

2014 AREA 12 AGENCY ON AGING

Needs Assessment Survey Analysis



Acknowledgements

This report was produced by
San Joaquin Community Data Co-Op

Authors

Campbell Bullock • Olga Goltvyanitsa • Clinton Shields • Natalie Garcia • Meredith Lebray

Reviewers and Contributors

Area 12 Agency on Aging • Kristin Millhoff • Doreen Schmidt • Phillip Sherwood

The Area 12 Agency on Aging (A12AA) staff and collaborative partners were instrumental in the success of this work. A12AA staff designed and disseminated the survey and actively collaborated on the analytical review of data. This work would not be possible without the A12AA team.

December 2015

Public Service Area (PSA)

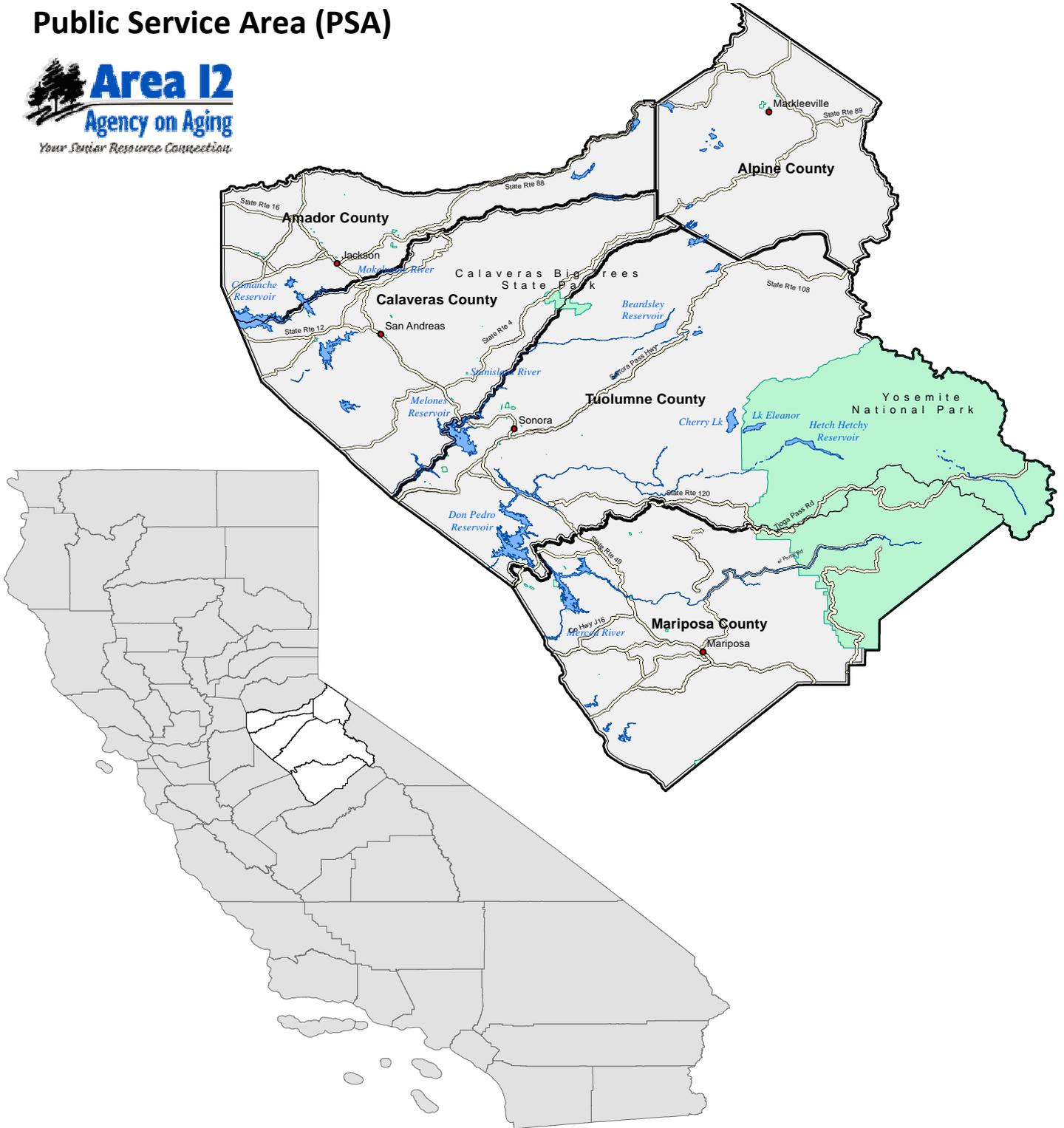


TABLE OF CONTENTS

| | |
|--|------------|
| EXECUTIVE SUMMARY..... | i |
| INTRODUCTION..... | iii |
| METHODOLOGY | iv |
| DEMOGRAPHICS | 1 |
| SURVEY DATA | 2 |
| <i>Older Adult Population</i> | <i>2</i> |
| <i>Marital Status.....</i> | <i>3</i> |
| <i>Employment, Income, Education</i> | <i>4</i> |
| <i>Housing.....</i> | <i>6</i> |
| <i>Transportation.....</i> | <i>7</i> |
| <i>Health Care.....</i> | <i>7</i> |
| <i>Legal Documents</i> | <i>8</i> |
| <i>Veterans.....</i> | <i>8</i> |
| <i>Discrimination.....</i> | <i>8</i> |
| <i>Technology.....</i> | <i>9</i> |
| SECONDARY DATA | 10 |
| <i>Older Adult Population</i> | <i>10</i> |
| <i>Marital Status.....</i> | <i>13</i> |
| <i>Geographic Distribution.....</i> | <i>14</i> |
| <i>Education.....</i> | <i>16</i> |
| <i>Housing.....</i> | <i>17</i> |
| <i>Federal Poverty Level.....</i> | <i>18</i> |
| <i>Income</i> | <i>18</i> |
| <i>Health Insurance.....</i> | <i>19</i> |
| <i>Veteran Status</i> | <i>19</i> |
| YOUR HEALTH AND WELLNESS..... | 20 |
| SURVEY DATA | 21 |
| <i>Overall Health.....</i> | <i>21</i> |
| <i>Chronic Health Problems</i> | <i>21</i> |
| <i>Disability</i> | <i>22</i> |
| <i>Quality of Life.....</i> | <i>22</i> |
| <i>Health Data by County.....</i> | <i>24</i> |
| SECONDARY DATA | 25 |
| <i>Overall Health.....</i> | <i>25</i> |
| <i>Chronic Health Problems</i> | <i>25</i> |
| <i>Disability</i> | <i>25</i> |
| YOUR ACTIVITIES..... | 26 |
| SURVEY DATA | 27 |
| <i>Socializing</i> | <i>27</i> |
| <i>Exercise</i> | <i>27</i> |
| <i>Mobility.....</i> | <i>28</i> |
| <i>Meals</i> | <i>29</i> |
| <i>Transportation.....</i> | <i>29</i> |
| <i>Finances.....</i> | <i>29</i> |
| <i>Home Maintenance and Repairs</i> | <i>29</i> |
| <i>Receiving Help from Others</i> | <i>30</i> |

| | |
|---------------------------------------|-----------|
| SECONDARY DATA | 31 |
| <i>Exercise</i> | 31 |
| YOUR NEEDS AND CONCERNS..... | 32 |
| SURVEY DATA | 33 |
| <i>Needs and Concerns</i> | 33 |
| SERVICES YOU USE | 37 |
| SURVEY DATA | 38 |
| <i>Service Utilization</i> | 38 |
| <i>Transportation</i> | 39 |
| <i>Transportation by County</i> | 42 |
| STAYING HEALTHY..... | 43 |
| SURVEY DATA | 44 |
| <i>Doctor Visits</i> | 44 |
| <i>Nutrition Exercise</i> | 45 |
| <i>Screenings and Check-ups</i> | 46 |
| SECONDARY DATA | 47 |
| <i>Doctor Visits</i> | 47 |
| CAREGIVERS..... | 48 |
| SURVEY DATA | 49 |
| <i>Caregivers</i> | 49 |
| SECONDARY DATA | 53 |
| <i>Caregivers</i> | 53 |
| CONCLUSION | 54 |
| APPENDIX | 55 |

EXECUTIVE SUMMARY

Every day, 10,000 people turn 65 and with this rapid progression in the number of older adults, Area 12 Agency on Aging recognizes the aging population of our five county service area, covering Alpine, Amador, Calaveras, Mariposa and Tuolumne Counties, will continue to increase over the next 20 years (Pew Research Center 2010) (California Department of Finance 2007). The needs assessment survey provided the Agency with a better understanding of our aging population to ensure our limited resources are used effectively and to appropriately address the identified gaps in services. As we consider this population's social and economic importance, we believe our community would benefit by learning more about its population of older adults. Older adults of all ages were represented in the survey.

At the time of the survey, respondents had lived in their current community an average of 21.6 years. This data supports the new aging experience of desiring to 'age in place.' Approximately 15.7% of single respondents reported their income was less than \$973 per month, while 87.6% of couples reported their income was more than \$1,967.

Supporting older adults in our communities as they age requires a broad range of services. The results of this survey identified 60.3% of those surveyed have the most difficulty with home repairs and maintenance, 37.2% need assistance with heavy housekeeping, and 33.3% have mobility issues, such as getting up and down stairs. Of those surveyed, paying for support services is of high concern for seniors regarding home repairs, dental services, and household chores.

In addition to the preceding home concerns, issues of dealing with loneliness and isolation as well as dealing with depression threaten the well-being of the older population. Social outlets for seniors are an important factor in their engagement and activity in the community.

Despite efforts by the aging network, older adults expressed concern of knowing what services were available to them in their community (27.3%). Seniors indicated they are using many different forms of technology including computers, e-mail, and the Internet. In addition, one-third noted they use Facebook (33.6%), smartphones (25.0%), and iPads (15.1%). This information will be useful to the aging network moving forward to find creative ways of providing information on available services to the older adult population.

It has been said, "Health is physical, social, emotional, mental and spiritual balance throughout life" (American Holistic Health Association). Results from the survey showed 59.4% of respondents stated their health was 'good' and 14% described their health as 'poor' or 'very poor.' Many noted having multiple chronic health problems. Arthritis was a major health issue coming in at 39.1%, along with diabetes at 15.7%, and heart disease at 15.0%. On average, older adults traveled 19.8 miles to visit their regular doctor and an average time traveled at 32 minutes. Equally important to respondents was having enough time to speak with their physician.

Caregiving exacts a heavy emotional, physical, and financial toll. Out of the 1,329 respondents, 135 care for a person age 60+ and 15 provided care for a child under the age of 18. Caregivers are often too busy caring for others to take care of their own needs, as one respondent stated, “I need someone to give me a chance to see my own doctor. I have no back up or support.” Providing support services to an ever growing population will be challenging and will require collaboration with the aging network and community partners to provide support groups, respite, and day care opportunities.

It is the desire of the Agency that the distribution of this survey will deepen your interest in the older adult community and engage stakeholders throughout our communities to seek solutions to encourage and enhance productive aging that will ultimately guide the development of services to support aging in place.

INTRODUCTION

The following report offers quality of life, health and wellness, and demographic data findings specific to the Public Service Area (PSA) for Area 12 Agency on Aging (A12AA). This data connects with a comprehensive needs assessment survey A12AA conducted in 2014 combined with secondary data sources. The data is presented in quantitative and qualitative forms. The needs assessment survey is mandated by the California Department of Aging and the information from the survey will be reflected in the 2016-2020 Area Plan. A12AA conducts this survey to obtain the most current feedback from older adults and uses this for planning programs and other initiatives. The goal of the data analysis centers on determining the extent of need for both current and future support services (over the course of the next four year cycle) within the PSA. Services include access, in-home services, legal assistance, and nutrition. Survey sections centered on background information, health and wellness, activities, needs and concerns, service utilization, questions specific to staying healthy, and a section on caregivers.

METHODOLOGY

This assessment centers on the collection of both primary and secondary data. Primary data collection and analysis centers on the Area 12 Agency of Aging Needs Assessment Survey and was filled out by older adults age 50+, adult caregivers 18+ caring for those age 60+ and grandparents age 55+ caring for their grandchildren. This secondary data includes demographic data for the five counties included in the assessment, which was collected via the U.S. Census using the American FactFinder (factfinder.census.gov) tool. In addition, secondary data on senior health for the five counties was collected using the California Health Interview Survey, CHIS (ask.chis.ucla.edu).

The needs assessment survey was distributed to respondents in the following five foothill counties in California: Alpine, Amador, Calaveras, Mariposa, and Tuolumne. In total, 5,745 needs assessment surveys were disseminated in Area 12's five county Public Service Area (PSA) and 1,329 surveys were received back to A12AA for a response rate of 23.1%. Of this total, six (6) surveys came from Alpine, 370 were from Amador, 236 were from Calaveras, 251 were from Mariposa, and 500 were received from Tuolumne. It is important to note that the surveys were not randomly distributed. With that stated and with the 1,329 surveys collected, Area 12 has a full set of meaningful data findings. This data is very valuable for planning purposes.

The survey housed both quantitative and qualitative variables and covered the following domains: background information, health and wellness, activities, needs and concerns, services, a section on staying healthy, and a final section on caregivers (filled out by caregivers only).

Surveys were collected and organized by county by Area 12. The Data Co-Op picked up and reviewed the surveys, conducted data entry into Microsoft Excel, cleaned the data, and moved the data into the Statistical Package for the Social Sciences (SPSS) for analysis. Additional qualitative analysis was conducted in Excel. In this report researchers offer descriptive, cross-tabulated, and qualitative analyses. Chi-square analysis was used which resulted in cross tabulations which showed significant relationship between sets of variables.



DEMOGRAPHICS

This section offers a comprehensive look at demographic data for the Public Service Area for Area 12 Agency on Aging. This data includes secondary sources and survey findings.

Topics center on:

- ✓ *Age*
- ✓ *Ethnicity*
- ✓ *Marital status*
- ✓ *Education*
- ✓ *Housing*
- ✓ *Income*
- ✓ *Health insurance*

SURVEY DATA

Older Adult Population

The needs assessment survey conducted by Area 12 Agency on Aging (A12AA) was distributed to 5,745 seniors in the five foothill counties served by PSA 12: Alpine, Amador, Calaveras, Mariposa, and Tuolumne. There were 1,329 surveys returned to A12AA. Referring to Figure 1.1, Tuolumne County returned 490 surveys, Amador County returned 357, with Calaveras and Mariposa counties returning 239 and 237 respectively. The returned surveys represent approximately 2% of the total number of seniors in the five counties.

The age groups in Figure 1.2 represent a broad range of ages. Ninety-one percent of survey respondents were age 60+. These figures give a clear depiction of the age ranges in the foothill communities. Residents age 60+ make up approximately 33% of the entire PSA and support the trend toward older adult growth in our area (2014 CDA DOF Demographic Projections). Seniors between the ages of 65 - 75 represent 4 out of 10 of those surveyed. This age range is often associated with the average age of retirement and may indicate that newly retired seniors made the move to the foothill counties for retirement.

The oldest age group, age 75+, is well represented throughout the survey results (38.7%).

According to the California Department of Finance, 2015, 14,855 individuals in the PSA were age 75+. These statistics are driven by improvements in healthcare and this age group can present some challenges as they desire to age in place. There is an increased need for transportation, home care, and meal options closer to their residence. The Agency is

Figure 1.1 Return by County

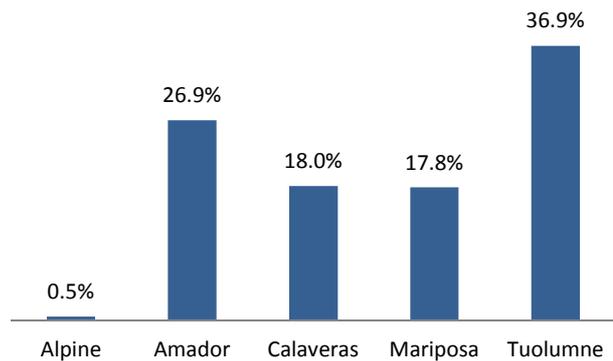
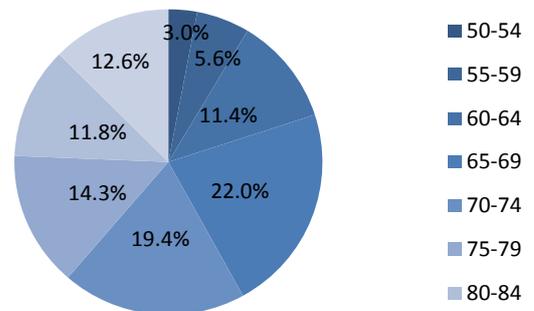


Figure 1.2 Age Groups



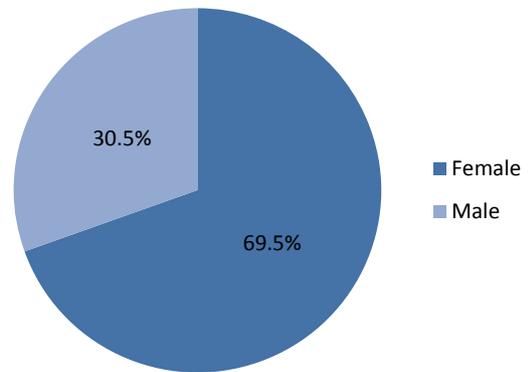
cognizant of the difficulties some of these individuals face. Our mission includes reaching out to connect with the frail, isolated, and the oldest seniors in each community to ensure they have access to services.

Most of the respondents (92.1%) identified themselves as being White. While 4.2% identified as Hispanic or Latino, 2.3% as American Indian or Alaska Native, 1.4% as other ethnicities, and 4.0% identified as multiracial.

Ninety-nine percent (99.5%) of the respondents spoke English as their first language and 0.5% spoke either Spanish or another language.

The amount of females who participated in the survey was 69.5% with males following at 30.5%.

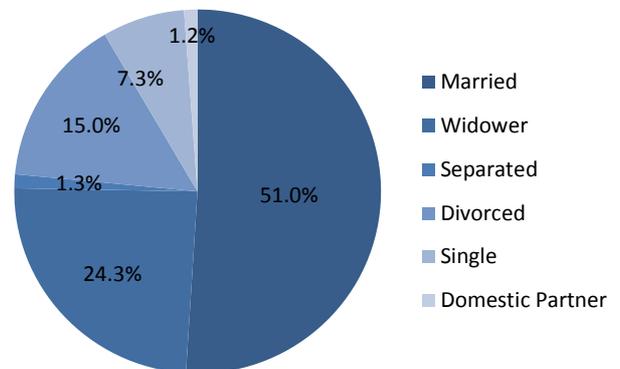
Figure 1.3 Gender



Marital Status

At the time of the survey, 51.0% were married, 24.3% were widowers, 15.0% were divorced, 7.3% were single. Some were separated and others were in a relationship with their domestic partner.

Figure 1.4 Marital Status



Employment, Income, and Education

Looking at Figure 1.5, over a third had some college education, close to 19% had completed up to 9th-12th grade, just over 33% had received a Bachelor's degree or a graduate degree. Close to 12% had received an Associate's degree while others had completed up to 8th grade.

About seven in ten (68.8%) of survey respondents were retired. Ten percent had full-time jobs, 8.4% had part-time jobs, and others were looking for work (2.1%). Nearly seven percent (6.7%) identified themselves as being disabled and 4.0% noted they were retired and disabled.

Of the survey respondents, 37.2% stated they volunteer. They volunteered on average about 7 hours a week, ranging from 30 minutes to 60 hours.

Figure 1.5 Highest Level of Education

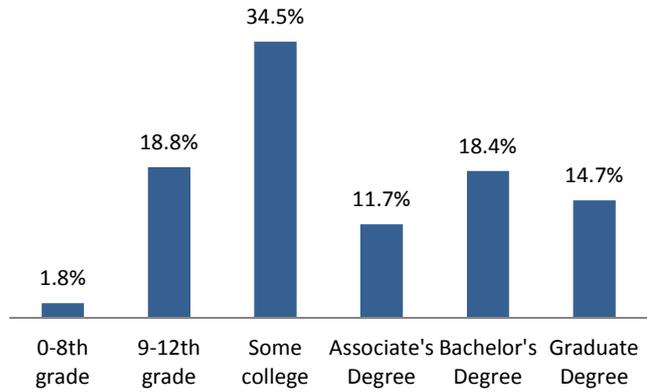
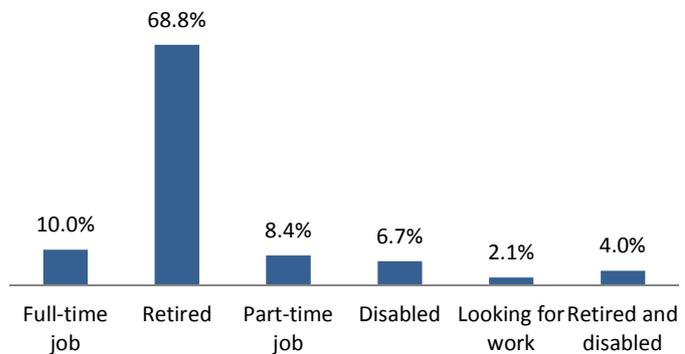


Figure 1.6 Work Status



Several questions on the survey dealt with income level. Figure 1.7 shows the breakdown of monthly income reported by those who were single.

Couples reported their monthly income as follows:

- 2.2% less than \$1,311
- 2.7% between \$1,312 - \$1,573
- 2.2% between \$1,574 - \$1,743
- 1.1% between \$1,722 – \$1,770
- 4.2% between \$1,711 - \$1,966
- 87.6% more than \$1,967

Many respondents indicated they had multiple forms of income. Three-fourths of the respondents indicated they received Social Security (74.3%), 26.4% used savings or investments, 17.5% received income from employment, 7.4% received SSI payments, and 3.0% received SSD payments. Various forms of pensions were addressed in the survey. Some received a pension from federal, state, or local government, a pension from a company, veteran’s benefits, or pensions from a teacher’s retirement program.

Data findings indicate those who had the lowest income were also more likely to have less income sources (data findings specific to one person). Moreover, those who indicated they were disabled, looking for work, and retired and disabled were the most likely to earn \$973 or less per month.

There was a direct correlation between education and income level. Respondents with more education earned more per month. As an example, for respondents with an Associate’s degree or higher, 90.7% earned \$1,967 or more per month. In addition, those with less education were more likely to be utilizing Medi-Cal.

