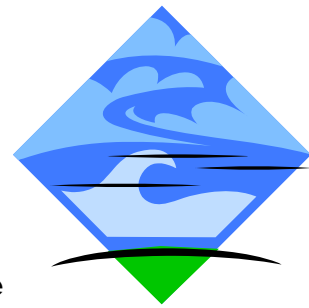
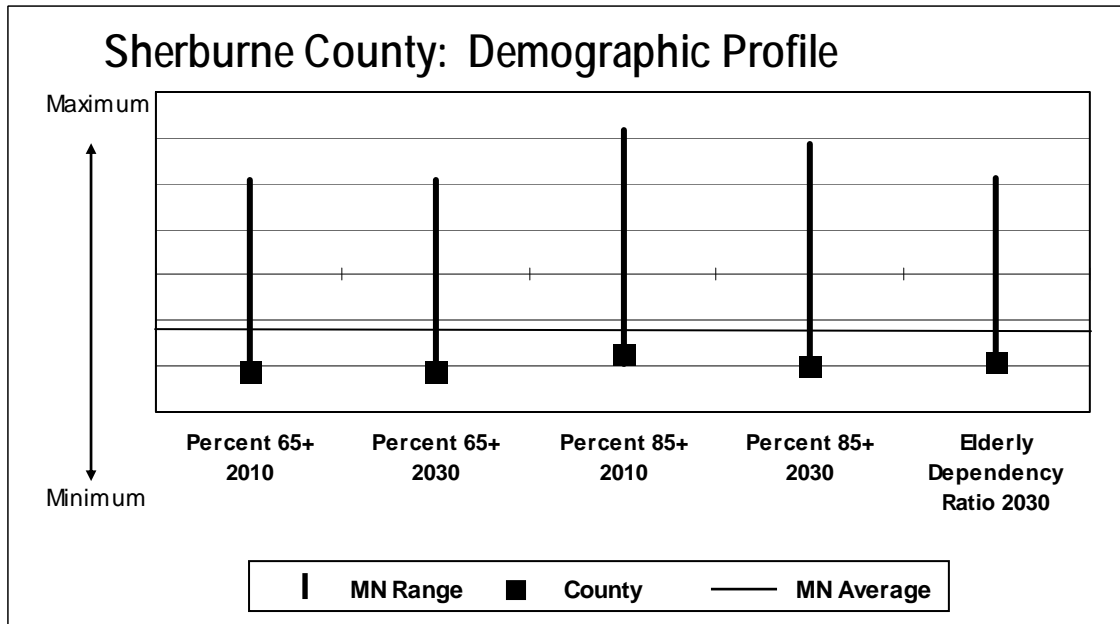


# Transform 2010 Sherburne County



## County-Specific Demographic and Service Profile



### Sherburne County Population Estimates by Age

Calendar Year	Total County Population	65+ County Population	County Percent 65+	State Percent 65+	85+ County Population	County Percent 85+	State Percent 85+
2000	64,417	4,584	7.12	12.08	692	1.07	1.74
2010	86,350	6,560	7.60	12.47	890	1.03	1.96
2030	121,920	18,010	14.77	20.59	1,800	1.48	2.61

### Elderly Dependency Ratio<sup>1</sup> in Sherburne County

Calendar Year	65+ County Population	15-64 County Population	County Dependency Ratio	State Dependency Ratio
2000	4,584	43,161	10.62	18.53
2010	6,560	59,980	10.94	18.37
2030	18,010	77,770	23.16	33.84

## 2004 Sherburne County 65+ Population Estimates by Race and Ethnicity<sup>2</sup>

Total 65+ County Population	White American	African American	American Indian	Asian American	Two or More Races	Hispanic American
5,642	5,605 (99.3%)	6 (0.1%)	6 (0.1%)	19 (0.3%)	6 (0.1%)	20 (0.4%)

## Percent of 65+ Population Living Alone in Sherburne County

Calendar Year	65+ County Population	65+ Living Alone	County Percent (%) 65+ Living Alone	State Percent (%) 65+ Living Alone
2000	4,584	1,131	24.67	29.79
2010	6,560	1,500	22.87	28.28
2030	18,010	3,950	21.93	26.88

## Family Caregiver Ratio<sup>3</sup> in Sherburne County

Calendar Year	85+ County Population	Females 45-64	County Ratio	State Ratio
2000	692	5,723	12.09	15.94
2010	890	9,960	8.94	14.74
2030	1800	13110	13.73	23.08

## SERVICE UTILIZATION DATA

### Total Public Long-Term Care Expenditures on Institutional versus Home and Community-Based Services for the 65+ Population in Sherburne County

