Quality of Life Indicators Related to Sussex County's Growing Senior Population

Preliminary Needs Assessment and Environment Scan

Final Report | July 2016

Prepared by
Julia O'Hanlon, Associate Policy Scientist
Angela Kline, Doctoral Public Administration Fellow

Institute for Public Administration
School of Public Policy & Administration
College of Arts & Sciences
University of Delaware

In coordination with
Sustainable Coastal Communities Initiative 2015

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Preface & Acknowledgements

As the director of the Institute for Public Administration (IPA) at the University of Delaware, I am pleased to provide *Quality of Life Indicators Related to Sussex County's Growing Senior Population: Preliminary Needs Assessment and Environment Scan.* As Delaware's senior population increases over the next decade, demands for social services, affordable housing, and accessible transportation are also likely to increase. IPA's objective for this project was to identify preliminary strengths, weaknesses, and gaps in resources for senior citizens in Sussex County.

This project was conducted in cooperation with and support from the University of Delaware's Sustainable Coastal Communities Initiative (SCCI). SCCI Program Coordinator Edward Lewandowski and IPA Policy Scientist Martin Wollaston served as senior advisors for this work. I would like to thank IPA Associate Policy Scientist Julia O'Hanlon and Doctoral Public Administration Fellow Angela Kline for their work on this project. I would also like to thank Lisa Moreland and Sarah Pragg for their editorial and formatting assistance.

This report builds on IPA's statewide work related to mobility, aging, transportation, land use, and complete communities. Additionally, it extends work conducted with SCCI in 2014 on the Sussex County Transportation Cooperative, now referred to as ITN*SouthernDelaware*, This preliminary needs assessment and environmental scan is the first step in identifying future research activities and informing appropriate strategies to prepare for the changes that Sussex County is currently experiencing.

I hope that state agencies and service providers throughout Sussex County can use this information to strategically plan for the needs and issues of the county's growing populations.

Jerome R. Lewis, Ph.D.

Director, Institute for Public Administration

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Executive Summary

Statewide senior population trends, particularly the projected growth in the percentage of older adults in more rural areas of Delaware, are becoming increasingly important for local officials, social service organizations, and community stakeholder groups to consider. As the area's senior population increases over the next decade, demands for social services, affordable housing, and accessible transportation are also likely to increase.

Based on previous transportation-related projects and work with senior centers in Sussex County, Delaware, the Institute for Public Administration (IPA) conducted a preliminary needs assessment and environmental scan that will help inform future statewide research and educational activities and provide considerations for local officials, nonprofits, and community groups regarding the need for greater senior-friendly environments within their communities— considerations that could shape longer-term, county-wide planning and support the needs of the area's older adult population and their opportunity to age in community.

To obtain additional information about the needs and interests of Sussex Countians and their opportunities for aging in community, IPA project manager Julia O'Hanlon, working with doctoral student Angela Kline, developed a literature review and research outline, conducted semi-structured interviews with community stakeholders, and coordinated with the Sussex County Advisory Committee on Aging & Adults with Physical Disabilities on polling participants at the LIVE Conference in October. This project was conducted in cooperation with and support from the University of Delaware's Sustainable Coastal Communities Initiative (SCCI). SCCI Program Coordinator Edward Lewandowski and IPA Policy Scientist Martin Wollaston served as senior advisors for this work.

This project builds on IPA's statewide work related to mobility, aging, transportation, land use, and complete communities. Additionally, it extends work conducted with SCCI in 2014 on the Sussex County Transportation Cooperative, now referred to as ITN*SouthernDelaware*, and helps inform other IPA project work with state agencies such as the Delaware Department of Transportation (DelDOT), Department of Health and Social Services (DHSS), and the Department of Natural Resources and Environmental Control (DNREC).

In response to SCCI's request for proposals, IPA developed a project proposal in the spring of 2015 to conduct a preliminary needs assessment and environmental scan to identify preliminary strengths, weaknesses, and gaps in resources for senior citizens in Sussex County. This assessment should be considered one small piece of a larger and increasingly complex policy issue related to the state's overall influx of seniors to its coastal and rural areas. Additionally, this document serves as the baseline for future research and work in this area.

IPA's objective for this project was to identify preliminary strengths, weaknesses, and gaps in resources for senior citizens in Sussex County. This preliminary needs assessment and environmental scan is the first step in identifying future research activities and informing appropriate strategies to prepare for the changes that Sussex County is currently experiencing.

Information obtained for this assessment summary derived from a literature review of key quality of life indicators, as well as through informal interviews with community stakeholders, informal polling, and LIVE Conference (October 2015) participation evaluations. This assessment summary document is categorized into five primary content areas including quality of life indicators:

1. Demographics
2. Community Models
3. Transportation and Mobility
4. Sussex County Community-Based Resources
5. Strategies for Future Opportunities

Research and Literature Review (June–August 2015)

A literature review on state and county demographics, community planning models, as well as transportation options and models serves as the basis for written research and documentation about known and/or perceived needs and issues related to Sussex County's growing senior population (65+). Community models discussed include naturally occurring retirement communities, aging in place standards, continuing care retirement communities, villages, and co-housing neighborhoods. Transportation research and reports developed by IPA over the past decade, along with information gathered during informal interviews and polling, also helped inform countywide mobility issues. Finally, key resources and community supports specifically serving the county's senior population were identified and documented.

Informal Interviews (June–September 2015)

The primary purpose of the semi-structured interviews was to better understand and compare various perspectives of social service providers, government staff, nonprofit leaders, and advocacy groups related to aging in Sussex County. Between June and September, project staff met with:

- Kimberly Iapalucci, Associate State Director for Communications, AARP Delaware
- Barbara Elliott, Director of Operations, Nanticoke Senior Center
- Janelle Cornwell, Planning Manager, Sussex County
- Nancy Feichtl, Dianne Rogers, and Mary Lu Pool, ITN*SouthernDelaware*
- William Peterson, Administrator, Delaware Veterans Home

- Tyrone Jones, Chief Impact Officer, and Tynetta Brown, Associate Director for Health, United Way of Delaware
- Marcella Brainard, Mobility Manager, Delaware Transit Corporation
- Members of the Advisory Committee on Aging & Adults with Physical Disabilities for Sussex County
- Ken Bock, Deputy Director, CHEER
- Susan R. Getman, Executive Director, Wilmington Senior Center
- Carla Grygiel, Executive Director, Newark Senior Center

## Polling of and Technical Assistance Support to Community Stakeholders (October 2015)

Through time spent with the Sussex County Advisory Committee on Aging & Adults with Physical Disabilities, IPA's project staff learned of the October 2015 LIVE Conference, which brought together approximately 150–200 participants to Sussex County to discuss mobility and transportation issues. IPA staff participated in a conference panel session and reported on demographic trends and policy implications. Doctoral candidate Angela Kline, working with University of Delaware School of Public Policy & Administration (SPPA) students enrolled in a program evaluation course, coordinated and led an Automated Response System (ARS) polling session. The polling session was designed to assist the Advisory Committee on Aging & Adults with Physical Disabilities in better understanding its conference attendees and their interests, which can help inform County Council members (to whom the committee reports), and informally learn more about some of the key quality of life indicators associated with aging in Sussex County.

With feedback from members of the Advisory Committee on Aging & Adults with Physical Disabilities, the students developed questions for the polling activity. While this project was ruled exempt by the University of Delaware's Institutional Review Board, all of the students enrolled in the class and who participated in the activities were required to complete the University's Human Subjects Training module. Conference attendee participation in the ARS poll was voluntary. While the ARS poll was not scientific or representative of Sussex County seniors, it was an interactive exercise and opportunity for attendees to compare their input with that of their peers. The students provided technical assistance and helped seniors use the ARS clickers.

Despite the nonscientific nature of the ARS poll, several results are worth noting for future investigation. Most noteworthy were the demographics of the poll participants and their perceptions regarding the future of the county. Among the 97 participants of the ARS poll, 73 percent of respondents were not originally from Delaware. The majority of participants reported being White (74 percent), followed by 15 percent being Black or African American.

The participants indicated they were highly educated with 56 percent having a bachelor's degree or higher. When asked about the "responsible party for ensuring that Sussex County continues to be a destination for retirees," 56 percent of the poll participants hold state and local governments responsible. Following governments, 14 percent identified the business sector as being primarily responsible, and 5 percent hold the nonprofit sector as being the sector most responsible.

