

2019 AREA 12 AGENCY ON AGING

Community Needs Data Analysis



Acknowledgements

This report was produced by
Area 12 Agency on Aging

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

December 2019

Planning & Service Area 12 (PSA 12)



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EXECUTIVE SUMMARY

California's senior population is expected to grow exponentially over the next two decades. Our five county service area, covering Alpine, Amador, Calaveras, Mariposa and Tuolumne Counties, is rural or predominantly rural. With this rapid progression in the number of older adults, many of them could retire or relocate to our rural area. The Community Needs Survey provided the Agency with a clearer picture of our aging population to ensure our limited resources are used effectively and to appropriately address the identified gaps in services. As we consider this population's social and economic importance, we believe our community benefits by learning more about the population of older adults. Older adults from age 50+ were represented in the survey.


At the time of the survey, respondents had lived in their current community an average of 22 years. This data supports the new aging experience of desiring to 'age in place.' Approximately 20% of single respondents reported their income was equal to or less than \$1,041 per month, while 72% of couples reported their income was more than \$2,818.

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

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

Close to 85% of seniors indicated they use the computer, while 85.4% use email and over 70% use the internet. In addition, 57% noted they use Facebook, approximately 68% use smartphones, and 30% use iPads. This technology information is very useful because despite numerous outreach efforts by our Agency, 27% of those surveyed expressed concern of knowing what services were available to them in their community. The Agency can use technology to our advantage as we expand the ways we provide information and resources to the older adult population.

It has been said, "Life is not merely being alive, but being well," Marcus Valerius Martialis. Results from the survey showed the majority of respondents stated their health was good or very good. Several noted having multiple health problems including arthritis as a major health issue, along with heart disease and diabetes. On average, older adults traveled 25 miles to visit their regular doctor with an average time traveled at 30 minutes.



Caregiving exacts a heavy emotional, physical, and financial toll. Out of the 925 respondents, over 50 care for another person. Providing support services to an ever growing population is challenging and requires collaboration with the aging network and community partners to provide support groups, respite, and other support services. We collected specific caregiver information but there was a whole segment of those surveyed that did not identify themselves as ‘caregivers’. They indicated they would use respite, a caregiver program and in home private caregiver if it were available for them.

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

INTRODUCTION

The following report offers quality of life, health and wellness, and demographic data findings specific to the Planning & Service Area (PSA) for Area 12 Agency on Aging (A12AA). This data connects with a comprehensive Community Needs survey A12AA conducted in 2019 combined with secondary data sources. The data is presented in quantitative and qualitative forms. The Community Needs Survey is mandated by the California Department of Aging and the information from the survey will be reflected in the 2020-2024 Area Plan. A12AA conducts this survey to obtain the most current feedback from older adults and uses this for planning programs and other initiatives.

The goal of the data analysis centers on determining the extent of need for both current and future support services (over the course of the next four year cycle) within the PSA. Services include access: transportation, information & assistance, outreach, health and public information; in-home services: personal care, homemaker, chore, residential repair/home modification; legal assistance; nutrition.

Survey sections centered on background information (demographics), health and wellness, activities, issues and concerns, service utilization, staying healthy, and a separate section for caregivers.

METHODOLOGY

This survey focuses on the collection of both primary and secondary data. Primary data collection and analysis centers on the Area 12 Agency of Aging Community Needs Survey and was filled out by older adults age 50+, adult caregivers 18+ caring for those age 60+ and grandparents age 55+ caring for their grandchildren. The secondary data includes demographic data for the counties included in the survey which was collected via the U.S. Census using the American Community Survey, 2014-2018 Estimates tool and various county specific Community Health Assessments.

The Community Needs Survey was distributed to respondents in the five foothill counties in Planning & Service Area 12: Alpine, Amador, Calaveras, Mariposa, and Tuolumne. The survey was available online for community members to fill in and submit via Survey Monkey. Of the 925 that responded to the survey, seven (7) surveys came from Alpine, 249 were from Amador, 135 were from Calaveras, 186 were from Mariposa, and 303 were received from Tuolumne. It is important to note the surveys were not randomly distributed. There were 880 that answered the 'County of Residence' question and 45 that skipped the question. With that stated and with the 925 surveys collected, Area 12 has a full set of meaningful data findings. This data is very valuable for planning purposes.

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

Surveys were sent out to various organizations in the five county region, specifically partnering with the Senior Centers and libraries in each county. The Area 12 Agency on Aging Advisory Council and the Commission on Aging in each county supported the survey by distributing paper copies to their specific communities. The survey was available online through Survey Monkey. The paper surveys were collected and entered into Survey Monkey. This report offers both descriptive and qualitative analyses.



DEMOGRAPHICS

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

Topics center on:

- ✓ *Older Adult Population*
- ✓ *Ethnicity*
- ✓ *Sexual Orientation*
- ✓ *Marital status*
- ✓ *Employment, Income, Education*
- ✓ *Housing*
- ✓ *Health care*
- ✓ *Veterans*
- ✓ *Technology*

SURVEY DATA

Older Adult Population

The community needs survey conducted by Area 12 Agency on Aging (A12AA) was distributed to adults age 50+ in the five foothill counties served by PSA 12: Alpine, Amador, Calaveras, Mariposa, and Tuolumne. Referring to Figure 1.1, Tuolumne County residents completed 303 surveys, Amador County completed 249, with Calaveras and Mariposa counties completing 135 and 186 respectively. There were 925 surveys filled out online or filled out and returned to A12AA, however not all participants stated their county of residence. The completed surveys represent approximately 1% of the total number of seniors in the five counties.

The age groups in Figure 1.2 represent a broad range of ages. Ninety-three percent of survey respondents were age 60+. Residents age 60+ make up approximately 36% of the entire PSA and support the trend toward older adult growth in our area (2019 California Department of Finance). Seniors between the ages of 65 - 75 represent 4 out of 10 of those surveyed. This age range is often associated with the average age of retirement and may indicate newly retired seniors that made the move to the foothill counties for retirement.

The oldest age group, age 75+, is well represented throughout the survey results (43.5%).

According to the California Department of Finance, 2019, 18,656 individuals in the PSA were age 75+. These statistics support the fact that people are living longer and in some cases healthier lives. Living longer creates a whole new set of challenges as older adults desire to age in place. There is an increased need for

Figure 1.1 Return by County

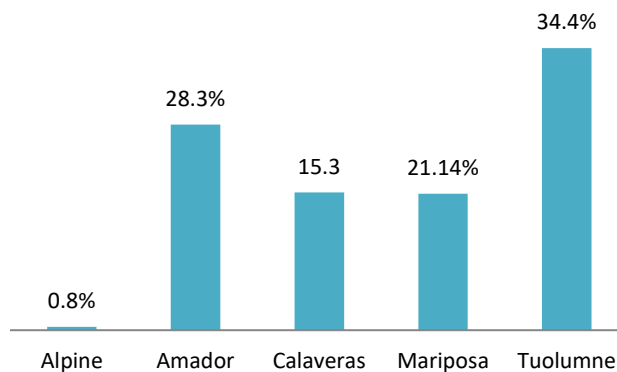
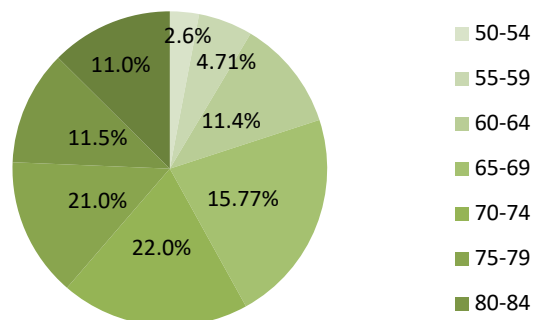


Figure 1.2 Age Groups



transportation, home care, and meal options closer to their residence.

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

Gender

The amount of females who participated in the survey was approximately twice the number of males what took the survey.

Ethnicity

Most of the respondents (84%) identified themselves as being White. While 3.9 % identified as Hispanic or Latino, 2.6% as American Indian or Alaska Native, 1.4% as other ethnicities, and 4.0% identified as multiracial. Note - 130 respondents declined to state their ethnicity.

Ninety-nine percent (99.3%) of the respondents spoke English as their first language and 0.5% spoke either Spanish or another language.

Sexual Orientation

Approximately 95% of those surveyed answered the sexual orientation questions. Ninety percent (90%) identified as straight/heterosexual, 1.1% identified as gay/lesbian/same gender loving, while less than 1% answered questioning/unsure and bisexual. Over 8% declined to state.

Marital Status

At the time of the survey, 47.6% were married, 24.9% were widowers, 13.7% were divorced, 9.9% were single. Some were separated and others were in a relationship with a domestic partner.

