



**Hillsborough County Aging Services
Master Plan 2008-2030 Recommendations**

**Prepared for the Hillsborough County
Department of Aging Services**

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Introduction

In the 2000 Census, Hillsborough County was home to 416,721 adults age 40 and older, including 119,673 seniors age 65 and older. The County resembled the nation's population in terms of the percentage of people age 65 and older (12%). According to population projections conducted for the Hillsborough County Aging Services Needs Assessment, nearly one in five (19.8%) people will be age 65 or older by 2030 and the racial and ethnic composition of this population will become increasingly more diverse. Three in five seniors will be African American or Hispanic by 2030. The County's strategic planning process needs a better understanding of the needs of both the Baby Boom and older populations in order to plan for the next 25 years. As a result, Hillsborough County Department of Aging Services commissioned the Center for Housing and Long-Term Care at the University of South Florida to complete four studies of its 40 and older population in order to inform these Master Plan Recommendations.¹

Study 1 was an analysis of Census data organized by the four Commission districts for the 35-64 and 65+ populations from 2000-2030. Study 2 was an assessment of private and public provider capacity for the aging population by Commission district. Study 3 was based on focus groups of consumers and providers to discuss quality of life of older and disabled individuals, including disaster preparation. And study 4 was a household survey of the 40 and older population, *Planning for an Aging Society* and provides detailed information on demographics, living arrangements; health, disability, and access to insurance and healthcare; employment and financial resources and planning; informal caregiving; current and future housing; transportation, social relationships, and social activities; physical activities; life satisfaction and needs met; and knowledge of county government programs. These four studies and other research are synthesized here under the rationale for each recommendation.

The purpose of the *Master Plan Recommendations* is to provide a framework for elected officials, executive leadership, public servants, partners, and citizens to examine all issues pertaining to the elderly and to provide long term solutions that will benefit the Hillsborough County community. The *Master Plan Recommendations* will help guide the planning, development, and expansion of functions, services, and facilities that will serve the growing population of older adults through 2030. Although these recommendations are for the Aging Services Master Plan, some recommendations address other county departments including Emergency Management, Health and Social Services, Parks, Recreation and Conservation, Planning and Growth, and Public Works. In all cases the recommendations are advisory and the Board of County Commissioners, County Administrator, and the respective Departments will decide whether or not to adopt them and within what timeframe.

¹Salmon, J.R., Albert, L.C., Zayac, H.M. & Polivka, L. (2007, Oct. 3). *Hillsborough County Aging Services Needs Assessment*. Tampa, FL: Center for Housing and Long-Term Care.
http://www.fpeca.cas.usf.edu/chlhc/PDF_Files/Hillsborough_County_Aging_Services_Needs_Assessment.pdf

Key Recommendations

Of the 23 goals listed here, eleven should be addressed first because they represent ways to both lower overall costs and extend services while addressing the needs and safety of the most vulnerable citizens. This is possible through developing community partnerships for health promotion, faith-based services, voluntary cooperative exchange networks, and other ways to get services to more individuals without increasing the county's budget. In addition to lowering costs now and in the future, if the county implements a managed care approach to long-term care services, it can have access to additional Medicaid waiver funding and serve more citizens. These eleven general recommendations are listed here in topical order. The details are found in table that follows.

A.1. Aging Services should receive ongoing advice and feedback from an advisory committee modeled after the county's Citizen Advisory Committee but made up of providers and consumers of aging services who can identify gaps in services and recommend viable solutions.

A.2. Aging Services should develop a non-profit managed long-term care program by building on the successful Hillsborough HealthPlan and the experiences of other counties in Wisconsin and Arizona.

C.1. Department of Aging Services should increase their Adult Day Care and Senior Center hours to include Saturdays and increase the use of private payments for this care for those who can afford it.

C.2. Aging Services should work with faith communities to identify existing or encourage new outreach programs for helping neighbors with care needs.

E.1. Aging services providers that receive public funds should have a written plan that describes what the provider will do for their clients in emergencies and evacuations.

F.1. Aging Services should work with the community to provide more opportunities for classes on financial planning for retirement taught by individuals who are knowledgeable in financial and insurance matters but do not have a personal stake in the decisions of those who attend.

H.1. The Board of County Commissioners should direct Aging Services and Health and Social Services to work with hospitals and health providers to promote and offer expanded free health screenings throughout the four districts.

H.2. The Board of County Commissioners should direct Aging Services and Health and Social Services to work with private mental health providers and others to provide better access to mental health services, substance abuse treatment and support groups in the community.

I.6. The Board of County Commissioners should direct Health and Social Services and Public Works to increase access to door to door transportation for people with disabilities to health, shopping, and recreation destinations every day of the week and on evenings.

L1. The Board of County Commissioners should direct Aging Services and Parks, Recreation, and Conservation to offer more opportunities for physical activities such as stretching and weight bearing exercise in nearby parks and recreation centers for the 40 and older population.

L.2. Aging Services should provide, in addition to its current Retired Senior Volunteers Program (RSVP), a volunteer cooperative for individuals who want to help others and use the credits earned through that help to get help in areas where they need it now or in the future.

