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Assessing the Needs of Elder Floridians

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Executive Summary

This study assesses the needs of Floridians age 60 and older. Data was compiled from the results of the Florida Needs Assessment Survey administered to 1,850 elders over the summer of 2010. In addition to demographics, data includes information on elders' living situation, self care limitations, nutrition, housing, healthcare, and other matters especially affecting the geriatric population. Results were compiled for analysis at the state as well as Planning and Service Area (PSA) levels. The report also includes special state-level tabulations for the "hard-to-measure" populations of minority, low-income, and rural elders.

Demographics

The typical respondent who participated in the Needs Assessment Survey was a white woman in her early-to-mid-70s with an annual income between \$30,000 and \$39,000. The largest age group of survey respondents was between age 65 and 84 (69%). The remainder was split between elders age 60 to 64 (19%) and elders age 85 and older (11%). More female respondents (53%) participated in the survey. The majority of respondents were Caucasians (84%), followed by African-Americans (7%) and Latinos (7%). Nearly one-half of respondents (48%) attained an income between \$20,000 and \$50,000 per year, and one-third received an income greater than \$50,000 per year. Of elders surveyed across the state, 18% had an annual income of less than \$20,000.

Living Situation

Nearly one-third of elders surveyed lived alone (31%) while nearly one-half (49%) lived with a spouse. The remaining 20% lived with a child, grandchild, relative, friend, or other person.

Self Care Limitations

Of elders surveyed, 17% of elders needed assistance with Activities of Daily Living. Walking, bathing, and dressing were the most highly cited Activities of Daily Living with which elders needed help. An additional 51% of elders surveyed required assistance with Instrumental Activities of Daily Living. Heavy chores, light housekeeping, and help with shopping were among the most cited Instrumental Activities of Daily Living with which elders needed assistance.

Caregiving

One in five elders surveyed was a caregiver. Of these caregivers, 29% provided care one or more times a week. Over one-half of caregivers (56%) did not receive needed help with their responsibilities. Of the 21% of caregivers who sought help, information about resources, emotional support, help with household chores, and financial assistance were the types most often cited.

Health and Health Promotion

Nearly one-quarter of surveyed elders (24%) reported that they were not regularly exercising. No elder age 65 and older reported being without health insurance; however, 10% of elders between ages 60 and 65 reported having no health insurance. Additionally, 10% of elders also reported delaying filling prescription medications, 30% delayed receiving dental care, and 24% delayed getting new eyeglasses or eye care. Over one-quarter of these elders (27%) delayed care because they could not afford the expense. Just over one-tenth of elders (11%) had to go without treatment for emotional or mental health problems.

Information and Assistance

An elder was more likely to turn to a medical professional or institution than any other source when seeking information about services that help older adults. Elders typically found out what was going on in their community through the television and newspaper. Nearly three-quarters of respondents had Internet access (72%) and over one-third of respondents desired training on computer and Internet use (37%).

Nutrition

Over one-quarter of elders (26%) surveyed reported that they were not receiving adequate nutrition. Of surveyed elders who reported using a food debit card (food stamps), minority (21%) and low-income elders (14%) received assistance more often average statewide (5%) or rural elders (3%). Roughly 15% of elders surveyed were interested in learning about where meals for seniors were offered.

Senior Centers

Only 10% of elders in Florida reported visiting senior centers “often” or “sometimes.” Minority elders (16%) attended senior centers more often while only 9% of low-income elders and 7% of rural elders went to the senior center with any frequency.

Transportation

Approximately 4% of elders reported not being able to get where they needed or wanted to go. Minority elders (12%) and low-income elders (7%) were more likely to report problems getting where they needed. One-third (33%) of these elders reported that their mobility was impeded by health problems.

Community

Statewide, 15% of elders reported feeling that their city or town was not elder friendly.

Housing

Of elders surveyed, 9% reported not feeling safe out in their neighborhoods for reasons including fear of crime, suspected drug-related activity, high-speed traffic, and problems with sidewalks. Another 21% of respondents reported problems with their home or neighborhood, including upkeep and minor repairs, difficulty paying rent or the mortgage, roofing and plumbing issues, and other major repairs. The majority of elders (65%) expressed an interest in sharing their home with another person.

Volunteerism

Over one-third of elders surveyed (36%) volunteered for a broad variety of programs and one-quarter (25%) were interested in receiving information on volunteer opportunities.

Employment

Of the 48% of elders who were not retired, 18% were employed in some capacity; 13% reported being unemployed because of circumstances beyond their control. 17% of elders were interested in receiving help from a job-matching service.

Abuse, Neglect and Exploitation

Of elders surveyed, 12% reported that they had been a victim of consumer fraud or swindle. More minority and rural elders (16% each) reported being victims. Almost one-half of elders surveyed statewide (46%) were aware of programs available to assist them in protecting themselves from abuse, neglect, or exploitation.

Legal Assistance

The Department of Elder Affairs continues to be the most highly cited source of legal assistance by elders statewide (30%). Health and estate matters are the legal issues that concern elders the most.

Disaster Preparedness

Almost one-third of elders surveyed statewide (31%) showed interest in learning about temporary shelters or special needs options during an evacuation-related event.

Background

The Florida Statewide Needs Assessment was conducted by the Department to determine the needs of elders residing in the community. Elders were sampled regardless of whether or not they had ever contracted with or received services from the Department. Survey results were summarized at the state level and include special tabulations for “hard-to-measure” rural, low-income, and minority populations of elders. The purpose of the needs assessment is to assist professional services planners, agency directors, and policy makers with their planning endeavors.

Survey Procedures

The Florida Department of Elder Affairs contracted with the Bureau of Business and Economic Research at the University of Florida to conduct a statewide survey to measure elder Floridians' needs. The two-part survey of people age 60 and older was conducted in July and September of 2010.

This survey is comprised of 82 questions divided among the following 16 categories (number of questions in parentheses):

1. Demographic Profile (3),
2. Living Situation (1),
3. Self Care Limitations (5),
4. Caregiving (9),
5. Health and Health Promotion (12),
6. Information and Assistance (4),
7. Nutrition (7),
8. Senior Centers (3),
9. Transportation (7),
10. Community (3),
11. Housing (9),
12. Volunteerism (4),
13. Employment (6),
14. Abuse, Neglect and Exploitation (3),
15. Legal Assistance (4), and
16. Disaster Preparedness (2).

The survey instrument was developed during the spring of 2010 by staff at the Department of Elder Affairs and incorporated many elements from the 2003 version of the needs assessment instrument. Changes were made based on findings from the previous needs assessment as well as recent economic and environmental changes affecting elders' lives. Changes included expanding self-care limitations questions and offering a greater variety in response options, including multiple responses.

Methodology

The Needs Assessment Survey was conducted in two phases. In the first phase, the survey was administered to 1,100 elders age 60 and over, 100 from each of the 11 Planning and Service Areas (PSAs) across the state. The second phase included oversampling 750 more elders from “hard-to-measure” populations, consisting of 250 elders each from minority, low-income, and rural groups. The respondents from these subpopulations were surveyed across the state and their responses were compiled in a separate dataset. The oversample was needed to obtain information from particular segments of the elder population that might exhibit greater economic and social needs. It was common for elders who were selected from one oversample group to also meet the requirements from one or both of the other groups. Overlap is evident in the grouping of these elders into their respective categories: 277 minority elders, 409 low-income elders, and 428 rural elders within the oversample of 750 total respondents.

To sample 100 respondents from each PSA, survey participants were selected by geographically coding screened addresses for potential respondents age 60 and older from a consumer database compiled by InfoUSA. Approximately 200 potential participants were randomly selected from each of Florida’s 11 PSAs with the intention of completing 100 surveys. When 100 surveys were completed for each PSA, oversamples for rural, poverty, and minority populations (N=250 for each, respectively) were selected randomly and completed at the state level.

The InfoUSA database used to identify which elders to survey only included landline telephone numbers, which resulted in an inherent bias toward higher socioeconomic status among respondents. Current research of the past decade indicates that the use of landline telephones has decreased among low-income and minority populations due to the higher cost of owning and operating landline telephones.¹ More low-income, rural, and minority populations² have turned to pre-paid or low-cost cellular service plans whose numbers are not included in consumer databases derived from publicly-listed telephone directories.³ It is also cost-prohibitive for many research organizations to conduct telephone surveys using cellular-phone numbers because of the high cost associated with acquiring these databases. Consequently, low-income and minority residents, especially those in rural areas, show greater absenteeism in research using landline telephone survey methods. As a result, these survey findings may underestimate existing needs of low-income, rural elders. Separate measurements of oversampled minority and low-income subpopulations help to address this bias.

1 Call, K. T., Davern, M., Boudreaux, M., Johnson, P. J., & Nelson, J. (2011). Bias in telephone surveys that do not sample cell phones: Uses and limits of poststratification adjustments. *Medical Care*, 49(4), 355-364.

2 Shebl, F., Poppell, C.F., Zhan, M., Dwyer, D. M., Hopkins, A. B., Groves, C., ... Steinberger, E. K. (2009). Measuring health behaviors and landline telephones: Potential coverage bias in a low-income, rural population. *Public Health Reports*, 124, 495-502.

3 Keeter, S., Kennedy, C., Clark, A., Tompson, T., & Mokrzycki, M. (2007). What’s missing from national landline RDD surveys? The impact of the growing cell-only population. *Public Opinion Quarterly*, 71(5), 772-792.

Data was compiled and measured using SPSS. In order to reliably interpret and use the results of the Needs Assessment Survey as representative of the elder population in Florida, sample data was weighted by PSA using the most recent proportions of the 60 and older population provided by the 2009 American Community Survey (ACS) 5-year estimate. Weights were calculated by dividing the proportion of elders in each PSA by the proportion of elders in each PSA contained in the sample:

$$\text{Weighting factor} = \frac{\% \text{ elders in population}}{\% \text{ elders in sample}}$$

This factor was applied to the sample group of each PSA to adjust for representation of survey results for the state:

	2009 ACS 60+ Population Estimate	60+ Population Proportion (PSA/State)	60+ Sample Proportion (100/1100)	Weight
PSA1	144,795	3.28%	9%	0.36494
PSA2	136,364	3.09%	9%	0.34369
PSA3	475,370	10.78%	9%	1.19813
PSA4	424,029	9.62%	9%	1.06873
PSA5	396,356	8.99%	9%	0.99898
PSA6	489,803	11.11%	9%	1.23451
PSA7	422,185	9.58%	9%	1.06408
PSA8	539,046	12.23%	9%	1.35862
PSA9	542,889	12.31%	9%	1.36830
PSA10	340,497	7.72%	9%	0.85819
PSA11	497,115	11.28%	9%	1.25293
TOTAL	4,408,449	100%	--	--

Once the survey data had been weighted, frequencies of responses were calculated and tabulated for statewide, minority, low-income, and rural groups. The percentages obtained from these frequencies compose the principal information for which an assessment of need is determined. For questions that included multiple response variables, these variables were restructured into separate datasets in order to accurately account for the number of responses to each question (not the number of respondents). Tables for each single and multiple-response question and corresponding answers are located in the Appendix.

The reader may find it helpful to reference questions and responses contained in the Appendix simultaneously when reviewing the information contained in this report. Although figures of graphs and charts found in each section are meant to assist the reader in visualizing results of the assessment, the appended data tables for each survey question and response may assist with understanding where needs are found, especially when comparing state results to those of the subpopulations. To assist the reader, references to figures and question tables have been noted throughout the text of the report.

Demographic Profile

The demographic profile of the survey respondents includes self-disclosed information about race and ethnicity, gender, household income, and urbanicity. This information can be used to paint an overall picture of who composes the current elder population in Florida. Results from the Needs Assessment Survey indicate that the typical respondent was a white woman in her early 70s with an annual income between \$30,000 and \$39,000.



For the purpose of testing accurate representation in the survey sample, needs assessment survey data and actual population estimates (as determined by the U.S. Census Bureau, Florida Office of Economic and Demographic Research, and other sources), were compared. In 2010, 24% of Florida's population was age 60 and over. Of these elders, 10% were reportedly non-white, 9% were living in poverty, and 10% were living in rural areas.⁴ Of elders surveyed statewide, 16% self-reported as non-white and 15% of respondents were designated as living in rural areas. There was no indicator for determining a poverty threshold in the needs assessment survey instrument; however, 18% of respondents self-reported an income of less than \$20,000 in a calendar year (for sampling purposes, "low-income" is defined as annual income less than \$20,000).

⁴ Florida Department of Elder Affairs. (2011). [Data for population 60 and over in Florida]. 2010 Florida State, PSA & County Profiles. Retrieved from http://elderaffairs.state.fl.us/english/pubs/stats/FINAL_2010/Counties/Florida.pdf

Age and gender composition are important demographic factors that determine a given population's health and frailty. This information can help policy makers make decisions regarding population growth, the funding of pension and health systems, or address concerns such as population decline.⁵ Using figures from the latest enumeration from the U.S. Census Bureau, the population age 60 and over in Florida is 55% female and 45% male. As expected,

Figure 1: Gender of Survey Respondents

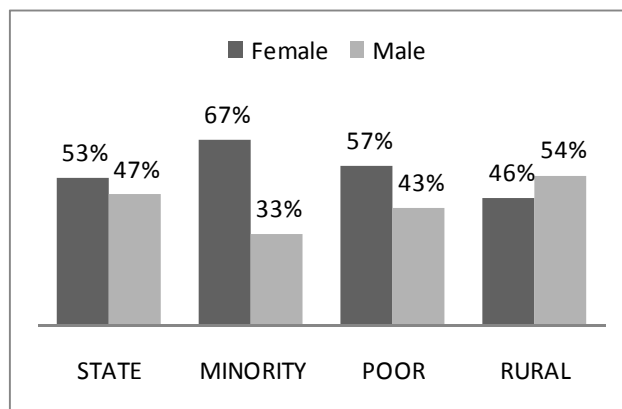
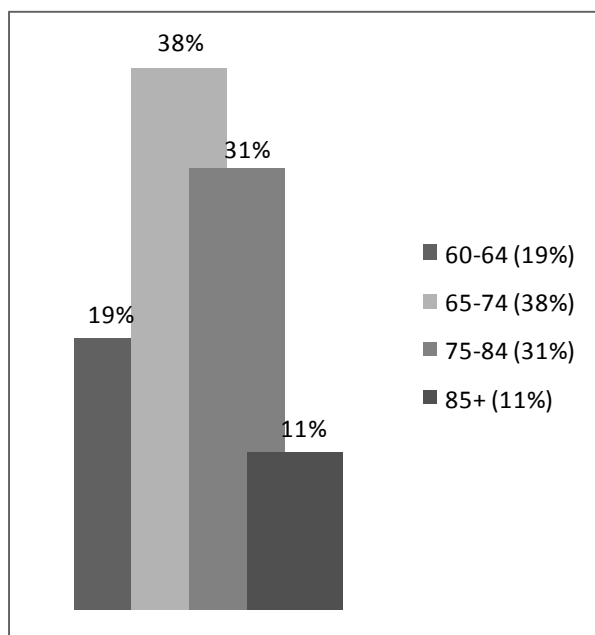


Figure 2: Age Distribution of Survey Respondents



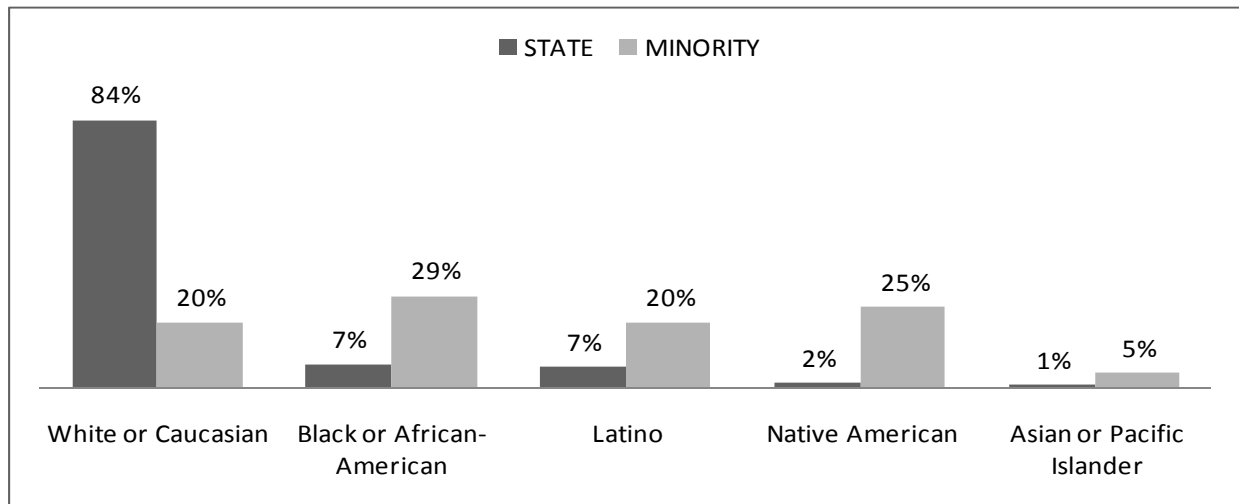
more female than male respondents (53% versus 47%) participated in the needs assessment survey. However, more rural males (54%) responded to the survey than did minority (33%), low-income (43%), and statewide elder males (47%). This response pattern was unexpected and might be due in part to selection bias among affluent rural respondents (see Methodology). It is also notable that females outnumbered males two to one among minority elders – a proportion significantly higher than statewide results – indicating a demographic trend of higher attrition and migration to long-term care facilities among elder minority males rather than their white counterparts (see Figure 1).⁶

When disaggregating the elder population into age groups, over two-thirds of survey respondents (69%) were between the ages of 65 and 84. The remainder were split between elders age 60 and 64 (19%) and elders age 85 and over (11%) (see Figure 2). In this case, survey results did not depart dramatically from state trends for the population age 65 and over: 26% (versus 19%) composed age group 60-64, 65% (versus 69%) composed age group 65-84, and 9% (versus 11%) composed age group 85 and over (per 2010 Census).

⁵ Rowland, D. (2003). Demographic methods and concepts. New York: Oxford University Press Inc.

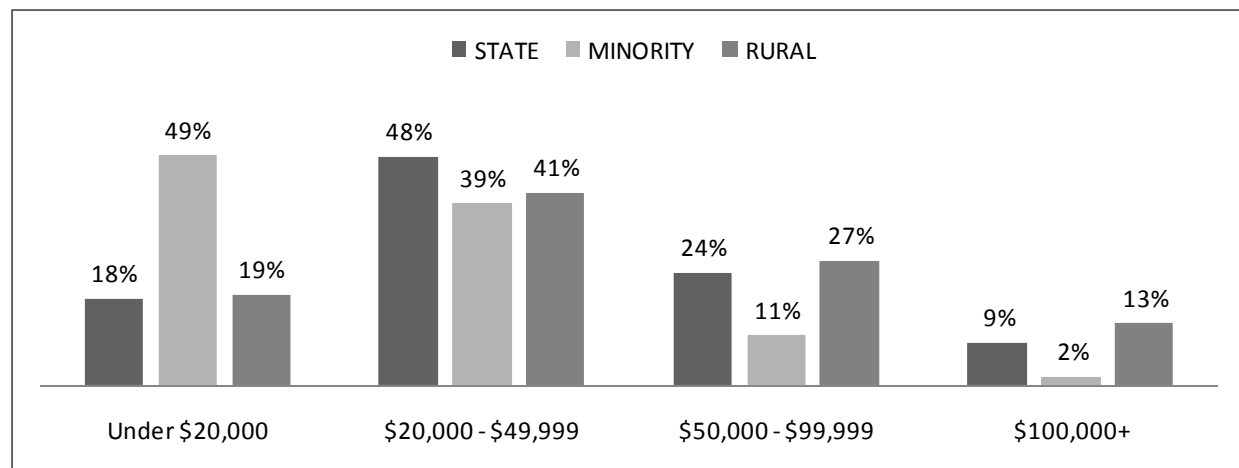
⁶ Sharma, A. (2011). Multinomial analysis of assistance migration. Proceedings from Elderly Populations: 42nd Annual Meeting of The Southern Demographic Association, Tallahassee, Florida.

Figure 3: Racial and Ethnic Composition of State and Minority Respondents



The majority of respondents surveyed statewide was composed of white or Caucasian elders (84%). Non-white respondents were composed of black or African-Americans (7%), Latinos (7%), Native Americans (2%), and Asians or Pacific Islanders (1%). Of minority respondents, the majority was made up of African-Americans (29%), followed by Native Americans (25%), Latinos (20%), Caucasians (20%), and Asians or Pacific Islanders (5%) (see Figure 3). Low-income (84%) and rural (90%) elders were overwhelmingly white (see Appendix, Question 82).

Figure 4: Income Groups of State, Minority, and Rural Respondents



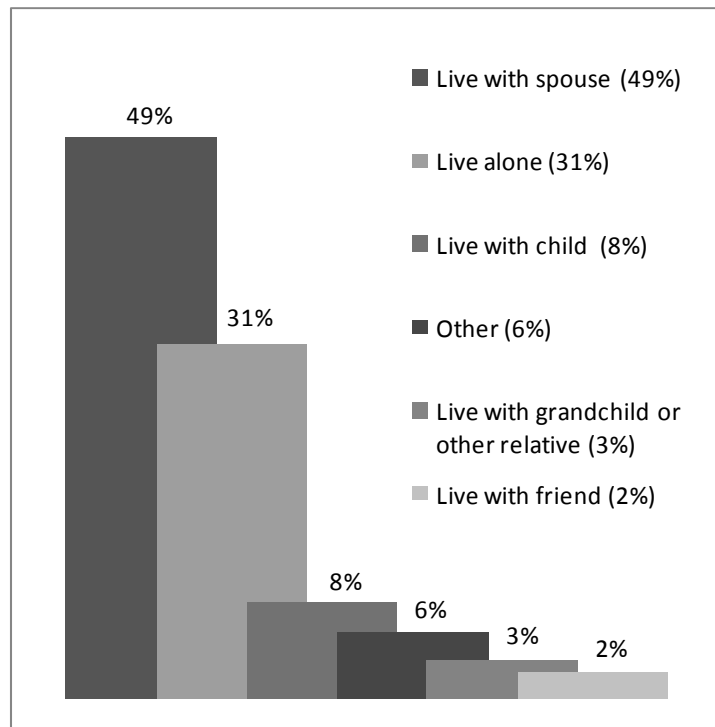
More than one-half of elders (54%) reported receiving an income of less than \$40,000 a year. Of surveyed elders, 18% met the criterion of low-income by having an annual income of less than \$20,000. Surprisingly, rural elders reported receiving some of the highest incomes with 13% having earned over \$100,000 per year compared to 9% of elders statewide (see Figure 4).

Living Situation

An important component of successfully aging in place for elders is whether or not they live with someone else. Elders who live with a spouse have higher chances of remaining in the community for a host of reasons. Spouses contribute to better mental health, greater material quality of life, and a higher likelihood of receiving care should it become necessary as a result of illness or disability.⁷ Official data estimates that 23% of Florida's elders are currently living alone.⁸ Survey results indicate elders' living situations varied.

