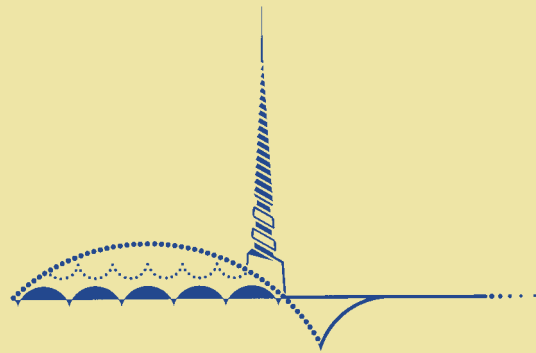




Live Long, Live Well

A STRATEGIC PLAN
FOR AGING SERVICES
IN MARIN COUNTY

2004~2014



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Contents

- 1** Executive Summary
- 4** The Vision
- 5** Notes on Developing the Strategic Plan
- 7** Strategic Plan Mission, Objectives, Assumptions, And Guiding Principles
- 8** Goals for a Healthy Aging Community in Marin
 - A. Chronic Disease Prevention and Management 9
 - B. Effective and Affordable Home Care Services 10
 - C. Affordable Housing and Supportive Services 12
 - D. Community Engagement 14
 - E. Elder Abuse Prevention 16
 - F. Transportation and Pedestrian Safety 17
- 19** The Changing Landscape of Aging
 - A. National Trends for Older Americans 19
 - B. Other Key State and Local Trends 21
 - C. Implications for Marin in Next 10 Years 24
- 25** Marin's Challenges and Opportunities
 - A. Challenges 25
 - B. Opportunities 26
- 28** Characteristics of Marin's Older Adults
 - A. Demographics 28
 - B. Health Status 30
 - C. Population Growth Projections 31
 - D. Implications 31
- 33** Services and Gaps in Services in Marin
 - A. Community and Home-Based Programs and Services 33
 - B. Publicly Funded Marin County DHHS Programs 34
 - C. Gaps in Services 37
- 40** Appendices
 - A. Older Americans Act, Title 1, Declaration of Objectives 40
 - B. Services for Older Adults in Marin County 41
 - C. Marin County Division of Aging Organizational Chart 44

Executive Summary

Live Long, Live Well, A Strategic Plan for Aging Services in Marin County 2004 – 2014, makes healthy aging a priority in Marin County. It lays out a road map for creating healthy aging communities in Marin based upon the vision of communities that value the independence, autonomy, and full participation of their residents as they grow older and promote their health, happiness and dignity. To make this vision a reality will require public policy leadership and the commitment of all Marin’s residents.

Live Long, Live Well synthesizes the best available research and wisdom from a rich array of sources to understand the complexity of Marin’s older adult population and future needs. The core strategic plan contained in Chapter One of this report is not, however, a comprehensive assessment of all the needs of older adults living in Marin. Our task as framers of this plan was, rather, to develop specific strategies that can realistically improve the health, well-being and self-sufficiency of older adult residents of Marin County over the next ten years.

“**The Goals for a Healthy Aging Community**” focuses therefore on the **most critical issues** impacting Marin’s older adults and maps the steps that we can reasonably accomplish to address these issues. The six critical work areas are chronic disease prevention and management, effective and affordable home care, affordable housing and supportive services, community engagement, elder abuse prevention, and transportation and pedestrian safety.

Although these priority areas are not unique to Marin, we consider them to be the most important to improving the quality of life of this county's older residents. These issues impact not only older persons but also their families. Focusing on these issues will encourage solutions that strengthen and sustain Marin’s families and communities. Issue-specific goals and objectives have been established to address each of these six priority work areas.

The goals of Live Long, Live Well are to:

- Create a **collaborative, community-based chronic disease prevention and management** program for low-income adults and older persons.
- Improve the efficacy and accessibility of **affordable home care services**.

A single fact overshadows our entrance into the twenty-first century, a demographic statistic that is simply stated and undisputed. More people are living longer... Half of all the people who ever managed to live to age sixty-five in the whole of human history are alive today.

**Theodore Roszak
Longevity Revolution**



- Increase the overall number of **affordable senior housing units** and improve **access to supportive services** for older persons.
- Foster the **continuing engagement** of older adults by developing a variety of employment and community service opportunities.
- Implement effective policies that **minimize or eliminate cases of elder abuse**.
- Provide **public, accessible transportation** at low cost to Marin's transit-dependent older population.
- Assure **sidewalk access and crosswalk safety** in all of Marin's towns, cities, and county jurisdictions.

Chapters Two through Five bring together the source information that we used as the basis for strategic planning. These four chapters present information on national, state, and local trends with regard to aging; Marin's demographics; the health, living conditions, and needs of Marin's relatively large and increasingly diverse population of older adults; and current aging services and the gaps in those services. Our understanding of this background material and the implications of an aging society guided the decision as to which of the most critical issues to focus on over the next ten years in Marin.

"The Changing Landscape of Aging" summarizes current literature on local, state, and national trends that impact the planning and delivery of aging services in Marin County. It presents key demographic, socioeconomic, and policy trends that have changed the delivery of aging services in the last decade. The longevity revolution has brought decreasing disability, improved living conditions and a move away from institutional to community-based care alternatives, trends that are expected to continue. It explores the impact of the future service needs of the baby boomer generation and of the increasing demands on the family caregiver. It also identifies recent changes in State of California legislation and policy affecting older adults and the disabled—chiefly, the current budget crisis and the Olmstead Plan. Finally, it also suggests some specific implications of these trends in Marin.

"Marin's Challenges and Opportunities" describes the local environment affecting Marin's aging community. It identifies the challenges of geography, budget deficits, and the critical lack of affordable housing and assisted living, Medi-Cal nursing home beds, and funding for a responsive public transportation system. At the same time, it explores the many ways in which Marin County is blessed by a strong senior advocacy network, by responsive nonprofit services, by a committed medical community, and, perhaps above all, by a strong capacity for collaboration.

"Characteristics of Marin's Older Adults" looks at the demographic trends, projections, and health of Marin's older population. Marin is, for instance, among the oldest and wealthiest counties in California, with the highest median home price. It has the oldest proportion of persons aged 60 and over in the Bay Area, a population that grew 16.2% between 1990 and 2000. By 2008, Marin's older population is expected to grow at a significantly faster rate than the total county population, with a growth rate in the age group 85 and older that is six times the rate of growth of the overall county population. The median income for persons 65 and older living alone is substantially lower than overall household income for this age group, even though 79 percent of residents 60 and older own their home.

We explore key findings of the **Marin County Health Survey – Seniors 65 and Over, 2001**, conducted by the Marin County Department of Health and Human Services. While the survey finds that Marin overall has a healthy, well-educated older adult population, it suggests the need to address several critical issues to improve the well-being of the community: 16 percent of older adults had experienced an accident, injury or fall; 9 percent are at-risk drinkers; a third are caregivers; many women are alone and chronic conditions are common.

"Services and Gaps in Services in Marin" surveys the current landscape of services and programs for Marin's older adults, both provided by the nonprofit community as well as by the County of Marin Department of Health and Human Services. We explore the intrinsic problems of service fragmentation and isolation and the challenges presented by significant gaps in service, including shortages of physicians taking new patients, nurses, home health aides, and certified nursing assistants; paratransit resources; and adult day care services.

Live Long, Live Well will guide our work over the next ten years as we strive to improve the quality of life for all older adults in Marin County.

The Vision

Live Long, Live Well, A Strategic Plan for Aging Services in Marin County 2004-2014, developed at the request of the Marin County Board of Supervisors, strives to fulfill the vision of the Older Americans Act, first enacted in 1965, which promised a society where there would be access to physical and mental health services without regard to economic status; opportunities for employment and meaningful community participation free of discrimination; and a full array of community-based services that would sustain older persons in their homes and communities. This promise, of a “retirement in health, honor, dignity” of “freedom, independence, and the free exercise of individual initiative” is what we have called a “healthy aging community.” The values of independence, choice, dignity, and civic engagement form its cornerstones.

We believe that older persons should be entitled to enjoy their later years in health, independence and dignity, freely planning and managing their own lives as they age. They should be offered an array of accessible, quality service choices—from preventive health care to hospice care. These choices should include where a person can best reside and what services they wish to receive. We believe that the right mix of community services, working in concert with one another and with adequate funding, will be able to fulfill older adults’ overwhelming desire to stay in their own homes until the end of their lives. Finally, we believe that only by creating communities that value older persons can we realize the vision of living long and living well in Marin.

How can we transform Marin into a healthy aging community which supports dignity, autonomy and the choice of staying at home? We need to create a community where older persons maintain health and function as long as possible through good nutrition, exercise, healthy living and proactive medical care; where community services are coordinated, accessible and affordable; where transportation supports community involvement and meaningful engagement; where affordable housing is available and centrally located; where pedestrians are safe and older persons are protected from abuse.

We know that the Marin County Division of Aging cannot create healthy aging communities alone. Only all of Marin’s residents are able to do this. We must join together to fulfill the vision first promised by the Older Americans Act.

¹ See Appendix A for the complete text of the Declaration of Objectives for Older Americans from the Older Americans Act.

Notes on Developing the Strategic Plan

In early 2003, the Marin County Board of Supervisors asked the Department of Health and Human Services’ Division of Aging to prepare a ten-year strategic plan for aging services in Marin. This would give us an opportunity to take stock of what we had achieved, where we had fallen short, and which direction we should take over the next ten years in order to fulfill the goals for an aging society first set forth forty years ago in the Older Americans Act. This is what we have called a “healthy aging community.”



