evidence-based programs such as Savvy Caregiver.
- Provide—when assessed for need and funding is available—services such as:
  - Home-delivered meals, companionship, transportation, homemaking, home maintenance and repair, personal care, chore, respite (in home or facility based), and other supportive services to alleviate the burden on family caregivers.
  - Volunteer companions (retired seniors helping seniors) and older caregivers providing care for spouse, grandchildren, or other relatives, as funding is available.
- Administer programs such as R.E.L.I.E.F., which provides volunteer-based respite services designed to support family caregivers of frail homebound elders age 60+ and those with Alzheimer's disease and dementia.

### **OUTCOMES:**

Caregiver Specialist role was created and continues to provide specialize support to caregivers.  
Savvy Caregiver was begun in 2020

### **OUTPUTS:**

- 2146 calls handled by the Caregiver Specialist
- 7 local events targeting caregivers attended
- 4 Savvy Caregiver Workshops delivered.
- Services provided under ADI, HCE and OAA
  - Served 19 caregivers and provided 5,635 respite units through RELIEF for 2020 (FY2020/2021)
  - Provided 171,710.50 hours of HMK for all programs (1/1/21-12/31/21)
  - Provided 68,819.65 hours of PECA for all programs (1/1/21-12/31/21)
  - Provided 83,000 trips of transportation for all programs (1/1/21-12/31/21)
  - Provided 298,367.75 hours of all respite type services (in-home and center based) for all programs (1/1/21-12/31/21)
  - Provided 9,541 hours of COMP for all programs (1/1/21-12/31/21)

**GOAL 3: Empower seniors and their caregivers to live active, healthy lives to improve their mental and physical health status**

**OBJECTIVE 3.1: ▲ Continue to increase the use of Evidence-Based (EB) programs at the community level**

**STRATEGIES/ACTION STEPS:**

- Manage and coordinate programs that empower seniors to control their own health through community-level interventions.
  - Collaborate with providers in the Aging Network and with community partners in the age-friendly/livable communities movement to increase awareness of the need for evidence-based programs in the community and advocate to increase their availability and scope.
  - Ensure that all Alliance staff and volunteers conducting education and outreach are aware of evidence-based Healthy Aging programs being offered in the service area, so that information and multi-lingual materials describing them are available to individuals in the community.
- Maintain a list of evidence-based programs that build self-confidence and reduce disease progression for older adults, particularly those with chronic conditions, currently offered by members of the Aging Network and partner organizations:
  - Living Healthy/Tomando Control de su Salud
  - Diabetes Self-Management/Program de Manejo Personal de la Diabetes
  - A Matter of Balance/Un Asunto de Equilibrio
  - Home Meds
  - Enhance Fitness
- Establish Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), an evidence-based elder mental wellness/depression prevention program.
- Sustain continued funding through multiple sources for evidence-based wellness programs.

**OUTCOMES:**

The Alliance continued to empower older adults to live active, healthy lives by diversifying its programming, partnerships, and sources of funding. Many programs pivoted to virtual platforms. This unit delivered evidence-based healthy aging programs in Spanish and English throughout PSA 11 in partnership with community centers, activity centers, and faith-based organizations.

The Alliance contracts with the local VA Medical Center under the Veteran Directed Care program to continue delivering services to 30 veterans with service-connected disabilities. The program allows qualifying veterans the opportunity to recruit and hire their own caregivers as well as to choose services they need. It allows veterans to live more independently in their communities, avoiding costly nursing home placement.

Several new programs were initiated in 2020 to respond to pandemic-related community needs. These include:

- Pet Project – pet food distribution to help support continued pet companionship.
- Care Packages – distribution of 4,000 packages with hygiene and cleaning products to support self-isolation.
- Care Transitions/ Hospital to Home – a collaboration with local hospitals to provide home-based services to eligible clients for 60 days post hospital discharge. This was initiated to support local hospitals' need to safely discharge elders, particularly as hospitals were challenged with maintaining bed capacity.
- Live, Learn, Grow – A weekly virtual support group led by a geriatric counselor in English and Spanish, consisting of topics including loneliness, social isolation, and emotional and mental health.
- PEARLS – telephonic, individual counseling for minor depression and loneliness.

The Alliance has successfully applied for several grants as either the prime or sub-contractor. During the past 2 years, the Alliance was awarded nearly \$150,000 in grant funding from various foundations. These grants funded post-Irma disaster relief, Aging Mastery Program, Chronic Disease Workshops in Haitian Creole, a Bereavement Seminar, community meetings to assess current unmet needs, and establishment of PEARLS.

**OUTPUTS:**

- In 2020
  - 53 EB workshops offered to 888 participants
- In 2021
  - 157 EB workshops offered to 1905 participants
  - 4 alternate funding sources identified for EB programs
  - 720 older adults participated in Enhance Fitness sessions



### **OBJECTIVE 3.2: Promote good nutrition and physical activity to maintain healthy lifestyles**

#### **STRATEGIES/ACTION STEPS:**

- Engage stakeholders and community partners in coordinated comprehensive nutrition and physical activity programs and community programs that help build social supports (e.g., increasing the use of congregate meal and adult day care sites).
  - Collaborate with community partners in the age-friendly movement to increase awareness of food insecurity among older adults, and the need for enhanced opportunities for nutritional support services (e.g., congregate meals, home-delivered meals, take-home meals, and donations from food banks).
- Develop social support for programs that promote active lifestyles and use of public facilities (e.g. walking or bike trails, classes at gyms or senior centers, athletic fields, etc.).
  - Collaborate with community partners in the age-friendly movement to increase awareness of parks and outdoor spaces among older adults; enhance older adult programming at parks and senior centers; and include the needs of older adults in planning.

#### **OUTCOMES:**

Several programs were developed in 2020 to respond to pandemic-related community needs. Many of these programs, now in their second year include:

- Pet Project – pet food delivery and distribution to homebound and disabled pet owners throughout the PSA to help support continued pet companionship.
- Care Packages – distributed 4,000 personal hygiene care packages to support those suffering from feelings of loneliness and self-isolation.
- Care Transitions – a collaboration with local hospitals to provide home-based services for 60 days post discharge. This was initiated to support local hospitals' need to safely discharge elders, particularly as hospitals were challenged with maintaining bed capacity.
- Live, Learn, Grow – a weekly virtual support group for emotional and mental health.
- PEARLS – telephonic, individual counseling for minor depression and loneliness.
- U-Connect - the Alliance enrolled nearly 400 elders, enabling them to use their personal TV to access live, interactive wellness content, family communication, and peer-led groups.
- Restaurant Connection-partnered with local restaurants to provide nutritious meals to older adults in Miami-Dade County during the COVID-19 pandemic.

#### **OUTPUTS:**

- 2 community partners promoting food insecurity awareness (Feeding South Florida, Consortium for a Healthier Miami-Dade)
- 2 community partner promoting awareness of parks (Miami Age Friendly Initiative, Consortium for a Healthier Miami-Dade)
- In 2021, Alliance and providers provided 2.88 million home-delivered meals.
- 1,893 clients served through the Restaurant Connection

### **OBJECTIVE 3.3: Promote the adoption of healthy behaviors**

#### **STRATEGIES/ACTION STEPS:**

- Collaborate with community partners in the age-friendly/livable communities movement (e.g., United Way, AARP, Health Foundation of South Florida), the Miami-Dade County Department of Health's Consortium for a Healthier Miami-Dade's Elder Issues Committee, and the Miami-Dade County Mayor's Initiative, to increase awareness of the importance of healthy behaviors for older adults and encourage local communities to support age-friendly policies that improve the health and well-being of older adults in eight core areas: housing, transportation, outdoor spaces and buildings; communication and information; social participation; employment and civic engagement; respect and social inclusion; and community health services.

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#### **OUTCOMES:**

- In 2020, the Alliance and its service providers closed all congregate meal sites due to COVID-related precautions. However, the Alliance and its service providers continued providing services and programs that support positive, healthy lifestyles for older adults, including:
  - Home-delivered meals and telephone reassurance calls to clients to address loneliness, isolation and stress caused by the closure of the senior center sites as a result of the COVID-19 pandemic.
  - Evidence-based wellness and chronic disease management workshops for older adults in the community, such as DSMP, CDSMP, Aging Mastery Program, etc.
- In 2021, Alliance partnered with Health Foundation of South Florida for a door-to-door canvas of underserved areas of Miami-Dade County to provide outreach and education about vaccines. In the first three months, we reached 2,082 households of either older adults or caregivers, and the program continues.
- Several new programs were initiated in 2020 to respond to pandemic-related community needs. These include:
  - Pet Project – pet food distribution to help support continued pet companionship.
  - U-Connect - the Alliance enrolled nearly 400 elders, enabling them to use their personal TV to access live, interactive wellness content, family communication, and peer-led groups.
  - Care Packages – distribution of 4,000 packages with hygiene and cleaning products to support self-isolation.
  - Care Transitions – a collaboration with local hospitals to provide home-based services for up to 90 days post discharge. This was initiated to support local hospitals' need to safely discharge elders, particularly as hospitals were challenged with maintaining bed capacity.
  - Live, Learn, Grow – a weekly virtual support group for emotional and mental health.
  - PEARLS – telephonic, individual counseling for minor depression and loneliness.
  - Restaurant Connection-partnered with local restaurants to provide nutritious meals to older adults in Miami-Dade County during the COVID-19 pandemic.
  - Mental Health Counseling- The Alliance partnered with existing contracted providers to offer mental health counseling to older adults emotionally and mentally affected by the COVID-19 pandemic.