Recommendations and Strategies	Benchmarks ¹	Rationale ¹
A. AGING SERVICES CAPACITY AND AWARENESS		
<p>A.1. Aging Services should receive ongoing advice and feedback from an advisory committee modeled after the county’s Citizen Advisory Committee but made up of providers and consumers of aging services who can identify gaps in services and recommend viable solutions.</p> <ol style="list-style-type: none"> 1. Aging Services should develop criteria for an advisory committee so that it is representative in terms of geography, age, race and ethnicity, gender, special interests (consumer, provider). 2. Aging Services should facilitate regular meetings of the advisory committee. 	<p>A.1.1. Process evaluation: Aging Services developed criteria for advisory committee by June 2008.</p> <p>A.1.2. Process evaluation: Aging Services held first advisory committee meeting by December 2008 and regular meetings were maintained.</p>	<p>Focus groups found the meetings to be constructive because they could vent about problems but also suggest solutions. As a result, members felt that the county should establish a “think tank” that would be an ongoing source of feedback and ideas from stakeholders.</p> <p>Aging Services currently does not have an advisory committee of stakeholders. Such a committee would help to improve relationships between stakeholders and the county.</p>

¹Benchmarks and rationale are from the following report: Salmon, J.R., Albert, L.C., Zayac, H.M. & Polivka, L. (2007, Oct. 3). *Hillsborough County Aging Services Needs Assessment*. Tampa, FL: Center for Housing and Long-Term Care.
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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>A.2. Aging Services should develop a non-profit managed long-term care program by building on the successful Hillsborough HealthPlan through the following steps:</p> <ol style="list-style-type: none"> 1. Evaluate the County’s capacity to be a managed long-term care provider in Florida’s Community Long-Term Care Diversion Program. 2. Apply to the State of Florida Department of Insurance and Agency for Health Care Administration to become a managed long-term care provider in the Community Long-Term Care Diversion Program. 3. Ensure that long-term care needs are met in the least restrictive setting, preferably the client’s own residence. Use nursing home care only if skilled care is required and cannot be provided in other settings. 4. Increase internal and private sector service capacity for home based services, adult day care, and assisted living facilities (ALF) with Extended Congregate Care (ECC) licenses and private rooms. 5. Reduce waiting lists with the implementation of managed long-term care and continuation of existing programs. 	<p>A.2.1 Process evaluation: determination of capacity of Aging Services to be a managed long-term care provider.</p> <p>A.2.2. Process evaluation: Aging Services applied to State offices to become a Diversion provider.</p> <p>A.2.3. Process evaluation: the annual number of clients in the case management program increased 25% every 3 years.</p> <p>A.2.4. The use of private service providers in the community increased 9% every 3 years.</p> <p>A.2.5. Waiting lists for Aging Services clients decreased to zero by 2010.</p>	<p>Aging Services has administered home- and community long-term care services funded by state general revenue, Medicaid waiver, and local funds for over 20 years. This experience indicates that the county has the organizational capacity to administer a more comprehensive long-term care program, including the Medicaid nursing home resources, which could be used to help expand community-based care and serve more people.</p> <p>Evaluation studies from other governments found managed long-term care to be cost effective. Arizona avoided over 270,000 nursing home days, saving the state \$4.6 million². Wisconsin generated significant savings and changed the kinds of services provided³. Both states use county aging service agencies. Wisconsin no longer has a waiting list.</p>

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²Weissert, W., Lesnick, T., Musliner, M. & Foley, K. (1997). Cost savings from home and community-based services: Arizona’s capitated Medicaid long-term care program. *Journal of Health Politics, Policy and Law*, 22(6), 1329-1357.

³APS Healthcare, Inc. (2005, Oct. 7). *Family Care Independent Assessment: An evaluation of access, quality and cost effectiveness for calendar year 2003-2004*. Prepared by APS Healthcare, Inc. for Wisconsin Family Care. <http://dhfs.wisconsin.gov/LTCare/index.htm>. Accessed March 10, 2006.

Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>A.3. Most adults age 40 and older will know how to contact Aging Services and what is the array of core services provided by the Department.</p> <ol style="list-style-type: none"> 1. Aging Services should maintain and publicize widely and often the Elder Helpline and 211. Both are now staffed by a contract with 211. 2. Aging Services should ensure that the 211 staff is informed about all aging programs available from Hillsborough County. 3. 211 provider database will be updated at least annually with new service providers identified by Aging Services staff. 	<p>A.3.1.a. Process evaluation: the annual number of 211 phone calls regarding aging services requests increased 15% every 3 years.</p> <p>A.3.2.a. Process evaluation: number of updates of 211 staff.</p> <p>A.3.2.b. PAS² questions #60 a-m increased from a low of 30% to 50% or higher by 2016 and 95% by 2028.</p> <p>A.3.3. Process evaluation: 211 provider database will be updated at least annually with new service providers identified by Aging Services staff.</p>	<p>The 40 and older population was knowledgeable about signature programs in Aging Services: home delivered meals, adult day care, senior center, and Alzheimer's programs. They did not know about legal services, senior meal sites, case management, respite care, Elder Helpline, and housekeeping and personal care services, especially those supported by Medicaid. Informal caregivers are the backbone of community-based long-term care. They need to know about these services that can help them to continue to provide this care.</p>
<p>A.4. Phone calls from citizens and providers to Aging Services will be responded to within 24 hours, 80 percent of the time; and within 72 hours, 100 percent of the time.</p> <ol style="list-style-type: none"> 1. Aging Services should test all telephone equipment to ensure that voice mail and backup live operator access are enabled. 2. Aging Services should train new staff that has contact with the public on the full use of the telephone system within one week of hiring. 3. Aging Services should implement system to track response time for phone calls from citizens and providers. 	<p>A.4.1. Process evaluation: one-time audit of telephone equipment voice mail and live operator access.</p> <p>A.4.2. Process evaluation: number of new employee telephone orientations.</p> <p>A.4.3.a. Process evaluation: response time tracking system is put in place and baseline levels established.</p> <p>A.4.3.b. Response time reports for phone calls to Aging Services shall show that 80% responded within 48 hours and 100% within 72 hours by 2010.</p>	<p>Provider and consumer focus group participants cited the lack of timely responses from County departments including Aging Services. The hallmark of a state-of-the-art case management program is its timely response to requests for assistance.</p>

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²PAS=Planning for an Aging Society. Available in the document referenced above.

