



2008-09 Needs Assessment Report

Introduction

Historically, Area 4 Agency on Aging (A4AA) has been required to conduct an assessment every four years in order to determine what services are most needed by older adults in our seven county planning and service area. The results of this needs assessment are the foundation upon which the four-year Area Plan is built. Presently, the California Department of Aging (CDA) is observing a three-year planning cycle for which no separate needs assessment is required; therefore, work on Area 4's next needs assessment is scheduled to begin in 2014.

Beginning in 2008, several different techniques were used to collect first-hand information on the needs of older adults throughout the service area, including surveys, interviews, focus groups and town hall meetings. Each of these data gathering methods are described in this report.

When setting priorities and making funding decisions, A4AA considers a number of factors, including the area's most pressing needs, gaps in the service system, and service impact. Emphasis is placed on serving those with the greatest economic need as well as those who have traditionally been hard to reach, including seniors who are homebound, ethnically or culturally diverse (including persons with differing sexual orientations and gender identities), geographically isolated, non-English speaking and/or those with disabilities.

Area 4 Agency on Aging (A4AA) is responsible for administering Older Americans Act and Older Californians Act programs, including programs for family caregivers. A4AA is a joint powers authority with non-profit status. We serve the seven counties known as Planning and Service Area 4 (Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba Counties). Our 17 member Governing Board is composed of County Supervisors or their appointees. A4AA also benefits from an independent 35 member Advisory Council which advises the Board and participates in regional, state and federal advocacy activities.

Serving Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba Counties

The Methods

The 2008-09 Needs Assessment included several different data-gathering methods. The following section briefly explains how these methods were carried out.

The 2008-09 Senior Survey. The foundation of A4AA's needs assessment is the senior survey. As in 2004, the survey tool was an 8-page booklet, with instructions on the cover page and return instructions on the back. A group of 34 individuals assisted with a complete revision of the basic tool. With the exception of Placer County which had done a separate survey in 2007, each county commission on aging was then invited to help customize the last page of the survey and to help distribute and promote the final product. In each of those six counties, a workgroup was established to help with this effort. In all, the survey workgroup members included 59 people.

For the first time, the survey was also available online from our website. A4AA thanks UC Davis and the Counties of Nevada, Sutter and Yolo for sharing a link to the survey with all of their employees via e-mail. All of our promotional efforts highlighted the online option.

The distribution plan for the paper surveys was multi-faceted. It involved using an extended network of connections to get surveys in the hands of seniors at events, senior centers, churches, housing complexes and meetings such as rotary clubs, veterans groups, etc. Also, more than 130 survey "drop boxes" were placed at public locations including libraries, grocery stores and community centers. These drop boxes were used as collection points (as an alternative to mailing the finished survey) but were also places where people could get blank surveys.

Distribution of surveys took place from September 2008 through May 2009. Because each county had its own version of the survey, its own distribution plan, and its own timeline, it is correct to say that the 2008-09 Senior Survey was actually six separate surveys.

Data entry was done by A4AA staff and volunteers in Sacramento and at the Grass Valley office. Survey results were entered online using the Survey Monkey site and were compiled by the A4AA Planner. A total of 5,160 valid surveys were collected (3,756 paper forms and 1,404 online responses), representing 1.4% of the senior population of PSA 4 in 2008.

(To download Survey Results for a single county in our service area, go to: www.a4aa.com)

Limitations of the Senior Survey

Like most small agencies, A4AA lacks sufficient resources to perform highly scientific research projects in order to assure a truly random, statistically valid sample. Instead, a much more practical and inexpensive method was used. Quota sampling is a technique that does not use a random selection of subjects, but it is considered to provide a reasonable estimation of the study population when done properly. This technique was applied to the distribution of paper surveys.

As anticipated, people who responded to the online survey were, as a group, younger than those who completed paper surveys. We were fortunate in that the number of online responses was quite close to what was needed to match the true age distribution of the population. Our use of the online option acted to prevent an under-sampling of young seniors, as had occurred in 2004.