We formed a work group, which included staff from the Division of Aging and leaders from the local community agencies Whistlestop, Senior Access, and the Marin Center for Independent Living. In October, we released an initial draft to the management of the other Divisions within the Marin County Department of Health and Human Services for further input. Then, a lengthy public comment period gave many other community agencies, the Marin County Commission on Aging, and members of the public an opportunity to make suggestions that have been incorporated into this final report. *Live Long, Live Well* is being presented to the Marin County Board of Supervisors in February 2004. We thank everyone who contributed to *Live Long, Live Well*.

Throughout, we have been profoundly cognizant of the enormity of the task. We are certainly not futurists by trade and we don’t own a crystal ball. There is an overwhelming plethora of sources for demographic data, for projections, for trend analysis, for age-specific research and for first-hand anecdotes. We consequently took time at the outset to formulate the assumptions upon which *Live Long, Live Well* is based and to **articulate explicitly the vision of a healthy aging community** for Marin’s older adults that this plan strives to create. It should be a community that values independence, choice and dignity for its older residents and offers opportunities for civic engagement.

We also took some solace in the fact that this is a **ten-year plan**. This ambitious plan is not a two-year deal! It will take us every bit of that time to achieve these goals. Our success will be measured by our ability to engage the residents of Marin in these issues, in the fact that we are all growing older together.

While focusing on our larger vision, our greatest challenge was setting priorities and agreeing on the most critical issues to tackle. We did not want to create a strategic plan that could not be implemented. Rather, we wanted pragmatic strategies that would actually secure over time real gains for Marin’s older residents and would impact the quality of their lives. We hope that in 2014 people in Marin will look back and say that this plan made a difference and helped bring people together to undertake the many tasks we have outlined.

We know that language is very important. We have struggled with the various categories used to define old people—seniors, elders, middle-old, oldest-old—and decided to use throughout *Live Long, LiveWell* “older adults” and to define the various demographic groups by age. There would be a vast difference between a plan addressing only the issues of persons 85 years of age and older and the plan that we are presenting, which seeks to frame these questions in the wider context of an aging society of persons sixty years of age and above.

The intended audience for this plan is wide-ranging. Readers will include County of Marin policymakers; aging, healthcare, and social services professionals and organizations; local city governments; and foundations—all of whom are partners and collaborators with the Marin County Division of Aging in designing and providing Marin’s system of services and community supports for older adults. Without this collaborative spirit, we cannot create the community of concern that *Live Long, LiveWell* espouses.

Throughout the early process of drafting this report, we sought to find the common ground between older adults and persons with disabilities and to include the disabled as a target population in the plan. We share many of the same issues and concerns. Over the last five years, we have also learned a great deal from working with the disabled community about self-determination and the importance of independence to self-esteem and mental and physical well-being. We have concluded, however, that the most powerful means to accomplish the goals of the disabled population in Marin would be a strategic plan developed by persons with disabilities in their own voice. *Live Long, LiveWell* therefore focuses exclusively on Marin’s older adults and the steps we must take to create a healthy aging community that maximizes quality of life, choice, dignity and independence—to live well as long as we live.

Strategic Plan for Aging Task Force~January 2004

The enormity of issues requires strong public and private cooperation. Aging is everyone’s business, not just an old person’s problem.

Strategic Plan
Mission, Objectives,
Assumptions, and
Guiding Principles

(A) Strategic Plan Mission

To understand and prepare for an aging society in Marin, in collaboration with the community, in order to extend and improve the quality of life of older adults.

(B) Strategic Plan Objectives

1. Identify the implications of an “aging Marin” and how they will affect families, businesses, and government.
2. Present strategies that address these challenges in a culturally balanced way.
3. Develop an action plan with primary and long-term action steps.

(C) Strategic Plan Assumptions

1. Aging should not be stigmatized. It is a fact of life.
2. There will never be enough public funds to meet all the needs of the elderly.
3. It is critical to support families and informal caregivers in their support of the older members of their families and communities.
4. Differences in disability among the elderly vary by age, ethnicity, and socioeconomic class.
5. Aging is everyone’s business, not just an old person’s problem.
6. The enormity of the issues that we will face as a society requires strong public and private cooperation to find solutions.
7. The vast majority of persons want to remain at home as they grow older and are more likely to thrive in their own communities.

(D) Guiding Principles for Community Living

We have been guided by the following values:

- Independence
- Consumer Choice
- Dignity
- Sustainability
- Self-Determination
- Support for the Roles of Families and Informal Care Providers

1. Goals for a Healthy Aging Community

A healthy aging community is one that values its older residents, promotes their health and well-being and creates programs and services that enhance the independence, choice and dignity of these residents as they age. A healthy aging community recognizes that we are all growing older, that aging is not just a problem of the old and that our children will one day become grandparents with a life expectancy of almost one hundred years.

How can we create such communities in Marin that promote healthy aging?

Healthy Marin Partnership, a coalition of representatives from Marin’s hospitals, county government, schools, the business community, Marin Community Foundation, the faith community and social services agencies, set forth the following goals and principles, among others, to build a “Healthy and Self-sufficient Community”:

- The frail, disabled, and chronically ill are ensured independence and dignity.
- People achieve and maintain optimum mental and physical health.
- People play an active role in community life.
- All people have access to affordable and safe housing.
- People acquire and retain jobs and achieve economic independence.²

The strategic plan work group identified six priority work areas in order create the foundation of healthy aging communities in Marin: chronic disease prevention and management, effective and affordable home care, affordable housing and supportive services, community engagement, elder abuse prevention, transportation and pedestrian safety.

We believe that addressing each of these issues is crucial to the development of a healthy aging community for older adults in Marin. At the same time, these are areas in which the Marin County Division of Aging along with its partners in the community can make substantial progress over the next ten years. The tasks of improving access to transportation, affordable housing and supportive services, of developing community awareness of elder abuse, of providing an affordable home care option, for example, already have considerable advocacy momentum. Infrastructure is also in place and projects are under way as a result of Division of Aging’s five-year Long-Term Care Integration planning efforts, leading to the development of an integrated approach to chronic disease prevention and management. **Together, these are all goals we can achieve.**

² From Healthy Marin Partnership’s website: www.healthmarin.org

(A) Chronic Disease Prevention and Management

In the year 2000, one hundred million Americans had at least one chronic illness and nearly half of these persons had multiple chronic conditions. A quarter of all persons 65 and older suffered from four or more chronic diseases. Caring for chronic conditions contributes to three-quarters of our total national health care expenses.³ Many persons with chronic conditions meet daily physical, psychological, and social challenges—with little support from a medical care system that has not been organized to address chronic care. This problem is intensified among low-income and minority populations who face higher prevalence of chronic conditions and increased risk of multiple chronic diseases.

Public policy that makes healthy aging a priority in Marin County requires systemic change at the heart of today’s medical and community-based systems.

- Medical care currently focuses predominantly on urgent need. It must shift to proactive on-going chronic disease management. Making this shift requires not only changes in physician practice patterns, but also changes in healthcare reimbursement to promote care management instead of crisis management.
- Community services suffer from similar problems. Only after a health crisis are most publicly-funded services available and care management only as a last resort. Community services need public funding for earlier interventions.
- Adding to this dilemma is the lack of coordination and communication between medical care and community care. Both systems must learn to work together in order to better serve at-risk and chronically ill older persons.

To improve the quality of life for older adults with chronic conditions in Marin, medical care and social service organizations will need to make changes in both the design and delivery of their services. We must develop proactive strategies that promote education and self-management and true collaboration across organizational and service sector boundaries in order to achieve healthy aging.⁴

Caring for chronic conditions contributes to three-quarters of our total national health care expenses.

³T. Bodenheimer, *Examining Chronic Care in California’s Safety Net*, p.4, 2003.

⁴ E. Wagner, et al., *Improving Chronic Illness Care: Translating Evidence into Action*, Health Affairs, 20: 64-78, 2001.

Goal: Create a collaborative, community-based chronic disease prevention and management program for low-income adults and older persons in Marin County.

Objectives:

1. Develop a high level Working Group⁵ to create a ‘Geriatric System of Care’ which integrates services across service delivery sectors and care settings.
2. Create ‘Geriatric Primary Care’ teams and ‘Geriatric Primary Case Managers’ to coordinate care across sectors and care settings for complex clients.
3. Develop a continuum of strategies to support ‘Population Management’ in the clinics and in the community.
4. Make Chronic Disease Self Management Groups available to Marin’s older residents to support the behavior change required to manage chronic diseases.
5. Develop strategies for information technology and financial sustainability.

(B) Effective and Affordable Home Care

As older adults age, whether living in affordable housing, apartments, or their own homes, they often need more personal assistance to remain in their own homes. For many older persons, however, their limited incomes prohibit access to the home care services they need.

The Buck Institute for Age Research reported in its recent study *Health and Functioning in Marin* that one in four persons over the age of 85 had trouble bathing, one in three had difficulty walking, and one in four persons over the age of 75 needed assistance with at least one instrumental activity of daily living, such as shopping, housekeeping, or meal preparation.⁶ According to the 2000 US Census, 4,618 persons, or 13.8% of those over the age of sixty-five, have a disability that prevents them from leaving their homes.⁷

According to the 2000 US Census, 4,618 persons, or 13.8% of those over the age of sixty-five in Marin, have a disability that prevents them from leaving their homes.

⁵ The Work Group should include key leaders of the Dept of Health & Human Services, community health centers, medical practitioners and community-based organizations.

⁶ D. Reed, W. Satariano, et al., Health and Functioning Among the Elderly of Marin County: A Glimpse of the Future, *Journal of Gerontology*, 50:2, Tables 5, pp. M66-7.

⁷ US Census 2000.

