

# **Gulfport Communities For a Life-Time Focus Groups: Final Report**

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## **Abstract**

This research explores the health, social service, government, education, and cultural needs of segments of people who are living with or may live with disabilities or who are caring for people with disabilities in Gulfport, Florida. Gulfport is a small city of 12,000 residents and 7,300 housing units in less than 3 square miles. The population is 89% White, 7% African-American, 4% Latino, and 11% are foreign born. At least 7% of households are made up of gay or lesbian partners, which is three times the national average. One out of 4 residents (28%) is over the age of 65.

The 73 participants in eight focus groups included younger and older adults with disabilities, older adults without disabilities, older lesbians, and caregivers of younger and older adults with disabilities. The focus groups addressed issues of independence, quality of life, need for and receipt of help, areas of unmet need, and recommendations for how to make Gulfport a community for a lifetime. The focus groups were tape recorded, transcribed, and analyzed using constant comparisons. Six goals and sixteen objectives are presented within the framework of eight dimensions of livable communities (Kihl, Brennan, Gabhawala, List, & Mittal, 2005)--health services, caring community, transportation, walkability, housing, safety and security, shopping, recreation, and cultural activities --to inform the City of Gulfport's application to be designated a Community for a Lifetime by the state of Florida.

## **Background**

Communities for a Lifetime is a Florida initiative to assist cities, towns, and counties to create better communities for older adults and to plan and implement improvements that will benefit both younger and older populations. Communities undergo self-assessment and improvement that will enable residents to age in place or continue to live independently within the community while still benefiting people of all ages (Florida Department of Elder Affairs, 2006). The Mayor of Gulfport began this process by proclaiming on May 6, 2003, that Gulfport would become a Community for a Lifetime. As of April 2006, 100 communities in Florida have made this commitment (Florida Department of Elder Affairs, 2006). This study was conducted to assist the City of Gulfport, Florida with its self-assessment of community needs for helping individuals to remain independent and maintain a good quality of life.

Independence has been defined as having choices, maintaining social identity and roles, and autonomy (Cohen, 1988; Collopy, 1990; Secker, Hill, Villeneau & Parkman, 2003). It is also the ability "to interact and communicate freely with others, to give and receive affection, and to initiate actions that are consistent with [...] sense of self" (Agich, 1995 as cited in Polivka, 1997). At the most basic level, a person is considered independent if able to avoid becoming dependent or placed in a nursing home or other institution.

Our subjective view of the conditions or lifestyle that are important to quality of life are important determinants of quality of life. For example, Felce (1997) suggested that quality of life is determined by the interaction of personal values, life conditions, and personal satisfaction. It usually includes material well-being, health, productivity and purpose, intimacy, emotional well-being, safety, and place in the community (Cummins, 1997). Among aging populations, spiritual well-being, autonomy, dignity, cognitive function, pain control, and energy are also

important to quality of life (Arnold, 1991; Paloutzian & Kirkpatrick, 1995; Stewart & King, 1994). Quality of life is integral to a livable community, which is:

one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options which together facilitate personal independence and the engagement of residents in civic and social life (Kihl et al., 2005, p. 2).

Seniors are a heterogeneous population and therefore their needs vary based on age, gender, race, ethnicity, and sexual identity. Twenty-eight percent of Gulfport's residents are 65 or older. Gulfport households are 3.7 times more likely than the national average to be made up of gay or lesbian partners (7% of households; [www.epodunk.com](http://www.epodunk.com)). The city's gay population is likely to be larger since the 2000 Census did not count single gay or lesbian householders (Smith & Gates, 2001). The city is predominantly White (89%), 7% is African-American, and 4% is Latino (<http://www.city-data.com>).

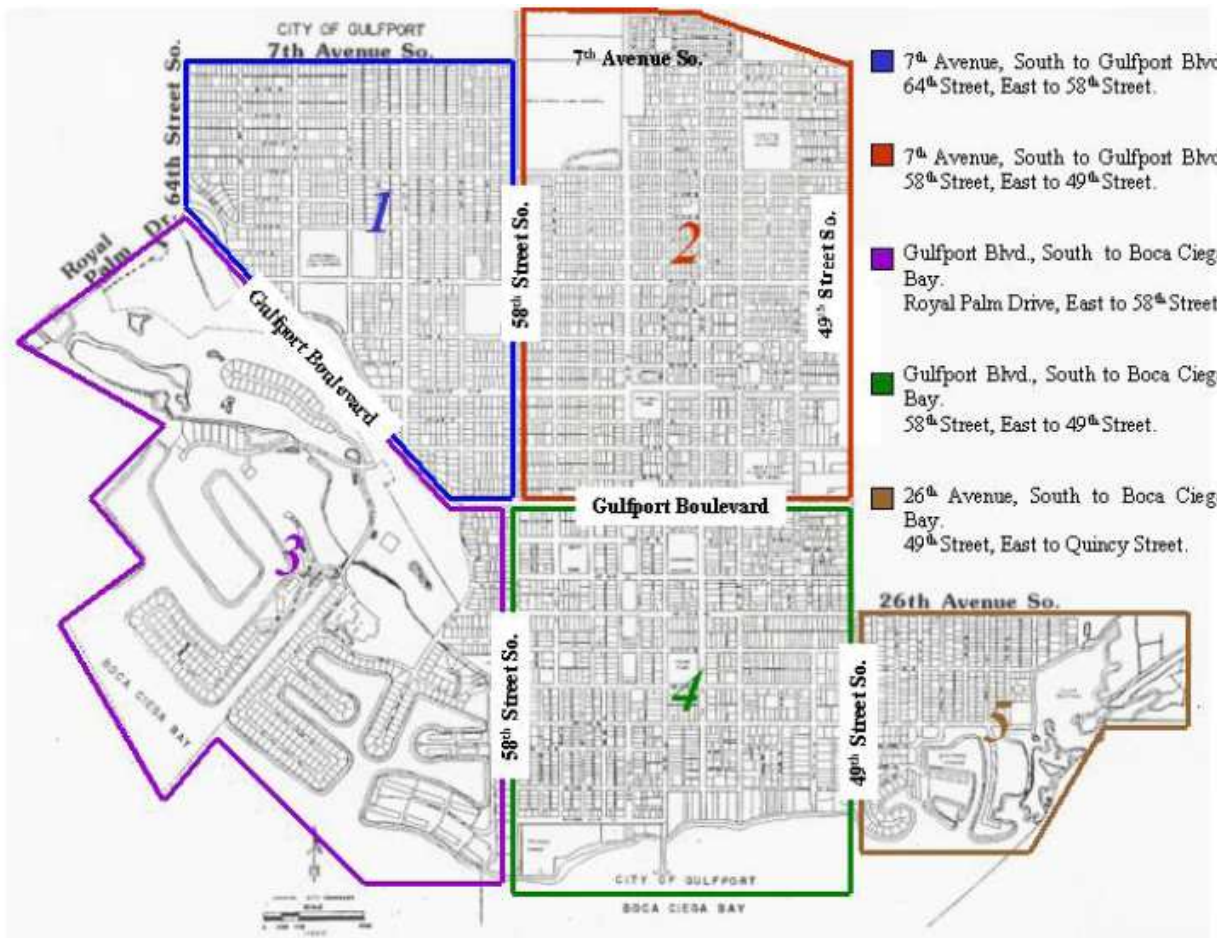


Figure 1. Gulfport, Florida planning areas. Area 1: Stetson; Area 2: Northeast 58<sup>th</sup> St.; Area 3: Southwest (includes Town Shores); Area 4: Art District; Area 5: Marina. Source: City of Gulfport Code Enforcement (2006).

