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PETALUMA
SONOMA COUNTY
CALIFORNIA-USA

AGE-FRIENDLY NEEDS ASSESSMENT 2022



Prepared & Donated by Kris Rebillot & Nancy Frank for the City of Petaluma

Petaluma Age-Friendly Needs Assessment 2023

Executive Summary

I. Background and Methods

In January 2020, the Petaluma City Council voted to join the Age-Friendly Movement, originated by the World Health Organization (WHO) and managed in North America by AARP as the Age-Friendly Network. While Age-Friendly Communities are described as being livable for people of all ages (*Age-friendly communities are great places to grow up and grow old in*), the focus of attention tends to be on seniors given the rapid growth in this group and the marginalization of older adults in our youth-obsessed society. Nationally, AARP Age-Friendly emphasizes diversity, equity and inclusion – as we do here in Petaluma.

Key initial steps in Petaluma’s membership commitment to the AARP Age-Friendly Network are to conduct a community-wide Needs Assessment, and to use those findings to develop a community Action Plan. Findings from the Needs Assessment are provided here.

Kris Rebillot, former chair of the Senior Advisory Committee and Senior Director of Communications at the Buck Institute for Research on Aging, and Nancy Frank, a public health planner/evaluator with Age-Friendly experience, have led the Needs Assessment process on a volunteer basis under the guidance of the City Manager. The Mayor, City Council, Director of Parks and Recreation, the Senior Advisory Committee, community leaders and others have supported this process.

Demographic and existing needs data were largely collected in late 2019 and 2020 from a wealth of existing (mostly online) sources. New local data is added from a survey of Petaluma seniors and rising seniors (903), interviews with key City staff and Department heads (10), and a focus group of community leaders/providers (8). A list of City staff and community providers who participated is included in Attachment 2. Because those involved in interviews and the focus group were guaranteed anonymity, findings are presented here in aggregate. An Executive Summary and full survey results can be seen at <https://cityofpetaluma.org/age-friendly-petaluma/>.

Sample Bias: It took several months to gain broad enough survey participation to be fairly reflective of the population of older adults in Petaluma in terms of White/Black/Asian race, education levels, and economic status. However, despite significant effort and support from key leaders in the LatinX community, we were unable to engage enough LatinX Seniors to be reflective of this group. More work needs to be done in this area.

Another group that is certainly underrepresented in the survey is the most isolated seniors who are not on the Internet and/or don’t engage with community-based service providers. While this is always a challenge, it was made worse by the isolation caused by Covid and the inability to conduct door-to-door outreach.

II. Demographics and Descriptive Data

Fairly extensive descriptive data on older adults in Petaluma is provided in the body and Appendix 1 of this report. A short list includes:

- 32% of Petaluma’s population is currently age 55 or older. By 2030, the population of Petaluma ages 65 and older is projected to be 18,790 with 2,423 ages 85 and older.
- While 63% of Petaluma’s overall population is White, this rises to 83% among those ages 60 and older. Among older adults, 9% are LatinX, 4% are Asian/PI, 1% are Black, and 7% are two races or more. This will certainly change as the current overall population ages.
- In 2020, 60% of renters and 33% of home owners ages 60+ were spending more than 30% of their income on housing.
 - In 2020, 648 older adults ages 55 and over were identified as unhoused and 41% of them were fully unsheltered.
- The median (national) annual Social Security payment is \$19,370, leaving nearly a \$25,000 gap between this average payment and local self-sufficiency as defined by the Elder Index.
- 1 in 3 older adults fall each year. Fall death rates among older adults increased about 30% from 2009 to 2018. Rates are highest among those 85 and older.
- 29% of Sonoma County Seniors are living with a disability. The number of seniors in California with disabilities is projected to grow by 160% from 2015 – 2060 – while the growth of the senior population is projected to grow by 135% during that time.
 - Over 20% of adults ages 60+ suffer from a mental or neurological disorder and 6.6% of all disability among people 60+ is attributed to mental and neurological disorders. Dementia, depression, anxiety disorders, and substance abuse are the most common.
 - While 7% of adults 60 and older have dementia, nearly 30% of those 85+ do.
 - Notably, the rate of suicide in the oldest group of white males (ages 85+) is over four times higher than the nation’ overall rate of suicide.
- 7 out of 10 people will require long term care in their lifetime.
- 65 million family caregivers in the US care for aging loved ones or people with disabilities. They most need: More financial support, emotional support, recognition for what they are doing, and some time off (respite).
 - Increasing the home care workforce and supporting them through training and a living wage is recognized as a top priority in the new California Master Plan for Aging.
- 5.5 million seniors in the US don’t have consistent access to enough food for a healthy life. Overall, California’s rate hovers at 8.4% - worse than the national average. These figures are expected to continue to rise.
 - There are a variety of barriers that keep older adults from healthy eating beyond affordability including loss of appetite, inability to address dietary restrictions, and physical and cognitive problems that make cooking unsafe. The need for healthy, prepared meals is high and growing across all income groups.
- Social isolation significantly increases a person’s risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity. Social isolation is associated with about a 50% increased risk of dementia.

IV. Summary

This section tightly summarizes needs identified in the body of this report that address what older adults report they need and want, and what leaders and experts think is needed in order for the overall population of older adults to thrive in our community. These needs are fairly consistent with international, national, state and county findings and priorities. These include:

OVERALL: Petaluma is generally seen as a good place to age.

NEEDS:

1. Housing

- Affordable housing for seniors
- More accessible and appropriate housing options that support independence at all income levels
- A more complete continuum of supported living options
- Prevention and early intervention against becoming unhoused

2. Streets and Transportation

- More and more personalized public transit options
- Cross-town connections and shuttles that would facilitate shopping, getting to medical care, and socializing
- More affordable options for getting to medical appointments outside of Petaluma

3. Outdoor and Community Space

- Safer sidewalks
- More bathrooms
- More community gathering spaces for older adults and intergenerational activities

4. Social/Civic Participation (remember, survey biased towards most connected residents)

- A single, accessible resource to learn what is going on around town
- A second senior center on the West Side
- More culturally diverse (including LGBTQ) and intergenerational activities
- Outreach and in-person and on-line offerings for those who are isolated and/or homebound
- A combination of technology support for access to information and written alternatives

5. Community and Health Services

- More support to identify needs and connect people with resources through a centralized written/electronic mechanism and live assistance ranging from live linkages to case management
- More access to healthy and prepared food for a broad range of income levels
- Expansion/strengthening of all aspects of in-home supportive care including availability of caregivers, training, living wage pay, and support for family caregivers
- More actively seeking out and serving our most isolated seniors
- Greater availability of education and supports for in-home safety, fall prevention, preparation for climate change and community-wide disasters

6. Employment (Community leaders did not discuss this)

- More access to full and part-time job opportunities for seniors
- Job training/retraining
- Jobs adapted for older adults and people with disabilities

7. Communications, Technology and Information

- A single, easy-to-access source for information on both senior resources and activities in the community
- More low cost or free Internet training
- Focused efforts to reach those most isolated and not on the Internet – through written communications from City and others offering social opportunities and services, and efforts to connect and train these individuals to access the Internet.

8. Other

- All efforts possible to prevent/mitigate the impact of climate change
- More collaboration with other community-wide initiatives e.g.: Cool Petaluma, Aging/Disability Resource Centers, and Blue Zones (potentially)

V. Next Steps

The needs listed above have not been prioritized. Rather, this list will support a live, priority-setting planning session convened by the City Manager's office.

**Petaluma Age-Friendly
Needs Assessment & Action Plan
2023**

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# Age-Friendly Petaluma Needs Assessment

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July, 2022

I. BACKGROUND AND METHODS

In January 2020, the Petaluma City Council voted to join the Age-Friendly Movement, originated by the World Health Organization (WHO) and managed in North America by AARP. While Age-Friendly Communities are described as being livable for people of all ages (*Age-friendly communities are great places to grow up and grow old in*), the focus of attention tends to be on seniors given the rapid growth in this group and the marginalization of older adults in our youth-obsessed society. Nationally, AARP Age-Friendly emphasizes diversity, equity and inclusion – as we do here in Petaluma.

