ALAMEDA COUNTY PLAN FOR OLDER ADULTS
FISCAL YEAR 2016-2017

ALAMEDA COUNTY, WHERE AGING IS ALL ABOUT LIVING

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In the spring of 2015, Alameda County launched an initiative to develop a comprehensive plan for older adults. With the support and encouragement of the Alameda County Board of Supervisors, the Social Services Agency, in partnership with Health Care Services Agency, designed a process in which consumers, community based organizations, cities and staff could work together to offer input into the plan. A Planning Committee, Chaired by Advisory Commission on Aging member Donna Griggs-Murphy, was formed, and the following pages outline their approach, findings and recommendations.

An effort of this magnitude would not be possible without the commitment, passion and involvement of people deeply concerned about older adults. We were very fortunate to have a team of community experts, staff and consumers to guide the process. We thank all those who offered their time and commitment to making Alameda County an age-friendly community where "Aging is all about living." We would particularly like to acknowledge the 4,000 older adults who offered their input by responding to surveys or participating in public forums.

Planning Committee Members:

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Special Appreciation goes to the Alameda County Community Assessment Planning & Evaluation (CAPE) team, led by Chuck McKetney, who provided great assistance by creating many of the charts seen in the plan and appendices.

March 30, 2016

EXECUTIVE SUMMARY:

In 2020, Alameda County will be home to more than 260,000 adults over the age of 65. By 2030, 1 in 5 Alameda County residents will be in the 65 plus age group, and by 2040, the number of older adults will substantially outstrip the number of children under the age of eighteen. By 2050, Alameda County will have almost 100,000 elders over the age of 85 *(Figure 1, page 4)*. The demographic growth of older adults in number and percentage of population, and increasing number of older seniors represents a profound shift in community, a shift requiring acknowledgement, thoughtful reflection and changes in public policy.

Fifty-one years ago, when congress enacted Medicare, which provides health insurance for the elderly, and the Older Americans Act (OAA), which provides a safety net of nutrition and supportive services for older adults administered through local Area Agencies on Aging, the average life expectancy was 67. Medicare was seen as a critical and short term solution for meeting health needs of older adults, and OAA funds provided essential services, including home-delivered meals and other supportive services. Older adults now have a life expectancy of 79 and represent a greater percentage of the population. Nationally the number of older adults has increased by 60 percent since 1980. In contrast, OAA allocations, adjusted by inflation, have dropped by 34 percent.[1] Simply stated, the service delivery system constructed for older adults is inadequate to meet current and projected need.

Alameda County older adults are particularly challenged by economic insecurity. With rental costs for a one-bedroom apartment averaging $1,974, and annual prescription costs averaging $11,000, many older adults lack the financial resources to meet basic needs, an assertion evidenced by the fact that almost 20% of food provided through the Alameda County Food Bank is distributed to older adults. According to the 2011 Elder Economic Security Index, which takes into account costs for housing, food, out-of-pocket medical expense and other necessary spending, half of Alameda County older adults do not have enough income to cover their basic needs.

Although the demographics and income status of older adults presents significant challenges, it would be a mistake to view the trends as insurmountable, because Alameda County has tremendous assets, including committed leadership at the County and City level, an informed and passionate network of senior service providers, and most importantly, older adults themselves who can and are organizing at a local level. As a County, our overarching challenge is to reframe the context in which we view services and community in a way that

[1] Beamish, Rita. "Older Americans Limps Along at 50…" *Stateline-Pew Charitable Trust.* March 4, 2015.

incorporates the views and distinct requirements that are associated with aging. As a community, we have shared responsibility for shaping what will be a transformative change.

We are fortunate that a model exists for creating an age-friendly community. The World Health Organization (WHO) global Age-Friendly Cities and Community program, established in 2006, develops a framework for "livability" along 8 domains:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and Social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

Communities seeking participation and designation as an age-friendly community work with WHO, or a regional affiliate such as AARP, to submit a letter of intent, followed by a community needs assessment and action plan. The WHO framework is an engagement of community members, organizations, cities and government. The involvement is one of community inclusion and is not "top down." The County has an important role of support and facilitation, but must be mindful that this is a project of the people.

The following pages outline the process, findings and recommendations of a Planning Committee specifically formed to develop an Alameda County plan for older adults. Their work, which includes a year of dialogue, surveys, public forums and focus groups, incorporates feedback from thousands of Alameda County residents. The resulting goals and objectives reflect a commitment for shared involvement, responsibility for change and passion for making Alameda County a place where aging is about living.

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MISSION STATEMENT

Vision Statement: In Alameda County, older adults are valued, respected, and engaged in a community that is committed to healthy aging, inclusion, well-being and safety. Older adults, family caregivers, and seniors with disabilities have access to a comprehensive system of services, supports and opportunities that foster aging with dignity, a high quality of life and personal fulfillment.

The vision statement, created in 2016 by members of a committee formed to advise Alameda County on how best to develop a comprehensive plan to serve older adults, articulates an ideal and represents a desired state where all people are valued, safe and empowered. In order to achieve that vision, a number of community partners, government and older adults will work together to achieve agreed upon goals.

The Alameda County Area Agency on Aging (AAA), mandated by the Older Americans Act to develop community plans for older adults, recognizes both its obligations and the opportunities to engage with others in order to develop a more age-friendly community, and to engage in dialogue, advocacy and service. The AAA is one of 33 Area Agencies in California, all of which support the following mission:

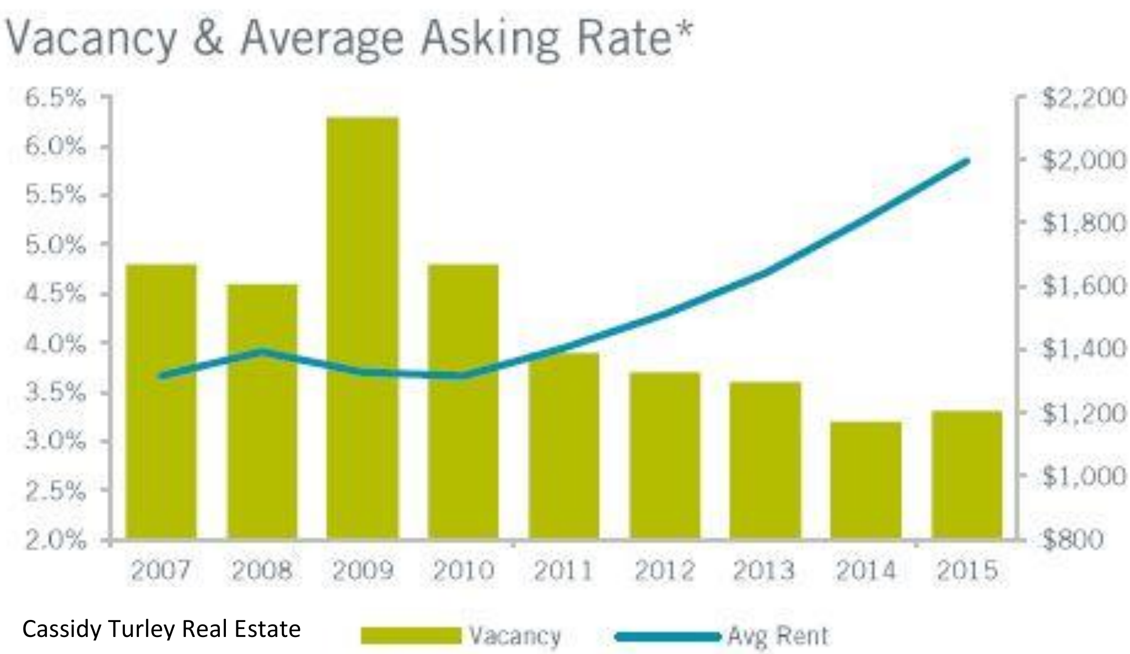
To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

DESCRIPTION OF ALAMEDA COUNTY SERVICE AREA

Alameda County, located on the east side of the San Francisco Bay, is the seventh most populous county in California with a 2010 census population of 1,510,271 residents. The County is widespread geographically, consisting of 821 square miles, fourteen cities and several unincorporated communities. The County enjoys a temperate climate and varied geography ranging from urban marinas to rolling open spaces to hillside lakes and streams.

Oakland is the seat of county government, and its neighbor Berkeley is home to the University of California Berkeley, one of the largest and most prestigious research colleges in the world. The South County cities of Fremont, Union City and Newark, offer a well-coordinated and acclaimed approach to aging services. The county includes 13 college campuses and 18 school districts. Citizens enjoy access to more than 350 parks and diverse recreational opportunities varying from wine tasting in Livermore Valley, strolling and shopping in the charming town of Pleasanton, and fine dining opportunities throughout the region. In Hayward, visitors are able to visit the first Japanese garden developed in California, and San Leandro residents have access to a wide public marina and park.

Rich in resources and increasingly home to technology innovation and industry, Alameda County also faces a housing crisis, with vacancy rates of rentals decreasing and market rates increasing exponentially. Home ownership is increasingly out of reach, with double-digit increases of median home prices from 2014 to 2015, with an astounding increase of 65% in the city of Hayward (see appendix B – Housing)



Cassidy Turley Real Estate

The County is currently home to 270,507 adults aged 60 and over. Census projections based on the definition of senior as 65 or older predict a substantial increase in the number of seniors in the coming decades. By 2050, seniors will account for 22% of the total population, and almost 100,000 older adults will be 85 years or older.

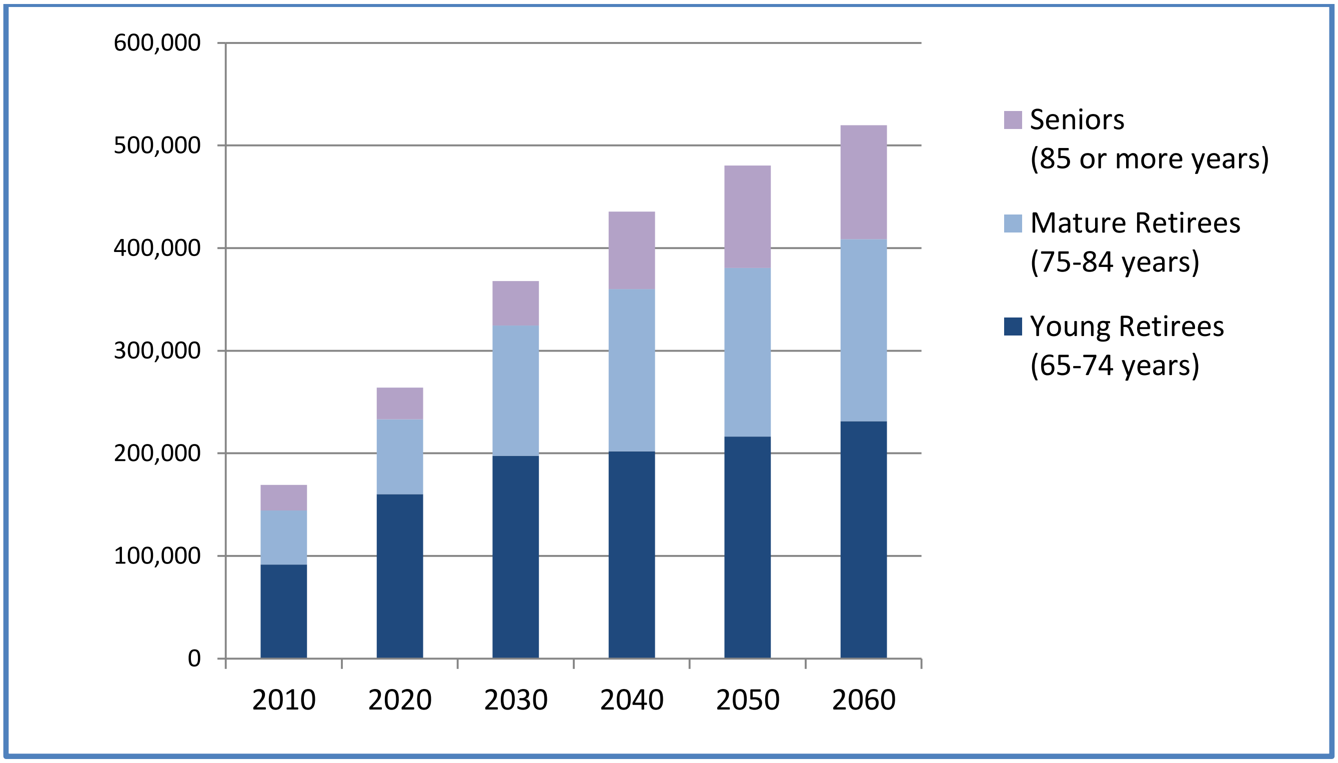
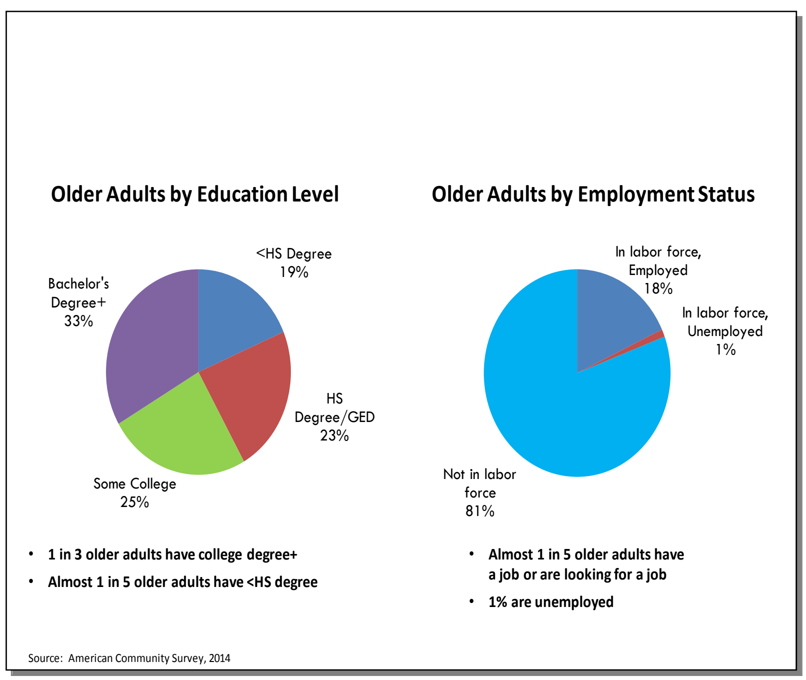


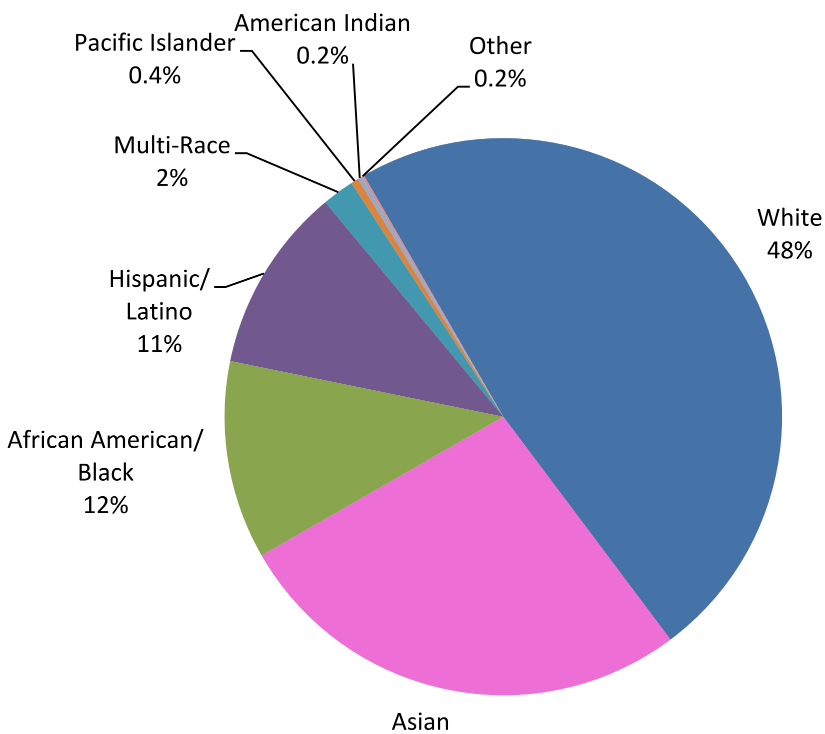
Figure 1: Senior Population Projections: California Department of Finance; Demographic Research Unit

- One in three older adults has a college degree, and 57% have some college education.
- Approximately one-fifth are still In the workplace.



The County is ranked as the fourth most diverse county in the United States[2] and is characterized by rich diversity and culture. For the general population, the racial/ethnic population is 34.1% White, 25.9% Asian, 22.5% Latino, 12.2% African American, 4.0% Multi-race, 0.8% Pacific Islander, 0.3% Native American, and 0.5% other.

The older adult population is diverse as well, with no one race as a majority and 40% of older adults speaking a language other than English at home. 38% of elders are foreign born, and 1 in 10 are not US citizens. There is no majority race; the largest percentage of population is white, followed by Asian and then African American.



Alameda Age 65+ Race/Ethnic breakdown: Alameda County HCSA; CAPE Unit, ESRI Data, 2015

[2] Narula, Svati. "The Five US Counties Where Racial Diversity is Highest-and Lowest." *The Atlantic.* April 29, 2014.

DESCRIPTION OF THE AREA AGENCY ON AGING (AAA) & OLDER ADULTS SYSTEMS OF CARE & PARTNERSHIPS

Area Agencies on Aging (AAA's) were established under the OAA in 1973 to respond to the needs of Americans 60 and over in every community. As the local component of the Aging Network administered by the federal Administration of Community Living, AAAs plan for, develop, coordinate, and deliver aging services. By providing a range of options that allow older adults to have access to the home and community-based services and living arrangements that suit them best, AAAs make it possible for older adults to "age in place" in their homes and communities. When viewing the service system for older adults, the AAA is one of many assets within the county. As outlined below, the AAA funds and coordinates a variety of services, provides management of direct programs, and works in partnership with other systems and collaboratives within the county.

AAA Services:

The Alameda County AAA is a department within the Adult & Aging Services division of the Alameda County Social Services Agency. The AAA is governed by a five-member Board of Supervisors and advised by the Alameda County Commission on Aging, a 21-person commission whose members are appointed by the Alameda County Board of Supervisors and the Mayor's Conference. The AAA's partners include a robust network of senior services providers, which include community-based organizations (CBO's), cities, and in support of nutrition programs, a hospital and a private sector caterer. The AAA administers 72 contracts for services, and serves approximately 65,000 older adults a year. Funding for these contracts is provided through the OAA, California State funding, County General Funds and Measure A tax dollars administered the Alameda County Health Care Services Agency. Where possible and appropriate, the AAA "braids" funding from multiple sources in order to develop streamlined contracts and reporting requirements for its subcontracted providers.

The AAA fulfills its mission of planning, coordinating, and delivering services through a network of approximately 40 providers.

Program	Type of Provider	Number of Service Providers
Adult Day Care	CBO	3
Case Management	CBO	4
Home Delivered Meals	CBO/City/Private Sector	7
Congregate Meals	CBO/City/Private Sector	7
Legal Assistance	CBO	1
Elder Abuse	CBO	1
Information & Assistance	CBO/County	7
Family Caregiver Support	CBO	10
Senior Employment Services	CBO	1
Friendly Visiting	CBO	6

Health Promotion	CBO	5
Senior Center Activities	CBO/City	7
Disease Prevention	CBO	3
SNAP Ed/Community Garden	County	1
Ombudsman	County	1
Senior Injury Prevention	CBO	6

In addition to its contracted programs, the AAA administers two programs as a direct service:

Information & Assistance: the AAA participates in a statewide information and assistance number, 1-800-510-2020, that directs callers from anywhere in the state to their local AAA. Alameda County staff respond to an average of 500 calls a month from older adults and their caregivers and provide information about and referrals to appropriate programs. Staff also participate in outreach events throughout the county, providing information about a variety of programs. Staff also coordinate bi-monthly roundtables that bring in expert speakers to provide information on a variety of senior focused topics. In addition, the AAA publishes an extensive library of resource guides in hard copy and electronic format, and also posted on its website, covering a variety of topics including but not limited to the following:

- Housing
- Nutrition Programs
- Long-Term Care Facilities

Long-Term Care Ombudsman: AAA staff and volunteers advocate for residents of long-term care facilities in Alameda County. Ombudsmen, who are certified by the State after completing 36 hours of in-house training and supervised field work, respond to a variety of complaints, including allegations of abuse, requests for assistance with untimely discharge, and mediation of conflicts. The Ombudsmen coordinate with the State Licensing agencies, APS, and where appropriate cross report to law enforcement and other agencies.

The AAA also partners with departments within the County on programs, including the following:

Community Gardens: the AAA and the Alameda County Public Health Nutrition Services department worked together to develop community gardens at low-income senior housing sites. The project includes providing technical assistance to the housing sites, building gardens, and providing nutrition education to the residents.

Senior Injury Prevention Program (SIPP): a collaborative partnership between the Area Agency on Aging, Emergency Medical Services, Department of Public Health, and other government, nonprofit and private sector organizations designed to reduce preventable injuries among the older population, raise awareness around the need for injury prevention programs for older adults, and enhance service delivery for senior injury prevention programs

County Systems of Care: Alameda County's systems of care for older adults include the following:

Alameda County Behavioral Health Older Adult System of Care (OA-SOC): in 2007, BHCS used Mental Health Services Act funds to develop an OA-SOC resulting in a small number of specialized services, to address the needs of older adults with serious mental illness in its hospitals and emergency rooms, and throughout the continuum of care. Moreover, OA-SOC provides some of the infrastructure to broker organizational relationships to increase the system's capacity in addressing physical health, mental health and substance use in elderly individuals.

In-Home Supportive Services (IHSS): a federal, state, and locally funded program designed to provide assistance to those eligible aged, blind, and disabled individuals who, without this care, would be unable to remain safely in their own homes. As of December 2015, the program has 21,244 recipients, 12,109 of whom are aged 65 and older.

Adult Protective Services: a program that is mandated to investigate reports of abuse or neglect of elders and dependent adults.

Public Guardian/Conservator: manages probate and mental health (Lanterman-Petris-Short, known as LPS) conservatorships for Alameda County residents who have been adjudicated by the Superior Court either to lack capacity to manage finances and/or health care, or to be gravely disabled by mental illness or substance abuse. The Public Guardian-Conservator works in partnership with APS to protect elders and dependent adults who are victims of financial abuse or exploitation and who are unable to protect themselves.

Community Partnerships & Collaborations: Alameda County is known for its collaborative culture and multiple partnerships and coalitions have formed whose mission is to improve and enrich the lives of older adults. Collaboratives include the following:

Senior Services Coalition (SSC): represents nonprofit and public providers of health and supportive services for seniors. Its members understand that meaningful improvements to the system of senior services can only happen when providers unite with other stakeholders to speak with one voice. The Senior Services Coalition is committed to establishing a coordinated system of medical, social and supportive care that will enable vulnerable Alameda County elders to maintain a high quality of life in the least restrictive environment possible.

The Public Authority (PA) for In-Home Supportive Services: a public agency committed to promoting the independence of consumers and supporting quality homecare services, training, and advocacy services for IHSS consumers and providers/workers. Several significant roles the PA fulfills is to assist consumers with access to providers/workers, provide consumer and provider/worker training, administer the health plan for eligible providers/workers, and support the work of a community focused Advisory Board. The PA participates in many state-wide and local coalitions and initiatives that develop and support public policy to improve system and administrative access to seniors and people with disabilities. The Alameda County Board of Supervisors serves as the Governing Body of the PA.

Alameda County Aging, Disability & Resource Connection (ADRC): established in 2013, the ADRC's mission is to promote and provide access to a broad array of services and support for seniors and persons with disabilities.

Center for Independent Living (CIL): provides services, support, and advocacy to enhance the rights and abilities of people with disabilities to actively participate in their communities and to live self-determined lives.

Community Resource for Independent Living (CRIL): organized as a self-help organization in 1979 by a small group of persons with disabilities (consumers). This group is committed to improving the range of choices and support for consumers in southern and eastern Alameda County.

Tri-City Elder Coalition (TCEC): an affiliation of over sixty-five organizations, including senior service providers, cultural and faith groups, hospitals, long-term care facilities, and businesses — all with one goal — to provide programs, services, and opportunities for older adults living in Fremont, Newark, and Union City, CA.

Getting the Most out of Life (GMOL): offers culturally relevant education and support to communities who need advance care planning resources, especially those who are dealing with illness at end-of-life. GMOL and its community partners teach Alameda County caregivers and residents at all levels of health, how to initiate "The Conversation" that results in appointing medical decision-makers and all members of the health care team learning about health care and end of life wishes/values. Advance Health Care Directive and POLST trainings prepare the community to legally document medical preferences.

Ashby Village: is part of a national movement of older Americans who are taking charge of our future as we age. The first (Beacon Hill) Village was established in 2001. Research has shown that the great majority of Americans want to remain in their own homes as they age, but there are currently few resources to make that possible for most people. The Village concept is that a community of people can pool resources by paying membership dues and volunteering their skills and time to support the Village infrastructure and to assist one another.

Eden Area Village: part of a fast growing movement of neighborhood Villages sweeping the nation with the mission of helping our neighbors remain in their homes as they age. As a developing Village, it covers Hawyard, Castro Valley, and San Lorenzo. It is a membership-based, non-profit organization that provides assistance and services, which may include rides to the doctor, minor home maintenance, social activities and daily check-in calls, utilizing volunteers, contractors, and maybe a small staff.

Community Centers: as charted below, a number of cities and community-based organizations have community centers, where older adults can socialize, participate in programs, and be provided with nutritious meals.

Community Center	Address
Albany Senior Center	846 Masonic, Albany, CA 94706
Oakland Department on Aging	200 Grand, Oakland, CA 94610
J-Sei, Inc.	1700 Carlton, Berkeley, CA 94704
North Berkeley Senior Center	1901 Hearst Street, Berkeley, CA 94710
City of Berkeley Senior Programs	2939 Ellis St., Berkeley, CA 94703
Emeryville Senior Center	4321 Salem St., Emeryville, CA 94608
Fruitvale San Antonio Senior Center	3301 E. 12th Street, Suite 201, Oakland, CA 94601
Mastick Senior Center	1155 Santa Clara Ave., Alameda, CA 94501
Hayward Senior Center	22325 N. Main St., Hayward, CA 94541
Kenneth C. Aitken Senior Center	17800 Redwood Rd., Castro Valley, CA 94546
Fremont Senior Center	40086 Paseo Padre Parkway, Fremont 94538
Dublin Senior Center	7600 Amador Valley Blvd., Dublin, CA 94568
Pleasanton Parks and Community Services	5353 Sunol Blvd., Pleasanton, CA 94566
Livermore Senior Services Center	4444 East Avenue, Livermore, CA 94550
Vietnamese American Community Center of the East Bay	655 International Boulevard, Oakland, CA 94606

PLANNING PROCESS

In 2015, the Alameda County Departments of Social Services Agency (SSA) and Health Care Services Agency (HCSA) began a partnership to develop a comprehensive plan for older adults. With the AAA taking on a coordinating role, and with the ample support of HCSA senior staff, a planning committee was established which included 25 of people. By intention, the committee included representatives from community-based organizations, academia, cities, senior housing, village housing, organized labor, a long-term care facility and community members. Senior staff members from the Alameda County Behavioral Health Care Services Agency (BHCS), Public Health Department, and the Alameda County Health Homes Department, served on the planning committee.

Planning Meetings were public, and agendas and meeting minutes were posted online at https://alamedasocialservices.org/public/services/elders_and_disabled_adults/aaa_planning.cfm. As outlined below, subject experts were brought in to discuss topics related to aging at monthly meetings.

The AAA Countywide Plan for Older adults Planning Committee Meetings Presentations

March	Kick-Off Meeting - Committee/Recruiting Update; *The Ralph M. Brown Act* presented by Miruni Soosaipillai, Office of the County Counsel
April	Planning Committee Retreat
May	*HUNGER 2014: Alameda County Uncovered* - Presented by Alameda County Food Bank
June	*Seniors and Dental Health* - Presented by Bahar Amanzadeh, DDS, MPH, Dental Health Administrator, Alameda County Public Health Department
July	*Health Status Report Older Adults in Alameda County* - Presented by Angela Ball, Director, Public Health Nursing
August	*Older Adults System of Care* - Presented by Lillian Schaechner, Older Adult System of Care Director Behavioral Health Care Services Agency
September	*Client-Directed Service: The Importance Many Seniors Place on Consumer Choice in the Delivery of Services* - Presented by Thomas Gregory, Deputy Director
October	*Listening Session: Measure A* - Presented by James Nguyen, Measure A Coordinator, Alameda County Health Care Services Agency and *Coordinating Solutions for Optimal Living* - Presented by Maricela Narvarez-Foster, Director, Alameda County Healthy Homes Department and Linda Gardener, Director, Alameda County Housing & Community Development Department
December	*Elder Abuse* - Presented by Alicia Morales, Director of Division of Adult Protection
January	*Data Report – Community Supports & Health Services,* Presented by Wendy Peterson, Director, Seniors Services Coalition of Alameda County

The committee organized into subcommittees with responsibility to work on three needs assessment areas: consumer surveys, focus groups, and data analysis. The committee's findings, recommendations, and this plan were discussed in public meetings with the Advisory Commission on Aging and Board of Supervisors.

NEEDS ASSESSMENT

The Older American's Act requires that AAA's develop Area Plans every four years that reflect a local needs assessment. The plans consider demographics, services, gaps in services, and priority focus areas. Of utmost importance in planning efforts is incorporating the viewpoints of older adults themselves, so that the effort is planning with, rather than for, people to be served. With that in mind, the committee planned and organized outreach in three ways: through a consumer survey, through public forums, and through focus groups:

Consumer Survey Methodology: The Planning Committee developed a 24-question survey which was made available in 8 languages. Surveys were distributed via hard copy, email, and links to a web-based survey on a wide variety of websites. Community partners offered assistance to older adults that needed help completing the questionnaire. In one of many creative approaches for reaching older adults, United Seniors of Oakland and Alameda County, a nonprofit organization, created a station with computers at its annual healthy aging festival at the Oakland Zoo, with County EMS trainees volunteering to provide assistance.