Nearly one-half of elders lived with their spouse (49%), 31% of elders surveyed lived alone, and others lived with a child (8%), grandchild (3%), or friend (2%) (see Figure 5). Minority (38%) and low-income elders (41%) reported the lowest incidence of living with a spouse compared to elders surveyed statewide. Low-income respondents (35%) were the most likely of the subpopulations to live alone. Over one-half of rural elders lived with a spouse (55%) and only 25% lived alone, the lowest incidence of living alone among subpopulations (see Appendix, Table 1). That rural elders possessed higher incomes might be due in part to a larger proportion of rural elders living with their spouse as opposed to living alone. In contrast, minority and low-income elders with significantly smaller incomes reported a greater chance of living alone and lower incidence of living with a spouse compared to all elders surveyed.

Figure 5: Living Situation of State Respondents



More minority (13%) and low-income elders (10%) lived with a child compared to rural elders (9%) or elders surveyed statewide (8%). Minority elders were most likely to reside with a grandchild or other relative (10%). They far outnumbered statewide elders (3%) as well as low-income (8%) and rural elders (6%) who lived with a grandchild or other relative.

7 Hays, Judith C., R.N., Ph.D (2002). Living Arrangements and Health Status in Later Life: A Review of Recent Literature. Public Health Nursing, Volume 19, Issue 2 (p. 136-151).

8 Ibid.

Self Care Limitations

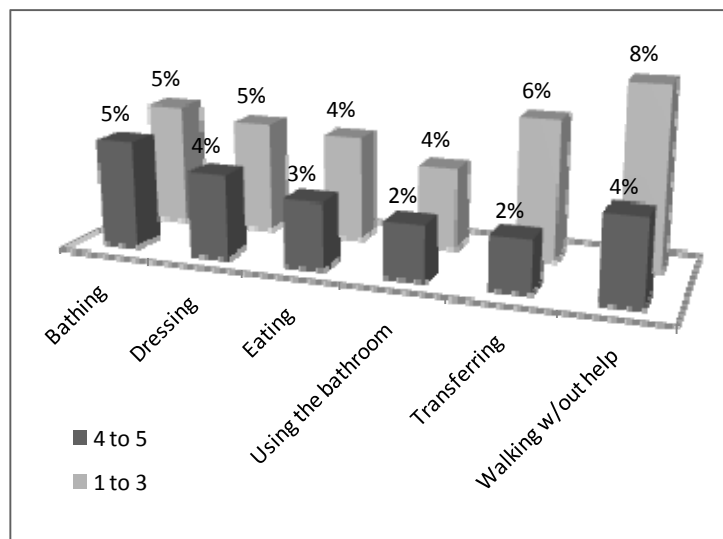
As seniors age, the ability to perform some types of tasks can be diminished due to a variety of health and cognitive limitations. Elders' capacity to care for themselves is often measured in terms of ADLs (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living). ADLs commonly refer to eating, bathing, dressing, grooming, walking, and toileting. IADLs are tasks that enable an individual to live independently and include money management, taking medication, performing chores, and using transportation or the telephone. As seniors age, their ability to perform ADLs and IADLs often diminishes due to a variety of health and cognitive limitations. *Older Americans 2010* indicated, "In 2007, 42% of people age 65 and over reported a functional limitation. 14% had difficulty performing one or more IADLs[...]. Approximately 25% had difficulty with at least one ADL and 4% were in a[n assisted living] facility."⁹

Many elders who have migrated to Florida for retirement are typically healthier and wealthier than their counterparts in other states. Fewer self-care limitations are evident in Florida's affluent elder migrant population when compared to elders in subpopulations with lower socioeconomic status and who are consequently less mobile.¹⁰

Overall, Florida's elders had a smaller need for assistance with ADLs but more difficulty with IADLs. At most, 17% of the elders

surveyed limitations with ADLs and 51% needed assistance with IADLs. Figure 6 depicts the extent of limitation for each ADL on a scale from one to five: 1-3 = moderate need and 4-5 = serious need; 0 indicated no need and is not depicted. In order of severity, elders required assistance with walking (12%), bathing (10%), dressing (9%), transferring (8%), eating (7%), and using the bathroom (6%). Walking, bathing, and dressing received the highest response of serious need and were the most highly cited Activities of Daily Living requiring assistance across all sampled populations (see Appendix, Question 2).

Figure 6: ADL Limitations of State Respondents

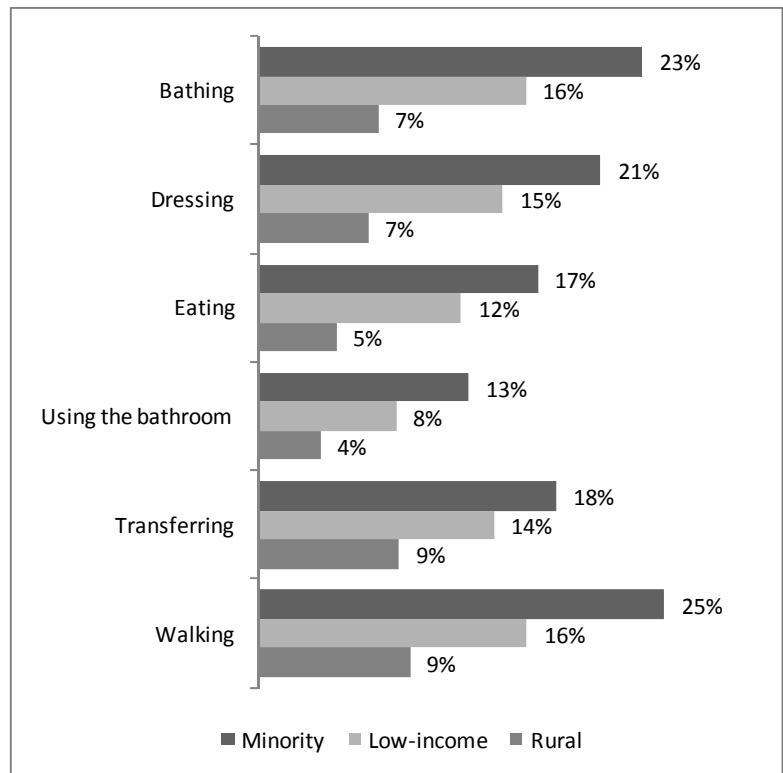


⁹ Federal Interagency Forum on Aging-Related Statistics. (2010). *Older Americans 2010: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office.

¹⁰ House, M. & Smith, S. (2005). *Snowbirds, sunbirds, and stayers: Seasonal migration of the elderly in Florida*. Proceedings from PAA '05: Annual Meeting of the Population Association of America. Philadelphia, Pennsylvania: University of Florida.

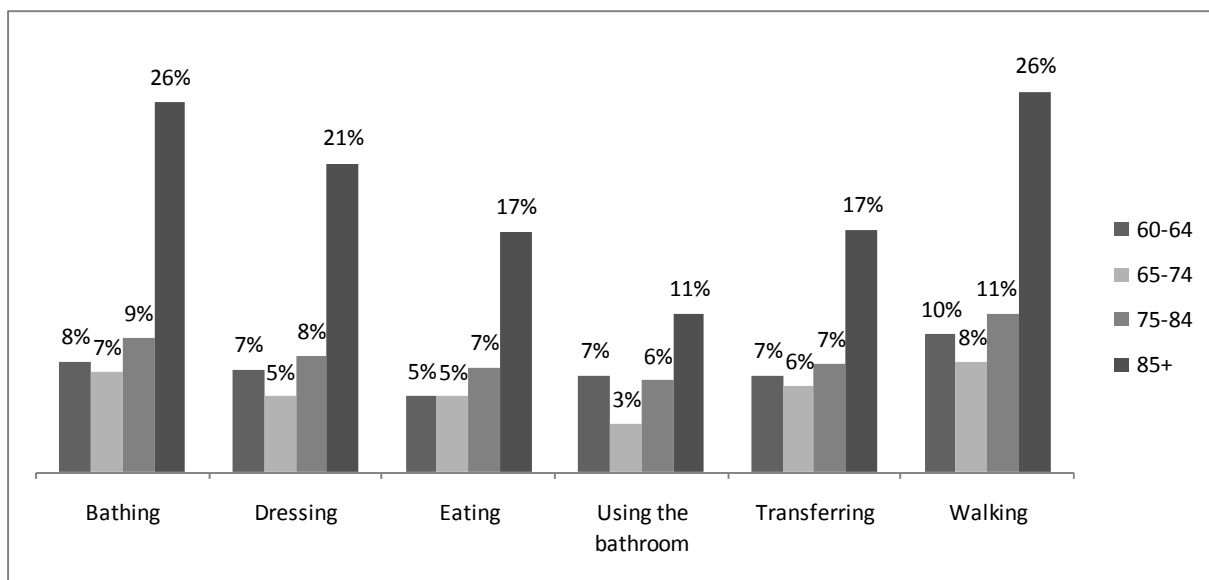
The mostly highly reported limitations with ADLs were found among the subpopulations and the oldest group of respondents. Figure 7 illustrates the frequency of response from elders in minority, low-income, and rural subpopulations who exhibited the most limitations in performing ADLs. Although all subpopulations reported higher limitations with every ADL compared to elders surveyed statewide, minority elders overwhelmingly reported more limitations than their low-income or rural counterparts. With the exception of eating and transferring, low-income and rural elders more closely resembled the general population than minorities in their degree of limitations.

Figure 7: ADL Limitations of Oversampled Respondents



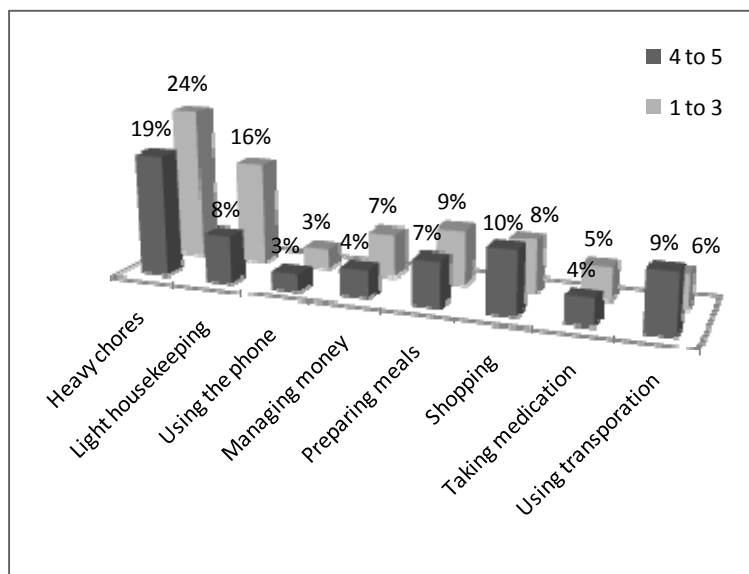
Correspondingly, elders age 85 and older exhibited the most limitations among the four age groups (see Figure 8).

Figure 8: ADL Limitations of Respondents by Age Group



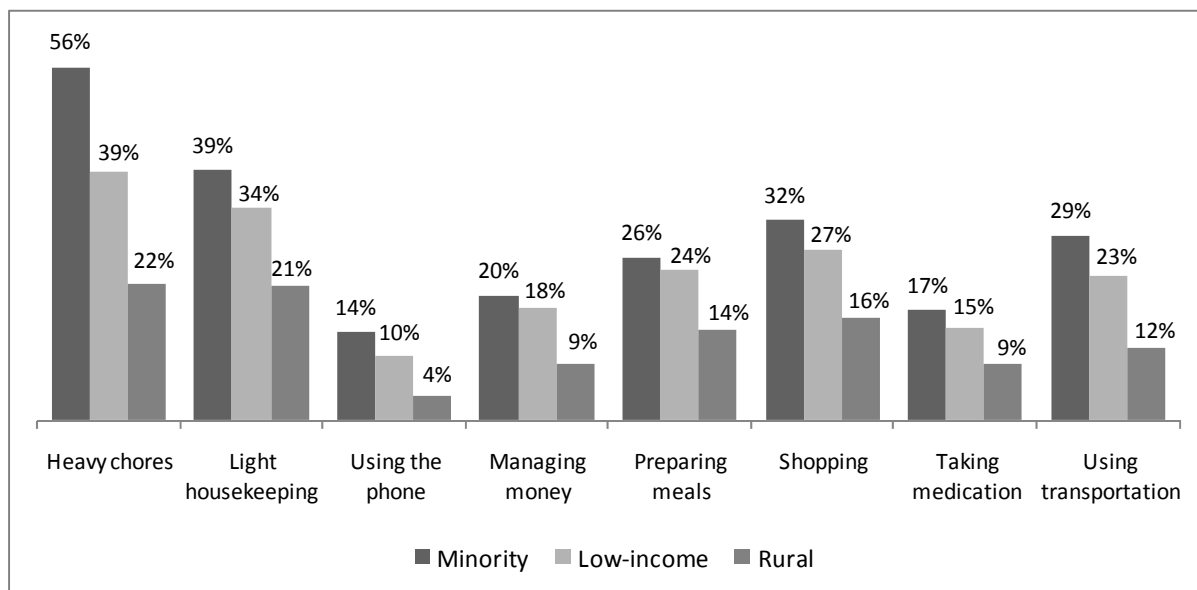
More help was needed with IADLs than ADLs for elders in each group. Of elders surveyed across the state, 51% needed varying levels of assistance with IADLs. Figure 9 shows how much assistance was needed for each IADL. In order of severity, elders required assistance with heavy chores (43%), light housekeeping (24%), shopping (18%), preparing meals (16%), using transportation (15%), managing money (11%), taking medication (9%), and using the phone (6%) (see Appendix, Table 4).

Figure 9: IADL Limitations of State Respondents



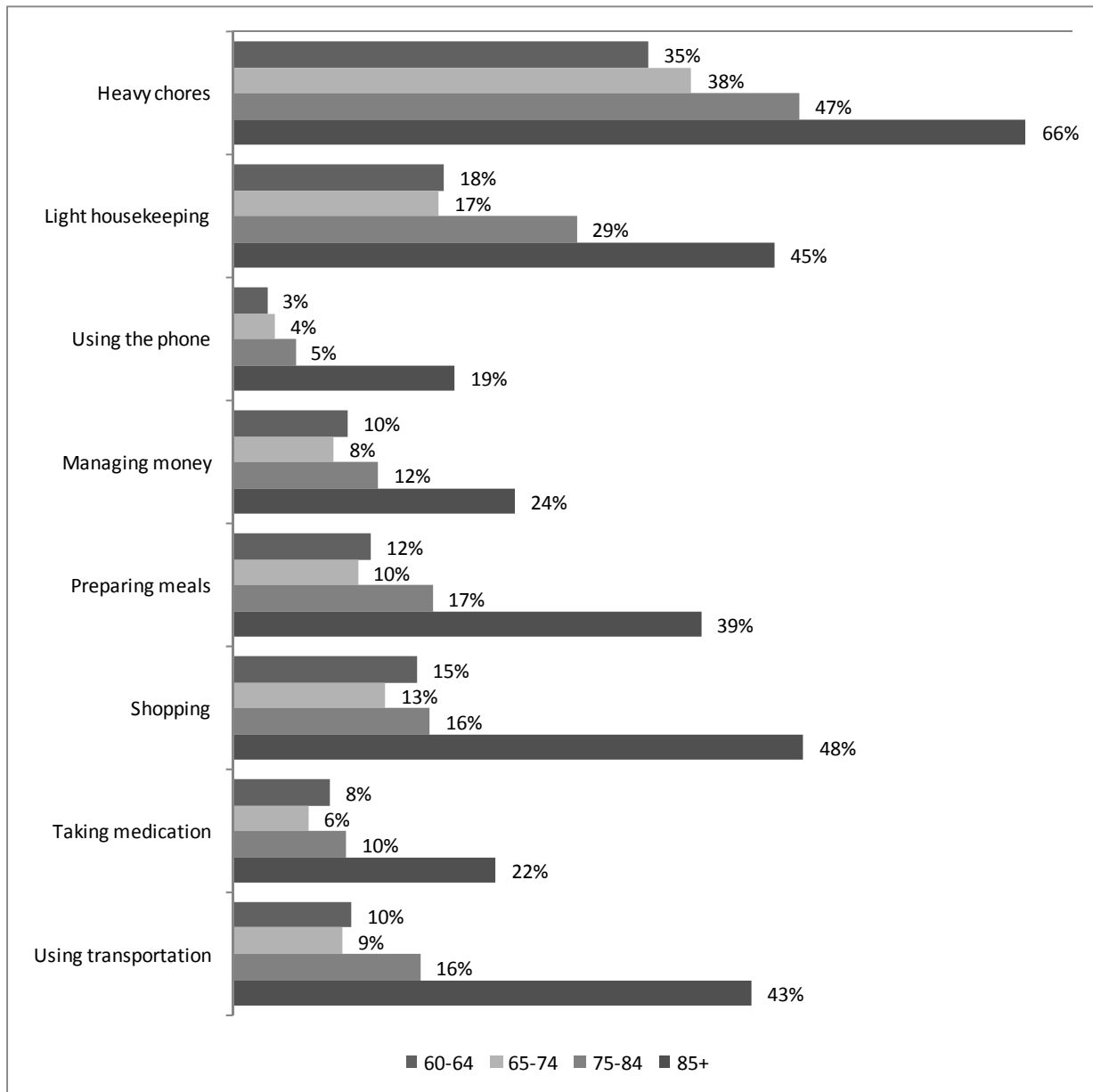
Like ADLs, the greatest need for assistance with IADLs was found among the subpopulations and oldest age groups. Minority elders reported the highest limitations for each IADL compared with others, though low-income and rural elders followed close behind (see Figure 10).

Figure 10: IADL Limitations of Oversampled Respondents



The limitations in performing IADLs varied considerably by age group. In general, limitations increased sharply by age and elders age 85 and over reported the most limitations in performing IADLs. This age group experienced the most limitations when performing heaving chores (66%), shopping (48%), light housekeeping (45%), and preparing meals (39%). Younger age groups were considerably less affected by these limitations (see Figure II).

Figure II: IADL Limitations by Age Group



An elder's limitations with ADLs and IADLs are a critical indication of the potential level of demand for assistance. Approximately one-half (47%) of elders reported that they "never" or "hardly ever" received the help they needed with ADLs.

Likewise, 48% of elders reported that they also "never" or "hardly ever" received help with IADLs (see Figure 12).

Across all groups, the proportions of elders who "always" received help were small. Slightly more low-income and minority elders than rural elders "never/hardly ever" received help for both ADLs and IADLs (see Figures 13 and 14).

Figure 12: Frequency of Help Received for ADLs and IADLs Among Surveyed Respondents

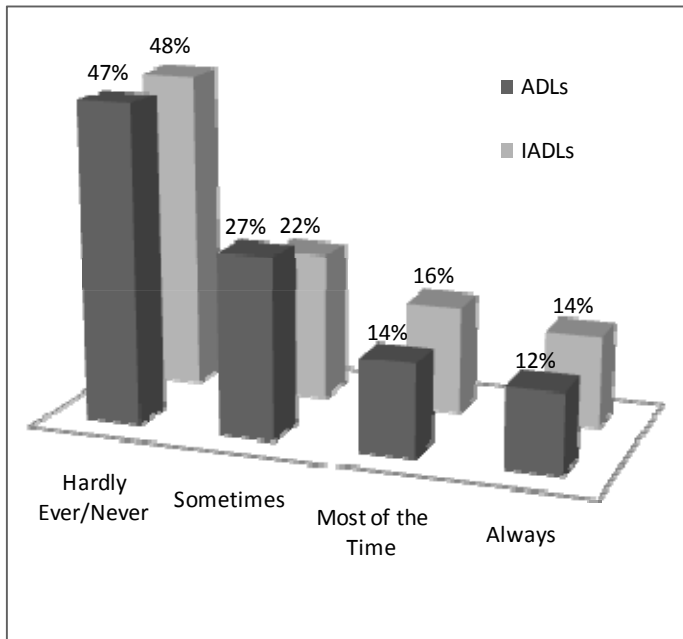


Figure 13: Frequency of Help Received Among Oversampled Respondents (ADLs)

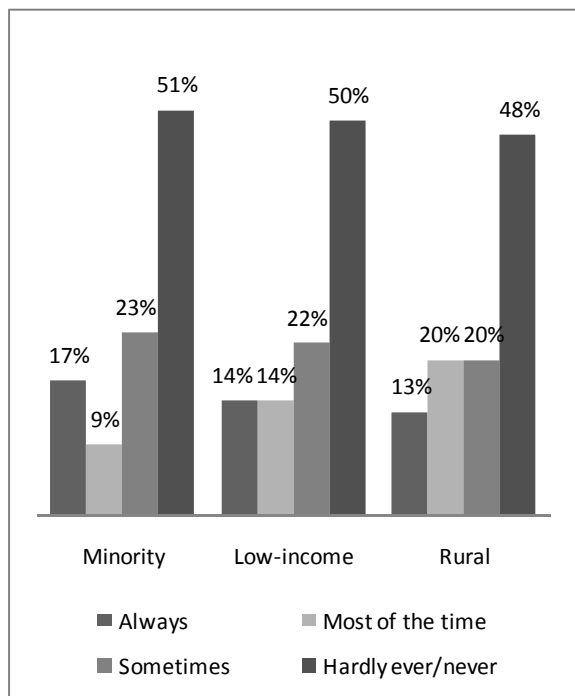
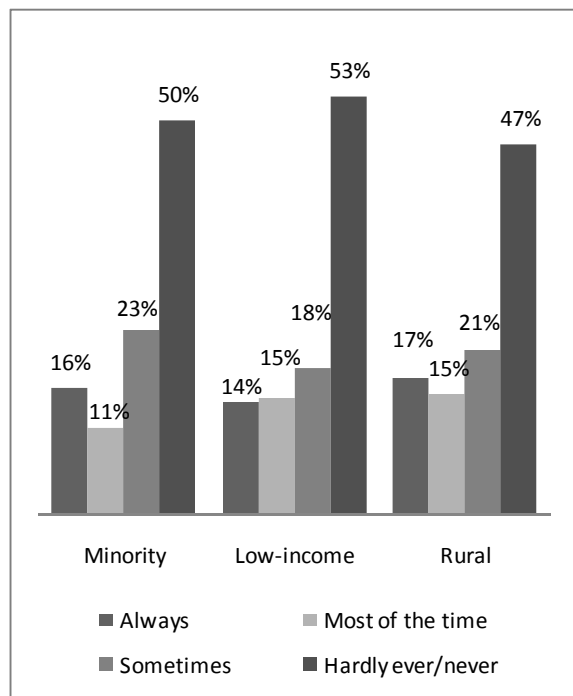
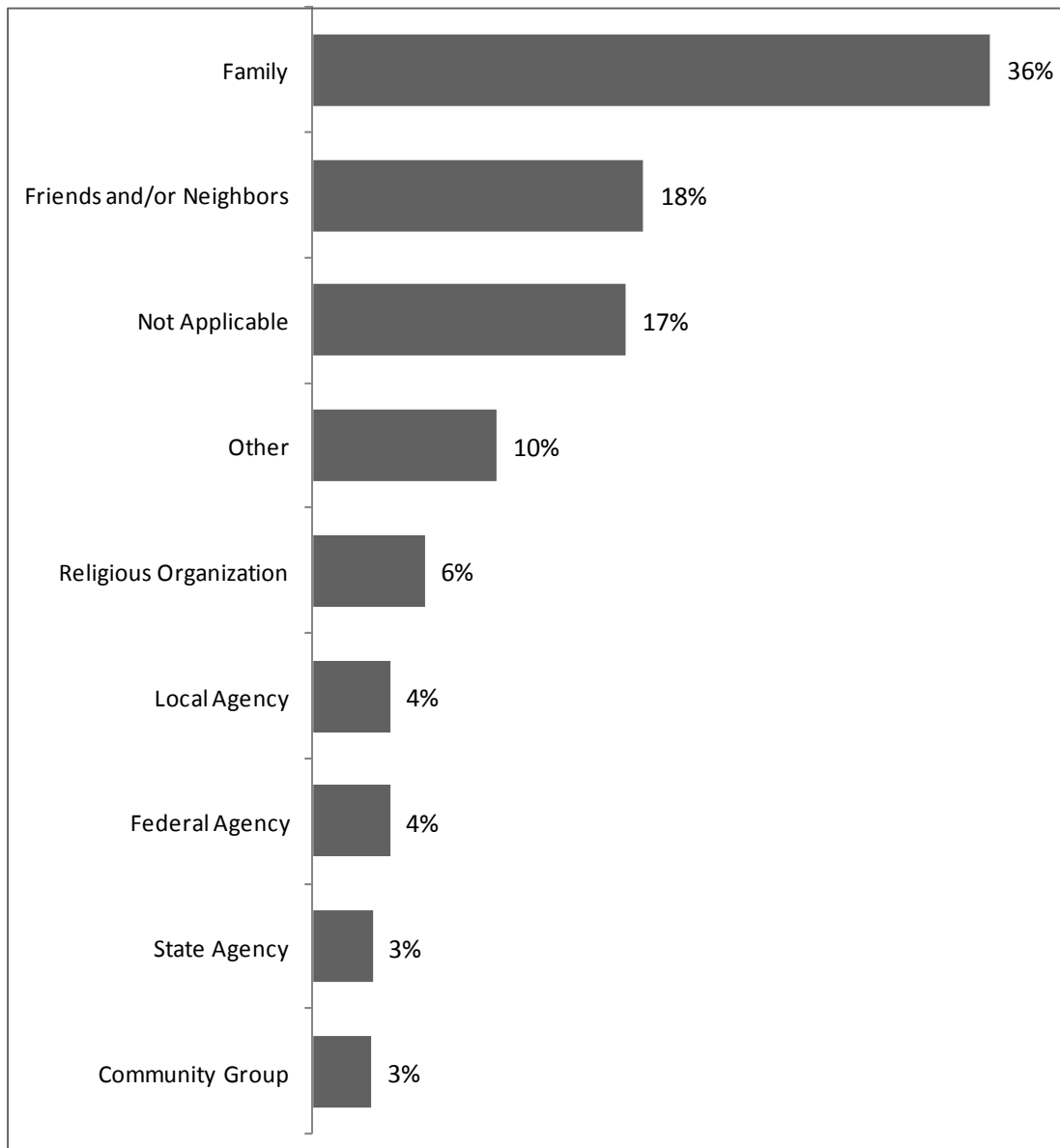


Figure 14: Frequency of Help Received Among Oversampled Respondents (IADLs)



Elders were asked where they turned to for assistance when they needed help with performing activities related to self care. Most elders reported trying to get help from family members (36%) while fewer tried get help from friends or neighbors (24%) (see Figure 15). The subpopulations of elders (49% of rural elders, 48% of minority elders, and 44% of low-income elders) were more likely to seek help from family members (see Appendix, Question 6).