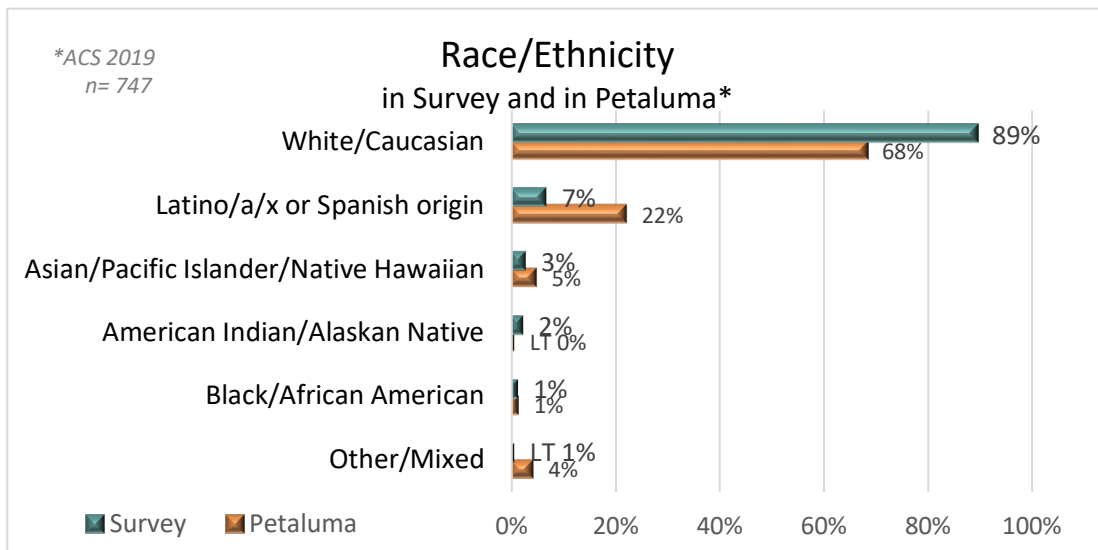
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Another group that is certainly underrepresented here is the most isolated seniors who are not on the Internet and/or don’t engage with community-based service providers. While this is always a challenge, it was made worse by the isolation caused by Covid and the inability to conduct door-to-door outreach.



The Covid Years:

1. **Developing this Needs Assessment:** Covid began just as the community input process was beginning. The survey was conducted during Covid and a Zoom-based presentation on the findings of that survey was made to the City Council in November 2021. Zoom-based presentations were also made to a number of city commissions and committees including the Recreation, Music and Parks Commission, the Pedestrian and Bicycle Advisory Committee, the Youth Commission and the Senior Advisory Committee. Input from City staff and Mayor, and community leaders, was collected through interviews and a focus group in the spring of 2022.

While the US Census Community Health Survey was conducted during Covid, few other data sources were updated during this time. In some instances, slightly older data is used.

2. **The impact of Covid** on seniors and the service system has been profound and the repeated waves of Covid have interrupted plans to expand, re-open, and more fully serve the population. We have little idea how Covid will impact our health, our lives, and services in the future but we do know that it has caused even more stress for seniors in regards to their health, their finances, access to food and community services, mental health, and isolation. We must continually be revising our priorities and actions as the pandemic continues to evolve.

The Economy: Deeply entwined with Covid has been a significant change in the economy. Retirement savings (for those who have them) have shrunk, and financial insecurity has increased with the onset of raging inflation. With little idea of when or how these influences will stabilize, we must also keep them in mind as we use historical data and findings to inform future decisions.

Geographic Focus: The focus for this Needs Assessment was on residents in the City of Petaluma. However, there were a few individuals living in unincorporated areas outside of town and in Penngrove who responded to the survey. Because they consume the bulk of their services in Petaluma, their responses were included in the survey results.

II. DEMOGRAPHICS AND DESCRIPTIVE DATA

There have been numerous reports on the economic and health status and needs of Petaluma residents and no new data collection was conducted for this report. Some readily available data on age, race/ethnicity, housing, and economic security is provided here.

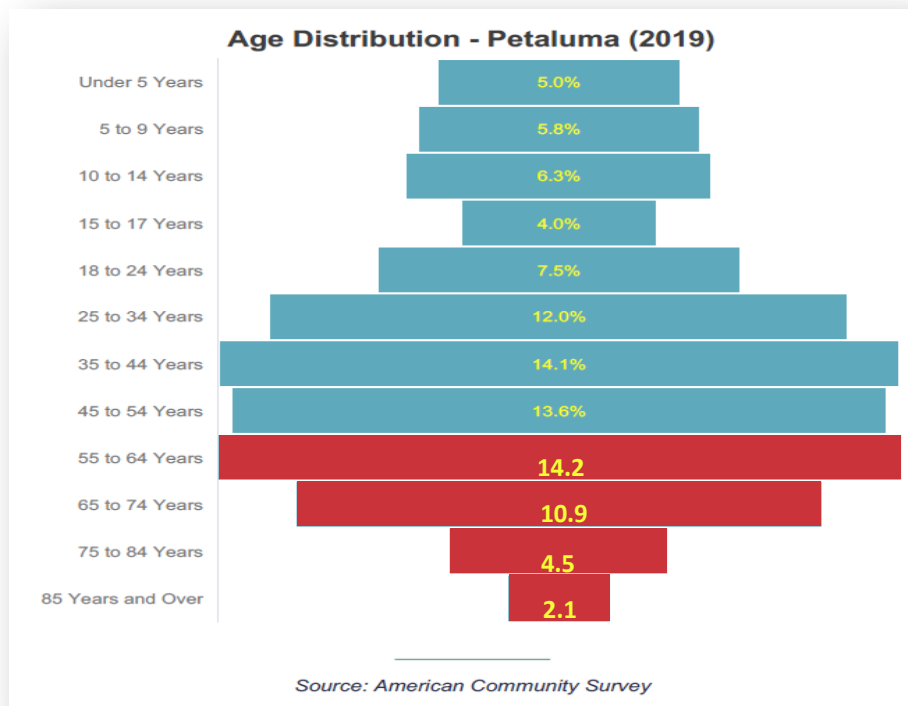
Equally important additional data on access to health care, causes of death, chronic conditions, falls, behavioral health and dementias, disabilities, in-home care, access to healthy foods, elder abuse, and isolation are provided as Attachment 1 and should be considered when setting priorities for Petaluma’s move towards greater age friendliness.

Age

It is well understood that Petaluma has a larger older adult population than the state as whole. The population of those 65 and older has grown 57% in the past 21 years – a higher rate than for the state as a whole.

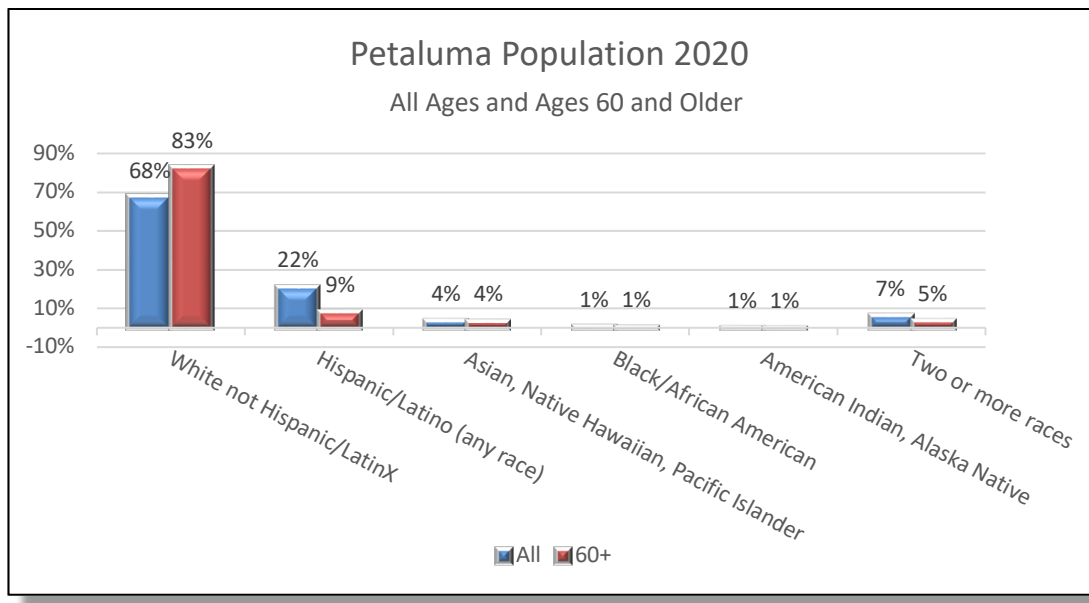
With today’s adults living longer than ever before, those aging into the demographic will stay in that demographic much longer. This also means that the number of older adults ages 85 and older, who typically require even more services and supports, will continue to grow.

