

January 2001



United Way
California Capital Region

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United Way Senior Summit

Serving

Amador, El Dorado, Placer, Sacramento and Yolo Counties

RECOMMENDATIONS AND FINDINGS

Released

February 23, 2001

In 2000, United Way California Capital Region's Board of Directors approved a strategic plan that called for supporting programs in three strategic outcome areas. One of those outcomes is that "All people achieve optimal health and self-sufficiency with dignity." This strategic outcome ensures that seniors, disabled, and low income individuals have their critical needs met, and that communities and neighborhoods are safe and strong.

In order for United Way to better understand which issues the donors believe should be addressed with their donations, United Way conducted market research with leadership givers and other active donors in the region. This research indicated that beyond services for children and families, the donors were interested in supporting programs targeted for seniors.

In response to that message, United Way California Capital Region hosted a half-day Senior Summit on Wednesday, December 13, 2000. More than 40 representatives from the five county region, equipped with information about the critical needs of seniors in their communities, attended the Summit. A cross section of local nonprofit organizations were represented; they included Eskaton, Paratransit, Inc., Placer County Department of Mental Health, Hart Senior Center, City of Sacramento, as well as community members serving and funding services for seniors.

PURPOSE AND GOAL OF THE SUMMIT

United Way's market research concluded that services for seniors are a high priority among donors. As a result, utilizing United Way's collaborative model for bringing people and organizations together, a summit was called to answer the question "**What is the best utilization of United Way resources in the area of services for seniors?**" United Way wanted to determine if it could leverage its resources and have a constructive role in achieving optimal health and self-sufficiency for seniors.

Most Seniors are Doing Fine

Change

For most seniors, this stage of life marks a change in their activities, not an end to them. Many retirees will pursue new careers, new educational goals, volunteer involvement and community activism.

Economic and Political Force

Most seniors are doing fine. They have the time, energy and resources to enjoy life. As a group they represent a tremendous economic and political force.

Between 1984 and 1999 median net worth of households headed by persons aged 65+ years increased by 69 percent where the median net worth of households headed by those 45 to 54 years decreased by 23 percent.

Americans aged 65+ years control \$7 trillion in wealth, more than 70 percent of the country's assets. (Federal Interagency Forum on Aging Related Issues)

What Retirement Really Means

For many seniors the concept of retirement has changed. In a recent study conducted for Civic Ventures the definition of retirement agreed to by 65 percent of 50 to 75-year-olds is, "To begin a new, active, and involved chapter in life, starting new activities and setting new goals."

Today seniors are beginning new careers, going back to school, and volunteering in their communities.

"Today's seniors have the desire and ability to stay active, but are left on their own to find the structural support to do so." (Retirement Redefined)

In order to achieve this goal, the group was charged with exploring:

- ◆ Whether or not the "hot spots" in the region, where critical needs (services) are left unmet, are an opportunity for United Way to make a significant impact. If so, what are the priorities, and, is there a single service that overcomes obstacles facing seniors or organizations serving seniors?
- ◆ Existing services in the region that incorporate best practices and are successful in achieving results. The group looked at local organizations that are currently incorporating these best practices.
- ◆ Collaborative opportunities that exist to help people work more effectively together and how United Way can assist those organizations that are not working in collaboration to provide a holistic service system for seniors and support those who are already working collaboratively.

SUMMIT OPENING

Gloria Coutts, Assistant County Executive Officer, County of Placer, United Way Board member, and Chair of the United Way Safety Net Services Committee (one of United Way's three funding priorities) welcomed Summit participants. She shared with the group the purpose of the Summit and charged the participants with developing an outcome for achieving United Way's goal of serving the region's senior population.

Ms. Coutts talked to the Summit participants about the journey United Way has taken to identify services for seniors as a priority. She talked about the strategic outcome for the support of safety net services and the market research that identified the kinds of services donors are interested in supporting.

In order to provide a common ground, in terms of the status of seniors in our region, Ms. Coutts talked about the presentations that were to follow from three key agencies in the region. Those agencies were **Community Services Planning Council**, an organization that provides education, volunteer, and collaboration-building programs that help people access needed services; **Area 4 Agency on Aging**, an organization that funds and monitors programs and services that assist older people to avoid premature institutionalization and maintain their independence, productivity, health, and dignity; and the **Sacramento County Adult and Aging Commission** which addresses and supports, through partnerships and collaborations, a whole range of senior issues in Sacramento County.

PRESENTATIONS OF BASELINE DATA AND KEY ISSUES

To kick off the summit, United Way invited three experts who presented information about the issues concerning seniors in the region. The first presenter was Katrina Middleton from Community Services Planning Council. She provided an overview of the major demographic trends in the senior population in our region. She noted, the senior population is increasing at a significantly faster rate than the population as a whole – especially the 85+ population. While the total population in our five county region has increased 19 percent in the past decade, the 65 to 84 age group has increased 23 percent and the 85+ age group has increased 65 percent. As the senior population increases, especially older seniors and frail elderly, community resources and services are stretched.