Figure 1. ARS Poll Responses to the Question, "Who do you think is responsible for ensuring that Sussex County continues to be a destination for retirees?" (N=95)
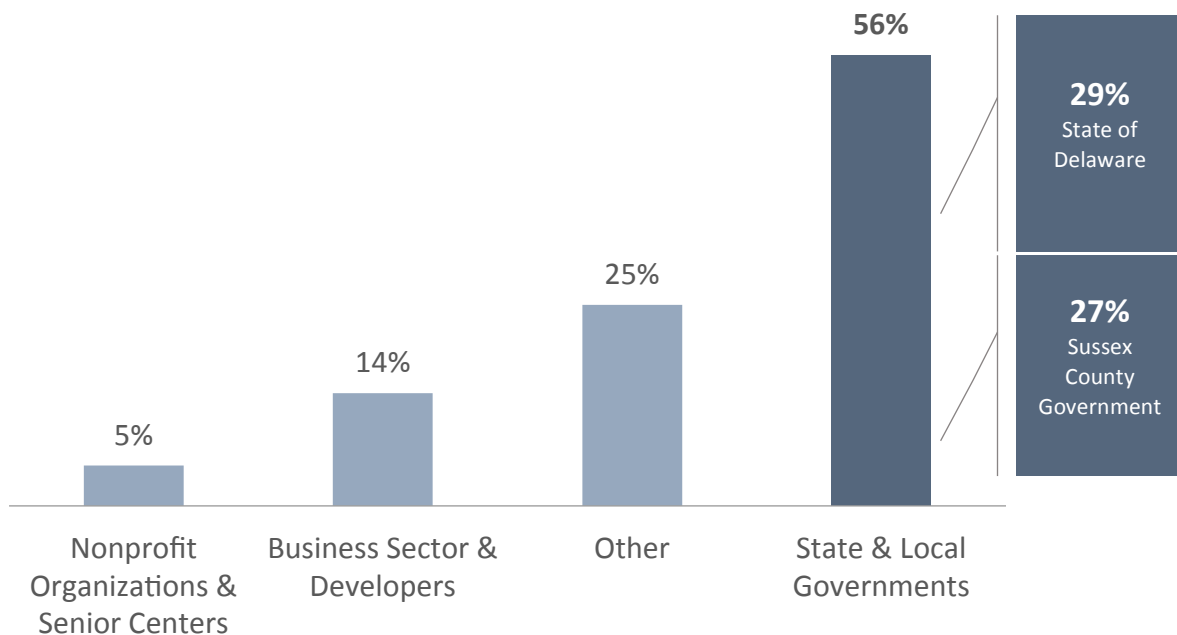
In addition to the ARS activity, the students developed and conducted an overall conference evaluation using trained observer methods and applied strategies discussed as part of the course curriculum. The survey requested feedback regarding the speakers and conference content as well as the lunch, facilities, and conference logistics. The 2015 LIVE Conference focused on transportation issues which, based on survey results analyzed by the students, was satisfactory to 95 percent of survey participants. Conference attendees also provided feedback on future event themes, with the most common suggestions relating to mental health, affordable housing, and in-home health care.

The students also designed criteria to use as trained observers during the conference sessions. Trained observer forms were written, piloted, and edited prior to the conference. The class comprised two groups to observe the facilities and the content of the conference. Thereafter, the students discussed their trained observer forms to learn about interrater reliability in the field.

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Following the conference evaluation, students presented their findings to IPA faculty and staff and members of the Sussex County Advisory Committee on Aging & Adults with Physical Disabilities. They also prepared a formal presentation and fielded questions from the committee about the evaluation. Engaging students in the LIVE Conference evaluation process was exemplary of the Delaware Model by providing students with an experience that fully integrated classroom and applied fieldwork while serving the community and participating in intergenerational collaboration.[1] The elements of technology, experiential learning, and student-generated content made this project a successful learning activity.

Primary Project Deliverables (September–December 2015)

1. Final Preliminary Needs Assessment and Environmental Scan Summary Report

   - Literature review
   - Inventory of current Sussex County resources for seniors and strategies for future opportunities to quantify and track quality of life indicators

2. LIVE Conference Polling Session and Post-Conference Summary (Appendix A)

   - Development and facilitation of Automatic Response Survey (ARS) session with results summary of October conference

3. LIVE Conference Evaluation Development, Facilitation, and Analysis (Appendix B)

   - Development, facilitation, and assessment of conference evaluations as part of SPPA student-assigned coursework

Summation of Preliminary Findings Related to Indicators of Quality of Life Issues: Strengths and Weaknesses

Community Models

As a result of current and projected changes in demographics, innovative housing options and models, and a preference for many to age in community, developers and administrators across the United States are increasingly engaging in planning efforts that address the specific needs of their communities. Sussex County is home to several community models including the village model (e.g., Greater Lewes Village), continuing care retirement communities, and cohousing model. Each of these models appeal to different groups of seniors with varying needs of care. Sussex County is at a critical point in its development and has demonstrated several strengths

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[1] Denhardt, R. B., Lewis, J. R., Raffel, J. R., & Rich, D. (1997). Integrating Theory and Practice in MPA Education: The Delaware Model. *Journal of Public Administration Education*, *3*(2), 153–162. Retrieved from http://www.jstor.org/stable/40215168

and challenges in the growth of its senior population. One notable strength is the creation of the planning and zoning manager position within Sussex County's Planning Department. In 2015, Janelle Cornwell, AICP, was hired for the position.

However, Sussex County faces the significant challenge of sustaining a pro-growth model. Sussex County has experienced challenges as its population has grown while its infrastructure lags in meeting the community's needs. Additionally, many 55+, active adult, and retirement communities are cropping up in areas less accessible to healthcare services, transportation options, and community supports. While many individuals interested in and targeted for these types of developments are currently still able to drive, accessibility between their homes and important community services is likely to become a challenge as they age and are less able to drive themselves. A map of such communities and their relative proximity to fixed-route or other services might assist in presenting and further analyzing this information. The future of Sussex County and its responsiveness to the housing and community needs of its growing senior population requires collaborative planning across the nonprofit, public, and private sectors to address future growth.

Transportation and Mobility

The ideal but complex preference for aging in community is further complicated by (1) growing transportation and mobility issues for seniors and (2) a national push for less institutional and more community-based services and opportunities for seniors to live, work, and play. This is particularly true in rural, less densely populated areas such as Sussex County, Delaware, whereby transportation options are less prevalent and funded through federal, state, and local programs.

Due to the nature of Delaware's unique composition, size, and government structure, most of the primary transportation resources and services are handled at the state level. In May 2015, DART First State (operated by the Delaware Transit Corporation, a subsidiary of the Delaware Department of Transportation) introduced the Flex Service around Sussex County to accommodate riders who live near designated flag zones, which are located along several of the county's busiest routes. In addition to relieving some of the burden placed on the state's paratransit service, this program is intended to offer the advantages of a fixed route with the added convenience of curbside service.

Another notable development in Sussex County is DART's shift from providing transportation services directly to funding social service providers like Easter Seals and CHEER to provide transportation services. While the contracting out is a cost-savings measure, issues regarding access and quality warrant future research. For example, one important consideration should be whether wait-time has been affected since DART started contracting out or whether contracting out has impacted riders not affiliated with Easter Seals or CHEER. Additionally, is it

possible to assess the reach of this program and whether it might be appropriate for other areas throughout the county?

Lastly, cooperative transportation models and programs like ITNSouthernDelaware might help to fill gaps in mobility and transportation service; it is important to consider, however, the target populations and locations of such programs. For example, will such programs reach and be marketable to more rural, lower-income areas within the county? Or, because of the growth in coastal communities where membership and referrals to services are more feasible, will these programs and services be limited and most accessible to the eastern side of the county? How will the outcomes of such programs be evaluated? Will membership and usage data effectively interface with state-maintained, privately run, and nonprofit-based service provider data?

The opportunity for public, private, and nonprofit transportation service providers to integrate and work collaboratively as best as possible is critical to providing important, long-term mobility options for seniors living in and visiting Sussex County.

Sussex County Community-Based Resources

Sussex County is home to many credible resources for senior citizens. This includes approximately 14 senior centers, 1 senior community center, and over 20 for-profit, home-care agencies.

The Sussex County Advisory Committee on Aging & Adults with Physical Disabilities is an important resource for the Sussex County community. Established in 1988, the Advisory Committee on Aging & Adults with Physical Disabilities comprises stakeholders and leaders within the senior-services sector. There is great potential for expanding the role of the Advisory Committee on Aging & Adults with Physical Disabilities as its members are the community's subject matter experts. Additionally, committee members have been successful at convening the broader senior-services sector at their annual conference for professional development and capacity building in Sussex County. Future projects could align with the Advisory Committee on Aging & Adults with Physical Disabilities to provide technical assistance and organization-building activities. Working through the Advisory Committee on Aging & Adults with Physical Disabilities is a logical first step in Sussex County as its members are open to outside consultation and they possess the organizational framework for addressing the county's challenges.

Recommendations for Next Steps and Future Work

Future research and work would provide additional technical support or student-led assistance to the Sussex County Advisory Committee on Aging & Adults with Physical Disabilities while continuing to inform current and future mobility and transportation research conducted by IPA

in cooperation with DelDOT. Additional social indicators research should be a primary consideration for state and local government officials, community groups and stakeholders, and organizations working with these entities.

Communities across the country are increasingly adopting social indicator measures to track and assess quality of life. Nonprofit organizations, government agencies, universities, and various partners typically administer these initiatives. Social indicators are defined as:

> A system of measures designed, developed, and analyzed by community members to provide neighborhood-level information for community-building and policymaking. Indicators are seen as increasingly important measures, providing policymakers with information to address essential questions related to health and well-being of the overall population as well as for certain subgroups.[2]

The systematic measurement of social indicators allows communities to assess the societal effects of long-term change and progress. Scholars of social indicators propose that these systems could assist in government decision-making and increase funding effectiveness.[3]

The National Neighborhood Indicators Partnership, a subsidiary of the Urban Institute, showcases several noteworthy examples from which Delaware could develop a local social indicator project. The Baltimore Neighborhood Indicators Alliance (BNIA) operates through the Jacob France Institute of the University of Baltimore to take the pulse of Baltimore's neighborhoods. Other similar projects with universities are the Institute of Portland Metropolitan Studies with Portland State University and the Center for Urban and Regional Affairs at the University of Minnesota. Data Driven Detroit (D3) is one example of a nonprofit social indicator project.

Because many of these projects are initiated by nonprofit organizations or partnerships with universities, a critical piece of this work involves advocating for open data from government sources. Social indicator projects work to democratize data so individuals can access and take action to improve their communities.

Social indicator projects track measures in areas such as housing, health, crime, economic development, environmental sustainability, education, and culture. The project team members task themselves with convening available sources of open data and contacting government offices when they fail to post updated data. Not only do social indicator projects clean the data,

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[2] Borders, S., Edwards, J., & Miller, A. (2013). Lessons from Patchwork Nation: A new framework for building community indicators. The Foundation Review, 5(3). 14-27.

[3] Rivlin, A.M. (1971). *Systematic thinking for social action: The 1970 H. Rowan Gaither lectures at the University of California, Berkeley.* Washington, D.C.: The Brookings Institution.

but they also provide an additional service by educating government offices of the importance of releasing data in a usable format (i.e., CSV files instead of PDF files). Social indicator projects provide technical assistance to community organizations on how to utilize open-data resources for organizational advocacy.

