2023 AREA 12 AGENCY ON AGING

Community Needs Data Analysis

Area 12 Agency on Aging
Your Senior Resource Connection

Acknowledgements

This report was produced by
Area 12 Agency on Aging

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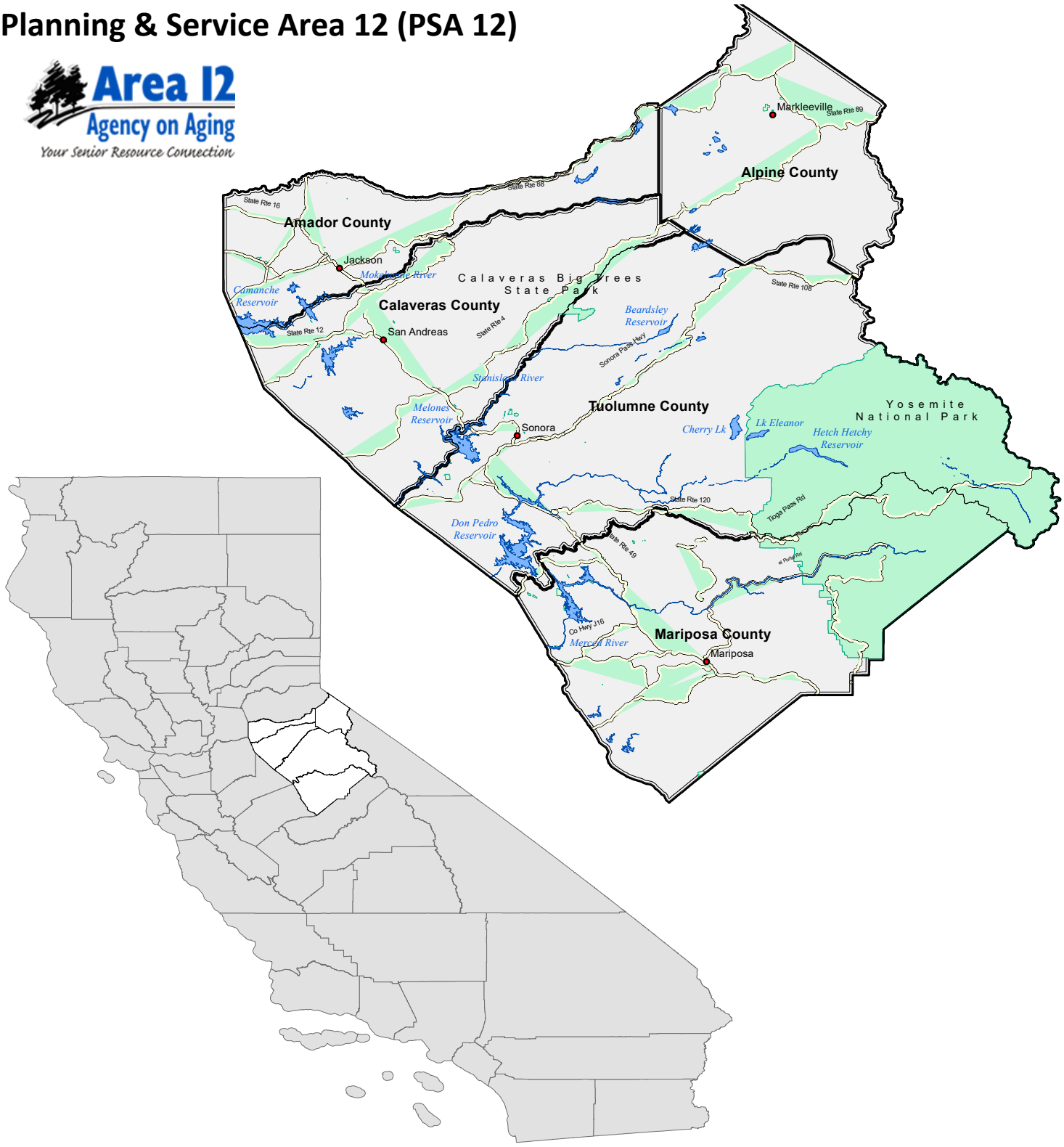
The Area 12 Agency on Aging (A12AA) staff and collaborative partners were instrumental in the success of this work. A12AA staff designed and actively contributed to the analytical review of the data. The A12AA Advisory Council disseminated the survey. This work would not have been possible without the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

December 2023

Planning & Service Area 12 (PSA 12)

Area 12 Agency on Aging
Your Senior Resource Connection



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EXECUTIVE SUMMARY

California's older adult population continues to grow. Our five county service area, covering Alpine, Amador, Calaveras, Mariposa and Tuolumne Counties, is predominantly rural. With the steady growth in the number of older adults in California, many of them may retire or relocate to our rural area. The Community Needs Survey provided the Agency with a clearer picture 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 communities benefit by learning more about these older adults. Older adults from age 50+ were represented in the survey.

At the time of the A12AA survey, 42% of respondents lived in their current community over 20 years. This data supports the aging lifestyle experience of desiring to 'age in place.' Approximately 18% of single respondents reported their income as living in poverty or below. 79% of couples reported their income was more than $2,200 per month.

Supporting older adults in our communities as they age requires a broad range of services. The results of this survey identified individuals experiencing the most difficulty with home repairs and maintenance. Another percentage needed help with paying for dental care and household chores. Of those surveyed, 39% indicated concerns with having enough money to live on, 28% were concerned with falling, and over one quarter had crime concerns.

Added to the preceding concerns, issues of dealing with loneliness and depression threaten the well-being of the older population. Our rural counties have an especially high degree of isolated individuals due the geography of the area. Social outlets for seniors are an important factor in their engagement and activity in the community.

Regarding technology, close to 77% of seniors indicated they use the computer, while 83% use email and over 78% use the internet. In addition, 45% noted they use Facebook, approximately 75% use smartphones, and 42% use iPads. This technology information is useful because despite numerous outreach efforts by our Agency, 33% of those surveyed expressed concern of knowing what services were available to them in their community. The Agency can use technology to our advantage as we expand the ways we provide information and resources to the older adult population.

It has been said, "Life is not merely being alive, but being well," Marcus Valerius Martialis. Results from the A12AA and CASOA survey showed over 75% rated their health was good or excellent. According to the CASOA survey, 87% rated their mental health as excellent or good. The survey conversely indicated 36% reporting physical health challenges and 25% reporting mental health challenges. One third of the respondents indicated that healthcare can be a challenge in our rural areas.

Caregiving exacts a heavy emotional, physical, and financial toll. Out of the many respondents, over 118 care for another person. Providing support services to an ever-growing population is challenging and requires collaboration with the aging network and community partners to provide support groups, respite, and other support services. We collected specific caregiver information but there is a considerable segment of those surveyed that did not identify themselves as 'caregivers'. They indicated they would use respite, a caregiver program and in home private caregiver if it were available for them.

It is the desire of the Agency that this survey broadens your interest in the older adult community and engages stakeholders throughout our communities to seek solutions to encourage and enhance productive aging. The ultimate goal is to develop services to support aging in place and keep a high standard in the delivery of those while keeping them funded and feasible.

INTRODUCTION

The following report offers quality of life, health and wellness, and demographic data findings specific to the Planning & Service Area (PSA) for Area 12 Agency on Aging (A12AA). This data connects with a comprehensive Community Needs survey A12AA conducted in 2023 combined with secondary data sources. The data is presented in quantitative and qualitative forms. The Community Needs Survey is mandated by the California Department of Aging and the information from the survey will be reflected in the 2020-2024 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 Community Needs Survey partnered with the Blue Zones Project for Tuolumne County. This extraordinary community driven project included attention to community living, conducted focus groups to isolated individuals, and assisted in the development of questions that covered the health and well-being of individuals. The partnership was invaluable with reaching isolated pockets of the community with the survey and garnering input from beyond the questions on the survey.

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: transportation, information & assistance, outreach, health, and public information; in-home services: personal care, homemaker, chore, residential repair/home modification; legal assistance; nutrition.

This Data Analysis includes the findings from the Community Assessment Survey for Older Adults (CASOA) survey conducted simultaneously by California Department of Aging (CDA).

A12AA survey sections centered on demographics, nutrition, transportation, needs and concerns, service utilization, community living, and caregivers. CASOA survey sections evaluated their communities as livable communities for older adults within six domains: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Product Activities.

Data Sources include:

- US Census
- American Community Survey
- CASOA – Community Assessment Survey for Older Adults (CDA)
- Mariposa County Community Health Assessment
- Elder Index, UMass Boston
- Tuolumne County Community Health Needs Assessment
- Calaveras County Community Health Assessment
- AARP Livability Study

METHODOLOGY

This survey focuses on the collection of both primary and secondary data. Primary data collection and analysis centers on the Area 12 Agency of Aging Community Needs 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. The secondary data includes demographic data for the counties included in the survey which was collected via the U.S. Census using the American Community Survey, 2018-2022 Estimates tool and various county specific Community Health Assessments.

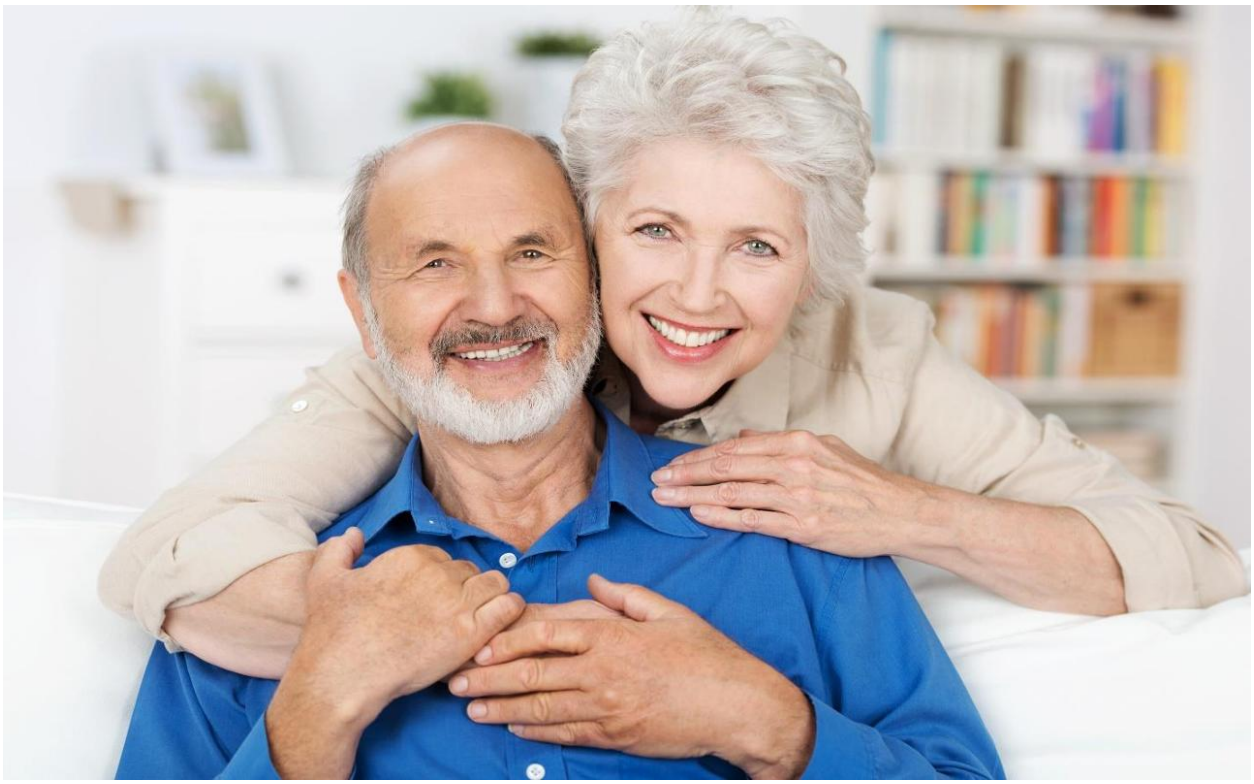
The Community Needs Survey was distributed to respondents in the five foothill counties in Planning & Service Area 12: Alpine, Amador, Calaveras, Mariposa, and Tuolumne. The survey was available online for community members to fill in and submit via Survey Monkey. Of the 635 that responded to the survey, 2 surveys came from Alpine, 82 were from Amador, 99 were from Calaveras, 134 were from Mariposa, and 308 were received from Tuolumne. It is important to note the surveys were not randomly distributed. Area 12 has a full set of meaningful data findings. This data is intrinsically valuable for planning purposes.

The survey housed both quantitative and qualitative variables and covered the following areas: background information, nutrition, activities, needs and concerns, services, community living, and a final section on caregivers filled out by caregivers.

The Community Assessment Survey for Older Adults (CASOA) was developed by National Research Center at Polco (NRC) to provide an accurate, affordable, and easy way to assess and interpret the experience of older adults in the community. The CASOA survey instrument and its administration are standardized to assure high-quality survey methods. The survey was customized for the California Department of Aging to reflect the correct local age definition of older adults.[1] The CASOA survey was sent to random 55+ households in the five county area.

Surveys were sent to various organizations in the five-county region, specifically partnering with the Senior Centers and libraries in each county. The Area 12 Agency on Aging Advisory Council and the Commission on Aging in each county supported the survey by distributing paper copies and giving out the link to the survey in their specific communities and community groups. All the A12AA Providers participated in distributing the survey to their participants. The paper surveys were collected via Survey Monkey. This report offers both descriptive and qualitative analyses.