37% of seniors responded via Survey Monkey

Demographics of Survey Respondents: 3,725 Alameda County residents aged 55 and older responded to the survey (see Appendix E for survey results). Respondents were overwhelmingly female, with a response rate of 71% as compared to the county population of 56%. The median age was 72, with 12% of respondents in the 85+ age bracket. 43% of respondents did not provide a response to the question concerning sexual identify, but of the 57% who did, 14% identified as homosexual, bisexual or other. Race mirrored County demographics, with slight variances:

Race/Ethnicity	Survey %	County%
White	51%	49%
Asian	24%	25%
Black	14%	12%
Hispanic/Latino	9%	11%
Native American	2%	.2%

Respondents spanned a full spectrum of reported income, with 52% reporting income of $26,000 or less, 27% reporting $26,001 to $60,000, and 21% reporting incomes over $60,000.

The survey received a strong response from all areas of the county, with totals comparable to the percentage population in each city. In absolute numbers, the cities of Oakland and Fremont had the highest number of respondents:

SURVEY RESPONSE BY CITY

City	60+ Pop.	# Survey Responses	% of Survey	% of 60+ Pop.	% over/under
Oakland	69,837	785	21%	26%	-5%
Fremont	35,135	764	21%	13%	8%
Berkeley	21,351	498	13%	8%	5%
Hayward	22,862	278	7%	8%	-1%
San Leandro	17,975	227	6%	7%	-1%
Pleasanton	12,438	189	5%	5%	0%
Alameda	15,445	183	5%	6%	-1%
Castro Valley	12,929	173	5%	5%	0%
Union City	13,270	161	4%	5%	-1%
Livermore	14,350	123	3%	5%	-2%
Newark	7,255	110	3%	3%	0%
other	27,660	234	6%	10%	-4%
County total	270,507	3725	100%	100%	

Source: Census table S0102 ACS 5-year 2010-2014

Findings of the Consumer Survey: respondents were asked to rate a list of 16 possible concerns from low to high. Ratings were scored on a scale from "1" for low through "5" for high. Across all demographics, the highest rated concerns were about income, housing, being able to make decisions affecting lifestyle, and falling. While the order of concerns remained the same, lower income respondents were often more concerned than the higher income respondents, by half a point. For example, the average rating was 3.9 vs. 3.1 regarding *having enough income to meet all basic needs*. Both groups were equally concerned about being included in decisions.

Highest rated Concerns	Ave Rating
Having enough income to meet all your basic needs	3.5
Having enough income to save and plan for the future	3.4
Being able to stay in your current home	3.4
Having the ability to maintain your home	3.4
Being included in making decisions that affect your lifestyle	3.3
Being able to afford housing as you age	3.3
Falling (being at risk for falls)	3.2

Public Forum Methodology: 22 public forums were held at a variety of sites, including senior centers, low-income housing sites, and a long-term care facility. Forums were held in each of the County's 4 geographic service areas and Board of Supervisor's districts. A total of 266 people participated, with attendance ranging from 2 to 39 people per site. Facilitators at the forums used a standard set of questions, which asked older adults to share and comment on vision and values, key strengths, significant challenges and concerns, and critical or most important services. When asked to participate in visioning and values dialogue, participants consistently identified the concepts of appreciation and respect, social inclusion and participation, civic participation, and community diversity, understanding, and support as core values for the vision of an ideal age-friendly community. Safety emerged as an issue, with comments about public safety, level sidewalks, public rest areas, rest rooms, and walkable neighborhoods.

Findings of the Public Forums: Financial support and sustainability permeated throughout each individual public forum as a critical service in need of expansion. There was engaged discussion over the debate surrounding who is poor enough for aid and assistance and how this continues to leave economically challenged older adults fighting and struggling to "barely keep a roof over their heads," often at the expense of food or medication. These "nearly poor" older adults face income restrictions for no or low cost services, disposable income to pay for supportive services and living expenses, personal and home security and safety, employment, and isolation. Suggestions included the provision of emergency cash assistance/vouchers, implementation of senior-friendly retail prices, free or affordable medic alert services, and increased free food distribution days and locations. Participants also suggested increased Visiting, Adult Day Care, In-Home Healthcare, Fraud and Safety Awareness, Senior Center Activity, Transportation, Nutrition, Housing, and Homeless Program services.

Participants were asked to identify their 3 most important service priorities for supporting older adults living independently in the community. 226 attendees cast a total of 533 votes to prioritize services. Results of the service priority exercise are included below indicating the percentage of total votes received by the particular service category in parenthesis: Housing (43%), Health and Safety (38%), Senior Centers (35%), Transportation (34%), Information (25%), Financial Assistance (23%), Nutrition (19%), Visiting (11%), Employment (4%), Case Management (2%), Adult Day Care (2%), and Elder Abuse Prevention (1%).

Focus Group Methodology: 6 focus groups lasting from 45 minutes to two hours were conducted with residents of long-term facilities, participants in mental health programs, formerly homeless seniors, lesbian/gay/bisexual/transgender (LGBT) seniors, family caregivers, and senior men. The sessions were professionally facilitated, recorded and transcribed.

Findings of the Focus Groups: every group raised the concern of transportation. While many mentioned paratransit as a valuable service, they noted it must be reserved a week in advance and often involves long rides, with multiple pickups and drop offs, which caused some to avoid using it. Another prominent concern was affordable housing. Most groups expressed a desire for housing that integrated age groups, with some Section 8 units reserved for older adults. Some older adults in low income areas were concerned with safety almost to the exclusion of anything else and wanted housing in dedicated senior housing developments, where they believed they would be safer. Safety was a general theme especially among those who did not drive and used foot or public transit. Family caregivers identified a need for reasonably priced respite care, such as adult day care, once or twice a week; mobility and home health equipment; and classes on caring for older adults, especially those with a physical, mental, or cognitive disability. Some identified isolation as a problem, especially the LGBT group participants, who lived in a suburban community and found it hard to make connections with peers. Participants most often mentioned senior centers, churches, and local governmental agencies as community strengths.

One prominent issue raised in nearly every group was the need for a central source of information on available services. While a senior information and assistance line exists, no one except some of the mental health providers was aware of it. Senior centers were most often mentioned as a resource for information, although some found them of limited use due to staffing by volunteers, not all of whom were well informed. Many group members expressed a desire for a social worker, service coordinator, or navigator to connect them with needed services with a warm hand-off rather than just being given the name of an agency. Most focus group participants were not comfortable computer users and would prefer to get informational in print, such as by flyers, pamphlets, brochures, advertisements on buses and BART, and posters at grocery stores and malls.

In total, almost 4,000 adults aged 55 years or older participated in surveys or discussion groups. Their concerns were remarkably consistent, with primary worries about the connected issues of economics, housing, health, safety, access to information, and self-determination. These concerns, coupled with information presented throughout the planning process, prompted a further investigation of information and data, as outlined in the following section.

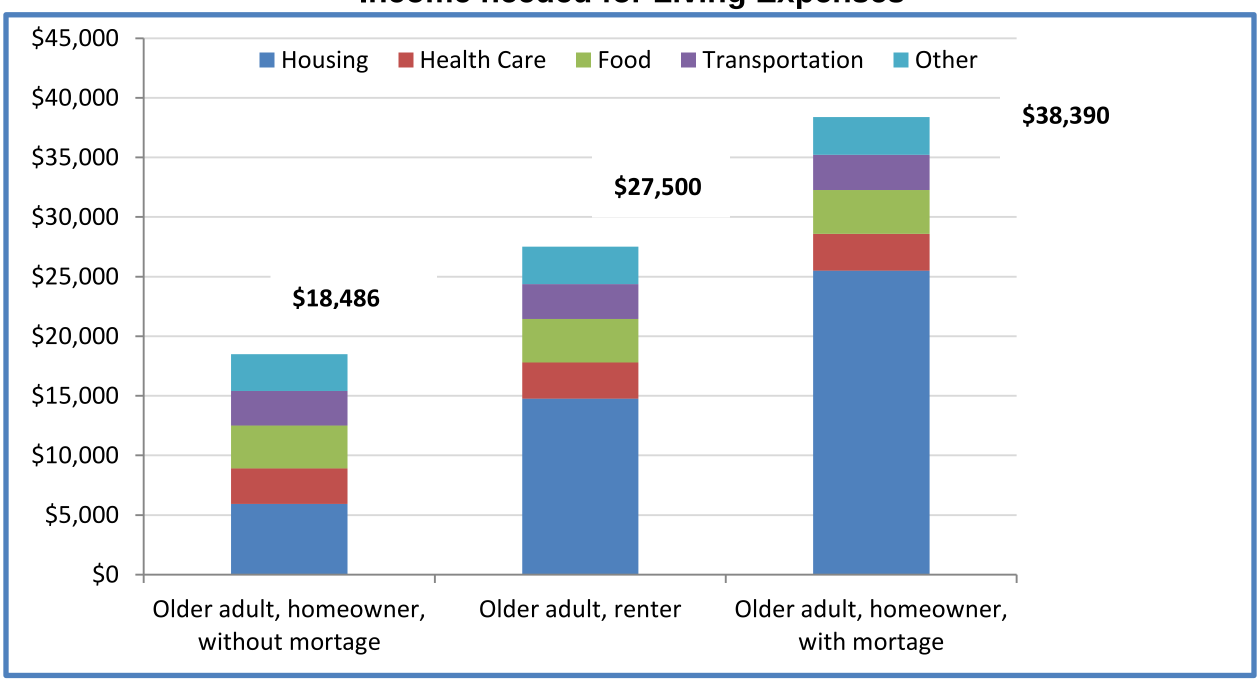
Data Findings:

Poverty

The Federal Poverty Level (FPL) in 2015 for a single person was $11,770. FPL, an income level determined nationally, is important because of its function as a gateway for eligibility for many federally funded programs, including Medi-Cal, Cal Fresh, General Assistance and Community Health Systems. According to the definition, 11% of Alameda older adults aged 65 years and older are below poverty, and 1 in 4 older adults have an income of less than 200% of poverty (see appendix A, figures 7 & 8).

Although used commonly to describe economic demographics, the FPL is a poor indicator of economic security in Alameda County. In 2011, The UCLA Center for Health Policy Research, in collaboration with the Insight Center for Economic Development, calculated the real cost of living for elders by examining expenses for housing, healthcare, food, transportation and other items. The resulting Elder Economic Security Standard Index (Elder Index) provided information by County that showed the number of "hidden poor," adults whose incomes were higher than the FPL, but below what is required for a minimum standard of living. Using that index as a standard, a single adult, renting a house, needs an income of $27,500 and an older adult with a mortgage requires $38,390.

Income needed for Living Expenses



Source: CAPE, with 2014 1-year American Community Survey PUMS data.

The Elder Index estimates that almost half (or 49%) of single older adult households (where one 65+ person lives alone) and over one-fifth (or 21%) of older adult couple households (where one or both are 65+ and live in a 2-person household) do not have enough money (or annual income) to cover basic living expenses. According to the UCLA Center for Health Policy and Research[3], economic insecurity affects females more than males (52% and 43% respectively) and Latinos most among communities of color (69%). The hidden poor may have a house, may have lived a middle-class lifestyle, and may be desperately unable to cover all their expenses. Without access to government assistance programs, this population is without any resources and frequently forgotten in public policy dialogue.

Housing

Alameda County is in the midst of a housing crisis. The median price of a home in Alameda County is now substantially higher than in the pre-recession highs of 2006, with some cities, notably Berkeley, Oakland, Dublin, & Albany reporting increases in the 30% to 50% range. The rental market is one of the highest in the nation, with the median price of a one-bedroom apartment now $1,974. In 2009, vacancy rates for the county hovered at over 6% -- and rents averaged $1,200. The vacancy rate is now less than 3.5% and rents are at an all-time high.

In Alameda County, 70 percent of older adults are owners and 30% are renters. Elder's concerns regarding having the ability to stay in their own homes are well-founded, with 30% of owners and 62% of renters "cost burdened," meaning they are paying over 30% of their income for housing.

The County is home to 60,906 extremely low-income households, 50% of which are elderly or disabled households.[4] With only 3,543 subsidized senior housing units, housing options are woefully inadequate. Low-income renters are unable to secure housing, and in many cases, elders with homes face the prospect of their children and family members moving out of the region because of prohibitive housing costs.

Not surprisingly, elders who are home owners frequently live in older homes. About 30% of households headed by older adults live in housing built before 1950, with Piedmont having the highest percentage at 86% and Dublin the lowest at 2%. Older housing requires some maintenance or upkeep. Among homes owned by older persons, 4% reported moderate to severe problems with plumbing, heating, kitchen, electric, and/or upkeep. The percentage jumped to 11% if the household

HOUSING IN ALAMEDA COUNTY

- *The median price of a one-bedroom apartment is $1,974.*
- *There are fewer than 4,000 units of subsidized housing for older adults.*
- *There are more than 30,000 extremely low income elderly or disabled households.*

[3] Padilla-Frausto, Imelda and Steven P. Wallage. The Hidden Poor: Over Three-Quarters of a Million Older Californians Overlooked by Official Poverty Line. *UCLA Center for Health Policy Research. Health Policy Brief.* August, 2015.

[4] How Alameda County's Housing Market is Failing to meet the Needs of Low-Income Families. *California Housing Partnership Corporation*. May, 2014.

was under the poverty rate. Older adults that need assistance living in their homes because of health conditions, or who require the fuller support of assisted living or skilled nursing accommodations bear tremendous expense, with the annual cost of a one-bedroom assisted living facility averaging $45,000 and skilled nursing facility costing $86,815. The availability of beds in these facilities, currently 14,555, is not sufficient to meet the need of the increasing population.

Increasingly, older adults face the prospect of homelessness. According to Margot Kushel, MD, a professor of medicine at the University of California, San Francisco, in the 1990s slightly more than 10 percent of the homeless population was over 50. By 2003, that number had risen to one in three. "What is true now is about half the homeless population is 50 and older," she said.[5] In 2015, Ms. Kushel led a study of 350 homeless seniors in the city of Oakland. She reported that 43% of the participants had been housed until very recently. "Something happened to them late in life," she said. "It's never one thing. It's often complicated. Someone loses a job. A spouse dies. They lose the family home after a parent dies."

Health: Access and Economic Insecurity

An older adult's ability to access health and supportive services is directly tied to the cost of the services, the individual's economic status and the options covered by their health coverage. 98% of Alameda County older adults have health insurance. 52,567 older adults are Medi-Cal eligible, 41,721 older adults have Medi-Cal and Medicare, and 10,846 have Medi-Cal only.

Medicare coverage typically covers about 50% of the cost of health care and some short term nursing services, but does not cover the cost of long term supports and services. According to the California Health Interview Survey 48.5% of Alameda County adults age 60+ have had to forgo needed medical care due to cost. [6]

Older adults with Medi-Cal have access to long term care options, and protection from out-of-pocket medical costs that are not available to seniors of modest means and those with higher incomes. Medi-Cal beneficiaries may be eligible to receive in-home care through In Home Supportive Services, which currently serves 12,109 seniors. Other services available to Medi-Cal beneficiaries include Adult Day Health Care services and MSSP Case Management, although both programs serve a limited amount of people. Beneficiaries may also receive long-term care at a skilled nursing facility, but access is limited because of the small number of beds available.

Health: Chronic Disease and Conditions

As older adults age, they acquire disabilities, suffer from more chronic disease, and have a higher chance of unintentional visits to hospital emergency rooms. Among older adults, the leading causes of death include Cancer, Heart Disease, Stroke, Alzheimer's disease and Chronic Lower Respiratory disease. These five conditions account for 64% of deaths, and heart disease accounts for 19,604 hospitalizations a year. Chronic diseases are the leading cause of death

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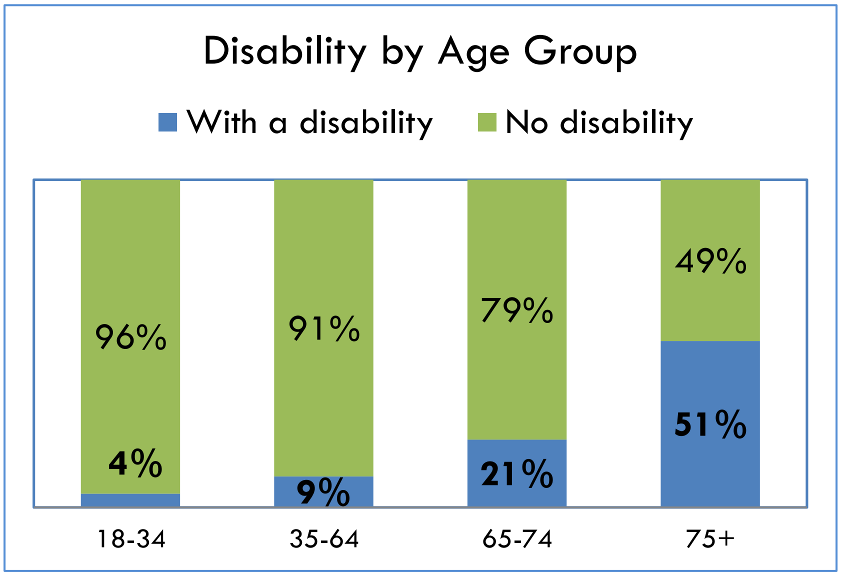
[5] Kushel, MD, Margot. "Growing Older, Getting Poor*." New American Media*. *April 2015.*

[6] CHIS data. *UCLA Center for Health Policy Research*. 2014.

county-wide and are the most common and costly and yet frequently preventable and manageable through early detection and treatment. Chronic diseases account for $3 out of $4 spent on healthcare.

With increasing age comes the likelihood of disability or restrictions to perform activities of daily living. Older adults 65 year or older account for 42% of all people with disabilities. Issues with ambulation ranks as the highest percent of disability, following by independent living and hearing difficulty. Because of the expense of hearing aids, many older adults delay acquiring assistive technology, with a resulting loss of efficacy of devises. Seniors who acquire disabilities may experience depression or frustration over their loss of function.



At the nexus of some of the older adults dealing with complex health issues is housing that is expensive, overcrowded, in poor physical condition or located in unsafe neighborhood environments. It is widely accepted that the link between health and housing predetermines the health of many older adults in certain neighborhoods; For example, respiratory conditions such as COPD and asthma are associated with the conditions of the indoor air quality of many older adults' homes in low income communities with deferred maintenance. In addition the data on older adults' fall prevention is reflective of not having homes that are prepared to age in place.

Dental Health

An often overlooked issue for older adults is dental health and care. Access to care may be compromised by lack of insurance, poverty and low oral health literacy. Vitamin deficiencies, dry mouth and diabetes are all contributing factors to oral disease. Patients with periodontal disease are twice as likely to develop diabetes. Treatment of periodontal disease can result in a 10-20% improvement in glycemic control. Bahar Amanzadeh, DDS, MPH, Dental Health Administrator for the Alameda County Public Health Department, recommends to key strategies for improving dental health: 1) integration of preventative dental health services to Nursing Home and Senior Center Activities; and 2) reducing access to dental care barriers: as an example, developing a Virtual Dental Home Model.

Falls

In California, falls are the leading cause of injury related death for seniors 65 years and older and account for over $2 million in medical costs a year.[7] Locally, falls account for 50% of emergency room visits, and are the leading cause of fatal

[7] Wallace, PhD., Steven. More than Half a Million Older California Fell Repeatedly in the Past Year. *UCLA Center for Health Policy Research. Health Policy Brief*. November, 2014.

and non-fatal injuries. Older adults that fall more than once in a year are at greater risk of injury and repeat falls. A number of conditions contribute to repeat falls, including chronic health conditions, disabilities, and mental health issues. According to UCLA's CHIS data for 2014, 47.4% of the Alameda County older adults who fell more than once in a 12-month period received medical care for the fall. Of those who did receive care, only 27% had a health professional talk with them about how to avoid falls, and only 12.1% had a health professional review their medications. A number of measures can help reduce falls, including gait and balance training programs, medication management, home modification, exercise programs that increase strength and flexibility, and the use of assistive devices.

Mental Health

Mental Health is also an aging issue, with 20% of adults 55 years and older experiencing depression and/or anxiety disorders. Research shows that as adult's age, they may experience predisposing factors that contribute to a need for mental health and substance use services. These factors include loss of loved ones, loss of vocation and independence, major financial problems and poverty, dislocation and homelessness, complex medical problems, misuse and abuse of multiple medications, reduced mobility, cognitive impairment, social isolation and social demoralization due to ageism (1998 data from the US Department of Health and Human Services).

Due to a broad range of issues, mental health related hospitalizations soar with aging (see appendix C, figures 28-29), with depression related hospitalization highest among Caucasians and lowest among Asians and Pacific Islanders. Compounding the issue is the dismissal of mental health issues through assumptions that symptoms are a natural part of aging. Because some symptoms may be similar, depression and dementia can be misidentified by both professionals and loved ones.

Nutrition Insecurity

Without basic nutrition, no individual remains healthy for long and frail older adults, or elders recovering from a recent injury or illness, are particularly at risk. Quality nutrition serves as an important component of prevention, risk reduction and treatment for chronic health conditions. Nutrition insecure older adults are:[8]

- 50% more likely to have diabetes
- 14% more likely to be hypertensive
- 60% more likely to have congestive heart failure or heart attack
- Twice as likely to report fair/poor general health
- Three times more likely to suffer depression
- Twice as likely to report gum disease and prevention

[8] Lloyd, Jean L. and Nancy Wellman, PhD, RD. "Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home." *Journal of Nutrition in Gerontology and Geriatrics.* (2015) .

In the fiscal year ending June, 2015, the AAA, working with a network of providers, provided 529,690 home-delivered meals to 3,384 older adults, and 185,477 meals to 6,391 older adults at congregate meal sites in cities and nonprofit agencies. The purpose of the home-delivered meal program is to provide nutrition to people who have significant health conditions, including recent discharge from hospitals, that do not allow them to go outside the home to acquire food and then prepare it at home. With current funding levels, AAA providers are able to provide meals to older adults who are prioritized based on the severity of their health conditions. Because of funding constraints, the network is not able to serve meals to all who request them.

The network also provides meals at congregate sites. The OAA regulates that these congregate meals are to be considered nutritious, but are also a means for socialization. The assumption is that older adults receiving meals at sites, primarily senior centers, will also have access to supportive programming. OAA funds are not allowed to be used at low-income senior complexes, unless that complex has programming available for community members outside of the facility. A gap exists for people who are not able to receive home-delivered meals because they do not meet the health requirements, but who are reluctant to attend senior centers. Community partners like the Alameda County Food Bank and Mercy Brown Bag, which provides grocery bags for seniors, help fill the gap, but are sorely pressed and underfunded.

NUTRITION INSECURITY

- *1 in 5 calls to the Alameda County Food Bank Emergency food line are from older adults.*
- *Older adults without adequate nutrition food are three times more likely to suffer depression*

Transportation

Alameda County benefits from the services of the Alameda-Contra Costa (A-C) Transit Bus Service, the third-largest public bus system in California, and Bay Area Rapid Transit (BART), a 107-mile fixed rail train system serving the entire San Francisco Bay Area, as major public transportation providers. A-C Transit offers a discounted Senior (Age 65+) and Disabled Pass and BART offers a 62.5% discount to persons 65 years and older, persons with disabilities, and Medicare cardholders. East Bay Paratransit is a public transit service for people with a physical impairment or disabling health condition which prevents them from using AC Transit and BART. East Bay Paratransit was established by AC Transit and BART to meet the requirements of the Americans with Disabilities Act (ADA), observes the hours of AC Transit's bus and BART's rail operations, and limits service provision to areas within ¾ mile of an operating bus route or BART station.

Although many transportation options exist, the systems lack flexibility and older adults frequently must wait for long periods of time for drivers to arrive, or may not be comfortable waiting for or boarding busses. Although 67% of consumer survey respondents noted that they utilize public transportation, the lack of frequency and location of routes is a deterrent to some.

Elder Abuse & Safety

According to the National Center on Elder Abuse, it is believed that only 1 in 14 incidences of abuse actually comes to the attention of officials.[9] Females are more likely to be abused than males, and abuse occurs more frequently as one ages.[10] Alameda County Adult Protective Services receives approximately 400 reports of abuse per month with self-neglect as the highest reported abuse, followed by financial abuse. In the County, approximately 70% of alleged abusers are family members or trusted caregivers. The prospect and prevalence of interpersonal violence against older adults with disabilities increases substantially,[11] with women more at risk than men.

The Ombudsman program, which deploys trained volunteers and staff to advocate for residents in long-term care facilities, witnesses extreme cases of abuse, with facilities failing to meet basic health, wellness, and social standards. State licensing agencies, which have responsibility for citing and revoking the licenses of substandard agencies, have been understaffed and under-resourced, with devastating consequence, as grimly displayed in an Alameda County facility where residents were left without care or food when the owner/operator abandoned the premises. With over 400 facilities and 14,555 beds in the County, Ombudsman staff are challenged to fulfill their mission advocating for residents, many of whom are without any family members to oversee their care. Dementia patients are most at risk and can easily suffer at the hands of others.

> ***"Elder abuse is a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair."***
> ***World Health Organization.***

End of Life Decision Making

Older adults in our survey responded with a high degree of concern about "being included in decisions that affect your lifestyle." Every person that lives will ultimately die, and older adults are statistically closer to that inevitability. According to a Pew Research Center study, nearly four-in-ten U.S. adults (37%) say they have given a great deal of thought to their wishes for medical treatment at the end of their lives, and an additional 35% have given some thought to these issues. But fully a quarter of adults (27%) say they have not given very much thought or have given no thought at all to how they would like doctors and other medical professionals to handle their medical treatment at the end of their lives.

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[9] Elder mistreatment: Abuse, neglect and exploitation in an aging America. *National Research Council. The National Academies Press*. 2003.

[10] National Center on Elder Abuse, Westat, Inc.. The national elder abuse incidence study: Final report. Washington D.C.. 1988.

[11] Hughes, R., Lund, E., Gabrielli, J., Powers, L, & Curry, M. Prevalence of interpersonal violence against community-living adults with disabilities: A literature review. *Rehabilitation Psychology*, 56(4), 302-319. 2011.

Even among Americans ages 75 and older, one-in-four say they have not given very much or any thought to their end-of-life wishes. Further, one-in-five Americans ages 75 and older (22%) say they have neither written down nor talked with someone about their wishes for medical treatment at the end of their lives. And three-in-ten of those who describe their health as fair or poor have neither written down nor talked about their wishes with anyone, according to the Pew Research survey.[12]

According to a 2012 survey released by the California HealthCare Foundation, a disparity exists between what people say they want at the end of life and what actually occurs. The survey finds patients' wishes regarding treatment are not always honored. Only 44% of Californians who have lost a loved one in the last 12 months say their loved one's end-of-life preferences were completely followed and honored by medical providers. These numbers drop to 26% for those whose loved ones experiencing a language barrier and 25% for those who were uninsured at the time of death. Similarly, most Californians would prefer to die at home, but they typically don't. Seventy percent of those surveyed say their home is their preferred place of death, but only 32% passed away in their homes, according to death records data from the California Department of Public Health.

"I have no children to care for me as I age and I will eventually need someone to make decisions." Consumer survey respondent.

[12] "End of Life Decisions." Pew Research Center. August, 2009.

GOALS & OJBECTIVES

As a result of an intensive community planning process, feedback from thousands of older adults, engaged dialogue with partners including non-profit organizations, government, and citizen groups, the Planning Committee makes the following recommendations for creating age-friendly communities in Alameda County. The recommendations offer guidance for addressing both a conceptual framework for creating community as well as specific and targeted approaches. With an understanding that transformative change is a long-term endeavor, the Planning Committee also understands that work on the objectives must begin at once. The guiding assumption for these goals and objectives is that success will arise only through shared responsibility and partnership between public and private sectors, and that the conversations, programming and service delivery must be older adult centric. With that in mind, we offer the following goals, which reference an integrated approach to age-friendly community design:

***Goals 1**:* Engage older adults, community partners and cities in planning for and developing a community framework for older adults

- 1.1 - Promote and Facilitate a County-wide initiative regarding the possibility of becoming a World Health Organization (WHO) designated Age-Friendly County. WHO designated communities incorporate age-friendly design in the following domains: Outdoor Spaces & Building, Transportation, Housing, Social Participation, Respect & Social Inclusion, Civic Participation & Employment, Communication & Information, and Community Support & Health Services.
- 1.2 - Allocate a Project Management or Staff resource to assist in WHO activities, which include the following activities: 1) establish a mechanism for involving older adults; 2) conduct a baseline assessment; 3) develop a three-year plan; 4) identify measures.

Goal 2: Throughout Alameda County Departments, develop a coordinated approach to designing, delivering and measuring effectiveness of programs for older adults:

- 2.1 – Alameda County will expand the number of Departments across the County working to develop common age-friendly programs, goals and approaches.
- 2.2 – Alameda County will establish a Leadership Team to monitor progress and results of the County-Wide Plan for older adults.
- 2.3 – The AAA will develop a unified report that includes data on the number of older adults and services provided across County Departments, including services provided through community partners.
- 2.4 - Develop an “Embracing Aging” training curriculum for county employees and make it available for community partners
- 2.5 – The AAA Director will meet regularly with other departments and participate in county-wide projects in order to integrate, coordinate and enhance services for older adults.
- 2.6 – The AAA will strengthen its collaboration with groups serving veterans and will focus attention on assisting veterans that are older adults with accessing benefits.

- 2.7 – The AAA will work in partnership with local and regional disaster planning and response agencies in order to ensure that the needs of older adults and seniors with disabilities are considered and included in planning and response efforts.