There has never been a better time to develop a social indicator project in Delaware. In December 2015, Governor Jack Markell signed Executive Order 57, which announced the state's commitment to ensuring open data in Delaware. This is an important first step in democratizing data in Delaware. Identifying sources of open government data is one component of developing a social indicator project.

Communities across the country are increasingly adopting social indicator measures to track and assess quality of life. Nonprofit organizations, government agencies, universities, and various partners typically administer these initiatives. Social indicator projects typically track measures in areas such as housing, crime, economic development, environmental sustainability, education, and culture.

BNIA convenes data from regional and national sources like InfoUSA, Baltimore City Health Department, First American Real Estate Solutions, Johns Hopkins University, Enoch Pratt Free Library, CitiStat, and Walk Score.

Piloting a social indicator project in Delaware–specifically in Sussex County–could be a first step in longer-term research involving state and local governments, the University of Delaware's applied research centers, and other nonprofit and statewide senior services organizations.

Demographics

Sussex County is home to the largest percentage of residents 65 years and older in Delaware. Table 1 highlights the percentage of Delaware's residents over the age of 65 by county. These figures are from the 2014 U.S. Census estimates.

Table 1. Delaware Residents 65 Years and Older

	Sussex County	Kent County	New Castle County
Persons 65 Years and Over (percentage of total population)	24.2%	15.6%	13.8%
Persons 65 Years and Over (total)	52,180	27,071	76,835

The future projections for Delaware seniors indicate that the senior citizen population will experience an increase of 133.8 percent in Delaware from over 100,000 in 2000 to over 230,000 by 2030. While this increase is notable, the largest gains are expected among seniors over the age of 85.4 Delaware's population of seniors 85 and older was 14,118 in 2005 and is expected to increase 119.2 percent to 30,952 in 2030.

Service providers in Sussex County have noticed this trend. An administrator from an assisted living facility expressed his observations regarding the increase in the "oldest of the old." The administrator shared that when he started working with the aging population over 20 years ago, the average age of a resident in assisted care was 69 years old and now the average age in the facility is 86.5 years. In addition to longer life expectancy, the administrator concluded that seniors are living at home longer, which means that they are often sicker and require more skilled nursing care when they move to an assisted care facility.

By 2030, Sussex County—Delaware's largest (geographically) and most rural jurisdiction—will likely experience the biggest percentage increase of seniors and incur rapid growth in the number of "older" seniors (i.e., age 85 and above. There are three major trends related to the growth of Sussex County's senior population over the next several decades.

- The number of 65+ Sussex Countians is expected to reach about 80,000—nearly twice the number in 2010.
- Thirty percent of Sussex County residents will be 65+ compared to 23 percent statewide.
- The number of 85+ Sussex Countians will increase dramatically, from 4,195 to just over 12,000—nearly a three-fold increase from 2010.[5]

Community Models

Naturally Occurring Retirement Communities (NORCs)

"Housing developments evolve into naturally occurring retirement communities (NORCs), defined as housing that was not originally planned for older residents but that evolved in that direction over time. Location, especially proximity to shopping and family or friends, is a major attraction of NORCs" (Moody & Sasser, 2012, p. 361).

The NORC Aging in Place Initiative under the Jewish Federations of North America, expanded the definition to include "a new paradigm of community-based social services: the NORC-Supportive Services Program (NORC-SSP). The model promotes healthy aging, independence,

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[4] http://dhss.delaware.gov/dsaapd/files/ombudsman_annual_report_10.pdf

[5] Transportation Services in Delaware for Persons with Disabilities and Senior Citizens, Institute for Public Administration, University of Delaware, May 2013, retrieved from http://www.ipa.udel.edu/publications/transportation-services-report-web_2013.pdf

and community building through a multifaceted approach."[6] They adopt the following definition as "community-based intervention designed to reduce service fragmentation and create healthy, integrated communities in which seniors living in NORCs are able to age-in-place with greater comfort and security in their own homes."[7]

Aging in Place

> "Aging in place is ambiguous. It is a complex process, not merely about attachment to a particular home but where the older person is continually reintegrating with places and renegotiating meanings and identity in the face of dynamic landscapes of social, political, cultural, and personal change" (Wiles et al, 2012, p. 358).

The National Aging in Place Council (NAIPC) defines aging in place (i.e., aging in community), as "the ability to continue to live in one's home safely, independently, and comfortably, regardless of age, income, or ability level. It means living in a familiar environment, and being able to participate in family and other community activities" (2014). The World Health Organization (2007) takes the definition further and notes that aging in place/community aims to reverse or lesson the decrease in functional capacity that occurs with age. When recognized as a comprehensive approach, aging in place involves a variety of issues facing older adults and families, including housing, finance, health, education, recreation, and transportation.[8]

Continuing Care Retirement Communities

> Continuing Care Retirement Communities offer "a combination of housing and health care and typically provide a level of social support for those who find it difficult to live on their own" (Moody & Sasser, 2012, p. 147). "CCRCs promise residents the opportunity to age in place by combining different levels of health care with housing, nutrition, social supports, and physical security. CCRCs integrate these services under a comprehensive insurance contract that may involve a form of managed care" (Moody & Sasser, 2012, p. 147).

Sussex Spotlight: Cadbury Senior Lifestyles

Located in Lewes, Delaware, Cadbury Senior Lifestyles offers services for seniors aged 62 years and older. The Cadbury Senior Lifestyles community opened in 2007 and operates as a nonprofit organization. The residents of Cadbury Senior Lifestyles can choose from a variety of housing options including apartments, cottages, or within the healthcare center. This range of housing options allows seniors to plan for the future when they may require a higher level of

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[6] https://www.norcs.org/
[7] https://www.norcs.org/
[8] http://www.ipa.udel.edu/healthpolicy/srcenters/Aging-Brief-11-13-2014.pdf

nursing care and home services. The Cadbury Senior Lifestyles community provides long-term agreements for seniors so they can age in a community that is familiar to them (Cadbury at Lewes, n.d.).

The Village Model

"Villages are grassroots organizations that provide community-dwelling older adults with a combination of nonprofessional services, such as transportation, housekeeping, and companionship, as well as referrals to existing community services, sometimes at a reduced rate" (Village to Village Network, n.d.).

Sussex Spotlight: Greater Lewes Community Village

"The Greater Lewes Community Village (GLCV) is a volunteer-driven, non-profit organization dedicated to enhancing the lives of senior residents in the Lewes area. GLCV provides support, services, and programs that make it possible for the members to live independently and safely in their homes as they grow older, while remaining engaged in a variety of social, educational and cultural activities."[9]

GLCV began its operation in April 2014 and currently has 70 members and 70 volunteers.[10] The Blue House serves as the village hub for hosting community meals and social activities. Volunteers working with GLCV serve community members by providing transportation, light housekeeping, technology support, home maintenance, and friendly socialization. GLCV is responsible for vetting the volunteers for its members.

Cohousing

"Cohousing is a form of intentional neighborhood in which residents actively participate in the design and operation of their own community" (Abbott, Carman, Carman, & Scarfo, 2009, p. 146). They usually consist of "private, fully equipped dwellings but differ from typical suburban neighborhoods by also including extensive common amenities, such as a common house and recreation areas" (Abbott et al., 2009, p. 146).

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[9] http://www.greaterlewescommunityvillage.org/
[10] https://s3.amazonaws.com/ClubExpressClubFiles/492141/documents/The_Voice_of_GLCV_05-2015_330161224.pdf?AWSAccessKeyId=AKIAIB6I23VLJX7E4J7Q&Expires=1438359310&response-content-disposition=inline%3B%20filename%3DThe_Voice_of_GLCV_05-2015.pdf&Signature=raX1GTQddnpeVTruKX9fp7FDMWk%3D

Table 2. Community Models

Village

ROLE OF SENIOR	Leader
EXAMPLES	Greater Lewes Community Village
DEMOGRAPHICS	Age 55 and Over (vary by site)
COST	$500/Individual; $750/Household Annual Fee
DEFINING CHARACTERISTICS	Membership-driven, Grassroots Organizations[11]

NORC

ROLE OF SENIOR	Partner
EXAMPLES	Toco Hills NORC, Decatur, Georgia
DEMOGRAPHICS	40% or More of a Neighborhood's Households Are Headed by Someone 65 or Older[12]
COST	$50/Individual; $75/Couple Annual Fee
DEFINING CHARACTERISTICS	Partners Develop Services and Programming to Accommodate Residents

Continuing Care Retirement Community

ROLE OF SENIOR	Patient
EXAMPLES	Manor House in Seaford, Del.
DEMOGRAPHICS	Varies across Providers of CCRC
COST	Entrance Fees Starting at $94,900; Monthly Fees Starting at $1,912[13]
DEFINING CHARACTERISTICS	Long-term Care Community that Includes Options for Independent Living to Skilled Nursing Care[14]

Cohousing

ROLE OF SENIOR	Partner/ Peer
EXAMPLES	Mid-Atlantic Cohousing
DEMOGRAPHICS	Model Includes Multi-generational and Elder-only Communities
COST	Membership Fee; Split Cost of Housing with Roommates
DEFINING CHARACTERISTICS	Non-hierarchical, Resident-managed

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[11] http://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=65139
[12] http://www.uhfnyc.org/initiatives/aging-in-place/frequently_asked_questions/
[13] http://www.actsretirement.org/community-locations/de/manor-house-seaford/pricing-for-manor-house/
[14] http://www.carf.org/programdescriptions/ccac/

Transportation and Mobility

As indicated in IPA's 2013 report to the Delaware General Assembly, Delaware is currently experiencing unprecedented growth in its demand for transportation services for persons with disabilities and those 65+. The state's growing senior population is a significant factor in growing demand for specialized and other transportation options. Additionally, the number of citizens with disabilities in Delaware has increased; for the vast majority of these disabled or senior residents, transportation is one of the main challenges in their ability to participate in activities outside their residences.