Figure 15: Sources of Assistance for ADLs and IADLs Among State Respondents

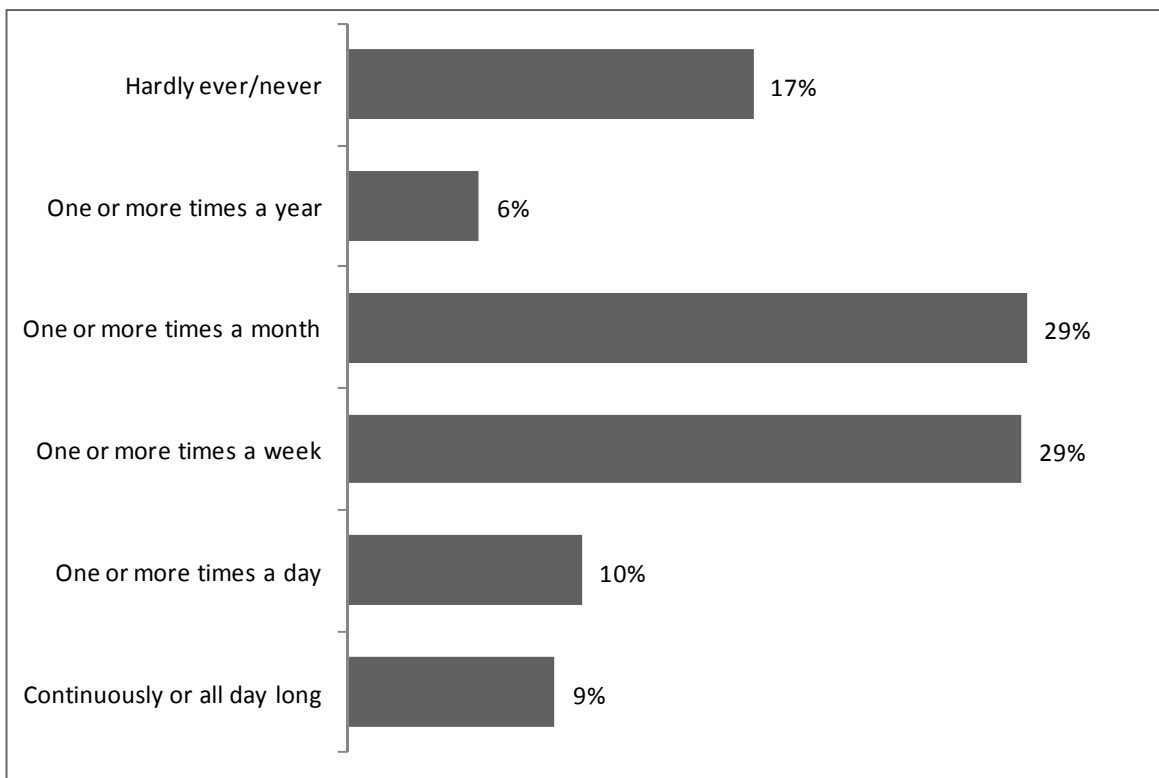


Caregiving

Caregivers are a pivotal component of long-term care planning for elders, and many elders provide caregiving services to their own families or friends. AARP reports that “more than 90% of persons 65 and older with disabilities who receive assistance receive informal care; nearly two-thirds rely solely on informal caregivers.”¹¹ Survey results indicate that 20% of respondents regularly provided care to another person. Similar proportions were reported for subpopulations, as well (see Appendix, Question 7).

Figure 16 illustrates the frequency of care that elders provided to another person: nearly one out of three elders (29%) performed caregiving duties at least once a week and nearly one out of ten elders (9%) provided care continuously throughout the day. Not shown in the graph but indicated in the Appendix, Question 8, 41% of rural elders, 35% of low-income elders and 32% of minority elders provided care at least once a week and another 29% reported having done so one or more times a month. The majority of caregiving elders cared for another elder as opposed to children and adults (see Appendix, Question 9).

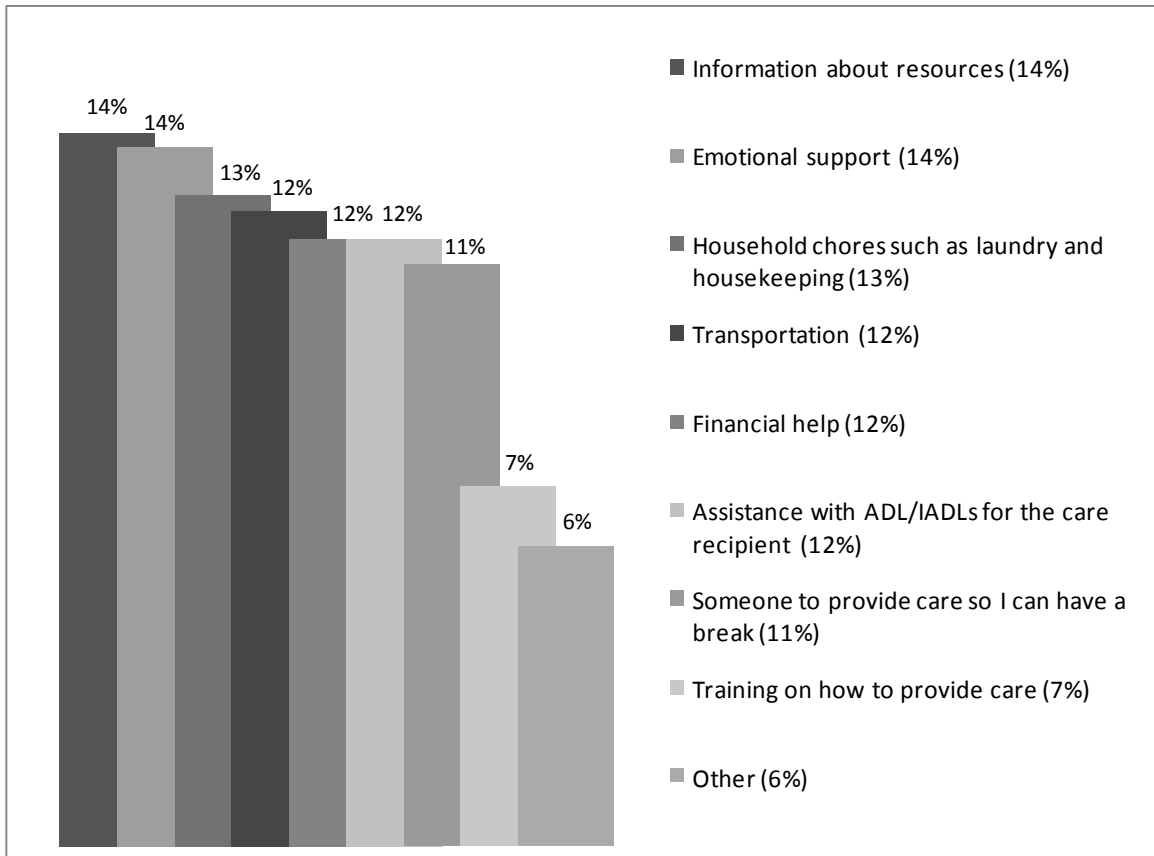
Figure 16: Frequency of Caregiving Among State Respondents



¹¹ Black, K. & Spillman, B. (2005). Staying the course: Trends in family caregiving. AARP Public Policy Institute Issue Paper #2005-17.

Many seniors faced unique burdens in their role as caregivers. The types of help needed by respondents are consistent with the current research on caregiver needs; these include respite, help with household chores, information about resources, assistance with personal care tasks, and emotional support (see Figure 17).¹²

Figure 17: Help Needed Among Caregiving Elders

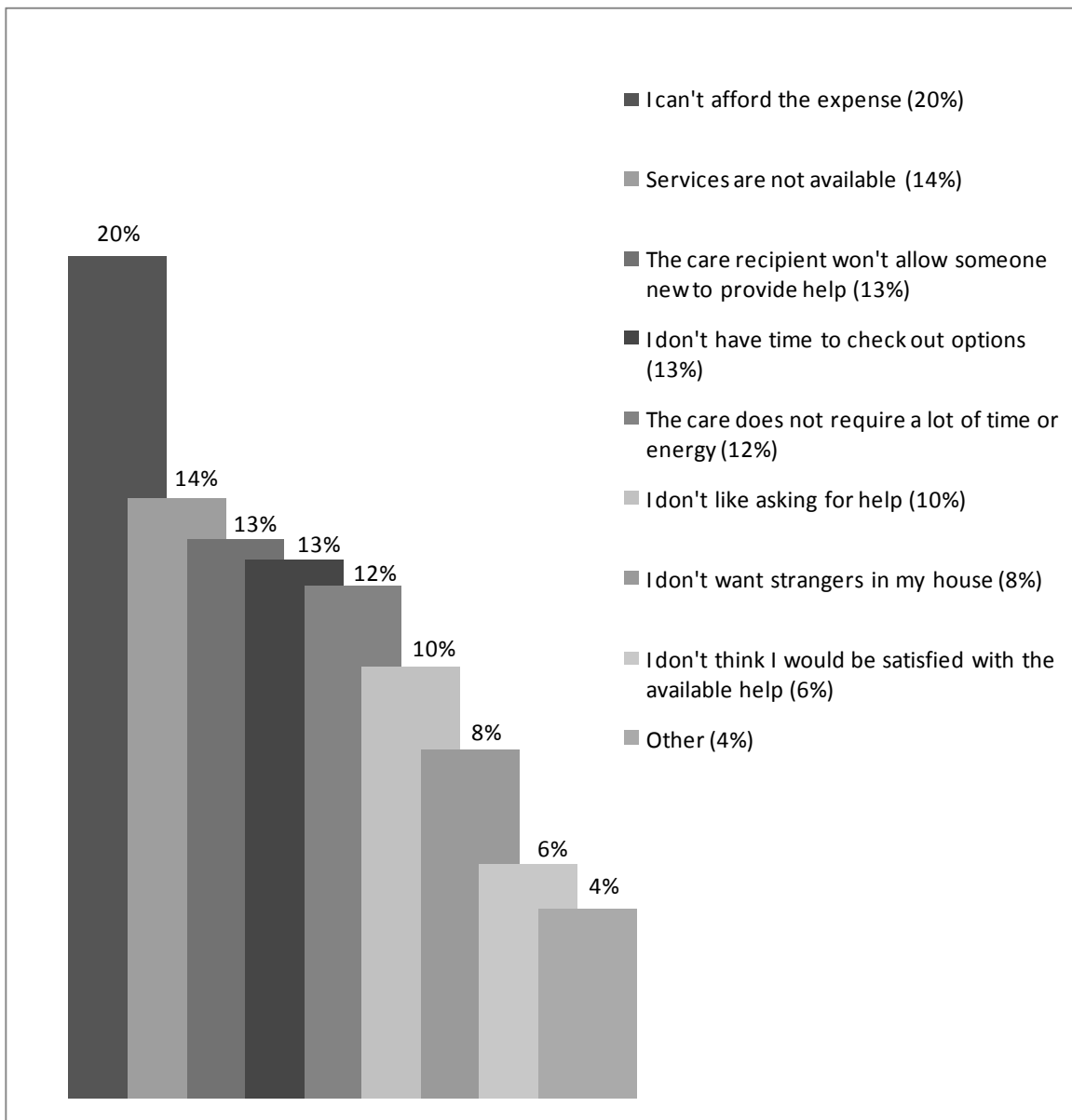


Over one-half (56%) of all caregiving elders did not receive help with their caregiving responsibilities. Approximately one in five (21%) elders across the state needed help when caring for another person. One-quarter of caregiving elders tried to receive help from family members. The remainder turned to friends and neighbors (14%), a local agency (12%), friends (13%), a state agency (11%), a religious organization (11%), and, to a lesser degree, community groups (10%) and a federal agency (10%) (see Appendix, Question 13).

¹² Robison, J., Fortinsky, R., Kleppinger, A., Shugrue, N., & Porter, M. (2009). A broader view of family caregiving: effects of caregiving and caregiver conditions on depressive symptoms, health, work, and social isolation. *Journal of Gerontology: Social Sciences*, 64B(6), 788–798. doi:10.1093/geronb/gbp015. Advance Access publication on March 24, 2009.

Figure 18 shows the most frequently cited reason caregiving elders did not receive help was that they could not afford the expense (20%). The remainder cited that services were not available (14%), lack of time (13%), that the care recipient did not allow someone new to provide help (13%), that their responsibilities did not require much time or energy (12%), or they disliked asking for help (10%). A smaller proportion of elders did not seek help because they did not allow strangers in the home (8%) or believed they would not be satisfied with the help (6%). One-tenth of caregiving elders (10%) reported an interest in receiving caregiver training (see Appendix, Question 15).

Figure 18: Reasons Why Caregiving Elders Did Not Receive Needed Help



Health and Health Promotion

The Centers for Disease Control has estimated that one-quarter of the national population age 65 and over do not rate their health favorably,¹³ a problem that is potentially exacerbated by elders' limited access to health care, disease prevention information, and fitness and wellness activities. Of elders surveyed, 6% did not receive needed medical care “always” or “most of the time” (see Figure 19) and more minority (15%) and low-income elders (10%) than rural elders (4%) did not receive medical care when needed (see Appendix, Question 19). Additionally, most elders surveyed (84%) had not attended an event offering health information when almost half were interested in attending a class to learn ways to keep healthy (see Appendix, Question 16). Nearly one-quarter of elders (24%) were not regularly participating in a physical activity three or more times a week. Inactivity was more prevalent among minority elders where one-third (34%) did not exercise regularly (see Appendix, Question 18).

For those elders who did not receive medical care, nearly one in five reported that medical insurance did not cover all their needs (21%) or cited a lack of money as their reason (19%) (see Figure 20). One in 10 elders reported not possessing health insurance, with higher likelihood of being uninsured among low-income (17%), minority (17%), and rural (18%) elders (see

Figure 19: Ability to Receive Medical Care Among State Respondents

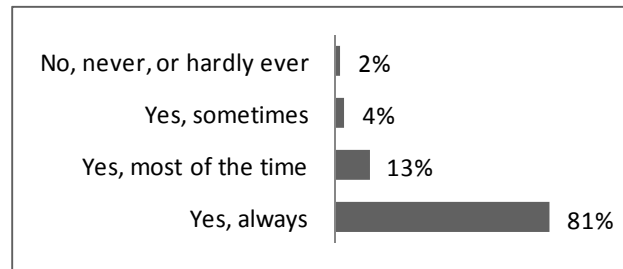
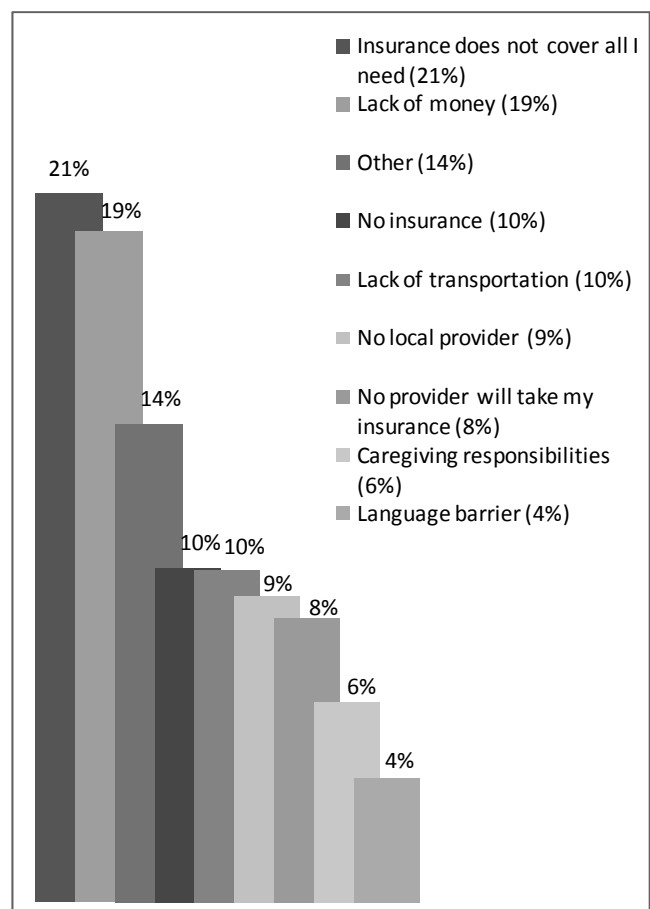


Figure 20: Barriers to Medical Care Among State Respondents

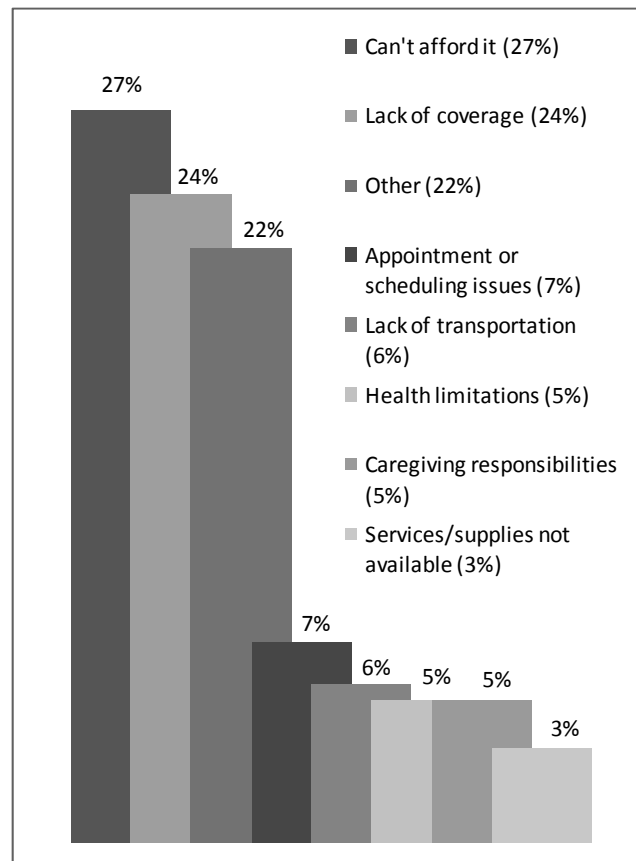


13 Federal Interagency Forum on Aging-Related Statistics. (2010). Older Americans 2010: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office.

Appendix, Question 20). In addition to insurance issues, 9% of respondents did not have a local provider available, and 8% of respondents reported that no provider would accept their insurance. These results are higher than those from the nationally-conducted Medicare Current Beneficiary Survey from 2008, when 2.5% of elders reported problems obtaining healthcare and 4.8% reported delaying care due to cost.¹⁴

Barriers were not limited to medical care but also affected elders' access to prescription drugs, dental, and vision care. One in 10 respondents (10%) reported a delay in filling their prescription medications. However, over one-half of elders (52%) were not aware of prescription assistance programs, which was most true of minority elders (60%) (see Appendix, Questions 21 and 22). Three out of 10 surveyed elders (30%) had to delay dental care; 18% waited six months or longer (see Appendix, Question 23). This was slightly higher for 34% of minority elders. Nearly one-quarter of elders (24%) experienced a delay in getting new eyeglasses or eye care. These circumstances were much more prevalent among minority (47%) and low-income elders (39%). Of elders surveyed statewide, 14% experienced a delay longer than six months compared to 32% of minority elders, 22% of low-income elders, and 16% of rural elders (see Appendix, Question 24).