[1]Area 12 Agency on Aging / Community Assessment Survey for Older Adults, p. 147.



DEMOGRAPHICS

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

Topics center on:

- ✓ *Older Adult Population*
- ✓ *Gender, Ethnicity, Sexual Orientation, Marital Status*
- ✓ *Employment, Income, Education*
- ✓ *Housing*
- ✓ *Health Insurance*
- ✓ *Veterans*
- ✓ *Technology*

SURVEY DATA

Older Adult Population

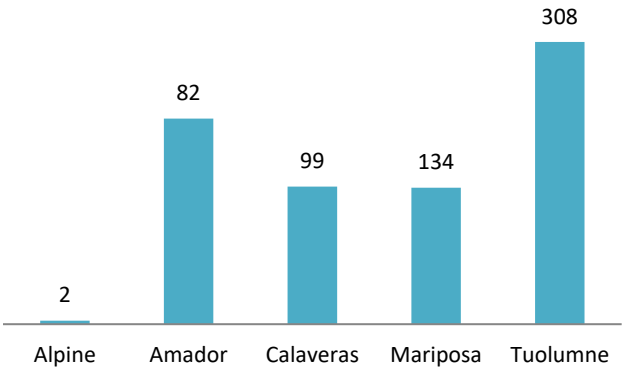
The community needs survey conducted by Area 12 Agency on Aging (A12AA) was distributed to adults age 50+ in the five foothill counties served by PSA 12: Alpine, Amador, Calaveras, Mariposa, and Tuolumne. Referring to Figure 1.1, Tuolumne County residents completed 308 surveys, Amador County completed 82, with Calaveras and Mariposa counties completing 99 and 134 respectively. There were 635 surveys filled out online or filled out and returned to A12AA, however not all participants stated their county of residence. The CASOA survey collected 718 that were not able to break out by County. The total completed surveys represent approximately over 2% of the total number of seniors in the five counties.

According to the CASOA survey the majority of respondents were in the 60-84 age group. Seventy-four percent of survey respondents were age 60+. Residents age 60+ make up approximately 36% of the entire PSA and support the trend toward older adult growth in our area. This age range is often associated with the average age of retirement and may indicate newly retired seniors that made the move to the foothill counties for retirement.

The oldest age group, age 75+, makes up approximately 24% of the survey results.

According to the California Department of Finance, 2023, 21,059 individuals, 35% of PSA 12's total older adults, are age 75+. These statistics support the fact that people are living longer and in some cases healthier lives. Living longer creates a new set of challenges as older adults desire to age in place. There is an increased need for home repairs, transportation, home care, and meal options closer to their place of residence.

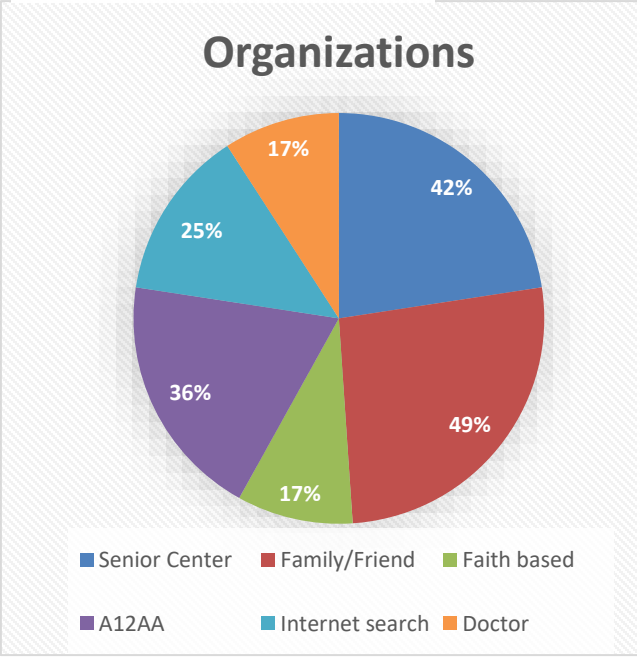
Figure 1.1 Return by County



The Agency is aware of the issues these seniors 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.

When asked what organization consumers would consult when in need of resources these were cited:

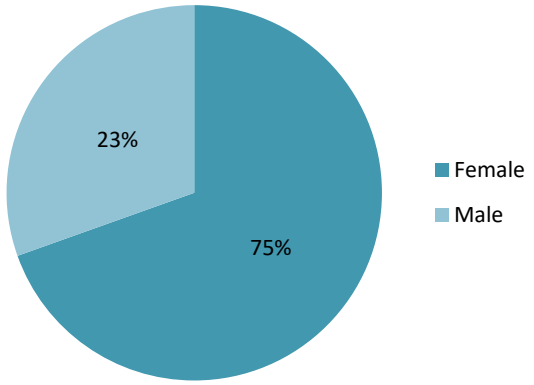
Figure 1.2 Organization sources



Gender

With the A12AA survey, the amount of females who participated in the survey was approximately twice the number of males. The CASOA survey found that 51% were female while 49% were male. A12AA survey cited 75% female and 23% male.

Figure 1.3 Gender



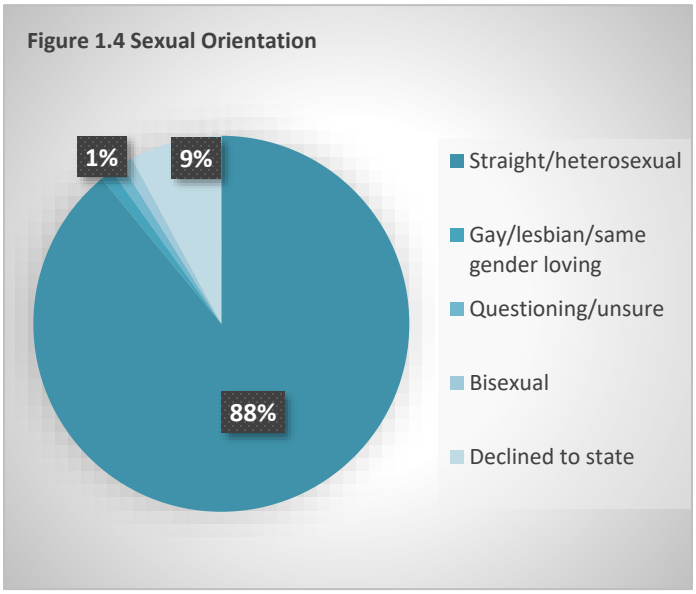
Ethnicity

Most of the respondents, 88%, identified themselves as being White. While 2.3 % identified as Hispanic or Latino, 1.8% as American Indian or Alaska Native, <1% as other ethnicities, and 5.0% identified as multiracial.

Ninety-nine percent, 99% of the respondents spoke English as their first language and <.5% spoke either Spanish or another language.

Sexual Orientation

Approximately 75% of those surveyed answered the sexual orientation questions. Of those that chose to answer the question, 88% identified as straight/heterosexual. 9% declined to state.



Marital Status

At the time of the survey, 41% were married, 26% were widowers, 16% were divorced, 13.4% were single. Some were separated and others were in a relationship with a domestic partner.

Employment, Income, and Education

Looking at Figure 1.6, close to 26% had some college education, over 19% had a high school diploma or GED, and over 40% had received a Bachelor's degree or a graduate degree. Over 1% received an Associate's degree.

Over seven in ten of survey respondents were retired. Close to 8% had full-time jobs, 11% had part-time jobs, and 2.2% were looking for work. Approximately 7% noted they were disabled.

When asked if they volunteered, 42% stated they volunteer in various capacities, ranging from 1 hour to 30 hours per week. They volunteered on average about 7 hours a week.

The CASOA survey cited the foothill area with regards to opportunities to volunteer as 17% excellent, 42% good and 32% fair.

Regarding income from older adults and volunteering, an interesting observation was made by the CASOA survey.

Economic Contribution: Productive activities include many types of paid and unpaid work. Older adults make significant contributions both paid and unpaid to the communities in which they live. In addition to their paid work, older adults contribute to the economy through volunteering, providing informal help to family and friends, and caregiving.

Unpaid contribution: $731,178,842
Paid contribution: $750,035,102
Combined: $1,481,213,944

The calculations of the economic contributions of older adults are rough estimates using data from the US Department of Labor Bureau of Labor Statistics.

Figure 1.5 Highest Level of Education

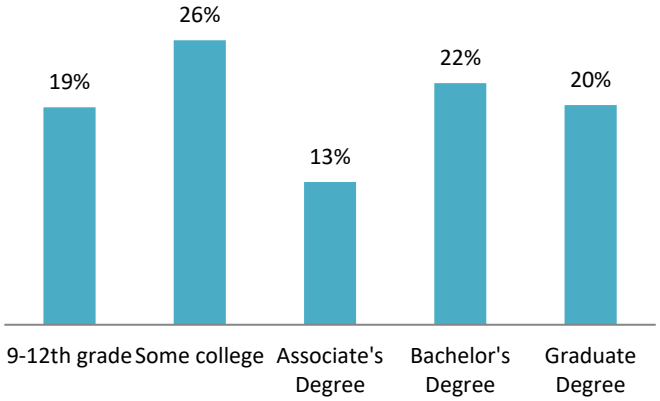
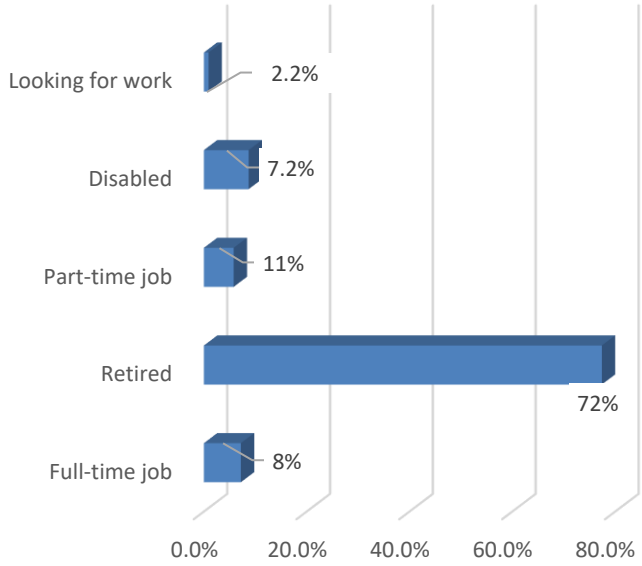


Figure 1.6 Work Status



Income

Some questions on the survey dealt with income level. Single respondents reported their monthly income as follows:

- 18% less than $1,215
- 9% between $1,216 - $1,519
- 6% between $1,520 - $1,677
- 9% between $1,678 - $1,822
- 21% between $1,823- $2,248
- 37% more than $2,249

Couples reported their monthly income as follows:

- 2% less than $1,644
- 7% between $1,645-$2,054
- 7.6% between $2,055-$2,136
- 5.5% between $2,137-$2,268
- 78% more than $2,269

Types of Income

Many respondents indicated they had various forms of income. 80% of the respondents indicated they received Social Security, while one third used savings or investments. Several received income from employment, received SSI payments, and some received SSD payments. Veteran's benefits were also cited.

There was a direct correlation between education and income level. Respondents with more education earned more per month. For example, respondents with Bachelors' degree or higher, 90% earned more than $2,800 per month. In addition, those with less education came in at 25% utilizing Medicare and Medi-Cal.

According to the CASOA survey, 43% indicated that finding work in retirement was problematic. With longer life spans, the importance of financial well-being in older adults has increased dramatically. Financial independence is a critical factor in enhancing the quality of life of older adults. 50% indicated that having enough money to meet daily expenses was problematic and 41% indicated having enough money to pay property taxes and insurance was problematic.

Figure 1.7 Income sources

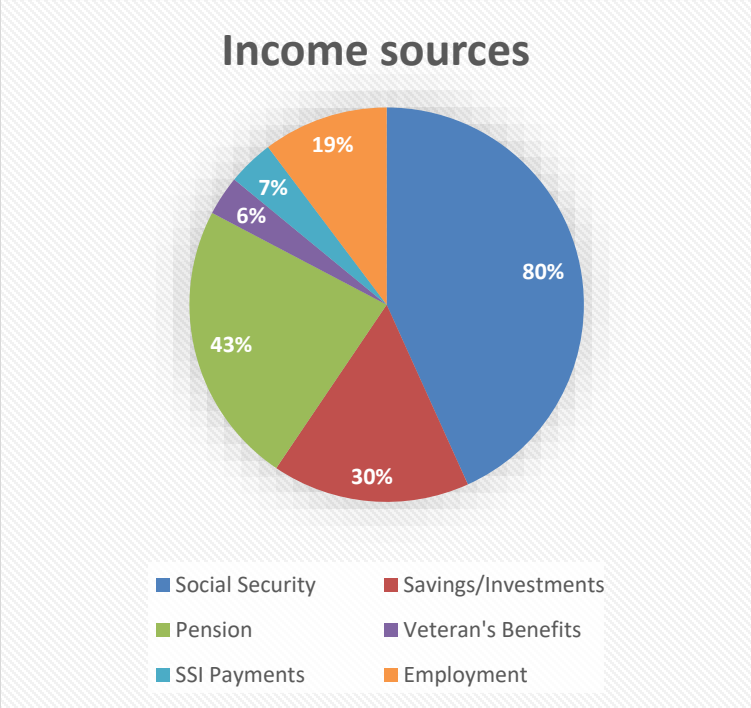


Figure 1.10 Housing Status

Housing

At the time of the survey, respondents had lived in their current community ranging from 3 months to 97 years, with over 42% over 20 years. Respondents represent a sample of those who might have recently moved to the foothills. Those who have lived in the foothills their entire lives were also represented in the survey.