- Data from the American Community Survey (US Census) shows that 32% of Petaluma’s population is age 55 or older.
- By 2030, older adults in **Sonoma County** are projected to rise from 22% to 29% of the population, with almost 21,000 ages 85 or older.¹
 - Using the Sonoma County percentage of 29%, the population of **Petaluma** ages 65 and older would be 18,790 in 2030 with 2,423 ages 85 and older.



Race/Ethnicity

Petaluma’s overall population is heavily White. 2020 US Census data, shows a 22% LatinX population and many fewer residents from other communities of color. This is slightly lower than previous counts and estimates and it is not clear whether this is due to an undercount in the Census. The population ages 60 and older is even more heavily White, with many fewer from the LatinX community.



17.9% of residents primarily or exclusively speak a language other than English in their home.²

Disparities in health status have been well documented in the literature and demonstrate that low income and people of color/BIPOC individuals experience barriers to access to health care and healthy living situations, and disproportionately experience poorer health status. While their numbers are low in Petaluma in contrast to the White population of older adults, their needs are likely higher.

Housing: Data here is from the American Community Survey unless otherwise noted.

- In 2020, of households in Petaluma with an individual 60+, 75% owned their own home and 25% were renters.
- 60% of renters were spending more than 30% of their income for housing and 33% of home owners were spending more than 30% of their income on housing.
- In 2020, the median home price was \$916,000 on the West Side, and \$730,000 on the East Side;³
- The 2020 Sonoma County Point-in-Time Homeless Count identified 648 older adults ages 55 and older as unhoused. This represents 24% of the total homeless population identified in the count and has risen from previous counts. 41% of these individuals were unsheltered.⁴
- 36% of women and 18% of men ages 65 and older in Sonoma County live alone.⁵

Economic Insecurity:

- In 2020, the Federal Poverty Level (FPL) for a two-person household was \$17,240.⁶ Medi-Cal eligibility is based on 138% of Federal Poverty Level, and 200% of FPL is used for eligibility for many other services and benefit programs. It is important to note that the Federal poverty level is the same for both low and high-cost states, urban and rural areas.
 - In 2020, 6.6% of Petaluma Older Adults were living below the FPL and 11.4% had incomes of less than 150% of the FPL.⁷
- In contrast, The Elder Index looks at what income is necessary to meet all basic costs. Using this index, the self-sufficiency level for a couple over age 65, living in a rented home in Sonoma County in 2020, was estimated to be \$44,124 or 250% of the FPL.⁸

- Using the Elder Index, as many of 66% of older adults in Petaluma are unable to meet their basic monthly costs of housing, food, medical care and transportation, with just a little left over for all other expenses.
- The median (national) annual social security payment for a senior couple in 2022 is \$19,370.⁹ This leaves a nearly \$25,000 gap between the average Social Security payment and local self-sufficiency.

Many who fall into this gap are in the lower middle-income range (the “donut hole” population) who have too much income to qualify for public services, but too little income to be fully self-sufficient. They often face choosing between food and prescription medications by the end of the month. This population, for whom there are few community services, are the most likely to fall into poverty as they age without additional supports.

See: Attachment 1 for more descriptive data addressing: Access to health care, causes of death, chronic conditions, falls, behavioral health and dementia, disabilities, in-home care, access to healthy food, elder abuse, and isolation.

III. PRIORITY NEEDS, WANTS, AND CONCERNS

What older adults want, anticipate wanting, and/or worry about, does not vary greatly worldwide or nationwide, although regional variations do occur. These larger perspectives are important to both validate Petaluma’s local findings and prompt consideration of issues that did not arise in our limited data collection. A quick look at just a few summaries from international, national, and statewide priorities is provided here, with a more detailed look at Sonoma County and Petaluma specifically.

A. International, National, State, and County Goals and Priorities

1. International Focus

The World Health Organization's (WHO) Global Network of Age-Friendly Cities and Communities has identified eight domains of livability that influence the quality of life of older adults.¹⁰ The domains are also used as a framework by the U.S.-based towns, cities and counties that belong to the AARP Network of Age-Friendly Communities. The City of Petaluma has received that designation and has used these domains in its’ own data collection process. The domains recognized in the WHO model are:

- | | |
|---------------------------------|---------------------------------------|
| 1. Outdoor Spaces and Buildings | 5. Respect and Social Inclusion |
| 2. Transportation | 6. Civic Participation and Employment |
| 3. Housing | 7. Communication and Information |
| 4. Social Participation | 8. Community and Health Services |

These are not prioritized but rather, are intended to be all-inclusive. Such issues as safety and access to healthy food would fall into the Community and Health Services category but are addressed directly in this report.

2. National Concerns

The National Council on Aging conducted a telephone survey in 2015 of 1,650 Americans age 60 and over, and professionals working closely with them, to assess the priority concerns and needs of America's aging population.¹¹ (Study doesn’t appear to have been updated.) Top concerns among adults in priority order were:

- | | |
|---|--|
| 1. Maintaining good health | 6. How to cut costs – especially housing |
| 2. Staying in current home | 7. Social ties |
| 3. Giving up driving/access to transportation | 8. Mental health |
| 4. Financial security | 9. Social support/community acceptance |
| 5. Sudden medical bills | |

3. State Priorities

The State of California has finalized its' Master Plan for Aging with goals for 2030.¹² With this comes recommendations for over 100 initiatives. The State's goals are:

1. Housing for all ages and stages
2. Health reimagined
3. Inclusion & equity – not isolation
4. Caregiving that works
5. Affording aging¹³

4. Sonoma County Goals and Priorities

The Sonoma County Area Agency on Aging conducted a comprehensive Needs Assessment and issued its' Strategic Priorities in 2016 for the years of 2016-2020.¹⁴ Their four goals are provided here and extensive objectives to address these goals can be seen online using the reference provided here. Their goals are:

Goal 1: Expand awareness of and access to available services and supports for seniors, their families and caregivers.

Objectives: Outreach, Communication, Information

Goal 2: Enhance the safety, mental and physical health, and wellbeing of seniors of all ages, emphasizing healthy aging throughout the lifespan.

Objectives: Education, Fall Prevention, Elder Protection

Goal 3: Strengthen the community's capacity to assess, plan for, and respond to the increasing needs of Sonoma County's senior population.

Objectives: Needs Assessment, Future Planning, Diversity Engagement, Service Provision

Goal 4: Involve and engage seniors as a valuable resource in the community.

Objectives: Intergenerational Engagement, Community Engagement

B. Local Findings

Provision of a comprehensive list of existing and emerging community resources, services and conditions that support healthy aging in Petaluma is beyond the scope of this volunteer effort. Rather, identification of unmet needs and concerns as provided below highlight the gaps in those supports.

It is important to note that public sector health care services, protective services, in-home services for the lowest income, and mental health services including for substance use disorders, are provided largely (not entirely) by the County of Sonoma, although some contracting for Petaluma-based resources does occur. However, County health and aging service providers were not interviewed as a part of this Needs Assessment leaving emphasis light in these areas. Petaluma Health Center was invited to participate in the Providers' focus group but could not make the session. More work is be needed to specifically address the medical and related needs of older adults in Petaluma.

Overall: Petaluma is generally seen as a good place to age.

Survey: 69% of those who responded to the Petaluma Age-Friendly survey rate Petaluma as an Excellent or Good place to age and 79% report that it is Important or Very Important for them to remain in Petaluma as they age.

- Most common reasons for this satisfaction in Petaluma include: The caring, friendly people and community; availability of senior supports and services; wide range of activities for seniors and for all ages; and walkability of the community (depending on where you live).
- Nearly half of negative comments reference the cost of living, cost of housing, or housing in general as main reasons for the lower ratings. The next most common reasons include transportation, sidewalks, bias against elders, and lack of services/supports for elders. Multiple respondents also identified climate change as a reason they might leave Petaluma; and difficulty of living with the threat of heat, drought, and fire.

City and Community Leaders: Those who participated in one-one interviews or the focus group also generally felt that Petaluma is a good place to age and cited the same reasons as seniors themselves. While acknowledging housing and cost of living challenges, they especially thought that great progress was being made in improving the livability of the community in such areas as ADA compliant and safe sidewalks, street crossings and streets; park development, food, development of in-law units (ADUs), customized transportation for low-income seniors, and emergency response.

The AARP Livability Index scores Petaluma a 57 on a scale of 1 to 100 – ranking notably higher than the national average of 50 on Community Engagement (81), Health and Neighborhoods (66). Petaluma ranked 59 for transportation and lower than the national average on Housing (45).