Figure 21: Limitations to Preventative Care Among State Respondents



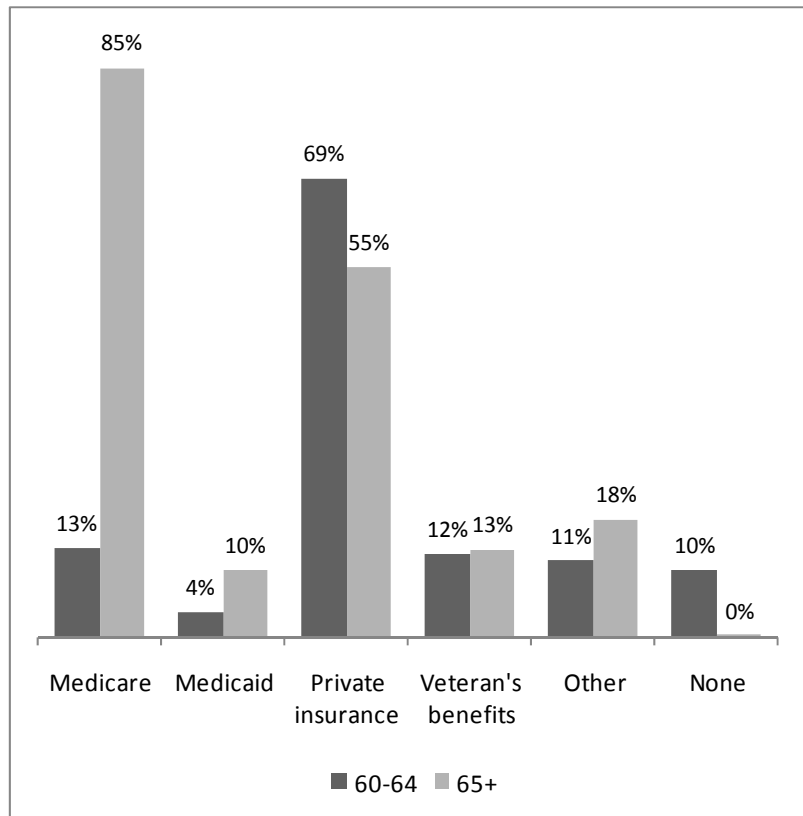
For those elders with limited ability to get prescription medications, dental care, or eye care, 27% could not afford the expense (see Figure 21). More rural elders cited financial problems (31%) than the other groups (see Appendix, Question 25). Nearly one-quarter of respondents (24%) did not possess insurance that covered all of their needs, a problem that affected rural elders slightly more often (29%).

¹⁴ Medicare Current Beneficiary Survey, MCBS Project. (2008). Health and Health Care of the Medicare Population: Data from the 2005 Medicare Current Beneficiary Survey. (Prepared under contract to the Centers for Medicare and Medicaid Services). Rockville, MD: Westat.

Increasingly, health and health promotion activities must also include mental health as a factor for consideration. The National Center for Injury Prevention and Control estimated that non-Hispanic white, middle-aged and older men are the highest risk group for suicide, at almost four times more likely to take their own life than females and half as likely as racial ethnic minorities.¹⁵

Notably, the Substance Abuse and Mental Health Services Administration confirms that “[u]ndiagnosed and untreated mental health issues like depression are an actionable problem in the elderly because when treated they have the highest success rates of all age groups.”¹⁶ Although highly successful when treated, 11% of statewide elders surveyed had to go without treatment for emotional or mental health problems (see Appendix, Question 26). This finding confirms prior geographic studies of elders with mental illness, particularly in the South, where rates of serious psychiatric distress were higher.¹⁷

Figure 22: Health Insurance Coverage Among State Respondents by Age Group



The key to ameliorating adverse health conditions is adequate health insurance coverage, and despite programs like Medicare and Medicaid, not all elders in Florida have sufficient coverage. Surveyed elders were asked if they had health insurance, specifically Medicare, Medicaid, private insurance, veterans’ benefits, and/or another source, or no health insurance at all. As indicated in Figure 22, the majority of respondents age 65 and over were enrolled in Medicare. However, this result is nuanced. Typically, an elder is eligible to enroll in Medicare at age 65 if

15 Xu, J., Kochanek K., Murphy, S. & Tejada-Vera B. (2010). Deaths: Final data for 2007. National Vital Statistics Reports, 58(19). Hyattsville, MD: National Center for Health Statistics.

16 Unützer, J., Katon, W., Callahan, C. M., Williams, J. W., Jr., Hunkeler, E., Harpole, L., et al. (2002). Collaborative care management of late-life depression in the primary care setting: A randomized controlled trial. JAMA, 288(22), 2836–45.

17 CDC/NCHS. (2008). National Health Interview Survey, family core questionnaire.

the elder or his or her spouse worked for at least 10 years in Medicare-covered employment and is a citizen or permanent resident of the United States. An elder under the age of 65 is only eligible for Medicare if he or she has been eligible to receive disability payments through Social Security for 25 months or is living with End-Stage Renal Disease denoting permanent kidney failure that requires dialysis or transplant.¹⁸ Although the needs assessment survey results indicate that 85% of elders age 65 and over were enrolled in Medicare, 14% of elders age 60 to 64 also received Medicare coverage, revealing a high needs group among younger elders. Additionally, Medicare coverage for elders age 65 and over was significantly lower among minority (47%), low-income (47%), and rural elders (50%). However, no elder over age 65 reported being without insurance (see Appendix, Question 27).

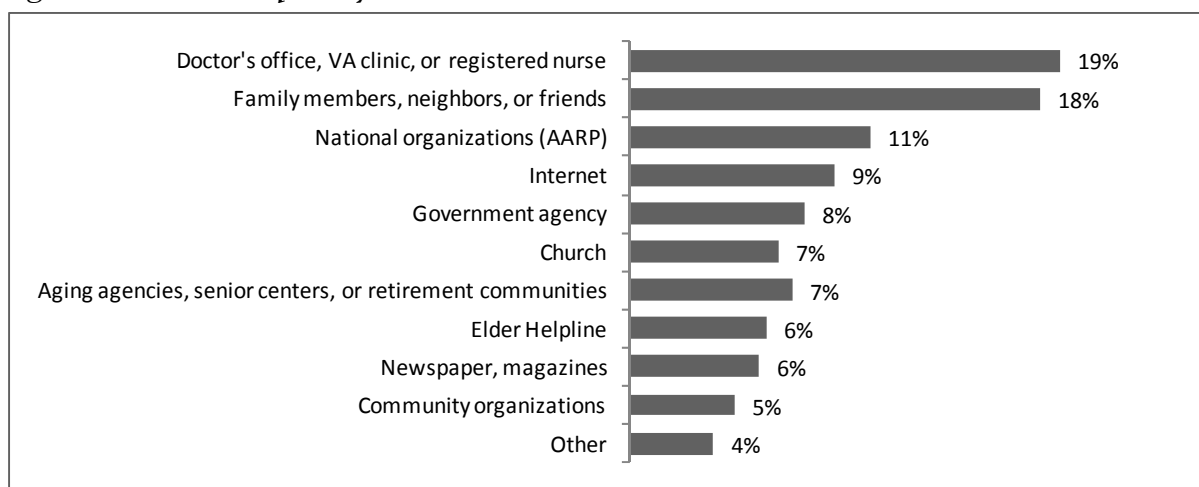
A considerable proportion of elders in each age group and over one-third of statewide respondents had private supplemental insurance benefits. Private insurance enrollment was expectedly lower among minority (21%) and low-income (26%) elders but higher among rural elders (32%). More minority (18%) and low-income elders (11%) also reported being enrolled in Medicaid than rural elders (4%) or elders surveyed statewide (5%).

¹⁸ United States Department of Health and Human Services. (2009). Frequently asked questions about Medicare. Retrieved from https://questions.medicare.gov/app/answers/detail/a_id/2193/-/can-i-get-medicare-if-i-am-under-age-65%3F

Information and Assistance

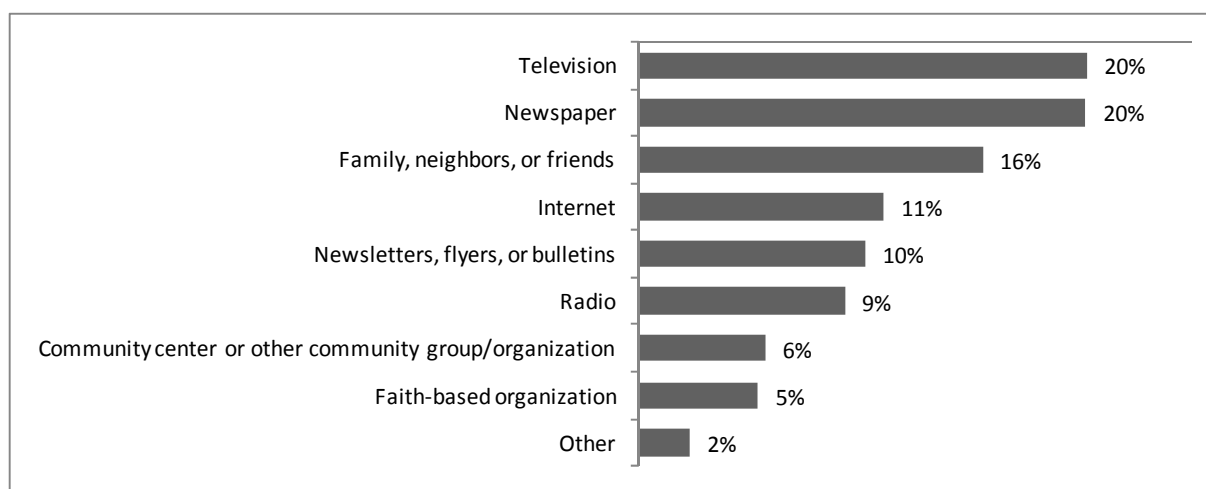
Respondents were asked who they would contact if they needed information about services for elders. Nearly one-fifth of respondents stated they were more likely to turn to a medical professional or institution (19%) or family members and friends (18%). The remainder turned to a wide array of sources for information (see Figure 23).

Figure 23: Most Frequently Cited Sources of Information about Services for Elders



When asked how they received information about activities in their respective communities, one-fifth of elders surveyed reported receiving information from the television and another one-fifth from the newspaper. Slightly less reported receiving information from family, friends, or neighbors (16%) and slightly more than one-tenth reported receiving information from the Internet (11%). Of elders surveyed, 10% reported receiving information from newsletters, flyers, or bulletins (see Figure 24).

Figure 24: Most Frequently Cited Sources of Information about Elders' Community



Research indicates that Internet use among elders nationwide has risen from 6% to 23% over the past decade.¹⁹ Needs assessment survey results indicate that Internet use among elders in Florida is common with 72% of respondents reporting access. Minority (44%) and low-income respondents (57%) had significantly less Internet access compared to rural (78%) or statewide respondents. Minority respondents were the only group to report that more people did not have Internet access than those who did (see Figure 25 and Appendix, Question 30).

Figure 25: Internet Access Among State Respondents

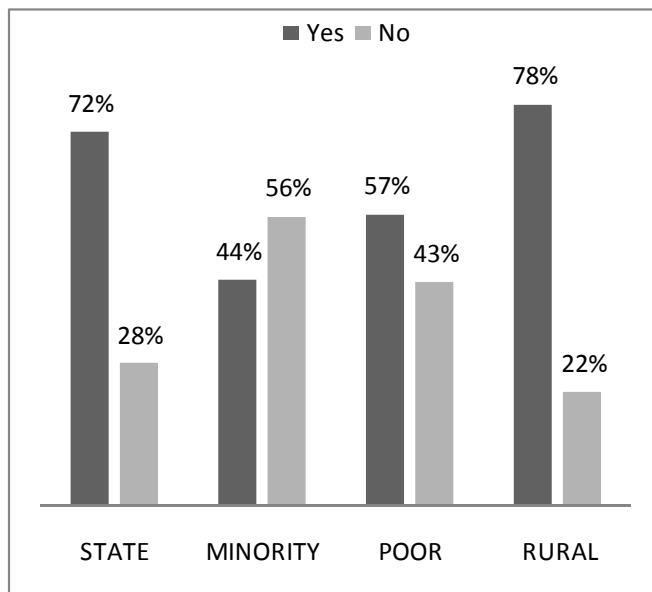
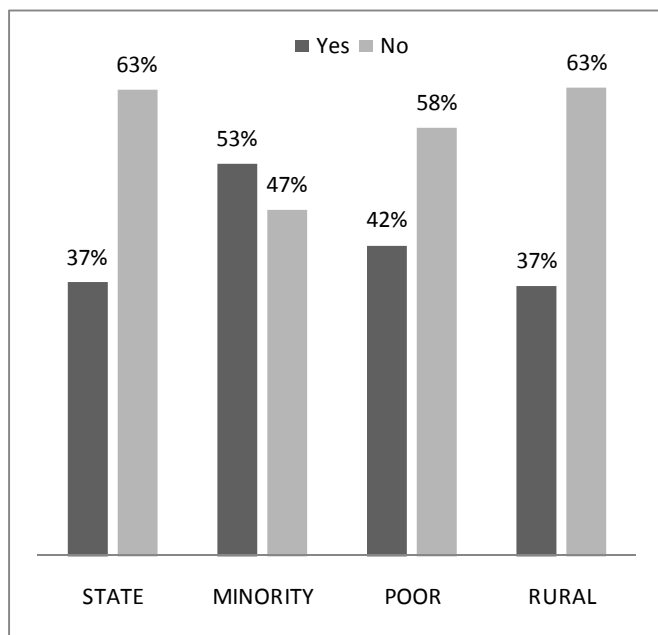


Figure 26: Interest in Internet and Computer Training Among State Respondents



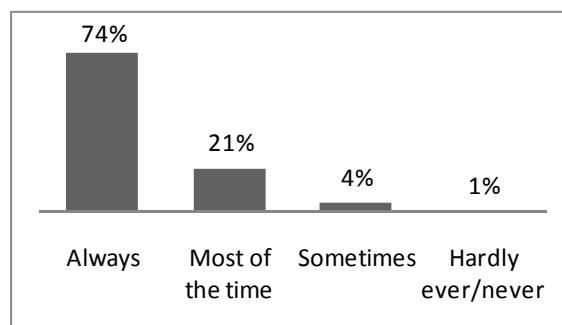
Additionally, 37% of respondents were interested in receiving training on computer and Internet use. Over one-half of minority elders (53%) were interested in computer and Internet training which outranked any other elder group (see Figure 26 and Appendix, Question 31).

¹⁹ Rainie, L. (2011). The internet as a diversion and destination. Pew Internet & American Life Project. Retrieved from <http://pewinternet.org/Reports/2011/Internet-as-diversion.aspx>.

Nutrition

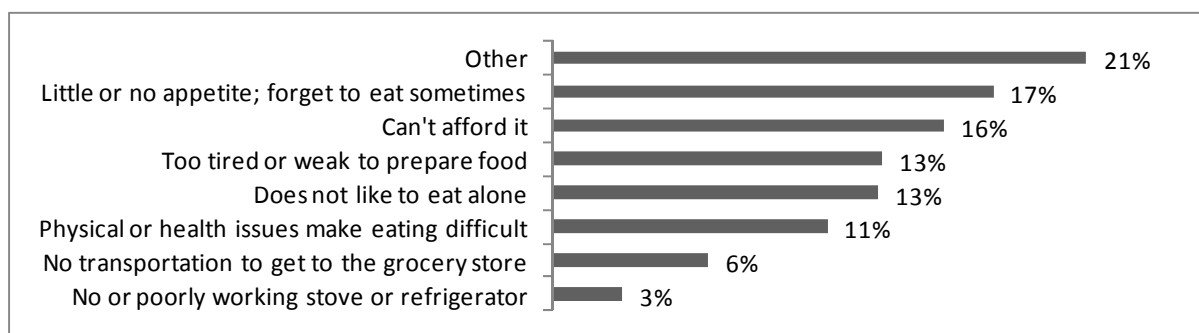
Proper nutrition is imperative in preventing health disorders and allowing elders to remain in their communities. Studies show that elders following a good diet have a reduced risk of osteoporosis, high blood pressure, heart disease, and certain cancers.²⁰ Of concern is research showing a marked decline in food intake with advancing age, which may result in an inadequate intake of protein, vitamins, and minerals. For example, the prevalence of osteoporosis goes up with age, roughly doubling with each decade.²¹ Results from the needs assessment indicate a risk of malnutrition among 26% of respondents, those who did not eat all of the food they needed (see Figure 27 and Appendix, Question 32). Moreover, 8% of respondents did not eat a healthy variety of food (see Appendix, Question 34).

Figure 27: Frequency of Eating Needed Food Among State Respondents



When asked why they did not eat all the food they needed, most elders did not select from any of the options listed. Of those who did, 17% had little or no appetite or forgot to eat (see Figure 28). Compared to 16% of elders statewide, more minority, low-income, and rural elders reported not being able to afford food (see Appendix, Question 33). An equal percentage of elders reported preferring to not eat alone (13%) or being too tired or weak to prepare food (13%) and just over one-tenth of elders (11%) reported having physical or health issues that made eating difficult.

Figure 28: Reasons for Poor Nutrition Among State Respondents



20 NIH: Senior Health. (2002). Interactive information from National Institute on Aging May 7, 2008. Eating well as you get older. Retrieved from <http://nihseniorhealth.gov/eatingwellasyougetolder/toc.html>.

21 Drownowski, A. & Evans, W. (2001). Nutrition, Physical Activity, and Quality of Life in Older Adults. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 56(2), 89-94.

To alleviate malnutrition, state and federal governments have instituted food assistance programs, the most well-known being the Supplemental Nutrition Assistance Program (SNAP). SNAP is the federal entitlement program (formerly known as food stamps) that helps needy individuals and families purchase food at grocery stores, convenience stores, and some farmers' markets and co-op food programs. However, older Americans who are eligible for SNAP are significantly less likely to participate in the program than other demographic groups. Only one-third of eligible seniors nationwide benefit from the program.²² Only 5% of elders surveyed in Florida participated. However, minority (21%) and low-income (14%) elders received assistance from SNAP three and four times more often than rural (3%) elders or the average statewide respondent.

Many factors contribute to the low nationwide participation rate in food assistance programs, from barriers related to mobility, technology, and stigma, to widespread myths about how the program works and who can qualify.²³ Studies have shown that one of the key reasons the elderly do not participate in SNAP is they mistakenly believe they will only get the minimum benefit (\$16). In fact, in Fiscal Year 2009 the average monthly benefit for each person over age 60 in the program nationally was \$102 per month.²⁴ Interest in food assistance by elders in Florida was also low, as less than one-quarter of elders reported an interest in the food debit card program (22%). Low interest was not as common among subpopulations, where 44% of minority elders expressed the most interest, followed by low-income (35%) and rural (20%) elders. An additional 5% of survey respondents reported not participating in the program because they did not like asking for assistance (see Appendix, Questions 35-37).

The Department also administers a variety of nutrition programs through reimbursement contracts with Area Agencies on Aging and service providers such that elders living in the community may receive home-delivered meals and nutrition education.²⁵ More minority (36%) and low-income (25%) elders expressed interest in learning about where these meals for seniors were offered in the community compared to 22% of elders surveyed statewide (see Appendix, Question 38).

22 Project Bread - The Walk for Hunger . (2011). What is Snap? Retrieved from <http://www.gettingsnap.org/whatisnap.html>.

23 Ibid.

24 Food Research and Action Center. (2011). Seniors and SNAP/Food Stamps. Retrieved from <http://frac.org/initiatives/addressing-senior-hunger/seniors-and-snapfood-stamps/>

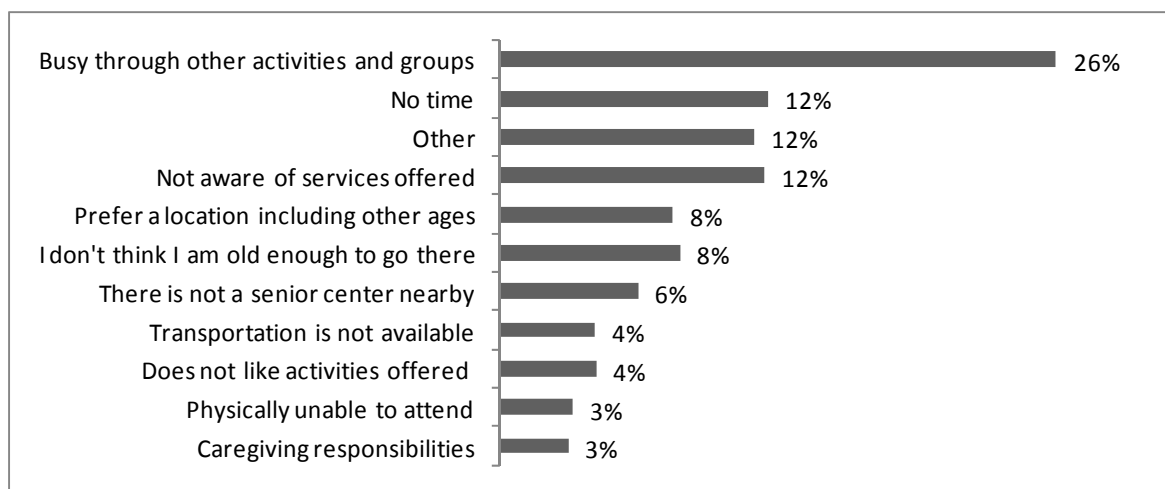
25 Florida Department of Elders Affairs. (2011). Summary of Programs and Services. Tallahassee, FL: State of Florida.

Senior Centers

Studies show that senior centers help elders age happier and healthier by being engaged socially, intellectually and physically.²⁶ Florida's 240-plus centers provide a wide range of activities that enhance the daily lives of seniors and extend beyond traditional programs and events. The vast majority are located in free-standing buildings, within recreation or multi-generational community centers, or in local government buildings. Most Florida senior centers are open at least 30 hours each week, open on weekends, and many offer affordable programs at little or no cost. The services most commonly offered in the state's senior centers are information, service referral, congregate meals, and transportation.²⁷

One-tenth of elders surveyed (10%) frequented a senior center "often" or "sometimes." More minority elders (16%) attended senior centers compared to 9% of low-income elders and 7% of rural elders. Of those who did not visit a center, 26% of respondents stated they did not because they stayed busy through other activities and groups. Smaller proportions reported not being aware of services that were offered (12%) or did not have the time to go to a senior center (12%) (see Figure 29).

Figure 29: Reasons Why Respondents Did Not Attend a Senior Center



Elders who did not go to senior centers were asked which services or activities would entice them to go. Responses included physical activities, computer or Internet use, travel and tours, arts and crafts, nature-related activities, card games, and genealogy classes (see Appendix, Question 41).

26 Senior Center Participants Speak Up: 2005 Senior Center Participant Survey Florida Department of Elder Affairs, Florida Association of Senior Centers.