About seven in ten (66%) survey respondents lived in houses, 19.4% lived in mobile or modular homes, 6.8% in apartments, and 2.5% lived in a variety of other residences.

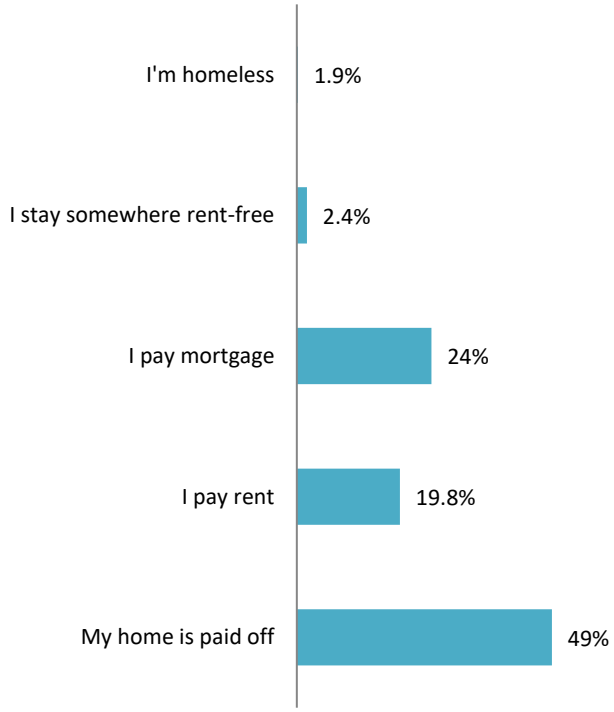
Combining the statistics from the CASOA survey and A12AA survey, 45.5% of them have paid off their home, 35% pay a mortgage, 16.4% pay rent, and 2.4% lived somewhere rent free.

In the A12AA survey, concerning those who were renting, 33% were more likely to be on Medi-Cal as compared to 9% of those who paid a mortgage or owned their home.

Renters were more likely to pay rent for a house or mobile home and were found to be earning less income. They had graduated from high school but did not pursue higher learning.

Close to one-third respondents in Mariposa County were more likely to live in a mobile home/modular home. Over 63% residents surveyed in Amador, Calaveras and Tuolumne were more likely to be living in a house.

Figure 1.8 Housing



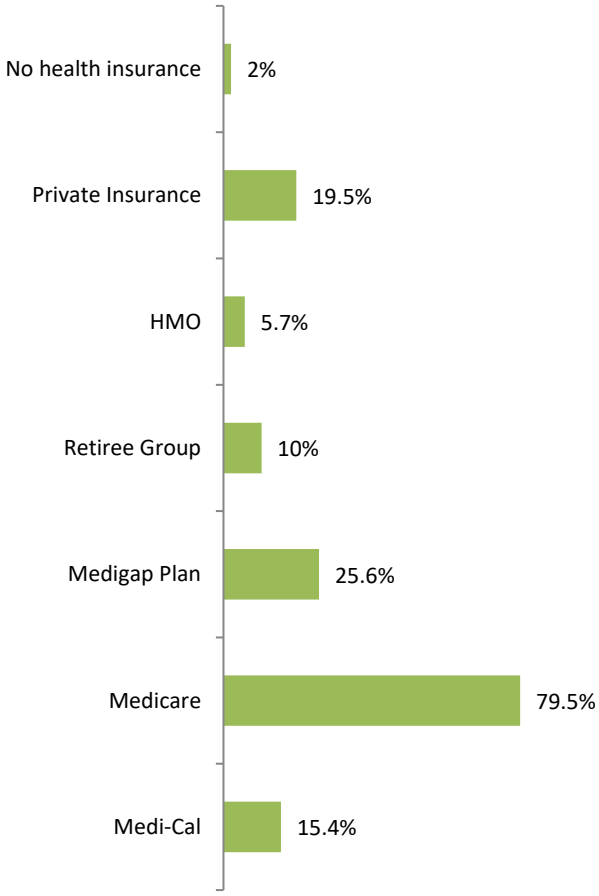
Survey participants who had more education were more likely to live in a house. For example, 78% of those with a Bachelor's degree lived in a house compared to only 50% of those with a high school education.

Health Insurance

Along with indicating various forms of income, respondents had multiple forms of health insurance. Eight out of ten have Medicare while 20% have private insurance. Some have an insurance plan through a retiree group, while others have Medi-Cal. Respondents indicated they also have a Medigap plan, or an HMO.

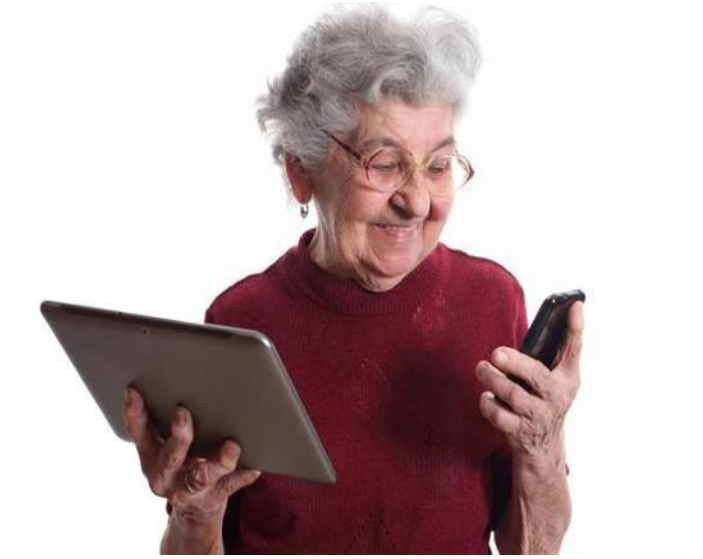
Only 2% of respondents checked they did not have health insurance.

Figure 1.9 Health Insurance



Veterans

Veterans have a strong presence in the foothill communities. The rural counties attract an above average number of veterans. According to calvet.ca.gov, Alpine County has an estimated 149 veterans and Amador County has 3,231. Calaveras comes in at 4,587 with Mariposa following at 1,522. Tuolumne County has the highest concentration at 5,084 veterans. Out of the 635 respondents, 59 were veterans.



Technology

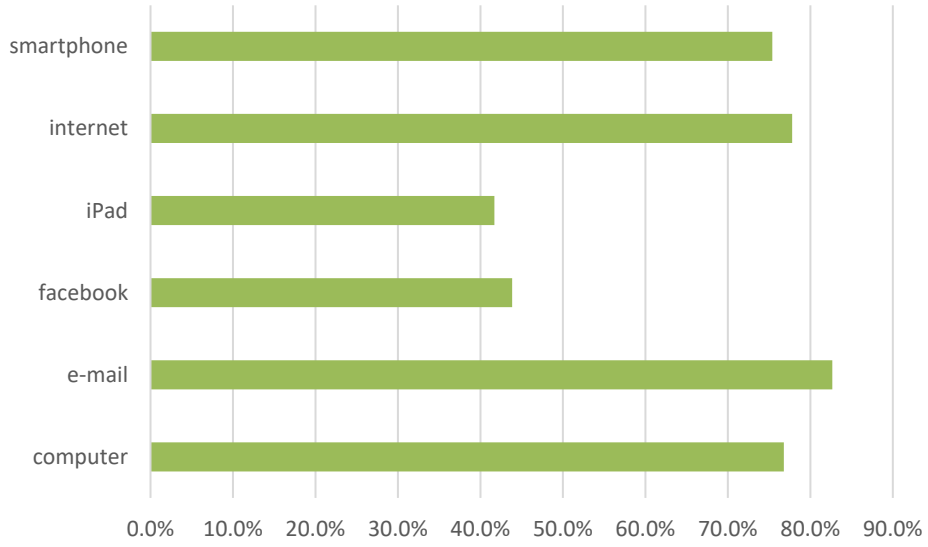
Older adults are becoming more tech savvy. Respondents indicated they use various forms of technology including computers, e-mail, and the internet. In addition, the number of individuals that used Facebook decreased to 44%. But the number of smartphones users increased to 75%.

Ninety-one percent of those with higher education used a computer approximately 30% more than those that had a high school education. Respondents with higher education were 30% more likely to use a computer, e-mail, iPad, and the internet compared with those with a high school education.

Amador, Calaveras, Mariposa, and Tuolumne Counties recorded over 75% of their respondents that use the computer, email and internet.

Since technology is a smart way to share information, it is interesting to note the increase of use of these technological advances and be aware that technology can be a cost-effective way to reach rural communities.

Figure 1.10 Technology Use



SECONDARY DATA

Older Adult Population

The Planning & Service Area (PSA) of Area 12 Agency on Aging (A12AA) consists of the following five counties: Alpine, Amador, Calaveras, Mariposa, and Tuolumne. According to the US Census, American Community Survey, 2018-2022 5-year estimates, 59,894 older adults aged 60+ resided in the PSA of A12AA representing 37% of the total PSA population. It is important to note that not all the secondary data found in this section was available for the population 60+. For the purposes of this report the term "older" is used here for people age 60+ unless otherwise marked.

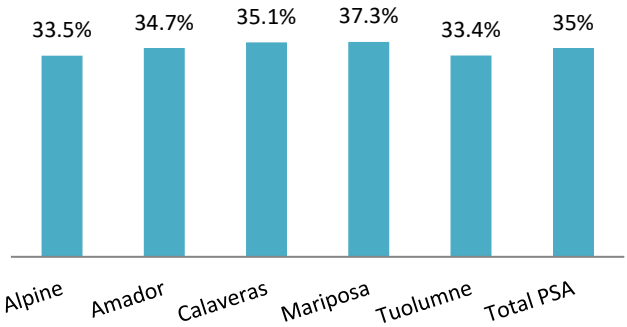
Figure 1.11 gives a breakdown of the older PSA population by county. Data shows the percentage of the older population in each county is fairly similar: adults age 60+ make up over one third of the population in each county.

According to the US Census Bureau*, 60+ in the United States, 2020,* about 74.6 million Americans are age 60+. California ranks as number one with people age 60+ close to 9.1 million. Not surprisingly, California also ranked with a large percentage of the oldest old (age 75+).

California is the most populous state in the nation with 94% of that population living in urban areas. Alpine and Mariposa Counties are defined as entirely rural* - containing no urban population. Amador and Calaveras Counties are considered as predominantly 'rural' where 50% or more of the county population live in rural areas.

Because of its large geographic size and population, Tuolumne County is considered rural.

Figure 1.11 PSA Older Population (60+) by County



Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Quote from the Public Policy Institute of California:

According to the Public Policy Institute of California, although California's population is the seventh-youngest in the country, it is aging rapidly. In 2018, 14% of Californians were 65 and older, compared with only 9% in 1970. By 2030, that share will be 19%. The total number of adults 65 and older is projected to grow from 5.7 million in 2018 to 9.1 million in 2030.

According to a Neilsberg Research report updated 9-17-2023, close to 9 million in CA are age 60+.

Quote from California Department of Aging (CDA):

In California, the population age 60+ is expected to grow more than three times as fast as the total population and this growth will vary by region.

According to a CDA map, A12AA rural counties, age 60+ population, are expected to grow by 50% or less from 2010 to 2060.

*Rural is defined by the US Census Bureau as all territory, population, and housing units that are located outside of urban areas and urban clusters. Urban areas and clusters are determined by population density and size.

The vast majority of the adults age 60+ in the PSA are White or Caucasian (89%). According to the American Community Survey, 2018-2022, some counties have an even higher non-minority population - Amador, Calaveras and Tuolumne age 65+ is 94.8%. The distribution of the other races and ethnic groups among the five counties is fairly similar (see Figure 1.12 and 1.13). It is important to note that Alpine County's American Indian or Alaska Native population (all age groups) is much higher (21.9%).

Figure 1.12 Population age 60+ by Race/Ethnicity

Population – age 60+*	Amador	Calaveras	Tuolumne
American Indian/Alaskan Native	.7%	.7%	1.5%
Asian/Asian American	.9%	1.3%	.9%
Black/African American	.8%	1.2%	.5%
Hispanic/Latino/Latina	5.6%	6.9%	5.9%
Native Hawaiian/Pacific Islander	0.0%	0.0%	.1%
Other Race	.9%	.5%	1.6%
Multiple Race	2.2%	3.0%	1.9%
Non-minority - white	88.8%	77.5%	90.1%

*Source: US Census, American Community Survey, 5-year estimates, 2018-2022

Figure 1.13 Population by Race/Ethnicity

Population – includes **all ages	Alpine	Mariposa
American Indian/Alaskan Native	21.9%	2.9%
Asian/Asian American	.7%	1.7%
Black/African American	1.5%	.6%
Hispanic/Latino/Latina	9.7%	14.8%
Native Hawaiian/Pacific Islander	.7%	.1%
Other Race	.5%	.7%
Multiple Race	2.9%	4.6%
Non-minority - white	68.9%	88.9%

**Source: US Census, American Community Survey, 5-year estimates, 2018-2022; Methodology differences may exist between data sources so estimate from different sources are comparable. American Community Survey collects data from geographies of 65,000+ populations where available.

