



THE
ART
OF AGING

THE 2016-2020 AREA PLAN AND COMMUNITY REPORT

SONOMA COUNTY AREA AGENCY ON AGING
MAY 2016

Dedication

This report is dedicated with gratitude to the memory of the longest-serving member of the Area Agency on Aging Advisory Council, Lou Funk. Lou was a distinguished community leader who passionately advocated for the ability for all Sonoma County seniors and those with disabilities to live healthy, fulfilled lives and to be treated with respect and dignity. Lou was fortunate enough to live life fully for 102 years, a true testimony to aging well in Sonoma County.



Lou Funk
AAA Advisory Council
Years of service 1990-2013

Lou Funk served as an accomplished hospital administrator from 1949 to 1978, contributing to the development of a family practice residency at Sonoma Community Hospital in the 1970s. Upon his retirement, Lou Funk continued to give to his community through participation on the Salvation Army Board, the Supervisor Committee for the Redwood Credit Union and as a member of the Area Agency on Aging Advisory Council. Lou benefited throughout his life from his early involvement in sports as a swim coach, lifeguard, captain of the Baltimore Bullets, events coordinator for the Baltimore Colts, and 20 years as an official for the South Pacific JC swimming and track meets.

The Sonoma County Board of Supervisors recognized Lou Funk, on the occasion of his 100th birthday, for being a positive model of active aging and civic involvement and his exemplary contributions to Sonoma County.

Aging is an Art —

and Sonoma County seniors are perfecting it. Today's 80 year old is a lot different from yesterday's 80 year old. Seniors are vibrant and engaged, a vital energy in our community.

Are there challenges?

Of course, but this report contains the data and a plan to help seniors live healthier, happier lives.

Sonoma County Board of Supervisors

Susan Gorin, District 1
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Shirlee Zane, District 3
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Diane Kaljian, Director
Sonoma County Area Agency on Aging
Sonoma County Adult & Aging Services Division



Mission

The Sonoma County Area Agency on Aging provides leadership, services and advocacy to promote dignity, independence and quality of life for seniors, adults with disabilities, and their caregivers.

Acknowledgments

The Sonoma County Area Agency on Aging acknowledges the support and participation of the following agencies and individuals involved in making this report possible.

Key Informant Interviews

Key informants who provided one-on-one input: Jerry Dunn, Carroll Estes, Naomi Metz, Jorge Ortiz, and Supervisor Shirlee Zane.

Focus Groups

The 92 individuals representing Sonoma County seniors, adults with disabilities, caregivers, and service agency staff members who participated in the needs assessment focus group discussions.

Community-based organizations, senior centers, and senior housing facilities that hosted the focus groups.

The facilitators of the focus groups: Colleen Campbell, Robert Cortez, Terry Kelley, Bonnie Lasky, Jim Redding, Jane Eckels, Tracy Repp, and Rhiannon Coxon.

The trainer of the focus group facilitators: Jane Eckels.

The focus group scribes: Susan Alesi, Rhiannon Coxon, Judy Erickson, Tracy Repp, Susan Sudduth, and Beverly Winsor.

Survey

The more than 1,500 Sonoma County seniors who completed the needs assessment survey.

The agencies that distributed, collected, and submitted surveys.

Staff

Sonoma County Human Services Director Jerry Dunn.

Sonoma County Area Agency on Aging staff members: Diane Kaljian, Gary Fontenot, Tracy Repp, Jenay Cottrell, Rhiannon Coxon, Norine Doherty, Judy Erickson, Ilene Moran, Becky Weislow, and Lori Holaday.

The Sonoma County Human Services Planning, Research, Evaluation, and Engagement Division staff: Oscar Chavez, Angie Dillon-Shore, Fermin Espinoza, Bethany Facendini, George Malachowski, Kris Montgomery, Debra Van Vleck, Renee Alger, and Allegra Wilson.

Special Acknowledgments

The members of the Planning and Funding Committee of the Sonoma County Area Agency on Aging Advisory Council: Judith Eisen, Sumedha Mona Khanna, MD, Margaret Loftus, Bob Picker, Jim Redding, Ruth Robeson, Rabon Saip, and Diane Spain.

Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE).

To the following for providing photographs appearing in this report: Sarah Stierch, Adult & Aging Services Division staff, Petaluma People Services Center, La Luz Center, Catholic Charities, and Senior Advocacy Services.

B Fernandez and the Studio B team for report layout and graphic design.

This report, *The Art of Aging*, was prepared by Dr. B.J. Bischoff of Bischoff Performance Improvement Consulting, under the guidance of Adult & Aging Services Division Director Diane Kaljian.

Jerry Dunn, Director of the Sonoma County Human Services Department, for his steadfast support of the mission of the Adult & Aging Services Division, for his thoughtful leadership of the department since 2011, and for his compassionate service to the department since 1997. The Sonoma County Area Agency leadership congratulates him on his 2016 retirement and wishes him a joyful and fulfilling future.

Judith Eisen, AAA Advisory Council member, for the use of her artwork on the cover and throughout this document. For additional information about Judith Eisen's work, please visit www.judithaeisen.com or email judithaeisen@gmail.com. The following is a description of all of her artwork appearing in *The Art of Aging*: On the cover, *Fall Vineyards*, 2015, original is oil on linen, 70" x 48". Page 37, detail from *Red Vines*, 2014, original is oil on canvas, 18" x 24". Page 53, detail from *Fall Vineyards* (on cover).



Foreword

The Art of Aging, the focus of the 2016-2020 Sonoma County Area Agency on Aging Plan and its Community Report, reflects the positive attitudes and creative energy Sonoma County seniors enjoy today. We are watching the burgeoning senior population redefine old age by moving away from traditional ageism toward opportunities that encourage seniors to enjoy activities, try new things, pursue their passions and engage in meaningful community service.

Once every four years, the Sonoma County Area Agency on Aging (AAA) examines the characteristics and needs of the county's senior population and develops a comprehensive report that describes the current status of the county's seniors; the programs and services available for senior support; and specific goals and objectives that will enable us to better serve seniors over the next four years. Demographic characteristics identified a broad diversity among senior residents. Today, we are a community of individuals who are independent, healthy, frail, dynamic, gay, straight, wealthy, low income, curious, wise and much more.

Through this comprehensive needs assessment, we learned that Sonoma County seniors want to learn more about supportive services that will help them remain in their homes, access quality healthcare, build financial security, and provide options to ensure continued mobility. By knowing what seniors need and want, AAA is better able to mobilize resources, build community partners and develop efficient, cost-effective programs to address these needs.

In 2015, a Sonoma County consortium established a county-wide initiative called Aging Together Sonoma County (Aging Together). Its mission is to promote a community that ages together and creates opportunities and resources that will foster enlightenment, respect, and interdependence among members throughout Sonoma County, while honoring our diversity, intergenerational connections, and benefits. Through Aging Together, the leadership of public agencies and community-based organizations has pledged to incorporate aspects related to the needs of the aging population in their daily decision-making.

Our vision is for all Sonoma County seniors to age with dignity, independence, and grace, built on foundations of optimal health, financial security, safety, and well-being. I was so pleased to read the title of this new Area Plan: *The Art of Aging*. Not only does it encompass all of the issues we must address as we get older, it reminds us that we have a wonderful opportunity to embrace the process, express our individuality, vibrancy, and creativity, seek out new passions, and transcend our tendency to focus on our frailties. Let your aging experience be artful and rewarding! It is an honor for me to serve AAA as the Chair of the Advisory Council and to be a part of the solutions to make our vision a reality for all Sonoma County seniors.

Ruth Robeson, Chair
Sonoma County Area Agency on Aging
Advisory Council

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The Sketchbook

Executive Summary

The Art of Aging, the focus of the 2016-2020 Sonoma County Area Agency on Aging Plan and Community Report, reflects the vibrancy and creativity of Sonoma County's growing, diverse senior population. This report is designed to reflect the multiple ways that Sonoma County seniors continue to express their creativity and artistic endeavors throughout their lifespan. To honor the importance of the arts among Sonoma County seniors, the major sections of this report have the following titles that align with visual art terms:

- **Section 1 is The Sketchbook:**
An overview of the highlights of this report
- **Section 2 is The Palette:**
A description of the Sonoma County Area Agency on Aging
- **Section 3 is The Composition:**
The characteristics of Sonoma County's senior population
- **Section 4 is The Frame:**
An analysis of the trends impacting Sonoma County seniors
- **Section 5 is The Perspective:**
A description of the Sonoma County Area Agency on Aging strategic priorities
- **The Canvas:**
The appendices and listing of the data images contained in this report

People over 60 now comprise a larger proportion of the population of the county, state, and country than ever before in history. Sonoma County's senior population comprises 118,951 individuals, representing 24% of the county's total population. The number of seniors in Sonoma County represents a growth of 5.7% since 2012 and 25% since 2008.¹ This growth in Sonoma County's senior population has major implications for both individual and community life by enriching the county with increasing wisdom and a wealth of inter-generational connections. It also is challenging families and community organizations to provide the support that seniors need to stay healthy, safe, engaged, and independent.

This report from the Sonoma County Area Agency on Aging (AAA):

- Describes AAA and its tapestry of services available to county seniors (Page 11).
- Provides a demographic snapshot of Sonoma County's growing senior populations (Page 21).
- Identifies significant social, economic, and infrastructure trends impacting Sonoma County seniors and their implications to seniors' independence, health, and wellbeing (Page 31).
- Describes AAA's four-year plan to strengthen the local framework of services to meet the needs of Sonoma County seniors (Page 47).

The Sonoma County Area Agency on Aging Senior Service System

The Sonoma County Area Agency on Aging (AAA), under the leadership of the Sonoma County Board of Supervisors and administered by the Adult & Aging Services Division of the Sonoma County Human Services Department, is part of a national system of Area Agencies on Aging created by the Older Americans Act. AAA's mission is to *provide leadership, services, and advocacy to promote the dignity, independence, and quality of life for seniors, adults with disabilities, and their caregivers*. AAA and its Advisory Council plan, coordinate, and allocate Older American Act funds for services for persons 60 years of age and older in Sonoma County.



Regionally located senior service providers form the nucleus of diverse agencies serving seniors, caregivers, and adults with disabilities. These agencies and other community partners are the backbone of senior services delivery. AAA builds on this foundation to promote the independence and wellbeing of both current and future Sonoma County seniors. Major components of the AAA service system include the following:

- **Sonoma County Area Agency on Aging Advisory Council** – Planning and advocacy for the needs of seniors, people with disabilities, and their caregivers
- **Outreach and Education** – Activities to enhance access to timely and accurate information to seniors, caregivers, and families and friends of seniors, and expand points of information dissemination
- **Evidence-Based Health Programs** – Proven health education and behavior change programs to promote health, prevent injury through fall prevention programs, and help individuals living with disabilities and chronic diseases
- **Caregiver Support** – Counseling services, respite, and support groups
- **Supportive Services** – Services that help seniors remain independent at home
- **Food and Nutrition Services** – Supporting congregate and home-delivered meal programs that include nutrition counseling and education and connecting seniors with the CalFresh program (formerly known as Food Stamps) and Farmers' Market Coupons
- **Health Insurance Counseling and Advocacy Program (HICAP)** – Free, expert peer counseling to assist seniors in navigating the complex Medicare and private insurance systems
- **Elder Justice Coalition** – Information on abuse prevention and education, training, and advocacy activities on behalf of seniors at-risk for or experiencing abuse or neglect
- **Behavioral Health Initiatives** – Direct services, education and collaborative leadership to promote positive mental health
- **Transportation and Mobility Initiatives** – Information and education to promote safe driving and advocacy for expanded transportation options for non-driving seniors and people with disabilities
- **Housing Initiatives** – Supporting initiatives focused on assisting seniors to obtain appropriate housing to age in place

“We need to change the culture about how people think about the senior population.”

—Focus group member from a community-based senior services provider in Santa Rosa

“When one has been independent, we often don’t know what services are available when we begin to lose our independence.”

—Senior center focus group participant from Petaluma

Sonoma County’s Senior Population

Sonoma County seniors are living longer, represent 24% of the total population,² and comprise an expanding number of subpopulations differentiated by age, ethnicity, and economic status. Sonoma County senior population highlights include the following:

- Women age 60 and older (55%) significantly outnumber men (45%).³
- The number of individuals in Sonoma County age 60-69 represents 56% of the senior population; people age 70-79 represent 25% of the senior population; people age 80-84 represent 8% of the senior population; and people age 85 and older represent 10% of the senior population.⁴
- The Sonoma County Latino life expectancy averages 85.3 years, while the life expectancy for Sonoma County residents who are white is 80.5 years.⁵
- Sonoma County Latinos and all other non-white ethnicities/races age 60 and over comprise 14% of the population, an increase of 11.5% over 2012 and 24.2% over 2008. Specifically, this population includes 8% Latino and 6% other ethnicities/races.⁶ By 2030, Latino and all other ethnic groups will represent 25% of the total senior population in Sonoma County and Latinos will continue to be the largest group at 16% of the senior population.⁷

While many Sonoma County seniors are able to live independently in their communities, share their lives with friends and family, and enjoy a vibrant quality of life as they age, some seniors need support to maintain their independence. The AAA four-year plan identifies senior groups that face a greater risk of decreased

independence and wellbeing and outlines strategies to strengthen community-based essential long-term services and supports for those who need them most.

These vulnerable senior groups include seniors with disabilities, low-income seniors, seniors age 85 and older, and seniors who are geographically isolated. Being part of two or more of these groups puts seniors at even greater risk for decreased quality of life, loss of independence, and poor health outcomes. Characteristics of Sonoma County vulnerable seniors include the following:

- **Disability:** 29% (34,757) of Sonoma County seniors report having a disability due to some type of physical, mental and/or emotional condition, compared to 12% (60,722) of the total population.⁸
- **Poverty:** 21% (24,583) of Sonoma County seniors age 60 and older live in poverty. For seniors 75 and older, the figure is 26% (8,617)⁹ compared to 11.3% of the total population.
- **Advanced Age:** Sonoma County is currently home to 12,434 (10%) seniors age 85 and older.¹⁰
- **Geography:** Of the total senior population, 49,651 (42%) live in unincorporated towns and rural areas, 17,953 of whom (15% of seniors) are considered geographically isolated based on the definition in the Older Americans Act.¹¹

Framing the Future: Trends Impacting Sonoma County Seniors

Planning for and responding to the needs of a growing and changing senior population requires vision,

enhanced collaboration among public and private sector stakeholders, and a long-term commitment to make Sonoma County a place where seniors achieve optimal health and wellbeing throughout their lives. The trends that will frame the quality of life of Sonoma County seniors include the following:

- Continuing growth, longevity, and changing characteristics of senior populations, including ethnicity and gender identity;
- The need for economic security;
- The ability to access affordable healthcare;
- The need for affordable housing and the ability to remain independent at home;
- The need for flexible transportation options;
- Increased demand for senior services;
- Support for family caregivers;
- The need for paid caregivers to assist the growing senior population;
- Insufficient government funding for much-needed programs;
- Changes in technology;
- The need for greater cultural competence in the delivery of services and the implementation of government policies;
- Increased need for veterans services; and
- The need for greater public awareness of available services and supports.

Sonoma County Area Agency on Aging Four-Year Plan

The following goals represent AAA's strategic priorities for achieving its mission.

Goal 1: Expand awareness of and access to available services and supports for seniors, their families and caregivers.

AAA will build upon its strong network of community partnerships to inform seniors and their families of existing and new services. AAA will continue to advocate for a comprehensive outreach system prioritizing those most at need. Focus group participants mentioned the AAA's *Senior Resource Guide* as a helpful source of information on services.

AAA is developing an Aging and Disability Resource Center of enhanced care management, information and assistance through the Linkages program. AAA's community partners will continue efforts to develop a community wide, integrated, senior service information system, accessible by telephone and Internet, which will be critical to helping seniors and their families in locating supports appropriate to their needs and resources. Expanded outreach to linguistically and geographically isolated populations, seniors with disabilities, and the frail elderly will help connect these at-risk groups to services and enhance their ability to get assistance when needed. An active public information campaign, highlighting the availability of long-term services and supports, helps all Sonoma County residents in planning for and meeting the challenges of aging.

“I’m concerned about the future of Medicare and Social Security.”

—90-year-old survey respondent



Goal 2: Enhance the safety, mental and physical health, and wellbeing of seniors of all ages, emphasizing healthy aging throughout the lifespan.

AAA funds senior supportive services, including nutrition, adult day programs, and case management, as well as health promotion programs to encourage healthy aging. AAA's experience implementing evidence-based programs can be expanded to include collaboration with additional healthcare and community agencies. Volunteers have been effective in providing education and training to health care professionals, service providers, and the community. A Matter of Balance and Healthy IDEAS programs have been implemented in Sonoma County with success and promoted an increase in collaboration with healthcare agencies throughout the county. Additionally, AAA continues to build upon community relationships to increase elder abuse prevention activities and awareness.

Goal 3: Strengthen the community's capacity to assess, plan for, and respond to the increasing needs of Sonoma County's senior population.

AAA collaborates with healthcare and community partners to advocate for services that will allow seniors to remain living in the community. The Planning and Funding Committee oversees the AAA funding allocation and reviews contractor performance. The AAA Legislative Committee meets regularly with elected officials to advocate for new legislation and reforms. The Transportation and Mobility Committee pursues transportation coordination and improvements for seniors. The Older Adult Collaborative, which provides case management and counseling services for seniors who are depressed or suicidal, has taken a leadership role in addressing mental health issues for seniors and will continue to expand those services. AAA participates in the California Department of Aging/Area Agencies on Aging data management system that has the potential of providing timely and accurate profiles of seniors receiving services.

Goal 4: Involve and engage seniors as a valuable resource in the community.

Sonoma County's Aging Together initiative is helping to connect generations for the well-being of the entire community. Through Aging Together, AAA and other county agencies will engage families, businesses, local government, and the broader community to identify ways for seniors to be physically, psychologically, and financially healthy and active, and connected to others throughout the county. Sonoma County's Retired Senior Volunteer Program (RSVP), operated by the Sonoma County Volunteer Center, will continue to be an important connector between seniors and volunteer needs in all communities. AAA involvement with the Age-Friendly Cities/Livable Communities initiative will enable multi-generational participation to help many seniors age in place and remain a vital force in their communities.

Looking Toward the Future

Today's Sonoma County seniors are living longer, healthier, more independent, and more engaged with their communities than any previous generation. Tomorrow's seniors will continue to enrich Sonoma County with their creativity and energy and the myriad of skills and experience they bring to every facet of community life. As we look to the future and work toward creating a community that supports and nurtures all residents at every stage of life, seniors will remain one of our most valuable resources. For more information, visit www.socoaaa.org or call **(707) 565-5950** or **(800) 510-2020**.



“Senior centers are good opportunities for seniors to network. More are needed!”

— 72-year old survey respondent



Key Findings

The following information presents key findings about the Sonoma County senior population.

Demographics

- Sonoma County's senior population comprises 118,951 individuals, representing 24% of the county's total population.¹²
- Women age 60 and older (55%) significantly outnumber men (45%).¹³
- The number of individuals in Sonoma County age 60-69 represents 56% of the senior population; people age 70-79 represent 25% of the senior population; people age 80-84 represent 8% of the senior population; and people age 85 and older represent 10% of the senior population.¹⁴
- The Sonoma County Latino life expectancy averages 85.3 years, while the life expectancy for Sonoma County whites is 80.5 years.¹⁵
- Sonoma County Latinos and all other non-white ethnicities/races age 60 and over comprise 14% of the population, an increase of 11.5% over 2012 and 24.2% over 2008. Specifically, this population includes 8% Latino and 6% other non-white ethnicities/races.¹⁶ By 2030, Latino and all other ethnic groups will represent 25% of the total senior population in Sonoma County and Latinos will continue to be the largest group at 16% of the senior population.¹⁷
- 29% of Sonoma County seniors report having a disability due to some type of physical, mental and/or emotional condition, compared to 12% of the total population.¹⁸

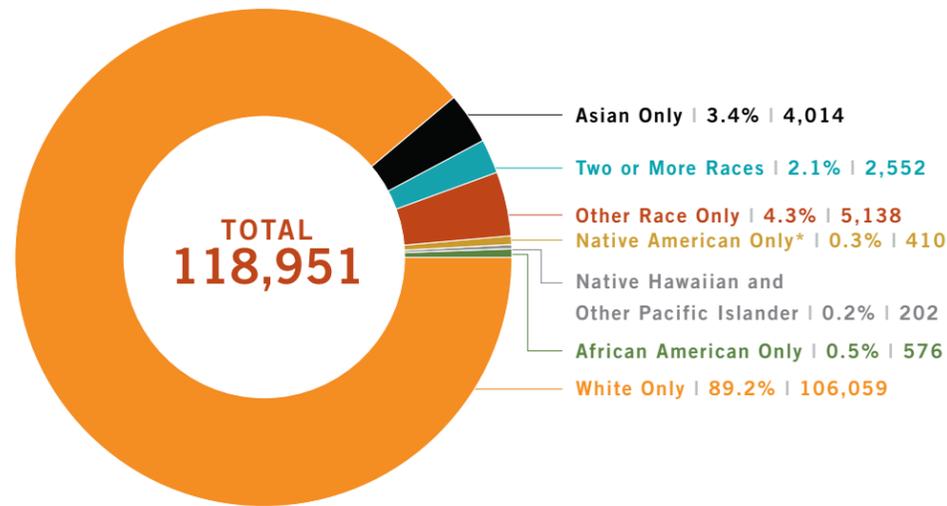
- 21% of Sonoma County seniors age 60 and older live in poverty. For seniors 75 and older, the figure is 26%.¹⁹ Compared to 11.3% of the total population.
- Sonoma County is currently home to 12,434 seniors age 85 and older.²⁰
- Of the total senior population, 49,651 (42%) live in unincorporated towns and rural areas, 17,953 of whom (15% of seniors) are considered geographically isolated based on the definition in the Older Americans Act.²¹
- Sonoma County seniors are more educated than seniors in California and the United States as a whole, with 38% of seniors age 60 and older having a bachelor's degree.²²
- 18% of the population of individuals age 60 and over (20,912 individuals) have served in the armed forces.²³
- In 2015, 6% of all county homeless residents were age 61 and older, compared to 3% in 2013.²⁴

Needs (as identified in the 2015 AAA Senior Needs Assessment Survey, Appendix 3)

- **Independence:** 74% of respondents were concerned about staying independent at home.
- **Services:** 73% of respondents were concerned about learning about services available to them.
- **Services:** 72% of respondents were concerned about receiving senior services.
- **Healthcare:** 69% of respondents reported that they were concerned about healthcare.
- **Living at home:** 66% of respondents would prefer to remain living in their home during retirement.