1. Housing

SUMMARY: Affordable housing for seniors, supply of accessible and appropriate housing at all income levels, a continuum of supported living, and efforts to prevent older adults from sliding into homelessness are all top needs in Petaluma.

What Survey Respondents said:

Housing is the main reason residents would leave Petaluma as they age. This includes not just the cost of housing (top issue) but availability of appropriate housing for aging. It includes not just access to and safety in homes and apartments, but a broader continuum of local congregate and assisted living options.

What Community Leaders Said:

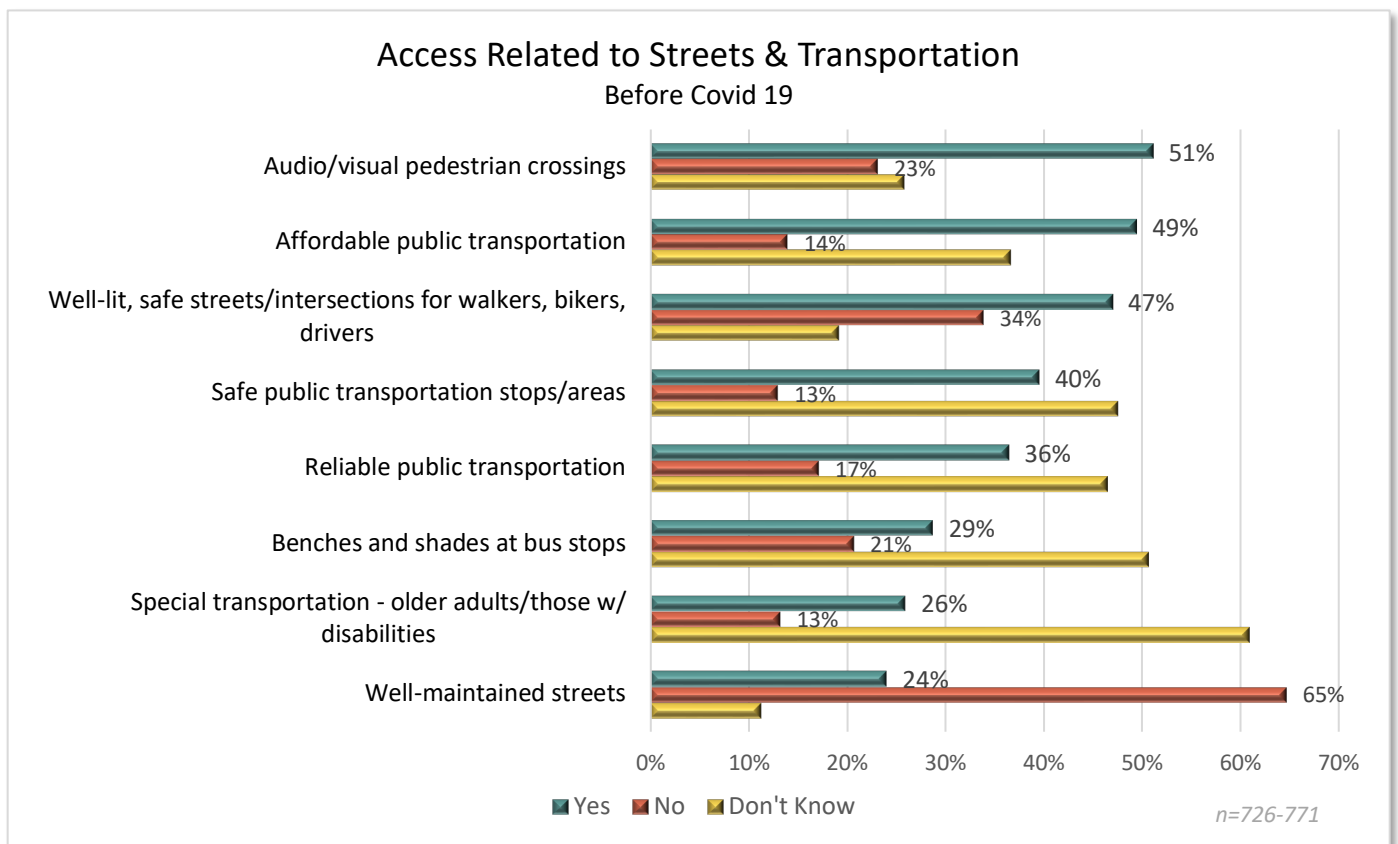
Leaders agreed that the cost and supply of appropriate and affordable housing is the top concern for those aging in Petaluma. They identified the new Visitability Ordinance as an important step towards accessible housing as well as relaxed ADU development requirements for supply. They applauded existing affordable housing provided by PEP and others. They pointed out that Veteran – specific housing is also needed and acknowledged the growing proportion of older adults in the unhoused population.

2. Streets and Transportation

SUMMARY: Those who do not drive, or are facing not driving as they age, very much want more and more personalized public transit options. While streets and transportation efforts are better than in most communities, both residents and leaders agree that more convenient transit options, especially cross-town connections and shuttles that would facilitate shopping, getting to medical care, and socializing, are needed.

What Survey Respondents said: There were mixed views on street and transportation conditions.

- Most of those who drive themselves are not aware of the quality of public and alternative transportation for elders or those with disabilities. Of those with lived experience, ratings on audio/visual pedestrian crossings, affordable and reliable public transportation, and safe public transportation stops were far more positive than negative.
- This then shifts with 2/3 reporting that streets are not well-maintained and 1/3 reporting that streets and intersections are not well-lit and safe for walkers, bikers, and drivers. Sidewalks were repeatedly mentioned, especially among those who live/walk on the West Wide of town. Short length of time to cross wide streets on the east side of town was also mentioned.
- There were multiple positive comments about the availability of iRides – run by Petaluma People Services, and/but more on-demand and personalized transportation options were desired.



What Community Leaders Said: Community leaders reported that Petaluma is ahead of the nation in terms of both age-friendly streets (for all ages) and transportation, and/but envision even greater improvements. Assets include fairly frequent bus schedules on major routes, door-to-door para-transit, free and volunteer ride programs, as well as paratransit that exceeds federal requirements and provides door-to-door service. Efforts to promote slow streets, more accessibility improvements (ADA), signage (way finding), shorter and more visible crosswalks, traffic calming around parks, and bikability are actively underway.

Areas where more is desired include: More transit on main corridors, more micro-transit such as shuttles into downtown, more walking options including denser infill to allow for more complete walkable shopping on both the East and West Sides, more community space with possibly more than one senior center, and managing aging infrastructure. Even bigger visions include transit-oriented development, a ferry dock in the turning basin, and maybe even an aerial tramway across the river.

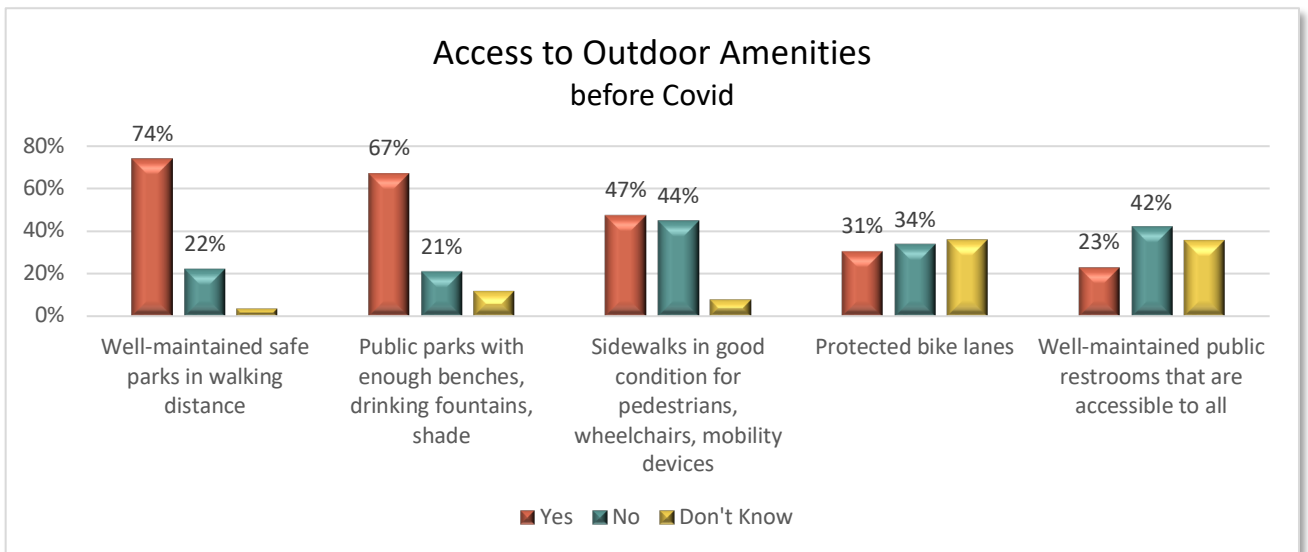
3. Outdoor and Community Spaces

SUMMARY: Safer sidewalks, more bathrooms, and more community gathering spaces were recognized by both respondents and community leaders as the greatest needs in this area.

