



Santa Clara County Seniors' Agenda: A Quality of Life Assessment



**Commissioned by:
Santa Clara County
Board of Supervisors
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EXECUTIVE SUMMARY

This Seniors' Agenda was created on behalf of the Santa Clara County Board of Supervisors in order to explore current and future needs of baby boomers and seniors in the County. The purpose of this effort is to focus the County efforts on seniors themselves, through the education of individual and the community, through action planning to create a safety net for the vulnerable or under serviced.

In particular, the effort was designed to:

- ◆ Assess future and current seniors' perceptions of the availability and quality of information, assistance and other services;
- ◆ Explore unmet needs of current and future seniors;
- ◆ Assess consumers' satisfaction with the current services offered;
- ◆ Prioritize needs and determine which services most impact the quality of life for seniors and future seniors in the County.

The mission for the County is to plan, provide, promote.

We see it as our mission to plan for the needs of a dynamic community, to provide quality services, and to promote an environment where people will be healthy, where they will be safe, and where they can be prosperous, and that's what the Seniors Agenda is about.

With that in mind, the members of the Board asked that we create an agenda for our county that will include your input, and the input of many other stakeholders so we know what we do well, what we need to do better, and what will make the community be a healthy, safe, and prosperous one.

Lee Pullen, Director of Aging and Adult Services

In order to better understand the needs of the growing senior community, as well as their contributions to the County, the Board of Supervisors wanted to reach out to their constituents for information, ideas and collaboration. A number of forums were conducted to gather the opinions and interests of seniors and future seniors throughout the County. The research objectives at the heart of the Santa Clara County Seniors' Agenda include:

- ◆ Enable as many seniors as possible to participate in the community;
- ◆ Enable vulnerable seniors to remain supported in their own homes, or the home setting of their choosing, for as long as possible;
- ◆ Ensure personal and public safety, protect from abuse;
- ◆ Enable access to health services and social support programs;
- ◆ Educate the community about services available to seniors in Santa Clara County through a comprehensive outreach plan.

The Seniors' Agenda was a collaborative effort that included data and input from the Department of Aging and Adult Services (DAAS), the Health Trust, Council on Aging Silicon Valley, AGEnts for Change, the Aging Services Collaborative and a number of other organizations with an interest in ensuring Santa Clara County seniors' independence, dignity and quality of life.

A series of community forums were conducted to offer all community members the opportunity to express their views. A total of nine public forums were held in a variety of locations in each of the

Nine public forums were held between October 3 and November 17, 2011 at the following locations:

- Cupertino Senior Center
- India Community Center, Milpitas
- Cypress Senior Center
- Almaden Community Center
- Alma Senior Center
- Centennial Senior Center
- Santa Clara Senior Center
- Campbell Community Center
- The Villages

five Supervisorial Districts to gather input from residents, seniors, caregivers and those who provide services to seniors. The forums were organized by and advertised through the supervisors' offices.

Several hundred seniors and service providers attended the forums with a range of participation at each event. A wide variety of issues were discussed and a brief survey was given out to those who attended.

In addition to the forums, focus groups and surveys were conducted by several stakeholder organizations who generously offered their results. County non-profits' strategic planning documents, local city satisfaction surveys and large-scale survey data such as the County Public Health Department Behavioral Risk Factor Survey and California Health Interview Survey were also used for this report.

The data collected by these collaborative partners, as well as the public input gathered through forums and focus groups reveal that the key areas of need include:

- ◆ Coordinated, Comprehensive Information Services
- ◆ Transportation
- ◆ Affordable Housing
- ◆ Senior Center Programs and Services
- ◆ Home-Based Supportive Services
- ◆ Mental Health Services
- ◆ Caregiver Supports
- ◆ Food and Nutrition Programs
- ◆ Isolated Seniors
- ◆ Elder Abuse Prevention and Legal Services

These needs are not new. In its 2012 Public Policy Agenda, the Aging Services Collaborative of Santa Clara County focused on three main areas:

- ◆ Protecting public funding, particularly for programs serving vulnerable older adults and senior centers
- ◆ Strengthening and sustaining existing transportation services
- ◆ Enhancing long term supports and services, including building leadership, supporting policy that maximizes independence and choice, and supporting expanded use of volunteer resources.

The Council on Aging Silicon Valley's (COA) activities and strategic goals also align closely with these objectives. COA currently offers a variety of services that include Information and Assistance, Case Management, Health Insurance Counseling, Senior Employment, Meals on Wheels, COASV Lifeline and COASV Public Authority Services.

RECOMMENDATIONS

This section outlines the recommendations for some of the high priority services discussed in the body of this report. Not all existing services are discussed in these recommendations, however many can be found in the body of the full report.

INFORMATION SERVICES

There are a large number and types of services available to seniors in Santa Clara County, however finding the appropriate agency or organization for a particular need is challenging. Because information services connect seniors and caregivers to the services they need, they are as important as the services themselves. For example, among those who were familiar with the service 211, a few said that the information offered was sometimes out of date or inaccurate, although some also said they find the service useful. Council on Aging Silicon Valley (COA) also offers a network hotline, however this number appears to be the same as their main office number and was not mentioned by anyone in the forums, surveys or focus groups.

A central dispensary of information is needed that is up-to-date, comprehensive and organized for accessibility to seniors. A County ADRC would be an ideal administrator of this resource. Existing 211 services could also be utilized. The following considerations should be included:

Single Source: Too much or incomplete information is often as harmful as too little information, when it overwhelms the consumer. Five different lists are too confusing for seniors to navigate. A single, comprehensive list that is available from multiple sources will minimize this confusion.

Up-to Date: One organization needs to take responsibility for keeping this information up to date and presenting it in a way that is accessible and

understandable to seniors. This is an ongoing and time-consuming process. Although there are currently several organizations that purport to do this, there is no single, comprehensive, up-to-date, accessible source. By eliminating the duplication of efforts, others will be free to pursue other services and funding should be free to support this important endeavor.

Structured for Seniors: The information should be organized according to geographic area, then service type. Alphabetized lists are to be avoided since names of organizations do not provide intuitive groupings.

Big and Simple: Font sizes and colors need to be visible to users with visual impairments, flash websites should be avoided and complicated series of links and drop-down menus avoided.

Consumer Reviews: A consumer review website similar to "YELP" or "TripAdvisor" would provide Internet savvy seniors to offer reviews of services online and enable them to make informed choices between services. These reviews would also provide service providers with valuable feedback. Further, they would help to keep the review current by highlighting private home support service providers and others who are not accepting new clients or are no longer available.

Print Format: Not all seniors are online, indeed a smaller percentage of seniors use the Internet than younger adults. The informational brochure of services should be offered in print and in multiple languages.

COUNTY AGING AND DISABILITY RESOURCE CENTER (ADRC)

At the time the Seniors' Agenda was in development, the County and several area organizations were exploring the possibility of developing a County Aging and Disability Resource Center (ADRC). ADRCs are sponsored by the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS). Resource Centers are "one-stop shops" or "no wrong door"

systems that are designed to address many of the same issues that emerged during the Seniors' Agenda Public Forums and other data collection efforts.

The addition of an ADRC to the County offers great promise of information and service coordination. DAAS will need to provide a central role, as the County's representative, to ensure that this effort includes all necessary services and supports and to advocate for the needs of seniors beyond the provision of services, to the development of policy under the Board of Supervisors and the inclusion of other County agencies and non-profits. The net needs to be cast wide to include not only those stakeholders with an interest in senior services, but those who impact seniors' lives, often through unintended consequences, such as urban planning, economic development and transportation departments.

TRANSPORTATION SERVICES

Transportation emerged as a key need, and is an area where the County could play a key role in coordination and structuring of services, even without being a provider of the transportation services themselves. Existing service providers such as OUTREACH and Heart of the Valley were also discussed and appear to be well-known throughout the community. The need for transportation remains high however, even as OUTREACH and other strive to meet the growing demand.

Central Coordination. Provide information and support assistance and coordination efforts through other agencies, such as OUTREACH and an area ADRC, if established, to coordinate transportation services and help seniors understand eligibility requirements, routes and fees.

Information and Access. Information about eligibility requirements, routes and fees should be easily accessible and understandable for seniors.

This information should be available regarding all services in one place, rather than for each service independently.

Improve Access to Public Transportation: Educate public transportation providers of the needs of seniors, including longer board times, assistance needs and route planning. By improving access for the seniors who are able to make use of public transportation services, other transportation service providers such as volunteer based services can focus on those with the greatest need.

Volunteer Driver Reimbursement Program. Investigate the possibilities of expanding or supplementing existing volunteer driver programs, which would provide low cost transportation to senior centers, retail outlets and other common destinations. This effort will require tremendous coordination in order to alleviate concerns of liability, but may help to alleviate demand on other, overstretched services that can then be free to focus on more challenging transportation services for those who may be unable to use such a system, such as those who are disabled or have unique destinations or routes.

AFFORDABLE HOUSING

Santa Clara County, in the heart of California's Silicon Valley is a beautiful place to live. As such, it is also an expensive place to live, particularly in the area of housing. Nevertheless, there are some actions the County can take to help ensure seniors have affordable housing and can stay in their current situations as long as the desire to do so.

DAAS Influence on Planning. The Department of Aging and Adult Services is currently positioned to provide services to existing seniors, but less well-positioned to anticipate and proactively shape the County to accommodate the coming "age-wave". By developing alliances and influence

with County planning departments, housing development and other urban planning efforts the Department could help to shape County development efforts to consider and accommodate the needs of seniors and future seniors. These efforts will pay off with future savings in transportation, affordable housing in proximity to basic needs and service provision efforts.

Focus on permanent supportive housing. Among the chronically homeless, 10-15% use a disproportionate bulk of the available county and local services because there is a lack of affordable housing at levels they can afford. Maintain the current focus on finding permanent solutions that prevent homelessness in Santa Clara County's most vulnerable populations: homeless seniors.

Prioritize home repair and supportive services. Helping seniors to stay in their current residence by providing home repair and in-home supportive services represents a long-term savings and an enhanced ability for those seniors to continue making valued contributions to their communities. Although the cost savings may not go directly toward the County, enabling seniors to age in place has many rewards for the County and the local community.

SENIOR CENTERS

Senior centers emerged as a place where seniors go to participate in congregate dining, find social opportunities, maintain close personal relationships, find information, and to laugh and feel good. Because of the central role senior centers play in so many senior needs, they are a high priority for funding.

Senior Centers as Information Hubs. Within the Senior Centers, many seniors turn to senior center administrators and staff for personal guidance and help navigating senior services. Some used the centers as a meeting

place to talk to other seniors and gather information. Others consulted bulletin boards and brochures available at the centers. Along with public libraries, these centers are natural distribution centers for information, and staff are sometimes trained to offer additional services such as referrals or community health screenings. Continued and expanded use of senior centers for multiple services is encouraged. This is a primary focus of ASC advocacy activities, which the County should support and encourage.

Volunteer Recruiting. The senior centers also offer an opportunity for the recruitment of volunteers to supplement service providers' activities. To maximize participation, particularly at the early stages, many of these volunteer opportunities should be structured for one-time, entertaining/socializing events rather than a longer term of committed activities. The capacity of the senior centers provides an ideal environment for locating and mobilizing active, engaged seniors.

A central repository of volunteers, their skills, abilities, interests and availability would be useful for non-profits and others who offer services that would benefit from volunteers, but do not have the staff capacity to recruit, train and manage a pool of volunteers. With financial support, the Aging Services Collaborative (ASC) could be ideally positioned to offer such management, which is directly related to their own 2012 Public Policy Agenda.

Advocacy Training. The seniors attending senior center events are potentially powerful advocates for senior services. Including training to maximize this potential may help secure funding that represents the interests of seniors and the centers.

HOME-BASED SUPPORT SERVICES

Ensuring that seniors have services to support their ability to stay in their homes is going to be an increasingly daunting task in the future, but is a high priority funding need. The severity of needs will increase as the proportion of the "oldest old", those over age 85 increases while the number of individuals requiring general services also increases.

Secure volunteers for smaller tasks. The use of volunteers for supports such as personal shopping, laundry and light household repairs should be maximized in order to free County-funded In-Home Supportive Services for more difficult and training-intensive tasks such as personal care or lifting. Expanding the use of volunteers will represent a cost savings over expanded staff-only activities, however it will require additional staff infrastructure in order to recruit, train and manage the volunteers.

Provide Ratings of Service Providers. As discussed in the section on Information Services, a "YELP" type ratings system would enable residents to see recommendations and referrals for service providers.

MENTAL HEALTH SERVICES

The Summit Planning Committee identified strategic recommendations that they believe, with specific strategies for each recommendation, will significantly improve the way in which senior-serving systems and programs respond to the mental health needs of Santa Clara County seniors. The recommendations that came out of the Summit Planning and are supported by the findings of the Seniors' Agenda are:

- ◆ Provide multilingual education on aging and mental health on local radio and with faith communities;

- ◆ Coordinate a sub section of the County-wide resource directory consisting of mental health programs that serve seniors and support efforts of an ADRC or regional one-stop center by providing information about current services offered, including those offered through existing senior centers;
- ◆ Identify and promote blended funding strategies to support effective integration with critical health, social service and community based organizations.

CAREGIVER SERVICES

Caregiver services are a high priority for support, as informal, nonpaid caregivers such as family, friends and neighbors provide an estimated 80% of long term care. Without these informal caregivers, the burden on the County services such as Adult Protective Services (APS), In-Home Supportive Services (IHSS), the Public Guardian and home-delivered meals will increase. Budget cuts have reduced some services directly affecting caregivers. Their needs, and the needs of the recipients of their care include:

- ◆ Affordable day, evening and overnight care respite care;
- ◆ Caregiver training and education;
- ◆ Dementia education for Service and Health providers
- ◆ Resource guide to enable residents to find paid, qualified caregivers with information on multilingual abilities or other special skills.

FOOD AND NUTRITION PROGRAMS

The nutrition programs, including Meals on Wheels, congregate dining and other food services are clearly a high funding priority.

Vegetarian and Ethnic Meals. Due to the ethnic diversity of the County, there is demand for increased variation in the ethnic food available through the senior nutrition program. The County currently serves such meals where possible within budget constraints, but expansion of this area is desirable.

Quality Control. Some concerns were expressed during the forums about the quality of food available through some nutrition sites. These organizations provide a much needed and much appreciated service, however freshness and quality control are important to the health and well-being of the seniors they serve. The County might consider offering incentives to farmers donating food, and also require additional quality control measures.

ELDER ABUSE

Elder Abuse can take many forms. It includes both intentional and negligent acts that cause harm, or the risk of harm, to a vulnerable adult. It includes physical, emotional and sexual abuse, financial exploitation, neglect and abandonment. There are several actions that the County can take to help its seniors avoid elder abuse, and financial abuse in particular. These include:

- ◆ Educate service and health providers to recognize the signs of a senior at risk for abuse and encourage proactive intervention with family services or legal authorities. In particular, education efforts should focus on recognizing:
 - Diminished mental capacity as evidenced by alertness and attention, short and long-term memory, ability to understand or communicate with others, recognition of familiar objects and familiar persons and ability to reason logically, among others specified in California Probate Code Section 811.
 - Undue influence

- Isolation
- ◆ Educate providers and the public about the signs of elder abuse and offer clear paths for reporting in a safe and confidential way.
- ◆ Educate area attorneys and legal services providers in contact with seniors about the Elder Abuse and Dependent Adult Civil Protection Act (EADACPA), which contains definitions of financial abuse, physical abuse, and physical neglect, and provide incentives for attorneys to accept these types of cases which might otherwise be undesirable.

METHODOLOGY

PUBLIC FORUMS

One of the primary objectives of the Board of Supervisors in commissioning this Seniors' Agenda was to reach out to their constituents to better understand the needs and concerns of seniors in Santa Clara County.

A series of community forums was conducted to offer all community members the opportunity to express their views. A total of nine public forums were held in a variety of locations in each of the five Supervisorial Districts to gather input from residents, seniors, caregivers and those who provide services to seniors. The forums were organized by and advertised through the supervisors' offices.

Several hundred seniors and service providers attended the forums with a range of participation at each event. A wide variety of issues were discussed and a brief survey was given out to those who attended.

The forums offered the opportunity for seniors, service providers and the District Supervisors to interact on a personal, one-to-one basis. Forum participants asked questions and shared their experiences and concerns. The Supervisors in attendance also shared their experiences and concerns about the availability of services and the growing elder population's needs.

In general, services that help older people stay in their homes, transportation and affordable housing were among the issues that were most

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- Santa Clara Senior Center
- Campbell Community Center
- The Villages

discussed and most important to the participants at the forums. Funding cuts to lunch programs, the senior centers and the Alzheimer's day care program were also frequently discussed.

FOCUS GROUPS

This report draws on a wide variety of data sources to provide a comprehensive portrait of aging in Santa Clara County. The Senior Forums were conducted as part of the background research for the report. In addition, several area organizations generously contributed data and reports which they had collected or developed for similar purposes. The data provided by local organizations with an interest in seniors' issues include:

Contributing Organization	Population/Focus	Data Type	Sample Size or Approximate number of participants
Aging Services Collaborative (ASC)	Chinese seniors	Focus Group	8
Aging Services Collaborative (ASC)	Vietnamese seniors	Focus Group	8
Aging Services Collaborative (ASC)	Latino seniors	Focus Group	11
Aging Services Collaborative (ASC)	Family Caregivers, most giving care to recipients with dementia	Focus Group	7
Aging Services Collaborative (ASC)	LGBT seniors	Focus Group	16

Contributing Organization	Population/Focus	Data Type	Sample Size or Approximate number of participants
Department of Aging and Adult Services	Social workers working with isolated seniors	Focus Group	6
Catholic Charities AGENTS for Change	Focus group of County Ombudsmen	Focus Group	4
Aging Services Collaborative (ASC)	ASC Member input on priority needs and impact of funding cuts	Focus Group	NA
PACT, The Health Trust, AGENTS for Change	Summary of Senior Issues Dialogues from the 2011 Aging and Advocacy Workshop	Planning Document	40-60

INTERVIEWS WITH SERVICE PROVIDERS

Participants at the public forums included seniors, members of the general public, caregivers, advocates and service providers. Many area service providers came to convey information about their services and service gaps to the Supervisors and public. In order to gather more in-depth information about the strengths and challenges, concerns and issues of area service providers., several providers were contacted after the forums for additional interviews. In addition, several managers of county services that are commonly used by or of importance to seniors were also interviewed.

SURVEY DATA

Several survey data sets were used in this report. The Council on Aging Silicon Valley, the local Area Agency on Aging provided a comprehensive summary of the demographics of Santa Clara County seniors. The Santa Clara County Public Health Department provided data from the Vietnamese Health Needs Assessment Telephone Survey, and the Public Health Department's 2010 Santa Clara County Health Profile Report also informs this document.

The County's Behavioral Risk Factor Survey (BRFS) data is also presented in this report. This survey is a telephone survey initiated in 1997 by the Public Health Department and supported by the Behavioral Surveillance Branch of the Centers for Disease Control and Prevention (CDC). A total of 4,197 interviews were conducted for this survey, conducted in 2009 and focusing on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population (ages 18 and older).

The California Health Interview Survey (CHIS) is conducted every two years on a wide range of health topics. The 2009 CHIS includes completed interviews with more than 47,000 adults in the state of California and 1,731 adults in Santa Clara County.

Contributing Organization	Population/Focus	Data Type	Sample Size or Approximate number of participants
Council on Aging (COA)	2010 Census Analysis	Survey	NA
Council on Aging (COA)	Telephone Survey of older adult residents (2012)	Survey	575

Contributing Organization	Population/Focus	Data Type	Sample Size or Approximate number of participants
Santa Clara County Public Health Department	2009 Behavioral Risk Factor Survey	Survey	4,197
Santa Clara County Public Health Department	2010 Vietnamese Health Assessment	Survey	820
California Health Interview Survey UCLA Center for Health Policy Research	AskCHIS, California Health Interview Survey (2003-2009) Santa Clara County Adults	Survey	1,731

OTHER DATA SOURCES

Several local area strategic plans and planning documents were used in this report. Although the following does not represent a full list of the materials used and cited in this report, several organizations and their reports were foundational to the development of this report. They include the following:

Contributing Organization	Population/Focus	Data Type	Year
Aging Services Collaborative (ASC)	2012 Public Policy Agenda	Planning Document	2012
PACT, AGents for Change	Summary of Senior Issues Dialogue from the 2011 Aging and Advocacy Workshop	Planning Document	2011

Contributing Organization	Population/Focus	Data Type	Year
Santa Clara County Mental Health Department, Mental Health Board, and Board of Supervisors	Santa Clara County Older Adults Summit: Final Report of Findings and Recommendations	Report	2010
Santa Clara County Public Health Department	Santa Clara County 2010 Health Profile Report	Report	2010
City of San Jose and Santa Clara County	Senior Congregate Nutrition Program Task Force Grant Oversight Committee Final Report to NTF	Report	2011

LIMITATIONS OF THE DATA AND THIS REPORT

Every social science research endeavor has its strengths and limitations. In order to balance the inherent limitations of various data collection methods, the data presented in this report were obtained from a variety of sources and methodologies.

Qualitative techniques were used during the public forums and focus groups to ensure that the topics and issues raised in quantitative research properly represented the top-of-mind issues on the minds of residents, to ensure participation of hard-to-reach ethnic and economic groups and to add depth of understanding to the results. Participants were not selected at random, and their views are not necessarily representative of the public at large.

The methods used to select participants for the focus groups varied and the groups were conducted by staff at stakeholder organizations and trained volunteers who conducted and translated several groups. Because the

groups were conducted using varying protocols, generalizations from the information obtained is done with caution.

This report is intended to address high-priority issues that were identified as a result of collecting data from various sources, including from seniors themselves. Topics covered in this report are those that were cited as being the most important, urgent, or unmet need among seniors.

While there are many topics addressed in this report, it should be noted that no one document could possibly address every aspect of providing services to seniors throughout the aging process. Therefore, while this document is intended to provide an overview of the current and future needs of seniors in the County, the scope is limited to those needs that were identified as most salient to seniors and which the County and its non-profit stakeholders are engaged in addressing.

There are many topics that fall beyond the scope of this report. These include, but are not limited to, private, for-profit services for seniors, such as home-based care, senior care consultants, and financial planning services; senior residences such as mobile home park, apartment buildings, or residential facilities; doctors, hospitals, and other medical facilities, services, and medical coverage.

The omission of certain topics from this report is not intended to downplay the importance of these services or the people who provide them; it is simply a product of focusing the report on available data and those services on which the County and its stakeholders are likely to have the greatest impact. This document is intended to address the most urgent current and future needs of seniors that are the focus of County activities and partnerships, such as nutrition, mental health, affordable housing, and aging in place.

We recognize that seniors have more needs than a single document can address, and prioritizing those needs is a delicate process as most of the needs of seniors are interconnected. The first step in this effort is to better understand the population of seniors in the County and the changes that can be anticipated. Prioritization is not a rank ordering of services where the first takes precedence over the second. Instead, prioritization needs to be a complex, collaborative process that includes the County and its stakeholders and addresses many needs as parts of an interrelated, interconnected web of services.

TERMINOLOGY USED IN THIS REPORT

In this report, “respondents” is used to refer to the people who completed a survey. Those who participated in the Seniors' Agenda public forums are referred to as “participants”. “Service providers” are those who work to provide services or to run organizations or programs providing services to seniors.

This report often refers to the level of general agreement expressed in the Senior Forums, focus groups or other sources of qualitative data. For the purposes of conveying the level of agreement expressed by a group, the following terminology is used.

Term	Approximate Number of Participants
A few	One or two
Some	Three to five
Many	About half
Most	More than half
The majority	All but “some”
Almost all	All but a “few”

SANTA CLARA COUNTY SENIORS

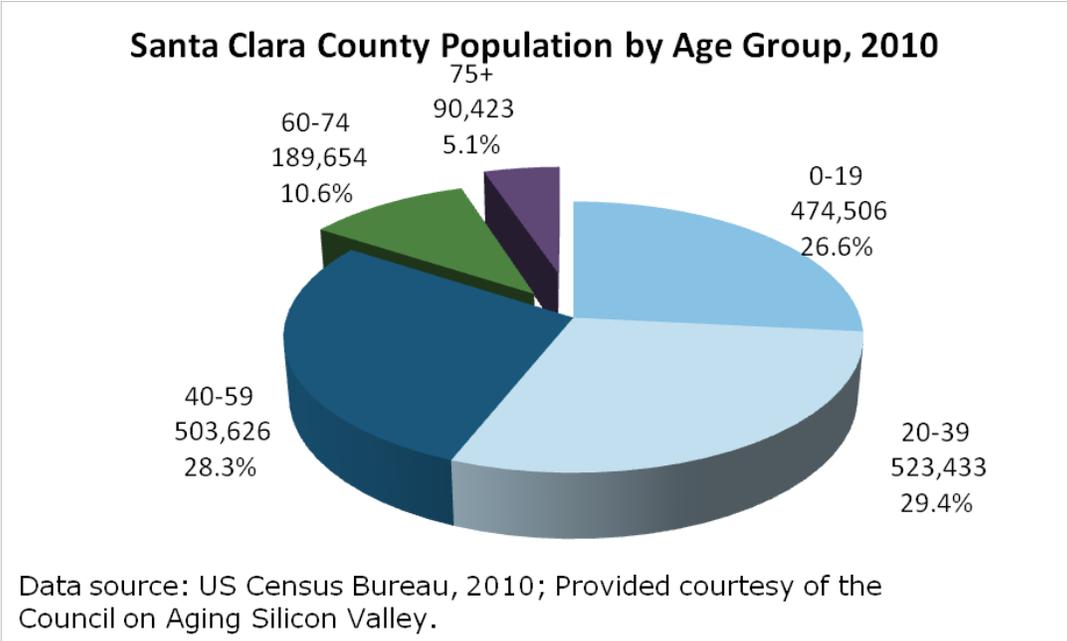
INTRODUCTION

The purpose of the Seniors' Agenda is to understand the current and future needs of seniors and baby boomers in the County.