***Goal 3**:* Working with community partners, address the growing need of services for older adults by supporting a comprehensive network of providers to provide long-term services and supports (LTSS) that engage older adults and seniors with disabilities in community settings:

- 3.1 – Alameda County will invest in and leverage an infrastructure of community based providers that will meet the needs of the aging and disabled population.
- 3.2 - Through the Area Agency on Aging, fund, deliver and monitor a wide array community and home based services for older adults (see page 26).
- 3.3 – In collaboration with the County, the AAA will support advocacy efforts on a local, state and federal level.
- 3.4: The AAA will provide capacity building support for senior service providers.
- 3.5 - Support the Alameda County Aging and Disability Resource Connection (ADRC), which includes a core partnership between the Area Agency on Aging, Community Resources for Independent Living (CRIL), and the Center for Independent Living (CIL) as a platform by which community partners can work toward access to a seamless system of LTSS for older adults and people with disabilities.
- 3.6 - The AAA will coordinate Information & Assistance Roundtables by bringing together subject matter experts to present information regarding senior programs, trends and data. Roundtables will be open to senior service providers, consumers and other parties interested in expanding their knowledge.
- 3.7 – The AAA will publish information resources, available in print and electronic medium, on a variety of topics, to assist older adults and caregivers in accessing services.
- 3.8 – In order to address the needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) community, the AAA will work in partnership with community providers to fund, support, and share LGBT friendly programs. The AAA will incorporate LGBT cultural education in its training for the Ombudsman program.
- 3.9 – The AAA will participate in regional collaboratives, including the SCAN funded coalition led by the Senior Services Coalition, in order to help build an effective, statewide social movement toward transforming the State's long-term services and supports (LTSS) system.
- 3.10 – AAA staff, commissioners and community volunteers will organize, solicit and coordinate an annual holiday drive that will provide baskets of nutritious food and gift items to 25 low-income older adults.
- 3.11 – AAA staff, commissioners and community volunteers will write, collect and publish a quarterly newsletter to be distributed via print and electronic medium to older adults and senior service providers.
- 3.12 – To improve transportation services for Alameda County older adults, the AAA will support efforts that identify transportation issues, advocate for improvements, and involve older adults and systems in designing age-friendly transportation services.

Goal 4: Enhance the health, safety and well-being of older adults by offering coordinated services that promote health and wellness, with an emphasis on prevention and early access to behavioral health services.

- 4.1 - Through Measure A, the Board of Supervisors will allocate additional resources in order to expand senior injury prevention programs and respond to elder nutrition insecurity.
- 4.2 – The Alameda County Public Health Department will expand home based visits through Public Health Nursing.
- 4.3 - Determine "hotspot" areas of County where high utilizers of services reside in order to offer targeted interventions.
- 4.4 - Expand the availability of Behavioral Health Services.
- 4.5 - Increase awareness of behavioral health and dementia issues with older adults.
- 4.6 – The AAA will partner with community based organizations to provide Evidence-Based Health Promotion Programs via delivery of services in community clinic settings which have been demonstrated through rigorous evaluation to be evidence-based and effective. Evidence-Based Programs include Chronic Disease Self-Management, Otago Exercise Program, Matter of Balance, Stepping On, Tai Chi – Moving for Better Balance, and HomeMeds.
- 4.7 – The AAA Director will participate as a member of the Mental Health Services Act (MHSA) stakeholder group in order to facilitate inclusion of older adults in developing and implementing mental health programs.

Goal 5: Enhance programming to create safe communities for older adults by preventing and responding to neglect and abuse of older and dependent adults.

- 5.1 –Adult Protective Services will increase awareness of elder neglect and abuse through a media campaign.
- 5.2 - Increase the rate of response to calls to Adult Protective Services.
- 5.3 - Coordinate a county-wide response to elder abuse by expanding partnerships with legal and law enforcement partners.
- 5.4 – In order to increase the capacity of the Ombudsman program to respond to abuse claims in long-term care facilities, the AAA will recruit 10 additional volunteers.
- 5.5 – In order to address the issues of Elder Abuse, the AAA will provide 12 sessions of community education related to the topic.

Goal 6: Enhance and increase support for housing and augment the sustainability of housing programs.

- 6.1 – Community Development Agency will work with other County departments and cities to increase the number of housing units available and affordable for older adults through all feasible approaches, including deeply affordable units to serve the needs of seniors on SSI-level incomes and homeless older adults.
- 6.2 - Community Development Agency will work with other County departments and cities to improve the habitability and preservation of existing units to allow for safe and healthy aging in place.
- 6.3 - Community Development Agency will work with other County departments and cities and community groups to support regulations that protect older occupants from displacement.

- 6.4 - Explore alternative housing options including shared housing programs.

AAA Funded Services – Fiscal year 2016-2017

Service Program	Unit of Measurement	Units of Service
Home-Delivered Meal	1 meal	486,824
Adult Day/ Health Care	1 hour	24,730
Case Management	1 hour	3,184
Congregate Meals	1 meal	241,567
Legal Assistance	1 hour	7,393
Elder Abuse Prevention	1 training session	12
Information and Assistance	1 contact	17,133
Outreach	1 contact	2,481
Health	1 hour	2,144
Visiting	1 hour	7,299
Senior Center Activities	1 hour	13,646
Health Promotion	1 contact	2,442
SNAP Ed/Community Garden	1 garden site	5
Ombudsman	1 complaint	1,304
Senior Injury Prevention	1 participant	1,050
Family Caregiver Support	1 client	3819

Appendix A: Demographics of Older Adults

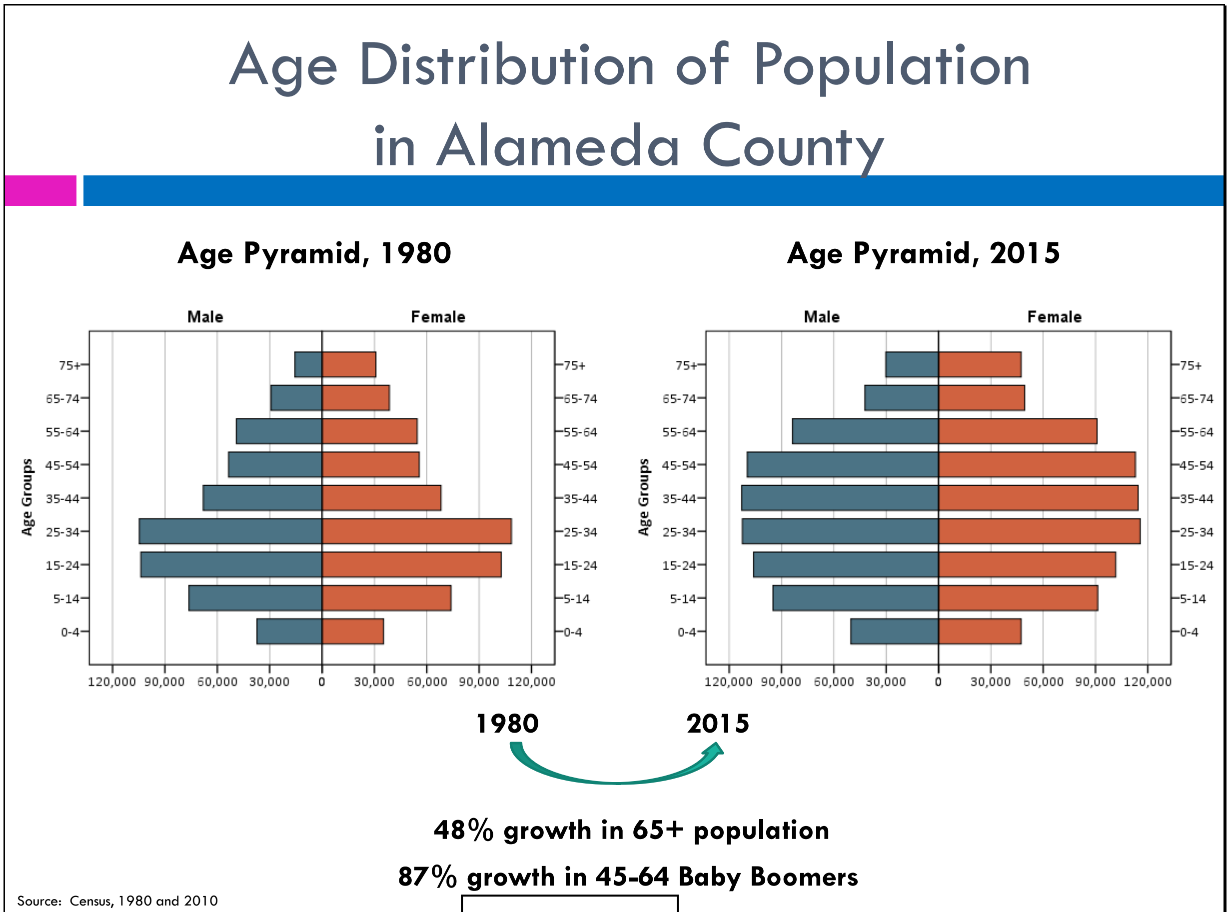


Figure 1

- The population in Alameda County is rapidly aging, as illustrated by the upwards shift toward older age groups between the 1980 and 2010 population age pyramids.

- Between 1980 and 2015, the older adult (65+) population grew by 48% and the number of adults between ages 45-64 (the fast-growing Baby Boomer segment that will reach 65 over the next two decades) increased by 87%.

- Between 1970 to 2010, the older adult (65+) population grew by 70% and the number of adults between ages 55-64 (the fast-growing Baby Boomer segment that will reach 65 in the next decade) increased by 89%.

Appendix A: Demographics of Older Adults

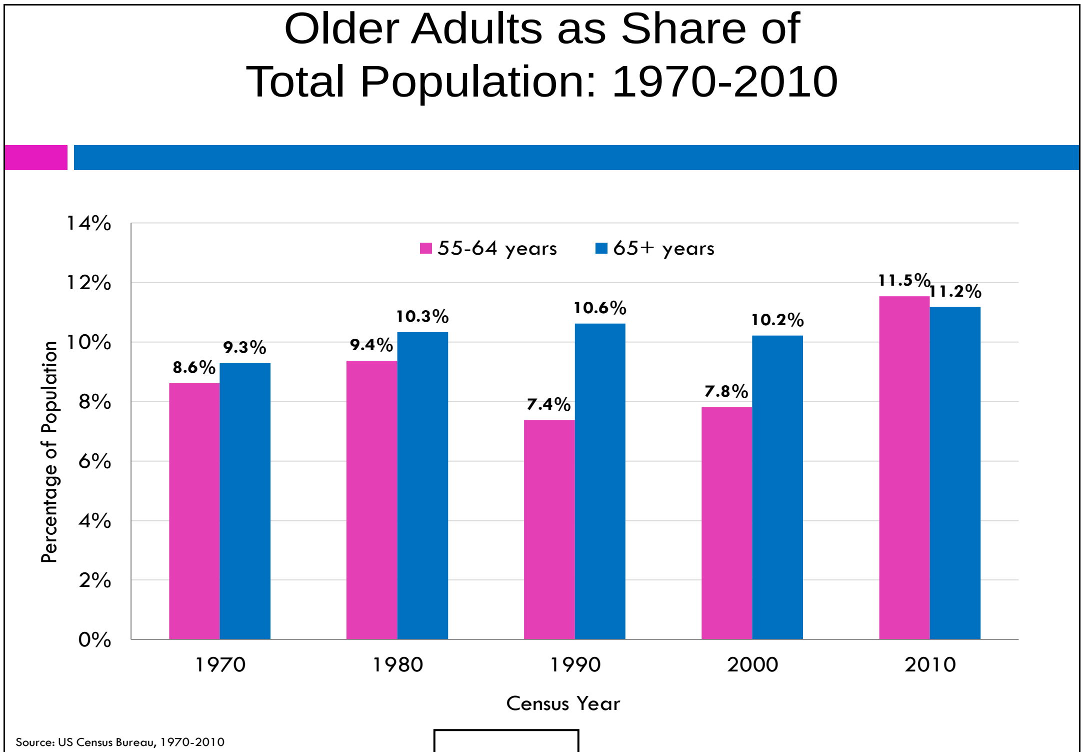


Figure 2

- Older adults represent an increasing share of the population, growing from 9% in 1970 to 11% in 2010.
- Over the next 5 decades (by 2060), the older adult population is projected to more than triple (from its size in 2010).
- While the older adult population continues to grow dramatically, the support system for older adults has remained flat or been cut.

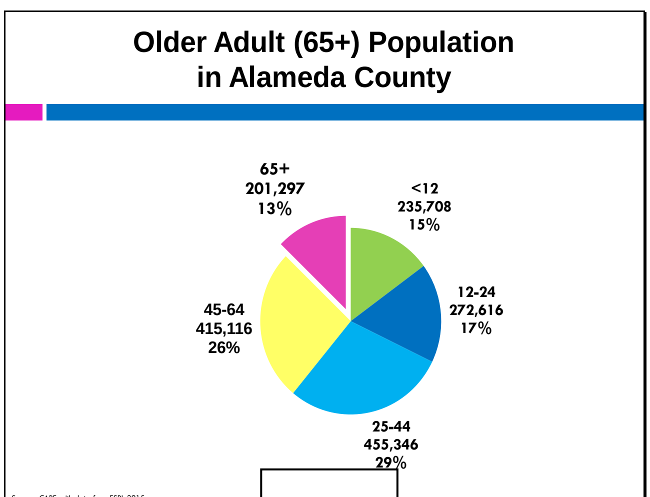


Figure 3

- In 2015, over 200,000 older adults (65+) live in Alameda County, accounting for about 13% of the County's population

ALAMEDA POPULATION PROJECTION – 65 +

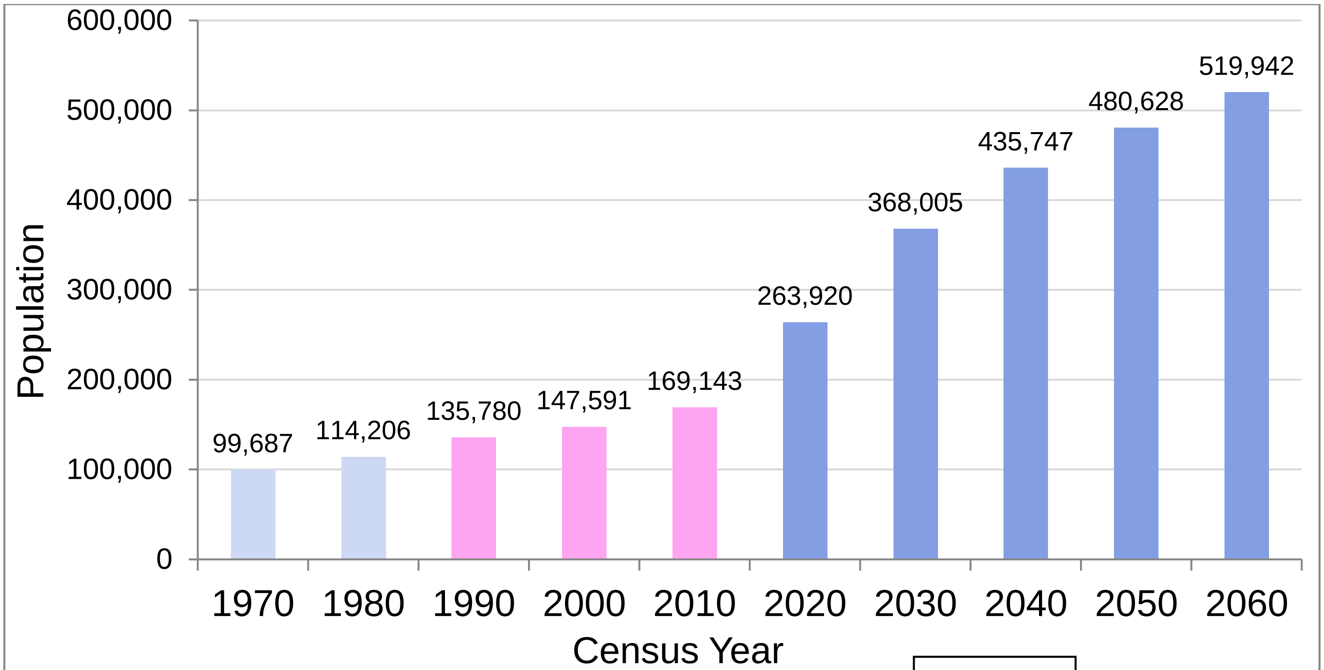


Figure 4

Source: California Department of Finance, Report P-1 (Age), State and County Population Projections by Major Age Groups, 2020-2060; US Census Bureau Data 1970-2010

- The number of older adults will grow exponentially in the next few decades

Appendix A: Demographics of Older Adults

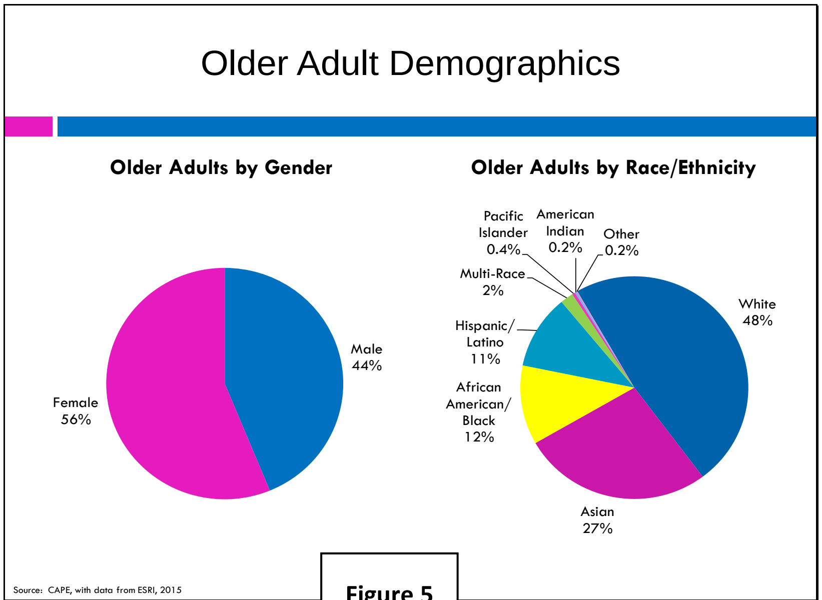


Figure 5

- The older adult population is slightly skewed toward females (56% female, 44% male).
- Almost one-half of the older adult population is White and just over one-fourth is Asian. Compared to the overall population in Alameda County, Whites are over-represented among older adults and Latinos are under-represented.

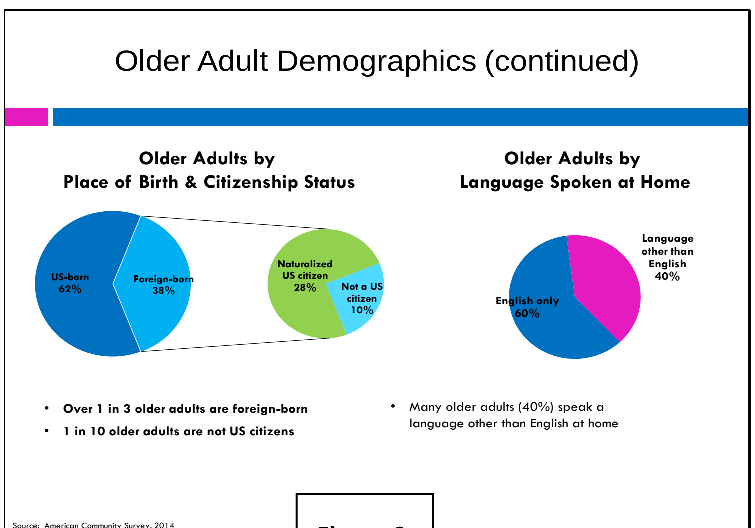


Figure 6

- 38% of older adults are foreign-born and about 10% are not US citizens.
- 40% speak a language other than English at home.
- Older adult immigrants tend to have less personal income than their native-born counterparts and to receive fewer benefits from traditional entitlement programs like Social Security and Medicare.
- As a result of their immigrant status as well as economic, linguistic, and cultural barriers, they can face multiple challenges accessing necessary healthcare and support services. [Population Reference Bureau, 2013]

Appendix A: Demographics of Older Adults

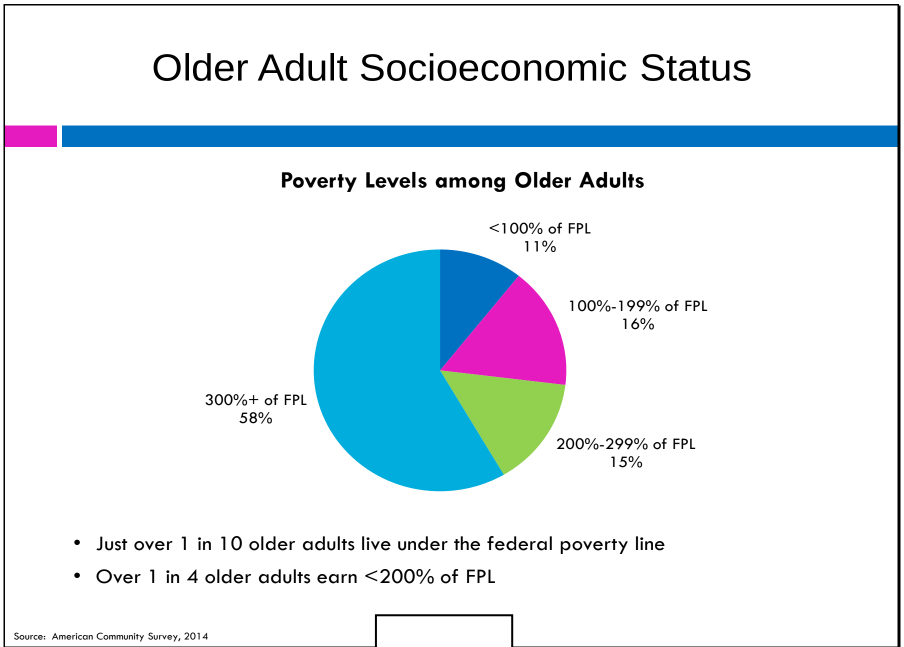


Figure 7

- 11% of older adults – or over 20,000 older adults – live in poverty (<100% of or below the federal poverty line).
- Over 1 in 4 older adults (27%) earn less than 200% of the federal poverty line – which means they are likely struggling to make ends meet given high costs of living in the Bay Area.

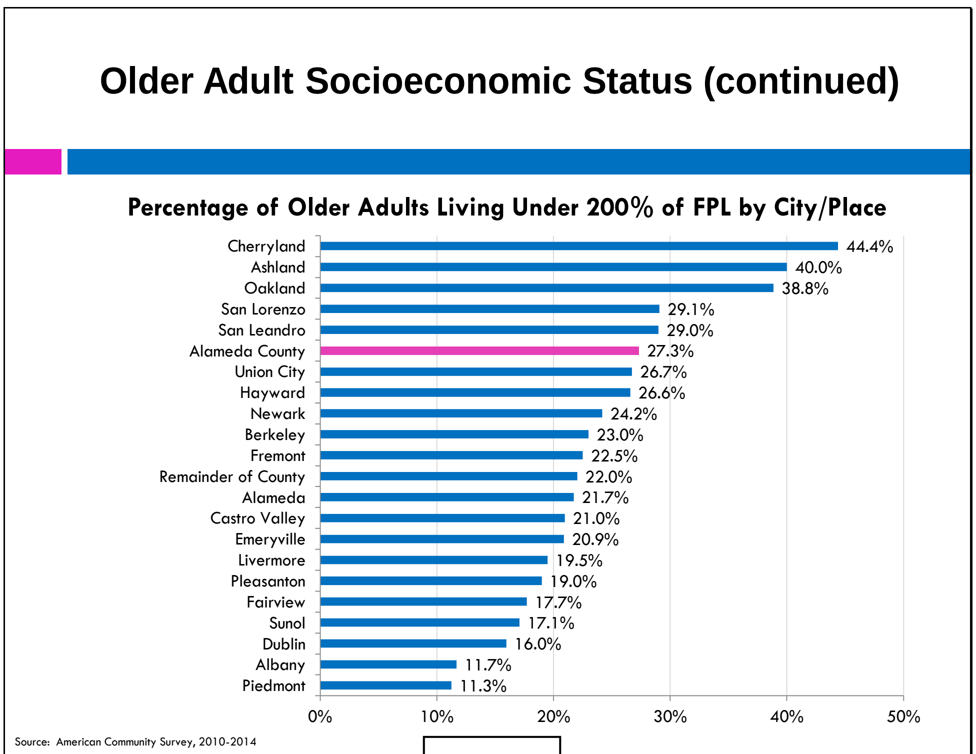


Figure 8

- The greatest percentages of older adults living below 200% of the federal poverty level – and thus struggling to make ends meet – are in Cherryland, Ashland, and Oakland.

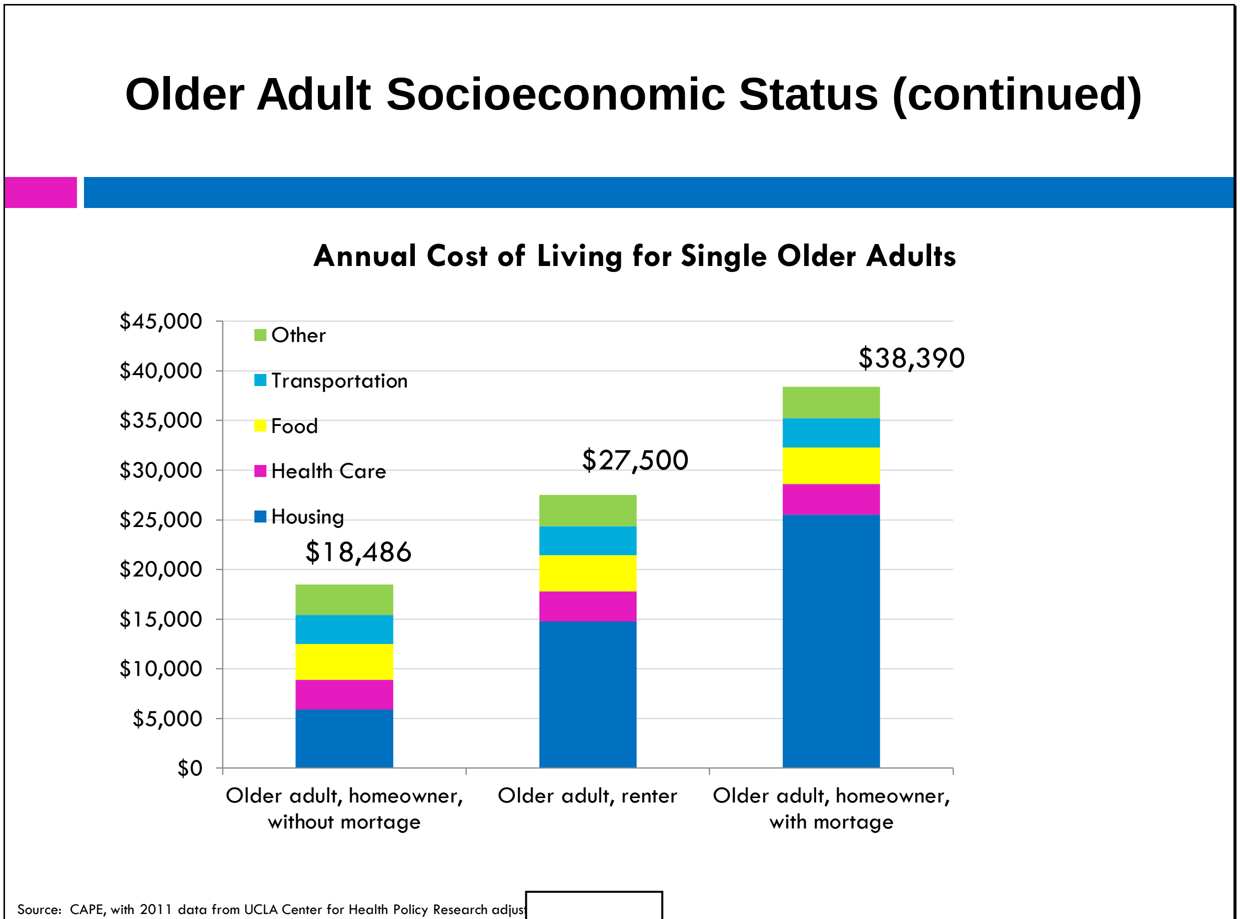


Figure 9

- The Elder Economic Security Index (developed by the UCLA Center for Health Policy Research) measures the minimum income older adults need to cover basic living expenses. For example, an older adult renter needs $27,500 per year to cover housing, health care, food, transportation, and other basic living expenses. An older adult with a mortgage needs $38,390.
- It is estimated that almost half (or 49%) of single older adult households (where one 65+ person lives alone) and over one-fifth (or 21%) of older adult couple households (where one or both are 65+ and live in a 2-person household) do have enough money (or annual income) to cover basic living expenses (CAPE, with 2014 1-year American Community Survey PUMS data).
- Older adult renters are especially hard hit and over-burdened by basic costs of living.
- In 2013, the median social security payment for a single older adult was $10,1000 and the maximum SSI/SSP payment was $10,397 – both of which are considerably lower than the basic costs of living.

Appendix A: Demographics of Older Adults

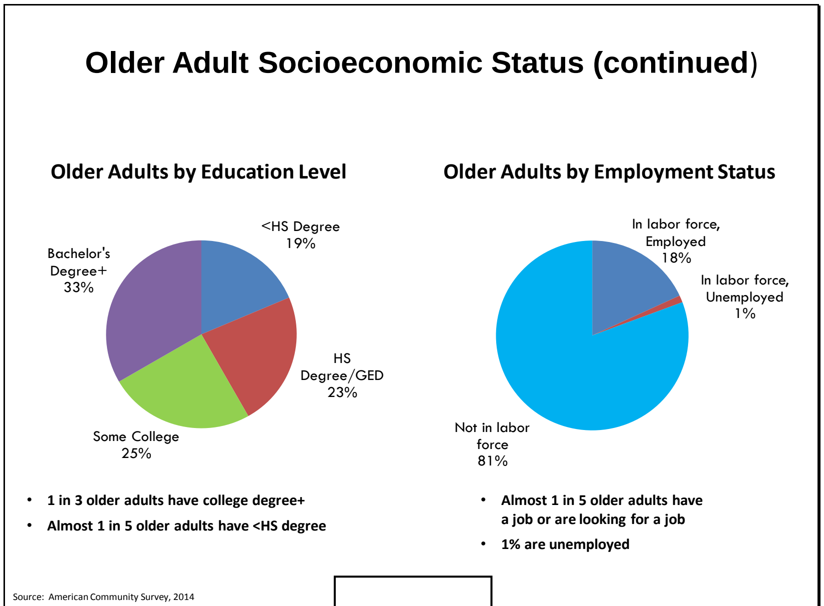


Figure 10

- Education and employment status are also important socio-economic indicators.
- 33% of older adults have a college degree or beyond. 19% have less than a high school degree.
- Almost one-fifth (or 19%) of older adults are in the labor force, with 18% being employed and 1% being unemployed.