Delaware's Current Transportation Framework

Currently, the majority of transportation-based funds are appropriated to two state agencies: the Delaware Department of Transportation (DelDOT) and the Department of Health & Social Services (DHSS). DelDOT funding is used to operate three modes of public transit: fixed-route bus, paratransit bus, and trains. As the largest provider of transportation services in the state, the Delaware Transit Corporation (DTC), a division of DelDOT, continues to experience increasing demands for all forms of transit, including paratransit service. While DTC services are intended to provide options to more densely populated areas/pockets in Delaware, current demands for individual, door-to-door-type services, coupled with costs per ride and resulting efficiency issues, continue to strain the current and increasing demands placed on DTC for paratransit services. DHSS receives federal and state funding to provide transportation services in support of programs for its wide variety of customers who have various disabilities or medical issues.

Many vehicles used for the transportation programs of the state's nonprofit organizations are purchased through the Section 5310 federal-state matching program. As part of this program, the federal government provides 80 percent of the acquisition costs for new vehicles and equipment, which is supplemented by a 20 percent match by individual states. Thus, the federal and state governments completely cover the acquisition costs to purchase these vehicles. Vehicles and related equipment are then contracted out to eligible nonprofit organizations and local/regional governmental authorities to provide local services for seniors and persons with disabilities. These include senior centers, faith-based organizations, and other human service-related programs.

Community-Based Services and Need for Alternative Mobility Options

In addition to the state's changing demographics, the national and regional push for more community-based services and opportunities for seniors to live, work, and recreate will

continue to drive up demand for mobility and transportation services. This is particularly true in rural, less-populated areas—like Sussex County—where transportation options are not as prevalent and funded through federal, state, and local programs. As the county's senior population continues to increase, mobility and transportation will continue to be key quality-of-life issues for individuals who plan to visit and retire to the area. As the population ages, the demand for specialized transportation services will also increase.[15]

Innovative and alternative forms of public or subsidized transportation in Delaware could help provide more options to persons with disabilities and senior citizens, particularly in Sussex County. Nationally, for example, paratransit-system operators have developed various partnerships with the taxi industry to gain greater efficiencies in their service. Additionally, private companies, such as Uber and Lyft, are identifying new opportunities to market services to senior citizens.[16] Also, many volunteer networks and transportation cooperative models are being piloted.

Several recent initiatives in Delaware might assist in addressing Sussex County's increasing demand for mobility and transportation alternatives. In May 2015, DART introduced the Flex Service around Sussex County to better accommodate riders who live near designated flag zones, which are located along several of the county's busiest routes. In addition to relieving some of the burden placed on the state's paratransit service, this program is intended to offer the advantages of a fixed route with the added convenience of curbside service.[17]

Another notable development in Sussex County is DART's shift from providing transportation services directly to funding social service providers like Easter Seals and CHEER to provide transportation services. While the contracting out is a cost-savings measure, issues regarding access and quality warrant future research.

Based on the national ITN*America* model, cooperative transportation models and programs like ITN*SouthernDelaware* might help to fill gaps in mobility and transportation service. Village networks, like the Greater Lewes Village and the Brandywine Village (currently in northern New Castle County) might also have the potential to bridge gaps in mobility and transportation needs of the county's increasing senior population. It is important to consider, however, the target populations and locations of such programs. For example, will such programs reach and be marketable to more rural, lower-income areas within the county? How will the programs effectively interface with other state, nonprofit, or private service providers?

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[15] http://www.ipa.udel.edu/publications/transportation-services-report-web_2013.pdf
[16] https://newsroom.uber.com/creating-more-options-for-senior-mobility/
[17] http://www.dartfirststate.com/information/routes/flexRoutes/index.shtml

Finally, as Delaware and Sussex County continue to experience major shifts in population and demands for transportation alternatives, issues remain as to how new programs, innovations, and partnerships will be evaluated, maintained, and coordinated. Further research and potential pilot programs at the local level will be critical to creating sustainable resources and programs needed to meet increasing population growth and mobility demands.

Sussex County Community-Based Resources

Sussex County is home to many long-standing and reputable resources for senior citizens. These resources include 13 senior centers and 1 senior community center, over 20 home-care agencies, most of which maintain nonprofit status.

Senior Centers

Senior centers statewide, including those located in Sussex County, continue to serve as community focal points and hubs of daily programs and services for seniors and their families.

> "Senior Centers are designated as community focal points through the Older Americans Act. 'The National Institute of Senior Centers defines a senior center as a place where older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the center and the community.'
>
> "Not only do senior centers offer helpful resources to older adults, they serve the entire community with information on aging, support for family caregivers, training professional and lay leaders and students, and developments of innovative approaches to addressing aging issues."
>
> —National Council on Aging (NCOA)

Programs such as health and wellness activities, physical fitness classes, and educational enrichment opportunities provide daily, on-site events designed to help seniors stay healthy, independent, and in their communities. Other programs like homebound nutrition and community outreach provide important services for seniors still living in their homes, but who are unable to access a center for on-site activities.

The Sussex County's Advisory Committee on Aging & Adults with Physical Disabilities is another important resource for the community. Established in 1988, the Advisory Committee on Aging & Adults with Physical Disabilities comprises stakeholders and leaders within the senior-services sector. There is great potential for expanding the role of the Advisory Committee on Aging &

Adults with Physical Disabilities as its members are the community's subject matter experts. Additionally, committee members have been successful at convening the broader senior-services sector at their annual conference for professional development and capacity building in Sussex County. Future projects could align with the Advisory Committee on Aging & Adults with Physical Disabilities to provide technical assistance and organization-building activities. Working through the Advisory Committee is a logical first step in Sussex County as committee members are open to outside consultation and they possess the organizational framework for addressing the county's challenges.

Home Care

Home care agencies can enable seniors to age in place by providing services in the seniors' homes. Available services vary among agencies but may include services like bathing, grooming, laundry, housekeeping, and cooking, as well as medical assistance with medications or ambulatory exercises. The senior-home-healthcare sector is growing as baby boomers are choosing to age in place. Depending on the type and level of care, in-home care services can range in costs. Some may be comparable to institutional setting costs, while others may be significantly lower (e.g., those for persons who only need assistance with specific tasks and do not require continual care). Overall, findings show that the cost of in-home care has risen at annual rates less than institutional-setting rates during the past several years, and people overwhelmingly prefer to be treated at home.[18]

Available services vary among agencies but may include services like bathing, grooming, laundry, housekeeping, and cooking, as well as medical assistance with medications or ambulatory exercises. The senior-home-healthcare sector is growing as baby boomers are choosing to age in place.

Home Instead Senior Care operates more than 1,000 franchise offices in 17 countries that provide skilled and unskilled care for seniors in their homes. Home Instead Senior Care operates four locations in Delaware.

Seniors require various levels of care in order to age in place in their homes. At-home care workers can be classified into three main categories of direct-care workers:

1. Nurse aides – may work in nursing-care facility or a community-based setting; aides may help seniors with activities like eating, dressing, and bathing. They may also do exercises and blood pressure readings.

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[18] http://money.usnews.com/money/blogs/the-best-life/2013/04/09/long-term-care-costs-favor-home-based-treatment

2. Home health aides – similar duties to nurse aides, but home health aides provide these services in the seniors' homes. They may also do healthcare tasks like ostomy hygiene, catheter care, and wound care as well as light housekeeping.

3. Personal care aides – assist seniors with personal care and health care as well as housekeeping tasks like cooking and cleaning. Personal care aides enable seniors to remain active in their communities and may accompany them to activities outside of the home (Golant, 2015, p. 181).

The workforce of direct-care workers is predominantly female between the ages of 25 and 55. Among direct care workers, 32 percent are African American and 24 percent are foreign born with 58 percent of the total workforce having a high school diploma or less (Golant, 2015, p. 180).

Federal requirements mandate that nursing aides and home health aides complete 75 hours of training—of which 16 hours are supervised clinical. There are currently no federal requirements for training of personal care aides.[19] States are permitted to establish training requirements for personal care aides, but currently only seven states require personal care aides to complete a home health or certified nurse training program.[20] The State of Delaware does not have training requirements for personal care aides and tasks the agency with the responsibility of ensuring competency.[21]

The State of Delaware defines personal care services as "the provision of services that do not require the judgment and skills of a licensed nurse or other professional. The services are limited to individual assistance with/or supervision of activities of daily living, companion services, transportation services, homemaker services, reporting changes in patient's condition and completing reports."[22]

Table 3. Home Care Senior Service Providers in Sussex County, Delaware

Name	Address	City	Type
Addus Home Care	1003 Mattlind Way	Milford, Del.	For-Profit
Amedisys	21309 Berlin Road	Georgetown, Del.	For-Profit
Bayada Home Health Care	500 Loockerman Street, #460	Dover, Del.	For-Profit
Bayhealth Home Health Care	600 NE Front Street	Milford, Del.	Nonprofit

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[19] http://phinational.org/sites/phinational.org/files/clearinghouse/caringinamerica-20111212.pdf
[20] http://phinational.org/policy/issues/training-credentialing/training-requirements-state/personal-care-aide-training
[21] http://phinational.org/policy/issues/training-credentialing/training-requirements-state/personal-care-aide-training
[22] http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Systems%20Protection%20(HSP)/4406.shtml