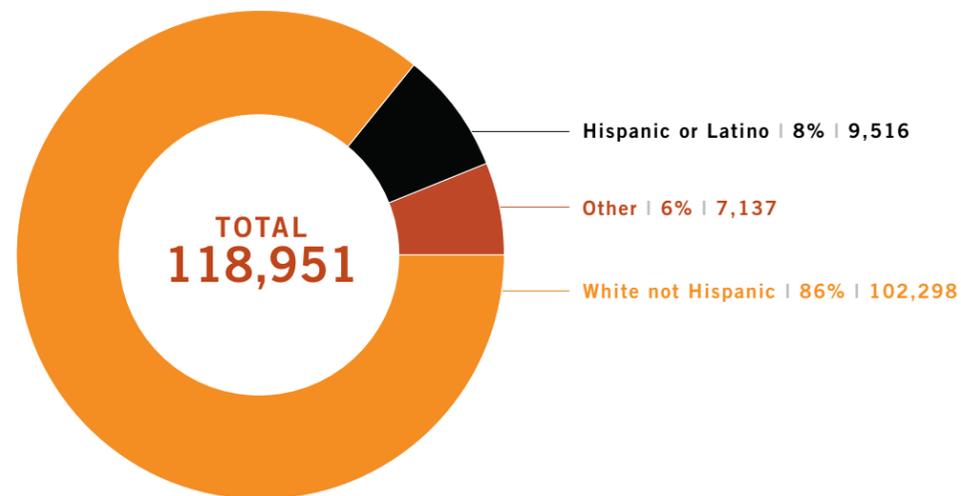
Key Facts
CURRENT DATA

RACE OF SONOMA COUNTY SENIORS AGE 60 AND OLDER



*Native American only combined with American Indian and Alaskan Native tribes specified; or American Indian or Alaskan Native, not specified and no other race
Percentages retrieved from census 2014 estimate % of 119,416 and applied to 2014 ACS PUMS 1-year estimates for consistency

ETHNICITY OF SONOMA COUNTY SENIORS AGE 60 AND OLDER

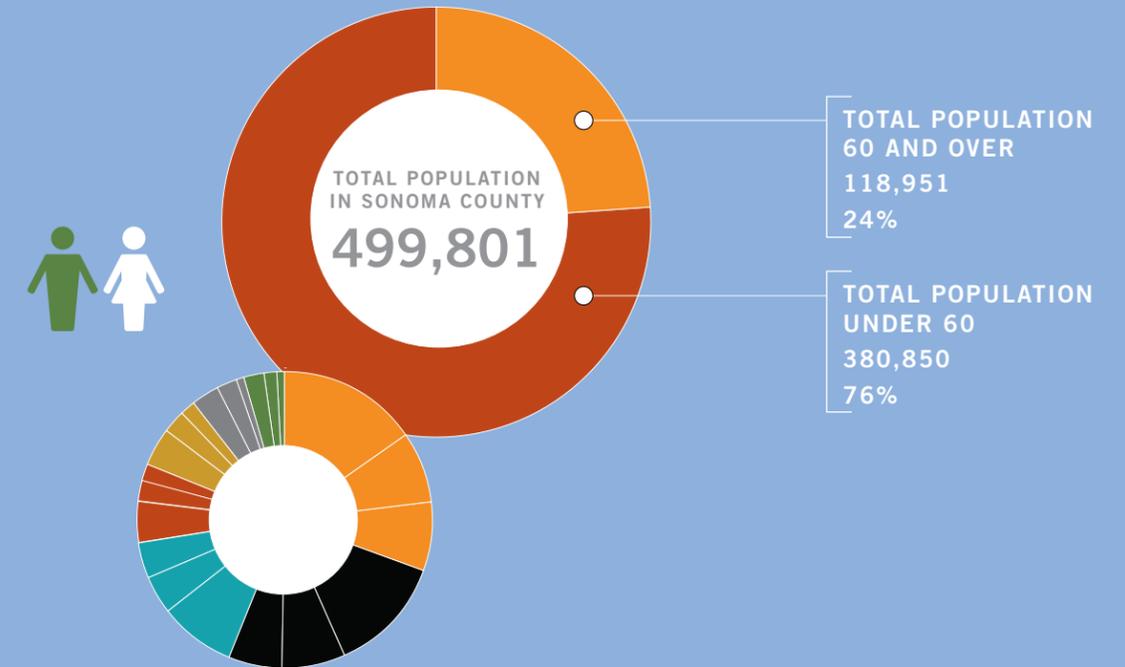


FINANCIAL STATUS OF 65 AND OLDER COMPARED TO THE GENERAL SONOMA COUNTY



Key Facts
CURRENT DATA

SENIOR AGE GROUPS IN SONOMA COUNTY



60-64	36,260	7.3%
60-64 Females	18,457	3.7%
60-64 Males	17,803	3.6%
65-69	30,648	6.1%
65-69 Females	16,616	3.3%
65-69 Males	14,032	2.8%
70-74	19,491	3.9%
70-74 Females	9,911	2.0%
70-74 Males	9,580	1.9%
75-79	10,265	2.1%
75-79 Females	5,727	1.1%
75-79 Males	4,538	0.9%
80-84	9,853	2.0%
80-84 Females	6,155	1.2%
80-84 Males	3,698	0.7%
85-89	7,445	1.5%
85-89 Females	4,775	1.0%
85-89 Males	2,670	0.5%
90 and Older	4,989	1.0%
90 and Older Females	3,267	0.7%
90 and Older Males	1,722	0.3%

2014 ACS PUMS 1-year Estimates

TOP CONCERNS FACING SONOMA COUNTY SENIORS

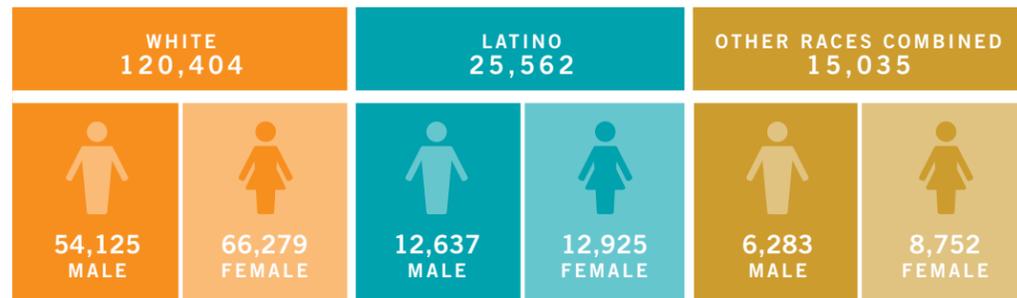
- 1**
STAYING INDEPENDENT AT HOME:
74% ARE CONCERNED
- 2**
LEARNING ABOUT/RECEIVING SERVICES AND BENEFITS:
72.5% ARE CONCERNED
- 3**
HEALTH CARE:
69% ARE CONCERNED
- 4**
ACCIDENTS AT HOME:
68% ARE CONCERNED
- 5**
HAVING ENOUGH MONEY TO LIVE ON:
63% ARE CONCERNED
- 6**
TRANSPORTATION:
57% ARE CONCERNED

Key Facts
PROJECTION DATA

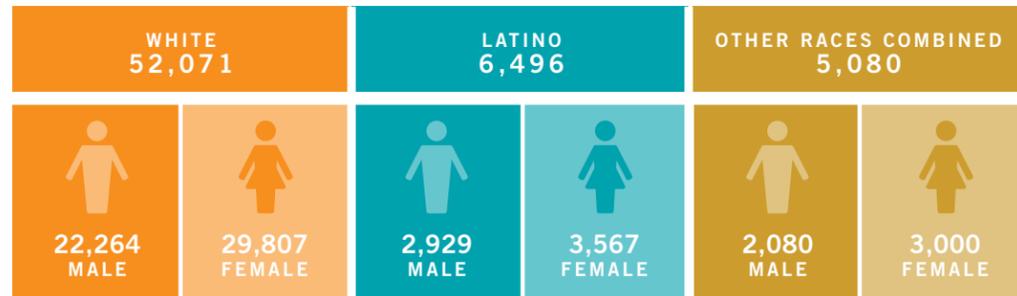


2030 PROJECTIONS
BY ETHNICITY AND RACE

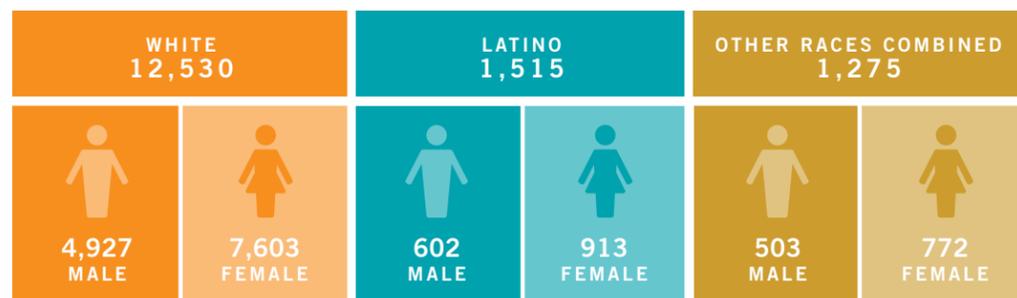
TOTAL POPULATION OF THOSE 60+ {161,001}



TOTAL POPULATION OF THOSE 75+ {63,647}



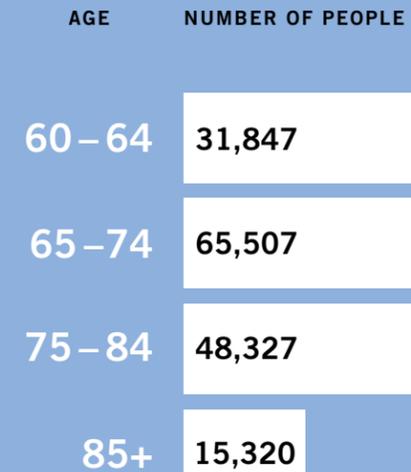
TOTAL POPULATION OF THOSE 85+ {15,320}



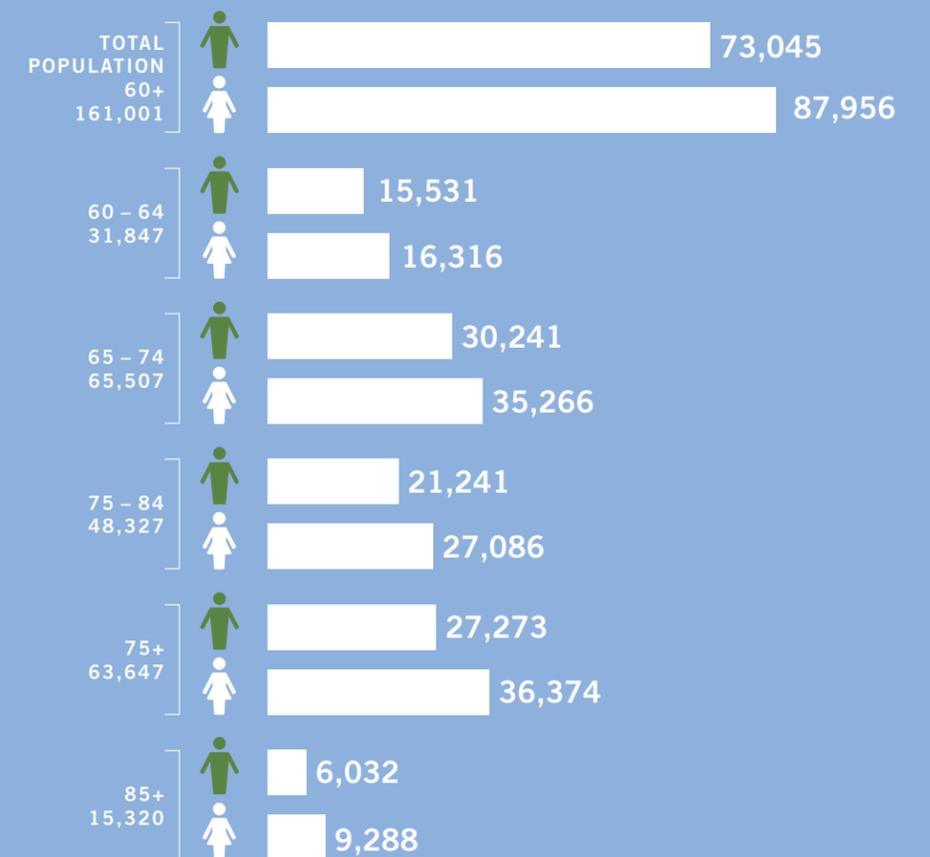
Key Facts
PROJECTION DATA

SENIOR AGE GROUPS IN SONOMA COUNTY

2030
PROJECTIONS
BY AGE



2030
PROJECTIONS
BY GENDER



The Palette

Adult & Aging Services Division

It is important to note that while the terms *seniors* and *older adults* are used throughout this report to define individuals age 60 and above, the reality is that seniors are individuals whose ages span more than four decades and who represent a wide variation in characteristics, needs, and abilities. This report describes many of these nuances among seniors and presents both the face of the creative, active senior who is engaged in the community alongside the face of the senior who is challenged economically, isolated, and no longer independent.

Sonoma County is home to a growing, diverse senior population that is healthier and more vibrant than any previous generation has ever experienced. People over 60 now comprise a larger proportion of the population of the county, state, and country than ever before in history. Sonoma County's senior population comprises 118,951 individuals, representing 24% of the county's total population. The number of seniors in Sonoma County represents a growth of 5.7% since 2012 and 25% since 2008.²⁵ This growth in Sonoma County's senior population has major implications for both individual and community life by enriching the county with increasing wisdom and a wealth of inter-generational connections, as well as challenges for families and community organizations to provide the support seniors need to stay healthy, safe, engaged, and independent.

The county's Lesbian, Bisexual, Gay, Transgender, Queer, Intersex (LGBTQI) population is growing and vibrant. Sonoma County ethnic groups other than whites (Latino and all other ethnicities/races combined) age 60 and over comprise 14% of the population, an increase of 11.5% over 2012 and 24.2% over 2008. Specifically, this population includes 8% Latino and 6% other ethnicities/races.²⁶ By 2030, Latinos and other ethnic groups will represent 25% of the total senior population in Sonoma County and Latinos will continue to be the largest group at 16% of the senior population.²⁷

This report from the Sonoma County Area Agency on Aging (AAA):

- Describes AAA and its tapestry of services available to county seniors.
- Provides a demographic snapshot of Sonoma County's growing senior populations.
- Identifies significant social, economic, and infrastructure trends impacting Sonoma County seniors and their implications to seniors' independence, health, and wellbeing.
- Highlights opportunities within the AAA senior service system to promote healthy, active aging.
- Describes AAA's four-year plan to strengthen the local framework of services to meet the needs of Sonoma County seniors.



“We need to connect seniors to the world and other age groups by sharing our skills and talents through intergenerational programs.”

—Focus group member living in a senior housing community in Cloverdale

Overview of the Sonoma County Area Agency on Aging

The Sonoma County Area Agency on Aging (AAA), established by the Board of Supervisors in 1979, is part of the national aging network of Area Agencies on Aging, created by the 1965 Older Americans Act. The AAA mandate is that visible and effective leaders and advocates at the local level need to accomplish state and federal program goals to serve seniors. The broad goals of the Older Americans Act are the following:

- Secure and maintain maximum independence and dignity in a home environment for seniors capable of self-care with appropriate supportive services;
- Remove individual and social barriers to economic and personal independence for seniors; and
- Eliminate barriers and support the development of coordinated and accessible home and community-based systems of care.

In addition to establishing the national network of state and local Area Agencies on Aging, the Older Americans Act funds local, cost-effective programs that support seniors. These services include health promotion, senior nutrition programs, caregiver support, Adult Day programs, Alzheimer's Day programs, senior legal services, elder protection, transportation, and case management.

The Sonoma County Area Agency on Aging is a program of the Sonoma County Human Services Department, Adult & Aging Services Division, under the leadership of the Human Services Director and the Board of Supervisors. The following is the mission statement of AAA:

The Sonoma County Area Agency on Aging provides leadership, services and advocacy to promote the dignity, independence and quality of life for seniors, adults with disabilities, and their caregivers.

AAA is also guided by the California Department of Aging's mission, which is to promote the independence and well-being of seniors, adults with disabilities, and families through:

- Access to information and services to improve the quality of their lives;
- Opportunities for community involvement; and
- Support for family members providing care.

To implement its mission, AAA is governed by the following values and principles:

- Respect for the individual;
- Self-determination;
- Promotion of safety and wellbeing;
- Quality, accessible services;
- Targeting resources to the most vulnerable;
- Ensuring non-discrimination; and
- Development of community options.

Sonoma County Area Agency on Aging Advisory Council

The AAA Advisory Council serves as an advocate for seniors, adults with disabilities, and their caregivers, and advises the Board of Supervisors on the needs of the senior community and people with disabilities. The Advisory Council is comprised of 21 volunteer members. Each of the five County Supervisors appoints two members from their districts, for a total of 10 members. The remaining 11 members are elected by the Advisory Council itself – one for each supervisorial district – and six at-large members. Members serve two-year terms and are eligible for reappointment. A majority of Advisory Council members must be over 60 years old. A list of Council members can be found at the front of this report.

The Advisory Council advises the Board of Supervisors on planning and funding decisions, as well as participates in advocacy activities on behalf of Sonoma County seniors and people with disabilities. In addition, the Advisory Council has four standing committees – Executive, Planning and Funding, Legislative, and Transportation and Mobility. Additional ad hoc committees are added as necessary. The Advisory Council and standing committees meet monthly and are open to the public.

An Overview of the Current AAA Senior Services System

The Area Agency on Aging (AAA) and the Advisory Council plan, coordinate, and allocate Older Americans Act funding for services for persons 60 years of age and older in Sonoma County. Funding is allocated for services delivered directly by AAA and through a countywide network of AAA-contracted service organizations. Regionally located service providers form the nucleus of this diverse network of agencies serving seniors, people with disabilities, caregivers, and families and friends of seniors. This local service delivery model allows AAA to contract for a continuum of integrated services that best serve particular groups of seniors in their communities. These network agencies and other community partners are the backbone of senior service delivery in Sonoma County.

Service provider organizations are located in and near cities as well as in rural areas. Each agency has a long-standing, trusted presence in its community, reflects the composition of the local client population, and provides other senior services in addition to those funded by AAA. Service providers may be co-located with senior centers and other community programs. This decentralized system builds and maintains community

capacity to meet seniors needs in each area and helps to address transportation barriers for seniors seeking health, social service, and recreation programs. AAA builds on this framework of local, responsive services to promote the independence and wellbeing of both current and future Sonoma County seniors.

Adult & Aging Services Division

The Sonoma County Adult & Aging Services Division is a division of the Sonoma County Human Services Department. The Division integrates services to seniors and people with disabilities under one entity. The integrated services and funding have resulted in a single county location for people to contact to access support.

The Adult & Aging Services Division services include the following:

- Area Agency on Aging (AAA)
- Adult Protective Services (APS)
- In-Home Supportive Services (IHSS)
- IHSS Care Transitions
- IHSS Public Authority (PA)
- Linkages
- Multipurpose Senior Services Program (MSSP)
- Public Administrator/Public Guardian/Public Conservator (PAPGPC)
- Senior Health Initiative – Collaboration with Department of Health Services Public Health Nurses
- The Veterans Service Office (VSO)

The Adult & Aging Services Division is a leader in innovative projects, partnerships, and initiatives, including the following:

- **Aging Together** Sonoma County is a collaborative effort of local government, community-based organizations, and healthcare organizations that focuses on seven pillars that most contribute to healthy aging across the lifespan: community connectedness, transportation, varied housing options, healthy living, lifelong learning, employment and financial security, and health- and community-based social services.
- **My Care, My Plan – Speak Up Sonoma County** is an advance care planning community initiative formed to encourage people to document how they want to be treated in any medical situation in which they are unable or unwilling to speak for themselves. This initiative is a collaborative of organizations and individuals from the private, public, nonprofit, and volunteer sectors, including local healthcare and

social service organizations and other community partners who want to raise awareness of advance care planning.