Gulfport is a small city of 12,000 residents and 7,300 housing units in less than 3 square miles. The city is made up of five planning areas (Figure 1) that are relatively homogeneous in terms of the feeling of each neighborhood. Areas 1 and 2 are north of Gulfport Boulevard. Area 1 is in the northwest quadrant and includes Stetson University College of Law which owns many houses that are rented by its students. Area 2 is in the northeast quadrant between 58<sup>th</sup> and 49<sup>th</sup> streets and is the location of one elementary, one middle, and one high school. The two main streets on its perimeters are commercial areas. It is also the area that is more likely to be home to families who are African-American. Area 3 includes Town Shores, a large highrise condo community for people who are age 55 and older, and other gated beachfront communities. Area 4 is the art district and the part of the city that most residents think of as the “town center.” It is made up of restaurants, bars, hotels, bed and breakfast establishments, tourist shops, post office, and most of the city’s municipal buildings. Area 5 is the marina district also known as the “fishing village” and is mostly residential.

## **Methods**

This is a non-experimental, qualitative study using focus groups. Focus group interviewing is a qualitative research technique involving 4 to 12 people in a non-threatening environment and is known to be appropriate methodology for research with older adults and persons with disabilities (Morgan & Krueger, 1993). Focus groups are used for social marketing and research (Morgan, 1988). In the social sciences, focus groups are an adjunct to quantitative data or used alone to understand a new phenomenon or get participant reactions to research findings (Morgan, 1988). The focus group is an efficient way to collect open-ended data. They take less time than individual interviews and the interaction between focus group members often generates more information than if the interview were conducted one-on-one (Morgan & Krueger, 1993). Here, the focus groups identified how elders, disabled persons, and caregivers are currently managing with disabilities, what they anticipate needing in order to remain independent, and how the city, businesses, and voluntary organizations can help to maintain or improve their quality of life through services or other initiatives.

## ***Sample***

During the summer of 2005, ten focus groups of 10 people each with the following characteristics were targeted: seniors age 60 and older without disabilities (2 groups; n=20), seniors age 60 and older with disabilities (2 groups; n=20), seniors age 60 and older who are lesbian, gay, bisexual, or transgender (1 group; n=10), adults age 18-59 with disabilities (2 groups; n=20), caregivers of adults age 60 and older with disabilities (2 groups; n=20), and caregivers of adults age 18-59 who have disabilities (1 group; n=10). A notice was placed in *The Gabber*, a Gulfport weekly newspaper, and fliers were mailed with a request that they be posted to several locations in Gulfport: Multipurpose Senior Center, Recreation Center, Library, Town Shores (a private 55+ community), religious organizations, cultural centers, St. Pete PRIDE, Equality Florida, and the Upper Pinellas County Florida Association for Retarded Citizens (UPARC).

## ***Procedures***

This study received approval from the University of South Florida Institutional Review

Board (#103781). Focus groups were held at: Town Shores, Gulfport Public Library, Gulfport Multipurpose Senior Center, Gulfport Church of the Nazarene, and Metropolitan Community Church (a church with a largely gay congregation) in St. Petersburg. Groups for caregivers were offered at The Fountains (an assisted living facility with adult day care) in neighboring South Pasadena in order to provide adult day care during the time of the group, but they were rescheduled at the Multipurpose Senior Center when no caregivers needed this service. Food and beverages were served at each focus group. Participants were not compensated in any other way for their time. The focus group facilitator and lead author is a resident of Gulfport.

### ***Focus Group Questions***

Focus groups began with a brief description of the Communities for a Lifetime project and the purpose of the focus group study. Groups were told that the city of Gulfport wanted to know what makes Gulfport a place where they can live and have a good quality of life. They were assured of confidentiality and were encouraged to speak openly. Each group was asked the same set of questions with a few modifications depending on the characteristics of the group: 1) What does “independence” mean to you? 2) What do you do to remain independent? 3) What kind of help do you think you might need in the future? (disabled groups were asked: what kind of help do you currently get?) 4) How will you get that help? (disabled groups were asked: what help do you currently need but you do not get?) 5) What would you like to have available in Gulfport in order to remain independent? 6) What does “quality of life” mean to you? 7) What would you like to have available in Gulfport to have a good quality of life? Caregivers were asked to answer these questions in terms of themselves and their family member for whom they provided care.

### ***Analysis***

The notes from the interviews were entered into a Microsoft WORD table, sorted by topic, and analyzed for recurring themes, accuracy, and prevalence. A theme was accepted as accurate if it was described in the same way from two or more members within one focus group type (e.g., persons age 60+ with disabilities). It was accepted as prevalent if it also was described by members in two or more focus group types.

### **Findings**

Eight of the ten planned focus groups were recruited (Table 1). There were two groups of seniors age 60 and older without disabilities (n=23), two groups of seniors age 60 and older with disabilities (n=23), one group of seniors age 60 and older who are lesbian, gay, bisexual, or transgender (n=9), one group of adults age 18-59 with disabilities (n=6), one group of caregivers of adults age 60 and older with disabilities (n=9), and one group of caregivers of adults age 18-59 who have disabilities (n=3). Caregivers of adults age 60 and older were recruited from an ongoing bereavement support group, after repeated attempts at reaching current caregivers were unsuccessful. Although one group was aimed at people who are gay, lesbian, bisexual, or transgender, it was made up of only women who identified as lesbians. In addition, two women who identified themselves as lesbians participated in two of the other focus groups.

**Table 1. Focus Group Demographics**

<b>Focus Group Type</b>	<b>Females</b>	<b>Males</b>	<b>Average Age (N)</b>
60+ Non-Disabled (2 groups)	23	0	71 (13)
60+ Disabled (2 groups)	21	2	77 (19)
60+ Lesbian (1 group)	9	0	63 (7)
18+ and Disabled (1 group)	3	3	50 (4)
Bereaved Caregivers of 60+ (1 group)	9	0	81 (8)
Caregivers of 18+ (1 group)	2	1	56 (3)
Total	67	6	71

*N*=73

### *Defining Independence*

Independence was defined as being free to make choices but participants also acknowledged the role of interdependence as a way of maintaining dignity:

“The freedom to do the things I want to do.”

“To come and go in my own time.”

“Do things for yourself and by yourself and help someone else out.”

It is about being able to do what is important or meaningful and to be able to gain access to services that support those needs. Transportation is the most often cited service that is needed to be able to be independent. For example:

“I don’t want to have to beg a ride everywhere you go. I can’t walk to the bus stop or GEMS doesn’t work on Sundays. I can’t afford a taxi. I now drive but I wonder what would happen if I could not drive.”

Finances were also important. People on a limited income or with high health care expenses on a moderate income were very concerned about their ability to pay for the care and services they need.

These definitions of independence were true across all focus groups (younger and older, non-disabled and disabled, gay and straight, caregivers of younger or older family members). There were some nuances to this definition within each of these groups. The older disabled groups also stated that the ability to care for yourself was important to independence:

“Being able to take care of yourself on a daily basis.”

“Not needing help from anybody.”

The older non-disabled groups also had concerns about being their own person and that loss of independence would be “scary.” Among older lesbian women, some who were disabled and some who were not, there were also concerns about access to assistance when it is needed. Some of the currently able-bodied women had a short period of disability and realized that they would need to make plans for disability.

“Since I fell recently, I became more understanding of people of limited capacities. It would be extremely difficult if I didn’t live with a partner. Independence is to be able to do what I need to accomplish or to get assistance doing it.”

The ability to be “totally who I am” is very important to these women many of whom experienced intolerance in their younger years when society was less accepting of homosexuality. They see this intolerance again in the healthcare system whose forms do not provide a way to list a life partner. They expressed hope that the proposed Human Rights Ordinance, which passed city council after the time of the focus groups, would help to improve tolerance.

Caregivers of younger disabled family members focused on many of the same issues that the younger disabled group identified—transportation and meaningful activities. In all three cases, the caregivers in this group were caring for someone who had a cognitive or developmental disability but they were quick to state that the person was not stupid.

“He is not retarded, although people avoid him because he is different, but he is very smart. [In Gulfport] he can get around and find a job. Independence is related to transportation and going to work.”

Bereaved caregivers of husbands who were 60 and older also described how older men linked their loss of independence to loss of dignity when they had to get help from a spouse or paid helper for activities of daily living or could no longer do the yard work or take care of the car.

