



REPORT OF FINDINGS
PLACER COUNTY
OLDER ADULT NEEDS ASSESSMENT
April 2008

Prepared by

Millennium *Advantage*

4120 Douglas Blvd. Suite 306 #341
Granite Bay, California 95746
916.789.4556

“...consider the qualities that aging develops in wines, whisky, antiques and cheeses and then look for comparable qualities that age develops in people.

*While age brings challenges, it also brings rewards—
the depth and richness of experience, the complexity of being,
serenity, and wisdom as well as its own power and grace.”*

Dr. Andrew Weil
Healthy Aging



TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	
EXECUTIVE SUMMARY	ES.1
BACKGROUND, PURPOSE AND METHODOLOGY	1
FINDINGS OF THE SURVEY	9
CONCLUSIONS AND STRATEGIES	23
EXHIBITS	
<i>Exhibit A: Members of Older Adults Assessment Task Force</i>	
<i>Exhibit B: Survey Instrument</i>	
<i>Exhibit C: Distribution Sites</i>	
<i>Exhibit D: Interview Participants</i>	
<i>Exhibit E: Reported Years of Birth</i>	
<i>Exhibit F: Projected Population of Older Adults in Placer County</i>	
APPENDICES	
<i>Appendix 1: Handyman Programs</i>	
<i>Appendix 2: Affordable Housing</i>	
<i>Appendix 3: Weatherization Program/ProjectGO</i>	
<i>Appendix 4: Where Respondents Live By Zip Code</i>	
<i>Appendix 5: Where Respondents Live By Town</i>	
<i>Appendix 6: Table and Map of Older Adult Housing</i>	



ACKNOWLEDGMENTS

Millennium Advantage gratefully acknowledges the cooperation, courtesy and candor offered throughout the assessment by all those who participated or were involved in the Placer County Older Adult Needs Assessment.

We appreciate the special assistance provided by the Older Adult Needs Assessment Task Force whose members were most generous with their time and knowledge. We would like to extend special thanks to those who completed a survey, to those who made time to be interviewed and to those who shared their opinions, insight and ideas regarding the needs of older adults in Placer County.

We began this project as neophytes in the world of older adult services and needs. Although we had worked on several senior projects in the past, we found in the first phases of this project that our knowledge was more conceptual than practical and that our actual experience with older adults was more limited than we had thought initially.

However, we believe that our limited knowledge proved to be a good thing, because we had no preconceived ideas about older adults (barring, of course, our own idealistic perceptions of how we plan to age)—what older adults want, what they need or what they think about the future. We went into this project with open minds. In the end, we found ourselves inspired and energized by older adults, filled with respect and awe for service providers, and amazed by the resiliency of the human spirit in dealing with the aging process. It has been a humbling and most enlightening experience.

Rebecca D. Moore, Research Director
Acsa Welker, Senior Research Associate

May 2008—As we were preparing the final report, we received 35 additional surveys in the mail. Survey responses have been entered into the final database that is being delivered to the Placer County Older Adult Needs Assessment Task Force, but these responses were not included in the final analyses—which had already been completed and documented—because they did not change the material results of conclusions or affect proposed strategies in any way.



EXECUTIVE SUMMARY

Background

Baby boomers are reinventing aging throughout the country and Placer County, with a 60+ population that some county officials expect to double by 2025, will feel the full effects of this paradigm shift.

In January and February 2008 Millennium Advantage conducted an assessment of older adult needs on behalf of Placer County. The assessment consisted of a survey distributed to older adults through 26 distribution sites, interviews with 30 individuals aged 60 to 93, interviews with 25 service providers, site visits to three senior centers and 20 adult communities, online reviews of related literature and research reports, and online research of older adult programs across the U.S.

Summary of Findings

Survey participants were asked to respond to a series of written questions structured to elicit opinions about their needs, concerns, and issues in the areas of transportation, housing, social activities, health and safety, and community services.

This summary contains the aggregate results of 1035 surveys. Information gathered in individual interviews was not considered quantifiable; rather, it has been incorporated into the overall analysis and is reflected in conclusions and strategies.

Community Resources. Most respondents know that there are services available for older adults in the community, use services that they need, find out about those services when they need them and rely on written materials (newspapers, senior publications) or Seniors First to get the information they need about such services. However, they don't feel that enough information is readily available about services and that the information isn't always accurate or easily understood. Additional services suggested revolved around transportation and more contemporary activities at senior centers. They would like services to be provided throughout the county, especially close to where they live.

Social Activities. The majority of respondents are socially active, getting together with other people daily (24%) or several times a week (40%). Most socialize with family and friends (74%) and participate in a wide variety of activities, including clubs, churches, senior centers, and classes. One in three considers helping family and others as an opportunity for socializing. A small percentage (4.9%) doesn't care to socialize. Four out of 10 say that nothing keeps them from socializing, but others cite health, transportation, lack of companion and lack of information as deterrents to participating in more social activities.

Transportation. Almost all respondents have public transportation available and know about it, but very few use it, preferring to drive themselves. Some of the reasons for not using public transportation are: convenience, availability, cost, lack or quality of information and health or mobility limitations.

Housing. The average length of time people have lived in their communities is about eight years, with a range of one to 86 years. About 56% of respondents live in active adult or senior communities or complexes. About 53% own their homes. More than 91% are very satisfied or

satisfied with their living arrangements and do not want to make a change. The 11% who do want to change said they want to move into a senior community, move somewhere else, move into a care facility or smaller home, or move in with family members. Those who wish to change want to be closer to family or friends (3.6%), to medical care (1.6%), to services they want or need (1.9%) or to activities in general (1.7%). They either cannot afford to make a change or are waiting for availability of their desired housing situation.

Health and Safety. Almost half (48.6%) of all respondents said they do not need help with any health issues. Those who want help cited the following areas: paying for health/dental/vision care, prescription medicines, and getting to medical appointments. More than 70% of respondents say they exercise, preferring to walk, jog and take exercise classes. About 6% prefer active sports such as golf, softball, tennis, skiing, bowling, and bicycling for their exercise. Health problems are the primary reason cited by those respondents who say they do not exercise.

Future Needs and Issues. Respondents have two primary concerns for the future: having sufficient financial resources and being able to remain independent. They want to get information about services or resources from written materials (*newspaper and senior publications*), reliable personal sources (*family, senior information source or health care professional*) and electronic resources (*television, email, websites, internet*).

Conclusions and Strategies

“You know the saying ‘it takes a village to raise a child’? Well, it takes a community to support an older adult.” Susan Alexman Director of Senior Services (Jewish Family Service of Los Angeles)

This survey found that Placer County older adults, for the most part, are healthy, thriving, and socially active, although about 1 in every 10 older adults says that a disability or health condition limits their ability to live as actively as they would like. Regardless of health limitations, they all still want to maintain their independence and want help that will allow them to do so. The conclusions support this fervor to remain independent, and the strategies suggest some ways that the Placer County community can support this strong desire.

One of the ways to interpret social research is through “theme analysis.” That is, patterns materialize from responses and anecdotal comments, and these patterns converge into themes that reflect a broader thinking about the issues being studied and that offer a conceptual foundation for dealing with all those issues. In this assessment, four recurring themes emerged from the survey responses and interviews:

INFORMATION	<i>Having easy-to-access facts, descriptions and explanations of services, activities and senior issues</i>
INDEPENDENCE	<i>Living with a high level of self-sufficiency and self-determination</i>
SOCIAL INTERACTION	<i>Having opportunities to engage in activities that offer personal enjoyment, intellectual stimulation, social satisfaction, and a sense of community</i>
RECOGNITION OF WORTH	<i>Being acknowledged as capable of cogent, lucid decisions and able to make a contribution to family, community and society</i>

These four themes form a framework of core values that can serve as a guide in the development and implementation of strategies to address future needs of older adults in Placer County. These themes are woven into the strategies for each of the areas examined in this assessment—Community Resources, Social Activities, Transportation, Housing, and Health and Safety.

The “Report of the Harvard School of Public Health–MetLife Foundation Initiative on Retirement and Civic Engagement” (2004, *Center for Health Communication, Harvard School of Public Health*) has provided some basis for many of the strategies in this report that point to the expanded use of volunteers to provide the services and programs that older adults need to remain independent.

The Report found that, volunteerism offers “...an opportunity to help boomers create a social legacy of profound importance. Their added years of life give them the chance. Their experiences in life give them the capability. And the need to come to terms with the world in a way that brings integrity to their life gives them the psychological incentive. Much may depend on the actions of the first wave of boomers, many of whom, while inspired in their formative years by President Kennedy’s call-to-service, have been notably less involved in civic life than their parents. This first wave may serve as role models for younger boomers, and for future generations as well. All of society will have a stake in the outcome.”

The Harvard study report found that those in planned communities tend to volunteer more and tend to have a stronger sense of community. With the large number of planned communities in Placer County, the likelihood of developing a highly effective corps of volunteers is encouraging. Assisting other adults to remain independent can provide older adult volunteers with many opportunities to make a meaningful contribution to their community.

Strategies: Community Resources

The key to utilizing community resources is having information about them that is easy to get, easy to read and easy to use. The following are some strategies that the County might consider in addressing the issue of information about community services:

1. **Help Seniors First** (the county’s designated resource for information and assistance) **secure an easy-to-remember phone number** (e.g., 1-800-SENIORS).
2. **Work with all older adult resources, services and agencies** to develop standard, easy to understand descriptions that are devoid of jargon (a big complaint of seniors). Also, explore ways that these services can collaborate or interface to make it easier for older adults to move smoothly through the maze of services available in the community.
3. Since older adults are often reluctant to acknowledge their need, **develop a decision tree system** that will be easy for anyone to understand so older adults and adult children can determine when a situation calls for outside services, what services are appropriate, and how to access them.
4. **Work with local print media to develop a Senior supplement to regional newspapers** with information about services or about community activities of interest to older adults, with profiles of older individuals who are doing special things in the community, with

profiles of agencies and services and with tips for staying healthy and independent.