- Through a Mental Health Services Act grant awarded by the California Department of Veterans Affairs, the **Veterans Services Office** has contracted with the nonprofit organization Verity to provide and expand mental health services to men and women veteran survivors of military sexual trauma to create a continuum of care to improve long-term physical and mental health.
- **The Senior Art Show** is an annual event sponsored by the Adult & Aging Services Division with the goal of enhancing seniors' lives by encouraging the joy of creativity while providing an opportunity to share their art in a professional setting. The exhibit and reception celebrate the artistic skills of seniors and commemorate seniors as a vital part of our community.
- Many other projects and collaborations will be highlighted in this section.

Outreach and Education

To provide accessible, timely, and accurate information to seniors, caregivers, and families and friends of seniors, AAA continues to expand points of information dissemination. AAA publishes and distributes the annual *Senior Resource Guide*, a comprehensive directory of local, state and federal services and organizations intended to assist seniors and their families. In 2015, 25,000 guides were distributed throughout the county. The guide is published in both English and Spanish. In addition to its printed form, the *Senior Resource Guide* is posted on the AAA website and informs the Sonoma County Network of Care for Seniors website. The Network of Care website is provided in collaboration with the Sonoma County Department of Health Services. *Senior Resource Guide* services are also included in the referral base of 2-1-1, the Sonoma County Volunteer Center-sponsored phone and Internet resource for health, human services, and social services information and referral. Articles in senior center newsletters, editorials, and news features aim at keeping AAA and its information resources in the public's view. The Advisory Council established a newsletter in the fall of 2015. This newsletter is distributed quarterly throughout the county. A wealth of information on senior services is also online on the AAA website at www.socoaaa.org.

Technology has expanded access to informational resources for seniors and their families via the Internet, especially those living in rural areas, seniors visiting community and senior centers, and homebound seniors. Many seniors utilize computer technology and rely on Internet resources for information and research. Adult children living out of the area are likely to use the Internet to get information, assistance, and referrals for their parents and other family members. AAA service providers regularly use Internet resources for education, training, and outreach.

Information outreach to Latino and other growing populations of seniors and their families is an expanding focus of AAA and its partners. Univision (Spanish language television) has produced regular programming featuring senior services. Advisory Committee members attend the annual Latino Health Forum to become familiar with the services available to Latino members of the senior community and to distribute the Spanish version of



“We have a desire to create age-friendly communities.”

—Village Network focus group participant

the *Senior Resource Guide*. The Adult & Aging Services Division is a member of Latino Service Providers-Sonoma County, an informal group of over 1,000 community-based individual agencies uniting to educate and network with others to support the Latino community in health, education, and legal services, as well as many other social services available in the County of Sonoma. The collaborative relationships between partner agencies provide access to resources and support outreach efforts on behalf of the Latino community, with the goal of increasing cultural responsiveness and advocacy for Latinos.

Advisory Council members also attend presentations, focus groups, and training on the needs of Lesbian, Bisexual, Gay, Transgender, Queer, Intersex (LGBTQI) seniors. With a grant from the LGBTQI Giving Circle of the Community Foundation Sonoma County, the Adult & Aging Services Division is partnering with experts in the field of aging issues and cultural competency for LGBTQI seniors. This outreach includes facilitated workshops for LGBTQI seniors and cultural competency training for senior service providers. These efforts have created greater sensitivity to the unique needs of an often isolated group of the senior population.

“I’m concerned about fair and respectful treatment of all: LGBT, race, religion, and ethnicity.”

—82-year-old survey respondent

Evidence-Based Health Programs

The Administration on Aging (AoA) has recently mandated that all Older Americans Act (OAA) funding for Title IIID funds for Health Promotion Programs may only be used to fund programs that are evidenced-based. Evidenced-based programs have been scientifically researched and are proved to be effective interventions. These programs are included on a nationwide accepted list of evidence-based programs.

Since 2006, AAA has supported A Matter of Balance: Managing Concerns about Falls, an evidenced-based program designed to reduce the fear of falling and increase activity levels of seniors who have concerns about falling. The program has reached more than 1,000 Sonoma County seniors to date and continues with support from the Older Americans Act, Disease Prevention and Health Promotion funding and donations from program participants. As of 2015, A Matter of

Balance has received additional funding from a grant through SNAP-Ed (Supplemental Nutrition Assistance Program Education), also an evidenced-based program. By combining the Matter of Balance curriculum with the nutrition education from SNAP-Ed, participants receive well-rounded dual physical and nutrition education to increase their wellbeing and safety.

Another successful evidence-based health program is Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors), which addresses depression and suicide prevention in seniors. Healthy IDEAS is described in the Behavioral Health section of this document. Throughout the implementation of these evidence-based programs, new opportunities for collaboration on health-related issues have strengthened AAA's partnerships with the behavioral and healthcare community.

The Upstream Investments Policy initiative of the Human Services Department promotes strategic investments in evidenced-based and prevention-focused programs. Its mission is to facilitate the implementation of prevention-focused policies and interventions that increase equity and reduce monetary and societal costs for all residents of Sonoma County. The Upstream Investment Portfolio of Model Upstream Programs is a collection of local programs that are considered to promote the Upstream Investment mission. Both A Matter of Balance and Healthy IDEAS were approved to be included on the Upstream Investments Portfolio in the highest-level, Tier One Evidenced-Based Practices category.

The Health Action Committee for Health Care Improvement includes several initiatives for which AAA has provided staff support and collaboration. These include My Care, My Plan; the evidence-based Hearts of Sonoma County Million Hearts Campaign to decrease heart disease through patient education; and the Opioid Initiative to reduce the use of opioid medications in Sonoma County.

Food and Nutrition Services

AAA funds three community agencies, Council on Aging, Petaluma People Services, and Coastal Seniors. Each year, these agencies provide 50,000 meals to 1,200 seniors at 17 group dining sites and deliver over 220,000 meals to homebound seniors seven days a week (FY 2015-16). Nutrition counseling and education are important components of the program. Both congregate and home-delivered meal programs provide sound nutritional meals, increase a senior's socialization, and decrease feelings of isolation.

In both fiscal years 2014-15 and 2015-16, the Sonoma County Board of Supervisors approved \$320,000 of county general fund dollars to address the lack of sufficient funding for senior nutrition. These funds support dining sites in the rural West County area as well as supplement funding to the Council On Aging and Petaluma People Services Center. While the current nutrition program is essential to many seniors, it does not fully meet the needs of seniors who want to increase the fresh food in their diets. To address this need for increased fresh food options, AAA's nutrition providers distribute state-provided Senior Farmers Market coupons once a year to enable seniors to purchase fresh produce.

Additionally, the Adult & Aging Services Division collaborates with the Economic Assistance Division of the Sonoma County Human Services Department to connect seniors with the CalFresh program (formerly known as Food Stamps). The enrollment rate of this important supplemental nutrition program has increased through this effort to bolster the outreach to low income, eligible seniors. In 2012, 7% of all recipients of CalFresh were age 60 and older. In 2015, the number has grown to 10% due to an increase in outreach.

Health Insurance Counseling and Advocacy Program (HICAP)

The HICAP program provides personalized counseling, community education, and outreach events for Medicare beneficiaries and is the primary local source for accurate and objective information and assistance with Medicare benefits, prescription drug plans, and health plans.

“I'm concerned about health care and the cost of medicine—providers are more concerned with profits than patient care.”

—88-year-old survey respondent

AAA administers the HICAP program through a contract with Senior Advocacy Services, a local community-based organization, which provides HICAP program activities to six counties in the North Bay: Lake, Marin, Mendocino, Napa, Solano, and Sonoma. In Sonoma County, HICAP reached 5,400 seniors in the 2014-15 fiscal year through outreach events. In the most recent 2013 data, the number of Medicare beneficiaries in Sonoma County was 84,146.²⁸

Elder Abuse Prevention

The Elder Justice Coalition supports World Elder Abuse Awareness Day on June 15 of each year and the Elder Protection Workgroup. The Elder Protection Workgroup offers small-group peer training on issues of elder abuse prevention and provides information on a breadth of senior services. Elder Protection volunteers attend the Family Violence Prevention Council and advocate for seniors in collaboration with the Family Justice Center. The Elder Justice Coalition also manages the Elder and Dependent Adult Multidisciplinary Team (MDT), a select group of professionals throughout the community who work with elder and/or dependent adults. Through the MDT, professionals from the community present complex cases in confidential meetings and team members provide constructive feedback and identify strategies to reduce risk to these vulnerable adults. In the process, resources and information about the community services are shared in the group.

“Adult Protective Services has been aggressive in a positive way in responding to elder abuse.”

—Focus group resident of an assisted living facility in Santa Rosa

Adult Protective Services (APS) conducts Mandated Reporter Training for professionals who are mandated reporters who wish to learn more about how to identify indicators of abuse and neglect, types of reportable abuse, APS' role in investigating abuse and neglect, and services provided by APS. The countywide Ombudsman Program, administered by Senior Advocacy Services, is responsible for monitoring and reporting abuse of residents in licensed facilities. Senior Advocacy Services is designated by the State of California to train volunteers, investigate complaints, and follow up on charges of abuse in Sonoma County. APS and the Ombudsman work closely on issues of abuse and neglect.

Financial elder abuse is one of the fastest-growing categories of abuse that is underreported and requires a level of expertise in financial matters to investigate. In response to this need, in 2015 Adult Protective Services (APS) implemented the Financial Abuse Specialist Team (FAST) comprised of volunteer community members with financial expertise such as forensic accountants, bankers, attorneys, fiduciaries, and estate planners. APS social workers refer selected cases of elder financial abuse to the FAST team who will provide guidance



“Isolation is a real issue. We are a rural area with not a lot of transportation options or family support to get to social events, medical appointments, or services.”

—Focus group resident from the Sea Ranch (northern coastal region)

“Transportation is a crying need for our older adult populations.”

—Carroll Estes, PhD, Author and Social Behavioral Sciences Professor, UCSF

to resolve financial abuse and recover assets. The goals of the FAST team volunteers are to decrease cases of elder abuse, increase positive outcomes for victims, and increase prosecution of elder financial abuse cases.

In fiscal year 2015-16, the Sonoma County Board of Supervisors approved \$100,000 of county general fund dollars to support senior legal services outreach in all geographic areas of the county. The Elder Outreach program is a project of Legal Aid of Sonoma County. It operates in conjunction with Senior Legal Services and the Office of Violence Against Women grant for elder abuse outreach. Also through the Office of Violence Against Women grant, the Council on Aging provides care coordination to victims of abuse and neglect.

Behavioral Health

Anxiety, depression, dementia, and mental disorders not associated with the normal aging process can lead to physical illness, disability, substance abuse, and isolation for seniors. Community counselors, medical professionals, and caregivers need education on how to recognize the unique signs of these conditions among seniors and on prevention and intervention approaches. Members of the AAA Advisory Council participate in the Collaborative on Positive Aging (COPA), a broad community collaborative led by the Council to promote healthy aging and positive images of seniors.

The Older Adult Collaborative (OAC) provides case management and counseling services for seniors who are depressed or suicidal. The OAC receives Mental Health Services Act funds to implement the evidenced-based program Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) for depression screening, suicide prevention, counseling and case management. The Adult & Aging Services Division is the lead agency for the Older Adult Collaborative; Council on Aging, Jewish Family and Children’s Services, West County Community Services, and Petaluma People’s Services Center are the collaborative members. The OAC provides special outreach to LGBTQI seniors and partners with Spectrum Services to increase agency awareness and accessibility for LGBTQI seniors.

The Healthy IDEAS evidence-based program is also used as an intervention in the Sonoma Care Collaborative Project, which is a public-private initiative between the Sonoma County Human Services Department and the Petaluma Health Center to expand access to effective depression treatment for seniors. Funding for the Sonoma Care Collaborative is through a grant award from the Archstone Foundation.

Transportation and Mobility

AAA is recognized as a major stakeholder in the area of transportation and mobility for seniors and people with disabilities. There is a tremendous need in the community to improve and increase transportation services and coordination among providers. Aging can impair the skills most necessary for safe driving, including vision, hearing, flexibility, and reaction time.

As the population grows older, an increasing number of seniors are looking for ways to stay active, independent and engaged with their community without driving. It is important for seniors to adapt current driving habits to remain safe while they continue to drive, and to learn new ways to get around in preparation for the eventuality of giving up driving. It is equally

important that affordable, accessible, and coordinated transportation services are available to Sonoma County seniors and people with disabilities so that they are able to maintain a high quality of life.

AAA and its partners have been working towards establishing coordinated human services transportation since 2006. AAA received Metropolitan Transportation Commission (MTC) Lifeline funds (FY 2008-09), Federal Transportation Authority (FTA) New Freedom Cycle 3 funds (FY 2009-10), and is currently receiving FTA New Freedom Cycle 5 funds. AAA has also been awarded Caltrans 5310 Formula Grant funding for fiscal years 2015-16 through 2017-18. Additionally, the City of Santa Rosa received New Freedom grant funding for establishing the Sonoma Access One-Stop Transportation Website and Call Center. The development of the SA website and call center was the first step in implementing expanded transportation options and mobility management in Sonoma County. Upon completion of the grant funding, the City of Santa Rosa will transfer the lead role of Sonoma Access to AAA.

The Sonoma Access project maintains an inventory of transportation options that include, but are not limited, to the following:

- Local and regional bus services (fixed routes);
- Local and regional paratransit service;
- Volunteer driver programs;
- Nonprofit agency transportation options;
- Private business transportation programs;
- Transportation programs for veterans; and
- Travel training programs to educate individuals how to navigate transit systems (e.g. how to ride a bus)

To build upon the success of the Sonoma Access Resource Center, New Freedom Cycle 5 funding was used to create the Sonoma Access Coordinated Transportation Services (SACTS) program and consortium to improve transportation options for the public, targeting low-income seniors and people with disabilities, and to identify opportunities to coordinate services. The AAA Advisory Council Transportation and Mobility Committee has met monthly since its inception in 2006 to address transportation needs of a growing older adult population. Accomplishments of the Transportation and Mobility Committee and of the SACTS Consortium include a successful educational series on the challenging transition from driving to not driving for seniors; expanding volunteer driver programs; piloting travel voucher programs; travel training events; as well as community education for the expansion of

mobility management and coordinated services in Sonoma County.

Through the use of Older Americans Act funding, AAA has expanded volunteer driver programs to four areas throughout Sonoma County. The pilot program, created by the Sebastopol Area Senior Center, provided 496 seniors 3,209 rides in the 2014-15 fiscal year, representing an increase of 270% in the number of seniors served in the past four years. This award-winning program has been replicated, beginning July 2015, through contracts with Vintage House Senior Center, Petaluma People Services Center, and Catholic Charities, to annually provide 1,750 combined rides to 141 seniors. AAA has also partnered with the Jewish Community Center and Earle Baum Center for the Blind to implement travel voucher programs for program participants to access services at their sites to receive education and training and participate in social excursion events.

Additionally, a few dedicated members of the AAA Advisory Council have created and provided Driving Safely as We Age workshops throughout the county, with role play and discussion topics that include the meaning of driving; changes that affect driving as people age; ways to evaluate and improve driving skills; learning to have conversations about safety issues with senior drivers; issues senior drivers face; and convening support groups to discuss the feelings behind the transition from driver to non-driver.

A member of the AAA Advisory Council Transportation and Mobility Committee serves as the Vice Chair on the Transit Paratransit Coordinating Committee of the Sonoma County Transportation Authority (SCTA). SCTA is the regional planning authority for transportation services. AAA continues to advocate for mobility options for seniors and the people with disabilities beyond ADA requirements.

Housing

The Housing Workgroup is an ad hoc committee of the AAA Advisory Council, focused on assisting seniors to obtain appropriate housing to age in place. This group helped to bring the concept of shared housing to Sonoma County, ultimately evolving into SHARE (Shared Housing And Resource Exchange). SHARE Sonoma County launched in 2014 through the dedication and hard work of a Housing Workgroup volunteer coordinator. SHARE is a free program for Sonoma County residents to help match two or more unrelated people to share a home. One of the participants must be 60 years of age or older. The homesharing relationship

consists of the homeowner or renter who has a room available and needs additional income and/or assistance to maintain his/her independence, such as household chores, driving, errands, and personal care. This person is matched with someone who will provide these services in exchange for lesser or no rent. The SHARE program staff reviews applications and matches ideal homeshare participants. SHARE helps to facilitate the homeshare relationship by providing support in the first six months of the homeshare so that participants thrive and maintain their homeshare. The program received a private grant in 2015, as well as funding through the Community Development Commission, and is now sponsored by Petaluma People Services Center.

2016 Senior Needs Assessment

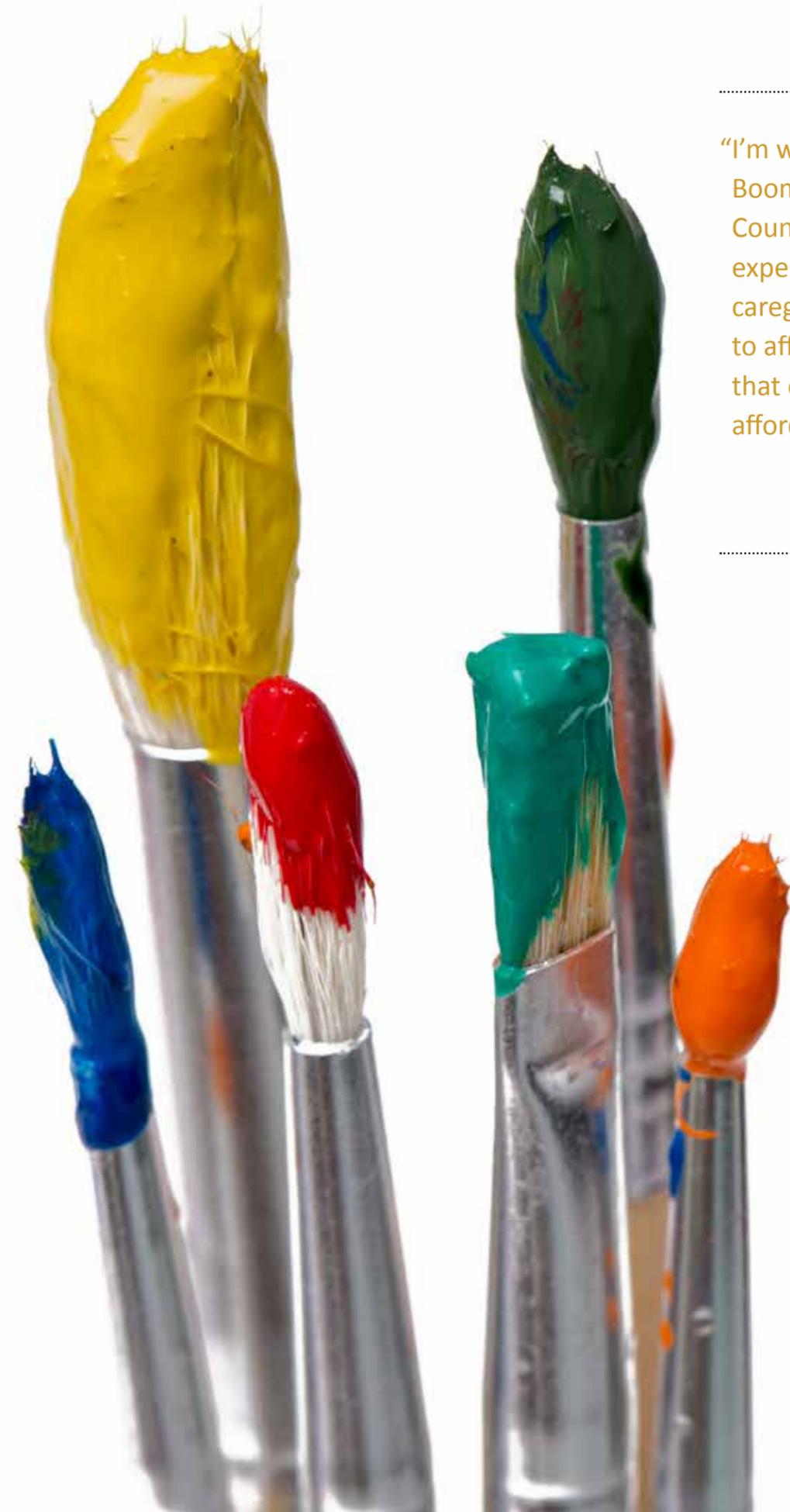
AAA is mandated by the California Department of Aging to prepare and submit periodic multi-year plans, including goals and specific activities to be implemented by AAA and its funded partners. Ongoing needs assessment activities are another required component of the planning process. During the summer of 2015, the Advisory Council and AAA staff conducted a communitywide needs assessment to help guide the development of its 2016-2020 Area Plan. The goals of the needs assessment were to gather current information about Sonoma County seniors; identify priority issues for seniors, their families and caregivers, and senior service providers; and determine areas of need. The assessment was conducted utilizing three data collection approaches: focus groups of target populations, written surveys distributed to seniors throughout the county, and key informant interviews.

AAA conducted a total of 12 focus groups involving a total of 92 participants. Of those 92 participants, 72 participated in 10 focus groups that were targeted to specific populations including seniors; caregivers; the LGBTQI community; Latinos; rural seniors; and adults with disabilities. One focus group was facilitated in Spanish, with the remainder in English. Groups were facilitated at sites throughout the county and facilitated by trained volunteers from the AAA Advisory Council. These focus groups discussed (1) the services available in their community; (2) changes they had seen in services for seniors over the previous five years; (3) unmet needs for Sonoma County seniors; and (4) methods to connect seniors to the services available.