Figure 1.3 Gender

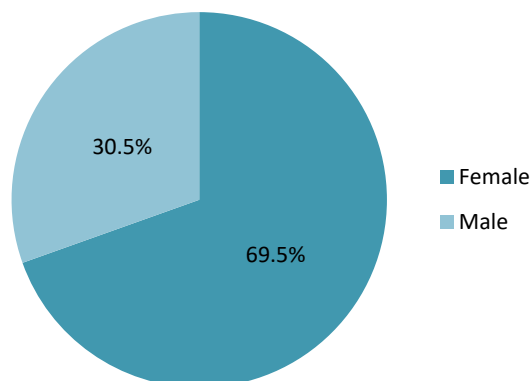


Figure 1.4 Sexual Orientation

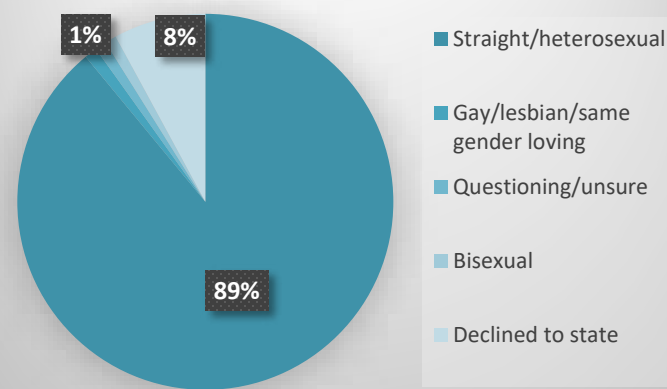
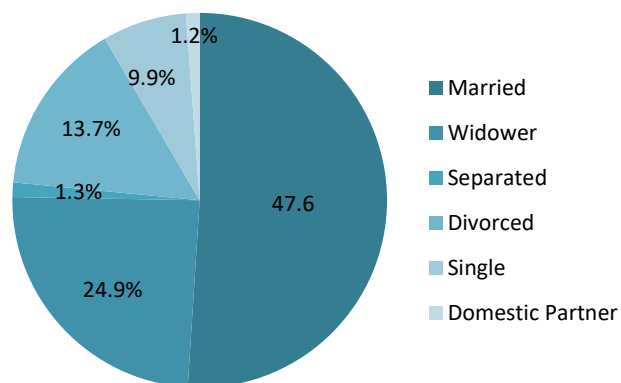


Figure 1.5 Marital Status



Employment, Income, and Education

Looking at Figure 1.6, over a third had some college education, over 22% had completed up to 12th grade, and a little over 34% had received a Bachelor's degree or a graduate degree. Close to 11% had received an Associate's degree while <1% had completed up to 8th grade.

Over seven in ten of survey respondents were retired. Seven percent had full-time jobs, 5.8% had part-time jobs, and very few were looking for work (.9%). Approximately 10.0% noted they were retired and disabled.

When asked if they volunteered, 31% stated they volunteer in various capacities, ranging from 1 hour to 30 hours per week. They volunteered on average about 7 hours a week.

Regarding income from older adults and volunteering, an interesting observation was stated by Tuolumne County Economic Development:

Seniors are an important part of our economy and without their economic contribution through pension and retirement income, many of the services we enjoy in our community simply would not exist. Some benefits resulting from the senior component are expanding health care options, an active arts and theater community, high retail sales, and non-profits filled with volunteers who are taking part of their retirement time and giving back to the community.

Figure 1.6 Highest Level of Education

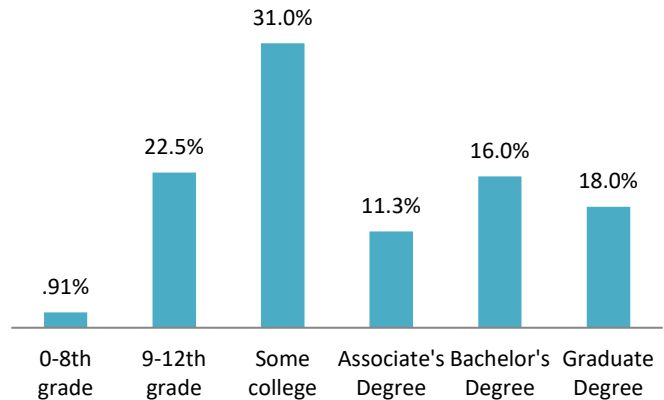
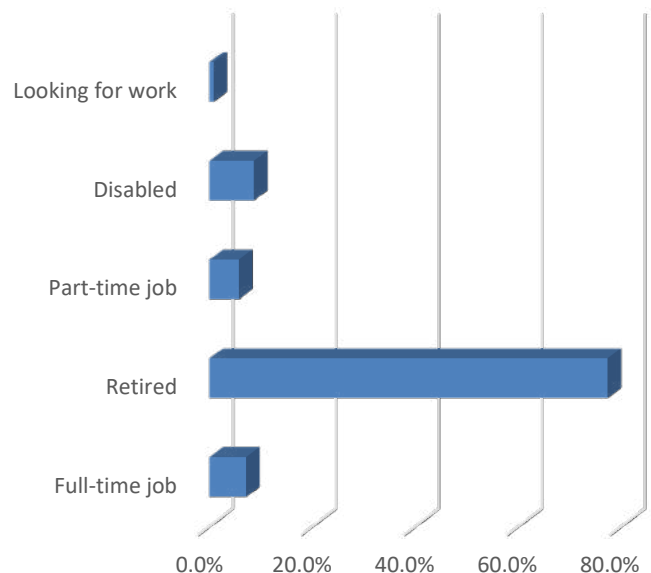


Figure 1.7 Work Status



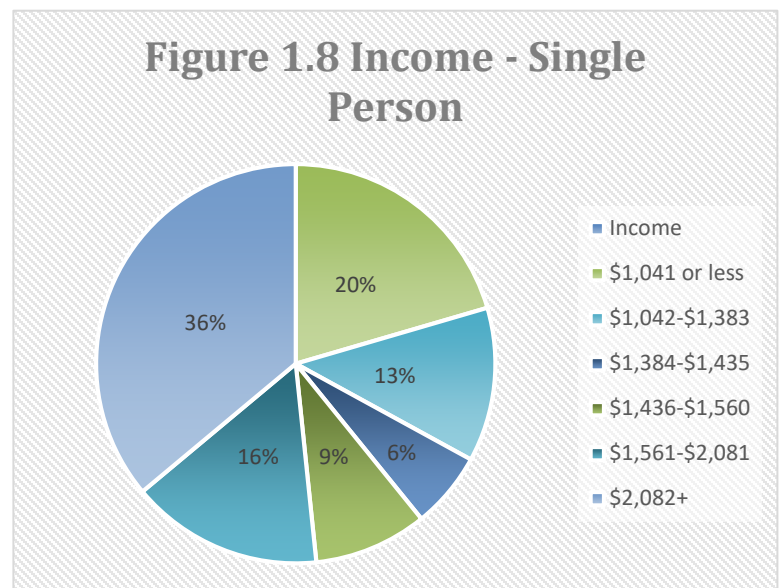
Income

Some questions on the survey dealt with income level. Figure 1.8 shows the breakdown of monthly income reported by those who were single.

Couples reported their **monthly income** as follows:

- 5.0% less than \$1,409
- 4.1% between \$1,410 - \$1,873
- 3.3% between \$1,874 - \$1,944
- 4.1% between \$1,945 - \$2,113
- 12.0% between \$2,114 - \$2,817
- 72.0% more than \$2,818

Figure 1.8 Income - Single Person

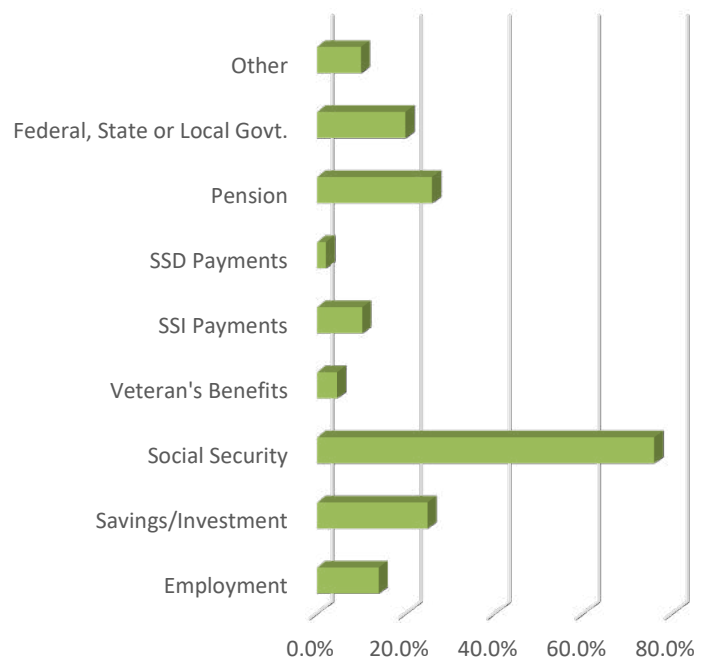


Types of Income

Many respondents indicated they had multiple forms of income. Three-fourths of the respondents indicated they received Social Security, while one quarter used savings or investments. Several received income from employment, received SSI payments, and some received SSD payments. Various forms of pensions were addressed in the survey. Some received a pension from federal, state, or local government, a company, or veteran's benefits.

There was a direct correlation between education and income level. Respondents with more education earned more per month. For example, respondents with an Associate's degree or higher, 72% earned \$2,114 or more per month. In addition, those with less education were more likely to be utilizing Medi-Cal.

Figure 1.9 Types of Income



Housing

At the time of the survey, respondents had lived in their current community ranged from 3 months to 97 years, with an average of 22 years. Respondents represent a sample of those who might have recently moved to the foothills and were looking for helpful information about the services provided by their new communities. Those who have lived in the foothills their entire lives were also represented in the survey.