5. **Develop a special website for older adults**, complete with bulletin boards, chat rooms, a calendar of community activities, volunteer needs and opportunities, on-line support groups and conferences, educational information, healthcare tips, hyperlinks to websites of services for older adults, downloadable senior-related software (*e.g., programs adapted to abilities and interests*). Could be stand-alone or linked to existing sites for Seniors First or Placer County.

Strategies: Social Activities

Social activities are important to overall health, but lack of information and transportation options pose barriers to full social lives for many older adults. The following are some strategies that the County might consider in addressing issues of socialization for older adults:

1. **The proposed senior website and senior supplement offer opportunities for communicating news** about upcoming events and activities.
2. **Transportation services need to be available** nights and weekends.
3. **Offerings at community or senior centers will need to make a transition in coming years** to accommodate the different interests of aging, adventurous baby boomers—*e.g., adding gourmet cooking, wine tasting trips, investment clubs and more vigorous exercise programs.*
4. **Add a new dimension to senior centers with satellite activities in communities where seniors live.** Use a mobile unit with multiple capacities to take activities to all areas of the county to reach those in more remote areas or with limited mobility.
5. **Offer computer classes at all levels to overcome the stigma of technology.** Help people discover that computers offer a way to keep people connected, to keep minds stimulated, and to take people on adventures.

Strategies: Transportation

“The baby boomers are a generation of problem-solvers,” says Peter Bell, president of the National Aging in Place Council in Washington, D.C. “We use education, technology and resources to change things—not just accept them as they are. I think we also recognize we can do things better collectively rather than individually.” The County would be wise to tap into this valuable resource to address the transportation issue, including these strategies:

1. **Gather a group of older adults and soon-to-be older adults to discuss ways to design and implement an expanded volunteer driver program for the entire county.** The volunteer drivers will feel needed (increasing self-worth), and the passengers will feel more in control of their lives.
2. **Expand Roseville’s Transportation Ambassadors program to the entire county** so more people can learn to use public transportation without fear of getting lost, getting on the wrong bus, or missing their bus.
3. **Promote the community and environmental benefits of public transportation, ride-sharing, and car pooling** to older adults. Re-position these options as the smart social choice.

Strategies: Housing

By remaining in their own homes, older adults can retain an important degree of independence. Remaining as safe and independent as possible can boost an older adult's overall sense of well-being. The following are some strategies that the County might consider in addressing the issue of independence and housing, particularly expanding the services necessary to help keep older adults in their own homes:

1. **Establish a service that would match qualified, certified senior household maintenance volunteers** with people who need help with a variety of routine household maintenance tasks. Volunteers would gain a sense of purpose from their work, and their clients would feel more secure about maintaining their independence.
2. **Expand the handyman programs** for staff to serve as consultants when major repair work by a licensed contractor is needed. Their oversight will help to minimize the potential exploitation of older adults.
3. **Offer classes on topics related to independent living** for older adults and their adult children. Link these classes to the decision tree system of care described in the earlier strategy for Community Resources.

Strategies: Health and Safety

Much of the responsibility for staying healthy rests with the individual, but providing support in crucial areas can make a difference. There are already many health-related programs offered by various healthcare organizations throughout the County, so the strategies focus on those things that support healthy living/aging, but are within the individual's ability to manage or control.

1. **Provide free or low cost exercise programs that offer a full range of exercises**—from stretching and low impact to very vigorous activity—throughout the county. Encourage people to find an exercise buddy so they will maintain a consistent exercise routine. Link exercise programs with nutrition programs.
2. **Expand home modification programs** so that more people who are living independently can stay at home—safely.
3. **Provide workshops for older adults and their adult children to familiarize them with the decision tree system** (described in Community Resources Strategies) so they can understand when an older parent might need some help. Incorporate communications training in the workshops to facilitate more effective communications between parents and older children.
4. **Develop special cognitive stimulating programs for older adults.** For example, they could be encouraged to write their memoirs—the recollection of memories keeps the mind active and reminds people of their many accomplishments throughout a long life (*helps them to remember that they have made contributions to the community and validates their worth*). Such activities foster a healthy attitude and bolster self-esteem. Communities are made rich by the uniqueness and idiosyncrasies of the people in them. Having a forum for older adults to share stories and memories will enrich the community as a whole.

Closing Remarks

The assessment of older adult needs was conducted as a starting point for planning—for the myriad services that county agencies and community-based organizations provide. Keeping pace with the new generation of older adults will require more collaboration, cooperation and innovation than ever before. As the population ages, attention to the burden on existing systems will be just as crucial as building new systems that may be required. Public sector agencies and private sector community-based organizations are poised to face the challenge, but must seize the opportunity to work collaboratively in unprecedented and innovative ways.



BACKGROUND, PURPOSE AND METHODOLOGY

Background

Millennium Advantage was retained by Placer County to conduct a study to assess the needs of older adults living within the county. Millennium Advantage is a management consulting firm offering counsel in all areas of nonprofit and public sector management. Established in 1993 as a consulting firm for hospitals and healthcare systems, the firm now provides counsel for organizations that serve the fine and performing arts, health and human services, and higher education—helping them face the challenges of operating effectively in an increasingly competitive environment. The firm’s consulting services are dedicated to the fundamental activities of nonprofit community-based organizations and public agencies—strategic, business and product planning; financial and investment analysis; research and development; access to capital; board and leadership development.

Purpose

Placer County Department of Health and Human Services, Adult System of Care, wanting to prepare for the projected growth of the county’s older adult population, felt it was important to ascertain the needs of the current older adult population and to project the future needs of this population over the next twenty years. They were particularly interested in learning about unmet needs and barriers to services. They determined that a comprehensive and representative survey of older adults, caregivers, and providers of older adult services, was needed to provide a sound basis for making decisions related to services for older adults. Of special interest were needs in these areas: housing, nutrition, transportation, education, social and recreational and independent living support.

Millennium Advantage began work on the project in early November 2007, meeting with the Older Adult Needs Assessment Task Force (“Task Force”) to discuss project parameters. A roster of Task Force members is included as **Exhibit A**.

Study Methodology

Project Background

The older adult needs assessment process was conducted utilizing a multi-faceted approach that included a general needs assessment survey (53 question instrument), targeted focus groups, and interviews of older adults and service providers. As a starting point, Millennium Advantage staff conducted the following preparatory activities:

- ◆ Developed a Work Plan to keep the project focused and to maintain a steady level of progress, especially during the preparatory stages.
- ◆ Conducted a literature review to understand current issues and to examine other surveys conducted regionally and nationally to gain a perspective of the breadth and scope of survey instruments used.
- ◆ Met weekly with several Task Force members to review materials, to seek their input on a variety of project-related issues and to ensure consistent oversight of the project.
- ◆ Identified sources of current demographic data for comparative purposes to ensure that

the assessment contained responses from a representative sample of older adults throughout the county.

- ◆ Identified potential distribution points to seek input from older adults in all demographic categories, including age, gender, economic status, geographic location, marital status, activity level, and ethnicity.
- ◆ Determined the number of surveys that could be distributed, retrieved, entered and analyzed given limited resources of the project.
- ◆ Identified potential individuals and providers to interview for additional in-depth and anecdotal information.
- ◆ Identified publicity needs and outlets.
- ◆ Identified other distribution methods to ensure broader coverage.

Survey Instrument

A draft survey instrument was developed in November 2007. The survey contained 53 questions regarding the primary areas of interest: housing, nutrition, transportation, education, social and recreational and independent living support. The survey underwent several revisions and was tested in two focus groups to assess readability, to validate topics and to appraise the potential difficulty of a lengthy questionnaire. Several additional changes were made based on focus group feedback, and the final survey was reviewed and approved by the Task Force in mid-December. In its final form, the survey was an eight-page booklet with instructions and contact information on the front page. A sample survey is included as **Exhibit B**.

It was determined that 5,000 surveys would be distributed and that every effort would be made to achieve a 10-15% response rate, which would provide statistically sound results if responses were received in equivalent rates among all the distribution sites. The surveys were printed and readied for distribution in early January 2008. Surveys were distributed the week of January 7, 2008 and collected January 25 through January 30.

Distribution Sites

Based on the preliminary research, Millennium Advantage determined that using centralized distribution sites would increase response rate, would provide better control to reduce over-sampling or completion by individuals other than the target population. As a result, the data was more likely to be valid and to provide a more accurate picture of older adult needs and wants. A distribution site was defined as a place that was likely to be frequented by older adults or that would have a consistent connection with older adults.

Three site categories were identified: senior housing, senior activity centers, and churches. In addition to these distribution sites, Placer County In-Home Support Services assumed responsibility for distribution to its homebound clients through care givers. This allowed homebound seniors to participate in the assessment without compromising the confidentiality of IHSS clients. A list of distribution sites is included as **Exhibit C**.

Distribution sites were selected based on three criteria. First, the firm could select sites that assured a wide distribution throughout the county, giving a better perspective of potentially different needs based on geographic position within the county. Secondly, careful site selection

offered more opportunity to gather data from a representative sample of the population since specific sites would provide access to specific targeted groups, such as low income, independent or isolated individuals and so forth. And finally, specific sites offered the opportunity to cultivate a single contact person, who would take personal responsibility for distributing surveys only to those qualified to participate in the assessment and for encouraging those individuals to return completed surveys.

To ensure confidentiality, which was identified as a major concern of older adults since the survey itself was anonymous, secure collection boxes were prepared for each distribution site. In early December the primary contact person at each site received an introductory letter signed by Adult System of Care Director Maureen Bauman and was then contacted by Millennium Advantage Senior Research Associate Acsa Welker to schedule a January survey delivery date. All contacts were receptive to helping achieve the desired response rate.