One additional focus group was conducted with Adult & Aging Services Division staff and one was conducted with AAA network senior service providers. The Adult & Aging Services Division staff focus group had representation from Adult Protective Services social workers, In-Home Supportive Services social workers, public health nurses,

and administrative support staff. The AAA service provider focus group involved representatives from AAA, Catholic Charities, Legal Aid of Sonoma County, Linkages, Petaluma People Services Center, Redwood Caregiver Resource Center, Sebastopol Area Senior Center, Senior Advocacy Services, St. Joseph Health System, Vintage House Senior Center, and West County Community Services.

AAA distributed printed and online surveys throughout the county, in both English and Spanish, to reach a larger population. Printed surveys were distributed to senior centers in Guerneville, Healdsburg, Petaluma, Santa Rosa, Sebastopol, Sonoma, and Windsor; by home-delivered meal providers and outreach workers; at health fairs; and online using an interactive questionnaire. Survey data was collected from over 1,500 respondents. The data collected through these activities was analyzed in the fall 2015 and utilized by the AAA staff and Advisory Council, along with census data and other research, to develop the 2016-2020 AAA Area Plan. Assessment findings relevant to this report are included throughout. A more detailed description of the needs assessment process and a concise summary of the findings can be found in the appendices.



“I’m worried that as we Boomers age, Sonoma County housing is so expensive that potential caregivers won’t be able to afford to live here and that our children can’t afford to live here.”

—66-year-old
survey respondent

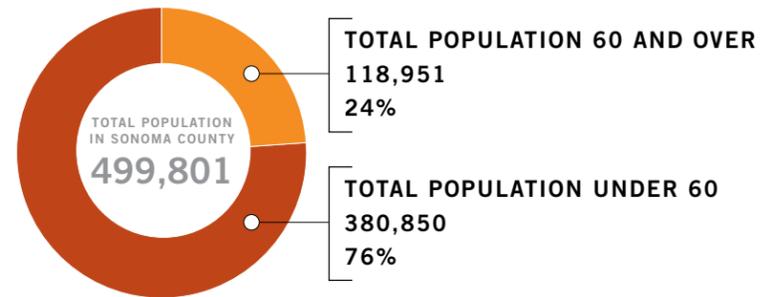
The Composition

Seniors in Sonoma County – A Demographic Snapshot

Sonoma County is home to a senior population that is growing both in numbers and in diversity. The basic factors that are spurring the growth of Sonoma County’s population age 60 and older include increased longevity and the aging of the baby boomers caused by the high birth rates of the 1946-1964 period.

DATA IMAGE 1

SENIOR AGE GROUPS IN SONOMA COUNTY

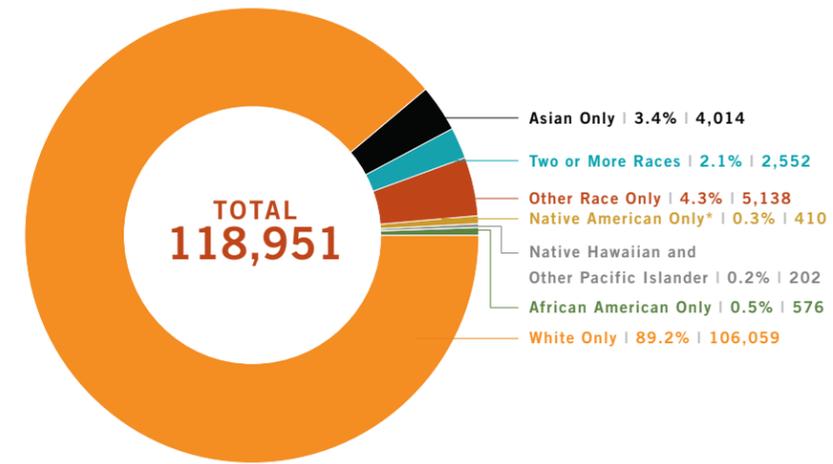


60-64	36,260	7.3%
60-64 Females	18,457	3.7%
60-64 Males	17,803	3.6%
65-69	30,648	6.1%
65-69 Females	16,616	3.3%
65-69 Males	14,032	2.8%
70-74	19,491	3.9%
70-74 Females	9,911	2.0%
70-74 Males	9,580	1.9%
75-79	10,265	2.1%
75-79 Females	5,727	1.1%
75-79 Males	4,538	0.9%
80-84	9,853	2.0%
80-84 Females	6,155	1.2%
80-84 Males	3,698	0.7%
85-89	7,445	1.5%
85-89 Females	4,775	1.0%
85-89 Males	2,670	0.5%
90 and Older	4,989	1.0%
90 and Older Females	3,267	0.7%
90 and Older Males	1,722	0.3%

2014 ACS PUMS 1-year Estimates

DATA IMAGE 2

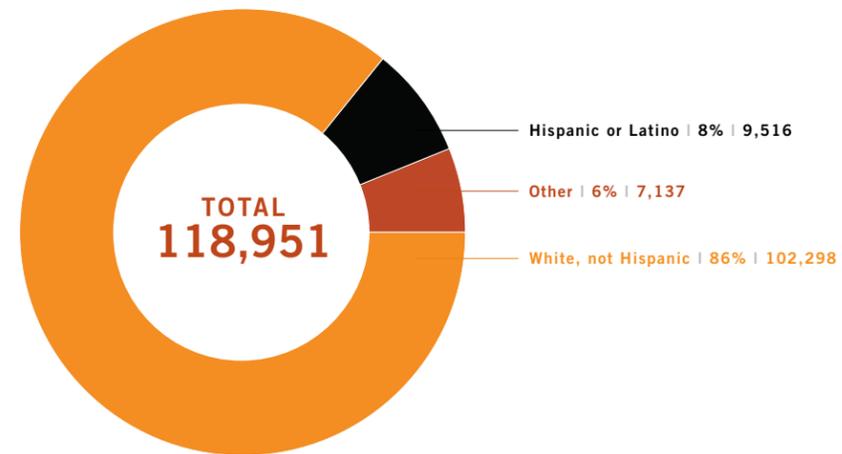
RACE OF SONOMA COUNTY SENIORS AGE 60 AND OLDER



*Native American only combined with American Indian and Alaskan Native tribes specified; or American Indian or Alaskan Native, not specified and no other race
Percentages retrieved from census 2014 estimate % of 119,416 and applied to 2014 ACS PUMS 1-year estimates for consistency

DATA IMAGE 3

ETHNICITY OF SONOMA COUNTY SENIORS AGE 60 AND OLDER

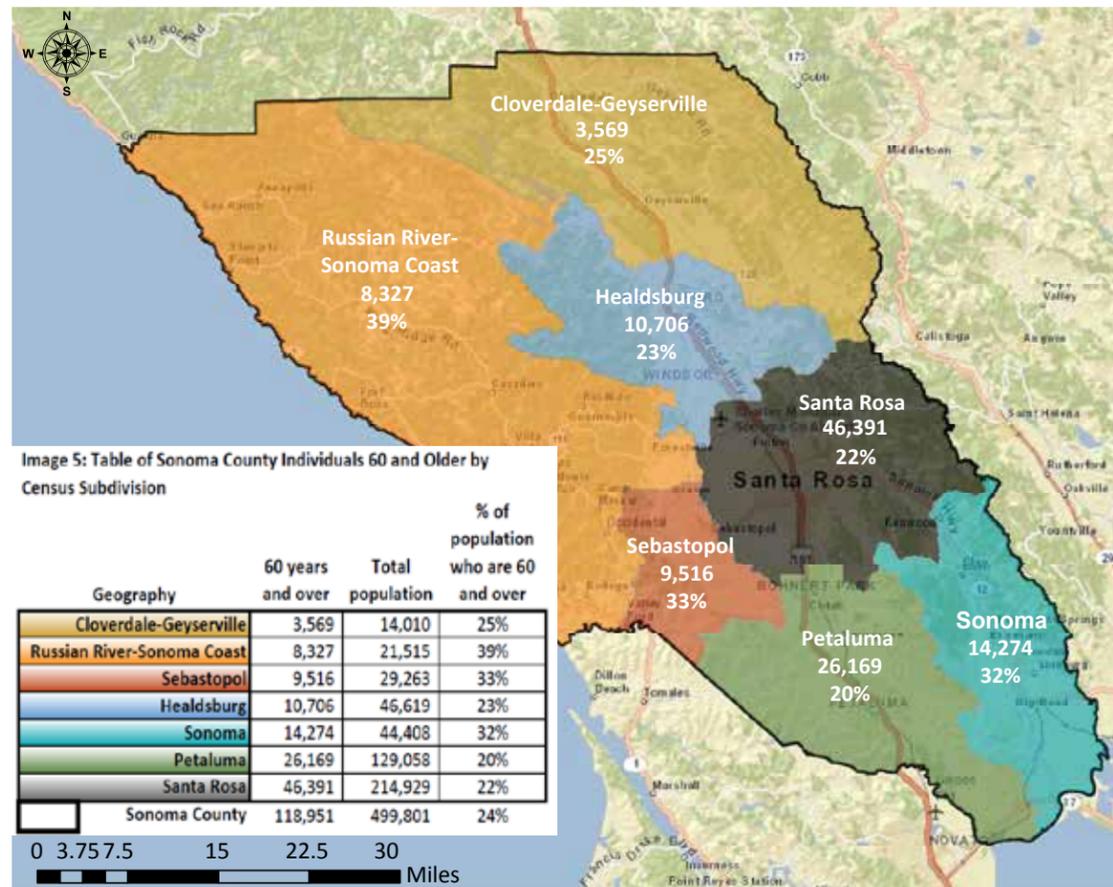


According to the American Community Survey published November 16, 2015, there are 118,951 individuals age 60 and older in Sonoma County, comprising 24% of the county's total population of 499,801 (one-year estimate). The number of seniors in Sonoma County represents a growth of 5.7% since 2012 and 25% since 2008. Women age 60 and older (55%) significantly outnumber men. The number of individuals in Sonoma County age 60-69 represents 56% of the senior population; those age 70-79 represent 25%; those age 80-84 represent 8%; and those age 85 and older represent 10%.²⁹

Sonoma County's senior population is increasing in diversity. Sonoma County ethnic groups other than white (Latino and all other ethnicities/races combined) age 60 and over comprise 14% of the population, an increase of 11.5% over 2012 and 24.2% over 2008.³⁰ Specifically, this non-white population includes 8% Latino and 6% other ethnicities/races. Approximately 14% of Sonoma County seniors speak a language other than English in their homes, with half of those languages being Spanish. Like the rest of California, Sonoma County is becoming more diverse, though at a slower rate than many counties. According to California Department of Finance

DATA IMAGE 4

MAP OF SONOMA COUNTY INDIVIDUALS 60 AND OLDER BY REGIONAL CENSUS SUBDIVISION



Created by Renee Alger, 707.5565.2076, HSD, 3/8/2016. Data Sources: U.S. Census Bureau, 2010-2014 American Community Survey 5-year estimated with percentages of population applied to the 2014 PUMS ACS 1-year estimate totals. Totals may not add up to 100% due to rounding.

DATA IMAGE 6

POPULATION IN CITY LIMITS, TOWNS AND RURAL AREAS IN SONOMA COUNTY

City/Town/Area	Total Population	Pop 60+	% of Population 60+ in City/Town Limits
City of Cloverdale	8,692	1,985	23%
City of Cotati	7,347	1,225	17%
City of Healdsburg	11,466	2,734	24%
City of Petaluma	58,912	12,462	21%
City of Rohnert Park	41,352	6,101	15%
City of Santa Rosa	170,782	32,941	19%
City of Sebastopol	7,535	2,499	33%
City of Sonoma	10,818	3,996	37%
Town of Windsor	27,113	5,357	5,357

DATA IMAGE 7

SONOMA COUNTY INDIVIDUALS 85 AND OLDER BY CENSUS SUBDIVISION AREA

County Subdivision Area	85 and Over	Total Population	% of Sub-Division population 85 and Over
Cloverdale-Geyserville	497	14,010	4%
Russian River-Sonoma Coast	373	21,515	2%
Sebastopol	746	29,263	3%
Healdsburg	1,119	46,619	2%
Sonoma	1,492	44,408	3%
Petaluma	2,860	129,058	2%
Santa Rosa	5,347	214,929	2%
Sonoma County Total	12,434	499,801	2%

County sub-division totals were determined based on the U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates with percentages of population applied to the 2014 PUMS ACS 1-year estimate totals. Totals may not add up to 100% due to rounding.

“I’m concerned about housing. After 37 years in Sonoma County, I will have to leave friends and familiar areas in order to be able to afford decent housing.”

—62-year-old survey respondent

“Older seniors tend to be proud and don’t want to ask for help.”

— Focus group from Rohnert Park resident

“We want to age in place, but services are lacking in the coastal region and moving closer to services is not always an option.”

— Focus group resident from the Sea Ranch (northern coastal region)

“There is a need for better access to place-based services in isolated areas, such as the City of Sonoma, and to understand what services are available and how to apply for them.”

— Senior center focus group participant from town of Sonoma

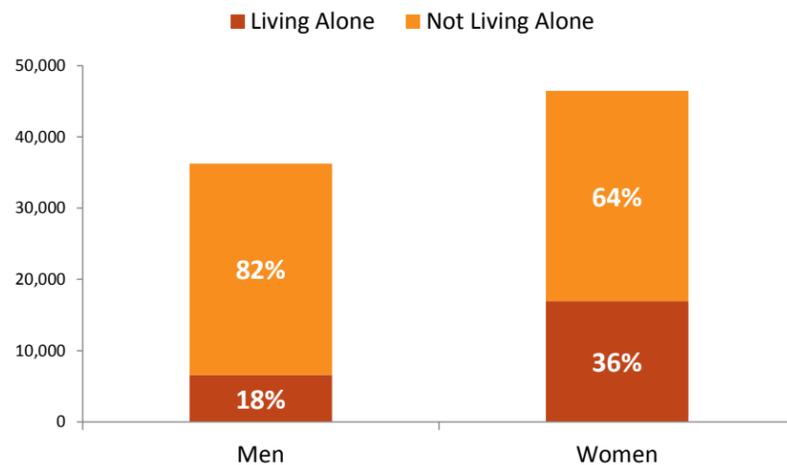
projections, by 2020 individuals other than white non-Latinos will represent 21% of the total senior population in Sonoma County, of which Latinos will continue to be the largest group at 12% of the total senior population.

Sonoma County has long been home to a vital, growing, aging Lesbian, Bisexual, Gay, Transgender, Queer, Intersex (LGBTQI) population. Estimates on the size of the LGBTQI population vary and reliable data on the number of LGBTQI individuals over age 60 living in Sonoma County is not available.

Sonoma is a geographically varied county with a mixed rural/urban character. Eight of its 9 cities are home to populations of fewer than 60,000, while Santa Rosa, the county’s largest city, has a total population of 170,782.³¹ Senior populations are dispersed throughout the cities, especially those along the Highway 101 corridor, and in the unincorporated areas of the county. The City of Santa Rosa is home to 28% of the county’s total senior population. Of Sonoma County’s nine cities, Sonoma has the largest concentration of individuals age 60 and older, representing 37% of its population. Of the total senior population, 49,651 (42%) live in unincorporated towns and rural areas, 17,953 of whom (15% of seniors) are considered *geographically isolated* based on the definition in the Older Americans Act. Slightly over 10% of Sonoma County’s seniors are age 85 and older. The Cloverdale-Geyserville area has the largest concentration of individuals age 85 and older, representing 3.6% of the area’s total population.

DATA IMAGE 8

SONOMA COUNTY SENIORS AGE 65 AND OLDER WHO LIVE ALONE



Sonoma County seniors live in a wide variety of residential settings: private homes, condominiums and apartments, mobile homes, senior residential developments, assisted living facilities, board and care, skilled nursing facilities, and others. Although data on the number of seniors living in each of these settings is not available, we do know that Sonoma County skilled nursing facilities are currently licensed for 1,691 beds; residential care and assisted living facilities are licensed for 3,793 beds.³² A total of 28% of Sonoma County residents age 65 and older live alone; this represents 36% of the women and 18% of the men in this age group (See Data Image 8).

FINANCIAL STATUS OF SONOMA COUNTY SENIORS AGE 65 AND OLDER COMPARED TO THE GENERAL SONOMA COUNTY POPULATION



Seniors, as a group, have less income than the Sonoma County population as a whole. Median annual household income for householders in Sonoma County age 65 and older in 2014 was \$54,320, compared with \$67,771 for the total county householder population.³³

Sonoma County seniors are more educated than seniors in California and the United States as a whole. The American Community Survey reports that that 38% of Sonoma County seniors age 65 and older hold a bachelor’s degree.³⁴

Sonoma County seniors are actively engaged in their communities. As a vibrant part of the county’s workforce, 29% of Sonoma County seniors age 60 and above are still employed.³⁵ Sonoma County seniors volunteer their time and expertise in a wide range of service areas including volunteer driver programs, food banks, and literacy programs. In 2015, the Volunteer Center’s Retired Senior Volunteer Program (RSVP) had 769 active volunteers. In addition, countless numbers of seniors volunteer in churches, synagogues, other faith-based groups, and through a variety of other institutions and nonprofit organizations to provide help at school

breakfast programs, community gardens and tutoring programs, and act as environmental stewards for the rich natural resources of the county.

The economic profile of the county’s senior population reflects growing financial challenges. Seniors tend to become poorer as they age. Their economic status is also linked to social determinants such as ethnicity, education and employment history. Members of ethnic and racial groups other than white non-Latinos are, on the whole, poorer and less well-educated than their white counterparts.³⁶



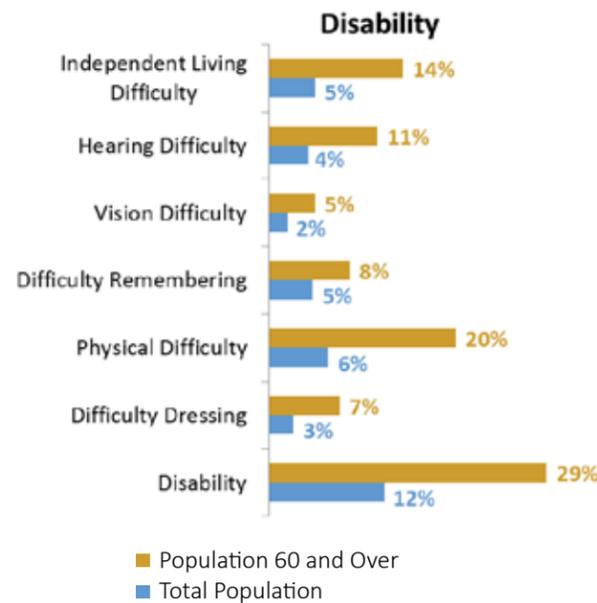
Vulnerable Seniors

Many Sonoma County seniors are able to live independently in their communities, share their lives with friends, neighbors and family, and enjoy a good quality of life as they age. Some groups of seniors are vulnerable to decreased independence and wellbeing. AAA's four-year plan describes the characteristics of *vulnerable seniors* and outlines strategies to strengthen the community safety net of essential long-term services and supports for those who need them most.

The vulnerable groups include seniors living with disabilities, low-income seniors, seniors age 85 and older, and seniors who are geographically isolated. Advanced age, disability, poverty, and geographic isolation are risk factors in and of themselves, and the combination of two or more of these risk factors is likely to have significant impacts on the independence and wellbeing of seniors, putting them at risk for decreased quality of life, loss of independence, poor health outcomes, and shortened lifespans. Insufficiently publicly-funded long-term care and mental health services and supports for low-income and other at-risk seniors further threaten the wellbeing of these vulnerable populations.

DATA IMAGE 10

SONOMA COUNTY SENIORS WITH DISABILITIES



Seniors with Disabilities

Disability among seniors is attributable to multiple causes, including congenital conditions, chronic and communicable disease, injury, and behavioral health conditions such as substance abuse or mental illness. Many individuals with disabilities experience more than one of these conditions, such as diabetes, chronic arthritis and depression, and find their needs for care and support changing frequently as their health status changes.

Of the population of seniors in Sonoma County, 29% have a disability, compared to 12% of the total population.³⁷ Many focus group participants expressed the desire for a higher level of accommodation in public-use places for seniors with disabilities to enjoy all the community has to offer. With almost 35,000 seniors in the county living with a disability, and 23,000 of whom have physical difficulties, community planning must incorporate the needs of seniors and people with disabilities. For example, many focus group participants throughout the county discussed the need for improving sidewalks and having assistive technology available for people with hearing or vision impairments to improve safety, building access, and use of public transportation.