The next presenter was Janet Greenwood from Area 4 Agency on Aging (A4AA). She shared the results of the recently completed senior needs assessment survey that was done by A4AA. They surveyed approximately 2500 people aged 60 and over in seven surrounding counties. This survey assessed the problems, service gaps, and barriers for seniors needing community services. The survey included a series of key informant interviews (from service providers in the region), three focus group meetings, and input from panels such as county commissions on aging and advisory boards.

Although A4AA is still analyzing the

extensive data gathered in the assessment, Ms. Greenwood shared some of the preliminary findings:

Transportation

The lack of transportation was identified as a significant issue. Of the 35 percent of those surveyed who do not drive, 21 percent depend upon friends or relatives for transportation while only 11 percent use public transportation and nearly 10 percent utilize a dial-a-ride or paratransit-type of service.

Housing

There is a lack of subsidized, low-income, and handicapped accessible housing. In some areas assisted living is not available.

Services

Many seniors don't know what services are available or they don't know how to access those services.

Caregivers

Many seniors are themselves caregivers, caring for a spouse, and must deal with a lack of respite workers, affordable respite, and "night care" so that those who give care to persons with dementia can sleep.

The third presenter was Barney Donnelly from the Sacramento County Adult and Aging Commission. He presented "one county's perspective" on the critical needs of seniors in Sacramento County. In addition, he provided the group with information on programs and services that are currently working and why.

According to Mr. Donnelly, transportation is a major service gap for seniors in Sacramento. The rising cost of housing and utilities are also problems facing seniors on fixed incomes. Other issues he identified include isolation, the need for respite services, older adult substance abuse, and increase in HIV+ and AIDS in older adults. Mr. Donnelly pointed out that senior issues can be viewed in the broad scope of long-term care. All of the issues that seniors face are interdependent, each issue affecting the others. This broad view of long-term care lends itself to systematic solutions and coordinated responses.

Mr. Donnelly spoke about the Elder Escorts program as an example of a program that is currently serving the needs of seniors. Elder Escorts is a community-based program that arranges transportation for seniors who need a ride to medical appointments, grocery shopping, recreational and social activities within the metropolitan Sacramento area by using trained volunteers. Some of the partners in this program are Sacramento County Adult and Aging Commission, Area 4 Agency on Aging, Paratransit, Inc., Eskaton, and Geriatric Network.

"Collaboration is essential, and United Way is a pivotal partner in any senior advocacy in this region."

Maxine Milner Krugman
*Chair, Sacramento County Adult
and Aging Commission*

PRIORITIZING ISSUES

Based on the information that was provided by the three presenters and the ensuing discussion, the group identified the broad issues that most impacted seniors:

- ◆ Transportation
- ◆ Access to services/
coordination of services
- ◆ Healthcare/caregiving

The participants gathered into three groups to address each one of the issues. In the work groups, the participants discussed:

- ◆ Best practices
- ◆ Current major sources
of funding
- ◆ Collaboration strategies
- ◆ Best use of United Way dollars
- ◆ United Way's role
- ◆ Significant differences
between counties
- ◆ Additional important
information

The three work groups reconvened into the larger group and reported on the results of their discussions. The participants heard the findings of the three breakout groups. Based on these three reports, the larger group clearly recommended that the greatest impact United Way could have is in improving access to services and coordination of services to improve the quality of life for seniors in our region. A key tactic to achieve this strategy would be to focus on providing adequate community and neighborhood based transportation services, which in turn would increase access to services for seniors in the region.

Summit participants agreed that transportation is a serious problem for se-

niors who are unable to drive to obtain services, medical care and basic human needs. Even if public transportation is available, seniors may not be able to walk to the bus stop or to get on the bus. There was consensus among the summit participants that by increasing access to services, other problems facing seniors would also be positively impacted such as loneliness, isolation, independence, health care, and nutrition.

RECOMMENDATIONS

United Way Collaborations and Partnerships

The participants in the Summit overwhelmingly recommended that United Way continue its leadership role in convening service providers, policy makers, collaborations and partnerships that can provide a more holistic system of services. The Summit participants requested a follow-up session in order to continue to work with United Way in building on and supporting existing services and addressing the needs of seniors in our region. United Way will host a follow-up session in late spring 2001.

IMPLEMENTATION

The group's recommendations were included in this year's United Way grants process. United Way plans to fund and bring together those organizations that provide or support local, neighborhood, or community based transportation services helping them to work in a collaborative way toward providing a quality service system for seniors, on a regional basis. Together with their collaborative partners, United Way will provide opportunities for shared learning experiences, understanding of the issues, and enhanced collaboration and service delivery.