#### **OUTPUTS:**

- 6 community partners promoting healthy behaviors
- 10 programs delivered
- 3 Restaurants partnered with the Alliance to provide home-delivered meals
- 6 providers partnered with the Alliance to provide mental health counseling

**OBJECTIVE 3.4: Advocate for prevention and early intervention of mental health and substance abuse services for elders**

**STRATEGIES/ACTION STEPS:**

- Collaborate with community partners, including mental and behavioral health organizations such as the South Florida Behavioral Health Network, to better understand the extent of mental and behavioral health issues among older adults in our service area, and the array of services currently available for older adults and their caregivers (and inclusion in the ReferNET database).
- Collaborate with the Mental Health Association of Southeast Florida, local behavioral health organizations, and community partners in the Age-Friendly movement, to raise awareness about the need for more appropriate interventions for older adults, including the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) program to enhance mental wellness and reduce elder depression.

**OUTCOMES:**

- PEARLS was established as a service in 2020. Live, Learn, Grow was established as a virtual support group in English and Spanish to address loneliness during the pandemic.
- Partnered with Alliance funded providers to fund Mental Health Supportive Projects with COVID emergency funding

**OUTPUTS:**

- 3 community partners involved in mental/behavioral health promotion
- Partnered with 6 providers and provided mental health counseling to 140 individuals and over 200 group counseling sessions.

**GOAL 4:** Ensure the legal rights of seniors are protected and prevent their abuse, neglect, and exploitation

**OBJECTIVE 4.1:** Collaborate and coordinate within the community and aging network to increase accessible legal services

**STRATEGIES/ACTION STEPS:**

- Participate in ongoing joint planning between the aging network and legal assistance providers to identify target groups, establish priority legal issue areas, and develop outreach mechanisms to ensure limited legal assistance resources are allocated in such a way as to reach those seniors who are most vulnerable and have the most critical legal needs, including:
  - Work with Legal Services of Greater Miami to implement their Elder Justice Program, which will focus on educating the public and addressing legal issues concerning elders' real property, consumer fraud, and breach of fiduciary duties (financial exploitation).
  - Cross-train staff from the legal services provider, the ADRC/Elder Helpline, Aging Network providers and the AAA Advisory Council on how to identify need and provide information on the legal services available to older adults.

**OUTCOMES:**

- Created a collaboration with Florida Health Justice Project to deliver educational sessions on The Advocate's Guide to the Florida Long-Term Care Medicaid Waiver.
- The Alliance works jointly with Legal Services of Greater Miami to serve the needs of older adults. The Alliance engages in joint-planning with Legal Services to set annual priority issues, provide staff/provider training, and to identify locations in both Miami-Dade and Monroe Counties where Legal Services can provide community educational events.

**OUTPUTS:**

- 390 clients receiving legal assistance

**OBJECTIVE 4.2: ▲ Facilitate the integration of Older Americans Act elder rights programs into Aging Services**

**STRATEGIES/ACTION STEPS:**

- Provide in-person and/or online training and use available technology and media outlets to inform older adults, the public, and professionals.
- Include a link to Legal Services of Greater Miami on our website.
- Promote an understanding of individual rights by conducting workshops on how to prevent identity theft and financial exploitation of older adults.

**OUTCOMES:**

Legal services are included on the Alliance website. Services include Senior Legal Helpline, Legal Services of Greater Miami, Lawyer Referral Service, Academy of Florida Elder Law Attorneys,

The Elder Abuse and Financial Exploitation Prevention program promoted World Elder Abuse Awareness Day through a virtual seminar with four local EA leaders, electronic posters placed in county buses, Twitter announcements, and an interview on radio program Sin Fronteras.

The Elder Abuse and Financial Exploitation Prevention program delivered presentations to promote awareness and education regarding elder abuse and ways to prevent them.

**OUTPUTS:**

- In 2020:
  - 35 presentations provided information to 2,496 participants about recognizing, preventing and reporting elder physical abuse and financial exploitation.
  - 7 professional trainings were delivered to 156 professionals
  - 10 PSAs reached an estimated 613,360 people
- In 2021:
  - 24 presentations provided information to 2,107 participants about recognizing, preventing and reporting elder physical abuse and financial exploitation.
  - 8 professional trainings were delivered to 319 professionals
  - 7 PSAs reached an estimated 92,400 people

**OBJECTIVE 4.3: ▲ Improve the identification and utilization of measurable consumer outcomes for elder rights programs**

**STRATEGIES/ACTION STEPS:**

- Participate in statewide efforts to increase access to legal assistance; and, address the quality of legal assistance provided

**OUTCOMES:**

- Participated in the Elder and Vulnerable Adult Work Group convened by Mayor Levine Cava and co-chaired by Miami-Dade County's Interim Chief Public Safety Officer and the Mayor's Older Adult and Special Needs Advocate.
- Participated in Legal Services of Greater Miami's annual meeting to discussing priority focus areas.
- Participated in the establishment of priority issue areas with the legal assistance provider to ensure that the broad categories of legal assistance specified in the OAA are available in Miami Dade and Monroe Counties. The broad categories include: Income; Healthcare; Nutrition; Housing and Utilities; Defense of Guardianship; Abuse, Neglect, and Exploitation; Age Discrimination; Protective Services.

**OUTPUTS:**

- q meeting attended with Legal Services of Greater Miami
- Attended 1 meeting of the Elder and Vulnerable Adult Work Group



#### **OBJECTIVE 4.4: Promote primary prevention of elder abuse, neglect, and exploitation**

##### **STRATEGIES/ACTION STEPS:**

- Support primary prevention activities focused on preventing elder abuse, neglect, and exploitation, including working with Adult Protective Services (APS) to address the critical needs of older adults in immediate danger.
- Provide public education of the special needs of elders and the risk factors for abuse in vulnerable adults, including educating providers, caregivers, family members, and other community members on the signs of abuse and financial exploitation through workshops and presentations.
  - Train interns from local universities to give educational presentations on elder abuse in the community
  - Provide training to professionals in community-based organizations by request

##### **OUTCOMES:**

- The Elder Abuse and Financial Exploitation Prevention program delivered presentations to promote awareness and education regarding elder abuse and ways to prevent it. Virtual and in-person presentations provided information about recognizing, preventing, and reporting elder physical abuse and financial exploitation.
- Participated in Legal Services of Greater Miami's annual meeting to discussing priority focus areas.
- Participate in the establishment of priority issue areas with the legal assistance provider to ensure that the broad categories of legal assistance specified in the OAA are available in Miami Dade and Monroe Counties. The broad categories include: Income; Healthcare; Nutrition; Housing and Utilities; Defense of Guardianship; Abuse, Neglect, and Exploitation; Age Discrimination; Protective Services.

##### **OUTPUTS:**

- In 2020:
  - 35 presentations provided information to 2,496 participants about recognizing, preventing and reporting elder physical abuse and financial exploitation.
  - 7 professional trainings were delivered to 156 professionals
  - 10 PSAs reached an estimated 613,360 people
- In 2021:
  - 24 presentations provided information to 2,107 participants about recognizing, preventing and reporting elder physical abuse and financial exploitation.
  - 8 professional trainings were delivered to 319 professionals
  - 7 PSAs reached an estimated 92,400 people
- 1 meeting attended with Legal Services of Greater Miami

**OBJECTIVE 4.5: Reduce the rate of abuse, neglect, and exploitation (ANE) recidivism through education, outreach, and the provision of services**

**STRATEGIES/ACTION STEPS:**

- Reduce the rate of recidivism through education and outreach for caregivers and clients to help them with coping skills and services to alleviate caregiver stress and possible family strife.
- Establish and maintain collaborative relationships with other entities that endeavor to prevent elder abuse, neglect, and exploitation, such as Adult Protective Services and the Department of Children and Families.
  - Ensure that all APS High-Risk referrals are served within 72 hours and jointly staffing APS cases with case management agencies and DCF to ensure that client needs have been met.