Overall, Area 4 was able to achieve the best survey sample to date. Efforts were made to mirror the true senior population with respect to five key variables: sex, ethnicity, age, income and place of residence. Therefore, we feel confident that the results do provide a good estimation of the true characteristics and concerns of older people in each county. At the same time, readers should understand that across the board, male seniors, Hispanic/Latino seniors, and rural seniors were under-represented to some degree while low-income seniors were somewhat over-represented.

The goal for total completed surveys was 1% of the study population (N=370,138). This goal was achieved. In fact, 1.4% of the senior population was sampled, yielding a 1.35% margin of error. A 5% margin of error is commonly sought by social science researchers.

It is impossible to determine a precise survey return rate because staff at many of the drop sites, where a large portion of the surveys were sent, discarded their supplies of unused surveys when the project ended. Our best estimate is that 15,250 surveys went out into the community and 3,756 were returned, equaling an overall return rate of 25%.

Town Hall Meetings. Ten town hall meetings were held during the summer of 2008. The attendees (233 in all) completed a mini survey at the outset of each meeting. The survey asked about the importance of common issues affecting seniors (e.g., transportation, housing, etc.); it also asked which single issue local leaders should be focusing upon. The results were tallied on site, then shared with the audience and used to facilitate group discussion. These 2-hour meetings were held in partnership with the county commissions on aging. In Placer County, this approach was applied during two separate commission on aging meetings in lieu of holding a stand-alone event.

Service Provider Survey. In order to allow each of our current service providers to give direct input into our planning process, a brief questionnaire was developed and distributed via e-mail in July 2009. The results were compiled by the Planner, then forwarded to the appropriate A4AA Program Manager for review. A total of 30 service provider surveys were collected.

Key Informant Interviews. A4AA also sought input from community leaders. Each county commission on aging was invited to help identify prospective interviewees. The goal was to arrive at an assortment of key people both in and outside of the local aging network. A4AA program staff members conducted telephone interviews using a pre-established questionnaire between November 2008 and July 2009. A total of 56 key informants were interviewed. The interviews averaged 45 minutes in length. Each interviewee was asked to draw upon both their personal and professional experience when answering the questions; their views do not necessarily reflect those of the organizations they represent.

Senior Information & Assistance Data. A4AA contracts with six different organizations to provide Senior Information & Assistance throughout the service area. Each of those providers uses a computer database to track requests. The top unmet needs of seniors in each county during the 2008-09 fiscal year were calculated and ranked for inclusion in the needs assessment.

Focus Group. In response to Assembly Bill 2920, and as part of an ongoing effort to reach out to the local population, A4AA held a focus group meeting to discuss concerns specific to gay and lesbian seniors. The meeting was attended by 5 men and 5 women. Many issues were discussed, and the feedback received was consistent with recent literature on the subject. In short, social isolation and outright discrimination are fundamental concerns. Thus homosexual seniors often seek reassurance that they will be accepted by others before participating in new programs or activities. Service providers that wish to can help put current or future clients at ease by giving indications they are “gay-friendly,” such as including language about sexual orientation and gender identity in affirmative action statements that appear in brochures or in offices.

Secondary Analysis. Beginning in 2007, A4AA undertook an extensive study on the rapid aging of our local population. In February of 2009 the final report was released. *The Dual Challenge: Preserving Services for the Oldest Old Today; Planning for the Elderly Baby Boomers of Tomorrow* describes regional demographic shifts between 2000 and 2040. The report attempts to forecast how population change will affect the overall demand for home and community-based services. *The Dual Challenge* reveals the severe limitations of public programs, and it underscores the importance of preparedness on behalf of individuals and families, educators, local governments, primary health care providers, community and faith-based organizations, and the private sector. The complete report and individual county fact sheets are available for download from the Area 4 website at: www.a4aa.com

The Findings

Social scientists consider the best research projects to be those that use a variety of methods, and they consider the most reliable findings to be those that emerge from all of the methods used. This principle, known as convergence, was applied to the 2008-09 Needs Assessment. For that reason, A4AA is confident that the major issues identified in this report are a good estimation of the true top concerns of older adults in the seven county service area.