Name	Address	City	Type
Beebe Healthcare – Home Care Services	20232 Ennis Road	Georgetown, Del.	Nonprofit
CHEER	546 S. Bedford Street	Georgetown, Del.	Nonprofit
Christiana Care Visiting Nurse Association	2116 S. Dupont Highway, Suite 2	Camden, Del.	Nonprofit
Easter Seals	22317 Dupont Boulevard	Georgetown, Del.	Nonprofit
Epic Health Services	991 N. Dupont Boulevard	Milford, Del.	For-Profit
Generations Home Care	205 E. Market Street	Georgetown, Del.	Nonprofit
Griswold Home Care	109 Market Street	Lewes, Del.	For-Profit
Home Instead Senior Care	17577 Nassau Commons Boulevard	Lewes, Del.	For-Profit
Homewatch CareGivers	5560 Kirkwood Highway	Wilmington, Del.	For-Profit
Interim HealthCare	31038 Country Gardens	Dagsboro, Del.	For-Profit
Living Alive Home Health Agency	27187 Dillards Road	Seaford, Del.	For-Profit
Millenium Home Health	1017 Mattlind Way	Milford, Del.	For-Profit
Only the Best Home Care Services	102 2nd Avenue	Lewes, Del.	For-Profit
Peninsula Home Care	8470 Herring Run Road	Seaford, Del.	For-Profit
Right at Home	11073 Cathell Road, Suite 206	Ocean Pines, Md.	For-Profit
Senior Helpers	9 E. Loockerman Street	Dover, Del.	For-Profit
Shorecare of Delaware	885 S Governors Avenue	Dover, Del.	For-Profit
Summit Orthopaedic Home Care, LLC	1632 Savannah Road	Lewes, Del.	For-Profit
Visiting Angels	28350 Lewes-Georgetown Highway	Milton, Del.	For-Profit

Access to Healthcare Providers

While the scope of this work and scan did not focus on medical healthcare providers in Sussex County, this is recognized as an area worthy of future assessment and evaluation. Population projections alone warrant a review and analysis of both the number of healthcare providers available across the county as well as the types of services available (e.g., cancer and chronic disease centers, urgent care facilities, satellite facilities, and community geriatric services available in both densely population areas and rural and underserved communities). Along with

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population projections, older adults are at high risk for developing chronic illnesses and related disabilities including diabetes, arthritis, congestive heart failure, and dementia.[23]

Healthy People 2020 notes the value in maintaining a high quality of life for older adults and cites the Patient Protection and Affordable Care Act of 2010 that includes provisions related to relevant Medicare services. Moreover, older adults, because of complex conditions, require professional expertise that can specifically meet their needs and issues. Although most providers receive some type of training on aging, the percentage of those who actually specialize in this area is small. Access to appropriate healthcare services, including early prevention services and physical activity programs, can help prevent decline in seniors' ability to manage activities of daily living and help keep individuals at home.

In its database on older adults, *Healthy People 2020* also references several important resources that identify primary determinants of health in older adults. These determinants are key in assessing current and future accessibility and quality issues. They also identify the need for comprehensive coordination and planning at the local level. In terms of social environmental determinants, for example, housing and transportation services are noted as important factors in the ability of older adults to access care. In other words, if individuals cannot get to their providers' offices or are not educated about the providers by whom they can be seen, they are less likely to get the proper care needed. Considering that individuals from minority populations tend to be in poorer health and use health care less often than people from nonminority populations, what issues does this raise in terms of equitable housing and transportation options among communities with a growing senior population? Likewise, the quality of health and social services available to older adults and their caregivers impacts their ability to effectively manage chronic conditions and long-term care needs.

Strategies for Future Opportunities

It is challenging to assess the state of aging in Sussex County because there are no formal initiatives in place to measure progress in the region. Communities across the United States are increasingly adopting social indicator-measurement initiatives to quantify and track quality of life indicators in a geographic region. The absence of a systematic quality of life initiative in Sussex County makes planning for the future challenging as there are no baseline or historical records of social indicators.

> "With better measurement we shall attain fuller knowledge of what is happening to us and where we are going" (Ogburn, 1929, p. 11).

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[23] https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults

Sussex County has the benefit of being able to utilize other social indicator projects to form a similar initiative in Delaware. There is diversity among these initiatives, so it will be imperative for administrators in Sussex County to engage members of the senior population to identify how they define quality of life.

Scholars' conceptualization of what makes aging successful and healthy has been challenged in the past decade. Whereas Rowe and Kahn's idea of successful aging included avoiding disease and disability, having high cognitive and physical function, and engaging with life, the "new gerontology" acknowledges that many of these components are outside of the seniors' control. Current ideas about aging recognize that success is normative and dependent upon one's life experiences and environmental influences. Healthy aging, as a response to successful aging, empowers seniors to define health and well-being. Many progressive social indicator projects adopt this approach in measuring quality of life. The administrators of the initiative solicit input from the residents of the community being studied.

Practitioners in Sussex County can empower senior residents by providing an opportunity for them to meaningfully participate in the planning process. If Sussex County is going to develop a quality of life measurement initiative, for example, seniors can provide what indicators they think should be measured and tracked. This participation process can occur through focus groups and community conversations. The senior residents may identify their aspirations for Sussex County and contribute to the framework of the project.

As identified in previous sections of this report, the issue of aging in place is of concern to all sectors. Accordingly, it requires the attention and coordination of Sussex County's business sector, local government, and nonprofit organizations. Long-term planning for an age-friendly community is complex and compels a central institution to serve as a backbone organization. If Sussex County wants to continue to be a retirement destination of choice, its stakeholders must thoughtfully develop a plan for growth and development, social services, and disaster preparedness.

Understanding Indicators for Healthy Aging

As the planning adage goes, "what gets measured, gets done." Measuring and tracking performance metrics in Sussex County can help inform plans and policies for the future. There are many examples of quality of life indicator projects that Sussex County can adapt for its community's needs. The Western Australia Seniors' Wellbeing Indicator Update was developed to measure indicators related to aging to inform policies and services. The Western Australian model focuses on the following priority areas:

- Health and wellbeing;
- Attitudes towards aging;

- Community and social participation;
- Employment and learning;
- Accessibility; and
- Protection and security (Government of Western Australia, 2012).

A domestic example is the broad framework provided by AARP and focuses on a community's built environment and services to evaluate its priority to aging residents. While this example does not state measurable objective, it details characteristics that constitute an age-friendly community. AARP's indicators were adopted from the World Health Organization and include eight topic areas:

1. Outdoor spaces and buildings – A livable community has safe and accessible recreational facilities.

   - Access to parks and nature.
   - Recreational facilities, such as public gyms, YMCAs, or similar facilities with appropriate programming.
   - Number of residents who are engaged in activities.
   - Increased use of both parks and programming.

2. Transportation – A livable community has safe and affordable modes of private and public transportation.

   - Variety of accessible transportation modes, such as public transit and bike paths.
   - Affordable transit options.
   - Availability of specialized transit services.
   - Availability of safe and secure walking areas.
   - Reduction in traffic and pedestrian fatalities.
   - AARP Complete Streets ordinance is in place or the implementation of AARP Complete Streets projects.
   - Car share and bicycle share programs.

3. Housing – A livable community has a wide range of housing options for older residents, the ability to age in place, and other home modification programs.

   - Availability of affordable and accessible housing in a variety of housing types.
   - Housing located near transit.
   - Housing policies that allow for affordable dwelling units (ADUs) or similar options.
   - Percentage of universally designed units.
   - Median housing price for ownership or rent.
   - Number, availability and affordability of assisted living or other types of facilities.

- Development of naturally occurring retirement communities (NORCs) or villages.
- Implementation or development of universal design ordinances.

4. Social participation – A livable community provides access to leisure and cultural activities and opportunities for older residents to participate in social and civic activities with their peers as well as with younger people.

- The number of cultural organizations and institutions (museums, theaters, etc.) and the availability of programming.
- Financial support through government, non-profit, or other types of funding.
- Libraries and associated services.
- Houses of worship.

5. Respect and social inclusion – A livable community promotes ethnic and cultural diversity as well as multigenerational interaction and dialogue.

- Age-friendly businesses that provide access to restrooms, benches, or areas for resting.
- Caregiver support groups, caregiver respite programs, and adult day care programs.
- Percentage of age 65+ people who live alone.

6. Civic participation and employment – A livable community promotes paid work and volunteer activities for older residents as well as opportunities to engage in the formulation of policies relevant to their lives.

- Level of volunteerism, voting rates, activism and group participation.
- Employment opportunities, wage levels, unemployment rates.
- Small business development and support.
- Community colleges, colleges or universities within the community providing programming and training designed for older adults and access to classes at free or reduced rates.

7. Communication and information – A livable community promotes access to technology to keep older residents connected to their communities and friends and family.

- Availability and affordability of Internet or broadband services.
- Information sources such as newspapers, governmental agencies (an area agency on aging, an aging and disability resource centers) for services.
- Information formats that are age friendly.
- Libraries and programming to support all ages.

8. Community support and health services – A livable community provides access to home care services, clinics, and programs that promote wellness and active aging.

- Obesity and diabetes rates and physical activities rates.
- Number and proximity of hospitals, urgent care facilities, and hospice.
- Specialists more appropriate for older populations such as physical therapy and orthopedics.
- Access to nutritional food sources, Meals on Wheels programs, congregant meal programs, and farmers markets.
- Health information technology.
- Air pollution and air quality rates.
- Prevention tactics that apply to all ages, such as lead poisoning prevention, immunizations, and injury prevention education efforts (AARP, 2013).

Coordination & Planning

Sussex County has the advantage of an established cross-sector stakeholder group that meets on behalf of the aspiration of having an age-friendly community. Sussex County's Advisory Committee on Aging & Adults with Disabilities comprises members who are appointed by the Sussex County Council. They meet monthly to discuss issues within the county, share resources, and plan an annual conference for senior citizens. This diverse group represents individuals who are invested in their communities and the well-being of the senior population. Currently this group occupies an advisory role, but could be cultivated to inform planning and advocate on behalf of the Sussex County seniors. According to its website:

> "Sussex County's Advisory Committee on Aging & Adults with Physical Disabilities was established by the Sussex County Council on March 29, 1988. The purpose of the Advisory Committee is to promote and advocate for the benefits of older and disabled Americans of Delaware, and Sussex County in particular; increasing the dialogue, giving support, assistance, and advice on significant programs of the aging" (Sussex County Delaware, n.d.).