Fiscal Year <sup>4</sup>	Alternative Care <sup>5</sup>	Fee For Service Elderly Waiver <sup>6</sup>	MSHO EW Add On <sup>7</sup>	Non-Waiver Medical Assistance Home Care <sup>8</sup>	Medical Assistance Nursing Home	Total Cost	County % Nursing Home/ % Home & Community	State % Nursing Home/ % Home & Comm
2000	343,211	516,577		428	3,860,664	4,720,880	82 / 18	88 / 12
2001	383,841	642,210		853	4,102,901	5,129,805	80 / 20	86 / 14
2002	453,068	809,209		299	4,559,832	5,822,409	78 / 22	84 / 16
2003	507,789	829,487		37,682	4,520,519	5,895,478	77 / 23	80 / 20
2004	606,288	869,421	86,140	71,448	4,523,585	6,156,882	73 / 27	79 / 21

**Percent of Older Adults Served in Elderly Waiver (EW) and Alternative Care (AC) Programs with Higher Care Needs<sup>9</sup> in Sherburne County**

Fiscal Year	Total County AC/EW Eligible Clients	County Non-A Case Mix	County % Non-A Case Mix	State % Non-A Case Mix
2000	181	67	37.0	35.70
2001	184	64	34.8	35.30
2002	196	68	34.7	37.20
2003	193	63	32.6	39.70
2004	207	80	38.6	42.30

**Nursing Home Beds per 1,000 Older Adults Age 65+ and 85+ in Sherburne County**

Calendar Year	County Total Nursing Home Beds	County Beds Per 1,000 65+	State Beds Per 1,000 65+	County Beds Per 1,000 85+	State Beds Per 1,000 85+
2001	449.0	97.9	69.69	648.8	483.80
2003	416.0	84.1	65.7	624.6	431.4
2005	416	73.7	60.4	530.6	378.6

**2005 COUNTY GAPS ANALYSIS RESULTS**

**Home and Community-Based Long-Term Care Services**

- Overall supply of home and community-based services was deemed adequate.
- In-home respite, caregiver support, adult day services, personal care, home health care, home modification, guardianship/conservatorship, hospice/palliative care, and assisted living were identified as having been added or expanded.
- Efficient use of available funds, development of a competitive provider network, and assuring a smooth transition from county case managed service delivery to PMAP were identified as the highest priorities.

**Housing Options**

- Overall supply of housing and services was deemed adequate.
- Four new housing developments with 50 units were added in the county.
- Affordable housing was identified as inadequate or unavailable. Residents are spending all of their assets on expensive supportive housing and then running out of money so they have nothing left to pay for rent.
- Highest priority is to further support providers in the development of diverse housing options.

## Nursing Homes

- Overall supply of nursing home beds was deemed adequate.
- State and federal funding for nursing facilities was identified as inadequate.

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<sup>1</sup> Elderly Dependency Ratio: the number of individuals age 65+ divided by the number of individuals ages 15-64.

<sup>2</sup> Race categories are single race alone, except for the “two or more races” category. Individuals of Hispanic origin can be of any race.

<sup>3</sup> Family Caregiver Ratio: the ratio of the number of older adults age 85+ to the number of females ages 45-64 (who are the typical caregivers).

<sup>4</sup> Fiscal Year: state budget year beginning July 1 and ending June 30 of following year.

<sup>5</sup> Alternative Care Program: is a state-funded program that supports certain home and community-based services for older Minnesotans age 65 and over who are at risk of nursing home placement, have low levels of income and assets, but are not eligible for Medical Assistance.

<sup>6</sup> Fee For Service Elderly Waiver Program: is a program that funds home and community-based services for people age 65 and older who are eligible for Medical Assistance (MA) and require the level of medical care provided in a nursing home but choose to reside in the community. Individuals in the Fee for Service program are not receiving their care through MSHO.

<sup>7</sup> MSHO EW Add On: is payment for EW services within MSHO. Minnesota Senior Health Options (MSHO) is a health care program that combines all health care services and long-term care services into one health care package. It is for people ages 65 and older who are eligible for Medical Assistance (MA) and enrolled in Medicare Parts A and B or who have MA only.

<sup>8</sup> Non-Waiver Medical Assistance Home Care: is MA home care services for individuals who are not receiving their services through a waiver program because they are not deemed at risk of nursing home placement.

<sup>9</sup> Individuals with Higher Care Needs: those individuals who are assessed at Case Mix levels B-K. Case Mix A is the classification used for those individuals with the lowest level of care needs.