**OUTCOMES:**

The Elder Abuse and Financial Exploitation Prevention program delivered presentations to promote awareness and education regarding elder abuse and ways to prevent it. Savvy Caregiver workshops were delivered to support caregivers' stress management skills.

**OUTPUTS:**

- 6 collaborations focused on prevention of elder abuse, neglect and exploitation
- 5108 people were reached
- 4 Savvy Caregiver workshops were delivered.
- Provided crisis resolving services within 72 hours of receiving a referral to 23 high risk self-neglect cases referred by DCF (7/1/2020-6/30/21)

**OBJECTIVE 4.6: Increase the awareness of health care fraud and other elder rights issues**

**STRATEGIES/ACTION STEPS:**

- Work with community partners to increase awareness, including:
  - Senior Medicare Patrol to bring information on Medicare fraud to older adults in community settings.
  - Community partners in the Age-Friendly/Livable Communities initiative to increase awareness of the impact of health care fraud and financial exploitation on older adults.

**OUTCOMES:**

The Elder Abuse and Financial Exploitation Prevention program delivered presentations to promote awareness and education regarding elder abuse and ways to prevent it

**OUTPUTS:**

- 8 community partners
- During 2020-21, 4,603 people reached
- During 2020-21, 23 virtual and in-person SMP community presentations were delivered in English and Spanish. Seven of these workshops were delivered in Monroe County.

**GOAL 5:** Participate in community efforts to ensure your PSA is addressing the state’s mission to create livable communities by promoting this work through the eight domains of livability framework. Support the work DOEA is doing in collaboration with AARP and the World Health Organization’s (WHO) Age-Friendly Cities and Communities Program.

**OBJECTIVE 5.1: ▲ Community Support and Health System:** Coordinate with community partners for increased access to affordable, person-centered health care and social services to promote active and independent living.

**STRATEGIES/ACTION STEPS:**

- Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and others) to develop communities that support aging in place, by:
  - Participating on local efforts, to raise awareness about programs promoting active and independent living.

**OUTCOMES:**

The Alliance continues to collaborate with other elder-serving organizations on an Older Adult Advocacy Task Force, convened by the United Way of Miami-Dade County to advocate for creation of a Senior Trust, similar to a Children’s Trust. The group continued to educate the general population, as well as elected officials, about the growing need for services for older adults. In May, it organized a Stand Up for Older Adults Forum. Nearly ninety leaders came together to lay groundwork for more collaborative advocacy in 2020.

**OUTPUTS:**

- 1 relationship with the local county health departments to promote planning and development of the age-friendly public health system, through participation in SHIP planning, MAPP Steering Committee

**OBJECTIVE 5.2: ▲ Housing: Promote safe, accessible, and affordable housing that supports aging in place.**

**STRATEGIES/ACTION STEPS:**

- Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and others) to develop communities that support aging in place, by:
  - Participate on local initiatives such as the Greater Miami Chamber of Commerce's Housing Solutions Task Force, to raise awareness about the need for affordable and accessible housing for older adults

**OUTCOMES:**

A wide range of housing options are available for residents, and the community has access to home modification programs. The Alliance featured elder homelessness as a topic during its annual fundraiser. In addition, the Alliance has initiated discussions with the Homeless Trust, Camillus House, and other organizations involved in homelessness to bring attention to and see joint solutions to elder homelessness. The Alliance has established a process to receive referrals for new clients going into Mia Casa, to assist with their applications to MMLTC or CCE programs.

**OUTPUTS:**

- 3 community partners focused on expanding housing options, and home modification programs.

**OBJECTIVE 5.3: ▲ Transportation:** Increase awareness of and promote safe and reliable transportation options to increase mobility and community participation.

**STRATEGIES/ACTION STEPS:**

- Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, TPO, and others) to develop communities that support aging in place, by:
  - Participate on local initiatives to raise awareness about the need for safe and reliable transportation options for older adults.

**OUTCOMES:**

Alternative transportation options that allow members to still have access to health care, shopping, social engagement programs, civic participation, employment, and services.

**OUTPUTS:**

- 1 collaboration focused on alternative transportation options, through Miami-Dade AFI



**OBJECTIVE 5.4: ▲ Communication and Information:** Increase access to information through various methods including print, tv, and digital media.

**STRATEGIES/ACTION STEPS:**

- Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, TPO, and others) on local initiatives to increase access to information.
- Website, health fairs, SHINE marketing

**OUTCOMES:**

Virtual programming via the Uniper platform, helping to bridge the digital divide for elders who are not comfortable with an online platform.

Participation in the MD DOH Health Equity Taskforce focused on addressing the SDOH through a variety of initiatives including increasing access to information.

**OUTPUTS:**

- 2 collaborations focused on increased access to information
- 400 Uniper subscribers established

**OBJECTIVE 5.5: ▲ Respect and Social Inclusion: Promote, engage, and celebrate the valuable contributions of all adults in the community.**

**STRATEGIES/ACTION STEPS:**

Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, TPO, and others) to participate on local initiatives to promote respect and social inclusion.

**OUTCOMES:**

Participation in workgroups that promote inclusion

**OUTPUTS:**

- Participation in the Age Friendly Initiative – 12 annual meetings
- Participation in MDC Health Equity Committee- 12 annual meetings
- Participation in United Way Older Adult Advocacy Taskforce- 12 annual meetings
- Participation in MDC Healthy Aging Subcommittee (Taskforce Healthy Living) – 12 annual meetings
- Participation in outreach to educate about the availability of services and programs that promote social inclusion
- Hosted 2 community webinars on Aging Smarter, Brain Health
- New Face of Aging- 1 annual meeting

**OBJECTIVE 5.6: ▲ Civic Participation and Employment:** Increase awareness of opportunities to contribute in the workplace and volunteer to make a difference in the community.

**STRATEGIES/ACTION STEPS:**

- Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, TPO, and others) to participate on local initiatives to raise awareness opportunities to contribute in the workplace and volunteer for older adults.

**OUTCOMES:**

Promotion of the Senior Community Service Employment Program (SCSEP), community service, and volunteer opportunities.

There was no impact in SCSEP because most staff were working remotely and we did not employ SCSEP workers during this period. There is one SCSEP staff in the ADRC, from Urban League.

**OUTPUTS:**

- Reserve is no longer operational.
- Aging Network:
  - Unduplicated Direct Service Volunteers 786
  - Unduplicated Indirect Service Volunteers 316
  - Episodic Volunteers 53
  - Direct Volunteer Hours Served 23,1218
  - Indirect Volunteer Hours Served 12,695
  - Episodic Volunteer Hours Served 3,162
  - Clients Served 22,441
  - Volunteers over 60 742
  - Volunteers under 60 413
  - Adult Day Care volunteers 6
  - Advisory Council / Board Membership 140
  - AmeriCorps volunteers 37
  - Clerical / Administration 9
  - Companionship Programs volunteers 10
  - Congregate Meals volunteers 206
  - Consumer Education / Counseling volunteers 3
  - Disaster Preparation / Recovery volunteers 2
  - Foster Grandparents volunteers 64
  - Fundraising volunteers 9
  - Health Promotion volunteers 3
  - Home Delivered Meals volunteers 2
  - Information and Referral volunteers 9
  - Intergenerational volunteers 37
  - Legal Assistance volunteers 78
  - RSVP volunteers 268
  - Recreation volunteers 22
  - RELIEF volunteers 19
  - Senior Companion volunteers 136
  - Senior Prevention volunteers 1
  - SHINE volunteers 27
  - Special Events volunteers 31
  - Telephone Reassurance volunteers 34

**OBJECTIVE 5.7: ▲ Social Participation:** Increase awareness of and promote easy access to social and cultural activities for increased quality of life.

**STRATEGIES/ACTION STEPS:**

- Collaborate with members of the state’s Livable Communities initiative, as well as community partners in the Age-Friendly movement, to increase awareness of the importance of respect, social inclusion, and social participation of older adults in the community, including:
  - Promote volunteerism and intergenerational programs and activities that allow elders to “give back” while educating younger generations about the value elders bring.

**OUTCOMES:**

Several new programs have been implemented to promote engagement in social activities. These include:

- Pet Project – pet food distribution to help support continued pet companionship.
- Care Packages – distribution of 6,500 packages with hygiene and cleaning products to support self-isolation.
- Live, Learn, Grow – a weekly virtual support group for emotional and mental health.
- PEARLS – telephonic, individual counseling for minor depression and loneliness

Distribution of the County’s Golden Ticket publication to encourage participation in social activities.