What Survey Respondents said:

Two-thirds or more of respondents report that Petaluma offered well-maintained and safe parks within walking distance of their homes before Covid. Most also report that public parks have enough benches, drinking fountains and shade.

- Views were split about sidewalk conditions with 47% reporting that they were in good condition but 44% reporting that they were not (primarily on the West Side). In a later, open-ended question, poor sidewalk and street conditions were one of the top concerns.
- 42% reported not having access to well-maintained public restrooms that are accessible to all. This finding was echoed by a local gerontologist who reports that many of her clients avoid walking in the community or visiting public spaces due to the lack of available public restrooms.
- More community gathering spaces were also desired.



What Community Leaders Said:

- Community leaders agreed that the parks were a great asset and that recent and upcoming improvements to parks would enhance that. They pointed to the upcoming Parks Master Plan as the blueprint for future improvements for all ages.
- They agreed that sidewalks and street crossings were a challenge and/but acknowledge current and upcoming road and sidewalk improvements as an important contribution towards healthy living for all ages in the community.
- Leaders noted that an additional senior center, on the West Side, may also be needed.

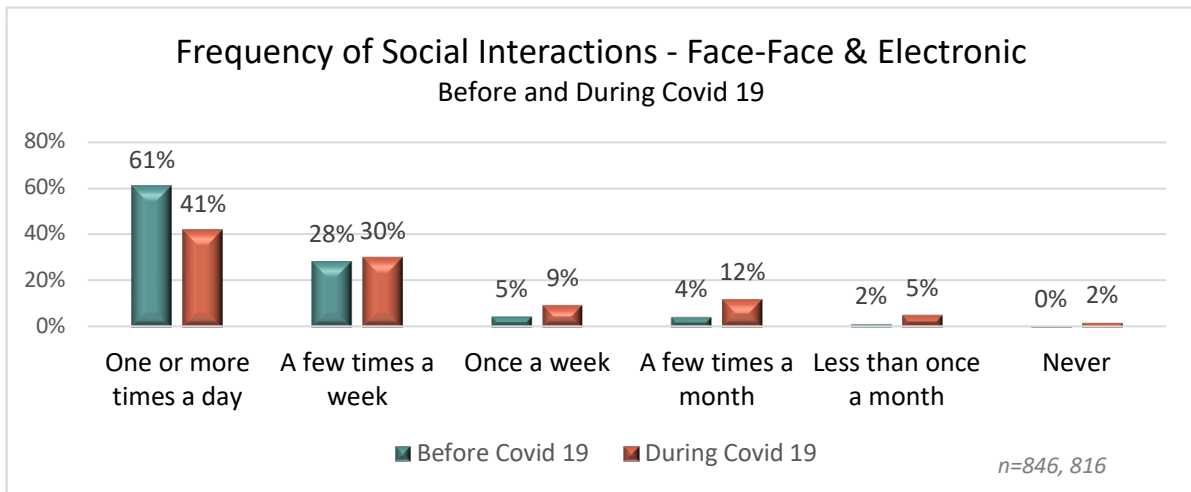
NOTE: Questions about the Fairground were not included in the survey or in interviews with city and community leaders, given the long-term and complex nature of the effort to “Re-imagine” the Fairgrounds. That said, we would expect age-friendly considerations to come into play as this key project plays out in our community.

4. Social/Civic Participation and Inclusion

SUMMARY: Both respondents and leaders reported many opportunities for social and civic participation but it is important to remember the bias in the survey – those who are less active in the community are least likely to have participated in it. Nevertheless, those who want and are able to seek high community engagement have many opportunities. Most obvious needs cited by all include: A single, accessible resource to learn what is going on around town, possibly a second senior center on the West Side, and more culturally diverse (including LGBTQ) and intergenerational activities. Outreach and in-person and on-line offerings for those who are isolated and/or homebound are also needed. A combination of technology support for access to information and written alternatives are also needed.

What Survey Respondents Said: As stated earlier, reasons that respondents rated Petaluma highly as a place to age included caring/friendly people and community, a wide range of activities for seniors and all ages. Conversely there was some concern about age discrimination in the community.

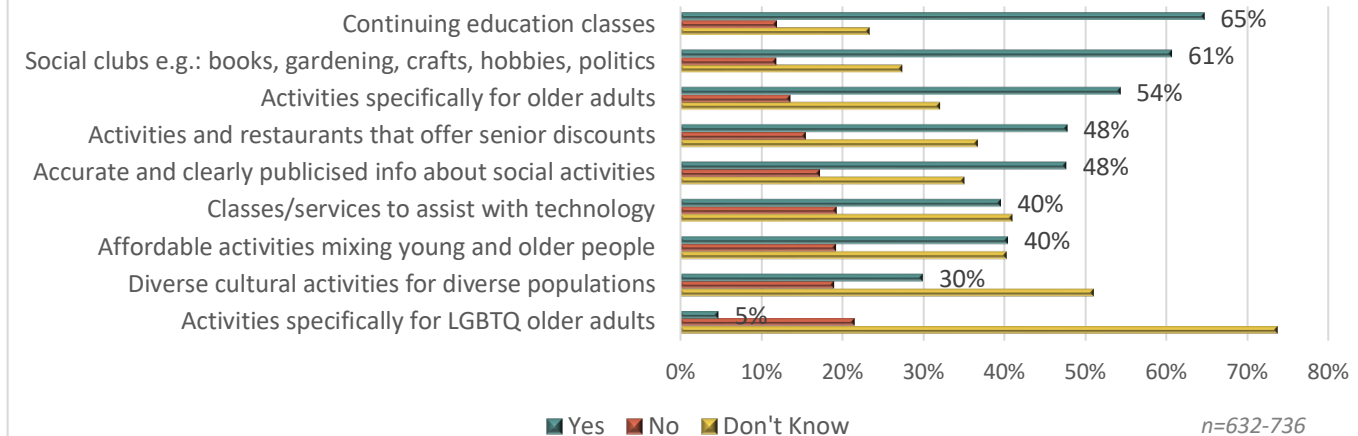
Before Covid 19, 91% of respondents reported that they left their homes for social interaction, errands, fitness and/or recreation several times a week or more. 90% of respondents reported that before Covid, they connected socially or electronically a few times a week or more. Again, there is bias in the survey sample and those who do not leave their homes were less likely to be included in these figures.



Other survey findings in this topic area included:

- 66% reported having access to health/wellness programs and classes.
- 60% participated in fitness activities.
- The majority (54% - 65%) reported that they have access to continuing education, social clubs, and activities for older adults.
- 63% reported that there are a range of easy-to-find volunteer activities although fewer than half reported having transportation to and from these activities.
- 40% reported that there are opportunities for older adults to volunteer on community councils and committees while an even larger share (45%) did not know that these opportunities were available.
- One barrier to social participation was identified as poor availability of accurate and clear information about what is available to seniors.
- Just 30% were aware of diverse cultural activities and just 5% were aware of activities specifically for LGBTQ elders.

Access to Aging-Related Activities & Supports before Covid 19



What Community Leaders Said:

Community leaders pointed to the Senior Center as one place that offers social activities (as well as other resources) to older adults in Petaluma. They noted that there are a wide range of community resources and that Petaluma’s strong sense of “group identity as a town” makes all residents feel like they belong.

Areas where more is needed included:

- A centralized resource for information about resources for older adults would help seniors know where/how to get started to get their needs met as they age.
- More community spaces for social activities were desired – possibly an additional senior center on the West Side.
- While viewed as a community asset overall, some felt that the resources at the existing senior center could be stronger.
- Providers and experts want to see even more things to do during the day and evenings for seniors and more opportunities to belong.
- Intergenerational housing and intergenerational social activities were viewed as important.
- Leaders did acknowledge a need for more senior “connectedness” with the City through communications and/or volunteer opportunities. (The police department is one example of where new volunteer activities are being created.)
- They pointed out that there is an overall constraint on the range of services available for budgetary reasons.

5. Community and Health Services

As stated earlier, specific questions about access to medical, mental health, substance use treatment were not specifically asked in the local input process. This represents a gap in this needs assessment.