COUNTY DEMOGRAPHICS

Santa Clara County, like the state of California and the rest of the nation, is experiencing a change in the demographic composition of its population. The increasing percentage of people over the age of 65, and of people over the age of 85, impacts more than the County's census profile, it impacts the services people will need and the ability of service providers to meet those needs.

As of the 2010 Census, Santa Clara County is home to over 280,000 adults over the age of 65, making up 15.7% of the population. The population of older adults will continue to grow over the next decade and beyond; by 2030



over one in four Santa Clara County residents will be over age 60 (27.6%). This is a higher percentage than expected for either the state of California (23.3%) or the United States as a whole (24.7%)¹.

USE OF THE ELDER INDEX

The Federal Poverty Level (FPL) is based on the cost of the basic food budget needed to meet minimum nutritional requirements. In 2012, the FPL for a family of 2 was set at \$15,130 and \$11,170 for a single adult. This threshold is so low that most Santa Clara County seniors who have incomes much higher still do not have enough money to pay for the necessities of living.

FPL does not account for the costs of housing and transportation, which vary widely depending on where a person lives. The high cost of housing in Santa Clara County makes the use of the FPL problematic. Further, FPL does not include medical costs, which can be particularly debilitating for the elderly.

As a way to account for the disparities of an area's cost of living and advocate for change, UCLA's Center for Health Policy Research calculated the Elder Economic Security Standard Index ("Elder Index"). It reflects actual costs at the County level and varies by housing type and health status.

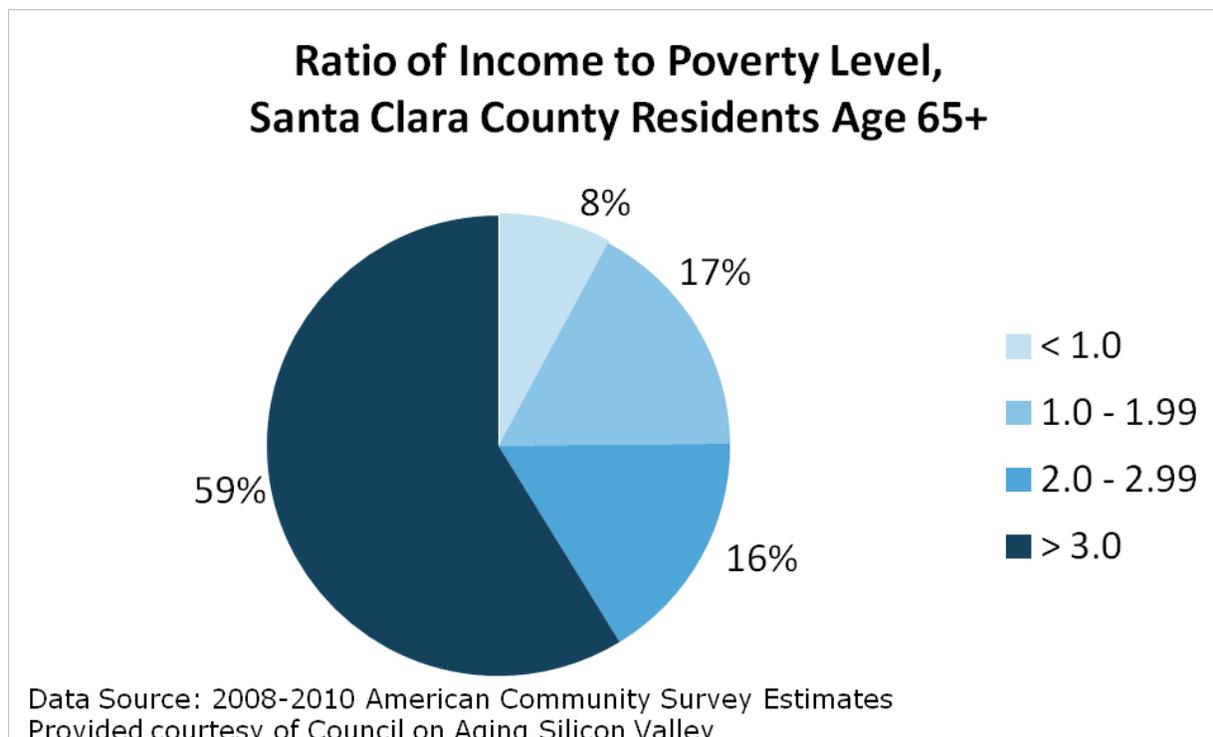
The Elder Index provides a calculation of a basic cost of living for retired adults age 65 and older, with calculation for every California county. The Elder Index takes into account the actual county-specific costs for housing, food, transportation, out-of-pocket medical expenses and other necessary spending.

¹ Data provided by the Council on Aging Silicon Valley, 2011.

Santa Clara County is moving toward use of the Elder Index to calculate program eligibility for seniors and it used throughout this report as an indicator of poverty and service need.

DISPARITIES IN ACCESS TO SERVICES

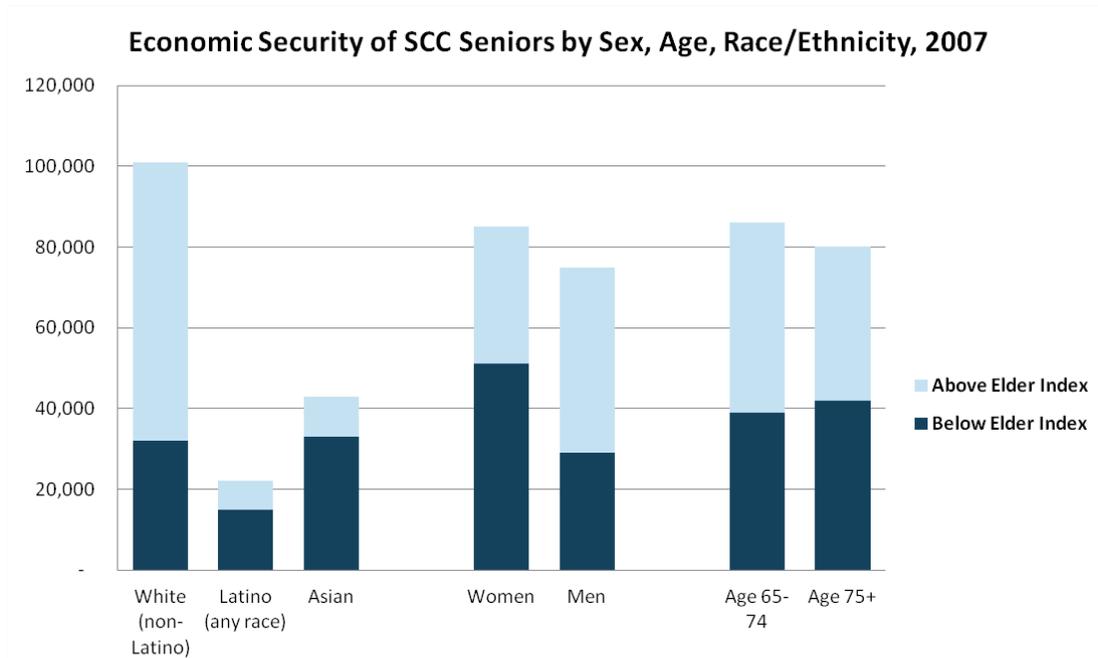
This section is about differences in financial barriers to access to health care among different groups within Santa Clara County. The groups receiving disparate care may include gender, age, ethnic or racial groups, sexual orientation and income.



Poverty

Aging is a difficult transition for many; those who cannot afford certain services or meet basic needs are at increased risk for chronic conditions, injury, and illness. An estimated 15,300 county seniors live below the federal poverty line, defined as having less than \$907.50 monthly income for a

single-person residency; \$1,225 monthly income for a couple. One in four Santa Clara County seniors lives near poverty, at less than two times the federal poverty line. These 49,000 seniors have trouble meeting their basic daily needs given the high cost of living in the County².



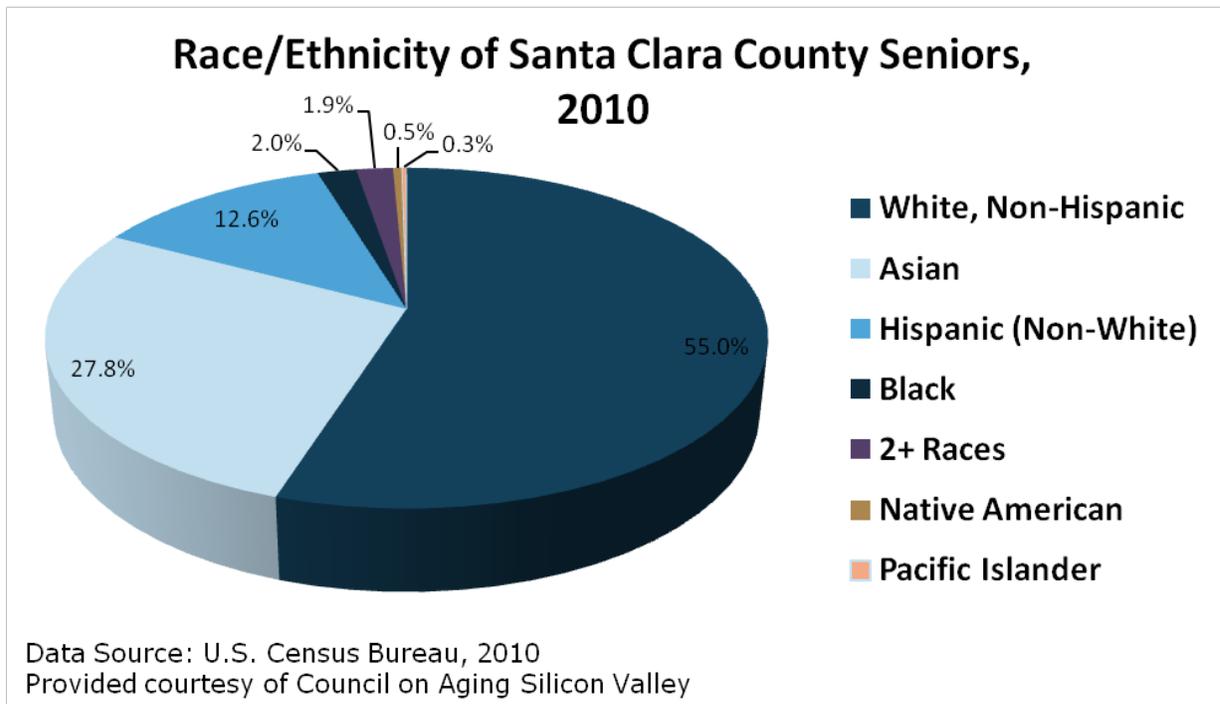
Source: U.S. Bureau of the Census, American Community Survey, 2010, Provided courtesy of Council on Aging Silicon Valley 2012

Race and Ethnicity

Santa Clara County is composed of many ethnic groups, giving the County a diverse and cosmopolitan character. Over half (55%) of the County's senior residents are White, non-Hispanic, 28% are Asian, and 13% of the County's residents are non-white Hispanic³. Overall, 26.9% of Santa Clara County residents are Hispanic, compared to 37.6% in the State of California.

² Data provided by the Council on Aging Silicon Valley, 2011.

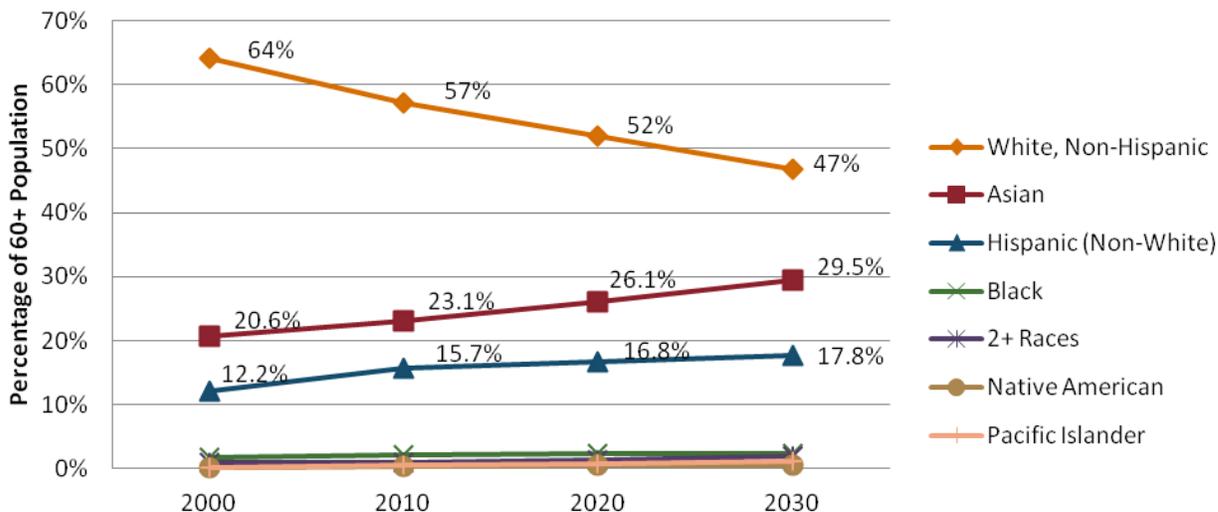
³ U.S. Bureau of the Census, American Community Survey, 2010 Data provided by Council on Aging Silicon Valley 2012



It is projected that by 2030, the demographic makeup of the County will change dramatically among the population among adults who are 60 years and older. As of 2010, the demographic makeup of the County's 60 years and older adults closely mirrors that of the overall population. By 2030, about 47% of seniors will be White (Non-Hispanic), 29.5% will be Asian, and 17.8% will be Hispanic (Non-White)⁴. Cultural and linguistic sensitivity will remain important in senior services as the growth in the aging population continues.

⁴ Data provided by the Council on Aging Silicon Valley, 2011.

Projected Composition of Senior Population by Race/Ethnicity, 2000-2030



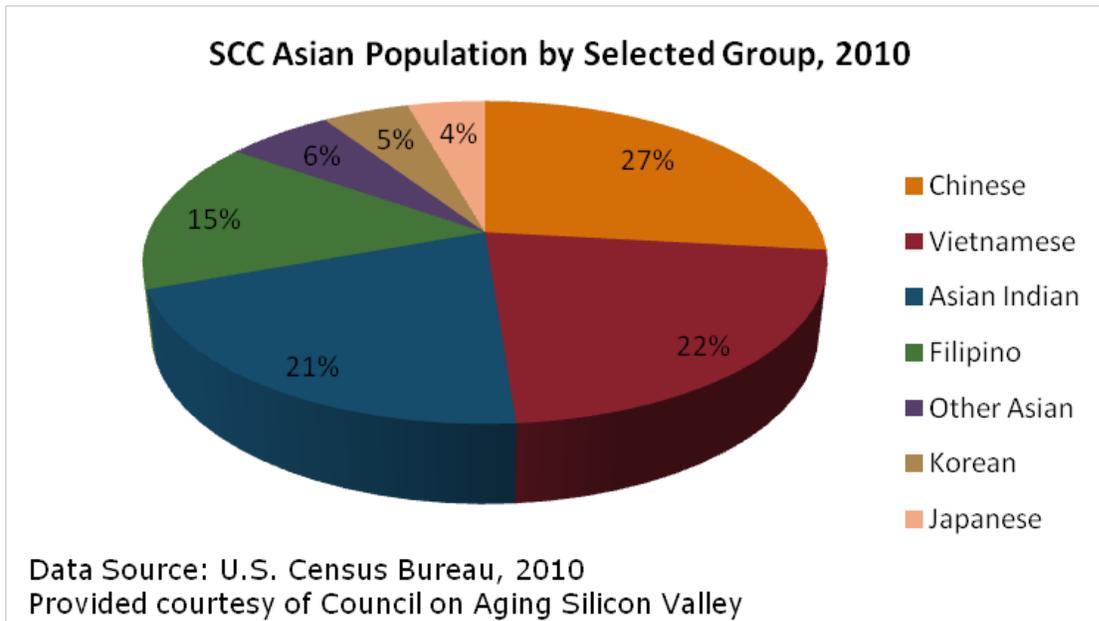
Data Source: California Department of Finance, 2000 projections
 Provided courtesy of Council on Aging Silicon Valley

There are important disparities in the health and well-being of Santa Clara County's seniors in terms of ethnicity and race. Four in ten Hispanic County residents are uninsured, compared to two in ten of all adults. The probability of being covered by health insurance increases with age. Almost nine out of ten Santa Clara County adults who are age 55 to 64 are covered by health insurance (87%), whereas for those between the ages of 18 and 24, just 71% have health insurance.⁵

Asian and Hispanic populations are likely to grow over the foreseeable future. Therefore planning efforts are wise to account for the needs of these populations.

⁵ Health Profile Report, Santa Clara County 2010, Santa Clara County Public Health Department

There are a variety of cultures and languages included among the County's Asian population. According to the County's 2009 Behavioral Risk Factor Survey, Chinese residents made up the largest group of Asian/Pacific Islander ethnicities in the County (26%), followed by Vietnamese (22%), Asian Indian (19%) and Filipino (16%)⁶.

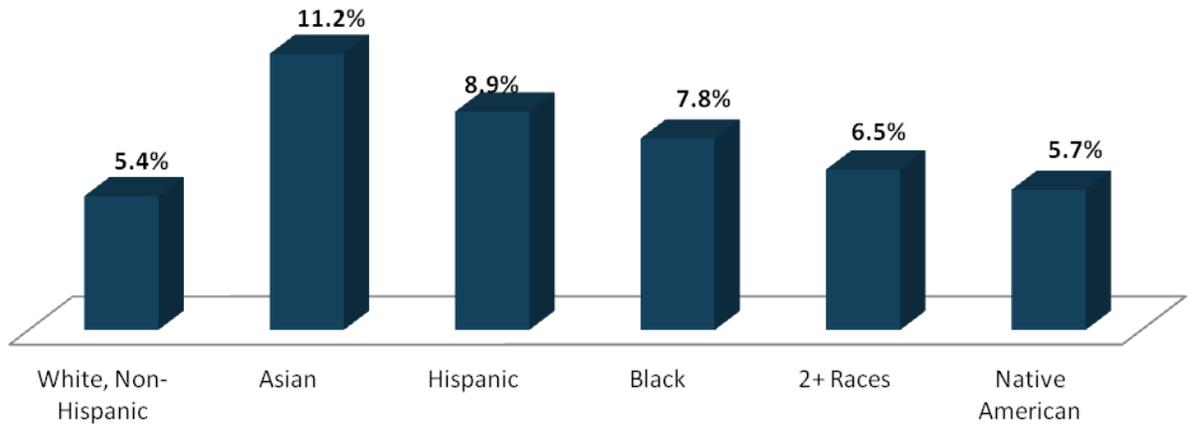


Over one in ten Asian seniors has a household income below the Federal Poverty level (11%), 9% of seniors who are Hispanic and 5% of White, non-Hispanic seniors live below the Federal Poverty level⁷. Asian seniors have the highest poverty rates compared to their cohorts of other races. There are approximately as many Asian seniors living in poverty as White, non-Hispanic seniors (~5,700), despite the significantly larger White, non-Hispanic senior population.

⁶ Santa Clara County Public Health Department, Behavioral Risk Factor Survey 2009

⁷ U.S. Bureau of the Census, American Community Survey, 2010
Data provided by Council on Aging Silicon Valley 2012

Percent of Santa Clara County Seniors Below Federal Poverty by Race



Source: U.S. Bureau of the Census, American Community Survey, 2010, Provided courtesy of Council on Aging Silicon Valley 2012

The Elder Economic Security Index provides a picture that is even more stark. 76% of Asian seniors in Santa Clara County struggle to meet their basic housing, medical, and transportation needs.

Disparities in Access to Care

Although most seniors are covered by Medicare, in general, ethnic minorities are less likely to be covered by insurance than White residents. Further, those falling below the Elder Index are disproportionately of a racial/ethnic minority, female, or age 75 or older.⁸

- ◆ 67% of Latino seniors and 76% of Asian seniors fall below the Elder Index, compared with just 32% of White, non-Latino seniors.
- ◆ 60% of female seniors fall below the index, compared to 39% of male.
- ◆ 53% of seniors age 75 or older fall below the index, compared with 46% of those age 65-74.

⁸ http://www.healthpolicy.ucla.edu/eess0209_pdf/santa-clara_A.pdf and [/santa-clara_B.pdf](http://www.healthpolicy.ucla.edu/eess0209_pdf/santa-clara_B.pdf)

Disparities in Access to Healthcare

Access to healthcare and healthcare needs depends on many factors beyond having health insurance. Healthy and safe housing, for example, may expose residents to toxins and other environmental factors. A working smoke detector, temperature control, the availability of clean and complete kitchen facilities, a working toilet and safe electrical wiring all contribute to the health of a resident.

A lack of transportation can also lead to disparate access to health care. Several residents at the community forums held to gather data for this Seniors' Agenda mentioned the difficulty of getting transportation to doctor's appointments.

"It's important to recognize that there is one primary bus line that runs through Morgan Hill-San Martin-Gilroy. The 68. So, a majority of our seniors don't live within a 3/4 mile radius of that bus line, so transportation is a huge issue for our South county seniors. Unfortunately we get calls all the time from seniors that don't know how to get to the doctor. They can't afford to get to the doctor, they can't afford to go to the grocery store, they can't afford to access those essential services."

–Participant at the Centennial Senior Forum

In addition, seniors who have mobility challenges, such as those who use a wheel chair, power chair or scooter, may not be able to access public transportation, taxi services, or even a neighbor's car when offered. For these seniors and other disabled adults, a special vehicle with an electric ramp or lift is needed.

"The problem with the community bus service, is that for other people that use a walker or a cane, they can use a regular car. For me, or anyone else that uses a power chair or a scooter, they must have a vehicle with a ramp or a lift. And that's where the problem is."

–Participant at the Centennial Senior Forum

Geographic Disparities

Not all areas within the County are affected by poverty in the same way. There is economic diversity across the cities of Santa Clara County. Gilroy (11.0%), Mountain View (10.3%), and Other/Unincorporated (10.3%) have the highest percentages of seniors living below the federal poverty line. Gilroy (35.7%), Mountain View (32.9%), Campbell (29.7%), and San Jose (29.0%) have the highest percentages of seniors living near or below the poverty line (two times the federal poverty line or below)⁹.

Poverty affects Santa Clara County's seniors differently among different races and ethnicities. Seniors are more likely to be below the federal poverty line if they are Asian (11.2%), Hispanic (8.9%), Black (7.8%), two or more races (6.5%) or Native American (5.7%) versus White (Non-Hispanic) (5.4%). As the demographics of the senior population change over the next decade, the County must ensure that the most vulnerable within its population are taken care of.

⁹ Data provided by the Council on Aging Silicon Valley, 2011.

AGING IN PLACE

Aging in place, the idea that a senior should be able to stay in the home and community where they have been accustomed to living for as long as they choose, is a fundamental value of the seniors who participated in the Public Forums and is validated through many surveys and focus groups conducted in Santa Clara County and across the country.

State and local policies and services can help seniors to age in place. In particular:

- ◆ Funding of the infrastructure and programs that support the ability of older adults to continue living in their home including caregiver support services;
- ◆ Integrated long term supports and services that make use of County and large non-profit resources and enable smaller organizations to flourish;
- ◆ Land use and transportation planning that is coordinated to maximize access to services and help transportation service providers develop cost-effective, sustainable routes to meet increasing needs;
- ◆ Joint Use agreements that help expand the physical facilities

"I've been thinking about this for about 10 years now since I retired and I think that one of the biggest factors that makes people want to stay in their home is they want to be included in the community. When you go somewhere else, you're going to be with a different community... Being included is what people like about staying in their own home after they retire, being in their community... "

Seniors' Agenda Public Forum
Participant

available for service provision and encourage cross-generational interaction.

LONG TERM SERVICES AND SUPPORTS

Existing Services

- ◆ Medicaid covers many long term care services and supports for eligible seniors. The most frequently offered services are skilled or intermediate nursing home and convalescent care, comprehensive preventive care services (primary and specialty care), medical office visits, vision care, dental care, mental health services, hospitalization, and prescription medicine.
- ◆ Council on Aging Silicon Valley provides a variety of individual long-term support services, as well as case management services.
- ◆ Catholic Charities provides Long Term Care Ombudsmen as advocates for frail, chronically ill residents in all nursing homes and residential care/assisted living facilities in the County.