For the functionally impaired older person the struggle to maintain independence in the face of increasing disability is a daily one. Quality home care can make the difference between whether a person stays in his or her own home or must move to a more restrictive housing environment, such as an assisted living facility or a nursing home. Without adequate and affordable home care in Marin, increasing numbers of older persons will have to be institutionalized, at much greater societal and personal cost.

Goal: Improve the efficacy and accessibility of home care services for older persons in Marin.

Objectives

1. Expand access to affordable private home care by maintaining and enhancing the quality of the home care registry in Marin.⁸
2. Explore options for subsidizing home care for low-income older persons who do not qualify for In-Home Supportive Services (IHSS).
3. Provide consumers with educational information on home care.
4. Advocate for additional In-Home Supportive Services home care features:
 - A. Increase wages for IHSS workers by advocating for increased federal and state funding, while capping the County’s contribution.
 - B. Offer training opportunities for home care workers.
 - C. Develop an on-call emergency home care backup system.
5. Develop an “assisted management” model of home care for consumers who want assistance in managing their home care worker.

⁸ The home care registry is part of the Home Care Consortium of Marin, operated jointly by Marin Center for Independent Living and West Marin Senior Services in conjunction with the Marin County H&HS’, Divisions of Aging and Social Services.

(C) Affordable Housing and Supportive Services

Eighty percent of Marin's older adults own their own homes.⁹ For these persons, their home represents not only a large investment but also the symbol of security and comfort and a lifetime of memories and experiences. Almost 70 percent of homeowners moved to Marin more than 20 years ago.¹⁰ They do not want to leave their homes. Many find themselves house-rich and cash-poor, facing maintenance, utilities, real estate taxes, and insurance costs on fixed incomes. We can support the desire of older adults to stay in their own homes by providing home modification assistance, identifying reputable and affordable contractors, and educating older persons on reverse mortgages and opportunities for shared housing.

Marin County presently has only approximately 1,000 low-income independent housing units, each with long waiting lists. Yet four out of every ten householders over age sixty-five in Marin meet the very low-income criteria set by HUD (under \$40,000/year).¹¹ Although some of these older persons own their own homes, many are struggling to maintain these homes and to stay in them as long as possible. Older persons who are renters, approximately 13,000 persons, could qualify for affordable senior housing if units were available. Many older adults now leave the county to find affordable places to live.

Marin County has seen over the past ten years an incredible growth in high-end assisted living and the virtual disappearance of all affordable assisted living. Although new assisted living providers have been mandated by some jurisdictions to provide a few low-income units, virtually none include the cost of services. The average local cost in 2003 of a unit of assisted living including meals, but not support services, was \$3,500/month or an annual cost of \$42,000.¹² 43 percent of Marin householders 75 years and older have incomes under \$35,000.¹³ Clearly, they cannot afford assisted living. Their total income does not even cover the costs of room and board. The Marin County Public Guardian's Office is currently placing very frail and very low-income older adults in other counties or in skilled nursing facilities due to the lack of affordable assisted living in Marin County.¹⁴

If older persons are to continue to live in their own homes and apartments in Marin, we must strengthen and expand the community services that will support them as they age. Home-delivered meals, transportation, day care services, respite care for caregivers, Alzheimer's day care and case management services—all provide critical support to older persons who can no longer live as independently as they previously did.

⁹ US Census 2000.

¹⁰ Ibid.

¹¹ Ibid.

¹² County of Marin Draft Housing Element, April 2003.

¹³ US Census 2000, SPF3.

¹⁴ County of Marin Draft Housing Element, April 2003.

Goal: Increase the overall number of affordable senior housing units through proactive policies and improve access to supportive services for older persons in Marin.**Objectives**

1. Increase the overall stock of affordable senior housing in Marin.
2. Continue to develop and expand the Division of Aging's demonstration supportive living program called "Healthy Mackey Terrace." (Mackey Terrace, located in Novato, is a low-income independent apartment complex operated by EAH, a non-profit housing developer.)
3. Support the co-location of supportive services within senior housing. (For example, EAH, in collaboration with Senior Access, Marin's Adult Day Health Care provider, is attempting to develop a new senior housing complex with co-located services.)
4. Investigate the financial feasibility for all residents in low-income senior housing in Marin to have access to a service coordinator to create linkages to community services.
5. Create various new models for shared In-Home Supportive Services (IHSS) such as clustering IHSS hours within a senior or disabled residence, exploring both the technical and practical feasibility.
6. Advocate for state Medi-Cal waivers that permit Medi-Cal payments for home- and community-based services.
7. Adopt the principle of Universal Design as an operating principle by all low-income housing developers funded by Community Development Block Grants or by the Marin Community Foundation; and promote the incorporation of the Universal Design principle into city and County building codes.
8. Expand grants for home modifications for low-income older persons.
9. Develop a shared housing program and increase public awareness of the advantages of shared housing in Marin.



(D) Community Engagement

We find meaning in our work and seem ‘to disappear’ when we retire. How will we remain engaged, vital and productive, when we no longer work? Among older adults we find some of the wisest and most inspiring individuals in our society. They represent an enormous resource in Marin of energy, creativity, experience and free time that we would be foolish not to utilize. This is what Marc Freedman has called “this country’s only increasing natural resource.”¹⁵ A recent survey by the Marin Community Foundation showed that large majorities in Marin agree on broad community aspirations, but only 52 % of Marin’s population currently volunteers, compared to a national average of 56%.¹⁶ Creating a wide variety of meaningful and intellectually stimulating volunteer opportunities for older persons will enrich our society in untold ways.

As Americans live longer, many older persons worry about their economic security. Traditionally, the structure of retirement security has been thought of as a “three-legged stool:” Social Security, private pensions and personal savings. A fourth leg has now been added to that stool—earnings. Income security and employment are closely connected. Many people can afford to retire early, but many cannot. The fear of outliving one’s retirement resources is very real. Some will choose to work longer; others will retire voluntarily; and still others may be displaced from the workforce at younger and younger ages. The high cost of living in the Bay Area widens the gap between Social Security or other pension payments and the amount of income required to make ends meet, forcing many older persons to continue to work or to seek temporary or part-time employment after retiring.¹⁷

In the future, more of our retirement income will come from work, rising from 27% of a retiree’s total income in 1992 to a projected 41% in 2029.¹⁸ Even at advanced age, employment is still viewed as a way to assure financial independence. The following statistics from the U.S. Census Bureau tell this story, of older adults who are “older workers”:¹⁹



¹⁵ Marc Freedman, *Prime Time: How Baby Boomers Will Revolutionize Retirement and Transform America*, p. 16, 2000.

¹⁶ Marin Community Foundation, *Making a Difference in Marin, A Report on Giving and Volunteering in Marin County*, p. 4, March 2001.

¹⁷ Marin’s Senior Community Service Employment Program currently has fifteen low-income persons on a waiting list seeking one of only nine minimum wage subsidized employment slots.

¹⁸ Institute of the Future, *Fault Lines in the Shifting Landscape: The Future of Growing Older in California-2010*, p.17.

¹⁹ US Census 2000, SPF 3.

➤ The number of persons aged 65 and older either working or looking for jobs has grown by more than 50 percent since 1980.

➤ In June 2003, 13.8 percent of the 65-and-older population were working or looking for work, up from 12.5 percent just three years earlier.

➤ While there has been a decline in older men’s participation in the work force due to early retirements, middle-aged and older women’s labor force participation remains high with 52% employed between the ages of 55 and 64.

Experts also tell us that the increase in the number of older persons who continue to work reflects not only the erosion of retirement savings and stock market losses, but also the changing attitude toward work and retirement among older adults. Older workers, however, frequently face negative stereotypes about aging, along with wage, benefit and hiring discrimination. Public employment and training programs, such as the Workforce Investment Act, historically underserve older workers. But recent research suggests that many assumptions about aging that prevent older persons from being accepted in the workforce are simply wrong. True enough, the speed of cognitive processing is measurably affected by aging, but the abilities to solve problems remain as sharp in the very old as in the middle-aged.²⁰

Goal: Foster the continuing engagement of older adults by developing a variety of employment and community service opportunities in Marin.

Objectives

1. Provide employer training in aging issues and actively promote the recruitment of older workers.
2. Support and expand older worker programs, such as the YWCA’s FiftyPlus and Whistlestop’s Senior Community Service Employment Program.
3. Promote flexible work schedules, home office, telecommuting, and job sharing, along with combinations of work and retirement.
4. Maximize the meaningful contributions of older persons by encouraging and promoting more volunteerism and community service.

²⁰ F. Blanchard-Fields, F. Chen, L. Norris, “Everyday Problem Solving Across the Adult Life Span,” *Psychology and Aging*, 12, pp.684-693.

(E) Elder Abuse Prevention

Elder abuse, in all its forms -- physical, sexual, emotional, financial, and neglect -- is a serious and growing nationwide problem. Vulnerable older persons can be preyed upon by scam artists, injured by family members, taken advantage of by caregivers, and neglected in nursing homes. Elder abuse is largely a hidden problem. It has no ethnic or demographic boundary. It happens in poor, middle, and upper income families, in assisted living facilities with crystal chandeliers, and in nursing homes where staff are too busy to answer call buttons and residents are unable to care for themselves.

Every month, Adult Protective Services (APS), part of the Marin County Division of Social Services, receives 10 to 20 calls reporting suspected abuse. In FY 2002-03, APS investigated 309 cases of suspected abuse, of which 90 percent involved a victim over the age of 65.²¹

Older persons themselves rarely come forward to report this abuse. Early detection and prevention of elder abuse are a community responsibility. Isolation is an older person's biggest enemy. Neighbors who keep an eye on an elderly neighbor, friends who continue to visit when their elderly friend moves into a nursing home, bank employees who become suspicious when elderly customers suddenly make large withdrawals — all contribute to the prevention and eventual elimination of elder abuse. There is a need for increased awareness of our neighbors' needs and a resurgence of our sense of community.