“To a man, they lose all dignity when things are really bad.”

From the caregivers’ perspectives, getting help or moving to a smaller home with more assistance provided the caregiver with more independence.

### ***How People Are Independent***

In all focus groups, members described ways that they take care of themselves (even if already disabled and living in a nursing home or other supportive living residence). They do this through good nutrition, exercise, spirituality, emotional well-being, and relationships. They found ways to be involved in the community or in activities that are meaningful to them.

Among members of the older disabled focus group, most had remodeled their bathrooms; some had installed ramps; and others had made changes in their homes to make them easier to manage (e.g., stackable washer/dryer, shower stalls, removing throw rugs and unnecessary furniture, cooking and freezing two week’s worth of meals at a time). Some noted that older Gulfport homes have narrow doorways and steps which are hard to remodel for a wheelchair or other physical disability.

Elders who were not disabled wanted to remain cognitively intact so activities were often focused on mental exercise. Involvement in the community or one’s family was a strong source of meaningful activity along with individual pursuits such as reading, art, spirituality, and email communication.

“I play bridge, go to concerts and plays to keep my mind sharp. It is important to have involvement in the community so you don’t feel isolated.”

There was some interest in intergenerational activities between children and seniors. At the same time, some agreed with one woman who described her community as including the:

“junior seniors and the senior seniors (80+) and the two groups do not want to socialize with each other.”

Lesbian elders described ways that they “come out” pre-emptively to landlords or condo associations in order not to lose their home after they have moved in. One focus group discussed how African-American elders have had to deal with racism from neighbors. Members of either minority group (African-American or gay) described ways in which they felt unwelcome by whites or heterosexual neighbors. This affected their plans as well. For example, some older lesbians plan to move north as a way to stay independent if they become disabled because they found that those communities had better services and more support for gays and lesbians. Others were working to make it possible to remain in Gulfport or nearby.

Caregivers of the younger disabled (all with cognitive impairments) mentioned the importance of their family member “getting out” or being able to choose entertainment for themselves. Caregivers who had been caring for their now deceased husbands described how they enabled their husbands to maintain their roles in their families, and how they tried to make the care they provided to appear effortless and not a burden. They also used humor.

### ***Type of Help Received***

Participants in all focus groups described how family and friends rather than paid or public services provided most of the assistance they needed. They described how they have used or would use assistance with transportation, healthcare, errands, modifying a home, activities of daily living (such as bathing and dressing), and many Multipurpose Senior Center programs (meals, social activities, telephone reassurance, GEMS, and referrals to other services).

Younger disabled persons described how family rather than friends or service providers would help them. They stated:

“My wife does shopping, cleaning, lifting; she is my legs.”  
“My parents help me.”

They also made use of assistive devices (reachers) and mobility devices (wheelchairs) to remain independent. Cognitive or mental health disabilities were viewed as more “invisible” and therefore harder to recognize. Those with physical disabilities agreed that:

“When you are in a wheelchair, that’s when you find out how nice people are or how rude they are.”

The library, Multipurpose Senior Center, Sharing and Caring (an independent living center), and county helpline (211) were all used to find information on services. The Multipurpose Senior Center received high praise for their services from younger and older disabled persons.

The older disabled used the Multipurpose Senior Center for the services already listed above (meals, social activities, telephone reassurance, GEMS) but also for referrals to other services:

“I’ve received help with putting a ramp in from the Senior Center. Also got help with someone who comes to our home to give pedicures—she does a better job than the doctor—and someone who will come to my home to do my hair.”

They also took advantage of a local gym, church bus, Palms of Pasadena for physical therapy, and paid help for housekeeping. Most of the members of the older group did not list family as a source of help, although a few did get assistance with heavy chores and transportation from their children. More stated that neighbors were a source of help.

Among older lesbians, partners and children were mentioned as helpers although, for a few, there were no children available or they lived too far away to be helpful. This group described how they were planning for help in the future and expecting to pay for it.

In the non-disabled elder groups, people described expecting to need transportation and home health and being very aware of the Multipurpose Senior Center services that they can (and some do) use. For example, some had used Neighborly Care Network and the public bus system; others described plans to move to assisted living facilities (ALFs) in other areas, since Gulfport does not have a licensed ALF, or to purchase a scooter to maintain independence.

### ***Defining Quality of Life***

When asked to define quality of life, most seniors, people with disabilities, and caregivers named the Multipurpose Senior Center as important to their quality of life. In addition, people described attributes of Gulfport that improved their quality of life: the small town feeling where you know your neighbors and are friendly to strangers, the library, theatre, recreation center, beach, and city hall. Safety was also mentioned in most focus groups. The City’s emergency management system (EMS) and police were mentioned as positive aspects to quality of life because of their prompt response time and their courteousness to elders and people with disabilities. For example, several seniors in different groups described how they used EMS many times to handle a problem transferring a family member to bed or getting up after a fall (but not all needed to go to the hospital). City staff confirmed that this does occur and that after a number of calls, EMS refers these individuals to the Multipurpose Senior Center for services.

Focus group members also described the importance of friends, spirituality, keeping busy through activities and volunteering, and having sufficient finances to pay for healthcare. Adequate transportation was important to quality of life as it was to independence.

### ***What Gulfport Needs***

Each focus group was asked three questions related to need. They were asked: “what help do you currently need but you do not get” or “how will you get the help you expect to need,” “what would you like to have available in Gulfport in order to remain independent,” and “what would you like to have available in Gulfport to have a good quality of life.” The responses to these questions are analyzed together since there was a good deal of overlap.

The first priority among all the groups was a list of reliable helpers for activities of daily living, heavy housework and yard work, shopping, and transportation. The Multipurpose Senior Center and the Library should have a notebook or easily accessible web page with links to all of the agencies and businesses that provide assistance to people with disabilities. These lists need to be advertised well and often, making use of Channel 15, *The Gabber*, and a more informative Multipurpose Senior Center brochure (more than just the calendar), as well as tables at all public events in the city. One younger man living with a disability said he would be glad to start a column for *The Gabber* called “ask George” (he gave permission to use his first name), that would answer questions about living with a disability.

One related idea that was raised in a few focus groups was an “energy bank” or electronic bulletin board where your needs and your skills could be listed and matched. You could get help from someone and help another person. Or, as a younger or non-disabled person, you could earn credits helping others which could be “spent” later when your own needs arose.

Public transportation (especially trolley or other local service) needs to be available throughout all five planning areas (Figure 1) and not just area 4 (art district) and the drivers need sensitivity training regarding people with disabilities, including people with cognitive disabilities. Kneeling buses would be a real plus. Public transportation needs to be available on weekends and nights.

The city needs to increase the number of meaningful public activities at night and on the weekend. Most people want to go to St. Petersburg for cultural activities but because there is poor evening and weekend bus service, it is difficult to take full advantage of these activities. The Hickman Theatre is a resource but expensive to rent for other activities (e.g., for special film festivals, concerts, etc.). Some suggested inviting the Orchestra and other performers to perform in Gulfport.

There is a need for a day center for people with cognitive disabilities, especially Alzheimer’s or another dementia, but most did not want that center to be located in the current Multipurpose Senior Center. It could be attached or nearby. Several focus groups described how the Multipurpose Senior Center did not have the space or expertise to handle people with cognitive disabilities and when someone like this was “dropped off” at the Multipurpose Senior Center, it was a problem for the other clientele.

Many would like better access to 24-hour healthcare in Gulfport. This could be a clinic, a mobile unit with a registered nurse and social worker (during the day), or an assisted living facility with rehab after a hospital stay.

There was general support for two ideas that the focus group facilitator suggested—naturally occurring retirement communities (NORC) and parish nurses. NORCs are housing complexes, developments, or cooperatives where people moved in at a younger age and then “aged in place” until a significant percentage of the community need services in order to remain in their homes. The service component is often funded by private, not-for-profit, and/or public funding and provided under a contract with a management company to individuals who are eligible for the services. Without these services, many residents would move to a higher level of care such as assisted living facilities or a nursing home (Pine & Pine, 2002).