Conclusion

Despite the many challenges Sussex County faces with its growing senior population, a positive takeaway from this research is that the county has the potential to effectively address them. Sussex County's greatest need is an entity or institution to provide leadership and guidance for a collaborative process. In other words, Sussex County has many community-based resources that support its changing demographics; however, a lead agency should be identified to better

coordinate and integrate these resources. Looking to peer communities that have adopted a collective impact strategy may be a suitable starting point to initiate a more collaborative community development process.

The first phase of a collective impact strategy involves the establishment of a common agenda among participants. For example, direct feedback from residents allows administrators to have a common understanding of identified problems or challenges and address it through a joint approach.[24] Therefore, talking with older adults in Sussex County is a logical next step for this research as well as discerning quality of life issues within the community. IPA, with assistance from SCCI, will continue this research in Sussex County and incorporate the thoughts and opinions of the county's senior population.

Regardless of the specific collaborative strategy used to conduct further research and obtain additional information about the needs and issues of the county's older adults, a cross-sectoral, intentional model is needed to address growth and development of the community and commit to its realization. No longer can the county continue with an unmitigated and unplanned growth agenda. Simply put, transportation services and other community infrastructure have not developed at the same pace as the area's population. A local assisted living facility administer emphasized this when sharing his concerns regarding the senior population in the event of a large storm. Primary concerns noted focused on the frequent flooding of evacuation routes in Sussex County. Other interviewed stakeholders echoed similar sentiments regarding the potentially precarious situation of concentrating seniors in a flood-prone region without suitable roadways.

A call for thoughtful strategic planning and coordination among county leaders and administrators is not new in Sussex County, particularly in the areas of land-use planning, transportation, environmental and coastal community mitigation planning, and access to health care. For example, from 2002 to 2004, the University of Delaware's Sea Grant College Program, with funding from the National Oceanic and Atmospheric Administration, administered a mail survey of a random sample of Sussex County residents. The survey data is similar to some of the 2016 interview findings. It is worth revisiting a few of residents' comments from 2002:

> "County government and departments of planning and zoning must put a lid on development, otherwise our quality of life will evaporate and tourists will not want to come here. Sometimes I don't want to be here, caught up in parking lot traffic."

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[24] Kania, J., & Kramer, J. 2013. Embracing emergence: How collective impact addresses complexity. *Stanford Social Innovation Review.*

"Stop building more developments and houses near the beach areas, the traffic is already unbearable. This year (2002) the traffic has been the worst ever. It is getting exceptionally worse each year."[25]

Continued research in this geographic region is necessary because, despite the passing of almost 15 years, identified challenges have not been comprehensively addressed. Specific work during the next phase of research would include the development of a focus group framework and questions to be used in conducting qualitative focus groups made up of seniors (65+) in Sussex County. Such focus group work would help in updating past survey instruments (e.g., quality of life survey developed and conducted through UD Sea Grant program over a decade ago) to include social indicators related to the growing senior population in the county. Opportunities to update or develop a new survey tool from these focus groups would likely require additional longer-term support.

In conclusion, the recommendations made in this assessment/scan—developing a social indicator initiative, increasing open data, and adopting a collaborative, intentional plan for the community—must be adapted for Sussex County's unique context. The goal of community development work is to enable, support, and empower local residents to advocate on behalf of their communities' so that changes made over time are effective, sustainable, and representative of the needs and issues of the county's growing populations.

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[25] Falk, J.M., & Gerner, P.C. (2004). Quality of life in Sussex County, Delaware: Understanding coastal and inland residents' preferences, attitudes, and opinions. University of Delaware, Sea Grant College Program.
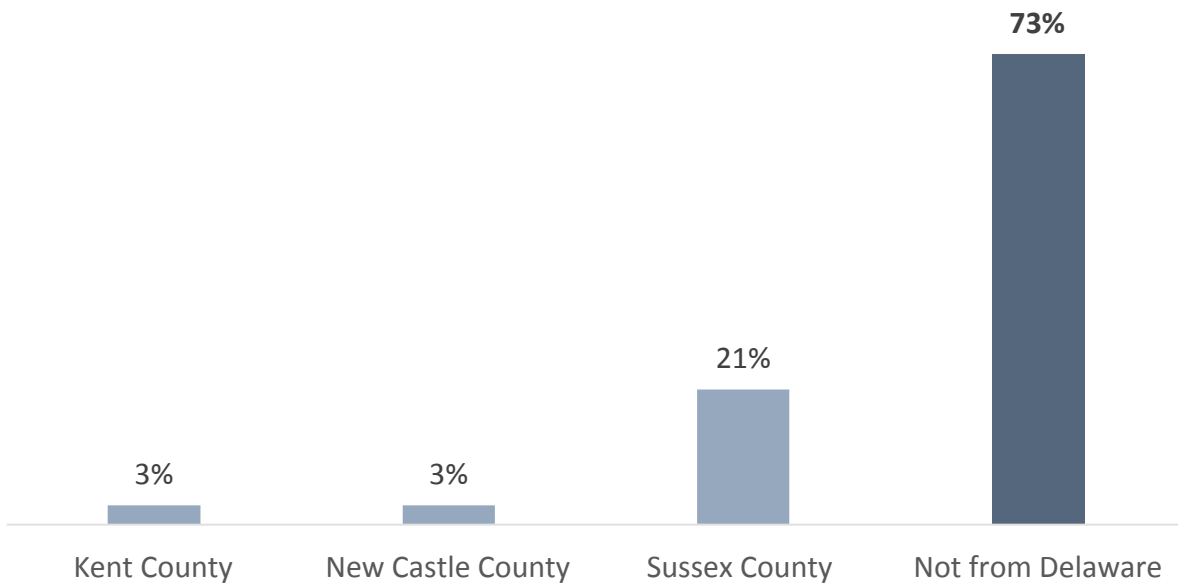
Appendix A: LIVE Conference ARS Polling Results

Automated Response System Polling Results
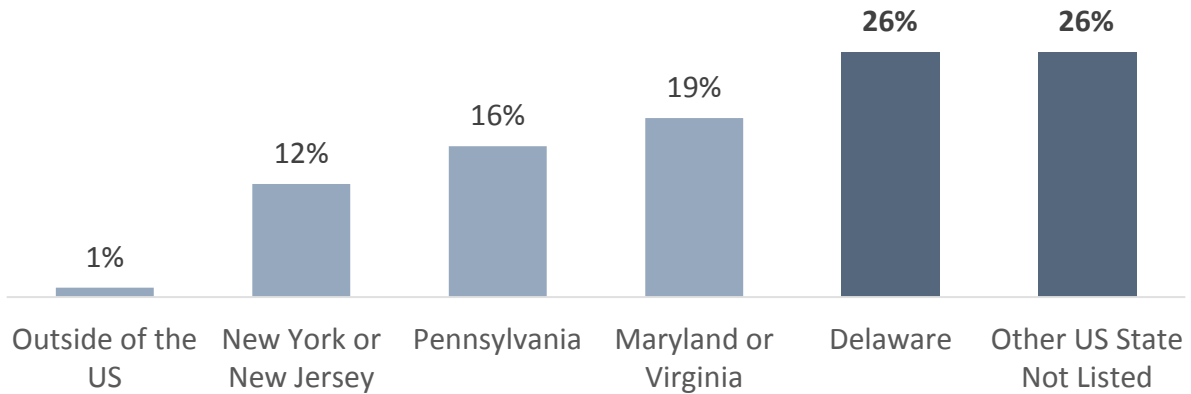## – LIVE Conference October 2015