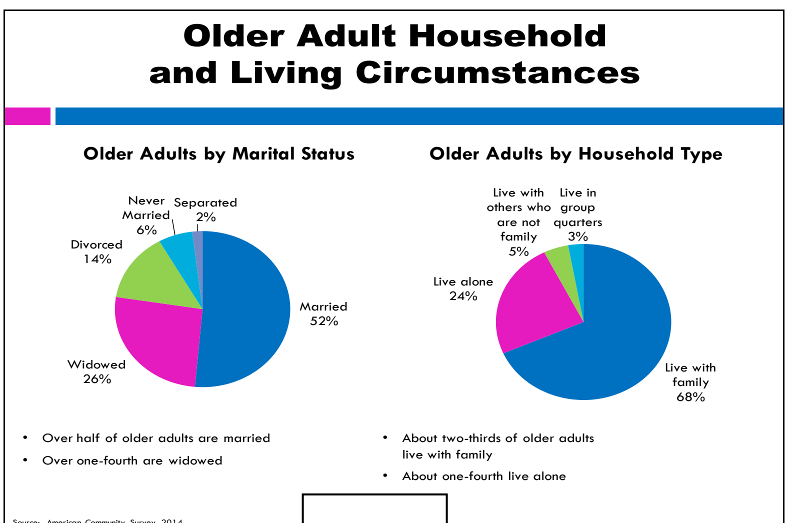
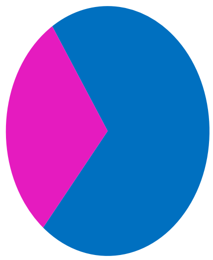


Figure 11

- Over half (52%) of older adults are married, but many older adults are widowed, divorced, separated, or have never been married. While a majority (68%) of older adults live with family, about one-fourth live alone. This increases their risk of social isolation and can affect both mental health (e.g., depression) and physical health (e.g., risk of falls).

Older Adult Household and Housing

Older Adults by Housing Tenure



- The majority of older adults are home owners or live with home owners.
- Just under one-third are renters.

Housing Cost Burden among Older Adults (60+)

	Owner-occupied housing units*	Renter-occupied housing units**
Percentage spending ≥30% of household income on housing	30%	62%

Housing cost burden affects:
- Over 60% of older adults in rental housing.
- 30% of older adults in owner-occupied housing.

*Select monthly owner costs as a percentage of household income in past 12 months
**Gross rent as a percentage of household income in the past 12 months

Source: American Community Survey, 2014

Figure 12

- 70% of older adults live in owner-occupied housing units, and 30% live in renter-occupied housing units.
- Housing cost burden is a significant problem among older adults, especially among renters. 62% of older adults in renter-occupied housing units have rental costs that are 30% or more of their household income. 30% of older adults in owner-occupied housing units have monthly owner costs that are 30% or more of their household income.
- High housing costs combined with limited income mean older adults have to make tough choices that matter for their health – like paying for housing versus healthcare versus transportation.

DTZ Cassidy Turley Real Estate

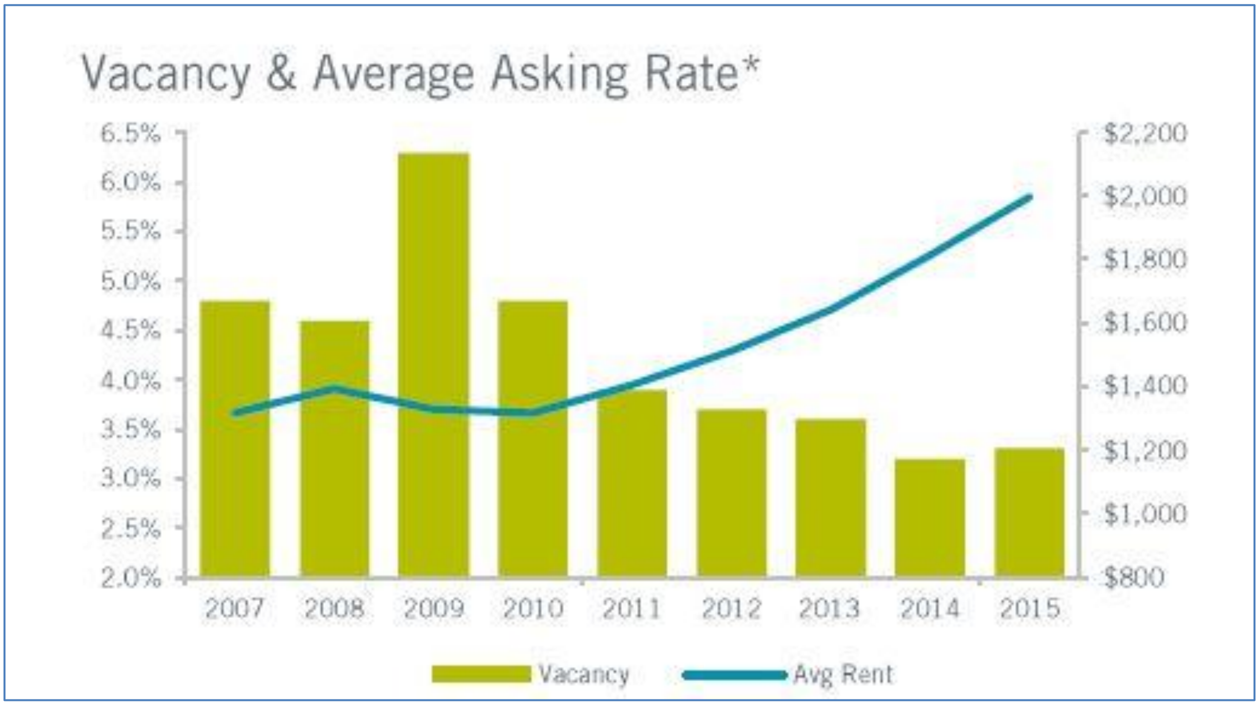


Figure 13

Median Sales Price	2014	YTD 2015 (Jan - Aug)	% Change
Alameda County-wide	$ 580	$ 711	23%
Alameda	$ 690	$ 862	25%
Albany	$ 656	$ 868	32%
Berkeley	$ 813	$ 1,000	23%
Castro Valley	$ 605	$ 667	10%
Dublin	$ 700	$ 898	28%
Emeryville	$ 390	$ 445	14%
Fremont	$ 720	$ 902	25%
Hayward	**$ 425**	**$ 702**	**65%**
Livermore	$ 494	$ 689	39%
Newark	$ 552	$ 702	27%
Oakland	**$ 465**	**$ 677**	**46%**
Piedmont *	$ 1,750	N/A	0%
Pleasanton	$ 835	$ 957	15%
San Leandro	$ 446	$ 531	19%
San Lorenzo	$ 435	$ 481	11%
Sunol *	$ 825	N/A	0%
Union City	$ 565	$ 720	27%

* No 2015 Data

Source: Multiple Listing Service

Figure 14

Alameda County Community Development Agency

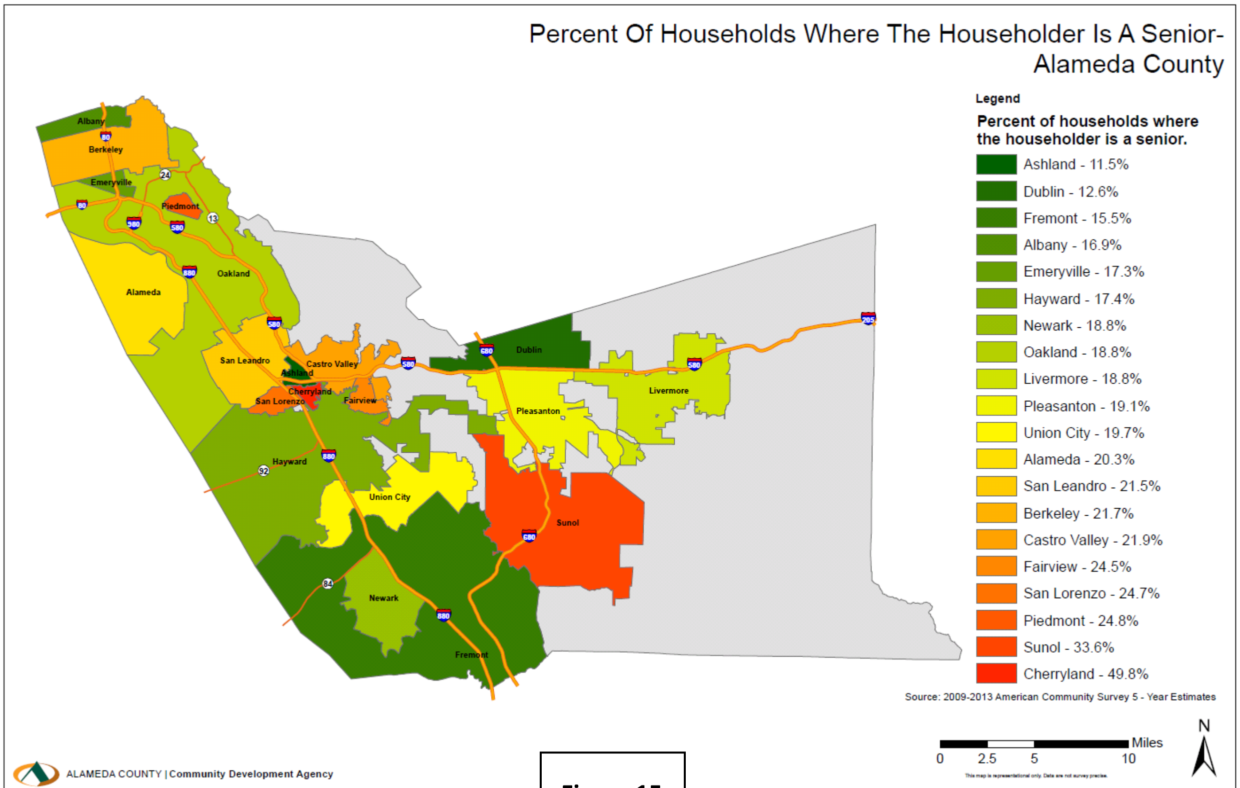


Figure 15

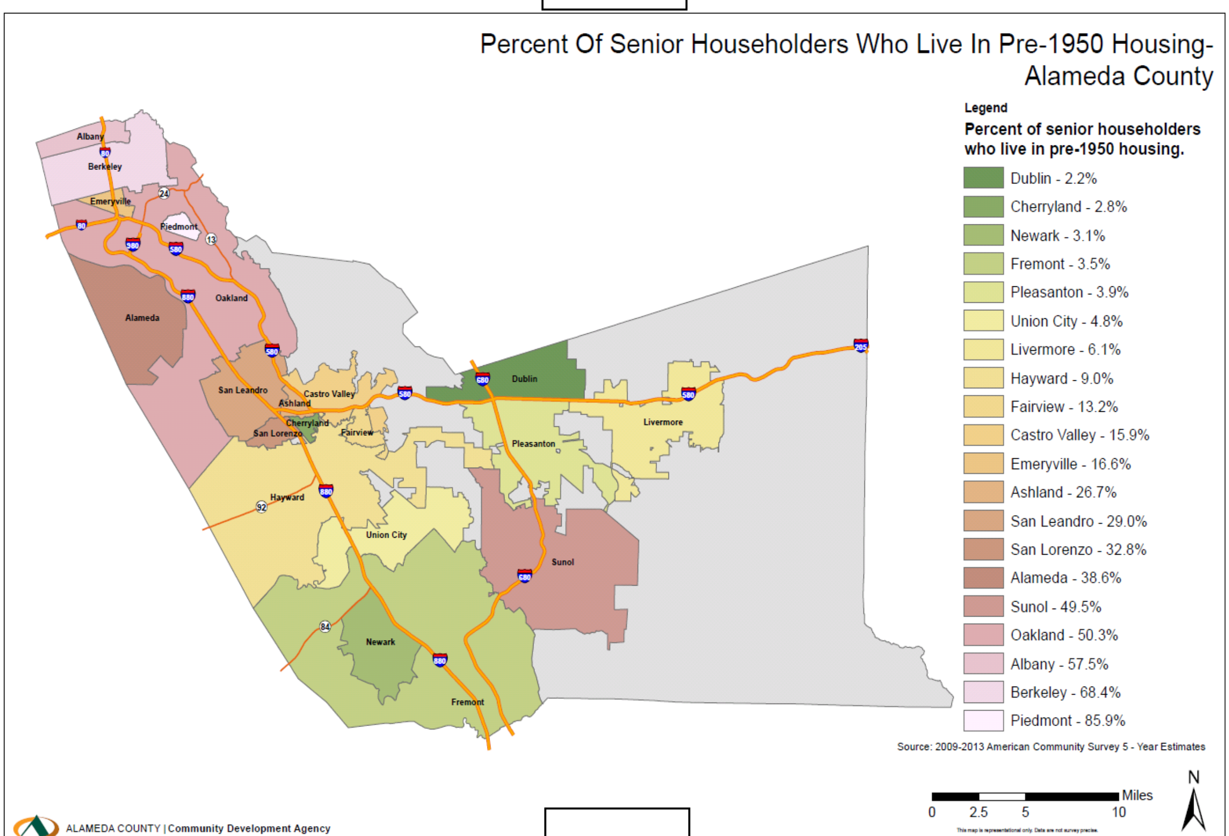


Figure 16

Subsidized Senior Housing in Alameda County			
	Total Projects	# of Affordable Housing Units	Vouchers reserved for elderly
Alameda	2	199	-
Albany	-	-	9
Berkeley	15	738	-
Dublin	3	450	28
Emeryville	2	116	27
Fremont	8	416	-
Hayward	5	416	312
Livermore	7	472	-
Newark	1	200	40
Oakland	52	4,412	2,681
Pleasanton	7	565	56
San Leandro	5	352	167
Union City	5	280	147
Unincorporated	5	473	76
Total	117	9,089	3,543

Source: Alameda County HCD Countywide Subsidized Housing Inventory

Figure 17

HCD Subsidized Senior Housing in Alameda County - Completed 2005 - 2015		
	Total Projects	# of Affordable Housing Units
Fremont	1	98
Hayward	1	22
Oakland	1	42
San Leandro	1	50
Unincorporated	1	83
Total	5	295

Figure 18

Leading Causes of Death among Older Adults (65+)

1.	Cancer	23%
2.	Heart Disease	23%
3.	Stroke	7%
4.	Alzheimer's Disease	6%
5.	Chronic Lower Respiratory Dis	5%

Top 5 conditions account for 64% of deaths among older adults

Source: Alameda County Vital Statistics, 2012-2014

Figure 19

- These 5 conditions account for 64% of deaths among older adults.
- The top 5 leading causes of death among older adults are all chronic diseases – which are largely preventable and manageable through early detection and treatment, behavioral change (increased physical activity, healthy eating, reduced drinking and tobacco use), and improvements in conditions where people live and work (to address chronic disease risk factors).

Heavy Health Toll and Cost of Chronic Disease

- Chronic diseases are among the most common, costly, and preventable of all health problems.
  - Nationwide, about 80%-90% of older adults have a chronic disease.
  - Over 50%-75% have more than 1 chronic disease.
- Chronic diseases are the leading cause of death and disability county-wide and nation-wide.
- Chronic diseases account for $3 of every $4 spent on healthcare.
  - Beneficiaries with 2+ chronic conditions account for 93% of Medicare spending.

Source: Centers for Disease Control and Prevention, "Chronic Di… …ouncil on Aging, "Healthy Aging Facts" and "Chronic Disease Self-Management Facts", 2014 and 2015; Centers for Medicar… …ditions Among Medicare Beneficiaries: Chartbook", 2012.

Figure 20

•The burden of chronic disease among older adults is high and results in high health, human, and economic costs.

•Nationwide, about 80%-90% of older adults have a chronic disease and 50%-75% have 2 or more chronic diseases.

•Chronic diseases are the leading cause of death and disability, and account for $3 of $4 spend on healthcare. Medicare beneficiaries with 2 or more chronic conditions account for 93% of Medicare spending.

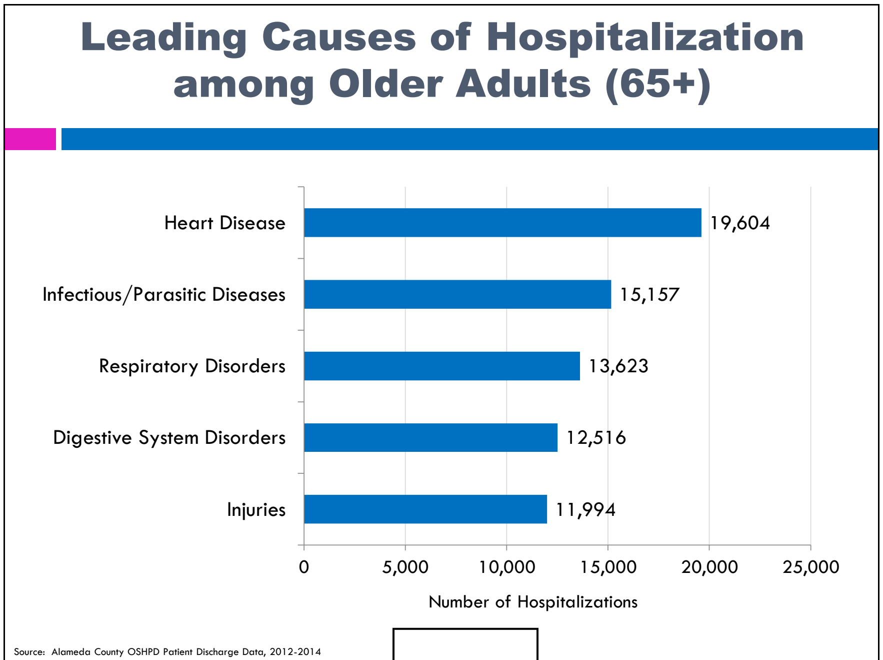


Figure 21

- The 5 leading causes of hospitalizations among older adults are heart disease, infectious/parasitic diseases, respiratory disorders, digestive system disorders, and injuries.
- Together, they account for almost 60% (57%) of all hospitalizations among older adults.

Disproportionate Share of Hospitalizations among Older Adults

While older adults comprise **13%** of the population in Alameda County, they account for:

- **30%** of all hospitalizations in Alameda County
- **63%** of hospitalizations due to stroke
- **61%** of hospitalizations due to heart disease
- **58%** of hospitalizations due to infectious/parasitic disease
- **51%** of hospitalizations due to diabetes
- **47%** of hospitalizations due to respiratory disorders

Source: Alameda County OSHPD Patient Discharge Data, 2012-2014

Figure 22

- Older adults represent a large and disproportionate share of hospitalizations overall and due to specific conditions.

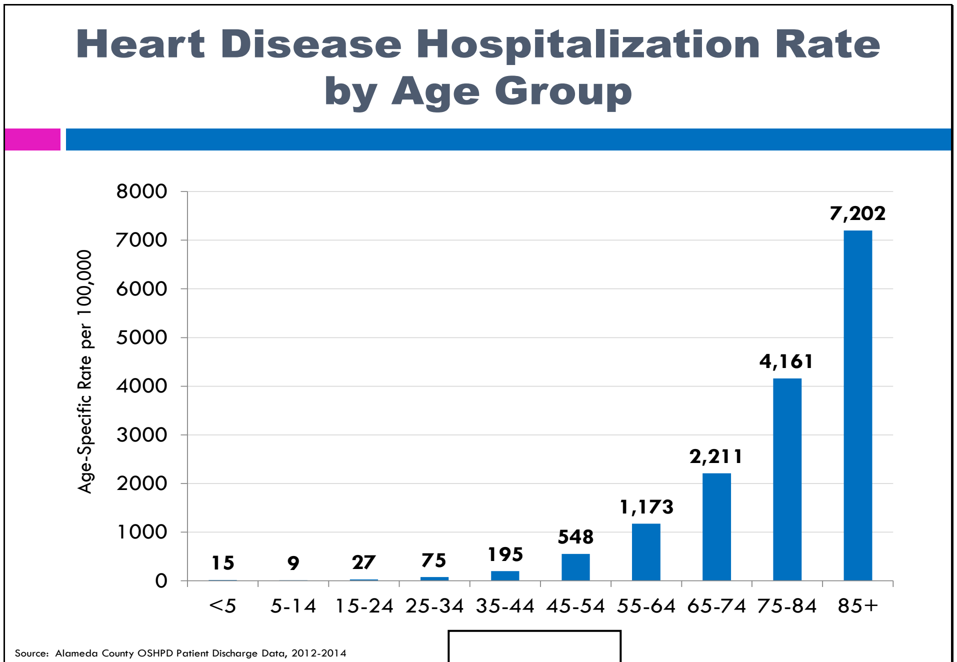


Figure 23

- Rates of hospitalization go up as people age, with high rates among older adults 65+ and especially high rates among those 85+ - whether you look at heart disease…

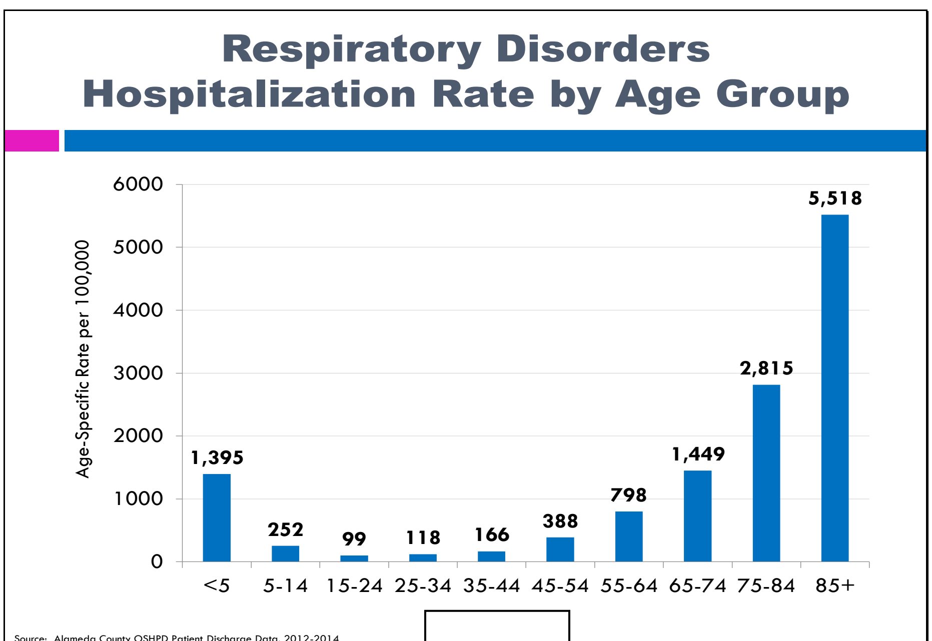


Figure 24

- …. respiratory conditions,

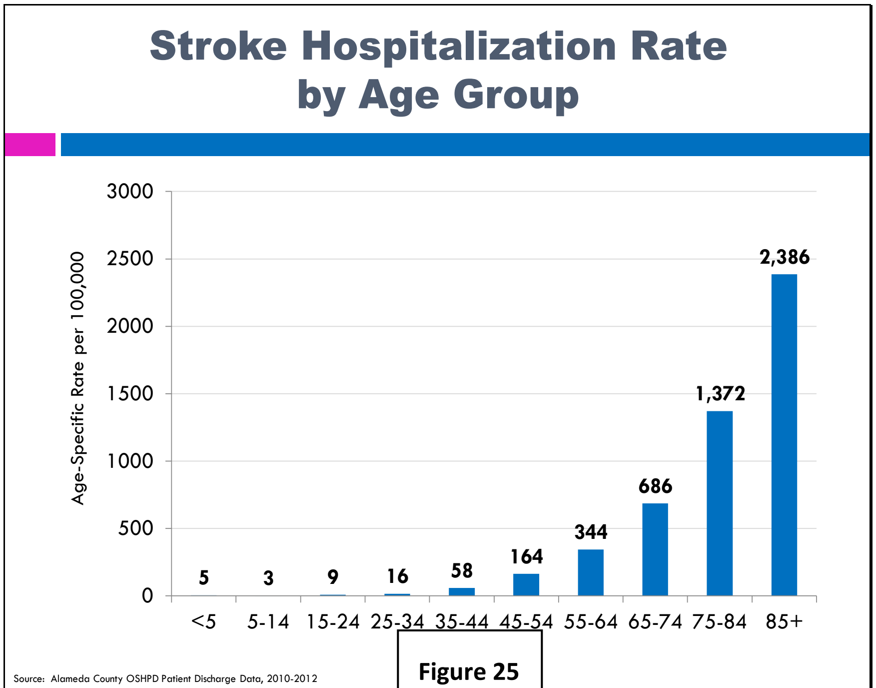


Figure 25

- …. stroke,

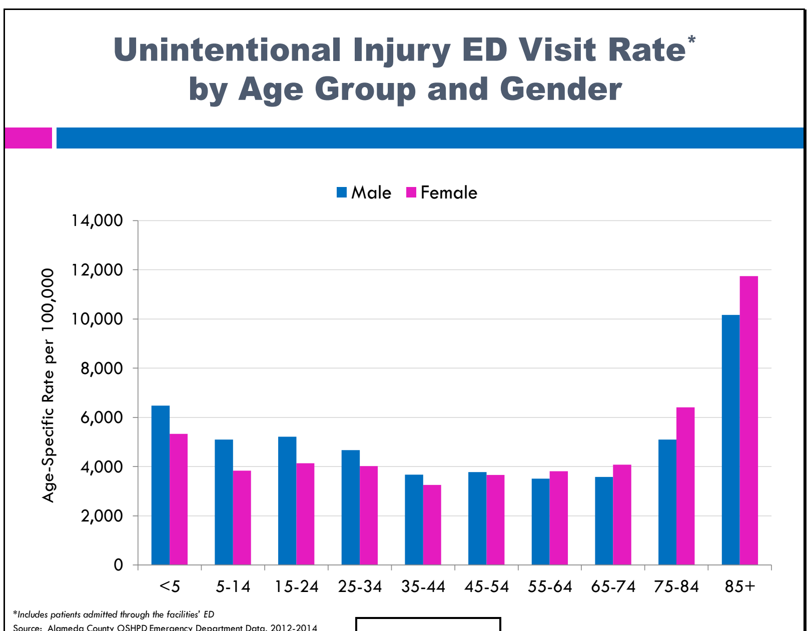


Figure 26

- …. or unintentional injuries.
- In the older adult age groups (ages 65+), females experience higher rates of unintentional injury than males – as illustrated by emergency department visit data shown here.

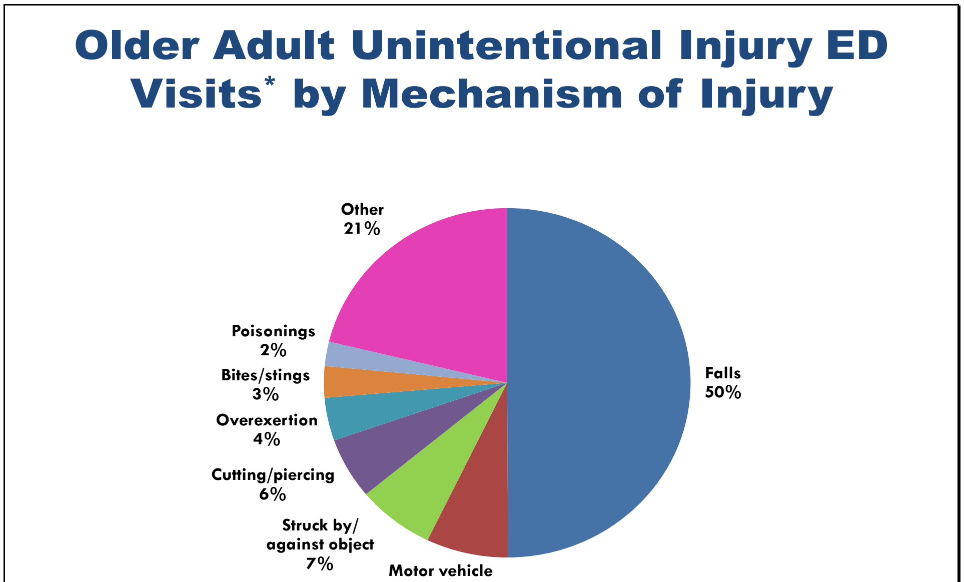


Figure 27

- Among older adults, falls are the leading cause of both fatal and nonfatal injuries.
- Falls account for half of unintentional injury visits to the emergency department.

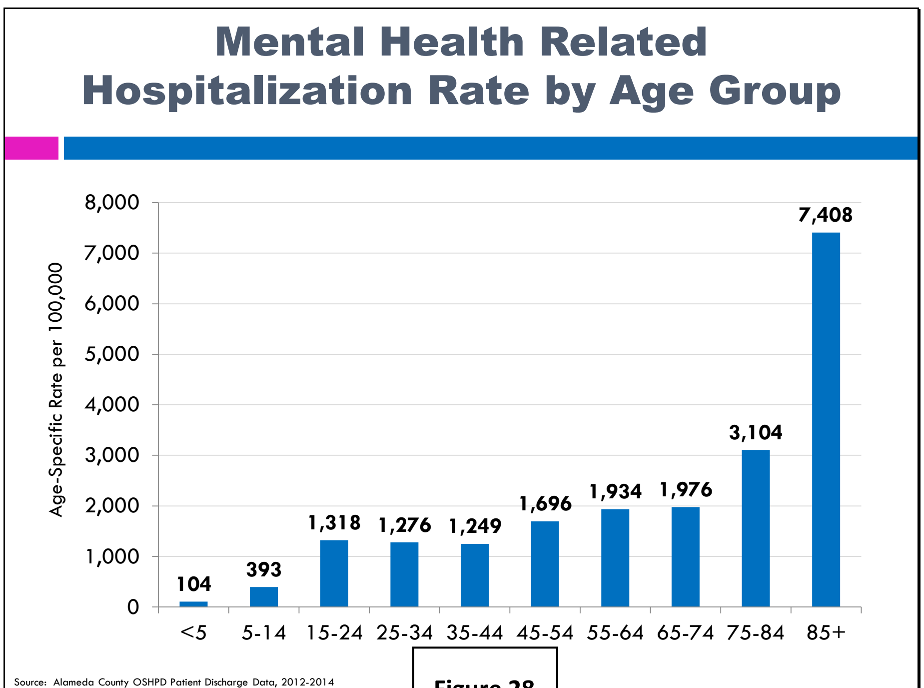


Figure 28

- Due to a broad range of issues (e.g., socioeconomic stressors, social isolation, loss of independence), mental health problems are common among older adults.
- Mental health hospitalization rates rise with increasing age, with rates soaring among older adults ages 85+.