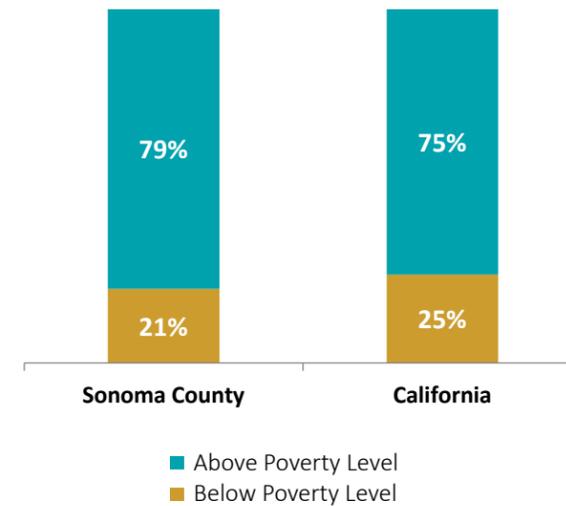
Many seniors with disabilities rely heavily on both paid and family caregivers to help maintain independence and quality of life. As demonstrated in the Senior Needs Assessment survey results, most seniors want to remain in their own homes. Of all topics of concern listed in the Senior Needs Assessment, respondents were most concerned with staying independent at home. The need for support with the activities of daily living, transportation, housing costs, and fluctuating health status are a few of the challenges that seniors may face with living independently in their own home. To remain in their own homes, seniors with disabilities depend on obtaining suitable caregivers and accessing services that accommodate their needs. However, there is a workforce shortage of caregivers, 70%-80% of who provide direct care to the elderly and disabled, and paid caregivers are among the lowest paid of all U.S. workers. Even so, it can also be difficult for seniors with disabilities to afford adequate caregivers, especially if the senior is also low income.³⁸

Transportation availability and accessible housing is crucial for seniors with disabilities as well. Utilizing public transportation may not be a viable option for those with ambulatory issues, given the location of a bus stop in relation to the individual's home or destination. Lack of transportation increases seniors' isolation and decreases their level of independence, as well as reduces their

access to health care, social activities, and food. Appropriate and affordable housing is a great need for seniors with disabilities. As will be discussed later in this report, there is a housing crisis in Sonoma County. For seniors with disabilities, the housing options available to them that are affordable and can accommodate their needs are further limited.³⁹

DATA IMAGE 11

SONOMA COUNTY ELDER ECONOMIC SECURITY STANDARDS INDEX (EESSI) ESTIMATES



Low-Income Seniors

For the purposes of this report, *poverty* is defined as an annual income at or below 200% of the Federal Poverty Level. Specifically, 200% of the 2014 federal poverty threshold for a single senior is \$23,340 per year or \$31,464 per year for a couple. The Elder Economic Security Standard Index (EESSI) is a measure calculated for each county in California. As contrasted with the Federal Poverty Level, the EESSI includes local housing, food, transportation costs as well as medications and other expenses seniors must afford. It provides a specific poverty level for seniors in Sonoma County based on their living arrangements (see Data Image 11). The California legislature requires AAA to use the EESSI as a planning tool and to guide the allocation of existing resources that support senior services. According to American Community Survey estimates, 21% of Sonoma County seniors age 60 and older live in poverty. For seniors 75 and older, the figure is 26%⁴⁰ compared to 11.3% of the total population.

Many Sonoma County seniors are concerned about not having enough money to live on or with the daily challenges of living in poverty, according to the participants of the focus groups and survey. Having enough money to live on was determined to be the second top concern of all survey participants and the number one problem facing the respondents in poverty. Survey respondents who identified themselves as living alone in poverty were also more concerned about housing and learning about/receiving services than respondents not in poverty. Survey respondents identifying as living in a household with two or more adults were significantly more concerned about healthcare than single adults in poverty.⁴¹



Financial issues were identified as top concerns by many of the focus group participants. Discussions focused on the need for affordable housing for seniors and people with disabilities; problems with being able to afford food (especially healthy foods); the fact that many seniors are not taking all their needed medicines because they don't have enough money to pay for them; their inability to purchase medical equipment and supplies; and various services that would allow seniors to live independently and comfortably if they could afford them. These services covered a broad range of needs, including caregiving, respite for family caregivers, and help with household chores, yard work, and pet care. Of particular concern among focus group participants was unmet healthcare needs due to the expense of health, dental, and vision care.

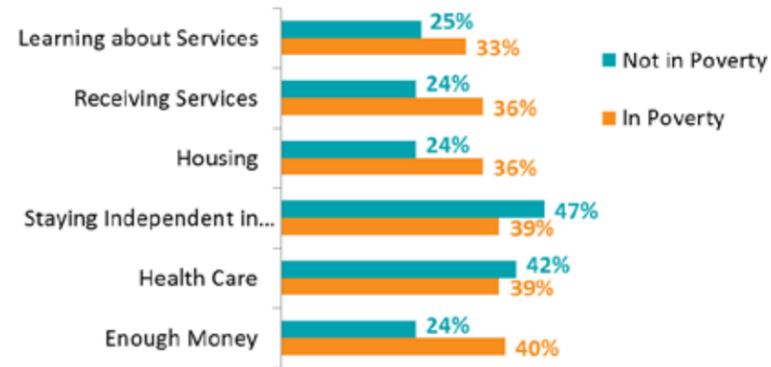
Sonoma County is an expensive place to live relative to many areas of the nation. The cost of housing is among the highest in the country. Other major expenses, including healthcare, food, and transportation, create significant pressure on many seniors living on fixed incomes. A large number of seniors rely exclusively on Social Security as a principal source of income. In 2016, the average Social Security benefit in the US was \$1,341 per month,⁴² not sufficient to lift seniors out of poverty without other resources.

Many low-income seniors lack access to basic necessities, including adequate food and shelter, clothing, timely access to routine health and dental care, and positive social contact. A significant number of Sonoma County's poorest seniors reside in low-income neighborhoods where long-standing community conditions of crime and violence, substandard housing, unsafe streets, and lack of access to nutritious food, supportive services and

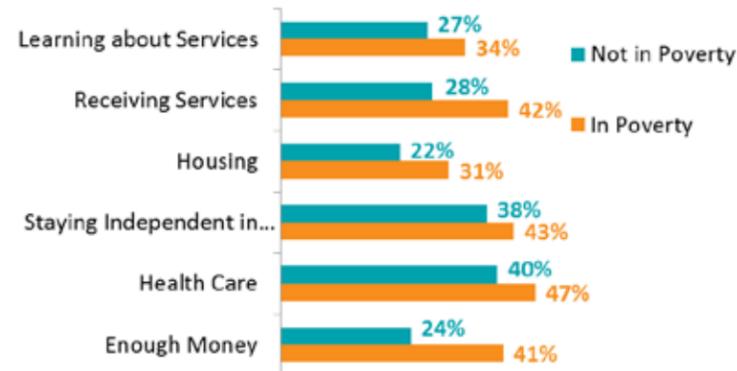
DATA IMAGE 12

TOP CONCERNS FOR SONOMA COUNTY SENIORS LIVING IN POVERTY

Concerns of Households of Seniors Living Alone



Concerns of Households of 2 or More Seniors



transportation, create formidable barriers to independence, safety and health. For non-English speaking seniors, these conditions are magnified by barriers of culture and language. Recent and continuing reductions in the government-funded array of health and social services for low-income seniors further threaten poor seniors from all backgrounds.

Seniors Age 85 and Older

Sonoma County is home to 12,434 seniors age 85 and older.⁴³ Although many seniors live to an advanced age enjoying relatively good health and independence and continue to participate actively in family and community life, seniors age 85 and older, as a group, also experience frail health, injury, disability, and social isolation at greater rates than do their younger counterparts. The majority of seniors over 85 are single, white non-Latino women. They are more likely to be low income and less likely to live independently than younger seniors. Seniors over age 85 rely more on paid caregivers than on family members for ongoing care, a financial strain for which few are adequately prepared. Those of very advanced age

tend to be more socially isolated, with fewer connections to networks of family and friends. As a result, they suffer from higher rates of depression, substance abuse, abuse, and neglect. Seniors over age 85 are at greater risk for cognitive disabilities than younger seniors. According to the Alzheimer's Association, of all people in the U.S. with Alzheimer's disease, 2 million, or 38% are 85 or older. It is projected that by 2031, when the first wave of Baby Boomers reaches age 85, 3 million people in the country age 85 and older will have Alzheimer's.⁴⁴ While there is great variability in health and wellbeing among seniors of advanced age, it is important to recognize and address the combination of risks confronting this group.

Geographically Isolated Seniors

Significant portions of Sonoma County are rural and geographically remote. Of the total senior population, 35,454 (36%) live in unincorporated towns and rural areas, 17,953 of whom (15% of seniors) are considered *geographically isolated* based on the definition in the Older Americans Act.⁴⁵ Geographically isolated seniors face significant challenges in maintaining health and quality of life. As they give up driving, many experience increased social isolation and difficulty maintaining their independence. Because essential services and supports tend to be clustered in the county's larger cities along the Highway 101 corridor, those living in outlying regions often must travel long distances for essential health and social services. The county's transportation system (primarily bus and paratransit service) falls far short of meeting the needs of seniors living in geographically isolated areas. Those who lack access to adequate public transportation rely on family, neighbors, and friends for transport to markets and medical appointments, too often foregoing adequate nutrition, eliminating social contact, and deferring routine dental and medical care. Isolated seniors also tend to be less aware of available services and supports and how to access them. Seniors living along the Sonoma Coast identified the need for increased services, including in-home care management and a senior center in an accessible area for the Sonoma Coast residents.



The Frame

Framing the Future: Trends Impacting Sonoma County Seniors

“The impact of an aging population...will be felt in every aspect of society. The economic, housing, transportation, health, and social support implications of this phenomenon must also be viewed in the context of the State's tremendous population growth, which continues to challenge the State's overall infrastructure planning....In the coming decades, the gap between the ‘haves’ and the ‘have nots’ among older Californians will grow even wider. Educational and employment opportunities throughout life impact access to health care, retirement savings, and pension benefits later in life. The cumulative effect of these factors shapes older Californians' prospects for a healthy and secure retirement.”

—California Health and Human Services Agency:
California State Plan on Aging 2013-2017⁴⁶

Planning for and responding to the needs of a growing and changing senior population requires vision, enhanced collaboration among public and private sector stakeholders, and a long-term commitment to make Sonoma County a place where seniors achieve optimal health and wellbeing throughout their lives. The trends that will frame the quality of life of Sonoma County seniors include the following:

- Continuing growth, longevity, and changing characteristics of senior populations;
- The need for economic security;
- The ability to access affordable healthcare;
- The need for affordable housing and the ability to remain independent at home;
- The need for flexible transportation options;
- Increased pressure on the senior services delivery system, including family caregivers;
- Insufficient government funding for much-needed programs;
- Changes in technology;
- The need for greater cultural competence in the delivery of services and the implementation of government policies;
- Increased need for veterans' services; and
- The need for greater public awareness of available services and supports.

“Seniors still have fun, have vitality, and enjoy joining group activities.”

—Senior center focus group participant from Petaluma

“More than offering services and information in Spanish, services also needs to be culturally appropriate.”

—Spanish-speaking focus group resident from Sonoma Valley

The Senior Population is Growing, Living Longer, and Changing

Longevity has increased dramatically for most Americans over the last few decades, driven largely by public health interventions and advances in healthcare across the life span. In Sonoma County, the population of individuals age 60 and above comprises 24% of the population, an increase of 5.7% over 2012 and a 25% increase over 2008.⁴⁷ As people live longer, individuals, families, and communities must anticipate and plan for a new set of conditions determined by a rapidly growing population of individuals living to advanced old age.

The growing senior population represents one of Sonoma County's greatest assets. Today's seniors are, on average, healthier, more active, more likely to be employed, more independent, and better educated than seniors of previous generations. As a group, the county's seniors are represented by high rates of volunteering, voting, and participating in other forms of civic engagement. Sonoma County seniors contribute their time and resources to improve community life in countless ways: protecting the environment; volunteering at food distribution sites; registering new voters; mobilizing on issues of social justice; advocating for children; advocating, educating and informing on senior issues; and generously donating financial resources to strengthen their communities and create long-lasting endowments to benefit future residents. Seniors' values of hard work and commitment to family and community, along with expertise in business and organizational development, advocacy and public service are valuable resources that should be tapped as we continue our efforts to insure that Sonoma County communities support the wellbeing of all residents at every stage of life. As the county's senior populations grow, community life will be enriched by older adults bringing a wealth of new skills and expertise to collective efforts to meet the challenges of the future.

While many older (age 85+) seniors will maintain high levels of health and independence, as the number of

individuals in this group grows, more seniors than ever before will experience limitations due to chronic disease and disability. They will need help, in varying degrees, with the activities of daily living. As a result, demand will increase for the long-term services and supports seniors need to protect their safety and quality of life. This trend significantly impacts the existing continuum of publicly and privately funded senior support services. Demand is already increasing for in-home caregivers and for more affordable, community-based assisted living options. More senior nutrition and adult day health programs, enhanced adult protective services, and changes in the transportation and health care delivery systems are necessary to meet the unique needs of Sonoma County's oldest seniors.

As the projected trend toward more diversity converges with the increased number of seniors, the demand will grow for more culturally competent services, capable of meeting the needs of a more diverse population of older seniors. Of particular concern are needs of immigrant populations confronting barriers of language and culture. Sonoma County residents who are Latino and all other ethnicities/races age 60 and over comprise 14% of the population, an increase of 11.5% over 2012 and 24.2% over 2008.⁴⁸ Spanish-speaking AAA focus group participants expressed a strong desire for more bilingual and culturally appropriate services, especially in healthcare services. Key informant interviews revealed unmet needs associated with cultural disparities that included ethnically diverse seniors having access to fewer resources, such as receiving less education, making them less assimilated to American culture and more likely to have low literacy levels. Despite the implementation of the Affordable Care Act, 19% of Sonoma County Latinos are still uninsured.⁴⁹ These factors make it increasingly difficult for ethnically diverse seniors to access health care, understand services available to them and communicate effectively with providers. It is evident that with an increasingly diverse population, services for seniors with unique language or cultural requirements will be in greater demand.

“Providers have to be careful with cultural differences. Cultural differences can create barriers and stress for older adults.”

—Jorge Ortiz,
Board Member of Latinos
Unidos de Sonoma, Inc.

“Language and transportation are barriers to the fragmented senior service system for the Spanish speaking community.”

—Spanish-speaking
focus group resident
of Sonoma Valley

“Seeing the sign on Petaluma People Services Center’s door that they value diversity meant everything—I knew I was welcome.”

—Focus group
member of LGBTQI community



Latino Seniors

Unique to Sonoma County's Latino senior population is the Latino Paradox. According to *A Portrait of Sonoma County, Sonoma County's Human Development Index Report 2014*, Latinos outlive the general population by nearly half a decade, despite having lower educational levels, incomes, and rates of health insurance coverage. The Sonoma County Latino life expectancy averages 85.3 years, while the life expectancy for Sonoma County generally is 80.5 years.⁵⁰ Researchers believe that several factors may contribute to this paradox, specifically, Latinos binge drink less frequently and have far lower smoking rates than the general population.⁵¹ In addition, some research shows that aspects of Latino culture, such as strong social support and family cohesion, help increase health outcomes.

Lesbian Gay Bisexual Transgender Questioning Intersex (LGBTQI) Seniors

When speaking about the Lesbian Gay Bisexual Transgender Questioning Intersex (LGBTQI) community specifically, key informants identified isolation as barrier to healthcare access, both geographically and as a result of being unable to be honest about their sexual orientation or gender identity. Sonoma County is home to a growing, aging LGBTQI population. LGBTQI seniors today have lived most of their lives knowing that they could be put in jail or a mental institution just for being who they are. Homosexuality has been considered a crime, a mental illness, and a sin for most of their 60, 70, 80 and 90 years. LGBTQI seniors have experienced the loss of family, friends, school, job, housing, or more when their sexual orientation or gender identity was revealed. However, now in need of the services that are offered to all seniors, LGBTQI seniors are less likely to access these services because of isolation from family and traditional caregivers. When they do access services, LGBTQI seniors are reluctant to talk openly about their lives, thus compromising the quality and appropriateness of services provided to them. This reluctance places their physical, emotional, social, cognitive, and spiritual well-being at risk.

As a result of Sonoma County's large LGBTQI population, AAA conducted focus groups and key informant interviews that included LGBTQI members and targeted specific survey questions for the LGBTQI senior population. The LGBTQI focus group identified the need for service providers to value diversity and provide diversity training concerning the LGBTQI population. The key informant interviews revealed there are issues with the LGBTQI community accessing services due to lack of availability of culturally competent services. In addition, understanding and accessing benefits for the LGBTQI community, including social supports and program eligibility, is a major unmet need.

To address the need for increased LGBTQI cultural competence among senior services providers, AAA has received a grant from the Community Foundation Sonoma County LGBTQI Giving Circle to provide cultural competency trainings to Sonoma County aging service providers and LGBTQI aging workshops throughout Sonoma County. This new project, based on the work of Spectrum Center for LGBT Concerns in Marin County, will build on past successful collaboration between Spectrum Center and AAA to reach new agency staff and new county residents and also explore innovative ways to connect isolated low-income LGBTQI seniors with the services they need.

Military Veteran Seniors

In Sonoma County, 18% of the population of individuals age 60 and over (20,912 individuals) have served in the armed forces. 74% of the veteran population is over the age of 55 (American Community Survey data). The demand for veteran-specific services has increased in Sonoma County.

The veteran population has the same general trend of disabilities that the general aging population faces, but the veteran demographic often has combined issues of service-connected disabilities that intensify the complexity and needs. Many of the conditions facing veterans who are disabled require intensive care management and caregiving, since veterans suffer more frequently from traumatic brain injury, post-traumatic stress disorder, diabetes, and paralysis or spinal cord injury than civilians who are disabled.

There has been an increase in number of Veterans Administration (VA) disability claims processed through the County Veteran Services Office (CVSO), which is a county-funded program co-located in the Adult & Aging Services Division. There has also been an increase in the medical/psychological complexity of the veterans seeking assistance. Additionally, there is a greater demand for caregiver services for veterans. Over 96% of caregivers of veterans are female and 70% provide care to their spouse or partner. Approximately 30% of veterans' caregivers provide care for 10 years or more, as compared to 15% of caregivers nationally. Among those caregivers who serve veterans, 88% report increased stress or anxiety as a result of caregiving, and 77% state that sleep deprivation as an issue.

In 2015, there were an estimated 217 homeless veterans in Sonoma County, of which 14% were over age 61 and 43% were age 51 to 60. While there are VA programs to help house homeless veterans, the cost of housing in the area offers a significant impediment to ending veteran homelessness in the community. The number of homeless veterans age 61 and over has doubled

in Sonoma County in just one year.⁵⁴ The CVSO is participating to fund a new initiative to house chronically homeless veterans at the Palms Hotel in Santa Rosa.

With the changes related to the Marriage Equality Act, Sonoma County LGBTQI veterans are entitled to VA benefits that were previously not available. The CVSO office actively provides assistance to these historically unserved veterans. The primary focus of services includes assistance with establishing dependency status or surviving spouse benefits for same-ex spouses. The CVSO also provides assistance in establishing service connected disability status and assistance with aid and attendance benefits for veterans/surviving spouses who need caregivers/care facilities.

With the assistance of a grant from the California Department of Veterans Affairs under the Mental Health Services Act (MHSA), the CVSO office helps fund the Forgotten Warriors program at Verity, the Sonoma County sexual assault victims services agency. This program provides counseling and assistance to survivors of Military Sexual Trauma (MST) who are often reticent to seek services through the traditional VA process. A safe environment is offered through Verity to initiate treatment and ultimately a claim for service-connected disability benefits.

Economic Security is Critical to Seniors' Wellbeing

Individuals and their families are profoundly impacted by the demographic shift in Sonoma County. Many seniors are at risk of depleting their retirement savings as they face the cost of protracted long-term care, increasing their dependence on families for ongoing financial support. The 2015 White House Conference on Aging estimated that in 2011, \$234 billion in unpaid care was provided by friends and families of seniors.⁵⁵ Family members, many who are seniors themselves, face physical or financial challenges as they seek to provide and finance care for one or more parents or family

“Because it was actually a crime to be a 'practicing homosexual' in many states until 2003 when the Lawrence case was decided, many LGBTQI older adults had to choose between coming out and keeping a job or a home, maintaining ties with biological family, or accessing social services. This reality has led to both physical isolation and isolation that stems from not being out, which can affect LGBTQI older adults in their ability to access services today.”

—Naomi E. Metz, J.D., protecting LGBTQI families and their financial assets

.....
"In the eyes of most legislators, funding for seniors has moved from programs for the deserving poor to programs creating a drain on the economy."
.....

—Jerry Dunn, Director of Sonoma County Human Services Department

members in advanced old age. Seniors already at-risk due to conditions of poverty, disability or isolation are especially vulnerable as they move into advanced old age with fewer resources.

Many seniors are retired from full-time work and live on fixed incomes that are not tied to inflation rates. A significant group relies on Social Security payments as their principle source of income. The continually rising cost of prescription medicines, food, housing, transportation, and other basic necessities threatens seniors' financial security. Such pressures on finances may increase as seniors age because of the necessity of spending more for help with home repair and maintenance, out-of-pocket healthcare expenses, personal caregivers, and/or long-term care.

Rising costs for goods and services represent a persistent threat to all but the most financially secure seniors in additional ways. For seniors who rent, escalating rents push them into unsafe or inadequate housing. According to a survey conducted in 2014 by Real Answers, a Novato-based research firm, Sonoma County is experiencing the fastest rent growth in the U.S. Sonoma County's increase was the greatest of 23 metropolitan areas in California included in Real Answers' study and higher than all 29 other metro areas that the company reviewed around the United States. Real Answers reported that in the second quarter of 2014, the average apartment rent rose to \$1,521 a month in Sonoma County, a jump of 13.3% from a year earlier.⁵⁶

.....
"I'm presently married and independent, but should my husband pass, I will need to change my living situation."
.....

—67-year-old survey respondent

The percentage of residents of Sonoma County who are homeless has doubled in the last two years. In 2015, 6% of all county homeless residents were age 61 and older, compared to 3% in 2013.⁵⁷ As housing costs increase, creating more homeless seniors, there is a need to include senior-specific outreach within homeless services.