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

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

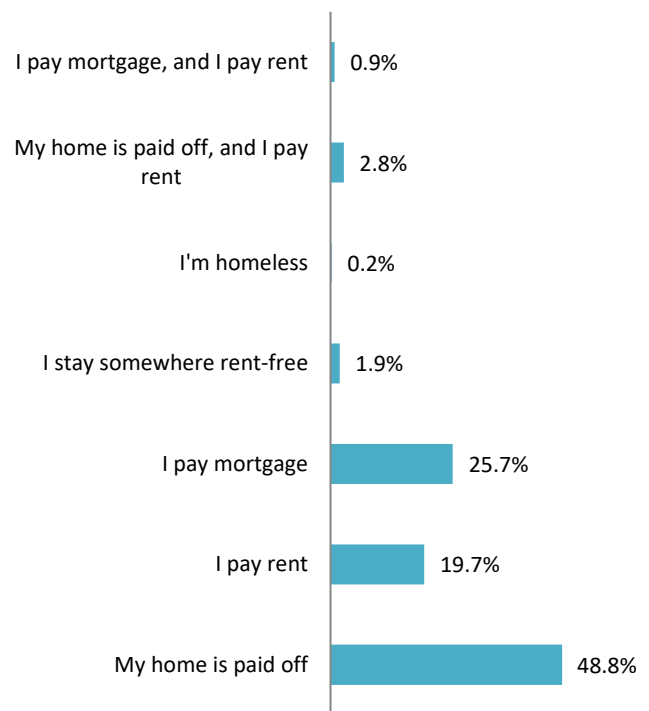
Concerning those who were renting, 20.4% were more likely to be on Medi-Cal as compared to 10.9% of those who had paid off their home.

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

Those who rented were more likely to live alone, were found to be earning the least, and were most likely to be receiving Medi-Cal. As an example, 62.5% of those earning \$0 to \$1,041 were renters.

Close to one-third in Amador County were more likely to live in a mobile home/modular home. While the Mariposa and Tuolumne surveyed were more likely to be living in an apartment - 11% and 12% respectively.

Figure 1.10 Housing



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

Health Care

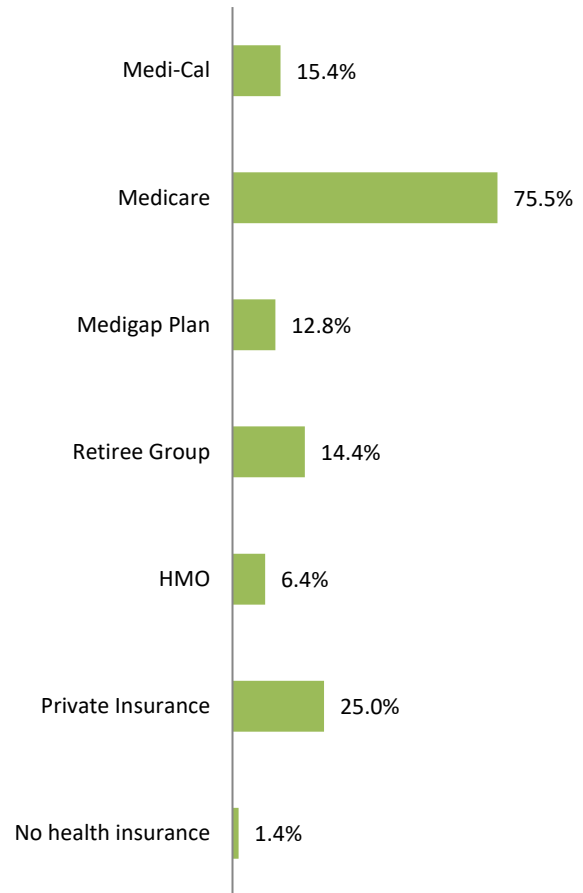
Along with indicating various forms of income, respondents had multiple forms of health insurance. Seven in ten respondents have Medicare while one quarter have private insurance. Some have an insurance plan through a retiree group, while others have Medi-Cal. Respondents indicated they also have a Medigap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

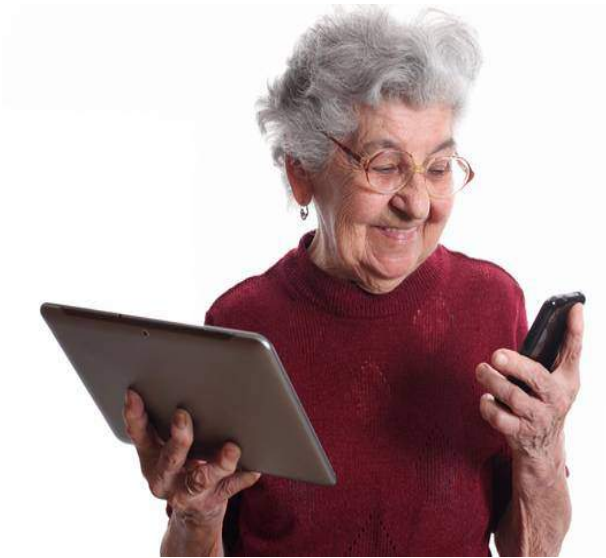
Only 1.4% of respondents checked they did not have health insurance.

Veterans

Veterans have a strong presence in the foothill communities. Out of the 925 respondents, 132 were veterans and 234 were veteran dependents. That brings the veterans and veteran dependent population up to 25% that responded to the survey. The rural counties attract an above average number of veterans. According to calvet.ca.gov, Alpine County has an estimated 147 veterans and Amador County has 3,598. Calaveras comes in at 4,933 with Mariposa following at 1,854. Tuolumne County has the highest concentration at 5,480 veterans.

Figure 1.11 Health Insurance





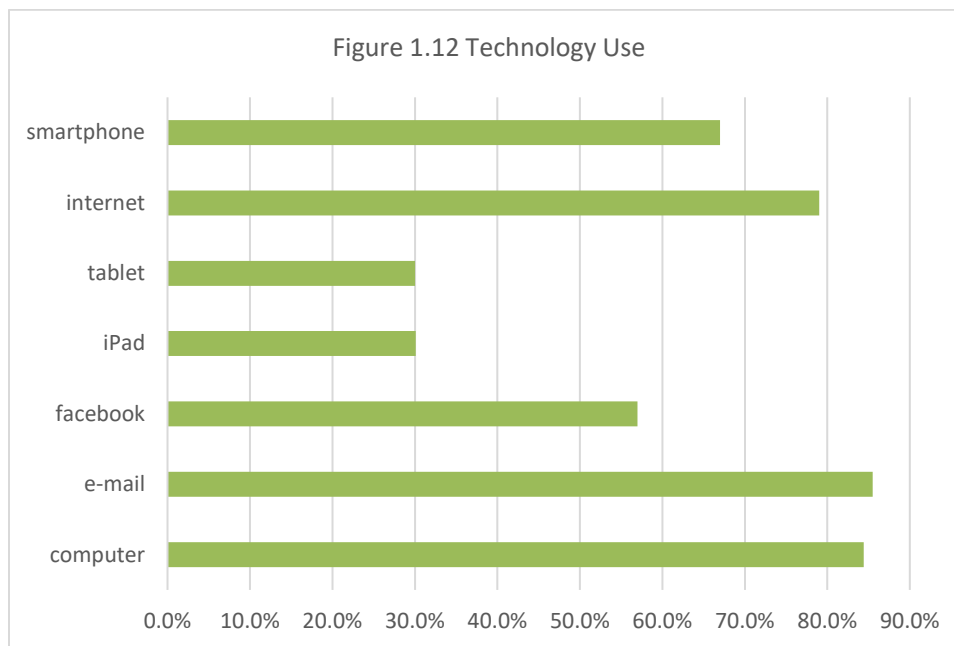
Technology

Older adults are becoming more tech savvy. Respondents indicated they use various forms of technology including computers, e-mail, and the internet. In addition, over half noted they use Facebook (57%) or smartphones (67%).

Ninety-five percent of those with higher education used a computer approximately 20% more than those that had a high school education or less. Respondents with higher education were 20% more likely to use a computer, e-mail, iPad, and the internet compared with those with a 9-12th grade or less education.

Amador, Mariposa and Tuolumne Counties recorded over 80% of their respondents that use the computer, email and internet while Calaveras County had a little over 70%.

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



SECONDARY DATA

Older Adult Population

The Planning & Service Area (PSA) of Area 12 Agency on Aging (A12AA) consists of the following five counties: Alpine, Amador, Calaveras, Mariposa, and Tuolumne. According to the US Census, American Community Survey, 2013-2017 5-year estimates, 53,632 older adults aged 60+ resided in the PSA of A12AA representing 35% of the total PSA population. It is important to note that not all of the secondary data found in this section was available for the population 60+. For the purposes of this report the term “older” is used here for people age 60+ unless otherwise marked.

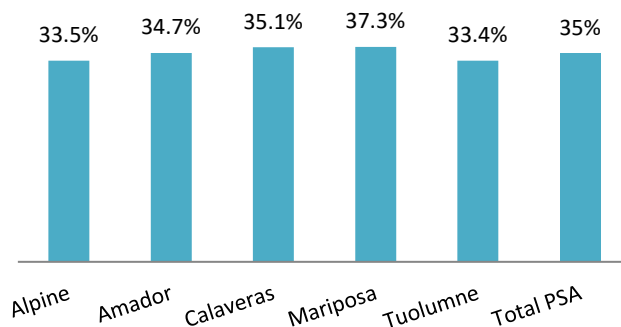
Figure 2.1 gives a breakdown of the older PSA population by county. Data shows the percentage of the older population in each county is fairly similar: adults age 60+ make up over one third of the population in each county.

According to the US Census Bureau, *65+ in the United States, 2018*, about 52 million Americans are age 65+. California ranks as number one with people age 60+ close to 5.9 million. Not surprisingly, California also ranked with a large percentage of the oldest old (age 85+).