Table 1.14 Resident Population 60+ by County, 2023

County	Population 60+	Total age 60+ PSA Population	%
Alpine	455	59,894	**.7%**
Amador	14,482	59,894	**24%**
Calaveras	18,284	59,894	**30.5%**
Mariposa	7,220	59,894	**12.0%**
Tuolumne	19,453	59,894	**32.5%**

Source: CA Dept. of Finance, 2023 Estimates

Geographic Distribution

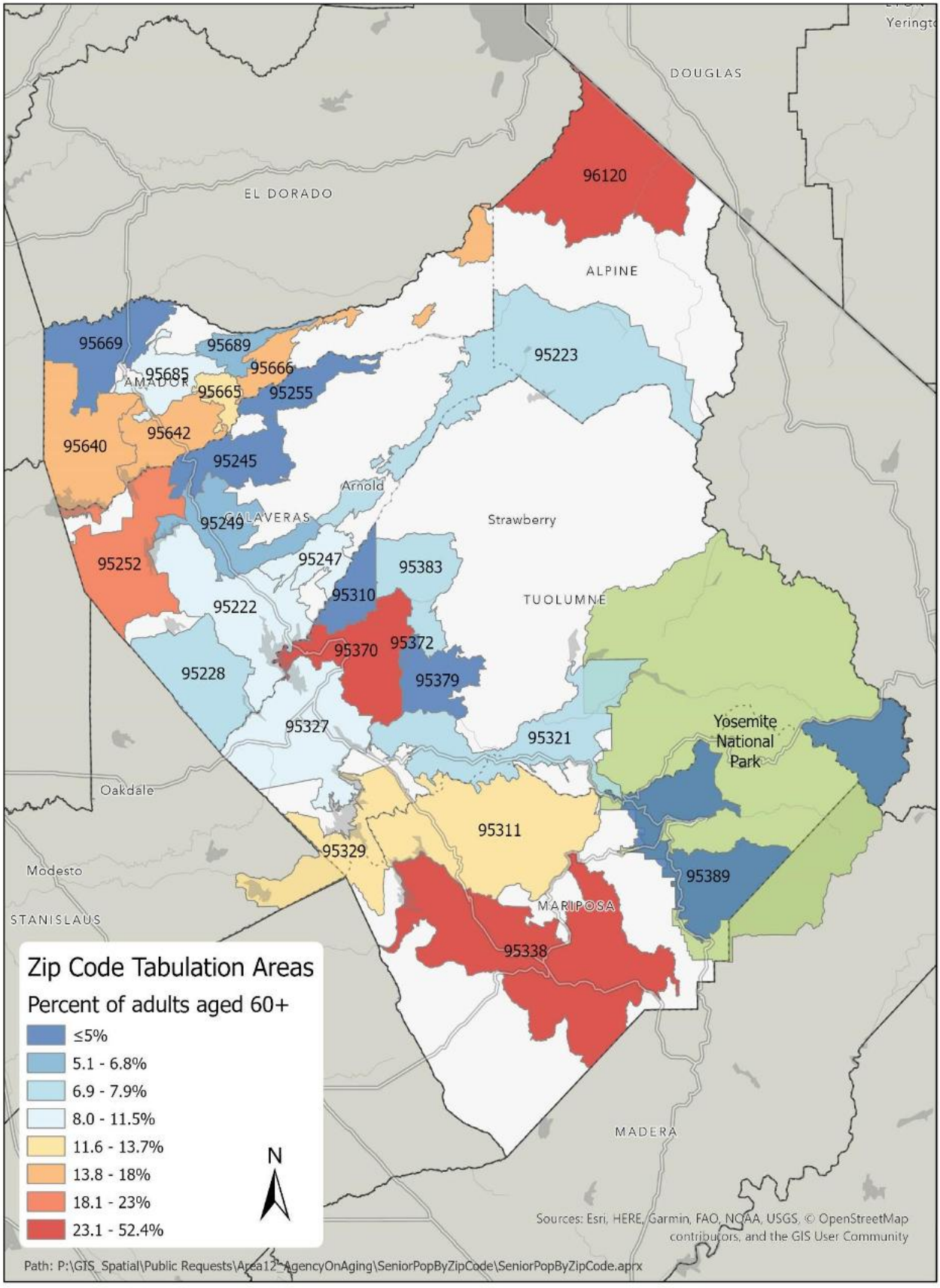
Map 1.15 highlights zip codes of A12AA where concentrations of older adult residents live. From the map, it is evident the older adult population is mostly located in Amador, Calaveras, and Tuolumne County.

At the county level for Amador, the older adult population is concentrated in zip codes 95640 and 95642. For Calaveras County they were concentrated in zip codes 95222 and 95247 and for Mariposa County they were concentrated in zip code 95338. And for Tuolumne County they were concentrated in zip codes 95370. Please note this table only displays zip codes where the older adult population numbers over 1,000.

Table 1.15 Zip Codes by County and Percent of their Resident Population 60+, 2018-2022

County	Zip Code	Count	%
Amador	95640	2,605	18.0%
	95642	2,551	17.8%
	95665	1,841	12.8%
	95666	2,409	16.7%
	95669	647	4.5%
	95685	1,602	11.1%
	95689	887	6.1%
Calaveras	95222	1,975	10.8%
	95223	1,317	7.2%
	95228	1,437	7.9%
	95245	706	3.9%
	95247	2,100	11.5%
	95249	1,246	6.8%
	95252	4,187	23%
	95255	824	4.5%
Mariposa	95311	985	13.7%
	95329	857	13.3%
	95338	3,779	52.4%
Tuolumne	95310	776	3.9%
	95321	1,502	7.6%
	95327	1,967	10.0%
	95370	9,370	47.5%
	95379	1,009	5.0%
	95383	1,527	7.7%

Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates


DOUGLAS
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AMADOR
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Arnold
CALAVERAS
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Strawberry
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TUOLUMNE
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95327
95321
Yosemite
National
Park
Oakdale
95311
95329
95389
Modesto
MARIPOSA
STANISLAUS
95338
MADERA
Zip Code Tabulation Areas
Percent of adults aged 60+
≤5%
5.1 - 6.8%
6.9 - 7.9%
8.0 - 11.5%
11.6 - 13.7%
13.8 - 18%
18.1 - 23%
23.1 - 52.4%
N
Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community
Path: P:\GIS_Spatial\Public Requests\Area12_AgencyOnAging\SeniorPopByZipCode\SeniorPopByZipCode.aprx

HEALTH AND WELLNESS

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

Topics center on:

- ✓ *Overall Health*
- ✓ *Disability*
- ✓ *Feedback on Health Care*
- ✓ *Community Health & Wellness*

SURVEY DATA

Overall Health

In the A12AA survey, more than 68% responded their health was good or excellent. In the CASOA survey, 75% of the respondents described their health as positive overall.

While living in rural counties have some benefits, the rural counties encounter a unique situation with regards to loneliness. 23% expressed feeling lonely and feeling depressed. A smaller portion, 14% feel fearful. Feeling isolated came in at 17% while 16% expressed feeling left out. 57% mentioned no issue with any of the previous feelings.

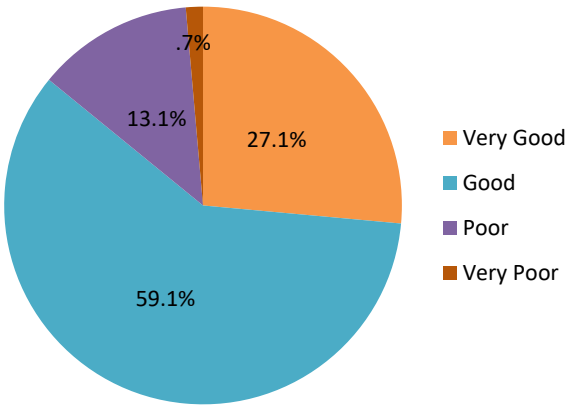
In the CASOA survey 40% of the respondents indicated feeling depressed as a minor to major problem. 36% indicated feeling lonely or isolated as a minor to major problem.

Disability & Health

Out of the total amount of those surveyed, 45 had a disability. Of these individuals, 42% feel lonely and 49% feel isolated. 37% persons with a disability feel left out and 49% feel isolated. 33% recorded feelings of depression.

As people age, the number of individuals with disabilities will continue to rise and 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 their dignity and quality of life. This emphasizes the fiercely independent attitude of many older adults and persons with disabilities in the rural communities.

Figure 2.1 Overall Health



Those with a disability rated their health as good - 26%, fair - 46% and poor - 26%. Those who live alone, pay rent, earn less income, and were widowed or single were the most likely to indicate they have a disability that causes them to need help.

There was a higher percentage of disabled adults living in Tuolumne County, 28%.

Community Health & Wellness

This section of the survey presents a picture of the communities where respondents live. They rated categories like sidewalk accessibility, park safety and walking trails, and benches for resting in public areas and parks. Every county rated the sidewalk accessibility question as needing improvement ranging from 44% - 65%. As people age the walkability of their community is important. 39% of Calaveras County respondents rated their parks and walking trails as very good. In Amador and Tuolumne, 48% rated their parks as fair and 40% of Mariposa rated theirs as fair.

Community Health & Wellness & Housing

Respondents rated their communities housing in two different areas – accessible homes for aging in place and affordable housing for adults of varying income levels. The definition of accessible homes includes homes with a no step entry, single floor living, wide hallways, doorways, grab bars or handrails. Varying percentages 57% from Calaveras and 60% from Amador as needing improvement. Mariposa & Tuolumne rated accessible homes as needing improvement, 77% to 68%.

The CASOA survey agreed that most older adults want to age in place. The foothill communities scored a very low 16 on the livability scale because many homes are not accessible as people age. The survey also found the majority of the rating for accessible housing is fair, 21%, to poor, 37%. 32% marked 'don't know' to the question of accessible housing.

Interesting to note is the 'having housing to suit our needs' came in at 75% marked as 'not a problem'. Only 4% marked the question as a major problem.

Health and Income

Over 90% of those with a higher monthly income reported being in excellent and good health.

Health and Socializing

Respondents who were poor, lived alone and were disabled still socialized with others at least 3-4 times a month.

Health and Exercise

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

SECONDARY DATA

The data offered here is for the older adult population.

Overall Health issues

Access to Care was ranked as the leading concern in the "Health in Tuolumne County 2023" survey. Per the Agency for Healthcare Research and Quality, access to healthcare is defined as "timely use of personal health services to achieve the best health outcomes." Access to healthcare is a significant social determinant of health (SDOH) and addresses factors and barriers to care such as proximity to healthcare services, the cost of care, insurance coverage, and availability of quality services and providers. Challenges in affordable, timely healthcare can greatly impact an individual.

The greatest increase in chronic disease was diabetes, cardiomyopathy, and hypertensive heart disease. Alzheimer's disease saw an increase in the past 20 years. The leading cause of death in Tuolumne County in 2021 was COVID-19, Alzheimer's disease, heart disease, stroke, and COPD.

In Mariposa County, the Community Health Assessment, 2022, noted that tobacco use and adult smoking is a major contributor (15.3%) to both cancer and heart disease. Mariposa County Public Health noted that reducing smoking rates is an important strategy for reducing the toll of these debilitating diseases.

Calaveras County Public Health Assessment states:

'A majority of respondents rated their personal health and well-being as good to excellent. However, chronic disease, mental health issues, unhealthy behaviors and barriers to care are the top personal health concerns. 65% reported challenges accessing needed healthcare. Key barriers are affordability, availability, and transportation availability.'

Combined with the rural nature of the area and social isolation, transportation-related mobility challenges negatively impact access to care. These same factors contribute to concerns about adequate nutrition among older adults.

Each community is concerned with the health of their residents. There are many programs offered through the hospitals and public health to inform the community regarding health issues that affect their lives.

ACTIVITIES

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

Topics center on:

- ✓ *Socialization*
- ✓ *Exercise*
- ✓ *Activities of Daily Living*
- ✓ *Receiving Help*

Socialization

Quite a number of seniors in the area were very active. Nearly 37% reported socializing with others on a daily basis, 37% socialized between 3 to 4 times a week, and 27% between 3 to 4 times a month. Less than 3% of the respondents reported not socializing at all with others.

Those who were disabled 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 3.2, 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.

The Agency is actively involved in the health of each community. They encourage older adults to attend exercise programs in the communities served. 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 were frail or who have diseases that come with age. As individuals age, exercise can help them stay strong and fit enough to keep doing the things they like to do.