Figure 1.7 Income (Single Person)

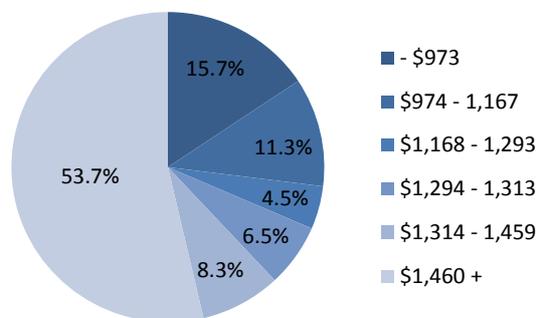
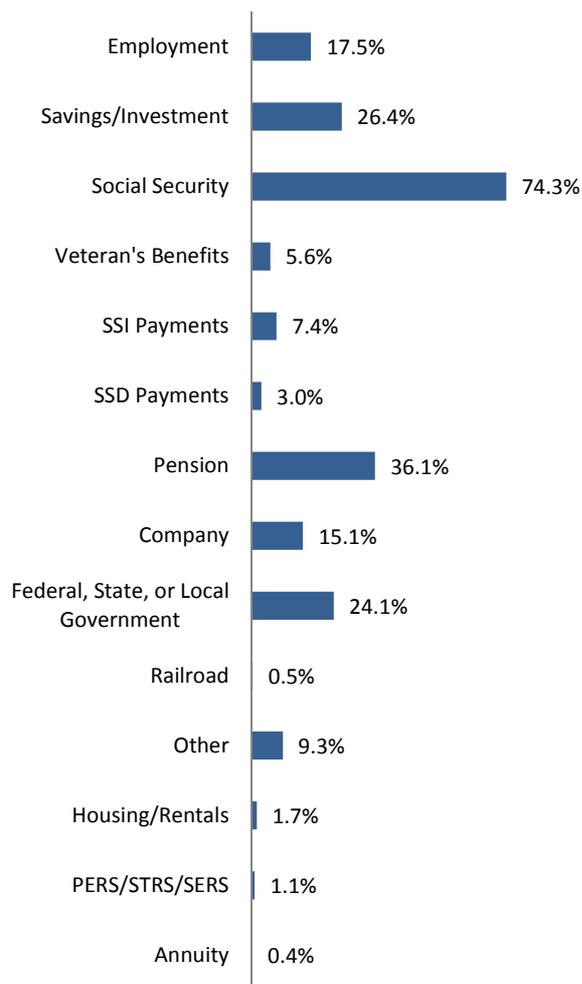


Figure 1.8 Types of Income



Housing

At the time of the survey, the number of years respondents had lived in their current community ranged from 3 months to 97 years, with an average of 21.6 years. Respondents represent a sample of those who might have recently moved to the Foothills and are looking for helpful information about the services provided by their new communities. Those who have lived in the Foothills their entire lives are also represented in the survey.

About seven in ten (69.5%) survey respondents lived in houses, 19.9% lived in mobile or modular homes, 8.1% in apartments, and 2.5% lived in a variety of other residences.

Of these respondents, 48.8% of them have paid off their home, 25.7% pay a mortgage, 19.7% pay rent, and 1.9% lived somewhere rent free.

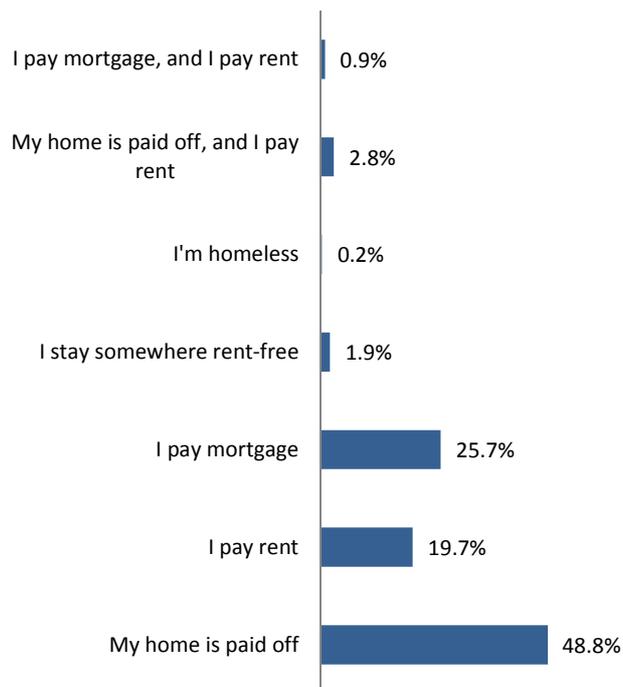
Concerning those who were renting, 20.4% were more likely to be on Medi-Cal as compared to 10.9% of those who had paid off their home.

Of those who lived in mobile or modular homes, 36 mentioned they had paid off their home but are paying rent for their space (13.9%), and 11 were still paying a mortgage and rent on their space (4.2%). Thirty-nine percent of the respondents indicated they lived alone.

Respondents who rented were more likely to live alone, were found to be earning the least, and were most likely to be receiving Medi-Cal. As an example, 62.5% of those earning \$0 to \$973 were renters.

Respondents in Amador County were more likely to live in a mobile home/modular home; 32% of these respondents indicated they lived in a mobile or modular home. Respondents in Mariposa and

Figure 1.9 Housing Status



Tuolumne were more likely to be living in an apartment (11% and 12% respectively).

Respondents who had more education were more likely to live in a house. For example, 86% of those with a Bachelor's degree lived in a house compared to only 53% of those with a 9th – 12th grade education.

Transportation

About half (48.6%) of the respondents indicated they did not have access to public transportation in their community.

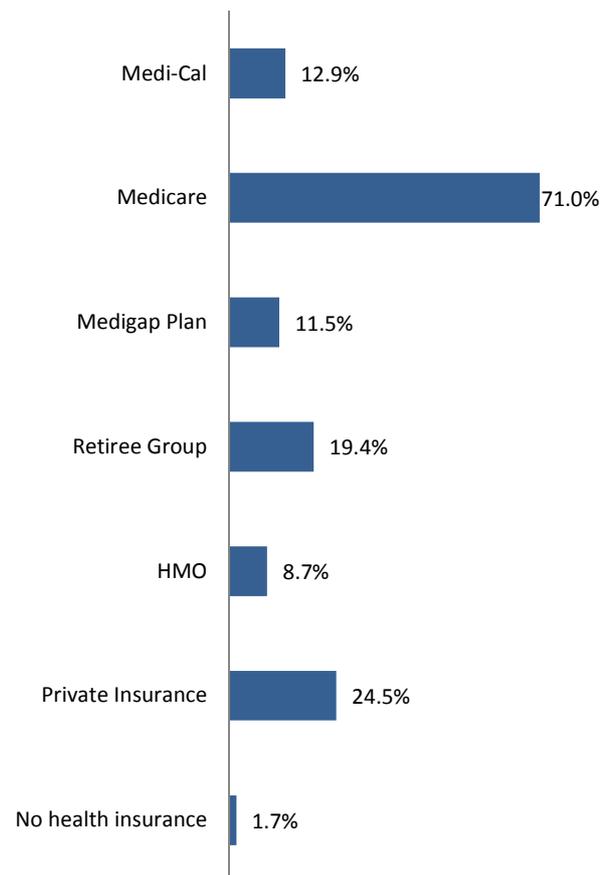
Respondents living in Calaveras and Mariposa Counties were the least likely to have access to public transportation (60% and 69.3% respectively).

Health Care

Along with indicating various forms of income, respondents had multiple forms of health insurance. Seven in ten respondents have Medicare (71.0%), 24.5% have private insurance, 19.4% have an insurance plan through a retiree group, and 12.9% have Medi-Cal. Fewer respondents indicated they have a Medigap plan or a HMO.

Only 1.7% of respondents indicated they did not have health insurance.

Figure 1.10 Health Insurance



Legal Documents

As part of the survey, respondents were asked if they had a variety of the types of documents related to an aging population. About six in ten indicated they had a will and trust (59.4%), 46.1% had an advance directive for health care, and 30.5% had a power of attorney. Approximately 26% indicated they had none of these documents.

There was a direct correlation between level of education and income and having an advance directive. Respondents were more likely to have an advance directive as education and income increased. Those with Associates, Bachelor's, and Graduate degrees, and those with more income were more likely to have a power of attorney document.

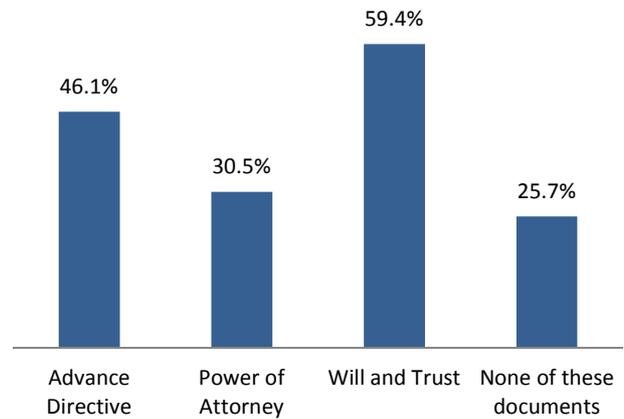
Respondents living in Mariposa County were the most likely to have a will and trust at 68.4% (compared to the next highest county, Calaveras, at 61.5%). Older respondents and those with more education (specifically those with Bachelor's and Graduate degrees) were more likely to have a will and trust.

Younger respondents, those who were separated, and those who rent were the least likely to have any of these documents.

Veterans

Eighteen percent of the respondents were veterans and 10.4% of the seniors used veteran's services (some of whom were not veterans). Respondents age 80+ were more likely to be a veteran.

Figure 1.11 Documents



Discrimination

Some respondents felt they had been discriminated against due to the following:

- Age – 18.6%
- Gender – 11.3%
- Race – 5.5%
- Disability – 5%

In addition, smaller percentages felt they had been discriminated because of their religion or sexual orientation.

Those who were looking for work were more likely to indicate they felt discriminated against because of their age. Female respondents were more likely to report being discriminated against due to gender (13.1% for women as compared to 7.6% for men).

Technology

Respondents indicated they use many different forms of technology including computers, e-mail, and the Internet. In addition, one-third noted they use Facebook (33.6%), as well as smartphones (25.0%), and tablets (15.8%) or iPads (15.1%).

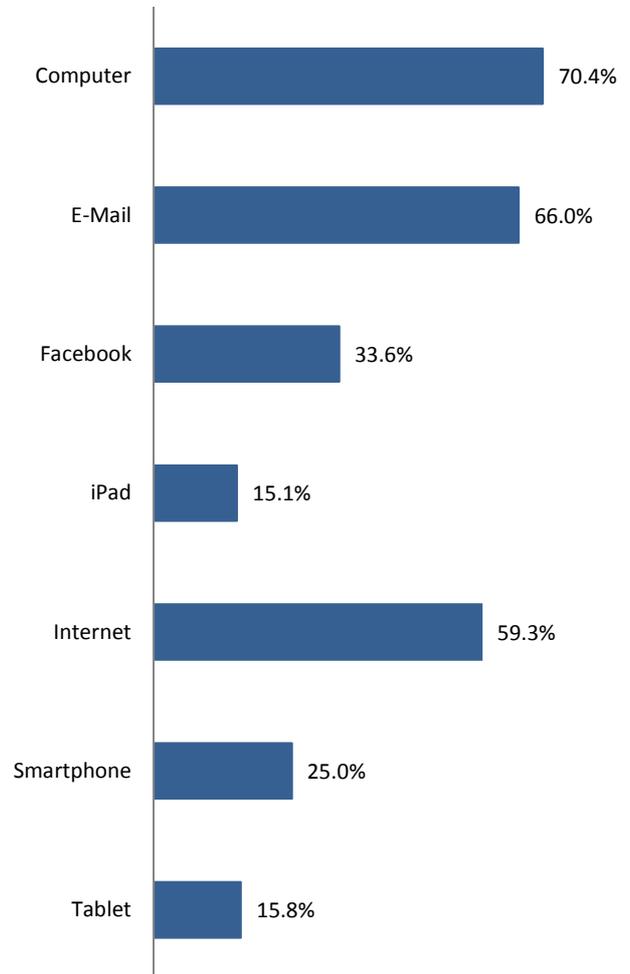
Older respondents were less likely to use a full range of technology. As an example, 68.6% of respondents age 70 - 74 noted they used a computer compared to 80.5% of those age 60 - 64. However, as people aged they were less likely to use e-mail.

Respondents with higher education were more likely to use a computer, e-mail, iPads, and the Internet. For example, 80.1% of those with a graduate education used a computer compared to 60% of those with a 9th-12th grade education.

Respondents in Tuolumne County were more likely to indicate they used tablets (19.8% as compared to the next highest percentage, 15.1% for Amador County).



Figure 1.12 Technology Use



SECONDARY DATA

Older Adult Population

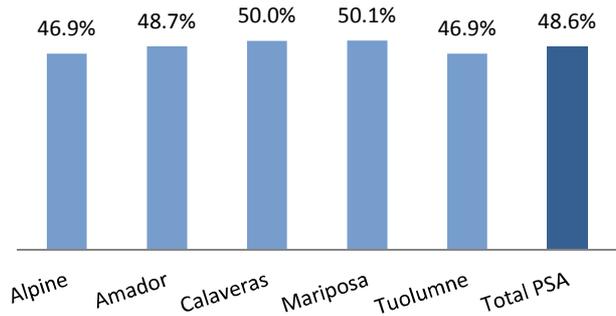
The Public Service Area (PSA) of Area 12 Agency on Aging (A12AA) consists of the following five counties: Alpine County, Amador County, Calaveras County, Mariposa County, and Tuolumne County. According to the American Community Survey, 76,043 older adults aged 50+ reside in the PSA of A12AA representing 48.6% of the total PSA population. It is important to note that not all of the secondary data found in this section was available for the population 50+. For the purposes of this report the term “older” is used here for people age 50+ unless otherwise indicated.

Figure 2.1 gives a breakdown of the older PSA population by county. Data shows the percentage of the older population in each county is fairly similar: adults age 50+ make up 46.9% of the population in Alpine County, 48.7% in Amador County, 50.0% in Calaveras County, 50.1% in Mariposa County, and 46.9% in Tuolumne County

The distribution of this population by gender among the five counties is fairly similar as well, ranging from 41.0% to 51.5% for females and from 48.5% to 59.0% for males (see Figure 2.2).

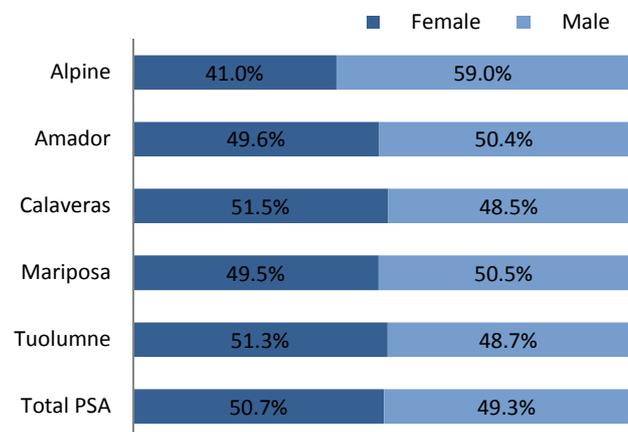
According to the US Census Bureau, *65+ in the United States, 2010, Current Population Reports* released June, 2014, California ranks as number 1 with people age 65+ coming in at 4.2 million. Not surprisingly, California also ranked number one with the largest percentage shares of the oldest old (age 85+) numbering 601,000.

Figure 2.1 PSA Older Population (50+) by County, 2009-2013



Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

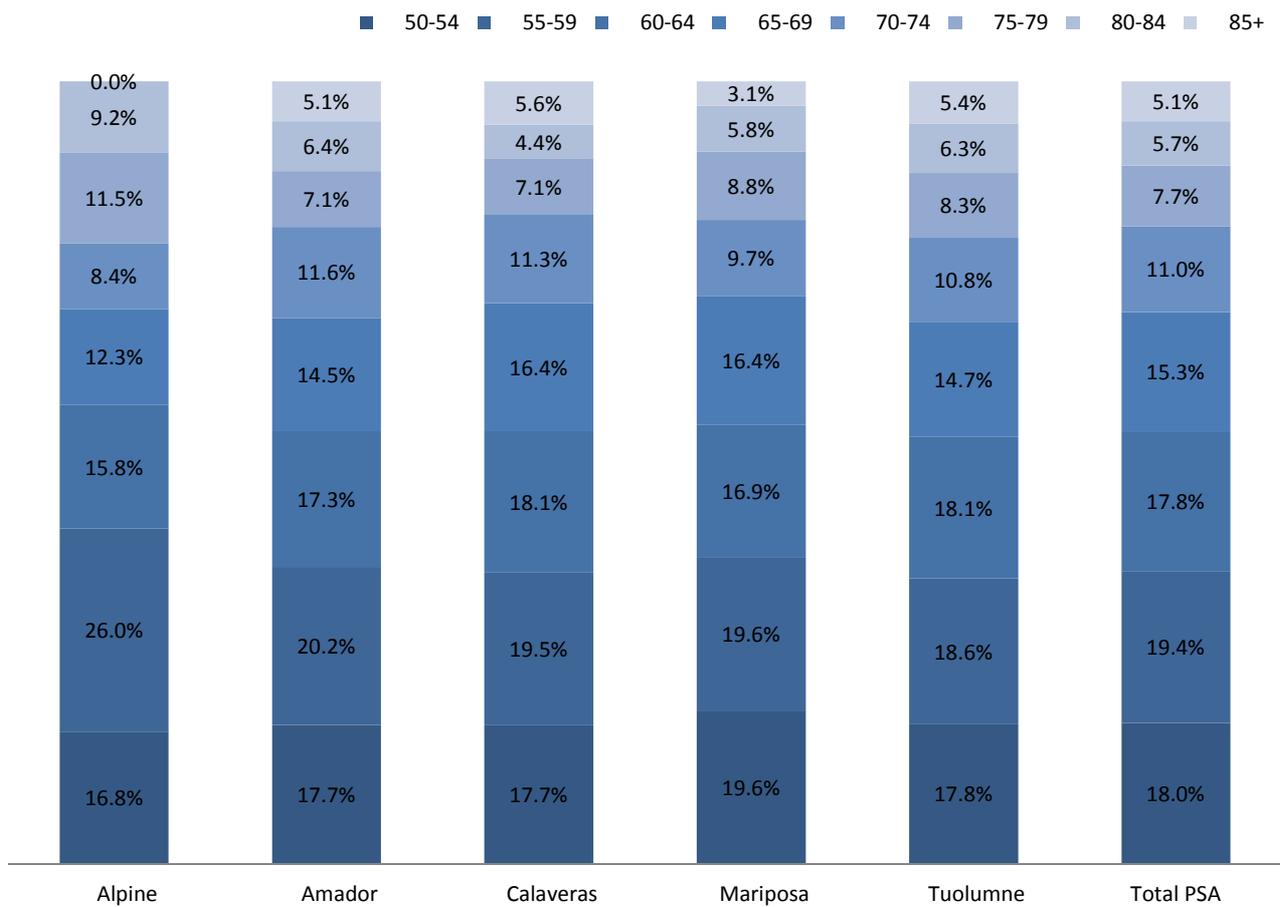
Figure 2.2 Population 50+ by Gender, by County, 2009-2013



Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

More than 8 in 10 (81.5%) of the PSA older population are between the ages of 50-74. A smaller percentage of the elderly population is between 75-79 (7.7%), 5.7% is between 80-84, and 5.1% is age 85+ (see Figure 2.3).

Figure 2.3 Population 50+ by Age, by County, 2009-2013

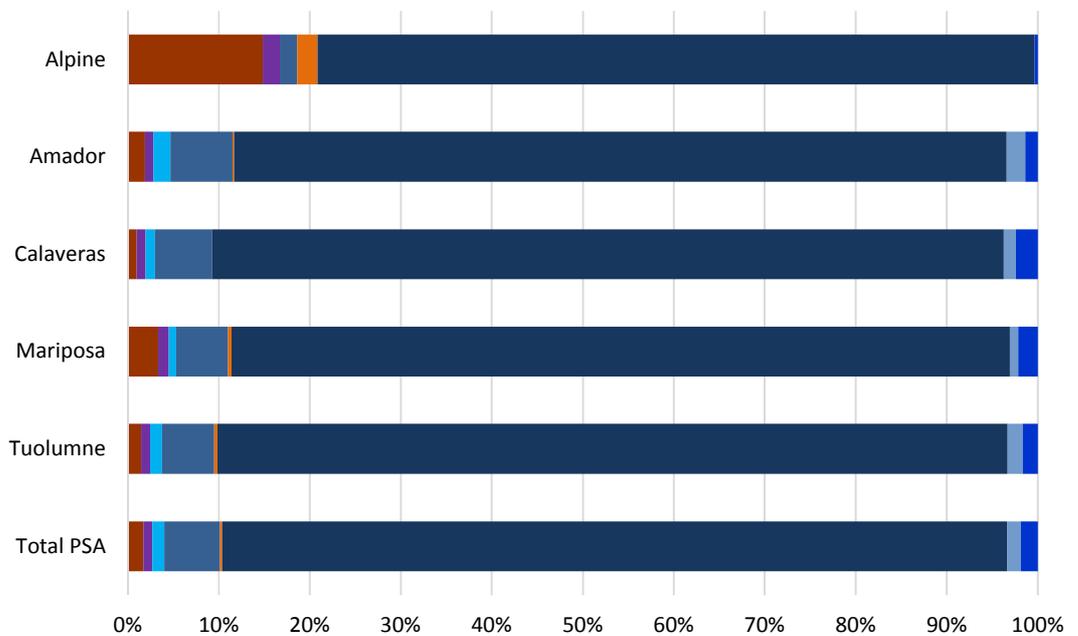


Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

The vast majority of the adults age 45+ in the PSA are White or Caucasian (86.4%). The distribution of the other races and ethnic groups among the five counties is fairly similar (see Figure 2.4). However, it is important to note that Alpine County’s American Indian or Alaska Native population is substantially higher (14.8% in comparison to the PSA overall total of 1.7%).

Most of the adult population in the PSA speak English (91.8%). Only 5% speak Spanish and 3.2% speak a language other than English. This data point was only available for adults age 18+. Data broken out by other age categories was not available.