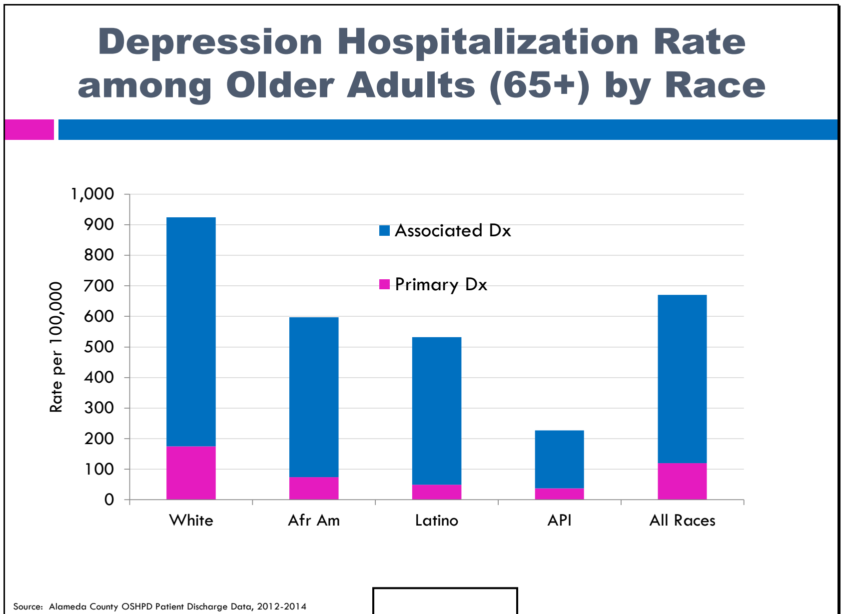


Figure 29

- Among older adults, rates of hospitalization for depression are highest Whites and lowest among Asians and Pacific Islanders.

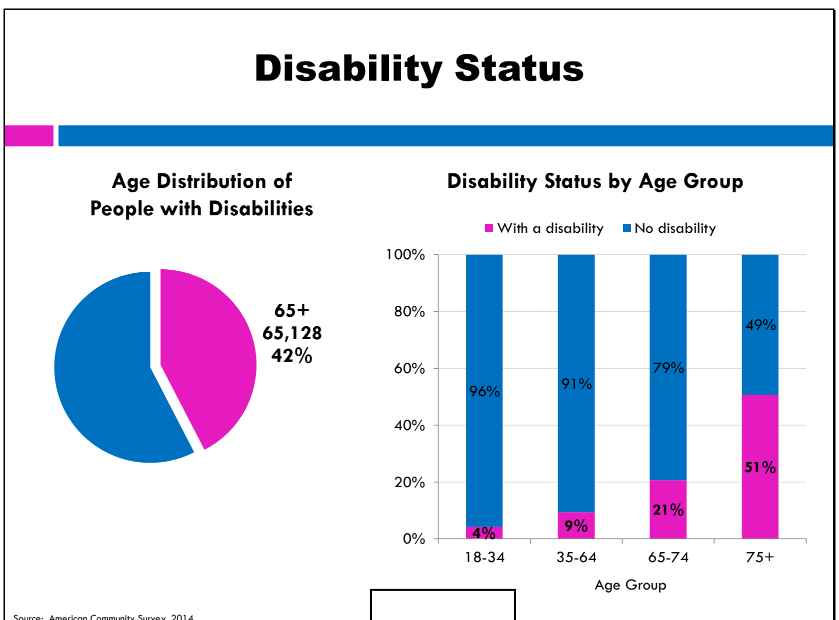


Figure 30

- With increasing age comes increased likelihood of disability – or restrictions in ability to perform activities of daily living.
- Older adults ages 65+ account for 42% of all people with disabilities in Alameda County. Countywide, there are over 65,000 older adults with 1 or more types of disability.
- 21% of older adults ages 65-74 and 51% of older adults ages 75+ have at least 1 type of disability.

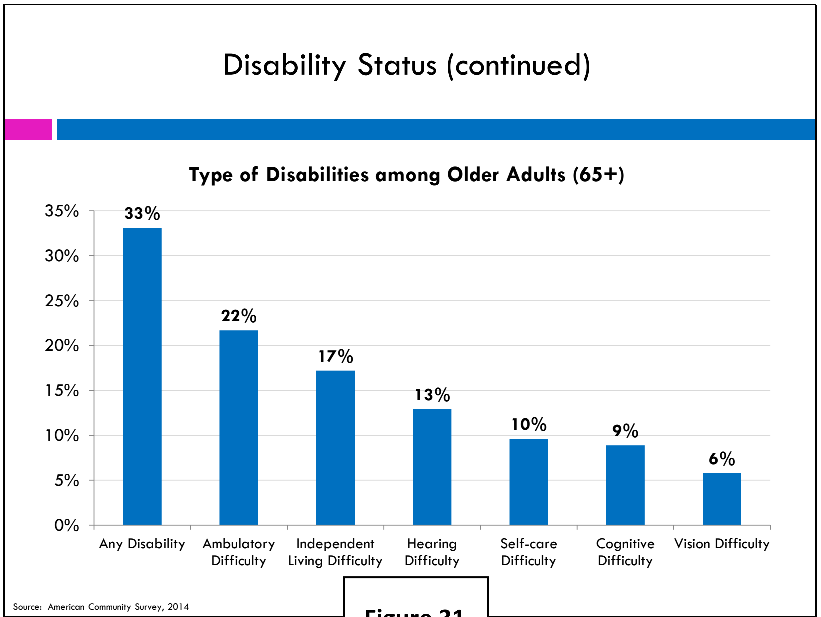


Figure 31

- 1 in 3 older adults (65+) has at least 1 type of disability.
- The most common types of disability among older adults are ambulatory and independent living difficulties, followed by hearing and self-care difficulties.

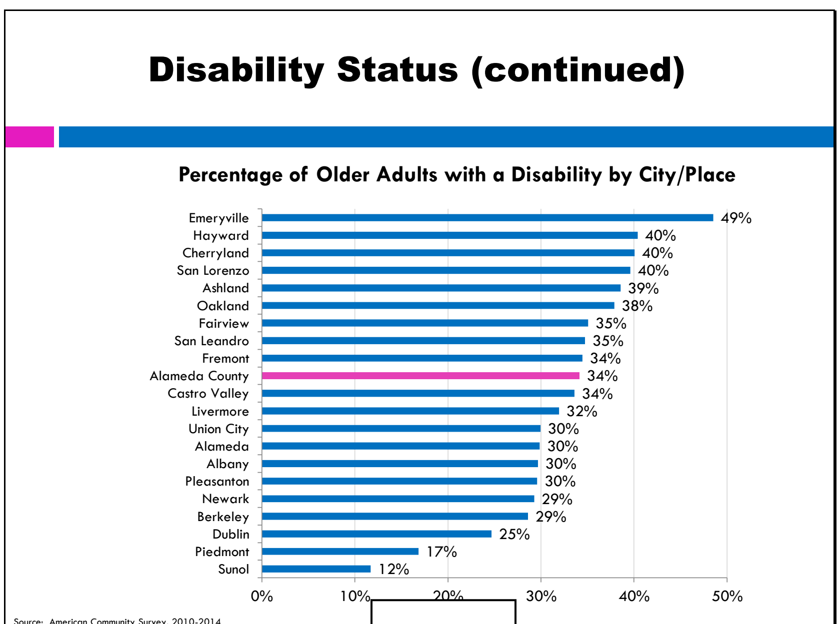


Figure 32

- The highest levels of disability in the older adult population are located in Emeryville (where about half of older adults have 1+ disabilities), followed by Hayward, Cherryland, San Lorenzo, Ashland, and Oakland.

Health Insurance Status

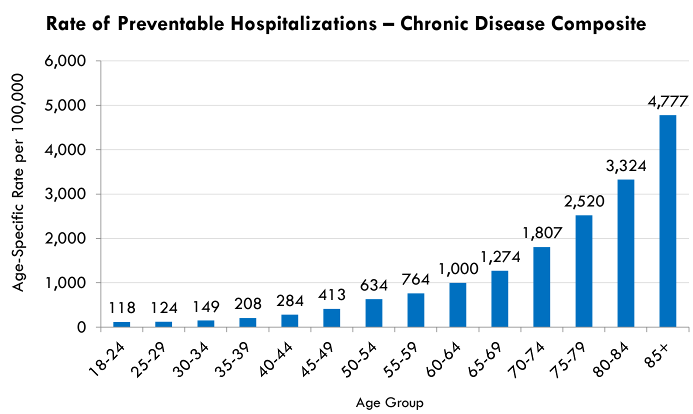
- In Alameda County, 98% of older adults (65+) have health insurance coverage.
- While Medicare pays most medical expenses for older adults, it does not cover all expenses.
  - Example services Medicare doesn't cover: long-term care, most dental care and dentures, eye exams for glasses/contacts, hearing aids and exams, routine foot care
- Medicare also has cost-sharing requirements that present barriers to care.
  - Example costs include: Premiums for Medicare (Part B for physician services and Part D for prescription drugs) and supplemental insurance, deductibles, and co-payments

Source: American Community Survey, 2010-2014; Centers for Medicare & Medi

Figure 33

- Nearly all older adults have at least some health insurance coverage through Medicare.
- But Medicare doesn't cover all necessary health care expenses and cost-sharing requirements present barriers.

Preventable Hospitalizations



Source: Alameda County OSHPD Patient Discharge Data, 2010-2012

Figure 34

- Preventable hospitalizations are inpatient hospital stays that could have been avoided with improved access to and quality of outpatient care and disease management.
- In Alameda County, most preventable hospitalizations are related to chronic disease (65%) as opposed to acute disease (35%)
- The rate of chronic disease preventable hospitalizations rises dramatically with increasing age groups. This data suggests that older adults have especially poor access to and/or quality of outpatient care and disease management.
- Over half (52%) of all preventable hospitalizations due to chronic disease are among older adults 65+.

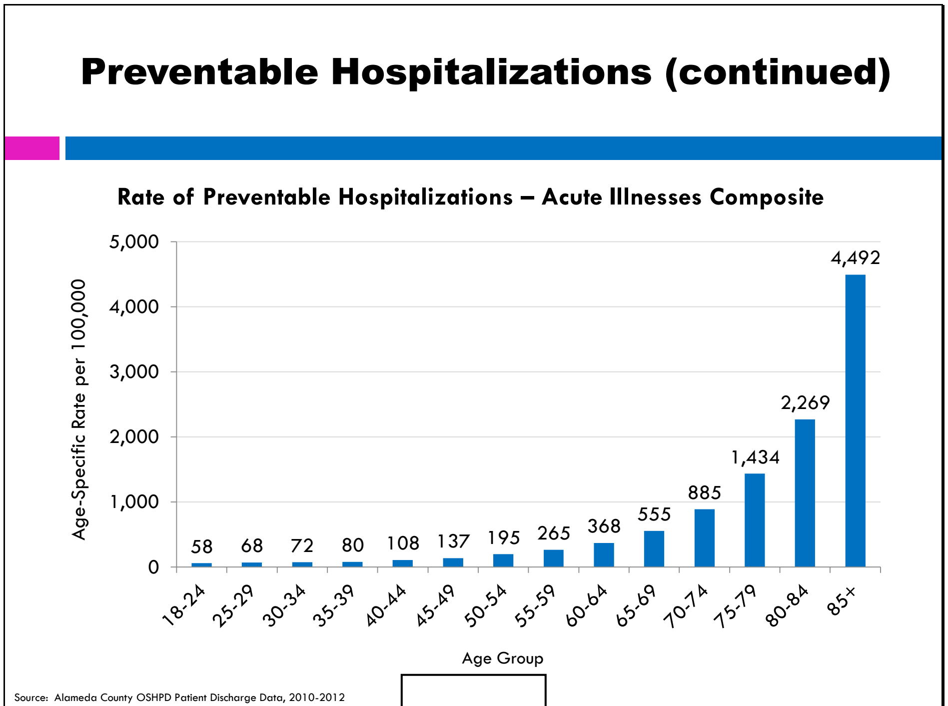
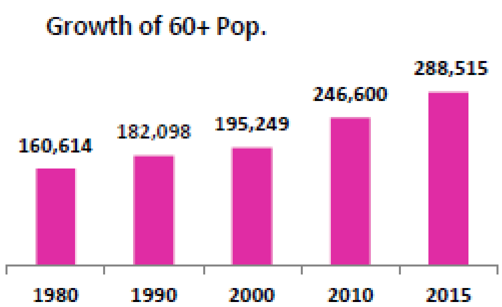
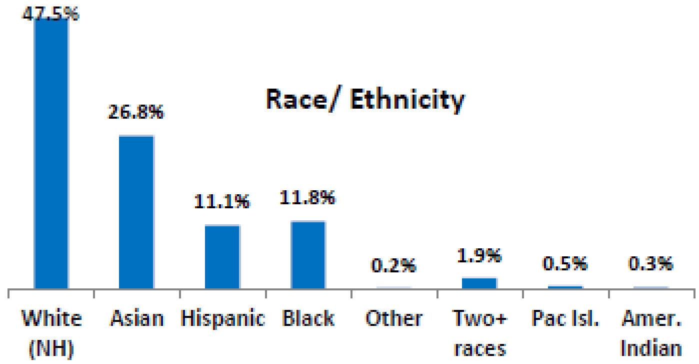


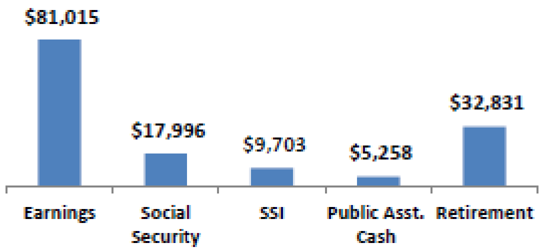
Figure 35

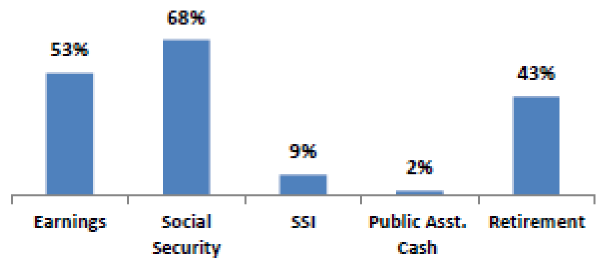
- The rate of acute disease preventable hospitalizations soars in older adult age groups, especially among those 85+.
- Nearly two-thirds (66%) of all preventable hospitalizations due to acute disease are among older adults 65+.

Alameda County Older Adult Profile



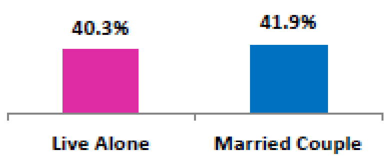


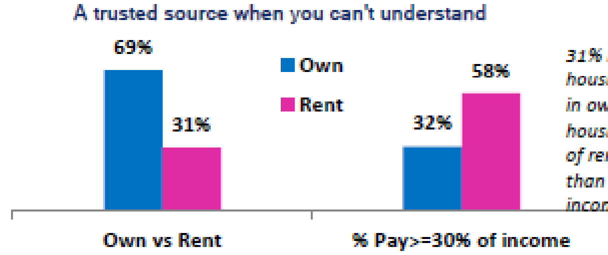




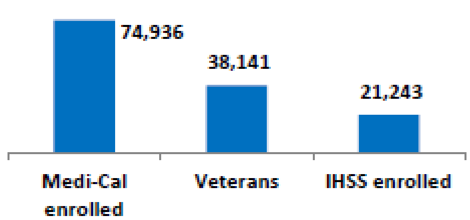
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.5
2. Income for future	3.4
3. Stay in home	3.4
4. Maintain home	3.4
5. Inclusion in decisions	3.3
6. Housing affordable	3.3
7. Falling	3.2
8. Prepare healthy food	2.9
9. Anxiety or stress	2.7
10. Confusion or memory	2.6

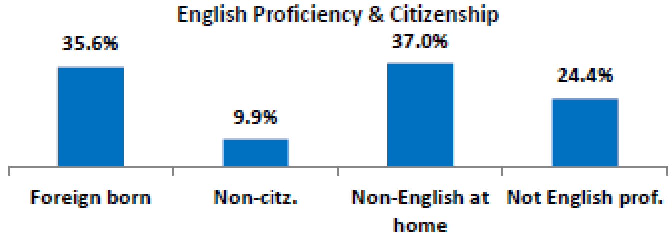
Survey Top 10 Resources lacking	% without
Job opportunities for people your age	30.1%
Affordable housing	25.9%
A computer that you feel comfortable using	18.2%
Clean and well-kept sidewalks for you to walk on	17.8%
Housing that is suited to your needs	17.3%
Safe, well-lit streets and intersections	15.6%
Opportunities to participate in community decisions	14.0%
Resources that help you to feel safe	14.0%
Free or affordable opportunities to learn	13.3%
A trusted source when you can't understand	12.5%





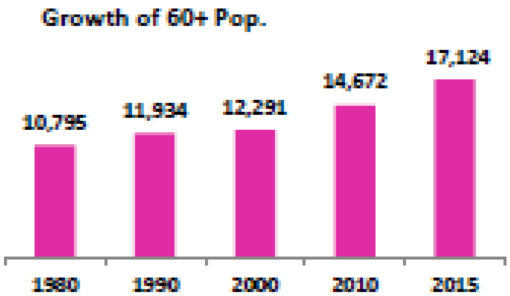
31% live in rental housing & 69% live in owner occupied housing. But 58% of renters pay more than 30% of their income for housing.

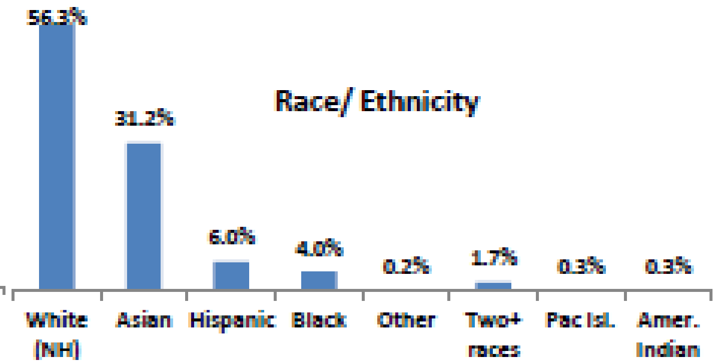


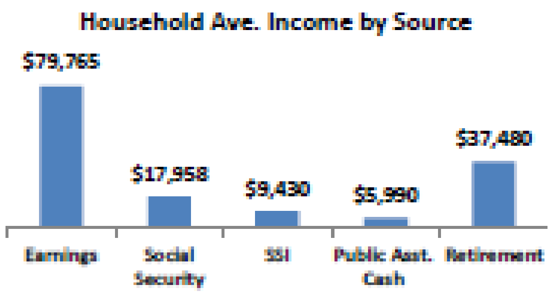


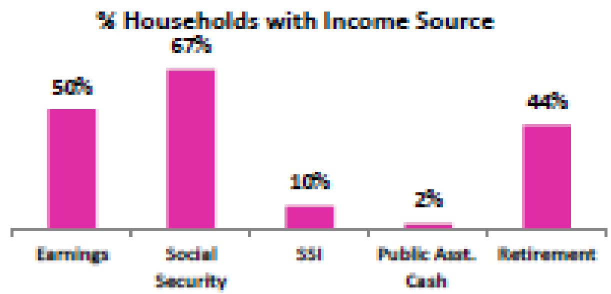
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Alameda Older Adult Profile



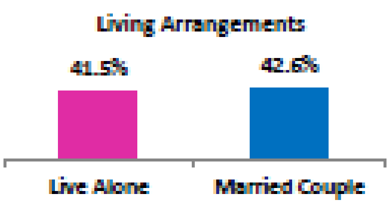


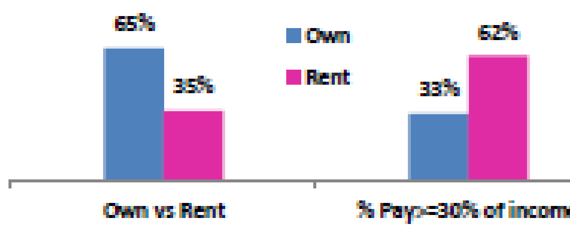




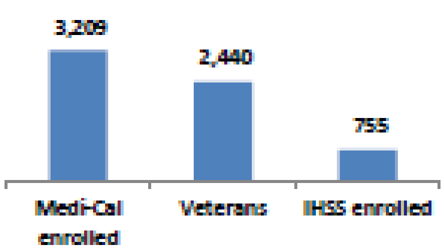
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.7
2. Maintaining home	3.7
3. Staying in home	3.7
4. Income for future	3.7
5. Housing affordability	3.6
6. Inclusion in decisions	3.5
7. Falling	3.4
8. Preparing healthy food	3.1
9. Anxiety or stress	3.0
10. Supporting dependents	2.9

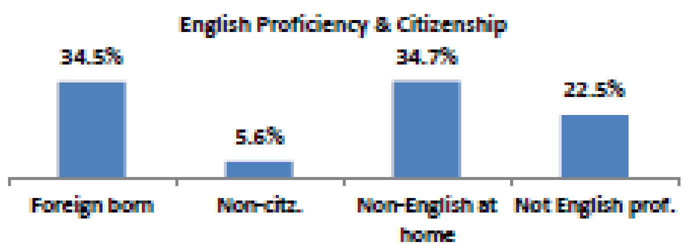
Survey Top 10 Resources lacking	% without
Affordable housing	32.2%
Job opportunities	26.2%
Housing that is suited to your needs	20.2%
Clean and well-kept sidewalks	14.2%
Opportunities to learn	13.1%
A computer that you feel comfortable using	13.1%
Emotional health services culturally & lang appro.	12.6%
Opportunities to participate in comm. decisions	12.0%
Places to socialize affordable	9.8%
Safe, well-lit streets	9.8%





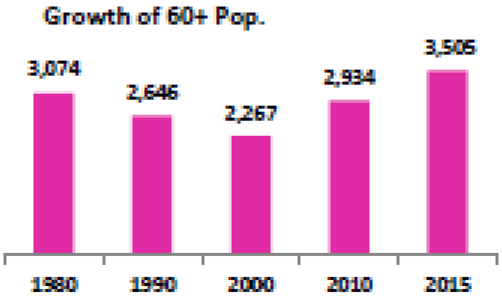
35% live in rental housing & 65% live in owner occupied housing. But 62% of renters pay more than 30% of their income for housing.

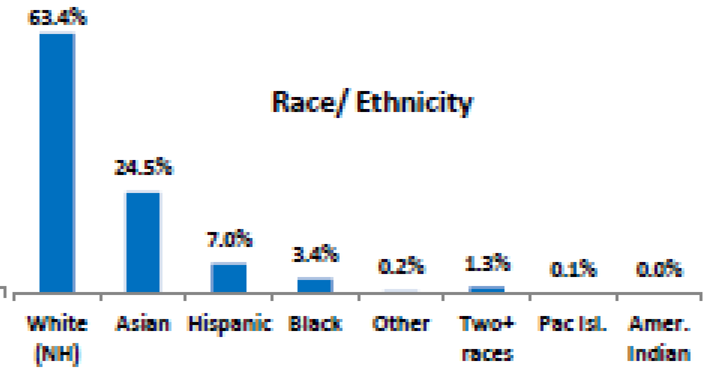


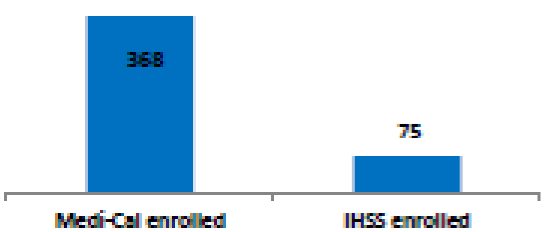


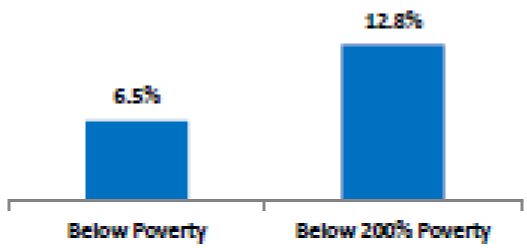
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Albany Older Adult Profile





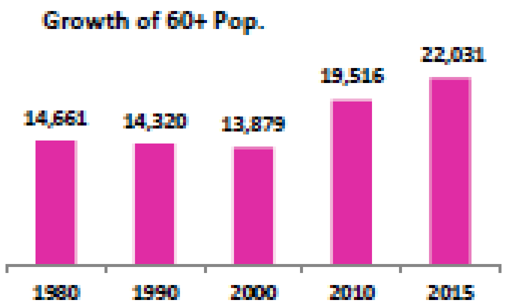


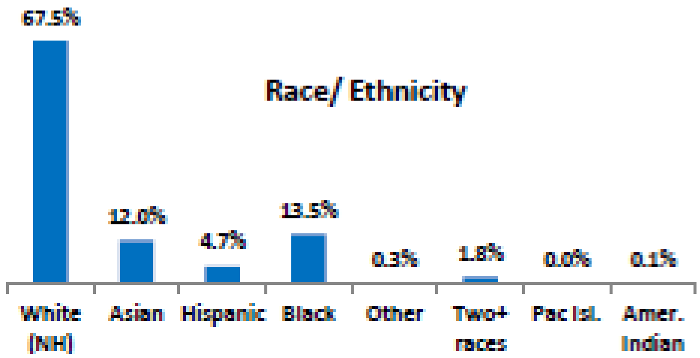


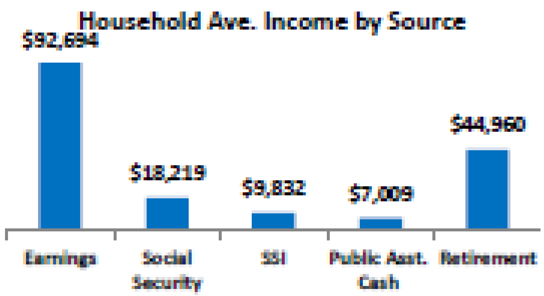
Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
1. Housing affordable	3.5	Affordable housing	33.3%
2. Stay in home	3.4	Housing that is suited to your needs	25.6%
3. Inclusion in decisions	3.4	Job opportunities	23.1%
4. Income for basic needs	3.4	A trusted source when can't understand	23.1%
5. Falling	3.3	Clean and well-kept sidewalks	23.1%
6. Maintain home	3.3	Safe, well-lit streets	20.5%
7. Prepare healthy food	3.2	Emotional health services culturally & lang approp.	17.9%
8. Income for future	2.9	Fresh vegetables and fruit I can afford	15.4%
9. Support dependents	2.7	Transportation that is affordable	15.4%
10. Ability to be a caregiver	2.6	A trusted source to go for needs	12.8%

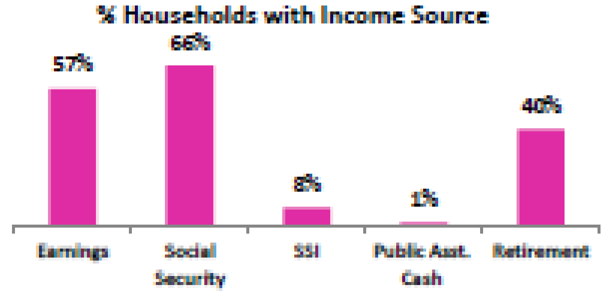
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Berkeley Older Adult Profile



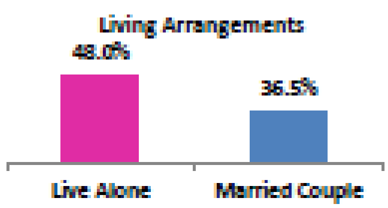


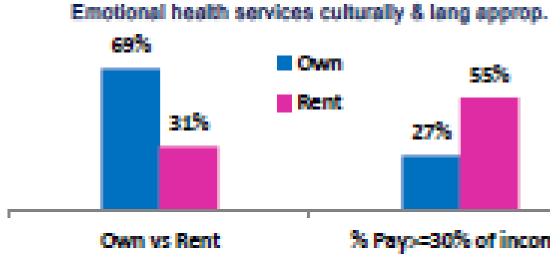




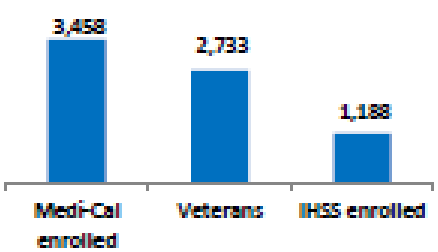
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.4
2. Inclusion in decisions	3.3
3. Housing affordable	3.3
4. Income for future	3.3
5. Stay in home	3.3
6. Maintain home	3.2
7. Falling	3.0
8. Prepare healthy food	2.9
9. Anxiety or stress	2.7
10. Confusion or memory	2.6

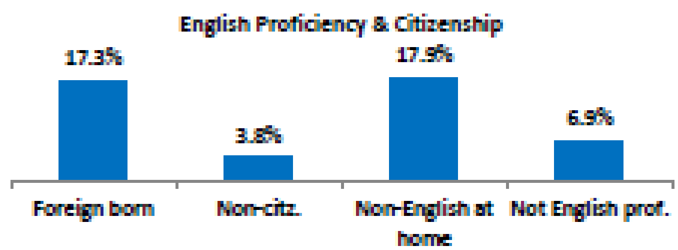
Survey Top 10 Resources lacking	% without
Job opportunities	31.9%
Clean and well-kept sidewalks	21.3%
Affordable housing	19.9%
Safe, well-lit streets	16.9%
A computer that you feel comfortable using	16.1%
Housing that is suited to your needs	15.3%
Resources to feel safe	14.9%
Fresh vegetables and fruit I can afford	12.2%
A trusted source to go for needs	11.8%
Emotional health services culturally & lang approp.	11.2%





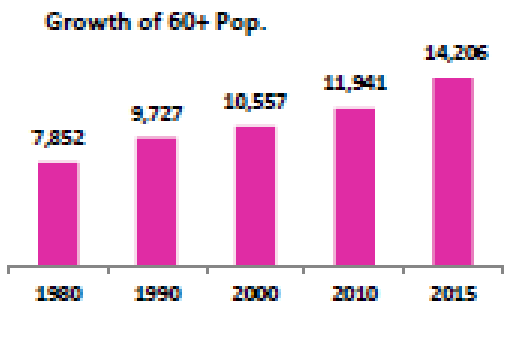
31% live in rental housing & 69% live in owner occupied housing. But 55% of renters pay more than 30% of their income for housing.