FINDINGS

Access To Services for Seniors

Providing reliable and dependable access to services for seniors was a high priority outcome. Community and neighborhood based transportation was identified as a key means of access to services for seniors. By supporting services that fill a gap between the existing transportation infrastructure and the needs of seniors, other problems facing seniors would also be positively impacted:

- ◆ Isolation
- ◆ Depression
- ◆ Loneliness
- ◆ Lack of independence
- ◆ Access to health care
- ◆ Information and assistance
on good nutrition
- ◆ Access to social activities
- ◆ Prevention of exploitation
and abuse
- ◆ Economic self sufficiency
- ◆ Lack of respite care

The Summit participants agreed that there are services existing in the community that address the above issues for seniors. The goal of United Way's collaborative partnerships would be to link seniors facing these issues with the following types of existing services:

- ◆ Transportation services
- ◆ Adult day health centers
- ◆ Senior centers
- ◆ Legal assistance for seniors
- ◆ Case management
- ◆ Community education
- ◆ Senior companions
- ◆ Support groups
- ◆ Health screening services
- ◆ Mental health services

SENIORS IN THE REGION

*A summary of the demographics of Seniors in the five-county region
of Amador, El Dorado, Placer, Sacramento, Yolo Counties
by the Community Services Planning Council*

Definition: Seniors and Dependent Adults

The term “senior” does not apply to a specifically defined age, but describes a stage of life. According to the Older Americans Act, an older adult is anyone sixty and above. Medicare uses age 65 as the minimum, Social Security has an early eligibility of age 62, while many organizations set a threshold as young as 50.

Many programs serve both seniors and dependent adults. Perhaps the process of aging is better described not by chronological events such as birthdays, but by the ability to function. Those individuals who need assistance with the activities of daily living (whether seniors or dependent adults) will have need for the same types of services.

Population Growth

The good news is that we’re living longer. Baby Boomers are becoming seniors and are living longer than previous generations.

The challenge is that our region is facing an age wave. The growth in senior population is increasing significantly faster than the population as a whole—especially the 85+ population. Nationwide the number of Americans 85+ will triple in number by the year 2020.

In the five-county region of Amador, El Dorado, Placer, Sacramento and Yolo counties, almost 12 percent of the population, more than 200,000 people, are age 65 and over.

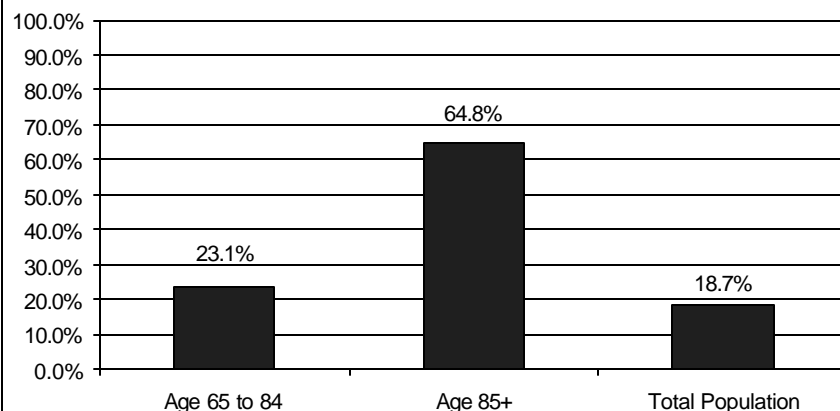
While the region’s total population has increased 19 percent in the past decade, the 65 to 84 age group has increased 23 percent, and the 85+ age group has increased 65 percent.

As the senior population increases, especially older seniors and frail elderly, community resources and services are stretched.

As life expectancy increases, more seniors are living in the community for longer periods with increasing levels of impairment. Limitations on mobility and self-care increase with age. One in three seniors over 75 is limited in either mobility or self-care or both. Impaired vision and hearing also present challenges.

This increase in the senior population creates an increased need for services, including gerontological training for service providers, programs and facilities that are accessible to physically disabled seniors, and programs that serve seniors with Alzheimer’s and severe dementia.

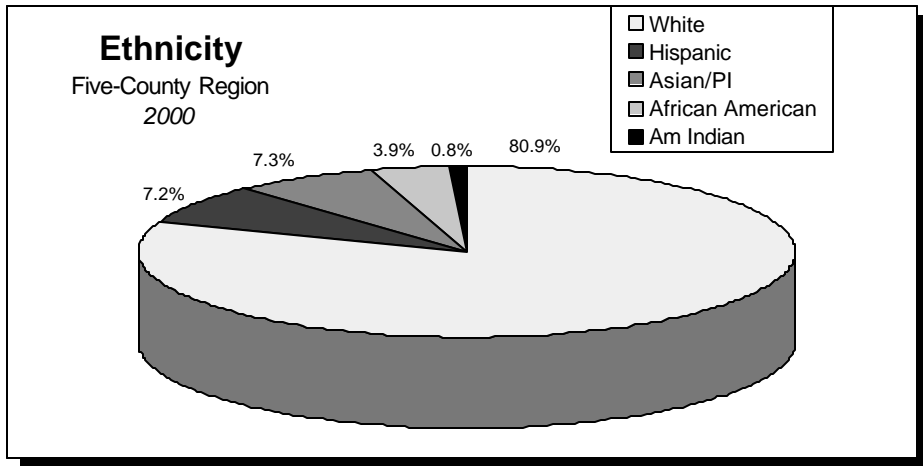
Percent Change in Population
Five-County Region
(Amador, El Dorado, Placer, Sacramento, Yolo)
1990 - 2000