Figure 2.4 Population 45+ by Race/Ethnicity, by County, 2009-2013



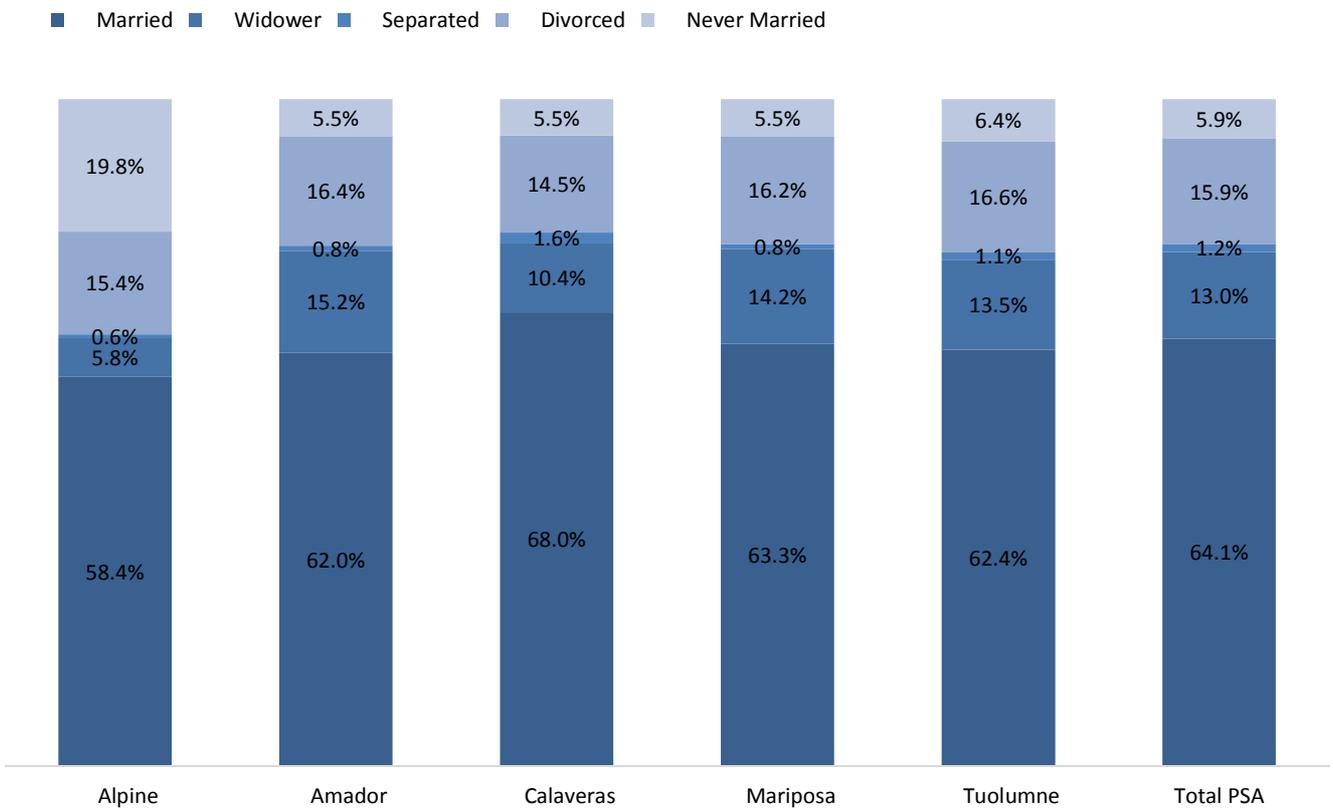
| | Total PSA | Tuolumne | Mariposa | Calaveras | Amador | Alpine |
|-------------------------------------|-----------|----------|----------|-----------|--------|--------|
| American Indian or Alaskan Native | 1.7% | 1.5% | 3.3% | 1.0% | 1.9% | 14.8% |
| Asian or Asian American | 1.0% | 1.0% | 1.2% | 1.0% | 0.9% | 1.9% |
| Black or African American | 1.3% | 1.3% | 0.8% | 1.0% | 1.9% | 0.0% |
| Hispanic or Latino/Latina | 6.1% | 5.7% | 5.7% | 6.3% | 6.9% | 1.9% |
| Native Hawaiian or Pacific Islander | 0.2% | 0.4% | 0.4% | 0.0% | 0.1% | 2.2% |
| White or Caucasian | 86.4% | 86.9% | 85.5% | 87.0% | 85.8% | 78.8% |
| Other Race | 1.6% | 1.6% | 0.9% | 1.4% | 2.1% | 0.0% |
| Multiple Race | 1.9% | 1.6% | 2.1% | 2.4% | 1.4% | 0.3% |

Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Marital Status

More than 6 in 10 (64.1%) of the PSA older adults are married, 15.9% are divorced, 13.0% widowers, 1.2% are separated, and 5.9% were never married.

Figure 2.5 Population 50+ by Marital Status, by County, 2009-2013



Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Table 2.1 Resident Population 50+ by County, 2009-2013

| County | Population 50+ | Total PSA Population | % |
|-----------|----------------|----------------------|--------------|
| Alpine | 546 | 76,043 | 0.7% |
| Amador | 18,212 | 76,043 | 23.9% |
| Calaveras | 22,569 | 76,043 | 29.7% |
| Mariposa | 9,049 | 76,043 | 11.9% |
| Tuolumne | 25,667 | 76,043 | 33.8% |

Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Geographic Distribution

Map 2.1 highlights zip codes of A12AA where concentrations of older adult residents live. From the map, it is evident the older adult population is mostly located in Amador, Calaveras, and Tuolumne County (see Table 2.1).

At the county level for Amador, the older adult population is concentrated in zip codes 95640, 95642, 95665, 95666, and 95685; for Calaveras County they are concentrated in zip codes 95222, 95223, 95247, and 95252; for Mariposa County they are concentrated in zip code 95338; and for Tuolumne County they are concentrated in zip codes 95327 and 95370 (see Table 2.2). Please note this table only displays zip codes where the older adult population numbers over 1,000.

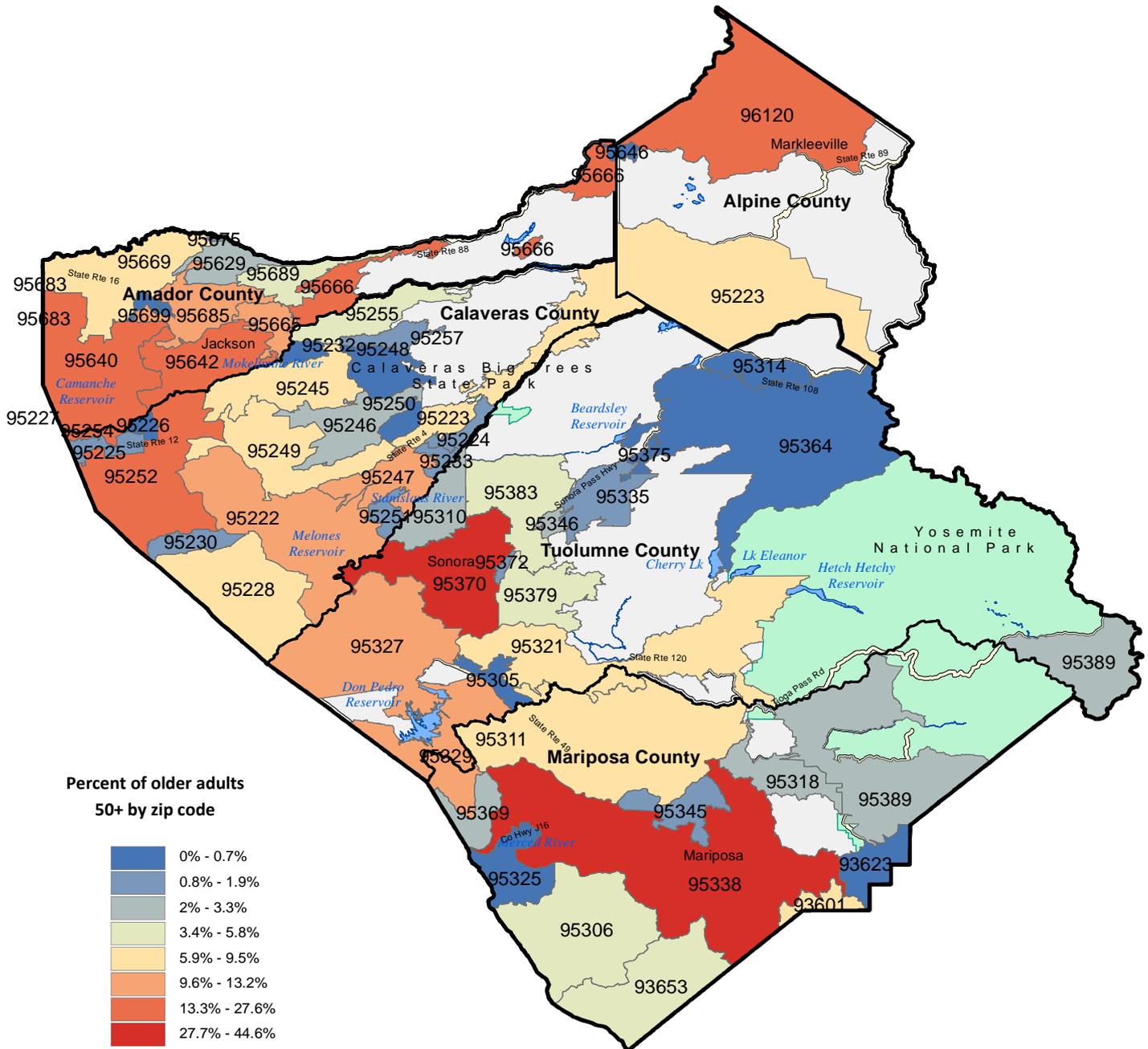
Table 2.2 Zip Codes by County and Percent of their Resident Population 50+, 2009-2013

| County | Zip Code | Count | % |
|------------------|----------|--------|--------------|
| Amador | 95640 | 3,438 | 18.8% |
| | 95642 | 3,094 | 17.0% |
| | 95665 | 2,380 | 13.0% |
| | 95666 | 3,667 | 20.1% |
| | 95669 | 1,296 | 7.1% |
| | 95685 | 2,409 | 13.2% |
| Calaveras | 95689 | 1,028 | 5.6% |
| | 95222 | 2,758 | 12.0% |
| | 95223 | 2,170 | 9.5% |
| | 95228 | 1,732 | 7.6% |
| | 95245 | 1,445 | 6.3% |
| | 95247 | 2,751 | 12.0% |
| | 95249 | 1,641 | 7.2% |
| | 95252 | 6,321 | 27.6% |
| Mariposa | 95255 | 1,094 | 4.8% |
| | 95311 | 1,198 | 8.8% |
| | 95329 | 1,337 | 9.9% |
| Tuolumne | 95338 | 5,810 | 42.8% |
| | 95310 | 1,003 | 3.3% |
| | 95321 | 2,079 | 6.9% |
| | 95327 | 3,154 | 10.5% |
| | 95370 | 13,371 | 44.6% |
| | 95379 | 1,719 | 5.7% |

Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Map 2.1 Geographic Distribution of PSA Population 50+ by Zip Code, 2009-2013

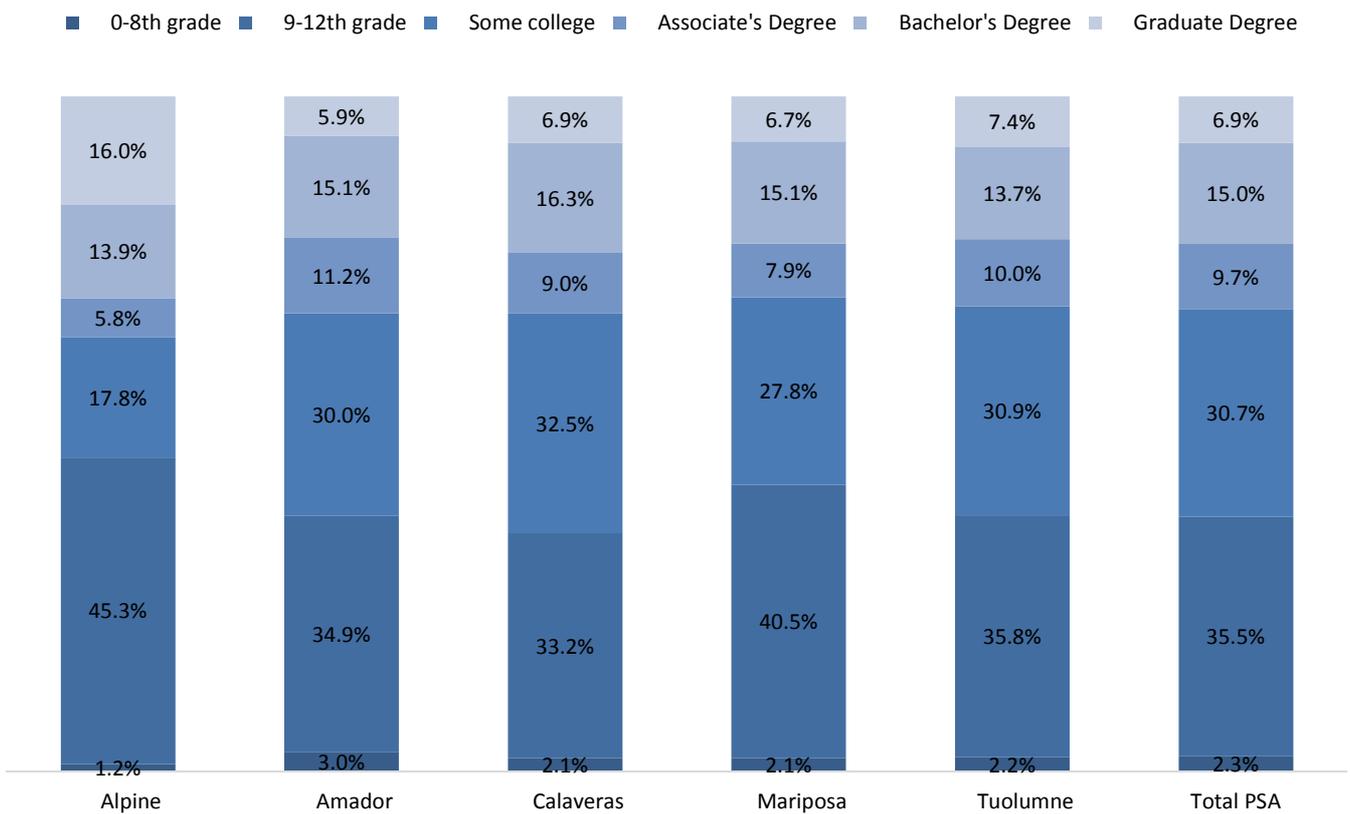
Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates



Education

Figure 2.6 shows that only 2.3% of the PSA older adult population, age 45+, has less than a high school education, a little more than a third (35.5%) are high school graduates, 30.7% have some college education, 9.7% have an Associate Degree, 15.0% have a Bachelor's Degree, and only 6.9% have a Graduate Degree or higher.

Figure 2.6 Population 45+ by Education Status, by County, 2009-2013



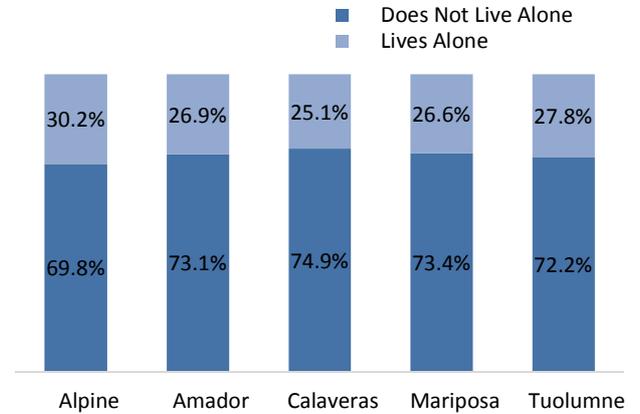
Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Housing

Figure 2.7 shows that at least 74.6% of residents have no second mortgage and no home equity loan. Almost 1 in 5 have either a second mortgage, or home equity loan, but not both. Two percent or less have both a second mortgage and home equity loan.

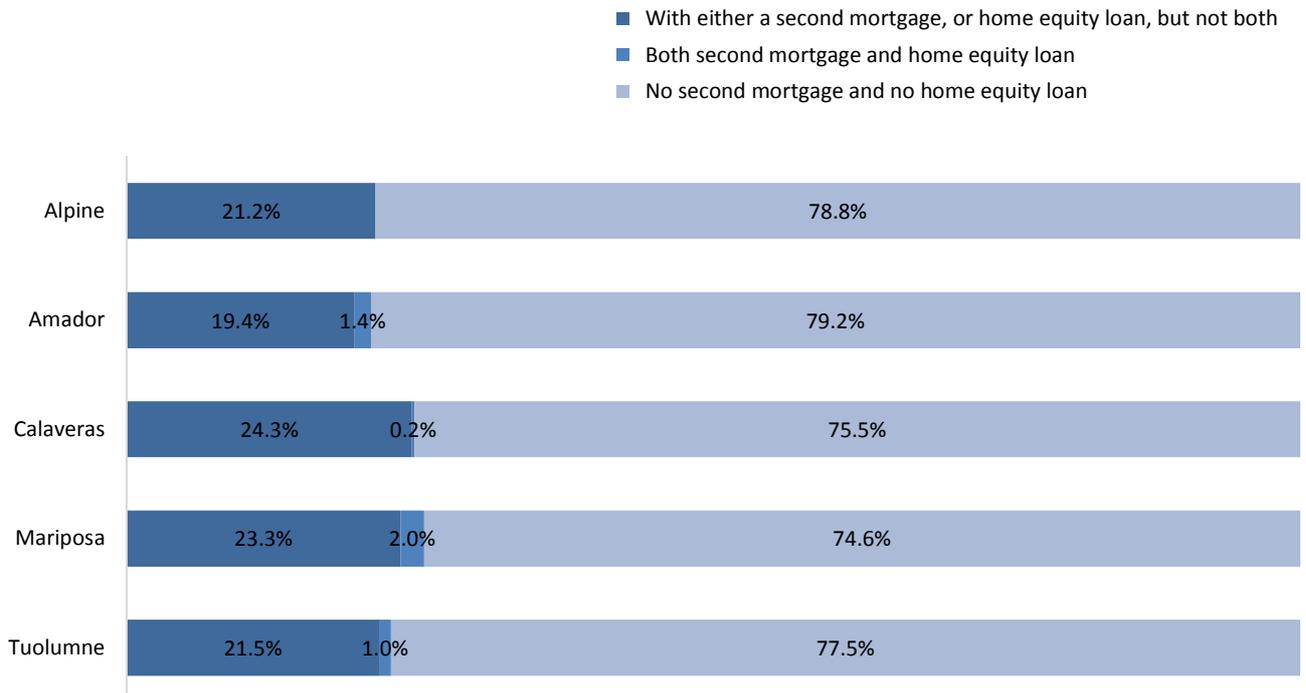
In addition, at least a quarter of all residents live alone (see Figure 2.8). It is important to note these two data points include all age groups.

Figure 2.8 Living Arrangements, 2009-2013



Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Figure 2.7 Housing by County, 2009-2013



Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

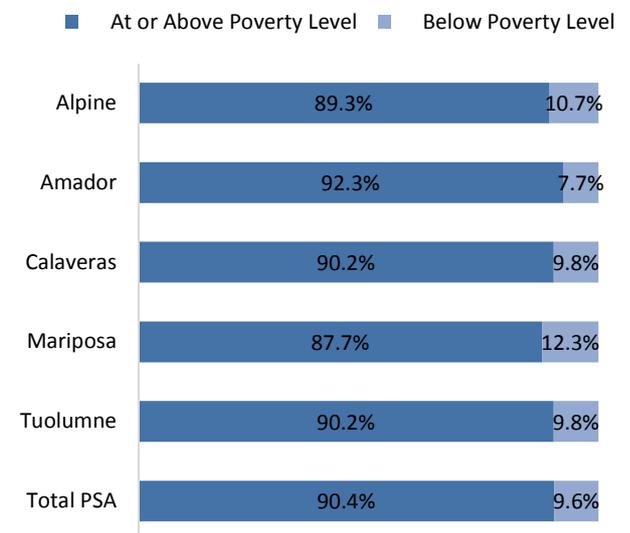
Federal Poverty Level

Figure 2.9 shows that in the PSA, 9.6% of older adults live below the Federal Poverty Level (FPL). These findings varied slightly among the PSA counties ranging from 7.7% to 12.3%.

Income

Figure 2.10 shows almost 6 in 10 (58.7%) residents obtain their income from a wage or a salary, and/or 'Interest, Dividends, or Net Rental Income' (28.8%), and/or from 'Social Security' (43.7%), and/or from 'SSI Payments' (6.7%), and/or from 'Retirement Income' (30.6%), and/or from 'Other' (20.3%) source. Please note these categories are not mutually exclusive.

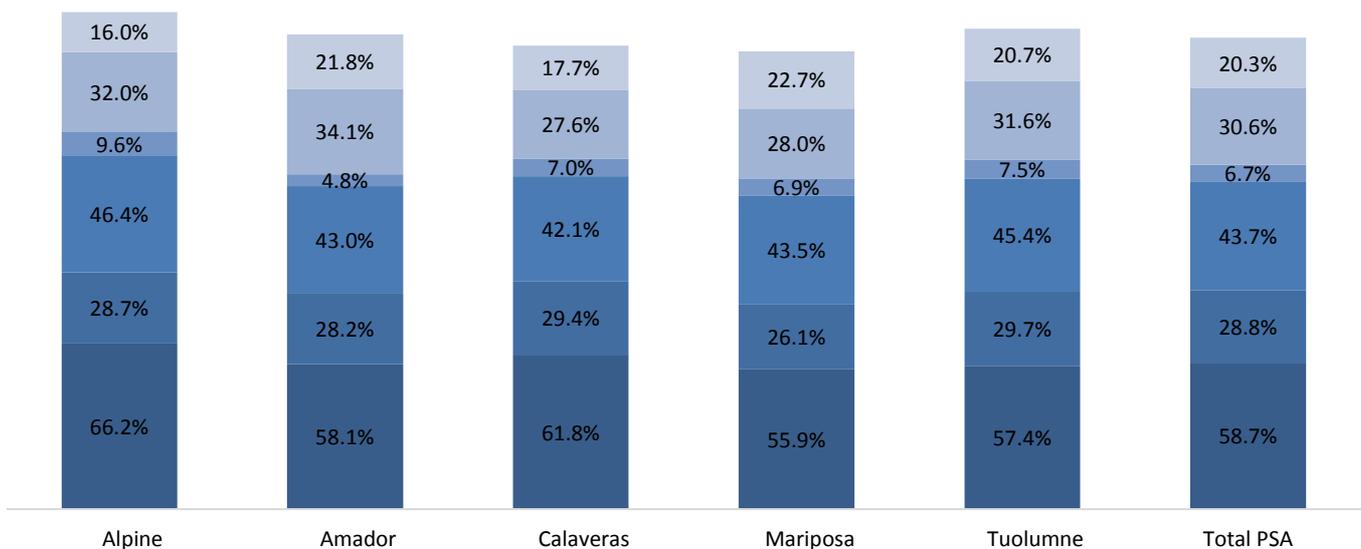
Figure 2.9 Income in the Past 12 Months Below Poverty Level for Population 50+, by County, 2009-2013



Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Figure 2.10 Sources of Income for Population 18+, by County, 2009-2013

- Wage or Salary Income
- Interest, Dividends, or Net Rental Income
- Social Security
- SSI Payments
- Retirement Income
- Other



Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Health Insurance

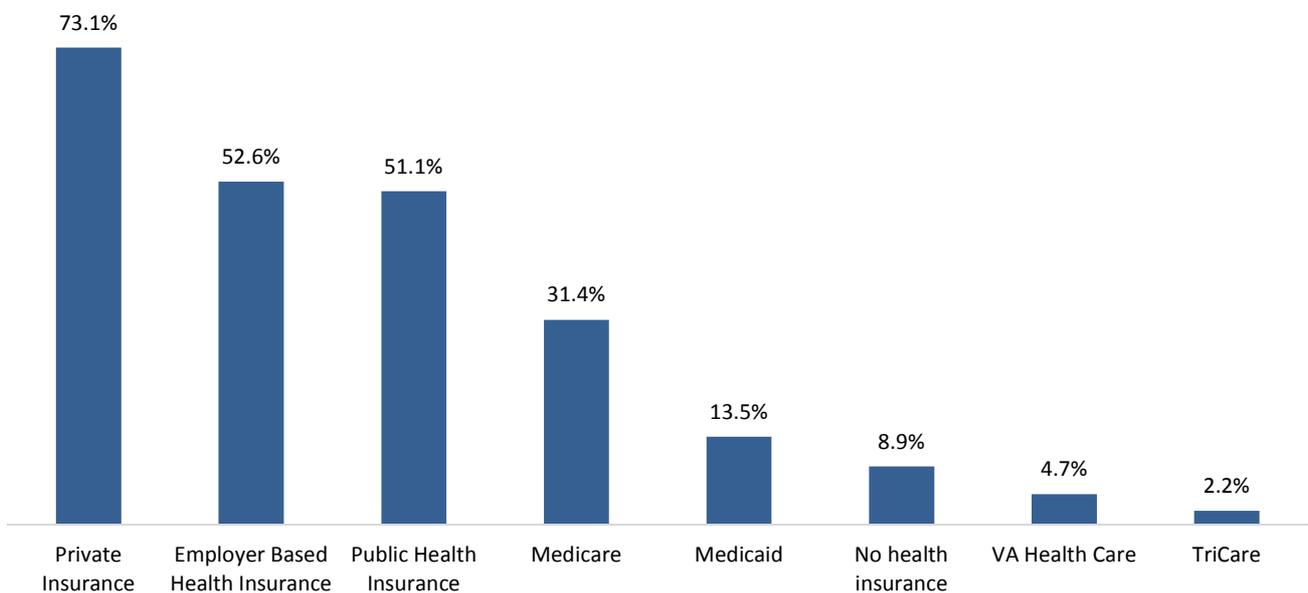
According to the U.S. Census Bureau (2009-2013 American Community Survey), 73.1% of older adults age 45+ had private insurance, 8.9% had no insurance, and 51.1% had public health insurance (please note these categories are not mutually exclusive).