**OUTPUTS:**

- 17 collaborations focused on preventing social isolation and increase engagement through evidence-based programs

**OBJECTIVE 5.8: ▲ Outdoor Spaces and Buildings: Work with community partners to ensure accessible, inviting, and safe outdoor spaces and buildings that encourage active participation and recreation.**

**STRATEGIES/ACTION STEPS:**

- Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, TPO, and others) to develop communities that support aging in place by participating on local initiatives to raise awareness about the need for safe and reliable transportation options for older adults.
- Develop social support for programs that promote active lifestyles and use of public facilities (e.g. walking or bike trails, classes at gyms or senior centers, athletic fields, etc.).
- Collaborate with community partners in the age-friendly movement to increase awareness of parks and outdoor spaces among older adults; enhance older adult programming at parks and senior centers; and include the needs of older adults in planning.

**OUTCOMES:**

**OUTPUTS:**

- 17 collaborations focused on ensuring safe, accessible outdoor spaces. preventing social isolation and increasing engagement through evidence-based programs

**GOAL 6: Maintain effective and responsive management.**

**OBJECTIVE 6.1: Promote and incorporate management practices that encourage greater efficiency**

**STRATEGIES/ACTION STEPS:**

- The development and monitoring of standards, criteria, or specific procedures used by the service providers in evaluating the quality of services provided.
- Ongoing management analysis of:
  - Performance and performance gaps based on internal monitoring, quality assurance, and performance-based standards and outcomes.
  - Improvement objectives based on internal monitoring, quality assurance, and performance-based standards and outcomes.
- Active participation of the Advisory Council and Board of Directors in the analysis of improvement objectives as identified by the AAA through internal monitoring, and performance-based standards and outcomes quality assurance activities.
- Incorporate call centers standards and data analysis for internal monitoring and quality assurance.
- Comply with F4A data collection and analysis requirements and quality assurance activities that are commensurate with F4A policies and procedures (current and as updated over life of this plan) .

**OUTCOMES:**

The Board of Directors expanded its engagement in supporting Alliance priorities by creating new committees for Development and Communications and for Advocacy. These committees join the Executive Committee, Finance Committee, the New Face of Aging Committee, and the Advisory Council in providing leadership for the Board in vital areas of Alliance responsibilities. In 2020, the Finance Committee adopted and the Board approved an Operating Reserve Fund Policy which has been shared with F4A. The Board and Executive Committee meet on alternative months and other committees meet monthly or on an as needed basis. The Board and its committees have been successful in generating greater participation of members and in providing management with feedback and recommendations for improved operations.

Our Fiscal unit continues to strive for improvements of efficiencies and effectiveness for internal and external reporting measures and tools. The Alliance released the ADI RFP in 2019 and announced awards for the next six-year ADI procurement cycle for four contracts in early 2020: three in Miami-Dade and one in Monroe. Contracts began in July 2020. In addition, in the fall of 2020, Miami-Dade County reached out to the Alliance for support to develop, release, and eventually award CARES funding to Adult Day Care Centers located in the unincorporated areas of Miami-Dade County. There were some 50 Adult Day Care Centers awarded a total of \$2M. Those awards were announced and funding released in late December 2020.

The overall challenge of the pandemic and the emergency funding that followed created new capacity to serve elders in need along with new requirements and processes. The Fiscal unit, in concert with Contract Management, supported and guided our provider network through the use and application of the additional funding pursuant to direction from DOEA.

The Fiscal unit continues to look to the future to make improvements in the areas of analysis, reporting, and leveraging available and potentially new technologies. One such example is implementing and utilizing an option already available through the existing accounting platform to better track vendor payments made by Credit Card. Overall, internal, and external relationships continue to grow in trust and collaboration between Fiscal and other



Alliance units, the provider network, and others conducting business with the Alliance. In 2021, the Alliance researched and prepared to contract with a technology consulting firm to understand the Alliance needs, review its current software technology usage, and recommend means to improve and grow its software technology infrastructure for greater efficiency and improved productivity to better serve the community.

In 2019, the Alliance signed a lease for an additional 3,500 square feet on the first floor of the building where its offices are located. The new space included a large conference room and offices for SHINE. As part of the new lease agreement, the landlord agreed to convert and merge the old conference room on the 2nd floor into a large open floor area to expand the size of the ADRC's Helpline and Intake units. Alliance took possession of the first-floor conference room and SHINE offices in August of 2020, and the remodel of the 2nd floor ADRC space in early 2021.

The Alliance had already begun to develop plans to move its file servers to an AWS cloud in early 2020. Those plans were not completed when the pandemic hit. Although there was no ability for staff to work remotely at the time, the Alliance was able to make remote work possible in less than three weeks. AWS cloud servers were implemented a few months later. Plans then began to move the phone system to a cloud environment that also attracted the interest of other PSAs. PSA11 took the lead in the research, recommendation, and eventual implementation of a cloud-based phone system through Avaya.

The Alliance had grown in numbers of staff to the point that it created a Human Resources unit. In August 2020, the Alliance hired an HR Manager and began to develop an HR department through implementation of policies and processes for hiring, onboarding, and other traditional HR functions thereby relieving supervisory staff to support and guide staff for greater productivity.

Our Staff Engagement Committee continued to evolve and develop new ways to engage staff during the pandemic. The Committee, with representatives from each unit, created videos for all staff on special occasions, including Valentine's Day, Mother's Day, and Father's Day. The Committee also designed a quarterly newsletter which is now a regular feature.

Partnered with other PSAs through the Programs workgroup to develop a standard monitoring policy to be used to monitor service providers in evaluating the quality of services provided and program compliance.

#### **OUTPUTS:**

- 4 new efficiencies created with anticipation of further efficiencies when not yet completed plans have been implemented.

**OBJECTIVE 6.2: Effectively manage state and federal funds to ensure consumers' needs are met and funds are appropriately spent.**

**STRATEGIES/ACTION STEPS:**

- Effectively report budgetary surplus/deficit projections.
- Review monthly provider expenditures and budget plans to ensure expenditures are on target.
- Analyze management policies to reduce and eliminate unspent contracted program funds.
- Enhance communication and collaboration with providers to ensure the appropriate transfer of funds among providers projecting surpluses.

**OUTCOMES:**

The Alliance contracts with 22 service provider agencies that provide services to older adults in Miami-Dade and Monroe Counties. There are also 72 congregate meal sites contracted by the Alliance to provide meals and transportation. Sites provide daily meals as well as recreational activities that help reduce isolation. Meetings are scheduled regularly to provide training and technical assistance to providers to ensure compliance and understanding of programmatic and fiscal requirements. However, during March 2020, assistance was reduced to communication about emergency funding and reporting requirements that changed during the year since providers were working remotely and/or with skeletal crews. It was targeted to addressing the most pressing issues.

When the COVID-19 pandemic hit in March 2020, the Alliance and its providers quickly adjusted services and programs to help meet immediate needs. As congregate meal sites and adult day care centers closed, services needed to pivot to home-based or virtual platforms. The Coronavirus Aid, Relief, and Economic Security Act, i.e., CARES, provided \$2.2 trillion in national emergency economic stimulus. This funding enabled the Alliance to transition to telecommuting and virtual programming. It empowered clients to continue to make informed decisions, exercise control over their long-term care needs, and achieve their personal goals and preferences, while remaining at home. CARES funding allowed the Alliance to develop programs, including the Restaurant Connection, to help meet the needs of the older community. In partnership with several local restaurants, 266,000 home-delivered meals were provided to 1,893 newly-enrolled elders each day.

**OUTPUTS:**

- *4 alternate sources of funding identified*

**OBJECTIVE 6.3:** Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders.

**STRATEGIES/ACTION STEPS:**

- Develop and maintain formal agreements with local, state, and federal entities that provide disaster relief and recovery, including:
  - Participate in Miami-Dade County Emergency Management's Voluntary Organizations Active in Disasters (VOAD), which coordinates disaster preparedness and response among local nonprofits (e.g., United Way, Salvation Army, Switchboard of Miami, and others).
- Require all contracted providers to submit:
  - An annual Continuation of Operations/Disaster plan that details steps to be taken to ensure continuation of services to clients before, during, and/or after a disaster.
  - An emergency contact form that also indicates whether they will be able to serve additional clients in the event of an emergency or serve as distribution points for DOEA resources.
- Identify and plan for consumer needs, encouraging advance registration for special needs shelters and evacuation assistance programs, and assisting with the dissemination of information on available resources during the recovery phase after a disaster.
- Disseminate evacuation zone rosters to staff and partners, to ensure client locations are known for preparation and relief efforts.

**OUTCOMES:**

The Alliance conducted annual Disaster Preparedness training for all service providers which included the participation of representatives from Miami-Dade Office of Emergency Management (EOC), Feeding South Florida, and United Way.