Parish nurses became a model for providing healthcare and long-term care as early as 1983 (Miskelly, 1995). These nurses marry their healthcare training with their spiritual training as members of Judeo-Christian faith communities. They use holistic methods that address physical, emotional, and spiritual needs of community members, as part of their healing ministry (Miskelly, 1995). Locally, St. Anthony's Hospital in St. Petersburg runs a parish nurse program ([www.stanthonys.com](http://www.stanthonys.com)) and the Florida Hospital in Orlando offers a model program and training parish nurses ([www.parishnursing.net](http://www.parishnursing.net)). The International Parish Nurse Resource Center offers training materials and models for churches and communities that are considering a parish nurse program (<http://ipnrc.parishnurses.org>).

Focus group members said that Town Shores could be a NORC if the master plan was amended to allow congregate meals, installation of call buttons in apartments, and one unit bought by the community and changed into a walk-in clinic. There was some support for this idea from focus group members who live in Town Shores, but many felt that these services were needed city-wide and should not be located in Town Shores only. NORCs may also be related to a whole neighborhood of single or multi-family dwellings (not just one private community or high-rise). This idea had more support among focus group members, especially when integrated with access to 24-hour healthcare as described earlier. Town Shores' residents pointed out problems evacuating if the elevator failed, especially if you were in wheelchair, used oxygen, or had other serious medical problems. There was also some acknowledgement that the young old do not want to see a lot of old old, or disabled older persons, where they live. There is a "tipping point" when there are too many old old persons and it "feels like a nursing home." Development of a NORC of either type would require careful planning and funding. The US Administration on Aging has funded such work in the past ([www.aoa.gov](http://www.aoa.gov)). The Urban Institute conducted a study of such services for the US Department of Health and Human Services ([www.aspe.hhs.gov](http://www.aspe.hhs.gov)).

Parish nurses, on the other hand, can be located in religious organizations of any denomination and are often recruited from the "natural helpers" in these communities. They are registered nurses who have special training or experience with community care from pediatrics through geriatrics. For the purposes of a community for a lifetime, they can visit people who are disabled and homebound on a regular basis. These types of services are provided by the traditional aging and disabled networks as well. Neighborly Care Network, the Area Agency on Aging, the Gulfport Multipurpose Senior Center, and Caring and Sharing are all sources for in-home assistance. The problem is that there are waiting lists and, in some cases, services are available based on financial need as well. If a person's resources are above a cut-off, she cannot receive this help. For some, it is still too costly to pay out-of-pocket, so they rely on the goodwill of their families, neighbors, and friends. For others, they can pay for it, but they want a reliable list of helpers (as described above). Parish nurses could fill both of these gaps. They would be reliable (given their training and affiliation with a local religious organization) and available to moderate income individuals (based on their mission). There was interest in this model of care as well, although some said they would prefer a secular care provider.

There are some differences between groups in terms of needs which are described next. Lesbian women would like to see public meeting spaces used for special purposes such as regular meetings of Seniors in a Gay Environment (SAGE; [www.sageusa.org](http://www.sageusa.org)). An example of a SAGE chapter can be found in South Florida ([www.sagesoflo.org](http://www.sagesoflo.org)). They would also like the

standard forms seniors are asked to complete in order to get healthcare or any other services to include “domestic partners” as a category they can check (next to single, married, widowed, divorced, etc.). It is important that language incorporate the identification of members of all groups so that individuals do not feel excluded and important familial information is not left out. They expressed concern that Gulfport was no longer an affordable place to own or rent a home, pay taxes, and get property and health insurance. One member stated that the City of Gulfport could apply for a tax credit for low income seniors which is available to municipalities.

Among caregivers of younger and older disabled family members, short-term respite care was mentioned the most often. In addition, some people mentioned the need for companionship for the caregiver especially during evenings and weekends. They also identified the need for recreation for their family members who are/were living with a disability. For example, the annual “Huff and Puff” race and the Handicapped Young Adults activities were good activities for young people with disabilities, but more options are needed, especially for adults living with disabilities.

The younger disabled described other programs that would help them and perhaps other disabled persons. These included a place to recycle assistive devices like canes, walkers, wheelchairs, and grabbers, and places at regular intervals throughout the city to charge their wheelchair batteries when they are out and about. They also spoke about the need for a continuous sidewalk with curb cuts that is free from tree branches or shrubbery throughout the entire city. They wanted painted crosswalks and larger street signs. In addition, there was interest in computer training at the library hours (e.g. through Tampa Bay Computer Society; [www.tampa-bay.org](http://www.tampa-bay.org)). They suggested that *The Gabber* be available for home delivery so the people who would most benefit from the activities advertised there would get the information.

The younger disabled group thought that Caring and Sharing should be city-run (rather than an outside service provider) so it would receive constant funding and be a reliable resource for younger and older disabled persons. Caring and Sharing is designated as an “Independent Living Center” also known as “Center for Independent Living.” It had been located in the Gulfport Recreation Center but moved permanently to the Multipurpose Senior Center in 2005. There are 500 of these types of centers in the US which are:

non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their families and communities . . . They work to assure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health and social services.  
([www.ilusa.com](http://www.ilusa.com))

Another such Center in the Tampa Bay area is Self-Reliance, Inc. which has a very impressive array of services for persons with disabilities in Tampa ([www.self-reliance.org](http://www.self-reliance.org)). In addition, the Rehabilitation Research & Training Center on Independent Living Management operates a useful website with materials for developing a fuller Center for Independent Living in Gulfport ([www.wnyilp.org/RRTCILM](http://www.wnyilp.org/RRTCILM)).

Among elders who are disabled, in addition to wanting an adult day center for those with cognitive impairments, they also needed more help with the physical environment (internal and external). They agreed with the younger disabled group that sidewalks need to run continuously throughout the city and crosswalks need to be marked. Lights need to be longer to provide extra time for people with disabilities to cross safely. All stores should have handicapped accessible bathrooms that people in wheelchairs can use (even if they were built prior to the Americans with Disability Act). Business owners need to be informed about the importance of wider aisles and provided sensitivity training for their staff. Assistance in public places and in the home for people with sensory handicaps (blindness or hearing impairment) is needed. For example, all public spaces for community gatherings could be outfitted with the Loop or equivalent system for hearing impairment ([www.abledata.com](http://www.abledata.com)).

People who attended the focus groups for disabled persons described concerns about evacuation during a hurricane. Gulfport Elementary School (2014 52nd St. S.) was recently made the city's hurricane shelter but does not include special needs. There are problems even getting there or to another shelter. Transportation to shelters prior to a hurricane needs to be a service provided by the city perhaps in partnership with local taxi services.

Focus groups also described their wishes for more cultural and recreation activities including transportation to cultural activities in nearby cities or inviting performers to Gulfport; family restaurants or buffet style dining which is less expensive and more traditional American diet than the more upscale restaurants in the art district. They were interested in a city pool. In terms of shopping, they also wanted a viable ice cream parlor and a store to replace K-Mart which closed in South Pasadena and left a vacuum for dry goods.

## **Discussion**

### ***The Making of a Community for a Lifetime.***

In one regard, Gulfport is already a community for a lifetime, based on demographics alone. One of four (28%) Gulfport residents is age of 65 or older. This is more than double the national average of one out of eight (13%). Residents of Gulfport have aged in place. But the city was not built with an eye to this age wave, so it decided to work towards a Community for a Lifetime designation by undergoing a rigorous self-review. These focus group discussions were part of that self-review.