Goal: Implement effective policies that minimize or eliminate cases of elder abuse in Marin County

Objectives

1. Advocate for the expansion of Adult Protective Services and the Ombudsman Program with increased state and federal funding for these critical programs; promote the recruitment of additional volunteer Ombudsmen.
2. Expand the Elder Abuse Prevention Community Task Force.
3. Sponsor community education programs, such as the Seniors Against Investment Fraud (SAIF) Program to inform consumers as to what they can do to protect themselves from financial fraud and abuse.
4. Establish a Financial Abuse Specialist Team (FAST) in Marin.

²¹ APS Monthly Statistical Report 2003.

(F) Transportation and Pedestrian Safety

One of the most difficult decisions individuals make in the course of a lifetime is to give up the keys to the car. In America, mobility equals independence. Driving is critical for maintaining health and emotional well-being. For many of Marin's elderly, the real and perceived inadequacies of the paratransit system only increase the reluctance to stop driving. If older persons are unable to get out in the communities they live in, our promise to maintain people in their own homes as they age is empty.

Budget constraints in funding public transportation come at a time when the need for paratransit in Marin County is projected to increase at an even greater rate than in the past due to the aging of the population. The two most recent strategic plans for transportation, Marin Transit Futures and Moving Forward: A 25 Year Transportation Vision for Marin County, both recommend increased paratransit services and other initiatives, such as accessible taxis with wheelchair lifts, to meet the increasing needs of the aging and disabled population. Instead, we face potential reductions in paratransit service, as the Marin County Transit District copes with large budget deficits.

Marin County ranked as the second highest county in the State for fatalities of pedestrians as a percentage of all accident fatalities in the county

Older persons who don't qualify for paratransit and no longer drive face particular difficulties with very few options in Marin's public transportation system. They risk becoming isolated in their own homes or dependent on the kindness of friends and family.

Pedestrian safety is also a problem for older persons and persons with disabilities. Nationally, 27 percent of pedestrians killed in single-vehicle crashes in 2001 were sixty years of age or older even though people in that age range constitute only 17 percent of the population.²² In that same year, Marin County ranked as the second highest county in the State for fatalities of pedestrians as a percentage of all accident fatalities in the county.²³ Drivers in Marin County have a tendency to not stop for pedestrians in crosswalks.

In addition, some cities within Marin County are not enforcing the California Code for sidewalk safety and maintenance, which states that property owners are responsible for their own sidewalk safety and maintenance. Other Marin municipalities, such as the City of Novato, have assumed responsibility for sidewalk maintenance, either completely or on a 50-50 basis shared with the homeowner; but many sidewalks still are not maintained and unsafe for pedestrians. Many sidewalks are not accessible for wheelchair users or the walking surfaces are uneven, placing older persons at risk for catastrophic, bone-breaking falls.

²² Older Americans Report, September 12, 2003.

²³ 2001 Provisional traffic injury & fatality numbers from the California Highway Patrol's Statewide Integrated Traffic Record System.

Goals

- 1. Provide public, accessible transportation at low cost to all of Marin’s older adults.
- 2. Assure sidewalk access and crosswalk safety in all of Marin’s towns, cities, and county jurisdictions.

Objectives

Activate local advocacy organizations²⁴ to support and build momentum for the following actions:

- 1. Increase the capacity and improve the paratransit system’s overall functioning
- 2. Develop an all-volunteer driver program to fill the transit gap for older persons who don't qualify for paratransit and who cannot take public transportation.
- 3. Make pedestrian safety a top priority in local jurisdictions. Encourage cities to enforce sidewalk repair and maintenance by homeowners.
- 4. Enforce crosswalk violations by automobile drivers. All towns and cities should implement STEEP (Selective Traffic Enforcement and Education Program, as in Alameda County), a driver education program that emphasizes pedestrian safety.
- 5. Offer same-day paratransit services for urgent needs.
- 6. Develop taxis with wheelchair lifts as a more cost- effective solution than a single rider paratransit van.



²⁴ Local organizations include: Marin County Paratransit Coordinating Council, Marin County Commission on Aging, Advisory Committee on Accessibility, Marin County Committee on Disability and Marin Center for Independent Living

2. The Changing Landscape of Aging

Forecasting is an uncertain art at best. Grim predictions, for example, in the early 80s of intergenerational conflict have not materialized. Many social and technological factors may also change in ways that we cannot now envision. We don’t know what will be the future impact of the Internet on our society. It is already re-making our lives, creating connections between long-distance family members and isolated older persons, as well as providing access to invaluable information. But if we want to make good policy decisions today, we must understand how those decisions will reverberate into the future.

(A) AARP’s Public Policy Institute’s Findings

AARP’s Public Policy Institute recently analyzed the vast and disparate literature of demographic, socioeconomic, and policy trends that have significantly changed the delivery of aging support services in the past few decades.²⁵ We have summarized AARP’s most significant findings to enhance our own understanding of the trends affecting the nation and Marin.

Declines in Nursing Home Utilization

Nursing home utilization rates have declined steadily since the late 1970s, especially among persons 75 years and older.

Impact of Aging Baby Boomers

In the past, we have seen a rapid growth in persons over the age of 75. In next two decades, we will see a greater increase in people over the age of 60.

Decline in Percentage of People Becoming Disabled

In 1999, only one in five older adults over the age of 65 experienced a chronic disability, compared to one in four if the disability rate had stayed the same as in 1982.

Socioeconomic improvements have reduced the rate at which Americans become disabled.

Medical advances have also played a role in reducing disability rates among older persons. Changes in Service Utilization Due to Changes in the Older Population

Socioeconomic improvement is increasing the service options available to older persons with disabilities.

As men live longer, more couples live into old age together, contributing to the declining use of institutional care.

²⁵ Redfoot and Pandya, *Before the Boom: Trends in Long-Term Supportive Services for Older Americans with Disabilities*, AARP Public Policy Institute, October 2002

Older persons reaching the high-risk years of 75 and older during the next two decades have more adult children than previous generations of older persons.

Utilization trends for supportive services differ substantially among racial and ethnic groups.

Changes in the Delivery of Long-Term Supportive Services

Assisted living has grown substantially over the past decade, although the extent to which it has replaced nursing home services is not well documented.

Home health care utilization grew rapidly but then in the late 1990s declined precipitously following the cuts in Medicare reimbursements (Balanced Budget Amendment 1997). Home care benefits reimbursed by Medicare have now been capped by diagnosis, limiting the amount of services and therapies a person may receive in an outpatient setting.

Many nursing homes have responded to the changing long-term supportive service market by becoming increasingly diversified, by adding assisted living units, by specializing and adding an Alzheimer's, a hospice, or HIV/AIDS unit, or by becoming "medicalized" as rehabilitation hospitals with sub-acute special care units.

Changes in Public Policy Regarding Long-Term Supportive Services

Nationally, Medicaid's institutional bias in favor of funding nursing home services is slowly shifting toward increased funding for home and community-based services. This shift has not occurred in California.

Public and private payments for home- and community-based alternatives have combined with Medicare reimbursement changes to provide incentives for short-term, post-acute care, rehabilitation and end-of-life-care in nursing homes. This evolution in nursing homes is likely to intensify.

The authors of *Before the Boom* point out that "predictions based on past trends can lead to inaccurate conclusions if they fail to take into account the factors driving social change and the unique characteristics of each successive cohort or generation."²⁶ The improved socioeconomic characteristics of persons who will enter old age in the next two decades, for example, suggest the development of a "more consumer-driven market that will demand not only higher quality services but also a much higher quality of life."²⁷ **Baby boomers are certain to demand more services than their parents did.**

²⁶ Op. Cit., p.41.

²⁷ Ibid.

(B) Other Key Trends

Aging Baby Boomers

At every point of its life history, the baby boom generation—the 75 million persons born between 1946 and 1964—has greatly influenced the character of the U.S. population. Certainly, as baby boomers enter old age, they will also change the meaning of growing older in America. Ted Roszak predicts in *Longevity Revolution*, "If I were asked to guess what direction boomers will take when they become the next senior generation, I suspect a number of them will choose something rather like Maggie Kuhn's (founder of the Gray Panthers) vision, a reassertion of the ideal of community and the politics of advocacy."²⁸

- Boomers will demand more information, more choice, and more control over their lives.
- They have already changed the very definition of household and family structures.
- They will be better educated and more affluent than today's older persons.
- With their wellness orientation, their strong sense of personal empowerment, and their technological savvy, aging boomers will transform the "third stage" of life.

As Ken Dychtwald has stated, "Boomers are not going to grow old like any generation we have ever seen."²⁹

For the next decade, however, the aging boomer generation is not expected to have any significant effect on demand for supportive services, although their "social capital" does represent a unique opportunity for increased volunteerism and engagement with the community.

In the year 2030, in 26 years, when the oldest boomers reach the age of 85, demand for services is expected to crest. This does not, however, mean that there is no immediate urgency in strengthening the system of services for older persons in Marin. With the continual rapid growth of Marin's oldest residents, persons over the age of 85—nearly six times the pace of the overall county population growth rate of 6 percent—Marin's aging services are already struggling to meet the demand for their assistance.



²⁸T. Roszak, *Longevity Revolution: As Boomers Become Elders*, p. 36, 2001.

²⁹K. Dychtwald, "Ken Dychtwald on the Future," Bay Area 2020, *San Francisco Chronicle*, November 15, 1999.