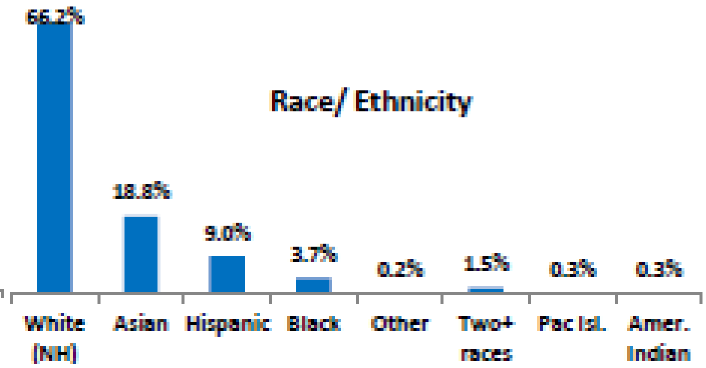


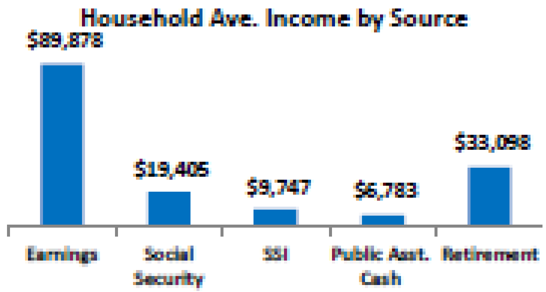


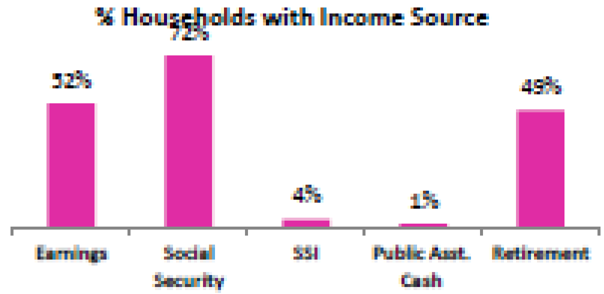
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

Castro Valley Older Adult Profile

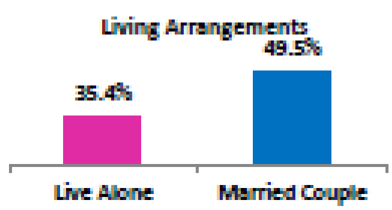


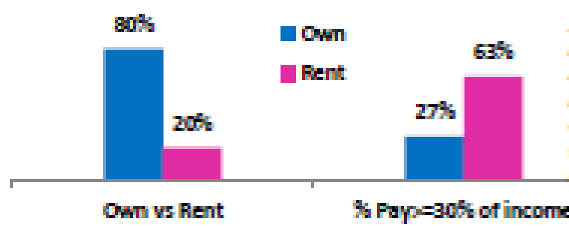




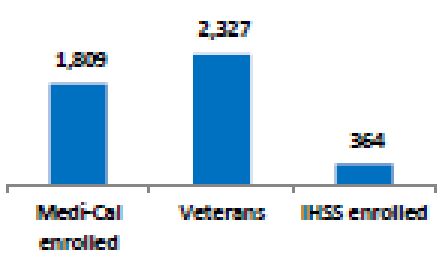


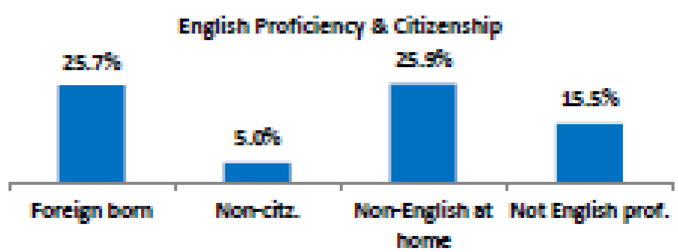
Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
Maintain home	3.3	Job opportunities	33.5%
Stay in home	3.3	Clean and well-kept sidewalks	26.0%
Income for future	3.2	Affordable housing	26.0%
Income for basic needs	3.2	Safe, well-lit streets	20.2%
Falling	3.1	A computer that you feel comfortable using	19.7%
Inclusion in decisions	3.1	Housing that is suited to your needs	18.5%
Housing affordable	3.0	Resources to feel safe	16.8%
Prepare healthy food	2.6	Fresh vegetables and fruit I can afford	16.8%
Anxiety or stress	2.5	A trusted source to go for needs	16.2%
Confusion or memory	2.4	Emotional health services culturally & lang approp.	16.2%





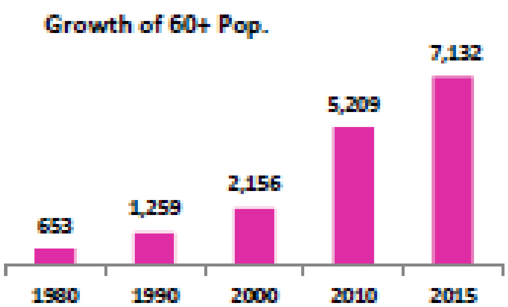
20% live in rental housing & 80% live in owner occupied housing. But 63% of renters pay more than 30% of their income for housing.

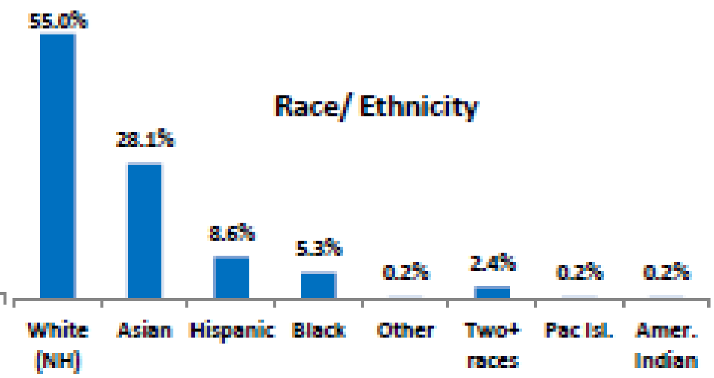


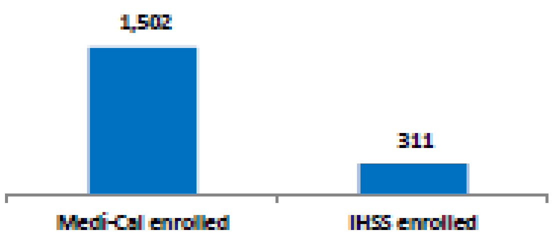


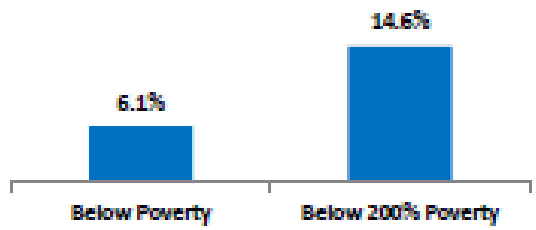
Notes: Older Adults= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Dublin Older Adult Profile





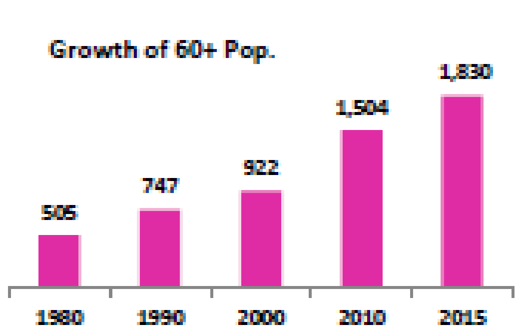


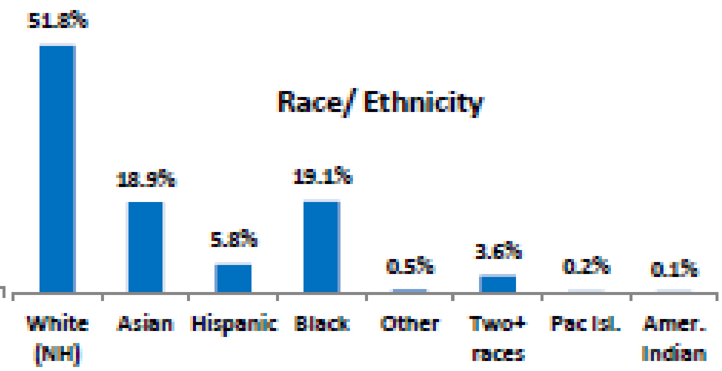


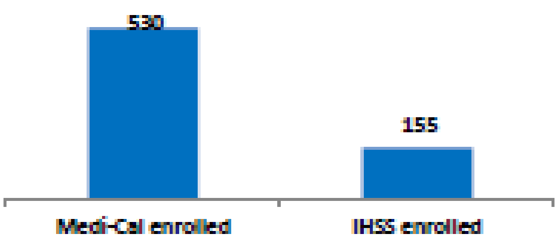
Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
1. Income for basic needs	3.5	Job opportunities	33.3%
2. Maintain home	3.4	Affordable housing	27.8%
3. Stay in home	3.3	Emotional health services culturally & lang approp.	24.1%
4. Falling	3.2	Housing that is suited to your needs	24.1%
5. Income for future	3.0	A computer that you feel comfortable using	18.5%
6. Inclusion in decisions	3.0	Fresh vegetables and fruit I can afford	16.7%
7. Anxiety or stress	2.8	Transportation that is affordable	14.8%
8. Housing affordable	2.8	Opportunities to participate in comm. decisions	13.0%
9. Prepare healthy food	2.7	A trusted source when can't understand	13.0%
10. Personal safety	2.7	A trusted source to go for needs	13.0%

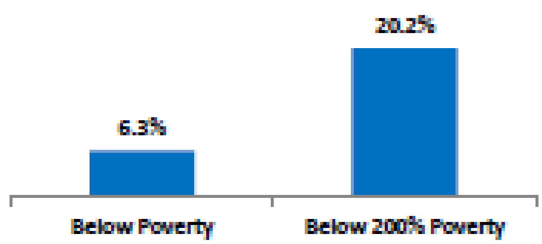
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Emeryville Older Adult Profile





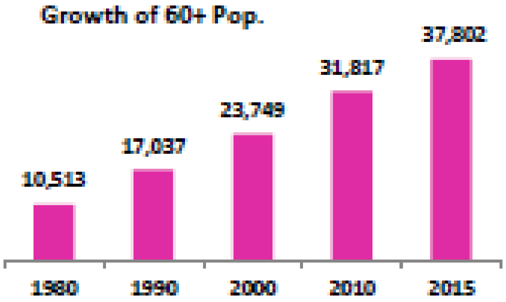


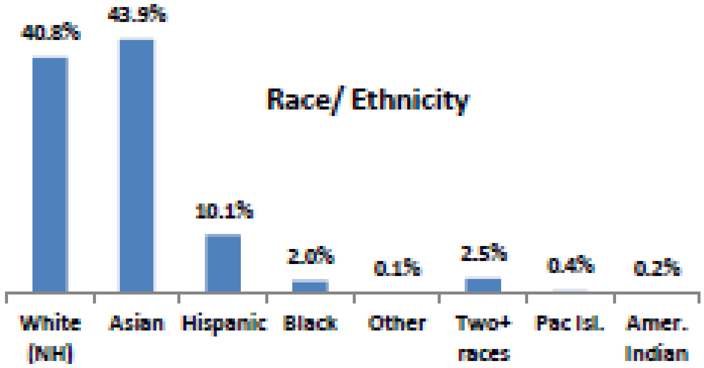


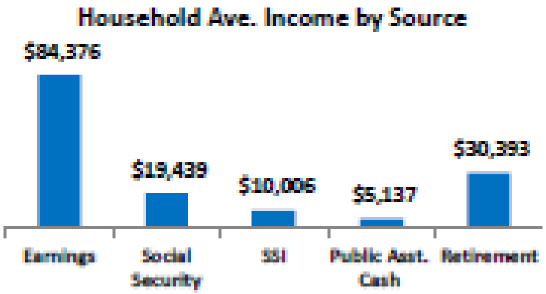
Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
1. Income for basic needs	3.5	Affordable housing	21.4%
2. Housing affordable	3.5	Housing that is suited to your needs	14.3%
3. Income for future	3.5	Resources to feel safe	14.3%
4. Stay in home	3.4	Clean and well-kept sidewalks	14.3%
5. Inclusion in decisions	3.0	A trusted source when can't understand	10.7%
6. Maintain home	3.0	Opportunities to learn	10.7%
7. Prepare healthy food	2.6	Job opportunities	7.1%
8. Falling	2.5	A trusted source to go for needs	7.1%
9. Anxiety or stress	2.4	Fitness and exercise activities	7.1%
10. Being isolated	2.2	Fresh vegetables and fruit I can afford	7.1%

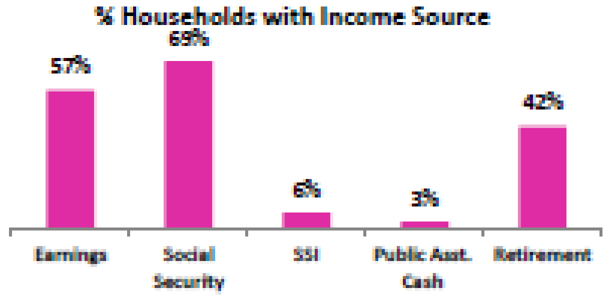
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Fremont Older Adult Profile



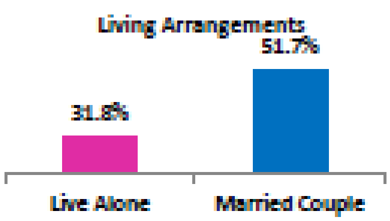


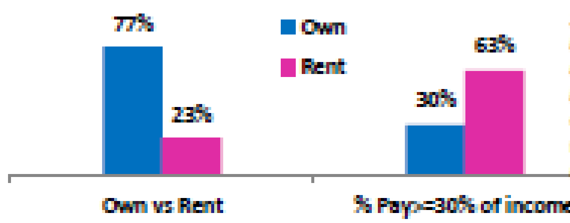




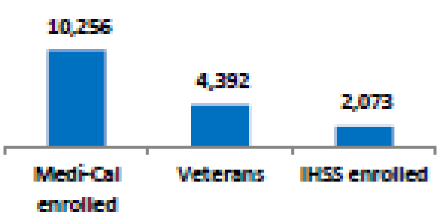
Survey Top 10 Concerns	Rating
Income for basic needs	3.4
Inclusion in decisions	3.3
Maintain home	3.3
Stay in home	3.3
Income for future	3.2
Falling	3.1
Housing affordable	3.1
Prepare healthy food	2.8
Finding a doctor	2.7
Confusion or memory	2.7

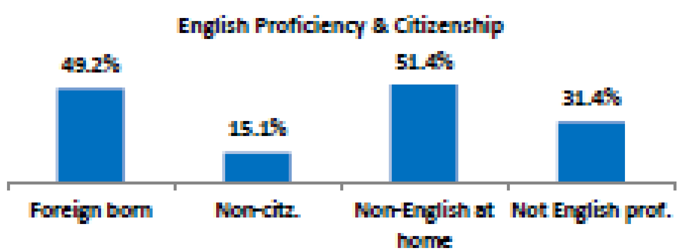
Survey Top 10 Resources lacking	% without
Job opportunities	34.3%
Affordable housing	32.1%
Housing that is suited to your needs	19.8%
A computer that you feel comfortable using	19.6%
Opportunities to participate in comm. decisions	17.1%
Clean and well-kept sidewalks	16.2%
Opportunities to learn	15.8%
Fitness and exercise activities	15.2%
Resources to feel safe	14.7%
A trusted source when can't understand	14.3%





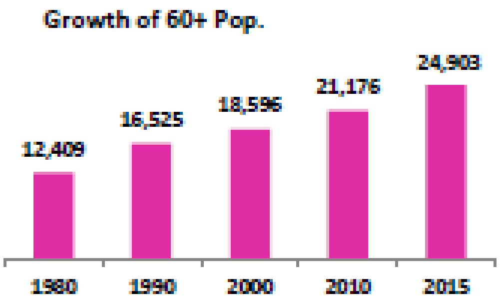
23% live in rental housing & 77% live in owner occupied housing. But 63% of renters pay more than 30% of their income for housing.

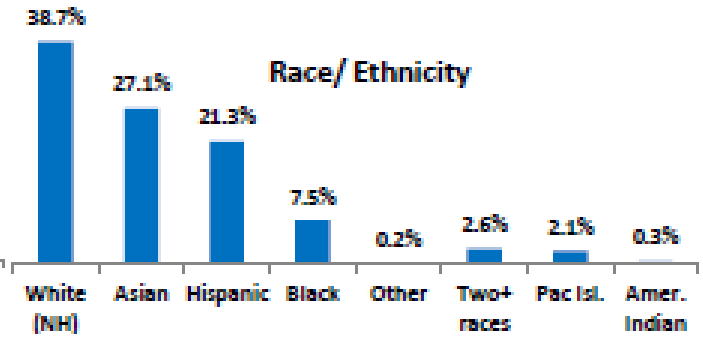


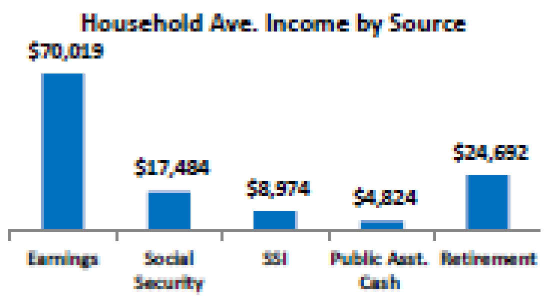


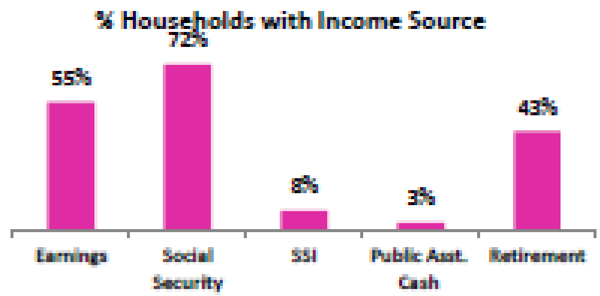
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Hayward Older Adult Profile



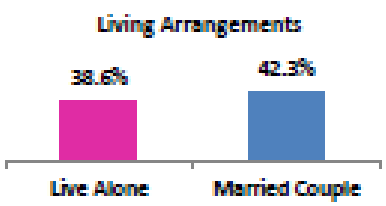


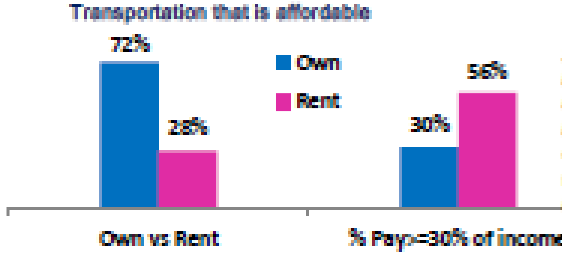




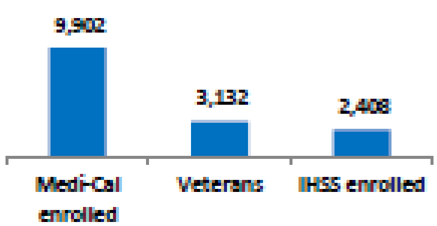
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.8
2. Maintain home	3.6
3. Income for future	3.6
4. Stay in home	3.6
5. Housing affordable	3.5
6. Falling	3.3
7. Inclusion in decisions	3.2
8. Prepare healthy food	3.0
9. Anxiety or stress	2.8
10. Support dependents	2.7

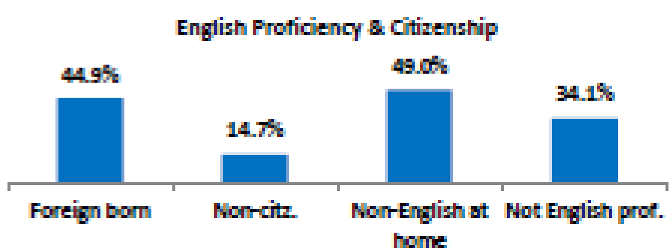
Survey Top 10 Resources lacking	% without
Job opportunities	30.9%
Affordable housing	25.2%
A computer that you feel comfortable using	18.3%
Safe, well-lit streets	17.6%
Opportunities to participate in comm. decisions	16.5%
Clean and well-kept sidewalks	16.2%
Opportunities to learn	15.8%
Housing that is suited to your needs	15.1%
A trusted source when can't understand	13.3%
Transportation that is affordable	13.3%





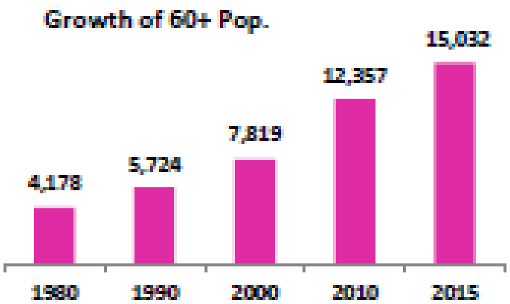
28% live in rental housing & 72% live in owner occupied housing. But 56% of renters pay more than 30% of their income for housing.

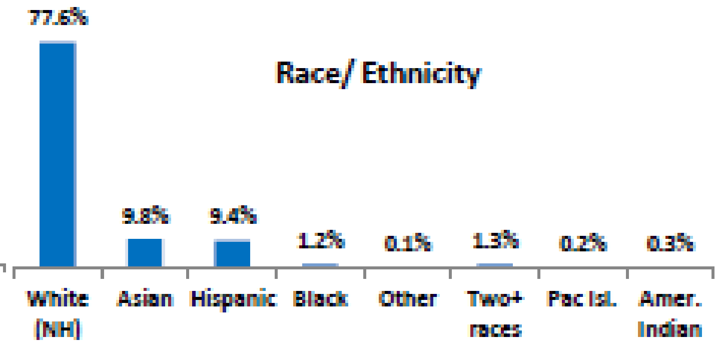


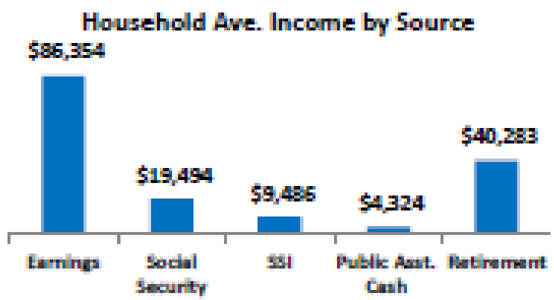


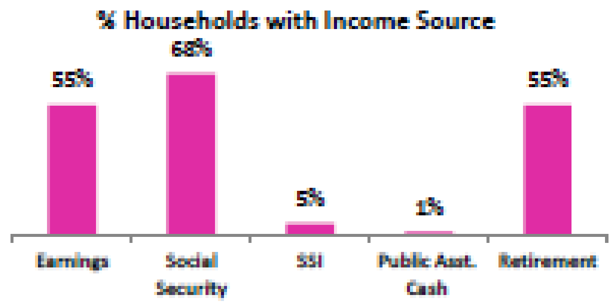
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Livermore Older Adult Profile



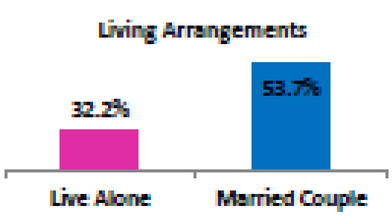


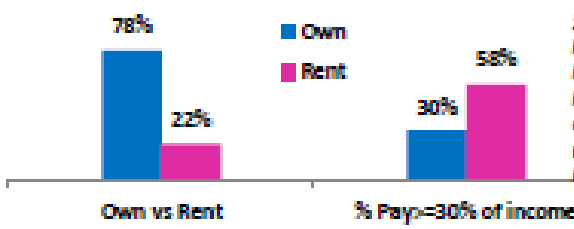




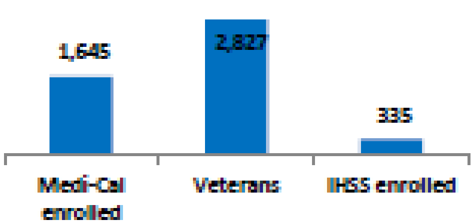
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.7
2. Housing affordable	3.6
3. Income for future	3.6
4. Stay in home	3.5
5. Falling	3.4
6. Maintain home	3.3
7. Inclusion in decisions	3.3
8. Being isolated	2.9
9. Anxiety or stress	2.9
10. Prepare healthy food	2.8

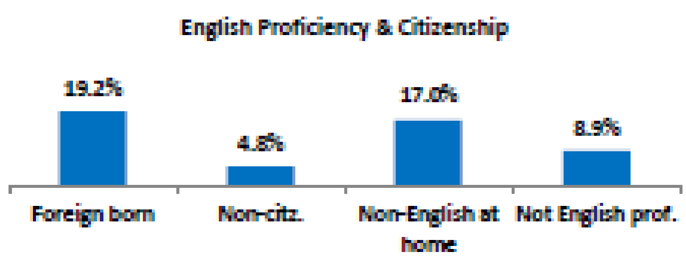
Survey Top 10 Resources lacking	% without
Affordable housing	31.7%
Job opportunities	26.0%
Housing that is suited to your needs	22.0%
A computer that you feel comfortable using	16.3%
Fresh vegetables and fruit I can afford	16.3%
Transportation that is affordable	16.3%
Opportunities to participate in comm. decisions	13.8%
A trusted source to go for needs	13.8%
Opportunities to learn	13.0%
Resources to feel safe	12.2%





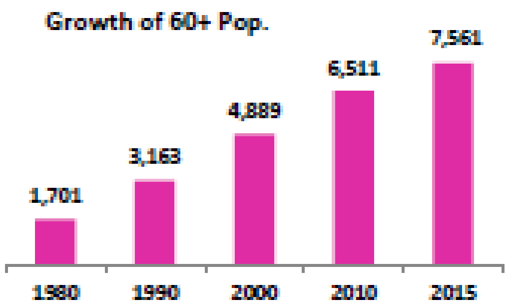
22% live in rental housing & 78% live in owner occupied housing. But 58% of renters pay more than 30% of their income for housing.