Gulfport's older and disabled citizens and their caregivers report many of the same concerns for independence and quality of life that have been reported in previous research in other communities. Free choice, maintaining one's identity through meaningful activities and being oneself, having sufficient resources and health or at least access to good and affordable healthcare, maintaining cognitive abilities, and connecting with others and the community have been shown to be important to quality of life in cross-national studies (Cummins, 1997) and national studies (Kihl, et al., 2005; Stewart & King, 1994). And they were true among the 73 people who participated in the Gulfport focus groups. In addition, the need for respite has been identified by caregivers for decades and was also a major theme among these caregivers. Respite allows voluntary caregivers to get the time off they need so they can be caregivers for a longer time. Without respite, many caregivers experience worsening health and lower emotional well-

being (Salmon, Kaplan, Thompson & Mitchell, 2001). In these ways, the focus groups agreed with much of the research that has been done on quality of life of seniors and people with disabilities.

Throughout all of the focus groups, most participants stated that Gulfport is a great place to live. That was a given in most discussions. The exception to this sentiment was concern that citizens who are members of minority groups do not feel equally welcome in our neighborhoods, private businesses, and public agencies. The focus groups were held during the summer of 2005 before the passage of the Human Rights Ordinance (HRO) which addressed equal protection in public accommodations, housing, and employment without regard to the usual protected groups and also sexual identity and physical characteristic. This ordinance may go a long way to ensuring a more welcoming community. More and frequent overt actions to provide a sincere welcome to all Gulfport residents--from the City, Chamber of Commerce, and voluntary sectors--would help to create a culture that celebrates the city's growing diversity.

Focus groups lauded the Multipurpose Senior Center and other city agencies, especially the emergency medical services and police, for their responsiveness to seniors and the disabled. At the same time, it is clear that more could be done to make these services available to more individuals who need assistance.

### ***Policy Recommendations***

The focus groups went beyond defining a livable community to take the first steps for making Gulfport a community for a lifetime. The groups developed strategies that would meet the actual and expected needs identified in each group. In some groups, individuals stated they would be taking these ideas to other groups involved in some of the issues discussed, including the upcoming White House Conference on Aging pre-meetings in 2005, *The Gabber*, and personal contacts at City Hall. Most of the participants looked forward to hearing the results of the focus groups and planned to attend a public meeting where they are presented.

Possible next steps and recommendations for consideration by citizens, the city, Chamber of Commerce, religious organizations, and other voluntary groups are described next. These recommendations could be considered for the action plan needed to make an application for a Community for a Lifetime and are formulated in terms of goals, objectives, and implementation (Appendix A). A feedback form with short versions of each goal and objective is found in Appendix B and is proposed to be used at public meetings introducing these recommendations.

Throughout the discussions in response to general questions on independence and quality of life, the responses addressed eight dimensions of livability as outlined in *Livable Communities: An Evaluation Guide* (Kihl, et al., 2005). The dimensions are grouped in three domains: health services and a caring community; transportation, walkability, housing, and safety; shopping, recreation, cultural and civic activities. We discuss the findings in terms of these domains, demonstrating Gulfport's progress towards being a livable community for a lifetime. In some cases, we expand on each of these dimensions to include related concerns.

***Health Services and a Caring Community.*** "I love Gulfport" was stated enthusiastically at all eight focus groups. People have moved to or aged in place in this small city for a reason

and a large part of that reason is the caring relationships between neighbors. The City's Multipurpose Senior Center is lauded by its clientele. The staff are mentioned by name and are the main reason for the success of the Center. For people who make use of the Center, they use it for meals, exercise programs, socialization, and referral to needed services that are paid for privately or through public services offered through the Area Agency on Aging or city of Gulfport. In addition to referrals, the Center provides daily telephone reassurance calls to shut-ins, meals-on-wheels, GEMS taxi service, movies, lectures, and other entertainment.

For people who do not use the Center, they wish there was better marketing of what is available and that some of the programs would be available in the evening or on weekends as well. They also wish, more than anything else, that there was a directory of reliable helpers for activities of daily living, heavy housework and yard work, shopping, and transportation. One idea that could be the heart of a caring community is an "energy bank" or electronic bulletin board where needs and skills could be listed and matched. This would be a local version of 211 helpline. People could volunteer time and earn credits that could be used later when they needed help. People who need help in one aspect of life could give help in another area. Most focus group members already volunteer in many small and large ways. This altruism can be tapped into and provide an ancillary service corps for those who are not eligible for county or city services. It also is a way to allow those who need help to reciprocate and maintain their dignity.

As in national surveys, access to good quality and affordable health care is paramount in the minds of seniors and younger adults with disabilities. Focus groups wanted a 24-hour clinic or mobile unit in Gulfport that would be a step down from going to the emergency room and would provide an answer in the middle of the night when a health issue arises. The clinic would need to be available and accessible to all and not serve just one community. Alachua and Polk counties raised funds through ¼ cent and ½ cent sales taxes to provide health clinics for lower income individuals ([Galewitz, 2005](#)).

At the same time, the members of Town Shores showed some interest in developing a plan to become an official Naturally Occurring Retirement Community (NORC) which would include its own clinic, congregate dining, and an emergency call system in participating apartments.

There is one nursing home in the city, Boca Ciega Center, a non-profit 120-bed nursing home affiliated with Age Institute of Florida and licensed by Hearthstone Senior Communities, Incorporated. It received a four star rating in 2005 by the Agency for Health Care Administration. The only other options for step-down care from the hospital or step-up care from home when someone requires access to onsite 24-hour assistance are two adult family care homes that can assist a total of 8 individuals. The only licensed assisted living facility (Wishing Well) closed in 2006. There is interest in having affordable assisted living facilities in Gulfport. The Florida Housing Finance Corporation and the Department of Elder Affairs have developed models that blend funds from Housing and Urban Development (HUD) with Medicaid to make it possible for assisted living to be affordable to elders and still profitable for owners (see: [www.floridaaffordableassistedliving.org](http://www.floridaaffordableassistedliving.org)).

Another option that was tested in these groups and received a favorable response was the use of parish nurses or secular nurses as advocates and providers of health and long-term care to

people who are living at home and do not qualify for or are on a waiting list for services through the city or county.

Finally, there were concerns that all groups do not feel welcome in Gulfport or the Multipurpose Senior Center. Since the time of the focus groups, the Human Rights Ordinance passed which provides impetus to improving relations between groups and ensuring that all groups are being served by the city.

Goal 1: Improve access to reliable and affordable health and long-term care in Gulfport. This includes developing a directory of reliable helpers and an energy bank, creating a commission on health and long-term care to assess the feasibility of a health clinic, 24-hour assistance, adult day center, and assisted living facility in Gulfport, and Town Shores homeowners considering establishing a Naturally Occurring Retirement Center in their community.

Goal 2: Increase knowledge and use of existing and new services available through the Multipurpose Senior Center and other city, private, and voluntary entities. This includes developing a comprehensive marketing plan for the Senior Center, encouraging *The Gabber* to be available through affordable subscription and to include a regular column on living with disability.

Goal 3: Increase the diversity of Multipurpose Senior Center clients. This includes increasing the diversity of the Senior Center Advisory Committee and providing programs and procedures to better serve and honor people of diverse backgrounds.

***Transportation, Walkability, Housing, and Safety.*** Gulfport is a walkable city although distances make it necessary for many to drive or use other transportation to get around. It is several miles from the northernmost parts of planning areas 1 and 2 (north of Gulfport Boulevard) to the Art District along Beach Boulevard. It is also too far to walk or use a motorized wheelchair from area 3 and the western side of area 4 to 49<sup>th</sup> street, Gulfport's other commercial center with the city's only large grocery store chain (Winn-Dixie). Beyond distance, there are also physical hazards identified by focus group members with disabilities. Sidewalks are not continuous throughout the city and on both sides of the street; trees and bushes are permitted to grow over sidewalks; there are very few painted crosswalks; and traffic lights do not appear to be timed for people with disabilities. In addition, many streets without sidewalks are cobblestone which is very hard for unsteady walkers or people in motorized wheelchairs. On the upside, the sidewalks that do exist have had curb cuts installed. Motorized wheelchair owners need locations at public buildings and in between where they can charge their batteries and have access to an emergency call box.