2. How old were you when Neil Armstrong walked on the moon in 1969? (90 participants)
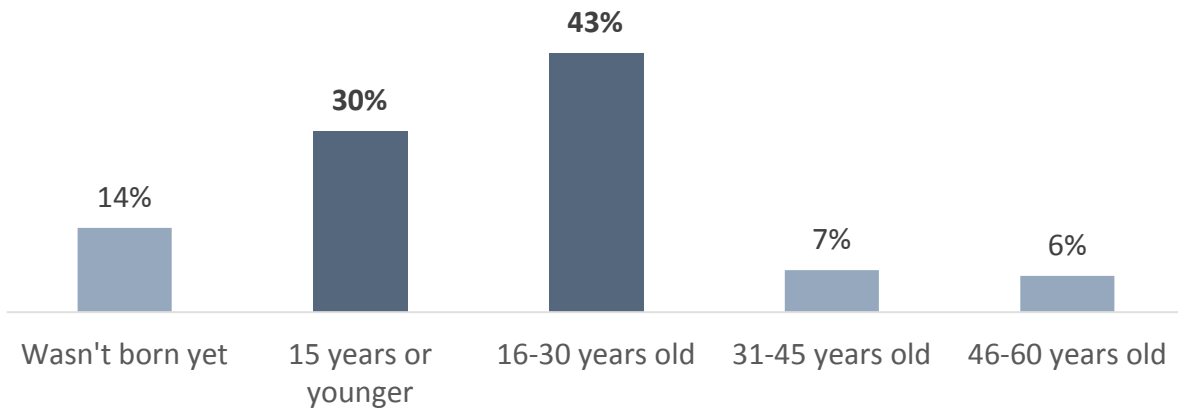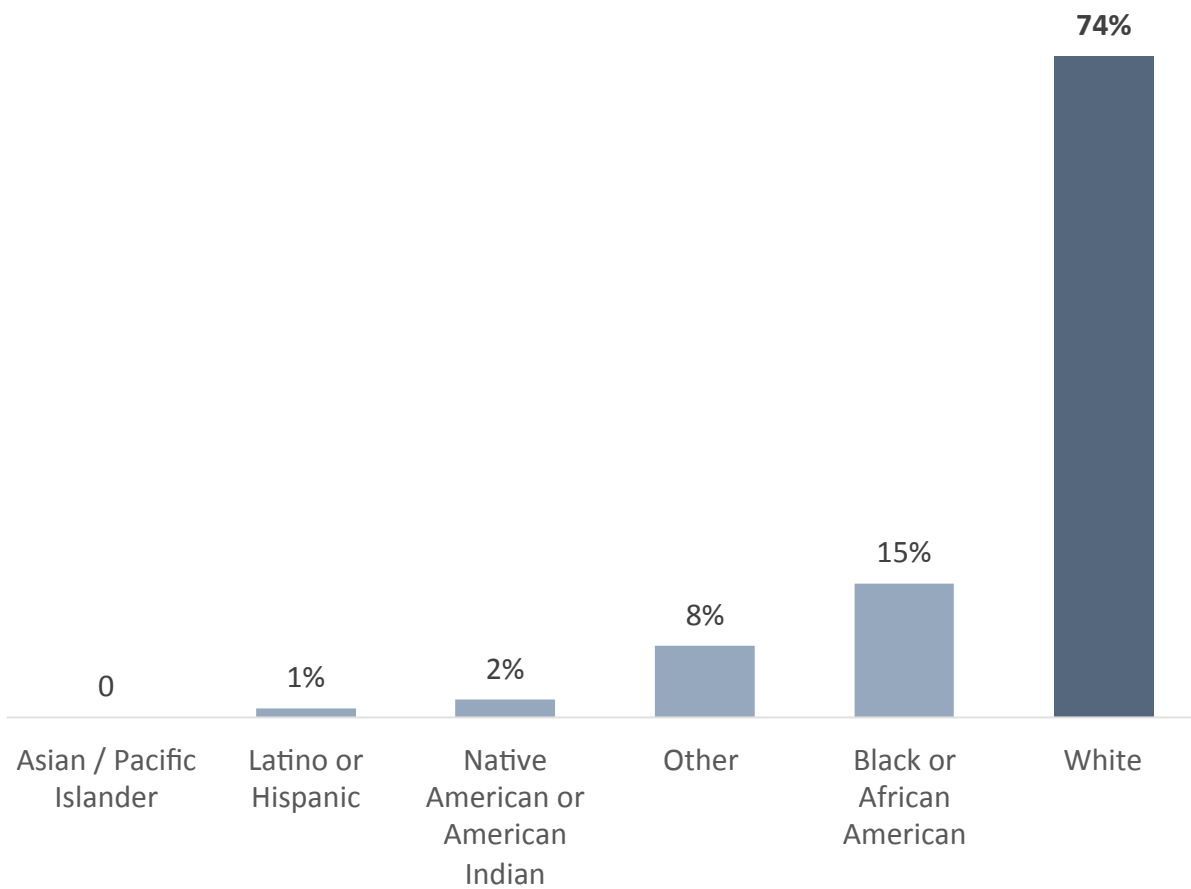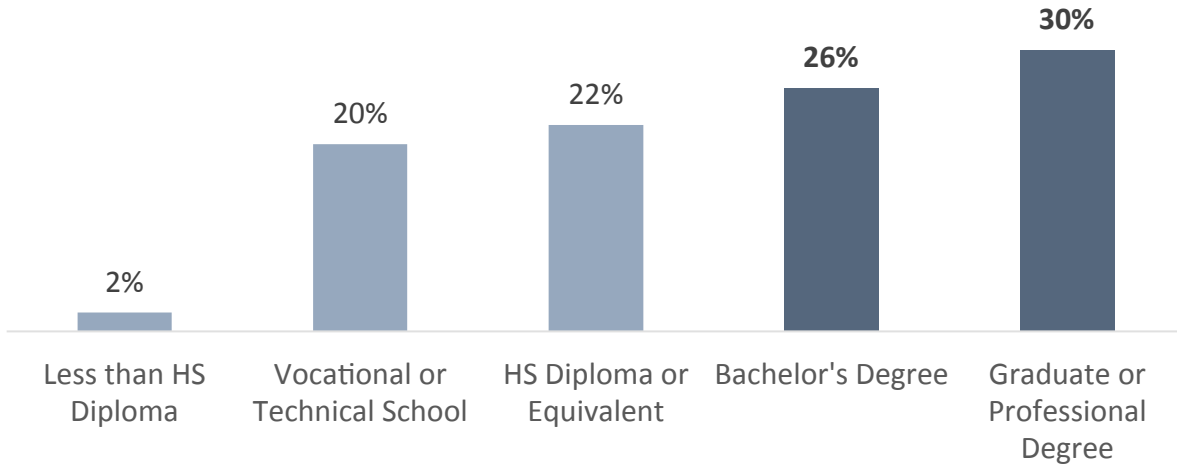

3. Where are you originally from? (92 participants)

4. Where are you originally from? (93 participants)

Category	Percentage
Outside of the US	1%
New York or New Jersey	12%
Pennsylvania	16%
Maryland or Virginia	19%
Delaware	26%
Other US State Not Listed	26%

5. Which of the following represents your racial or ethnic identity? (93 participants)

Category	Percentage
Asian / Pacific Islander	0
Latino or Hispanic	1%
Native American or American Indian	2%
Other	8%
Black or African American	15%
White	74%

6. What is your highest level of education? (94 participants)

Less than HS Diploma	Vocational or Technical School	HS Diploma or Equivalent	Bachelor's Degree	Graduate or Professional Degree
2%	20%	22%	26%	30%

7. How do you usually travel to place of interest or need? (96 participants)

Public Transportation	Challenging to find ride	Senior Center Transportation	Spouse, Family Member or Friend	Drive Myself
1%	2%	3%	8%	85%
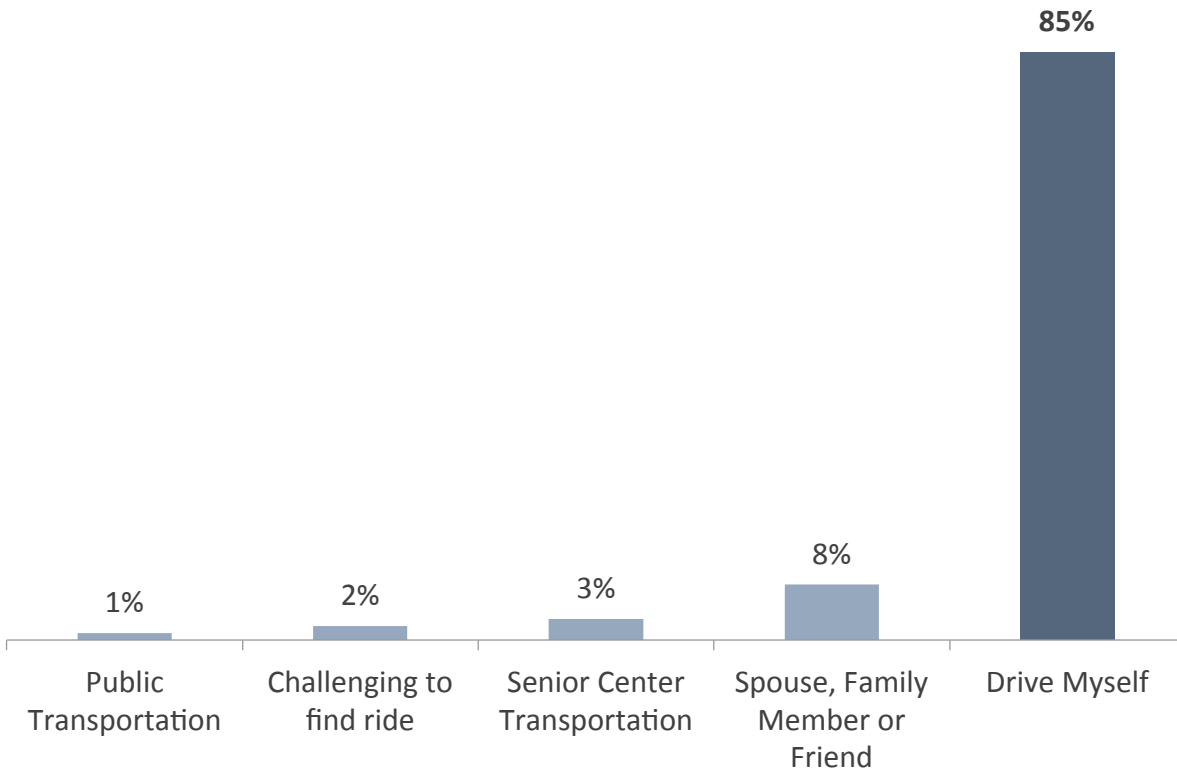
8. My biggest transportation needs are… (94 participants)

Category	Percentage
Religious	5%
Medical	11%
Social and Entertainment	13%
Groceries and General Errands	21%
Work and Education	50%
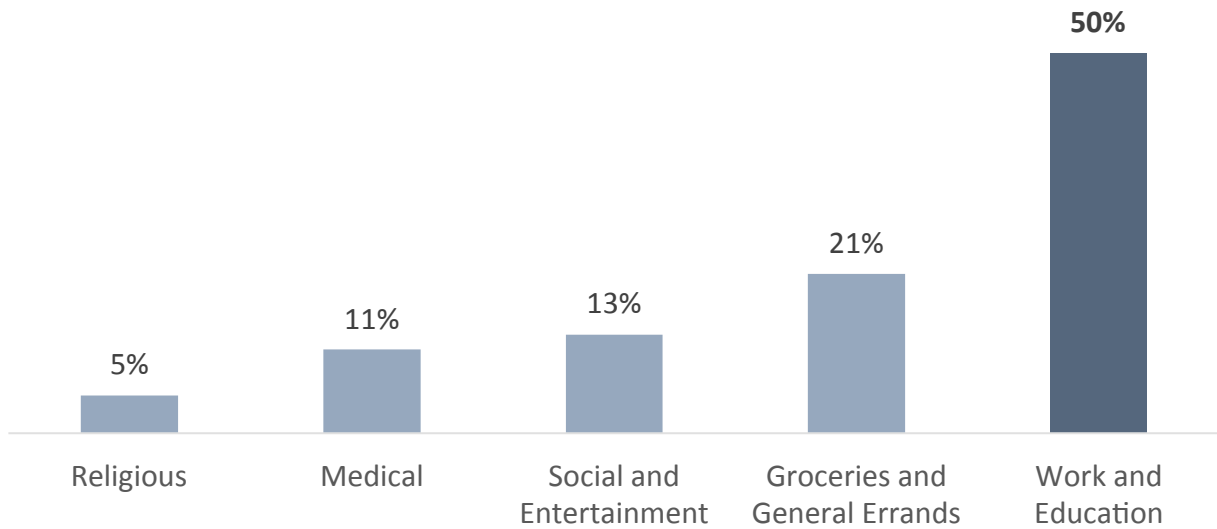
9. About how often do you travel outside of Sussex County for Medical Appointments? (83 participants)