SUMMARY: Community leaders largely agreed with survey respondents in terms of the need for more/more affordable/more appropriate housing for aging and more support to identify needs and connect with resources. Given the survey bias that heard predominantly from a very active subset of the

community, additional input from community leaders helpfully addressed additional needs of those who were not necessarily heard from. These included: The need for more food support for a broader range of income levels, live support for needs assessment and linkages to supports and services for those needing a higher level of support, a high need for all aspects of in-home supportive care including support for family caregivers, and reaching out more actively to find and support isolated seniors. In-home safety, fall prevention, and preparation for climate change and community-wide disasters were also of great concern. Collaboration with other community-wide efforts such as Cool Petaluma, Aging/Disability Resource Centers, and Blue Zones (possibly) was also desired.

What Survey Respondents Said:

Food:

- Just 3% of survey respondents reported getting home-delivered meals before Covid, and 5% during Covid. (Note: Despite strong outreach through food programs, this figure seems low and may be related to the low response rate from those who are more isolated.)
- 5% reported attending a congregate meal program before Covid – dropping to 1% during Covid.
- 50% reported eating out, getting take-out, or getting food delivered from restaurants before Covid, dropping to 31% during Covid.
- Respondents were not asked about unmet needs in this area.

Access to Wellness Supports:

- 83% to 88% reported that before Covid, they had access to health/wellness programs and classes, fitness activities for older adults, and easy-to-find information on local health/supportive services.
- Just 42% report they have access to services that help seniors find and access health and supportive services.

In-Home Supports:

- 39% reported not having access to home care services.
- 53% reported not having access to well-trained & certified home health care providers.
- 60% reported not having access to affordable home health care providers.
- 44% reported not having access to culturally sensitive home care providers.

Other:

- 34% do not feel prepared for a community-wide emergency.
- 25% do not feel optimistic that they can manage issues of aging to their satisfaction.
- 64% would welcome guidance to plan for healthy aging.

What Community Leaders Said:

Food:

- While food and meals for the lowest income seniors remains a critical need, there is a need to identify those at a broader range of income levels who may not have access to healthy food for reasons of mental or physical inability to manage shopping or food preparation.

Access to Wellness Supports:

- While there is a countywide Senior Resource Guide, more is needed to cover a wider range of services, supports, and local activities in Petaluma. A single resource is needed.

- Many older adults have trouble knowing what they need and where to start looking for it. Live support and/or case management is needed for some.

In-Home Supports:

- Not only are more, better trained, and better paid in-home care providers needed, but family members also need more support for the job they do.

Other:

- City and community leaders are quick to point out the need for allocated funding to address the issues identified.
- City and community leaders are much more focused on personal safety in terms of fall prevention and home safety, as well as broader safety in terms of preparation for climate change and community-wide disasters.
- Isolation and identification of older adults in need of assessment and services were raised. 911 call responders may be the first to identify an isolated senior with unmet needs but more resources for referral of these individuals for further assessment and linkages to resources are needed.
- Lack of confident Internet usage further isolates some older adults. Written materials, door-to-door canvassing and other efforts may be needed to find and support this group.
- Community leaders would like to see stronger collaboration on all of these issues with other community-wide efforts such as Cool Petaluma, Blue Zones (potentially), Aging/Disability Resource Centers.

6. Employment

SUMMARY: While employment was not addressed by community leaders, 78% of respondents who are working or currently looking for work reported that they are very likely or extremely likely to work for as long as possible. The vast majority of those workers reported inadequate access to job opportunities, training and/or jobs adapted for older adults and people with disabilities.

What Survey Respondents Said:

- Roughly half of respondents are not working and not looking for work, with retirement increasing slightly during Covid.
- 25% reported that they were working during Covid (at the time of the survey) with 9% looking for work or hoping to return to work from furlough.
- 78% of those currently working or looking for work reported that they are Very Likely/Extremely likely to work for as long as possible.
- Very few respondents reported access to a range of flexible job opportunities for older adults, job training, or jobs adapted for older adults and people with disabilities.

What Community Leaders Said: Employment for older adults in Petaluma was not directly addressed in interviews or the focus group.

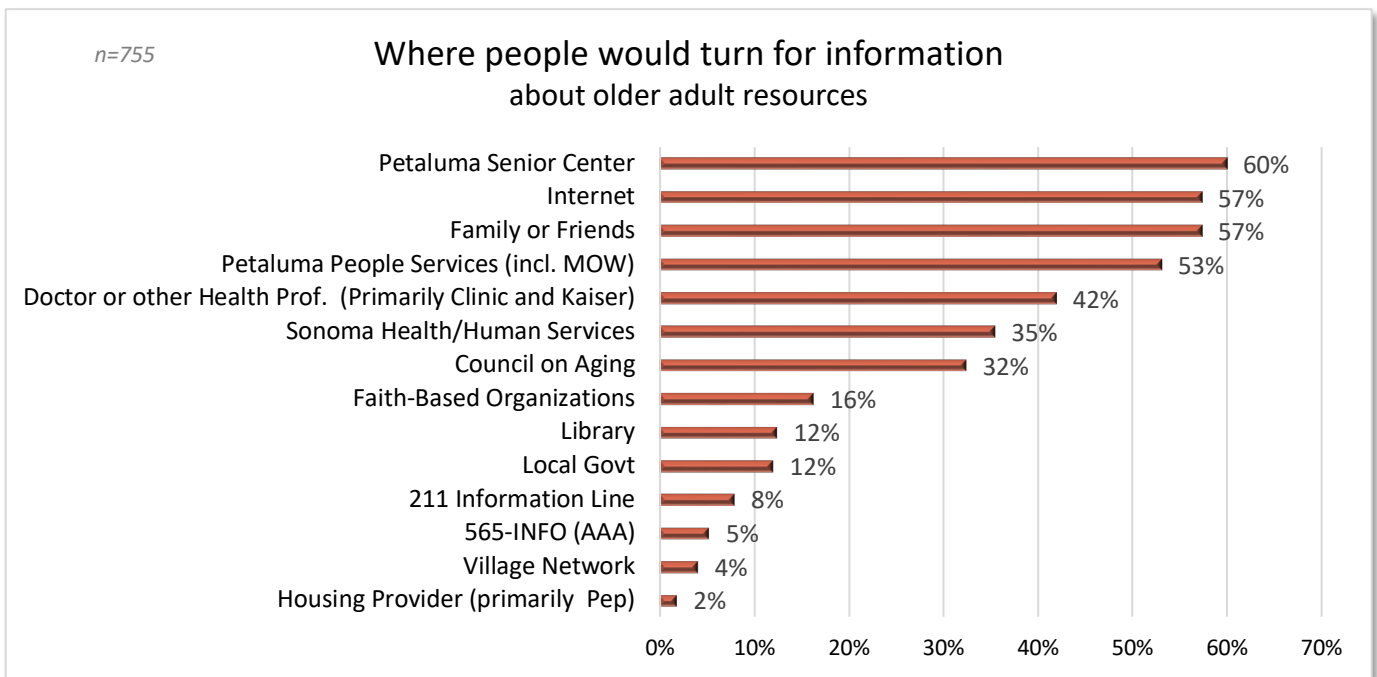
7. Communication, Technology, and Information