The “Senior Needs Chart” on the following page lists the top concerns in rank order (the letter “T” indicates a tie). The Chart is a compilation of the seven, separate county senior needs charts (**To download a Senior Needs Chart for a single county in our service area, go to: www.a4aa.com**). The county needs charts were constructed with first-hand information from the following sources:

- 1) The “Things that Concern Seniors” table from the 2008-09 Senior Survey,
- 2) Hand-written answers to “What concerns you the most?” from the 2008-09 Senior Survey,
- 3) Responses to “What single issue should leaders focus on?” from the Town Hall Meetings,
- 4) Unmet senior needs from Senior Information & Assistance call data,
- 5) Perceptions of seniors’ greatest unmet needs from the Service Provider Survey, and
- 6) Perspectives on seniors’ most significant problems from the Key Informant Interviews.

The rankings from each of the counties were combined using a simple reverse point system (from 1 to 10) in which issues with the lowest rankings receive the most points and those with the highest rankings receive the fewest points. The issue with the most points then becomes the top-ranked issue; it is followed by the next highest point-getting issue, and so on. This particular technique was used because it is fairly easy to apply and to understand; no complex statistical knowledge is required.

The goal of this project was to determine the needs of older adults as a whole. This is different from assessing individual senior needs. From the perspective of an older person whose son is violent towards them, for example, elder abuse is clearly their greatest concern. Yet, elder abuse does not appear on the list of top senior needs because a very small percentage of seniors are in abusive situations. So, the reader should note that the needs chart measures the scope and frequency of needs not necessarily the severity or importance of those needs.

Regarding the issues themselves, many of the topics are clearly interrelated, yet with just a couple of exceptions, we have intentionally refrained from consolidating the list. Doing so would involve a fair amount of subjectivity; it would also obscure some of the finer details that may be important in the delivery of services. For example, home repair appears in two different categories because Area 4 (and other agencies) can provide dollars for *minor* fixes but not for major ones. The two exceptions apply to transportation (merging “rides for errands” with “rides for medical appointments”) and to health costs (joining “paying for medical care” and “paying for medicines”). In both cases, we felt the nature of the assistance that is implied was similar enough to warrant combining the individual items.

When all data gathering methods are considered together, there are five issues that rise to the top of the list and stand above the others. Clearly, the need for better transportation services is the top need in our seven county service area. In particular, many older adults are lacking convenient, reliable, door-to-door transportation for medical appointments and routine errands such as going to the bank or grocery store. The second ranked need is for minor home repairs and modifications such as the installation of grab bars in a bathroom to reduce the risk of falling. A sense of concern about one’s finances or about the economy in general is the third highest ranking issue. This specific topic arose from the results rather than being defined in advance, but it seems to imply a need for monetary assistance in one form or another, basic cash aid for some – perhaps financial advising for others. The fourth ranking need is for major home repairs such as replacing a roof or a septic system. In the fifth position is the need to pay for medical care or medicines.

These five issues rank highest because they are each universal challenges for older people. They arise from the aging experience itself. It is now estimated that most of us will outlive our ability to safely drive a car by about 8 years, thus the need to have a range of transportation options is inescapable. As we age in place, the ever-present need for home maintenance inevitably becomes a major senior issue when we arrive at an age where we can no longer paint the house or climb up on the roof without alarming the neighbors. And, no matter which income bracket we fall into when we retire, steadily swelling costs of living (especially the costs of health care) erode our buying power over time.