For adults age 18+ in the PSA, 52.6% had employer based health insurance, 31.4% had Medicare, 13.5% had Medicaid, 4.7% had VA Health Care, and 2.2% had TriCare (see Figure 2.11).

Veteran Status

A little less than 2 in 10 (16.2%) of the adult population age 35+ are veterans. In addition, 14% of veterans have a service-connected disability (U.S. Census Bureau, 2009-2013 American Community Survey).

Figure 2.11 Health Insurance Coverage by Type for PSA, 2009-2013



Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

Please note that 'Medicare', 'Employer Based Health Insurance', 'VA Health Care', 'TriCare', and 'Medicaid' data is for residents 18 and older. Also, please note that 'Private Insurance', 'No Health Insurance', and 'Public Health Insurance' is for older adults 45+.



HEALTH AND WELLNESS

This section offers data on health and wellness for the Public Service Area for Area 12 Agency on Aging. This data includes secondary sources and survey findings.

Topics center on:

- ✓ *Overall health*
- ✓ *Chronic health concerns*
- ✓ *Qualitative feedback on health concerns*

SURVEY DATA

Overall Health

More than 85% of the respondents described their health as 'good' or 'very good'. A smaller percentage described their health as 'poor' or 'very poor'.

Chronic Health Problems

The five counties encounter a unique situation with regards to chronic diseases and disability due to the increased aging population. The highest chronic disease categories indicated by respondents were arthritis, diabetes, heart disease, and eye disease. A smaller portion indicated chronic health problems including osteoporosis, obesity, asthma or emphysema, and cancer. In addition, nearly one in five said they had other chronic health problems not listed. A similar portion of the respondents stated they had no chronic health problems.

Older respondents, age 70+, were more likely to indicate a health problem specific to arthritis. Those who are disabled were the most likely to indicate having arthritis. Respondents living alone were more likely to report having asthma or emphysema and eye disease - 12.2% of those living alone versus 8.1% living with someone else. It is interesting to note that those with more education were less likely to have diabetes and those who paid rent were more likely to have diabetes. Men were more likely to have heart disease at 18.8%, than women at 13.7%. Disabled respondents were most likely to indicate they had heart disease and were more likely to have a chronic health problem with obesity. Respondents in Amador and Mariposa were more likely to have none of the chronic diseases listed in the survey.

Figure 3.1 Description of Health

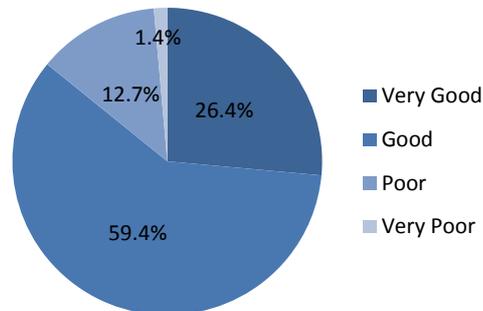
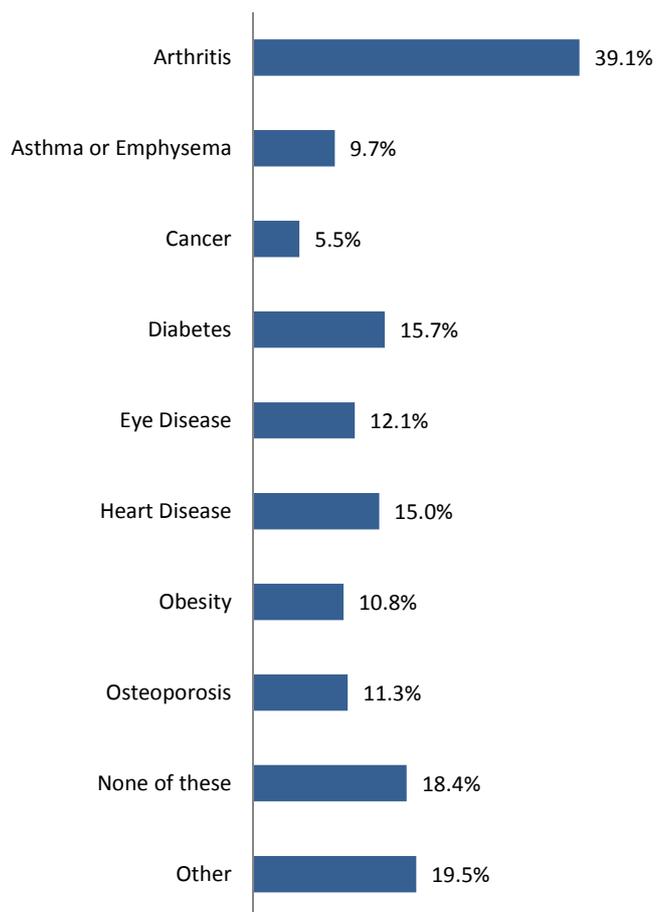


Figure 3.2 Chronic Health Problems



Out of the total respondents, 266 provided more detailed information about their chronic health problems. Several respondents reported cardiovascular issues, blood issues, and blood pressure issues. A smaller percentage of respondents experienced issues related to the heart and other cardiovascular issues.

Nineteen of the 266 reported respiratory problems, some with chronic obstructive pulmonary disease (COPD), sleep apnea, and lung disease. Several respondents reported muscle issues including fibromyalgia and muscular disease.

Other chronic health issues were related to the senses: cataracts, macular degeneration, and hearing problems. Twenty-two indicated they had chronic health problems with their digestive system. A smaller number indicated kidney issues, colon issues, and a kidney transplant.

Skeletal issues affected 45 respondents. Depression, anxiety, dementia, and other related mental issues were mentioned. Chronic problems with thyroid and cancer were also reported.

Disability

Out of the total amount of those surveyed, 252 reported they had a disability which caused them to need help. Some indicated their age was a disability to them.

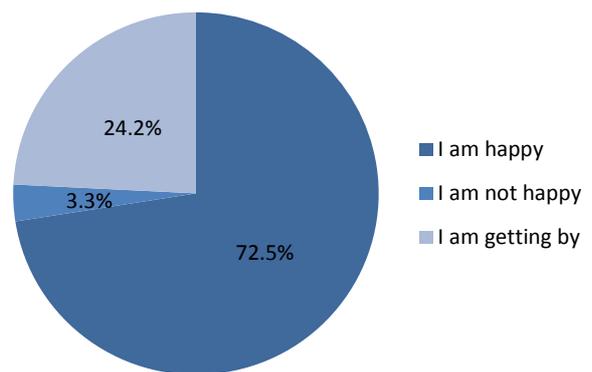
The number of individuals with disabilities offers an indication of why in-home, access, and transportation services are critically needed in the rural counties. These individuals desire to ‘age in place’ while maintaining a respectable quality of life. The next few sections relate overall health with various elements.

Some respondents cited their disability involved certain tasks including housework and yard work. One individual stated they “can’t do hard physical things.” Others reported their inability to do their finances including paperwork and paying bills. Some other tasks included cooking, sorting medication, and not being able to complete a task when needed. Another respondent indicated they had a disability but stated, “I prefer to do it myself”. This emphasizes the fiercely independent attitude of the majority of older adults in the rural communities.

Quality of Life

Despite the number of respondents with health issues or disabilities, a large majority stated “I am happy” when asked about their feeling on life overall. Twenty-four percent (24.2%) reported they were “getting by” and 3.3% said “I am not happy” when asked the same question.

Figure 3.3 Feeling of Life Overall



Health and Education

Those with less education were more likely to self-report being in poor or very poor health. Respondents with less education were also more likely to indicate they had a disability that caused them to need help.

Health and Housing

Respondents living alone were more likely to report being in poor or very poor health - 17.8% for those living alone compared to 11.9% for those not living alone. Renters are more likely to report being in poor or very poor health. Those paying rent are the most likely to indicate they are not happy.

Health and Disability

Those who are disabled or retired and disabled were the most likely to report being in poor or very poor health (55.2% and 50.0% respectively). Respondents age 85+ were the most likely to report having a disability that caused them to need help (46.8% as compared to the next highest percentage at 27.0%). Those who live alone, pay rent, earn less income, and are widowed or single were the most likely to indicate they have a disability that causes them to need help.

Disabled respondents are the most likely to rent and live in an apartment. More specifically, 60% were found to rent. The next highest percentage was retired and disabled respondents at 40.4% followed by 24% who were looking for work.

Respondents living in Calaveras and Mariposa Counties were more likely to indicate they were disabled (9.4% and 8.2% respectively). With respect to disability and age, those age 50-59 were the most likely to indicate they were disabled.

Health and Income

Those with a higher monthly income (for a single person) were more likely to report being in very good health.

Health and Happiness

Respondents who reported they were “just getting by” or who were not happy were much more likely to report being in poor or very poor health (54.7% and 33.3% respectively compared to 5.8% for those reporting they are happy). Respondents ages 65-79, those with more education, those who are employed, and those who live with someone else are the most likely to report being happy. In general, those who were earning less were more likely to indicate they were unhappy or were “getting by.”

Health and Socializing

Respondents who did not socialize with others were more likely to report being in poor or very poor health.

Health and Exercise

Respondents who did not exercise were more likely to report being in poor or very poor health.

Health Data by County

Data findings indicate there were no statistical differences with respect to respondents' current health status by county. More specifically, the percentage of respondents reporting good or very good health ranged from 81% to 89% (not including the small sample of six for Alpine). In addition, there were no statistical differences for any other health concerns listed below.

The only statistical difference connects with respondents that indicated they had none of the chronic health problems listed. For this variable, respondents in Amador County were more likely to note they had none of these health concerns.

Table 3.1 Health by County

| Health Related Variable | Alpine | Amador | Calaveras | Mariposa | Tuolumne |
|--|---------------|---------------|------------------|-----------------|-----------------|
| Current Health (Very Good/Good) | 100.0% | 89.0% | 81.0% | 85.3% | 86.2% |
| Arthritis | 33.3% | 39.8% | 38.5% | 39.2% | 38.8% |
| Asthma | 0.0% | 9.2% | 7.5% | 11.8% | 10.2% |
| Cancer | 0.0% | 6.4% | 5.9% | 5.1% | 4.9% |
| Diabetes | 33.3% | 17.1% | 18.0% | 14.8% | 13.9% |
| Eye Disease | 33.3% | 13.7% | 14.2% | 11.0% | 10.2% |
| Heart Disease | 0.0% | 15.7% | 16.3% | 16.5% | 13.5% |
| Obesity | 16.7% | 11.2% | 10.0% | 10.5% | 10.8% |
| Osteoporosis | 0.0% | 10.4% | 13.0% | 13.1% | 10.4% |
| None of the Chronic Health Problems Listed (.04) | 16.7% | 23.0% | 14.2% | 20.3% | 16.1% |
| Other Chronic Health Problems | 16.7% | 17.9% | 21.8% | 18.1% | 20.2% |
| Has Disability that Causes Them to Need Help | 16.7% | 19.4% | 28.4% | 24.3% | 23.2% |

SECONDARY DATA

The data offered here is for the older adult population age 50+. However, the year of the data varies.

Overall Health

Data from the 2014 CHIS Survey indicated that 16.7% of the PSA older adult population reported their overall health as being ‘excellent’. Almost a third (32.0%), reported their health as being ‘very good’, 29.4% as ‘good’, 13.4% as ‘poor’, and 8.5% as ‘very poor’. Please note the ‘very poor’ value is not statistically significant (as the sample size was too small).

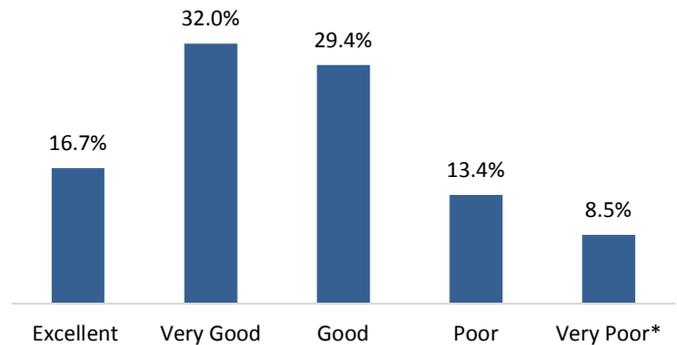
Chronic Health Problems

In 2012, 45.4% of the older adult population reported at some point they had been diagnosed with arthritis, gout, lupus, or fibromyalgia. Approximately, 15.4% reported at some point they had been diagnosed with asthma or emphysema, 19.4% have been diagnosed with some kind of cancer, 12.6% with diabetes, 12.3% with heart disease, 22.2% had a BMI score that placed them in the obesity category, and 46.6% were diagnosed with bone loss, osteopenia, or osteoporosis. It is important to note the most recent data set available was used for these data points and it varies between variables.

Disability

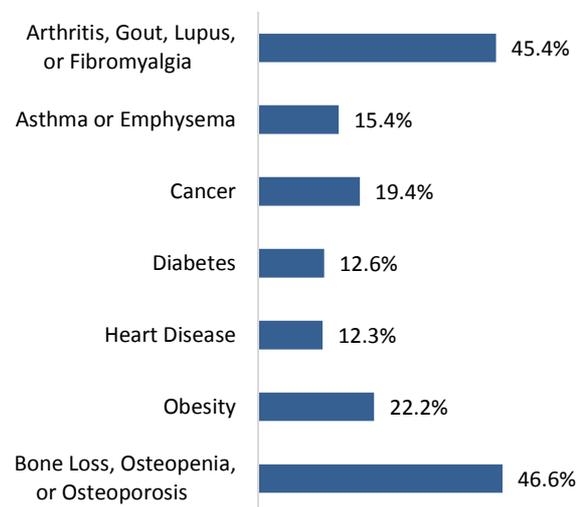
In the 2014 CHIS Survey, 47.5% of the PSA older adult population reported they have a disability status due to physical, mental, or emotional condition.

Figure 4.1 Overall Health As Reported by the PSA Older Adult Population (50+), 2014



Source: 2014 California Health Interview Survey

Figure 4.2 Chronic Health Problems as Reported by the PSA Older Adult Population (50+), 2012



Source: California Health Interview Survey

Most Recent Data Set Available: Arthritis, Gout, Lupus, or Fibromyalgia (2012), Asthma or Emphysema (2014), Cancer (2005), Diabetes (2014), Heart Disease (2014), Obesity (2014), Bone Loss, Osteopenia, or Osteoporosis (2001).



ACTIVITIES

This section offers data on activities for the Public Service Area for Area 12 Agency on Aging. This data includes secondary sources and survey findings.

Topics center on:

- ✓ *Exercise*
- ✓ *Socialization*
- ✓ *Mobility*
- ✓ *Meals*
- ✓ *Transportation*
- ✓ *Home maintenance and repairs*

SURVEY DATA

Socializing

Quite a number of the seniors in the area were very active. Nearly 39% reported socializing with others on a daily basis, 37.3% socialized between 3 to 4 times a week, and 20.1% between 3 to 4 times a month. Less than 4% of the respondents reported not socializing at all with others.

Those who are between the ages of 50-54 are the most likely to socialize on a daily basis. Those who were disabled as well as the oldest respondents were the least likely to socialize with anyone. Respondents earning more were more likely to socialize with others on a daily basis.

Exercise

As shown in Figure 5.2, 88% of those surveyed reported exercising at least 3-4 times a month or more. In addition, 12.0% reported getting no exercise at all. Those with less education and disabled or retired and disabled individuals were most likely to not exercise at all.

The Agency is actively involved with encouraging older adults to attend exercise programs in the various communities. According to the National Institute for Health (NIH), studies have shown exercise provides many health benefits and older adults can keep strength by staying physically active. Even moderate exercise and physical activity can improve the health of people who are frail or who have diseases that come with aging. As individuals age, exercise can help them stay strong and fit enough to keep doing the things they like to do.

Figure 5.1 How Often Seniors Socialize

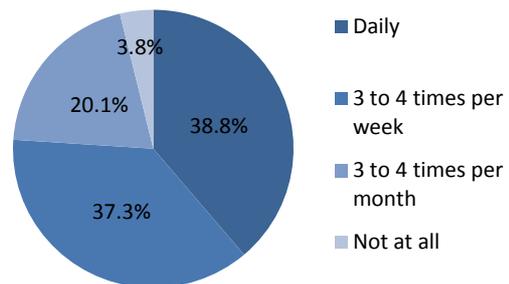
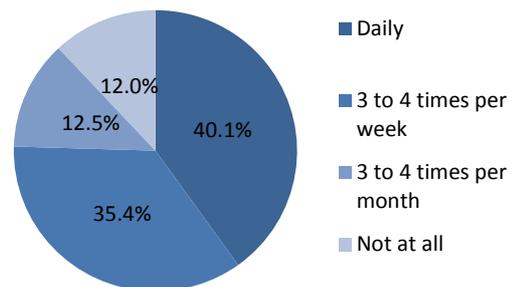


Figure 5.2 How Often Seniors Exercise



Mobility

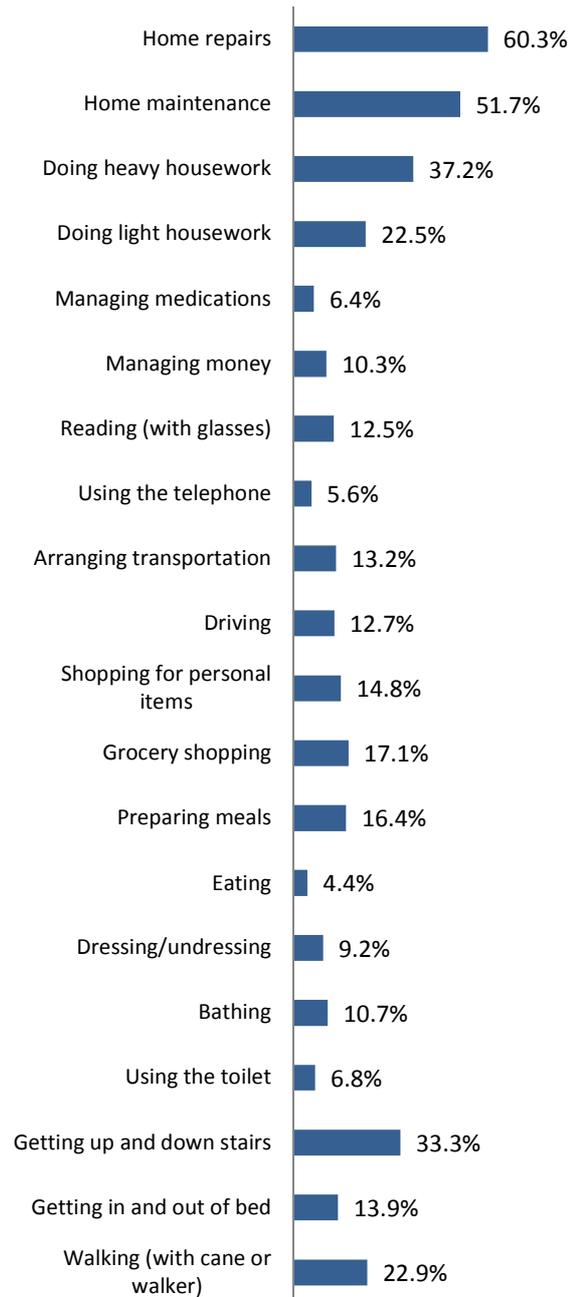
When asked about difficulty with specific tasks, the categories were: “some difficulty,” “serious difficulty,” or “cannot do alone.” Looking at Figure 5.3, the greatest number of respondents reported difficulty with home repairs, home maintenance, doing heavy housework, and getting up and down the stairs. Other areas of difficulty for seniors were walking, doing light housework, grocery shopping, and preparing meals. Shopping for personal items, driving, and managing money were indicated as well.

Older respondents and those who are disabled indicated they had difficulty getting up and down stairs. The oldest respondents, age 80+, and those who have disabilities were the most likely to indicate having difficulty with bathing. Respondents who are disabled and those who are age 80+ were most likely to indicate someone helps them with light housework. Those age 75+ were more likely to report someone helps them with heavy housework.

Those who are disabled or retired and disabled were most likely to report difficulty with grocery shopping and light housework. Older respondents indicated someone helps them with grocery shopping. Those age 85+ have the most difficulty shopping for personal items.

Female respondents were more likely to report difficulty with doing heavy housework: 39% indicating some level of difficulty for women and 32% for men.