Senior Housing Developments: Senior housing developments included single family home developments, apartments, mobile home parks, independent living complexes and assisted living facilities. They were chosen as distribution sites for three reasons: 1) they provided access to older adults in all income ranges and from all ethnic backgrounds; 2) they offered good geographic distribution of surveys, because they are scattered throughout the county; and 3) they have managers or activities directors who could be encouraged to be the “internal champion” of the site, taking some ownership for response rates and promoting participation.

Senior Activity Centers: Senior centers provide programs specifically designed for older adults, including exercise programs, recreational activities, learning opportunities and general social interaction. In addition to the three previously cited reasons, these centers were chosen, because: 1) they cater to older adults who are physically active as well as those with some physical limitations; 2) they are located in central hubs of different regions of the county; 3) they could have individuals complete the surveys on site as an intellectual activity; and 4) they often provide transportation to their programs, which would ensure that some respondents would share their experiences in an area of particular interest in the assessment.

Churches. Churches of different denominations were selected from communities throughout the county. Churches were selected for three additional reasons: 1) they are often the only social outlet for seniors who don't participate in other community activities; 2) in addition to regular Sunday services, they have programs of particular interest to seniors and, therefore, have large senior memberships; and 3) pastors are usually aware of older adult members who might be homebound for either short or extended periods and could provide access to these individuals through family members or personal pastoral visits.

Thus, through these avenues of selected distribution sites, it was projected that the broadest and most representative sample of older adults could be reached.

Older Adult Interviews. Individual older adults were interviewed to gather more detailed information about needs, services, and concerns for the future. Names of individuals were obtained from contacts at distribution sites, from Task Force members and from existing Millennium Advantage contacts. Interviews were conducted in person where possible and by telephone as needed to accommodate individual schedules.

Service Provider Interviews. Directors of programs and services that provide nutrition, health,

education, social and recreation, transportation and independent living support were interviewed in order to prepare a profile of the types and location of services, number of individuals receiving the service, barriers to access and waiting lists. Not all identified interview candidates were available during the study period. Each interview lasted approximately 45 minutes. A list of interview participants is included as **Exhibit D**.

Ancillary Studies. In addition to the survey of older adult needs and services, Millennium Advantage conducted three ancillary studies: 1) an examination of affordable older adult housing complexes in the County; 2) a review of several programs provided to assist older adults with routine household maintenance, minor modifications and consultation on major household repairs; and 3) a review of the weatherization program provided by ProjectGo. The purpose of these ancillary studies was to determine current effectiveness of these programs and to consider possible changes for future needs. The results of these ancillary surveys have been segregated from other survey data and are included as appendices to this report.

Profile of Survey Respondents

Of the 5,000 surveys distributed, 1071 were returned—a 21.4% response rate that far exceeded the 10-15% projected return. Of those, 1035 were sufficiently completed to be considered valid for data entry. Not all respondents answered every question. Responses obtained from the 36 surveys completed during the focus groups were not included in the statistical analysis, because the surveys used were in various stages of design and did not correspond exactly to the final version. However, anecdotal comments from these test surveys were included where relevant and appropriate.

Of the total surveys returned, 56% came from senior housing, 25% from senior centers, 6% from churches, and 13% from IHSS clients.

Geographic Dispersion. Respondents live throughout the county.

Town	% of Population	% Survey Respondents
Auburn	4%	21.1%
Colfax	Less than 1%	3.4%
Lincoln	12%	27.9%
Loomis	2%	2.9%
Rocklin	16%	14.1
Roseville	33%	22.9
Outlying Areas	NA	7.7%
Tahoe-Truckee	NA	0.8%

Source: US Census Bureau, 2000, Placer County-Community Development Resource Agency

Gender. While women aged 60 and older constitute 56% of the total population of Placer County, 68.9% of survey respondents were women. Men, who constitute 44% of the Placer County population aged 60 or older, comprised 28.9% of the survey respondents. Twenty-two respondents did not answer this question.

Age. The survey utilized the designations of younger-old (ages 60 to 70), old (ages 70 to 85) and older-old (ages 85 and older). Survey respondents ranged in age from 59 to 101. The mean age of respondents was 75.23 years, and the median age was 75 years. Respondents were fairly evenly distributed along the age continuum as shown in the table below. A graph of the years in which respondents were born is included as **Exhibit E**. Compared to the 2000 Census population data, the survey respondents over-represented the older age ranges and under-represented the younger age ranges. Anticipating this (based on a review of the Area 4 Agency on Aging survey), every attempt was made to interview individuals in the younger age groups, although parity with the County population statistics was not completely achieved.

Ages of Survey Respondents

Age Range	Survey #	% Respondents	Placer County Pop*	% Placer County
60-64 yrs	150	14.5%	10,139	23.7%
65-74 yrs	377	36.5%	17,313	40.5%
75-84 yrs	331	31.9%	11,557	27.1%
85 yrs +	168	16.2%	3,690	8.6%
No age given	9	0.9%	NA	NA
Total	1035	100.0%	42,699	99.9%

*Source: US Census 2000 (The rounding of percentages in Census data may affect the total.)

Marital Status. Survey respondents were primarily married (40%) or widowed (35.7%). The remainder reported being single (8.7%), separated (1.2%), divorced (13.4%) or a domestic partner (.6%). Ten respondents did not answer this question.

Number of People in Household. Reflective of marital status, 40.4% of respondents live in 2-person households, while almost half (48.3%) live alone. Another 3.4% of respondents live in households of three people, and about one percent live in households of four, five, and six members. One person reported living in a household of seven persons.

Education Level. Respondents represented a wide range of educational levels. Comparable information for education level by age was not available.

Grade Level	Number	Percent
0-8 th grade	37	3.6%
9 th -12 th grade	254	24.5%
Some college, no degree	307	29.7%
Associate degree	91	8.8%
Bachelor's degree	234	22.8%
Master's degree	66	6.4%
Professional degree (MD, DDS, JD, DVM)	21	2.0%
Doctoral degree (PhD, EdD)	14	2.5%
No response	25	1.1%

Ethnicity/Race. Ethnic background and/or race of respondents closely parallels that of the total

population of the County.

Ethnicity	#	%	Placer County Population*
White/Caucasian	900	87.0%	91.1%
Asian	47	4.2%	2.4%
Hispanic/Latino	33	3.2%	4.7%
Native American	27	2.6%	0.4%
Black/African American	7	0.7%	0.5%
Hawaiian/Pacific Islander	6	0.6%	0.1%
Other (Serbian, Middle Eastern)	10	1.0%	NA
No response	18	0.8%	

*From 2007 Department of Finance projections.

The primary language of all respondents was English with less than one percent citing Chinese, Spanish and other languages. Only 1.9% said they could use the services of an interpreter.

Annual Income. Survey respondents cited these household income ranges (120 respondents did not indicate an income range and comparable Placer County data is not available):

Income	#	%
Less than \$10,000	120	11.6%
\$10,000 - \$14,999	162	15.7%
\$15,000-\$24,999	128	12.4%
\$25,000-\$34,999	106	10.2%
\$35,000-\$49,999	118	11.4%
\$50,000-\$74,999	151	14.6%
\$75,000-\$99,999	69	6.7%
\$100,000-\$149,999	50	4.9%
\$150,000-\$199,999	6	0.6%
\$200,000 or more	5	0.5%

Almost three out of four (72%) respondents are fully retired; 8% are retired, but work part time. Less than 2% work full time, while 3.2% work part time, and another 1.6% are looking for work. One in 10 is disabled.

Source of Income. Most respondents have more than one source of income, reporting primary sources as social security or railroad retirement (73.8%), pension (52.9%) and savings or investments (42.3%). Others report income from Supplemental Security Income (SSI) (15.5%), employment (11.3%), veteran’s benefits (4.3%), and Social Security Disability (SSD) (4.2%). Additional sources of income include alimony, trust fund and deferred compensation.

Profile of Interview Participants

Millennium Advantage conducted personal interviews of 35 individual older adults and 25 service providers. Interviews were conducted in person and by telephone when necessary to accommodate scheduling. Older adults were interviewed in their homes, in senior centers and by telephone. Individuals ranged in age from 60 to 96. Interviews of older adults were conducted in

a conversational manner, guided by the general topics of current concerns or needs, thoughts about future needs, satisfaction with current living arrangements, activities, and services.

Providers were interviewed in their offices and by telephone. While some providers are also older adults, their interviews focused on their professional roles.

Information, opinions and personal perspectives of interview participants have been incorporated into the conclusions section of this report, since they cannot be precisely quantified.

Report Format

The findings presented in this report consist of the statistical analyses of survey responses. Since interviews and literature reviews are qualitative, rather than quantitative, in nature, the information gained from these sources has been used to enhance and refine the conclusions and to help formulate strategies.

The results of the assessment are presented in the following format:

- *Summary of Findings*—distribution of responses to all non-demographic survey questions
- *Conclusions and Strategies*—an analysis of findings as they relate to the key areas of study with some suggestions for strategies that might be considered in the County’s planning for future needs

Limitations of the Study

The findings in this report are subject to several limitations. First, primary data were limited by the time allocated for this study and the availability of all the targeted individuals during this period. The survey period was extended by three weeks in order to conduct additional interviews considered crucial to a thorough analysis.

Secondly, although every effort was made to ensure that the survey respondents comprise a representative sample of older adults in Placer County, they may not exactly replicate the older adult population; nor do they constitute a random sample of the targeted population due to the self-selective nature of surveys, the method of survey distribution and the availability of individuals during the period allocated for the study. The data in this report are estimates of the actual figures that would have been obtained by surveying the entire population of older adults using the same methodology. Sampling errors in data arise, because it is not possible to survey the entire population, and some statistical interpretation is necessary. While results varied from community to community, it is fair to say that men, people in their 60s and people living in the more remote areas of the county were under-represented. It is important to note that these variations occurred not from a lack of effort but from different return rates among these groups. We, therefore, cannot rule out entirely the possibility of sampling errors in our findings and conclusions. The goal for total completed surveys was 1% of the study population (N=57,000). This goal was exceeded with 1.8% of the senior population sampled with a 3.05% margin of error.