Family Caregivers

Family members and friends unquestionably provide the major proportion of care to people in need. These caregivers frequently continue caring for dependent family members until their own mental, physical, and financial resources are drained. Adult children account for 42 percent of all caregivers, followed by spouses, who represent 25 percent of caregivers.³⁰ Adult children, usually daughters, are the dominant caregivers for older disabled women, while wives are the usual caregivers of older disabled men.³¹ With the out-migration of younger persons who cannot afford to live in Marin, older family members will be more isolated from their families. Sons and daughters will experience the difficulties of “long-distance caregiving” and will be unable to provide the direct, personal support their parents need.

The so-called “sandwich generation” also faces additional burdens. An estimated 15 to 21 percent of U.S. families may be caring for someone with a cognitive impairment.³² The typical Alzheimer’s caregiver is a 46-year-old woman taking care of her 77-year-old mother, with 40 percent of these women also caring for children at home.³³ As the population ages, many baby boomers will face retirement with the prospect of caring for an older relative.

Older caregivers may require increasing assistance themselves as they age. According to the Marin County Older Adult Health Survey, one in three persons over the age of 65 in Marin are caregivers. Older people also provide a significant amount of care for their grandchildren. Close to 4 percent of all children under the age of 18 in Marin are the primary responsibility of the grandparents with whom they live.³⁴

Most families do not want to give up their caregiving responsibilities. With a little professional support and occasional paid respite care, they are able to be much more effective caregivers. The National Family Caregiver Support Program, enacted as part of the 2000 reauthorization of the Older Americans Act and administered by the Division of Aging, has provided during the past three years much needed assistance to family caregivers in Marin.

Expansion of Home and Community-Based Services

Many states use technical strategies (Medi-Cal waivers) to augment community care by directing former nursing home dollars into case management and improved access to a multiplicity of services. These approaches can also be used to liberalize financial criteria for community services. California’s single effort to expand services to the Medi-Cal “aged, blind, and disabled” is currently on the budgetary chopping block.

³⁰ National Academy on Aging, Caregiving, Helping the Elderly with Activity Limitations, May 2000.

³¹ Katz, S.J. Kabeta, M. & Langa, K.M., “Gender Disparities in the Receipt of Home Care For Elderly People with Disabilities in the United States,” *Journal of the American Medical Association*, December 20, 2000.

³² Family Caregiver Alliance, Caregiving Fact Sheet, January 1998.

³³ Older Americans Report, “Report Cites Need for Alzheimer’s Disease Caregivers,” 23:8, February 19, 1999.

³⁴ 2000 U.S. Census.

More than any other state, Oregon, the state which introduced ‘Assisted Living,’ has created the funding and legal platform to actually reverse the rate of nursing home placement in favor of community placement. Oregon’s system of reimbursement by level of care promotes care in the community and at home. California’s lack of a Medi-Cal Assisted Living waiver program and a much too low rate for all residential placement has caused the virtual disappearance of community residential options for low income persons.

California State Budget Crisis

The year 2003 brought wave upon wave of fiscal bad news from our State Capitol. Not only is the huge size of the State of California’s deficit daunting but proposed solutions in the form of cuts to critical services are dismaying. The long-term fiscal health of the public sector is very bleak indeed. As we point out in the Strategic Plan’s assumptions, public funding alone will never be sufficient to meet the needs of older residents. In Marin, we must expand private and philanthropic funding and seek innovative ways to invite business, faith, civic, and volunteer communities to participate in addressing these challenges and to find cost-effective solutions.

California State Olmstead Plan

In May 2003, the State of California Health and Human Services Agency submitted to the Legislature the California Olmstead Plan, “a blueprint for an improved system in California and the steps needed to move towards achieving a system that will provide services in the most integrated setting for persons with disabilities.”³⁵ The guiding principles for the California Olmstead Plan are:

- Facilitate self-determination of persons with disabilities about their own lives
- Promote and honor consumer choices
- Support the integration of persons with disabilities into all aspects of community life
- Direct community-based services that are culturally competent and accessible, to the maximum extent possible, to allow persons with disabilities of all ages and with all types of disabilities to live in the community in non-institutional settings
- Recognize that, for minor children, the most integrated setting is at home with their families
- Develop, implement, and follow up the Olmstead Plan as an inclusive effort involving people with disabilities and their representatives, family members, providers, vendors, and other stakeholders.³⁶

³⁵ California Health and Human Services Agency, California Olmstead Plan, p.4, May 2003.

³⁶ Op. Cit., p. 5.

It was hoped that the California Olmstead Plan would be the catalyst for changing the institutional bias of Medi-Cal funding for long-term care services.

Medi-Cal is the major payer of long-term care services, most of which is spent in skilled nursing facilities (SNF). The rules governing Medi-Cal make nursing home placement the most easily accessible and, consequently, the most prevalent solution for most people needing long-term care, even in the face of a well-documented preference on the part of older persons and persons with disabilities to stay at home. Unfortunately, as we draft *Live Long, Live Well*, California has yet to implement its Olmstead Plan.

(C) Implications for Marin County in Next Ten Years

We have extrapolated from these national and state trends and policy developments, the most significant implications for Marin County over the next ten years:

- Based upon the assumption that supportive services will develop to support people at home, **Marin does not need more nursing homes.** Nursing home utilization will probably stay the same or decline.
- **Demand for home and community supportive services will increase** as the size of the 85+ population in Marin County increases. We expect continued growth in waiting lists for some critical services.
- **Private home health agencies are poised to grow** to meet the higher demands of older persons who have long-term care insurance or who have exhausted their Medicare home care benefits and can afford to pay privately for home health aides, chore workers, and registered nurses.
- **High-end assisted living/senior residential facilities will continue to be in demand** by many affluent older persons in Marin either as an alternative to living with limited supportive services or when home-based services are no longer a viable choice for them.
- **Couples will be living together longer** as disability rates continue to decline and the gap in the gender ratio continues to close. This translates into more spouses becoming caregivers.
- **Low-income older persons in Marin will continue to have fewer choices** for housing and supportive services.
- **Families will continue to provide the lion's share of supportive services** to their aging family members, but many younger family members will not live close enough to provide direct care themselves.

Our vision is to create a healthy aging community in Marin that promotes quality of life, choice, dignity and independence for its older residents.

3. Marin's Challenges and Opportunities

(A) Challenges

Marin's geography presents challenges. A ridge of coastal hills separates West Marin and makes it difficult to serve its older rural residents, who are scattered in small towns.

The local public transportation system lacks adequate funding to implement a truly responsive service to meet even the current demand. In FY 2003/04, the Golden Gate Highway and Transportation District was forced to cut bus service by one-third to alleviate a \$100 million shortfall in revenues projected over the next five years. To save \$20 million annually, they reduced the ride schedule by 175,000 rides. Paratransit services are also very close to capacity.

Hwy 101 is Marin's principal north-south transportation artery. Its legendary congestion impacts everyone, but is particularly painful for emergency medical services.

Limited local revenues make it difficult for cities to do more than respond to the emergency service needs of their older and disabled residents. Local police and fire departments find themselves acting increasingly like social service agencies, whether they are picking up older persons off the floor or searching for wanderers.

The State's projected budget deficit in coming years will place serious budget limitations on the ability of Marin County Department of Health and Human Services, the principal provider of all public health and human services, to grow its services to meet the increased needs of an aging community.

The combination of difficult economic times and the growth in demand for aging services has dramatically increased the fundraising burden on the boards of directors of Marin's many nonprofit agencies serving older persons.

There is a critical lack of affordable senior housing and virtually no affordable assisted living in Marin.

While there is currently no shortage of nursing home beds for persons whose nursing home stay is covered by Medicare or who either have private long-term care insurance or can afford to pay privately, the shortage of Medi-Cal nursing home beds in the county forces persons eligible for Medi-Cal to leave the county to find a nursing home that will accept them.

Many states have been far more proactive than California in reversing the institutional bias built into Medicaid system. Medicaid (Medi-Cal) is the main payer of nursing home care. People turn to nursing homes because public funding is not available for services in the community. Many states have proactively used a mechanism called a waiver to create funding for community-based, rather than institutional care. One might say that we ought to need waivers to put people in institutions, not to keep them out.

(B) Opportunities

The advocacy network for older adults in Marin County is well organized, spearheaded by a strong and proactive Marin County Commission on Aging. Various task forces also work on behalf of the interests of older persons: the Elder Abuse Prevention Community Task Force, the Fall Prevention Task Force, and the Long Term Care Integration Task Force.

In the year 2002, the Board of Supervisors created an In-Home Supportive Services (IHSS) Public Authority to negotiate wage and benefit packages for IHSS workers and to oversee the implementation of a home care worker registry. The IHSS Public Authority has moved rapidly to increase IHSS worker wages and to provide health benefits. It is now developing an IHSS home care worker registry.

The Marin County Department of Health and Human Services Division of Social Services delivers model programs to support adults with functional limitations through In-Home Supportive Services and for adults at risk of abuse through Adult Protective Services. Unlike most counties, Marin has integrated these programs to provide maximum communication and continuity within the constraints of categorical funding. Nurses are also part of the Adult Protective Services staff. Adult Services has also taken the lead in convening the Multidisciplinary Team, an interdepartmental team of experts that meets monthly to case conference on difficult cases.

The Marin County Department of Health and Human Services Division of Mental Health has developed a continuum of care for older adults. Marin's Mental Health Division has been proactive in developing a range of prevention services beyond those mandated for the chronically and persistently mentally ill. Its Senior Peer Counseling Program is highly acclaimed and recognized for the quality of the volunteer peer counselors.