Figure 5.3 Difficulty with Specific Tasks



Meals

Respondents age 85+ reported the most difficulty preparing meals. More specifically, 25.7% of the 152 respondents in this age category reported either some difficulty preparing meals, serious difficulty, or indicated they cannot prepare meals alone. Those who are disabled or disabled and retired were more likely to have difficulty preparing meals (11.5% and 13.5% respectively).

Transportation

Referring to Figure 5.3, arranging transportation, driving, shopping for personal items, and grocery shopping are categories reflecting the reality of older adults who no longer drive. It is imperative these individuals have access to transportation to meet their basic daily living needs. Due to the rural nature of the five counties, transportation continues to be an area that needs improvement. Transportation is crucial to enhance a person's ability to stay at home (age in place) and stay healthy as long as safely possible. Without adequate transportation options, individuals struggle to maintain a quality of life that is desired.

Transportation continues to be an area of concern to many individuals in the various communities. Mobility management programs are needed to support this growing group. With transit, paratransit, non-profits, volunteer reimbursement programs, and grant funding, the family of mobility options is growing in our five counties. This is due in part to the dedicated work of key stakeholders in each community committed to providing transportation to a frail and vulnerable population.

Because of the geographic spread of Calaveras County, 1,020 square miles, those living in the county were most likely to indicate someone helps them

with driving and they had difficulty arranging transportation (21.8%).

Not surprisingly, respondents living alone were more likely to indicate they had difficulty arranging transportation.

Finances

Respondents in Calaveras County were more likely to indicate having difficulty managing money and managing medications.

Home Maintenance and Repairs

The oldest respondents had the most difficulty with home maintenance. For those ages 75-79, 24% had serious difficulty or could not do home maintenance work alone. For respondents ages 80-84, this percentage rose to 35.4% and for those age 85+ this percentage was 52.6%. Female respondents were more likely to report having difficulty with home maintenance. In addition, those living alone and disabled respondents were more likely to report having difficulty with home maintenance.

The oldest respondents were more likely to have difficulty with home repairs. More than four in ten respondents age 75+ had serious difficulty with home repairs or could not do home repairs themselves. Female respondents were more likely to note they could not do home repairs alone. Respondents living alone were more likely to report serious difficulty with home repairs or they could not do these alone.

Receiving Help from Others

Along with having difficulty with the above activities, 24.1% of respondents reported ‘someone helps me’ with home repairs and 19% reported assistance with home maintenance. Eleven percent (11.3%) receive help with heavy housework and 7.6% with light housework. Grocery shopping, shopping for personal items, and driving were also activities respondents reported getting help with. In smaller numbers, respondents were receiving help with managing medications and arranging transportation.

Many respondents reported receiving help with various activities from different people, including their spouse or partner, son or daughter, or friends or neighbors. They reported they also received help from other people.

Among the people who received help, approximately 40.7% of respondents paid their helpers.

Female respondents and widowers were much more likely to receive help from their son or daughter. In addition, respondents who are employed were more likely to pay people to help them (48.7% for those who are employed as compared to 39.3% who were not employed).

While many respondents have family members or friends assisting them, the need to expand these services which aid individuals to stay in their homes (referring to Figure 5.3) and access to these services is crucial as individuals in our communities desire to ‘age in place’.

Figure 5.3 People Who Help Respondents with Activities

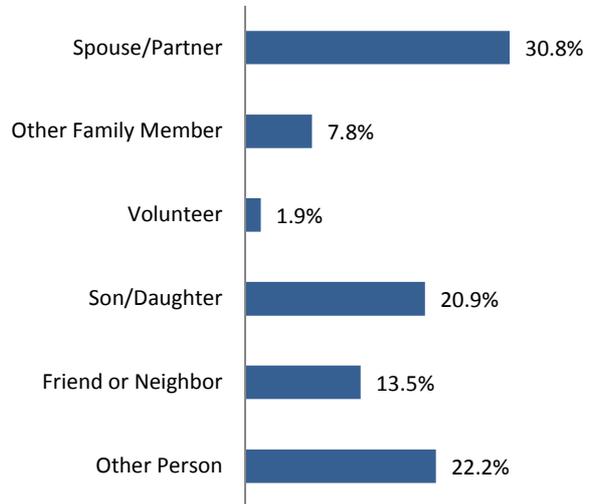
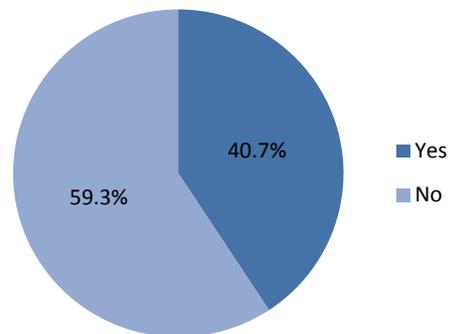


Figure 5.4 Seniors Who Paid Someone to Help Them with Activities



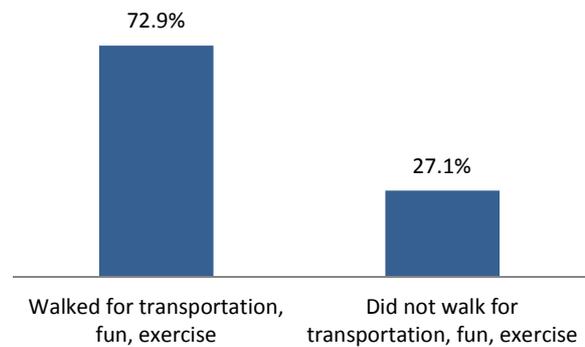
SECONDARY DATA

The data offered is for older adult population ages 50+. However, 2009 was the most recent data available.

Exercise

Data from the 2009 CHIS Survey indicated 72.9% of the PSA older adult population reported walking for transportation, fun, or exercise.

Figure 6.1 Walked for Transportation, Fun, or Exercise. As Reported by the PSA Older Adult Population (50+), 2009



Source: 2009 California Health Interview Survey





NEEDS AND CONCERNS

This section offers a comprehensive look at needs and concerns for the Public Service Area for Area 12 Agency on Aging. This data includes secondary sources and survey findings.

Topics center on:

- ✓ *Issues and needs of concern*
- ✓ *What seniors need help with*
- ✓ *Who helps seniors*
- ✓ *Which groups need more help*

SURVEY DATA

Needs and Concerns

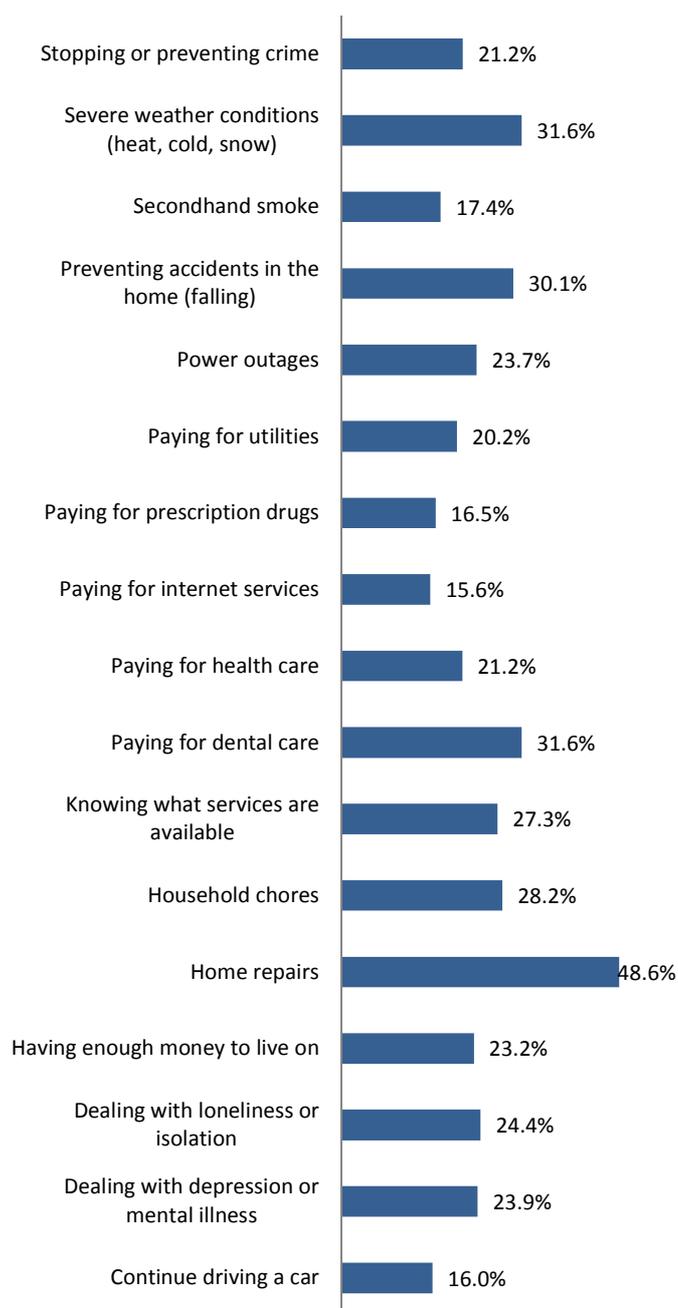
It is important to note no secondary data was available on this topic.

When respondents were asked about issues that might concern them, it was reported they felt a number of categories on the survey list were a 'small issue' or a 'big issue.' In the area of paying for services, nearly one third of seniors indicated paying for dental services was an issue. Other respondents were concerned about paying for healthcare, utilities, prescription drugs, and the Internet.

Larger percentages centered on home repairs, severe weather, preventing accidents in the home, and household chores. Supporting older adults in the community should include help to repair aging homes, disaster preparedness, fall prevention information, and access to in-home services. This data shows how critical these issues are to them.

In addition to the preceding home concerns, respondents also felt the following were issues: power outages, preventing crime, and secondhand smoke. The other issues were knowing what services were available, dealing with loneliness, dealing with depression or mental illness, having enough money to live on, and continuing to drive.

Figure 7.1 Issues and Concerns

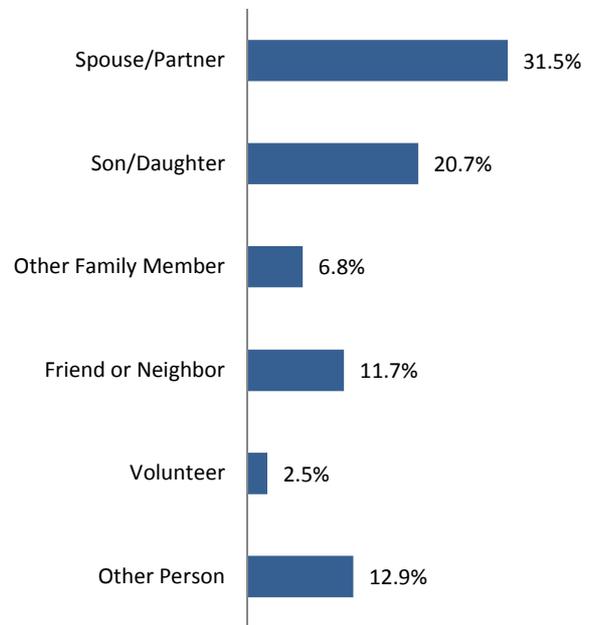


Some respondents reported they needed help with certain issues: home repairs (17.3%), household chores (7.0%), transportation for errands (4.9%), continuing to drive (4.7%), and transportation to medical appointments (4.7%). Paying for dental care, assistance with personal care at home, and knowing what services were available followed in smaller percentages.

Respondents indicated they received help with specific needs from multiple people in their community. Those who received help were most likely to receive assistance from family. Almost one third of those surveyed received help from their spouse or partner (31.5%) along with one in five by a son or daughter (20.7%).

In addition, some were helped by other family members and over 11.7% of indicated their friends or neighbors were helping them.

Figure 7.2 People Who Help Respondents with Issues and Concerns



Nearly one third of respondents were paying someone to help them with their needs and concerns.

Those who were age 55-59 were more likely to indicate they had an issue dealing with depression or mental illness. Those who were disabled were the most likely to indicate they had an issue with depression or mental illness (38.2%). Those earning the least were more likely to indicate they had an issue with depression or mental illness.

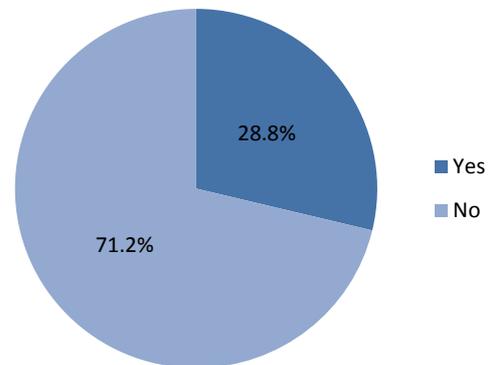
Women were more likely than men to report an issue with loneliness (26.5% indicating this was a small or big issue compared to 18.6% for men). Respondents who earned the least were more likely to report having an issue dealing with loneliness. Those who had an issue dealing with loneliness were more likely to report that they were not happy or were just getting by. Respondents in 'poor' or 'very poor' health were more likely to indicate they had an issue dealing with loneliness.

Those earning the least per month were more likely to have a 'big issue' finding work (20.2% as compared to the next highest percentage of 8.5% in the \$974 to \$1,167 income category).

Those who are separated or divorced were the most likely to indicate having an issue getting transportation for medical appointments.

Those who are disabled along with those who earned the least were more likely to indicate they had an issue with having enough food to eat.

Figure 7.3 Seniors Who Paid Someone to Help Them with Issues or Concerns



Women were more likely to note having an issue with having enough money to live on (25.3% of female respondents indicating this was a small or big issue compared to 19.1% of male respondents).

In addition, those paying rent along with those who are disabled were also more likely to indicate they had an issue with having enough money to live on.

Respondents in Calaveras County were the most likely to indicate they had an issue knowing what services were available. Those making the least, are in poor health, or who do not socialize at all were the most likely to indicate they had issues with knowing what services were available.

With respect to dental care, respondents who made the least were more likely to indicate having a big issue paying for dental care (30.7% for those earning \$973 or less compared to the next highest percentage at 20.8%). In addition, those who earned the least, those looking for work, and respondents who were retired and disabled were the most likely to indicate having issues paying for health care.

Respondents earning the least and those who reported being in 'poor' or 'very poor' health were the most likely to have an issue paying for utilities. Respondents who are disabled, looking for work, retired, and earned the least (as a single person) were the most likely to report having issues with paying for prescription drugs.

Those surveyed in Calaveras County were more likely to indicate having issues receiving services; sixteen percent in Calaveras County indicated this was a small or big issue compared to the next highest county, Mariposa County with 14.5%.

The older age groups, age 75+ and those who have a disability that causes them to need help were more likely to indicate having an issue with preventing accidents in the home.

Respondents in the older age category, 85+, those who are widowed, those with more education, and those who live alone were the most likely to indicate their helpers were paid. In addition, those who are disabled were more likely to have a paid helper. Also, respondents who saw their doctor more often for check-ups were more likely to have a paid helper.





SERVICES

This section offers a data on service utilization in the Public Service Area for Area 12 Agency on Aging. This data is specific to survey findings.

Topics center on:

- ✓ *Services utilized by seniors*
- ✓ *Services seniors noted that are not available*
- ✓ *Modes of transportation*

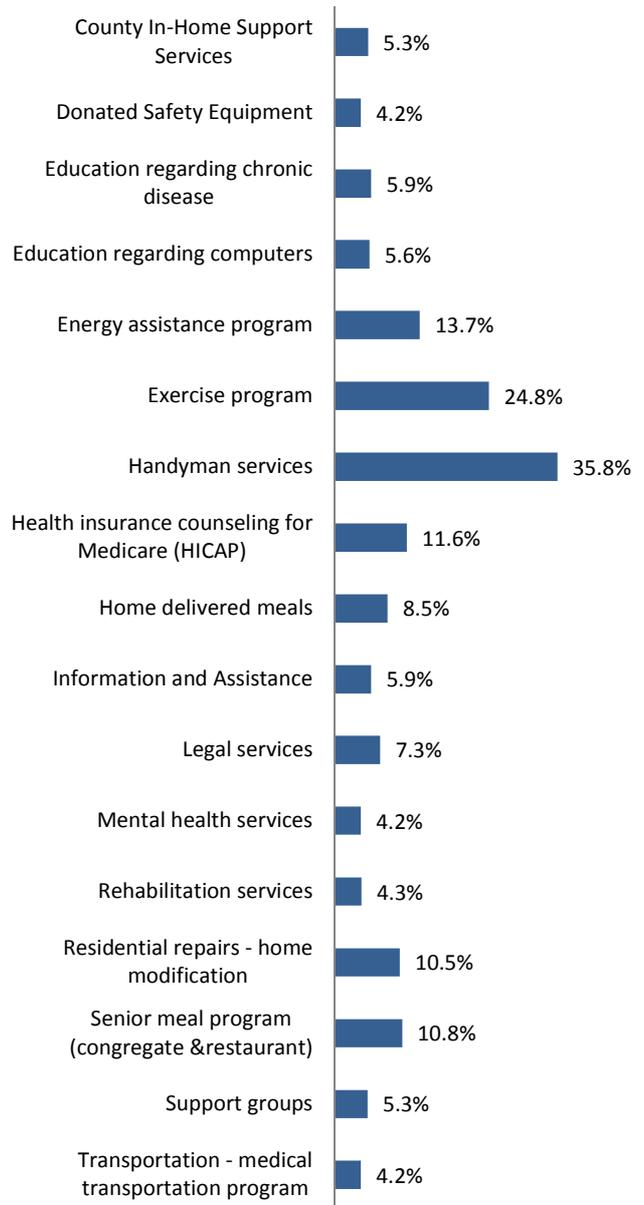
SURVEY DATA

Service Utilization

Respondents indicated they used services in their community such as a handyman service, exercise program, energy assistance, and health insurance counseling provided through HICAP. Some were using services providing help in the home, such as senior meal program, residential repairs or home modification, home delivered meals, and in-home support services. Other services included the following: legal services, education regarding chronic disease, education regarding computers, information and assistance, and support groups. Other services seniors indicated they used were: rehabilitation services, donated safety equipment, mental health services, along with medical transportation.

Although many respondents indicated using a variety of services, less than 2 percent indicated some services were not available in their community including medical transportation, dial-a-ride or public transportation, education regarding computers, and care management. Others reported services as unavailable in their community including donated safety equipment, independent living, and drivers training.

Figure 8.1 Services Used



Individuals indicated they would use certain services such as handyman services, education regarding computers, residential repair or home modification, and weatherization. Other individuals indicated they would use health insurance counseling, dial-a-ride or public transportation, and volunteer driver transportation.



Transportation

When asked what their main source of transportation was, seniors indicated they used multiple forms of transportation. A high majority reported they drove their own car (83.0%) while 18.4% reported a friend or relative drives them. Very few indicated they walk or bike (4.5%). A smaller amount of those who responded to the survey reported other forms of transportation including someone was paid to drive them, public transportation, Dial-a-Ride or paratransit, senior bus or van, and other forms of transportation.

Respondents who lived alone had more difficulty arranging transportation. This resonates with all transportation services in many different counties.

Figure 8.2 Services Seniors Would Use

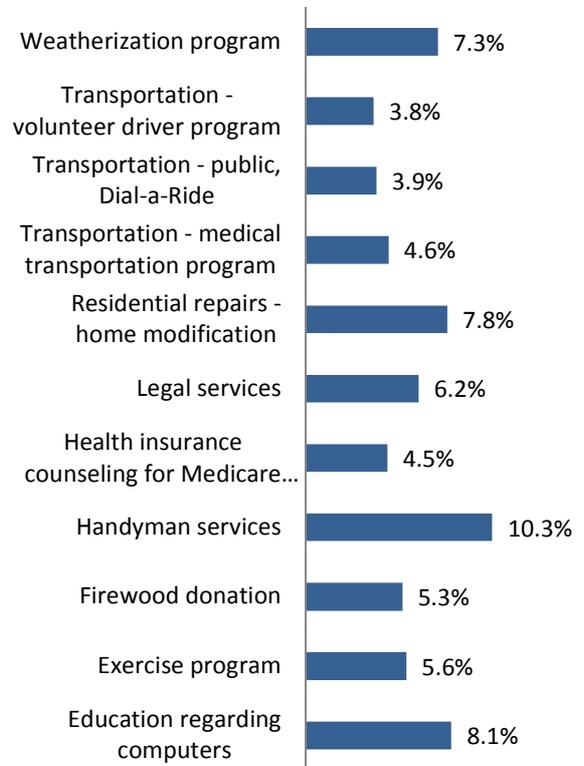
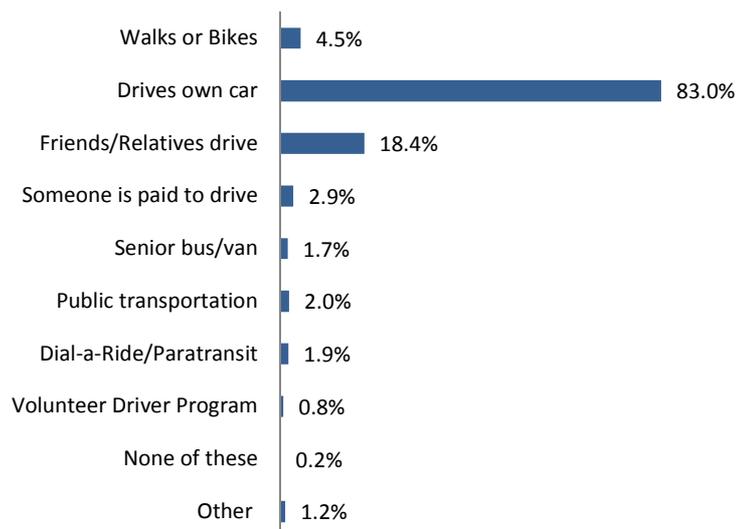


Figure 8.1 Form of Transportation



Adult Protective Services

The oldest respondents, age 85+, were the most likely to have used adult protective services (6.1%).

Education Programs

Of respondents with asthma, emphysema, cancer, diabetes, and other chronic health problems, few used educational resources specific to chronic disease. The percentage indicating the use of education regarding chronic disease ranged from 5.2% to 13.7%.

Female respondents were more likely to report they would use education regarding computers (9.0% for women compared to 5.7% for male).

Energy Assistance

Respondents in Amador and Calaveras Counties were more likely to use an energy assistance program (16.5% and 17.2% respectively). In addition, those who were retired and disabled, looking for work, and disabled were the most likely to indicate they would use an energy assistance program (28.8%, 25.9%, and 19.5% respectively).

Exercise

Respondents age 60-69, those who are divorced, and those with more education were the most likely to indicate they used an exercise program. With respect to the respondents utilizing an exercise program, 22.6% exercised for 20 minutes on a daily basis and 29.8% exercised three to four times per week.