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<p>A.5. Aging Services should diversify its methods for communicating with the public.</p> <ol style="list-style-type: none"> 1. In addition to print, radio, and television, Aging Services should provide programming on Cable TV and use “news crawls” to announce timely information such as scams against elders or emergency information. 2. Aging Services should communicate via the internet and a listserv for announcements. 	<p>A.5.1. Process evaluation: At least 50 Aging Services related announcements a year placed on Cable TV by 2013.</p> <p>A.5.2. Process evaluation: the number of persons on the Aging Services listserv reached 10% of the 65+ population by 2010.</p>	<p>In 2007, 80 percent of the 40+ population had a computer at home and 75 percent used the internet . At the same time, half of this age group did not know of most of the services that would enable them to provide care. In addition, focus group participants indicated that they were not prepared for emergencies and were worried about being scammed. The internet and cable TV are two low cost ways to better reach these audiences and provide information about regular and emergency services.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
C. CAREGIVER SUPPORT		
<p>C.1. Department of Aging Services should increase their Adult Day Care and Senior Center hours to include Saturdays and increase the use of private payments for this care for those who can afford it.</p> <ol style="list-style-type: none"> 1. Increase use of Adult Day Care services on a sliding fee scale and open Saturdays at each location. 2. Increase use of Senior Center services on a sliding fee scale and open Saturdays at each location. 	<p>C.1.1.a. Private pay funding for Adult Day Care increased 20% a year until 2022 when it was maintained at 50% of total Adult Day Care program budget.</p> <p>C.1.1.b. 50% of Adult Day Care opened every Saturday by 2010; 75% by 2013; 100% by 2016 and maintained that level.</p> <p>C.1.2.a. Private pay funding for Senior Centers is 25% of total Senior Center revenues by 2013 and 50% by 2019.</p> <p>C.1.2.b. 25% of senior centers open every Saturday by 2010; 50% open every Saturday by 2013; 100% open every Saturday by 2019</p>	<p>There were eight adult day care centers in the county with the most in district 3 and least in district 1. Partners in Caregiving² estimated that over half of the nation’s counties are underserved by adult day care centers. These centers provide the needed oversight and socialization for seniors who can no longer live by themselves and need a “home” during the day while a caregiver is away. At \$60 a day, these centers are a bargain compared to nursing homes and assisted living facilities.</p> <p>There were ten senior centers operating in the County; six were operated by Aging Services and one by the City of Tampa. They were distributed heavily in districts 3 and 4 and less in districts 1 and 2. Focus groups held at senior and adult day care centers counted them as a success, but complained that they needed centers in more neighborhoods (e.g., Carrollwood) and open every Saturday to break up the lonely weekends.</p>

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² Partners in Caregiving: The Adult Day Services Program (2003). *National study of adult day services, 2001-2002*. Winston-Salem, NC: Wake Forest University School of Medicine. <http://www.rwjf.org/reports/npreports/partnerse.htm>

Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>C.2. Aging Services should work with faith communities to identify existing or encourage new outreach programs for helping neighbors with care needs.</p> <ol style="list-style-type: none"> 1. Aging Services should contact faith communities to learn more about services provided to seniors and families. 2. Aging Services should work with faith communities to provide facility based respite in those communities that have buildings that currently meet Americans with Disabilities Act (ADA) standards for entrances, doorways, and bathrooms. 3. Aging Services should recruit religious congregations that provide senior services to be listed in the 211 database. 	<p>C.2.1. Process evaluation: survey of faith communities conducted.</p> <p>C.2.2.a. Process evaluation: Up to six faith communities in each of the 4 districts developed capacity to provide respite care by 2025.</p> <p>C.2.2.b. PAS² question #57 (count on faith community for care needs) increased 30% every 3 years to 15% and maintained that level.</p> <p>C.2.3. The number of congregations that provide senior services in the 211 database will represent 25% of the congregations that serve 95% of the population that attends religious services by 2013; 50% by 2019 and 75% by 2025 and maintain that level.</p>	<p>There were nearly 1,300 religious organizations in Hillsborough County and yet just six percent of the 40 and older population thought their faith community would help them if they needed it. In addition, as described in C.1, there is a great need nationally and locally for more adult day care services. Faith communities own or rent buildings that do not have full use during the week and could be considered as locations for adult day care services. Such a service would increase visibility of these faith communities. Not only would they be serving the frail elders, they would also be providing respite to the adult children who are caring for their parents while working and raising their own children.</p>
<p>C.3. Aging Services should help to ensure that grandparents who are raising grandchildren are getting the necessary financial and emotional support.</p> <ol style="list-style-type: none"> 1. Aging Services should establish an ongoing relationship with the USF Kinship Support Center and other non-profit and faith-based organizations that help grandparents. 2. Aging Services should help to ensure that grandparents raising grandchildren are getting the necessary financial and emotional support through many sources. 	<p>C.3.1.a. Process evaluation: relationship between Aging Services and USF Kinship Support Center created by 2008.</p> <p>C.3.1.b. Process evaluation: Relationships between Aging Services and at least one faith based organization helping grandparents in each district established by 2012.</p> <p>C.3.2. PAS question #55 (can afford to care for grandchildren) increased 10% every 3 years.</p>	<p>Although few in number, one-fourth of grandparents who are raising grandchildren in district 3 cannot afford it. As working families are smaller and more likely to be headed by single parents, grandparents are a critical piece of the childcare picture. They need the support to provide this important role.</p>