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

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

Figure 2.1 PSA Older Population (60+) by County



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

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

The vast majority of the adults age 60+ in the PSA are White or Caucasian (89%). According to the American Community Survey, 2013-2017, some counties have an even higher non-minority population - Amador, Calaveras and Tuolumne age 65+ is 94.8%. The distribution of the other races and ethnic groups among the five counties is fairly similar (see Figure 2.2 and 2.3). It is important to note that Alpine County's American Indian or Alaska Native population (all age groups) is much higher (21.9%).

Figure 2.2 Population age 60+ by Race/Ethnicity

Age 60+ population*	Amador	Calaveras	Tuolumne
American Indian/Alaskan Native	.7%	.7%	1.5%
Asian/Asian American	.9%	1.3%	.9%
Black/African American	.8%	1.2%	.5%
Hispanic/Latino/Latina	5.6%	6.9%	5.9%
Native Hawaiian/Pacific Islander	0.0%	0.0%	.1%
Other Race	.9%	.5%	1.6%
Multiple Race	2.2%	3.0%	1.9%

*Source: US Census, American Community Survey, 5 year estimates, 2014-2018

Figure 2.3 Population by Race/Ethnicity

**Population – all ages	Alpine	Mariposa
American Indian/Alaskan Native	21.9%	3.4%
Asian/Asian American	.7%	1.7%
Black/African American	1.5%	1.3%
Hispanic/Latino/Latina	9.7%	11.6%
Native Hawaiian/Pacific Islander	.7%	.2%
Other Race	.5%	0.0%
Multiple Race	2.9%	4.0%

**Source: US Census, American Community Survey, 5 year estimates, 2013-2017

Rural County Representatives of California (RCRC) in partnership with Global State Finance Authority with credit to the Economic Development at CSU, developed 2018 County specific demographic and economic data relevant to our rural counties. The following population comparisons and information were recorded between the years of 2010 and 2016.

Between those years, Alpine County experienced the largest proportional population growth among those age 25-39 (67%), age 65-74 (81%) and age 75-85+ (124%).

Amador County's population showed significant growth in both the 65-74 and 85+ age groups during the same time frame.

Calaveras County experienced its largest proportional increase in population for those age 25-39 and age 65-74.

Mariposa County experienced its only population increase in those age 18-24 (3%) and 65-74 (36%).

Tuolumne County experienced its greatest proportional increase in its population between ages 65-74 (25%) and those age 85+ (44%).

These population demographics provide important insights into the overall growth in our five county area. Compared to statewide averages in California, our aging population is continuing to grow. This information is useful for current and future planning for the health community, the economic centers and the service providers that provide services to an aging population.

Table 2.4 Resident Population 60+ by County, 2020

County	Population 60+	Total age 60+ PSA Population	%
Alpine	433	60,047	.7%
Amador	14,437	60,047	24%
Calaveras	18,228	60,047	30.4%
Mariposa	7,214	60,047	12.0%
Tuolumne	19,735	60,047	32.9%

Source: CA Dept. of Finance, 2020 Estimates

Geographic Distribution

Map 2.6 highlights zip codes of A12AA where concentrations of older adult residents live. From the map, it is evident the older adult population is mostly located in Amador, Calaveras, and Tuolumne County.

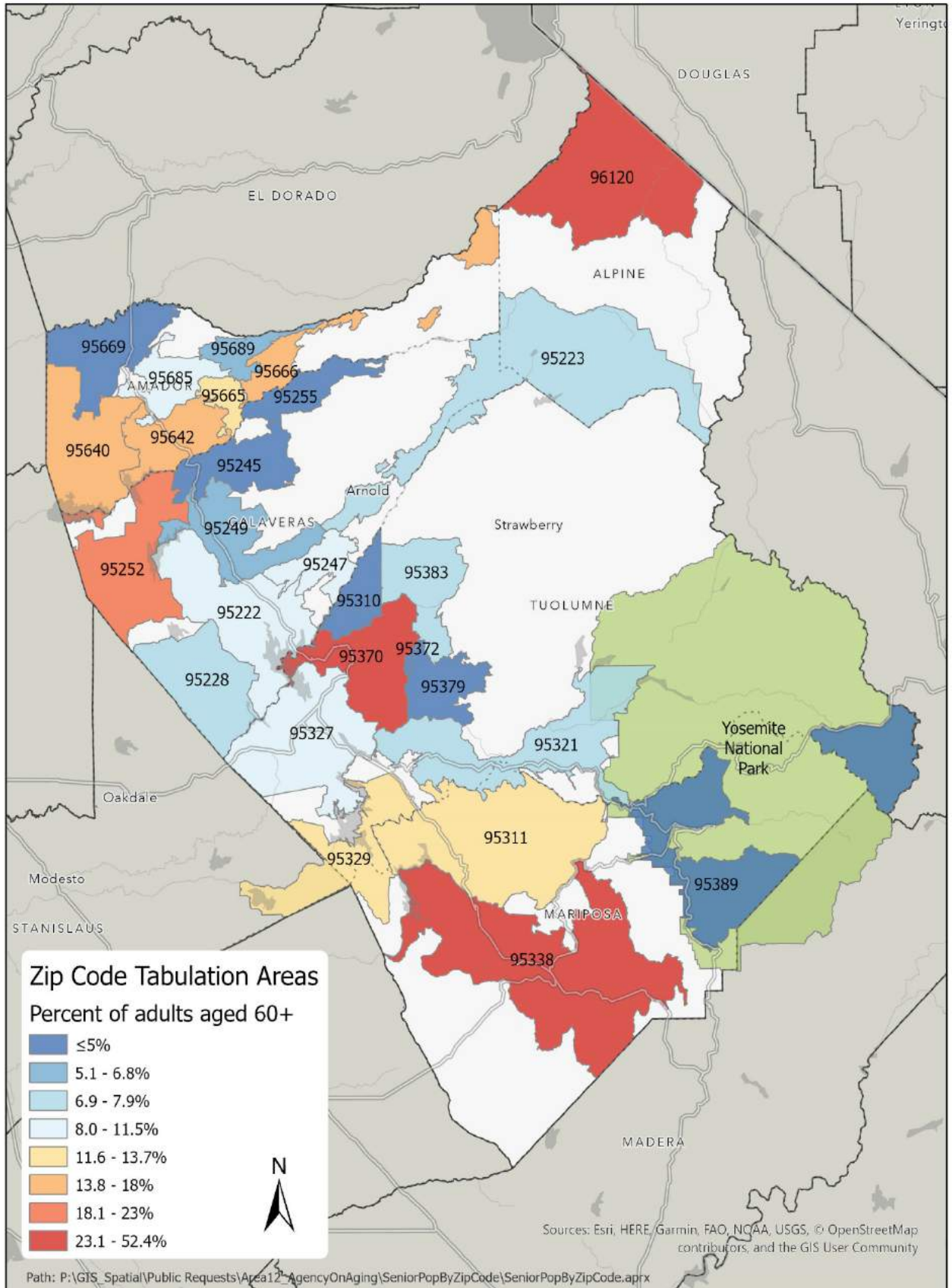
At the county level for Amador, the older adult population is concentrated in zip codes 95640 and 95642. For Calaveras County they were concentrated in zip codes 95222 and 95247 and for Mariposa County they were concentrated in zip code 95338. And for Tuolumne County they were concentrated in zip codes 95370 (see Table 2.5). Please note this table only displays zip codes where the older adult population numbers over 1,000.

Table 2.5 Zip Codes by County and Percent of their Resident Population 60+, 2013-2017

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

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Figure 2.6 Zip Code map





HEALTH AND WELLNESS

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

Topics center on:

- ✓ Overall health
- ✓ Chronic health concerns
- ✓ Feedback on health concerns

SURVEY DATA

Overall Health

More than 86% of the respondents described their health as 'good' or 'very good'.

Health Problems

The five counties encounter a unique situation with regards to diseases and disability due to the increased aging population. The highest health problem categories indicated by respondents were arthritis, heart disease, and diabetes. A smaller portion marked health problems including osteoporosis, obesity, asthma or lung disease, and cancer. In addition, 7% said they had other health problems not listed. 24% of the respondents stated they had no health problems.

Older respondents, age 70+, were more likely to check a health problem specific to arthritis and heart disease. Survey participants living alone were more likely to report having arthritis and heart disease. It is interesting to note that those with more education were less likely to have none of the diseases. Those who paid rent were more likely to have diabetes. Men were more likely to have heart disease at 24.2%, than women at 16.0%. Respondents in Amador and Mariposa were more likely to have none of the diseases listed in the survey.

Out of the total respondents, 168 provided more detailed information about their health problems. Several respondents reported back issues, lung disease, multiple sclerosis and orthopedic issues. A smaller percentage of respondents experienced Parkinson's disease, stroke related issues, and allergies.