Handyman Services

Respondents living in Mariposa County were the most likely to use handyman services (44.7% compared to the next highest percentage, 36.4% for Calaveras County).

Health Insurance Counseling

Respondents in Tuolumne County were more likely to use health insurance counseling for Medicare (15.1% for Tuolumne as compared to the next two highest percentages, Mariposa County at 11.0% and Calaveras County at 10.9%).

Meal Programs

Respondents who are widowers, those who had serious difficulty preparing meals, or could not prepare meals alone were more likely to use home delivered meals. Not surprisingly, those who had serious difficulty with grocery shopping or could not do shopping alone were more likely to use home delivered meals. Thirty-six percent (36.3%) of those who had someone help with them with grocery shopping also used a home delivered meal service.

Most of the respondents who reported serious difficulty preparing meals and all of the respondents who could not prepare meals on their own would not use home delivered meals. Most of the respondents who indicated they had serious difficulty with grocery shopping or could not do this alone also indicated that they would not utilize home delivered meals. The high majority of those who indicated having a big issue with having enough food to eat would not use home delivered meals (84.6%).

In addition, 19.2% of those in Calaveras County were the most likely to have used the home delivered meal, congregate or restaurant programs.

In-Home Supportive Services (IHSS)

Respondents who are disabled were most likely to use IHSS. Most of the respondents (92.6%) who had a disability that caused them to need help indicated they did not use an in-home private caregiver.

Information & Assistance

Many respondents did not use information and assistance, regardless of their age. Out of the 40 respondents who indicated they needed help knowing what services are available, only 32.5% indicated they would use information and assistance. In addition, out of the 39 respondents who indicated they had a big issue with receiving services, only eight indicated they would use information and assistance.

Residential Repairs

Respondents in Calaveras County were the most likely to report they would use residential repairs.

Transportation

Those age 80-84 were more likely to have used a driver training program. Those with difficulty arranging transportation were more likely to report they would use a Volunteer Driver Program. In addition, respondents who noted they had someone who helps them with transportation were more likely to indicate they would use a medical transportation program.

The high majority of respondents who indicated some difficulty or serious difficulty arranging transportation and who indicated they could not do this alone indicated they would not use Dial-a-Ride.

As respondents age, they were less likely to drive their own car. Those who are divorced or widowed, living alone, and renters are less likely to drive their own car. Respondents age 85+ were most likely to have friends or relatives drive them.

Transportation remains a challenge to provide in the rural counties. The geographically isolated individuals who live in remote areas do not have access to convenient transportation systems. The key stakeholders in each county are aware of the difficulties and are regularly assessing their programs to provide a broad range of transportation choices.



Transportation by County

Findings indicated there were statistically significant differences with seven transportation variables. Respondents in Calaveras County were more likely to indicate someone helps them due to a difficulty with driving. In addition, respondents in Calaveras County were more likely to indicate they had some or serious difficulty arranging transportation or could not do this alone.

Respondents from Calaveras County were the most likely to indicate that Dial-a-Ride was not available, they walk or ride their bike and they pay someone to drive them. Respondents in Tuolumne County were the most likely to indicate they used Dial-a-Ride. Lastly, respondents in Amador County were the most likely to indicate they use a senior bus or van (this does not factor in Alpine due to a very small sample).

Table 8.1 Transportation by County

| Transportation Related Variable | Alpine | Amador | Calaveras | Mariposa | Tuolumne |
|--|--------|--------|-----------|----------|----------|
| Difficulty of Driving | 83.3% | 86.9% | 83.9% | 88.0% | 89.0% |
| Difficulty of Driving – Someone Helps Me (.034) | 16.7% | 4.8% | 7.5% | 3.4% | 3.1% |
| Difficulty of Arranging Transportation (.005) Some or serious difficulty or cannot do alone | 0.0% | 11.9% | 21.8% | 8.5% | 12.6% |
| Difficulty Arranging Transportation – Someone Helps Me | 16.7% | 4.5% | 2.5% | 5.1% | 3.3% |
| Continuing to Drive Car – Small or Big Issue | 0.0% | 17.6% | 14.8% | 16.1% | 15.6% |
| Continuing to Drive Car – Needs Help | 0.0% | 4.5% | 6.3% | 5.1% | 4.1% |
| Getting Transportation for Errands – Small or Big Issue | 0.0% | 11.6% | 13.1% | 8.7% | 11.5% |
| Getting Transportation for Errands – Needs Help | 16.7% | 6.4% | 6.3% | 3.8% | 3.5% |
| Getting Transportation for Medical Appointment – Small or Big Issue | 0.0% | 13.4% | 17.6% | 10.6% | 12.2% |
| Getting Transportation for Medical Appointment – Needs Help | 16.7% | 5.3% | 6.7% | 4.2% | 3.3% |
| Used Driver Training | 0.0% | 5.0% | 4.2% | 3.0% | 2.2% |
| Used Driver Training – Not Available | 0.0% | 0.6% | 3.3% | 0.8% | 1.6% |
| Would Use Driver Training | 0.0% | 1.4% | 1.7% | 3.4% | 3.7% |
| Used Medical Transportation Program | 0.0% | 5.0% | 2.5% | 2.1% | 5.5% |
| Medical Transportation Program – Not Available (.009) | 0.0% | 0.8% | 4.6% | 1.7% | 1.2% |
| Would Use Medical Transportation Program | 16.7% | 2.5% | 6.7% | 4.6% | 4.9% |
| Used Volunteer Driver Program | 0.0% | 1.1% | 3.3% | 1.3% | 3.3% |
| Volunteer Driver Program Not Available | 0.0% | 0.8% | 2.5% | 1.3% | 0.6% |
| Would Use Volunteer Driver Program | 16.7% | 3.1% | 5.0% | 3.4% | 3.7% |
| Used Public, Dial-a-Ride (.016) | 0.0% | 2.8% | 1.3% | 1.3% | 5.1% |
| Public, Dial-a-Ride Not Available (.000) | 0.0% | 0.8% | 5.0% | 2.1% | 0.6% |
| Would Use Public, Dial-a-Ride Not Available | 0.0% | 3.6% | 6.7% | 3.0% | 3.3% |
| Respondent Walks or Rides Bike (.041) | 0.0% | 4.5% | 7.9% | 4.6% | 2.9% |
| Respondent Drives Their Car | 83.3% | 84.0% | 78.2% | 84.4% | 83.9% |
| Friends/Relatives Drive Respondent | 33.3% | 19.0% | 21.3% | 18.6% | 16.1% |
| Someone is Paid to Drive the Respondent (.006) | 0.0% | 2.2% | 6.7% | 2.1% | 2.0% |
| Respondent Uses Senior Bus/Van (.001) | 0.0% | 4.2% | 0.8% | 0.4% | 1.0% |
| Respondent Uses Public Transportation | 0.0% | 1.1% | 2.1% | 0.8% | 3.3% |
| Respondent Uses Dial-a-Ride/Paratransit | 0.0% | 2.2% | 0.4% | 0.8% | 2.9% |



STAYING HEALTHY

This section offers data specific to staying healthy for the Public Service Area for Area 12 Agency on Aging. This data includes secondary sources and survey findings.

Topics center on:

- ✓ *Doctor visits*
- ✓ *Source of health care*
- ✓ *Frequency of doctor's visits*
- ✓ *Participation in healthy activities*
- ✓ *Screenings and check-ups*

SURVEY DATA

Doctor Visits

Of the 1,206 respondents who reported the distance they traveled to their regular doctor, 19.8 miles was the average, ranging from as close as one half-mile to as far as 280 miles. The time it took 1,114 respondents to travel to their regular doctor was 32 minutes on average, the range was one minute to as long as 5 hours.

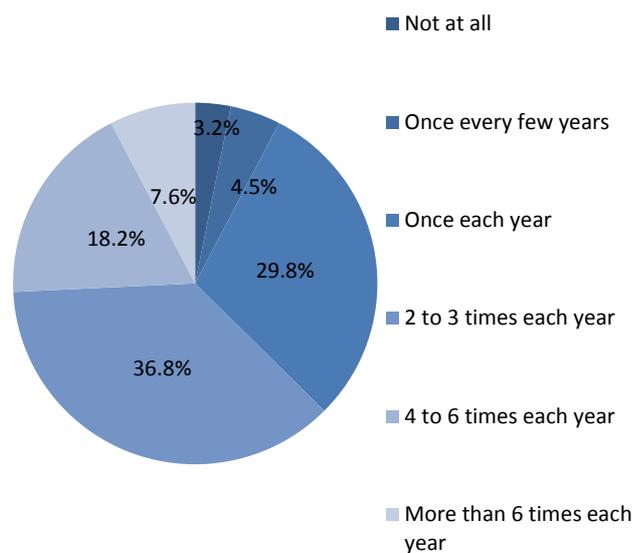
Respondents indicated how often they visited their regular doctor: 7.6% saw their doctor more than 6 times a year, 18.2% between 4-6 times a year, 36.8% between 2-3 times a year, and 29.8% once a year. Other respondents reported they only saw their doctor every few years (4.5%). A very small amount reported they did not see the doctor at all (3.2%).

Twenty-five percent of the respondents indicated they would like more time to talk with a doctor or nurse. A similar amount would attend a class on how to communicate better with the doctor.

Respondents in Tuolumne County travel the fewest miles to see the doctor, while Mariposa County respondents travel the farthest to see the doctor. More specifically, 74.5% of respondents in Tuolumne County travel 14.9 miles or less to see the doctor. For respondents living in Mariposa, 36.7% indicated they traveled 30+ miles to see the doctor. Connecting to this, respondents who live in Tuolumne County travel the least amount of time to see their regular doctors and respondents living in Mariposa County are more likely to travel for long periods of time. Respondents age 80+ traveled the fewest miles to see their doctor (65.3% of 80-84 year olds and 69.3% of those 85+ traveled 14.9 miles or less). This is a good sign with respect to accessibility for the oldest in the community.

Those living alone traveled fewer miles to see the doctor. Respondents who go to the doctor four or more times per year are more likely to be living closer to where their doctor practices. This emphasizes the issue of proximity to medical care. People who live in a house travel the longest amount of time to see their doctor and those living in a mobile or modular home and those who live alone travel the least amount of time.

Figure 9.1 Frequency of Regular Doctor Checkups

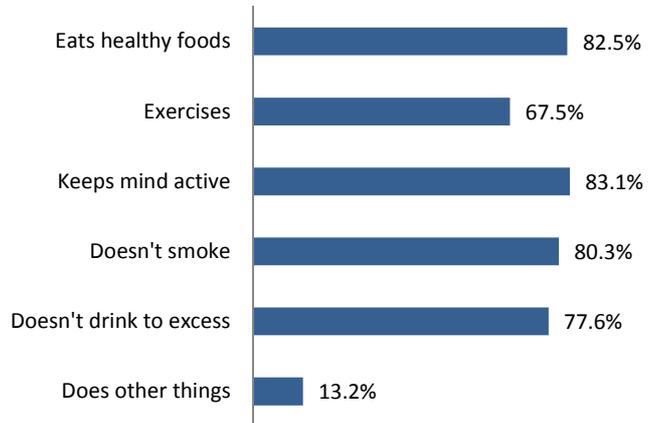


Nutrition & Exercise

The survey data findings show many seniors are involved in healthy activities on a regular basis. A high majority of respondents reported keeping their mind active (83.1%). In addition, 82.5% reported eating healthy foods, 80.3% did not smoke, 77.6% did not drink in excess, and 67.5% indicated they exercised. Along with these activities, 13.2% of the respondents indicated they did other things to stay healthy.

Respondents who eat healthy foods on a regular basis were the most likely to use an exercise program and to exercise more frequently. Respondents between the ages of 60-74 were the most likely to indicate they exercise on a regular basis. Those who indicated they were in very good health and those who socialize more with others were more likely to exercise on a regular basis. Respondents who indicated they were in very good health, socialized more often, exercised more often, and used an exercise program were more likely to keep their mind active on a regular basis. Those who used an exercise program were more likely to indicate they do not smoke and do not drink to excess on a regular basis.

Figure 9.2 Regular Participation in Healthy Activities



Screenings and Check-ups

Respondents indicated having multiple well or routine checkups in the three years prior to the survey. They had checkups regarding blood pressure (91.0%), cholesterol screening (76.4%), and vision tests (76.3%). Just under half of them indicated having mammograms (48.1%), and diabetes screenings (46.1%). About four in ten (38.0%) indicated they had bone density tests and 30.1% indicated they had a colonoscopy. Others also reported they had checkups where they had a hearing test (24.2%), a Pap smear (22.5%), a prostate check (18.7%), and balance checks (14.7%). A lower percentage had checkups regarding strength tests (7.8%) and memory tests (4.7%), along with 7.1% for other kinds of health screenings.

Respondents indicated they went to a few places for their regular checkups. More specifically, the majority went to the regular doctor's office (84.8%), health clinics or hospitals (19.6%), senior health fairs (9.5%), and 1% had a nurse come to their home. Only 2.9% did not get checkups and even less did not want checkups.

Those who did not live alone were more likely to get diabetes screenings, balance checks, and Pap smears. Respondents who are married are more likely to have had a prostate check. Men were more likely to indicate that they got hearing tests (27.6% of male respondents compared to 22.0% of female respondents). In addition, most respondents had not received a memory test. Those that had received a memory test were the respondents who visited the doctor more often.

Respondents living in Mariposa and Tuolumne County were more likely to go to the doctor to have well or routine check-ups. Respondents in Calaveras County were more likely to go to a health clinic or hospital for well or routine check-ups. Respondents in Tuolumne County and those living in houses were more likely to indicate they utilized senior health fairs for well or routine check-ups.

SECONDARY DATA

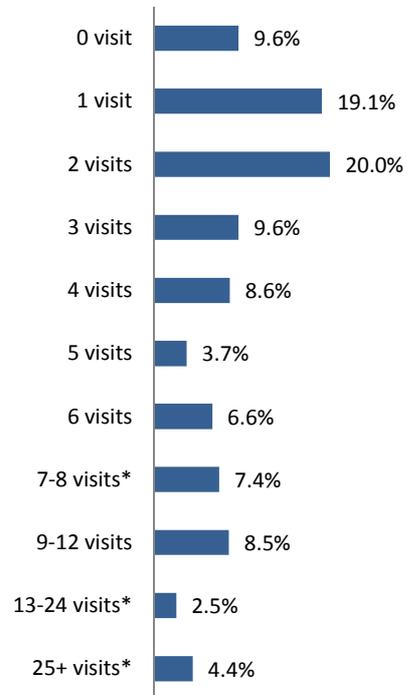
The data that is offered here is for the older adult population age 50+.

Doctor Visits

Data from the 2014 CHIS Survey indicated that 19.1% of the PSA older adult population reported visiting the doctor once in the last year, 20.0% indicated twice, 9.6% three times, 8.6% four visits, 3.7% five visits, 6.6% six times, and 22.8% indicated visiting the doctor seven or more times in the past year. It is important to note that 9.6% of the PSA older adult population reported not visiting the doctor in the last year.

In 2014, 70.8% of respondents reported going to their regular doctor's office in order to receive their usual care and 24.2% reporting going to a health clinic or hospital for their usual care.

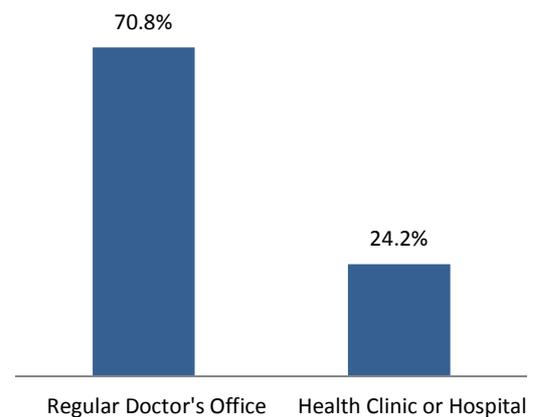
Figure 10.1 How Often Respondents Visited the Doctor, As Reported by the PSA Older Adult Population (50+), 2014



* = Data finding not statistically significant

Source: 2014 California Health Interview Survey

Figure 10.2 Respondents' Usual Source of Care, As Reported by the PSA Older Adult Population (50+), 2014



Source: 2014 California Health Interview Survey



CAREGIVERS

This section offers data on caregivers for the Public Service Area for Area 12 Agency on Aging. This data includes secondary sources and survey findings.

Topics center on:

- ✓ *Number of people caring for*
- ✓ *Who people are caring for*
- ✓ *Hours per week providing care*
- ✓ *Caregiver duties*
- ✓ *Services that caregivers paid for*
- ✓ *Caregivers' information requests*

SURVEY DATA

Caregivers

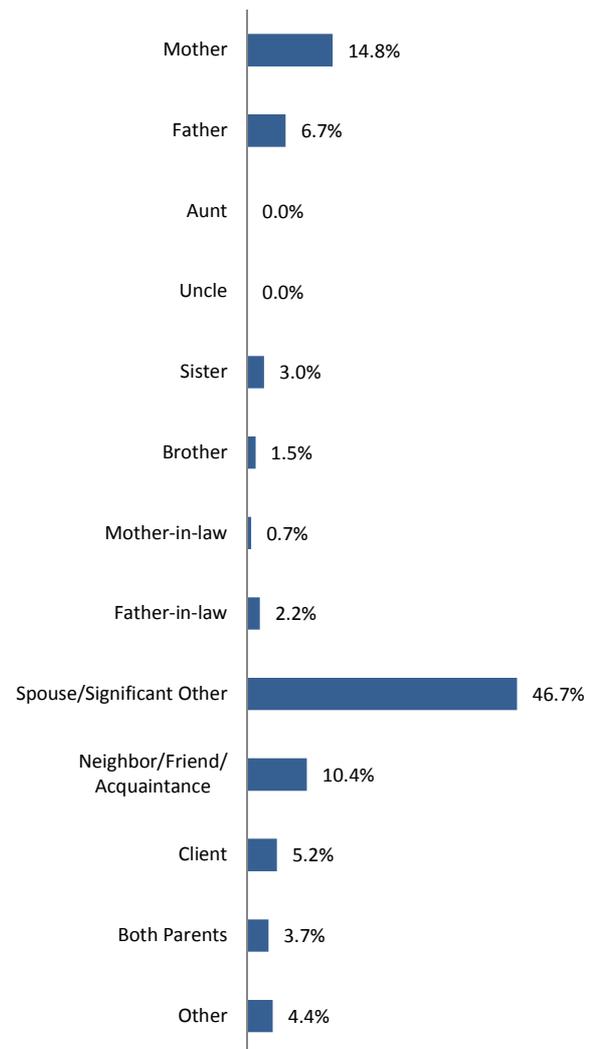
With the dramatic aging of the population, our communities will be relying more on families to provide regular care for their aging parents, relatives, friends, or spouses for months or years at a time.

The survey revealed, 135 were caregivers for a person age 60+. Of these caregivers, 90.4% cared for one person, 8.1% cared for two persons and 1.5% cared for three or more persons. Of the total 1,329 respondents, one in five (18.5%) expected to be caregiving in the next five years.

Almost half of these individuals cared for their spouse or significant other. In addition, 14.8% indicated they cared for their mother, 6.7% cared for their father, and 10.4% cared for a friend or neighbor. Others were caregivers for clients, both of their parents, their sister or their brother, and a mother-in-law or a father-in-law.

Only 15 of the total 1,329 seniors were caregivers for children age 18 or younger. Of those caring for a person age 60+, some were also caring for a child under the age of 18 (2.2%).

Figure 11.1 Caregiver Relationships



In Figure 11.2, approximately 37% of caregivers spend over 20 hours a week with caregiving duties. Others spend anywhere from 5 hours to 19 hours per week.

Of the individuals receiving care, 48.6% were female and 51.4% were male.

Two-thirds (65.6%) reported the person receiving care lived with the caregiver; 67.7% of caregivers reported they were the main caregiver for the person receiving care. Almost one in five (18.5%) of the caregivers indicated they had to reduce their work hours due to caregiving and one in ten (9.8%) indicated they quit their job to provide care. About ten percent of caregivers took extended personal leave in order to provide care.

A high majority (87.5%) of the caregivers reported they did not take any sick or vacation hours annually for caregiving activities, while 9.6% of the caregivers used over 10 hours of sick or vacation hours annually.

Figure 11.2 Hours per Week Spent Caregiving

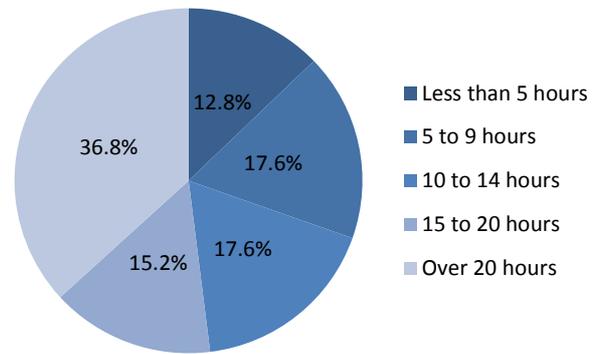
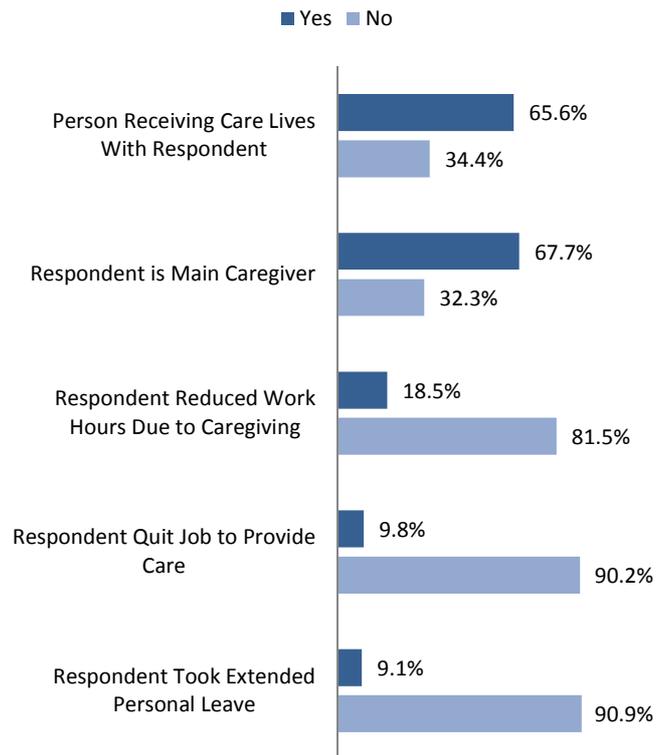


Figure 11.3 Caregiver Duties



Many caregivers indicated they would like to receive information on topics concerning their caregiving duties. More than one in four would like information about caregiver stress, in-home services, Alzheimer’s and dementia, and legal issues. Some other topics caregivers were interested in were Medicare and Medi-Cal, aging facts and myths, day care for adults, financial issues, and family relationships. In addition, others would like information on technology to assist with caregiving, communicating with doctors, support groups, and dying and grieving. A few others wanted information on counseling, therapy, and long distance caregiving.