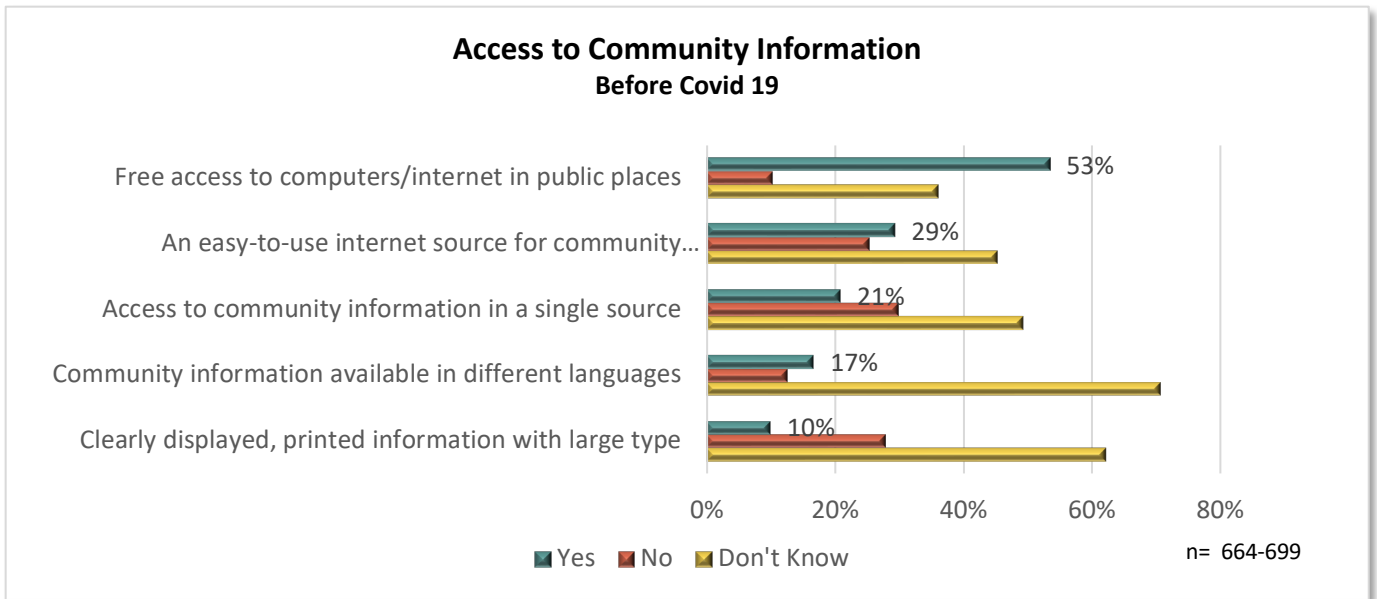
SUMMARY: Respondents and community leaders emphasized the need for a single, easy to access source for information on both senior resources and activities in the community. While the survey sample was biased towards those on the Internet, even 41% of this group would like low cost or free Internet training.

Respondents currently are most likely to turn to the Senior Center, family/friends, the Internet, and Petaluma People Services Center for information.

What Survey Respondents Said:

- 74% of respondents reported having Internet access in both their home and on their phone with just 3% reporting no Internet access. Despite aggressive outreach, it was difficult to connect to those without Internet access during Covid so these results are skewed.
- Just 8% of those who responded to the survey reported that they are not comfortable on the Internet. Again, with a biased sample during Covid.
- Despite this bias and high level of comfort, 41% reported that they would be Very Likely or Somewhat Likely to take Internet training if it were free or low cost.
- 2/3 of respondents prefer to get City information via email from with City, with local newspaper, direct mail, and the City’s website the next most desired methods of communication.
- More than half of respondents reported that they would turn to the Petaluma Senior Center, the Internet, family/friends, and/or Petaluma People Services for information about older adult services.





What Community Leaders Said:

- Leaders expressed concern that older adults don't know "where to start" to get help with issues of aging and that better, more readily accessible information is needed.
- Leaders recognized that the older segment of seniors are not technologically savvy and that better methods for reaching people non-electronically are needed as well.
- While the City has made great progress in offering a wider range of electronic opportunities for residents to know what the City is doing and to stay engaged, they know that they need better methods of outreach to those who are not on the Internet.

8. Other

- Concerns about climate change arose repeatedly as a cross-cutting issue raised by both survey respondents and those in the focus group. While mentioned in earlier topics, is worthy of additional emphasis.
- Community leaders also stressed that aging is an issue that needs to be recognized and linked across other community-wide collaborative efforts such as Cool Petaluma, Aging/Disability Resource Centers, and Blue Zones (potentially)

IV. SUMMARY

Petaluma survey respondents and community leaders identified a set of needs as summarized tightly below. These needs are fairly consistent with international, national, state and county findings and priorities.

While local needs are summarized here, they have not been prioritized as this will be the next and final step in Petaluma's Action Planning process – using this document as a tool.

OVERALL: Petaluma is generally seen as a good place to age.

Needs:

1. Housing

- Affordable housing for seniors
- More accessible and appropriate housing options that support independence at all income levels
- A more complete continuum of supported living options
- Prevention and early intervention against becoming unhoused altogether

2. Streets and Transportation

- More and more personalized public transit options
- Cross-town connections and shuttles that would facilitate shopping, getting to medical care, and socializing
- More affordable options for getting to medical appointments outside of Petaluma

3. Outdoor and Community Space

- Safer sidewalks
- More bathrooms
- More community gathering spaces for older adults and intergenerational activities

4. Social/Civic Participation (remember, survey biased towards most connected residents)

- A single, accessible resource to learn what is going on around town
- A second senior center on the West Side
- More culturally diverse (including LGBTQ) and intergenerational activities
- Outreach and in-person and on-line offerings for those who are isolated and/or homebound
- A combination of technology support for access to information and written alternatives

5. Community and Health Services

- More support to identify needs and connect people with resources through a centralized written/electronic mechanism and live assistance ranging from live linkages to case management
- More access to healthy and prepared food for low income plus broader range of income levels
- Expansion of the range of supported living options
- Expansion/strengthening of all aspects of in-home supportive care including availability of caregivers, training, living wage pay, and support for family caregivers
- More actively seeking and serving more isolated seniors.
- Greater availability of education and supports for in-home safety, fall prevention, preparation for climate change and community-wide disasters.

6. Employment (Community leaders did not discuss this)

- More access to full and part-time job opportunities for seniors
- Job training/retraining
- Jobs adapted for older adults and people with disabilities.

7. Communications, Technology and Information

- A single, easy-to-access source for information on both senior resources and activities in the community
- More low cost or free Internet training

- Focused efforts to reach those most isolated and not on the Internet – through written communications from City and others offering social opportunities and services, and efforts to connect and train these individuals to access the Internet.

8. Other:

- All efforts possible to prevent/mitigate the impact of climate change
- More collaboration with other community-wide initiatives e.g.: Cool Petaluma, Aging/Disability Resource Centers, and Blue Zones (potentially)

V. NEXT STEPS

The needs listed above have not been prioritized. Rather, this list will support a live, priority-setting planning session convened by the City Manager's office.

ATTACHMENTS



Attachment 1

Additional Data on the Needs of Older Adults

Access to Health Care – Medical, Mental Health and Substance Use Treatment:

As stated elsewhere, collection of data for this Needs Assessment focused on residents/leaders/and providers of services and supports in Petaluma specifically. With public health care – including medical, mental health, and substance use treatment, under the jurisdiction of the County of Sonoma, there is a gap in input which limits this discussion to what can be found on the Internet. We do not have more than anecdotal data on the uninsured population, who can't afford their co-payments under Medicare, or provider availability. We do know that a key factor in first time homelessness after age 55 is a major medical event. More work is needed here. A few key points include:

- Residents of Sonoma County experience barriers to accessing primary and specialty care. There is a need for more affordable health care, case management resources, and culturally responsive and linguistically appropriate health care services. Cost of care, transportation, language, and documentation status are barriers to people receiving the care they need.¹⁵
- Most older people remain insured under traditional fee-for-service Medicare, which incentivizes profit-generating services. Policy changes such as bundled, capitated, and other value-based payments are urgently needed to promote the delivery of care that addresses the social determinants of health, encompasses lifestyle modifications, recognizes the diversity of the older population, and provides needed services for elders with serious illnesses.¹⁶
- We know that universally, people of color have less access to medical care than Whites and have greater need for that care because of a lifetime of health-related disparities.
- There are family practitioners and a few geriatricians practicing in the community affiliated with a number of groups, and at Petaluma Health Center. The Health Center serves both insured and uninsured individuals in English, Spanish and a variety of other languages.
- In many instances, trips (and transportation) to Santa Rosa or various locations in Marin County are needed for specialists and/or shorter wait times for appointments.

Causes of Death and Chronic Conditions:¹⁷

6. The leading causes of death among older adults in the U.S. are chronic diseases—heart disease, cancer, chronic lower respiratory diseases, stroke, Alzheimer's disease, and diabetes.
7. Eighty percent have at least one chronic condition, and nearly 70% of Medicare beneficiaries have two or more.
8. Chronic diseases can limit a person's ability to perform daily activities, cause them to lose their independence, and result in the need for institutional care, in-home caregivers, or other long-term services and supports.