GEMS earns its name daily (it is a gem of a service). The drivers are considerate and reliable and the service is affordable. But it does not run after 4 PM or on weekends and this leaves seniors and those with disabilities stranded at home for long periods of time. This isolation can affect quality of life. Dial-A-Ride Transit (DART) is available to people who are handicapped and cannot use regular public transportation. A person must be designated as disabled by a physician, social worker or physical therapist. Neighborly Care Network limits the

service to 10 miles from your home. Pinellas Suncoast Transit Authority (PSTA) buses have limited routes in Gulfport and focus group members report that services stop by 8 PM and on weekends so those who are dependent on public transportation are still stranded. In addition, focus group participants would not use PSTA because the schedules are not convenient, there are very few shelters with benches at bus stops, and some of the drivers have treated younger and older disabled passengers rudely when they do not get on the bus quickly enough. Focus group members stated that BATS taxi offered a discount, carried grocery bags into the house, and provided a way to pay in advance and use your “account” to pay for rides (eliminating the need to carry cash). In addition, focus groups were concerned about transportation to shelters during hurricanes and other emergencies.

Most of the focus groups brought up affordable housing as a concern. Although they may own their own homes, the costs of home owner’s insurance and taxes continue to go up as the value of their homes increases way beyond their initial investment and inflation. In the time since the focus groups, energy costs have also escalated and show no sign of returning to earlier levels. Seniors are usually on a fixed income—some with more resources than others but their budgets do not anticipate costs increasing more quickly than their income or return on investments.

Many focus group participants have already remodeled their bathrooms and sometimes other rooms or entrances for disability. Many others are concerned about the feasibility of making these remodels. And yet, wider doors, sloped entrances, and call button services for emergencies would make the difference between staying in their own home or condo or moving to a place that is more accessible. Due to the high cost of housing, even a downsizing move may not be affordable to current residents who want to remain in Gulfport. City officials often describe Gulfport as “built out.” There is very little room for new development. So the city and its budget only grows when home values increase and are sold and new owners are taxed at higher rates. Current owners have the homestead exemption (first \$25,000 in value is not taxed) and save our homes (limits taxable value to 3% a year). The city does not provide an additional exemption that can be made available to permanent homeowners age 65 and older through s. 6(f), Art. VII (Florida Statutes; <http://www.myflorida.com/dor/property/exemptions.html>).

The focus groups volunteered high praise regarding the police and emergency medical services in terms of response time and how they were treated by these civil servants. Only two concerns needed attention. Most focus group members did not feel safe on 49<sup>th</sup> Street. They wanted more streetlights on 49<sup>th</sup> and in other parts of the city to make it feel safer after dark. Implicit in these comments is a need to develop 49<sup>th</sup> Street and the east part of Gulfport Boulevard to be a vibrant commercial community that is connected easily with the art district on Beach Boulevard. Some of these concerns are being addressed in the City’s 49<sup>th</sup> Street Area Plan (Community Development Department, 2006). Finally, people with disabilities asked for larger street signs.

Goal 4: Improve access to affordable, reliable, convenient and safe housing, transportation, and streets for people with disabilities. This includes creating a Commission on housing, mobility, and safety and developing a helping network to help people with disabilities to modify their homes.

## *Shopping, Recreation, Cultural and Civic Activities*

Gulfport is not a Mecca for high culture such as the symphony, opera, art museums, Broadway musicals and plays, dance performances, and distinguished lectures. But Gulfport does have art walks; the Catherine Hickman theatre which offers plays and concerts; fine dining at a number of local restaurants; the Casino for ballroom, swing, zydeco, and contra dancing; parades and street festivals; a summertime Saturday market; and a public library with its Socrates Café discussion group. These cultural activities were identified as contributing to Gulfport's quality of life. Yet, most focus group members also yearned for other cultural activities available in St. Petersburg, Tampa, or Sarasota. With adequate evening and weekend transportation, these experiences would be possible for Gulfport's senior and disabled communities. The Multipurpose Senior Center staff noted that they are starting a bus service to events outside of Gulfport. With proper marketing, this service should be very popular.

Although Gulfport is marketed as an "art community," there is no public space for artists to create or show their work. Some focus group participants said there was a need for an art cooperative to meet that need. Many participants described their own art or craft work to be a part of what gives their lives meaning.

Gulfport has tennis courts, baseball fields, the beach, marina, fishing pier, a spur of the Pinellas bicycle trail, recreation center, Multipurpose Senior Center, and eight parks, one of which added a dog park to its complex since the time of the focus group meetings. Most of these services are located in the art and marina districts (areas 4 and 5, Figure 1). There are very few recreational or cultural activities in areas 1 and 3. Area 2 offers a newly renovated park complex, bicycle trail spur, and the 49<sup>th</sup> Street Neighborhood Center.

Focus group members made the most use of the tennis courts, marina, recreation center, and Multipurpose Senior Center. Some participants noted that the cost of renting Gulfport city spaces such as the 49th Street Neighborhood Center, Hickman Theatre, the Casino, and the Senior Center community room makes it prohibitive to community groups interested in putting on programs. In addition, individuals suggested removing the meter for the lights on the tennis courts; adding a changing room in the building next to the new dog park which is adjacent to the tennis courts; advertising the intergenerational opportunities at the marina; and making the Multipurpose Senior Center more welcoming to minority communities (e.g., African-Americans, Latinos, Gays, and Lesbians). Younger disabled persons wanted more recreation activities aimed at their interests and abilities. Several groups would like the city to build a covered, public pool.

Many businesses, some of which are located in remodeled single family homes or in older commercial structures are not accessible by wheelchair. While the city buildings are nearly all ADA compliant (Scout Hall is the last to be renovated and will be made compliant), large meeting rooms in these buildings do not have sensory assistance such as the Loop system for hearing impairments.

Focus groups also noted that Gulfport needs more family restaurants or buffet style dining which is less expensive and more traditional American cuisine than the more upscale restaurants in the art district. They also want a viable ice cream parlor and a store to replace K-

Mart which closed in nearby South Pasadena and left a vacuum for dry goods.

Goal 5: Increase access to cultural and recreational activities for people with disabilities. This includes providing transportation to such activities outside the city, improving the infrastructure within the city, increasing recreational activities for the younger disabled community, increasing access to year-round swimming, and increasing the availability of high interest businesses in Gulfport.

Goal 6: Improve access to businesses and municipal buildings for people with disabilities. This includes equipping large meeting spaces with for people with hearing impairments and identifying businesses that are accessible and would receive a gold seal as a business for a lifetime.

### Conclusion

This research explored the health, social service, government, education, and cultural needs of segments of people who are living with or may live with disabilities or who are caring for people with disabilities in Gulfport, Florida. The age wave hit Florida decades before the rest of the country and Gulfport is one of its cities with the highest proportion of elders. One out of four Gulfport residents (28%) is over the age of 65. In response to this age wave, Communities for a Lifetime is a Florida initiative to assist cities, towns, and counties to plan and implement improvements that will benefit both younger and older populations. A total of 73 Gulfport citizens participated in eight focus groups during the summer of 2005 and provided detailed strategies for making Gulfport an even more livable community for a lifetime. These strategies provide a blueprint for the City, businesses, and voluntary organizations to use in future planning.