Figure 11.5 shows that caregivers paid for a variety of services for those they cared for including (but not limited to) prescription drugs, home modification, doctor visits, transportation services, in-home services, and day care.

Figure 11.4 Caregivers’ Information Requests

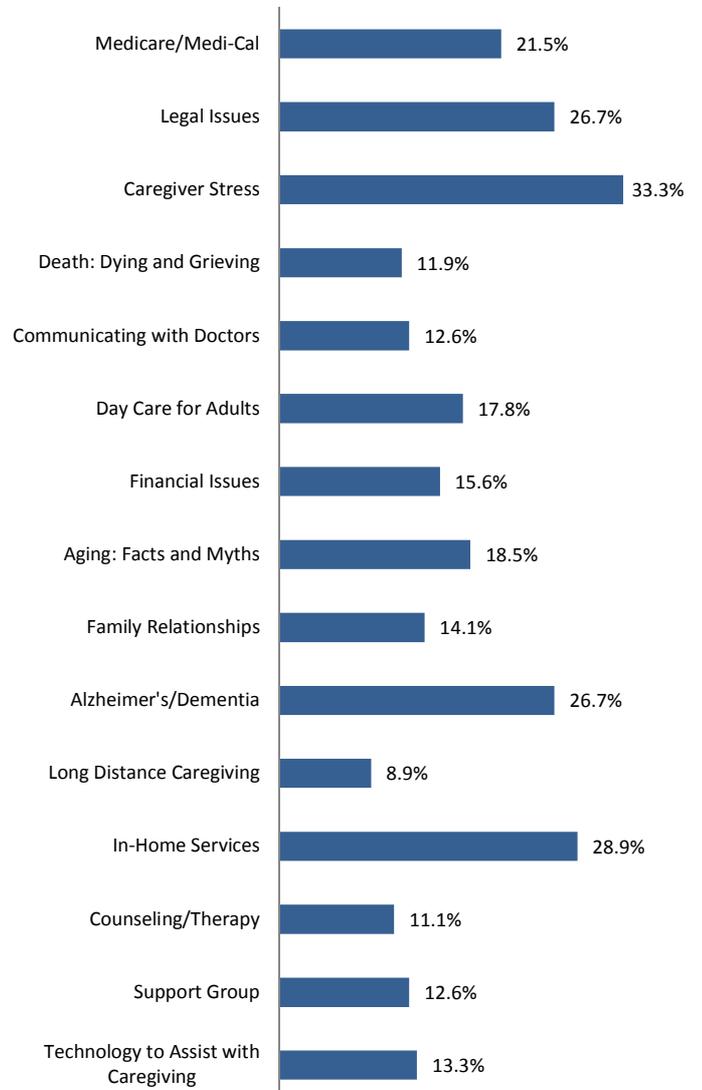
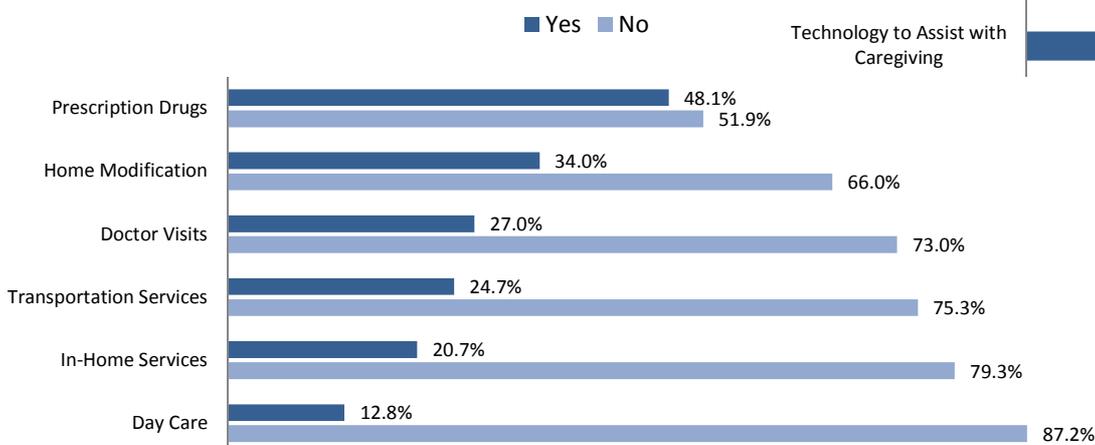


Figure 11.5 Services that Caregivers Paid For



The largest number of caregivers was found in the 65-69 age group (32 caregivers), and the majority of caregivers were retired and caring for one person. Out of the 20 caregivers who took care of their mother, 19 (95%) were female respondents. Respondents who were age 65+ were more likely to be taking care of their spouse. Over half of the caregivers indicated their home was paid off (52.8%).

Caregivers between the ages of 55-59 were the most interested in receiving information on Medicare and Medi-Cal. Female respondents and respondents between the ages of 55-59 were the most interested in receiving information on caregiver stress. Male respondents and respondents between the ages of 60-64 were the most likely to be interested in receiving information on financial issues. Respondents aged 55-59 were the most likely to be interested in receiving information on aging facts and myths. Respondents age 55-59 were the most likely to be interested in receiving information on Alzheimer's and dementia and information on technology to assist with caregiving.

Of the 1,329 seniors who responded to the survey, 135 reported they were caregivers for people over the age of 60. Spouse or significant other was the most common response (n= 64) that was included in the other category; this included husbands, wives, and boyfriends.

Sixteen caregivers reported caring for their friend, neighbor, or acquaintance. One caregiver noted they met their friend through the senior lunch program at the senior center. Seven seniors were still working and they indicated they are caregiving for clients.

Thirty-three caregivers provided feedback on additional caregiving programs they would find helpful. Some indicated they would like more help at home, assistance with home maintenance or home repairs, house cleaning, and respite.



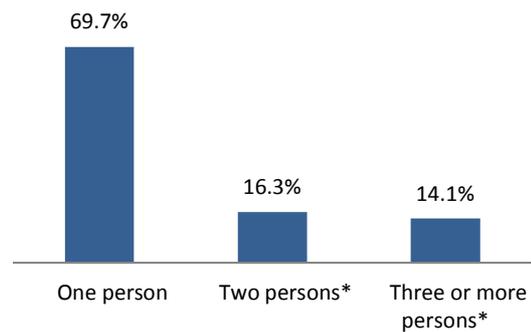
SECONDARY DATA

The data that is offered is on people who provided long-term care in the past year, whether that as a child, senior, or other (2009 was the most recent data available).

Caregivers

Data from the 2009 CHIS Survey indicated that of those people who provided long-term care in the past year, 69.7% of them were for one person, 16.3% for two persons, and 14.1% for three or more persons.

Figure 12.1 Number of people respondent has provided long-term care in past year



* = Data finding not statistically significant

Source: 2009 California Health Interview Survey

CONCLUSION

As the Agency moves forward, knowing the issues and concerns individuals have is critical information. We continue to partner with community organizations to look at funding sources, develop new programs, and track resources. Collaborating with these likeminded community organizations plays a crucial role as we look to continue to meet the needs of older adults in the communities and enhance existing programs.

Based on the data, it appears there is a direct correlation between level of education and those who are low income, paying rent, receiving Medi-Cal, and report poor health. This information provides the Agency and community organizations with a clearer understanding of client needs and will assist in the development of educational materials and marketing strategies to reach out to this population in a more effective manner.

Communication and information are two priorities the Agency has as we support older adults in their homes and their communities. Knowing the data regarding technology is useful and will open up new avenues of distributing critical information. Using technology is much more cost effective and will allow individuals to connect with community resources.

The health data shows a strong relationship between the lifestyle choices of older adults in our communities. Many individuals make their health a priority by eating healthy, exercising regularly, and other lifestyle choices which promote healthy living. Those who choose to see the doctor, participate in health screenings, and schedule regular checkups are reporting good health and creating healthy communities. The Agency's challenge is to encourage all older adults to make healthy lifestyle choices a priority, including exercise and good health.

The survey gave clear evidence that many of the services provided by the Agency are utilized by a variety of individuals. The services offered enable aging people to remain connected with their community and their community resources and services as they age. As services are provided and individuals are able to age in place, it will positively affect their communities.

Although affordable and accessible housing was not included in the survey, it is a concern in the Foothill areas. As adults continue to age and mobility becomes limited, access to services and accessible housing will be an issue. Housing affordability and accessibility are issues that are regularly discussed in community forums. The Agency will continue to be involved in the discussions representing the older adult population.

Through the survey, it appears there seems to be hesitation on the part of aging individuals to use certain services (information and assistance and home delivered meals). The Agency will be looking at different ways to close the gap, deliver material and explain the services to them. We are committed to reaching those individuals to encourage access to services.

Appendix – Survey Data

Respondent Demographics

| Characteristics | Total | |
|-------------------------------------|-----------|-------|
| | n | % |
| County | | |
| Alpine | 6/1329 | 0.5% |
| Amador | 357/1329 | 26.9% |
| Calaveras | 239/1329 | 18.0% |
| Mariposa | 237/1329 | 17.8% |
| Tuolumne | 490/1329 | 36.9% |
| Age | | |
| 50-54 | 39/1306 | 3.0% |
| 55-59 | 73/1306 | 5.6% |
| 60-64 | 149/1306 | 11.4% |
| 65-69 | 287/1306 | 22.0% |
| 70-74 | 253/1306 | 19.4% |
| 75-79 | 187/1306 | 14.3% |
| 80-84 | 154/1306 | 11.8% |
| 85+ | 164/1306 | 12.6% |
| Gender | | |
| Female | 877/1261 | 69.5% |
| Male | 384/1261 | 30.5% |
| Race/Ethnicity | | |
| Not Hispanic/Latino | 821/857 | 95.8% |
| Hispanic/Latino | 36/857 | 4.2% |
| American Indian or Alaskan Native | 26/1155 | 2.3% |
| Black or African American | 1/1155 | 0.1% |
| Asian | 4/1155 | 0.3% |
| Chinese | 1/1155 | 0.1% |
| Filipino | 3/1155 | 0.3% |
| Japanese | 2/1155 | 0.2% |
| Korean | 1/1155 | 0.1% |
| Native Hawaiian or Pacific Islander | 3/1155 | 0.3% |
| Guamanian | 2/1155 | 0.2% |
| Hawaiian | 1/1155 | 0.1% |
| White or Caucasian | 1064/1155 | 92.1% |
| Multiple Race | 51/1155 | 4.4% |
| Other Race | 3/1155 | 0.3% |
| Primary Language | | |
| English | 1301/1307 | 99.5% |
| Spanish | 2/1307 | 0.2% |
| Other | 4/1307 | 0.3% |
| Marital Status | | |
| Married | 652/1278 | 51.0% |
| Widower | 310/1278 | 24.3% |
| Separated | 16/1278 | 1.3% |
| Divorced | 192/1278 | 15.0% |
| Single | 93/1278 | 7.3% |

Figure 13.1 Survey Data – Respondent Demographics

| Characteristics | Total | |
|------------------|---------|--------|
| | n | % |
| Zip Code | | |
| Alpine | | |
| 95223 | 0/6 | 0.0% |
| 95646 | 0/6 | 0.0% |
| 96120 | 6/6 | 100.0% |
| Amador | | |
| 95601 | 4/341 | 1.2% |
| 95629 | 3/341 | 0.9% |
| 95640 | 74/341 | 21.7% |
| 95642 | 108/341 | 31.7% |
| 95646 | 0/341 | 0.0% |
| 95665 | 60/341 | 17.6% |
| 95666 | 17/341 | 5.0% |
| 95669 | 11/341 | 3.2% |
| 95675 | 0/341 | 0.0% |
| 95685 | 45/341 | 13.2% |
| 95689 | 8/341 | 2.3% |
| 95699 | 0/341 | 0.0% |
| Other | | 3.2% |
| Calaveras | | |
| 95222 | 23/233 | 9.9% |
| 95223 | 18/233 | 7.7% |
| 95224 | 1/233 | 0.4% |
| 95225 | 11/233 | 4.7% |
| 95226 | 0/233 | 0.0% |
| 95228 | 7/233 | 3.0% |
| 95230 | 0/233 | 0.0% |
| 95232 | 1/233 | 0.4% |
| 95233 | 4/233 | 1.7% |
| 95245 | 9/233 | 3.9% |
| 95246 | 4/233 | 1.7% |
| 95247 | 63/233 | 27.0% |
| 95248 | 2/233 | 0.9% |
| 95249 | 16/233 | 6.9% |
| 95250 | 0/233 | 0.0% |
| 95251 | 7/233 | 3.0% |
| 95252 | 42/233 | 18.0% |
| 95254 | 3/233 | 1.3% |
| 95255 | 12/233 | 5.2% |
| 95257 | 2/233 | 0.9% |
| Other | 8/233 | 3.4% |

Figure 13.3 Survey Data – Respondent Zip Code, continued

| Characteristics | Total | |
|-----------------|---------|-------|
| | n | % |
| Zip Code | | |
| Mariposa | | |
| 93601 | 0/231 | 0.0% |
| 93623 | 0/231 | 0.0% |
| 93653 | 0/231 | 0.0% |
| 95306 | 6/231 | 2.6% |
| 95311 | 20/231 | 8.7% |
| 95318 | 0/231 | 0.0% |
| 95321 | 1/231 | 0.4% |
| 95325 | 4/231 | 1.7% |
| 95329 | 4/231 | 1.7% |
| 95338 | 187/231 | 81.0% |
| 95345 | 8/231 | 3.5% |
| 95369 | 0/231 | 0.0% |
| 95389 | 0/231 | 0.0% |
| Other | 1/231 | 0.4% |
| Tuolumne | | |
| 95223 | 0/469 | 0.0% |
| 95305 | 2/469 | 0.4% |
| 95310 | 21/469 | 4.5% |
| 95311 | 3/469 | 0.6% |
| 95314 | 0/469 | 0.0% |
| 95321 | 49/469 | 10.4% |
| 95327 | 48/469 | 10.2% |
| 95329 | 6/469 | 1.3% |
| 95335 | 1/469 | 0.2% |
| 95346 | 8/469 | 1.7% |
| 95364 | 0/469 | 0.0% |
| 95370 | 241/469 | 51.4% |
| 95372 | 12/469 | 2.6% |
| 95375 | 0/469 | 0.0% |
| 95379 | 31/469 | 6.6% |
| 95383 | 35/469 | 7.5% |
| 95389 | 0/469 | 0.0% |
| Other | 12/469 | 2.6% |

Figure 13.4 Survey Data – Respondent Demographics, continued

| Characteristics | Total | |
|--|------------|-------|
| | n | % |
| Highest Level of Education | | |
| 0-8th grade | 24/1300 | 1.8% |
| 9-12th grade | 245/1300 | 18.8% |
| Some college | 449/1300 | 34.5% |
| Associate's Degree | 152/1300 | 11.7% |
| Bachelor's Degree | 239/1300 | 18.4% |
| Graduate Degree | 191/1300 | 14.7% |
| Years in Community | | |
| Mean | 23.56 | |
| Range | 0.25 to 99 | |
| Housing | | |
| Paying for Housing | | |
| My home is paid off | 631/1294 | 48.8% |
| I pay rent | 255/1294 | 19.7% |
| I pay mortgage | 333/1294 | 25.7% |
| I stay somewhere rent-free | 25/1294 | 1.9% |
| I'm homeless | 3/1294 | 0.2% |
| My home is paid off, and I pay rent | 36/1294 | 2.8% |
| I pay mortgage, and I pay rent | 11/1294 | 0.9% |
| Type of Residence | | |
| House | 904/1301 | 69.5% |
| Apartment | 106/1301 | 8.1% |
| Condominium/Townhouse | 8/1301 | 0.6% |
| Mobile Home/Modular Home | 259/1301 | 19.9% |
| Hotel/Motel | 3/1301 | 0.2% |
| Trailer/Camper | 8/1301 | 0.6% |
| Assisted Living | 5/1301 | 0.4% |
| Other | 8/1301 | 0.6% |
| Lives Alone | | |
| Yes | 509/1307 | 38.9% |
| No | 798/1307 | 61.1% |
| Access to Public Transportation | | |
| Yes | 642/1248 | 51.4% |
| No | 606/1248 | 48.6% |

Figure 13.5 Survey Data – Respondent Work Status and Income

| Characteristics | Total | |
|-------------------------------------|-----------|-------|
| | n | % |
| Work Status | | |
| Full-time job | 130/1298 | 10.0% |
| Retired | 893/1298 | 68.8% |
| Part-time job | 109/1298 | 8.4% |
| Disabled | 87/1298 | 6.7% |
| Looking for work | 27/1298 | 2.1% |
| Retired and disabled | 52/1298 | 4.0% |
| Volunteer Hours per Week | | |
| Mean | 9.08 | |
| Range | 3 to 60 | |
| Federal Poverty Level | | |
| As a single person | | |
| - \$973 | 98/626 | 15.7% |
| \$974 - 1,167 | 71/626 | 11.3% |
| \$1,168 - 1,293 | 28/626 | 4.5% |
| \$1,294 - 1,313 | 41/626 | 6.5% |
| \$1,314 - 1,459 | 52/626 | 8.3% |
| \$1,460 + | 336/626 | 53.7% |
| As a couple | | |
| - \$1,311 | 14/637 | 2.2% |
| \$1,312 - 1,573 | 17/637 | 2.7% |
| \$1,574 - 1,743 | 14/637 | 2.2% |
| \$1,744 - 1,770 | 7/637 | 1.1% |
| \$1,771 - 1,966 | 27/637 | 4.2% |
| \$1,967 + | 558/637 | 87.6% |
| Federal Poverty Level | | |
| Below Poverty Level | 112/1329 | 8.4% |
| At or Above Poverty Level | 1151/1329 | 86.6% |
| Income | | |
| Employment | 232/1329 | 17.5% |
| Savings/Investment | 351/1329 | 26.4% |
| Social Security | 987/1329 | 74.3% |
| Veteran's Benefits | 75/1329 | 5.6% |
| SSI Payments | 99/1329 | 7.4% |
| SSD Payments | 40/1329 | 3.0% |
| Pension | 480/1329 | 36.1% |
| Company | 201/1329 | 15.1% |
| Federal, State, or Local Government | 320/1329 | 24.1% |
| Railroad | 7/1329 | 0.5% |
| Other | 123/1329 | 9.3% |
| Housing/Rentals | 22/1329 | 1.7% |
| PERS/STRS/SERS | 14/1329 | 1.1% |
| Annuity | 5/1329 | 0.4% |

Figure 13.6 Survey Data – Respondent Demographics, continued

| Characteristics | Total | |
|---------------------------------|-----------|-------|
| | n | % |
| Health Insurance | | |
| Medi-Cal | 171/1329 | 12.9% |
| Medicare | 944/1329 | 71.0% |
| Medigap Plan | 153/1329 | 11.5% |
| Retiree Group | 258/1329 | 19.4% |
| HMO | 116/1329 | 8.7% |
| Private Insurance | 326/1329 | 24.5% |
| No health insurance | 22/1329 | 1.7% |
| Documents | | |
| Advance Directive | 613/1329 | 46.1% |
| Power of Attorney | 406/1329 | 30.5% |
| Will and Trust | 789/1329 | 59.4% |
| None of these documents | 342/1329 | 25.7% |
| Veteran Status | | |
| Yes | 239/1298 | 18.4% |
| No | 1059/1298 | 81.6% |
| Utilize Veteran Services | | |
| Yes | 132/1272 | 10.4% |
| No | 1140/1272 | 89.6% |
| Felt Discrimination | | |
| Age | 247/1329 | 18.6% |
| Disability | 67/1329 | 5.0% |
| Gender | 150/1329 | 11.3% |
| Race | 73/1329 | 5.5% |
| Religion | 51/1329 | 3.8% |
| Sexual Orientation | 18/1329 | 1.4% |
| Utilize Technology | | |
| Computer | 935/1329 | 70.4% |
| E-Mail | 877/1329 | 66.0% |
| Facebook | 446/1329 | 33.6% |
| iPad | 201/1329 | 15.1% |
| Internet | 788/1329 | 59.3% |
| Smartphone | 332/1329 | 25.0% |
| Tablet | 210/1329 | 15.8% |

Respondents' Health and Wellness

Figure 13.7 Survey Data – Respondents' Health and Wellness

| Characteristics | Total | |
|---|----------|-------|
| | n | % |
| Current Health | | |
| Very Good | 343/1297 | 26.4% |
| Good | 771/1297 | 59.4% |
| Poor | 165/1297 | 12.7% |
| Very Poor | 18/1297 | 1.4% |
| Chronic Health Problems | | |
| Arthritis | 519/1329 | 39.1% |
| Asthma or Emphysema | 129/1329 | 9.7% |
| Cancer | 73/1329 | 5.5% |
| Diabetes | 209/1329 | 15.7% |
| Eye Disease | 161/1329 | 12.1% |
| Heart Disease | 200/1329 | 15.0% |
| Obesity | 143/1329 | 10.8% |
| Osteoporosis | 150/1329 | 11.3% |
| None of these | 244/1329 | 18.4% |
| Other | 259/1329 | 19.5% |
| Has Disability That Causes Need For Help | | |
| Yes | 298/1278 | 23.3% |
| No | 980/1278 | 76.7% |
| Felt About Life Overall | | |
| I am happy | 932/1285 | 72.5% |
| I am not happy | 42/1285 | 3.3% |
| I am getting by | 311/1285 | 24.2% |

Respondent Activities

Figure 13.8 Survey Data – Activities

| Characteristics | Total | |
|---|-----------|-------|
| | <i>n</i> | % |
| How Often Respondent Socializes With Other | | |
| Daily | 505/1302 | 38.8% |
| 3 to 4 times per week | 262/1302 | 20.1% |
| 3 to 4 times per month | 485/1302 | 37.3% |
| Not at all | 50/1302 | 3.8% |
| How Often Respondent Exercises | | |
| Daily | 521/1300 | 40.1% |
| 3 to 4 times per week | 163/1300 | 12.5% |
| 3 to 4 times per month | 460/1300 | 35.4% |
| Not at all | 156/1300 | 12.0% |
| Exercise | | |
| Walked for transportation, fun, exercise | 1144/1300 | 88.0% |
| Did not walk for transportation, fun, exercise | 156/1300 | 12.0% |
| Person Helping Respondents | | |
| Spouse/Partner | 409/1329 | 30.8% |
| Other Family Member | 104/1329 | 7.8% |
| Volunteer | 25/1329 | 1.9% |
| Son/Daughter | 278/1329 | 20.9% |
| Friend or Neighbor | 179/1329 | 13.5% |
| Other Person | 295/1329 | 22.2% |
| Paid Helpers | | |
| Yes | 403/989 | 40.7% |
| No | 586/989 | 59.3% |