Twenty-eight of the 819 reported respiratory problems, mostly with lung disease. Several

Figure 3.1 Overall Health

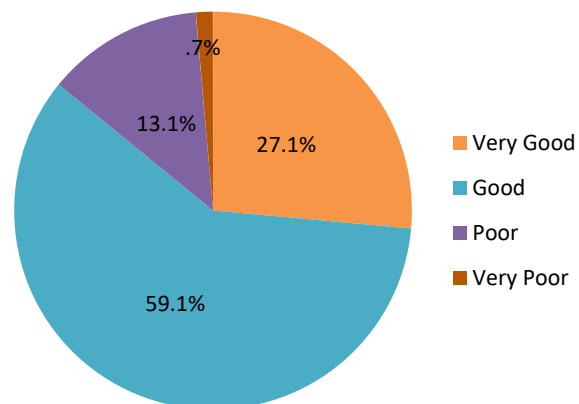
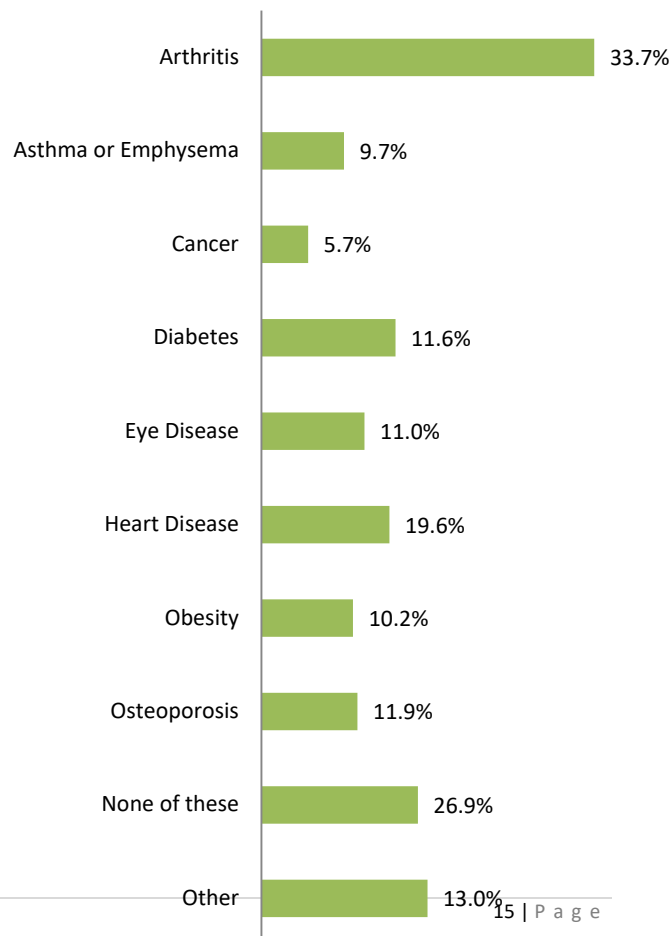


Figure 3.2 Health Problems



respondents reported muscle issues including fibromyalgia, and chronic fatigue syndrome.

Other health issues were related to the senses: eye disease and hearing loss. A smaller number checked kidney and colon issues.

Depression, anxiety, dementia, and other related health issues were mentioned as well.

Disability

Out of the total amount of those surveyed, 50 reported they had a disability which caused them to need help.

The number of individuals with disabilities offers an indication of why in-home, access, and transportation services are critically needed in the rural counties. These individuals desire to 'age in place' while maintaining their dignity and quality of life. This emphasizes the fiercely independent attitude of the majority of older adults and disabled adults in the rural communities.



Health and Education

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

Health and Housing

Respondents living alone were more likely to report being in poor health – 14.5% for those living alone compared to 11.7% for those not living alone. Renters were more likely to report being in poor or very poor health.

Health and Disability

Those who were disabled were the most likely to report being in poor health (44.4%). Respondents age 85+ were the most likely to report having a disability that caused them to need help (46.8% as compared to the next highest percentage at 27.0%). Those who live alone, pay rent, earn less income, and were widowed or single were the most likely to indicate they have a disability that causes them to need help.

There was a higher percentage of disabled adults living in Calaveras and Mariposa Counties (9.4% and 8.2% respectively).

Health and Income

Those with a higher monthly income were more likely to report being in very good health.

Health and Socializing

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

Health and Exercise

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



Health Data by County

Data findings showed there were no statistical differences with respect to respondents' current health status by county. More specifically, the percentage of respondents reporting good or very good health ranged from 85% to 88%. In addition, there were no statistical differences for any other health concerns listed below.

Table 3.3 Health by County

Health Related Variable	Alpine	Amador	Calaveras	Mariposa	Tuolumne
Current Health (Very Good/Good)	100.0%	88.0%	83.9%	85.0%	87.4%
Arthritis	0.0%	37.2%	39.3%	33.9%	39.4%
Asthma	1.0%	14.0%	15.4%	12.5%	11.4%
Cancer	1.0%	5.1%	6.0%	7.7%	5.7%
Diabetes	1.0%	14.5%	12.8%	10.1%	12.1%
Eye Disease	0.0%	12.8%	12.0%	11.9%	11.4%
Heart Disease	0.0%	18.8%	20.5%	14.9%	18.1%
Obesity	1.0%	11.2%	13.7%	7.7%	10.6%
Osteoporosis	1.0%	10.4%	11.1%	10.1%	12.1%
None of the Health Problems Listed	1.0%	23.5%	21.4%	28.6%	30.1%
Other Health Problems	1.0%	20.1%	26.5%	21.4%	18.1%

SECONDARY DATA

The data offered here is for the older adult population.

Overall Health

Amador Community Health Assessment reported 77% were good, very good or excellent concerning their health status. Data from the Mariposa Community Health Assessment indicated that the majority of Mariposa residents rate the health of Mariposa County as somewhat healthy.



Chronic Health Problems

According to the Community Health Assessment conducted by Public Health in 2017-2019, Tuolumne County and the foothill communities have higher rates of cardiovascular disease, arthritis, asthma, depression, diabetes and cancer than the state average. This aligns with our finding as well. It is important to note the information was taken from the Economic burden of chronic diseases (cbcd.ucmerced.edu).

In Mariposa County, the Community Health Assessment noted that tobacco use and adult smoking is a major contributor (16.8%) to both cancer and heart disease. Mariposa County Public Health is aware of these statistics and looking at programs to change, reduce or avoid the risk for these diseases.

Mark Twain Medical Center 2019 Community Health Needs Assessment states:

'With a median age in Calaveras County significantly higher than for the US as a whole, it is not surprising that most community informants focused on the needs of the older adult population. Combined with the rural nature of the area, social isolation and transportation-related mobility challenges negatively impact access to care. These same factors contribute to concerns about adequate nutrition among older adults. Naturally, chronic health conditions are more prevalent among seniors.'

Each community is concerned with the health of their residents. There are many programs offered through the hospitals and public health to deal with health issues.



ACTIVITIES

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

Topics center on:

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

Socialization

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

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

Exercise

As shown in Figure 4.2, 88% of those surveyed reported exercising at least 3-4 times a month or more. In addition, 12.0% reported getting no exercise at all.

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

Figure 4.1 How Often Seniors Socialize

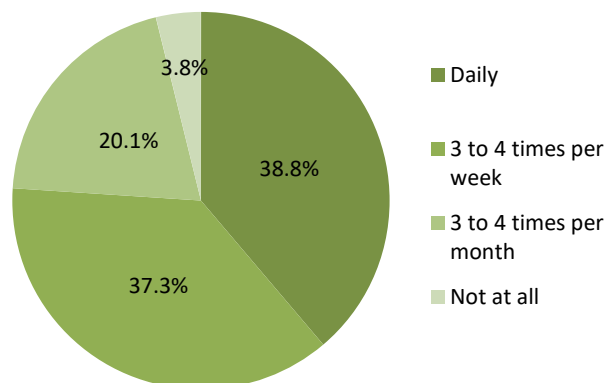
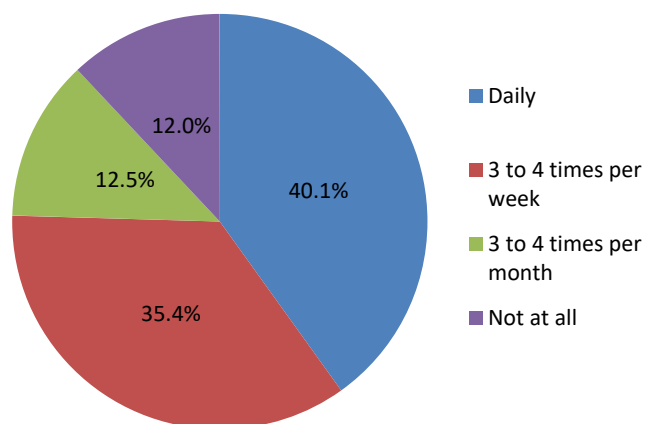


Figure 4.2 How Often Seniors Exercise



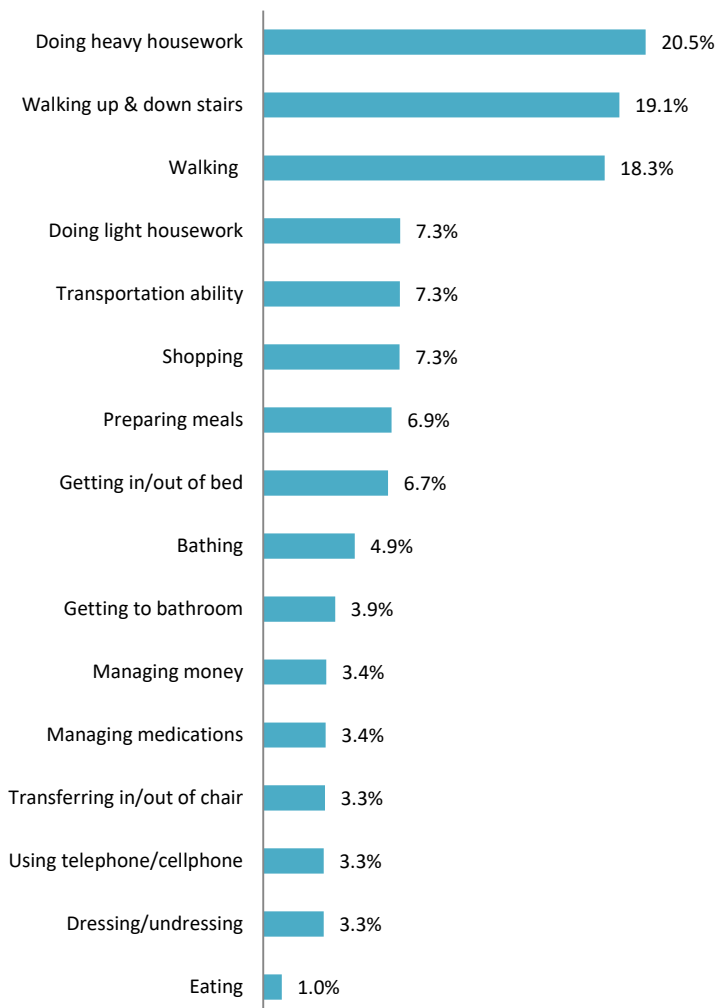
Activities of Daily Living

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

Respondents age 85+ reported they had some difficulty preparing meals. Specifically, 18% of the 170 respondents in this age category reported serious difficulty with preparing meals.