Falls:

- 1 in 3 older adults fall each year, and falls are a leading cause of injury for this age group.¹⁸

- Fall death rates among adults age 65 and older increased about 30% from 2009 to 2018. Rates are highest among those ages 85 and older.¹⁹
- About 3 million older adults are treated in emergency departments for a fall injury.²⁰
- In California in 2020, 26.5% of adults ages 65 and older reported falling in the past 12 months.
- Falls among adults age 65 and older are very costly. Each year about \$50 billion is spent on medical costs related to non-fatal fall injuries and \$754 million is spent related to fatal falls.²¹

Behavioral Health and Dementias:

- Over 20% of adults ages 60+ suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability among people 60+ is attributed to mental and neurological disorders. Dementia, depression, anxiety disorders, and substance abuse are the most common.²²
- Notably, the rate of suicide in the oldest group of white males (ages 85+) is over four times higher than the nation's overall rate of suicide.²³
- Behavioral health problems can complicate the treatment of other medical conditions, reduce quality of life, increase use of health care services, and lead to premature death.²⁴
- In 2018, nearly 1 million adults aged 65 years or older (2% of all seniors) reported a substance use disorder during the past year.²⁵
 - Excessive alcohol use accounts for over 23,000 deaths among older adults each year. Alcohol and prescription opioids are the two most commonly abused substances among seniors.²⁶
- Dementia is rare in adults younger than 60. But after age 60, dementia becomes increasingly common. While 7% of adults 60 and older have dementia, nearly 30% of those 85 and older do. The two most common causes of dementia are Alzheimer's disease and vascular dementia.²⁷
- In 2021, health care and long-term care costs associated with Alzheimer's and other dementias were \$355 billion, making them some of the costliest conditions to society.²⁸
- Technically, dementias (including Alzheimer's) are considered medical conditions but their manifestations can easily be confused with mental health problems. This leads to a disconnect in care with mental health providers referring to medical doctors and medical doctors referring to mental health. Integration of care and co-location of services for older adults to address this problem are on the rise but more is needed.

Disabilities:

- Health and disability are closely tied to older households' housing needs. Physical and cognitive functioning tend to decline with age, increasing the incidence of disabilities related to walking and movement (mobility), self-care, and ability to run a household, all of which may limit older adults' capacities to live independently in the community. Income, educational attainment, race and ethnicity, and marital status have also been correlated with disability risk among older adults.²⁹
- The number of seniors in California with disabilities is projected to grow by 160% from 2015 to 2060 – while growth of the senior population is projected to grow by 135%. This disparity is partially driven by the increasing share of seniors age 85 and older, and increasing racial diversity of the population.³⁰
- 29% of Sonoma County seniors are living with a disability.³¹

In-Home Care:

- 7 out of 10 people will require long term care in their lifetime and 20% will need it for longer than 5 years.³²
- 65 million family caregivers in the US do the incredibly important but undervalued work of caring for aging loved ones or people with disabilities. They most need: More financial support, emotional support, recognition for what they are doing, and some time off (respite).³³
- One of the biggest problems facing older adults nationally is the growing shortage of professional caregivers with 7.8 million direct care openings projected by 2026.³⁴
- In Petaluma, for paid care, the average senior pays a rate of \$6,292 per month for either home care or home health care. This is based on an assumption of 44 hours of care per week, which breaks down to \$33 an hour. This is quite a bit higher than the corresponding statewide and nationwide figures and slightly costlier than those of Santa Rosa and San Francisco.³⁵
- Increasing the home care workforce and supporting them through training and a living wage is recognized as a top priority in the new California Master Plan for Aging.

Access to Healthy Food

- Nearly 8% of Americans 60 and older were “food insecure” in 2017. That’s 5.5 million seniors who don’t have consistent access to enough food for a healthy life, a number that has more than doubled since 2001 and is expected to grow as America grays. Overall, California’s rate hovers at 8.4%, worse than the national average.³⁶
- In a survey of Hispanic/Latino likely voters age 50 or older, 83% say they are concerned about the cost of their medications. In that same survey, 32% of respondents said they did not fill a prescription provided by their doctor because they did not have the money to pay for it, and 27% said they have cut back on food, fuel, electricity or other necessities in order to pay for their medication.³⁷
- There are a variety of barriers that keep older adults from healthy eating beyond affordability including loss of appetite, inability to address dietary restrictions, and physical and cognitive problems that make cooking unsafe. The need for healthy, prepared meals is high and growing across all income groups.

Elder Abuse

- Elder abuse includes physical abuse, emotional abuse, sexual abuse, exploitation, neglect, and abandonment. Perpetrators include children, other family members, and spouses—as well as staff at nursing homes, assisted living, and other facilities. Reports of financial exploitation are on the rise.³⁸
- In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member. Two thirds of perpetrators are adult children or spouses.³⁹

Isolation – A recent study shows: ⁴⁰

- Social isolation significantly increased a person’s risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) were associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.

- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.
- The report highlights loneliness among vulnerable older adults, including immigrants; lesbian, gay, bisexual, and transgender (LGBT) populations; minorities; and victims of elder abuse. It also points out that the literature base for these populations is sparse and more research is needed to determine risks, impacts, and appropriate actions needed.

Attachment 2

Participants in City and Community Leader Interviews and Focus Group

Interviews:

Peggy Flynn	City Manager
Heather Hines	Planning Manager
Ingrid Alverde	Director of Economic Development & Open Government

Christopher Bolt	Director of Public Works and Utilities
Gina Benedetti-Petnic	Assistant Director of Public Works and Utilities
Ken Eichstaedt	Senior Traffic Engineer
Jared Hall	Transit Manager

Drew Halter	Deputy Director of Parks and Recreation
Delana Bradford	Management Analyst Parks and Recreation

Jeff Schach	Fire Chief
Ken Savano	Police Chief

Focus Group:

Sara Avery	Member, Senior Advisory Committee and Supervisor; Linkages Care Mgt and I&R, Sonoma County Human Services, Adult and Aging Division
Monte Cimino	Director, Aging Well Together, Petaluma People Services Center
Drake Cunningham	Executive Director, Rebuilding Together Petaluma
Cynthia Gregory	Executive Director, Petaluma Village Network
Elece Hempel	Executive Director, Petaluma People Services Center
Erin Hoffman	Senior Resident Services Coordinator, PEP Housing
Faith Ross	Petaluma Blacks for Community Development, Petaluma Community Relations Council

ENDNOTES:

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https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewjR2Lroul35AhULATQIHe0PC8MQFnoECAYQAQ&url=https%3A%2F%2Fmfc.ca.gov%2Fsites%2Fdefault%2Ffiles%2FProjections_2040-ABAG-MTC-web.pdf&usg=AOvVaw0SKjoUPTVnM3cvDDXGHSS-

² American Community Survey

³ ACS 2020.

⁴ <https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/what-we-know-about-homelessness/homeless-count>

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https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewiFnOf4g5f5AhWfD0QIHUW4AOAQFnoECAwQAQ&url=https%3A%2F%2Fsonomacounty.ca.gov%2FMain%2520County%2520Site%2FHealth%2520and%2520Human%2520Services%2FHuman%2520Services%2FAdult%2520and%2520Aging%2FDocuments%2FThe%2520Art%2520Of%2520Aging%2520.pdf&usg=AOvVaw1x4Ugx5EJ525w-Ws_wVubL

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¹⁴ Art of Aging

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¹⁶ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01470>

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¹⁸ <https://www.cdc.gov/homeandrecationalsafety/falls/adultfalls.html>

¹⁹ <https://www.cdc.gov/falls/data/fall-deaths.html>

²⁰ <https://www.cdc.gov/injury/features/older-adult-falls/index.html>

²¹ Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society*, 2018 March, DOI:10.1111/jgs.15304

²² <https://news.blueshieldca.com/2022/06/02/how-the-pandemic-has-taken-a-toll-on-mental-health-for-seniors-and-what-to-do-to-help>

²³ Suicide Prevention Resource Center. (2014, September). Suicide Screening and Assessment. Education Development Center, Inc.; Waltham, MA.

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²⁵ <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetTabsSect1pe2018.htm>

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²⁹ https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewibmb38-bf5AhUeIUQIHQOxDsiQFnoECCUQAQ&url=https%3A%2F%2Fwww.jchs.harvard.edu%2Fsites%2Fdefault%2Ffiles%2Fharvard_jchs_housing_growing_population_2016_chapter_3.pdf&usg=AOvVaw3oKXMe2k-raXMz3zPJrNAQ

³⁰ <https://lao.ca.gov/Publications/Report/3509>

³¹ American Community Survey 2021

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- ³³ <https://caringacross.org/blog/caregivers-tell-us-what-they-need-most/>
- ³⁴ <https://windwardlifecare.com/the-looming-crisis-in-california-a-shortage-of-health-care-workers/#:~:text=One%20of%20the%20biggest%20problems,other%20cities%20across%20the%20nation.>
- ³⁵ <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>
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- ³⁹ <https://www.google.com/search?client=firefox-b-1-d&q=rising+elder+abuse>
- ⁴⁰ National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press.
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