Thirdly, every effort has been made to ensure accuracy in data management, and we have striven to mitigate non-sampling errors by taking a series of careful quality assurance measures throughout the collection and processing of data. However, it is possible for non-sampling errors to be introduced at any point in the process of collecting and processing survey data, for example

in data entry.

Fourthly, responses are based on opinions or assumptions of respondents. Since opinions are based on personal sources of information, we cannot predict nor anticipate exactly where and what circumstances may occur that would nullify the projections contained in this report that were derived from the opinions of the respondents. We also cannot be faulted for stating opinions of respondents that may not reflect the opinion of the reader.

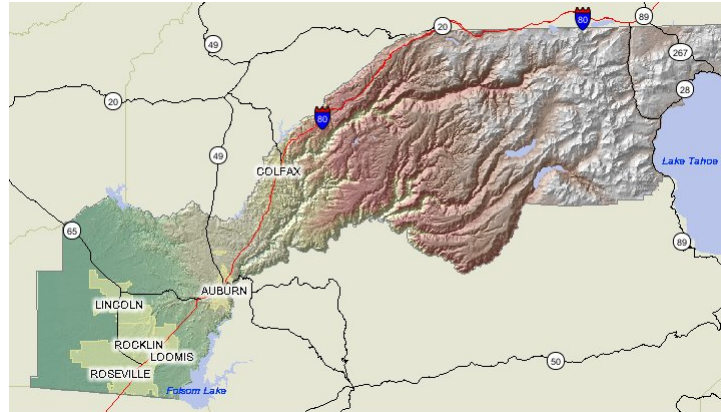
Finally, the findings represent a snapshot of a specific period in time. It is possible that survey respondents and interview participants took into consideration the impact of recent or impending personal circumstances in their responses. It is not possible to determine to what extent their responses may have been influenced by those circumstances. Except for the strategies section of this report, all sections reflect the opinions of those who were surveyed or interviewed; we cannot be held responsible if they were to express differing views at another time.



FINDINGS OF THE STUDY

Profile of Placer County

Placer County stretches from the suburbs of Sacramento to Lake Tahoe and the Nevada border. Because of the expansion of the Sacramento metropolitan area, Placer County is one of the fastest growing counties in the state. As of 2000, the population was 248,399. In 2004, the population had grown to 307,004. The county seat is Auburn.



Population is dispersed throughout the county, but population is most concentrated in the towns of Auburn, Rocklin, Roseville and Lincoln.

Ten percent of the people living in Placer County in 2006 were foreign born. Ninety percent was native, including 62 percent who were born in California.

In 2006, 83 percent of the people at least one year old living in Placer County were living in the same residence one year earlier; 9 percent had moved during the past year from another residence in the same county, 5 percent from another county in the same state, 1 percent from another state, and 1 percent from abroad.

In 2006, 92 percent of people 25 years and over had at least graduated from high school and 32 percent had a bachelor's degree or higher. Eight percent were dropouts; they were not enrolled in school and had not graduated from high school.

In Placer County, among people at least five years old in 2006, 13 percent reported a disability. The likelihood of having a disability varied by age - from 5 percent of people 5 to 15 years old, to 10 percent of people 16 to 64 years old, and to 36 percent of those 65 and older.

In 2006, for the employed population 16 years and older, the leading industries in Placer County were educational services, health care, social assistance, and retail trade.

The median income of households in Placer County was \$70,013.

Source: American Community Survey, 2006

The following graphs, charts and tables provide a statistical analysis of responses to all questions from 1035 surveys. Please note that not all survey participants responded to all questions.

Community Resources

❖ Do you know about local services and programs for older adults?

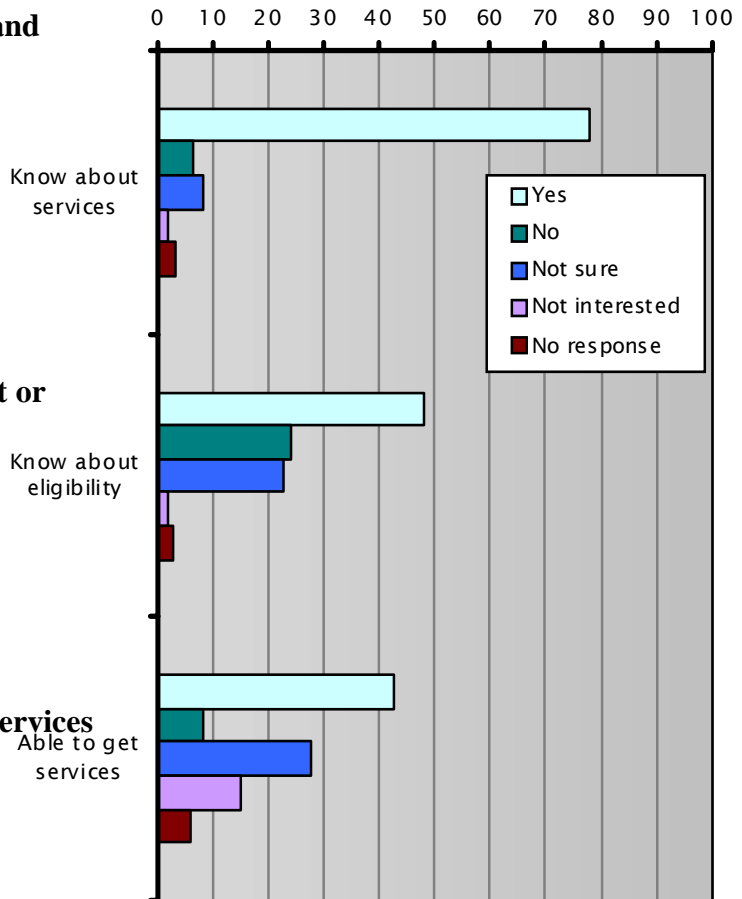
- ◆ Yes 80.1%
- ◆ No 6.6%
- ◆ Not sure 9.1%
- ◆ Not interested 1.3%
- ◆ No response 2.9%

❖ Do you know about eligibility requirements for services you want or need?

- ◆ Yes 46.4%
- ◆ No 24.0%
- ◆ Not sure 24.1%
- ◆ Not interested 2.6%
- ◆ No response 2.9%

❖ Are you able to get or receive the services you need or want?

- ◆ Yes 42.7%
- ◆ No 8.1%
- ◆ Not sure 29.0%
- ◆ Don't need/want 15.6%
- ◆ No response 4.6%



❖ If no or not sure, what keeps you from getting the services you want or need?

- ◆ Information (confusing, inaccurate, insufficient) 24.9%
- ◆ Transportation 12.1%
- ◆ Cost 10.6%
- ◆ Location/distance 8.9%
- ◆ Not eligible for assistance 7.4%
- ◆ Embarrassment 4.1%
- ◆ Lack of time 2.3%
- ◆ Question not applicable to me 16.3%
- ◆ Other 1.6%

(Other reasons cited: just moved here, medical problem, services not available, daughter takes care of me)

Respondents said they had used these programs or services offered in Placer County in the past year:

Program or Service	% Used
In-Home Supportive Services (IHSS)	16.3%
In-Home care (Personalized Home Care)	6.7%
Information & Assistance (Seniors First)	6.3%
Home-Delivered Meals	5.1%
Caregiver Respite (Personalized Home Care)	4.3%
Senior Legal Services (LSNC)	4.0%
Senior Meal Sites (Seniors First)	3.9%
Transportation (Seniors First)	3.3%
Adult Day Health Care (Health for All)	2.9%
Friendly Visitor	2.9%
Health Insurance Counseling (HICAP)	2.9%
Brown Bag Program (Community Resources Council)	1.7%
Disease Prevention	1.7%
Adult Protective Services	1.6%
Medication Management	1.6%
Caregiver Respite (Del Oro Caregiver Resource Center)	1.3%
Mental Health Services	1.3%
Alzheimer's Day Care (Health for All)	1.0%
Indian Health Services	1.0%
Senior Peer Counseling	1.0%
Alcoholics Anonymous	0.9%
Senior Employment Program (A4AA)	0.9%
Home Modification (Seniors First)	0.7%
Transitional Living Services	0.7%
Care coordination (Linkages - UC Davis)	0.6%
Ombudsman Services	0.6%
Drug and Alcohol Services	0.3%
Homeless Services	0.0%

Other services used by 2.7% of respondents include:

Senior Center, Tai Chi classes/exercise classes, AARP tax preparation, Placer Independent Resource Services (PIRS), Neighbors Indeed, Placer adult school classes, caregiver while my children were out of town, trips, housing tax rebate, Dial-A-Ride

Respondents cite these sources as the ways they find out about services:

Friends or family	31.4%
Newspaper	23.6%
Senior Information & Assistance (Seniors First)	23.2%
Senior publications	23.1%
Don't know about these services	18.6%
Internet	11.6%
My health care professional	11.0%
Television	7.4%
Library	6.6%
Radio	4.1%
Other	3.1%

Other ways that people find out about services include: telephone book, senior center, other publications, and word of mouth.

When asked if any of the older adult services ARE NOT meeting their needs, respondents explained how or why services aren't meeting their needs.