**OUTPUTS:**

- 22 evacuation zone rosters and maps distributed to staff and partners, to ensure client locations are known for preparation and relief efforts

**OBJECTIVE 6.4: Accurately maintain the Client Information and Registration Tracking System (CIRTS) data**

**STRATEGIES/ACTION STEPS:**

- Improve accuracy of eCIRTS data by:
  - Actively comparing eCIRTS data to information in client files to verify the accuracy of eCIRTS data during quarterly and annual client file reviews.
  - Reviewing eCIRTS exception reports (once available) monthly and communicating with providers concerning exceptions that must be corrected to ensure data accuracy.
- Create and share board-approved policies on compliance with eCIRTS data integrity.
  - Provide training and ongoing technical assistance to ensure that employees and staff at provider organizations in the Aging Network understand how appropriately use eCIRTS.

**OUTCOMES:**

To ensure that data is entered accurately in eCIRTS and that data is updated in a timely manner as to reflect changes. Examples of quality assurance actions include the AAA working to ensure that addresses for active clients were entered by staff and partners into eCIRTS accurately and in the most effective format or to make corrections if a client location cannot be identified, to ensure that individuals' home addresses have the highest likelihood of being properly located and mapped by the Department to identify their assigned evacuation zone.

**OUTPUTS:**

The Alliance ran monthly eCIRTS exception reports (once available) to ensure service providers are adhering to eCIRTS Data Integrity requirements. However, since 12/7/2021 with the transition to eCIRTS, the system's report are not working properly and the Alliance has not been able to general reports to ensure data accuracy.

**OBJECTIVE 6.5: Promote volunteerism by and for seniors when possible.**

**STRATEGIES/ACTION STEPS:**

- Identify, evaluate, and implement “best practices” that enhance the recruitment and use of trained volunteers in providing direct services to older individuals and individuals with disabilities, including:
  - Collaborate with ReServe as they seek to implement the Dementia Care Coaching project in Miami-Dade; and continue to employ ReServists in the Alliance offices (as funding permits) ReServe is no longer operational.
  - Encourage older adults to become SHINE volunteers.

**OUTCOMES:**

- Continue to use current Volunteer Retention and Recruitment strategies.

**OUTPUTS:**

- # of new volunteers recruited
  - ⊖ SHINE 2

**Goal 7: Co-establish and participate in at least one Dementia Care and Cure Initiative (DCCI) Task Force in the Planning and Service Area (PSA).**

**OBJECTIVE 7.1: ▲ Coordinate with the Memory Disorder Clinic (MDC) and local community leaders in Alzheimer's disease and related dementias (ADRD) in your area to create a DCCI Task Force.**

**STRATEGIES/ACTION STEPS:**

- With DOEA support, establish the DCCI/Miami Taskforce. Recruit members.
- Send information to the counties and municipalities in our area about the initiative, directing them to the Department for more information or to get involved.
- Share information disseminated by DOEA and by Taskforce members via newsletters, social media, etc.
- Support and attend training provided by Memory Disorder Clinics annually on Alzheimer's disease and related dementia.
- Develop the position of Lead ADI Contract Manager to support and be an active member of the Dementia Care and Cure Initiative (DCCI) Taskforce, as well as encourage Alliance funded providers to participate, in order to increase dementia awareness.

**OUTCOMES:**

The Alliance co-chairs the Miami DCCI) Taskforce. Fourteen community organizations coordinate efforts to increase awareness of dementia. The Taskforce collaborated with Miami Age Friendly Initiative (AFI) to deliver dementia training to all local AFI municipalities.

**OUTPUTS:**

- 2 DCCI educational trainings offered
- 14 partners on taskforce
- 35 people reached
- 2 ADI funded providers in taskforce

**OBJECTIVE 7.2: ▲ Collaborate with Task Force members to designate community entities as Dementia-Caring.**

**STRATEGIES/ACTION STEPS:**

- With DOEA support, establish the DCCI/Miami Taskforce. Recruit members.
- Send information to the counties and municipalities in our area about the Dementia-Caring designation, directing them to the Department for more information or to get involved
- Share information disseminated by DOEA via newsletters, social media, etc.

**OUTCOMES:**

The Alliance has promoted support for the ALZ Stars campaign via newsletters, social media, emails and announcements at task force meetings.

**OUTPUTS:**

- 2 DCCI educational trainings offered
- 14 partners on taskforce
- 35 people reached



**OBJECTIVE 7.3: ▲ Promote DCCI education and outreach activities throughout your PSA.**

**STRATEGIES/ACTION STEPS:**

- With DOEA support, establish the DCCI/Miami Taskforce. Recruit members.
- Send information to the counties and municipalities in our area about the initiative, directing them to the Department for more information or to get involved.
- Share information disseminated by DOEA via newsletters, social media, etc.

**OUTCOMES:**

To spread awareness and sensitivity about dementia throughout your PSA to encourage safe and inclusive communities for all who seek to continue to be engaged throughout their lifetime, and by linking those living with dementia, their families, and care partners to local resources.

**OUTPUTS:**

- 2 DCCI educational trainings offered
- 14 partners on taskforce
- 35 people reached

**OBJECTIVE 7.4: ▲ Identify areas of need within the ADRD community throughout your PSA.**

**STRATEGIES/ACTION STEPS:**

- With DOEA support, establish the DCCI/Miami Taskforce. Recruit members.
- Gather information about ADRD-related needs through use of focus groups, community meetings, and caregiver support discussions.

**OUTCOMES:**

Advocacy for those living with dementia and recognize ways the Task Force can get involved in the community.

**OUTPUTS:**

2 DCCI educational trainings/presentations offered

1 need identified – Caregiver support and education, particularly in the Hispanic community

## Lessons Learned in Response to COVID-19:

### Best Practices Identified

- virtual platforms worked well as an additional venue for program delivery, and should be continued
- work from home worked very well and should be continued
- non traditional service delivery can help maintain wellbeing, and help the local economy. Programs such as Restaurant Initiative, Care Packages, Pet Project, Care Transitions should continue

### Challenges Faced

- Pivoting to virtual services and attracting clients to become more comfortable with virtual communications was very challenging. We did a lot of one-on-one training of clients and staff. We partnered with Uniper Care, which offers interactive live programming from the TV set
- Generally speaking, the pace of change and the accompanying requirements were very challenging. These improvements however, should continue beyond the Pandemic. The ability to offer some non traditional programs was crucial in meeting needs in various ways. We will continue to seek grant support for these programs, and encourage consideration of formalizing these services under DOEA funding.
- As the COVID 19 Pandemic hit, PSA 11 was placed in a position to purchase cell phones and cell phone plans for its 80 ADRC staff because remote connectivity to the physical office server was not good. Calls with clients were dropping which created client relationship concerns as well as productivity concerns. In addition, due to the remote connectivity, concerns were presented with existing call center queues and call center reporting as the existing call center application also resided on a physical office based server. The opportunity was presented to research, select, and move to a cloud based phone system and call center application. Though the implementation presented its own challenges, as the implementation of any new software or technology can be challenging, the new system has provided greater accessibility for clients and improved productivity from the previous remote connection. Providing tremendous flexibilities for staff working environments, even on the other side of COVID 19, and the ability to connect and provide accessibility to the community in the midst of other emergencies, such as storms, are some of the more important outcomes from the improved telephone technology.

### New ideas or processes that helped to successfully and efficiently provide services

- Virtual platforms such as Zoom and Uniper were very helpful in providing services and combatting social isolation. We embraced technology more than ever, and it allowed us to accomplish more and to be more efficient. This was true not only in terms of program delivery, but also in terms of work from home arrangements. Virtual platforms worked well, allowing us to interact directly with clients in their homes. Pivoting from traditional face-to-face to virtual platforms was challenging and required many attempts. The Uniper Program is a very promising platform, due to its versatility and relative simplicity of use. The most successful virtual platforms, such as Uniper, should continue to be included in AAA programming
- The Care Transitions program was introduced to help not only clients, but also local hospitals that were struggling from the very high volume of COVID cases they were treating. We successfully established a strong working relationship with one local hospital, who continues to refer an average of 20 clients per week. The program was successful because we offered a simple streamlined

process to deliver in-home support and services to their discharged patients. The biggest challenge to date has been the clients' reluctance to accept aides in their homes during the pandemic. This was particularly true before the vaccine became widespread. We found that many clients required more support than we were able to provide. We encountered many high-need clients, and they were encouraged to apply for CCE, HCE and LTC services. By doing so, this program became a bridge to more permanent long-term care. Due to the success of the program, we were able to expand to other health care providers.