Category	Percentage
Weekly	2%
Monthly	11%
Quarterly	22%
Annually	23%
Never	42%
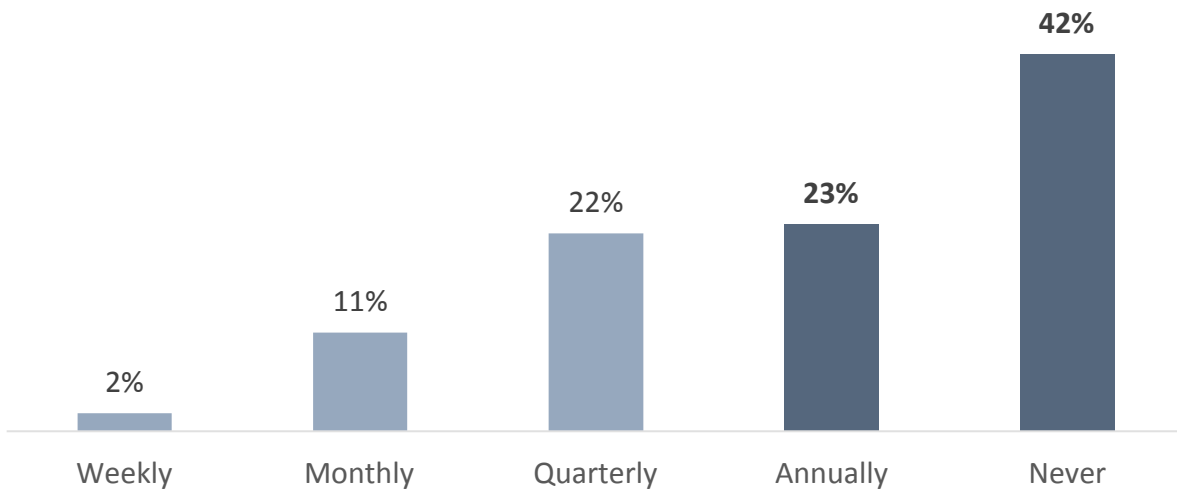
10. Who do you think is responsible for ensuring that Sussex County continues to be a destination for retirees? (95 participants)
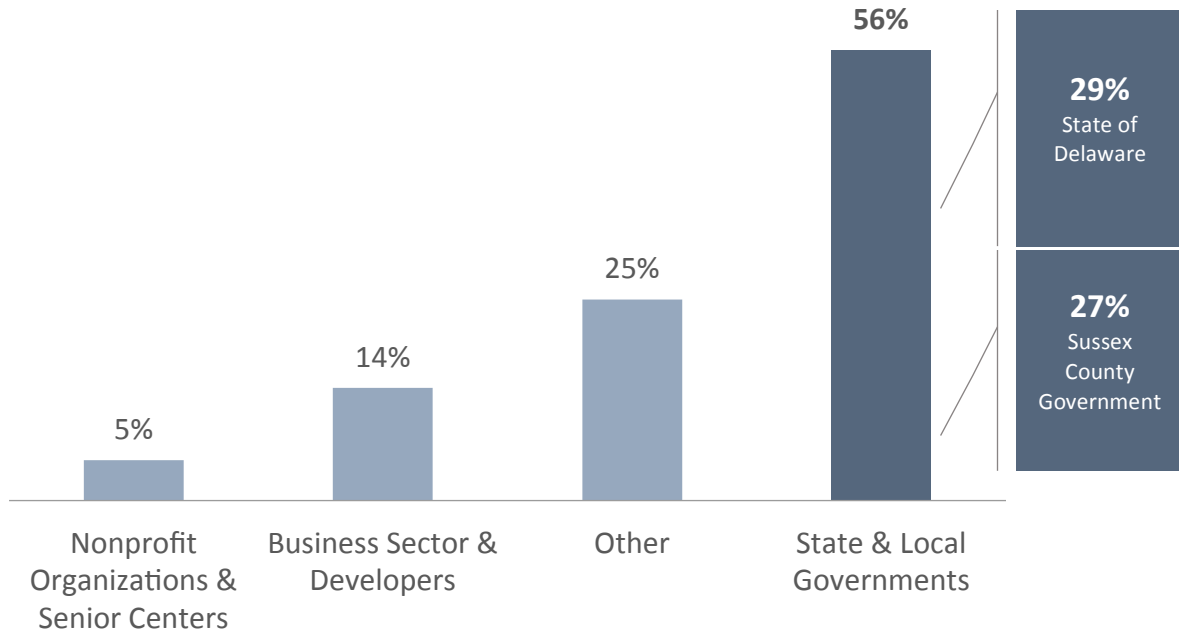
11. For this conference, I am attending as a … (95 participants)
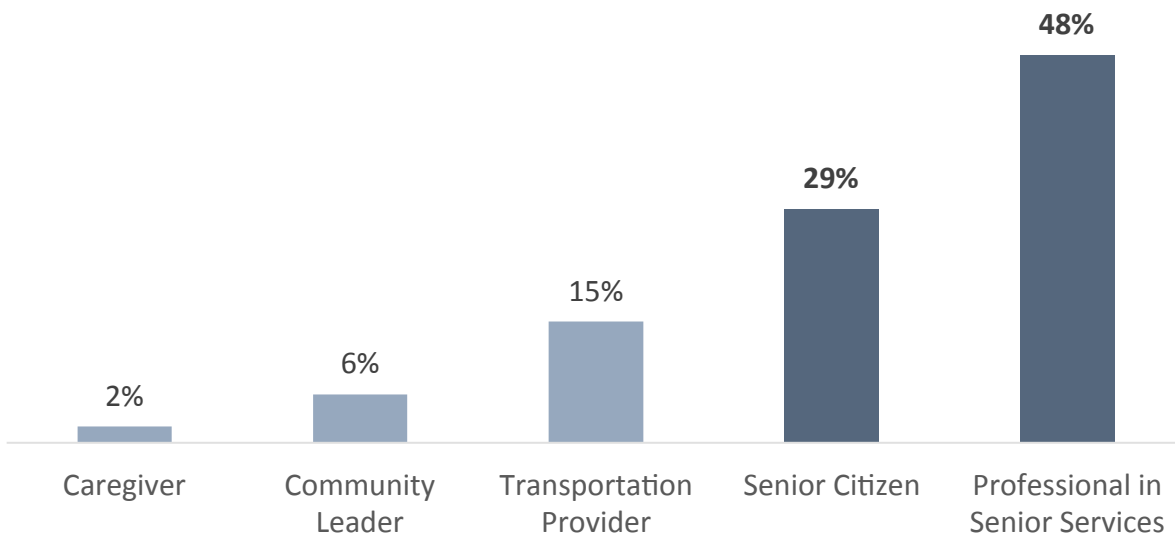
Appendix B: LIVE Conference Evaluation Form

THE ANNUAL LIVE CONFERENCE

CONFERENCE EVALUATION

Thank you for attending the LIVE Conference. We would appreciate your feedback about your experience at the conference. Please complete this survey so we can improve for next year's LIVE Conference. Please leave them on the registration table as you leave.

| What is the zip code of your primary residence? |
| Approximately how far did you travel to today's event? (Miles) |
| How did you get here today? |
| How did you register for the Conference? (Circle One) |
| Mail   Phone   Internet   Other (Please explain.) _____ |

Please rate your satisfaction with the following items on a scale of 1—5 with **1 as very unsatisfied** and **5 as very satisfied.** Circle your rating number.

How satisfied were you with the...	-				+
Facility	1	2	3	4	5
Food	1	2	3	4	5
Vendors and Exhibitors	1	2	3	4	5
Registration Process	1	2	3	4	5

How satisfied were you with the...	-				+
Conference Theme	1	2	3	4	5
Opportunity for Questions & Answers	1	2	3	4	5
Length of the conference	1	2	3	4	5
Ability to hear and understand information	1	2	3	4	5
Keynote Address, Scott Borgen	1	2	3	4	5
Panel 1	1	2	3	4	5
Panel 2	1	2	3	4	5

THE ANNUAL LIVE CONFERENCE

Please circle your rating for the following answers.

How likely are you to…					
Attend the LIVE Conference in the future?	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
Recommend attending the LIVE Conference to a friend?	Very Unlikely	Unlikely	Neutral	Likely	Very Likely

Do you agree with the following?			
I learned something new today.	Disagree	Neutral	Agree
I enjoyed meeting new people today.	Disagree	Neutral	Agree
Overall, this Conference was worthwhile.	Disagree	Neutral	Agree
$5 is an appropriate cost for the LIVE Conference.	Disagree	Neutral	Agree

What topics would you like to see covered at a future LIVE Conference?
_____
_____

What else could we improve upon for next year's LIVE Conference?

_____
_____

Are you interested in volunteering for next year's LIVE Conference? If so, please provide your contact information.
_____

IPA

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