Today, nearly nine in 10 Americans age 65 and older receive Social Security benefits. The average retirement benefit is a modest \$1,330 per month. Two-thirds of beneficiaries rely on Social Security for at least half their income. For one-third of those, it is their only income.



For those seniors who do have retirement savings, it is estimated that without Social Security, the poverty rate of senior Americans would approach 50%. If an individual begins claiming benefits at the earliest age of 62, benefits may be \$750 a month for the rest of the person's life. Delaying claiming until age 70, the same benefit would be \$1,320 a month.⁵⁸ According to the Schwartz Center for Economic Policy Analysis (SCEPA), retirement balances have not recovered after the Great Recession that lasted from December 2007 to June 2009. SCEPA also reports that over 28% of American families nearing retirement age have nothing saved in their retirement account; the average total balance in all retirement accounts for families nearing retirement is \$150,000,

with the median amount as low as \$12,000 and the account balances of near-retirement families with positive retirement savings are too low to sustain living standards after retirement, regardless of income group.⁵⁹

According to the Center for American Progress, "The consequences of these growing savings shortfalls could be severe for both American families and the national economy, as a large share of households may be forced to significantly reduce consumption in retirement and will have to rely heavily on their families, charities, and the government for help to make ends meet. Rather than staying in control of their economic lives, millions of Americans may be forced to muddle through their final years partially dependent on others for financial support and to accept a standard of living significantly below that which they had envisioned."⁶⁰ According to the AAA Needs Assessment, 63% of respondents were very or somewhat concerned about having enough money on which to live.

.....
"I'm concerned about age discrimination in finding employment and having employment that pays a real living wage."
.....

—62-year-old survey respondent

Sonoma County seniors are a vibrant part of the county's workforce, with 29% of Sonoma County seniors age 60 and above are employed. While many employed seniors may be working because of limited retirement savings, many are still in the workforce because they enjoy good health and have a desire to continue contributing to their communities. In a report released in September 2015, the Centers for Disease Control and Prevention (CDC) cited that older workers are a valuable addition to the workplace because they are as productive as younger workers, are more careful and emotionally stable than younger workers, and have lower absentee rates than younger workers. In a study conducted by the CDC between 1997 and 2011, research outcomes demonstrated that employed older adults had better health outcomes than unemployed older adults.⁶¹ Having more older workers in the workforce provides opportunities for younger workers and older workers to dispel perceptions about their age cohort, increasing intergenerational relationships and respect.

Demand For Long-Term Services and Supports Will Increase Dramatically

To meet the financial challenges of the future, upcoming generations of seniors and their families must be better educated about the need for long-term care

and support and the importance of financial planning. We must advocate for communities that promote aging in place over the lifespan instead of relying on far more costly institutional care arrangements. Public and private stakeholders at all levels must continue to search for more cost-effective ways to foster the wellbeing and independence of the growing and aging senior populations. The need to find adequate solutions to provide for the long-term care of seniors is especially critical in California, where the population of individuals age 65 and older will be 20% of the population by 2030.⁶² This is especially true in Sonoma County as the senior population already exceeds the California projection.

According to the U.S. Department of Health and Human Services, 70% of Americans over the age of 65 will need long-term care services at some point in their lives, and more than 40% will receive care in a nursing home for even a short period of time.⁶³ Yet national and state surveys confirm that most individuals and families are inadequately prepared for the logistical and financial challenges of securing long-term services and support. The vast majority do not have the resources necessary to provide even short-term support for a frail senior. According to a 2015 poll conducted by the Associated Press-NORC Center for Public Affairs Research on long-term care in California, among California adults age 40 and older, (1) 27% are confident they have the financial resources to pay for long-term care; (2) 56% say they have done only a little planning or no planning at all for long-term care; (3) nearly 30% mistakenly believe Medicare covers ongoing care in the home by a licensed home health care aid, and 33% don't know if it does or doesn't; and (4) less than 33% say they are aware of the state's In-Home Supportive Services Program, a government-funded program to provide eligible seniors with care in their homes.⁶⁴

Individuals and families are not planning for the financial impacts of aging for many reasons, including denial about the aging process; competing demands for attention and resources; lack of recognition of the need to plan; lack of awareness about the cost of long-term care and supports; and/or a belief that government will solve the problem. When individuals and families do reach the point where they need long-term services and supports that they cannot directly provide or finance, they seek out publicly funded programs, for which they may or may not be eligible.

The findings of the AAA Needs Assessment confirm that many seniors in Sonoma County are similarly uninformed about what services are available in their communities and how to access them. Most Sonoma County

communities do have a variety of quality, community-based long-term services and supports available for aging seniors. Yet these services, and the need for them, are topics about which there is far too little public discussion. Perhaps because they are not perceived as central to daily life for most people, these services hover below the community radar, largely invisible to all but those who need them. In many cases, seniors and their families are unaware of what is available until they have an immediate need for assistance. During a point of crisis, the search for help can be frustrating.

Information about senior resources is available to individuals and families who take the time and the initiative to obtain it. The *Senior Resource Guide*, produced by AAA annually in both English and Spanish, is available in hard copy as well as on the AAA website. The Network of Care incorporates Sonoma County specific information into a nationwide database of senior services. 2-1-1 and AAA service providers respond to Sonoma County callers for information and assistance. Nationally, the Eldercare Locator is available to direct individuals to their local communities. Within California, 800-510-2020 directs callers to the local AAA.

As the population of aging and frail seniors continues to grow, community information, assistance, and referral systems must be strengthened and expanded to assure their safety and support. While information on services for low-income and other vulnerable seniors who qualify for public programs is the most widely available, middle income seniors often have a more difficult time finding trusted sources for reliable information on

hiring caregivers, long-term care options, legal services, financial planning, and other important supports. Many seniors trying to make critical decisions about caregivers and residential options have no one to rely on, as family may be distant or uninvolved and friends may be uninformed. Community-based senior service providers can assist with referrals to local services.

In Sonoma County, as is true across the nation, senior services are a tapestry of both publicly and privately funded community-based programs, rather than a *system of care* that can be consistently relied upon to respond to the needs of the most at-risk senior populations. Local, cost-effective programs serve seniors in their own communities, providing care management, transportation alternatives, meals, social contact, health screening, economic and legal assistance, and a breadth of other services. AAA focus group respondents indicated that Sonoma County needs more aging in place support options and services.

Nationally, over 70% of all AAAs are engaged in developing Livable Communities for All Ages.⁶⁵ Often using the World Health Organization model for Age-Friendly cities, these communities are designed to meet the needs of all ages, including their transportation, housing, and social needs, among others, in communities that over the past decades have become spread out and further away from needed services. Since more adults are living longer and prefer to remain in their homes, there is a great need to provide support for seniors to be able to age in their communities.



“We need to have a web of services across the whole county and move away from Santa Rosa as the hub.”

—Jerry Dunn, Director of Sonoma County Human Services Department

“Housing is a problem. Some seniors are living in their cars. We need to look into safe housing and help those who are waiting for housing.”

—Senior center focus group participant in Sonoma Valley

“We need to educate younger people on the services available to their parents.”

—Village Network focus group participant

Sonoma County is working to bring Age-Friendly Communities to Sonoma County cities. Age-Friendly cities provide the opportunity to take action to create Livable Communities for seniors in Sonoma County. The National Association of Area Agencies on Aging conducted a demonstration project by selecting six AAAs across the country and their local partners to advance Livable Community initiatives. Their consultative work reveals that the following strategies are integral to success:

Mobility: People may live 10 years or more beyond their ability to drive. With 75% of seniors living in suburbs, access to transportation is vital. Bus service, ride services that offer door-to-door pick up, and neighbor-to-neighbor assistance are all options. Many seniors don’t feel safe walking in their local community because of a variety of issues from crime activity to the use of automobiles on well-traveled routes. Some communities offer *travel training* programs so that seniors can understand what is available and receive assistance in planning for their travel needs.

Housing: Seniors may typically find themselves living in homes that are too large, too remote, or require excessive maintenance. Downsizing may require leaving the community in which they are established. Communities can become friendlier by allowing granny units and/or mixed housing sizes in areas typically zoned for single family homes. Other options include shared housing where adults can co-exist and provide support to one another. Building departments can work to make it easier to remodel an existing home to add a small kitchen or a bathroom on a first floor. Typically, local codes make these types of adjustments more difficult with an expensive permit process and established ongoing laws.

Access to Community Amenities and Land Use Planning: Access to certain nearby amenities is critical for aging and disabled populations. Experts have determined that seniors should have access to healthy food within a quarter-mile radius, otherwise they are living in an area known as a food desert. Public transportation that requires seniors to walk up to a mile to a bus stop and a mile from the bus to their destination is prohibitive, especially if those walks take them through crime-ridden areas or those that have few sidewalks and many vehicles. A study by the AARP determined that the amenities seniors want to have close to their home include a bus stop, grocery store, park, pharmacy/drug store, hospital, church/place of worship, train/subway, big box store, entertainment, and shopping (mall), in that order.⁶⁶

The Shared Housing and Resource Exchange (SHARE Sonoma County) program started in 2014. The AAA Advisory Council Housing Workgroup helped to bring the concept of shared housing to Sonoma County. SHARE Sonoma County was launched through the dedication and hard work of a Housing Workgroup volunteer coordinator. The program received a private grant in 2015, as well as funding through the Community Development Commission, and is now sponsored by the Petaluma People Services Center.⁶⁷ This home-sharing program facilitates secure home shares for homeowners and renters who are currently having difficulty meeting their monthly housing obligations, are looking for companionship, or even needing assistance and can offer a service exchange. Applications are screened and matched for compatibility. This program has a mix of both private and public financing.

As a way to begin to establish Age-Friendly cities in Sonoma County, community leaders can determine their community's Livability Index, a measure established by the AARP Public Policy Institute to measure the quality of life in American communities across multiple sectors, including housing, transportation, neighborhood characteristics, environment, health, opportunity, and civic and social engagement.⁶⁸ The Livability Index allows users to compare communities, adjust scores based on personal preferences, and learn how to take action to make their own communities more livable. Santa Rosa, Sonoma County's largest population center, scored an average of 58 out of 100 and Sonoma County as a whole scored just 56 on this index.

A key component of a livable community is the ability to access transportation, which 57% of the AAA Senior Needs Assessment respondents identified as an area of concern. Additionally, 25% of key informants also reported that transportation was a significant barrier to accessing services in the community. Issues that key informants identified included the need for transportation options for seniors who are not able or choose not to drive; the availability and limitations of paratransit and transit systems; limited transportation options in the rural areas; fear of loss of independence due to inability to drive; and transportation to medical appointments. As a service available for seniors in the community, transportation was discussed by AAA focus group respondents more often than any other service. During the focus groups, there was also significant discussion regarding the need for increased and additional transportation services. Suggestions for additional services included an increase in public transportation with expanded bus routes and services; volunteer driving services; and specialized health care transportation. Another concern of focus group participants was the lack of safe sidewalks, specifically in



the Sonoma and Petaluma areas, and the deterioration of sidewalks in the last few years in general. Focus group members expressed their opinions that options for transportation services have declined in the last few years.

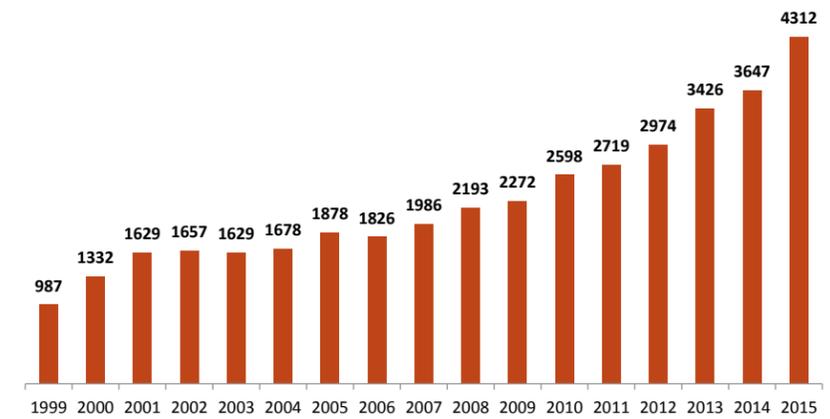
Seniors Need Services and Knowledge of How to Access Them

The Sonoma County AAA Senior Needs Assessment indicated that two of the top three concerns expressed by respondents were the need to learn about services, with 73% reporting they were somewhat or very concerned about this, and receiving services, with 72% reporting they were somewhat or very concerned about this. At a time when investment in the service infrastructure is critical to meet growing and future needs, public funding for senior programs at both the state and federal levels has not responded, leaving significant gaps in services and requiring local government and cities to create revenue streams and service providers to fundraise for needed services.

The Elder Justice Act (EJA) was passed in 2010 as a component of the Affordable Care Act. Despite funding being proposed annually, the EJA did not receive appropriations until the 2015 federal budget. The funding is a fraction of what was proposed (2016 federal budget: \$25 million proposed and \$8 million funded), and as a result, has a very small reach into each state's need for elder justice services and infrastructure. However, the EJA offers the federal recognition of elder abuse prevention and the need for national standards. Elder Justice is a collective term for the multi-faceted approach necessary to combat elder abuse. Because elder abuse is interwoven into health, legal, social service, public safety, and financial issues, rarely is a single tactic sufficient to solve the problem. To add to the complexity of the issue, elder abuse affects every socioeconomic group, even though certain groups are more frequent targets.

Population-based studies suggest that during the course of one year, as many as one in ten people over the age of 60 in a community experience some form of abuse, yet as few as one in 24 elder abuse cases are reported to authorities. Elder abuse is similar to the abuse of a person at any age; it can include physical, sexual, emotional, psychological, and neglect. Elder abuse has an additional category it carries that does not often touch other ages, and that is financial abuse.⁶⁹ In Sonoma County, the number of reports of all types of elder and dependent adult abuse has grown from an average of 82 reports per month in 1999 to an average of 359 reports per month in 2015.

DATA IMAGE 13
SONOMA COUNTY
ELDER ABUSE REPORTS
Yearly APS Reports in Sonoma County



“Unfortunately, we are going to have more elder abuse as technology and perpetrators get more sophisticated. Our response will require a coordinated effort to protect and educate folks, instead of cleaning up after the fact. We need education in the community to prevent elder abuse from taking place at all.”

—Sup. Shirlee Zane, 3rd District Supervisor,
Sonoma County Board of Supervisors

Reductions to cost-effective community-based services threaten to increase other costs for seniors, families and communities, both financially and in quality of life. For many seniors, these services are an essential lifeline to independence, reducing hospital and/or residential care admissions. Research presented at the October 10, 2013 California Readmission Summit summarized the following findings: (1) one in eight Medicare patients was readmitted to the hospital within 30 days of being released after surgery, while one in six patients returned to the hospital within a month of leaving the hospital after receiving medical care; (2) 40-50% of the hospital re-admissions were tied to psycho-social problems and lack of community resources for seniors; and (3) unplanned readmissions were largely determined by broader social and environmental factors.⁷⁰

Another issue impacting the need for increased services is seniors' sense of isolation. Seniors who are lonely

and isolated are less likely to be connected to services and activities that build social networks, and as a result, decline faster both physically and mentally than those who say they are not lonely.⁷¹ Isolation was mentioned as a top concern by 21% of the Sonoma County key informants interviewed. Key informants added that a lack of access to services and community connections were prime contributors to seniors' sense of isolation. The need for localized services and the cost of services were discussed in many AAA focus groups, especially in the isolated and rural communities of Cloverdale, Sonoma, Petaluma, Guerneville, and the coastal regions of Sonoma County. AAA focus group participants noticed a decrease in community events appropriate for the population. Coastal seniors identified the need for a senior center in an accessible area for the Sonoma Coast residents. Intergenerational collaborations were also discussed in a few of the groups, with a call for comprehensive intergenerational projects, collaborations, and support as a way for seniors to feel a greater sense of community connectedness.

Many AAA focus group members suggested that there is a great need for increased care management services or navigators for senior support services in a range of areas from locating available skilled nursing facilities to assistance with the application process for CalFresh services. The majority of respondents to the AAA Senior Needs Assessment survey, focus group participants, and key informants all concurred that the current fragile safety net of community-based services and supports is vital to future generations of seniors and must be strengthened.

AAA and its partner organizations are not the only stakeholders who are taking action to insure a positive future for local seniors. All over Sonoma County, policy makers, the business community, health and social service providers, senior advocates, the media, and the general public are becoming increasingly aware of the importance of the demographic changes in the county's future. With that awareness comes a growing recognition that communities must proactively address the challenges and opportunities presented by an expanding senior population. City planning departments are adopting new universal design principles to support aging in place for seniors who need safe and accessible neighborhoods and homes. Local developers are building more senior-friendly housing developments. Residential care operators and housing developers are collaborating to meet the needs of seniors seeking new options for assisted living. Transportation planners are exploring alternatives to traditional transit to better meet the needs of seniors. Educational institutions are gearing up to prepare a new workforce of health and social service professionals who can meet the unique needs of an aging population. Health care providers are planning new home care and rehabilitation services and investing in health promotion programs for seniors. These activities and many others now underway throughout Sonoma County are informed by a growing understanding of the needs of future generations of seniors. They are the essential planning and development efforts necessary to prepare our community for the future.

“Seniors should be a part of every discussion regarding community needs in the county.”

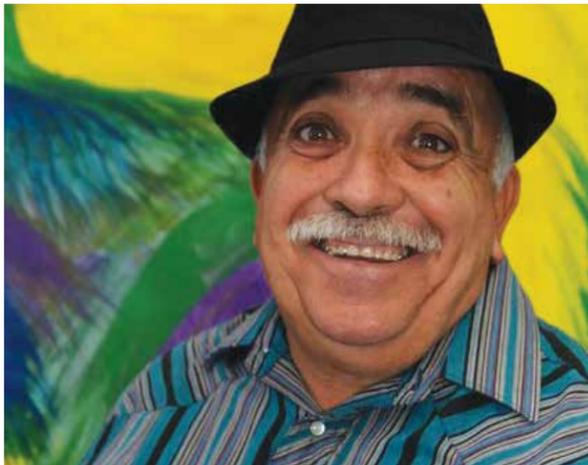
—Focus group member from a community-based Santa Rosa senior service provider



As a way to strengthen Sonoma County's awareness and response to the aging population, in 2015, Sonoma County established a county-wide initiative called Aging Together Sonoma County with a mission to promote a community that ages together and supports opportunities where we can enlighten, encourage, and care for each other with honor, respect and interdependence. Aging Together is a collaborative effort among Sonoma County government agencies and community-based organizations that is designed to create a collective impact by including aging in all decision-making conversations. Aging Together has established the following seven pillars as important contributors to healthy aging across the lifespan: community connectedness; transportation; varied housing options; resources for healthy living; lifelong learning; employment and financial security; access to coordinated health; and community-based services. The purpose of Aging Together is to ensure that programs and policies are in place throughout Sonoma County that will enable those at any stage in life in greatest need to become connected to vital resources.

Pressures on Family Caregivers Will Grow

According to the AAA Senior Needs Assessment, staying independent at home was the second most cited need, with 74% reporting that they were very or somewhat concerned about this. At some point, most seniors will require some assistance from a personal caregiver to maintain independence, health, and wellbeing. Finding a competent, reliable and affordable caregiver is often one of the most daunting challenges seniors and their families face. Low income seniors may qualify, based on income, for assistance from the In-Home Supportive Services program (IHSS), a federal, state, and county-funded program that provides care to seniors and



people with disabilities to help them remain in their homes. Currently, 5,500 Sonoma County seniors receive IHSS support from 5,200 screened and trained IHSS caregivers. Among seniors who need caregivers and do not qualify for IHSS, most hire someone they know, such as a neighbor or friend, or work through a private agency to obtain help with domestic and personal care tasks.

“I am concerned about information and support as a caregiver for someone with chronic illnesses.”

—63-year-old survey respondent

According to selected statistics updated in November 2012 by the Family Caregiver Alliance's National Center on Caregiving,⁷² the majority of caregiving provided for seniors and people with disabilities comes from unpaid family members. Caregivers comprise 29% of the U.S. population, providing care for a chronically ill, disabled or aged family member during any given year. Approximately one in six adults in the U.S. serves as a caregiver. On average, caregivers provide 20.4 hours of care per week. Caregivers who are over 65 years of age provide 31 hours of caregiving in an average week. The value of the services that unpaid caregivers provide for seniors is estimated to be \$450 billion a year, a figure twice as much as is actually spent on paid homecare and nursing care services combined.

Family caregivers provide care for seniors first and foremost because of familial devotion and responsibility. Many families also have no alternative to providing care because they are not financially able to purchase it and don't qualify for the IHSS program. Family caregiving rates among Latinos are higher than in the general population based on long-standing cultural traditions of family caregiving, often reinforced by economic need. Men may be sharing in caregiving tasks more than in the past, but women still shoulder the major burden of care. For example, while some studies show a relatively equitable distribution of caregiving between men and women, female caregivers spend more time providing care than men do (21.9 vs. 17.4 hours per week). In a MetLife study of LGBTQI respondents, both men and women are likely to be caregivers in near equal proportions: 20% men vs. 22% women.

“Caregiver support services are needed, especially for the LGBTQI community who don't have extended families to lean on.”

—Focus group member of LGBTQI community

Reductions in Adult Day Health Care and other community-based respite programs have made it more difficult for caregivers to find time away, even for a few hours. While some caregivers can rely on extended networks of family members and friends to provide respite from the day in, day out needs of a frail senior,





many cannot. AAA focus group participants noted this reduction in services by mentioning that the Friends House Adult Day Health Center, the only provider of its kind in Sonoma County, closed. Due to changes in California regulations, Adult Day Health Care is now called Community-Based Adult Services. Sonoma County residents participating in Community-Based Adult Services must travel to Marin County for these services.