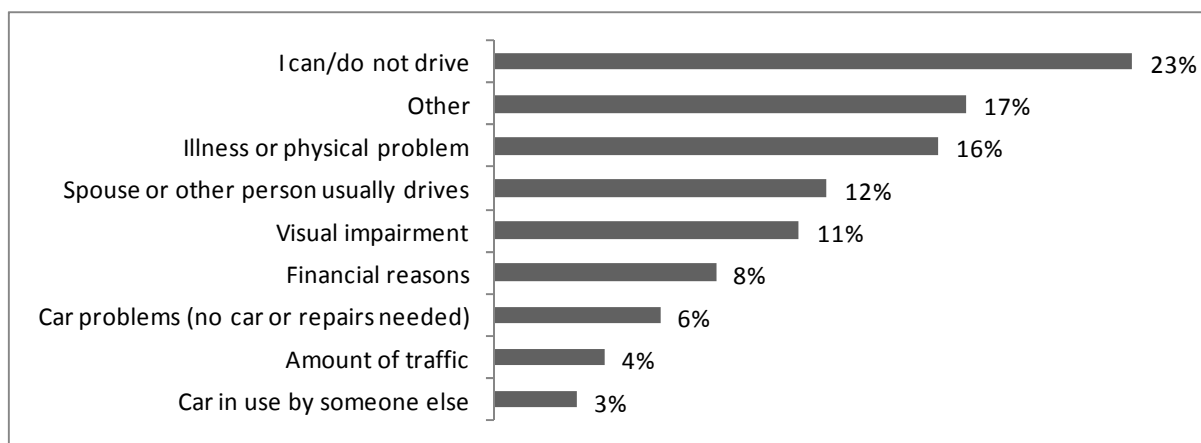
27 Ibid.

Transportation

The availability of transportation is central to maintaining independence. Many areas do not offer public transportation, so when elders lose the ability to drive, their ability to remain in the community also decreases. Without access to affordable transportation, seniors may face poorer health, social isolation, and a reduced quality of life. A 2004 study found that seniors age 65 and older who no longer drive make 15% fewer trips to the doctor, 59% fewer trips to shop or eat out, and 65% fewer trips to visit friends and family, when compared to drivers of the same age.²⁸ A small percentage of elders surveyed (4%) reported being unable able to get where they needed or wanted to go. More minority elders (12%) and low-income elders (7%) reported transportation limitations than elders surveyed statewide (see Appendix, Question 42). Of those who reported not being able to get around as they needed, health issues were cited most often (33%). In addition, 14% of elders reported public transportation was not available and another 8% cited financial hardship as reasons why they were limited in their ability to go where they needed or wanted to go (see Appendix, Question 43).

Nearly one-quarter of respondents surveyed (23%) could not or would not drive; a slightly higher percentage of minority (30%) and low-income (25%) elders agreed. Some respondents (16%) were limited by an illness or physical problem in how often they drive and 11% reported a visual impairment. More rural elders (19%) reported that a spouse or other person drove for them compared to 12% of elders surveyed statewide. Although 8% of elders reported financial limitations as impeding their driving ability, more minority and rural elders (11% each) cited financial reasons (see Figure 30 and Appendix, Question 44).

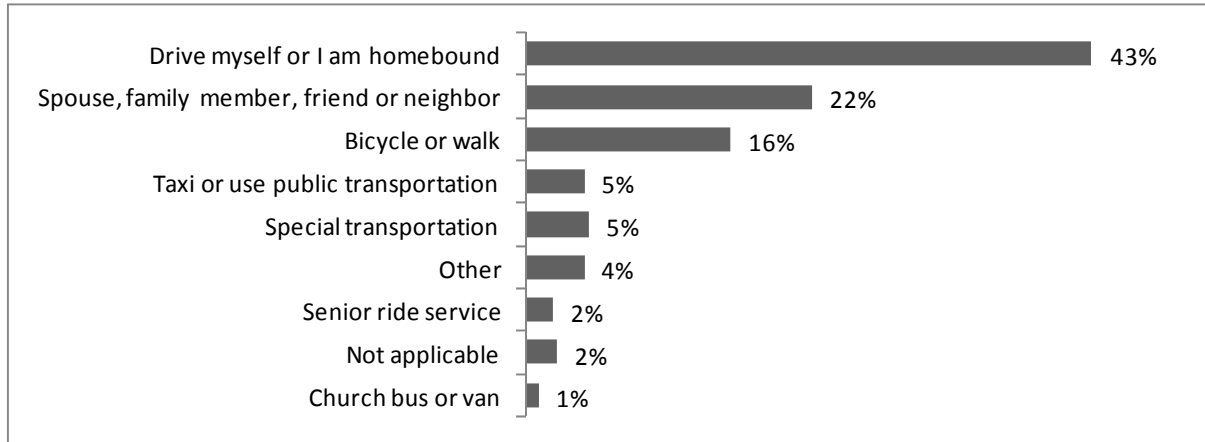
Figure 30: Reasons Why Respondents Were Not Able to Get Where They Needed to Go



28 Bailey, L. (2004). Aging Americans: Stranded without options. Surface Transportation Policy Project. Washington, D.C.

When asked about other ways in which they commuted, 22% of elders reported that a spouse, family member, friend, or neighbor drove, and 16% of respondents reported that they used a bicycle or walked. The majority of these elders (43%), however, reported that they only get around by driving themselves. One-third of elders reported using a variety of other modes of transportation, such as taxis, vans, special transit, and senior ride services (see Figure 31).

Figure 31: Other Modes of Transportation for Elders



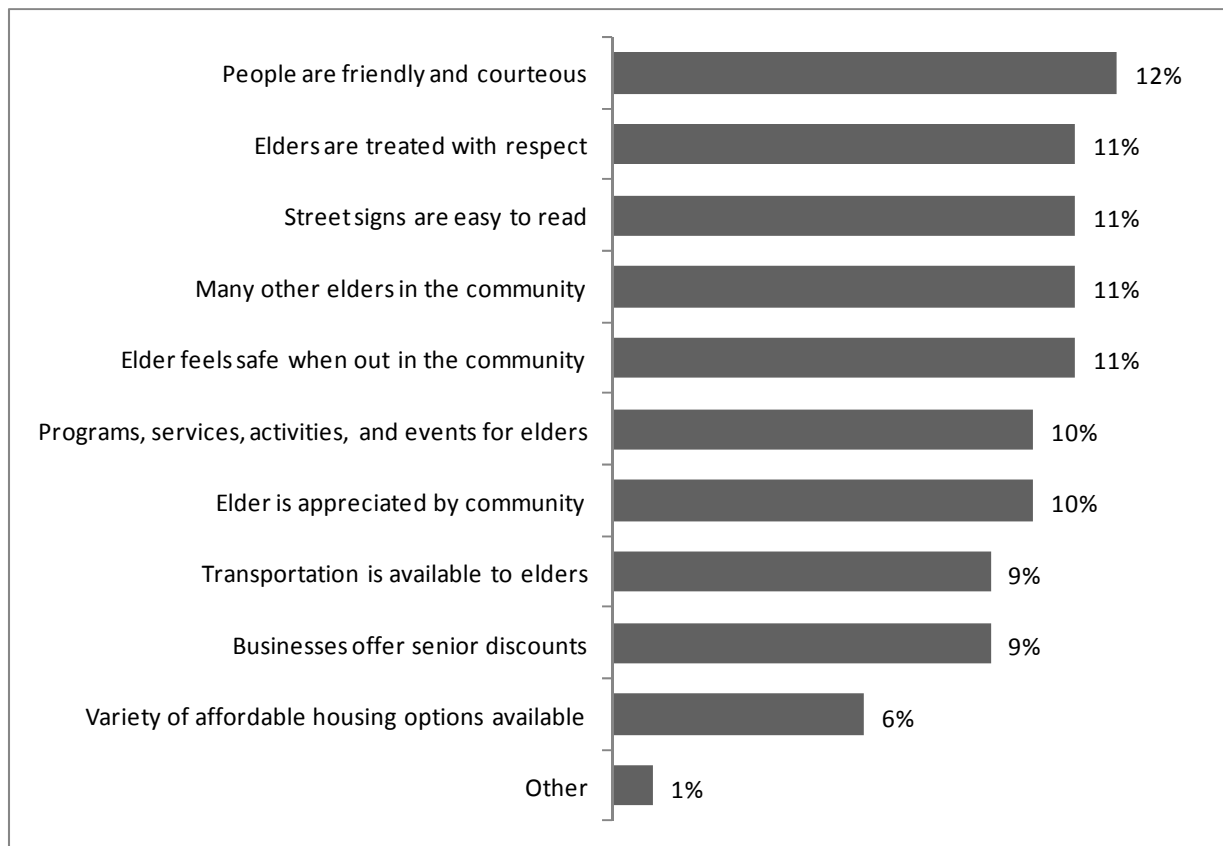
Most elders reported that they had not used public transportation (75%). Significantly fewer elders stated that public transportation was not accessible in their area (10%). Others expressed a level of dissatisfaction with public transportation offerings (15%). Of those elders not pleased with their public transportation choices, most reported that they were inconvenient (18%) or that the public system did not go where they needed (13%). More rural elders reported not using public transportation since there was none available in their community (33%) (see Appendix, Questions 46 through 48).

Community

Past research has examined how misconceptions about the aging process can have a detrimental effect on healthy aging.²⁹ The needs assessment survey asked elders if they felt their city or town was elder friendly. Of the elders surveyed statewide, 15% reported that their city or town is not elder friendly, a sentiment that is more frequently reported by minority (24%) and low-income (19%) elders (see Appendix, Question 49).

When asked what makes a city or town elder-friendly, respondents across all sampled groups replied similarly. Most elders agreed that others' friendliness and courteousness (12%) as well as respect toward elders (11%) were among the factors that made a community elder-friendly. Others cited practical factors such as easy-to-read street signs (11%), the presence of many other elders (11%), elder services in the community (10%), and feeling safe outside the home (11%) (see Figure 32 and Appendix, Question 50).

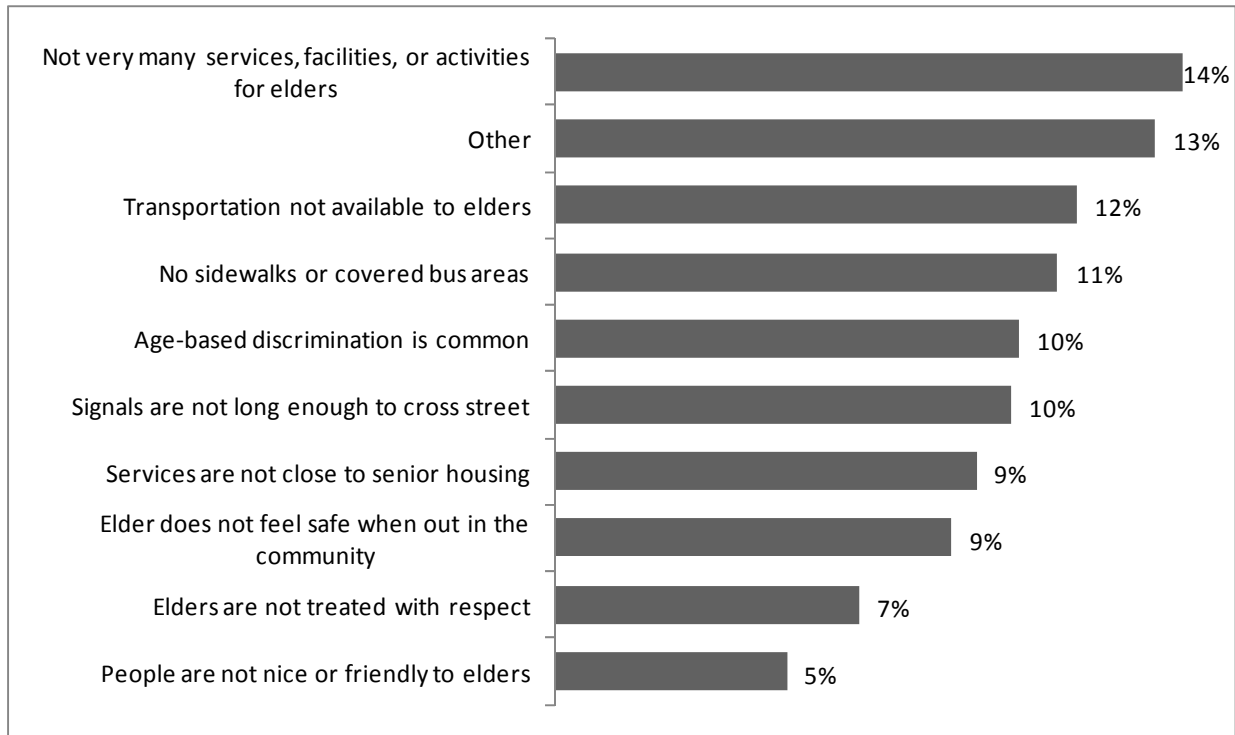
Figure 32: Characteristics of Elder-Friendly Communities



29 Minichiello, V., Browne, J., & Kendig, H. (2000). Perceptions and consequences of ageism: views of older people. *Ageing and Society*, 20(3), 253-278. Retrieved from http://www.journals.cambridge.org/abstract_S0144686X99007710

Likewise, respondents from the state and each subpopulation agreed on the factors that make a community unfriendly for seniors. When asked what makes a city or town not seem elder-friendly, the majority of elders cited structural problems including limited services, facilities, and activities (14%), lack of transportation (12%), as well as limited or no access to transportation like sidewalks and covered bus areas (11%). Still others cited age-based discrimination (10%) and lack of respect toward seniors (7%) (see Figure 33 and Appendix, Question 51).

Figure 33: Characteristics of Unfriendly Communities for Elders

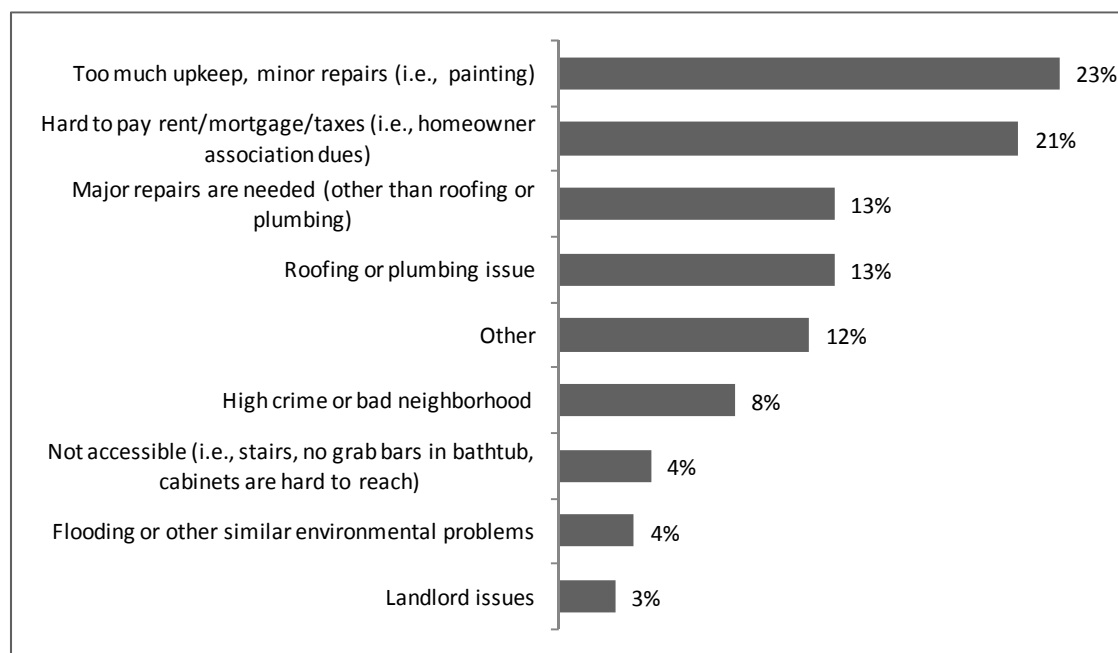


Housing

The ability of elders to live in a safe, affordable, and comfortable home is an important aspect of remaining in the community. However, the availability of suitable homes remains a major concern of planners and advocates for the disabled and elderly. Currently, 54% of residents in U.S. Department of Housing and Urban Development (HUD) assisted households are elderly or disabled, and in many communities around the country, the supply of affordable, suitable housing units [for elders] is grossly inadequate to meet demand.³⁰ Many of the elders surveyed reported an inability to find housing in which they felt safe, in which they planned to remain, and could afford to maintain.

Elders were asked if they had problems with their home or neighborhood. Responses varied slightly among groups with most respondents citing the need for upkeep and minor repairs (23%) as well as difficulties making rent or mortgage payments (21%). In this case, minority elders differed in their responses as less (12%) were concerned with too much upkeep or repairs while more (31%) had difficulties paying their rent or mortgage payments. Other concerns for all respondents included roofing or plumbing issues (13%). Low-income elders reported the highest concern with crime (10%) and flooding (6%) (see Figure 34 and Appendix, Question 52).

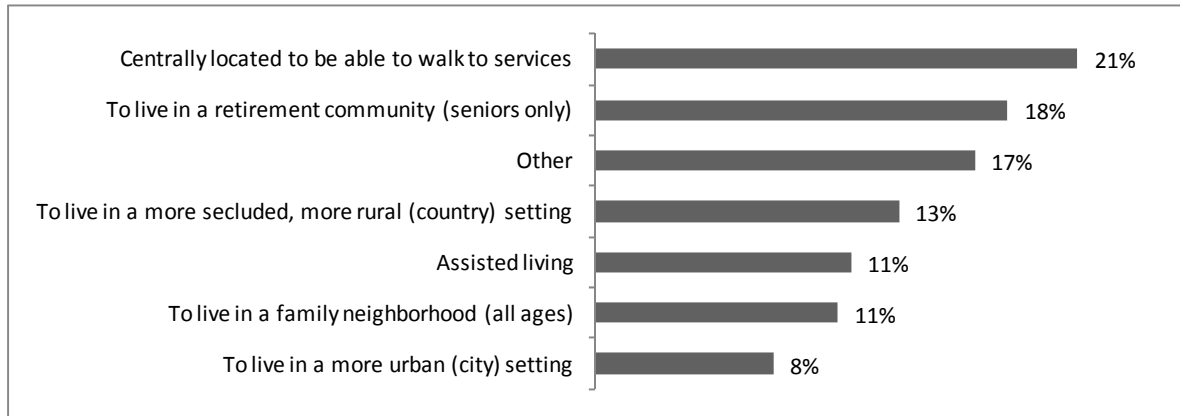
Figure 34: Reported Problems with Home or Neighborhood



30 U.S. Department of Housing and Urban Development. (2011). Fiscal Year 2012 Program and Budget Initiatives: The Population HUD Serves. Retrieved from <http://portal.hud.gov/hudportal/documents/huddoc?id=FctShtHUDClients2.pdf>.

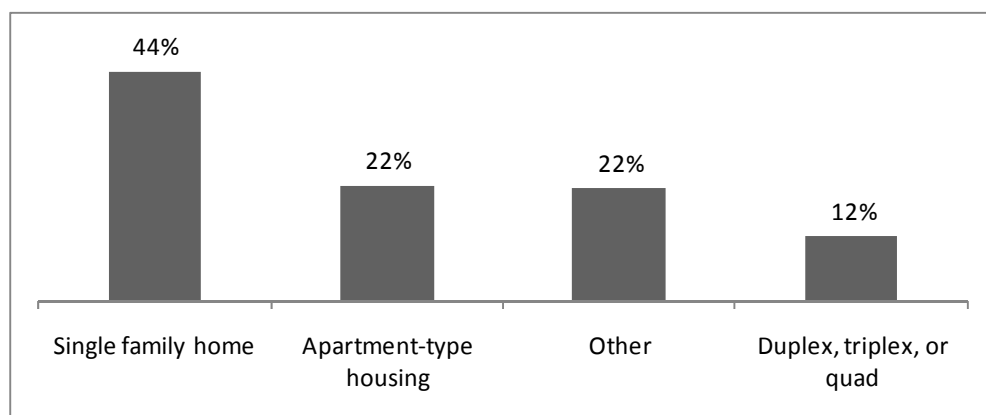
Over one-quarter of elders surveyed (27%) indicated a need or desire to move to a different location. Most of these elders wanted to be centrally located in order to walk to services (21%). Others preferred living in a seniors-only retirement community (18%), a more secluded, rural setting (17%), a family neighborhood (11%), or an assisted living facility (11%). Only 8% of elders preferred living in an urban setting. Minority elders exhibited the highest desire to move to a family neighborhood (14%) (see Figure 35 and Appendix, Question 53).

Figure 35: Desired Home Location if Elder Could Move



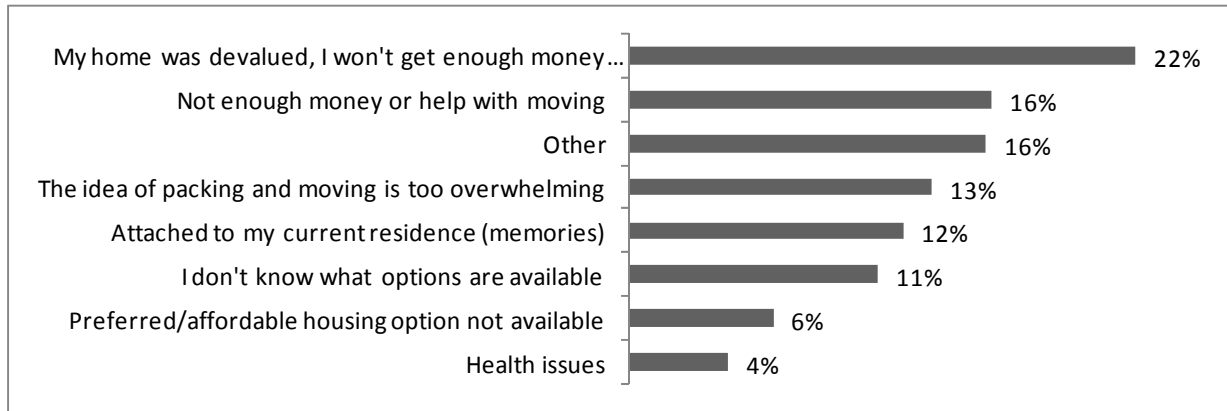
Almost one-quarter of elders expressed a need or desire to move to a different type of home structure (22%). Of these elders, most preferred a single family home (44%). Approximately one in five elders preferred apartment-style housing (22%). Rural elders showed the least interest in apartments (12%) and mostly preferred single family homes (59%). Minority elders reported the highest desire to live in multi-unit housing such as a duplex or triplex (16%) compared to their statewide counterparts (12%) (see Figure 36 and Appendix, Question 54).

Figure 36: Desired Home Structure if Elder Could Move



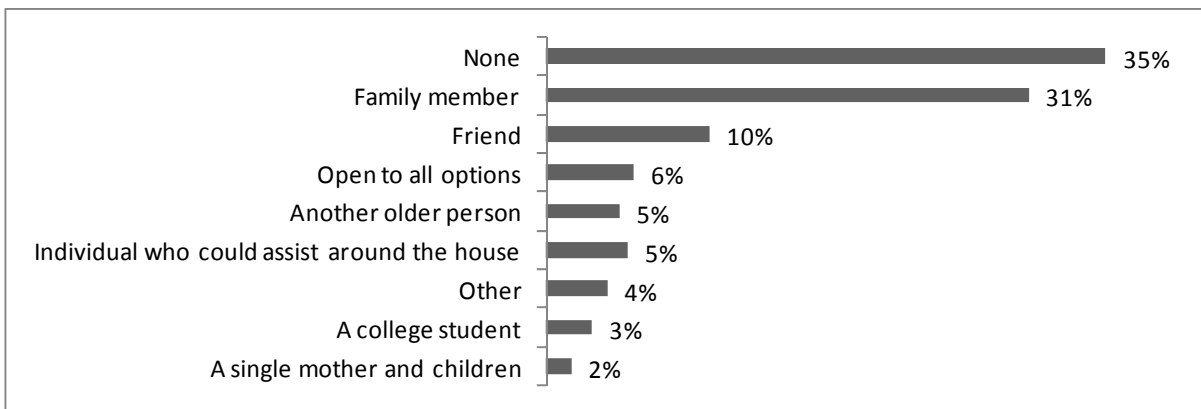
For those elders who wanted to move but could not, the main reason cited was that their home had become devalued (22%). Others reported they did not have enough money for help with moving (16%) or that packing and moving was too overwhelming (13%). Still others cited emotional attachment to their current home (12%), limited knowledge of other options (11%), limited availability of preferred housing options (6%), and health issues (4%) (see Figure 37 and Appendix, Question 55).