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<p>C.4. In collaboration with the Area Agency on Aging and other organizations, Aging Services should produce a <i>Caregiver's Guide</i> which describes eligibility and costs of senior care programs available from County government and the private sector.</p> <ol style="list-style-type: none"> 1. Aging Services should produce an annual <i>Caregiver's Guide</i>. 2. Aging Services should disseminate the <i>Caregiver's Guide</i> through press or media partners and the internet each year. 	<p>C.4.1. Process evaluation: Aging Services contributed to <i>Caregiver's Guide</i> produced by once a year.</p> <p>C.4.2. Process evaluation: Aging Services with private funding and the internet contributed to dissemination of <i>Caregiver's Guide</i> to at least 5 percent of seniors in the county.</p>	<p>One out of five people age 40 and older was a caregiver and most cared for their spouse or parent. They also helped other relatives, friends, and neighbors. They provided transportation, home health, and meals. They did not expect to get public assistance although 15 percent said they did not know who would care for them and just six percent thought their faith community would help. There is a great need for information about sources of public, private, and faith-based assistance for these families (C.2.)</p>
E. EMERGENCY PLANNING AND PREPAREDNESS		
<p>E.1. Aging services providers that receive public funds should have a written plan that describes what the provider will do for their clients in emergencies and evacuations.</p> <ol style="list-style-type: none"> 1. Aging Services should require all providers that receive public funds to have a written emergency and evacuation plan that is submitted to Emergency Management. 2. Aging Services should require all providers that receive public funds to disseminate their emergency and evacuation plans to their clients and to assist clients in developing their own emergency plans if the provider is not responsible to provide for their care. 	<p>E.1.1. By 2010, 80% of providers under contract with Aging Services filed an emergency and evacuation plan with Emergency Management. By 2013, 100% of providers filed such a plan.</p> <p>E.1.2. By 2010, 80% of providers had on file individual emergency and evacuation plans for each client not covered under the provider's emergency plan. By 2013, 100% of providers had such plans on file.</p>	<p>According to focus groups, older people with disabilities delegated emergency planning to their children and did not know the details of that plan but expected to stay put. Caregivers also planned to stay put and felt they were prepared because they had hurricane supplies on hand. Nursing homes and assisted living facilities had evacuation plans in place but other providers did not and most would "send their clients home." There was a concern about how providers would balance their own family needs during an emergency with the needs of their clients.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>E.2. The County needs baseline data on the number of people with special needs during an emergency and to increase the number of these individuals who are registered with Emergency Management.</p> <ol style="list-style-type: none"> 1. Aging Services will promote the registration of special needs clients with Emergency Management and the use of these shelters during times of emergency evacuations. 2. Aging Services will add questions on the <i>Planning for an Aging Society</i> survey to assess the level of emergency preparedness in the 40 and older population. 	<p>E.2.1.a.The number of registered special needs age 65+ clients for Emergency Management shelters increased 20% every 3 years reaching half of the 65+ population that is considered frail and needing assistance (3.8% of the older population).</p> <p>E.2.1.b.The percentage of registered special needs clients for Emergency Management shelters that use the shelters if there is an emergency evacuation increased 15% every 3 years until reaching 90%.</p> <p>E.2.2. PAS² 2010 established baseline data on special needs and emergency planning by the 40 and older population aiming for 90% of this population having a plan by 2013.</p>	<p>We do not know the number of people with special needs who are not currently on the Emergency Management list for a special needs shelter. Most of the focus group participants who were living with significant disabilities were not on this list even though they were, for the most part, using the senior center or adult day center on a regular basis.</p>

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F. FINANCIAL PLANNING AND PREPAREDNESS FOR RETIREMENT		
<p>F.1. Aging Services should work with the community to provide more opportunities for classes on financial planning for retirement taught by individuals who are knowledgeable in financial and insurance matters but do not have a personal stake in the decisions of those who attend.</p> <ol style="list-style-type: none"> 1. Aging Services should identify or encourage development of unbiased classes that address retirement savings, life insurance, long-term care insurance, reverse mortgages, wills, and pre-paid funeral arrangements. 2. Aging Services should partner with educational entities to provide these classes twice a year in each of the four districts. 	<p>F.1.1. Process evaluation: Aging Services identified at least 2 training programs on financial planning for retirement that are free of bias.</p> <p>F.1.2.a. Process evaluation: Aging Services and educational entities provided financial training programs twice a year in each of the four districts by 2010 and four times a year (48 times every 3 years) in each district by 2019, maintaining that level unless demand changed.</p> <p>F.1.2.b. PAS question #68 (enough money for rest of life) improved 10% every 3 years for the 40-59 age group.</p>	<p>Nearly half of the 40 and older population did not have extra money left over each month and did not think they would have enough money for the rest of their lives. One strength is that nine out of ten participants were in the process of or owned their own home.</p> <p>Providers who participated in focus groups expressed grave concern about the needs of the Baby Boom when they reached late old age because of lack of financial planning and high levels of debt. Although less than five percent of the 40+ population was planning to use the county for services, it will fall to the county to fill these gaps.</p>