Planning & Service Area 4

Overall Rank	Senior Needs Chart	Nevada County	Placer County	Sacramento County	Sierra County	Sutter County	Yolo County	Yuba County
	For each data-gathering method used, the most frequently cited needs/concerns are shown in rank order. The overall rankings are computed using a simple point system.* (The letter "T" indicates a tie in the rankings)							
1	Getting transportation for errands <u>or</u> medical appointments	1	1	2	4	1	1	1
2	Getting minor home repairs and/or modifications	4	3	4	1	2	6	T-3
3	OTHER: Having economic/financial concerns	T-7	T-7	1	5	T-4	T-3	2
4	Getting someone to do major home repairs	3	10	T-5	2	3	5	T-3
5	Paying for medical care <u>or</u> medicines	2	4	T-5	T-7	T-4	T-9	T-3
6	Paying for housing and other housing issues	T-10	2	3	T-10		2	
T-7	Finding a reliable person to do in-home care	5	T-5		T-7	T-9	T-9	
T-7	Finding services or benefits that could help me		T-7	T-5	T-10	6		7
9	Getting the kind of medical care that I/we need	T-7				7	8	6
10	Planning for future long term care needs	6					T-3	
11	Having a serious fall				T-10	8	7	T-9
T-12	Getting someone to do yard work	T-10			3			
T-12	OTHER: Coping with health problems		9		6			T-9
14	OTHER: Improving the network of available services		T-5	T-9				
15	Paying for dental care			T-5				
16	OTHER: Social isolation/need for friendly visiting					T-9		8
T-17	Getting help with wills, trusts, powers of attorney				T-7			
T-17	OTHER: Supporting family caregivers (especially with respite care)	T-7						
T-19	Dealing with dementia/Alzheimer's disease						T-9	
T-19	Dealing with loneliness or depression			T-9				
T-19	Understanding my health care options					T-9		
22	Having enough food to eat				T-10			
---	Being able to continue driving a car safely							
---	Being able to continue living in my home							
---	Being physically <u>or</u> emotionally abused							
---	Being taken advantage of financially							
---	Caring for grandchildren							
---	Finding a job							
---	Paying out-of-pocket for home care <u>or</u> day care							

* A rank of "1" equals ten points, 2= nine, 3= eight, 4= seven, 5= six, 6= five, 7= four, 8= three, 9= two, and 10= one point.

Recommendations

Even as our frail elderly population is growing exponentially, recurring budget shortfalls have forced reductions of critical services like case management, mental health, in-home care and meals on wheels – services vulnerable citizens need most. Now more than ever, seniors must be their own best advocates, and as a community, it is imperative that we *all* take whatever steps we can to prevent older adults from falling between the cracks and to assist those who already have.

Seniors and Family Members

First and foremost, we strongly encourage every senior to have a long term care plan in place with their family members. This includes understanding what types of care your health insurance does and does not cover, calculating your likely costs of living for the remainder of your life (at least into your 90s unless your physician has advised you otherwise), and having frank conversations with family and friends about how much help they are really willing and able to offer.

Secondly, as home and community-based services become more scarce, it will be increasingly important for frail seniors to speak up, letting someone know about their needs and wishes on a regular basis. Older people who remain silent will be more likely to have their concerns go unnoticed until they worsen to the point that they become obvious to others. Family caregivers can help most effectively when open, honest lines of communication have been established.

Our third recommendation is to be willing to share the eldercare experience. It is important for seniors to accept help from others, especially when doing so extends their independence. Conversely, when offering assistance to an older person, caregivers must be very sensitive to underlying fears he or she may have about losing control over their own affairs.

Finally, we urge elders and their caregivers to be open to change. Long standing routines can be very difficult to alter, but if they are negatively affecting the older adult's health, wellness or safety then they need to be re-examined. Making little changes (such as installing a bench seat in the bathtub) can often prevent the big change of relocating to a care home (as from breaking a hip in the shower).

Concerned Individuals and Organizations

If you are concerned about the well-being of older adults living in your community, there are several things you could do. First, it would be helpful to get acquainted with programs and services that are available in your local area. One way to do this would be to attend a county or city commission on aging meeting and connect with like-minded people. Second, if you have concerns, don't keep them to yourself. Anyone can be a spokesperson for frail elders by simply talking with family, friends, neighbors and co-workers when opportunities present themselves. Our third recommendation is to get involved. Whether it is volunteering to visit an isolated senior in their home or simply writing letters to your elected officials, there are many ways to make a difference. Find something that works well for you. Finally, we would advise beginners as well as veteran advocates to pace themselves. It is easy to be overwhelmed by the scope and scale of need that exists. Having realistic, achievable goals can help prevent feelings of hopelessness and total exhaustion, which are counterproductive.

For free information about programs and services for senior and caregivers in your area, call (800) 510-2020 or call Area 4 Agency on Aging at (916) 486-1876.

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For more information,
including county-level data,
visit our website at:

www.a4aa.com