Figure 37: Reasons Why Respondents Did or Could Not Move



The majority of elders across all surveyed populations expressed an interest in sharing their home (65%), though low-income elders were less interested than other groups (51%). Three in 10 elders (31%) would have considered a family member and 10% of elders would have considered a friend. Elders that were open to all living arrangements considered were about 6% of the study. Fewer respondents would have considered living with another older person (5%) or someone who could assist around the house (5%) (see Figure 38 and Appendix, Question 56).

Figure 38: Living Arrangements Respondents Would Consider if Living with Someone Else



Nearly all elders surveyed reported feeling safe in their homes most or all of the time. Of the small percentage of elders who did not feel safe all the time (3%), nearly three in ten reported being afraid of crime (28%) and 16% were afraid of falling or had other mobility concerns (see Figure 39 and Appendix, Questions 57 and 58). Some elders did not feel safe out in their neighborhoods (9%), with most reporting fear of crime (23%) or suspected drug-related activity (16%) as their top reasons (see Figure 40 and Appendix, Questions 59 and 60).

Figure 39: Reasons Why Elders Feel Unsafe in Home

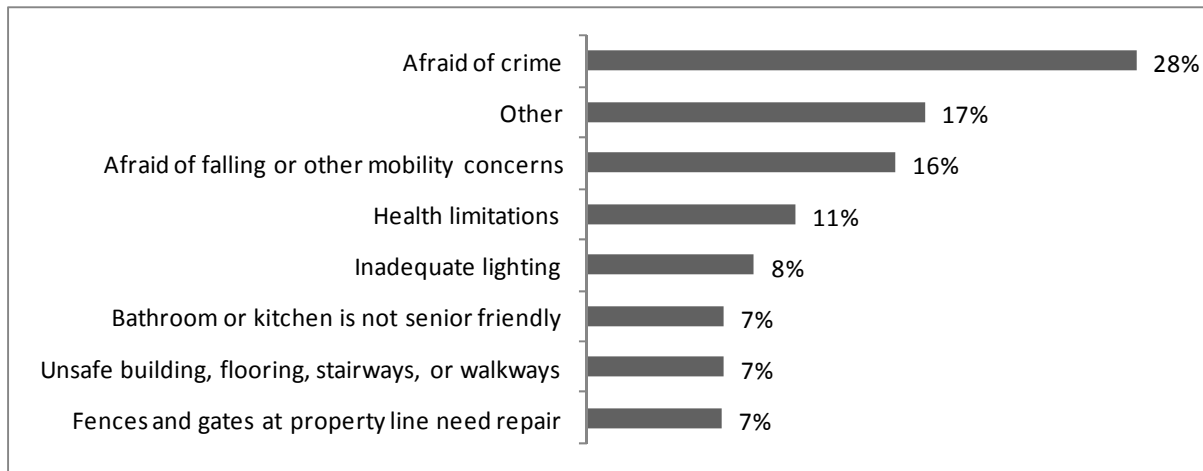
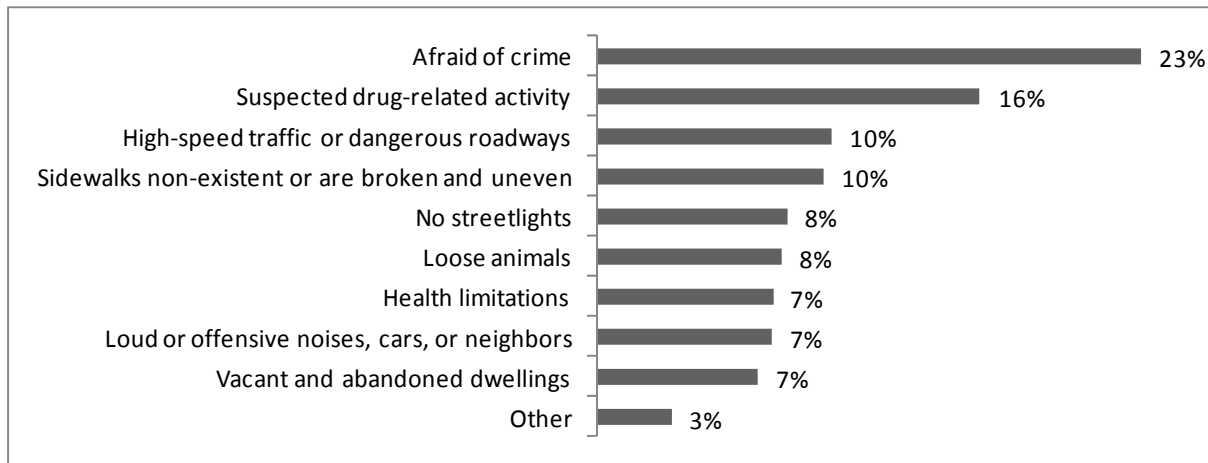


Figure 40: Reasons Why Elders Feel Unsafe in Neighborhood

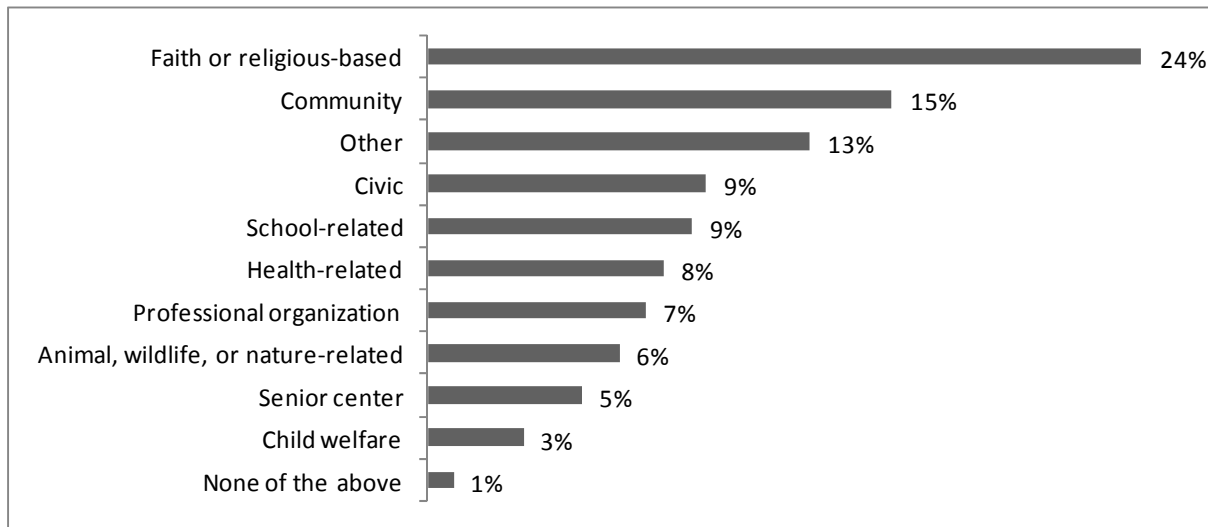


Volunteerism

Many elders remain active and derive a sense of worth by contributing to their communities through volunteer work. Evidence suggests that older adults with more human and social capital tend to volunteer, forming a reciprocal relationship between volunteering and well-being.³¹

Over one-third of elders surveyed (36%) volunteered for a broad variety of programs and one-quarter of elders across the state were interested in receiving information on volunteer opportunities. The organizations that received the most volunteer hours from elders included, in order: faith or religious-based organizations, community entities such as museums and political organizations, and civic or school organizations (see Figure 41 and Appendix, Question 62).

Figure 41: Organizations Where Respondents Volunteered



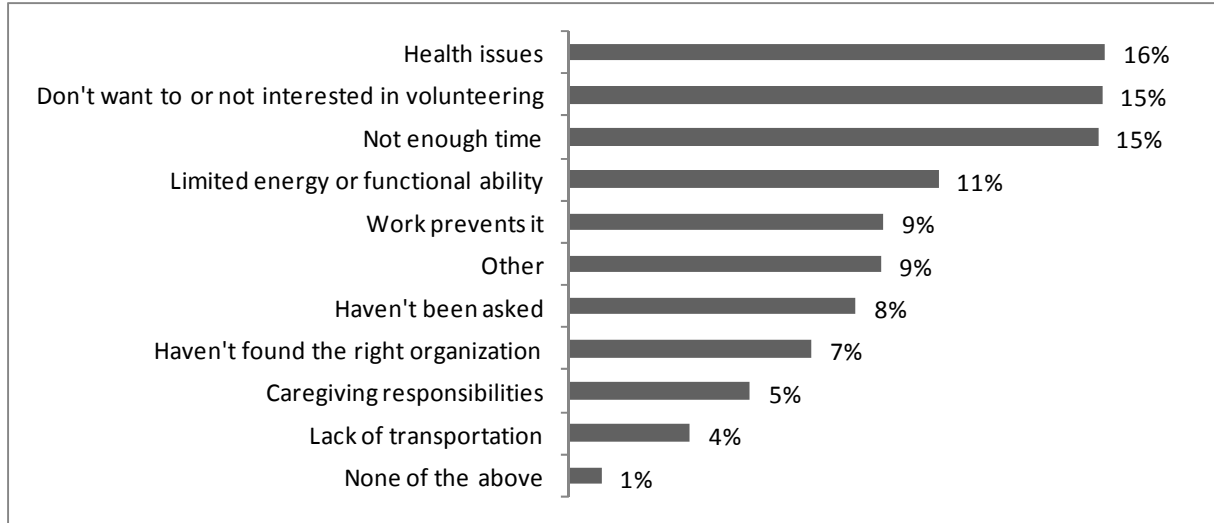
These results reinforce current research that finds “older adults are more likely to volunteer for religious organizations and health and social/community service agencies and less likely to volunteer for educational, recreational, and environmental programs. Older adults are [also] more likely to be involved in relational activities, like being a tutor, mentor, or friendly visitor ...[and] are more motivated by the desire to help others and to stay active.”³²

31 Morrow-Howell, N. (2010). Volunteering in later life: research frontiers. *Journal of Gerontology: Social Sciences*, 65B(4), 461–469, doi:10.1093/geronb/gbq024. Advance Access published on April 16, 2010.

32 Ibid.

For those elders who did not volunteer, over one-half cited health issues, lack of interest and/or time, or limited energy and ability in performing tasks (see Figure 42). More minority (24%) and low-income (20%) elders were prevented from volunteering by health issues when compared to elders statewide (see Appendix, Question 63).

Figure 42: Reasons Cited for Not Volunteering

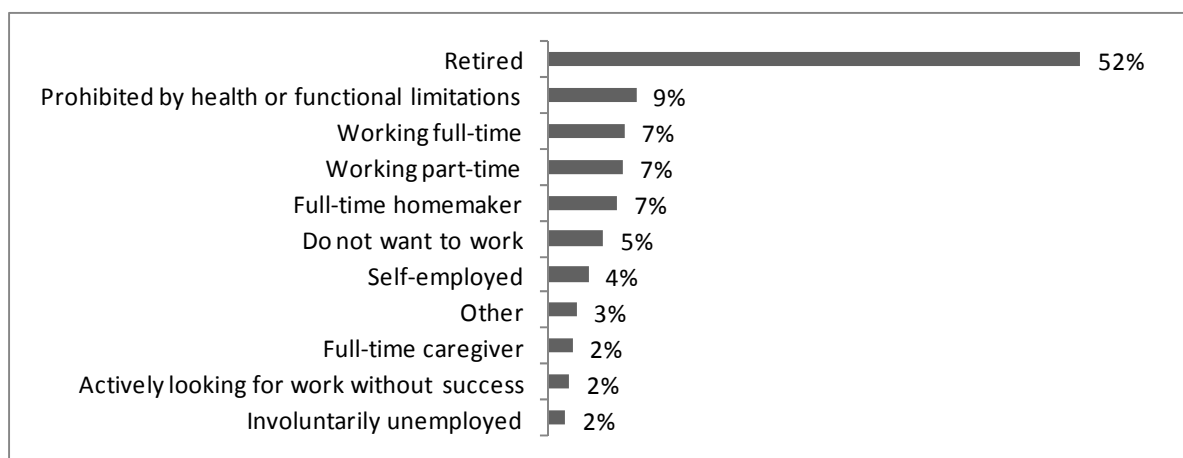


Employment

Florida's elders are an important part of the state's overall economy. However, unemployment for Florida's seniors has been increasing over the past few years. According to the Department of Labor, Florida's unemployed workers age 55 and over increased 13% from 2005 to 2009. Florida's elders also claimed the highest national unemployment rate among senior workers since 1948.³³

Several factors contribute to the employment status of the elderly. Many elders who remain employed must continue to work because they cannot afford to retire. The needs assessment survey results indicated that 52% of respondents reported being retired (see Figure 43). However, 13% reported they were interested in securing at least part-time work, especially minority (21%) and low-income (16%) elders. Statewide, 4% of elders reported they were interested in securing full-time work. Slightly more minority elders (6%) but fewer low-income (3%) and rural elders (2%) reported a similar interest (see Appendix, Questions 65 and 66).

Figure 43: Employment Status of Respondents



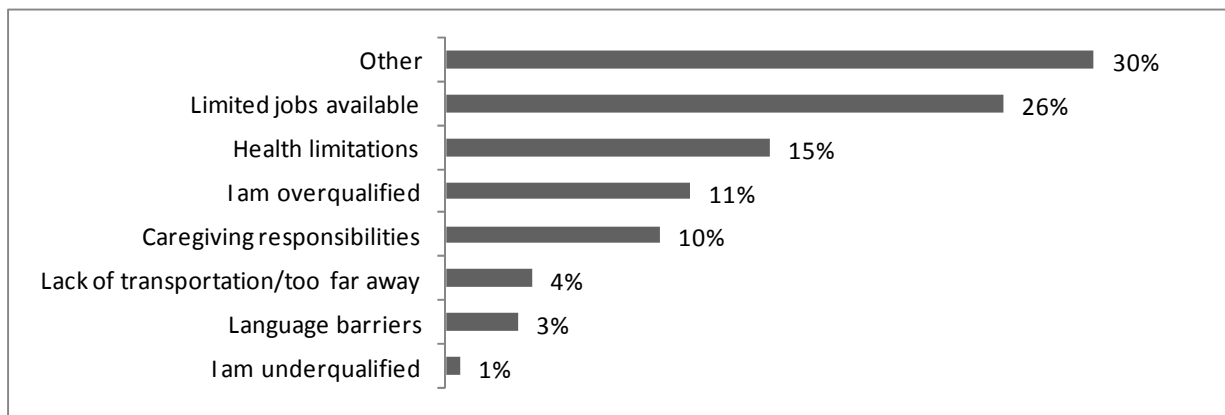
Statewide, 17% of elders surveyed were interested in receiving help from a job-matching service with minority (31%) and low-income (20%) respondents expressed the most interest. Minority elders also showed the most interest in job training (27%) compared to statewide (12%), low-income (17%), and rural elders (7%) (see Appendix, Questions 67 and 68).

³³ Corley, C. (2011). A message from the Secretary. *Elder Update*, 22(2).

Recent research shows that older job seekers, despite being employable, face more barriers to entering the work force compared to younger job seekers, as they had to submit more resumes, wait for employer responses for a longer period of time, and were less likely to be called for an interview.³⁴ The results from the needs assessment survey also show that for the 17% of elders who were interested in securing full or part-time work, serious barriers such as health problems, limited job opportunities, being overqualified or underqualified, and caregiving responsibilities hindered them from being employed. More rural (21%) and low-income (19%) elders than statewide elders (15%) were prevented from working due to health limitations (see Figure 44 and Appendix, Questions 66 and 70).

Statewide, 6% of elders reported having been wrongfully terminated from employment, passed over for promotion, denied a position, or mistreated in the workplace due to their age (see Appendix, Question 71). This is high compared to data on cases of age discrimination collected from the Equal Employment Opportunity Commission, where 47,000 charges were filed nationwide with the agency during the most recent fiscal year. Age was the most frequently cited status in discrimination claims.

Figure 44: Employment Limitations of Respondents



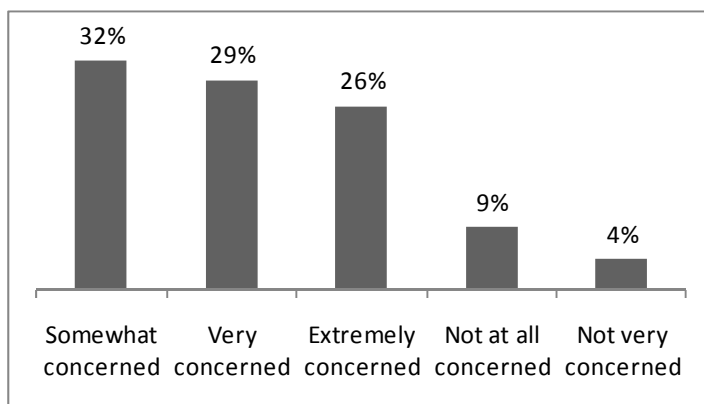
³⁴ Lahey, J. (2005). Do older workers face discrimination? Issues in Brief ib33, Center for Retirement Research.

Abuse, Neglect, and Exploitation Issues

National and state studies report increased reports of elder and vulnerable adult abuse and neglect. The 2004 *Survey of State Adult Protective Services* found nationally a 19.7% increase in the number of elder and vulnerable adult abuse and neglect reports and a 15.6% increase in substantiated cases in the four years since the last survey was conducted in 2000.³⁵ The National Center on Elder Abuse estimates that five million cases of elder financial exploitation occur annually nationwide and expects this number to rise with the aging of the population. However, many of these cases go unreported as elders may be too embarrassed to report fraud or are unaware that they are being victimized. This may be especially true since caregivers, with whom elders may have a close relationship, are a significant proportion of individuals responsible for the financial exploitation of elders.³⁶

A majority of survey respondents (87%) expressed a considerable degree of concern about being a victim of consumer fraud or swindle (see Figure 45 and Appendix, Question 73). Despite high levels of concern for this issue, over one-half of elders surveyed (54%) were not familiar with programs to educate and protect them from abuse, neglect, and financial exploitation (see Appendix, Question 74).

Figure 45: Level of Concern Among Respondents for Becoming Victims of Fraud or Swindle



Statewide, a low proportion of respondents stated that they had been a victim of fraud or abuse (12%) with slightly more minority (16%) and rural (16%) elders reporting this problem (see Appendix, Question 72).

35 National Center on Elder Abuse. (2006). *Abuse of Adults Aged 60+: 2004 Survey of Adult Protective Services*. Washington, DC: U.S. Government Printing Office.

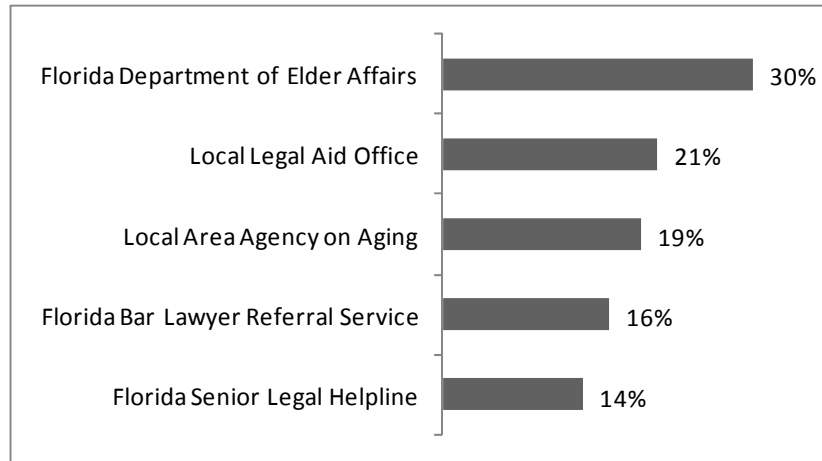
36 Florida Department of Elder Affairs. (2007). *Florida Master Plan on Aging: Elder Rights*. Tallahassee, FL: State of Florida.

Legal Assistance

In 2005, the Department of Elder Affairs created the Elder Rights Unit, which oversees Title VII programs including Elder Abuse Prevention, Legal Services Development, and the State Health Insurance Assistance Program, known as SHINE. In addition, the Department offered a Senior Legal Helpline that provided free legal advice and brief services by telephone to eligible Florida residents age 60 and older for civil (not criminal) legal problems. However, less than one-third of survey respondents (30%) were aware of the legal services the Florida Department of Elder Affairs provided, minority elders having been the least aware of this resource (26%).

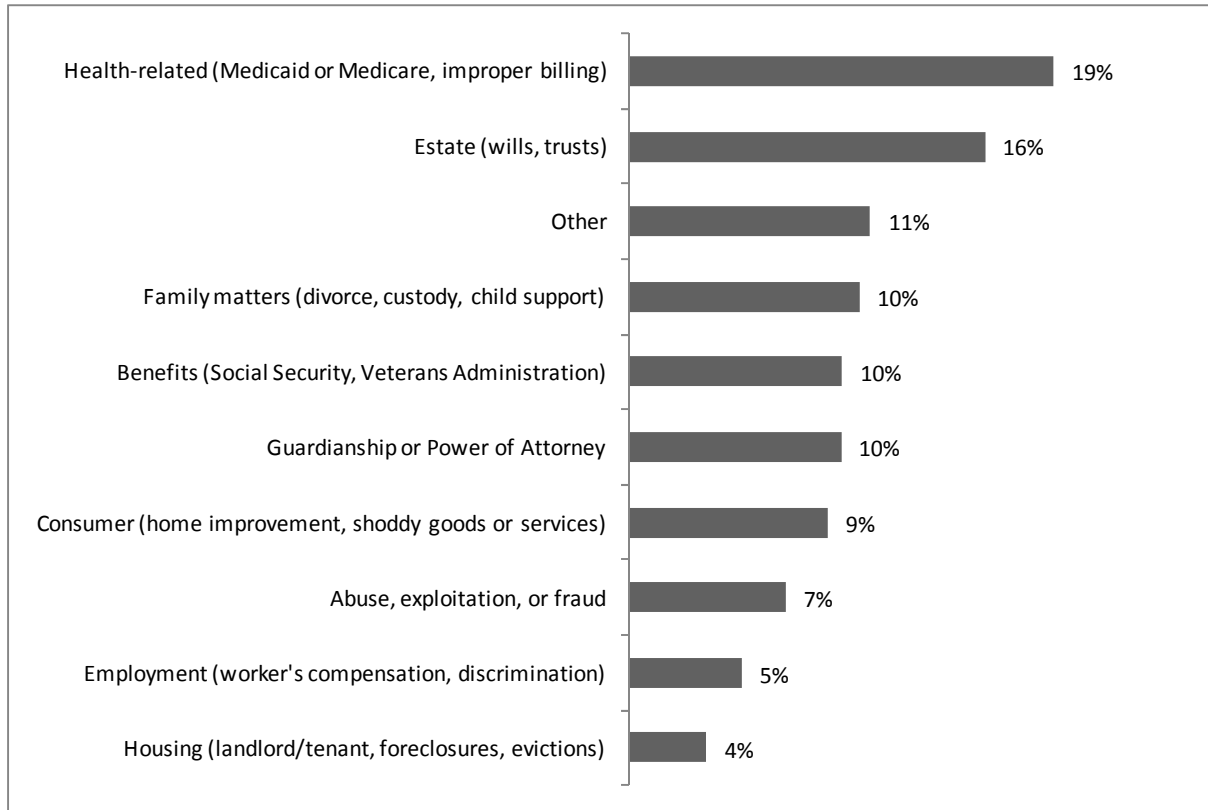
Respondents were less familiar with other organizations devoted to elders' legal needs, including the local legal aid office, local Area Agency on Aging, Florida Bar Lawyer Referral Service, and Florida Senior Legal Helpline (see Figure 46 and Appendix, Question 75).