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<p>F.2. Aging Services should publicize programs that support citizens who are above Medicaid levels for long-term care services.</p> <p>1. Aging Services will increase its publicity of the Older Americans Act and other county services available for people who are above Medicaid income levels.</p>	<p>F.2.1. Older Americans Act program clients represented 3.8% of the population 65+.</p>	<p>17 percent of the Baby Boom was retired and two out of five of them rated their health as fair or poor. Average household income was well above Medicaid eligibility for a family of 4 (\$1,721 per month) but not high enough to pay for additional long-term care if needed. In fact, almost half of the 40+ population had just enough or not enough to make ends meet each month and did not expect to have enough money for the rest of their lives.</p>
<p>H. PHYSICAL AND MENTAL HEALTH</p>		
<p>H.1. The Board of County Commissioners should direct Aging Services and Health and Social Services to work with hospitals and health providers to promote and offer expanded free health screenings throughout the four districts.</p> <p>1. The Departments should create partnerships with health fairs offered by hospitals and health plans or conduct their own.</p> <p>2. The Departments should supplement standard health screenings (cardiovascular, skin cancer, etc.) with screenings for vision and hearing impairments, risk of falls, and depression (H.2.).</p> <p>3. Expanded health screening should be available in all four districts.</p>	<p>H.1.1. Process evaluation: by 2009 the county created partnerships with hospital, health plans, and health fairs.</p> <p>H.1.2. Process evaluation: by 2010, health screenings included vision, hearing, risk of falls, and depression.</p> <p>H.1.3.a. Health screenings were held twice a year in each district by 2010 and four times a year in each district by 2016 (48 every 3 years).</p> <p>H.1.3.b. PAS² question #8 (average total conditions) for the 40-59 population decreased 10% every 3 years through 2016 and maintained.</p> <p>H.1.3.c. PAS question #9e (bone fractures) improved 10% every 3 years.</p>	<p>The 40+ population with bone fractures also had higher levels of vision and hearing impairment, which suggests that early identification of these deficits and the use of assistive devices such as glasses and hearing aids could help with stability and preventing falls. This factor was higher among the older cohort and a problem in all four districts. Screening and follow-up treatment for vision and hearing problems may reduce the number of falls and fractures in the older population.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>H.2. The Board of County Commissioners should direct Aging Services and Health and Social Services to work with private mental health providers and others to provide better access to mental health services, substance abuse treatment and support groups in the community.</p> <ol style="list-style-type: none"> The Departments should work in coalition with other organizations in mental health to ensure that mental health services are affordable and available. The Departments should develop and disseminate a directory of mental health providers and payment options. 	<p>H.2.1. Process evaluation: The county and its mental health partners ensured that services were affordable and available to the 40+ population by 2010.</p> <p>H.2.2.a. Process evaluation: The county developed a directory of mental health providers and payment options as part of the annual <i>Caregiver Guide (C.4)</i> by 2010.</p> <p>H.2.2.b. PAS² questions #9, #11a-f (depression) for the 40-59 population decreased 10% every 3 years.</p>	<p>One out of 5 Baby Boomers and one out of 8 Seniors reported they had been diagnosed with depression. The 40+ population reported that most health and social needs were met but not support groups and substance abuse treatment.</p> <p>Those with self-reported memory problems also had weakness and depression. Baby Boomers had higher rates of this combined factor and district 3 residents had the highest rates. Memory problems or loss of energy could be depression and warrant a differential diagnosis.</p>
<p>H.3. The Board of County Commissioners should direct Health and Social Services to reach out to the currently uncovered and eligible households to make better use of Hillsborough Healthcare Plan.</p> <ol style="list-style-type: none"> Health and Social Services will increase its outreach efforts to reach those who are eligible but not enrolled in the Healthcare Plan. The working poor without access to Medicaid will have access to health insurance, healthcare, and prescription drug coverage and reduce their hospital use. 	<p>H.3.1. The percentage of citizens who are eligible and enrolled in the County Healthcare Plan increased 10% every 3 years until reaching and maintaining 100% enrollment.</p> <p>H.3.2.a. PAS question #15 (delayed medical care) for the 40-59 age group decreased 20% every 3 years.</p> <p>H.3.2.b. PAS question #18 (use the E/R or hospital 3+ times in last year) decreased 10% every 3 years.</p>	<p>Of the 40+ population, less than five percent did not have medical insurance and the same percent were on Medicaid. Still, out of a concern for cost, one out of five delayed or did not obtain health care and one out of seven did not get a prescription filled in the last year. One-fourth used the E/R or hospital; 5% three or more times. Health and Social Services estimates that one-third of people who are eligible (N=13,000) have not opted to use the County's Healthcare Plan or do not know that it exists.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
I. INFRASTRUCTURE FOR HOUSING AND TRANSPORTATION		
<p>I.1. The Board of County Commissioners should direct Planning and Growth Management to encourage developers to coordinate new housing with public transportation and services so that basic necessities are within walking, biking, or golf cart distance or along public transportation routes.</p> <ol style="list-style-type: none"> 1. Planning and Growth Management should develop incentives for new housing to include universal design elements of wider doorways and zero step entrances and interiors that promote accessibility and usability for people with impairments. New apartments or condominiums should be required to include elevators in buildings with two or more stories. 2. As part of financial planning seminars (F.1.), Aging Services should also address planning for future housing needs and educate the Baby Boom about alternatives to the single family home. 3. Planning and Growth Management should develop incentives or requirements for new housing developments either to include easy access to grocery stores, healthcare, recreation and public transportation routes or to be built in areas of the county that already have these services. 	<p>I.1.1.a. Process evaluation: Planning and Growth Management developed incentives to increase the number of housing developments that use universal design by 2010 and implemented by 2013.</p> <p>I.1.1.b. PAS² question #31 (no steps in home) increased 10% every 3 years after 2013.</p> <p>I.1.2. Aging Services included planning for retirement housing in financial planning classes (F.1.) offered twice a year in each of the four districts by 2010 and four times a year (48 times every 3 years) in each district by 2019, maintaining that level through 2030 unless demand changed.</p> <p>I.1.3. Process evaluation: Planning and Growth Management developed incentives or requirements to increase the number of housing developments that are within easy access of services and transportation by 2010 and implemented by 2013.</p>	<p>Nearly half of the 40+ population lived in homes with no steps and did not need repairs; 16 percent lived in a 55+ community; and 12% planned to move to one. They felt very safe where they currently lived. Challenges included the other half of homes with steps; three-fourths of the population who were in a single family home now and half who would move to one in retirement while 35 percent would remain where they were. Two out of five planned to move and half within Hillsborough County. A very small number (4%) would move to a life care community. One-third of 60+ would move outside Hillsborough County.</p> <p>Focus groups identified Sun City style developments as the best model for aging in place because of its affordability, access to amenities and services, opportunities for engagement, and the ability to use a golf cart rather than a personal car.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>I.2. The Board of County Commissioners should direct Aging Services, Health and Social Services, and Public Works to improve public transportation routes and hours of operation and publicize these changes to “get out the riders” while they are working age so they are comfortable using these services if they lose the use of a personal car later in life.</p> <ol style="list-style-type: none"> 1. Increase the current use of alternatives to the personal car. 2. Increase realistic expectations of continuing to use these alternatives in retirement. 	<p>I.2.1. PAS² question #42 (usual mode of transportation now) decreased 6% every 3 years in the use of the personal car or motorcycle to 80% and maintained that level.</p> <p>I.2.2. PAS question #43 (unsure what you would you do if no longer drive) decreased 10% every 3 years.</p>	<p>The personal car was the preferred form of transportation with a relative’s car the second choice. Two out of five people age 40 and older had no idea what they would do if they could no longer drive. Since they lived in single family homes and preferred that for retirement, they may be stuck in parts of the county without easy access to public transportation which only 3 percent used now but 20 percent reported they would use in the future. They would also walk or bike at higher rates than they do currently.</p>