Diversity

Ethnic and language diversity is increasing in all population groups, seniors included. For the five-county region, the ethnic proportion of the 65+ population increased 8.3 percent from 1980 to 2000. The most significant shift is in Sacramento County where the Asian and Pacific Islander proportion of the population increased from 4.3 percent in 1980 to 9.5 percent in 2000.

According to a special report, *Sacramento’s Aging Boom*, produced by the Sacramento Senior Services Comprehensive Planning Task Force,



in 1990 and updated in 1997, minorities face shorter life expectancies. Cultural isolation and language difficulties create barriers to minority elders accessing services. The life expectancy for minorities is about five years less than that for White. The reasons are thought to be higher risk of childhood diseases, higher occupational risks, and less adequate health care.

Minority older persons are twice as likely as whites to live below the poverty level, and older minority women are particularly vulnerable to poverty. According to the census, 32 percent of African American women over 65 and 26 percent of Hispanic women were below the poverty level in 1994 compared with 13 percent of White women.

There is a general lack of services for non-English speaking seniors, as well as a lack of services that are culturally appropriate.

Gender

The average life expectancy nationally for women is 79.4 years, and 73.6 for men. Therefore as the population ages, there is a shift in the gender balance. In the older senior population, those 85 and older, 68 percent are women compared to 56 percent in the 65 to 84 age group.

Living in the Community

Seniors prefer to remain in the community rather than live in an institutional setting. This increases the de-

mand for community-based services that help seniors remain in their homes. As of the 1990 census, only 4.5 percent of the senior population (7,402 persons age 65 or older) lived in an institutional setting. Two-thirds of the region's seniors live in family situations; one-fourth of the region's seniors live alone, and less than 3 percent live with non-relatives.

Seniors as Caregivers

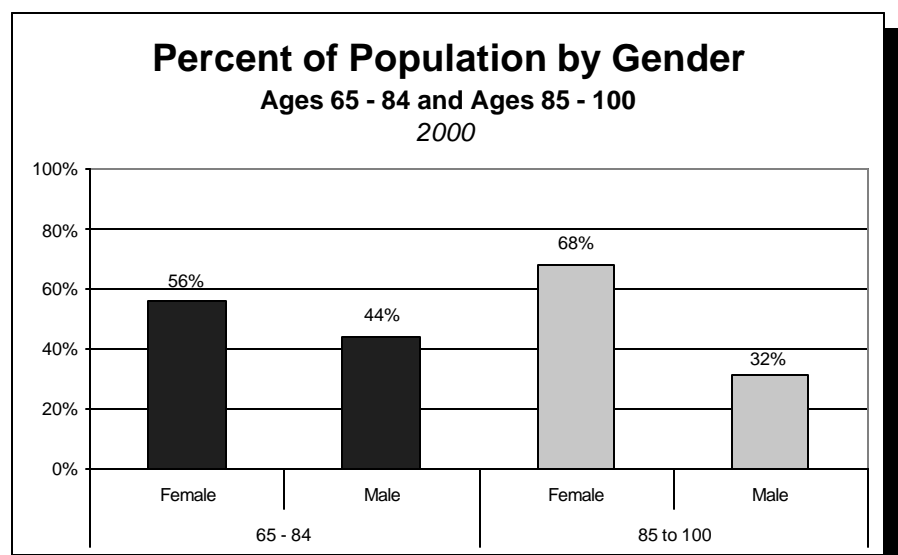
An increasing number of seniors are themselves caregivers. They are caring for a spouse, an older parent, or a grandchild. In the U.S., the number of children under age 18 living in grandparent-maintained households increased from 2.3 million in 1980 to 3.9 million in 1997—an increase of 1.6 million or 70 percent.

One of the indicators examined in the 1999 *El Dorado County Health Status Report* is Alzheimer's Disease and dementia. The *Report* notes a study published in the *Journal of the American Medical Association*, which estimates that approximately 3 percent of Americans between the ages of 65 and 74, 19 percent between the ages of 75 and 84 and 47 percent of those 85 and older have this disease. While there is no data to accurately assess existing incidence of Alzheimer's Disease, if these estimates are correct, the number of individuals with Alzheimer's Disease and severe dementia will increase markedly as the senior population increases.