Transportation was the number one reason cited, including need for better, more dependable transportation services, more information about transportation services, service on Sundays, more help to make arrangements, and the time required to use transportation services. Anecdotal comments regarding transportation included:

- ◆ *My doctors are 3 miles away, and there is no transportation—no bus or Dial-A-Ride to Roseville Medical Center from Rocklin. I have to pay someone to take me.*
- ◆ *When I tried to get transportation from my home to Roseville to get physical therapy, nothing was available. I would have to walk from Rocklin, get a bus to the mall, and another bus to therapy, hoping I would make a connection and be there on time, then reverse the process to get home—too tiring*
- ◆ *No service after 5:30 pm on Friday or on Sunday; can't go to dinner, theatre, movie*
- ◆ *Some are in the evening, and I can't drive—vision issues*
- ◆ *Tried to get transportation but the Roseville bus is a joke - had it whip right past me at Rehab Center, had to go down a slope in the rain in wheel chair to the bus stop*

Other miscellaneous comments were:

- ◆ *We need more information about services—don't know how to find them.*
- ◆ *Need computer courses on current software programs.*
- ◆ *Sometimes the food bank food is moldy and mildewed—the milk sour, uneatable. Prisoners probably get better food than seniors do.*
- ◆ *Home delivered meals do not deliver to homes outside the Loomis city limits*

- ◆ *Senior employment—all local corporations are non-responsive to employment applications*
- ◆ *We are old (81 and 88) and want to stay in our home. We need support for labor—we are able to pay for it, but don't have satisfactory help.*
- ◆ *Support groups are boring*
- ◆ *Senior center is depressing; rooms too cold or hot*
- ◆ *Housing - no handicap accessibility; waiting list too long*
- ◆ *It would help to have group services at the places we live, such as mobile home parks, retirement developments, etc.*

When asked about other services that they need or would use, respondents offered these suggestions:

- ◆ More transportation options: mass transit services in Granite Bay, transportation to medical appointments and to medical services 30 miles or more away at a reasonable cost, ride share, light rail, evening services so we can get out at night
- ◆ Computer classes
- ◆ More recreation activities and more variety: day trips to shows, sporting events, etc.; active sports like table tennis; speakers in our own community; stock market groups
- ◆ Mentally challenging and interesting programs/classes on site for seniors who don't have transportation
- ◆ Need a decent gathering center—a better Senior Center. This one is too cold or too hot and stuffy and depressing.
- ◆ Age related health publication
- ◆ Help with starting a senior business (information and funding)—I want to help others and myself
- ◆ Rental assistance, affordable housing
- ◆ I want sign language
- ◆ More classes in the Lincoln/12 Bridges area
- ◆ More services in or near Loomis.
- ◆ Healthy nutritious food
- ◆ Handicapped groups; mental health activities

When asked where they wanted services to be offered, respondents said:

- ◆ In a central location (24.3%)
- ◆ No response (23.9%)
- ◆ Widely distributed throughout the county (19.4%)
- ◆ Don't know (19.3%)
- ◆ In their current location (*Del Webb, senior centers, apartments, home*) (9.9%)
- ◆ Other (*along bus routes, closer to my home, new senior centers*) (3.3 %)

Social Activities

When asked how often, on average, they socialize or get together with other people, respondents said:

Daily	24.0%
3-4 times/week	39.9%
3-4 times a month	24.9%
Not at all	7.1%
No response	4.1%

Respondents enjoy these social activities:

Social Activities	%
Doing things with family and friends	73.7%
Going to church or other spiritual activities	42.6%
Traveling or going on trips	41.4%
Providing help to friends or family	36.7%
Attending movies, sporting events, parties	35.4%
Participating in clubs or civic groups	27.6%
Taking classes	26.3%
Participating in senior center activities	22.3%
Sharing a hobby, such as quilting, miniature RR	17.1%
Participating in sports	13.6%
Working at a job	8.4%
Don't care to socialize	4.9%
Other	3.4%

Other social activities include: bridge, cards, games or bingo, volunteering, fitness center and exercising, library visits, reading, poetry classes, going out to dinner, writing letters, conversation and discussion, aiding others within my church.

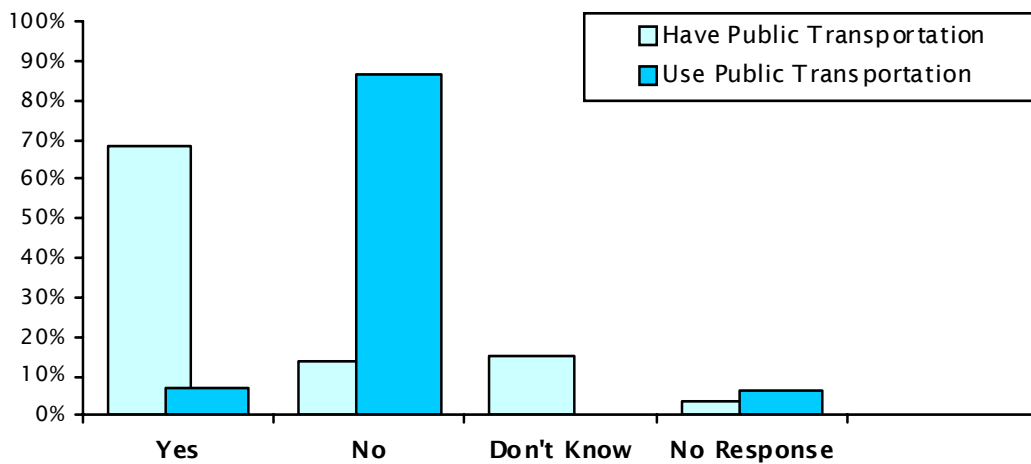
Barriers to social activities	%
Nothing	41.4%
My health problems	23.9%
No companion to share social activities	12.7%
Lack of transportation	10.4%
Lack of information about community activities	7.6%
Not interested	5.7%
My spouse's health problems	4.6%
Other	2.6%

Other miscellaneous reasons cited for not socializing:

- ◆ *Time—I'm still working to make ends meet*
- ◆ *Money - everything is expensive, even movies*
- ◆ *Limited eyesight and/or driving at night*
- ◆ *Tire easily*
- ◆ *Have to search really hard to find information, need a website just for senior activities*
- ◆ *Just being at home with my husband is more enjoyable*
- ◆ *Boring activities or people*
- ◆ *Fearful of meeting new people*
- ◆ *Recently moved to present residence*

Transportation

About 70% of respondents know that public transportation is available, and 7% use it.



Reasons cited for not using public transportation:

Prefer to drive myself	55.1%
Not convenient (schedule, routes, pick-up locations)	16.1%
Health or mobility problems	14.3%
Not available where I live	9.6%
Not enough information	6.9%
Too confusing	6.6%
Cost	4.4%
Other	1.4%

The other reasons cited were that transportation is usually provided by family, caregiver or the facility where the respondent lives.

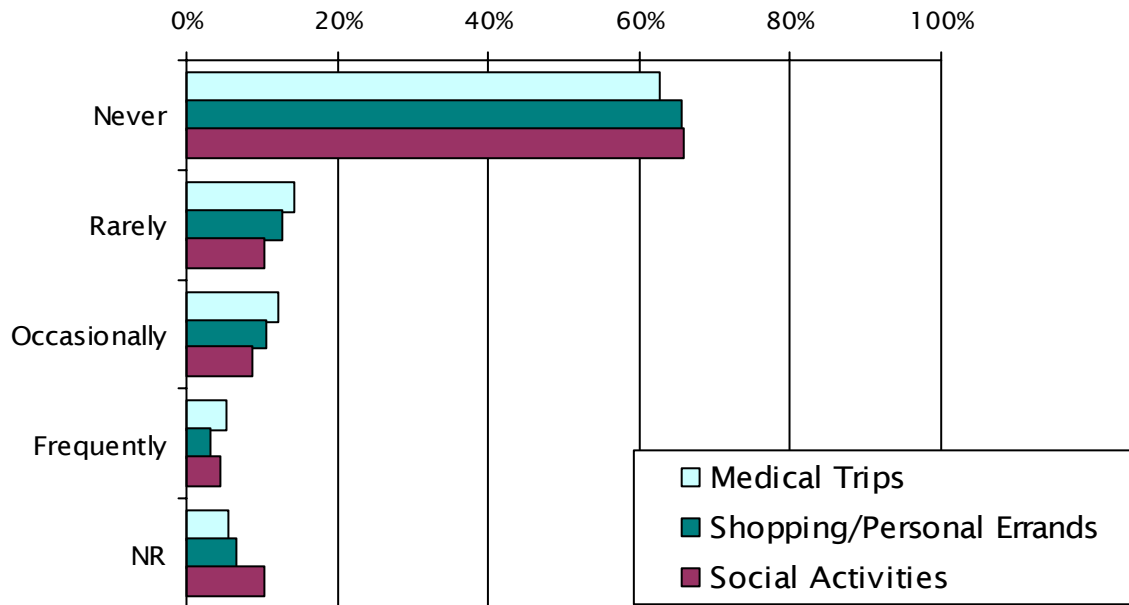
Method of transportation usually used by respondents:

Drive my own car	63.7%
Friends/Relatives drive me	19.2%
Senior Bus/Van	3.0%
Someone else is paid to drive me	2.5%
Dial-A-Ride/Paratransit	1.0%
Walk or Bicycle	1.0%
Public transportation	0.9%
None of these are options for me	0.6%
Other (golf cart, motorcycle, caregiver)	1.9%

Concerned about being able to continue driving a car safely

Yes	30.4%
No	44.4%
Don't drive	22.9%
No response	2.3%

How often respondents have difficulty arranging transportation for medical trips, shopping/personal errands and social activities:



How often respondents needed help getting or arranging transportation (in the last 12 months):

Never	Rarely	Occasionally	Frequently	No Response
60.0%	14.1	13.3	5.0	7.6

Main reasons respondents have difficulty getting transportation they need:

Don't have any trouble	51.7 %
Have to rely on others	17.1%
Car doesn't work/problems with the car	5.3%
Not available when or where I need it	2.9%
Have trouble getting around without help	2.1%
Unfamiliar with transportation options or system	2.0%
Don't know who to call	1.3%
Can't afford it	1.2%
Not available in my community	0.4%
Other (provided by caregiver, don't see well enough to drive)	3.0%

Housing

Number of years that respondents have lived in their current community:

# Years	%
0-5 yrs	45.1%
6-10 yrs	23.4%
11-15 yrs	7.1%
16-25 yrs	8.4%
26-50 yrs	9.1%
51-86 yrs	3.9%

Other Respondent Housing Information:

- ◆ About 56% of all respondents live in a senior community or senior retirement community (further identified by some respondents as “active adult community).
- ◆ Nearly half (48.3%) of all respondents live alone.
- ◆ Slightly more than 55% live in houses
- ◆ About 53% of respondents own their homes; 36% rent their homes
- ◆ About 33% live in apartments, condominiums or townhouses.
- ◆ Approximately 7.6% live in mobile homes.
- ◆ 1.7% live in a care facility (assisted living or Board & Care)
- ◆ A small percentage (1.1%) lives with adult children.