- Our care packages and emergency hurricane kits were distributed in high risk and high need areas. We successfully partnered with a local medical supplier (providing support for a local veteran-owned small business) to purchase needed items. Our providers have whole heartedly embraced this effort and will partner with us to distribute these items to their most needy clients. Care packages include hand sanitizers, wipes, hand lotion, tissues, puzzle books, pill boxes, writing pads, and other practical items. The Emergency Hurricane Kits contain a three-day supply for 2 people of water pouches, emergency snack bars, a poncho, a light stick, all within a waterproof knapsack. In addition to providing needed items, this project served as an outreach strategy (as informational flyers were included in the packages), and a volunteer engagement strategy. We also intend to do a press release to bring awareness about the AAA's role in responding to societal needs.
- Community partners and providers were critical in helping us to meet the need and extend our reach. Pet Project, for example helped us ease the burden of pet ownership for hundreds of clients. By partnering with an organization that was already providing this service in a nearby county, we were able to quickly and easily stand up this service. This program was easily implemented and had very positive impacts by reducing the financial burden of pet ownership, and allowing owners to maintain healthy pets as companions, which is particularly important as elders continue to self-quarantine.

#### **Insights learned about your PSA (AAA, providers, community partners, clients, etc.) while responding to the pandemic**

- Many elders are already living on the edge of disaster. The Pandemic brought this to the forefront and highlighted the extent of need in our PSA.
- We learned that loneliness and mental health in general must be addressed more fully. Programs like Live, Learn, Grow and Pet Project helped us to address those needs. We have received very good feedback from clients for both programs, and we believe they should be continued. Live, Learn Grow provided a weekly friendly space for elders to meet and grow friendships. Some of our participants exchanged phone numbers and continued their friendship beyond the program. We added the Live, Learn, Grow sessions to the Uniper platform, and Uniper has reported to us that it is their most well attended program. We plan to continue adding programming to the Uniper platform to fully leverage that investment. We have received excellent feedback from the participants of this program. One example: *"Dear Ligia, Yesterday I attended your ...lecture on navigating aging and meaning. I have attended every one of them and I want to take this opportunity to thank you and [the Alliance for Aging] for this invaluable series of self- help lectures that were so much needed at this time of pandemic . Every Thursday my friends and I looked forward to hear you and discuss the points that we had learned among ourselves."*

#### **What would you do the same?**

- Experimentation with new programs and services to better meet new and changing needs
- Virtual services
- Remote work options

#### **What would you do differently?**

- Generate more communications and more awareness

## DIRECT SERVICE WAIVER REQUEST FORM

OAA Title: ☒ III B ☐ III C1 ☐ III C2 ☐ III D ☐ III E

Service: **Intake**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- ☐ (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- ☒ (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- ☐ (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

In 2012, the Alliance for Aging's Aging Resource Center (ARC), initially established in 2008, became the Aging and Disability Resource Center (ADRC). Since then, the Alliance for Aging has continuously and successfully provided intake services to older adults, adults with disabilities, and their family caregivers. The ADRC also manages a number of waitlists for home- and community-based services. This includes the Statewide Managed Care Long Term Care program, which provides long-term services to adults with disabilities and older adults eligible for Medicaid. The intake process conducted by the ADRC using standardized intake instruments provides a risk score that enables a prioritized ranking of clients based on need.

Unlike some other service areas, PSA 11's Aging Network includes multiple lead agencies serving a single county (Miami-Dade). Having an impartial entity conducting intake and wait list management ensures impartiality in the referral process, and the Alliance's ability to coordinate with multiple service providers to determine where funding is available allows for greater consumer choice. Intake can be more economically delivered by the Alliance, with comparable quality and improved access, than if it were contracted to providers that lack the infrastructure of the Aging and Disability Resource Center (ADRC) and its close relationship to Program Integrity and Accountability.

The Alliance is requesting a continuation of a waiver to provide this service through OAA funding directly. Through the use of OAA funds, the Alliance was able to provide Intake service at a cost of \$208,551 in 2019 and \$165,947 in 2020 and is anticipating a cost of \$333,382 in 2022 to OAA funds. The Alliance's unit rate for intake under OAA is very competitive, at \$57.48 per unit, the same as the intake rate for state funded programs such as CCE, HCE, and ADI.

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

No public hearing was held as the services have been provided continuously for several years.

## Appendix 2: Assurances

### Section 306 Older Americans Act

The Alliance for Aging, Inc., assures the following:

1. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 205.00, Priority Services, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services: services associated with access to services (transportation, outreach, information and assistance and case management services), in-home services, and legal assistance. (§306(a)(2))
2. The Alliance for Aging, Inc. assures that it will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority older individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan (§306(a)(4)(A)(i))
3. The Alliance for Aging, Inc. assures that it will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
  - a. Specify how the provider intends to satisfy the service needs of low-income minority older individuals and older individuals residing in rural areas in the area served by the provider.
  - b. To the maximum extent possible services to low-income minority older individuals and older individuals residing in rural areas in accordance with their need for such services; and
  - c. Meet specific objectives established by the AAA, providing services to low-income minority older individuals and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))
4. The Alliance for Aging, Inc. assures that it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
  - a. Older individuals residing in rural areas;
  - b. Older individuals with greatest economic need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
  - c. Older individuals with greatest social need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
  - d. Older individuals with severe disabilities;
  - e. Older individuals with limited English-speaking ability; and
  - f. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals). (§306(a)(4)(B))
5. The Alliance for Aging, Inc. assures that it will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))
6. The Alliance for Aging, Inc. assures that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. (§306(a)(5))
7. The Alliance for Aging, Inc. assures that it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:

- a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
  - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, who are older Native Americans. (§306(a)(11))
8. The Alliance for Aging, Inc. assures that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. (§306(a)(13)(A))
9. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
  - a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
  - b. The nature of such contract or such relationship. (§306(a)(13)(B))
10. The Alliance for Aging, Inc. assures that it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))
11. The Alliance for Aging, Inc. assures that it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))
12. The Alliance for Aging, Inc. assures that it will, on the request of the Assistant Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))
13. The Alliance for Aging, Inc. assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))
14. The Alliance for Aging, Inc. assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(15))

Area Agency on Aging President and CEO

Area Agency on Aging President and CEO

Name: Max B. Rothman, JD, LL.M. Signature:  Max B. Rothman (Sep 28, 2022 11:33 EDT)

Date: Sep 28, 2022



## DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

The Alliance for Aging, Inc., hereinafter called the "recipient," HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the recipient receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the recipient by the Department, this assurance shall obligate the recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar service or benefits. If any personal property is so provided, this assurance shall obligate the recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the recipient for the period during which the federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other federal financial assistance extended after the date hereof to the recipient by the Department, including installment payments after such date on account of the applications for federal financial assistance which were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

Area Agency on Aging President and CEO

Area Agency on Aging President and CEO

Name: Max B. Rothman, JD, LL.M. Signature:   
Max B. Rothman (Sep 28, 2022 11:33 EDT)

Date: Sep 28, 2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES SECTION 504 OF THE  
REHABILITATION ACT OF 1973

The Alliance for Aging, Inc., hereinafter called the "recipient,"  
HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29  
U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all  
guidelines and interpretations issued pursuant thereto.

Pursuant to 84.5(a) of the regulation [45 C.F.R. 84(a)], the recipient gives this Assurance in consideration  
of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement  
contracts and contracts of insurance or guaranty), property, discounts, or other federal financial  
assistance extended by the Department of Health and Human Services after the date of the Assurance,  
including payments or other assistance made after such date on applications for federal financial  
assistance that were approved before such date. The recipient recognizes and agrees that such federal  
financial assistance will be extended in reliance on the representations and agreements made in this  
Assurance and that the United States will have the right to enforce this Assurance through lawful means.

This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or  
persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.  
This Assurance obligates the recipient for the period during which federal financial assistance is  
extended to it by the Department of Health and Human Services or provided for in 84.5(b) of the  
regulation [45 C.F.R. 84.5(b)]. The recipient: a. (☐) employs fewer than fifteen persons; b. (☒) employs  
fifteen or more persons, and pursuant to 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the  
following person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s): Max B. Rothman, JD, LL.M.  
Recipients Address: 760 NW 107<sup>th</sup> Avenue, Suite 214  
Miami, FL 33172  
IRS Employer I.D. Number: 65-0101947

AAA Board President (or other authorized official)

I certify that the above information is complete and correct to the best of my knowledge.

Name: Sheryl J. Manning, J.D. Signature:   
Sheryl J. Manning (Sep 28, 2022 11:55 EDT)

Date: Sep 28, 2022

## AVAILABILITY OF DOCUMENTS

The Alliance for Aging, Inc. HEREBY GIVES FULL ASSURANCE that the following documents are current and maintained in the administrative office of the AAA and will be filed in such a manner as to ensure ready access for inspection by DOEA or its designee(s) at any time.