<p>I.3. The Board of County Commissioners should continue to review budget items with an eye to the impact on homeowner costs.</p> <ol style="list-style-type: none"> 1. The Board of County Commissioners will balance budget decisions to ensure adequate infrastructure and services while making sure the net tax load on home owners is less than 2007 levels so that this is no longer a reason for moving. 	<p>I.3.1. PAS question #36 (moving due to taxes too high) decreased 10% every 3 years.</p>	<p>Among the 40 and older population, reasons for moving included home insurance, taxes, maintenance and living closer to relatives. Those who would stay put or move within the county had very different reasons than those who would move outside the county. The former felt safe, in good health, and were happy. The latter felt unsafe, had poor health and depressive symptoms, and lived in an apartment. One out of five would move to a less expensive home to reduce taxes and property insurance.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>I.4. Aging Services should promote community programs that assist lower income homeowners with maintenance.</p> <ol style="list-style-type: none"> 1. Aging Services should identify programs such as Paint Your Heart Out Tampa, Rebuilding Together, and SHIP, which all provide free or low cost home improvement for low income elders. 2. Aging Services will develop a directory of home maintenance programs as part of the annual <i>Caregiver's Guide (C.4)</i>. 	<p>I.4.1. PAS² question #32 (no home repairs needed) increased 10% every 3 years.</p> <p>I.4.2. Process evaluation: a listing of home maintenance programs was included in the annual <i>Caregiver Guide (C.4)</i>.</p>	<p>Half of the 40+ population resided in homes that needed maintenance. This was truer for Baby Boomers than for Seniors.</p>
<p>I.5. The Board of County Commissioners should direct Aging Services and Public Works to increase public awareness about safety and mobility of people with disabilities and improve conditions for those in wheelchairs.</p> <ol style="list-style-type: none"> 1. Public Works should work with the driver training programs to include information on safety for pedestrians using wheelchairs, canes, and walkers. 2. Aging Services should develop public service announcements to ensure better safety for pedestrians using wheelchairs, canes, and walkers. 3. Public Works should install call boxes on county streets for wheelchair users so they can call for assistance. 4. Public Works should install pedestrian crossing signals timed for people using canes, walkers, or wheelchairs. 	<p>I.5.1. Process evaluation: by 2009, Public Works ensured that all driver training programs included information about safety of pedestrians using wheelchairs, canes, and walkers.</p> <p>I.5.2. Process evaluation: by 2009, Aging Services public service announcements about better safety for pedestrians using wheelchairs, canes, and walkers were disseminated four times a year.</p> <p>I.5.3. Process evaluation: by 2010, Public Works installed wheelchair call boxes along major county streets.</p> <p>I.5.4. Process evaluation: by 2010, Public Works installed crossing signals along major county streets.</p>	<p>One out of five Baby Boomers and two out of five Seniors in the county are considered disabled by Census definitions. Although this definition includes emotional disability, it also includes those with physical disabilities that make it hard for them to leave their homes.</p> <p>Focus groups identified problems for these individuals when drivers parked in front of their driveways, made right hand turns in front of their wheelchairs, and in many ways ignored the safety needs of these vulnerable populations. Concerns about running out of power or getting stuck in the rain caused most of those who were in wheelchairs to stay home.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>I.6. The Board of County Commissioners should direct Health and Social Services and Public Works to increase access to door to door transportation for people with disabilities to health, shopping, and recreation destinations every day of the week and on evenings.</p> <ol style="list-style-type: none"> 1. Public Works should streamline paperwork for enrolling in the Hart Plus program and increase the hours and days of operation. 2. Health and Social Services should increase the hours and days of operation, and destinations permitted (e.g. for recreation) of the Sunshine Line. 	<p>I.6.1. Process evaluation: by 2010, Public Works increased the hours and days of operation of Hart Plus throughout its service area.</p> <p>I.6.2.a. Process evaluation: by 2010, Health and Social Services increased the hours and days of operation and destinations throughout its service area for the Sunshine Line.</p> <p>I.6.2.b. PAS² question #42 (use of public transportation) increased 15% every 3 years.</p>	<p>Just three percent of the 40 and older population used the public bus and just one percent reported using a wheelchair or scooter, or medical van. The 40+ population expected to increase its use of public transit and medical van seven-fold and use of a wheelchair or scooter three-fold if they could no longer drive. At the same time, people who use a wheelchair report many dangers (I.5) and limitations in the door-to-door service.</p> <p style="padding-left: 40px;">Focus groups identified paperwork, schedule and destination limits as particular problems with Hart Plus and Sunshine Line.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
L. LEISURE AND VOLUNTEERING		
<p>L1. The Board of County Commissioners should direct Aging Services and Parks, Recreation, and Conservation to offer more opportunities for physical activities such as stretching and weight bearing exercise in nearby parks and recreation centers for the 40 and older population.</p> <ol style="list-style-type: none"> 1. Aging Services and Parks & Recreation should meet with members of the 40 and older population to develop a stretching and weight bearing exercise program that appeals to these residents. 2. Aging Services and Parks & Recreation should replicate these programs in the other three districts, adjusting the type of program according local needs. 	<p>L.1.1. Process evaluation: Aging Services and Parks and Recreation met with residents in District 3 to design and implement an appropriate 8-week stretching and weight bearing exercise program by December 2008.</p> <p>L.1.2. Process evaluation: Aging Services and Parks and Recreation replicated these exercise programs in the other three districts.</p> <p>L.1.3. PAS² question #70m (no exercise) decreased 10% every 3 years beginning in District 3.</p>	<p>Nearly half of the 40 and older population had high blood pressure and one out of eight had diabetes, a heart condition, or bone fractures. Although two-thirds of this population reported that they walked regularly, less than one-third stretched and only one out of five did weight bearing activities. One of eight did not exercise at all. Stretching and weight bearing exercises lower blood pressure and build bone and muscle strength needed to prevent falls and fractures and heart-related diseases. Exercise is also a tonic for depression and one out five Baby Boomers reported that they had been diagnosed with depression.</p> <p>The 62 recreation centers in Hillsborough County are found more often in District 2 and less often in District 3 which is home to the population with the highest rates of high blood pressure.</p> <p>In addition, Aging Services' senior centers are potential locations for community exercised programs.</p>