Demographic changes will likely increase the pressure on family caregivers. A growing number of family caregivers are themselves becoming seniors, dealing with both physical and financial limitations that make care giving for a frail senior even more challenging. As seniors receiving care become frail, their needs become more medically complex and time-consuming, putting additional stress on the capacities of untrained family caregivers. Family caregivers must have access to affordable sources of information, training, support, and respite if they are to continue to meet the needs of their family members. As the population of family caregivers becomes increasingly diverse, those supportive services must reflect their unique cultures and traditions.

Persons with Alzheimer's disease, the most common form of dementia according to the Alzheimer's Association, will require increased services in the future. A 2015 report released by the Alzheimer's Association⁷³ predicts that between 2015 and 2025, there will be an increase of 42.4% of Californians age 65 and older who have Alzheimer's disease requiring more services than those with physical disabilities. The Alzheimer's Association estimates that more than 15 million Americans provide unpaid care for people with Alzheimer's disease and other dementias.

Technology Offers New and Powerful Solutions

Several key informants interviewed by AAA cited that lack of access to technology was a barrier that prevents seniors in Sonoma County from receiving the services they need. The barriers specified by these individuals

included a lack of Internet access, lack of understanding of technology, and a lack of access to computers.

In April 2012, the Pew Research Center found for the first time that more than half of older adults (defined as those age 65 or older) were Internet users. In the Pew Center's updated research of 2014, 59% of seniors report they go online—a six-percentage point increase in the course of a year—and 47% say they have a high-speed broadband connection at home. Of those who do use the Internet, 71% of them report they go online every day and 46% use social networking sites. In addition, 77% of older adults have a cell phone of some kind, up from 69% in April 2012, but only 18% own a smart phone (compared to 55% smart phone ownership for all Americans). Despite these gains, seniors continue to lag behind younger Americans when it comes to technology adoption and many seniors remain largely unattached from online and mobile life—41% do not use the Internet at all, 53% do not have broadband access at home, and 23% do not use cell phones.

Researchers with the Benton Foundation and Senior Service America partnered to take a closer look at the 2014 Pew research.⁷⁴ They discovered that seniors with the lowest incomes and least education are much more likely to be offline. Their research revealed that 33% of all persons age 65+ with annual incomes of less than \$20,000 use the Internet, compared to 89% of seniors with incomes of \$50,000 or more. Differences by education are similarly dramatic, the researchers claimed. They reported that 19% of seniors without a high school diploma use the Internet, compared to 88% of seniors with a bachelor degree or higher.

Further analysis combined age, income and education to identify the full extent of the digital divide faced by the most disadvantaged seniors. While 90% of seniors with incomes of at least \$50,000 and who have attended college are Internet users, only 22% of seniors with incomes less than \$20,000 and a high school diploma or less are online. Thus, the most advantaged seniors have an Internet-user rate that is more than four times greater than the rate for the least advantaged

seniors. Minority seniors, who on average are more socioeconomically disadvantaged and less well educated than non-minority seniors are also least likely to be online.

The Pew Research Center identified the following barriers older Americans cited for not adopting new technology: physical challenges, skeptical attitudes about the benefits of technology, and difficulties learning to use new technology. Just 18% of surveyed seniors reported they would feel comfortable learning to use digital devices on their own and 77% reported that they would need someone to walk them through the process.⁷⁵ This new research clearly shows that providing classes and coaching for seniors on how to use digital devices increases seniors' willingness to adopt new technology.

Research that is currently being conducted by the Sonoma County Economic Development Board, to be published later in 2016, shows that every Sonoma County senior center offers smart phone and Internet usage classes. The Comcast Internet Essentials program is currently available in Sonoma County as a way for low-income families with school-age children to have low-cost access to broadband. AAA is interested in exploring ways that this same service could be made available to eligible seniors.

"I'm concerned about receiving technical support in an increasingly electronic and digital world."

—69-year-old survey respondent



The way that members of society gather, store, receive, and share information is changing rapidly, thanks to a wealth of new technologies and new ways to use existing tools. Seniors are adapting rapidly, as are their families and the providers who serve them. In health care, advances such as the Electronic Health Records enable seniors to gain timely access to medical records and become more informed healthcare consumers. Telemedicine reduces geographic and disability barriers

to healthcare access, particularly specialty care, for many seniors living in outlying areas of the county. Phone technologies keep more seniors better connected and safer in their homes. Web-based information and referral services efficiently connect families seeking services with individual providers and entire networks of care. Seniors and their families have expanded access to the experiences of others in evaluating and choosing service providers. Social networking sites can enrich the social lives of seniors, enhance connectivity, and help build community. Advocacy and mobilization efforts increasingly use the Internet to engage more seniors in local issues, volunteer opportunities, and other community projects.

Access to Affordable, Quality Healthcare and Health Services is of Paramount Importance

Since 69% of the respondents to the AAA Senior Needs Assessment indicated that they are somewhat to very concerned about healthcare, the need for quality, affordable healthcare will continue to be a top trend in the future. The passage of the Affordable Care Act (ACA) in 2010 provides seniors valuable opportunities to increase their access to health care and preventive services, even though it includes some funding reductions for home health and hospital services under Medicare. The ACA increases coverage for prescription drugs by closing the Medicare donut hole. It removes lifetime coverage limits for commercial insurance, creates additional consumer protections, eliminates deductibles and co-pays for preventive care for seniors, and pays for an annual wellness assessment for all Medicare beneficiaries. Recognizing the enormous financial and health burdens imposed by chronic disease, the ACA places special emphasis on detecting and preventing chronic disease by expanding routine screening for seniors and by investing in new primary care and community-based approaches to chronic disease prevention and management. It not only strengthens chronic disease management services for the current population of seniors but also targets future seniors (individuals age 55+) with community-based, prevention-focused, behavioral change programs to reduce smoking, sedentary lifestyle, and obesity. As a result of this healthcare reform, there are now incentives to improve transitions from hospital to home to help seniors manage their chronic conditions and prevent costly readmissions. In addition, the ACA is designed to strengthen the healthcare safety net for future generations by increasing funding for the system of community health centers that provides care for many low-income seniors and people with disabilities and by

investing in the development of a healthcare workforce capable of meeting the special needs of these and other populations.

With the increase in life expectancy for both men and women comes the opportunity to remain healthy and active and to maximize physical, mental, and social well-being. Sonoma County life expectancy varies by ethnicity/race according to the following breakdown: 86.2 years for Asian Americans; 85.3 years for Latinos; 80.5 years for whites; and 77.7 years for African Americans.⁷⁶ Sonoma County seniors have more time than ever before to work and engage with family, friends, and the community in meaningful ways. Seniors can maintain their health by increasing their physical activity. Being physically active reduces the risk of negative health outcomes, including early death, cardiovascular disease, stroke, and diabetes, several forms of cancer, depression, cognitive decline, and falls, as well as reducing pain and improving function for those with arthritis and other chronic conditions. Part of maintaining health includes accessing preventive health services, many of which are covered by the Affordable Care Act.

An important physical factor that can affect quality of life in seniors is the risk of falling. Falls are the leading cause of injuries in seniors and the result of a fall can include both hip and head injuries. Either can greatly affect the quality of life. To prevent falls, AAA offers A Matter of Balance: Managing Concerns About Falls. This nationally-acclaimed program teaches practical coping strategies to both reduce fear of falling and to diminish the risk of falling through group discussions; mutual problem-solving and safety-promoting life-style strategies; exercises to improve strength, coordination, and balance; and home safety evaluation.

More than half of Sonoma County's persons living with HIV infection or AIDS are over age 50. In 2014, 67% of Sonoma County residents living with AIDS or HIV were age 50 and older, with 30% of them over age 60. As this group of over 900 individuals age, they will have an increased need for support, for which service providers must be prepared.

A nutritionally sound diet is another factor that leads to improved health in seniors, reducing the risk of osteoporosis, high blood pressure, heart diseases, and certain cancers. The 2016 Presidential Budget includes nearly \$904 million for Health and Human Services' Administration for Community Living to support meals for seniors, with a focus on at-risk populations. The budget also includes a proposal to make it easier to access Supplemental Nutrition Assistance Program (SNAP benefits). In California, SNAP is called CalFresh. AAA is utilizing SNAP funds to expand outreach to seniors through coordination with a Matter of Balance.

Hunger or food insecurity is a reality for almost 16% of all seniors in the US.⁷⁷ Being marginally food insecure is considered a threat. Economic instability has caused the percentage of hungry or food insecure seniors to grow 56% since 2007. AAA has participated in the Hunger Index Work Group along with food advocates and experts. The Hunger Index is the shared measurement used by Sonoma County providers to measure their joint effort at eradicating hunger throughout the county. In February 2015, AAA-funded nutrition services were highlighted as a part of the Sonoma County Hunger Index Forum. To address hunger in Sonoma County, home-delivered and congregate meals are provided by the Council On Aging; Petaluma People Services Center, and Coastal Seniors. From March 2012 to September 2015, AAA funded an average of 4,088 congregate meals and 17,872 home-delivered meals per month.

Senior Food Security is an initiative conducted by the Redwood Empire Food Bank that features these three programs that assist seniors throughout Sonoma County⁷⁸: (1) the Brown Bag Program provides supplemental groceries and fresh produce once a month to low income seniors at 19 locations in six towns and through home delivery; (2) the Diabetes Wellness Program helps seniors on limited, fixed incomes that are diagnosed with diabetes have access to nutritious foods and vital information appropriate for a diabetic diet so that they can lead healthy and independent lives; and (3) the Commodity Supplemental Food Program (CSFP) offers a 30-40 lb. box of food once a month to low-income participants age 60 and over. There are 46 distribution sites in 12 towns throughout Sonoma County.

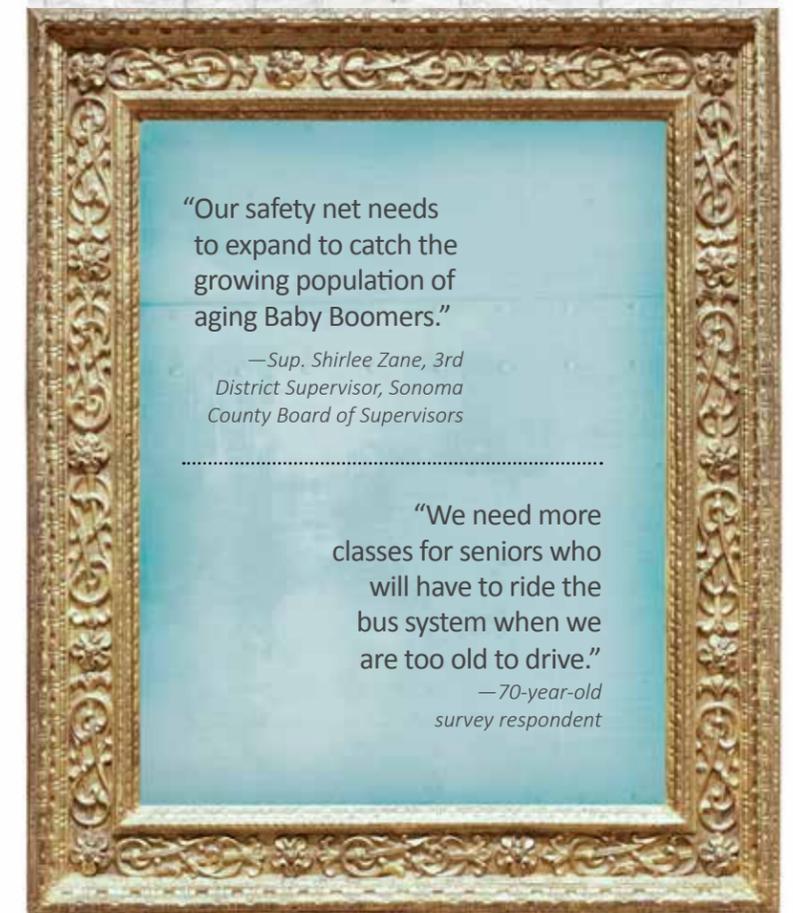
Framing the Future Summary

Even given the challenges of aging and the need for creative resources, Sonoma County seniors can look to the future with optimism. Moving forward, the county will be aided by unique community resources and by positive trends occurring throughout the nation. AAA will continue to build on the capacities and talents of seniors themselves; the strong foundation built by the existing network of AAA partner organizations; proactive efforts by Sonoma County communities to plan now for the needs of seniors; new technologies; and increased emphasis among Sonoma County's leaders regarding a renewed focus on the needs of seniors and including aging in all conversations. The advocacy of the Area Agency on Aging Advisory Council contributes to a community that values seniors, seeks creative programs, and continually evaluates the needs of seniors to live independent, supported and informed lives.



"I didn't know what specific senior services existed in my community until I started working for Sonoma County. If seniors don't go to church or a senior center, there's no way to find out."

—Focus group member who is a Sonoma County social worker



"Our safety net needs to expand to catch the growing population of aging Baby Boomers."

—Sup. Shirlee Zane, 3rd District Supervisor, Sonoma County Board of Supervisors

"We need more classes for seniors who will have to ride the bus system when we are too old to drive."

—70-year-old survey respondent

The Perspective

Area Agency on Aging Strategic Priorities: 2016-2020

The following goals represent AAA's strategic priorities for achieving its vision of providing leadership, services, and advocacy to promote the dignity, independence, and quality of life for seniors, adults with disabilities, and their caregivers. The objectives under each goal represent AAA's specific plans over the next four years to work with its network partners and the larger community to improve the health, safety and wellbeing of seniors throughout Sonoma County.

Overview of Goals and Objectives in the Four-Year Plan

Goal 1: Expand awareness of and access to available services and supports for seniors, their families, and caregivers.

Why this goal is important

Individuals and families need information on the aging process to plan for the future. Seniors and families need to know what resources they will likely need and where to find them in their communities. Sonoma County seniors can benefit from a continuum of available long-term supportive services, but only if they are informed about how, when, and where to access those services. While many seniors are aware of existing services, many are not. Sonoma County seniors who provided information through the focus groups and The Senior Needs Assessment Survey pointed out that families and seniors sometimes experience difficulty finding a trusted source of information and assistance. As indicated by responses given in the focus groups, seniors who are geographically and linguistically isolated seem less likely to know about services available, and family members living outside the county often encounter special challenges in locating services for an aging family member from a distance. Conversely, seniors who are connected to any service or service provider (senior housing, a senior center, Meals on Wheels, one of the Department of Human Services programs of assistance, etc.) are more likely to learn of other services.

What we can build on

AAA will build upon its strong network of community partnerships to inform seniors and their families of existing and new services. AAA will continue to advocate for a comprehensive outreach system prioritizing those most in need. Focus group participants mentioned the *Senior Resource Guide* as a helpful source of information on services.

AAA is developing an Aging and Disability Resource Center of enhanced care management and information and assistance through the Linkages

program. AAA's community partners will continue efforts to develop an integrated community-wide senior service information system accessible by telephone and Internet. This information is critical to help seniors and their families locate supports appropriate to their needs and resources. Their expanded outreach to linguistically and geographically isolated populations, seniors with disabilities, and the frail elderly will help connect these at-risk groups to services and enhance their ability to get assistance when needed. An active public information campaign, highlighting the availability of long-term services and supports, helps all Sonoma County residents in planning for and meeting the challenges of aging.

Goal 1 Objectives

Outreach

1.1. Participate in a minimum of four outreach events (one during each year of the planning cycle) for older adults, individuals with disabilities, and their caregivers to expand awareness of senior services.

1.2. Participate in bi-monthly media outreach on senior matters, including radio, newspaper, and online media.

Communication

1.3. Meet with leadership in minority communities, including Latino and Lesbian, Bisexual, Gay, Transgender, Queer, Intersex (LGBTQI), to develop and coordinate services for seniors.

1.4. Write articles for senior centers and community-based service provider newsletters, as well as publishing the quarterly AAA *Sonoma Speaks* newsletter.

Information

1.5. Utilize a contact list of voluntary service groups and the faith-based community to connect them with information about senior services and supports. At least four presentations will be made in FY 2016-17.

1.6. Coordinate outreach efforts with the Sonoma County Volunteer Center, 2-1-1, Human Services Information and Referral website and call center, including attendance at tabling events and written information distribution.

1.7. Develop an Aging and Disability Resource Center of enhanced care management and information and assistance through the Linkages program.

Goal 2: Enhance the safety, mental and physical health, and wellbeing of seniors of all ages, emphasizing healthy aging throughout the lifespan.

Why this goal is important

The seniors who participated in the Senior Needs Assessment survey and focus groups reported that health issues were one of their greatest concerns. Senior participants voiced concern and worry over the eventualities of falls and other injuries, stroke, heart attack, dementia and Alzheimer's, loss of mobility, depression, loss of eyesight and hearing, and frailty as one ages – both for themselves and for loved ones. Several seniors stated that there is a need for increased mental health services. Other health-related needs raised by many of the focus group and survey participants include the need for viable exercise options

"I'm concerned about strength training for active seniors to keep us active and mentally fit."

—67-year-old survey respondent



for seniors, as well as access to healthy foods and good nutrition. Many pointed out that the increased life expectancy this generation enjoys is all too often accompanied by greater degrees of frailty, a higher incidence of disability and disease, and growing medical needs. Yet a majority of the conditions that require healthcare services come at a time when an individual's ability to manage health needs is in decline.

Prevention-focused interventions aimed at reducing the prevalence and severity of injury, chronic disease, and disability among senior populations have tremendous potential to help seniors to live longer, healthier lives. These interventions, described as evidence-based because they have demonstrated effectiveness at changing behaviors and improving health outcomes, are the future of senior health promotion. They include early periodic screening for developing health conditions and behavioral education on lifestyle choices, injury prevention, and self-care for chronic conditions.

AAA's evidence-based programs are targeted to two specific health concerns, falls and behavioral health conditions, because of their prevalence. Across the country and in Sonoma County, falls are the leading cause of fractures, hospital admissions for trauma, and injury deaths among seniors. In addition, while the majority of seniors cope constructively with the changes associated with aging, nationally, an estimated 25% of those age 65 and older experience specific mental disorders, such as depression, anxiety, substance abuse, and dementia, that are not part of normal aging.⁷⁹

Another concern, elder abuse, is a largely hidden but significant reality for some seniors. Enhanced screening, early intervention, and prevention-focused education can prevent many instances of abuse. In Sonoma County, the number of abuse reports has grown from an average of 92 reports per month in 1999 to an average of 359 reports per month in 2015. It is widely believed that elder abuse is significantly underreported. A New York State study from 2011 concluded that only one in 23 cases of elder abuse is reported.⁸⁰

What we can build on

AAA funds senior supportive services, including nutrition, adult day programs, and case management, as well as health promotion programs to encourage healthy aging. AAA's experience implementing evidence-based programs can be expanded to include collaboration with additional healthcare and community agencies. Volunteers have been effective in providing education and training to healthcare professionals, service providers, and the community. A Matter of Balance

and Healthy IDEAS programs have been implemented in Sonoma County with favorable success and have promoted an increase in collaboration with healthcare agencies throughout the county. Additionally, AAA continues to build upon community relationships to increase elder abuse prevention activities and awareness.

Goal 2 Objectives

Education

2.1. Develop a process for educating healthcare, senior services providers, and the general community about opportunities to participate in evidence-based health programs.

2.2. Collaborate with community partners to expand services to family caregivers including mono-lingual Spanish speakers.

Fall Prevention

2.3. Provide a minimum of 10 A Matter of Balance class series countywide.

2.4. Coordinate with the Department of Health Services to implement SNAP-Ed obesity prevention and nutrition education within the Matter of Balance curriculum.

Elder Protection

2.5. Participate in Elder Justice Coalition activities with community partners, including the Elder Protection Workgroup, Family Justice Center, District Attorney, local law enforcement, the Family Violence Prevention Council, and others, to educate seniors and the community about elder justice resources and elder abuse prevention.

2.6. Collaborate with Senior Advocacy Services to expand awareness of Ombudsman support services in licensed facilities for seniors and their families.

Goal 3: Strengthen the community's capacity to assess, plan for, and respond to the increasing needs of Sonoma County's senior population.

Why this goal is important

It will take the clear vision and ongoing commitment of Sonoma County's seniors, their families and neighbors, service providers, local governments, and many other stakeholders to create a community that affords seniors the opportunity to live independently as long as possible and to obtain the services and supports they need to maintain their independence and optimal health and

wellbeing. Achieving this goal will require long-term vision, resourcefulness, and a commitment to partnership and innovation. Planning efforts must focus on the development of a cost-effective, accessible, community-wide system of services and supports, both publicly and privately financed, that is capable of meeting the needs of all seniors. It must also include strategic efforts to create healthier, safer communities for seniors, where they can age in place, and enjoy and participate in neighborhood and community life. Planners at every level, from families to agencies to local governments, need more accurate local data on the characteristics of current and emerging senior populations, their health and socioeconomic status, their locations and living conditions, and their needs for services and supports. Efforts must be made to develop and share this data among service providers and other stakeholders. Planning activities must also be informed by accurate information on the values, needs, and preferences of local senior populations and must include their voices every step of the way. Those issues which senior themselves identify as most critical must frame these planning efforts and their outcomes. Those critical issues include the following: (1) health and healthcare; (2) mobility and transportation; (3) services that allow seniors to stay independent at home; (4) housing; and (5) finances (having enough money to live on). AAA is in a unique position to lead, nurture, and participate in the critical partnerships on which our future depends.