Satisfaction with current living arrangement:

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
59.0 %	32.7 %	4.61 %	0.7%

- ◆ About 80% do not want to change their living arrangements or housing situation.
- ◆ Almost 11.4% would like to make these changes:
 - Move to a retirement community (2.4%)
 - Move to another neighborhood (2.1%)

- Move from my own home to live with a family member (2.0%)
- Move from a house or apartment to assisted living (1.6%)
- Move from a Care Facility to an apartment (0.6%)
- Move from a house to an apartment (0.4%)
- Other: Like to own a house, move nearby; have a roommate; smaller home; go to a family community; live in a house with other seniors and a yard for a dog; move back to apartment alone; move to another county and city; move to a one-level condo with no yard; live with my wife in a skilled nursing facility; live with my daughter in her new home; move to a complex that does better maintenance.
- ◆ Those who wish to change want to be closer to family or friends (3.6%), to medical care (1.6%), to services they want or need (1.9%) or to activities in general (1.7%).
- ◆ Those who wish to change their living arrangements or housing situation also cited these reasons: better view, better air quality and weather, closer to old friends, unable to do necessary chores/repairs, to have company or a companion and to be close to peers, but live by myself.

What’s keeping respondents from making the changes they want to make:

- ◆ Can't afford to move (6.0%)
- ◆ Don't like change (2.9%)
- ◆ Family not able to take me in (2.4%)
- ◆ Can't sell my house (1.9%)
- ◆ No availability where I want to move (1.2%)
- ◆ Just hasn't happened (0.4%)
- ◆ Waiting for new house to be completed (1%)

Help needed in these areas:

Don't need help with any housing issues	54.1%
Having someone to help with home repairs	18.4%
Having someone to help with household chores	13.3%
Finding housing that is affordable for me	9.8%
Being able to live independently	6.9%

Specific Help needed:

- ◆ Reliable, honest & affordable home repairs, handyman 7.2 %
- ◆ Affordable housing 4.0 %
- ◆ Reliable, honest & affordable help with yard work 2.2 %
- ◆ Transportation 4.5 %
- ◆ Dealing with doctor 0.4 %

- ◆ Dealing with medications 0.4 %
- ◆ Help with cooking and preparing meals 0.4 %
- ◆ Paying bills 0.4 %
- ◆ Support when shopping 0.4 %
- ◆ More places like Casa de Santa Fe 0.4 %

Health and Safety

Respondents need help with these health and safety issues:

Paying for health, dental, or vision care	18.3%
Getting to medical appointments	15.4%
Paying for prescription medicines	12.7%
Dealing with a chronic illness or disability	12.6%
Eating healthy meals	8.4%
Getting someone to do personal care at home	7.0%
Having problems with memory or confusion	7.0%
Dealing with mental health issues, such as depression	6.3%
Falling in my home	5.1%
Taking care of an ailing spouse	2.6%
Becoming a victim of elder abuse	1.7%
Getting relief or respite from care giving	1.4%
Don't need help with any of the above	48.6%

Specific help needed with the above health and safety issues:

A list of who to call when I need assistance	1.1%
Foot care	0.4%
Disciplining myself to slow down	0.4%

Exercise

More than 70% of respondents exercise, preferring:

- ◆ To walk, jog or take aerobics (51.7%)
- ◆ Sports such as golf, tennis, softball, bowling, skiing (6.4%)
- ◆ 15.4% exercise in these alternative ways
 - Weight machines/exercise equipment
 - Swimming/Water exercise
 - Gym/fitness center
 - Exercise/Stretch Class/Video
 - Biking
 - Yard Work
 - Dancing
 - Therapy
 - Tai Chi
 - Working

Those who exercise prefer the following locations:

At or around my home	42.1%
At a community center or senior center	15.5%
At a public or private facility	10.8%
Throughout my community	0.8%
Friend's house	0.1%
Mountains, woods, or parks	0.4%
With therapist	0.4%

What keeps respondents from exercising?

Health problems	19.1%
Don't like to exercise	5.9%
No companion-don't like to exercise alone	2.1%
No exercise facility available near my home	0.9%
Can't afford facility fees	0.8%
Can't get to an exercise facility	0.7%
Just need to do it	0.4%
Work	0.4%
All of those listed	0.4%
I'm 82 and it's hard work	0.1%

Future needs and issues

Respondents were asked to indicate their level of concern about the following needs and issues that some older adults face. (Rows do not equal 100% due to non-responses.)

	Concerned Now	Expect to be Concerned in 5 years	Not Concerned now or in 5 years
a. Finding or getting housing that is affordable for me	11.9%	23.9%	43.1%
b. Getting services to help me stay in my own home	10.7%	30.7%	38.4%
c. Getting help with shopping or housekeeping	8.4%	26.9%	40.0%
d. Getting help with home maintenance or repairs	11.9%	28.0%	34.6%
e. Having meals delivered to me or prepared for me	6.0%	20.7%	46.0%
f. Living with a chronic illness or disability	18.0%	24.6%	33.6%
g. Getting in-home nursing care	5.1%	25.1%	41.1%
h. Finding an assisted living residence	3.9%	18.9%	47.9%
i. Needing a skilled nursing home or rehabilitation	3.3%	17.0%	47.4%
j. Getting respite care (caregiver relief)	4.7%	14.1%	49.4%
k. Dealing with loneliness or grief	9.6%	14.3%	45.7%
l. Dealing with end-of-life issues	5.7%	18.9%	45.6%
m. Getting transportation to appointments	10.0%	24.9v	39.6%
n. Using Public Transportation	8.3v	22.4%	40.0%
o. Having sufficient financial resources	19.7%	23.1%	35.3%
p. Needing legal assistance with my will or trusts	9.1%	12.6%	46.9%
q. Feeling safe at home or going out	8.1%	17.4%	43.6%
r. Other: Continuing to work and be of service to others, caring for spouse's elderly parents, getting help with my dog, caring for my husband, keeping in touch with senior needs, failing eyesight, getting another car	2.1%	0.3%	0.4%

Issues respondents expect to be of most concern in 5 years:

Having sufficient financial resources	11.6%
Living with a chronic illness or disability	8.0%
Finding or getting housing that is affordable for me	5.5%
Getting services to help me stay in my own home	3.1%
Getting help with home maintenance or home modifications to meet my changing needs	3.7%
Getting in-home nursing care	1.6%
Finding an assisted living residence	1.6%
Getting transportation to appointments	1.7%
Using public transportation	1.5%
Dealing with end-of-life issues	1.4%
Needing a skilled nursing home or rehabilitation	1.1%
Dealing with loneliness or grief	1.3%
Getting help with shopping or housekeeping	0.9%
Needing legal assistance with my will or trusts	.9%
Feeling safe at home or going out	.9%
Getting respite care (caregiver relief)	0.6%
Having meals delivered to me or prepared for me	0.3%
Other:	4.0%

Anecdotal Comments:

- ◆ *I live for today. I don't worry about next year, not even next week.*
- ◆ *To foresee a disabling medical condition is unpredictable; thus, I will continue to exercise 5-6 times weekly and take supplements to improve my health and avoid foreseeable medical issues*
- ◆ *Keeping social contacts and staying active - need a nice senior center in Auburn*
- ◆ *I'm too old for concerns. I don't plan on being around in 5 years.*
- ◆ *Health; being independent and caring for myself*

Future Information Sources

In the future, how respondents would like to get information about services or resources that might be of interest to them:

Source of Information	%
Newspaper	45.1%
Senior publications	40.8%
Television	26.6%
Health care professional	26.4%
Friends or Family	24.1%
Gathering places-such as Senior or Community Center	23.8%
Seniors First	22.6%
Activity Director of my retirement community	19.1%
Internet, email, websites	19.3%
Community forums or information meetings	18.3%
Church	16.9%
Radio	14.3%
Library	11.4%
Not interested in getting information	3.6%
Other (one-on-one help, mail)	1.6%

Miscellaneous, Unsolicited Anecdotal Comments

- ❖ *“Thank you for this survey, may it help you and us!”*
- ❖ *“Kids, prisoners and government workers have nicer housing and offices than seniors. Auburn has more seniors than all of these combined. Why would we vote for bonds when we continue to be at the bottom of the ‘nice facilities list’?”*
- ❖ *“Seniors First is a godsend for our community!”*



CONCLUSIONS AND STRATEGIES

It is in this section that factual, quantitative data from the surveys is merged with and enhanced by qualitative information from interviews and secondary research such as literature reviews. It is the role of the researcher to interpret the results of all information gathering, to give meaning to all the data based on experience in analytical and critical thinking. It is the often difficult task of the consultant to deliver conclusions that may not be what the client believes to be the case or wishes to hear.

According to the US Census 2006 American Community Survey¹, Placer County, with a total population of 326,242 had the second lowest poverty rate of any county in California, behind only San Mateo County. In 2006, it also had the fourth lowest unemployment rate, ranked third lowest on elderly poverty rate, and fifth highest on homeownership rate. These rankings are consistent with survey results.

With the Placer County population of adults aged 60 years and older expected to more than double in the future—from 57,000 in 2005 to more than 125,000 by 2025, according to Auburn City Councilwoman Bridget Powers—the community must respond to keep pace with growing or changing needs. Keeping pace with the new generation of older adults will require more collaboration, cooperation and innovation than ever before. As the population ages, attention to the burden on existing systems will be just as crucial as building new systems that may be required. (See **Exhibit F**: Projected Population of Placer County)

The survey findings show that, for the most part, Placer County older adults are healthy, thriving and socially active, although about 1 in every 10 older adults says that a disability or health condition limits their ability to live as actively as they might like.