Affordability and Access to Services

According to the SCAN Foundation, a not-for-profit, charitable foundation that focuses on long-term services and supports that keep seniors self-sufficient at home and in the community, the state of California was ranked 7th in the nation for Affordability and Access with regard to long-term services and supports. This is largely to the state's Medicaid coverage policies, which provide a robust safety net for low and moderate income people with disabilities. California ranked second among the states in connecting low and moderate income people with LTSS needs to Medicaid and its services.

"In 2011, the largest generation in history – Baby Boomers – will begin turning 65, resulting in a rapid increase in the number of older adults nationally as well as in California specifically. In addition, the aging population is living longer, often with chronic illness and disabling conditions. Given these demographic trends, we can anticipate significant growth in the demand for long-term care within the state."¹⁰

Long Term Care Facilities

In Santa Clara County, there are 51 nursing homes and as many as 600-plus other licensed Residential Care Facilities for the Elderly (RCFEs). RCFEs are non-medical facilities that serve individuals age 60 and older and provide room, meals, housekeeping, supervision, storage and distribution of medication, and personal care assistance with basic activities like hygiene, dressing, eating, bathing and transferring. Statewide, California has 57 residential care beds per 10,000 people, which is higher than the national average of 49 residential care beds per 10,000 people.

Long Term Care Ombudsmen

Catholic Charities AGENTS for Change program staff conducted a focus group of Long Term Care Ombudsmen to gather data for the Senior' Agenda. Volunteer ombudsmen serve as advocates for long-term care residents rights, provide education and outreach to consumers and providers and help to resolve residents' complaints.

The Ombudsmen who participated in the focus group believed that long-term care facilities provide important services for seniors who are their residents, including safety, regular medications and food, a community of residents and caregivers, a protected environment, the dignity of not having family members burdened with caregiving, and relief to know their needs will be taken care of.

10 The SCAN Foundation, Fact Sheet No. 12, October 2010.

In a county as diverse as Santa Clara, there are problems of cultural and language competencies in the institutions that can isolate seniors. This is exacerbated when these seniors suffer other communications problems, such as those caused by stroke or other disabilities.

The ombudsman program was established as a volunteer program, and the ombudsmen provide a critical service to residents. Nevertheless, the ombudsmen see a need for more visiting programs, such as Senior Companions or friendly visitors, to provide connections between the residents and the outside world.

Palliative Care

Palliative care and end-of-life care services are crucial to maintaining a sense of dignity, both for those facing the end of life and those facing loss. Hospice of the Valley provides comfort and pain management when cure is no longer an option. The goal is to support quality of life, to honor the wishes of individuals, to maintain dignity of the individual and to support the family through their grief process. The Hospice care team collaborates closely with the patient's own physician to create a plan of care which is driven by the needs and wishes of the patient, family and loved ones.

Long-term care differs from other types of health care in that the goal is not to cure an illness, but to allow an individual to attain and maintain an optimal level of functioning. It encompasses a wide array of medical, social, personal, and supportive and specialized housing services needed by individuals who have lost some capacity for self-care because of a chronic illness or disabling condition.

U.S. Senate Special Committee on Aging (February, 2000)

HOME SUPPORT SERVICES

Existing Services

- ◆ Heart of the Valley recruits volunteers who provide seniors with a variety of in-home services, including escorted transportation. In-home services include house projects, handyman services, yard work, shopping and errands, paperwork, telephoning, respite, visitation, friendly phone calls, advocacy, computer support and household hazardous waste pickup.
- ◆ Catholic Charities Offers individualized services including bathing, dressing/grooming, transferring, toileting, medication reminders, feeding, meal preparation/special diet, light housekeeping, transportation and companionship.
- ◆ DAAS's In-Home Supportive Services provides a variety of types of assistance to eligible individuals who, without this care, would be unable to remain safely in their own homes. Community Services Agency case managers meet with elderly clients in their homes to determine what services they need in order to live independently.

Home Support Needs in The County

Home support services include a broad variety of activities and assistance that help seniors stay in their homes and remain safe and healthy as they age. Services can include companionship, paramedical services, home repairs, chores, meal preparation, and many other services. Some of these services are geared toward assisting family members or informal caregivers with respite care, providing short periods of rest or relief and a chance to attend to personal matters. Other services that help seniors stay at home while receiving needed care can include transportation to medical appointments, errand and grocery delivery services, and telephone reassurance lines that ensure good health and safety to frail seniors. Home

support services can originate from city, county, state, non-profit or private agencies. While some services are free, some are fee-based.

Ensuring that appropriate and sufficient home-based care options are available to seniors will continue to be an increasingly daunting task in the future. The needs of the senior community will continue to rise as the size of the population grows. It may or may not be that the severity of the needs increase; but surely the number of individuals requiring existing services will increase dramatically. As cuts are made to the city-, county-, state-, and federally-funded programs that keep seniors in their homes and that keep their informal caregivers well-supported, the situation will become more tenuous.

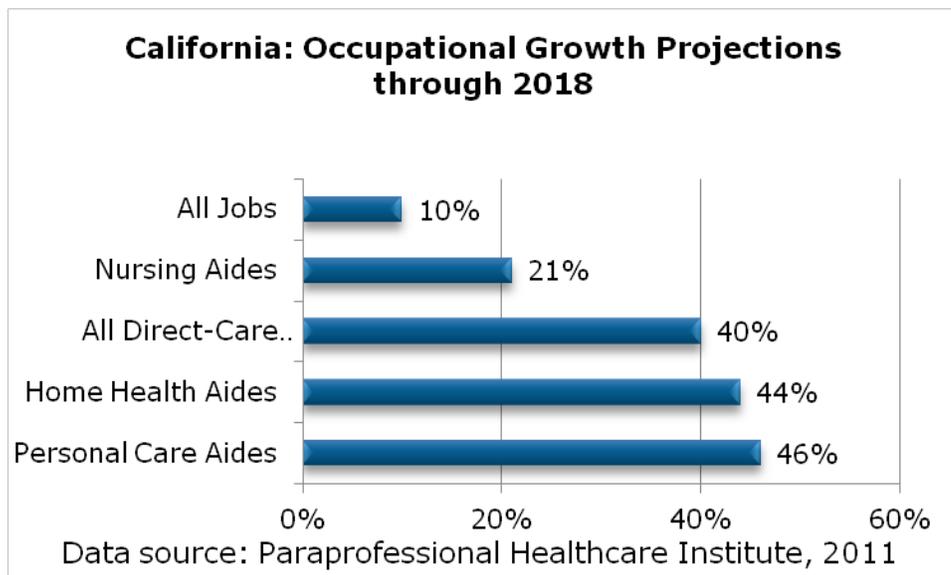
Cuts to caregiver and senior support services will have a significant impact on the availability of home support services, and by extension, on the well-being of seniors and informal caregivers. Assistance at home, such as a home health aide, costs a substantial (for many seniors) amount of money out-of-pocket; around \$21,840 on average in 2011. Only about 7% of the spending for personal care and supportive services comes from private long-term insurance. Medicare may be available for lower income seniors' home services needs, but these are only available for short-term needs; Medicare does not cover long-term home services, although seniors require them for an average of three years.¹¹ Making this even more difficult is the fact that a large number of California seniors do not have a family caregiver to help them with services in the home that they cannot afford; the proportion of seniors without a family caregiver is expected to double to about 25% by 2020.¹²

¹¹ The SCAN Foundation, Ten Things You Should Know About Aging with Dignity and Independence, No. 1, Summer 2011.

¹² California HealthCare Foundation, There's No Place Like Home: Models of Supportive Communities for Elders, 2009.

NEED FOR PROFESSIONAL CAREGIVERS

The question of whether there is, or will be, sufficient caregiver labor to meet the demand for home support services in the face of the "age wave" is challenging to address at the County level. The state of California is projected to see an increase in the number of home health aides and personal care aides through 2018, at a rate that exceeds the overall growth of other jobs.¹³ What is not clear is whether this will be sufficient to meet the growing demand for services; those who provide home support services are mostly unpaid, family caregivers, and the paid caregivers that fall into this category span county-, state-, and federally-funded as well as privately-funded roles. The data are not clear enough to determine where the gaps in the labor force are. What is clear, however, is that about 75% of the care



that seniors receive is not provided by a formal, paid caregiver, and that the demands for support services currently exceeds the supply.

¹³ Paraprofessional Healthcare Institute, Occupational Growth Projections, 2011.

The demand for home support services is also difficult to predict, regardless of the geographical area or the size of the senior population. This is because the needs of individuals are often unpredictable and dynamic. Some older adults need care around the clock; others can manage with some amount of personal assistance each week. Many adults, especially those with disabilities or chronic conditions, can experience a slow to significant decline in health, functioning, and level of independence -- sometimes unpredictably. Further, an individual's need for home-based services often shift as someone may require institutionalized or intensive care for a brief period, until returning to home-based services. These different programs have multiple funding streams, entry points, and duration of available services. It is challenging to predict the necessary labor force or funding needed to maintain adequate care.¹⁴

Currently, about 17,220 frail or disabled adults use IHSS every month in Santa Clara County. Ensuring that the supply of home support services labor meets the demands will be challenging and should remain a priority. A scorecard from AARP, in collaboration with The SCAN Foundation and The Commonwealth Fund, weighs California's rankings among indicators of senior services against the other 49 states. When looking at the number of available home health workers and personal care aides per 1,000 population over age 65, California ranks 42nd, with 23 home health and personal care aides per 1,000 adults over age 65. The median among all states is 34; the highest ranking state has 88 health or personal care aides per 1,000 seniors¹⁵.

¹⁴ The SCAN Foundation Health Policy Brief (UCLA Center for Health Policy Research), Independence at Risk: Older Californians with Disabilities Struggle to Remain at Home as Public Supports Shrink, December 2011.

¹⁵ AARP, Raising Expectations, A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities and Family Caregivers, 2011.

At the County level there will need to be more subsidized home support services if seniors are to age in place. With the elimination of some adult day health care programs and the shrinking of home support services, the burden will shift even more dramatically to other care providers, such as informal caregivers and even far more expensive residential facilities.

Policies that are designed and implemented for seniors will be operating under this context, and need to include extensive

All caregiving situations are different – it is a very personal journey and it's hard to generalize experiences. Respect the choices caregivers make.

Caregiver Focus Group participants
(Courtesy of The Health Trust)

consideration about the impact any changes will have on informal caregivers and the ability of seniors to age in place.

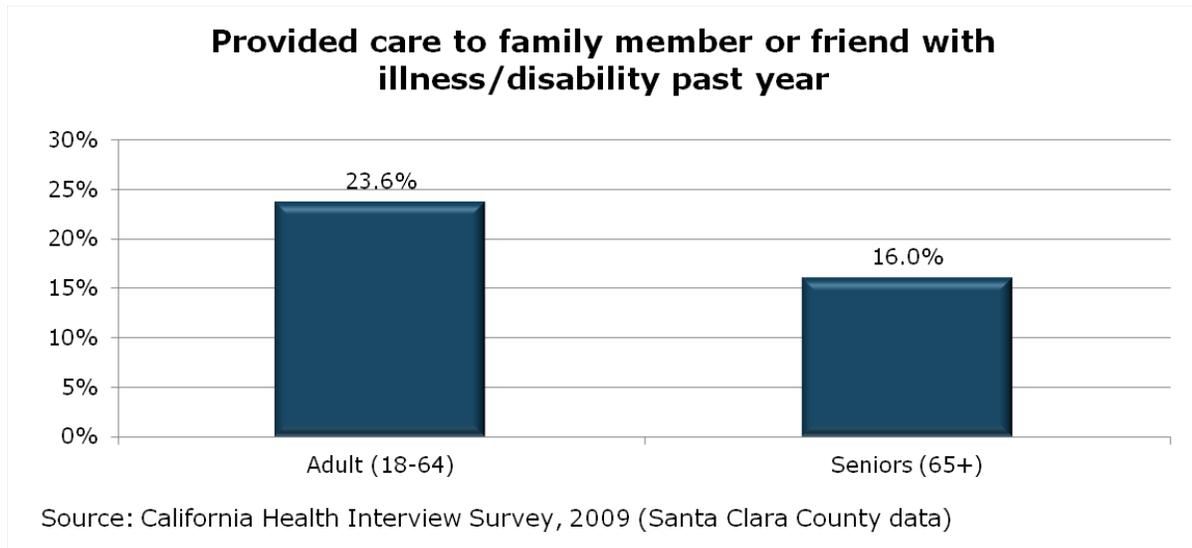
Many suggestions have been made about how seniors can work around the loss of services due to budget cuts. Most of these suggestions are solutions that require seniors and their families to pay out of pocket for services they were used to receiving for low or no cost on a tight personal budget. For many seniors a cost as little as \$2 to \$4 for one-way transportation represents a hardship. Clearly for many seniors these out of pocket costs will mean that services are no longer accessible.

Informal and Family Caregivers

A caregiver is anyone who provides assistance to someone who needs help. This may be informal care for a family member, friend or neighbor that is provided informally and without pay or it may formal, paid caregiver services

provided in the home, at a day care or community center, in a long-term care facility, assisted living or residential facility, or in health care settings.¹⁶

In Santa Clara County, one in four adult residents provide regular care or



assistance to someone who has a long-term illness or disability and 16% of seniors provide care to another person. More women provide informal caregiving services than men (13% vs. 8%) and half of caregivers had one or more children living in their household¹⁷.

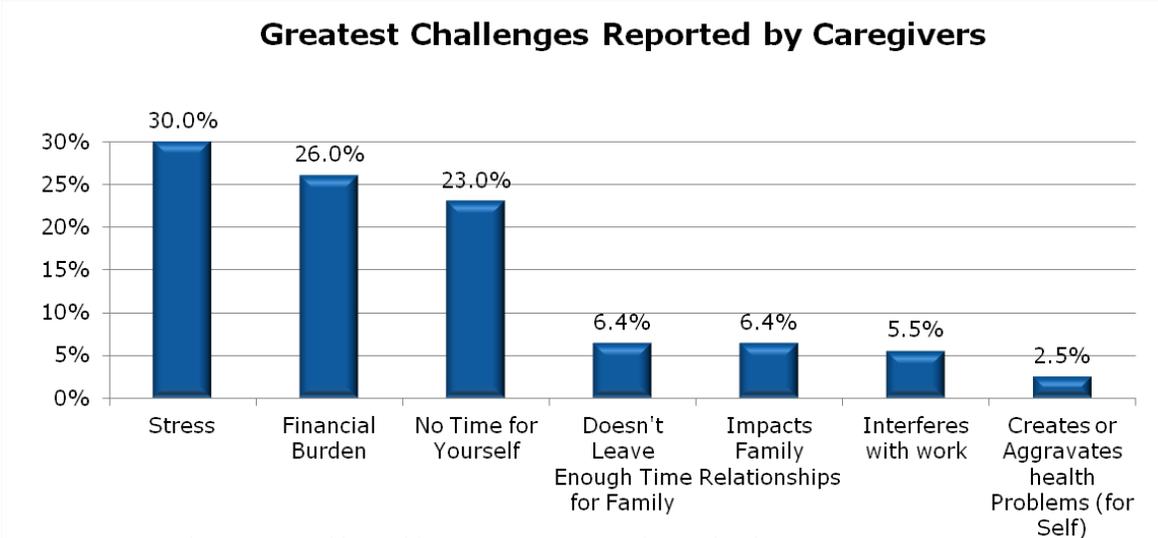
These informal caregivers are a tremendous asset to the County, saving money by alleviating the strain that would otherwise fall to paid caregiver services. The support of informal caregivers should be a high priority for senior services.

Challenges and Opportunities

¹⁶ The SCAN Foundation, Fact Sheet No. 13, October 2010.

¹⁷ Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Caregiving can be a draining, and even overwhelming responsibility. Caregivers often experience social, economic, and health effects related to the demands of caregiving. Particularly when the caregiver is her or himself is a senior, the effects can be detrimental to their overall well-being and health. Some of the greatest challenges reported by informal caregivers include stress, the financial burden, and the lack of time for themselves or other family members¹⁸. Among those who give informal care to a family



member or friend statewide, one in five (22%) give care to more than one person¹⁹.

There is evidence of other challenges, as well. About half of caregivers (48%) reported that their mental health was not good for at least one day of the past 30, compared to just 32% of non-caregivers. About 5% of caregivers had been homeless or temporarily displaced from their homes in the past 12 months, compared to 2% of the County's adult residents overall.

¹⁸ Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

¹⁹ California Health Interview Survey, 2009

A higher percentage of caregivers had received food from a church, food pantry, or food bank in the past 12 months (14% vs. 10%)²⁰.

In recent years, the number of caseloads for formal caregivers in California has increased dramatically, with Santa Clara County experiencing the most dramatic of these increases (about a 74% increase from previous years). It is expected that the burden will shift quickly and heavily to family caregivers and informal caregivers. California caregivers experiencing the highest levels of financial hardship, physical strain and emotional stress are more likely to be female, Latino, low income and in poor health themselves ²¹. The AARP's national scorecard of long-term services and supports ranks California 46th in the nation in terms of the percentage of caregivers who feel they receive needed supports "usually" or "always." Just under three quarters (74.7%) of caregivers in California responded that they usually receive supports. This percentage is still high, but the best ranking state had 84% of their

More places for caregivers are needed in this community – call them "Caregiver Resource Hubs".

Consider creating "resource centers" at Community or Senior Centers, day care programs, hospital social service offices and libraries where caregivers can find training and resources.

Help ethnic communities and agencies serving them to serve as resource centers for caregivers.

Caregiver Focus Group participants
(Courtesy of The Health Trust)

²⁰ Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey
²¹ *California Agriculture* 64(4):201-207. DOI: 10.3733/ca.v064n04p201. October-December 2010.

caregivers feeling as well supported.

As informal caregivers are relied upon more heavily, training, supports such as reprieves and assistance, as well as financial help become more important. As caregivers are stressed beyond their capacity, often neglect and abuse become more prevalent.

By cutting services to support in-home and other services that enable family members and friends to serve as informal caregivers, the State and County will likely face increasing costs as the health of both care recipient and care giver decline, and as those needing care are forced to turn to formal care arrangements.

In a focus group of seven caregivers held by The Health Trust, participants stressed affordable evening and overnight respite care as a way of giving caregivers a reprieve from ongoing duties. They also said that caregiver training and education were important. Several participants gave care to recipients who have multiple conditions, most with Alzheimer's disease or dementia. The length of time they had been caregiving ranged from 1 to 14 years.

The caregiver role is overwhelming. It includes multiple roles, like health and financial advocate, housekeeper and cook, personal care, etc.

Caregiver Focus Group participants
(Courtesy of The Health Trust)

In a focus group of volunteer ombudsmen, the ombudsmen also discussed the need for Certified Nursing Assistant training programs. They called for both additional on-the-job training and academic offerings. There was a suggestion that this group of staff members needs an advocacy organization to represent their needs. Additionally, there should be adequate staff at all times, even if it means exceeding the basic requirements in the regulations.

Needed Services

Budget cuts have reduced some services directly affecting caregivers. The County and area non-profit organizations need to address several facets of caregiver needs, including:

- ◆ Needs of informal caregivers and supports that enable them to continue providing the valuable services they provide to both their care recipient and the community
- ◆ The current labor needs for a professional caregiver workforce and the anticipated growth of these needs;
- ◆ Information, referral and coordination of professional caregiver skills and availability so that seniors can identify and pay for needed services.

Potential solutions to these issues include:

- ◆ Funding that supports affordable day, evening and overnight care respite care;
- ◆ Caregiver training and education;
- ◆ Education and outreach for service and health providers;
- ◆ Resource guide for accessing paid, qualified multilingual caregivers.

DEVELOPMENT AND PLANNING

Development of housing, offices and retail establishments near transit stops is a community planning approach known as Transit-Oriented Development (TOD). California statutes explicitly address TOD and the State provides a number of grants, incentives and technical assistance to communities to create TODs. TODs usually contain housing, a walkable street environment, a number of transportation options and easy access to goods and services²².

²² Aging in Place: A State Survey of Livability Policies and Practices, AARP 2011

JOINT USE AND INTERGENERATIONAL OPPORTUNITIES

The County and its partners are currently engaged in using joint use agreements to maximize facility use and service efficiencies. Although community facilities are often built and maintained for specific uses, broadening the mission and services offered at existing facilities can not only save money, it often provide better access to a variety of services and promotes a sense of community between seniors and younger residents. A school building, for example, might share space with a senior center or a health clinic, or open its gym, kitchen or library for community use after hours. In a tight budget climate, such economies are important; older Americans have the opportunity to build alliances with other community members to share facilities that serve a variety of needs.

"Even for a person who is in a residence home or has in-home supportive services, in order to keep their independence, we can't say that that's more important than transportation, because when it gets time to go to the doctor, to maintain their health, so they can stay at whatever living situation they are in, it's all linked together. We need it all."

Seniors' Agenda Public Forum
Participant

DISASTER PREPAREDNESS

Older adults are at increased risk in the event of a disaster. Studies show that older adults can be at higher nutritional risk in the aftermath of a disaster and may forget to take necessary medications. They are at much

higher risk for patterns of neglect, mental or physical abuse, and very slow economic recovery in the aftermath of a disaster. While cost-effective modifications to homes can be made to reduce damage and danger during and after a disaster, older adults are often slower to register for types of disaster preparedness assistance and are more often targeted by fraudulent contractors. Older adults may not comply with disaster warnings for a variety of reasons, including but not limited to mobility restrictions.

Santa Clara County Department of Aging and Adult Services (DAAS) delivered a number of presentations to help seniors and their families prepare for disasters. These presentations offered guidance to seniors about ways to prepare and what types of supplies should be kept on hand. Seniors need to take special precautions if they have prescription medications, medical conditions, or other issues that might be exacerbated in an emergency. "Vials of Life" or germ sanitizer kits that included hand sanitizer, respirator masks, a pair of gloves and two germicidal hard surface wipes to limit the spread of the flu were handed out to participants.

Continued education about disaster preparedness and emergency shelters will remain important as the population ages. Seniors who speak a language other than English are at a disadvantage as most available websites' disaster preparedness information is English-only, including resources and websites' library of materials. Many of the websites and materials also mention that frail seniors and seniors with chronic conditions are at increased risk of injury and illness in a disaster situation and disaster aftermath, but do not make recommendations geared toward those seniors and how they might take extra precautions. Websites, materials, and future community outreach should include information that reaches non-English speaking seniors, that informs lower income seniors about disaster preparedness financial assistance resources, and that provides recommendations for higher-risk seniors.

Some additional County needs related to disaster preparedness for seniors include:

Education and Outreach to County Evacuation and Emergency Efforts

Evacuation plans and emergency shelters need to be able to accommodate adults with these needs. Special care should be taken to ensure that the risk for falls is minimized in shelters or evacuation strategies. DAAS may wish to partner with other agencies or area organizations to ensure that existing emergency shelters have the accessibility, supplies, and training that would be required to minimize the health risks seniors face in a disaster situation.

Guidance in Reaching Isolated Seniors

Emergency responders may not be able to identify or assist isolated seniors in a disaster. Isolated seniors may also not know where to go or what to do in the face of a disaster. The number of isolated seniors who have no safety net in a disaster could be reduced if the provider network is educated about the risks to seniors in a disaster as well as the recommendations to seniors in a disaster. Additionally, providers could in turn educate their clients about safety issues (e.g., what to do if their home is damaged in a disaster, ensuring objects cannot fall on a sleeping area, etc.) to fill the gaps in education outreach for isolated seniors. Finally, the provider network could be used to identify where isolated seniors are located, ensuring that emergency responders are aware of homes where isolated seniors may be at risk for injury or illness in a disaster.

Home Modification Costs

Costs of home modifications that make a home safer in an earthquake or other disaster may be out of reach for many low income seniors in Santa Clara County. Failing to modify one's home can lead to severe structural damage of the home, fires from broken gas lines, damage to foundations,

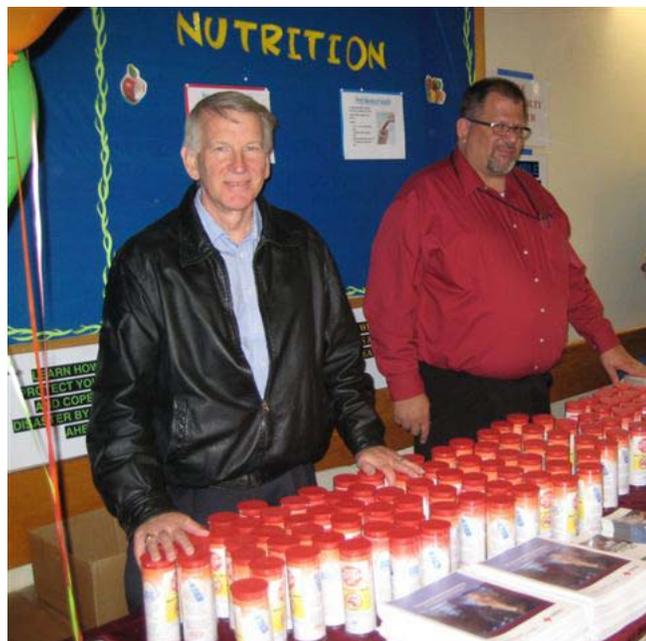
damage to vehicles and contents of the home, and serious injury to occupants.