Figure 3.1 How Often Seniors Socialize

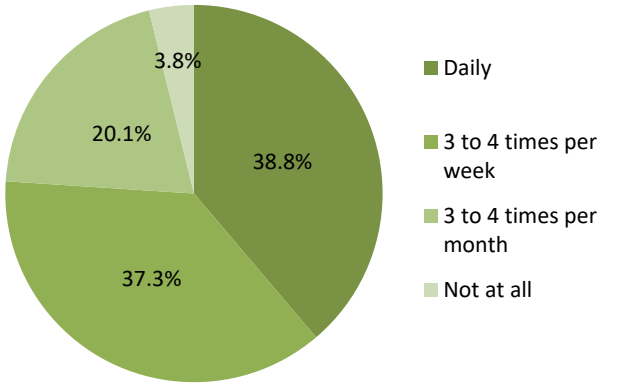
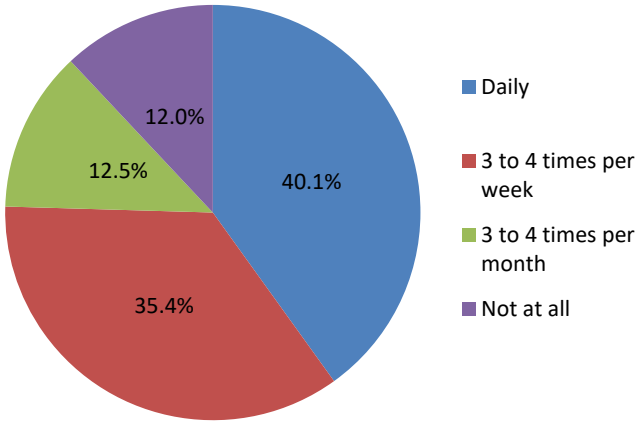


Figure 3.2 How Often Seniors Exercise



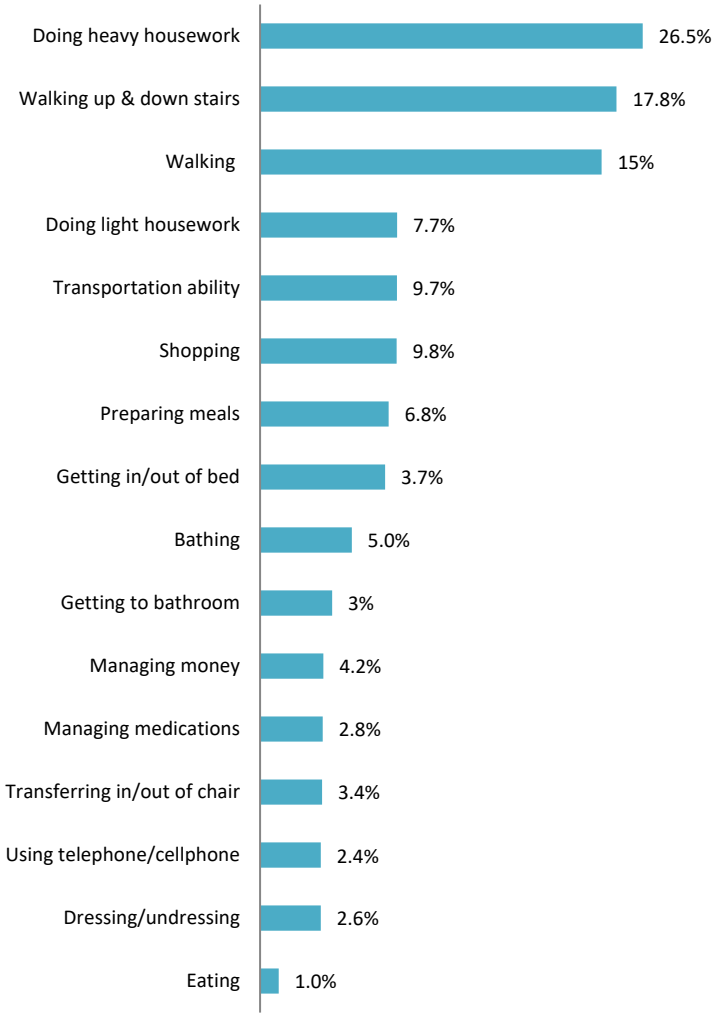
Activities of Daily Living

As a person ages, several of these activities are essential and routine aspects of self-care. They are also the activities that affect their daily living and managing on their own. They may seem like small or routine tasks but they can create huge concerns for older adults as they age.

Walking up and down stairs was over 19% for both men and women. Close to 7% indicated they had difficulty preparing meals. 75% of the over 400 female respondents in the difficulty with heavy housework reported serious difficulty. Whereas 25% men respondents indicated serious difficulty.

Those who were disabled were most likely to report difficulty with grocery shopping. Older respondents indicated someone helps them with grocery shopping.

Figure 3.3 Activities that affect daily living



Female respondents were more likely to report difficulty with these activities of daily living. 39% indicated some level of difficulty for women and 32% for men.

The oldest respondents and those with disabilities were the most likely to indicate they had difficulty walking, walking up and down stairs and doing heavy housework. Twenty-eight percent of all ages checked that someone helps them with light or heavy housework, shopping, preparing meals and other tasks.

Receiving Help from Others

Along with having issues with the activities in Figure 3.3, 56% of respondents reported 'someone helps me' with some or all the activities listed. 18% listed heavy housework as someone helps me. A little over seven percent receive help with shopping, and transportation. In smaller numbers, respondents were receiving help with preparing meals and doing light housework.

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

Among the people who received help, 24% of respondents paid their helpers.

Female respondents and widowers were much more likely to receive help from their son or daughter.

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

Figure 3.4 Who helps with Activities

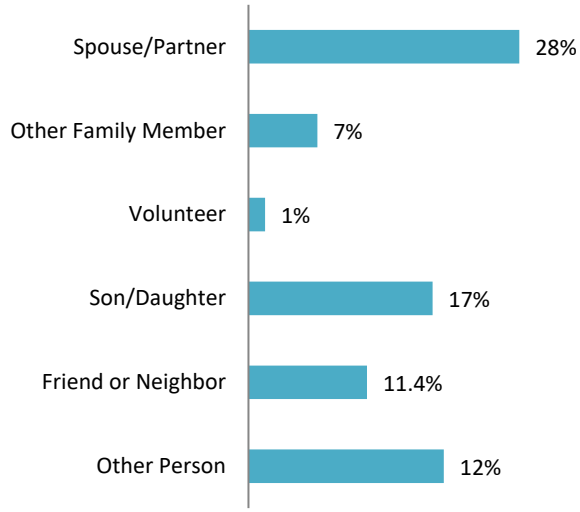
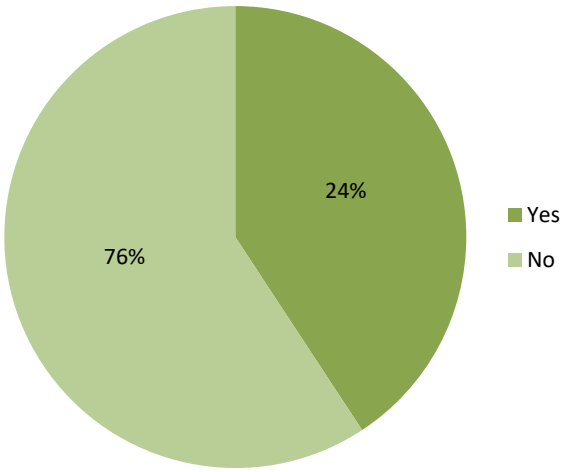


Figure 3.5 Paid to help

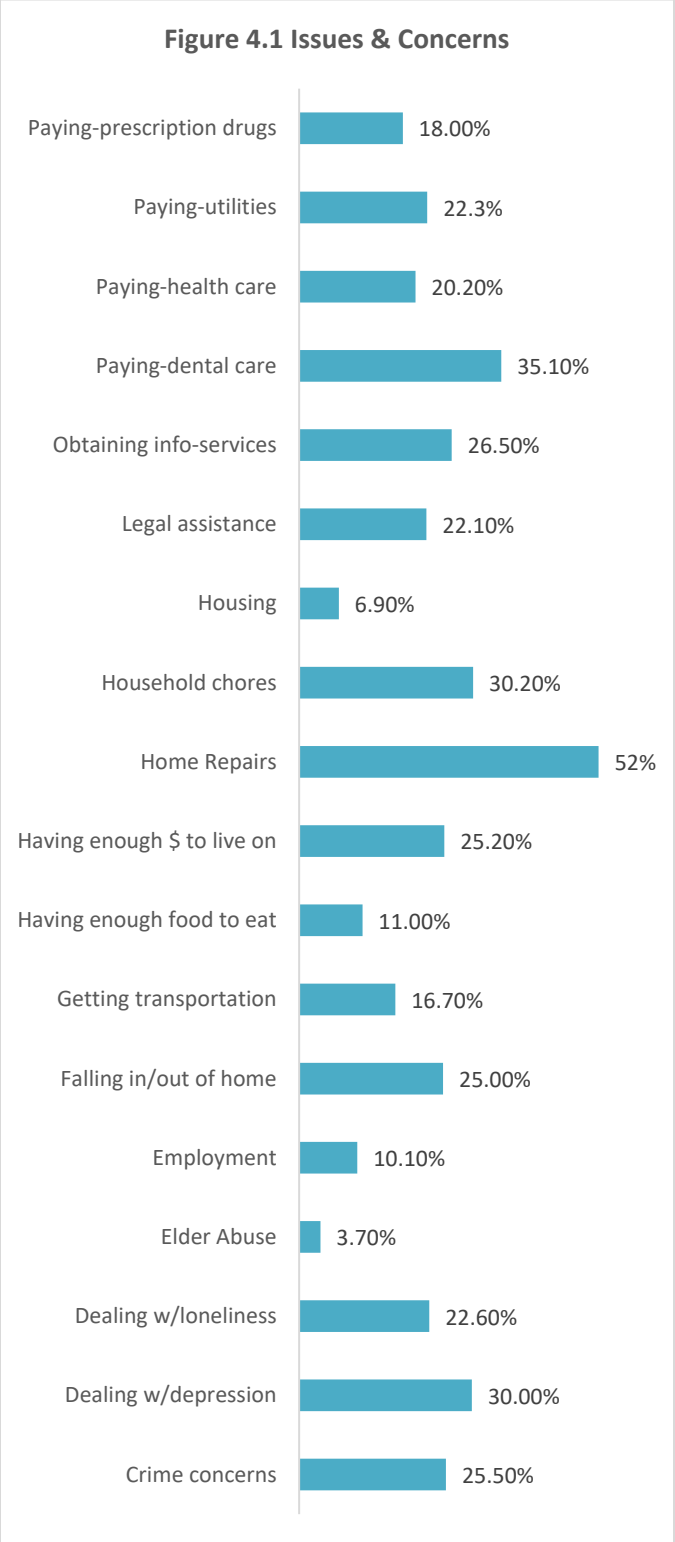


ISSUES AND CONCERNS

This section offers a comprehensive look at issues and concerns for the Planning and Service Area for Area 12 Agency on Aging area. This data includes survey findings.

Topics center on:

- ✓ *Issues & Concerns*
- ✓ *People Who Help Seniors*



SURVEY DATA

Issues & Concerns

As respondents were asked about issues that concerned them, it became apparent that several issues were resonating with many seniors. In the area of home repairs, approximately 47% of the seniors indicated this was a minor or major problem for them. This topic was a hot button topic for all the counties. Also noted in the comment section, there is no money for major home repair.

As the cost of living rises, many respondents were concerned about areas that affect their financial welfare: dental care, utilities assistance, enough money to live on and healthcare issues.

There were also concerns about emotional well-being. 38.6% cited depression issues and 34.7% cited loneliness and isolation concerns.

There were also issues regarding living in a house. Over one third indicated they had an issue with household chores. One quarter of the respondents were concerned with falling while they were in their home or out in public.

As adults continue to age, a healthy community should include home repair programs, fall prevention programs, meal programs, access to mental health services and in-home support services. This data supports the need for having programs that address these services for the older adult population.

It is important to note no secondary data was available on these topics.

Issues & Concerns

Those who were disabled and earning the least were more likely to indicate they had an issue dealing with depression or loneliness, 83% and 84%.

Women were more likely than men to report an issue with loneliness - 25% indicated this was a small or big issue compared to 8.9% 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.

Women were more likely to note having an issue with having enough money to live on. Over 22% of female respondents indicated this was an issue compared to 9% of male respondents.

In addition, those paying rent along with those who were disabled were also more likely to indicate they had an issue with having enough money to live on. With respect to dental care, respondents who made the least were more likely to indicate having an issue paying for dental care. In addition, those who earned the least, and respondents who were disabled were the most likely to indicate having issues paying for health care.

Respondents earning the least and those who reported being disabled were more likely to check issues with depression and loneliness.

Those surveyed in Tuolumne County were more likely to indicate having issues with depression and loneliness. While Mariposa County residents came in higher, 42%, as having issues with getting information about services.

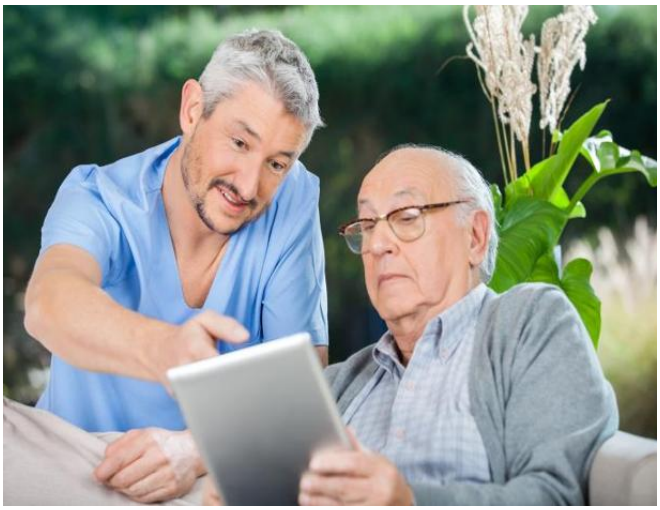
Healthcare is a concern among respondents in every county: Amador – 27%; Calaveras – 23%; Mariposa – 39; Tuolumne – 35%.

Home modifications are physical changes made to one's home to accommodate for the changing needs of the elderly or disabled, to enable aging in place. As we age, our mobility and physical strength diminish and many aspects of a home that were once functional become difficult. Home modifications can be as simple as changing water faucet handles from knobs to levers, installing a ramp, installing grab bars in strategic locations inside and outside the home.