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Recommendations and Strategies	Benchmarks ¹	Rationale ¹
<p>L.2. Aging Services should provide, in addition to its current Retired Senior Volunteers Program (RSVP), a volunteer cooperative for individuals who want to help others and use the credits earned through that help to get help in areas where they need it now or in the future.</p> <ol style="list-style-type: none"> 1. Aging Services should identify models used to coordinate a volunteer cooperative. 2. Aging Services should pilot-test and evaluate the volunteer cooperative in one city or town in the county. 3. Aging Services should implement the revised volunteer cooperative in other cities and towns in the county until coverage is complete. 	<p>L.2.1. Process evaluation: volunteer cooperative model and pilot site selected by Aging Services by 2008.</p> <p>L.2.2. Process evaluation: Aging Services pilot tested volunteer cooperative by 2009.</p> <p>L.2.3.a. Process evaluation: Aging Services made revisions to volunteer cooperative model and implemented it county-wide.</p> <p>L.2.3.b. PAS² question #64 (volunteer work) increased 15% every 3 years after 2012 and maintained a 45% rate. Other PAS questions related to caring for friends, neighbors, and others explained this increase.</p> <p>L.2.3.c. PAS question #51 (currently a caregiver) increased 15% every 3 years after 2012 and maintained a 30% rate.</p>	<p>A community for a lifetime is one where people can get to services easily or those services come to them. It is neighbors helping neighbors. Focus groups described a volunteer cooperative such as is done with babysitting and other family needs but used for elder care needs instead.</p> <p>One-third of the 40 and older population volunteered in their communities. One out of five was currently caregivers. In addition to caring for a parent or spouse, these caregivers also helped other relatives, friends, siblings, and neighbors. They helped them with transportation, home health, financial affairs, meals, housekeeping, home repairs or yard work, and to a lesser extent, personal care. The talent and interest in helping others existed in the county. The opportunity to receive credit for that help could be used for helping these volunteers with their needs now or in the future.</p>