Modifications can range from strapping on a water heater to avoid the tipping that leads to fires and water damage, to completely restructuring the foundation of the building. For seniors who struggle to pay for basic necessities day-to-day, this may be out of reach. While these preventative modifications can be too expensive for many seniors, the cost of failing to do so can lead to complete loss of the home and personal property.²³ Seniors face slower economic recovery in a disaster; the financial burdens of preparing for and repairing in the aftermath of a disaster are heightened for seniors.²⁴

Fire Prevention Efforts

Fires can occur in a variety of disaster situations. According to FEMA, adults over age 65 are twice as likely to die in fires as any other age group, and the death rate for adults 85 and over is four times the national average. Additionally, older adults are at increased risk for injury in fires or other disaster situations. Special attention should be paid to the oldest old when outreach is planned, or when emergency plans are devised and implemented.

The County serves a public



²³ FEMA, <http://www.fema.gov/plan/prevent/earthquake/pdf/fema-530.pdf>, 2011.

²⁴ Santa Clara County, Tips for Preparedness for the Senior Population, 2011.

safety role, and maintains a responsibility to prepare county residents for unexpected disasters. Preparing seniors for disasters is important, especially among seniors with mobility or physical limitations, transportation shortages, medical conditions that make disasters more risky, and who are isolated.

INFORMATION SERVICES

Existing Services

- ◆ 211 Santa Clara County is a program of United Way Silicon Valley. 211 is the dialing code for free, non-emergency community, health and disaster information in Santa Clara County. Callers receive personalized information and referrals from a live, highly-trained Call Specialist who can answer questions about a variety of nonprofit services and agencies. 211 is confidential, available in over 170 languages and available 24 hours a day, seven days a week.
- ◆ Council on Aging Silicon Valley offers information on available services for seniors, caregivers, and persons with disabilities. I&A Specialists provide information on programs, eligibility criteria, availability, the procedures to obtain particular services. Appointments are made for services when necessary and consumers are monitored to insure that services are received.
- ◆ DAAS has recently implemented a Network of Care, a site that includes a service directory, library, assistive devices, links, legislation, and a "My Folder" icon for users to organize and store important healthcare-related information in a highly private and secure location.
- ◆ Family Caregiver Alliance provides publications, including facts sheets, newsletters, research studies, reports, policy briefs and other materials.

There are a large number and types of services available to seniors in Santa Clara County, however finding the appropriate agency or organization for a particular need may be challenging. Particularly for a senior or caregiver in crisis, the complexity of identifying a needed service may be overwhelming.

Information services are often a senior or caregiver's first point of contact; having a strong system of support through information services makes the journey easier and provides a caring, professional context in which difficult questions can be answered. Because information services connect seniors and caregivers to the services they need, they are as important as the services themselves.

211

211 Santa Clara County is an information service offered through United Way Silicon Valley. 211 is a free service that connects callers to a live, trained call specialist. Information about a variety of nonprofit services and agencies is available, confidentially, in over 170 languages 24 hours a day and 7 days per week.

The majority of seniors at the Public Forums had not heard of 211. Among those who were familiar with the service, a few said that the information



offered was sometimes out of date or inaccurate.

Given the large amount of ever-changing information required to make such a service possible, it is not surprising that information is quickly “out of date,” however it is critical to the success of such a service to be perceived as accurate and timely. 211 currently has two full-time employees working to keep the service up-to-date. Public confidence has yet to be rebuilt however, and word of mouth is generally the most effective and cost-effective form of marketing. Without the recommendation of previous users, marketing the service as being up-to-date and reliable is especially important.

COUNCIL ON AGING I & A PROGRAM

Council on Aging Silicon Valley (COA) offers an Information and Assistance (I&A) program offering information on available services to seniors, caregivers, and persons with disabilities in Santa Clara County.

Several participants in the forums described a very useful resource directory that was published by the Council on Aging and provided to seniors for a fee. This resource however, has been discontinued.

INTERNET USE

Although Internet use is increasing among all demographic groups, seniors age 65 and older are less likely to go online to find information compared to other age groups. Seniors who do use the Internet are more likely to be using it for email, rather than for viewing information about government services or for social networking. Less than 60% of seniors age 65-73 go online to access government websites, and primarily for emailing and

searching for information, including health information. Less than half of seniors age 74 and older go online for those reasons²⁵.

According to a 2010 Community Tracking Survey of Cupertino residents seniors (age 65 and older) were most likely to find their information through printed media such as local newspapers and just 14% said they use the Internet to seek out information. (Respondents were able to give more than one answer, and totals within an age group may be more than 100%.)

Information Source	18 to 34	35 to 44	45 to 54	55 to 64	65 and Over
Cupertino Courier	33.3%	48.8%	40.1%	41.8%	40.6%
Internet (no specific site)	28.7%	7.8%	35.6%	26.9%	14.4%
City website	11.7%	22.4%	22.7%	15.1%	6.6%
San Jose Mercury News	8.5%	12.7%	5.0%	9.1%	31.2%
Cupertino Scene	5.2%	13.4%	12.8%	16.1%	13.5%

Source: City of Cupertino 2010 Community Tracking Survey, 2010

As computer technology and social media increase in popularity, a growing number of service providers and advocates put resources, directories and other informational materials online. This trend is representative of agencies' and organizations' desire to provide their customers with accurate information as efficiently as possible.

Although more seniors go online every year, there are still large age

²⁵ Pew Research Center, Generations Online 2010: What different generations do online, December 2010.

discrepancies among computer and internet users and less than half of seniors nationwide (42%) go online at all²⁶. Among seniors who use the Internet, most use it to send and receive email. Further, most seniors who do not currently go online say they have no intention of ever going online, and the group of non-users who think that they will someday go online tend to be younger than those who do not plan to go online²⁷.

Lower-income individuals are less likely to use the internet than higher income earners among individuals age 50 and older. Thus, the Internet is not likely to be an effective medium for the dissemination of information to low-income seniors.

Preferred place to access Internet	<\$25,000 (n=242)	\$25,000-\$49,999 (n=214)	\$50,000-\$74,999 (n=123)	\$75,000 + (n=214)
Anywhere [net]	41%	65%	84%	92%
At home	35%	57%	78%	84%
At work	9%	20%	31%	54%
At a library	3%	6%	5%	4%
At a friend or family member's house	1%	3%	5%	5%
I don't use a computer	58%	34%	16%	8%
Data source: Internet Use Among Midlife and Older Adults, November 2009				

At present, there is a mismatch between the targeted audience of internet-based information services and the likelihood of that audience going online to find them. A variety of formats, spanning printed materials to internet-based materials, would be most likely to reach the maximum number of

²⁶r. Pew Research Center's Internet & American Life Project (2006-2008)
²⁷r. Pew Research Center's Internet & American Life Project (2006-2008)

seniors, and ensure that the information services that are needed are reaching those in need.

WEB-BASED INFORMATION SERVICES IN SANTA CLARA COUNTY

There are a number of comprehensive online databases for aging services in Santa Clara County. Despite the hesitancy of many seniors to use the Internet, these web-based resources provide a valuable service to many Santa Clara County residents.

In general, the most useful online resources are those that offer contact information for service providers and information about what type of service an organization provides. Although there is a great deal of valuable and accurate County-specific information available, there are several opportunities for improvement evident in the available online resources for seniors.

Accuracy

Online resources become outdated very quickly, and following links to services or agencies that no longer exist or no longer provide needed services is very frustrating, especially for those who are already uncomfortable with Internet use. While the number of services and agencies makes it a daunting task to keep an online database completely up-to-date, it is very frustrating for seniors and their loved ones whose first or only point of information is that database.

Information of what's available to seniors can't just be on the Internet. There needs to be a written form, because many, many seniors don't use the Internet. They don't have access to it and don't have any interest in using it.

Seniors' Agenda Public Forum
Participant

In preparation of the Seniors' Agenda, researchers conducted a use-assessment of links to senior services. Over one in three links to existing services were found to be broken (did not lead to any existing site), outdated (connected to a service that was no longer available), missing (showing text as blue and underlined in linkage style, but not connected to a hyperlink) or lead to unrelated or even misleading website (often the main page of national organization despite a local description of the link).

Organizational Structure

Many links are not clearly sorted or organized, making it difficult to find local organizations or services. Many are listed alphabetically by agency or service name, many of which are not intuitive. A person who was unsure of the name of their local agency or the specific service they need would have great difficulty locating the appropriate site for their area.

In addition, several of the major databases provided links to an unclear mix of private and public service providers. Often, it was not clear which type of service (free, fee-based, or low-cost) would be, even after being redirected to that service provider's own website. A person who was concerned about the cost of obtaining such a service would find difficulty in determining which services were appropriate based on the information in the database. It could lead to contacting several organizations only to



find out the available services were too far out of reach, and having to start the search over again.

Ideally, links and service listings should be organized in a way that is intuitive and easy for the user. In general, services are best organized by geographical area, and then service or program category. Databases should indicate that their information may contain a mix of private and public service organizations to reduce confusion and frustration for database users.

Specificity of the Link

Where a specific service/program is mentioned, links often lead to an external site's main page, rather than linking directly to the relevant page on the external site. Users (seniors or their caregivers) then need to start over, navigating a new site to find the service that they just found on the referring site. Occasionally, but not infrequently, a service provided by the host agency is described with a link back to that agency's own main page, instead of leading to the page for the service they provide.

Font Size and Visibility

Font sizes are highly variable, and often too small for seniors or individuals with visual impairments. Icons, symbols and drop-down menus are also often quite small and non-intuitive. Many senior-service specific sites offer information in a very light color font, or a pale font against a colored background. Flash based sites in particular can be frustrating for seniors, as the font is not easily enlarged onscreen.

Considering that you're talking about seniors, you need to put anything in a font they can read... you know, if they can't read it, it's useless. It can't be useless, so it needs to be printed in larger font.

Seniors' Agenda Public
Forum Participant

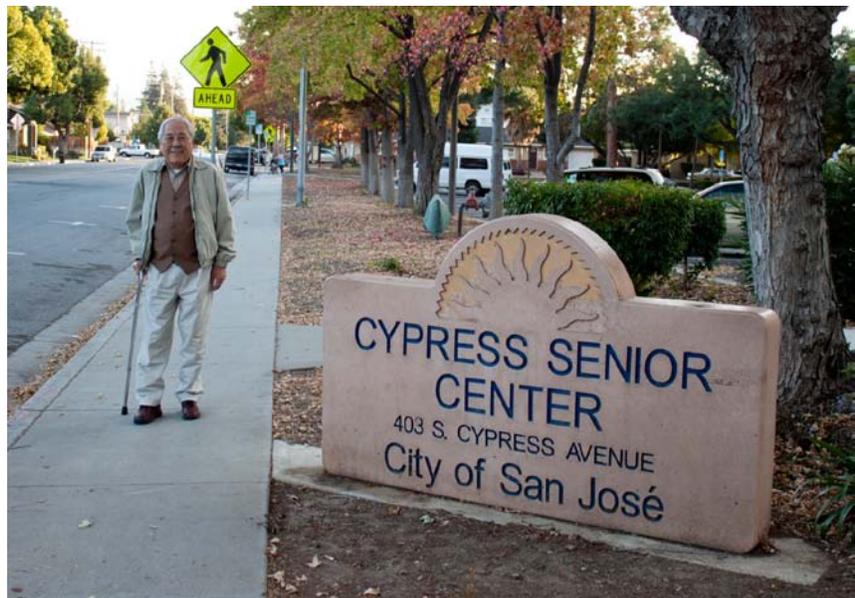
SENIOR CENTERS AS INFORMATION AND ASSISTANCE HUBS

Participants in the Seniors' Agenda Public Forums discussed where they go for information. The majority of participants said they go to their local senior center for information. The forums were held in senior centers, so these results may not be surprising.

"Once [you are] a part of the senior center, you come here for the information."

Seniors; ' Agenda Public Forum Participant

Within the Senior Centers there were a number of information sources. Some turned to the administrators and staff at the center for personal guidance navigating senior services. Some used the centers as a meeting place to talk to other seniors and gather information. Others consulted bulletin boards and brochures available at the centers. Throughout the Public Forums, senior centers were central to discussions of where seniors go for information. A new program, Senior Peer Advocates (SPA) was launched last year and uses trained volunteers to provide information and assistance at community sites including senior centers. SPA could offer a way for senior centers to increase their capacity for providing quality and updated information on services in their community; however, there are only 18 volunteers countywide at this time.

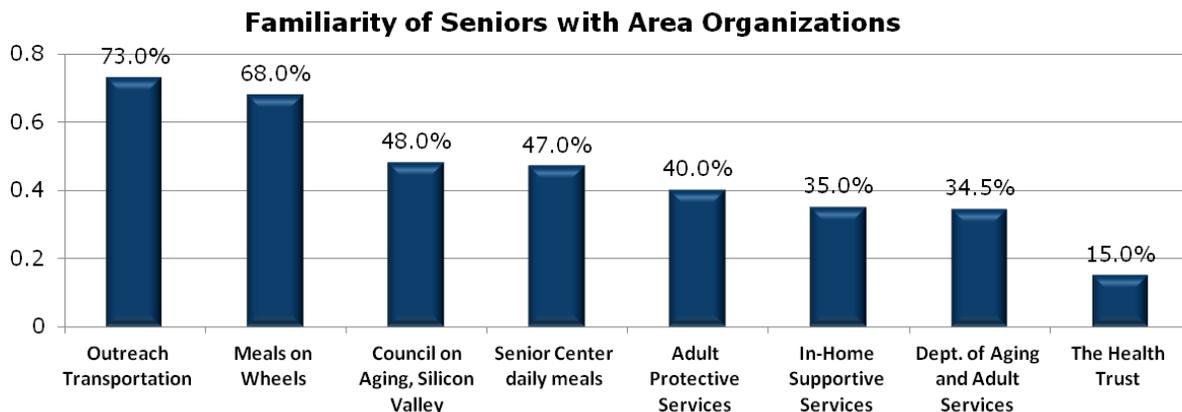


LINGUISTIC NEEDS

More than 100 languages and dialects are spoken in the County. In 2007, Santa Clara County became one of only 10 counties in the U.S. where half the residents speak a language other than English at home²⁸. Several focus groups of ethnically diverse seniors, including Hispanic, Chinese and Vietnamese seniors found that they prefer newspapers and television in their own language as a source of information. Several also said that when speaking to someone such as a service provider, they feel more comfortable with someone who speaks their own language. This included those who also speak English in addition to their original language.

MARKETING INFORMATION

Santa Clara County seniors were most familiar with Outreach transportation services and Meals on Wheels. The Council on Aging, Silicon Valley and Senior Center daily meal programs were familiar to about half of seniors



Data Source: Council on Aging Silicon Valley 2012 Senior Survey

²⁸ Santa Clara County Public Health Department, Public Health Profile Report, 2010

(48% and 47%, respectively). Less than half (40%) were familiar with Adult Protective Services²⁹.

Most Santa Clara County non-profit organizations and cities offer marketing and outreach information in both print and web formats. The City of Mountain View Senior Center conducted a survey of cities and organizations in and around Santa Clara County. Reporting organizations cited a variety of formats. Thus, information may reach a broad base of individuals, including those who rely on the Internet and those who prefer printed materials. The table below outlines some of the formats currently in use in each of the locations that responded from Santa Clara County³⁰. This is to be commended, as it reaches a broader base of the senior population, and should be emulated in all information and assistance services countywide.

What are your main sources for marketing events to seniors?

Avenidas: Monthly newsletter, local papers, web and email

Mountain View: Monthly Newsletter, Brochure, Website, Flyers around the Senior Center and other facilities, Email, Community Calendars, Facebook.

Los Altos: Newsletter, Website.

PRINT BROCHURES

Several of the seniors participating in the Seniors' Agenda Public Forums mentioned a "booklet" that was produced by the Council on Aging Silicon Valley (COASV). This booklet was a directory of local resources for seniors

²⁹ Data provided by Council on Aging Silicon Valley 2012

³⁰ City of Mountain View Senior Special Event Survey Results, October 2011.

and many found it to be very useful including those who participated in a focus group of caregivers conducted by the Aging Services Collaborative.

Unfortunately, this directory has been



discontinued. A replacement for this printed resource would be very helpful to seniors and caregivers.

One advantage of a printed brochure is that a person can make notes, write on the booklet and remember what resources have been called, were inappropriate or another outcome of a contact. In addition, since many seniors are not comfortable with the Internet or do not have access, printed materials are often preferred.

A resource guide for seniors should be printed with large print, and leave ample room for notes and comments regarding each resource. It should be organized by topic, and, because information is even more difficult to keep up-to-date in print form, resources should be dated so that a senior or caregiver can know when a new resource might be needed.

CHALLENGES IN PROVIDING INFORMATION SERVICES

The greatest challenge to providing accurate and timely information services is that the services themselves are rapidly changing. One forum participant commented on the fact that, "while an important tool, [information services] often provide out of date or incomplete information, and should be improved." In addition, many services are difficult to access due to long waiting lists, funding cuts and resource shortages. A service provider who

participated in the Seniors Agenda Public Forums commented on how challenging this can be from the perspective of the consumer and provider:

Identifying resources is fine, but what if the resources aren't there? We're so underfunded in the system. Every county department, every city department, every non-profit, every organization -- they cannot meet the demands for the services... We have 1800 people on our waiting list. Ok? 1800 people... How do we increase these resources? How do we partner to build our resources when we've run out of resources. The question is how do we reestablish the resources that are needed? I can find any resources you want, but they'll say, well, we've got a waiting list, we can only do so much... we can maybe help you for one [meal] or two."

Seniors' Agenda Public Forum Service Provider-Participant



Another challenge, from the standpoint of the County resident who is seeking information, is the sheer volume of available databases and information services. There are at least four major comprehensive lists, including COASV's online resource directory, DAAS's Network of Care, the online resources guide helpscc.org, and the online version of 211, 211scc.org. that attempt to address all services, agencies, organizations, programs that are available to Santa Clara County seniors and their families. With the availability of these programs

changing rather frequently due to changes in funding sources and amounts and eligibility, it is difficult for each database to remain completely current, and many contain vastly different information. Directories are updated at different intervals from source to source, and the result is a confusing array

of starting points, each of which leads in a different direction, and many of which are dead ends.

Many of the comprehensive lists available are organized in ways that are not consumer-friendly. For example, agencies in one list are categorized by "County Contracted Community Agencies" and "County Operated Short-Doyle Clinics". Consumers are unlikely to know the difference in these categories or be able to navigate the brochure which is designed to help them navigate the available services.

The balance between providing information that is thorough and helps a consumer understand all the available options and overwhelming someone with too much information is hard to achieve. A single, central, countywide "one-stop shop" information source on the internet would be very useful, rather than multiple, duplicative databases. Given that such databases are difficult to maintain and keep up to date, it would make sense to consolidate this resource to ensure higher quality and accuracy. This information service could build upon existing databases, but would need to improve information quality and marketing of the service.

In addition to fine-tuning the internet-based information services a County Aging and Disability Resource (ADRC) would be useful in this regard, and would attract federal and state funding. Some county non-profits are currently exploring the possibility of bringing an ADRC to the County. Beyond County support of the ADRC, the County may consider supporting the use of the ADRC information and materials by other area non-profits. Rather than each offering its own list of local resources, the use of a consolidated, accurate and timely resource would represent a savings in time and money for other agencies and non-profits. Each would have to be convinced however, of the usefulness, accuracy and benefits of sharing the resource.

TRANSPORTATION

Existing Services

- ◆ OUTREACH provides a variety of transportation services for seniors and persons with disabilities. The Senior Transportation and Resources (STAR) Program provides a one-stop/no wrong door eligibility system; seniors calling OUTREACH are enrolled in as many programs and services that meet their mobility needs, including enrolling in ADA Paratransit if eligible and all other programs and services at the same time. One-page applications are available in Spanish, Vietnamese and Chinese and translated to other languages as well, and a one-call centralized call center is staffed 365 days a year. This call center has bilingual agents as well as the AT&T Language Line to accommodate 140 Languages. The STAR Program includes door-to-door transportation using taxi's or contracted transportation services, subsidized public transit fares. The program is also coordinated with major volunteer driver programs serving seniors (e.g., Heart of the Valley-Services for Seniors, Love INC, Catholic Charities Daybreak Program, AVENIDAS/Roadrunners.) OUTREACH's Senior Outreach Benefits Counselors/Case Managers are



also trained as Mobility Managers and can provide assistance well beyond transportation, in such areas as securing housing, rental assistance, challenges with Social Security or Medicare; energy efficiency; translation; complete eligibility forms, *or can stay with riders at appointments as needed*; make home visits, etc. This program has been established since 1974 and uses multi-cultural and multi-lingual case managers to work in the community.

- ◆ Outreach also offers Together We Ride – Mobility Management Center for Santa Clara County. The Mobility Management Center (MMC) is both a one-call enhanced call center and one-click web portal that has no wrong door and is linked to both 211 and 511, consistent with FTA and Caltrans guidelines. OUTREACH's call center receives over 126,000 in-bound calls per month from seniors, persons with disabilities, care-givers, agencies, and the public and 50,000 out-bound calls. OUTREACH's MMC is considered by FTA as one of the top three in the nation.
- ◆ Several organizations provide volunteer drivers, including Daybreak and Daybreak II and Heart of the Valley.

Transportation Needs in The County

Despite the many efforts to provide effective transportation, it emerged as a primary issue of concern to seniors. Transportation needs were focused around the limited availability and eligibility requirements of paratransit services, the lack of assistance and responsiveness of public transit drivers; seniors' limited access to public transportation routes and the

"There is one primary bus line that runs through Morgan Hill San Martin Gilroy. The 68. A majority of our seniors don't live within a 3/4 mile radius of that bus line, so transportation is a huge issue for our South county seniors. Unfortunately we get calls all the time from seniors that don't know how to get to the doctor. They can't afford to get to the doctor, they can't afford to go to the grocery store, they can't afford to access those essential services."

Seniors' Agenda Public Forum
Service-Provider/Participant

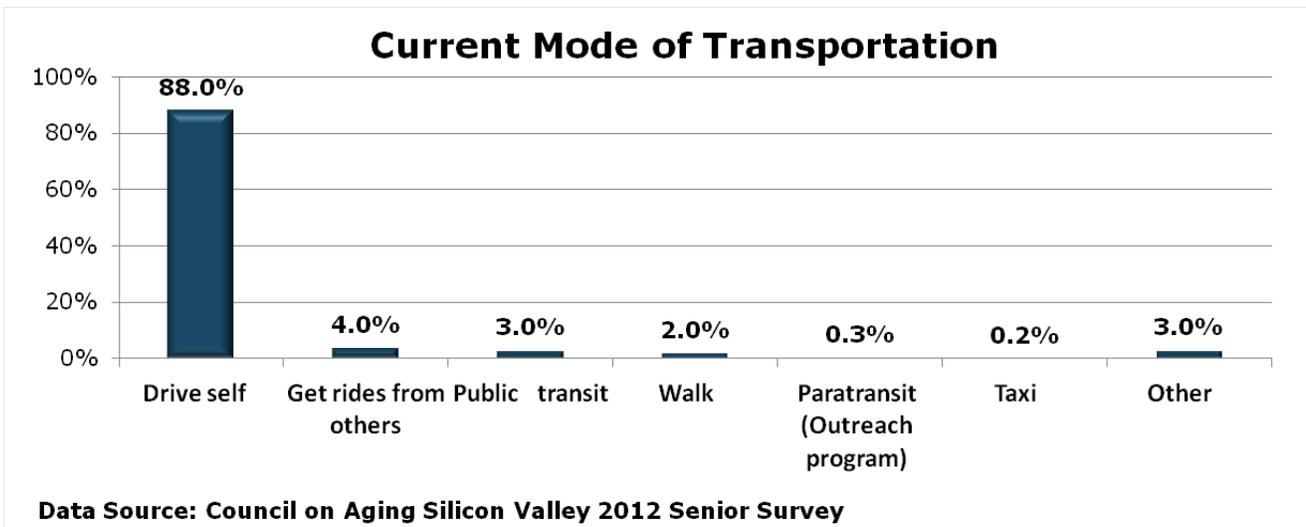
cost of transportation services. The following are a few comments from the Public Forums:

" I know several people who spend almost all the money they get from their social security and pension trying to get to a doctor's office... it's very expensive. "

"For me, or anyone else that uses a power chair or a scooter, they must have a vehicle with a ramp or a lift. And that's where the problem is. "

"We have access to Outreach, but the problem is that the seniors cannot speak English. So when they call, the other person couldn't understand. You'll say that "My house is at this place," but the seniors instead of saying inside their house, they said outside another location, and it's a problem with the language barrier."