Marin enjoys a vital and diverse nonprofit sector with a variety of strong social service agencies serving elderly and disabled persons. Marin has excellent case management, respite services, multicultural outreach programs, legal services, meals-on-wheels, and adult day health programs for its older residents. The strengths of the current service delivery system also include an exceptional ability to form partnerships among agencies and to work collaboratively.

Through the Novato Independent Elders Project, the California Community Partnership for the Prevention of Financial Abuse (CCPPFA) was established. A coalition of financial institutions, public and private agencies, CCPPFA has in a very brief time become a leading advocate statewide to prevent financial exploitation of older persons.

The County's paratransit provider, Whistlestop Wheels, is a cooperative and proactive operator. Whistlestop Wheels has excellent drivers who are well trained and treat people with dignity, sensitivity, and respect. Marin County's paratransit system exceeds ADA requirements. County government, both the Board of Supervisors and Marin County Transit District staff, is very concerned about meeting the transportation needs of the older population, as they try to balance fiscal constraints with an increasing demand for paratransit rides.

The Marin Community Foundation is a significant contributor to and participant in Marin's multifaceted nonprofit community. Many of the agencies serving Marin County's older persons receive core funding from the Marin Community Foundation. Without its philanthropic support, the landscape of services for Marin's older adults would be radically altered.

The Buck Institute for Age Research is developing a leading basic research institute to address debilitating diseases of aging in order to lengthen the "health span." The Institute's public lectures have also educated the entire community on many research topics.

The infrastructure is being built to launch a Chronic Disease Prevention and Management Program within the Marin County Department of Health and Human Services Division of Aging, using California Department of Health Services Long Term Care Integration Program grants.

Marin has a strong and committed medical community including private practitioners, hospitals, nonprofit community clinics, and Marin County Department of Health and Human Services clinics.

4. Characteristics of Marin's Older Adults

(A) Demographics

Marin County's land use and no growth policies have kept the county population relatively small and slow growing, with beautiful open space, rolling hills, and rural agricultural land. With a median age of 41.3 years, older than two-thirds of all other California counties, Marin's population is graying. Marin moves to the top of the scale in income and wealth indicators. Most local faces are white, even more so in the over-60 age group, with a relatively small minority population, Hispanics and Asian/Pacific Islanders making up the majority of non-whites. Only five percent of residents in Marin who are over the age of 65 are on Medi-Cal, the second lowest Medi-Cal rate in the state.

The following major trends and statistics have been identified in Marin County from 1990 to 2000.

General Population Characteristics of Marin

- The county's population grew by only 7.5 percent to 247,289 people. (rank: 46 out of 58 counties).³⁷
- In 2000, the median age was 41.3 years (rank: 13 out of 58 counties), compared to 33.3 years for the state.³⁸
- Marin's median home price of \$533,646 was the highest in the state in 2001, rising to over \$750,000 in the fall of 2003, compared to \$211,500 for the state.³⁹
- Median household income in Marin of \$85,364 was the second highest in the state and \$21,000 more than the state median.⁴⁰
- White persons not of Latino origin made up 78.6 percent of Marin's population, compared to 46.7 percent for the state.⁴¹

Between 1990 and 2000, the growth rate of Marin's 85+ age group was the second highest in the state.

³⁷ US Census 2000.

³⁸ California Association for Adult Day Services, California Long Term Care Data Book, 2002.

³⁹ Ibid.

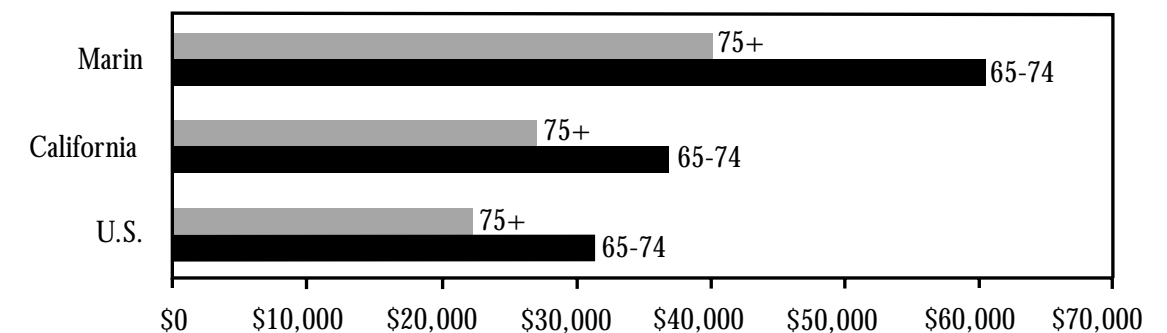
⁴⁰ Ibid.

⁴¹ US Census 2000.

Marin's Older Adults

- In 2000, 18 percent of the population was 60 years of age and older, a greater proportion than in any other North Bay County and San Francisco⁴².
- Between 1990 and 2000, the over-60 population grew by 16.2 percent (rank: 20 out of 58 counties).⁴³
- At the same time, the 85+ age group grew by 62.5 percent (rank: 2 out of 58 counties), and the 55-59 age group grew by 53 percent.⁴⁴
- Whites of non-Latino origin made up 91.1 percent of the over-60 age group, compared to 78.6 percent of the overall population. Asians made up the next largest group at 3.3 percent, with Hispanics at 3.2 percent and African Americans 1.3 percent.⁴⁵
- The median household income⁴⁶ for householders aged 65 to 74 was \$60,539. Only 4 percent of the over-60 age group had incomes at or below the federal poverty level. (See table below.)
- The median income for individuals 65+ living alone tells a different story. For men, it was \$36,768 and for women, \$26,570.⁴⁸
- Households of younger older persons in Marin with multiple incomes combined, shown in the table below, are more affluent than those of older persons who are living alone.⁴⁹

Median Household Income by Age



⁴² California Long Term Care Data Book 2002.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ US Census 2000.

⁴⁶ Household income refers to all income in the household including the family householder and all other people in the living quarters who are related to the householder by birth, adoption or marriage.

⁴⁷ US Census 2000.

⁴⁸ Ibid.

⁴⁹ Claritas 2003, Senior Life Report for Marin County.

- ➔ Marin’s older adults are well-educated: 40.6 percent of those aged 65 and older have a bachelor’s or graduate degree, compared to 19.8 percent of all Californians in the same age group.
- ➔ Most of Marin’s older adults have a large asset: their home. Seventy-nine percent of those aged 60 and older own their own home. However, for the 21 percent who rent an apartment, two in three spend 30 percent or more of their income on rent and utilities.
- ➔ Thirty-one percent of those aged 65 and over had some kind of disability.

(B) Health Status

In 2001, the Marin County Department of Health and Human Services conducted an older adult (aged 65 and over) health survey, a large community random telephone sample. The survey results demonstrated that the vast majority of Marin’s older adults is aging successfully, feels satisfied with their life, and is able to do basic activities. Only 8 percent of older adults smoke and most (80 percent) do some physical activity daily. The most common chronic conditions reported were arthritis (42 percent), high blood pressure (38 percent), high cholesterol (30 percent), cancer (22 percent), osteoporosis (20 percent), and heart disease (19 percent).⁵⁰

Did you know that one-quarter of Marin’s older adults drink everyday and one of ten are at-risk drinkers?

The survey generated the following profile of Marin’s older adults:

- ➔ 16 percent had experienced an accident, injury, or fall in the preceding year.
- ➔ 25 percent drink daily and 9 percent are at-risk drinkers (consuming 5 or more drinks on any one occasion—more than twice the recommended level for older adults).
- ➔ 68 percent of women over 75 years of age live alone.
- ➔ 13 percent are obese, and 7 percent are underweight, while 14 percent of older women over 75 years of age are underweight.
- ➔ 17 percent take five or more prescription drugs a day.
- ➔ 31 percent have some caregiving responsibilities, with half of these caregivers caring for a spouse.
- ➔ 6 percent have had a stroke.

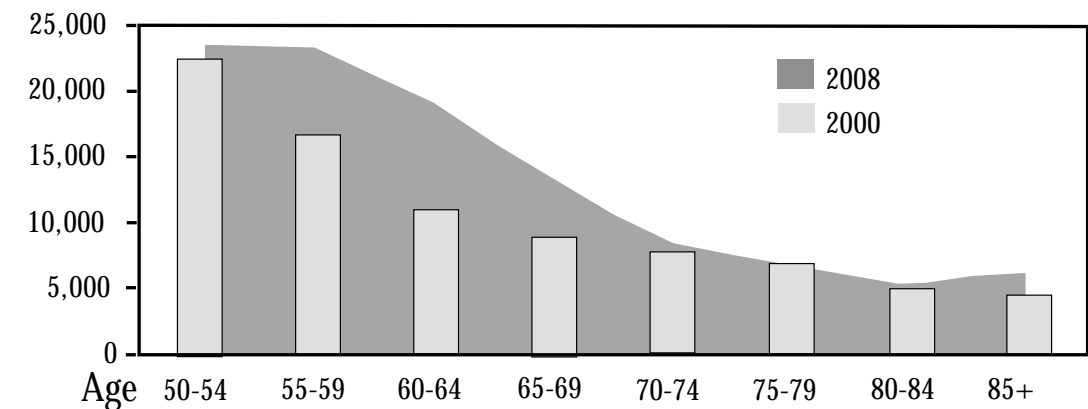
⁵⁰ Field Research Corporation, Marin County Health Survey – Seniors 65 and Over, 2001. Prepared for Marin County Department of Health & Human Services.

An evaluation of programs and services for older persons with dementia undertaken in 2002 estimated that 2,321 older persons suffered from dementia in Marin and projected that number to rise to nearly 3000 by 2020.⁵¹ The burden on families of caring for a loved one with dementia can sometimes be overwhelming.