Figure 13.9 Survey Data – Difficulty of Activities

| Activities | No Difficulty | | Some Difficulty | | Serious Difficulty | | Cannot Do Alone | | Someone Helps Me | |
|-------------------------------|---------------|--------------|-----------------|--------------|--------------------|--------------|-----------------|--------------|------------------|--------------|
| | n | % | n | % | n | % | n | % | n | % |
| Walking (with cane or walker) | 933/1210 | 77.1% | 234/1210 | 19.3% | 28/1210 | 2.3% | 15/1210 | 1.2% | 13/1329 | 1.0% |
| Getting in and out of bed | 1102/1280 | 86.1% | 158/1280 | 12.3% | 10/1280 | 0.8% | 10/1280 | 0.8% | 11/1329 | 0.8% |
| Getting up and down stairs | 847/1269 | 66.7% | 330/1269 | 26.0% | 64/1269 | 5.0% | 28/1269 | 2.2% | 22/1329 | 1.7% |
| Using the toilet | 1195/1282 | 93.2% | 79/1282 | 6.2% | 2/1282 | 0.2% | 6/1282 | 0.5% | 9/1329 | 0.7% |
| Bathing | 1137/1273 | 89.3% | 118/1273 | 9.3% | 8/1273 | 0.6% | 10/1273 | 0.8% | 33/1329 | 2.5% |
| Dressing/undressing | 1161/1279 | 90.8% | 109/1279 | 8.5% | 4/1279 | 0.3% | 5/1279 | 0.4% | 14/1329 | 1.1% |
| Eating | 1216/1272 | 95.6% | 47/1272 | 3.7% | 4/1272 | 0.3% | 5/1272 | 0.4% | 8/1329 | 0.6% |
| Preparing meals | 1053/1259 | 83.6% | 150/1259 | 11.9% | 31/1259 | 2.5% | 25/1259 | 2.0% | 55/1329 | 4.1% |
| Grocery shopping | 1030/1242 | 82.9% | 141/1242 | 11.4% | 30/1242 | 2.4% | 41/1242 | 3.3% | 80/1329 | 6.0% |
| Shopping for personal items | 1054/1237 | 85.2% | 127/1237 | 10.3% | 22/1237 | 1.8% | 34/1237 | 2.7% | 73/1329 | 5.5% |
| Driving | 1045/1197 | 87.3% | 79/1197 | 6.6% | 24/1197 | 2.0% | 49/1197 | 4.1% | 59/1329 | 4.4% |
| Arranging transportation | 991/1142 | 86.8% | 103/1142 | 9.0% | 26/1142 | 2.3% | 22/1142 | 1.9% | 51/1329 | 3.8% |
| Using the telephone | 1206/1278 | 94.4% | 52/1278 | 4.1% | 13/1278 | 1.0% | 7/1278 | 0.5% | 13/1329 | 1.0% |
| Reading (with glasses) | 1124/1285 | 87.5% | 133/1285 | 10.4% | 20/1285 | 1.6% | 8/1285 | 0.6% | 8/1329 | 0.6% |
| Managing money | 1134/1264 | 89.7% | 98/1264 | 7.8% | 23/1264 | 1.8% | 9/1264 | 0.7% | 36/1329 | 2.7% |
| Managing medications | 1155/1234 | 93.6% | 55/1234 | 4.5% | 13/1234 | 1.1% | 11/1234 | 0.9% | 52/1329 | 3.9% |
| Doing light housework | 959/1237 | 77.5% | 202/1237 | 16.3% | 42/1237 | 3.4% | 34/1237 | 2.7% | 101/1329 | 7.6% |
| Doing heavy housework | 749/1193 | 62.8% | 290/1193 | 24.3% | 88/1193 | 7.4% | 66/1193 | 5.5% | 150/1329 | 11.3% |
| Home maintenance | 543/1125 | 48.3% | 318/1125 | 28.3% | 115/1125 | 10.2% | 149/1125 | 13.2% | 252/1329 | 19.0% |
| Home repairs | 410/1032 | 39.7% | 255/1032 | 24.7% | 128/1032 | 12.4% | 239/1032 | 23.2% | 320/1329 | 24.1% |

Figure 13.10 Survey Data – Person Helps Respondent with Activities

| Characteristics | Total | |
|-----------------------------------|----------|--------------|
| | <i>n</i> | % |
| Person Helping Respondents | | |
| Spouse/Partner | 419/1329 | 31.5% |
| Son/Daughter | 275/1329 | 20.7% |
| Other Family Member | 90/1329 | 6.8% |
| Friend or Neighbor | 156/1329 | 11.7% |
| Other Person | 171/1329 | 12.9% |
| Volunteer | 33/1329 | 2.5% |
| Paid Helpers | | |
| Yes | 251/873 | 28.8% |
| No | 622/873 | 71.2% |

Respondent Issues and Concerns

Figure 13.11 Survey Data – Issues and Concerns

| Issues | Not an issue | | A small issue | | A big issue | | I need help | |
|--|--------------|-------|---------------|-------|-------------|-------|-------------|-------|
| | n | % | n | % | n | % | n | % |
| Continue driving a car | 1015/1208 | 84.0% | 106/1208 | 8.8% | 87/1208 | 7.2% | 63/1329 | 4.7% |
| Caregivers being able to take time off (respite) | 1029/1144 | 89.9% | 76/1144 | 6.6% | 39/1144 | 3.4% | 8/1329 | 0.6% |
| Dealing with alcohol and drug abuse - Others | 1135/1225 | 92.7% | 62/1225 | 5.1% | 28/1225 | 2.3% | 4/1329 | 0.3% |
| Dealing with alcohol and drug abuse - Myself | 1187/1233 | 96.3% | 36/1233 | 2.9% | 10/1233 | 0.8% | 4/1329 | 0.3% |
| Dealing with depression or mental illness | 950/1248 | 76.1% | 235/1248 | 18.8% | 63/1248 | 5.0% | 20/1329 | 1.5% |
| Dealing with loneliness or isolation | 947/1252 | 75.6% | 254/1252 | 20.3% | 51/1252 | 4.1% | 16/1329 | 1.2% |
| Finding work (employment) | 1032/1165 | 88.6% | 66/1165 | 5.7% | 67/1165 | 5.8% | 20/1329 | 1.5% |
| Home repairs | 585/1139 | 51.4% | 370/1139 | 32.5% | 184/1139 | 16.2% | 230/1329 | 17.3% |
| Household chores | 878/1223 | 71.8% | 275/1223 | 22.5% | 70/1223 | 5.7% | 93/1329 | 7.0% |
| Assistance with personal care at home | 1149/1246 | 92.2% | 77/1246 | 6.2% | 20/1246 | 1.6% | 44/1329 | 3.3% |
| Getting transportation for errands | 1095/1234 | 88.7% | 82/1234 | 6.6% | 57/1234 | 4.6% | 65/1329 | 4.9% |
| Getting transportation for medical appointments | 1078/1239 | 87.0% | 103/1239 | 8.3% | 58/1239 | 4.7% | 62/1329 | 4.7% |
| Having enough food to eat | 1179/1270 | 92.8% | 65/1270 | 5.1% | 26/1270 | 2.0% | 15/1329 | 1.1% |
| Having enough money to live on | 973/1267 | 76.8% | 204/1267 | 16.1% | 90/1267 | 7.1% | 26/1329 | 2.0% |
| Housing | 1183/1260 | 93.9% | 46/1260 | 3.7% | 31/1260 | 2.5% | 14/1329 | 1.1% |
| Knowing what services are available | 904/1244 | 72.7% | 258/1244 | 20.7% | 82/1244 | 6.6% | 40/1329 | 3.0% |
| Paying for dental care | 861/1258 | 68.4% | 198/1258 | 15.7% | 199/1258 | 15.8% | 46/1329 | 3.5% |
| Paying for health care | 991/1257 | 78.8% | 168/1257 | 13.4% | 98/1257 | 7.8% | 17/1329 | 1.3% |
| Paying for utilities | 1009/1265 | 79.8% | 177/1265 | 14.0% | 79/1265 | 6.2% | 31/1329 | 2.3% |
| Paying for prescription drugs | 1048/1255 | 83.5% | 144/1255 | 11.5% | 63/1255 | 5.0% | 13/1329 | 1.0% |
| Paying for internet services | 1003/1188 | 84.4% | 121/1188 | 10.2% | 64/1188 | 5.4% | 17/1329 | 1.3% |
| Power outages | 940/1232 | 76.3% | 248/1232 | 20.1% | 44/1232 | 3.6% | 17/1329 | 1.3% |
| Receiving services | 1061/1209 | 87.8% | 109/1209 | 9.0% | 39/1209 | 3.2% | 20/1329 | 1.5% |
| Secondhand smoke | 1038/1257 | 82.6% | 116/1257 | 9.2% | 103/1257 | 8.2% | 7/1329 | 0.5% |
| Stopping or preventing crime | 964/1224 | 78.8% | 159/1224 | 13.0% | 101/1224 | 8.3% | 17/1329 | 1.3% |
| Stopping or preventing elder abuse | 1056/1220 | 86.6% | 80/1220 | 6.6% | 84/1220 | 6.9% | 13/1329 | 1.0% |
| Preventing accidents in the home (falling) | 877/1255 | 69.9% | 295/1255 | 23.5% | 83/1255 | 6.6% | 20/1329 | 1.5% |
| Severe weather conditions (heat, cold, snow) | 850/1242 | 68.4% | 297/1242 | 23.9% | 95/1242 | 7.6% | 25/1329 | 1.9% |
| Other | 299/334 | 89.5% | 11/334 | 3.3% | 24/334 | 7.2% | 12/1329 | 0.9% |

Respondent Services

Figure 13.12 Survey Data – Services Utilized

| Services | Used | | Not available | | Would use | |
|--|----------|-------|---------------|------|-----------|-------|
| | n | % | n | % | n | % |
| Adult Protective Services (APS) | 32/1329 | 2.4% | 27/1329 | 2.0% | 32/1329 | 2.4% |
| Care management | 41/1329 | 3.1% | 21/1329 | 1.6% | 33/1329 | 2.5% |
| Caregiver respite | 44/1329 | 3.3% | 19/1329 | 1.4% | 38/1329 | 2.9% |
| County In-Home Support Services | 71/1329 | 5.3% | 16/1329 | 1.2% | 44/1329 | 3.3% |
| Disease prevention program | 49/1329 | 3.7% | 19/1329 | 1.4% | 33/1329 | 2.5% |
| Donated Safety Equipment | 56/1329 | 4.2% | 21/1329 | 1.6% | 46/1329 | 3.5% |
| Driver training | 46/1329 | 3.5% | 20/1329 | 1.5% | 35/1329 | 2.6% |
| Drug and alcohol services | 21/1329 | 1.6% | 13/1329 | 1.0% | 19/1329 | 1.4% |
| Education regarding chronic disease | 78/1329 | 5.9% | 15/1329 | 1.1% | 50/1329 | 3.8% |
| Education regarding computers | 74/1329 | 5.6% | 23/1329 | 1.7% | 107/1329 | 8.1% |
| Energy assistance program | 182/1329 | 13.7% | 16/1329 | 1.2% | 49/1329 | 3.7% |
| Exercise program | 330/1329 | 24.8% | 17/1329 | 1.3% | 74/1329 | 5.6% |
| Family Caregiver Support Program (FCSP) | 30/1329 | 2.3% | 19/1329 | 1.4% | 42/1329 | 3.2% |
| Firewood donation | 53/1329 | 4.0% | 15/1329 | 1.1% | 71/1329 | 5.3% |
| Handyman services | 476/1329 | 35.8% | 16/1329 | 1.2% | 137/1329 | 10.3% |
| Health insurance counseling for Medicare (HICAP) | 154/1329 | 11.6% | 20/1329 | 1.5% | 60/1329 | 4.5% |
| Home delivered meals | 113/1329 | 8.5% | 18/1329 | 1.4% | 38/1329 | 2.9% |
| Homeless services | 14/1329 | 1.1% | 17/1329 | 1.3% | 20/1329 | 1.5% |
| In-home disability assessment (i.e. Blindness) | 17/1329 | 1.3% | 19/1329 | 1.4% | 30/1329 | 2.3% |
| In-home private caregiver | 59/1329 | 4.4% | 17/1329 | 1.3% | 31/1329 | 2.3% |
| Independent living services | 23/1329 | 1.7% | 21/1329 | 1.6% | 33/1329 | 2.5% |
| Indian health services | 42/1329 | 3.2% | 16/1329 | 1.2% | 21/1329 | 1.6% |
| Information and Assistance | 78/1329 | 5.9% | 12/1329 | 0.9% | 49/1329 | 3.7% |
| Legal services | 97/1329 | 7.3% | 15/1329 | 1.1% | 83/1329 | 6.2% |
| Mental health services | 56/1329 | 4.2% | 18/1329 | 1.4% | 40/1329 | 3.0% |
| Nutritional evaluation/counseling | 44/1329 | 3.3% | 14/1329 | 1.1% | 42/1329 | 3.2% |
| Ombudsman services | 17/1329 | 1.3% | 17/1329 | 1.3% | 24/1329 | 1.8% |
| Parish nursing (volunteer in-home services) | 15/1329 | 1.1% | 20/1329 | 1.5% | 27/1329 | 2.0% |
| Peer counseling | 24/1329 | 1.8% | 16/1329 | 1.2% | 25/1329 | 1.9% |
| Rehabilitation services | 57/1329 | 4.3% | 15/1329 | 1.1% | 27/1329 | 2.0% |
| Residential repairs - home modification | 139/1329 | 10.5% | 19/1329 | 1.4% | 104/1329 | 7.8% |
| Senior meal program (congregate & restaurant) | 144/1329 | 10.8% | 6/1329 | 0.5% | 34/1329 | 2.6% |
| Smoking cessation | 17/1329 | 1.3% | 14/1328 | 1.1% | 17/1328 | 1.3% |
| Support groups | 70/1329 | 5.3% | 14/1329 | 1.1% | 38/1329 | 2.9% |
| Transportation - medical transportation program | 56/1329 | 4.2% | 24/1329 | 1.8% | 61/1329 | 4.6% |
| Transportation - volunteer driver program | 31/1329 | 2.3% | 15/1329 | 1.1% | 50/1329 | 3.8% |
| Transportation - public, Dial-a-Ride | 41/1329 | 3.1% | 23/1329 | 1.7% | 52/1329 | 3.9% |
| Weatherization program | 54/1329 | 4.1% | 16/1329 | 1.2% | 97/1329 | 7.3% |
| Others | 18/1329 | 1.4% | 7/1329 | 0.5% | 11/1329 | 0.8% |

Figure 13.13 Survey Data – How Respondent Gets Around

| Characteristics | Total | |
|-----------------------------------|-----------|-------|
| | <i>n</i> | % |
| How Respondent Gets Around | | |
| Walks or Bikes | 60/1329 | 4.5% |
| Drives own car | 1103/1329 | 83.0% |
| Friends/Relatives drive | 244/1329 | 18.4% |
| Someone is paid to drive | 39/1329 | 2.9% |
| Senior bus/van | 23/1329 | 1.7% |
| Public transportation | 27/1329 | 2.0% |
| Dial-a-Ride/Paratransit | 25/1329 | 1.9% |
| Volunteer Driver Program | 10/1329 | 0.8% |
| None of these | 2/1329 | 0.2% |
| Other | 16/1329 | 1.2% |

How Respondent Stays Healthy

Figure 13.14 Survey Data – Staying Healthy

| Characteristics | Total | |
|--|-------------|-------|
| | n | % |
| How Far Respondents Travel to See Doctor in Miles | | |
| Mean | 19.83 | |
| Range | 0.25 to 280 | |
| How Far Respondents Travel to See Doctor in Minutes | | |
| Mean | 31.48 | |
| Range | 1 to 300 | |
| How Often the Respondent Saw Regular Doctor for Checkups | | |
| Not at all | 41/1300 | 3.2% |
| Once every few years | 58/1300 | 4.5% |
| Once each year | 388/1300 | 29.8% |
| 2 to 3 times each year | 478/1300 | 36.8% |
| 4 to 6 times each year | 236/1300 | 18.2% |
| More than 6 times each year | 99/1300 | 7.6% |
| Wanted More Time to Talk With Doctor or Nurse About Health Concerns | | |
| Yes | 311/1259 | 24.7% |
| No | 948/1259 | 75.3% |
| Would Attend a Class on How to Communicate Better With Doctor | | |
| Yes | 256/1115 | 23.0% |
| No | 859/1115 | 77.0% |
| Healthy Activities on a Regular Basis | | |
| Eats healthy foods | 1097/1329 | 82.5% |
| Exercises | 897/1329 | 67.5% |
| Keeps mind active | 1105/1329 | 83.1% |
| Doesn't smoke | 1067/1329 | 80.3% |
| Doesn't drink to excess | 1031/1329 | 77.6% |
| Does other things | 175/1329 | 13.2% |
| Well/Routine Checkups in the Last 3 Years | | |
| Diabetes Screening | 613/1329 | 46.1% |
| Balance Check | 196/1329 | 14.7% |
| Blood Pressure Check | 1210/1329 | 91.0% |
| Bone Density Test | 505/1329 | 38.0% |
| Cholesterol Screening | 1015/1329 | 76.4% |
| Colonoscopy | 400/1329 | 30.1% |
| Hearing Test | 322/1329 | 24.2% |
| Mammogram | 639/1329 | 48.1% |
| Memory Test | 62/1329 | 4.7% |
| Pap Smear | 299/1329 | 22.5% |
| Prostate Check | 249/1329 | 18.7% |
| Strength Test | 103/1329 | 7.8% |
| Vision Test | 1014/1329 | 76.3% |
| Other | 94/1329 | 7.1% |
| Where Respondent Goes For Well Routine Checkups | | |
| Regular Doctor's Office | 1127/1329 | 84.8% |
| Health Clinic or Hospital | 260/1329 | 19.6% |
| Senior Health Fair | 126/1329 | 9.5% |

Respondent does not want checkups

6/1329 **0.5%**

Respondent Expects to be Caregiving in the Next 5 Years

Yes

200/1079 **18.5%**

No

879/1079 **81.5%**

Respondent Caregivers

Figure 13.15 Survey Data – Caregiving Information

| Characteristics | Total | |
|--|---------|-------|
| | n | % |
| Currently Caregiver for Persons of 60+ | | |
| Yes - one person | 122/135 | 90.4% |
| Yes - two persons | 11/135 | 8.1% |
| Yes - three or more persons | 2/135 | 1.5% |
| Relationship of Person Receiving Care | | |
| Mother | 20/134 | 14.9% |
| Father | 9/134 | 6.7% |
| Aunt | 0/134 | 0.0% |
| Uncle | 0/134 | 0.0% |
| Sister | 4/134 | 3.0% |
| Brother | 2/134 | 1.5% |
| Mother-in-law | 1/134 | 0.7% |
| Father-in-law | 3/134 | 2.2% |
| Spouse/Significant Other | 63/134 | 47.0% |
| Neighbor/Friend/Acquaintance | 14/134 | 10.4% |
| Client | 7/134 | 5.2% |
| Both Parents | 5/134 | 3.7% |
| Other | 6/134 | 4.5% |
| Currently Caregiver for Persons -18 | | |
| No | 132/135 | 97.8% |
| Yes - one child | 3/135 | 2.2% |
| Relationship of Child Receiving Care | | |
| Grandchild | 1/135 | 0.7% |
| Other | 3/135 | 2.2% |
| Hours per Week Respondent Spends Caregiving | | |
| Less than 5 hours | 16/125 | 12.8% |
| 5 to 9 hours | 22/125 | 17.6% |
| 10 to 14 hours | 22/125 | 17.6% |
| 15 to 20 hours | 19/125 | 15.2% |
| Over 20 hours | 46/125 | 36.8% |
| Gender of Person Receiving Care | | |
| Female | 70/135 | 51.9% |
| Male | 74/135 | 54.8% |
| Person Receiving Care Lives With Respondent | | |
| Yes | 86/131 | 65.6% |
| No | 45/131 | 34.4% |
| Respondent is Main Caregiver | | |
| Yes | 90/133 | 67.7% |
| No | 43/133 | 32.3% |

Figure 13.16 Survey Data – Caregiving Information, continued

| Characteristics | Total | |
|---|---------|-------|
| | n | % |
| Respondent Reduced Work Hours Due to Caregiving | | |
| Yes | 22/119 | 18.5% |
| No | 97/119 | 81.5% |
| Respondent Quit Job to Provide Care | | |
| Yes | 12/123 | 9.8% |
| No | 111/123 | 90.2% |
| Respondent Took Extended Personal Leave | | |
| Yes | 11/121 | 9.1% |
| No | 110/121 | 90.9% |
| Respondents' Sick/Vacation Hours Used Annually for Caregiving Activities | | |
| None | 91/104 | 87.5% |
| Less than 1 hour | 1/104 | 1.0% |
| 1 to 5 hours | 1/104 | 1.0% |
| 6 to 10 hours | 1/104 | 1.0% |
| Over 10 hours | 10/104 | 9.6% |
| Caregivers Would Like Information Regarding... | | |
| Medicare/Medi-Cal | 29/135 | 21.5% |
| Legal Issues | 36/135 | 26.7% |
| Caregiver Stress | 45/135 | 33.3% |
| Death: Dying and Grieving | 16/135 | 11.9% |
| Communicating with Doctors | 17/135 | 12.6% |
| Day Care for Adults | 24/135 | 17.8% |
| Financial Issues | 21/135 | 15.6% |
| Aging: Facts and Myths | 25/135 | 18.5% |
| Family Relationships | 19/135 | 14.1% |
| Alzheimer's/Dementia | 36/135 | 26.7% |
| Long Distance Caregiving | 12/135 | 8.9% |
| In-Home Services | 39/135 | 28.9% |
| Counseling/Therapy | 15/135 | 11.1% |
| Support Group | 17/135 | 12.6% |
| Technology to Assist with Caregiving | 18/135 | 13.3% |

Figure 13.17 Survey Data – Caregiving Services

| Characteristics | Total | |
|--|--------|-------|
| | n | % |
| Caregiver Paid for Services for Those They Care For | | |
| Day Care | | |
| Yes | 11/86 | 12.8% |
| No | 75/86 | 87.2% |
| Home Modification | | |
| Yes | 32/94 | 34.0% |
| No | 62/94 | 66.0% |
| Transportation Services | | |
| Yes | 23/93 | 24.7% |
| No | 70/93 | 75.3% |
| Prescription Drugs | | |
| Yes | 51/106 | 48.1% |
| No | 55/106 | 51.9% |
| Doctor Visits | | |
| Yes | 24/89 | 27.0% |
| No | 65/89 | 73.0% |
| In-Home Services | | |
| Yes | 18/87 | 20.7% |
| No | 69/87 | 79.3% |