One of the ways to interpret social research is through “theme analysis.” That is, patterns materialize from responses and anecdotal comments, and these patterns converge into themes that reflect a broader thinking about the issues being studied and that offer a conceptual foundation for dealing with all those issues. In this assessment, four recurring themes emerged from the survey responses and interviews:

INFORMATION	<i>Having easy-to-access facts, descriptions and explanations of services, activities and senior issues</i>
INDEPENDENCE	<i>Living with a high level of self-sufficiency and self-determination</i>
SOCIAL INTERACTION	<i>Having opportunities to engage in activities that offer personal enjoyment, intellectual stimulation, social satisfaction, and a sense of community</i>
RECOGNITION OF WORTH	<i>Being acknowledged as capable of cogent, lucid decisions and able to make a contribution to family, community and society</i>

¹ The American Community Survey fills in the gaps between each 10-year census. ACS 2006 includes population data from group homes or residential care facilities.

These four themes form a framework of core values that can serve as a guide in the development and implementation of strategies to address future needs of older adults in Placer County. These themes are woven into the strategies that are offered for each of areas examined in this assessment—Community Resources, Social Activities, Transportation, Housing, and Health and Safety.

COMMUNITY RESOURCES

Conclusions

Both surveys and interviews showed that Placer County has some of the best social services anywhere. However, the one consistently cited barrier to using community resources is the lack of usable information about them. While older adults know that services exist, they don't know how to find them and don't understand when or how to use specific services. It should be pointed out, though, that older adults don't feel any compelling need to **know** about a service until they **need** that service.

So whether or not they use community resources at present, older adults want to know what resources exist and how to access those resources when they are ready to use them. They feel the current information is inadequate. Survey respondents and interviewed individuals say that information—when they can find it at all—is fraught with confusing language, use of jargon, unclear descriptions and complex explanations.

- ❖ **Seniors First**, as the County's designated resource for Senior Information and Assistance with services and programs for older adults, is well-known and highly regarded by other service providers. However, it is not as well known by individuals.
- ❖ The Seniors First *Senior Resource Guide* lists services in alphabetical order and by category, but it does not provide descriptions of services (probably for good reason—the guide would be unmanageable and quickly obsolete) and not all older adults have a copy.
- ❖ In general, older adults like to have written information about community services and resources. They want to get information from trusted sources, and they rely on newspapers, printed materials and word of mouth (from family, friends and healthcare professionals).
- ❖ With older adult growth concentrated in the “younger-old” age groups, the increased demand for services is likely to accelerate after 2020 when the oldest Baby Boomers turn 75. Younger-old adults and impending younger-old adults want to get their information from a variety of electronic formats in addition to traditional printed materials.
- ❖ Many older adults are gaining computer literacy, and the number of older adults with computer skills will continue to grow as the population ages, bringing technology-era baby boomers into the older adult classification. For those with limited computer skills, traversing the Internet is too daunting and formidable a task to tackle. However, the adult children of these people are often more computer literate and conduct online research.
- ❖ Older adults are people with a variety of interests, aspirations and ambitions that are not diminished by age.
- ❖ Information should be available in different languages as appropriate or required.

Strategies

The key to utilizing community resources is having information about them that is easy to get, easy to read and easy to use. The following are some strategies that the County might consider in addressing the issue of information about community services:

1. **Help Seniors First secure an easy-to-remember phone number** (e.g., 1-800-SENIORS). Many communities have chosen this “easy connection to information”

approach.

2. **Work with all older adult resources, services and agencies** to develop standard, easy to understand descriptions that are devoid of jargon (a big complaint of seniors). Also, explore ways that these services can collaborate or interface to make it easier for older adults to move smoothly through the maze of services available in the community.
3. Since older adults are often reluctant to acknowledge their need, **develop a decision tree system** that will be easy for anyone to understand so older adults and adult children can determine when a situation calls for outside services, what services are appropriate, and how to access them. Knowing when and how they can be helped will increase their chances of dealing successfully with a problem. Make this system readily available in the following two possible information sources.
4. **Work with local print media to develop a Senior supplement to regional newspapers**, perhaps a monthly tabloid, with information about services or about community activities of interest to older adults, with profiles of older individuals who are doing special things in the community, with profiles of agencies and services and with tips for staying healthy and independent. Older adults constitute a viable target market for local merchants and businesses and will be even more significant in the future, so the cost could be offset by advertising, which offers another way to keep information about services on the radar screen for older adults—more top-of-mind (or easier to recall) when they need it. As an integral part of the newspaper, considered a trusted source of information, the supplement gains ready credibility. The general interest articles and community activities information will help build readership and acceptance. Readers will become accustomed to finding out about activities or services that relate to them and will soon begin to use that supplement as a reliable source of information that is also easy to access. It then can become a logical site for announcements of particular interest to seniors.
5. **Develop a special website for older adults**, complete with bulletin boards, chat rooms, a calendar of community activities (theatre, classes, cultural events), volunteer needs and opportunities, on-line support groups and conferences, educational information, healthcare tips, hyperlinks to websites of services for older adults, downloadable senior-related software (*e.g., programs that promote independence and lifelong learning, connect individuals with community, provide activities adapted to abilities and interests*).

The website could be either a stand-alone site or incorporated into existing websites, such as those maintained by Seniors First or Placer County. A website with hyperlinks would make it easier for those with limited computer skills to get to detailed information about topics or services of interest with a click. It would also provide tangible recognition that older adults are multi-faceted people with many interests as well as many needs.

Community classes (perhaps taught by other older adults) could be offered to teach people how to use this web site. Older adults will become accustomed to using the site for information about fun and interesting activities and will gain skill and comfort using it. When they need other services, they'll be more apt to go straight to the site for help. The anonymity of the internet as a "first step" information source could help overcome some of the common barriers for not seeking help—feeling embarrassed or confused.

SOCIAL ACTIVITIES

Conclusions

Older adults in Placer County find many ways to socialize. In fact, two-thirds of older adults, including those who are disabled or homebound, report socializing at least several times a week. Furthermore, their social activities are for the most part action-oriented—traveling, attending movies or parties, helping others, exercising, participating in sports, clubs and civic groups, sharing hobbies, volunteering, dining out. They are interested in intellectual pursuits as well—taking classes, playing bridge, reading, writing poetry.

Based on discussions with individuals in the younger-old group, the nature of activities that will be of interest to older adults in the coming years is changing dramatically. As people age, they expect to continue to pursue those activities they enjoyed before they became “older adults.” They might not continue those interests with the same degree of vigor, but their interests don’t change. Every generation has its popular interests, and the social force of the baby boomers has only begun to be felt. They have worked hard and played hard; there is no doubt that they will “age hard,” too.

Socializing is a critical factor in one’s health and well-being. There are many well-documented studies that show seniors who stay busy with significant social interaction are the happiest and healthiest. A long-term study of more than 2,700 American men and women aged 65 or older published in the *British Medical Journal* in 1999 found that socialization plays an important role in staying healthy and alive. Researchers reporting in the *Annals of Internal Medicine* in 1999 looked at 2,800 people aged 65 or older. After assessing how socially engaged or disengaged these men and women were, the researchers followed them for up to 12 years. Fewer social ties added up to a higher likelihood of cognitive impairment and higher mortality, too.²

- ❖ Peter Notarstefano, Director of home- and community-based services for the American Association of Homes and Services for the Aging in Washington, D.C. says, “I think we have more of an independence mentality now...seniors now are very different than the seniors 25 years ago. They are more active. Can you see Bob Dylan in a nursing home? I think this generation will want something else.”
- ❖ Older adults are interested in a variety of activities—not just those designed for “seniors.”
- ❖ Older adults desire social lives that include activities in the evening when transportation services are essentially non-existent. For those who can no longer drive, limited transportation options curb their ability to attend movies or theatrical productions, to dine out, and to participate in other evening activities.
- ❖ Older adults are looking for opportunities that involve intellectual stimulation as well as recreational satisfaction. They also want to engage in meaningful and enriching activities—volunteerism, employment, forums with guest speakers on current events, educational and self-improvement classes, and day trips to cultural and recreational destinations.
- ❖ The nature and definition of activities that can provide social interaction is changing, too.

² *Harvard Health Publications Special Health Report, Living Better, Living Longer. Copyright 2001.*

Working or playing on computers has historically been thought of as an individual, isolating activity. However, social computing—that is, e-mail, blogs and chat rooms—can expand the social horizon for older adults, including their interaction with family and friends, which is the number one social activity reported by survey respondents. (*The Schools of Library and Information Science and Education at Indiana University have co-sponsored an outreach program in online social computing and have found it significantly improved social interaction for older adults.*)

Strategies

Social activities are important to overall health, but lack of information and transportation options pose barriers to full social lives for many older adults. The following are some strategies that the County might consider in addressing issues of socialization for older adults:

1. **The website suggested in the previous section offers a central location for information** about activities of interest to older adults. It could include a community calendar to which organizations could submit information about their upcoming events and activities. The chat rooms and other interactive components offer many opportunities for word of mouth communication about community activities as well.
2. **The senior supplement**, also suggested in the previous section, offers similar opportunities for communicating news about upcoming events and activities.
3. **Transportation services need to be available nights and weekends.** (More strategies regarding transportation are included in that specific section.)
4. **Offerings at community or senior centers will need to make a transition in coming years to accommodate the different interests of aging, adventurous baby boomers.** For example, quilting, card games and support groups will have to be supplemented with gourmet cooking, wine tasting trips and investment clubs while more vigorous exercise programs will have to be offered in addition to stretching and low-impact aerobics. Regular surveys about activities of interest to older adults could be conducted via the senior website.
5. **Add a new dimension to senior centers with satellite activities in communities where seniors live.** Use a mobile unit with multiple capacities to take classes, exercise programs, speakers and other activities to all areas of the county. This would be especially helpful for those whose mobility is limited and for those who live in more remote sections of the county.
6. **Offer computer classes at all levels to overcome the stigma of technology as a cold, impersonal activity.** Help people discover that computers offer a way to keep people connected, to keep minds stimulated, and to take people on adventures.