(C) Population Growth Projections

By 2008, Marin’s older population is expected to grow at a significantly faster rate than the total county population. We will see an increase of 33 percent of people aged 60 and over between the years 2000 and 2008.⁵² The largest proportional increase will be in persons aged 85 and over, whose number is expected to grow by 39.3 percent between 2000 and 2008.⁵³ Marin is projected to experience only a modest increase in the total number of minority older persons, with the actual proportion dropping from 8.9 percent to 7.1 percent of the population that is 60 and older by 2008. The following table shows the beginning of the baby boomer generation entering their early sixties by 2008 in the shaded area.

Growth in Marin’s Older Adult Population, 2000-2008⁵⁴



(D) Implications

Current demographic research and projections suggest that Marin’s older adult population will grow substantially over the next ten years, particularly in the 85 and older age group, as a proportion of the entire county population, and many older adults will face increasing difficulty remaining in their own homes, in rental properties, or in affordable housing without significant increases in home health services and other supportive resources.

⁵¹ B. Kaskie, S. Meedel, Dementia Care Matters in Marin County, Marin Community Foundation & Alzheimer’s Association, 2002, p.i.

⁵² Claritas 2003, Senior Life Report for Marin County. In our search for reliable population projections, we found Claritas to be the more current and reliable than the California Dept. of Finance, even though it is limited to eight years.

⁵³ Ibid.
⁵⁴ Ibid.

On the other hand, Marin’s older adult population is a growing community asset that has yet to be fully tapped. This relatively affluent and well-educated population of older persons has a vast and unparalleled reservoir of experience and talent to share. Unfortunately, this has often been difficult to accomplish, as many agencies, which try to recruit older volunteers, can testify. Marin’s leadership must find innovative and creative ways to engage the older adult community in Marin, both in inter-generational programs and in program supporting other older persons who can no longer care for themselves.

Although only 4 percent of Marin’s older adults are living at or below the Federal Poverty Level, which in 2003 was \$8,980 for an individual and \$12,120 for a couple, the high cost of living in Marin makes meeting living expenses difficult for many older persons. County poverty statistics also reveal racial disparities: While only 4.5 percent of Marin’s white older adults live in poverty, 6.2 percent of Hispanics; 8.4 percent of Asians, and 11.5 percent of African American older persons live in poverty in Marin.

A closer look at the statistics of Marin’s household median income, which give the impression that all older residents of Marin are very affluent, reveals that older single women living alone have a much lower median income. With two in three older (75+) women living alone, shared housing may be an option to lower each person’s housing and utility costs and provide potential companionship.



A quarter of homeowners aged 65 and over spend 30 percent or more on housing, and 61 percent of older renters spend 30 percent or more on rent and utilities.

Although we do not expect to see baby boomers seeking elder services for themselves during the next ten years, more boomers will be providing care for their aging parent(s) or relatives. They will want a more “consumer-driven” health care delivery system. They will also need caregiver support services such as respite and support groups.

In an era of limited and shrinking public funding for aging services, it is imperative that our efforts are targeted to those most in need. While Older Americans Act funding will continue to serve older persons without regard to income, the Division of Aging will continue to make a priority programs for the following groups: low-income persons, minority persons, and isolated older adults.

5. Services and Gaps in Services in Marin

Marin County continues to struggle to build a responsive system of services for its over-sixty population. The Marin County Division of Aging has long sought to meet the challenge of providing a “comprehensive array of community-based services adequate to appropriately sustain older people in their communities and in their homes, including support to their family members.”⁵⁵ Only by working together through partnerships and collaborations with community-based agencies, businesses, hospitals and local governments can we build a more responsive system of services for older residents of Marin.

There is an acute shortage of health care-workers and the system of care for older adults is poorly coordinated.

Across the whole spectrum of services—medical, social, health, public, private, non-profit, for-profit, rural, and urban—are opportunities for collaboration. Partnerships can take the form of joint staff training and case conferencing, co-location of staff, Medi-Cal eligibility determination, and joint outreach and public awareness campaigns. These partnerships will strengthen programs serving older adults and make them more responsive to diverse needs.

(A) Community- or Home-Based Services and Programs

Marin is blessed with a strong and diverse system of community-based services for older adults provided by a variety of nonprofit organizations. These services form the foundation of the healthy aging community that we envision in Marin and include adult day care services, protective services, home care placement services, congregate and home-delivered meals, paratransit and care management services, preventive health care and legal services, and everyday money management. The value of these traditional services cannot be stressed enough. They are cost-effective and responsive to the unique needs of older adults in Marin. (See Appendix B for a more complete listing of services available in Marin.)

⁵⁵ Older Americans Act of 1965, Title I, Declaration of Objectives for Older Americans.

(B) Publicly Funded Marin County DHHS Programs

The Marin County Department of Health and Human Services is comprised of five divisions, all of which provide direct services to older adults living in Marin.

Division of Aging

The mission of the Division of Aging, designated as the Area Agency on Aging by the Marin County Board of Supervisors, is to promote the quality of life and independence of disabled and older adults. The Division works in partnership with the Marin County Commission on Aging, as the appointed representatives of Marin's elderly, and with the larger nonprofit community of Marin to create an integrated system of affordable community-based services. The Division has the overall responsibility to plan, develop and advocate for a comprehensive, community-based service delivery system to meet the needs of older residents in Marin County.

The Division annually serves approximately 7,000 individuals, most of whom are 60 years of age and older, through a network of contracted community based agencies, providing important social and supportive services for older adults, such as home-delivered meals, legal services, case management, and home care registry. The average age client is 75 years old and we serve the low-income and minority populations in greater numbers than they are represented in the older population of Marin. The Division is also charged with providing leadership on behalf of Marin's older population to create awareness of the needs of the elderly among elected officials, civic leaders and the community-at-large and to inform them on issues of local concern.



For the past five years, the Division has also assumed the responsibility for Long Term Care Integration. Out of this process have arisen two new programs to address the unmet needs of Marin's older population. *Project Independence* links at-risk adults being discharged from hospital with volunteer advocates. The *Chronic Disease Prevention and Management Program* is a pilot disease management program that includes population-based risk assessment and is working to develop the linkage between medical care and community resources, education and self-management, clinic and home visits in order to improve care and reduce the costs of chronic conditions.

Division of Alcohol, Drug, and Tobacco (ADT)

The Division of Alcohol, Drug, and Tobacco Programs (ADT) contracts the majority of its funds to community-based organizations to provide a range of services from prevention and early intervention to outpatient, residential, and detoxification services. Although virtually none of these activities is specifically directed to the older adult population, Marin's treatment programs serve almost twice the proportion of persons over age 55 as do all similar programs throughout the state—5 percent in Marin compared to 2.7 percent statewide.

A major challenge facing ADT is to continue to direct funds toward broad-based prevention strategies that educate the community and create environments that enable and support healthy norms and behaviors. An issue of growing concern is the consumption of alcohol in combination with prescription medications, a practice that can lead to a host of adverse outcomes including serious falls, disability, and even death. This is particularly important in Marin since the older adult community health survey revealed that 25 percent of older persons reported drinking daily and one in ten drank more than five drinks on any one occasion.

Another challenge is training professionals in the aging network on how to recognize a closet drinker and how to address this well-hidden problem. In turn, the professionals in the drug and alcohol intervention and treatment arenas could benefit from cross-training about the aging process, working with older adults and available programs and services. Funneling more public dollars into prevention could result in decreasing the problems associated with alcohol and other drug consumption among Marin's older persons.

Division of Community Mental Health (CMH)

Community Mental Health (CMH) provides the same array of services to older adults as to the general adult population. If an older adult is having a mental health crisis, he or she can go to Psychiatric Emergency at Marin General Hospital for an evaluation, just as any other person in Marin can. Through its three part-time mental health practitioners, CMH also offers specialized older adult services: in-home assessments, including mental health evaluations and referrals to other service providers; short-term crisis intervention; and a peer counseling program with approximately thirty senior peer counselors. CMH staff also supervises master's degree interns whom they train to work with older adults. CMH has bilingual capacity in Spanish and English. A psychiatrist consults and provides training for two-hours each week

One of the challenges CMH faces is integrating mental health with medical services. Physical and mental health should be integrated in all clinical settings. The chronically mentally ill are getting older, and now have physical health complications. Their families have previously cared for many of these persons. Where will they turn for help when their parents are no longer alive? We need to develop teams and working models that integrate services across all disciplines and provide ongoing case management.

Another challenge to Marin’s public service sector is that CMH has never had the mandate or the funding to address the needs of individuals with dementia. This gap is an issue of both financial resources and appropriate services. CMH’s services are currently not designed for treating dementia and other cognitive disorders. CMH receives no reimbursement for the treatment of dementia. Throughout the state, other mental health programs are concerned about this emerging problem, but little action has been taken.

Division of Public Health

The Division of Public Health is charged with protecting and promoting the public’s health in Marin County and is committed to the development of a broad range of policies and programs which promote health and wellness and address risk factors leading to chronic disease across the life span. Governed by many mandates and legal requirements, the Division of Public Health delivers a wide array of high quality clinical, prevention, and public health services, including community health and prevention, communicable disease control, nutritional education, emergency medical services and epidemiological research and surveillance. These programs are provided directly by the Division or by contracting with local community organizations. Clinical services span the full spectrum from women’s and HIV/AIDS health clinics to dental care, from travel immunizations to diagnosis and treatment of TB and sexually transmitted diseases. The Division has recently expanded into the new area of public health disaster preparedness for bio-terrorist attacks.