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

Figure 4.3 Activities that affect daily living



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

The oldest respondents, age 80+ and those with disabilities were the most likely to indicate they had difficulty walking, walking up and down stairs and doing heavy housework. Twenty-eight percent of age 75+ checked that someone helps them with light or heavy housework, shopping, preparing meals and other tasks.

Receiving Help from Others

Along with having difficulty with the above activities, 23% of respondents reported 'someone helps me' with heavy housework and 11% reported assistance with shopping. A little over seven percent, receive help with light housework and 7.3% with preparing meals. In smaller numbers, respondents were receiving help with managing medications and money.

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

Among the people who received help, 33.1% of respondents paid their helpers.

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

While many respondents have family members or friends assisting them, the need to expand these services which aid individuals to stay in their homes (referring to Figure 4.3) and access to these services is crucial as individuals in our communities desire to 'age in place'.

Figure 4.4 Who helps with Activities

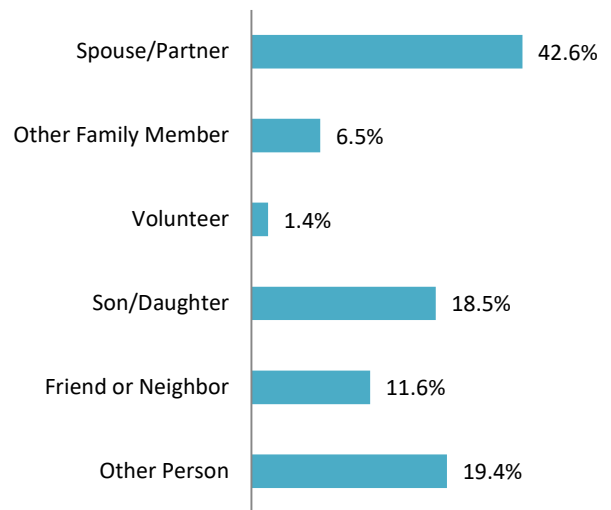
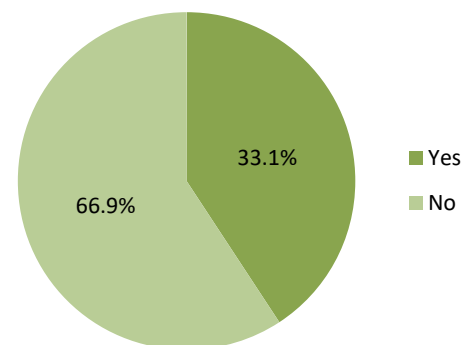


Figure 4.5 Paid to help





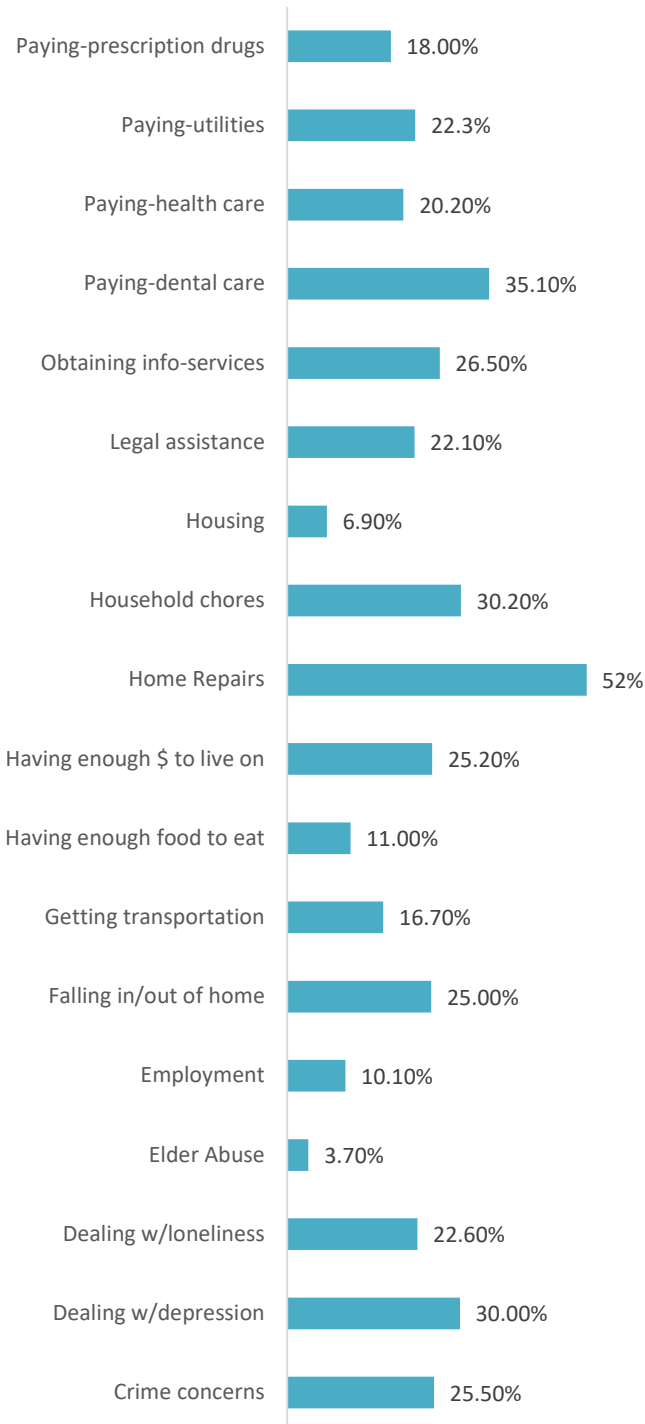
ISSUES AND CONCERNS

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

Topics center on:

- ✓ *Issues and Concerns*
- ✓ *Who helps seniors*

Figure 5.1 Issues & Concerns



SURVEY DATA

Issues & Concerns

As respondents were asked about issues that concerned them, it became apparent that several issues were resonating with many seniors. In the area of home repairs, approximately 52% of the seniors indicated this was an issue for them.

As the cost of living rises, many respondents were concerned about areas that affect their financial welfare: paying for dental care, paying for utilities, for healthcare, for prescriptions, and having enough food to eat.

There were also concerns about their well-being: dealing with depression or loneliness, and crime concerns.

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

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

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

Issues & Concerns

Those who were age 55-64, disabled and earning the least were more likely to indicate they had an issue dealing with depression or loneliness.

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

Women were more likely to note having an issue with having enough money to live on. Over 25% of female respondents indicated this was an issue compared to 19.1% of male respondents.

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

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

Those surveyed in Calaveras County were more likely to indicate having issues obtaining information about available services; eighteen percent (18%) in Calaveras County checked that this was a big issue with Mariposa County following at 17%.

The older age groups, age 75+ and those who have a disability that causes them to need help were more likely to indicate having an issue with any type of falling.



People Who Help Seniors

Some respondents reported they needed help with certain issues: 52% - home repairs and 28.2% - household chores. Paying for dental care, assistance with personal care at home, and knowing what services were available followed in smaller percentages.