### References

- Agich, G. J. (1995). Actual autonomy and long-term care decision making. In L. B. McCullough & N. L. Wilson (Eds.), *Long-term Care Decisions: Ethical and Conceptual Dimensions* (pp. 113-136). Baltimore, MD: The Johns Hopkins University Press.
- Arnold, S. B. (1991). Measurement of quality of life in the frail elderly. In J. E. Birren, J. E. Lubben, J. C. Rowe & D. E. Deutchmann (Eds.), *The Concept and Measurement of Quality of Life in the Frail Elderly* ( pp. 50-73). San Diego, CA: Academic Press.
- City-data.com (2005). Gulfport, Florida. Retrieved February 4, 2005 from: <http://www.city-data.com/city/Gulfport-Florida.html>.
- Cohen, E.S. (1988). The elderly mystique: constraints on the autonomy of the elderly with disabilities. *The Gerontologist*, 28, 24-31.
- Collopy, B.J. (1990). Ethical dimensions of autonomy in long-term care. *Generations*, 14, 9-12.
- Community Development Department (2006, March 7). *City of Gulfport 49<sup>th</sup> street neighborhood planning area plan*. Gulfport, FL: The Department.
- Cummins, R. A. (1997b). *Comprehensive Quality of Life Scale - Adult (ComQol) Manual*. Melbourne, Australia: Deakin University School of Psychology.
- Epodunk.com (2005). Population overview: Gulfport, FL. Retrieved June 16, 2005 from: <http://www.epodunk.com/cgi-bin/popInfo.php?locIndex=8562>.
- Felce, D. (1997). Defining and applying the concept of quality of life. *Journal of Intellectual*

- Disability Research*, 41(2), 126-135.
- Florida Department of Elder Affairs. (2006). What is a community for a lifetime? Retrieved June 6, 2006, from Department of Elder Affairs website:  
<http://www.communitiesforalifetime.org/what.html>
- Galewitz, P. (2005, July 31). Sales taxes used for uninsured health care. *Palm Beach Post*.
- Kihl, M., Brennan, D., Gabhawala, N., List, J., Mittal, P., & Herberger Center for Design Excellence et al. (2005). *Livable communities: An evaluation guide*. Washington, DC: AARP Public Policy Institute.
- Miskelly, S. (1995). Parish Nursing Model: Applying the Community Health Nursing Process in a Church Community. *Journal of Community Health Nursing*, 12.
- Morgan, D. (1988). *Focus Groups as Qualitative Research*. Newbury Park, CA: Sage Publications.
- Morgan, D. & Krueger, R.A. (1993). When to Use Focus Groups and Why. In David L. Morgan (Ed.). *Successful Focus Groups: Advancing the State of the Art* (pp.3-19). Newbury Park, CA: Sage Publications.
- Paloutzian, R. F. & Kirkpatrick, L. A. (1995). Introduction: The scope of religious influences on personal and societal well-being. *Journal of Social Issues*, 51, 1-11.
- Pine, P.P. and Pine, V.R. (2002). Naturally occurring retirement community-supportive service program: an example of devolution. *Journal of Aging and Social Policy* 14, N3-4, pp. 181-193.
- Polivka, L. (1997). *Autonomy and dependency in an ethic of care for the frail elderly*. (Long-Term Care Policy Series No. 6). Tampa: Florida Policy Exchange Center on Aging, University of South Florida.
- Salmon, J.R., Kaplan, M., Thompson, S.A., & Mitchell, G. (2001, November 7). Planning for Older Americans Act Funding to Support Family Caregivers: Final Report. Tampa, FL: Florida Policy Exchange Center on Aging.
- Secker, J., Hill, R., Villeneuve, L. & Parkman, S. (2003). Promoting independence: but promoting what and how? *Ageing & Society*, 23, 375-391.
- Smith, D.M. & Gates, G.J. (2001). *Gay and Lesbian Families in the United States: Same-Sex Unmarried Partner Households*. Washington, DC: Human Rights Campaign.
- Stewart, A. L. & King, A. C. (1994). Conceptualizing and measuring quality of life in older populations. In R. P. Abeles, H. C. Gift & M. G. Ory (Eds.), *Aging and Quality of Life* (pp. 27-54). New York: Springer Publishing.

## Appendix A

### Draft Action Plan for City of Gulfport Communities for a Lifetime Application

Goals and Objectives	Implementation	Timeline
<i>Health Services and Caring Community</i>		
<b>1: Improve access to reliable and affordable health and long-term care in Gulfport</b>		
1.1: Develop a directory of reliable helpers available for assistance.	<ul style="list-style-type: none"> <li>• Multipurpose Senior Center staff work with City’s information technology staff to create an online system that provides access to helpers with activities of daily living, chores, and transportation, and a way to log customer reviews of these services.</li> <li>• Multipurpose Senior Center Advisory Board Explore the possibility of developing an “energy bank” or electronic bulletin board to match volunteers and people in need who cannot get or afford services through the Center.</li> </ul>	2006-2007
1.2: Create a Commission on Health and Long-Term Care to assess community need and the feasibility for a health clinic, 24-hour assistance, adult day center, and assisted living facility in Gulfport.	<ul style="list-style-type: none"> <li>• City Manager will create the Commission on Health and Long-Term Care made up of 10 members representing: Multipurpose Senior Center (1); Gulfport Recreation Center (1); Physician with training or experience in geriatric care (1); Nurse with training or experience in geriatric care (1); Social worker with training or experience in gerontology or adult day care (1); Long-Term Care specialist with training or experience in assisted or supportive services (1); Gulfport Citizen age 18-59 with a disability (1); Gulfport Citizen age 60+ with a disability (1); Gulfport Citizen who is a caregiver of someone with a disability (1); Representative from a voluntary or faith based organization located in Gulfport (1). Members will be representative in terms of gender and gender identity, race and ethnicity. That is, 6 members will be female; 4 male. In addition, there will be at least one of the 10 who identifies as gay or lesbian; one African-American, and one Latino.</li> <li>• Commission holds public meetings located in 4 wards of the city to take testimony on the need for and feasibility of a health clinic, 24-hour assistance, adult day center, and assisted living facility in Gulfport.</li> <li>• Commission reports to City Council with recommendations within one year of formation.</li> <li>• Multipurpose Senior Center offers a technical assistance workshop for potential developers of affordable assisted living facilities (ALF) in Gulfport.</li> </ul>	2007-2008
1.3: Town Shores could establish one or more buildings to be a Naturally Occurring Retirement Community (NORC).	<ul style="list-style-type: none"> <li>• Town Shores homeowners could apply for grant funding to assess the interest and viability of a Naturally Occurring Retirement Community (NORC) in this private community.</li> <li>• Multipurpose Senior Center provide technical assistance in writing the grant.</li> </ul>	2006-2008
<b>2: Increase knowledge and use of existing and new services available through the Multipurpose Senior Center and other city, private, and voluntary entities.</b>		
2.1: Develop a comprehensive marketing plan for the Multipurpose Senior Center.	<ul style="list-style-type: none"> <li>• Multipurpose Senior Center Advisory Committee develop print, internet, and media materials that highlight all of the services available.</li> </ul>	2006-2007

Goals and Objectives	Implementation	Timeline
	<ul style="list-style-type: none"> <li>• Multipurpose Senior Center Advisory Committee disseminate this information at regular intervals each year.</li> </ul>	
2.2: <i>The Gabber</i> could consider ways to increase readership among shut-ins and those with disabilities.	<ul style="list-style-type: none"> <li>• Offer an affordable mailed subscription to shut-ins and others.</li> <li>• Consider a regular column on living with disability.</li> </ul>	2006-2007
<b>3: Increase the diversity of Multipurpose Senior Center clients.</b>		
3.1: Increase the diversity of the Senior Center Advisory Committee.	<ul style="list-style-type: none"> <li>• Change the rules for the Multipurpose Senior Center Advisory Committee nominations to include representation from African-American, Latino, and Gay and Lesbian communities.</li> </ul>	2006-2007
3.2: Provide programs to better serve diverse backgrounds.	<ul style="list-style-type: none"> <li>• Meet with religious and voluntary societies that serve the African-American, Latino, and gay and lesbian communities to design appropriate programs at the Multipurpose Senior Center.</li> <li>• Begin a chapter of Seniors in a Gay Environment (SAGE; <a href="http://www.sageusa.org">www.sageusa.org</a>) that meets in the Center.</li> <li>• Change intake forms used by Multipurpose Senior Center to include “life partner” as a family status option.</li> </ul>	2006-2007
<b><i>Transportation, Walkability, Housing, and Safety</i></b>		
<b>4: Improve access to affordable, reliable, convenient, and safe housing, transportation, and streets for people with disabilities.</b>		
4.1. Create a Commission on Housing, Mobility, and Safety to make recommendations for better transportation and safer mobility throughout the City.	<ul style="list-style-type: none"> <li>• City Manager will create the Commission on Housing, Mobility, and Safety made up of 12 members representing: Multipurpose Senior Center (1); agency providing services to disabled persons under age 60 (1); housing specialist with training or experience in affordable housing (1); public transportation specialist (1); private transportation specialist (1); law enforcement (1); Gulfport Citizen age 18-59 with a disability (1); Gulfport Citizen age 60+ with a disability (1); Owners of businesses located on 49<sup>th</sup> Street (1), Gulfport Boulevard (1), and 58<sup>th</sup> Street (1). Representative from a voluntary or faith based organization that serves Gulfport (1). Members will be representative of Gulfport in terms of gender and gender identity, race and ethnicity. That is, 7 members will be female; 5 male. In addition, there will be at least one of the 12 who identifies as gay or lesbian; one African-American, and one Latino.</li> <li>• Commission holds public meetings located in 4 wards of the city to take testimony on the need for affordable housing, transportation, and safer streets for people with disabilities, and a system to assist these individuals during evacuations.</li> <li>• Commission reports to City Council with recommendations within one year of formation.</li> </ul>	2006-2007
4.2: Develop a volunteer network to help persons with disabilities to to modify their homes in order to live with a disability.	<ul style="list-style-type: none"> <li>• Multipurpose Senior Center staff identify architects, builders, landscapers, agencies such as Self-Reliance, Inc., religious organizations, and voluntary associations who can help people with disabilities modify their homes, do yard work and provide exterior</li> </ul>	2007-2008