The *El Dorado Health Status Report* observes that this information is important because caring for an Alzheimer's patient, or for any individual with dementia, places a great deal of strain on the caregiver and other family members. Respite care and caregiver support groups are some of the ways that this stress can be alleviated. Eventually, most patients must receive some form of assisted living and/or convalescent care.

Community-based Services

Community-based services help seniors to remain in their homes and in the community longer.



From 1990 to 1999 the caseload for county in-home supportive services increased by 80 percent for the five-county region compared to 44 percent for the state. However, between individual counties there are marked differences. Sacramento County experienced a 97 percent increase in in-home supportive services from 1990 to 1999, but for El Dorado County there has been only a 1 percent increase for the same time period.

Medi-Cal Eligible

In 1999 more than 27,000 of the Region’s seniors were certified Medi-Cal eligible, an increase of 8.8 percent over 1992. This is less than the 12.5 percent increase experienced by the state as a whole. Looking at individual counties, Sacramento County experienced the largest increase—13.9 percent while Amador, El Dorado and Placer saw a decrease of -19.5; -14.4; and -8.1 percent respectively. Yolo County experienced an increase of 5.6 percent.

Amador County

The total population in Amador County is 34,400. Almost 21 percent of this population (7,139 persons) are age 65 and above. This is almost double the percentage for the State where 10.9 percent of the population are age 65 and above. Since 1990 the 65 to 84 age group in Amador County has increased by 25.5 percent to 6,325 persons. The 85+ population has increased 84.2 percent to 814 persons.

A higher proportion, 70 percent, of Amador’s seniors live with family compared to 66 percent for the region and the State.

Unlike the State and the region as a whole, Amador shows a 19.5 percent reduction in the number of Medi-Cal Eligible seniors from 405 in 1992 to 326 in 1999.

El Dorado County

The total population for El Dorado County is 152,900. Fourteen percent of this population (21,390 persons) are age 65 and above, compared to the State where 10.9 percent of the population are age 65 and above.

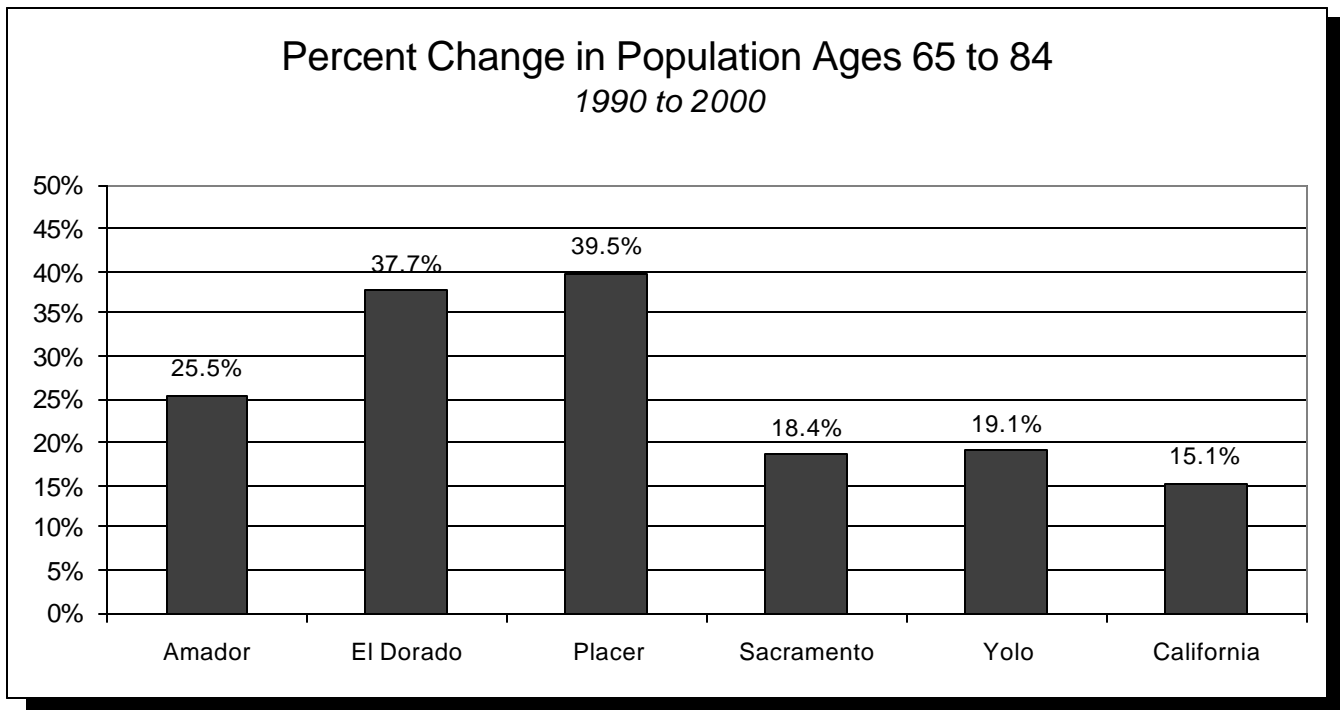
Since 1990 El Dorado County experienced a 37.7 percent increase in the 65 to 84 population from 14,006 to 19,290 persons in 2000.