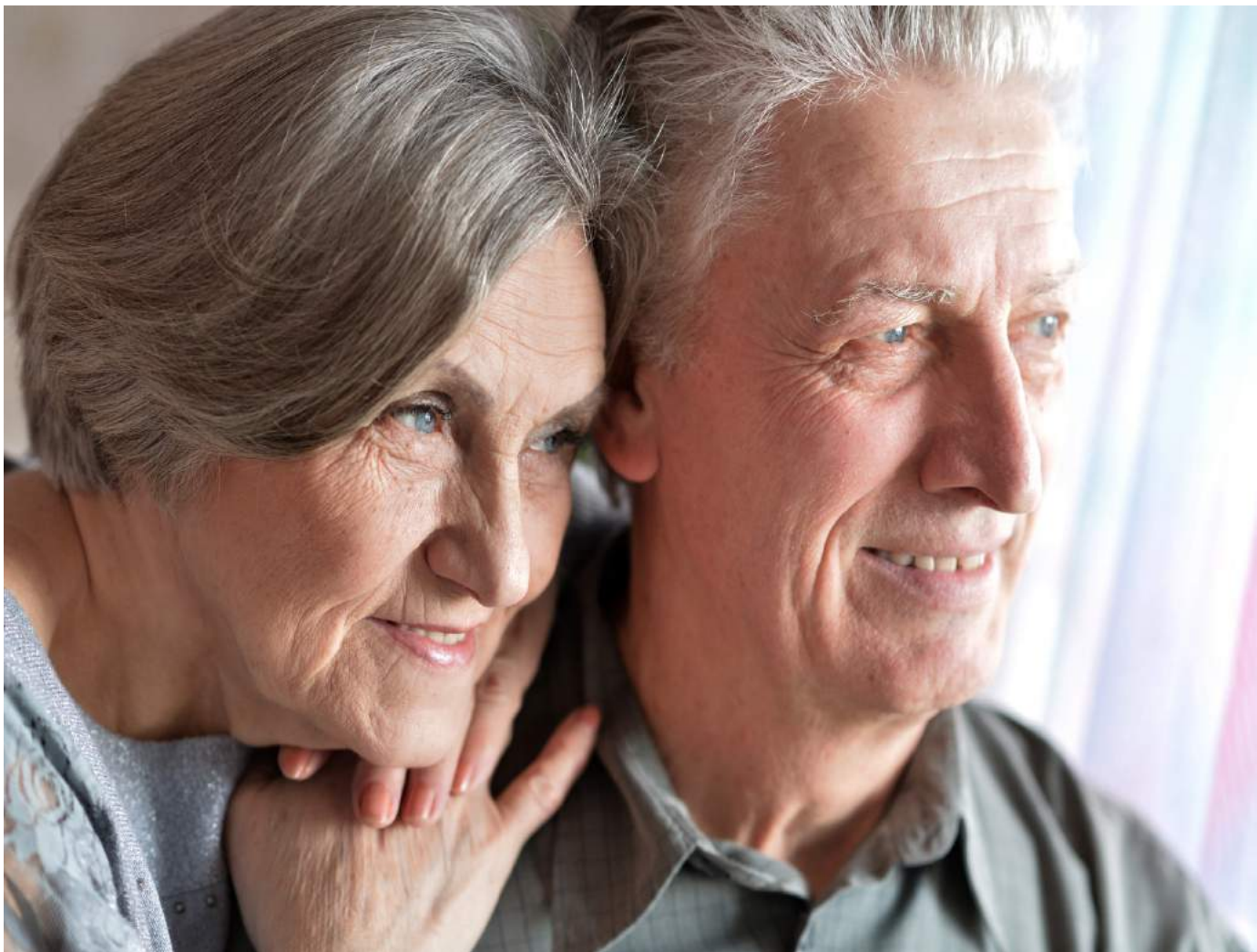
Respondents indicated they received help with specific needs from multiple people in their community. Those who received help were most likely to receive assistance from family. Almost one third of those surveyed received help from their spouse or partner (31.5%) along with one in five by a son or daughter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

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

Nearly one third of respondents (33.1%) were paying someone to help them with their needs and concerns while 66.9% were being helped by a friend, neighbor or family member.

Respondents in the older age category, 85+, those who were widowed, those with more education, and those who live alone indicated their helpers were paid. In addition, those who were disabled were more likely to have a paid helper.



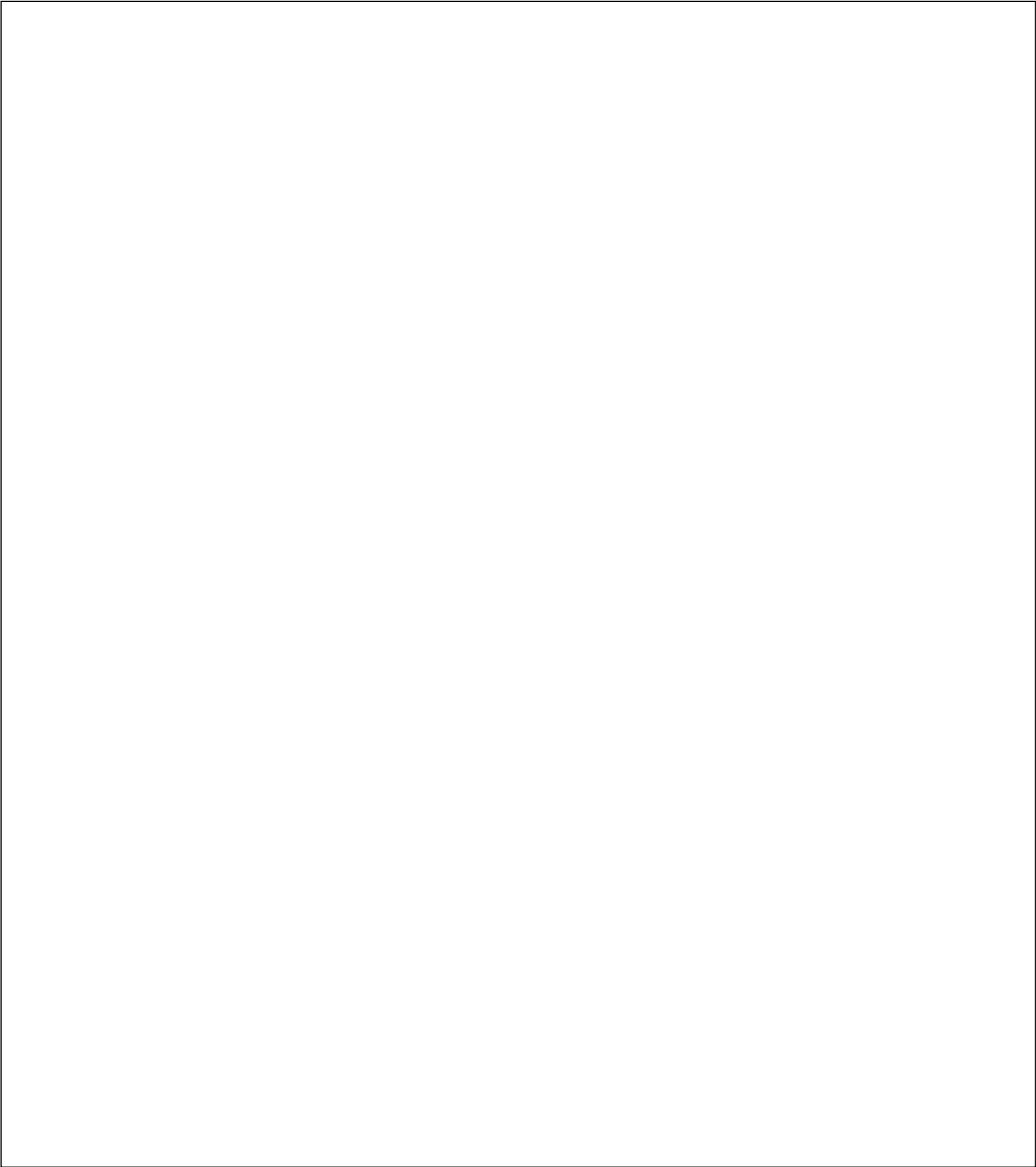


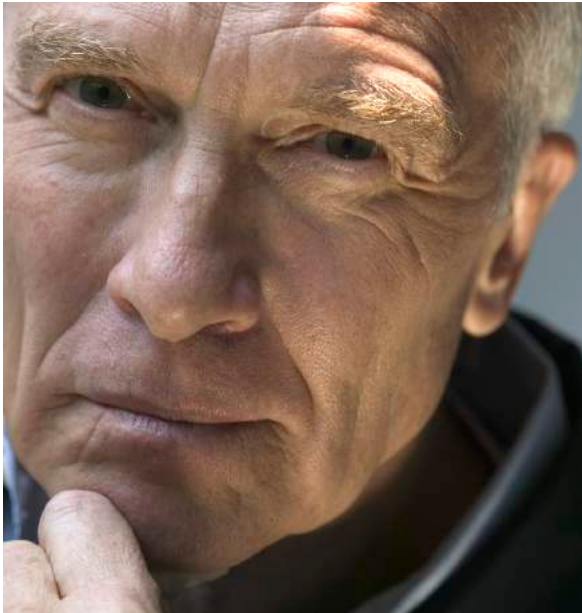
SERVICES

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

Topics center on:

- ✓ *Services Utilization*
- ✓ *Services seniors would use if available*
- ✓ *Transportation services*



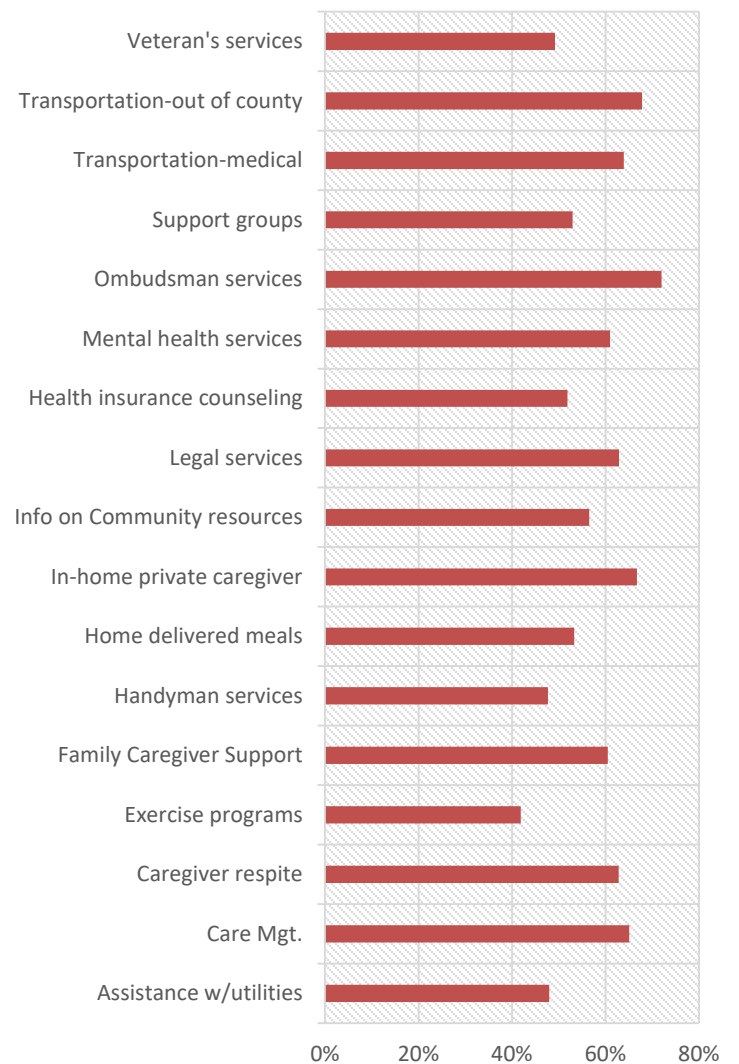


Services individuals would use if available

Individuals indicated they have used certain services such as handyman services (55%), exercise programs (59%) and home delivered meal services (47.6%). Other individuals indicated they would use health insurance counseling, dial-a-ride or public transportation if they were available in their community.