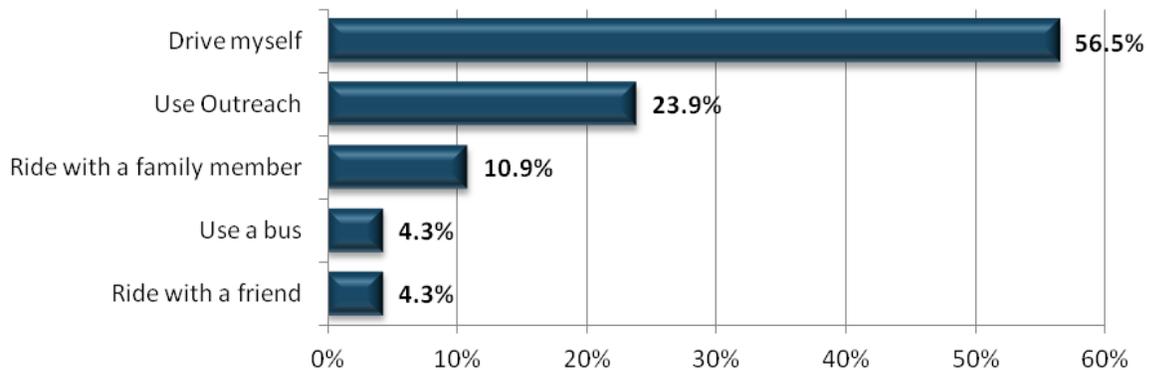
Almost nine of ten seniors (88%) currently drive themselves and just 4% said that they primarily get rides from others³¹.



³¹ Data provided by Council on Aging Silicon Valley 2012

Almost one in four consumers (24%) at the Senior Nutrition Program at the Centennial Recreation Senior Center said that the Outreach transportation program provided their transportation³².

What is the primary method you use for getting to your activities?



Morgan Hill Senior Nutrition Program Transportation Survey, 2011

Outreach and other low-cost paratransit services are more important to seniors who are low-income and have health problems, as represented by the results of the two surveys, one representing a random sample of seniors across the County and the other representing seniors at a lunch program.

The Council on Aging survey found that seven in ten seniors (69%) said they felt comfortable using public transportation. Among those who stated they were not comfortable using public transportation, the most common reasons were the difficulty of planning a trip (12%), and the inconvenience of transit stops (11%) and transit routes (10%)³³.

³² Morgan Hill Senior Nutrition Program Transportation Survey, 2011

³³ Data provided by Council on Aging Silicon Valley 2012

SOLUTIONS TO TRANSPORTATION NEEDS

During the forums, provider interviews and through searches of other community planning efforts with regard to transportation, several alternative solutions to the serious issue of providing transportation to seniors, particularly those with disabilities or income constraints were identified. These included the use of volunteer driver programs and improved coordination of services.

Use of Volunteer Driver Programs



Several participants in the forums mentioned the possibility of coordinating volunteer drivers to offer neighbors and friends rides when necessary. There are clear problems to this alternative. First, low-income residents generally live in neighborhoods with other low-income residents. Relying upon a neighbor for transportation requires a neighbor with a vehicle, which is less likely in a lower-income area. Second, those with disabilities and mobility impairments may need an electric ramp to enter a vehicle. Third, many are concerned about liabilities in case of an accident.

Despite these constraints, several communities have used volunteer drivers to great effect. They are most effective when seniors share rides to common destinations, such as senior center lunch programs, and less effective when rides are needed to a particular doctor's office or unique

destination. Many limit their own organization liability and offer driver's additional assurance. Programs also offer guidelines and assurances regarding a driver's driving record, code of conduct and insurance coverage, as well as rider responsibilities and expectations and payment or reimbursement rules.

"I would love to give rides to seniors who live close, but I also have fear, if something happens... {I could be held liable}"

"Santa Clara will have a friendly driver, and the friendly driver would be a voluntary driver. And the senior will be able to go with them... but the only thing is you have to sign a paper... because you never know when something could happen, someone could hit [the car] or whatever..."

–Seniors' Agenda Forum Participants

Improved Coordination of Services

Coordination of transportation services is a process by which two or more organizations work together to accomplish mutual transportation objectives. When properly implemented, coordination can improve access for system users and reduce costs. A recent study conducted by the University of Florida, for example, concluded that Florida receives a payback of 835 percent—\$8.35 for every \$1 spent by the state's transportation program for disabled residents.

By coordinating services and transportation, services can be offered more efficiently by working with groups rather than individuals, and transportation can be offered within a smaller area for a given service at a given time.



Many seniors think that the ideal situation would have available transportation services for anyone and an assurance that anyone who wants a ride will receive one. However, having a large number of independent, diverse and geographically dispersed transportation services can cause:

- ◆ Service overlap and duplication;
- ◆ Underuse of resources;
- ◆ Inconsistent service across the community;
- ◆ Service quality and standards differing between providers;
- ◆ Poor quality services and inconvenience for the consumer

OUTREACH has implemented "mobility managers" who give personalized service to those in need of transportation and coordinate transportation services with other service needs. Mobility management encourages coordination and resource sharing

among various agencies. The goal behind this service is to reduce or eliminate many of the problems caused by having a number of specialized, independent



transportation programs. With a number of programs in place, consumers do not know who to call, or if they are eligible for a given program, or if it serves their geographical area. Tying the transportation services to

information needs more generally, an area ADRC or other information provider would need to work with OUTREACH and other transportation providers, including volunteer programs, to advise the consumer on the programs they are eligible for and the transportation services that may help them access those services.

MENTAL HEALTH SERVICES

Existing Services

- ◆ The County of Santa Clara Adult and Older Services Division of the Mental Health Department provides mental health services to older adults age 60 and older. Outpatient services are provided through community based Service Teams that are geographically spread throughout the county and function 24 hours a day, 365 days a year. Additional Programs include crisis residential and transitional residential programs, a jail diversion program, client advocacy services, supported housing, shelter programs for the homeless mentally ill, partial hospitalization programs, vocational and educational supports and a representative payee program.

Mental Health Needs in The County

As people age, the risk for depression increases along with other illnesses, major life changes, and when functional abilities become limited. Many people assume that depression in the face of these challenges is a normal part of aging. Brief emotional experiences such as feeling sad, experiencing grief, and temporary "blue" moods are normal. But



depression is persistent and significantly interferes with one's ability to function; that is not a normal part of aging. Even in response to significant illness, social or financial hardships, depressive symptoms should not be taken lightly or, worse, ignored and left untreated. There is a general assumption held by family members, seniors themselves, and the medical community that depression is an appropriate response to the aging process; this assumption contributes to low rates of diagnosis and treatment in older adults, and low rates of adult seeking treatment out of pre-existing beliefs or shame. As a result, other medical illnesses may linger, recovery may be prolonged, risk of developing other medical conditions may increase, and risk of suicide increases. Older Americans are disproportionately likely to suffer from untreated depression and to die by suicide.³⁴

Many elderly people and their families don't understand that depression can be treated, or how to recognize its symptoms. Sometimes, symptoms of depression are mistaken for symptoms of other illnesses, such as dementia, Alzheimer's Disease, arthritis, cancer, heart disease, Parkinson's, stroke, or thyroid disorders.

DISCERNING SADNESS, GRIEF AND MENTAL ILLNESS

When facing major life changes that many elderly people experience, such as leaving a home of many years or losing a loved one, grief is a natural, temporary response. Clinical depression is different in that it does not go away on its own and lasts for months at a time. Untreated depression can

³⁴ NIH Publication No. 4593 <http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-fact-sheet/index.shtml>

affect the body, increasing one's risk for heart disease and increasing the risk of infection by suppressing the immune system.³⁵

Diagnosing, caring for, and treating older adults with mental health issues requires an interdisciplinary team of medical health and social care professionals. This team can also help these adults and their families cope successfully and avoid potential relapses in the future.



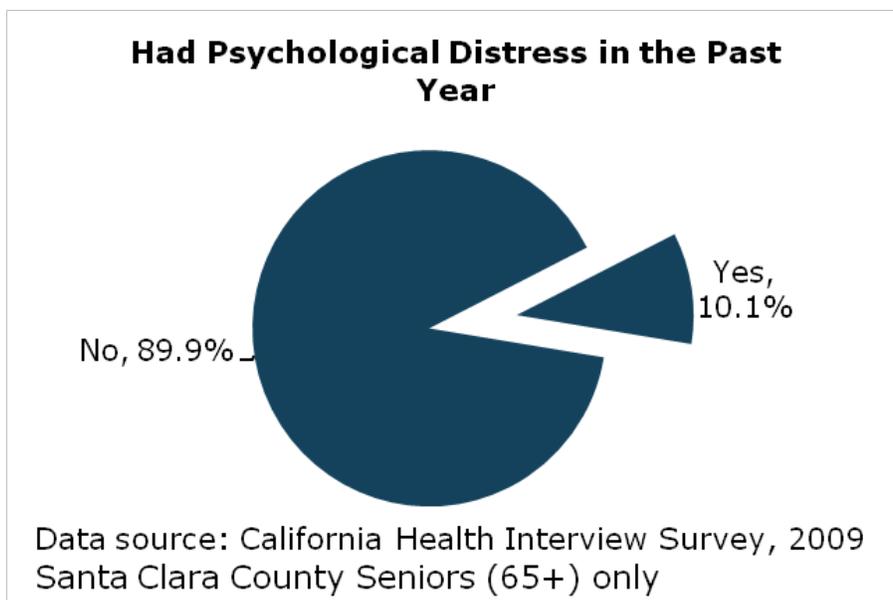
Primary care practitioners are also crucial to providing mental health care the elderly because older people, and especially older men, tend not to seek out and accept mental health services but are often seen by family doctors and nurses. For example, among suicide victims 55 and older, more than half (58%) percent visited a general physician within a month of the suicide. In fact, 20 percent see a general physician on the same day and 40 percent within one week of the suicide.

35

http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7515

PREVALENCE OF MENTAL HEALTH ISSUES

Santa Clara County residents were asked during the California Health Interview Survey (CHIS) to self-report on some indicators of psychological distress. Some of these indicators are lack of energy, feeling tense, restless or fidgety, feeling that everything is an effort, and several other questions about their subjective emotional experiences over the past year. These were collapsed into one score, which indicated whether that respondent was likely to have experienced significant psychological distress in that time period.



About one in ten (10.1%) of seniors in Santa Clara County age 65 and older were determined to have been likely to have suffered from severe psychological distress in the past year. Ten percent may seem like a small percentage, but in this geographical area, that proportion represents about 20,000 individuals who have had serious psychological distress in the past year. As the senior population grows, this number is likely to increase as well. It is crucial that adequate support systems are in place for seniors, future seniors, and their families.

MENTAL HEALTH IN SANTA CLARA COUNTY

Over the next several years, the demand for psychological services will likely grow in tandem with, or even outpace, the expansion of the senior population in Santa Clara County. Future seniors, who comprise a large proportion of the population and who are currently middle-aged, are generally more accepting of mental health services than the current generation. As future seniors grow into the target niche, the demand for psychological services will likely rise dramatically. There has been research which suggests that older adults who want to be treated should they experience significant psychological distress would prefer a variety of psychological services rather than being treated with medications such as antidepressants. Additionally, because many of the medical conditions that seniors experience may also mask symptoms of a wide variety of mental health issues, the integration of care between primary care professionals, mental health professionals, and other caregivers will be increasingly important in the coming years.

Seniors are at particular risk for being isolated, which leads to unique challenges and considerations for seniors in Santa Clara County. Early identification and treatment of mental health problems among this subset of the population will continue to be challenging. Those seniors who are not active in their community, for whatever reason, and are not utilizing the services available in congregate meal and senior centers, libraries, and

"[Education is] needed for all audiences – seniors, family members, community residents, service providers, senior advocates, and policymakers."

Older Adults Summit, 2011

other community sites will need to rely on primary care providers or informal caregivers for the assistance they need.

BARRIERS TO SERVICE

Financial barriers to accessing mental health services exist throughout the lifespan, but are uniquely challenging for seniors. Financial costs can be an insurmountable hurdle preventing access to mental health services, especially for lower-income seniors or those who have an inflexible budget. There is also difficulty in finding or affording transportation to access mental health services for a number of seniors. In addition, insurance parity between reimbursement of mental health and health services is lacking nationwide. This also affects the affordability of mental health services for some Santa Clara County seniors.

Mental health conditions are more poorly recognized and diagnosed among older adults than other age groups.³⁶ This is true in the general population, and may prove to be disproportionately unrecognized or undiagnosed among older adults with language barriers or with strong cultural identities. Providing culturally-sensitive, linguistically-appropriate mental health services to older adults can be difficult on two fronts: professionals with the appropriate experience or training may not be available, and these seniors

"A critical aspect of service delivery to seniors must be the inclusion of culturally and linguistically appropriate services to meet the needs of the extensive and diverse ethnic populations that make Santa Clara County their home."

Older Adults Summit, 2011

³⁶ American Psychological Association: Addressing Mental Health Needs of Older Adults. <http://www.apa.org/pi/aging/resources/guides/aging.pdf>

may not have equal access to or knowledge of such services.

MENTAL HEALTH SUMMIT

The purpose of the summit was to develop recommendations to improve the ability of all senior-serving systems to address the mental health needs of their clients and families. The Older Adult Summit recommendations have shaped those presented in this document, as they are a reflection of the current and future needs of seniors, their families and caregivers, and mental health professionals of Santa Clara County. These recommendations are aligned with the challenges described above; policy recommendations can be categorized as spanning several distinct areas of concern. Four main areas of concern have been identified: a need for community education, a need for improvement in access to services, a need for training and professional development, and a need for family, peer, and caregiver support. The Santa Clara County Mental Health Department convened an Older Adult Summit in June 2011.

Community Education

An increase in public awareness regarding older adult mental health needs and challenges -- among seniors, their families, and care providers -- would mitigate the general tendency to miss, ignore, or otherwise fail to treat mental health issues among older adults. Combating stigma and the misconceptions that mental health issues like depression are a normative reaction to aging could lead to more seniors being properly diagnosed and treated. Public awareness regarding older adult mental health needs and concerns was strongly recommended by the Older Adult Summit, and while education alone would be insufficient, it could be considered as a strong element in a combination of strategies for improved service delivery. Particular attention could be paid to education within multilingual and

multicultural populations. Culturally appropriate and linguistically accessible education could potentially lead to more seniors who are normally isolated from such services becoming aware of their availability, accessibility, and affordability. Education and outreach could feasibly take place in settings where seniors congregate for other activities, such as faith-based settings, senior and community centers, and libraries.³⁷ However, those who are isolated and do not attend or participate in such activities outside the home should not be left out of any efforts to improve public awareness about the mental health needs of older adults.

Access and Engagement

One gateway for seniors into mental health services is referral by other care providers such as primary care providers. The working relationships between health care providers, the Mental Health Department and other mental health service providers is central to the value and frequency of these referrals. Seniors who receive care from a variety of health providers (primary care, specialists, etc.) may find themselves coordinating the communication between care providers as the only commonality between them if there are no other avenues of communication between providers. The Older Adult Summit recommended improving the effectiveness of referrals, cross-service follow-up, and cooperation between

" Attendees frequently emphasized the value of the connection between mental health and physical health services in order to improve access to mental health and to more comprehensively address the multiple, 'entire person' needs of seniors."

Older Adults Summit, 2011

³⁷ Santa Clara County Mental Health Department, Older Adult Summit Findings and Recommendations, 2011.

mental health and other health care providers. These strategies will enable seniors seeking mental health services to navigate a complex system. Transportation services, housing and other services also need to be considered as a critical part of mental health services because they are central to access to the mental health services. Additionally, long-term care residential or skilled nursing facilities often have an increased percentage of residents with mental health needs³⁸. Ensuring coordination with residential facilities can help ensure that the appropriate services are accessible to all seniors who need them.³⁹

Training and Professional Development

Mental health professionals are not the only care providers that are concerned with the mental health needs of the senior population. Primary care providers, long-term care facility staff, in-home caregivers, and other service and care providers are also impacted by the mental health needs of their clients; they can be key in recognizing that something is not right, in helping a client to access or maintain their mental health treatment, in providing additional emotional or medical support. All providers have an impact on multiple facets of an individual's well-being. However, education and training about mental health needs of seniors is not always included as part of a training program for these professionals. Conducting seminars, trainings, educational sessions, or

" It is anticipated that the first two years will be dedicated to making the current system more accessible and relevant to the County's senior population in need of mental health treatment and support.."

Older Adults Summit, 2011

³⁸ Santa Clara County Mental Health Department, Older Adult Summit Findings and Recommendations, 2011.

³⁹ American Psychological Association: Addressing Mental Health Needs of Older Adults. <http://www.apa.org/pi/aging/resources/guides/aging.pdf>

other professional development opportunities for persons that work with seniors on how to identify and respond to mental health problems may benefit both professionals and seniors.

Training for

staff in residential and skilled nursing facilities on providing mental health support may also improve access to services, effectiveness of referrals, efficacy of treatment plans, and the overall quality of care that seniors receive.

" Issues of mental health stigma, ageism, and cultural and ethnic exclusion must be a central feature of any effort to improve the system of community and services that supports seniors."

Older Adults Summit, 2011

Family, Caregiver, and Peer Support

Given the large proportion of care that is provided by family members and informal caregivers, it is important to implement strategies that empower and enhance natural support systems to care and provide for the elderly who have mental health issues, as well as their loved ones and caregivers. At-risk populations should also be considered when designing strategies to provide support to family members and informal caregivers, such as establishing support groups for caregivers of seniors with mental illness in English, Spanish, Vietnamese, Tagalog, Cantonese and Mandarin. A strong support system is the foundation of achieving and maintaining mental health and well-being; supporting family members and informal caregivers of seniors with mental health issues benefits everyone. Stressful or strained relationships contribute to stress, which can exacerbate existing mental health issues, medical problems, and the interaction between mental and physical illness. Strong, healthy relationships are linked with better health outcomes for all parties. Continued and accessible support for mental health care recipients' social support system and caregivers makes sense.

Finally, the most successful policies and strategies for meeting the mental health needs of seniors will be those that consider all of the above elements. Physical and mental health are influenced by many factors -- financial,

"Ultimately, we will not achieve the vision of Santa Clara County as a community that supports and cares for the health and well-being of our senior population, if there is not a concerted effort to engage policy-makers, system leaders, and private and public stakeholders in acknowledging the importance of mental health, and social equity and inclusion, for our entire community."

Older Adults Summit, 2011

nutritional, social, spiritual, and many others -- and each of these contributes uniquely to the overall health of the senior population. Successful strategies for Santa Clara County's senior population will be those that combine education, improved access to services, training and professional development, and family and caregiver support. The recommendations and findings of the Older Adult Summit have been submitted to the Mental Health Department, Board of Supervisors, and other stakeholders for review and is intended to provide instrumental guidance -- in concert with the Seniors' Agenda⁴⁰ -- in

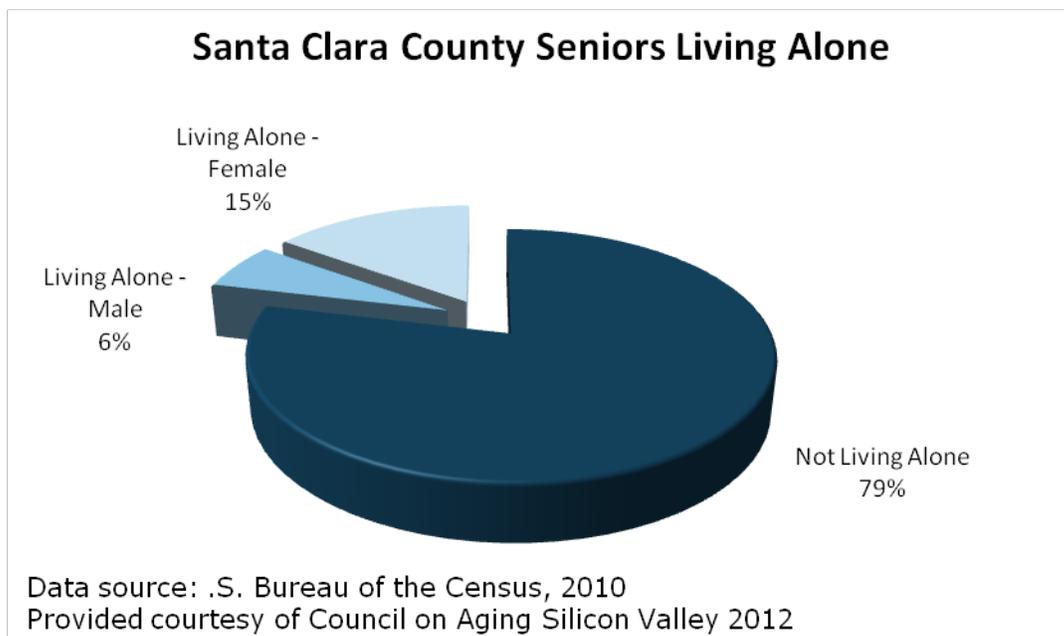
improving access to and utilization, coordination, and quality of mental health services for seniors. It will be important, as financial and other finite resources are allotted in the upcoming years, for departments and agencies to work together to ensure that these needs are being met. It is likely that as more seniors require the services that are available, resources among departments, agencies and organizations will need to be pooled to meet

⁴⁰ Santa Clara County Mental Health Department, Older Adult Summit Findings and Recommendations, 2011.

increasing demands. With this in mind, new policies, budgets, and strategies will most likely incorporate combined approaches (e.g., community education paired with professional training opportunities) that span services (e.g., efforts that increase availability of transportation can consider doctor appointments, mental health services, basic needs like grocery shopping, and socialization opportunities like senior centers). Strategies will need to be carefully planned to maximize the impact they have on the senior population, their families, their caregivers and service providers, and the quality and availability of services. One caveat is that efforts can inadvertently be duplicated by several coalitions, collaboratives, agencies, departments, organizations, or any combination thereof. There are a number of partnerships that currently exist and work well; this can be to the benefit of those who advocate for seniors' mental health needs. Mental health services overlap with many available services, including affordable housing, employment, medical care, long term care, alcohol and substance issues, caregiver services, nutrition, and others. These existing partnerships should be utilized strategically and efficiently to take action that directly impacts the senior population.

SOCIAL ISOLATION

Social isolation and loneliness are more prevalent in the elderly, and they are important issues to address for several reasons. People who are socially isolated are more likely to suffer from disease and depression. In addition, socially isolated older persons are more vulnerable in crises or disasters. After an earthquake or other disaster, it may hard to identify or locate missing persons who are in need of help. Lonely or isolated seniors are also at risk for alcoholism, depression and suicide. The socially isolated are at risk of nutritional problems. Lastly, socially isolated seniors are vulnerable to physical, financial and emotional abuse.



The importance of social connections for health and well-being was raised frequently at the Seniors' Agenda public forums.

When someone's in need, do we know where to send them? And the answer is, for this community center and many community centers, the place where seniors go, trust, and feel safe, is centers like this. Where do they go? To the community centers.

Seniors' Agenda Public Forum Participant

Existing programs such as Meals on Wheels, social day care and senior centers prevent and reduce isolation and these need to be supported. The public forums were held at Senior Centers, and many of those attending pointed out the importance of senior centers to prevent and reduce isolation. The social connections made there are very important to the participating seniors.

Companionship [is] our greatest need, besides our health and our mobility.

Seniors' Agenda Public Forum Participant

This is like my second home [the senior center]... They're part of a family... I'm 86 years old.

Seniors' Agenda Public Forum Participant

You come here, and you have the people... and they love so much each other...

Seniors' Agenda Public Forum Participant

I am telling you my own experience. ICC is a home for all seniors... Although I can't walk for five years, we are young seniors. And I say, this is my temple, this is my everything. Here. Without ICC, I would not have survived. I treat it going to the office, I feel like dressing up also, we say, "You are looking nice, and you are looking good". This is for mental and spiritual health... We get so much love and affection here, we are from the same age group. We can share our worries and sorrows so we are not having depression.

Seniors' Agenda Public Forum Participant

Responses to the question posed by a recent Morgan Hill online seniors services survey, "What services do you consider the most important to seniors in our community?" echoed the sentiments expressed in the Senior Forums.

A place where they can gather to socialize. Fellowship is of the most importance for people of all ages but for seniors who seem to have more time on their hands it is vital that they interact with others to feel they have a purpose in this life. They are filled with much experience and wisdom , let's give them an opportunity to share it.

Morgan Hill Senior Services online survey response

A place where seniors can go to interact with others of any age so they don't feel so alone. Sometimes, the only interaction seniors have with others is when they go shopping. A place to meet new friends and establish relationships is important.

Morgan Hill Senior Services online survey response

Not all seniors are able to attend senior center functions. Some may need transportation, others are isolated in residential or long-term care facilities. Catholic Charities offers a "Friendly Visitor Program" which brings together volunteer visitors and frail, chronically ill residents of long term care facilities in Santa Clara County who have no family or friends to visit them. Visitors make a commitment to visit on a weekly basis for one to two hours a week.



These types of volunteer "companion" programs offer a double benefit. In addition to addressing the problems of social isolation among the frail or homebound elderly, they offer the volunteers themselves a sense of purpose and a connection to their community. Seniors are especially vulnerable to social isolation for several reasons. People who focus their lives around work and work relationships may find it difficult to build a social network in retirement. The loss of a spouse or partner may leave someone feeling isolated, particularly if they were

previously focused on that persons needs as a caregiver.