The most significant increase in the 85+ population in the five-county region occurred in El Dorado County with a startling 116.9 percent increase from 968 persons in 1990 to 2,100 persons in 2000.

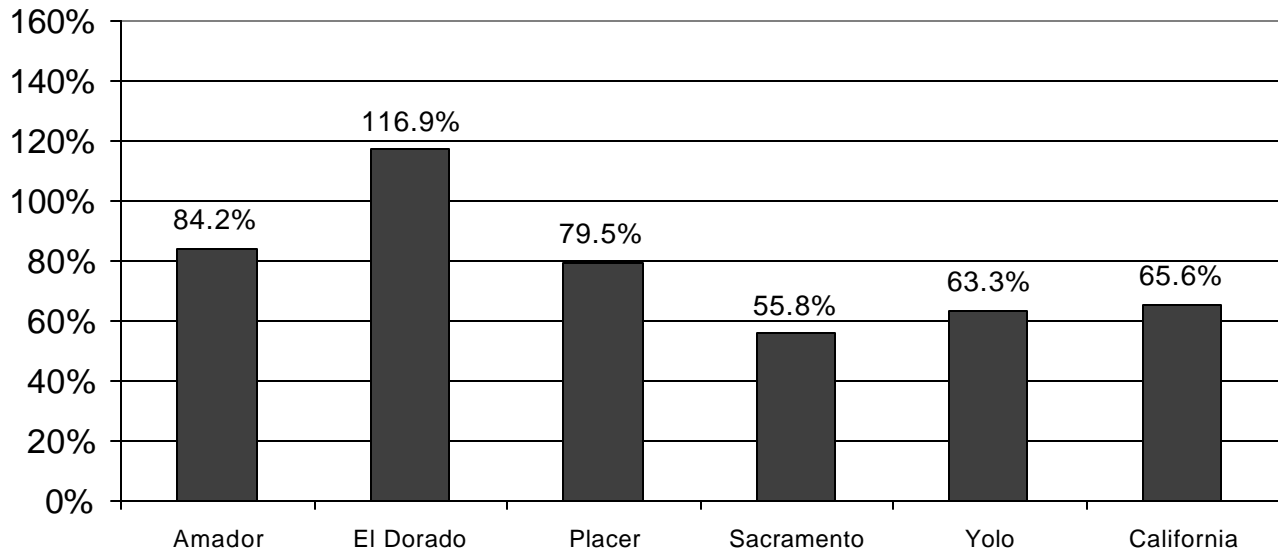
Seventy-four percent of the county’s seniors are living in family settings. This is the highest percentage in the five-county region.

The number of Medi-Cal eligible seniors in El Dorado County has declined by 14.4 percent compared to the State’s increase of 12.5 percent.

The *El Dorado County Health Status Report* noted, “The ability of older



Percent Change in Population Ages 85 to 100 1990 to 2000



residents to stay active and involved, and to obtain needed health care, is sometimes hindered by our rural setting. Young retirees often buy houses in rural areas and then, as they age, become less mobile and increasing isolated. This is a particular problem for individuals living in more remote communities. . . . But even those living in more accessible communities . . . do not have family living in the community, and may not have ties to neighbors or other friends who can provide assistance.”

The *El Dorado County Health Status Report* noted, “At the present time, most facilities and programs serving dementia patients (from Senior Day Care to convalescent care) have waiting lists. Patients with wandering behavior, and those who are sometimes violent, must go out of the county for residential care, and waiting lists for out-of-county facilities are also long.”

Placer County

The total population of Placer County is 234,400. Almost 13 percent, or 29,832 persons, are age 65 and over.

Since 1990 the 65 to 84 population increased 39.5 percent, the largest increase in the five-county region, from 18,867 persons in 1990 to 26,328 persons in 2000. The 85+ population increased 79.5 percent from 1,952 persons in 1990 to 3,504 persons in 2000.

Sixty-eight percent of the seniors are living in family settings; 24 percent live alone and 5.3 percent live in nursing homes or group homes.

Placer County shows a decline of 8 percent in the number of Medi-Cal eligible seniors between 1992 and 1999 from 2,433 to 2,236.

Sacramento County

The total population of Sacramento County is 1,209,500. More than 11 percent, or 134,134 persons, are age 65 and over, similar to the State’s 10.9 percent.

Although the senior population has increased sharply in the surrounding counties, still the majority of seniors live in Sacramento County. Sixty-four percent of the seniors in the five-county region live in Sacramento County; compared to 14 percent living in Placer County, 10 percent in El Dorado

County, almost 8 percent in Yolo County and 3 percent in Amador County.