Mariposa and Tuolumne Counties came in high, 51% and 49%, for issues with home modifications and minor home repairs.

According to the CASOA survey, 64% indicated that maintaining their home was a minor to major problem. 70% checked maintaining their yard was a minor to major problem.

People Who Help Seniors



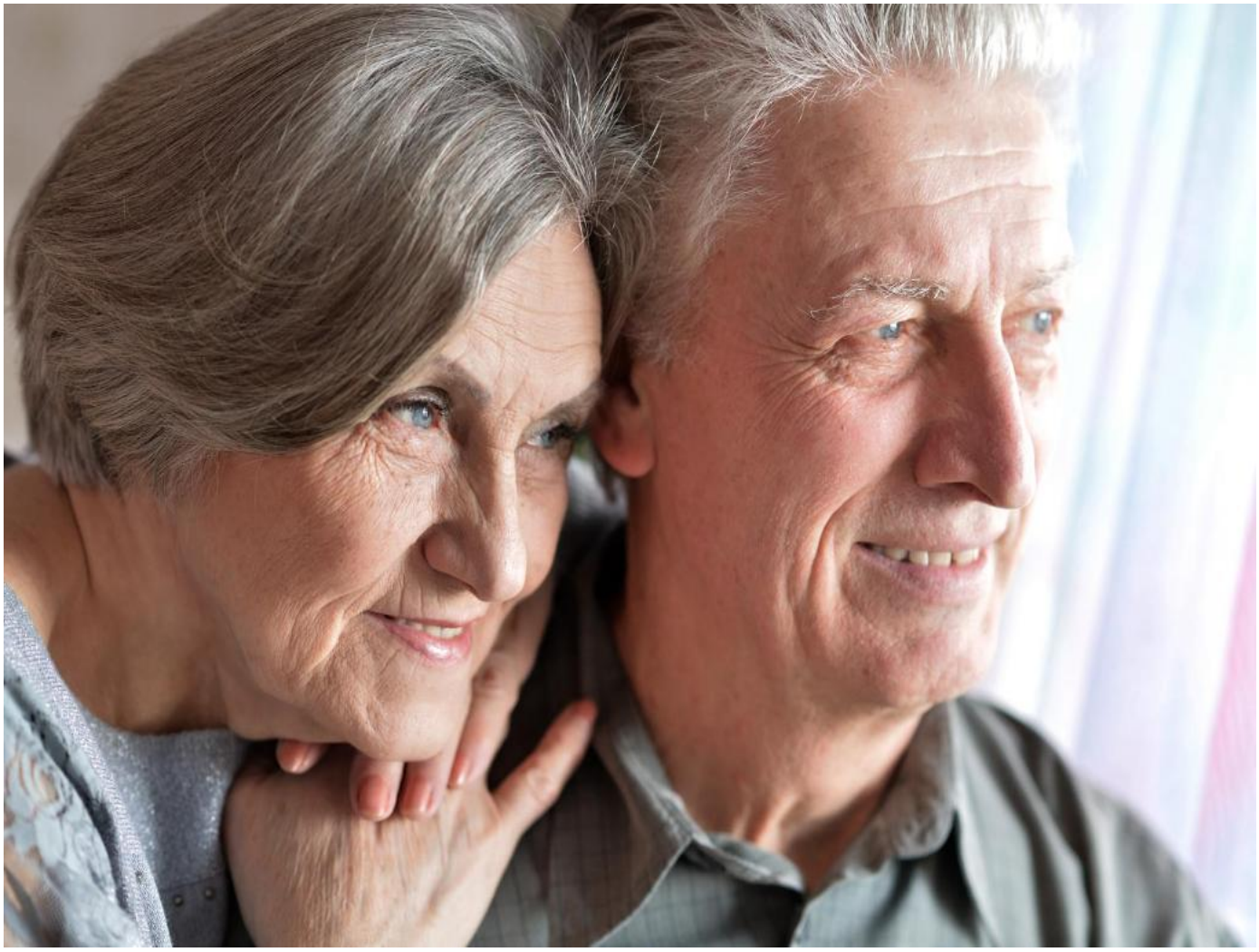
Some respondents reported they needed help with certain issues: doing heavy housework, 18%, transportation, 7.2%, and shopping, 7.5%. Paying for dental care, assistance with personal care at home, and knowing what services were available followed in smaller percentages.

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, 28.4%, along with 17% by a son or daughter.

In addition, some were helped by other family members. Over 11.7% marked their friends or neighbors were helping them.

Nearly 24% of respondents, were paying someone to help them with their needs and concerns while 76% were being helped by a friend, neighbor, or family member.

Respondents who were widowed, those with more education, and those who live alone indicated their helpers were paid. In addition, those who were disabled were more likely to have a paid helper.



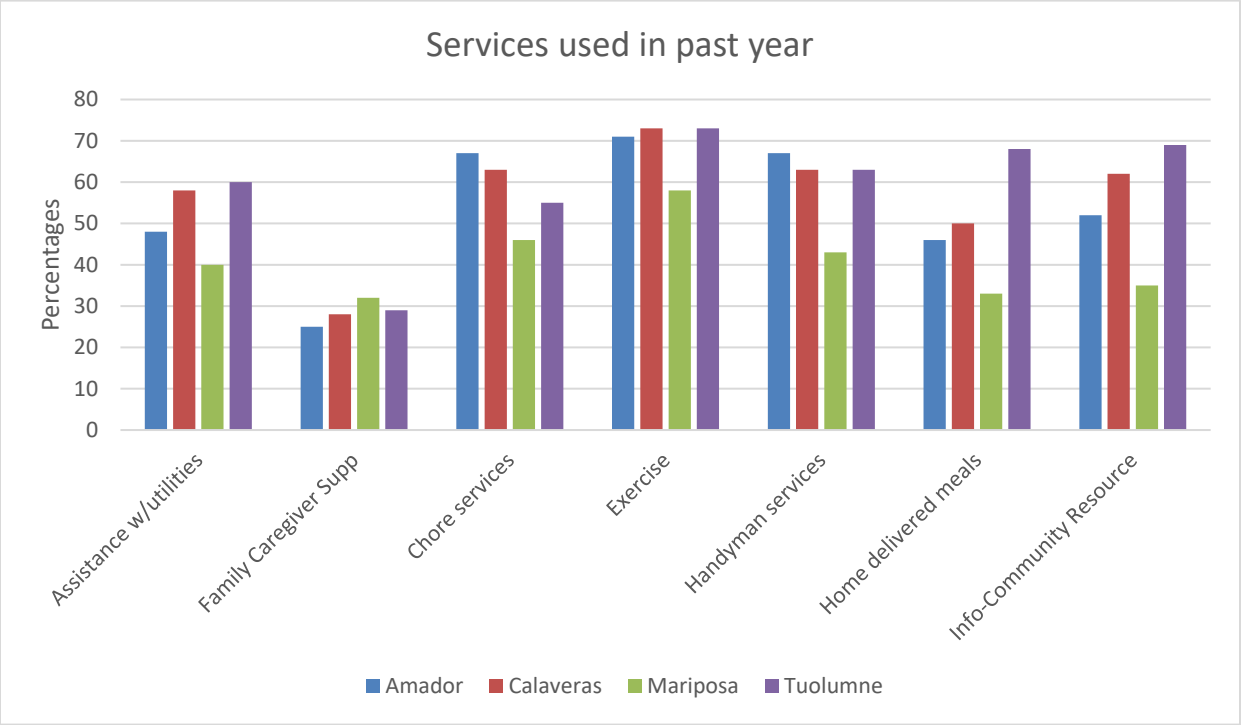
SERVICES

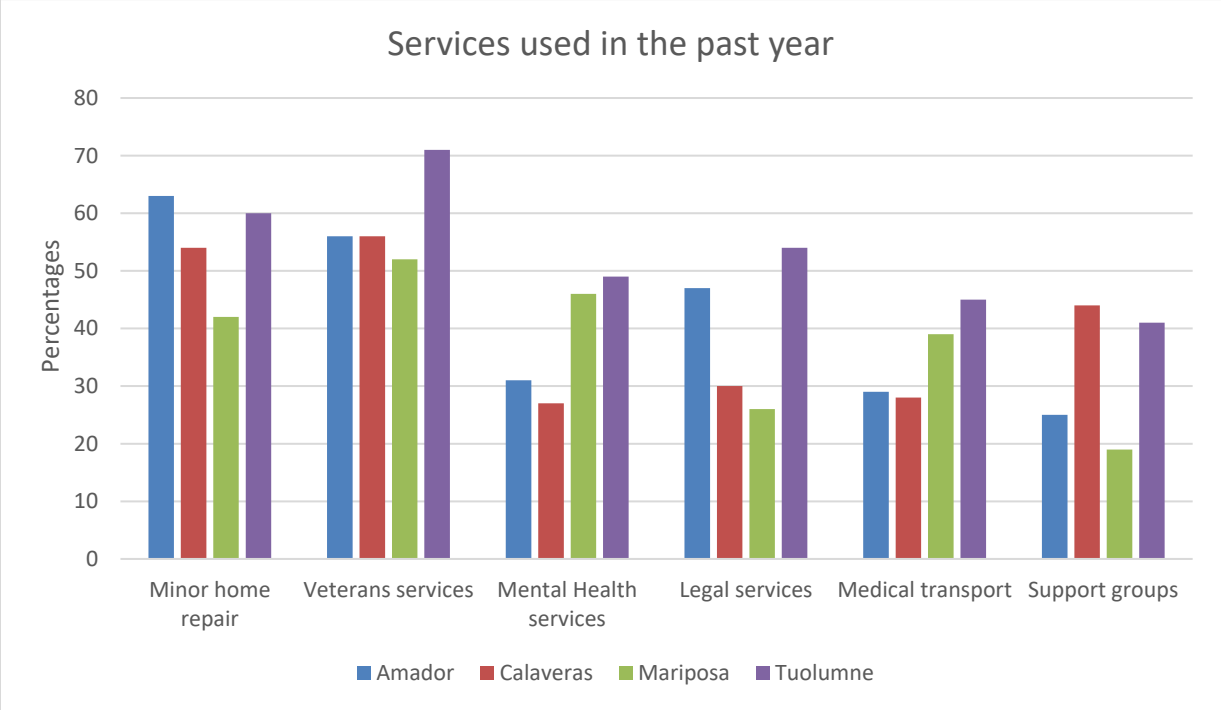
This section offers data on service utilization in the Planning and Service Area for Area 12 Agency on Aging. This data is specific to survey findings.

Topics center on:

- ✓ *Services Utilization*
- ✓ *Services Seniors would use if Available*
- ✓ *Transportation Services*

Figure 5.1 Service Utilization





Caregiving Questions

Of those surveyed some questions centered on the caregiving experience. Only 17% of those surveyed had used caregiver respite, while 50% would use caregiver respite if it were available for them. Thirty-three percent used an in-home private caregiver and 45% would use a private caregiver if it were available for them. Over 30% of respondents indicated they had used a caregiver program or resources. And over 49% indicated they would use a caregiver program if they had it available for them. As our communities continue to age, there continues to be a need for caregiver programs with appropriate resources.

Energy Assistance

Survey participants in Tuolumne and Calaveras Counties were more likely to use an energy assistance program, 60% and 58% respectively. In addition, those who were retired and disabled were the most likely to indicate they would use an energy assistance program.

Exercise

Respondents with more education were the most likely to indicate they used an exercise program (77%). Forty-one percent of those who indicated they exercised indicated that falling is still a concern for them. Over 23% of those that exercised indicated depression and loneliness was an issue for them.

Handyman Services

Respondents living in Amador County used handyman services, 68%, compared to the next highest percentage, 63% for Calaveras and Tuolumne Counties. Home repair programs are in high demand in our rural counties.

Health Insurance Counseling

Respondents in Tuolumne County, 62%, were more likely to use health insurance counseling for Medicare, 38.5% for Amador and 52.4% for Calaveras. Thirty-eight percent in Mariposa used the services.

Meal Programs

Respondents who were 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 receive home delivered meals.

Over 55% of the respondents used home delivered meals in the past year. Sixty-five percent of the respondents who reported serious difficulty preparing meals and could not prepare meals on their own were receiving home delivered meals. This is a positive indication that the home delivered meal service is utilized by many consumers.

Information on Community Resources

According to the A12AA survey, 59% of those surveyed had accessed information on community resources. Another 34% would use the service if it were available to them. Providing current information is essential for the individuals in the community. The Aging & Disability Resource Connection – ADRC - online resource directory has proved to be a useful tool for garnering information on resources in the region.

An interesting observation was made by CASOA:

Sometimes residents fail to take advantage of services offered by a community solely because they are not aware of the opportunities that exist. Educating a large community of older adults is not simple.

The CASOA survey cited, that in general, 63% were very informed or somewhat informed about services and activities available to older adults in their community. About 63% of respondents indicated they were somewhat informed about services and activities for older adults. The availability of information about resources for older adults was rated positively by 25% of older residents. 41% were found to have information access challenges.

Transportation

Those with difficulty arranging transportation were more likely to report they would use an out of county transportation 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.

Respondents in Tuolumne County were the most likely to indicate they used public transportation. Calaveras County added a type of Dial-a-Ride service in the last few years. Lastly, respondents in Amador County were the most likely to indicate they had public transportation in their area.