Seniors who do not speak English may be at enhanced risk for social isolation. In a focus group of Chinese seniors, participants said that having limited English abilities kept them from being able to read notes that were post on a bulletin board in their apartment complex related to important events happening in the apartment (remodeling plans, notices of water/electricity shut-offs, etc.). It also made scheduling doctor visits and communicating with non-Chinese doctors difficult. In the Latino focus group held at the Eastside Seniors Center participants called the center "a second home". In the focus group for Vietnamese seniors, some participants mentioned the need for English classes to improve their English and for senior centers to offer information in both languages.

One of the greatest challenges of reaching isolated seniors is that some

" They are used to their isolation, this is their norm. This makes it hard for them to see that they may need help at all."

Social Worker focus group participant

choose not to receive help, even when it is clearly needed. In the focus group of social workers working with isolated seniors, one social worker said that the greatest difficulty reaching isolated seniors was "their willingness to cooperate with service providers who are available to render services". It was also noted that "physicians who provide primary care are reluctant or

unwilling to cooperate in completing a capacity declaration for conservatorship." Another participant in the focus group noted that "many times they don't want to see you or don't have the ability to get to services." Another added "typically isolated seniors are reluctant to accept help from others. They may not answer the phone or respond at all. Physical disabilities may prevent them from responding." "Clients declining services"

was also discussed as one of the greatest barriers to providing services to this group.

When asked how they expect their workload to change over the next year, virtually all of the participants said they expect their case loads to increase and for resources to diminish. A greater variety of cases was also mentioned, with an expanding range of languages, physical disabilities and needs.

Several of the social work focus group participants would like to see better coordination between county agencies and between the County and non-profits. This theme was repeated in the results of a survey of service providers conducted by the Council on Aging Silicon Valley, where 81% said that improved coordination among existing programs or agencies was a high priority.

The social workers participating in the focus group acknowledged that they are the most likely candidates to be agents for change. In order to accomplish this, social workers may need enhanced authority to take immediate action regarding housing and other needs, eliminating the barriers of inter-agency referrals. Referrals, it was observed, often "bounce around the system", without any reciprocal feedback for the social worker to track the outcome of a referral. Supporting the establishment of an Aging and Disability Resource Center (ADRC), strengthening information services and better coordinating the available services are each steps each will help ensure that seniors have a single, accurate, reliable point of entry for services.

Even when social workers care deeply about a person's situation, there are often systemic problems outside their control involving local and state issues. In general, the social workers in the focus group agreed that Adult Protective Services needs increased authority and support.

The recommendations of the social workers' focus group included:

- ◆ Increase emergency shelter capacity for seniors;
- ◆ Improve linguistic capabilities to address isolation among seniors who do not speak English;
- ◆ Improved coordination between agencies, the County and non-profit service providers;
- ◆ Streamline program enrollment processes to eliminate the need for inter-agency referrals;
- ◆ Improve Housing Authority regulations and re-evaluate housing design to accommodate senior needs and better manage inventory;
- ◆ Education and outreach to physicians regarding the needs and benefits related to capacity declarations.

First Generation Immigrants

In focus groups with Chinese, Latino and Vietnamese immigrants, some common themes related to social isolation emerged. Participants in these groups emphasized the importance of information and materials in their native languages, service providers who speak their language and food services that can accommodate cultural needs. In addition, many discussed the need for social opportunities within their own culture.

LGBT Services

It is important that services and programs available to seniors reach all seniors in the community. Like seniors themselves, lesbian, gay, bisexual and transgender (LGBT) seniors are sometimes marginalized or invisible within the community. A focus group of 16 LGBT seniors was held at the Billy de Frank LGBT Community Center in San Jose, coordinated by the Aging Services Collaborative and The Health Trust Healthy Aging Initiative.

When asked about the needs or concerns not currently being addressed by the community, participants in the LGBT focus group mentioned similar concerns as those discussed by other seniors, including affordable housing, food access and transportation, particularly the cost of Outreach services. Like participants at the public forums held at senior centers, participants at the Billy de Frank LGBT Community Center expressed concern about funding cuts that have affected services and programs at the center and transportation for field trips.

A few participants also mentioned issues unique to the LGBT community. Discrimination remains an issue into older adulthood, and according to some individuals in the group, many LGBT seniors do not feel accepted consistently in all areas of the County. This concern is not unique to Santa Clara County. Many gay, lesbian, bisexual and transgender seniors nationwide fear discrimination, disrespect or worse by health care workers and residents of elder housing facilities, ultimately leading many back into the closet after years of being open⁴¹.

Concerns about discrimination and fear of a social stigma attached to living openly as LGBT is generally greater for older adults because they have the knowledge and experience of living in a less open time. Great strides have

Concerns about discrimination and fear of a social stigma attached to living openly as LGBT is generally greater for older adults because they have the knowledge and experience of living in a less open time.

⁴¹ Kathy Matheson. " Advocates: More gay-friendly senior housing needed." USA Today 12/30/2011. Accessed 2/15/2012 <<http://yourlife.usatoday.com/parenting-family/story/2011-12-30/Advocates-More-gay-friendly-senior-housing-needed/52285072/1>>.

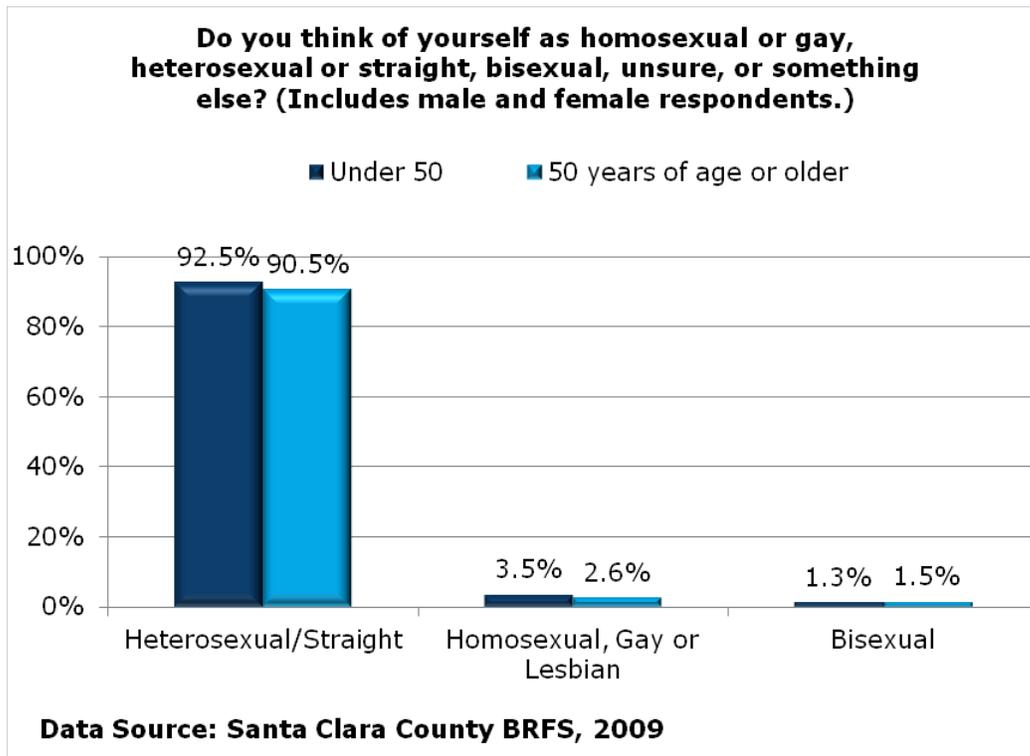
been made over the past 30 years, however seniors who are LGBT and who experienced a more closed society for much of their lives may be reluctant to enter a senior center or assisted living facility, for example, for fear of discrimination or simply not wanting to fight those same battles over again. Thus, seniors who are LGBT may have extra difficulty accessing needed services and have special needs, particularly around social events, assisted or group living environments, communal dining and other services.

The LGBT senior population is expected to grow as a percentage of the overall senior population. Nationwide it is estimated that at least 1.5 million seniors are gay, and this number is expected to double by 2030 according to SAGE, an advocacy organization dedicated to GLBT Elder issues. In Santa Clara County approximately 4.1% of those 50 years of age or older describe themselves as homosexual, gay or lesbian, compared to 4.6% of those under 50⁴². It should be noted that the refusal rate for this question is higher for those over 50 (4.1% vs. 1.6% for those under 50).

According to the Santa Clara County BRFSS, transgender individuals make up about 1.4% of the County's population overall. Although residents 50 years of age or older are significantly less likely to indicate that they have a gender identity or presentation that is different from their assigned sex at birth, they are more than three times more likely to indicate that they "do not know" or are "unsure" (1.1% vs. 3.8%).

⁴² Santa Clara County BRFSS, 2009

Figure 1: Percentage of Seniors and Baby Boomers in Santa Clara County Describing themselves as Heterosexual, Homosexual, Gay or Lesbian and Bisexual



The LGBT focus group discussed their ideas and suggestions for how the Santa Clara County community can do a better job of supporting and protecting LGBT older adults. Most of the ideas discussed were common to all senior groups: technology training and assistance, increased access to transportation services and healthcare.

Some of the suggestions were focused on better addressing the needs of the LGBT senior community. These included:

- ◆ Physical activity and wellness classes, targeted for seniors, at the Billy de Frank LGBT Community Center;
- ◆ Information and assistance services offered at the Billy de Frank LGBT Community Center;

- ♦ A LGBT Facebook page for Santa Clara County as a means to develop community;
- ♦ "Gay housing" communities in order to reduce discrimination;
- ♦ Trainings for people to learn how to self advocate.

Several suggestions focused on services that help seniors stay in their homes. Because LGBT seniors may be fearful of discrimination in group living situations, these services are especially important. They include social events that are welcoming to LGBT seniors and help them maintain social contacts and reduce isolation. A phone tree system for individuals to keep in contact with one another could also help to reduce isolation and provide a lifeline in case of a sudden injury or illness.

There is also a need for information services specific to LGBT seniors. Although services are in place, existing services are either targeted toward



seniors or LGBT residents. Those providing senior information and assistance need to be educated about the resources and needs of the LGBT individuals within the senior community, and those who provide LGBT services need to be educated about the needs particular to seniors in their community. A more visible presence for both seniors and LGBT individuals will benefit both communities, making both stronger with existing services and resources.

AFFORDABLE HOUSING

In order to be able to age in place, seniors with lower incomes need to be able to afford to stay where they are. Poverty among seniors in Santa Clara County can be calculated in a number of ways. There are some disadvantages to relying solely on the Federal Poverty Line. The Elder Economic Security Standard Index, or Elder Index, provides a detailed, county-specific measure of senior poverty. The Elder Index determines poverty based on true costs of housing, food, transportation, and health care.⁴³ Different thresholds are provided based on individuals or couples, and renting or owning.⁴⁴

Seniors in every living situation need to have incomes well in excess of the Federal Poverty Line in order to stave off

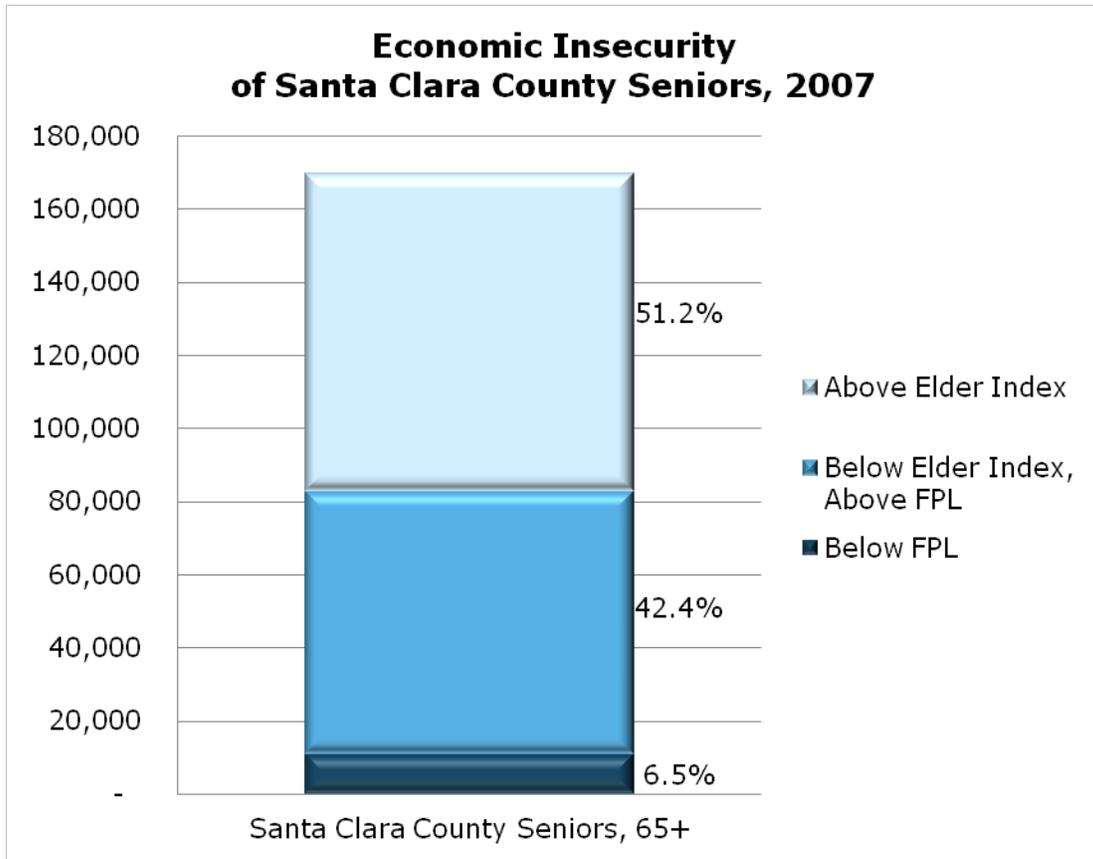
Elder Economic Security Index, Santa Clara County, 2007

	Elder Person	Elder Couple
Owner w/o mortgage	\$17,632	\$27,345
Owner w/ mortgage	\$37,641	\$47,354
Renter, one bedroom	\$25,391	\$35,104

poverty in Santa Clara County. An elderly single renter would need an income of 2.5 times FPL to meet her basic housing, medical, and nutritional needs. An elderly couple paying off a mortgage would need nearly 3.5 times FPL to meet their basic needs.

⁴³ http://www.healthpolicy.ucla.edu/elder_index08feb.aspx

⁴⁴ http://www.healthpolicy.ucla.edu/eess0208_pdf/santa-clara.pdf



Viewed with this more accurate measure, the number of seniors in poverty is striking. Nearly half of all Santa Clara County seniors age 65+, approximately 82,000 out of 170,000, fell below the Elder Economic Security Standard Index in 2007.⁴⁵

Some of the issues in obtaining or affording housing revolve around whether the facility meets the needs or the seniors it is meant to serve. In a focus group of social workers conducted by the Department of Aging and Adult Service, those who work closely with seniors with economic security issues were asked to discuss the housing needs of seniors.

⁴⁵ http://www.healthpolicy.ucla.edu/eess0209_pdf/santa-clara_A.pdf and [/santa-clara_B.pdf](http://www.healthpolicy.ucla.edu/eess0209_pdf/santa-clara_B.pdf)

Sometimes, seniors require home modifications, such as specially configured bath tubs "for the disabled, especially for the isolated senior." Wheelchair accessibility and appropriate door and counter construction was also mentioned as being difficult for some seniors to find. These can be an insurmountable obstacle for a senior, even if the housing is affordable, it may not be accessible.

HOMELESSNESS

The proportion of homeless seniors and chronically homeless seniors is lower than the proportion of seniors in general, because those who are outside and lacking basic resources such as food and shelter tend not to live as long as they otherwise would.

The County's focus has been, and continues to be on permanent solutions such as ensuring people do not become homeless, and if they do become homeless, finding permanent housing that is affordable to them.

One barrier to preventing homelessness is that there has been little emphasis on housing that is affordable to extremely low income seniors who earn 30% or less of the area median income. There is a scarcity of housing

"There is no more vulnerable population than people who are elderly and homeless."

Ky Le, Director of Homeless Systems, Santa Clara County

available at that level. Subsidies are needed to build extremely low-income housing that is available at that income level -- however, it was noted that such housing units are no less expensive to build.

When working on solutions for the chronically homeless who have disabling conditions and other issues, solutions need to focus on housing that is near enough or integrated with the medical, mental health and other services those seniors need to remain in the housing. Those agencies that are

responsible for such services need to have a voice in saying what those needs are to be able to integrate the services into housing options. Currently, the housing world is separate from the service world, and the service sector is not part of those conversations; therefore, the assistive and preventive services are not integrated with housing options. At present, there is not a fully developed way to integrate the service sector with the housing sector as homelessness solutions are being created.

Another barrier to preventing homelessness is a lack of alignment between departments. There is alignment at the highest level - for example, the County of Santa Clara and the City of San Jose now have chronic homelessness as a focus. The next step is to look at interdepartmental alignment -- for example, among people receiving general assistance half are homeless and 10% are both homeless and unemployable long-term. But preventing homelessness is not the focus of general assistance. So a key strategy is to continue looking at how resources can be shifted to the mutual benefit of all departments. The jurisdictions are generally the most active in developing affordable housing, and while the County is the public safety net, the County is less involved in terms of funding in generating affordable housing solutions. There have been community-wide efforts to focus on solutions but not many interdepartmental solutions.

There is a registry of homelessness in the County including demographics, and one of its uses is to examine how chronically homeless individuals are impacting different aspects of the system. This goal is still in progress, but it is being actively developed. Homeless people do utilize the County services; it is important to align resources appropriately to the mutual benefit of all departments whose service utilization is impacted by homelessness.

Key recommendations include:

1. Focusing on changing the conversation to permanent solutions that prevent homelessness in Santa Clara County's most vulnerable populations: homeless seniors.
2. Departments can begin thinking about housing as an intervention in and of itself, to happen alongside other key services. For other (non-housing) departments' clients who are the most costly, those services are inevitably going to be less effective when clients' housing needs are not met.
3. More strategic planning should focus on how to allocate the scarce resources by focusing on permanent supportive housing. Among the chronically homeless, 10-15% use a disproportionate bulk of the available county and local services because there is a lack of affordable housing at levels they can afford.
4. When utilizing the Seniors' Agenda, the discussion needs to be appropriately centered around seniors who are at risk. Affordable housing is an issue that is important to all people, and even more so for seniors. Addressing housing for seniors is important, and by extension, so too is considering their income and determining if there is housing that is affordable to them. If there is more extremely low cost affordable housing, then seniors' needs are being addressed. If a person is elderly and homeless -- and there are homeless seniors in Santa Clara County -- life expectancy is lowered. The elderly homeless are an extremely vulnerable population whose needs should continue to be the focus as the population grows.

HEALTH PROMOTION

Existing Services

- ◆ A variety of private hospitals and non-profit partners including the County libraries, senior centers, Council on Aging, Health Trust and others currently provide services and programs to help seniors maintain good health and take advantage of opportunities for physical fitness.

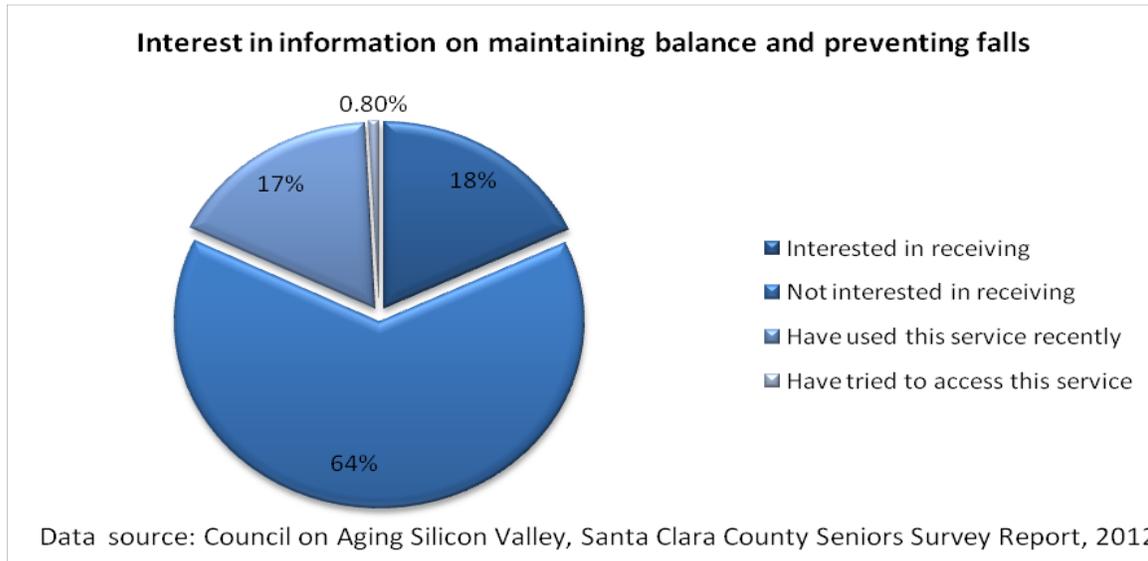
In order to be safe in their homes or wherever they live, seniors need certain preventive services. These services include education and outreach efforts to help protect them from falls and fall-related injuries, efforts to ensure they are safe from disasters like earthquakes, terrorism or natural disasters and the opportunities to maintain good health through exercise and physical activity. A few of the most vital services for seniors are discussed in this section, many of which are offered currently in Santa Clara County.

FALL PREVENTION

Falls, whether in a disaster situation or in day-to-day situations, can lead to nonfatal hospitalized or even fatal injuries. The risk of injuries and the risk of mortality due to falls increases with age, and individuals who are 85 years and older have a higher rate of fall-related mortality than do individuals age 75-84.⁴⁶

⁴⁶ Santa Clara County Public Health Department, Behavior Risk Factor Survey, 2009.

Seniors are aware of the need for information on preventing falls. In a recent



survey by the Council on Aging Silicon Valley, over one third (35%) of those surveyed stated that they were either interested in receiving information about maintaining balance and preventing falls, or had already utilized such a service recently⁴⁷.

RECREATION AND PHYSICAL ACTIVITY

Recreation and physical activity are important to seniors -- physical fitness promotes and maintains good health at every age, and seniors are no exception. Many seniors recognize the need for physical activity as a weekly priority, and many utilize the recreation activities sponsored by senior centers. In a senior public forum, participants discussed the importance of both physical activity and recreation -- often, the two were merged as a single priority during discussion, because physical activity is sometimes accomplished through actions that are also fun.

⁴⁷ Data provided by Council on Aging Silicon Valley 2012

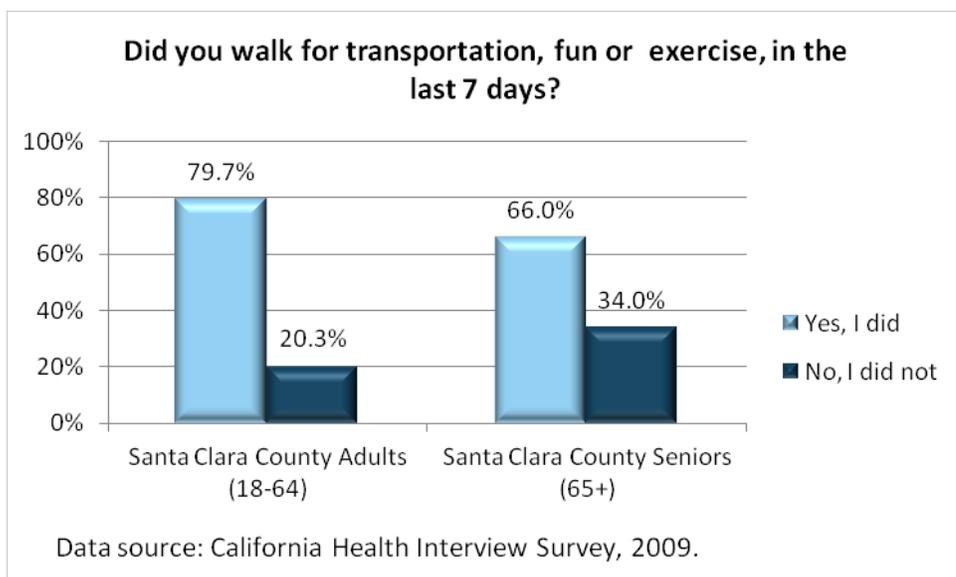
"It's really good that we do yoga here. And if we don't do it for even one week, we feel it!"

"[Physical activity] is very, very, very important to every senior. I had surgery two times, and I am still coming to the center... It's really, really important. It's like you can live without food but you cannot live without your exercises, you need to breathe . This is our natural nutrition."

"Food is exercise, this is must for everybody... then we feel not old, we feel very young. We are not old, we are very bold and gold."

An online survey of Morgan Hill community center users showed agreement with those sentiments. When a senior respondent was asked what programs at the community center were their favorite, they stated, "I found the regular, free exercise program most valuable."