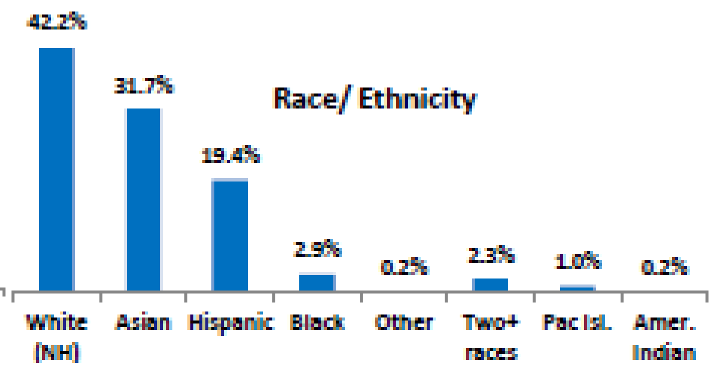


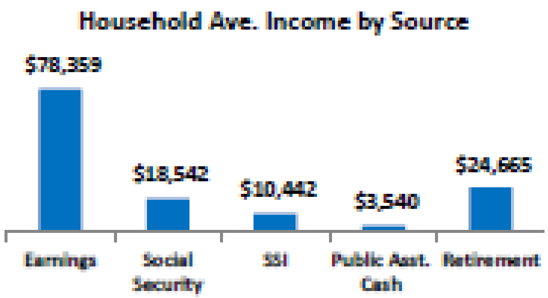


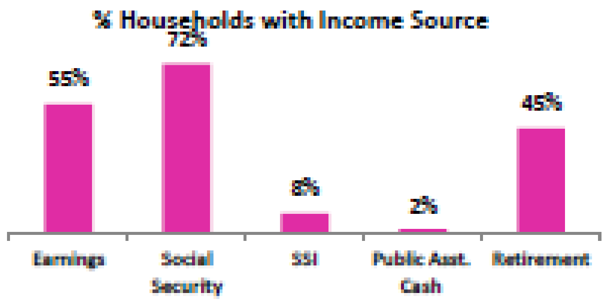
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Newark Older Adult Profile



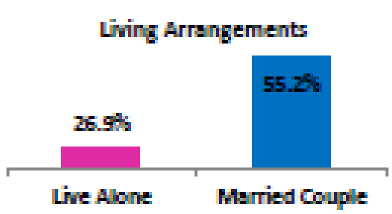


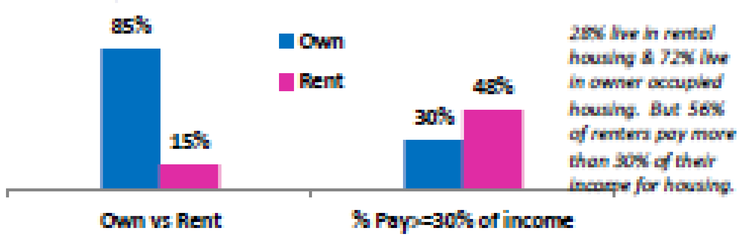


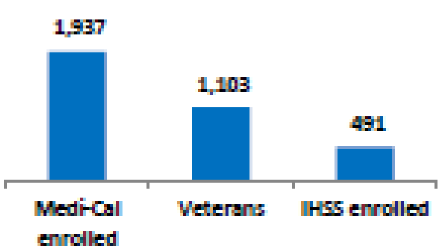


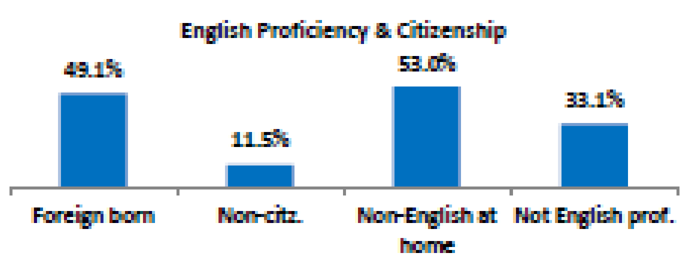
Survey Top 10 Concerns	Rating
1. Income for basic needs.	3.8
2. Stay in home	3.6
3. Falling	3.6
4. Income for future	3.6
5. Maintain home	3.5
6. Inclusion in decisions	3.3
7. Personal safety	3.2
8. Confusion or memory	3.0
9. Housing affordable	2.8
10. Prepare healthy food	2.7

Survey Top 10 Resources lacking	% without
Job opportunities	28.2%
Affordable housing	22.7%
A computer that you feel comfortable using	20.0%
Opportunities to participate in comm. decisions	19.1%
Housing that is suited to your needs	19.1%
Volunteer opportunities	13.6%
Transportation that is affordable	13.6%
Clean and well-kept sidewalks	13.6%
Places to socialize affordable	12.7%
Safe, well-lit streets	12.7%



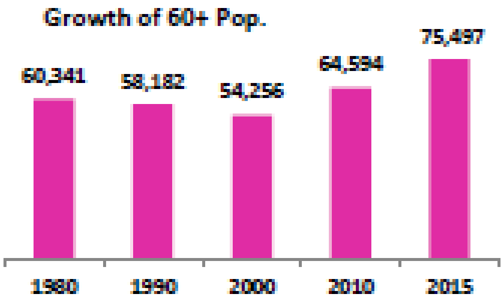


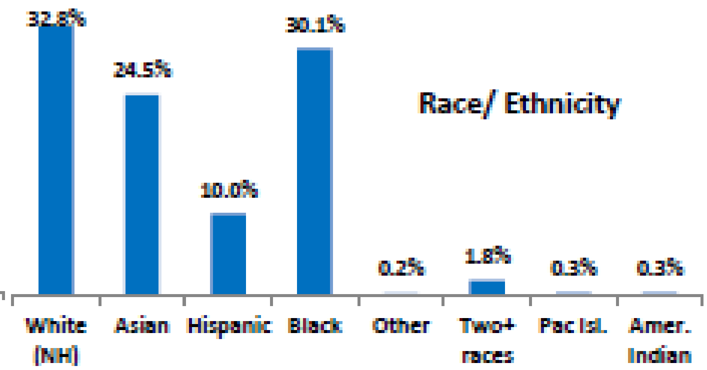


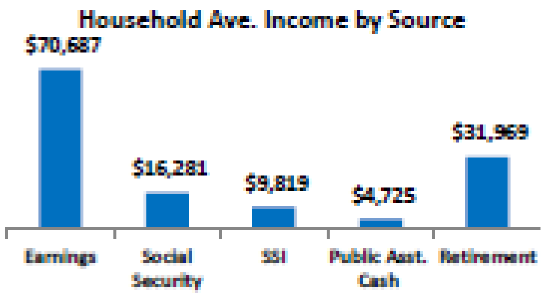


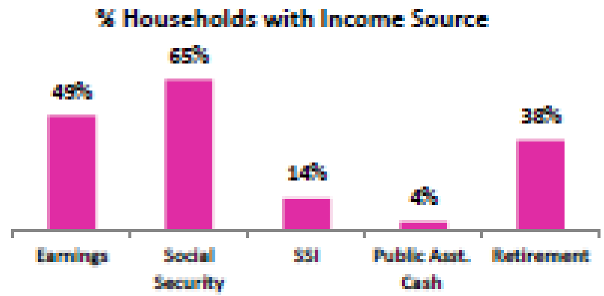
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Oakland Older Adult Profile



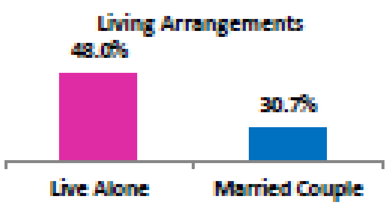


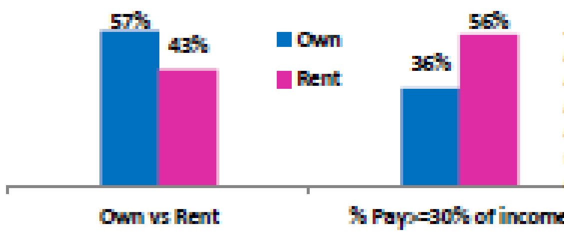




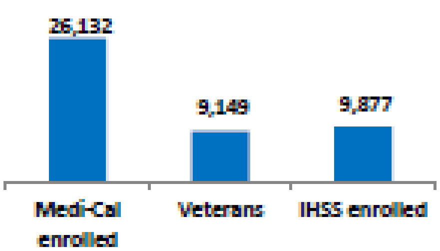
Survey Top 10 Concerns	Rating
1. Income for future	3.7
2. Income for basic needs	3.7
3. Stay in home	3.5
4. Maintain home	3.5
5. Housing affordable	3.4
6. Inclusion in decisions	3.4
7. Falling	3.3
8. Prepare healthy food	3.1
9. Anxiety or stress	2.8
10. Confusion or memory	2.7

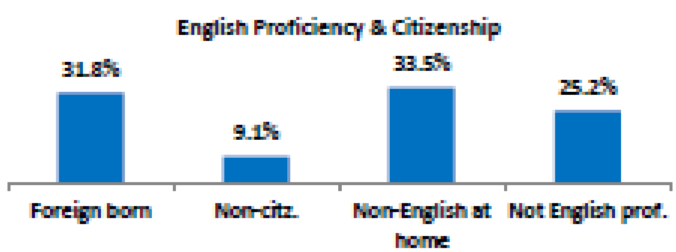
Survey Top 10 Resources lacking	% without
Job opportunities	31.2%
Clean and well-kept sidewalks	26.2%
Affordable housing	24.7%
Safe, well-lit streets	24.7%
A computer that you feel comfortable using	21.1%
Resources to feel safe	20.3%
Housing that is suited to your needs	18.2%
Opportunities to participate in comm. decisions	15.8%
Opportunities to learn	15.5%
A trusted source when can't understand	13.9%





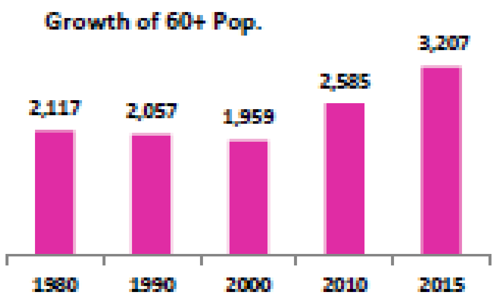
43% live in rental housing & 57% live in owner occupied housing. 56% of renters pay more than 30% of their income for housing.

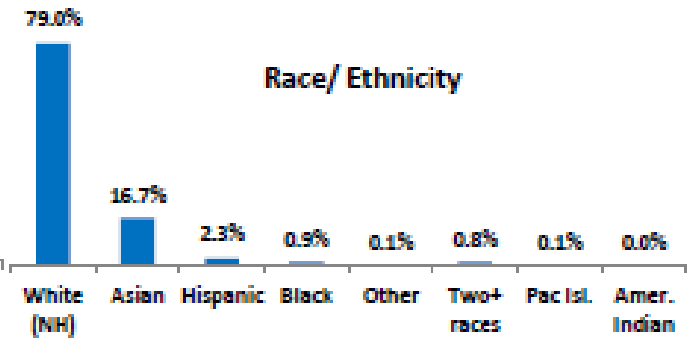


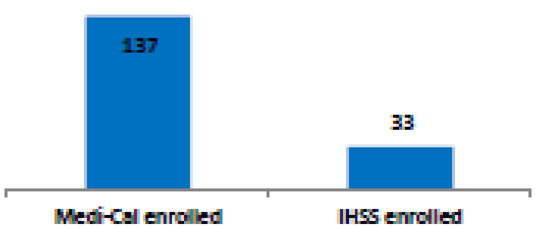


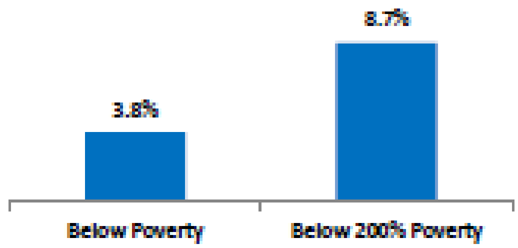
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Piedmont Older Adult Profile







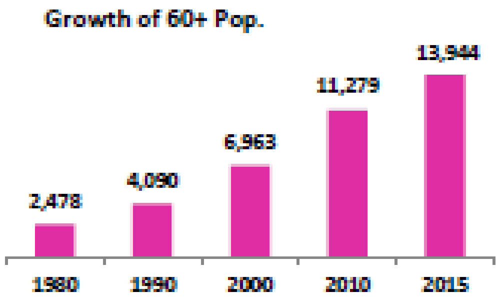


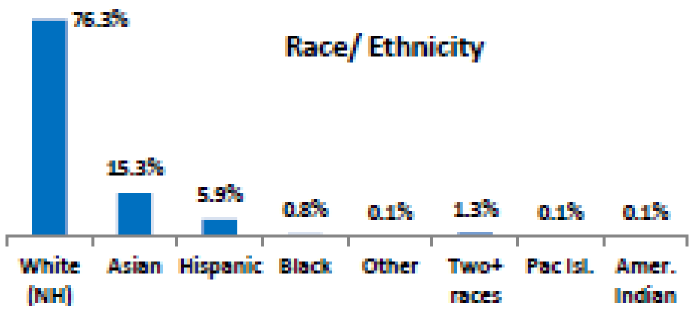
Survey Top 10 Concerns	Rating
1. Falling	3.8
2. Maintain home	3.7
3. Stay in home	3.6
4. Inclusion in decisions	3.4
5. Housing affordable	3.3
6. Anxiety or stress	3.3
7. Ability to be a caregiver	3.3
8. Income for basic needs	3.2
9. Prepare healthy food	2.7
10. Confusion or memory	2.6

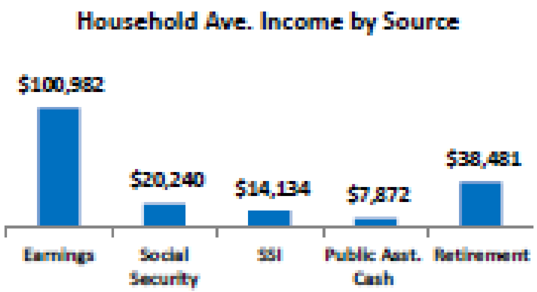
Survey Top 10 Resources lacking	% without
Job opportunities	16.7%
Safe, well-lit streets	8.3%
A computer that you feel comfortable using	8.3%
Places to socialize affordable	8.3%
Fitness and exercise activities	8.3%

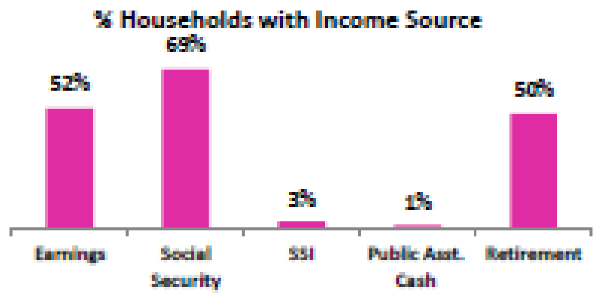
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Pleasanton Older Adult Profile



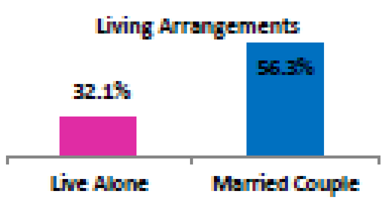


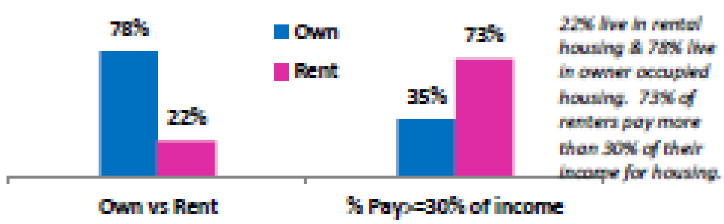


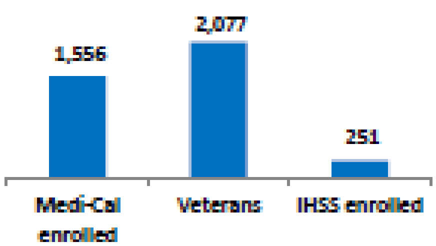


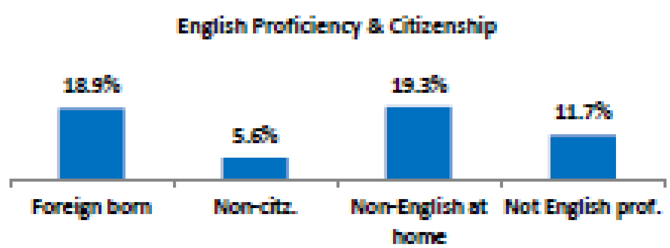
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.3
2. Falling	3.2
3. Maintain home	3.2
4. Housing affordable	3.2
5. Income for future	3.2
6. Inclusion in decisions	3.1
7. Prepare healthy food	2.7
8. Anxiety or stress	2.6
9. Confusion or memory	2.5
10. Personal safety	2.4

Survey Top 10 Resources lacking	% without
Affordable housing	26.5%
Job opportunities	19.0%
A computer that you feel comfortable using	13.8%
Housing that is suited to your needs	12.2%
Fresh vegetables and fruit I can afford	10.1%
Volunteer opportunities	9.5%
Opportunities to participate in comm. decisions	8.5%
A trusted source when can't understand	7.9%
Emotional health services culturally & lang approp.	7.9%
Fitness and exercise activities	7.9%



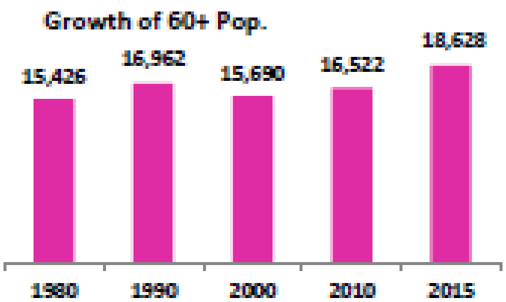


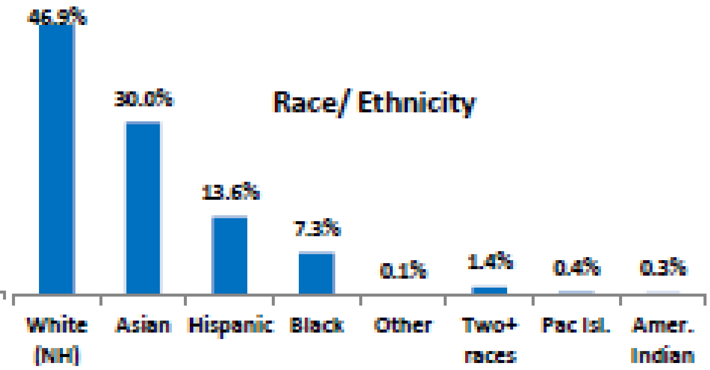


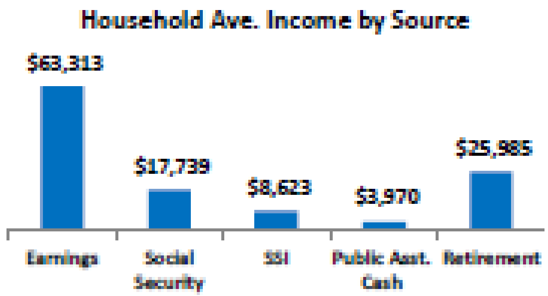


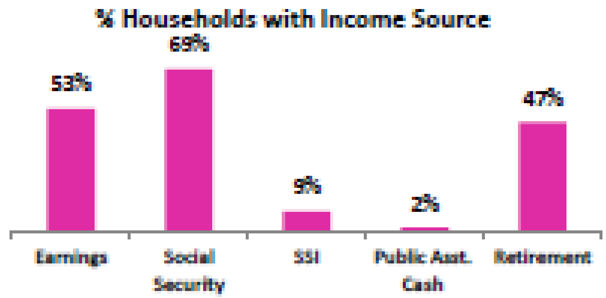
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of San Leandro Older Adult Profile



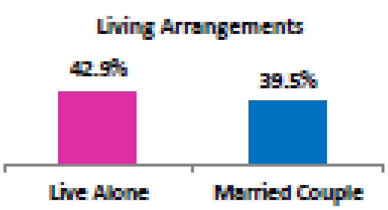


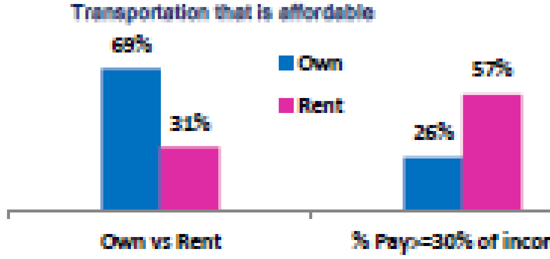




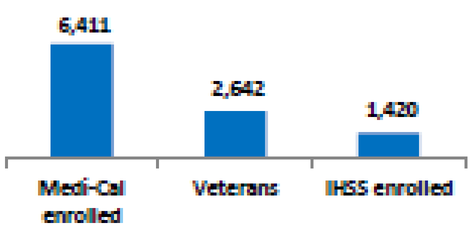
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.6
2. Income for future	3.6
3. Maintain home	3.6
4. Stay in home	3.6
5. Falling	3.5
6. Housing affordable	3.5
7. Inclusion in decisions	3.4
8. Prepare healthy food	3.0
9. Anxiety or stress	2.8
10. Personal safety	2.7

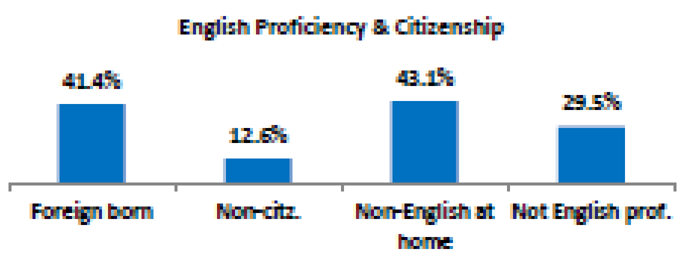
Survey Top 10 Resources lacking	% without
Job opportunities	26.0%
Affordable housing	21.6%
A computer that you feel comfortable using	21.1%
Safe, well-lit streets	15.0%
A trusted source when can't understand	14.5%
Housing that is suited to your needs	13.7%
Clean and well-kept sidewalks	13.7%
Volunteer opportunities	12.8%
Resources to feel safe	11.5%
Transportation that is affordable	11.0%





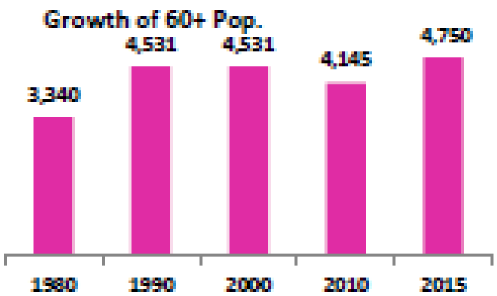
31% live in rental housing & 69% live in owner occupied housing. 57% of renters pay more than 30% of their income for housing.

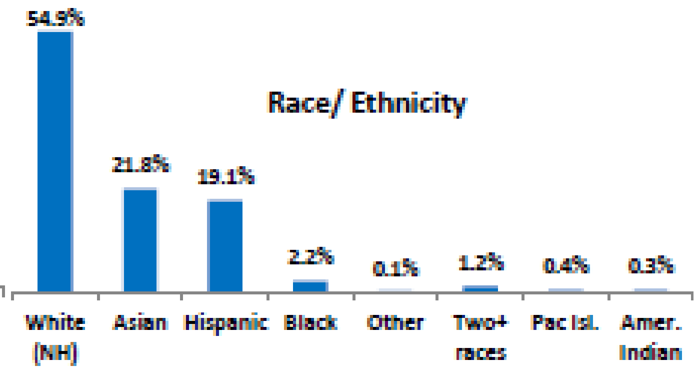


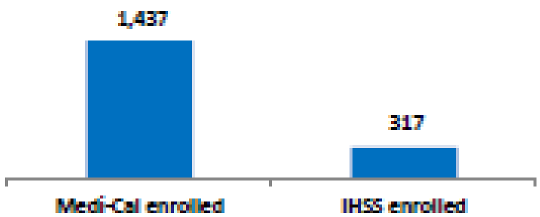


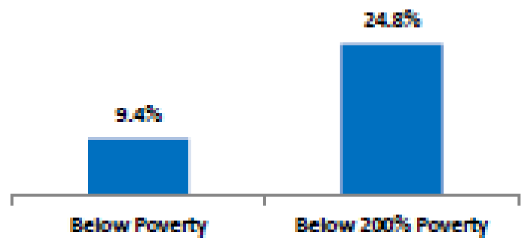
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

San Lorenzo Older Adult Profile





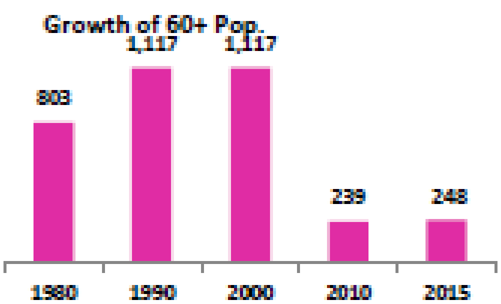


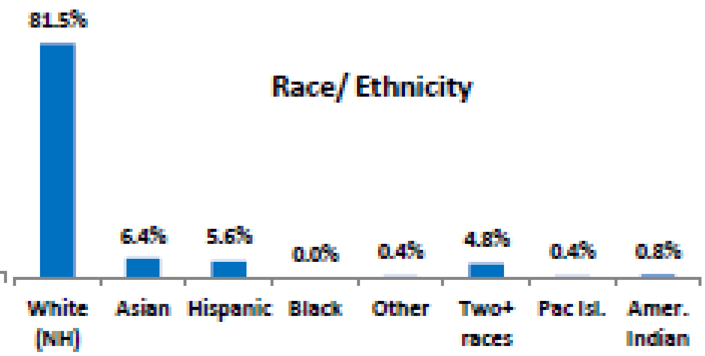


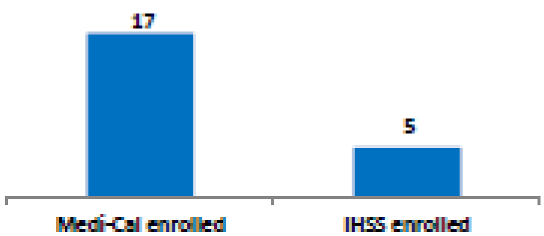
Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
1. Stay in home	3.8	Job opportunities	22.7%
2. Maintain home	3.7	A computer that you feel comfortable using	20.5%
3. Income for future	3.6	Clean and well-kept sidewalks	20.5%
4. Income for basic needs	3.4	Affordable housing	18.2%
5. Falling	3.3	Housing that is suited to your needs	15.9%
6. Inclusion in decisions	3.3	Opportunities to participate in comm. decisions	15.9%
7. Housing affordable	3.3	Emotional health services culturally & lang approp.	11.4%
8. Prepare healthy food	3.2	Resources to feel safe	11.4%
9. Finding a doctor	2.7	Information in your lang.	11.4%
10. Anxiety or stress	2.6	Opportunities to learn	9.1%

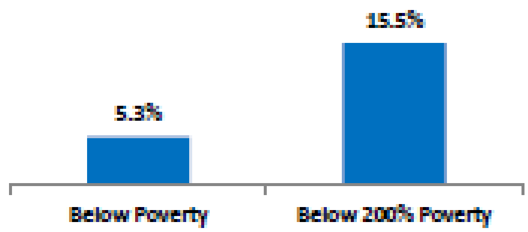
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

Sunol Older Adult Profile





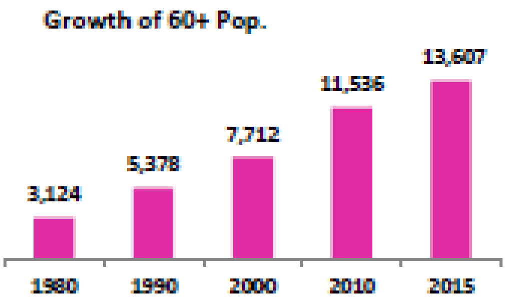


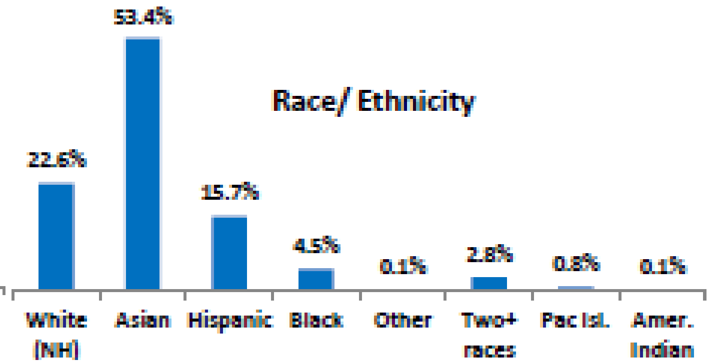


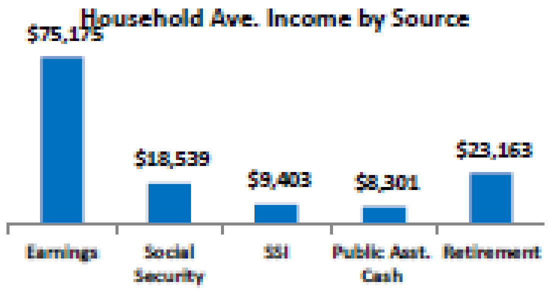
Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
1. Stay in home	3.8	Job opportunities	22.7%
2. Maintain home	3.7	A computer that you feel comfortable using	20.5%
3. Income for future	3.6	Clean and well-kept sidewalks	20.5%
4. Income for basic needs	3.4	Affordable housing	18.2%
5. Falling	3.3	Housing that is suited to your needs	15.9%
6. Inclusion in decisions	3.3	Opportunities to participate in comm. decisions	15.9%
7. Housing affordable	3.3	Emotional health services culturally & lang approp.	11.4%
8. Prepare healthy food	3.2	Resources to feel safe	11.4%
9. Finding a doctor	2.7	Information in your lang.	11.4%
10. Anxiety or stress	2.6	Opportunities to learn	9.1%

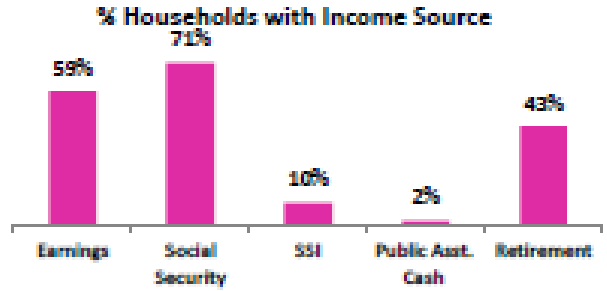
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Union City Older Adult Profile



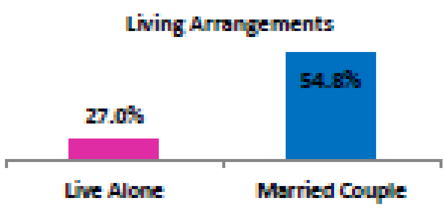


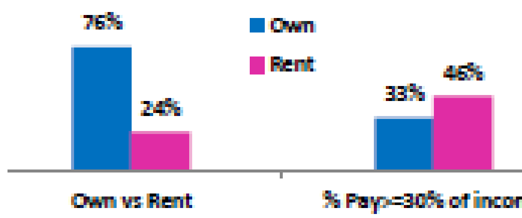




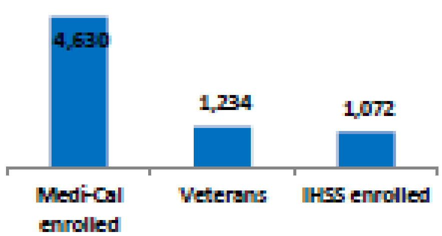
Survey Top 10 Concerns	Rating
1. Falling	3.5
2. Maintain home	3.4
3. Income for future	3.4
4. Income for basic needs	3.3
5. Housing affordable	3.3
6. Stay in home	3.2
7. Inclusion in decisions	2.9
8. Prepare healthy food	2.8
9. Confusion or memory	2.8
10. Anxiety or stress	2.8

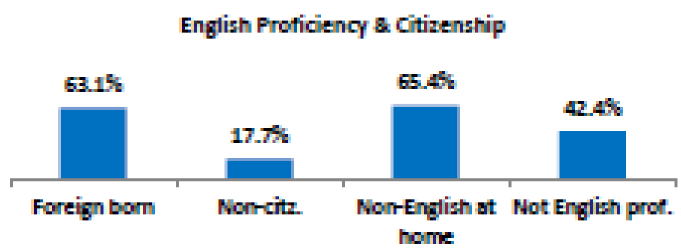
Survey Top 10 Resources lacking	% without
Job opportunities	34.2%
Affordable housing	22.4%
A computer that you feel comfortable using	18.0%
Volunteer opportunities	14.3%
Fitness and exercise activities	13.7%
Opportunities to participate in comm. decisions	13.0%
Fresh vegetables and fruit I can afford	13.0%
Housing that is suited to your needs	11.2%
Safe, well-lit streets	11.2%
A trusted source when can't understand	10.6%





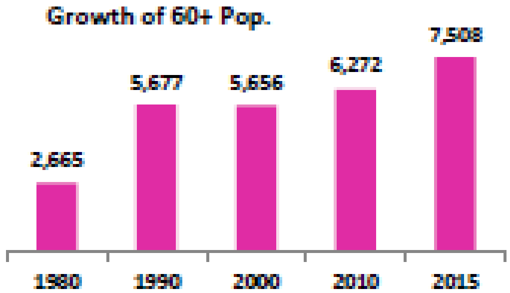
24% live in rental housing & 76% live in owner occupied housing. 46% of renters pay more than 30% of their income for housing.