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

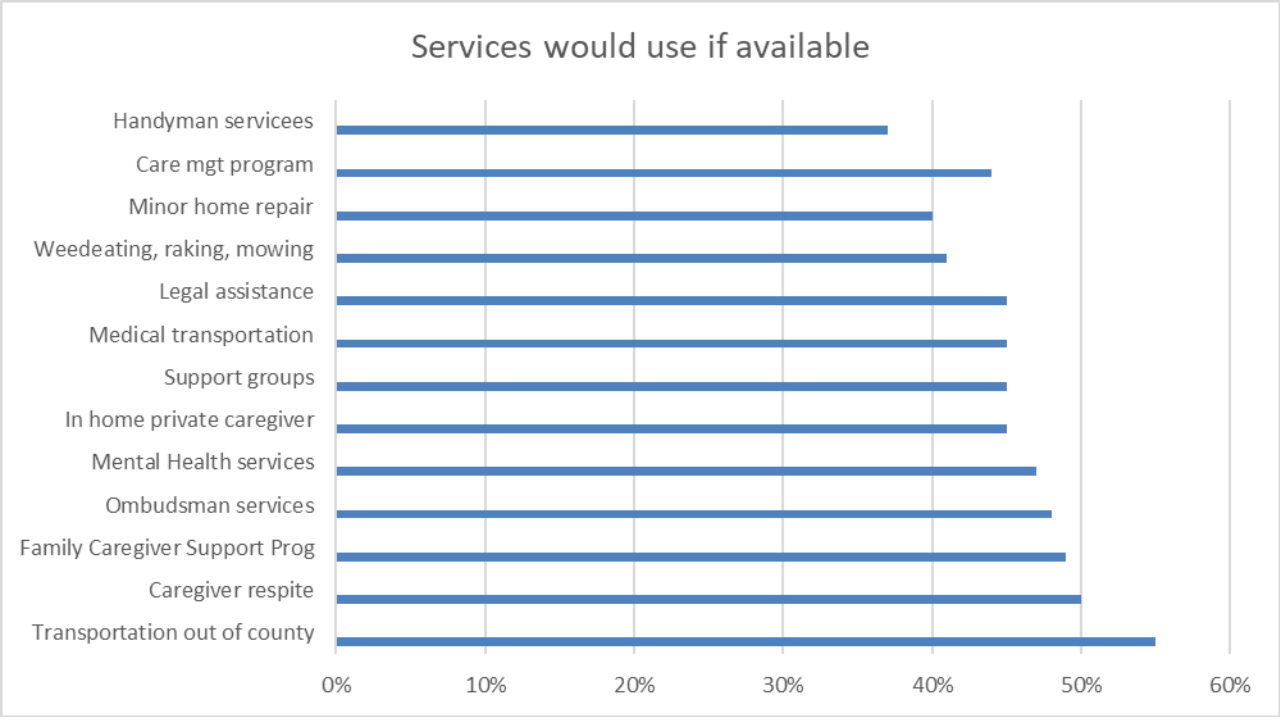
Findings indicated there were statistically significant differences with the transportation variables. Respondents in Calaveras County had a higher percentage of not knowing if public transportation was available in their area or where they live. In addition, respondents in Calaveras County were more likely to indicate they had some or serious difficulty arranging transportation or could not do it alone.

Over 70% of those who had medical appointments out of their county cited the specialist was not available locally and limited treatment options. Other reasons were primary care physicians not taking new patients and/or test not available in their county. Other reasons cited: health plan was out of the area, veteran's services out of town, and costs associated with healthcare were lower out of county. The out-of-county medical transportation programs meet an obvious need for our rural counties with limited access to medical care.

Table 5.2 Transportation by County

Transportation Related Variable		Amador	Calaveras	Mariposa	Tuolumne
Do you have public transport available in your area?					
• Yes		**72.7%**	**52.6%**	**38.4%**	**69.0%**
• No		**13.7%**	**22.7%**	**33.6%**	**14.1%**
• Don't know		**12.9%**	**23.7%**	**25.6%**	**16.5%**
How would you rate your public transportation system?					
• Excellent		**8.8%**	**2.4%**	**.9%**	**3.9%**
• Very good		**14.7%**	**7.1%**	**7.1%**	**14.4%**
• Good		**33.8%**	**29.8%**	**23.2%**	**34.6%**
• Poor		**26.5%**	**26.2%**	**42.9%**	**26.9%**
How often have you used it?					
• None		**97.3%**	**92.9%**	**89.5%**	**85.3%**
• 1-4 times		**1.3 %**	**2.0%**	**6.45%**	**9.9%**
• 5-10 times		**1.3%**	**2.0%**	**1.6%**	**2.1%**
• More than 10 times		**0.00%**	**0.0%**	**0.00%**	**1.0%**
Why haven't you used public transportation?					
• Accessibility		**21.6%**	**16.9%**	**26.7%**	**20.0%**
• Difficulty getting on/off the bus		**7.8%**	**1.3%**	**2.9%**	**8.6%**
• Difficulty in getting info about fares, schedule, routes		**3.9%**	**13.0%**	**2.9%**	**11.0%**
• Not timely		**17.7%**	**18.2%**	**19.0%**	**19.1%**
• Does not go where I need to go		**37.3%**	**36.4%**	**34.3%**	**28.1%**
• Not affordable		**0.0%**	**1.3%**	**3.8%**	**3.3%**
How do you travel?					
• Friends/relatives		**21.6%**	**17.5%**	**23.6%**	**23.0%**
• Public transportation		**2.7%**	**3.1%**	**3.2%**	**4.1%**
• Transportation program		**0.0%**	**1.0%**	**8.7%**	**2.1%**
• Taxi		**0.0%**	**0.0%**	**1.6%**	**2.4%**
• Walk/bicycle		**17.6%**	**19.6%**	**126%**	**19.5%**
• Drive myself		**91.9%**	**90.1%**	**85.0%**	**83.6%**

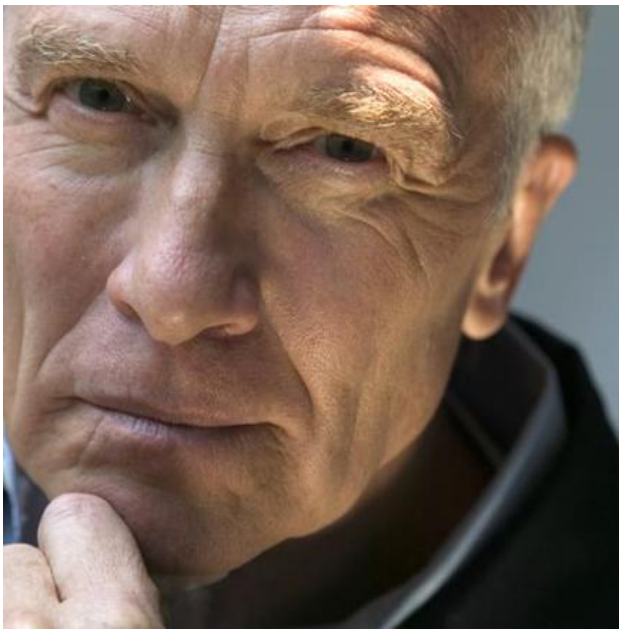
Figure 5.3 Services would use if available



Services individuals would use if available

Individuals indicated they have used certain services such as handyman services, 37%, Medicare counseling 36%, and home delivered meal services 30%. Other individuals indicated they would use assistance with gas, electric or propane, and veteran's services if they were available in their community.

A12AA provides some of the services described in the above chart directly through our various programs. Some the services described in chart were available through other organizations in each community. When these other services were needed, A12AA functions as a referral source.



Community Health & Wellness

This section offers data specific to Healthy Community Living for the Planning and Service Area for Area 12 Agency on Aging. This data includes survey findings.

Topics center on:

- ✓ *Community ratings as a place to live*
- ✓ *Community & aging*
- ✓ *Health statistics*
- ✓ *Health care professionals rating*

SURVEY DATA

Community ratings as a place to live

Several factors rate a community's desirability as a place for people to live as they age.

Of the 635 respondents who answered these questions, 54% rated their community's sidewalks as not accessible for all, while 69% cited safe parks and walking trails as very good or fair. 68% rated public buildings restroom accessibility as very good or fair. Approximately 67% rated accessible homes for aging in place as needing improvement while 79% rated their community's affordable housing as needing improvement.

CASOA's survey results were similar in the area of accessible housing. Only 15% of the respondents gave a favorable rating. Of those surveyed, 18% rated affordable housing very low and approximately 14% rated the variety of housing options well below the national benchmark.

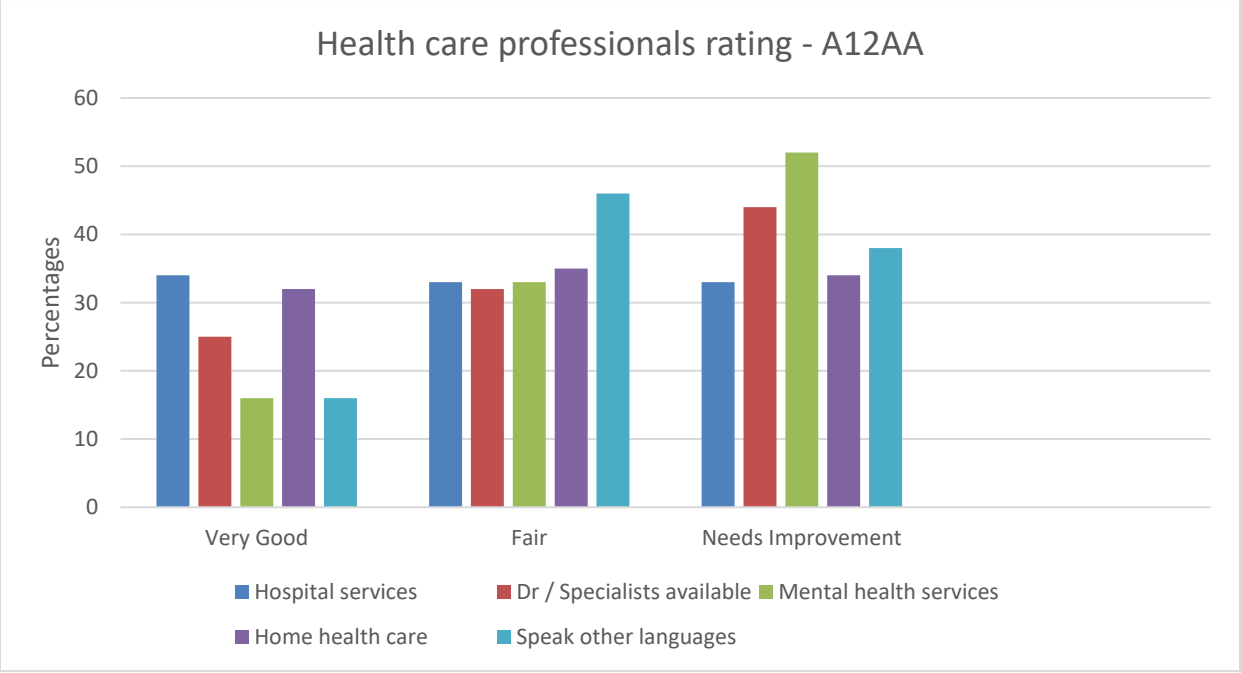
Health Care Professional rating

As the survey respondents rated their health care community it became apparent that rural health has challenges. The highest rating of very good, 34%, was for the hospital services in the communities. Doctors & specialists available in the area came in as 25% very good and 32% as fair.

64% of CASOA's respondents stated a person can get the health care you need. Finding affordable health insurance came in as 52%. The challenges were in the oral health care, 51%, getting the vision care you need at 41% and affording the medications you need at 39%. 35% stated they could receive the preventive health services – health screenings, flu shots, education on diseases.

The Tuolumne County Community Health Needs Assessment (CHNA) identified significant gaps in access to care for residents. This applies to primary care, mental health care, specialty care, and dental care. Difficulty accessing care has been identified in patients who have Medi-Cal, Medicare, County Medical Services Program (CMSP), private insurance, and those with no health insurance.

Figure 6.1 Health care professionals rating



Remain in Community

A strong testament to the quality of a community is the likelihood of residents recommending and remaining in the community. Generally, residents will not recommend a community to friends unless they believe that community is offering the right enmities and services. Communities that do a good job supporting seniors allow their residents to remain through their retirement years. CASOA survey.

According to CASOA survey, the overall livability score for the community quality items is 69. That is a high score for community livability. The neighborhood or community as a place to live both ranked 84% and 83% respectively. The overall quality of life in those surveyed communities is 76% and community livability score is 77%. The rural communities as a place to retire was 63%. The personal quality of life as excellent or good was 84% positive.

In the A12AA survey, Figure 6.2, there were several variables that influence the decision to stay in the same community. 47% cited access to services as important while 41% indicated the rise in the cost of home maintenance would influence their decision to move. 33% indicated they would like to be closer to family and 32% wanted a smaller house. Approximately one quarter cited needing a single story and access to social interaction as reasons to move out of their community.

Physical Health

CASOA and the A12AA surveys found that 75% of the respondents indicated their personal health status as excellent or good. CASOA survey indicated that the overall quality of natural environment was close to 83%. 68% in the A12AA survey found that the parks and walking trails were very good to fair.

As indicated previously, fitness opportunities, including exercise classes, trails and outdoor activities contribute to the overall physical health of individuals in the rural communities.