A majority of seniors age 65 and older in Santa Clara County walk, either for fun or exercise. The California Health Interview Survey (CHIS) asked seniors if they had done so in the last 7 days; although the percentage of seniors over age 65 that had walked was lower than the percentage of all people, a majority (66%) of seniors had walked within the last week. Just over one third of seniors (34%) had not walk, which was a greater proportion than other age groups.



Senior centers and community centers are a hub of activity, including physical activity, for many of the seniors who provided feedback. An important aspect of recreation and physical activity at the senior center for many, however, includes social and emotional engagement and wellness.

Sometimes the only social contact for an isolated senior is the senior center or day program. These centers and programs are vital, as it keeps isolated seniors functioning, alert, and independent.

Social worker focus group participant

One of the barriers to utilizing the senior centers for either recreation or physical activity, among individuals over the age of 65 is that some do not identify with the "senior" population, and do not feel they will be considered a "senior" for some time. As one survey participant mentioned, and many others echoed, "Most of the people who go to the senior lunches and senior center seem to be REALLY old! Maybe I'll be there someday but now I'm only 68 and not quite ready to align myself with that crowd."

FOOD AND NUTRITION

Existing Services

Some of the existing services include:

- ◆ In partnership with COA, municipalities and community based organizations, DAAS Senior Nutrition Program provides high quality, cost efficient, nutritious meals to seniors and promotes the role of nutrition in preventative health and long term care. Offers hot lunches at 40 senior meal locations. A \$2.50 donation per meal is suggested, although no eligible senior is denied participation due to failure or inability to contribute. OUTREACH Paratransit Transportation provides transportation services to qualified older adults who are unable to access the congregate meal sites for lunch.
- ◆ Second Harvest Food Bank provides groceries to eligible seniors. Participants are also provided opportunities to volunteer at their food pickup site, which offers them social connections and a sense of belonging. Participants also benefit from workshops and activities addressing eating behaviors, food safety, and food handling. Newsletters and other nutritional materials printed in multiple languages address health issues. There are 55 Brown Bag sites in the County.
- ◆ California CalFresh is a federal program known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), this program can add to one's food budget to put healthy and nutritious food on the table. Monthly electronic benefits are issued to qualified households and individuals which can be used to buy most foods at many markets and food stores. Program helps to improve the health and well-being of clients by providing them a means to meet their nutritional needs.
- ◆ Meals on Wheels is offered by the County DAAS and another program is offered by the Health Trust.
 - The County DAAS program offers weekly deliveries of seven frozen lunch/dinner meals plus seven breakfast meals supplemented with a week's worth of milk, fresh fruit, bread and juice. Duties are shared between Council on Aging Silicon Valley (COASV) and the County DAAS. COASV does initial assessments and enrollments, while DAAS contracts out to vendor and prepares menus to meet nutritional requirements.

- o The Health Trust Meals on Wheels program provides daily, home delivered meals to the homebound. Services include daily wellness checks when trained food drivers visit the client's home. Also, a limited program of case management connects clients with needed services and helps during a crisis. The program delivers food to resident of all 15 cities and towns in the County.

Additional Needs

Nutritional needs are among a persons' most basic life requirements.

Nutrition is an important factor in maintaining good health through the aging process. As a person gets older, the probability that they will suffer from a chronic illness increase, and a good and healthy diet becomes even more important to their overall health. Many seniors are undernourished as a result of financial constraints, declining taste sensations, reduced metabolism, diminished appetite and the effects of various medications.

According to the Santa Clara County BRFSS, less than one in five seniors (17%) reported eating the recommended minimum of five servings of fruits and vegetables a day.

The percentage of female seniors who reported eating five servings of fruits and vegetables a day (23%) was more than double that of male seniors (10%)⁴⁸.

About 15,697 seniors received nutrition services such as



⁴⁸Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

congregate meals and home-delivered meals in a recent fiscal year (FY2009-2010). These services are administered by the County of Santa Clara through a partnership with Council on Aging Silicon Valley. Still, nearly half of Santa Clara County's seniors are at risk for hunger and financial distress, according to the Elder Index developed by the UCLA Center for Health Policy Research. Considering that the number of people over age 60 is expected to double in the Silicon Valley over the next 10 years, the need for food supplements for seniors will continue to increase.

AVAILABLE NUTRITION PROGRAMS AND POPULATIONS SERVED

There are currently a number of programs available in Santa Clara County to help meet the nutritional needs of seniors. Meals on Wheels is offered by the County, in collaboration with the Council on Aging and a separate Meals on Wheels program is offered by the Health Trust. The County nutrition program also offers hot lunches at a total of 36 senior centers and other community sites. The Brown Bag program, offered by Second Harvest, provides weekly groceries to adults over age 60 and those over age 55 with a disability.

MEALS ON WHEELS

The Santa Clara County Meals On Wheels Program provides meal services to homebound seniors 60 years of age and older who are unable

"Without the Brown Bag program, many seniors would be extremely isolated and at increased risk for malnourishment... Some of our volunteers deliver food to Brown Bag participants who are homebound. These social connections offer seniors more than just a meal, and that's important."

Kathy Jackson, CEO of Second Harvest Food Bank

to cook for themselves or have difficulty obtaining food because of illness, frailty, or disability.

There are two distinct Meals on Wheels programs operating in the County. The Santa Clara County Senior Nutrition Program, in collaboration with the Council on Aging Silicon Valley, offers Meals on Wheels to seniors over the age of 60. A donation of \$2.50 is suggested for each person to help offset the cost of the meal, however no eligible senior is denied participation because of inability to contribute.

Eligible seniors receive a weekly delivery of 7 breakfasts and 7 frozen lunch/dinner entrées supplemented by fresh fruit, juice, milk, bread, and other grocery items. In addition, the County offers Meals on Wheels hot meals to eligible seniors in the Japantown and Berryessa Area through the Yu Ai Kai's neighborhood Meals On Wheels program.

The Health Trust, administers a Meals on Wheels program which delivers a daily hot meal to homebound residents, Monday through Friday. The recipient or a household member needs to be available to receive the meal each day, which also offers the opportunity for a daily wellness check when the driver visits the client's home.

An Internet search using the keywords "Meals on Wheels Santa Clara County" brings up both websites for both programs, but there is no summary to explain the similarities and differences between the programs. It would be useful to consumers to be able to understand which program they prefer before approaching either program. Further, coordination of the application and eligibility determination processes, waiting lists and other program considerations might be useful for the administrators of both the County and Health Trust Meals on Wheels programs.

CONGREGATE MEALS

There are 40 congregate nutrition programs across the County located in senior centers, community organizations or churches. Some sites have an active kitchen on-site where staff cook and serve meals, others are catered by a commercial kitchen, and some work with area restaurants to meet the diverse needs of ethnic dietary preferences. The city of San Jose recently implemented a regional kitchen model, where they have multiple sites but only three or four are identified as cooking kitchens, which prepare the meals and export them to different locations. This new program began in November 2011, so it is too early to tell, at the time of this writing, whether the new model has significantly impacted seniors' level of satisfaction or attendance.

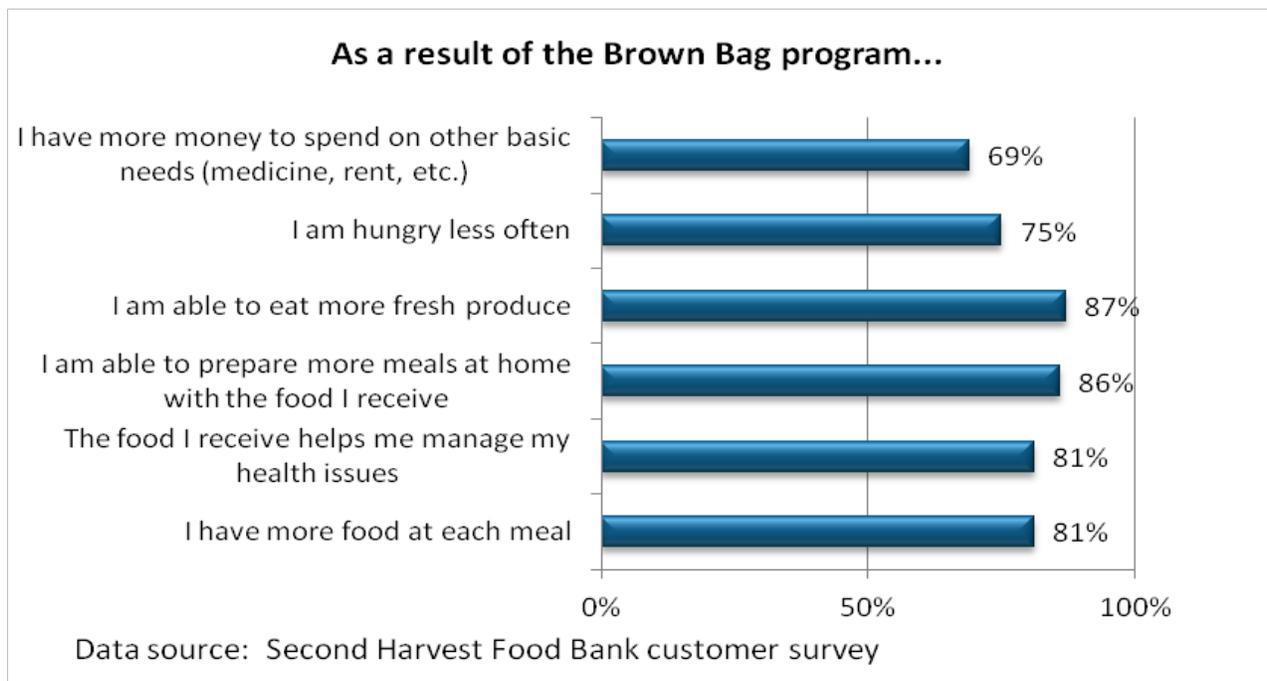


OPERATION BROWN BAG PROGRAM

Second Harvest Food Bank serves nearly 30,000 seniors each month through its Operation Brown Bag and other programs and services. The Brown Bag program provides weekly nutritious groceries to adults over age 60 and those over age 55 with a disability. It is one of the Food Bank's oldest programs, started in 1975.

"Without the Brown Bag program, many seniors would be extremely isolated and at increased risk for malnourishment," Jackson said. "The program gives older adults the opportunity to volunteer and meet others. Some of our volunteers deliver food to Brown Bag participants who are homebound. These social connections offer seniors more than just a meal, and that's important."

Bags of groceries are distributed each week to seniors throughout Santa Clara County; these seniors have an average income of \$1,050 per month, and have to make difficult choices between purchasing food and rent or medications. Distribution occurs at sites including community centers, churches, senior centers, and nonprofit organizations. Some of the volunteers for the program and help to distribute groceries are also the older adults who receive the bags themselves.



NUTRITION PROGRAM STRENGTHS AND AREAS FOR IMPROVEMENT

In Santa Clara County there is a diverse population, and an accompanying diversity of food preferences and needs. The senior nutrition programs strive to meet those needs and preferences, yet serve a large number of residents with a limited budget. Indeed, one of the strengths of the senior nutrition programs in Santa Clara County is the variety of meals provided. Care is taken to ensure menus are formulated to meet the needs of populations in different areas.

" Transportation, in the last few years, has been a major issue. It's a struggle that is beyond senior nutrition but certainly impacts seniors' nutrition. And food costs are rising. Our goal is to -- at minimum -- maintain what we're currently doing. I think [funding, rising food costs, and transportation] will continue to be our biggest challenges in the next few years."

Mary Cummins, Program Manager Department of Aging and Adult Services (DAAS) Nutrition Services

A unique feature of the senior nutrition program is that each site is encouraged to develop their own program and to have ownership over their site. There are certain criteria that each site needs to follow to within appropriate funding and in terms of healthful menu requirements and reporting. Outside of those criteria, sites generally have ownership of their program, so that they can develop it to meet the needs and preferences of their site's population. According to Mary Cummins, Program Manager of DAAS' nutrition services, "We want to meet the needs [at each site], and they know their population better than we do."

An area for improvement that emerged during forums and interviews with services providers was in making vegetarian meals available to seniors with vegetarian diets. At present, only

one site has a vegetarian program; Milpitas has an Indian vegetarian program. This is an example of a place where there has developed a menu that meets the need of a specific site. But it is only available at the one site; vegetarian seniors in other locations other than Milpitas do not have reliable vegetarian options.

Budget Impacts on Senior Nutrition

Fortunately, Federal and County government funding for the senior nutrition program has not experienced major budget reductions. However for several years nutrition site providers have not had adequate funding to meet the needs for congregate dining. One strategy that was used by several sites was to eliminate a few serving days per year, in order to avoid waiting lists or turning away any seniors who wished to participate. Sites were asked to have an extra two or three holidays during the year, spread apart to minimize the impact on seniors.

Despite the relatively stable funding of the nutrition program, barriers to providing service continue to be focused around cost. Staff and sites that are part of the senior nutrition program in each community are committed to the value of nutrition for all seniors. As such, they frequently rise to the occasion where barriers, including rising food costs, transportation, and funding, threaten the ability to provide the same meals for as many seniors as are seeking them.



The funding provided to the nutrition sites often does not cover all of the cost of serving the seniors. This is a challenge for many sites, although none have chosen to discontinue the important service of providing congregate meals to seniors. The current goal of the senior nutrition program, given the challenges being posed by rising food costs, transportation issues and funding cuts, accompanied by an increasing number of seniors in need, is to maintain current levels of service.

This will become more challenging in future years, as food costs continue to rise and the population of seniors increases.

OUTREACH AND ENGAGING ALL SENIORS IN HEALTHY NUTRITION

The senior nutrition program is advertised to the public through community events, brochures distributed at libraries, hospitals and other public venues, as well as through word of mouth and the County and other websites.

Although the meals provided in the congregate setting provide an opportunity for seniors to socialize and get out into the community, they are much more than that. Many seniors rely on the meals offered as the primary, or only, source of nutrition. In many ways their lives depend on the food and community that is provided. The senior nutrition program, including both the congregate dining sites and the Meals on Wheels programs should be considered a priority in future funding decisions.



EMPLOYMENT

Members of the baby boomer generation, like previous generations, look forward to retirement as an opportunity to spend time with families, enjoy hobbies and other interests, and have the benefit of leisure time that is often in short supply during working years. As baby boomers approach retirement however, they often concerned about their ability to retire financially. They are more likely to expect to rely on Social Security than previous generations, and as a result, many baby boomers approaching retirement expect to work beyond the traditional retirement age of 65. This is especially true among working boomers with lower incomes.

CHANGING DEMOGRAPHICS OF THE WORKFORCE

Adults over the age of 50 are one of the fastest growing labor groups. In the year 2000, American workers age 55 and older comprised about 27% of the workforce. In 2010 older workers were 31.4%. By 2020 more than one in three workers (37%) will be over the age of 55. The greatest increases are among those aged 65 to 74⁴⁹.

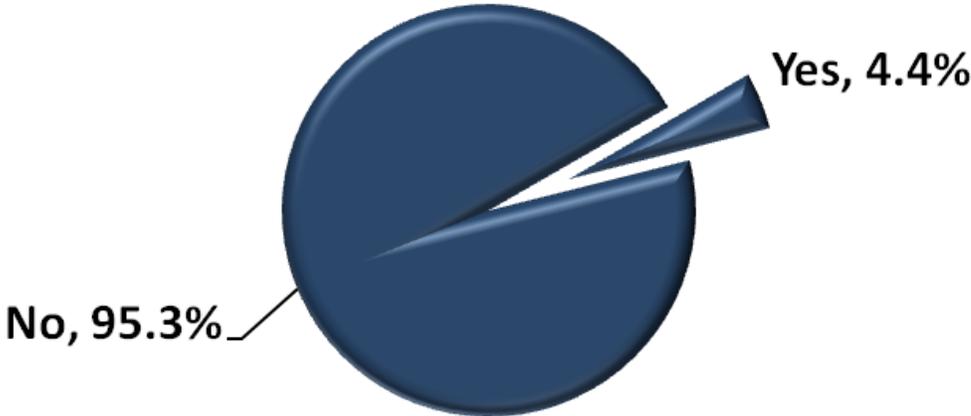
At the same time as the numbers of older workers are increasing, there has also been a significant drop in the percentage of younger workers age 25 to 44, making it increasingly important for employers to find ways to recruit and retain older workers. Not surprisingly, the area of greatest job growth is anticipated to be in healthcare support occupations⁵⁰.

⁴⁹ Bureau of Labor Statistics, Monthly Labor Review, January 2012

⁵⁰ Bureau of Labor Statistics, Monthly Labor Review, January 2012

The Seniors Agenda public forums, held during week day sessions, included participants who said they would not be interested in working during their retirement years. Many of these seniors were in the midst of retirement, however. The issue of working seniors is more acute for those who are currently working and who anticipate continuing into later years.

Would you be interested in attending skill-building classes to help find gainful employment?



Source: Los Altos Hills Senior Survey,

Although skill-building classes may not be a high priority currently, they may become gain in popularity and need as the baby boomers mature. In particular, those with lower income and more physical occupations may consider ways to develop new skills in anticipation of a "second career" that is better suited to the physical realities of aging.

DISCRIMINATION IN THE WORKPLACE

As baby boomers stay in the workplace into their late sixties and seventies, discrimination will become an increasing problem. The stereotypes about

older workers are pervasive, and despite Americans living longer, healthier lives, old stereotypes change slowly.

In recognition of seniors working into later years, the County may wish to consider educating the public and the County's major employers through an information campaign. Encouraging employment in later years among those who wish, or need, to do so, and enabling a safe and welcoming work environments will be in the future interest of the County, it's employers, residents and it's economy.

A VOLUNTEER WORKFORCE

"Don't assume that because we're having difficult fiscal times right now that things can't be done. Things can be done, things can be adjusted, the course can be corrected. And we really need your help anticipating where our needs are going to be in the future..."

Supervisor Dave Cortese

Volunteering can provide an important link to the community. In addition to the contribution of expertise or services made, many seniors find that they also get back a sense of connection, purpose and belonging.

Most participants in the senior forums conducted for this report agreed that opportunities for volunteering are plentiful in Santa Clara County. Many agencies and non-profits are increasingly relying on volunteers to supplement their workforce in an attempt to deal with budget cuts. Some common uses of volunteers include the areas of public outreach efforts, education and clerical support.

As noted in that report, transportation needs have been met by volunteers in some communities where volunteers transport older adults to medical appointments, shopping, and other errands. The cost of mileage and insurance waivers are sometimes offset by existing transportation service funds at a great savings.

Some social service organizations may turn increasingly toward volunteers to help an overloaded workforce cope with the increasing demand for services. As baby boomers age with expectations and needs for part or full-time employment, this small pool may shrink. In addition, the tasks for which volunteers are qualified are more limited and their hours tend to be fewer and less regular than a paid workforce. Although baby boomer volunteers may be more experienced and looking for leadership roles, the hours, resources and preparation for specific tasks they offer as volunteers is necessarily limited by their available time and level of commitment.

Nonprofits are trying to learn more about how to engage these valuable volunteers/assets in our community. They are not a substitute for a strong, paid workforce in the social services arena however, and can be better utilized to augment the current workforce, which is often overwhelmed by increasing demand for services and shrinking budgets.

There is currently no centralized agency or infrastructure for developing opportunities for senior volunteers in Santa Clara County. Many non-profit organizations do not have the capacity to recruit, train or support volunteers and the efforts for some would outweigh the benefits. This limits the aging sector's ability to tap into this asset in the community as a solution for meeting needs or filling gaps. With appropriate funding to coordinate these activities, an existing County non-profit such as the Aging Services Collaborative could be a central repository of labor needs for other area non-profits.

ELDER ABUSE

Existing Services

- ◆ Senior Adults Legal Assistance provides free legal services and community education to County residents 60 or older. There is no income eligibility qualification. Specializes in public benefits, long term care, elder abuse, housing, consumer disputes, incapacity planning, probate alternatives, and simple wills. Central office hours are M-F 9:00 am - 5:00 pm. SALA prefers to meet personally with client. Services are provided primarily through appointments at senior centers in the County. SALA attorneys also make home visits to institutionalized and homebound elders.
- ◆ Long-Term Care Ombudsman Program (Catholic Charities) advocates for frail, chronically ill residents in all nursing homes and residential care/assisted living facilities in the County. They respond to, investigate and seek fair resolution to complaints, including elder abuse allegations and resident's rights violations. There are no client fees and no waiting list. Those eligible are residents of long-term care facilities with primary focus on persons ages 60 and older. Also eligible is any individual senior or family member considering future placement in a long term care facility.
- ◆ The Santa Clara County Adult Protective Services program provides services to protect, prevent, and remedy abuse of elders and dependent adults. Adult Protective Services strives to reduce risk, maintain and enhance quality of life, promote self sufficiency and respect the right to self determination.

Elder Abuse can take many forms. It includes both intentional and negligent acts that cause harm, or the risk of harm, to a vulnerable adult. It includes physical, emotional and sexual abuse, financial exploitation, neglect and abandonment. The County's Department of Aging and Adult Services receives and investigates an average of 230 reports of elder and dependent

abuse per month and provides protective services to an average of 414 elder and dependent adults each month⁵¹.

FINANCIAL ABUSE

Financial crimes, such as fraud, theft, embezzlement and exploitation affect many seniors and often go unreported. Those who are victims of these types of abuse are also more likely to be victims of physical and emotional abuse.

The Santa Clara County Office of the District Attorney has a team consisting of attorneys, investigators and a paralegal dedicated solely to the investigation and prosecution of financial crimes against the elderly. In 2010 the office prosecuted almost 200 cases of elder financial or physical abuse. In order to reduce the incidence of elder financial abuse, Santa Clara County District Attorney Jeff Rosen said "one of the things that we try to do in addition to just prosecuting the cases is to try to prevent them from happening in the first place. We try to do that by speaking to numerous community groups about elder financial abuse and how elders can protect themselves."⁵²

Most cases of elder fraud are perpetrated by someone who is known to the victim such as a child, grandchild, friend or caregiver. Because cases involve older, vulnerable victims being taken advantage of by those who they count on for help with daily living, the crimes are vastly underreported. Victims may be unaware they are

"The challenge for the Ombudsman: getting seniors to talk for fear of repercussions and retaliation for complaining."

Santa Clara County
Ombudsman

⁵¹ Santa Clara County Social Services Agency Fact Sheet 2011

⁵² "Santa Clara County Pulls Out All Stops To Prevent Elder Abuse", CBS San Francisco, June 15, 2011 <http://sanfrancisco.cbslocal.com/2011/06/15/santa-clara-county-pulls-out-all-stops-to-prevent-elder-abuse/>

being defrauded or unwilling to report the person they depend on for help for fear they will lose their needed assistance or suffer further recriminations for reporting the abuse.

Scams perpetrated by strangers make up a minority of elder financial abuse crimes, but they are often of great concern to the senior community. Like the more common forms of abuse, these crimes also go unreported due largely to similar dynamics of embarrassment and fear.

Financial Abuse Specialist Team (F.A.S.T.)

Santa Clara County provides a number of services for elders and dependent adults who have fallen victim to physical, emotional or financial abuse. Adult Protective Services (APS) is the County agency that investigates reports of known or suspected instances of abuse. The agency offers a toll-free telephone hotline that allows members of the community to report suspected instances of abuse or neglect on a 24-hour basis. In addition, APS has a staff of social workers to conduct case management activities that include home visits in suspected cases of abuse.

The Department of Aging and Adult Services has assembled the "Financial Abuse Specialist Team" (FAST). The FAST Team is comprised of selected members of the offices of Adult Protective Services, the Public Guardian, the District Attorney, County Counsel and law enforcement. The purpose of the team is to identify, investigate, prevent and prosecute the financial abuse of elders and dependent adults. When Adult Protective Services receives a complaint, they determine

"We try to prevent [financial abuse] from happening in the first place. We try to do that by speaking to numerous community groups about elder financial abuse and how elders can protect themselves."

Santa Clara County District
Attorney Jeff Rosen

whether the case is appropriate for FAST. Once a referral to FAST is made, a home visit is made to the elder or dependent adult by a Financial Abuse Specialist Team.

The Santa Clara County model differs from other financial abuse prevention teams in that "rapid response" by the team members is a central component and high priority. According to Lee Pullen, Director of the Department of Aging and Adult Services, "The elderly are so vulnerable to financial abuse. That's where we've really seen the increase in the last decade and I suspect that that is just going to rise, despite our best efforts. Our isolated elders are prey for those who want to take advantage of them financially."

The high value of Bay area real estate, increasing elder population and the vulnerable nature of the elderly contributes to a high potential for abuse. In addition, financial abuse complaints are often complex and related to additional emotional or physical abuse.

Combating Financial Abuse of Seniors

Financial abuse, whether within a family or involving acquaintances or strangers, has warning signs which often go unnoticed or unacknowledged by service or health care providers. In addition, California law offers seniors special protections under the Elder Abuse and Dependent Adult Civil Protection Act (EADACPA), which recognizes seniors as a disadvantaged class. In order to take advantage of these protections, providers need to recognize and document the elements of diminished mental capacity through gathering medical records, interviews with family and close friends, can all help lead to admissible and persuasive evidence that at the relevant time, the elder did suffer from a mental impairment.