What we can build on

AAA collaborates with healthcare and community partners to advocate for services that will allow seniors to remain living in the community. The Planning and Funding Committee oversees the AAA funding allocation and reviews contractor performance. The AAA Legislative Committee meets regularly with elected officials to advocate for new legislation and reforms. The Transportation and Mobility Committee pursues transportation coordination and improvements for seniors. The Older Adult Collaborative has taken a leadership role in addressing mental health issues for seniors and will continue to expand those services. AAA participates in the California Department of Aging/Area Agencies on Aging data management system that has the potential of providing timely and accurate profiles of seniors receiving services.

Goal 3 Objectives

Needs Assessment

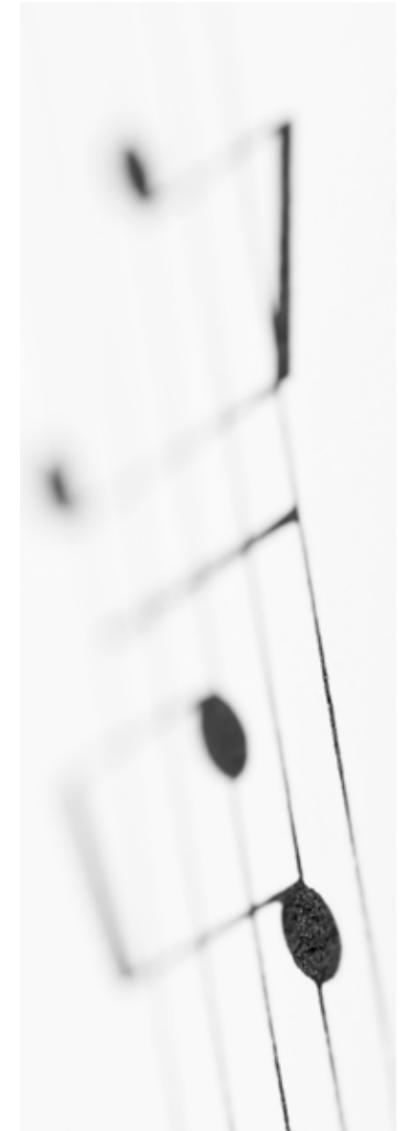
3.1. Support the efforts of AAA by collecting public input at least once a year to address the changing needs of seniors, people living with disabilities, and family caregivers in Sonoma County.

3.2. Develop a survey to be routinely distributed by all AAA service providers to their program participants on an annual basis to determine the impact of AAA-funded programs on quality of life.

3.3. Collaborate with the Sonoma County Human Services Adult & Aging Disaster Preparedness Coordinator to inform the department's disaster preparedness efforts for seniors and people living with disabilities.

Future Planning

3.4. Coordinate with Sonoma County Health Action to use findings from the report, *A Portrait of Sonoma County*, to strategically plan, develop programs,



apply for funding, and communicate with partners and stakeholders to address disparities and gaps in services in our most vulnerable communities.

3.5. Participate in the implementation of the California Association of the Area Agencies on Aging's Vision 2025 Initiative.

3.6. Identify opportunities to advocate for long-term services and supports to enable seniors to live independently.

Diversity Engagement

3.7. Work together with community partners to strengthen the capacity to serve the LGBTQI, Latino, and other under-represented communities.

3.8. Support Aging Together with Pride to promote inclusiveness and raise awareness of LGBTQI persons as they age.

Service Provision

3.9. Work with health care providers to advocate for expanded funding for nutrition, transportation, and case management services.



3.11. Meet with Older Americans Act-funded service providers to assist with building capacity to meet the changing needs of seniors.

3.12. Collaborate with public, nonprofit, and private organizations, including service providers, and transit/paratransit operators, to address the community's transportation gaps and barriers and develop resources to coordinate and expand existing transportation options for older adults and people living with disabilities in Sonoma County.

Goal 4: Involve and engage seniors as a valuable resource in the community.

Why this goal is important

Sonoma County seniors possess a wide variety of skills, knowledge, and experience developed throughout their lives. In Sonoma County, we can create a network for social change by tapping into seniors' special talents and connecting seniors to community needs. Seniors can change the way that people think about seniors by being active members of their communities. By using their talents and skills in the community in a variety of ways, seniors demonstrate that they are active, involved, and essential to a healthy community. When seniors volunteer in the community through schools and community-based organizations, they are frequently working side-by-side with individuals from a wide age range, opening opportunities to bridge generation gaps. Seniors who volunteer often create intergenerational experiences with younger generations that can lead to shared learning opportunities, including youth assisting seniors with technology applications and seniors mentoring youth on a wide range of topics.

By remaining engaged in their communities, seniors continue to enjoy positive mental and physical health. According to the National Institute on Aging, seniors with an active lifestyle (1) are less likely to develop certain diseases, including dementia; (2) have a longer lifespan; (3) are more happy and less depressed; (4) are better prepared to cope with loss; and (5) may be able to improve their thinking abilities.⁸¹ Community engagement prevents senior isolation and depression. In addition to getting seniors out of the house and into the community, volunteering has a positive effect on psychological wellness. According to the National Corporation for National and Community Service, those who volunteer in their communities experience greater life satisfaction, a sense of purpose and accomplishment, more stress resilience, and lower rates of depression.⁸²

What we can build on

Sonoma County's Aging Together initiative is helping to connect generations for the well-being of the entire community. Through Aging Together, AAA and other county agencies will engage families, businesses, local government, and the broader community to identify ways for seniors to be physically, psychologically, and financially healthy and active, and connected to others throughout the county. Sonoma County's Retired Senior Volunteer Program (RSVP), operated by the Sonoma Volunteer Center, will continue to be an important connector between seniors and volunteer needs in all Sonoma County communities. AAA involvement with the Age Friendly Cities/Livable Communities initiative will enable multigenerational participation to help many seniors to age in place and remain a vital force in their communities.

Goal 4 Objectives

Intergenerational Engagement

4.1. Plan an annual event to celebrate intergenerational connections.

4.2. Engage Sonoma County high schools to create a shared learning and volunteer program between high school students and older adults.

Community Engagement

4.3. Outreach to a broad variety of public, nonprofit, and private organizations to promote awareness and inclusion of the needs of the aging population in organizational decisions.

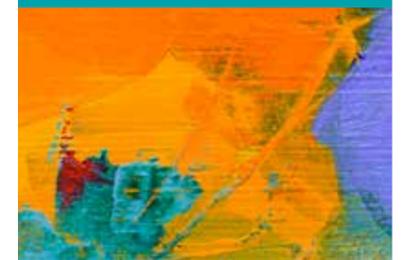
4.4. Partner with Aging Together Sonoma County to implement the World Health Organization's Age-Friendly Cities in Sonoma County.

4.5. Explore innovative opportunities to involve seniors and individuals with disabilities in volunteerism and other forms of civic engagement.



"I'm concerned about treating our elders as members of the community. They have much wisdom and insight. Give them the opportunity to contribute."

—74-year-old survey respondent





Conclusion

The Sonoma County Area Agency on Aging Advisory Council, AAA staff, and the AAA partner network of senior service providers are committed to working collaboratively to achieve the goals and objectives of the 2016-2020 AAA Plan. The contributions from Sonoma County's senior populations, their families, and caregivers will continue to inform and enrich AAA's work. AAA invites the entire community to join in this effort to ensure that Sonoma County continues to provide all seniors the opportunity to maintain independence, optimal health and well-being, and outlets for creative expression.

The fact that seniors are living longer and remaining healthy throughout their lifespan drives AAA's commitment to ensuring that the right services and supports are in place to serve the increasing numbers of Sonoma County's seniors. AAA will continue to serve the unique needs of each senior, while recognizing that the great diversity among seniors prohibits a one-size-fits-all approach to providing services. Through ongoing collaborative work with community partners, AAA will continue to identify innovative ways for seniors to remain independent in their homes for as long as possible. AAA is dedicated to finding ways for Sonoma County seniors to stay involved in their communities and continue to find creative outlets for their passions.

AAA annually updates information on activities cited in this four-year plan each year of the planning cycle. The updates include a description of any relevant changes to the landscape of services described in the original plan, progress made toward the objectives of each goal, and a description of AAA's continuously evolving plans to meet the needs of seniors in Sonoma County. We appreciate the community's interest in the *Art of Aging* and in learning about issues that impact Sonoma County's seniors.

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Please visit www.socoaaa.org or call 800-510-2020 or 707-565-5950 for more information regarding the following:

- This 2016-2020 Plan and Community Report
 - The Sonoma County Area Agency on Aging
 - Available services and supports for seniors, families, and caregivers and how to access them
 - How to become more involved in your community
 - Aging Together Sonoma County
-



Methodology and Limitations

Methodology

The Area Plan includes a compilation of data sources and methods of data analysis throughout the document. Many of the data images include data extracted from the United States Census Bureau. Data images 1, 2, 3, 8, 9, 10, and 11 include data from the 2014 American Census Survey (ACS) Public Use Microdata Sample (PUMS) one-year population estimates. Each year the US Census Bureau Population Estimates program uses calculations to add to the most recent decennial census for the population estimate updates. Estimates are produced using a cohort component method, which includes the population base, births, deaths, and migration. The U.S. Census Bureau Population Estimates program employs a top-down approach by first estimating the change in the larger population at the national level by sex, age, Hispanic origin, and race, and then creating the state-level and county-level changes, while maintaining consistency across demographic and geographical characteristics. Multiple forms of rounding that include greatest mantissa or two-way controlled rounding are used to maintain consistency among the demographic and geographical characteristics of the population estimates at the county, state, and national levels.

In addition to the one-year estimates, some of the data images were created using population percentages of the 2014 ACS PUMS five-year estimates and applied to the population count of the 2014 ACS PUMS one-year estimate for consistency in total population count throughout the document. Data images 4, 5, 6, and 7 use the percentages of the population from the 2014 ACS PUMS five-year estimate, as the one-year estimate was not available for the smaller breakdown of geography. In data images 4, 5, and 7 the percentages from the five-year estimate were applied to the total population count of the one-year estimates to create

the totals. Data image 6 uses the five-year estimates, as the totals of towns do not create an exact sum for the entire county due to unincorporated areas.

The 2013 Elder Economic Security Standard Index (EESSI) is published by the UCLA Center for Health Policy Research as a standard of income threshold to use for each state or county to calculate the number of seniors who do not have enough income to meet basic needs. The income threshold is developed by determining cost-of-living needs in the following areas for each state and county: housing, food, transportation, healthcare, and miscellaneous expenses estimated at 20%. With the set standard for the income threshold of Sonoma County, the 2014 ACS PUMS one-year estimates were used with a combination of variables to determine the relationship (couple or single) and the household type (owner without a mortgage, owner with a mortgage, renter, and group or other living situation). Once the individuals were categorized into these eight groupings, the household income and personal income were used to determine which individuals are below the Elder Economic Security Standard Index, and therefore considered to live in poverty. The ACS PUMS does not provide data categories that are exactly consistent with the housing type, relationship, or income groups that are needed for the EESSI determination. Data image 12 demonstrates the findings of the population living in poverty in Sonoma County in relation to the EESSI.

Data from the Sonoma County AAA needs assessment survey was used to create data images 13 and 14. The AAA Senior Needs Assessment survey was conducted from July 10 through September 18, 2015; however, responses were accepted through a grace period ending September 30, 2015. The survey was distributed through various locations, including senior centers, service provider offices, senior housing communities, and newsletters. Respondents also had the option of

taking the survey online in English or Spanish using the electronic method of Survey Monkey. To increase online responses, links to the survey were posted to the AAA website, the press was notified, and AAA placed an ad in the *Press Democrat*. The survey allowed for self-reported responses to multiple-choice questions that addressed concern levels in areas of employment; learning about/receiving services; healthcare; housing; legal affairs; isolation/loneliness; enough money to live on; nutrition/food; care-giving for children/adults; transportation; household chores; elder abuse; Lesbian, Bisexual, Gay, Transgender, Queer, Intersex (LGBTQI) services; accidents at home; and staying independent at home. The survey collected demographic information including self-reported age, gender, ethnicity, language, and sexual orientation. Questions were also asked about education; living alone; living near public transportation; preferred transportation method; preferred housing for retirement; and income. The survey also included questions regarding the level of difficulty in the following areas: eating; bathing; dressing; walking; getting in/out of bed; getting to bathroom; preparing meals; shopping for personal items; medication management; managing money; using the telephone; light/heavy housework; and transportation ability. Level of difficulty questions included the following response options: no difficulty, minor difficulty, serious difficulty, or unable to do. The data from the survey was compiled and analyzed to produce a complete report, *Area Agency on Aging, October 2015 Needs Assessment Survey Results*.

Focus groups were also conducted during the months of August and September 2015. Scribes took notes with the intention of attaining an accurate record of the comments and experiences of the participants.

The facilitators were members of the Sonoma County Area Agency on Aging (SCAAA) Advisory Council and community outreach workers from Santa Rosa Memorial Hospital. The facilitators and scribes were trained by Sonoma County Human Services Department staff regarding focus group guidelines and best practices. A total of 12 focus groups were conducted that included a total of 92 participants. Specific populations were targeted in 10 of the 12 focus groups, including 72 of the 92 participants. The target population focus groups were designed to capture the views of the following specific populations in the community: senior caregivers, senior members of the lesbian/gay/bisexual/transgender/queer/intersex (LGBTQI) community, Latinos, rural seniors, and adults with disabilities. In addition, one focus group was conducted with Adult & Aging Services Division staff, and one focus group was conducted with AAA network senior service providers. The focus groups were facilitated at sites throughout the county, with one focus group facilitated in Spanish, and the remainder in English.

The facilitators structured each of the focus group interviews around six open-ended questions: (1) What do you think of when I say senior services?; (2) What services are available for seniors in your community?; (3) Have you seen a change in senior services available in the last five years?; (4) What are some of the unmet needs for Sonoma County seniors?; (5) What is the best way to connect seniors to the services that are available?; and (6) Is there anything you would like to add related to senior services in Sonoma County? The responses were transcribed and evaluated for trends, with major issues emerging.



Limitations

There are limitations present in each of the data sources addressed in the methodology section. ACS PUMS data are estimates determined through multiple calculations, using the population base of the previous year decennial census, starting at the national level. The five-year estimates are identified as more stable than the one-year estimates, as the previous five years are used with an average to create the five-year estimates, opposed to simply building on the previous year for the calculation of the one-year estimate. The margin of error should be considered, especially when breaking the data down into smaller sections, such as the geographic areas and smaller age groups, as there is the possibility for the margin of error to be as large as the estimated population in some sections. Applying the group population percentages of the five-year estimates to the population count of the one-year estimates also poses a limitation in accuracy, as the data is mixed. Rounding methods should also be considered when determining the total count of population estimates, as they may not always add up to 100% in each section.

The 2013 EESSI income threshold was the most recent year published. However, the income threshold for 2013 is used with the population factors of the ACS PUMS 2014 one-year estimates. There may be some discrepancies between the cost of living for 2013 and the income reported for households in the ACS PUMS 2014 one-year estimates, as cost of living may have increased for 2014 that is not reflected in the 2013 estimates. Additionally, the relationship and household types were determined by the County of Sonoma Human Services Planning,

Research, Evaluation, and Engagement Division through a combination of variables established by the ACS PUMS one-year estimate data set.

The Sonoma County AAA Senior Needs Assessment survey relies on self-reported responses. In self-reported responses, two factors should be considered when determining the validity of the self-reported data, specifically, situational issues and cognitive issues. Cognitive issues to consider may include the level that the respondent understands the questions and the ability for the respondent to answer with a level of knowledge or memory suitable for an accurate response. Situational issues may include the setting in which the survey was taken, which may influence the response. Best results are collected when the respondent experiences little fear of reprisal and a strong sense of anonymity.



End Notes

- ¹ Census data as cited in Trendex Census Edition, December 2015.
- ² Census data as cited in Trendex Census Edition, December 2015.
- ³ Census data as cited in Trendex Census Edition, December 2015.
- ⁴ Census data as cited in Trendex Census Edition, December 2015.
- ⁵ Murphy, Sherry L., Xu, Jiaquan & Kochanek, Kenneth D. (2012, January 11). Deaths: Preliminary Data for 2010, Table 6. Expectation of life at selected ages by race, Hispanic origin, race for non-Hispanic population, and sex: United States, final 2009 and preliminary 2010. *National Vital Statistics Reports, Vol. 60(4)*, 51.
- ⁶ Census data as cited in Trendex Census Edition, December 2015.
- ⁷ State of California, Department of Finance. 2016. Research demographic projections: State and County Population Projections; State and County Population Projections-Race/Ethnicity and 5-Year Age Groups, 2010-2060. Retrieved from: <http://www.dof.ca.gov/research/demographic/projections/>.
- ⁸ 2014 ACS PUMS 1-year Estimates.
- ⁹ 2014 ACS PUMS 1-year Estimates.
- ¹⁰ 2014 ACS PUMS 1-year Estimates.
- ¹¹ California Department of Aging. (2015). *2015 California Department of Aging Population Demographic Projections by County and PSA for Intrastate Funding Formula*. Retrieved January 19, 2016 from the California Department of Aging website: http://www.aging.ca.gov/data_and_statistics/.
- ¹² Census data as cited in Trendex Census Edition, December 2015.
- ¹³ Census data as cited in Trendex Census Edition, December 2015.
- ¹⁴ Census data as cited in Trendex Census Edition, December 2015.
- ¹⁵ Murphy, Sherry L., Xu, Jiaquan & Kochanek, Kenneth D. (2012, January 11). Deaths: Preliminary Data for 2010, Table 6. Expectation of life at selected ages by race, Hispanic origin, race for non-Hispanic population, and sex: United States, final 2009 and preliminary 2010. *National Vital Statistics Reports, Vol. 60(4)*, 51.
- ¹⁶ Census data as cited in Trendex Census Edition, December 2015.
- ¹⁷ State of California, Department of Finance. 2016. Research demographic projections: State and County Population Projections; State and County Population Projections-Race/Ethnicity and 5-Year Age Groups, 2010-2060. Retrieved from: <http://www.dof.ca.gov/research/demographic/projections/>.
- ¹⁸ 2014 ACS PUMS 1-year Estimates.
- ¹⁹ 2014 ACS PUMS 1-year Estimates.
- ²⁰ 2014 ACS PUMS 1-year Estimates.
- ²¹ California Department of Aging. (2015). *2015 California Department of Aging Population Demographic Projections by County and PSA for Intrastate Funding Formula*. Retrieved January 19, 2016 from the California Department of Aging website: http://www.aging.ca.gov/data_and_statistics/.
- ²² Census data as cited in Trendex Census Edition, December 2015.
- ²³ Census data as cited in Trendex Census Edition, December 2015.
- ²⁴ Applied Survey Research. (2015). Sonoma County Homeless Survey. Watsonville, CA.
- ²⁵ Census data as cited in Trendex Census Edition, December 2015.
- ²⁶ Census data as cited in Trendex Census Edition, December 2015.
- ²⁷ State of California, Department of Finance. 2016. Research demographic projections: State and County Population Projections; State and County Population Projections-Race/Ethnicity and 5-Year Age Groups, 2010-2060. Retrieved from: <http://www.dof.ca.gov/research/demographic/projections/>.
- ²⁸ Centers for Medicare and Medicaid Services. Retrieved January 11, 2016, from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF.html.
- ²⁹ Census data as cited in Trendex Census Edition, December 2015.
- ³⁰ Census data as cited in Trendex Census Edition, December 2015.
- ³¹ Census data, 2014 estimate, Retrieved January 11, 2016 from <http://quickfacts.census.gov/qfd/states/06/0670098.html>
- ³² Phone conversation between AAA staff and staff from the Office of the State Long-term Care Ombudsman Program, February 28, 2016.
- ³³ US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.
- ³⁴ Census data as cited in Trendex Census Edition, December 2015.
- ³⁵ Census data as cited in Trendex Census Edition, December 2015.
- ³⁶ Federal Interagency Forum on Aging-Related Statistics. (June 2012). *Older Americans 2012: Key Indicators of Wellbeing*. Washington, DC: US Government Printing Office Retrieved on January 11, 2016 from <http://www.aarp.org/content/dam/aarp/livable-communities/learn/demographics/older-americans-2012-key-indicators-of-well-being-aarp.pdf>.
- ³⁷ 2014 ACS PUMS 1-year Estimates.
- ³⁸ Senate Select Committee on Aging and Long-Term Care. (2014). *A Shattered System: Reforming Long-Term Care in California*. Sacramento. Retrieved from <http://sd25.senate.ca.gov/sites/sd25.senate.ca.gov/files/AgingLong%20TermCareReport.pdf>.
- ³⁹ Firestone, S. K. (2014). *Making Your Community Livable for All Ages: What's Working!* National Association of Area Agencies on Aging.
- ⁴⁰ 2014 ACS PUMS 1-year Estimates.
- ⁴¹ Note: The personal income question in the survey was asked between two breakouts of 1 adult in the household or 2 adults in the household. *In poverty* was based on the first two income options within each breakout in which the income range fell within threshold of the 2011 Elder Economic Security Index and the 2014 Federal Poverty Limit of 100%.The other two income options within each breakout was above this threshold and therefore grouped as *Not in Poverty*.
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PUBLISHED BY
Sonoma County Human Services Department
Area Agency on Aging
Adult & Aging Services Division
May 2016



"Empower, Support, Protect"

Human Services Department
COUNTY OF SONOMA