Marin County has one of the highest breast cancer incidence rates of any county in California. The Public Health Division has taken a leading role in orchestrating a broad range of efforts to explore the reasons for Marin’s high breast cancer rates, including epidemiological research into the lifestyle and environmental risk factors, community surveillance and mapping. The Epidemiology Program has joined a collaborative with UCSF, Kaiser, SF Public Health Department and Marin Breast Cancer Watch to become one of four new national Breast Cancer and Environment Research Centers.

In collaboration with the Division of Aging, the Public Health Division is testing out a new model of chronic disease screening, assessment and management to meet the increasing needs of Marin’s aging population.

Division of Social Services

The Division of Social Services operates three major programs for older adults: In-Home Supportive Services (IHSS), Adult Protective Services (APS), and the Ombudsman Program.

IHSS, a mixture of federal, state, and county funding, provides paid caregivers to assist low-income and functionally impaired persons in their own homes. The program has grown in recent years to more than 1,100 cases, spurred by changes in eligibility criteria, which reduced or eliminated the share of cost for many recipients. The acuity of cases has remained about the same. 48% of IHSS clients are under age 50.

APS is mandated to investigate reports of known or suspected abuse or neglect of elder and dependent adults to promote health and safety in the community. APS staff not only responds to and investigate abuse reports but also provide case management to elder abuse victims and potential victims. One solution to the risks faced by these older persons is to provide IHSS. For persons whose incomes and resources do not qualify them for IHSS and for whom private home care is prohibitive, the challenge for APS is to find adequate supportive services for these isolated older persons.

The Ombudsman Program advocates for the dignity, quality of life, and the quality of care for all residents of Marin’s long-term care facilities. Its staff investigates and resolves complaints from residents of these facilities.

(C) Gaps in Services

1. System of community and publicly funded services is fragmented.

Although Marin County is rich in services and aging network professionals have referral mechanisms to refer or redirect clients to the appropriate agency or program, older persons complain that they still have problems accessing the appropriate services when they need them. As older persons age, their needs become more complex, and solutions do not appear to be easily available at one single agency, program, or provider.

Marin’s services for older persons have different qualifying criteria, cost structures and are located in a variety of agencies and organizations. In addition, finding out about services and putting together the right ones to meet an individual’s unique needs is a daunting task for older

adults. Even family members frequently feel overwhelmed. Unless an older person has an advocate—a family member or a formal care manager—it can be very difficult to navigate the complicated system of services.

Problems become exacerbated. Many older persons are even afraid to talk about their problems or to ask for help, fearful that the only option will be to go to a nursing home.

2. Marin has only one adult day health care program, located in the City of Novato, serving both clients with and without dementia.

Located in North Marin, Novato's Adult Day Health Care program is one of a kind, and residents across the county are transported to the program each day. A more central location in San Rafael or smaller, local sites closer to the homes of their potential clients could make this program more attractive, particularly when traveling a significant distance is a problem for most frail older persons.

3. Demand for paratransit transportation is increasing and projected to increase much more over the next ten years.

The current paratransit operator, Whistlestop, is at or very close to capacity and cannot expand without increased funding or without lengthening the wait times of riders. Public funding shortfalls in 2003 preclude additional funds for paratransit. Fares have recently been increased to make up the deficit. Another option to increase capacity is to limit rides to the ADA-mandated areas in the County, thereby reducing the paratransit system's currently enhanced geographic coverage. But reducing coverage to just the ADA-mandated areas (three-quarters of a mile from a fixed route bus stop) would leave many people stranded without any transportation at all.

4. For many older persons, finding a primary care doctor in Marin County who will take new patients is very difficult.

Quality healthcare is vitally important as we age. But there is a shortage of primary care physicians in Marin County. When physicians retire, younger doctors cannot afford the cost of housing or practice start-up costs. In the year 2002, the closure of two Medicare HMOs forced over 3,000 older persons to scramble to find new doctors. Many joined Kaiser, which now covers over 40 percent of Marin's Medicare-eligible population. Marin General Hospital has recruited new physicians to the community in the last few years with practice income/loan guarantee packages. These efforts have alleviated some of the shortage of primary care physicians for older persons in Marin, but continued recruitment of physicians is necessary for the foreseeable future.

5. There is a tremendous workforce shortage of nurses, home health aides, certified nursing assistants and home care workers.

Reflecting the statewide shortage of nurses, Marin's hospitals struggle to adequately staff their facilities. They frequently have to incur higher costs to do so.

The high cost of living in Marin also prevents many home health aides from living here. These workers provide critical services in both nursing homes and in the private homes of frail older persons. But the pay for these workers is so low that most cannot afford to live in the county and are forced to travel great distances to work here. Studies show that for a very minor pay increase (\$0.25/hour) workers will switch to jobs closer to their homes, creating high turnover in these services. Both nursing homes and home care agencies are experiencing these workforce shortages. Marin County has tried to mitigate these problems by creating an IHSS Public Authority for IHSS caregivers and increasing their wages. The Board of Supervisors has also approved a benefit package for these workers which will provide further incentives for workers in this field.

6. Aging frequently brings isolation.

Two out of three women over seventy-five in Marin live alone.

Marin has always been known for its neighborhoods. But, increasingly, we are unaware of what is happening to our older neighbors. With failing health and other physical problems, older persons can easily become isolated, sometimes having little or no human contact on a daily basis. Social isolation may then cause a myriad of other problems: increased use of alcohol, depression, and disinterest in the life around us. Programs such as the Novato

Independent Elders and Project Independence re-create community connections for isolated older persons. We can create this community of concern in Marin. A public awareness campaign focused on this issue could change the attitude among Marin's younger population toward old people and foster a greater sense of community in caring for and interacting with our aging neighbors.



Appendix A

Older Americans Act

Declaration of Objectives for Older Americans

SEC. 101. The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their official subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- (1) An adequate income in retirement in accordance with the American standard of living.
- (2) The best possible physical and mental health which science can make available and without regard to economic status.
- (3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
- (4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
- (5) Opportunity for employment with no discriminatory personnel practices because of age.
- (6) Retirement in health, honor, dignity – after years of contribution to the economy.
- (7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational, and training and recreational opportunities.
- (8) Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Appendix B

Marin County's Services for Older Adults*

(1) Community or Home-Based Services and Programs

- | | |
|---|---|
| <i>Adult Day Health Care</i> | <i>Grocery Shopping</i> |
| <i>Alzheimer's Advocacy & Day Care Resource Center</i> | <i>Health Insurance Counseling and Advocacy Program (HICAP)</i> |
| <i>Brown Bag Program</i> | <i>Hearing Impairment Services</i> |
| <i>Case Management</i> | <i>Home Care Registry</i> |
| <i>Community Medical Clinics</i> | <i>Home Care Services</i> |
| <i>Companionship Services to Older persons at Home and in Nursing Homes</i> | <i>Hospice Care</i> |
| <i>Consumer Protection Services</i> | <i>Housing Rehabilitation Loans & Services</i> |
| <i>Counseling & Referral for Substance Abuse</i> | <i>Human Needs Center</i> |
| <i>Elder Financial Abuse Prevention</i> | <i>Information and Assistance Services</i> |
| <i>Elderhostel</i> | <i>In-Home Services Respite Registry</i> |
| <i>Emergency Food Program</i> | <i>Injury Prevention Program</i> |
| <i>Family Caregiver Support</i> | <i>Legal Services</i> |
| <i>Financial Management and Counseling</i> | <i>Lifeline/Are You OK?</i> |
| <i>Foster Grandparents Program</i> | <i>Low-Cost Affordable Housing</i> |
| <i>Friendly Visiting</i> | <i>Meals (Home Delivered and Congregate)</i> |
| <i>Grief Counseling</i> | <i>Mental Health Peer Counseling</i> |
| | <i>Multicultural Outreach and Social Service</i> |

(1) Community or Home-Based Services and Programs (continued)

Nutrition Consultation and Education
Older Workers Employment Programs
Outpatient Clinic Medical Services
Outreach and Referral Programs
Paratransit Transportation
Recreational Services
Respite Care Services

Senior Centers (providing a variety of recreational, assistance, and social programs)
Skilled Nursing Services
Support Groups
Transportation Programs
Veteran's Services
Vision Impairment Services
Voluntary Health Agencies (education and family support)
Volunteer Programs

(2) County-Sponsored or City-Supported

Adult Protective Services
Case Management
Chronic Disease and Prevention Management
Community Mental Health Services
Dental Services
Food Stamps
Gynecological Services
Hospital to Home Transitional Support Services (Project Independence)
In-Home Supportive Services (Home Care)
Peer Counseling
Public Guardian Program

Public Health Nursing Prevention and Education Services
Long Term Care Ombudsman Program
Low-Income Public Housing
Ombudsman Program
Rental Assistance
Senior Centers (providing a variety of recreation, assistance, and social programs)
Supportive Affordable Housing (Healthy Mackey Terrace)
Veteran's Services
Volunteer Programs to Aid Older persons at Home



(3) Institutional Programs and Services

Assisted Living Homes (Residential Care Facilities for the Elderly)
Convalescent Homes and Hospitals
Dementia and Alzheimer's Disease Residential Facilities
Kaiser Hospital
Kaiser Hospital-Chronic Care Services
Kentfield Rehabilitation Hospital
Marin General Hospital
Marin General Hospital-Senior Partial Care
Novato Community Hospital
Psychiatric Inpatient Services-Marin General Hospital

**Although we have tried to be as comprehensive as possible, this list may not include every service available to older persons in Marin County. A Directory of Senior Services for Marin County, a comprehensive guide to services for older adults can be obtained from Whistlestop by calling 456.9062. The Marin County Division of Aging publishes Choices for Living, A Housing Resource Guide for Marin County Seniors. It can be obtained by calling 499.7396.*



Appendix C

**Division of Aging
Organization Chart**