Since 1990 the 65 to 84 population increased 18.4 percent, from 100,746 persons in 1990 to 119,280 persons in 2000. The 85+ population increased 55.8 percent from 9,534 persons in 1990 to 14,854 persons in 2000.

Today a lower proportion of Sacramento seniors are living in nursing homes and institutional settings. As of the 1990 census, only 4,777 persons aged 65 or older lived in nursing homes or other institutional settings, 287 persons fewer than during the 1980 census in spite of dramatic growth in the senior population. Sixty-five percent of Sacramento’s seniors live in family situations; 28 percent live alone, and less than 3 percent live with non-relatives. According to the 1990 Census, one in fourteen Sacramentans had mobility and self-care limitations. Not surprisingly, one-half of those reporting mobility problems were seniors, with older women more likely to report physical limitations than men. The older senior population is more likely to be frail, needing assistance and long-term care services.

The caseload for in-home supportive services has increased 97 percent, from 4,777 average monthly cases in 1990 to 9,420 average monthly cases in 2000.

In the five-county region, Sacramento County saw the largest increase—13.9 percent—in the number of Medi-Cal eligible seniors from 18,337 seniors in 1992 to 20,888 seniors in 1999. This is slightly higher than the State’s 12.5 percent increase for the same time period.

For more information, please contact:
 Katrina Middleton, Program Director, Information Services, Community Services Planning Council, 909 - 12th Street, Suite 200, Sacramento, CA 95814, Phone: (916) 447-7063, ext. 306

Yolo County

The total population of Yolo County is 162,900. More than 10 percent, or 16,564 persons, are age 65 and over.

Since 1990 the 65 to 84 population increased 19 percent, from 12,110 persons in 1990 to 14,421 persons in 2000. The 85+ population increased 63.3 percent from 1,312 persons in 1990 to 2,143 persons in 2000.

Yolo County shows an increase of 5.6 percent in the number of Medi-Cal eligible seniors between 1992 and 1999 from 2,367 to 2,499.

In-Home Supportive Services Average Monthly Paid Cases

Sacramento Region and California
January 1990 and 1999

	1990	1999	% Increase
Amador	108	114	5.6%
El Dorado	398	402	1.0%
Placer	608	831	36.7%
Sacramento	4,777	9,420	97.2%
Yolo	470	712	51.5%
Region	6361	11,479	80.5%
California	149,444	215,255	44.0%

Definition: Number of persons receiving domestic and personal care assistance through In-Home Support Services program.

Source: California Department of Social Services

One County's Perspective

*Barney Donnelly,
Sacramento County Adult and Aging Commission*

The same barriers and concerns that existed before age 65 do not disappear at age 66. The same problems that exist for the community as a whole also exist for the 65+ population.

Rising cost of housing and utilities is a problem for seniors on fixed-incomes. Transportation is a major gap. Other issues include: isolation, the need for respite services, older adult substance abuse and an increase in HIV+ and AIDS in older adults.

Mr. Donnelly spoke about these issues, but he also spoke about a number of initiatives that the Sacramento County Adult and Aging Commission is involved in.

The Commission's mission is to help older adults remain safely and with dignity in their own homes for as long as possible. As part of that mission, the Commission is involved in **Elder Escorts**. Elder Escorts arranges transportation for seniors needing a ride to medical appointments, the store, recreational and social activities, and personal business within the metropolitan Sacramento area by using trained volunteers. The partners involved in this program include Area 4 Agency on Aging, Paratransit, Inc., Sacramento County Adult and Aging Commission, Eskaton, and Geriatric Network.

Caring Neighborhoods is another effort of the Commission. Caring Neighborhoods are organized similarly to Neighborhood Watches. But instead of a criminal/safety focus, the Caring Neighborhood has a gatekeeping function. It encourages neighbors to know their older neighbors and provides tools to help caring neighbors monitor older adult neighbors and make referrals to appropriate social service agencies when and as needed.

The **Community Housing Coalition** is addressing housing issues by creating a network of providers that are educated about one another's programs and services. Coalition members have implemented a standard intake form which makes providing services easier and faster.

The **Older Adult Resource Center Residential Care Information Clearinghouse**, located in the Sacramento County Adult Services Building provides information for families looking for residential care information.

Focal Points offers a 'one-stop shop' where information, referral and assistance are provided, along with other services. Those usually include services such as nutrition programs, transportation, health education and screening programs, and opportunities for socialization and recreation. What differentiates a focal point from a general senior center or community center with senior services is the focal point's responsibility not only to provide what services it can, but also to coordinate services for local seniors delivered at other sites and by other organizations.