Goals and Objectives	Implementation	Timeline
	maintenance. <ul style="list-style-type: none"> <li>• Multipurpose Senior Center staff add these services to directories, energy banks, and marketing materials described in Goals 1 and 2.</li> </ul>	
<b><i>Shopping, Recreation, Cultural and Civic Activities</i></b>		
<b>5: Increase access to cultural and recreational activities for people with disabilities.</b>		
5.1: Provide transportation to cultural activities in nearby cities.	<ul style="list-style-type: none"> <li>• Develop evening and weekend transportation to cultural events in the Tampa Bay area.</li> </ul>	2006-2007
5.2: Improve the infrastructure for access to the arts within Gulfport.	<ul style="list-style-type: none"> <li>• Work with the Chamber of Commerce, the Gulfport Merchants Association, and 49<sup>th</sup> Street businesses to develop an artist co-operative.</li> <li>• Invite the Tampa Bay Orchestra and other cultural organizations to perform quarterly in Clymer park.</li> </ul>	2007-2008
5.3: Increase the number of recreational activities for younger persons with disabilities.	<ul style="list-style-type: none"> <li>• Caring and Sharing poll clients to identify recreation activities that they would most like available.</li> <li>• Caring and Sharing work with the Gulfport Recreation Center, Multipurpose Senior Center, and voluntary associations to provide these activities regularly throughout the year.</li> </ul>	2006-2007
5.4: Increase access to year-round swimming.	<ul style="list-style-type: none"> <li>• City manager conduct a feasibility analysis for building a city pool.</li> </ul>	2007-2008
5.5: Increase the availability of high interest businesses in Gulfport.	<ul style="list-style-type: none"> <li>• City manager and Chamber of Commerce to encourage new businesses to open in the Art District and on 49<sup>th</sup> Street that provide family dining, an ice cream parlor, and a dry goods store (like the K-Mart that closed in South Pasadena).</li> </ul>	2006-2009
<b>6: Improve access to businesses and municipal buildings for people with disabilities.</b>		
6.1: Ensure that all municipal buildings be accessible for people with disabilities.	<ul style="list-style-type: none"> <li>• City will ensure that renovation of Scout Hall, complies with the Americans with Disabilities Act.</li> <li>• Equip municipal buildings that hold community meetings with the Loop or similar system for people with hearing impairments.</li> </ul>	2007-2008
6.2: Identify and make physical changes needed for individual businesses to be a “business for a lifetime.”	<ul style="list-style-type: none"> <li>• Chamber of Commerce will work with staff from the Self-Reliance Inc. Center for Independent Living in Tampa to assess storefront businesses in Gulfport for being accessible for people with disabilities.</li> <li>• Businesses would pay for the evaluation by Self-Reliance, Inc. (<a href="http://www.self-reliance.org">www.self-reliance.org</a>) or other outside agency.</li> <li>• The Chamber will provide a Gold Seal by the city to those businesses that are or become a “business for a lifetime” as determined by an outside agency.</li> </ul>	2007-2010

## Appendix B: Public Meeting Feedback Form

Please rate the importance of each idea from 1 through 10. Write your rating in each box next to the idea.

1	2	3	4	5	6	7	8	9	10
Very Important					Not at All Important				

1: Improve access to reliable and affordable health and long-term care in Gulfport	
	1.1: Develop a directory of reliable helpers and an energy bank.
	1.2: Create a Commission on Health and Long-Term Care to assess community need and the feasibility for a health clinic, 24-hour assistance, adult day center, and assisted living facility in Gulfport.
	1.3: Town Shores could establish one or more buildings to be a Naturally Occurring Retirement Community (NORC).
2: Increase knowledge and use of existing and new services available through the Multipurpose Senior Center and other city, private, and voluntary entities.	
	2.1: Develop a comprehensive marketing plan for the Multipurpose Senior Center.
	2.2: <i>The Gabber</i> consider ways to increase readership among shut-ins and those with disabilities.
3: Increase the diversity of Multipurpose Senior Center clients.	
	3.1: Increase the diversity of the Senior Center Advisory Committee.
	3.2: Provide programs to better serve diverse backgrounds.
4: Improve access to affordable, reliable, convenient, and safe housing, transportation and streets for people with disabilities.	
	4.1: Create a Commission on Housing, Mobility, and Safety to make recommendations for better transportation and safer mobility throughout the City.
	4.2: Develop a volunteer network to help persons with disabilities to modify their homes in order to live with a disability.
5: Increase access to cultural and recreational activities for people with disabilities.	
	5.1: Provide transportation to cultural activities in nearby cities.
	5.2: Improve the infrastructure for access to the arts within Gulfport.
	5.3: Increase the number of recreational activities for younger persons with disabilities.
	5.4: Increase access to year-round swimming.
	5.5: Increase the availability of high interest businesses in Gulfport.
6: Improve access to businesses and municipal buildings for people with disabilities.	
	6.1: Ensure that all municipal buildings be accessible for people with disabilities and that meeting spaces for large public meetings are equipped for people with hearing impairments.
	6.2: Identify and make physical changes (e.g. entrances, bathrooms, aisles) needed for individual businesses to be a “business for a lifetime.”
Other Ideas (please describe and rate your other ideas below).	

**Please answer questions on other side. Thank you for your time!**

**Please tell us a little about you:**

Your identity (check all that apply):

- Male
- Female
- Gay, lesbian, bisexual or transgender
- African-American
- Asian-American
- Caucasian-American
- Hispanic-American
- Native American
- Other: \_\_\_\_\_

Your age group (check one):

- Under 18
- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 and older

Your household (please write in the number):

- Number of years you lived at least 3 months in Gulfport
- Number of people in your household (including you)

Check one:

- I/we own home in Gulfport (or paying a mortgage)
- I/we rent home in Gulfport
- I/we do not live in Gulfport

Do you or someone who lives with you have any of the following problems (check all that apply)?

- Hearing
- Eyesight
- Difficulty walking:
  - I use a wheelchair
  - I use a walker or crutches
  - I use a cane
- Breathing problems (asthma, COPD)
- Memory problems
- Mental health problems
- Other (please describe): \_\_\_\_\_

Business owners (check all that apply):

- Own a business in Gulfport (please describe): \_\_\_\_\_
- Business serves people who live in Gulfport but is located outside of Gulfport.
- I am considering a business to serve Gulfport (please describe): \_\_\_\_\_

**Return to marked boxes at the public meeting or to  
Gulfport Multipurpose Senior Center, 5501 27th Ave South.**

**Please answer questions on other side. Thank you for your time!**