Figure 46: Respondents' Awareness of Legal Aid Sources



The legal issues that concerned elders most were related to health or estate matters (see Figure 47). More rural elders (11%) were concerned by family matters than their low-income and minority counterparts. More minority elders (10%) were concerned by abuse, exploitation, and fraud than any other group of elders in the state (see Appendix, Question 78).

Figure 47: Legal Matters That Concerned Respondents the Most



Roughly one-fifth of elders (20%) reported needing but not obtaining advice from a lawyer in the past three years. A higher proportion (24%) of minority elders needed legal services. Most of these elders (43%) did not see a lawyer because they thought a lawyer was too expensive and 14% of elders thought the matter of concern could be solved without a lawyer. More minority (15%) and low-income (13%) elders did not know where to get a lawyer compared to 9% of elders statewide (see Appendix, Questions 75 – 76).

Disaster Preparedness

Elders in Florida often need extra assistance in preparing for disasters because of health issues, limited access to transportation, and other limitations. The case of Hurricane Katrina has served as a teaching experience for elder advocates. Almost three-quarters (73%) of hurricane-related deaths in the New Orleans area were among persons age 60 and over, even though seniors comprised only 15% of the population of New Orleans.³⁷ This tragedy indicates that elders all too often are left alone to prepare for hurricanes and other disasters.

Figure 48: Respondents' Interest in Learning More about Temporary or Special Needs Shelter Options

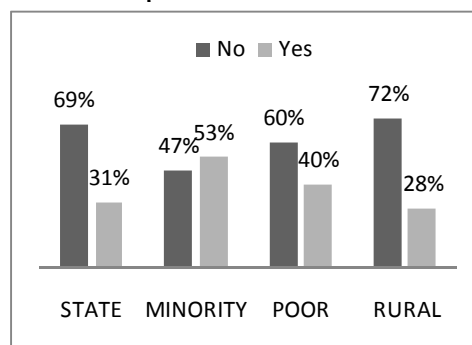
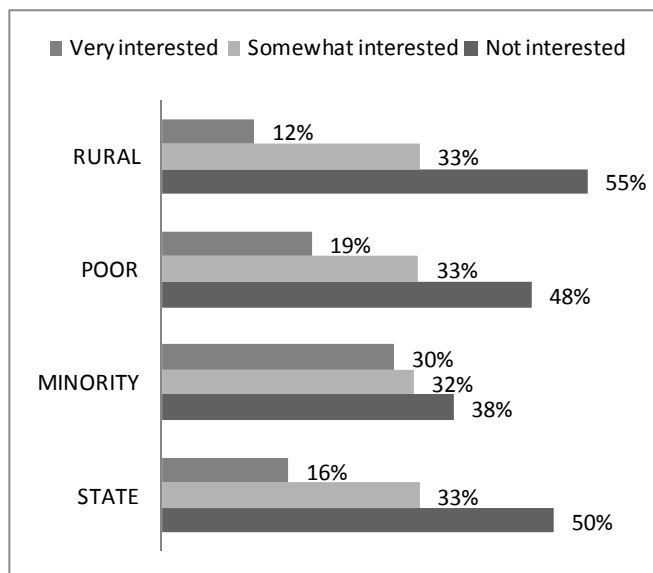


Figure 49: Respondents' Interest in Elder-Specific Training to Prepare for Hurricane or Hazardous Events



Currently, the Centers for Medicare and Medicaid Services and the National Response Plan, the federal program which provides the framework for federal assistance to states and localities during domestic incidents, do not address how to transfer residents out of facilities during natural disasters. Furthermore, no federal agency is authorized to help with ambulance, helicopter, or other transportation mechanisms to take long-term care residents to an evacuation point such as an airport.³⁸ This has placed the onus of disaster preparedness on individuals, including the frail and elderly.³⁹

Responses from the needs assessment survey showed that 31% of elders expressed interest in learning about temporary or special needs shelter options during an evacuation-related event (see Figure 48 and Appendix, Question 79). Minority elders (53%) as well as low-income elders (40%) showed a much higher interest.

Nearly one-half of elders (49%) also reported an interest in elder-specific training classes for

³⁷ U.S. Senate Committee on Health, Education, Labor, and Pensions. (2006). Chairman's report on elder evacuation during the 2005 Gulf Coast hurricane disasters.

³⁸ Government Accountability Office. (2006). Disaster Preparedness: Limitations in Federal Evacuation Assistance for Health Facilities Should be Addressed. Retrieved from <http://www.gao.gov/new.items/d06826.pdf>

³⁹ Ibid.

disaster preparedness with minority and low-income elders having indicated a higher degree of interest (see Figure 49 and Appendix, Question 80).

Conclusions

The 2010 Needs Assessment Survey has found key areas of need among elders age 60 and over, especially elders in historically underserved and disadvantaged groups. In light of the economic hardships of the past few years, it is not surprising that the most vulnerable populations of society have exhibited higher levels of distress and need. Compared to the needs of elders identified through a similar study conducted in 2004, more elders live alone, have poorer nutrition, have more problems with their home, and are less employed.

Responses from elders surveyed statewide indicated high needs among those living alone with self-care limitations as well as the uninsured who were age 60 to 64. Results indicated that self care limitations increased among older age groups, especially for elders age 85 and older. Additionally, many elders have not benefitted from senior center attendance, where they could have enjoyed access to information and services, meals, transportation, and the company of other elders. A considerable proportion of elders below age 65 reported being enrolled in Medicare which indicated the presence of a serious malady or disability while many others had suppressed access to much needed medical care by remaining uninsured.

In general, minority respondents showed more pronounced needs in the areas surveyed than the other populations. In particular, minority respondents were more likely to report needing help with ADLs and IADLs. They were less likely to be retired, more interested in finding or switching to part-time employment, and experienced more challenges in finding a job due to health and functional limitations as well as language barriers. Compared to elders surveyed statewide, minority respondents were more likely to have been a victim of and be concerned about consumer fraud, were mostly concerned about legal issues related to employment and housing, and had less knowledge about getting a lawyer. Furthermore, they were more interested in learning about volunteer opportunities, in receiving help with finding a job and with job training, temporary or special shelter options, and in attending training or classes related to disaster management than the other populations surveyed.

Low-income elders were defined by incomes \$20,000 or less per year. The majority of low-income elders reported being unemployed, citing a limited availability of jobs or otherwise being limited by poor health, yet many desired help from a job-matching service or training.

Like their minority counterparts, low-income respondents reported more need with ADLs and IADLs. Low-income elders reported the highest prevalence of living alone, in effect making the need for help with personal care tasks more difficult to meet. Low-income elders also expressed a strong interest in computer and Internet training and exhibited a large need for food assistance and help with caregiving. Minority elders also expressed high concern with living in a home or neighborhood with high crime, flooding, and inaccessible amenities like stairs and cabinets.

Despite potential survey bias that tended to favor wealthier elders in rural communities, many rural elders exhibited specific needs regarding caregiving, barriers to medical care, and lack of transportation options. Rural elders overwhelmingly reported not being able to relocate due to devaluation of their homes. Rural elders also reported the highest prevalence of falling victim to consumer fraud and swindle and having needed the services of a lawyer.

The goal of this study was to inform policy and the allocation of resources so that the most vulnerable and frail of elders will receive the help they need. For questions regarding survey methodology and/or results, please contact Nathaniel Myers at the Department of Elder Affairs by calling 850- 414-2047 or e-mail: myersn@elderaffairs.org.

Appendix: Survey Questions

Living Situation

Question 1: What is your current living situation?

	STATE	MINORITY	LOW-INCOME	RURAL
Live with spouse	49%	38%	41%	55%
Live alone	31%	31%	35%	25%
Live with child	8%	13%	10%	9%
Other	6%	7%	4%	3%
Live with grandchild or other relative	3%	10%	8%	6%
Live with friend	2%	1%	2%	3%
Total Responses	100%	100%	100%	100%

Self Care Limitations

Question 2: On a scale from zero to five, how much assistance do you need for the following personal care tasks (ADLs)?					
		STATE	MINORITY	LOW-INCOME	RURAL
Bathing	0	90%	77%	84%	93%
	1 to 3	5%	11%	8%	4%
	4 to 5	5%	12%	8%	4%
Dressing	0	92%	79%	85%	93%
	1 to 3	5%	12%	10%	5%
	4 to 5	4%	9%	5%	1%
Eating	0	93%	83%	88%	95%
	1 to 3	4%	11%	8%	3%
	4 to 5	3%	6%	4%	2%
Using the bathroom	0	94%	87%	92%	96%
	1 to 3	4%	7%	5%	3%
	4 to 5	2%	5%	3%	1%
Transferring	0	92%	82%	86%	91%
	1 to 3	6%	13%	11%	7%
	4 to 5	2%	6%	4%	2%
Walking	0	89%	75%	84%	91%
	1 to 3	8%	14%	9%	6%
	4 to 5	4%	11%	7%	3%

Question 3: How often do you receive the help you need with personal care tasks (ADLs)?					
		STATE	MINORITY	LOW-INCOME	RURAL
Hardly Ever/Never		47%	51%	50%	48%
Sometimes		27%	23%	22%	20%
Most of the Time		14%	9%	14%	20%
Always		12%	17%	14%	13%
Total Responses		100%	100%	100%	100%

Self Care Limitations

Question 4: On a scale from zero to five, how much assistance do you need for the following other activities (IADLs)?

		STATE	MINORITY	LOW-INCOME	RURAL
Heavy chores	0	56%	45%	46%	58%
	1 to 3	24%	29%	29%	27%
	4 to 5	19%	26%	24%	16%
Light housekeeping	0	76%	61%	67%	79%
	1 to 3	16%	27%	22%	14%
	4 to 5	8%	12%	12%	7%
Using the phone	0	94%	86%	90%	96%
	1 to 3	3%	6%	6%	2%
	4 to 5	3%	8%	4%	2%
Managing money	0	88%	80%	82%	91%
	1 to 3	7%	9%	10%	6%
	4 to 5	4%	11%	8%	3%
Preparing meals	0	84%	74%	76%	86%
	1 to 3	9%	14%	13%	9%
	4 to 5	7%	11%	11%	5%
Shopping	0	82%	68%	73%	84%
	1 to 3	8%	17%	14%	10%
	4 to 5	10%	14%	13%	7%
Taking medication	0	91%	83%	85%	91%
	1 to 3	5%	11%	8%	5%
	4 to 5	4%	7%	6%	4%
Using transportation	0	85%	71%	77%	88%
	1 to 3	6%	11%	9%	6%
	4 to 5	9%	18%	14%	6%

Self Care Limitations

Question 5: How often do you receive the help you need with general activities (IADLs)?

	STATE	MINORITY	LOW-INCOME	RURAL
Hardly Ever/Never	48%	50%	53%	47%
Sometimes	22%	23%	18%	21%
Most of the Time	16%	11%	15%	15%
Always	14%	16%	14%	17%
Total Responses	100%	100%	100%	100%
*Question was not pertinent to all respondents.				

Question 6: From whom have you tried to get help with personal care tasks and general activities?

	STATE	MINORITY	LOW-INCOME	RURAL
Family	36%	48%	44%	49%
Friends and/or Neighbors	18%	18%	25%	22%
Not Applicable	17%	0%	0%	0%
Other	10%	13%	13%	11%
Religious Organization	6%	3%	4%	5%
Local Agency	4%	4%	5%	5%
Federal Agency	4%	4%	2%	4%
State Agency	3%	7%	4%	3%
Community Group	3%	2%	3%	1%
Total Responses	100%	100%	100%	100%
*Question was not pertinent to all respondents.				

Question 7: Do you ever provide care, either directly or indirectly over the telephone, for someone who is not able to take care of him or herself?

	STATE	MINORITY	LOW-INCOME	RURAL
No	72%	70%	71%	73%
Yes	20%	20%	19%	18%
Maybe	8%	10%	10%	9%
Total Responses	100%	100%	100%	100%

Caregiving

Question 8: How often do you provide care?

	STATE	MINORITY	LOW-INCOME	RURAL
One or more times a month	29%	18%	23%	16%
One or more times a week	29%	32%	35%	41%
Hardly ever/never	17%	13%	17%	12%
One or more times a day	10%	10%	8%	7%
Continuously or all day long	9%	15%	11%	7%
One or more times a year	6%	12%	5%	16%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 9: How many persons for whom you provide care are in each of the following categories?

		STATE	MINORITY	LOW-INCOME	RURAL
0-18 years old	1+	16%	24%	18%	21%
19-59 years old	1+	25%	28%	23%	17%
60+ years old	1+	86%	88%	88%	94%

Question 10: Do you have help with your caregiving responsibilities?

	STATE	MINORITY	LOW-INCOME	RURAL
No	56%	61%	54%	53%
Yes	44%	39%	46%	47%
Total Responses	100%	100%	100%	100%

Question 11: Do you need help (or more help) with your caregiving responsibilities?

	STATE	MINORITY	LOW-INCOME	RURAL
No	79%	79%	80%	77%
Yes	21%	21%	20%	23%
Total Responses	100%	100%	100%	100%

Caregiving

Question 12: What type of help do you need?

	STATE	MINORITY	LOW-INCOME	RURAL
Information about resources	14%	17%	19%	15%
Emotional support	14%	10%	12%	11%
Help with household chores such as laundry and housekeeping	13%	15%	13%	14%
Financial help	12%	17%	15%	15%
Assistance with personal care tasks for the care recipient	12%	8%	9%	13%
Transportation	12%	8%	6%	7%
Someone to provide care so I can have a break	11%	12%	16%	15%
Training on how to provide care	7%	12%	7%	8%
Other	6%	2%	3%	1%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 13: From whom have you tried to get help with your caregiving responsibilities?

	STATE	MINORITY	LOW-INCOME	RURAL
Family	25%	21%	28%	21%
Friends/neighbors	14%	7%	3%	12%
Local agency	12%	14%	17%	17%
State agency	11%	21%	10%	12%
Religious organization	11%	4%	7%	2%
Federal agency	10%	14%	7%	7%
Community group	10%	11%	10%	12%
Other	5%	4%	10%	7%
Not applicable	2%	4%	7%	10%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Caregiving

Question 14: Are any of the following reasons why you do not receive or did not try to get help with your caregiving responsibilities?

	STATE	MINORITY	LOW-INCOME	RURAL
I can't afford the expense	20%	17%	17%	15%
Services are not available	14%	14%	12%	15%
I don't have time to check out options	13%	5%	15%	8%
The care recipient won't allow someone new to provide help	13%	5%	8%	13%
The care does not require a lot of time or energy	12%	17%	15%	17%
I don't like asking for help	10%	12%	12%	15%
I don't want strangers in my house	8%	10%	8%	8%
I don't think I would be satisfied with the available help	6%	10%	8%	5%
Other	4%	12%	6%	3%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 15: Would you be interested in receiving caregiver training?

	STATE	MINORITY	LOW-INCOME	RURAL
No	90%	76%	87%	91%
Yes	10%	24%	13%	9%
Total Responses	100%	100%	100%	100%

Health and Health Promotion

Question 16: During the past year have you attended an event offering free health information?

	STATE	MINORITY	LOW-INCOME	RURAL
No	84%	82%	85%	87%
Yes	16%	18%	15%	13%
Total Responses	100%	100%	100%	100%

Health and Health Promotion

Question 17: If training or classes were available to help you learn about keeping yourself healthy, how interested would you be in attending?

	STATE	MINORITY	LOW-INCOME	RURAL
Not interested	53%	39%	48%	53%
Somewhat interested	32%	34%	38%	38%
Very interested	16%	27%	14%	9%
Total Responses	100%	100%	100%	100%

Question 18: Are you regularly doing a physical activity three or more times a week?

	STATE	MINORITY	LOW-INCOME	RURAL
Yes	76%	66%	74%	78%
No	24%	34%	26%	22%
Total Responses	100%	100%	100%	100%

Question 19: If you need medical care, are you able to get it?

	STATE	MINORITY	LOW-INCOME	RURAL
Yes, always	81%	64%	74%	82%
Yes, most of the time	13%	21%	16%	14%
Yes, sometimes	4%	9%	7%	3%
No, never, or hardly ever	2%	6%	3%	1%
Total Responses	100%	100%	100%	100%

Question 20: What keeps you from getting medical care?

	STATE	MINORITY	LOW-INCOME	RURAL
Insurance does not cover all I need	21%	17%	20%	18%
Lack of money	19%	24%	23%	24%
Other	14%	9%	7%	11%
No insurance	10%	17%	17%	18%
Lack of transportation	10%	8%	8%	6%
No local provider	9%	4%	8%	9%
No provider will take my insurance	8%	8%	5%	6%
Caregiving responsibilities	6%	7%	6%	6%
Language barrier	4%	7%	6%	2%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Health and Health Promotion

Question 21: In the last 12 months, how long have you delayed filling your prescription medications?

	STATE	MINORITY	LOW-INCOME	RURAL
No delay	82%	63%	73%	77%
No prescription medications needed	8%	12%	10%	14%
Less than 1 month	5%	8%	8%	5%
1-2 months	3%	10%	6%	2%
3-6 months	1%	4%	2%	1%
Longer than 6 months	1%	3%	2%	1%
Total Responses	100%	100%	100%	100%

Question 22: Are you aware of any prescription assistance programs?

	STATE	MINORITY	LOW-INCOME	RURAL
No	52%	60%	54%	54%
Yes	48%	40%	46%	46%
Total Responses	100%	100%	100%	100%

Question 23: In the last 12 months, how long have you delayed getting dental care?

	STATE	MINORITY	LOW-INCOME	RURAL
No delay	51%	25%	36%	51%
No dental care needed	20%	26%	27%	21%
Longer than 6 months	18%	34%	26%	19%
3-6 months	7%	9%	7%	4%
1-2 months	3%	3%	2%	2%
Less than 1 month	2%	3%	3%	2%
Total Responses	100%	100%	100%	100%

Health and Health Promotion

Question 24: In the last 12 months, how long have you delayed getting new eyeglasses or other eye care?

	STATE	MINORITY	LOW-INCOME	RURAL
No delay	63%	40%	53%	60%
Longer than 6 months	14%	32%	22%	16%
No eyeglasses or eye care needed	13%	12%	11%	13%
3 - 6 months	5%	7%	7%	7%
1 - 2 months	3%	2%	2%	1%
Less than 1 month	2%	6%	5%	4%
Total Responses	100%	100%	100%	100%

Question 25: What has limited your ability to get prescription medications, dental care, or eyeglasses?

	STATE	MINORITY	LOW-INCOME	RURAL
Can't afford it	27%	29%	29%	31%
Insurance does not cover what I need	24%	23%	26%	29%
Other	22%	23%	22%	23%
Appointment or scheduling issues	7%	6%	7%	5%
Lack of transportation	6%	5%	3%	2%
Health limitations	5%	6%	5%	3%
Caregiving responsibilities	5%	4%	3%	3%
The services or supplies are not available in my community	3%	5%	5%	4%
Total Responses	100%	100%	100%	100%
*Question was not pertinent to all respondents.				

Question 26: In the past year, have you had to delay or do without help for an emotional or mental health problem?

	STATE	MINORITY	LOW-INCOME	RURAL
No	89%	90%	90%	91%
Yes	11%	10%	10%	9%
Total Responses	100%	100%	100%	100%

Health and Health Promotion

Question 27: What kind(s) of health care insurance do you have?

	STATE	MINORITY	LOW-INCOME	RURAL
	Percent	Percent	Percent	Percent
Medicare*	85%	47%	47%	50%
Private insurance	34%	21%	26%	32%
Other	10%	11%	10%	8%
Veteran's health benefits	8%	4%	7%	9%
Medicaid	5%	18%	11%	4%
None	1%	3%	2%	2%

***Medicare beneficiaries age 65 and older; other forms of insurance calculate elders age 60 and older.**

Information and Assistance

Question 28: Who would you contact if you needed information about services that help older adults?

	STATE	MINORITY	LOW-INCOME	RURAL
Doctor's office, VA clinic, or registered nurse	19%	19%	21%	22%
Family members, neighbors, or friends	18%	23%	23%	21%
National organizations (AARP)	11%	11%	9%	11%
Internet	9%	3%	6%	9%
Government agency	8%	7%	6%	6%
Church	7%	7%	7%	6%
Ageing agencies, senior centers, or retirement communities	7%	6%	7%	6%
Elder Helpline	6%	6%	6%	5%
Newspaper, magazines	6%	5%	4%	4%
Community organizations	5%	5%	4%	3%
Other	4%	7%	6%	5%
Total Responses	100%	100%	100%	100%

Question 29: How do you find out what is going in your community?

	STATE	MINORITY	LOW-INCOME	RURAL
Television	20%	28%	24%	21%
Newspaper	20%	18%	21%	22%
Family, neighbors, or friends	16%	14%	16%	15%
Internet	11%	7%	8%	11%
Newsletters, flyers, or bulletins	10%	10%	10%	9%
Radio	9%	11%	8%	8%
Community center or other community group/organization	6%	5%	5%	6%
Faith-based organization	5%	5%	5%	5%
Other	2%	3%	3%	3%
Total Responses	100%	100%	100%	100%

Information and Assistance

Question 30: Do you have access to the internet?

	STATE	MINORITY	LOW-INCOME	RURAL
Yes	72%	44%	57%	78%
No	28%	56%	43%	22%
Total Responses	100%	100%	100%	100%

Question 31: If training on using computers or the internet were available, would you be interested in attending?

	STATE	MINORITY	LOW-INCOME	RURAL
No	63%	47%	58%	63%
Yes	37%	53%	42%	37%
Total Responses	100%	100%	100%	100%

Nutrition

Question 32: How often do you eat all the food you need?

	STATE	MINORITY	LOW-INCOME	RURAL
Always	74%	65%	70%	75%
Most of the time	21%	20%	21%	19%
Sometimes	4%	11%	6%	4%
Hardly ever/never	1%	3%	2%	2%
Total Responses	100%	100%	100%	100%

Question 33: Why is it that you do not eat all the food you need?