For more information, contact: Peter LeDoux, Program Manager, Adult and Aging Commission, 909 - 12th Street, Suite 200, Sacramento, CA 95814, (916) 447-7063, ext. 312

InfoLine Sacramento (916) 498-1000

InfoLine Sacramento, a program of the Community Services Planning Council, is the designated Senior Information and Assistance program for Sacramento County.

InfoLine Sacramento serves 35,000 people per year. More than 8,000 of these callers are seniors. InfoLine makes follow-up calls on more than 3,000 seniors each year to ensure they receive the assistance they need. Below is a synopsis of the senior caller statistics.

Top needs of Senior callers (11/20/1999 - 11/20/2000)

Housing	(1897)
Information & Assistance (programs in other counties)	(708)
Food	(463)
Transportation	(417)
In Home Support	(361)
Financial Assistance	(330)
Health	(324)

Top unmet needs (11/20/1999 - 11/20/2000)

Transportation
Financial Assistance, Utilities
Shared Housing
Financial Assistance, Rent
Financial Assistance, Other
Home Delivered Meals
Flu Shots

InfoLine Sacramento is available:
8:30 am – 4:45 pm
Monday through Friday
Assistance in other languages is
available.

info@communitycouncil.org



Area 4 Agency on Aging

Senior Needs Assessment

Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba

Area 4 Agency on Aging

Area 4 Agency on Aging (A4AA) serves a seven-county region by planning and coordinating programs and services for older people. It develops an area plan and administers the Older Americans Act grant program. Services are provided through sub-contracts with local providers. These services include information and assistance, transportation, in-home services/ respite, legal services, congregate nutrition programs, home-delivered meals, long-term care ombudsman, disease prevention, health promotion, elder abuse prevention, Alzheimer's day care resource centers, employment services, health services, home repair, and services to combat loneliness.

1999/2000 Needs Assessment

Methodology and Procedures

During 1999/2000, Area 4 Agency on Aging conducted a senior needs assessment in the seven-county area of Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba. This assessment included a survey of 2,461 persons, a series of Key Informant Interviews, three focus group meetings, and input from "expert" panels such as county commissions on aging and various advisory boards. The purpose of this assessment was not to get a picture of how all seniors are doing, but specifically to assess problems, service gaps and barriers for seniors needing community services and possibly at risk of losing their independence.

"Typical" Respondent

The majority of respondents to the survey were in the 70-84 age range. Almost 70 percent were women. Over half indicated that they lived alone. Eighty-six percent indicated they receive Social Security, and 13.2 percent indicated they are on SSI.

Transportation

Of the 35 percent who do not drive, 21 percent depend upon friends or relatives for transportation, only 11 percent use public transportation and almost 10 percent utilize a dial-a-ride or paratransit type of service.

Of the people who responded to the category of Services Not Used, almost 25 percent indicated that mobility problems keep them from using public transportation. More than 27 percent indicated that there is little or no public transportation available in their area.

The Key Informant Interviews indicated almost universally that transportation is a problem. There is a lack of transportation to shopping, medical appointments, senior nutrition sites and a lack of transportation for pets of homebound seniors for veterinary checks. There is a lack of public transportation as well as dial-a-ride services, and transit systems can be intimidating. Rural areas particularly experience transportation problems.

Health and Activities of Daily Living

A large number of people indicated that heavy housework is a problem. Almost 16 percent identified preparing meals and almost 15 percent identified shopping for personal items was a problem.

Only 34.7 percent indicated a problem with activities of daily living, but of those, a significant number indicated multiple problems rather than just one.

The most frequently identified problem was walking at 29 percent.

Nearly half (47.4 percent) indicated they take three or more prescription or over-the-counter drugs daily.

Almost 14 percent indicated that they are lonely. Almost 16 percent often feel sad or depressed, and more than

7 percent indicated they sometimes wish they could die.

More than 25 percent indicated that they are having trouble remembering things.

Caregiving

Almost 9 percent indicated that they care for a spouse at home. Key Informant Interviews indicated that there is a lack of respite workers, a lack of affordable respite, and a lack of "night care" so that those who give care to persons with dementia can sleep.

Housing

Almost 10 percent who responded to this question indicated that their home is in need of repairs.

Of those that rent, 66 percent indicated that their rent has been raised 10 percent or more this year.

Key Informant Interviews indicated that there is a lack of subsidized, low-income, and handicapped accessible housing. In some areas assisted living is not available. Landlords have little tolerance for older residents. There is also a lack of emergency housing.

Forms and Legal Issues

More than 20 percent indicated they need assistance to complete forms and 18 percent indicated they needed legal assistance or help with legal affairs.

Community Services

Of those that responded to the category Services Not Used, more than 23 percent indicated that they didn't know what services were available and almost 14 percent indicated that they didn't know how to access those services that they knew about.

For more information, contact Janet Greenwood, Area 4 Agency on Aging, 2260 Park Towne Circle, Ste 100, Sacramento, CA 95825, Phone: (916) 486-1876.