The AAA further understands that these documents are subject to review during monitoring by DOEA.

- (1) Current board roster
- (2) Articles of Incorporation
- (3) AAA Corporate By-Laws
- (4) AAA Advisory Council By-Laws and membership composition
- (5) Corporate fee documentation
- (6) Insurance coverage verification
- (7) Bonding verification
- (8) AAA staffing plan
  - (a) Position descriptions
  - (b) Pay plan
  - (c) Organizational chart
  - (d) Executive director's resume and performance evaluation
- (9) AAA personnel policies manual
- (10) Financial procedures manual
- (11) Functional procedures manual
- (12) Interagency agreements
- (13) Affirmative Action Plan
- (14) Civil Rights Checklist
- (15) Conflict of interest policy
- (16) Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers
- (17) Consumer outreach plan
- (18) ADA policies
- (19) Documentation of match commitments for cash, voluntary contributions, and building space, as applicable
- (20) Detailed documentation of AAA administrative budget allocations and expenditures
- (21) Detailed documentation of AAA expenditures to support cost reimbursement contracts
- (22) Subcontractor Background Screening Affidavit of Compliance

Certification by Authorized Agency Official:

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging. Assurance is given that DOEA or its designee(s) will be given immediate access to these documents, upon request.

AAA Board President (or other authorized official)

Name: Sheryl J. Manning, J.D.

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

  
Sheryl J. Manning (Sep 28, 2022 11:56 EDT)

Date: Sep 28, 2022

## Appendix 3: Performance and Planning Data

The graphs below demonstrate the Alliance for Aging's 2020 performance in meeting the targeting goals set for county-level demographics associated with the following indicators:

- Below Poverty Level (Below 100% of Federal Poverty Level)
- Limited English
- Living Alone
- Low-Income Minority (below 125% of Federal Poverty Level)
- Minority
- Probable Alzheimer's Cases
- Rural
- 85+

Targeting goals for PSA-11 overall were met, and often exceeded, in almost every category. However, more focus can be put on exceeding goals in the following indicators: rural and living alone.

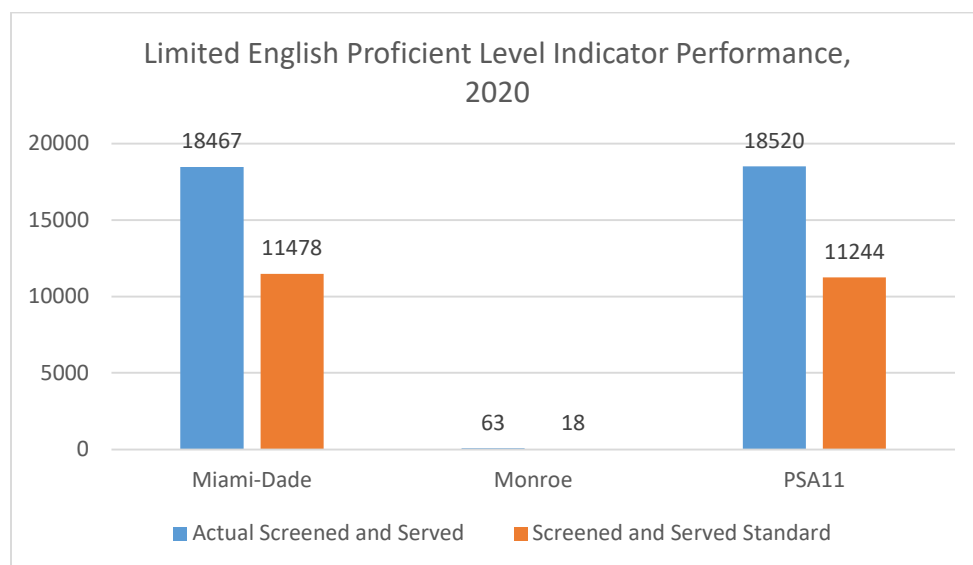
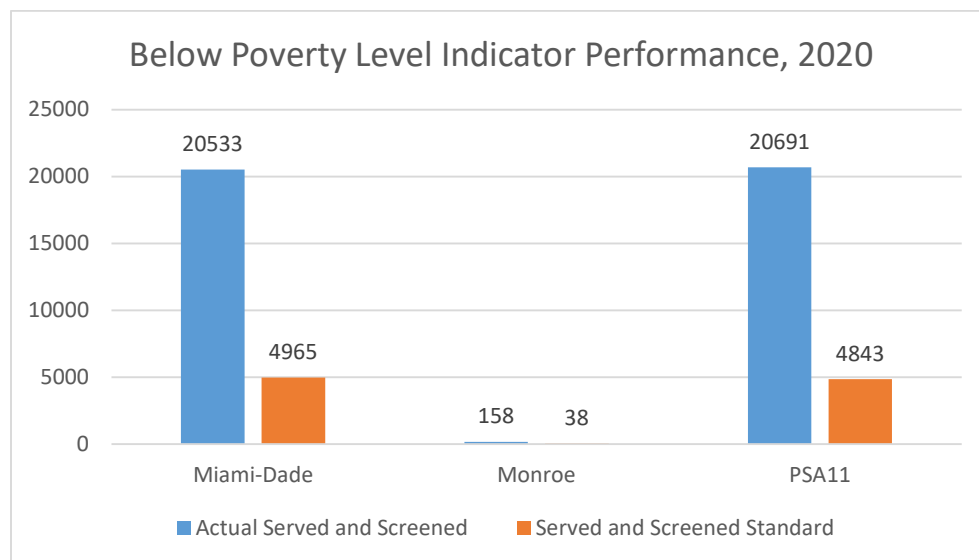
The following graphs demonstrate the Alliance's performance under each targeting indicator.