	STATE	MINORITY	LOW-INCOME	RURAL
Other	21%	15%	16%	17%
I have little or no appetite and forget to eat sometimes	17%	17%	15%	19%
Can't afford it	16%	20%	22%	20%
I am too tired or weak to prepare food	13%	10%	14%	10%
I don't like to eat alone	13%	10%	11%	16%
I have physical or health issues that make eating difficult	11%	11%	11%	9%
No transportation to get to the grocery store	6%	10%	8%	5%
No or poorly working stove or refrigerator	3%	6%	3%	3%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Nutrition

Question 34: Do you eat a healthy variety of foods in your diet?

	STATE	MINORITY	LOW-INCOME	RURAL
Yes	92%	91%	91%	95%
No	8%	9%	9%	5%
Total Responses	100%	100%	100%	100%

Question 35: Do you have a food debit card (also known as food stamps)?

	STATE	MINORITY	LOW-INCOME	RURAL
No	95%	79%	86%	97%
Yes	5%	21%	14%	3%
Total Responses	100%	100%	100%	100%

Question 36: What are the reasons you do not have a food debit card?

	STATE	MINORITY	LOW-INCOME	RURAL
Not needed	64%	40%	55%	65%
I have been determined not eligible	15%	27%	17%	14%
Other	12%	15%	14%	10%
I don't like asking for help	5%	10%	8%	6%
I won't get enough assistance to be worth the effort	2%	4%	3%	2%
Don't know	1%	2%	1%	1%
I don't want to provide personal information	0%	1%	1%	0%
Refused	0%	2%	1%	1%
Total Responses	100%	100%	100%	100%

Question 37: Would you like more information about the card?

	STATE	MINORITY	LOW-INCOME	RURAL
No	78%	56%	69%	81%
Yes	22%	44%	31%	19%
Total Responses	100%	100%	100%	100%

Nutrition

Question 38: Are you interested in learning about where meals for seniors may be offered in your community?

	STATE	MINORITY	LOW-INCOME	RURAL
No	83%	64%	75%	85%
Yes	17%	36%	25%	15%
Total Responses	100%	100%	100%	100%

Senior Centers

Question 39: How often do you go to the senior center?

	STATE	MINORITY	LOW-INCOME	RURAL
Never/hardly ever	90%	84%	91%	94%
Sometimes	6%	10%	6%	4%
Often	4%	6%	3%	3%
Total Responses	100%	100%	100%	100%

Question 40: Why is it that you hardly ever or never go to the Senior Center?

	STATE	MINORITY	LOW-INCOME	RURAL
I stay busy through other activities and groups	26%	15%	20%	24%
I don't have time	12%	12%	12%	12%
Other	12%	11%	13%	13%
I am not aware of the services that are offered	12%	10%	11%	11%
I would prefer a location that also includes other age groups	8%	11%	9%	8%
I don't think I am old enough to go there	8%	9%	9%	9%
There is not a senior center nearby	6%	7%	7%	8%
Transportation is not available	4%	8%	6%	4%
I don't like the activities offered	4%	5%	4%	4%
Physically unable to attend	3%	6%	5%	4%
Caregiving responsibilities	3%	5%	4%	3%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Senior Centers

Question 41: What kinds of services or activities do you think should be offered at senior centers that you would be more likely to use?

	STATE	MINORITY	LOW-INCOME	RURAL
Physical activities	17%	17%	17%	16%
Using the computer and/or Internet	15%	14%	13%	15%
Travel/tours	14%	15%	13%	14%
Arts and crafts/hobby classes	13%	14%	14%	13%
Nature-related activities	13%	14%	14%	13%
Card games	12%	10%	11%	13%
Genealogy classes	10%	9%	10%	9%
Other	6%	7%	7%	7%
Total Responses	100%	100%	100%	100%
*Question was not pertinent to all respondents.				

Transportation

Question 42: Are you usually able to get where you need or want to go?

	STATE	MINORITY	LOW-INCOME	RURAL
Yes	96%	88%	93%	98%
No	4%	12%	7%	2%
Total Responses	100%	100%	100%	100%

Question 43: What is the main thing that limits your ability to get where you want to go?

	STATE	MINORITY	LOW-INCOME	RURAL
Don't know	36%	30%	32%	29%
Health issues	33%	39%	32%	43%
There is no public transportation	14%	12%	16%	14%
Financial reasons	8%	18%	16%	0%
I don't know anyone I can ask	8%	0%	3%	14%
Total Responses	100%	100%	100%	100%

Transportation

Question 44: If you are limited in how often you drive, what limits you?

	STATE	MINORITY	LOW-INCOME	RURAL
I can/do not drive	23%	30%	25%	18%
Other	17%	18%	21%	19%
Illness or physical problem	16%	10%	11%	15%
Spouse or other person usually drives	12%	11%	13%	19%
Visual impairment	11%	10%	13%	9%
Financial reasons	8%	11%	8%	11%
Car problems (no car or repairs needed)	6%	5%	4%	1%
Amount of traffic	4%	3%	4%	6%
Car in use by someone else	3%	1%	1%	3%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents .

Question 45: What other ways do you use to get around?

	STATE	MINORITY	LOW-INCOME	RURAL
Only get around by driving myself, or I am homebound	43%	39%	43%	52%
A spouse, family member, friend or neighbor drives me	22%	23%	21%	19%
I bicycle or walk	16%	7%	10%	11%
I take a taxi or use public transportation	5%	9%	6%	2%
Special transportation	5%	3%	6%	8%
Other	4%	7%	5%	4%
Senior ride service	2%	4%	3%	1%
Not applicable	2%	3%	4%	2%
Church bus or van	1%	4%	3%	1%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 46: How often do you use public transportation?

	STATE	MINORITY	LOW-INCOME	RURAL
I don't use public transportation	75%	64%	69%	69%
No public transportation is available in this area	10%	8%	12%	24%
Hardly ever	9%	10%	9%	5%
Sometimes	4%	12%	6%	1%
Often	2%	6%	3%	0%
Total Responses	100%	100%	100%	100%

Transportation

Question 47: Please rate your level of satisfaction with the public transportation services:

	STATE	MINORITY	LOW-INCOME	RURAL
Very satisfied	49%	37%	37%	50%
Somewhat satisfied	37%	43%	49%	50%
Somewhat dissatisfied	8%	13%	7%	0%
Very dissatisfied	7%	7%	7%	0%
Total Responses	100%	100%	100%	100%

Question 48: Please select you reasons for being less than satisfied with or are not using public transportation:

	STATE	MINORITY	LOW-INCOME	RURAL
Other	28%	33%	24%	11%
It is inconvenient (rides too long or too many stops)	18%	12%	12%	11%
My town has very limited public transportation	13%	14%	12%	33%
It doesn't go where I need to go	13%	14%	12%	22%
Don't need it	10%	12%	18%	11%
Safety issues	7%	7%	9%	11%
Lack of knowledge about the service	6%	2%	3%	0%
I have health, age, or financial issues	4%	7%	9%	0%
My friends don't use it	2%	0%	0%	0%
Not accessible with wheelchair	0%	0%	0%	0%
It is not clean	0%	0%	0%	0%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Community

Question 49: Do you feel your city/town values older people or is elder friendly?

	STATE	MINORITY	LOW-INCOME	RURAL
Yes, very much so	37%	40%	36%	35%
Yes, somewhat	42%	31%	40%	43%
No, not very much	10%	17%	12%	8%
Don't know	7%	5%	5%	7%
No not at all	5%	7%	7%	7%
Total Responses	100%	100%	100%	100%

Community

Question 50: What makes your city/town elder-friendly to you?

	STATE	MINORITY	LOW-INCOME	RURAL
People are friendly and courteous	12%	12%	12%	11%
Elders are treated with respect	11%	13%	12%	11%
Street signs are easy to read	11%	11%	10%	11%
Many other elders in the community	11%	10%	11%	11%
Elder feels safe when out in the community	11%	10%	10%	11%
Programs, services, activities, and events for elders	10%	10%	10%	10%
Elder contributes to and is appreciated by community	10%	10%	9%	10%
Transportation is available to elders	9%	11%	10%	9%
Businesses offer senior discounts	9%	8%	9%	9%
Variety of affordable housing options available	6%	6%	6%	6%
Other	1%	2%	1%	2%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 51: What makes your city/town not seem elder-friendly to you?

	STATE	MINORITY	LOW-INCOME	RURAL
Not very many services, facilities, or activities for elders	14%	13%	17%	16%
Other	13%	7%	10%	11%
Transportation not available to elders	12%	9%	10%	14%
No sidewalks or covered bus areas	11%	11%	12%	15%
Age-based discrimination is common	10%	12%	10%	8%
Signals are not long enough to cross street	10%	10%	8%	6%
Services are not close to senior housing	9%	10%	10%	11%
Elder does not feel safe when out in the community	9%	10%	8%	7%
Elders are not treated with respect	7%	9%	7%	6%
People are not nice or friendly to elders	5%	9%	7%	6%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Housing

Question 52: Do you have any of the following problems with your home or neighborhood?

	STATE	MINORITY	LOW-INCOME	RURAL
Too much upkeep, minor repairs (i.e., painting)	23%	12%	15%	19%
Hard to pay rent/mortgage/taxes (i.e., homeowner association dues)	21%	31%	21%	21%
Roofing or plumbing issue	13%	13%	15%	13%
Major repairs are needed (other than roofing or plumbing)	13%	13%	13%	8%
Other	12%	17%	14%	24%
High crime or bad neighborhood	8%	6%	10%	7%
Flooding or other similar environmental problems	4%	4%	6%	4%
Not accessible (i.e., stairs, no grab bars in bathtub, cabinets are hard to reach)	4%	3%	6%	2%
Landlord issues	3%	1%	1%	0%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 53: If you want or need to move, what type of location would you prefer?

	STATE	MINORITY	LOW-INCOME	RURAL
Centrally located to be able to walk to services	21%	22%	18%	14%
To live in a retirement community (seniors only)	18%	14%	19%	18%
Other	17%	16%	15%	18%
To live in a more secluded, more rural (country) setting	13%	14%	15%	19%
To live in a family neighborhood (all ages)	11%	14%	13%	10%
Assisted living	11%	10%	8%	7%
To live in a more urban (city) setting	8%	10%	12%	16%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Housing

Question 54: If you want or need to move, what type of structure would you prefer?

	STATE	MINORITY	LOW-INCOME	RURAL
Single family home	44%	49%	49%	56%
Apartment-type housing	22%	19%	21%	12%
Other	22%	16%	20%	24%
Duplex, triplex, or quad	12%	16%	10%	9%
Total Responses	100%	100%	100%	100%
*Question was not pertinent to all respondents.				

Question 55: If you want or need to move, what prevents you from moving?

	STATE	MINORITY	LOW-INCOME	RURAL
My home was devalued, I won't get enough money out of it	22%	26%	28%	40%
Not enough money or help with moving	16%	26%	15%	8%
Other	16%	11%	14%	20%
The idea of packing and moving is too overwhelming	13%	5%	10%	13%
Attached to my current residence (memories)	12%	4%	7%	4%
I don't know what options are available	11%	14%	15%	10%
Preferred/affordable housing option not available	6%	10%	8%	1%
Health issues	4%	4%	3%	4%
Total Responses	100%	100%	100%	100%
*Question was not pertinent to all respondents.				

Question 56: Would you be interested in sharing your home with any of the following:

	STATE	MINORITY	LOW-INCOME	RURAL
None/not interested	35%	48%	49%	40%
Family member	31%	27%	26%	31%
Friend	10%	5%	6%	10%
Open to all options	6%	5%	5%	6%
Another older person	5%	4%	4%	3%
Individual who could assist around the house	5%	3%	4%	3%
Other	4%	6%	4%	4%
A college student	3%	2%	2%	2%
A single mother and children	2%	2%	0%	2%
Total Responses	100%	100%	100%	100%

Housing

Question 57: How often do you feel safe at home?

	STATE	MINORITY	LOW-INCOME	RURAL
Most or all of the time	97%	94%	96%	97%
Some of the time	2%	6%	4%	2%
Rarely ever/never	0%	0%	0%	1%
Total Responses	100%	100%	100%	100%

Question 58: What makes you feel unsafe in your home or on your property?

	STATE	MINORITY	LOW-INCOME	RURAL
Afraid of crime	28%	30%	36%	29%
Other	17%	57%	45%	57%
Afraid of falling or other mobility concerns	16%	4%	9%	7%
Health limitations	11%	0%	0%	0%
Inadequate lighting	8%	4%	9%	7%
Bathroom or kitchen is not senior friendly	7%	4%	0%	0%
Unsafe building, flooring, stairways, or walkways	7%	0%	0%	0%
Fences and gates at property line need repair	7%	0%	0%	0%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 59: How often do you feel safe out in your neighborhood?

	STATE	MINORITY	LOW-INCOME	RURAL
Most or all of the time	91%	77%	86%	95%
Some of the time	8%	17%	10%	3%
Rarely ever/never	1%	6%	4%	2%
Total Responses	100%	100%	100%	100%

Housing

Question 60: What makes you feel unsafe while out in your neighborhood?

	STATE	MINORITY	LOW-INCOME	RURAL
Afraid of crime	23%	23%	21%	20%
Suspected drug-related activity	16%	13%	14%	14%
High-speed traffic or dangerous roadways	10%	11%	10%	8%
Sidewalks non-existent or are broken and uneven	10%	10%	9%	13%
No streetlights	8%	10%	9%	9%
Loose animals	8%	7%	8%	9%
Health limitations	7%	8%	10%	11%
Loud or offensive noises, cars, or neighbors	7%	5%	7%	7%
Vacant and abandoned dwellings	7%	7%	7%	7%
Other	3%	6%	6%	4%
Total Responses	100%	100%	100%	100%

***Question was not pertinent to all respondents.**

Volunteerism

Question 61: Do you currently volunteer?

	STATE	MINORITY	LOW-INCOME	RURAL
No	64%	76%	69%	62%
Yes	36%	24%	31%	38%
Total Responses	100%	100%	100%	100%

Question 62: What type of organization do you volunteer for?

	STATE	MINORITY	LOW-INCOME	RURAL
Faith or religious-based	24%	25%	29%	28%
Community	15%	11%	11%	15%
Other	13%	11%	14%	13%
Civic	9%	9%	8%	12%
School-related	9%	9%	8%	6%
Health-related	8%	11%	10%	7%
Professional organization	7%	5%	3%	5%
Animal, wildlife, or nature-related organization	6%	3%	5%	7%
Senior center	5%	9%	6%	3%
Child welfare	3%	5%	4%	3%
None of the above	1%	3%	1%	1%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Volunteerism

Question 63: What keeps you from volunteering?

	STATE	MINORITY	LOW-INCOME	RURAL
Health issues	16%	24%	20%	17%
Don't want to or not interested in volunteering	15%	13%	17%	18%
Not enough time	15%	13%	12%	15%
Limited energy or functional ability	11%	9%	12%	8%
Work prevents it	9%	7%	7%	9%
Other	9%	8%	8%	11%
Haven't been asked	8%	7%	8%	5%
Haven't found the right organization	7%	5%	5%	7%
Caregiving responsibilities	5%	6%	6%	5%
Lack of transportation	4%	5%	3%	3%
None of the above	1%	2%	1%	2%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 64: Would you be interested in receiving information on volunteer opportunities in your area?

	STATE	MINORITY	LOW-INCOME	RURAL
No	75%	61%	72%	74%
Yes	25%	39%	28%	26%
Total Responses	100%	100%	100%	100%

Employment

Question 65: What is your employment status?

	STATE	MINORITY	LOW-INCOME	RURAL
Retired	52%	43%	49%	56%
Unable to work due to health or functional limitations	9%	14%	12%	8%
Working full-time	7%	5%	4%	7%
Working part-time	7%	5%	5%	5%
Full-time homemaker	7%	10%	8%	5%
Do not want to work	5%	4%	6%	6%
Self-employed	4%	3%	3%	4%
Other	3%	5%	4%	3%
Full-time caregiver	2%	3%	3%	3%
I am actively looking for work but I haven't found a job yet	2%	5%	4%	2%
Involuntarily unemployed	2%	2%	3%	2%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 66: Are you interested in switching to or securing part- or full-time work?

	STATE	MINORITY	LOW-INCOME	RURAL
Not currently looking	66%	54%	61%	69%
Other	15%	14%	17%	14%
Part-time work	13%	21%	16%	12%
Full-time work	4%	6%	3%	2%
Caregiving responsibilities interfere with ability to look for work	3%	5%	4%	3%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 67: Are you interested in receiving help from a job-matching service?

	STATE	MINORITY	LOW-INCOME	RURAL
No	79%	56%	74%	81%
Yes	17%	31%	20%	15%
Already tried a job-matching service	4%	13%	7%	5%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Employment

Question 68: Do you want job training?

	STATE	MINORITY	LOW-INCOME	RURAL
No	82%	63%	74%	83%
Yes	12%	27%	17%	9%
Already received training	6%	10%	8%	7%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 70: If you are interested in finding employment but have been unable to do so, what has interfered with your ability to find a job?

	STATE	MINORITY	LOW-INCOME	RURAL
Other	30%	30%	21%	33%
Limited jobs available	26%	23%	31%	23%
Health limitations	15%	14%	19%	21%
I am overqualified	11%	7%	10%	15%
Caregiving responsibilities	10%	9%	5%	8%
Lack of transportation/too far away	4%	5%	5%	0%
Language barriers	3%	11%	10%	0%
I am underqualified	1%	2%	0%	0%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Question 71: In recent years, do you feel you have been wrongfully terminated, passed over for promotion, denied a position or mistreated in the workforce because of your age?

	STATE	MINORITY	LOW-INCOME	RURAL
No	94%	93%	93%	93%
Yes	6%	7%	7%	7%
Total Responses	100%	100%	100%	100%

Abuse, Neglect and Exploitation Issues

Question 72: In thinking about your experiences as a consumer, in recent years have you felt that you were the victim of consumer fraud or a swindle?

	STATE	MINORITY	LOW-INCOME	RURAL
No	88%	84%	86%	84%
Yes	12%	16%	14%	16%
Total Responses	100%	100%	100%	100%

Abuse, Neglect and Exploitation Issues

Question 73: How concerned are you about becoming the victim of consumer fraud or a swindle, such as identity theft, home repair fraud, or otherwise being pressured to make a financial commitment you might not agree with?

	STATE	MINORITY	LOW-INCOME	RURAL
Somewhat concerned	32%	14%	16%	23%
Very concerned	29%	37%	39%	38%
Extremely concerned	26%	28%	23%	15%
Not at all concerned	9%	16%	9%	6%
Not very concerned	4%	5%	13%	19%
Total Responses	100%	100%	100%	100%

Question 74: Are you aware of programs to assist elders in keeping themselves protected from abuse, neglect and financial exploitation (that is, being taken advantage of)?

	STATE	MINORITY	LOW-INCOME	RURAL
No	54%	58%	57%	52%
Yes	46%	42%	43%	48%
Total Responses	100%	100%	100%	100%

Legal Assistance

Question 75: Florida has several organizations in place that assist elderly and low-income residents with legal needs. Are you aware of any of the following organizations?

	STATE	MINORITY	LOW-INCOME	RURAL
Florida Department of Elder Affairs	30%	26%	28%	28%
Local Legal Aid Office	21%	22%	20%	20%
Local Area Agency on Aging	19%	19%	19%	20%
Florida Bar Lawyer Referral Service	16%	16%	16%	17%
Florida Senior Legal Helpline	14%	18%	17%	15%
Total Responses	100%	100%	100%	100%

Question 76: Thinking about your experiences in the past three years, have you ever thought that you needed advice from a lawyer but did not go see a lawyer?

	STATE	MINORITY	LOW-INCOME	RURAL
No	80%	76%	81%	78%
Yes	20%	24%	19%	22%
Total Responses	100%	100%	100%	100%

Legal Assistance

Question 77: Why didn't you see a lawyer?

	STATE	MINORITY	LOW-INCOME	RURAL
Lawyers are too expensive	43%	41%	41%	43%
Other	21%	15%	20%	14%
I felt I could solve the problem myself	14%	13%	12%	19%
I wasn't sure the problem was legal	9%	13%	8%	10%
I didn't know where to get a lawyer	7%	15%	13%	9%
I was embarrassed	4%	4%	6%	4%
Total Responses	100%	100%	100%	100%
*Question was not pertinent to all respondents.				

Question 78: What legal issues concern you the most?

	STATE	MINORITY	LOW-INCOME	RURAL
Health-related (Medicaid or Medicare, improper billing)	19%	22%	20%	21%
Estate (wills, trusts)	16%	8%	13%	16%
Other	11%	11%	12%	13%
Family matters (divorce, custody, child support)	10%	9%	9%	11%
Benefits (Social Security, Veterans Administration)	10%	8%	10%	8%
Guardianship or Power of Attorney	10%	7%	7%	9%
Consumer (home improvement, shoddy goods or services)	9%	6%	9%	8%
Abuse, exploitation, or fraud	7%	10%	8%	8%
Employment (worker's compensation, discrimination)	5%	11%	7%	3%
Housing (landlord/tenant, foreclosures, evictions)	4%	9%	5%	3%
Total Responses	100%	100%	100%	100%
*Question was not pertinent to all respondents.				

Disaster Preparedness

Question 79: Would you be interested in learning more about temporary or special needs shelter options that might be available to you in the event of an emergency requiring evacuation?

	STATE	MINORITY	LOW-INCOME	RURAL
No	69%	47%	60%	72%
Yes	31%	53%	40%	28%
Total Responses	100%	100%	100%	100%

Question 80: If elder-specific training or classes were available on how to best ensure your needs are met before, during and after a hurricane or other major hazardous event, how interested would you be in attending?

	STATE	MINORITY	LOW-INCOME	RURAL
Not interested	50%	38%	48%	55%
Somewhat interested	33%	32%	33%	33%
Very interested	16%	30%	19%	12%
Total Responses	100%	100%	100%	100%

Demographic Information

Question 81: Are you male or female?

	STATE	MINORITY	LOW-INCOME	RURAL
Female	53%	67%	57%	46%
Male	47%	33%	43%	54%
Refused	0%	0%	0%	0%
Total Responses	100%	100%	100%	100%

Question 82: What race or ethnicity do you best identify with?

	STATE	MINORITY	LOW-INCOME	RURAL
White or Caucasian	84%	20%	84%	90%
Black or African-American	7%	29%	6%	2%
Latino	7%	20%	4%	2%
Native American	2%	25%	4%	4%
Asian or Pacific Islander	1%	5%	1%	1%
Total Responses	100%	100%	100%	100%

*Question was not pertinent to all respondents.

Demographic Information

Question 83: Which of these categories best describes your total household income in 2009 before taxes?

	STATE	MINORITY	LOW-INCOME	RURAL
Under \$20,000	18%	49%	100%	19%
\$20,000 - \$29,999	20%	24%	0%	17%
\$30,000 - \$39,999	16%	10%	0%	15%
\$40,000 - \$49,999	12%	5%	0%	10%
\$50,000 - \$59,999	9%	7%	0%	11%
\$60,000 - \$69,999	6%	1%	0%	4%
\$70,000 - \$79,999	4%	0%	0%	4%
\$80,000 - \$89,999	3%	1%	0%	5%
\$90,000 - \$99,999	3%	0%	0%	3%
\$100,000 - \$109,999	2%	0%	0%	4%
\$110,000 - \$119,999	1%	1%	0%	3%
\$120,000 or more	6%	0%	0%	7%
Total Responses	100%	100%	100%	100%