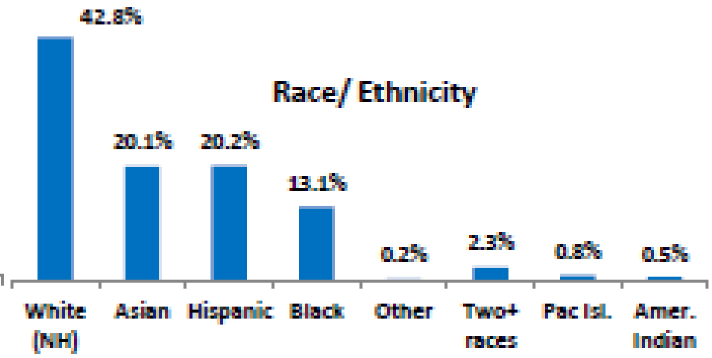


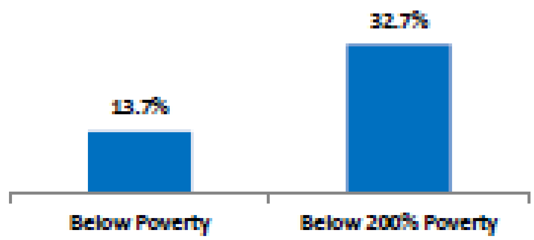


Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

Unincorporated Ashland, Cherryland Fairview Older Adult Profile







Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
1. Maintain home	3.3	Affordable housing	34.4%
2. Stay in home	3.0	Job opportunities	25.0%
3. Income for basic needs	3.0	Housing that is suited to your needs	21.9%
4. Falling	3.0	Resources to feel safe	18.8%
5. Income for future	3.0	Emotional health services culturally & lang approp.	18.8%
6. Inclusion in decisions	3.0	A trusted source when can't understand	18.8%
7. Housing affordable	2.9	Safe, well-lit streets	18.8%
8. Prepare healthy food	2.4	A trusted source to go for needs	15.6%
9. Finding a doctor	2.4	Information in your lang.	15.6%
10. Anxiety or stress	2.4	Health services culturally & lang. approp.	15.6%

Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

Appendix E: Consumer Survey Results

Table 1: Survey Participants by City compared to Senior Population

City	Total Pop. 60+	% Total Pop. 60+	# Survey	% Survey
Oakland	69754	26.8%	785	21.2%
Fremont	36210	13.9%	764	20.6%
Hayward	23041	8.9%	278	7.5%
Berkeley	20937	8.0%	498	13.4%
San Leandro	17711	6.8%	227	6.1%
Alameda	14833	5.7%	183	4.9%
Livermore	14749	5.7%	123	3.3%
Union City	13632	5.2%	161	4.3%
Pleasanton	12952	5.0%	189	5.1%
Castro Valley	12699	4.9%	173	4.7%
Newark	7704	3.0%	110	3.0%
Dublin	6265	2.4%	54	1.5%
San Lorenzo	5374	2.1%	44	1.2%
Albany	2918	1.1%	39	1.1%
Ashland	2711	1.0%	12	0.3%
Piedmont	2635	1.0%	12	0.3%
Fairview	2232	0.9%	12	0.3%
Cherryland	1793	0.7%	8	0.2%
Emeryville	1781	0.7%	28	0.8%
Sunol	323	0.1%	6	0.2%
Other/missing	1709	0.7%	19	
Grand Total	260179	100%	3725	100%

Table 2: Race/ Ethnicity: 60+ pop. compared to Survey Participants

Race/ Ethnicity	% County Total Pop. 60+	# Survey	% Survey
White	49%	1510	51%
Asian	25%	709	24%
Black	12%	426	14%
Hispanic	11%	263	9%
Native Am.	0.2%	45	2%
Other/missing	3%	772	
Total	100%	3725	100%

Table 3: Gender & Sexual Identity of Survey Participants

Male	**914**	**29%**
Female	2230	71%
Transsexual	9	.3%
Heterosexual	1832	86%
Homosexual	183	9%
Bisexual	68	3%
Other	51	2%

Appendix E: Consumer Survey Results

Table 4: Language of Survey Participants

Language	#	%
English	2439	81%
Chinese	258	9%
Spanish	83	3%
Indian	49	2%
Tagalog/Filipino	34	1.1%
Vietnamese	28	0.9%
Cambodian	23	0.8%
Dari / Farsi	19	0.6%
Other/missing	63	2.1%

Table 5: Income of Survey Participants

Income	#	%
$0 - $11,770	789	27%
$11,771 - $17,500	376	13%
$17,501 - $26,000	353	12%
$26,001 - $35,000	292	10%
$35,001 - $45,000	221	8%
$45,001 - $60,000	253	9%
$60,001 - $85,000	250	9%
$85,000 and above	348	12%
missing	843	-
Total	3725	100%

Table 6: Age of Survey Participants

Age Group	#	%
55-64	872	24%
65-74	1363	38%
75-84	908	25%
85+	437	12%
missing	145	-
Grand Total	3725	100%

Median age= 72

Table 7: How did Survey Participants hear about the survey?

Source	#	%
Senior Center	1161	31.2%
Non-Profit	360	9.7%
Meals on Wheels	140	3.8%
Faith-based	57	1.5%
Friend	43	1.2%
Asian Health Center	41	1.1%
Meals on Wheels	25	0.7%
Fremont City News	14	0.4%
Senior apartment	13	0.3%

Appendix E: Consumer Survey Results

Public Health	12	0.3%
Hayward senior center	11	0.3%
newspaper	10	0.3%
All other	1838	49.3%

Table 8: When did survey results come in?

Month	#	%
June	152	4%
July	641	17%
August	362	10%
September	677	18%
October	1695	46%
November	137	4%
December	61	2%
Total	3725	100%

Table 9: Living Situation by Age Group

Age Group	No one (Alone)	With Children	Spouse or significan t other	Extended family	Friends/ acquaint	Parents
55-64	32%	13%	34%	3%	5%	2%
65-74	36%	8%	34%	4%	3%	1%
75-84	43%	11%	27%	3%	2%	0%
85+	48%	17%	18%	3%	2%	0%
missing	32%	11%	26%	1%	1%	1%
Total	37%	11%	30%	4%	3%	1%

Table 10: Living Situation by Race/Ethnicity

Race/ethnicity	No one (Alone)	With Children	Spouse or significant other	Extended family	Friends/ acquaint	Parents
Asian	27%	17%	50%	5%	3%	2%
Black	56%	15%	16%	6%	3%	1%
Latino	43%	19%	29%	6%	4%	1%
Native Am.	40%	16%	24%	2%	9%	0%
White	48%	9%	35%	3%	4%	1%
missing	11%	4%	10%	2%	1%	1%
Total	37%	11%	30%	4%	3%	1%

Table 11: Type of Residence by Living Situation and Income

Type of residence	Overall	Alone	not Alone	Income <$26K	Income >$26K	Alone & <$26K	Alone & >$26K

Appendix E: Consumer Survey Results

House	55%	41%	71%	40%	76%	24%	36%
Apartment	27%	35%	16%	44%	11%	55%	43%
Condominium/Townhouse	7%	9%	5%	5%	9%	5%	9%
Retirement Community	5%	9%	1%	7%	2%	12%	9%
Mobile Home/Trailer	2%	3%	2%	3%	1%	4%	3%

Table 12: Reported limitations by Age Group

Age	hearing	mobility	memory	vision	other
55-64	16%	29%	16%	22%	17%
65-74	23%	28%	13%	23%	13%
75-84	27%	29%	17%	20%	7%
85+	31%	29%	16%	21%	4%
missing	25%	26%	15%	24%	11%
Total	25%	28%	15%	21%	10%

Table 13: Number of limitations by Age Group

Age Group	None	One	Two	Three	Four	Five
55-64	61%	23%	9%	5%	2%	1%
65-74	53%	26%	13%	6%	2%	0%
75-84	40%	33%	16%	7%	4%	0%
85+	25%	29%	24%	14%	8%	1%
missing	56%	30%	8%	3%	2%	1%
Total	48%	27%	14%	7%	3%	0%

Table 14: Health Issues by Age Group

Age Group	Arthritis	Diabetes	Heart Disease	Obesity	Asthma	Cancer	Stroke
55-64	27%	16%	6%	17%	12%	4%	3%
65-74	33%	19%	11%	13%	10%	7%	4%
75-84	41%	20%	17%	7%	9%	8%	7%
85+	40%	16%	22%	3%	7%	6%	6%
missing	30%	19%	12%	6%	7%	3%	4%
Total	34%	18%	13%	11%	10%	6%	5%

Table 15: Elders as Caregivers by Age Group

Age Group	not a Caregiver	Caregiver to kids	Caregiver to adults 19-55	Caregiver to over 55	combo
55-64	77%	2.5%	2.3%	17.5%	1.0%
65-74	85%	1.7%	2.2%	10.6%	0.2%
75-84	89%	0.3%	1.0%	9.3%	0.4%
85+	89%	0.3%	0.8%	9.7%	0.0%

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Table 16: Do Elders have Future Planning Documents

Future planning document	Have	Don't have	total	%
Will	1364	2361	3725	37%
Advanced Health Care Directive	1334	2391	3725	36%
Burial Plan	761	2964	3725	20%
Long term care insurance	448	3277	3725	12%
Power of Attorney	1000	2725	3725	27%

Table 17: Availability of Current Resources

Currently Available Resources	# Yes	% Yes	# No	% No	#missing	%missing
Job opportunities for people your age	592	16%	1123	30%	2010	54%
Affordable housing	1663	45%	966	26%	1096	29%
A computer that you feel comfortable using	1998	54%	679	18%	1048	28%
Housing that is suited to your needs	2089	56%	646	17%	990	27%
Opportunities to participate in community decisions	1836	49%	523	14%	1366	37%
Clean and well-kept sidewalks	2425	65%	664	18%	636	17%
Free or affordable opportunities for you to learn	1982	53%	497	13%	1246	33%
A trusted source to go when you can't understand	2014	54%	465	12%	1246	33%
Resources that help you to feel safe in the	2188	59%	523	14%	1014	27%
Safe, well-lit streets and intersections	2424	65%	582	16%	719	19%
Emotional health services culturally appropriate	2003	54%	452	12%	1270	34%
Opportunities for you to volunteer in the	2113	57%	421	11%	1191	32%
Fitness and exercise activities	2214	59%	437	12%	1074	29%
Fresh vegetables and fruit that you can afford	2484	67%	449	12%	792	21%
A form of transportation that is affordable for you	2500	67%	422	11%	803	22%
Places to socialize that are affordable for you	2286	61%	361	10%	1078	29%
A trusted source to go to when you have a need	2406	65%	374	10%	945	25%
Information about news and events in your	2598	70%	284	8%	843	23%
Health services culturally & language appropriate	2633	71%	266	7%	826	22%
Places to socialize that are welcoming to you	2687	72%	197	5%	841	23%

Table 18: Comparing Availability of Current Resources by Race/Ethnicity

Currently Available Resources	Total	White	Asian	Black	Latino	Nat.Am
Job opportunities for people your age	1.65	1.65	1.71	1.58	1.64	1.75
Affordable housing	1.37	1.37	1.35	1.32	1.41	1.39
A computer that you feel comfortable using	1.25	1.20	1.34	1.28	1.38	1.30
Housing that is suited to your needs	1.24	1.21	1.24	1.22	1.34	1.29
Opportunities to participate in community decisions	1.22	1.15	1.42	1.20	1.23	1.33
Clean and well-kept sidewalks	1.21	1.24	1.09	1.25	1.25	1.20
Free or affordable opportunities for you to learn	1.20	1.18	1.21	1.22	1.26	1.11
A trusted source to go when you can't understand	1.19	1.20	1.11	1.21	1.27	1.15
Resources that help you to feel safe in the community	1.19	1.16	1.20	1.25	1.21	1.12
Safe, well-lit streets and intersections	1.19	1.18	1.22	1.17	1.17	1.19
Emotional health services culturally appropriate	1.18	1.15	1.26	1.18	1.20	1.19

Opportunities for you to volunteer in the community	1.17	1.09	1.29	1.22	1.22	1.14
Fitness and exercise activities	1.16	1.14	1.18	1.18	1.25	1.23
Fresh vegetables and fruit that you can afford	1.15	1.13	1.12	1.17	1.22	1.21
A form of transportation that is affordable for you	1.14	1.14	1.13	1.12	1.18	1.14
Places to socialize that are affordable for you	1.14	1.10	1.17	1.13	1.22	1.13
A trusted source to go to when you have a need	1.13	1.14	1.13	1.14	1.10	1.14
Information about news and events in your language	1.10	1.06	1.16	1.13	1.13	1.03
Health services culturally & language appropriate	1.09	1.07	1.15	1.08	1.08	1.10
Places to socialize that are welcoming to you	1.07	1.05	1.07	1.09	1.10	1.08
**Measure of resource is of those who answered either 'yes' or 'no' only. A measure of 1.0 means that all answered "yes" and a measure of 2.0 means all answered "no".						

Table 19: Future Concerns rated low (1) to high (5) County-wide, Lower and Higher Income Comparisons

Concern	Ave. Rating	Income<$26K	Income>$26K
Having enough income to meet all your basic needs	3.50	3.9	3.1
Having enough income to save and plan for the future	3.41	3.6	3.1
Being able to stay in your current home	3.41	3.6	3.2
Having the ability to maintain your home	3.40	3.6	3.5
Being included in making decisions that affect your	3.30	3.3	3.3
Being able to afford housing as you age	3.30	3.5	3.1
Falling (being at risk for falls)	3.24	3.4	3.0
Being able to prepare healthy, nutritious food	2.91	3.2	2.6
Feeling anxious or stressed	2.71	3.0	2.5
Confusion or memory loss that is happening more often or	2.65	2.9	2.4
Finding a health care provider (e.g. doctor)	2.61	2.9	2.3
Personal safety and protection from abuse	2.56	2.8	2.3
Being valued by your community for past and present	2.55	2.6	2.5
Ability to financially support dependents in your life	2.53	2.5	2.5
Being isolated from others	2.46	2.6	2.3
Ability to be a caregiver for someone else	2.44	2.3	2.5

Table 20: Future Concerns rated low (1) to high (5) by City with Countywide Comparison

City	Concern	City Rating	County Rating	# Surveys
Alameda	Income for basic needs	3.7	3.50	183
Alameda	Maintain home	3.7	3.40	183
Alameda	Stay in home	3.7	3.41	183
Alameda	Income for future	3.7	3.41	183
Alameda	Housing affordable	3.6	3.30	183
Alameda	Inclusion in decisions	3.5	3.30	183
Alameda	Falling	3.4	3.24	183
Alameda	Prepare healthy food	3.1	2.91	183
Alameda	Anxiety or stress	3.0	2.71	183
Alameda	Support dependents	2.9	2.53	183
Alameda	Being valued by comm.	2.9	2.55	183

Alameda	Personal safety	2.8	2.56	183
Alameda	Confusion or memory	2.8	2.65	183
Alameda	Ability to be a caregiver	2.8	2.44	183
Alameda	Finding a doctor	2.8	2.61	183
Alameda	Being isolated	2.6	2.46	183
Albany	Housing affordable	3.8	3.30	39
Albany	Stay in home	3.8	3.41	39
Albany	Inclusion in decisions	3.5	3.30	39
Albany	Income for basic needs	3.4	3.50	39
Albany	Falling	3.4	3.24	39
Albany	Maintain home	3.3	3.40	39
Albany	Prepare healthy food	3.3	2.91	39
Albany	Income for future	3.2	3.41	39
Albany	Support dependents	3.0	2.53	39
Albany	Ability to be a caregiver	2.7	2.44	39
Albany	Finding a doctor	2.6	2.61	39
Albany	Confusion or memory	2.5	2.65	39
Albany	Anxiety or stress	2.4	2.71	39
Albany	Being isolated	2.3	2.46	39
Albany	Being valued by comm.	2.2	2.55	39
Albany	Personal safety	2.2	2.56	39
Berkeley	Income for basic needs	3.4	3.50	498
Berkeley	Inclusion in decisions	3.3	3.30	498
Berkeley	Housing affordable	3.3	3.30	498
Berkeley	Income for future	3.3	3.41	498
Berkeley	Stay in home	3.3	3.41	498
Berkeley	Maintain home	3.2	3.40	498
Berkeley	Falling	3.0	3.24	498
Berkeley	Prepare healthy food	2.9	2.91	498
Berkeley	Anxiety or stress	2.7	2.71	498
Berkeley	Confusion or memory	2.6	2.65	498
Berkeley	Being valued by comm.	2.6	2.55	498
Berkeley	Finding a doctor	2.5	2.61	498
Berkeley	Personal safety	2.4	2.56	498
Berkeley	Being isolated	2.4	2.46	498
Berkeley	Ability to be a caregiver	2.4	2.44	498
Berkeley	Support dependents	2.3	2.53	498
Castro Valley	Maintain home	3.3	3.40	173
Castro Valley	Stay in home	3.3	3.41	173
Castro Valley	Income for future	3.2	3.41	173
Castro Valley	Income for basic needs	3.2	3.50	173
Castro Valley	Falling	3.1	3.24	173
Castro Valley	Inclusion in decisions	3.1	3.30	173
Castro Valley	Housing affordable	3.0	3.30	173
Castro Valley	Prepare healthy food	2.6	2.91	173
Castro Valley	Anxiety or stress	2.5	2.71	173

Castro Valley	Confusion or memory	2.4	2.65	173
Castro Valley	Being isolated	2.4	2.46	173
Castro Valley	Finding a doctor	2.4	2.61	173
Castro Valley	Ability to be a caregiver	2.3	2.44	173
Castro Valley	Being valued by comm.	2.3	2.55	173
Castro Valley	Personal safety	2.3	2.56	173
Castro Valley	Support dependents	2.3	2.53	173
Dublin	Income for basic needs	3.5	3.50	54
Dublin	Maintain home	3.4	3.40	54
Dublin	Stay in home	3.3	3.41	54
Dublin	Falling	3.2	3.24	54
Dublin	Income for future	3.0	3.41	54
Dublin	Inclusion in decisions	3.0	3.30	54
Dublin	Anxiety or stress	2.8	2.71	54
Dublin	Housing affordable	2.8	3.30	54
Dublin	Prepare healthy food	2.7	2.91	54
Dublin	Personal safety	2.7	2.56	54
Dublin	Confusion or memory	2.6	2.65	54
Dublin	Being isolated	2.6	2.46	54
Dublin	Finding a doctor	2.4	2.61	54
Dublin	Support dependents	2.3	2.53	54
Dublin	Ability to be a caregiver	2.3	2.44	54
Dublin	Being valued by comm.	2.2	2.55	54
Emeryville	Income for basic needs	3.5	3.50	28
Emeryville	Housing affordable	3.5	3.30	28
Emeryville	Income for future	3.5	3.41	28
Emeryville	Stay in home	3.4	3.41	28
Emeryville	Inclusion in decisions	3.0	3.30	28
Emeryville	Maintain home	3.0	3.40	28
Emeryville	Prepare healthy food	2.6	2.91	28
Emeryville	Falling	2.5	3.24	28
Emeryville	Anxiety or stress	2.4	2.71	28
Emeryville	Being isolated	2.2	2.46	28
Emeryville	Confusion or memory	2.1	2.65	28
Emeryville	Being valued by comm.	2.1	2.55	28
Emeryville	Support dependents	2.0	2.53	28
Emeryville	Personal safety	1.9	2.56	28
Emeryville	Finding a doctor	1.9	2.61	28
Emeryville	Ability to be a caregiver	1.7	2.44	28
Fremont	Income for basic needs	3.4	3.50	764
Fremont	Inclusion in decisions	3.3	3.30	764
Fremont	Maintain home	3.3	3.40	764
Fremont	Stay in home	3.3	3.41	764
Fremont	Income for future	3.2	3.41	764
Fremont	Falling	3.1	3.24	764
Fremont	Housing affordable	3.1	3.30	764

Fremont	Prepare healthy food	2.8	2.91	764
Fremont	Finding a doctor	2.7	2.61	764
Fremont	Confusion or memory	2.7	2.65	764
Fremont	Personal safety	2.6	2.56	764
Fremont	Anxiety or stress	2.6	2.71	764
Fremont	Support dependents	2.6	2.53	764
Fremont	Being valued by comm.	2.5	2.55	764
Fremont	Ability to be a caregiver	2.5	2.44	764
Fremont	Being isolated	2.4	2.46	764
Hayward	Income for basic needs	3.8	3.50	278
Hayward	Maintain home	3.6	3.40	278
Hayward	Income for future	3.6	3.41	278
Hayward	Stay in home	3.6	3.41	278
Hayward	Housing affordable	3.5	3.30	278
Hayward	Falling	3.3	3.24	278
Hayward	Inclusion in decisions	3.2	3.30	278
Hayward	Prepare healthy food	3.0	2.91	278
Hayward	Anxiety or stress	2.8	2.71	278
Hayward	Support dependents	2.7	2.53	278
Hayward	Confusion or memory	2.7	2.65	278
Hayward	Finding a doctor	2.7	2.61	278
Hayward	Being valued by comm.	2.6	2.55	278
Hayward	Being isolated	2.6	2.46	278
Hayward	Personal safety	2.6	2.56	278
Hayward	Ability to be a caregiver	2.6	2.44	278
Livermore	Income for basic needs	3.7	3.50	123
Livermore	Housing affordable	3.6	3.30	123
Livermore	Income for future	3.6	3.41	123
Livermore	Stay in home	3.5	3.41	123
Livermore	Falling	3.4	3.24	123
Livermore	Maintain home	3.3	3.40	123
Livermore	Inclusion in decisions	3.3	3.30	123
Livermore	Being isolated	2.9	2.46	123
Livermore	Anxiety or stress	2.9	2.71	123
Livermore	Prepare healthy food	2.8	2.91	123
Livermore	Confusion or memory	2.5	2.65	123
Livermore	Finding a doctor	2.4	2.61	123
Livermore	Ability to be a caregiver	2.4	2.44	123
Livermore	Support dependents	2.3	2.53	123
Livermore	Personal safety	2.2	2.56	123
Livermore	Being valued by comm.	2.1	2.55	123
Newark	Income for basic needs	3.4	3.50	110
Newark	Stay in home	3.3	3.41	110
Newark	Falling	3.2	3.24	110
Newark	Income for future	3.2	3.41	110
Newark	Maintain home	3.2	3.40	110

Newark	Inclusion in decisions	3.2	3.30	110
Newark	Personal safety	2.9	2.56	110
Newark	Confusion or memory	2.7	2.65	110
Newark	Housing affordable	2.7	3.30	110
Newark	Prepare healthy food	2.6	2.91	110
Newark	Finding a doctor	2.6	2.61	110
Newark	Anxiety or stress	2.5	2.71	110
Newark	Ability to be a caregiver	2.3	2.44	110
Newark	Being valued by comm.	2.3	2.55	110
Newark	Being isolated	2.3	2.46	110
Newark	Support dependents	2.2	2.53	110
Oakland	Income for future	3.7	3.41	785
Oakland	Income for basic needs	3.7	3.50	785
Oakland	Stay in home	3.5	3.41	785
Oakland	Maintain home	3.5	3.40	785
Oakland	Housing affordable	3.4	3.30	785
Oakland	Inclusion in decisions	3.4	3.30	785
Oakland	Falling	3.3	3.24	785
Oakland	Prepare healthy food	3.1	2.91	785
Oakland	Anxiety or stress	2.8	2.71	785
Oakland	Confusion or memory	2.7	2.65	785
Oakland	Being valued by comm.	2.7	2.55	785
Oakland	Finding a doctor	2.7	2.61	785
Oakland	Personal safety	2.6	2.56	785
Oakland	Support dependents	2.6	2.53	785
Oakland	Being isolated	2.5	2.46	785
Oakland	Ability to be a caregiver	2.4	2.44	785
Piedmont	Falling	3.6	3.24	12
Piedmont	Maintain home	3.2	3.40	12
Piedmont	Stay in home	3.0	3.41	12
Piedmont	Inclusion in decisions	3.0	3.30	12
Piedmont	Housing affordable	2.7	3.30	12
Piedmont	Anxiety or stress	2.7	2.71	12
Piedmont	Ability to be a caregiver	2.6	2.44	12
Piedmont	Income for basic needs	2.6	3.50	12
Piedmont	Prepare healthy food	2.4	2.91	12
Piedmont	Confusion or memory	2.4	2.65	12
Piedmont	Support dependents	2.4	2.53	12
Piedmont	Income for future	2.3	3.41	12
Piedmont	Being valued by comm.	2.0	2.55	12
Piedmont	Being isolated	1.8	2.46	12
Piedmont	Personal safety	1.3	2.56	12
Piedmont	Finding a doctor	1.2	2.61	12
Pleasanton	Stay in home	3.3	3.41	189
Pleasanton	Income for basic needs	3.3	3.50	189
Pleasanton	Falling	3.2	3.24	189

Pleasanton	Maintain home	3.2	3.40	189
Pleasanton	Housing affordable	3.2	3.30	189
Pleasanton	Income for future	3.2	3.41	189
Pleasanton	Inclusion in decisions	3.1	3.30	189
Pleasanton	Prepare healthy food	2.7	2.91	189
Pleasanton	Anxiety or stress	2.6	2.71	189
Pleasanton	Confusion or memory	2.5	2.65	189
Pleasanton	Personal safety	2.4	2.56	189
Pleasanton	Being valued by comm.	2.4	2.55	189
Pleasanton	Being isolated	2.4	2.46	189
Pleasanton	Support dependents	2.4	2.53	189
Pleasanton	Finding a doctor	2.4	2.61	189
Pleasanton	Ability to be a caregiver	2.3	2.44	189
San Leandro	Income for basic needs	3.6	3.50	227
San Leandro	Income for future	3.6	3.41	227
San Leandro	Maintain home	3.6	3.40	227
San Leandro	Stay in home	3.6	3.41	227
San Leandro	Falling	3.5	3.24	227
San Leandro	Housing affordable	3.5	3.30	227
San Leandro	Inclusion in decisions	3.4	3.30	227
San Leandro	Prepare healthy food	3.0	2.91	227
San Leandro	Anxiety or stress	2.8	2.71	227
San Leandro	Personal safety	2.7	2.56	227
San Leandro	Finding a doctor	2.7	2.61	227
San Leandro	Confusion or memory	2.6	2.65	227
San Leandro	Being valued by comm.	2.6	2.55	227
San Leandro	Being isolated	2.5	2.46	227
San Leandro	Support dependents	2.5	2.53	227
San Leandro	Ability to be a caregiver	2.4	2.44	227
San Lorenzo	Stay in home	3.8	3.41	44
San Lorenzo	Maintain home	3.7	3.40	44
San Lorenzo	Income for future	3.6	3.41	44
San Lorenzo	Income for basic needs	3.4	3.50	44
San Lorenzo	Falling	3.3	3.24	44
San Lorenzo	Inclusion in decisions	3.3	3.30	44
San Lorenzo	Housing affordable	3.3	3.30	44
San Lorenzo	Prepare healthy food	3.2	2.91	44
San Lorenzo	Finding a doctor	2.7	2.61	44
San Lorenzo	Anxiety or stress	2.6	2.71	44
San Lorenzo	Confusion or memory	2.6	2.65	44
San Lorenzo	Being isolated	2.6	2.46	44
San Lorenzo	Ability to be a caregiver	2.4	2.44	44
San Lorenzo	Support dependents	2.4	2.53	44
San Lorenzo	Personal safety	2.3	2.56	44
San Lorenzo	Being valued by comm.	2.2	2.55	44
Sunol	Inclusion in decisions	3.8	3.30	6

Sunol	Maintain home	3.3	3.40	6
Sunol	Falling	3.0	3.24	6
Sunol	Being valued by comm.	3.0	2.55	6
Sunol	Stay in home	2.8	3.41	6
Sunol	Housing affordable	2.8	3.30	6
Sunol	Anxiety or stress	2.8	2.71	6
Sunol	Confusion or memory	2.8	2.65	6
Sunol	Income for basic needs	2.5	3.50	6
Sunol	Income for future	2.5	3.41	6
Sunol	Finding a doctor	2.5	2.61	6
Sunol	Personal safety	2.5	2.56	6
Sunol	Support dependents	2.5	2.53	6
Sunol	Prepare healthy food	2.3	2.91	6
Sunol	Being isolated	2.3	2.46	6
Sunol	Ability to be a caregiver	2.0	2.44	6
Unincorp.	Maintain home	3.3	3.40	32
Unincorp.	Stay in home	3.0	3.41	32
Unincorp.	Income for basic needs	3.0	3.50	32
Unincorp.	Falling	3.0	3.24	32
Unincorp.	Income for future	3.0	3.41	32
Unincorp.	Inclusion in decisions	3.0	3.30	32
Unincorp.	Housing affordable	2.9	3.30	32
Unincorp.	Prepare healthy food	2.4	2.91	32
Unincorp.	Finding a doctor	2.4	2.61	32
Unincorp.	Anxiety or stress	2.4	2.71	32
Unincorp.	Personal safety	2.4	2.56	32
Unincorp.	Being valued by comm.	2.2	2.55	32
Unincorp.	Being isolated	2.2	2.46	32
Unincorp.	Confusion or memory	2.0	2.65	32
Unincorp.	Ability to be a caregiver	2.0	2.44	32
Unincorp.	Support dependents	2.0	2.53	32
Union City	Falling	3.5	3.24	161
Union City	Maintain home	3.4	3.40	161
Union City	Income for future	3.4	3.41	161
Union City	Income for basic needs	3.3	3.50	161
Union City	Housing affordable	3.3	3.30	161
Union City	Stay in home	3.2	3.41	161
Union City	Inclusion in decisions	2.9	3.30	161
Union City	Prepare healthy food	2.8	2.91	161
Union City	Confusion or memory	2.8	2.65	161
Union City	Anxiety or stress	2.8	2.71	161
Union City	Support dependents	2.8	2.53	161
Union City	Personal safety	2.6	2.56	161
Union City	Ability to be a caregiver	2.5	2.44	161
Union City	Finding a doctor	2.5	2.61	161
Union City	Being isolated	2.5	2.46	161

Union City	Stay in home	3.2	3.41	161

Table 21: Volunteer status

Currently volunteer	1254	39%
Not volunteer, and not interested	1481	46%
Not volunteer, but interested	501	15%
Total	3236	100%