The Blue Zones project has been integral in Tuolumne County to incorporate several healthy habits such as walking clubs in pocket communities. These have been well attended by a myriad of individuals that desire to stay healthy. They also sponsored several free yoga and T'ai Chi classes. Their cooking demonstrations are insightful and use healthy and fresh ingredients. The project is very involved in community events to encourage the persons in each community strive to live healthier lifestyles.

A12AA offers several exercise options in several communities such as yoga, Pilates, strength training, and T'ai Chi.

Figure 6.2 Community Livability score

How would you rate your community for livability?	Amador	Calaveras	Mariposa	Tuolumne
Accessible homes for older adults – needs improvement	**60.3%**	**57.0%**	**77.0%**	**68.0%**
Affordable homes for adults of varying income levels – needs improvement	**80.7%**	**75.0%**	**80.0%**	**78.7%**
Accessible sidewalks – needs improvement	**44.6%**	**65.0%**	**51.4%**	**52.9%**
Safe parks and walking trails - fair	**47.6%**	**29.7%**	**39.8%**	**48.0%**
What choices would influence a move?				
Cost of home maintenance	**40.9%**	**40.5%**	**55.5%**	**37.0%**
Access to services	**50.0%**	**46.4%**	**59.4%**	**41.0%**
Want a smaller house	**39.4%**	**31.0%**	**30.7%**	**31.9%**
Closer to family	**38.0%**	**28.6%**	**30.7%**	**35.0%**
Need a single story	**19.7%**	**26.2%**	**22.0%**	**27.2%**
Access to social interaction	**18.2%**	**21.4%**	**25.7%**	**26.0%**

The most livable places have features and amenities such as places to exercise and socialize, access to job opportunities, a variety of housing options, access to health services and affordable and convenient transportation options. Livable communities can provide opportunities for people to remain active and engaged in the community at every life stage. AARP Livability study

Focus Groups

The Blue Zones Project and A12AA held focus groups in rural pocket communities. The attendees were asked what their community needs to make it more livable. Several mentioned health care locally, specialty health care locally, more dental care options, walkable sidewalks, communication from agencies in written form, additional transportation options. Several mentioned they would like to have broadband in their area but do not have access in their neighborhood.

They were also asked what they loved about their community. The attendees gave many positive comments about their communities. They loved that groceries were close by, and exercise classes were available. Those who wanted to socialize could find groups. They loved the rural nature and the parks in their communities. The people were friendly, and friendships were strong.

Nutrition

Over 600 respondents answered the nutrition questions. While the majority do not have nutritional needs, over 20% answered they sometimes did not have enough money at the end of each month to purchase food. Not being able to drive presented another barrier that affected nutrition. Thirteen percent were not able to drive to the grocery store while 9% were not able to carry their groceries into the house. Close to 15%, sometimes could not cook their food while 5.6% were not able to shop for food.

These clear nutrition indicators give substantial verification that nutrition programs are crucial for our aging communities.

Nutrition - Home Delivered Meals & Congregate Dining

The survey data findings show 51% of seniors receiving meals on wheels have limited ability to drive to the grocery store. 27% were not able to shop for food. Over 44% of home delivered meal participants were not able to carry their groceries into their house. Of those that receive home delivered meals, 54% are not physically able to cook nutritionally balanced meals.

82% of the respondents who receive meals on wheels indicated they have enough food to eat with the supplemental home delivered meals.

In these fiscally challenging times, 20% of respondents checked they did not have enough money to purchase food for balanced meals. 10% checked they did not have enough food to eat at the end of each month.

Maintaining a healthy diet is important for your health no matter your age. But as you get older, particularly after the age of 65 or so, eating healthy can become more challenging. Also your circumstances and lifestyle can lead to neglecting healthy eating habits.

Medical conditions that tend to afflict adults later in life can cause dramatic (and unhealthy) weight loss. It may include chronic health conditions. Age-related changes to your digestion can lead to challenges and weight fluctuations too.

Those that participate in congregate meal programs and home delivered meal programs make a focused effort to eat regularly. Mealtimes can be a great time to gather with other seniors to combat the isolation often felt by older adults.

The nutritional support that meals on wheels provides is generally a nutritious meal, a friendly visit, and a quick safety check. It enables seniors to continue to live in their own homes where they want to remain.

CAREGIVERS

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

Topics center on:

- ✓ *Caregivers*
- ✓ *Services Caregivers paid for*
- ✓ *Hours per week spent caregiving*
- ✓ *Information requests*

SURVEY DATA

Caregivers

According to the Centers for Disease Control, about 2 in 5 adults age 65+ have a disabling condition that affects their ability to live independently.

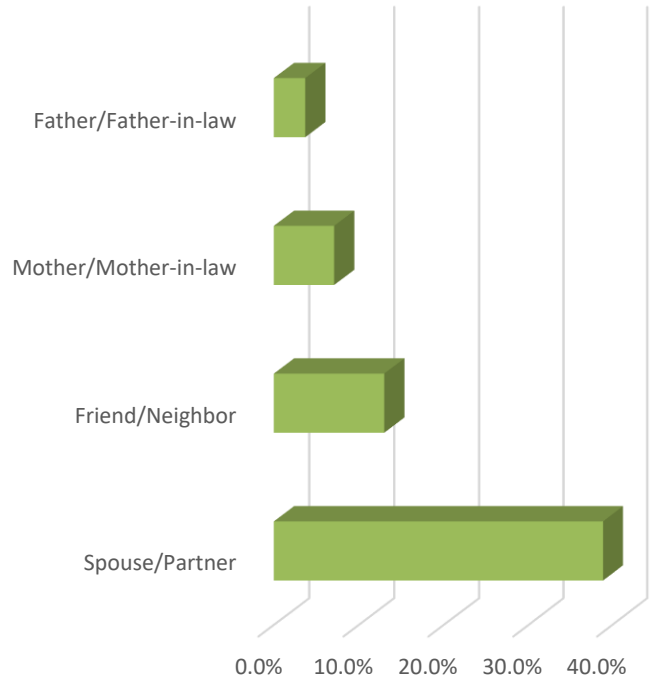
With the dramatic aging of the population and the limited funding for these types of services, our communities will be relying more on families to provide regular care for their aging parents, relatives, friends, spouses or partners for months or years at a time.

The A12AA and CASOA survey revealed, 98 respondents were caregivers for a person age 60+. Of these caregivers, 106 cared for one person, 9 cared for two persons and 3 cared for three or more persons. Of the total respondents, one in five or 18% expected to be caregiving in the next five years.

Over one quarter of these individuals cared for their spouse or partner. Others were caregivers for either one or both of their parents, their sister, their brother, mother-in-law, father-in-law, other relative, or friend.

Nineteen (19) respondents were caregivers for children age 18 or younger.

Figure 7.1 Care recipients



Services Caregivers paid for

There are a variety of services that caregivers paid for separately for those they cared for. They paid for prescription drugs, home modification, doctor visits, transportation, in-home services and respite. There are other items or services these caregivers pay for but the survey was unable to itemize all the items and extra expenses.

Female respondents spent the most extra dollars on prescription drugs and gas to take their loved ones to the doctor, grocery shopping, or pharmacy to care for their loved ones.

Hours per Week spent Caregiving

In Figure 7.2, approximately 70% of caregivers spend over 20 hours a week with caregiving duties.

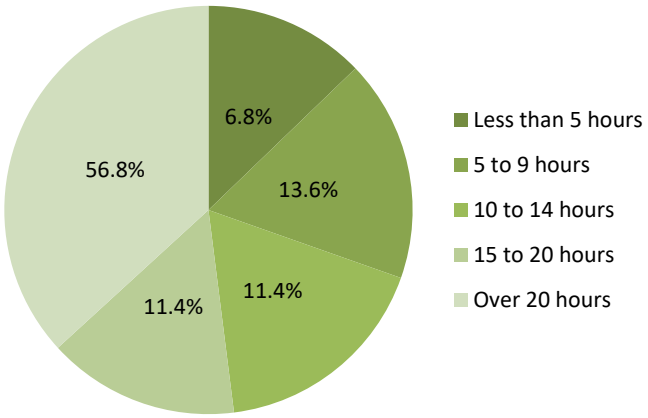
Two-thirds (62.5%) reported the person receiving care lived with the caregiver; 83% of caregivers reported they were the main caregiver for the person receiving care. 27% of the caregivers indicated they had to reduce their work hours due to caregiving. About 31% of caregivers took extended personal leave to provide care.

A high majority (71%) of the caregivers reported they did not take any sick or vacation hours annually for caregiving activities, while 24% of the caregivers used one to over 10 hours of sick or vacation hours annually.

The largest number of caregivers was found in the 65+ age group. Sixty-one percent of caregivers were retired and caring for one person, 13% worked part-time and 15% worked full-time. Females were the majority of caregivers. Those who were age 65+ were more likely to be taking care of their spouse or partner.

While many individuals identified as caregivers, there were several that are actually caregiving for family that do not self-identify as a 'caregiver'. One person stated they care for their mother and their father-in-law but don't consider what they do as 'caregiving'. It's just what they do for family.

Figure 7.2 Hours per Week Spent Caregiving



Caregiver Information Requests

Fifty-one caregivers provided feedback on additional caregiving information they would find helpful.

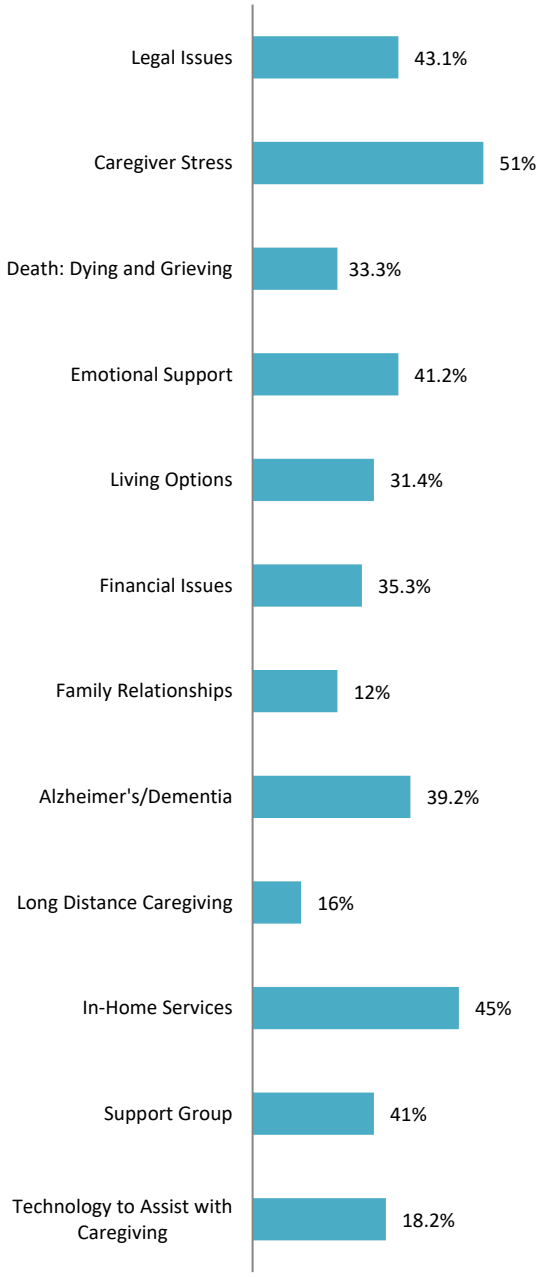
Many caregivers indicated they would like to receive information on topics concerning their caregiving duties. More than one in three would like information about several of the topics listed. In the CASOA survey, 22% indicated feeling emotionally burdened by providing care for another person. In the A12AA survey, 41% checked they would like more information on emotional support and support groups.

Male respondents were the most likely to be interested in receiving information on financial issues or legal issues. Female respondents were more interested in receiving information on caregiver stress, support groups, and in- home services.

Caregiving is a unique journey that few understand who have not experienced it themselves. It's an emotional roller coaster full of highs and lows. Caregiver California.org.

While every caregiver will experience a unique path, each will need diverse supports throughout their caregiving journey. Caregivers in our communities have commented on the various supports needed for their caregiver journey.

Figure 7.3 Caregivers' Information Requests



CONCLUSION

As the Agency moves forward, knowing older adults' issues and concerns is critical. We continue to partner with community organizations to look for funding sources, develop new programs, and track resources. Collaborating with 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 are several problems that rise to top of the list for older adults and their concerns. Affording home repair and maintaining the yard are challenges faced by older adults. Finding affordable home insurance and health insurance are issues that the Agency regularly hear about. 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 opens up new avenues of distributing critical information. Using technology is more cost effective and can allow many individuals to connect with community resources.

The community livability shows a strong relationship between the lifestyle choices of older adults in our communities. Many individuals participate in their communities and see definite room for improvement by citing sidewalks being accessible for all. They also voice that there should be accessible homes for aging in place and affordable housing for adults of varying income levels. The Agency's challenge is to be involved in county government and encourage these improvements when funding becomes available.

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 positively affects their communities.

While the Agency, and other organizations put forth the effort to distribute information regarding services, it appears that aging individuals only tune in when they are in actual need of the specific service. Our Agency is present out in the rural communities attending various events, speaking to service organizations, connecting with the Veteran's mobile outreach program, and giving out information at health fairs. This 'boots on the ground' approach reaches a segment of the aging population. However, the Agency uses different ways to close the information gap to deliver materials or brochures to the most vulnerable and isolated individuals as well. We are committed to reaching the aging individuals who want to use the services that are readily available for them.