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Benchmark Indicators at Baseline (2007) and Outcomes for 2010-2030

Benchmark	2007	2010	2013	2016	2019	2022	2025	2028	2030
<i>Estimated Population 65+</i>	141,727	156,071	177,079	199,546	224,933	253,160	282,809	312,370	332,077
<i>Number of 65+ population needing county help (3.8%)</i>	5,386	5,931	6,729	7,583	8,547	9,620	10,747	11,870	12,619
A.2.4. The use of private service providers in the community increased 9% every 3 years.	598	652	710	774	844	920	1003	1093	1192
A.2.5. Waiting lists for Aging Services clients decreased to zero by 2010	1,161	0	0	0	0	0	0	0	0
A.3.2.b. PAS questions #60 a-m increased from a low of 30% to 50% or higher by 2016 and 95% by 2028.	30.0%	35.5%	42.0%	49.7%	58.8%	69.6%	82.4%	95.0%	95.0%
C.1.1.a. Private pay funding for Adult Day Care increased 20% a year until 2022 when it was maintained at 50% of total Adult Day Care program budget.	23.0%	27.6%	33.1%	39.7%	47.7%	50.0%	50.0%	50.0%	50.0%
C.1.1.b. 50% of Adult Day Care opened every Saturday by 2010; 75% by 2013; 100% by 2016 and maintained that level.	30.0%	50.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
C.2.2.b. PAS ² question #57 (count on faith community for care needs) increased 30% every 3 years to 15% and maintained that level.	5.9%	7.7%	10.0%	13.0%	15.0%	15.0%	15.0%	15.0%	15.0%
C.3.2. PAS question #55 (can afford to care for grandchildren) increased 10% every 3 years.	46.0%	50.6%	55.7%	61.2%	67.3%	74.1%	81.5%	89.6%	98.6%
E.1.1. By 2010, 80% of providers under contract with Aging Services filed an emergency and evacuation plan with Emergency Management. By 2013, 100% of providers filed such a plan.	N/A	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
E.1.2. By 2010, 80% of providers had on file individual emergency and evacuation plans for each client not covered under the provider's emergency plan. By 2013, 100% of providers had such plans on file.	N/A	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Benchmark	2007	2010	2013	2016	2019	2022	2025	2028	2030
<i>Estimated Population 65+</i>	141,727	156,071	177,079	199,546	224,933	253,160	282,809	312,370	332,077
<i>Number of 65+ population needing county help (3.8%)</i>	5,386	5,931	6,729	7,583	8,547	9,620	10,747	11,870	12,619
E.2.2. PAS 2010 established baseline data on special needs and emergency planning by the 40 and older population aiming for 90% of this population having a plan by 2013.	N/A	45.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
F.1.2.b. PAS question #68 (enough money for rest of life) improved 10% every 3 years for the 40-59 age group.	42%	46%	51%	56%	61%	68%	74%	82%	90%
F.2.1. Older Americans Act program clients represented 3.8% of the population 65+.	5,023	5,931	6,729	7,583	8,547	9,620	10,747	11,870	12,619
H.1.3.b. PAS questions #8 (average total conditions) for the 40-59 population decreased 10% every 3 years through 2016 and maintained.	2.30	2.07	1.86	1.68	1.68	1.68	1.68	1.68	1.68
H.1.3.c. PAS question #9e (bone fractures) improved 10% every 3 years.	14.0%	12.6%	11.3%	10.2%	9.2%	8.3%	7.4%	6.7%	6.0%
H.2.2.b. PAS questions #9, #11a-f (depression) for the 40-59 population decreased 10% every 3 years.	22.1%	19.9%	17.9%	16.1%	14.5%	13.0%	11.7%	10.6%	9.5%
H.3.1. The percentage of citizens who are eligible and enrolled in the County Healthcare Plan increased 10% every 3 years until reaching and maintaining 100% enrollment.	70.0%	77.0%	84.7%	93.2%	100.0%	100.0%	100.0%	100.0%	100.0%
H.3.2.a. PAS question #15 (delayed medical care) for the 40-59 age group decreased 20% every 3 years.	28.40%	22.72%	18.18%	14.54%	11.63%	9.31%	7.44%	5.96%	4.76%
H.3.2.b. PAS question #18 (use the E/R or hospital 3+ times in last year) decreased 10% every 3 years.	5.6%	5.0%	4.5%	4.1%	3.7%	3.3%	3.0%	2.7%	2.4%
I.1.1.b. PAS question #31 (no steps in home) increased 10% every 3 years after 2013.	49.0%	49.0%	49.0%	53.9%	59.3%	65.2%	71.7%	78.9%	86.8%
I.2.1. PAS question #42 (usual mode of transportation now) decreased 6% every 3 years in the use of the personal car or motorcycle to 80% and maintained that level.	93.5%	87.9%	82.6%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

Benchmark	2007	2010	2013	2016	2019	2022	2025	2028	2030
<i>Estimated Population 65+</i>	141,727	156,071	177,079	199,546	224,933	253,160	282,809	312,370	332,077
<i>Number of 65+ population needing county help (3.8%)</i>	5,386	5,931	6,729	7,583	8,547	9,620	10,747	11,870	12,619
I.2.2. PAS question #43 (unsure what you would you do if no longer drive) decreased 10% every 3 years.	42.0%	37.8%	34.0%	30.6%	27.6%	24.8%	22.3%	20.1%	18.1%
I.3.1. PAS question #36 (moving due to taxes too high) decreased 10% every 3 years.	36.0%	32.4%	29.2%	26.2%	23.6%	21.3%	19.1%	17.2%	15.5%
I.4.1. PAS question #32 (no home repairs needed) increased 10% every 3 years.	48.9%	53.8%	59.2%	65.1%	71.6%	78.8%	86.6%	86.0%	86.0%
I.6.2.b. PAS question #42 (use of public transportation) increased 15% every 3 years.	3.1%	3.6%	4.1%	4.7%	5.4%	6.2%	7.2%	8.2%	9.5%
L.1.3. PAS question #70m (no exercise) decreased 10% every 3 years beginning in District 3.	17.0%	15.3%	13.8%	12.4%	11.2%	10.0%	9.0%	8.1%	7.3%
L.2.3.b. PAS question #64 (volunteer work) increased 15% every 3 years after 2012 and maintained a 45% rate. Other PAS questions related to caring for friends, neighbors, and others explained this increase.	33.0%	N/A	34.7%	39.8%	45.8%	45.0%	45.0%	45.0%	45.0%
L.2.4.c. PAS question #51 (currently a caregiver) increased 15% every 3 years after 2012 and maintained a 30% rate.	19.3%	N/A	20.3%	23.3%	26.8%	30.0%	30.0%	30.0%	30.0%

Benchmark Quality of Life Indicators at Baseline (2007) and Outcomes for 2010-2030

Benchmark	2007	2010	2013	2016	2019	2022	2025	2028	2030
Self-rated health for 40+ population improved 15% every 3 years through 2013 and was maintained at this level (Note: 1=excellent)	2.1	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5
The percentage of the 40+ population reporting having "some money left over each month" improved 15% every 3 years through 2013 and was maintained at this level.	56.7%	65.2%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Neighborhood safety improved 15% every 3 years through 2013 and was maintained at this level. (Note: 1=very safe)	1.5	1.3	1.1	1.1	1.1	1.1	1.1	1.1	1.1
The percentage of the 40+ population reporting at least weekly contact with friends improved 15% every three years in 2010 and 2013 and was maintained at this level.	25.4%	29.2%	33.6%	38.6%	44.4%	51.1%	51.0%	51.0%	51.0%
Life satisfaction for 40+ population improved 15% every three years in 2010 and 2013 and was maintained at this level. (Note: 1=very satisfied)	2.1	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5