There are several actions that the County can take to help its seniors avoid financial abuse. These include:

- ♦ Educate service and health providers to recognize the signs of a senior at risk for abuse and encourage proactive intervention with family services or legal authorities. In particular, education efforts should focus on recognizing:
 - Diminished mental capacity as evidenced by alertness and attention, short and long-term memory, ability to understand or communicate with others, recognition of familiar objects and familiar persons and ability to reason logically, among others specified in California Probate Code Section 811.
 - Undue influence
 - Isolation
- ♦ Educate providers and the public about the signs of financial abuse and offer clear paths for reporting in a safe and confidential way.
- ♦ Educate area attorneys and legal services providers in contact with seniors about the Elder Abuse and Dependent Adult Civil Protection Act (EADACPA), which contains definitions of financial abuse, physical abuse, and physical neglect, and provide incentives for attorneys to accept these types of cases which might otherwise be undesirable.

PHYSICAL ABUSE

A nationwide study of older adults found that about 1.6% of adults over 60 had been physically abused. Among those who had been abused, just 31% reported physical mistreatment to police. Strangers perpetrated just 3% of the elder abuse, compared to 76% for family members.

Intervention efforts clearly must target this family dynamic of elder mistreatment in order to be effective. Many have suggested that enforcement should be based on the lessons learned from domestic violence research. Those who are perpetrating violence on an elder are more likely to be a family member, abusing substances at the time of assault and they are

more likely to have a history of mental illness. Thus, the victim of physical abuse is often caught in dysfunctional family dynamics.

NEGLECT

Neglect has been found to be associated with several risk factors. Belonging to a non-white racial group, lower income, poor health and low levels of social support are significant predictors. These risk factors appear to point to a need to enhance the overall level of and connection with community resources for older adults, particularly those within ethnic minorities, with lower incomes and indications of poor health.

Self neglect is also a danger for many seniors. The National Adult Protective Service Association adopted the following definition:

Self-neglect is the result of an adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs⁵³.

Dementia and other cognitive impairments, along with a lack of available or willing family care are the greatest risk factors for self-neglect. Other risk factors may include physical impairment, mental illness, substance abuse, social isolation, and poverty. Self neglect can be as dangerous as other forms of neglect and abuse. The effects include injury from falls, burns and animals, or diseases such as pneumonia, gangrene, and malnutrition.

⁵³ National Committee for the Prevention of Elder Abuse, Symposium on Self-Neglect: Building a Coordinated Response, A Report of the Education Committee February 2008

The victims of neglect and self-neglect rarely themselves contact adult protective services. More often, a concerned family member or other adult contacts the authorities on their behalf.

EMOTIONAL ABUSE

Nationally, it is estimated that approximately 5% of adults over age 60 have experienced some form of emotional mistreatment in the past year, and only 8% of these individuals reported the event to the police. Strangers are usually not the perpetrators of these events. Instead, perpetrators were known to their older adult victims, and were family members in more than half the cases. Among known perpetrators, about a fifth were abusing substances around the time of mistreatment, and the same proportion had some form of mental illness⁵⁴.

Older adults who reported having very little social support were three times more likely to report having been emotionally abused. The risk of abuse that is associated with low social support is a theme echoed across all types of abuse and mistreatment, and speaks to the importance of maintaining social connections throughout older adulthood.

Risk was doubled for individuals who needed assistance in daily life activities and in those with prior traumatic event experiences. The greater need for help and assistance of some older adults in accomplishing everyday activities appears to elicit verbal abusiveness from caregivers. The relationship of dependency however, makes reporting very difficult for the victims of elder abuse. They often rely on others to recognize symptoms and report the abuse. Teaching the public, as well as service providers who are in contact

⁵⁴ The National Elder Mistreatment Study (2009), National Institute Of Justice Ron Acierno, PhD; Melba Hernandez-Tejada, MS; Wendy Muzzy, BS; Kenneth Steve, MS

with older persons, to recognize the symptoms of abuse of any kind, and to know how to report the abuse becomes tremendously important.

IDENTIFYING SENIORS AT RISK

The available research points to several factors that are risk factors for elder abuse. These can be used to identify those at most at risk for potential abuse in order to provide education and prevention resources most efficiently.

Previous Experience

Mistreatment is more likely when an elder has experienced some other form of mistreatment. Verbal abuse often escalates to physical abuse, and neglect often is accompanied by physical or financial abuse. Further, those individuals who have experienced verbal abuse and other traumatic events in the past may be more likely to remain in environments that facilitate risk of current emotional, sexual, or financial mistreatment. Thus, education efforts should be all-encompassing and include the importance of catching abuse early by reporting all instances of verbal, emotional or financial abuse. The social environment is often cited as the most important target for intervention to prevent many forms of elder mistreatment.

Age

In general, the 'oldest old' are the most vulnerable and the most likely to suffer mistreatment. As this portion of the senior population increases, Adult Protective Services will be likely to gain larger caseloads and the demand for senior legal services will also increase.

Lack of Social Support and Social Isolation

Older adults who reported higher levels of social support were less likely to report all but one form of elder mistreatment (the exception was financial

exploitation by family). The existence of social supports are strong predictors of emotional, physical, and sexual mistreatment as well as neglect⁵⁵. Social support is also one of the strongest and most reliable predictors of recovery following stressful life events other than mistreatment.

Social supports are most effectively offered at the local level. For example, service providers who have interaction with seniors may recognize signs of social isolation and attempt to draw seniors into a senior center or establish a connection through Meals on Wheels' daily delivery schedule. Many seniors may be resistant to changes in their lifestyle or increasing social interaction if they are more reclusive by nature. Small, incremental change can be powerful, and more easily accepted when accompanied by needed services.

What are the one or two most important unmet needs of seniors in our county?

Availability of transportation to community centers and recreational/social activities/senior nutrition programs. These programs are critical to combating the isolation many seniors endure. Nutritious, balanced meals and socialization are important to an active, vibrant life for seniors. The availability of transportation to community centers, in order to access these services, is therefore essential as well (especially for homebound, disabled, and non-ambulatory seniors)⁵⁶.

Use of Social Services

Although data is not available on the County level, it is likely that increased education for service providers, clarification of the process for reporting and better access to those working in Adult Protective Services will help to identify those individuals making contact with county services for other reasons.

⁵⁵ The National Elder Mistreatment Study (2009), National Institute Of Justice Ron Acierno, PhD; Melba Hernandez-Tejada, MS; Wendy Muzzy, BS; Kenneth Steve, MS

⁵⁶ Council on Aging Silicon Valley, Provider Survey 2011

In national studies, a person's risk of mistreatment is not related to the use of social services. In other words, using one social service does not generally mean that abuse is less likely to be happening. In some national studies, those who are most reliant on caregiver assistance for their daily needs are even found to be more likely to be victims of abuse. Contacts with social services, therefore, often include missed opportunities for intervention and prevention. Seizing on these opportunities is vital to identifying individuals who are being abused and ensuring their safety.

"It is very important to think of where one goes when they're older and no longer able to get out easily... We really believe this is an issue that ought to be addressed head-on in our County."

Supervisor Liz Kniss at a Senior Public Forum

LEGAL ASSISTANCE

Traditionally, many lawyers have been reluctant to take on cases of senior abuse, particularly on contingency, because if the elderly plaintiff died, then the right to recover general damages (pain and suffering) would be lost and the attorney would not be able to recover their costs. Many elderly victims are frail, in ill-health or have a short life expectancy and many, if not most, attorney fees on abuse cases are contingency based. If the case were successful, then the attorney would receive a percentage of the monetary recovery.

The Elder Abuse and Dependent Adult Civil Protection Act (EADACPA) allows for post-mortem recovery of pain and suffering. If a plaintiff were to pass away during litigation, then their successor is now able to continue with the case and seek recovery of all damages, including pain and suffering⁵⁷.

⁵⁷ <http://www.elder-law-advocate.com/financial-abuse/elder-abuse-act/7-key-elements-to-combat-elder-financial-abuse>, accessed 3/9/2012

The process of finding a pro bono or contingency attorney can be very challenging, particularly for a senior who is already vulnerable or being abused. There are several legal organizations in the County that provide services to residents in need, such as the Legal Aid Society of Santa Clara County (LAS) which provides family law services, fair housing representation and landlord/tenant rights advice and counseling.

Senior Adults Legal Assistance (SALA) is the only non-profit elder law office in the County focused on the legal needs of seniors. SALA's attorney staff provides a range of legal services from advice and referrals to comprehensive legal representation. SALA's caseload consists of legal matters that private attorneys typically do not handle and that have a great impact on elders most in need in our community. SALA is committed to going out in the community where their target populations congregate. The target population includes seniors who are most likely at risk for isolation, abuse, exploitation and institutionalization. These individuals are typically very low income seniors and socially frail seniors and staff at senior centers actively communicate and coordinate scheduling with SALA.

A number of partners contribute and collaborate on legal services in the County. County counsel, the public guardian, and Adult Protective Services (APS) work with SALA and other legal aid services. Seniors who are not legally competent are referred to the Office of the Public Guardian.

Ombudsmen, if licensing complaints are filed nursing homes, also coordinate with SALA. Advance healthcare directives are also a service provided by SALA, and in those cases SALA will work with long term care ombudsmen in serving the senior. Council on Aging Silicon Valley and the Area Agencies on Aging also deliver case management service, health insurance counseling and advocacy, and SALA coordinates with these agencies as well.

One of the big challenges to providing free legal services to seniors is related to drastic reductions in funding that have taken place and increased over the last several years. Two major

consequences of reduced funding is an increase in the waiting list and a decrease in the number of clients able to be served. The results of longer waiting lists for legal services can be dire: seniors in need of a restraining order or other legal protection are vulnerable while they wait. This is extremely difficult for both the clients and the attorneys.

Gauging the needs of seniors in terms of legal assistance can be difficult. When surveys are conducted to assess needs, seniors are not necessarily likely to say they are going to need legal help, so the incidence tends to be underreported. Seniors need public benefit programs, so that is always going to be there and for seniors with limited English proficiency. It can be difficult to navigate through the public benefits when there is a language barrier. Also, disabled seniors in some situations lack the communication abilities to seek or receive services on their own, or physical barriers can prevent them from going into an office for assistance or services.

"One of the goals is to provide services that create a healthy and safe environment for all. We must also look for opportunities to help the vulnerable and underserved."

Supervisor Mike Wasserman at a Senior Public Forum

Recommendations

To maintain legal services for at-risk seniors, funding will necessary. Because legal services often work through and with staff support from senior centers, funding to the senior centers is also vital. Ways to combine funding with senior centers, libraries and other services with facilities and staff already serving the needs of seniors is critical. The coming "age wave" will

increase the demand for these services and currently service providers are fighting for their own survival while attempting to advocate for seniors.

LOCAL LEADERSHIP AND POLICY DEVELOPMENT

The Santa Clara County Board of Supervisors, in the transmittal regarding the creation of the Seniors' Agenda, called for a plan to help the County better serve its senior population and anticipate future needs as this population grows.

In order to be effective, any system needs to have effective leadership that provides direction and support, the human resource capacity to get things done and the infrastructure to enable service provision.

The County's goals are to enable as many seniors as possible to participate in the community, support vulnerable seniors to stay in their homes or the setting of their choosing, the ensure personal and public safety, enable access to health services and educate the community about available services through a comprehensive outreach plan. Few would argue about the nobility of these goals or the dedication of existing leadership, service providers and other staff in their efforts to achieve them.

Unfortunately, financial constraints and budget cuts over the past several years have taken a toll on the service infrastructure and the ability of the

"Santa Clara County must plan ahead to ensure we meet the future needs of our seniors. Listening to the community is essential to figuring out what those needs are."

Supervisor Ken Yeager at a Senior Public Forum

County government, local non-profits and other providers or funders in the aging network to provide supports and services commensurate with the growing population and needs of seniors.

The process of assessing the services currently available in Santa Clara County and anticipating the needs of the next several years has brought attention to the gaps between the needs of the

senior community and what is possible given current circumstances. The attempt to measure and address this discrepancy will rightly be met with public anger and distress as attention is called to needed services facing funding cuts. The needs of seniors are great and the population is growing. Meeting growing needs with diminishing budgets is like trying to catch a falling knife: a dangerous endeavor that must be attempted though it rarely ends well. Funding cuts to the Alzheimer's Day Care program, for example, were discussed during the public forums with a mixture of fear or anger. A woman who attended one forum spoke very movingly about her predicament:

I have Parkinson's disease, I've had it for about twenty years. The good thing about Parkinson's is that it moves very slowly and it gives you time to plan. I'm concerned about when I'm not able to live on my own, and my husband can't care for me. I'd like to know what is available to keep me at home. It's very important to me to stay at home.

It is very troubling to have to tell someone in this position who is trying to plan ahead for a future that is already frightening and uncertain, that services may not be available. During the Public Forums conducted for the Seniors Agenda, participants occasionally offered suggestions for counteracting program budget cuts. These suggestions generally fell into two categories: making partnerships and alliances to share existing resources, using volunteers to augment

" The most vulnerable in our community become even more vulnerable as the income gap between the rich and poor expands. These are the people the County serves.... The state of the County is challenging, but it's during these times of crisis when we have to come together, just like a family, to build for the future."

Supervisor George Shirakawa
at a Senior Public Forum

existing staff and for individuals to make greater use of supportive family, friends and neighbors.

Service providers and advocates however, have been facing gradual budget declines over several years. Most have been engaged in a process of aligning strategic goals and activities, sharing resources and information and expanding volunteer enrollments and duties. These actions quickly bring an organization to maximum capacity however, and with an expanding customer base of seniors, most service providers are already stretched to their utmost.

The use of neighbors, family and friends to help an individual, and the use of volunteers to fill organizational capacity is well-intentioned, but often overlooks the serious health issues many seniors face. Sharing rides with a neighbor is a great benefit for those who are able, but many need transportation with electric lifts, drivers capable of helping them enter and exit the vehicle. Many require home supports that involve hazardous waste, heavy lifting or are simply beyond the boundaries of what one person ought to need to ask of a neighbor.

Growing service demand and shrinking budgets have put the County in a difficult position and the answers are anything but simple. Solutions need to be driven by four primary values:

- ◆ Fiscal Responsibility and Sustainability;
- ◆ Maximizing Mission-Focus and Cost Effectiveness;
- ◆ Expanding Funding Opportunities to include federal and state funding;
- ◆ Social Equity through Shared Sacrifice.

FISCAL RESPONSIBILITY AND SUSTAINABILITY

Budget reductions by public agencies (or County government) should be made with the long view, so that short-term reductions do not cost the County additional revenue in future years. For example, cutting funding for in-home supportive services (IHSS) that keeps low income seniors in their homes may seem like a plausible service reduction - affected seniors will simply rely more on family, friends and the kindness of strangers to stay in their homes as long as the possibly can. However, after several years, when these seniors are no longer able to sustain themselves in their homes, the costs of long-term care will reverse any savings and leave the County with more dire budget shortfalls.

There is a need for the County to support a viable infrastructure that is efficient and well-integrated – that addresses prevention as well as intervention services. When programs face funding cuts that impede their ability to serve a growing customer base, they lose effectiveness. The County needs to provide leadership to partner and leverage other funding from state or Federal sources and ensure that those dollars are spent wisely. By taking the long view, the County may be able to avoid cuts that generate short-term savings at the expense of long-term sustainability. Short-term cuts can be counterproductive when they violate long-term commitments to seniors.

MISSION FOCUS

In times like these that it is most important to know where priorities lie. Ensuring our seniors are in the best mental and physical health possible and able to continue contributing to the community as long as possible is clearly a top priority. This requires a complex web of services, however, including

home supports, transportation, access to healthcare and a host of other services.

The following matrix describes one potential framework for policy advocates and local leaders to use to evaluate programs on these difficult questions. This representation shows two critical dimensions: the contribution (or consumption) of the program in terms of financial resources and the impact on seniors, including both the number of seniors affected and the magnitude of impact on their ability to maintain active living, independence and contribution to society.

Impact on seniors can be calculated using a simple formula. For example, we might calculate a score for each of a number of services based on the following factors:

1. The number of seniors potentially affected by the service;
2. The impact on the senior affected, on a scale of 0 to 10, where 10 equals an immediate, life-death impact. Some examples of these services might include Meals on Wheels which provides senior nutrition to those who would otherwise go hungry or transportation to medical services where seniors would otherwise go without access to health care;
3. The interconnectedness of a service with other, needed services. Senior centers, for example, may not provide any single life-saving service, however they are central to the provision of congregate meals, social interaction and information services (among others). This measure would also be scored on a scale of 0 to 10.

Impact is measured by multiplying each of the three above factors. Thus, a service that affected a smaller number of seniors by providing life-altering, needed services would receive a score in balance with a service that affected a large number of seniors with less critical services. A service or program

that coordinated life-altering programs by providing transportation or facility access would also score highly on this scale.

Cost over entire period under consideration (e.g. 5 year strategic planning phase)	High	<u>Potential Service Cuts:</u> <ul style="list-style-type: none"> ◆ Seek other organizations that provide this service ◆ Leverage collaborations with private or non-profit partners ◆ Expand impact by combining with other services 	<u>Service Investment:</u> <ul style="list-style-type: none"> ◆ Primary use for unrestricted funding ◆ Due to high cost, may wish to explore opportunities for leveraging existing services or supplement with volunteers, lower cost services ◆ Document impact for future grant applications to bring Federal or State moneys to organization
	Low	<u>Distraction:</u> <ul style="list-style-type: none"> ◆ Look for ways to maximize impact or refocus on mission ◆ Potential transfer to others for sharing of assets that make this a lower cost activity for affiliated organizations with better aligned mission for the activity. 	<u>Sustainable Impact:</u> <ul style="list-style-type: none"> ◆ Highest Priority ◆ Maintain existing program funding ◆ Fully leverage activities with other agencies to minimize funding needs in other areas ◆ Seek to add activities from above and left by refocusing on cost-saving measures
		Low	High
		<hr style="width: 100%; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Impact Score <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 5px;"/>	

The goal of the matrix is to help assess activities and develop a balanced activity/program portfolio by identifying activities and programs that are the highest-impact, most mission-focused and most cost-effective. Some programs may be of a high cost to sustain, but worthwhile given the high impact on the organizational mission. These are valuable investments in the future of the community.

Some programs may not be focused on the mission but are impactful and low-cost. These present opportunities for forging alliances with other area organizations with a more suitable mission. Sharing resources, best practices and information with others may enable the other organization to perform these activities more successfully than they had previously been

capable of. These activities are listed as "distractions" for the primary organization, because they do not lead directly to its mission. When performed by the "wrong" organization, they consume needed funds and staff time.

Services or programs that are determined to be potential service cuts may be transformed or adjusted to increase either their impact or the number of seniors served. For example, the in home supportive service program (IHSS) has seen recent funding cuts and is often an expensive services to provide. By utilizing existing senior center or library networks to administer a volunteer services program, services such as grocery shopping, meal preparation or basic home repairs may be provided at a much lower cost. The cost savings could then contribute to a re-focused mission affecting a smaller number of only the most technically difficult high-priority in home supportive services such as bathing and paramedical services.

When selecting programs and services for funding, the array of programs should be both exhaustive in that the programs taken together cover all aspects of the mission and mutually exclusive in that duplication is avoided. There are currently several areas of service in the County that are duplications of effort, including, for example, information services and Meals on Wheels services. Although the Meals on Wheels service providers each provide a unique variation, those variation could be planned in a meaningful way and publicized to consumers so that they are able to make informed choices between services. With regard to information services, there are currently a number of service providers attempting to fill this need within their own geographical, service niche independently of the others. This leaves both gaps in the available information and overlap which result in consumers receiving confusing and often contradictory bits of information.

There is a clear need for service providers to collaborate and coordinate their services. Collaboration, however, should not be a central focus of their

activities. It is important for all collaborative efforts to maintain a focus on the mission of providing senior services and keep networking activities. Any materials developed or meetings held need to be focused on the needs of seniors, and aware of the end goal: positively impacting seniors' lives.

For example, an Aging Services Collaborative (ASC) member survey found that while 21% of members said their participation in the organization benefitted them as an individual member "a lot", just 12% said that the older adult population and 10% said that the aging services system received a similar benefit. Almost one in five (19.4%) of members who responded felt the ASC was doing just a "fair" or even a "poor" job of increasing awareness and knowledge of senior services and issues in the community⁵⁸."

Collaborations need to improve seniors' awareness of and utilization of services, and should ensure that members are able to bring the collaborative efforts back to their clients via referrals and improved access to services and information.

INFORMATION, ASSISTANCE AND REFERRAL

There is a need in the Santa Clara County area for a central organizational structure for the services Seniors use. The County's Department of Aging and Adult Services (DAAS) promotes a safe and independent lifestyle for seniors through Adult Protective Services, In-Home Supportive Services, the Public Administrator, Public Guardian and Senior Nutrition Program. Two of the County seniors highest priorities, transportation and housing, are not represented under the DAAS umbrella.

⁵⁸ Aging Services Collaborative, 2010 Member Satisfaction Survey. Accessed on the ASC website.

Although DAAS works closely with agencies and non-profits in these areas, closer organizational missions and a more integrated organizational structure would help DAAS to fulfill its mission of protecting, promoting and providing safe, healthy and prosperous communities for seniors in Santa Clara County.

At the time the Seniors' Agenda was in development, the Council on Aging was also in the process of becoming the County's Aging and Disability Resource Center (ADRC). ADRCs are sponsored by the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS). Resource Centers are "one-stop shops" or "no wrong door" systems that are designed to address many of the same issues that emerged during the Seniors' Agenda Public Forums and other data collection efforts. ADRCs coordinate information, help connect consumers with needed services and provide support for evaluation options and making decisions related to aging services and long term care. ADRCs can also raise visibility of existing services and supports by providing information to seniors and enabling them to successfully navigate a labyrinth of services, application processes and eligibility requirements.

The addition of an ADRC to the County offers great potential for information and service coordination. DAAS will need to provide a central role, as the County's representative, to ensure that this effort includes all necessary services and supports and to advocate for the needs of seniors beyond the provision of services, including the development of policy under the Board of Supervisors and the inclusion of other County agencies and non-profits. The net needs to be cast wide to include not only those stakeholders with an interest in senior services, but those who impact seniors' lives, often through unintended consequences, such as urban planning, economic development and transportation departments.

EXPANDED FUNDING OPPORTUNITIES

There are existing organizations in the County that serve as coalitions advising non-profits, clearinghouses for information and advocacy groups. These organizations may be adept at writing grants and attracting Federal and state monies that may otherwise be unavailable to County non-profits and service providers.

Some organizations, particularly those that perform advocacy and service coordination for seniors, may consider offering their services as a "for pay" service to those who are able to pay, as a way to supplement the provision of free services to those who cannot pay. For example, some organizations serve beneficiaries covered by private insurance, offering care coordination that is covered by the private insurance. The administrative and staff requirements of these changes can be intensive given requirements of the



insurers regarding services, billing processes, and other processes. However some organizations, those that are able to balance the time spent cultivating funding sources and realigning procedures, with the budgetary gains, have successfully pursued this model.

Similarly, the management of a volunteer pool may enable small non-profits to contribute some amount of funding to utilize the pool, while still representing a cost-savings to them over staff time spent on tasks or volunteer-management. By taking on a central leadership role, the County could potentially help the existing non-profits better use existing resources, attract new funding and share needed assets.

SOCIAL EQUITY THROUGH SHARED SACRIFICE

Santa Clara County has a unique identity as a diverse community. Over one in three adult residents (37%) were born outside the United States. Although the area is known for the affluence of the Silicon Valley, one in four Santa Clara County seniors lives near poverty, at less than two times the federal poverty line.⁵⁹ Almost one in ten Asian (11%) or Hispanic (9%) of seniors live below the federal poverty line, defined as having less than \$907.50 monthly income for a one person household.⁶⁰

It is challenging in such a diverse community to ensure that no person or group bears a disproportionate burden of program reductions, if and when they may be enacted. During the Seniors' Agenda Public Forums, many seniors described formidable circumstances in which fixed incomes and chronic disease posed seemingly insurmountable obstacles. However these seniors were among the most gracious and welcoming of our forum participants. The seniors of Santa Clara County, rich and poor, are a

⁵⁹ 2008-2010 American Community Survey Estimates

⁶⁰ 2011 HHS Poverty Guidelines

resource of volunteerism and wisdom. Their incomes, whether from social security, pensions or work, bring money into their communities. Changes to services should take into account the value of the contribution of all seniors and impact their lives in ways that are equitable and protect the safety net for the most vulnerable.



SUMMARY

The Santa Clara County Board of Supervisors commissioned this Seniors' Agenda in order to assess the available services and anticipate the needs of the County. This planning effort gathered the opinions and experiences of seniors and baby boomers, service providers and staff at the County and its non-profit partners, as well as many for-profit companies and other County partners.

The Seniors' Agenda is not the end of this collaboration. Now the real work of collaboration begins. All County residents and staff concerned with these issues will need to come together to prioritize and negotiate a comprehensive vision for the County's future. The collaborations and compromises ahead may not be easy. They will be necessary however, to ensure that seniors in Santa Clara County have the services they need for a vibrant, active and hopeful future.