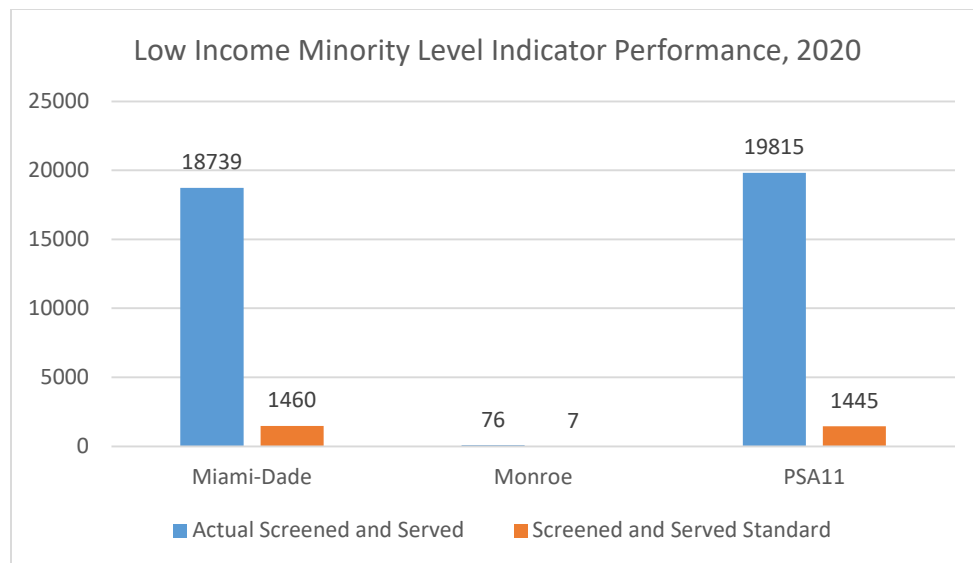
\* Below 100% of Poverty Level

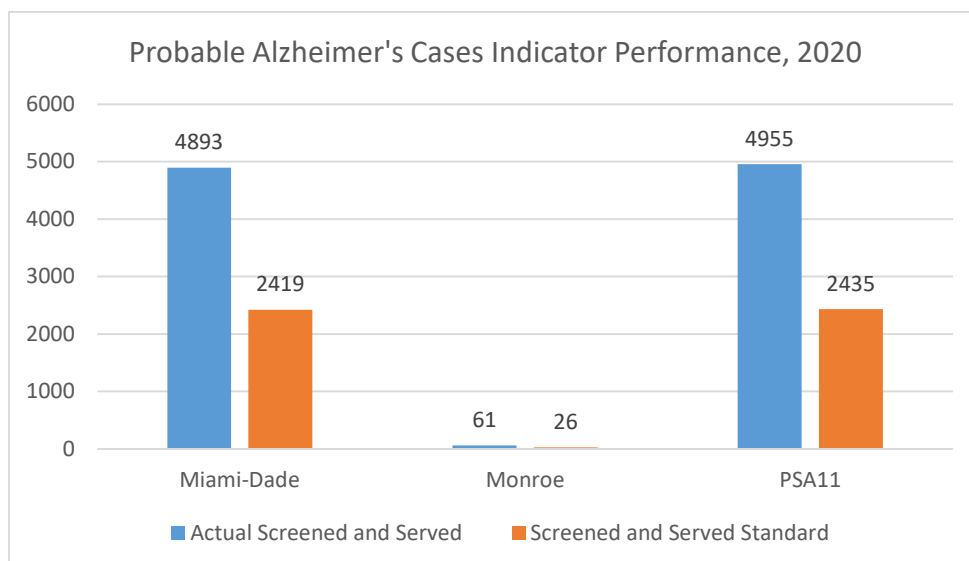
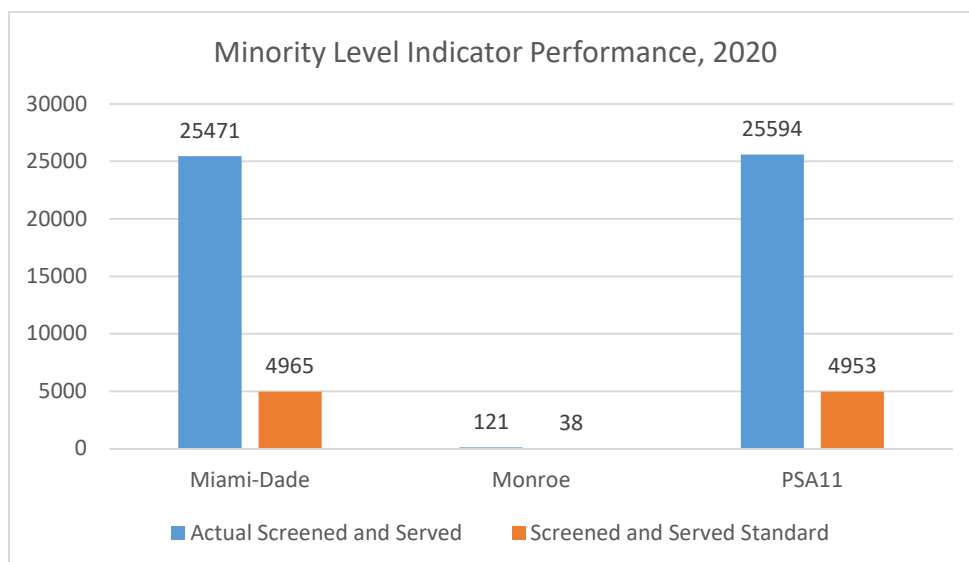
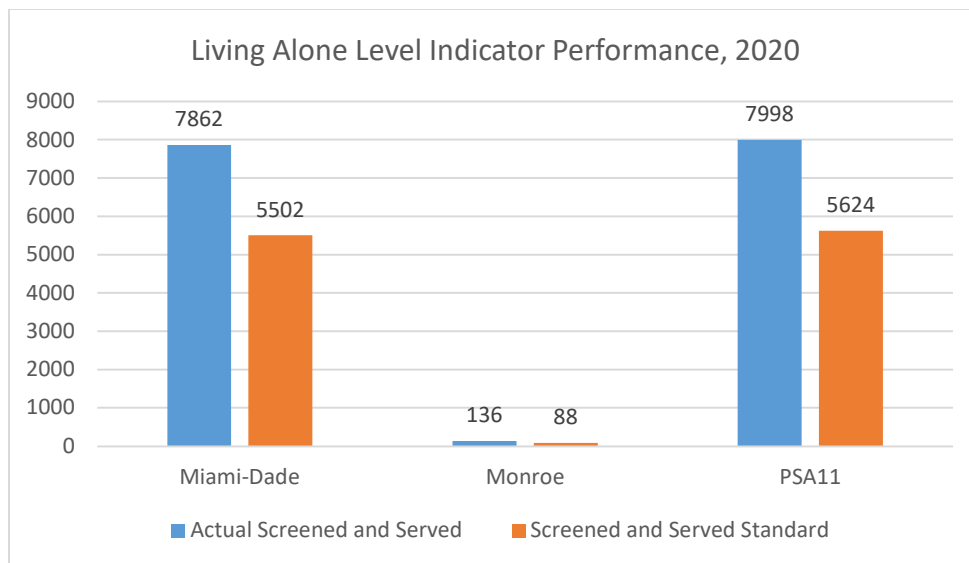
\*\* The "Standard" is the population of the Indicator as a percent of total population.

\*\*\* "Performance" is the proportion of those "Screened and Served." See definition of "Screened" and "Served" below.

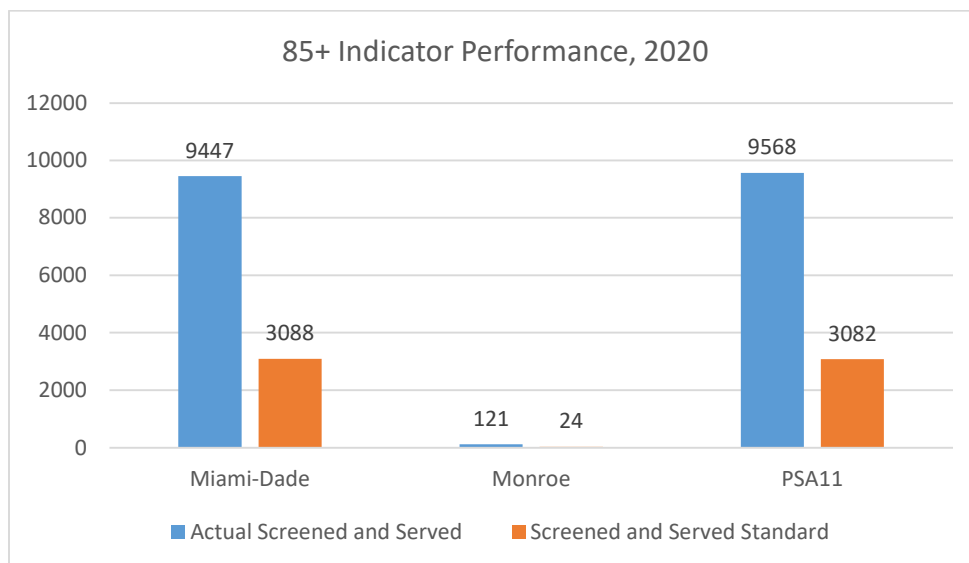
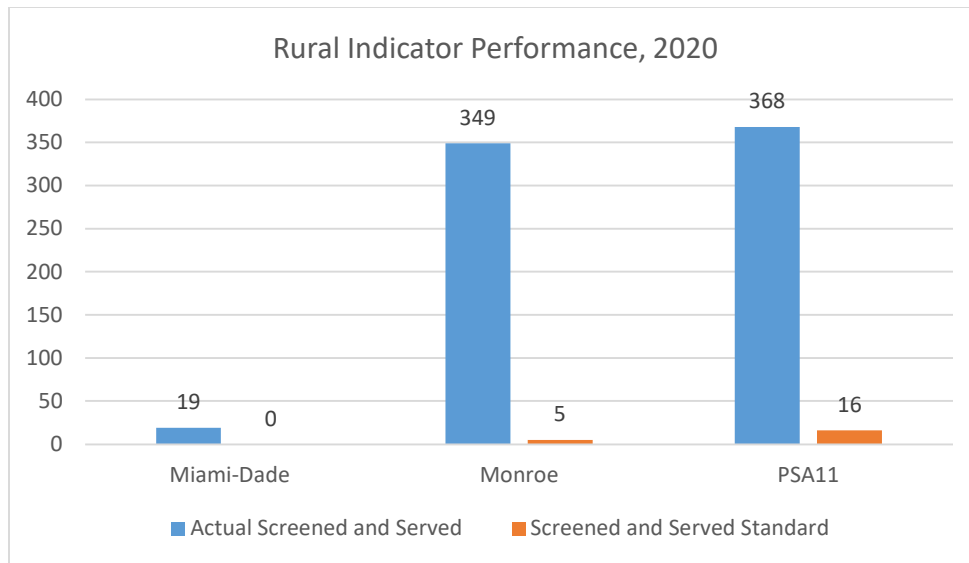
^ "Screened" individuals include individuals on the waitlist or going through the eligibility process (i.e., APCL, APPL, or codes beginning with TA or TP in CIRT5) for OAA services during a given calendar year. "Served" individuals include those served in a given calendar year by the Department's OAA and/or General Revenue programs.











While all targeting goals were met (and many exceeded or super-exceed), there is an opportunity to establish stretch goals for the following indicators: probable Alzheimer’s cases, and rural.