TRANSPORTATION

Conclusions

Transportation is one of the key factors to maintaining independence. Most older adults continue to drive and don't plan to give it up until forced to do so—and for good reason. For those who must rely on other methods of transportation, the frustration involves multiple factors identified repeatedly in the survey and in interviews.

- ❖ People who have grown up in an urban environment are accustomed to efficient, readily available public transportation, but in Placer County (and throughout much of the Western United States) public transportation is considered the least desirable way to get places. Some find it demeaning to use public transportation, and many older adults are fearful of public transit. To many, public transportation is considered the “ride of last resort.”
- ❖ The public transportation infrastructure is not designed with older adults in mind. Schedule information is not available at bus stops, and printed schedules can be confusing. Bus stops are often a long walk from homes. Buses are difficult to enter and exit for those with limited mobility.
- ❖ Most public transit services are geared to commuter needs. The transportation needs of older adults are not likely to be met by fixed schedule public transit or even by the alternative transportation services. Volunteer services that can be more personalized or customized to users, particularly older adult users, would appear to be a more viable alternative.
- ❖ Alternative transportation services are available, but are not considered cost effective for people with a modest income. Volunteer-based transportation services are considered wonderful, but are also limited by the number of volunteers available and the purposes for which transportation can be requested.
- ❖ Through the Roseville Transportation Ambassador program, older adults can learn how to use Roseville transportation resources. Program volunteers teach how to read the schedules, how to determine which transit service is appropriate for various needs, and so forth.
- ❖ All transportation services have limited schedules, most of which do not include evenings or Sundays.
- ❖ In its most recent triennial report (“Unmet Transit Needs—Analysis and Recommendation” February 2008), the Placer County Transportation Planning Agency were told in its public hearings about many of the issues raised during this assessment—e.g., bus shelters, Sunday and evening service, information at bus stops, more routes. However, these issues did not meet the “unmet need” criteria for funding and won't be included in plans for the foreseeable future.

Strategies

“The baby boomers are a generation of problem-solvers,” says Peter Bell, president of the National Aging in Place Council in Washington, D.C. “We use education, technology and

resources to change things—not just accept them as they are. I think we also recognize we can do things better collectively rather than individually.” The County would be wise to tap into this valuable resource to address the transportation issue, including these strategies:

1. **Gather a group of older adults and soon-to-be older adults to discuss ways to design and implement an expanded volunteer driver program for the entire county**—from qualifications to recruitment of drivers; from training programs to scheduling programs; from matching drivers and passengers to coordinating drivers and passengers. The volunteer drivers will feel needed (increasing self-worth), and the passengers will feel more in control of their lives.
2. **Expand Roseville’s Transportation Ambassadors program to the entire county** so more people can learn to use public transportation without fear of getting lost, getting on the wrong bus, or missing their bus. The demystification of public transportation may help people with higher mobility levels gain greater independence.
3. **Promote the community and environmental benefits of public transportation, ride-sharing, and car pooling** to older adults. Re-position these options as a commitment to the preservation of the delicate ecosystem of the county. In other words, make these options the smart social choice.

HOUSING

Conclusions

Loss of independence is of considerable concern to older adults. They consider housing to be one of the fundamental factors in being able to live independently. Other housing issues are finding affordable housing, having someone to help with household chores and home maintenance, and living close to family, medical care and peer activities.

- ❖ More than 90% of those surveyed were satisfied or very satisfied with their current living arrangements. In fact, they want to stay right where they are—to “age in place.”³ Today’s older Americans are increasingly adamant in their desire to avoid nursing homes or assisted living. “Aging in place” is a beautifully simple premise: Keep adults safe, well-cared for—and in their homes. Older adults report a better quality of life, more control, more independence and feeling less stigmatized when they live on their own—less old, in other words.
- ❖ Almost half of the older adults surveyed have lived in their current communities for five years, reflecting another important trend. According to census data, less than 10% of people 60 and older had moved in a five-year period. Their memories are connected to their homes and their neighborhoods—more reasons for wanting to stay there.
- ❖ Two-thirds (66%) of survey respondents live in senior housing or what they identify as active adult communities. Interview participants who live in senior communities said they made this choice because the houses are designed for the needs of older adults—single story houses with small yards, apartments, or condominiums; safety bars; easy-to-reach fixtures, cabinet hardware, and switches; smooth surfaces or transitions between flooring surfaces; wider hallways and doorways for walkers and wheelchairs; conveniently positioned appliances, closets and storage space; community rooms or clubhouses; and so on.
- ❖ Affordable housing is and will continue to be a major issue for older adults. There are many options, but cost can be a deterrent to some.
- ❖ For many older adults, staying in their own homes often requires that they have someone to help with the tasks of daily living, such as household chores, routine maintenance and repairs or minor home safety and access modifications. The various handyman and home modification programs that are available in Placer County (**See Appendix 1**) perform a valuable service for people who need help. With more older adults choosing to “age in place,” household help will be more important than ever. Existing services will have to expand to meet the increasing need.

Strategies

By remaining in their own homes, older adults can retain an important degree of independence. It

³ Source: Information garnered from websites of the Joint Center for Housing Studies at Harvard University, AARP, National Aging in Place Council and the Los Angeles Times

is also psychologically beneficial for older adults to remain in familiar surroundings. Remaining as safe and independent as possible can boost an older adult's overall sense of well-being. Staying in their own home is, in most cases, far more preferable (as well as less costly) than relocating to a facility.

Almost all interview participants said they know they will stay healthier if they stay in their own homes, but they also know that in order to do so they either need help now or will need help in the future. The following are some strategies that the County might consider in addressing the issue of independence and housing, particularly expanding the services necessary to help keep older adults in their own homes:

1. **Establish a service that would match qualified, certified senior household maintenance volunteers** with people who need help with a variety of routine household maintenance tasks. Volunteers would have a regular list of clients who could call them when maintenance or repairs were needed. For example, a volunteer could provide ongoing help for their clients who can't change overhead light bulb, replace smoke alarm batteries and perform other routine chores. Volunteers would gain a sense of purpose from their work, and their clients would feel more secure about maintaining their independence.
2. **Expand the Handyman programs** so that the staff can serve as consultants to older adults who need major repair work completed by a licensed contractor. Their oversight might help to minimize the potential exploitation of older adults who do not have the skills to assess the severity of a repair problem or to monitor the repair.
3. **Offer classes on topics related to independent living for older adults and their adult children.** Link these classes to the decision tree system of care described in the earlier strategy for Community Resources.

HEALTH AND SAFETY

Conclusions

It's a myth that older adults are fragile and cannot exercise. Placer County older adults like to walk, jog, bowl, swim, dance, ski and bike. They play golf, tennis and softball; they take water aerobics, chair aerobics, Tai Chi, and stretch classes. They work out with weight machines and exercise equipment, do yard work, go to the gym or fitness center and exercise to videos.

- ❖ Epidemiological studies show that active older adults are less likely to experience a decline in function with age. Loss of mobility and function can lead to loss of independence,⁴ which according to this survey is the one thing that older adults fear most.
- ❖ A Tufts University study published in February of 2003 was the first to show that physical fitness may deter an older person's loss of vital brain tissues involved in learning and memory.⁵
- ❖ Some older adults cite health problems as the reason for not exercising. However, recent studies have shown that even the most fragile adults can benefit from some type of physical activity.⁶
- ❖ Many assisted living and skilled nursing facilities across the country have adopted a philosophical approach called "Person-Centered Care," which involves the resident in an effort to individualize care and to de-institutionalize a facility environment. Perhaps this approach offers a model for the consideration of all older adults, who value their independence and should be active participants in any decision that affects them.
- ❖ Older adults often need minor home modifications for greater safety and improved access. From ramps and widened doorways to assistive devices for safety, such modifications can make the difference between staying in their own homes and having to move in with children or to a facility. There are several programs in Placer County that provide help with such modifications. However, there are restrictions to eligibility and funding.

Strategies

Much of the responsibility for staying healthy rests with the individual, but providing support in crucial areas can make a difference. There are already many health-related programs offered by various healthcare organizations throughout the County, so the strategies focus on those things that support healthy living/aging, but are within the individual's ability to manage or control.

1. **Provide free or low cost exercise programs that offer a full range of exercises**—from stretching and low impact to very vigorous activity—throughout the county. Encourage people to find an exercise buddy so they will maintain a consistent exercise routine. Link exercise programs with nutrition programs.

⁴ Source: <http://www.cybertap.com/~oby/Seniors.html>

⁵ "Study Confirms Brain Benefits of Exercise," IDEA Personal Trainer, April 2003, p.12.

⁶ Ibid.

2. **Expand home modification programs** so that more people who are living independently can stay at home—safely.
3. **Provide workshops for older adults and their adult children to familiarize them with the decision tree system** (described in Community Resources Strategies) so they can understand when an older parent might need some help. Incorporate communications training in the workshops to facilitate more effective communications that might preclude older children from forcing their way into the decision-making process.
4. **Develop special cognitive stimulating programs for older adults.** For example, they could be encouraged to write their memoirs—the recollection of memories keeps the mind active and reminds people of their many accomplishments throughout a long life (helps them to remember that they have made contributions to the community and validates their worth). Such activities foster a healthy attitude and bolster self-esteem. Communities are made rich by the uniqueness and idiosyncrasies of the people in them. Having a forum for older adults to share stories and memories will enrich the community as a whole. Perhaps the web site could play a role in this activity.