A12AA provides some of the services described in Figure 6.2 directly through our various programs. Some the services described in Figure 6.2 were available through other organizations in each community. When these other services were needed, A12AA functions as a referral source.

Figure 6.2 Services would use if available



Caregiving Questions

Of those surveyed some questions centered on the caregiving experience. Over 37% of those surveyed had used caregiver respite, while 94% would use caregiver respite if it were available for them. Thirty-four percent used an in-home private caregiver and 67% would use a private caregiver if it were available for them. Over 35% of respondents indicated they had used a caregiver program or resources. And over 66% indicated they would use a caregiver program if they had it available for them. As our communities continue to age, there continues to be a need for caregiver programs with appropriate resources.

Energy Assistance

Survey participants in Amador and Calaveras Counties were more likely to use an energy assistance program (16.5% and 17.2% respectively). In addition, those who were retired and disabled were the most likely to indicate they would use an energy assistance program.

Exercise

Respondents age 60-69 and those with more education were the most likely to indicate they used an exercise program (25.3%). Eighteen percent of those who indicated they exercised indicated that falling is still a concern for them. Over 20% of those that exercised indicated depression was an issue for them and over 14% deal with loneliness.

Handyman Services

Respondents living in Amador County used handyman services, 54.7%, compared to the next highest percentage, 36.4% for Calaveras County. Home repair programs were in high demand in our rural counties.

Health Insurance Counseling

Respondents in Calaveras County, 66.7%, were more likely to use health insurance counseling for Medicare, 52% for Amador and 51% for Tuolumne. Twenty-eight percent in Mariposa used the services.

Meal Programs

Respondents who were widowers, those who had serious difficulty preparing meals, or could not prepare meals alone were more likely to use home delivered meals. Not surprisingly, those who had serious difficulty with grocery shopping or could not do shopping alone, were more likely to receive home delivered meals.

Over 47% of the respondents used home delivered meals in the past year. Sixty percent (60%) of the respondents who reported serious difficulty preparing meals and could not prepare meals on their own were receiving home delivered meals. This is a positive indication that the home delivered meal service is utilized by many consumers.

Information on Community Resources

Over 44% of those surveyed had accessed information on community resources. Another 57% would use the service if it were available to them.

Transportation

Those with difficulty arranging transportation were more likely to report they would use a Volunteer Driver Program. In addition, respondents who noted they had someone who helps them with transportation were more likely to indicate they would use a medical transportation program.

Respondents from Alpine and Calaveras Counties were the most likely to indicate that Dial-a-Ride was not available. Respondents in Tuolumne County were the most likely to indicate they used Dial-a-Ride. Lastly, respondents in Amador County were the most likely to indicate they had public transportation in their area.

As respondents age, they were less likely to drive their own car.



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

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

Over 70% of those who had medical appointments out of their county cited the 'specialist was not available locally' and limited treatment options (31%). Other reasons were primary care physicians not taking new patients, (25%) and test not available in the county (23%). Other reasons cited were health plan was out of the area, veteran's services are out of town, and costs associated with healthcare were lower out of their county. The out-of-county medical transportation programs meet an obvious need for our rural counties with limited access to medical care.

Table 6.3 Transportation by County

Transportation Related Variable	Alpine	Amador	Calaveras	Mariposa	Tuolumne
Do you have public transport available in your area?					
• Yes	28.6%	73.4%	44.0%	37.4%	50.0%
• No	57.1%	13.7%	24.6%	47.3%	35.7%
• Don't know	0.0%	12.9%	29.9%	14.3%	13.0%
Is public transport available where you live?					
• Yes	28.6%	65.2%	33.6%	29.1%	38.4%
• No	57.1%	20.7%	32.8%	57.7%	41.8%
• Don't know	1.0%	14.2%	32.1%	12.6%	18.5%
Do you use public transport?					
• Yes	1.0%	5.7%	6.7%	10.7%	7.4%
• No	85.7%	91.5%	91.8%	88.1%	89.9%
How often have you used it?					
• 1-4 times	0.0%	3.3%	6.9%	13.1%	5.2%
• 5-10 times	0.0%	1.3%	1.2%	0.0%	2.6%
• More than 10 times	0.0%	1.0%	0.0%	1.0%	1.0%
Why haven't you used public transport?					
• Accessibility	28.6%	20.4%	20.6%	16.7%	17.2%
• Difficulty getting on/off the bus	0.0%	9.9%	9.3%	6.3%	8.6%
• Difficulty in getting info about fares, schedule, routes	0.0%	11.8%	3.1%	6.9%	6.9%
• Ride takes too long	1.0%	13.2%	13.4%	10.4%	14.2%
• Does not go where I need to go	42.9%	22.4%	27.8%	26.4%	14.2%
• No public transport where I live	42.9%	21.7%	23.7%	58.3%	42.9%
• No funds to pay for it	0.0%	5.9%	7.2%	1.4%	6.9%
How do you travel?					
• Friends/relatives	28.6%	23.8%	29.0%	27.1%	24.5%
• Dial-a-Ride	1.0%	2.1%	0.00%	1.1%	3.4%
• Transportation program	0.0%	2.5%	3.1%	3.4%	1.4%
• Taxi	0.0%	1.2%	0.0%	0.0%	2.7%
• Veteran's bus	0.0%	1.0%	0.0%	0.0%	1.0%
• Walk/bicycle	1.0%	4.1%	3.8%	4.5%	4.8%
• Own vehicle	85.7%	89.8%	85.5%	88.1%	81.6%



STAYING HEALTHY

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

Topics center on:

- ✓ *Doctor visits*
- ✓ *Nutrition*
- ✓ *Nutrition and Exercise*

SURVEY DATA

Doctor Visits

Of the 788 respondents who reported the distance they traveled to their regular doctor, 25 miles was the average, ranging from as close as one half-mile to as far as 150 miles. The time it took respondents to travel to their regular doctor was 30 minutes on average.

Respondents in Tuolumne County travel the fewest miles to see the doctor, while Mariposa County respondents travel the farthest to see the doctor.

The survey revealed that those who live alone and those who were the oldest travel the least amount of time to see the doctor.



Nutrition

Over 800 respondents answered the nutrition questions. While the majority do not have nutritional needs, over 7.8% or 68 folks answered they did not have enough money at the end of each month to purchase food. Not being able to drive presented another barrier that affected nutrition. Thirteen percent were not able to drive to the grocery store while 11.8% were not able to carry their groceries in to the house. A smaller percentage, 6.8% could not cook their food while 5.6% were not able to shop for food.

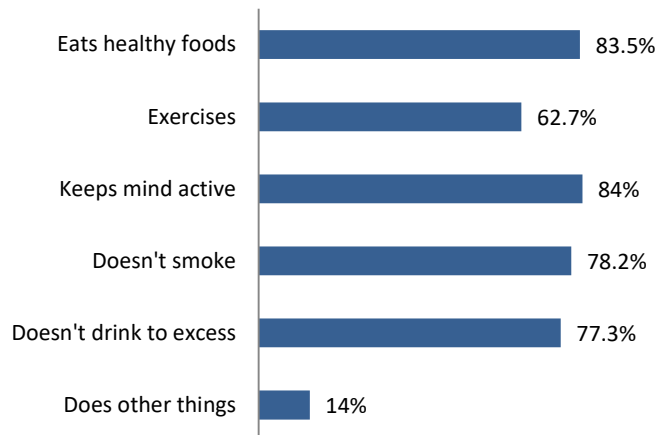
These clear nutrition indicators give substantial verification that nutrition programs are crucial for our aging communities.

Nutrition & Exercise

The survey data findings show many seniors were involved in healthy activities on a regular basis. A high majority of respondents reported keeping their mind active (84.0%). See Figure 7.1 for other indicators of healthy activities.

Respondents who eat healthy foods on a regular basis were the most likely to use an exercise program and to exercise more frequently. Respondents between the ages of 60-74 were the most likely to indicate they exercise on a regular basis. Those who indicated they were in very good health and those who socialize more with others were more likely to exercise on a regular basis.

Figure 7.1 Regular Participation in Healthy Activities





CAREGIVERS

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

Topics center on:

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

SURVEY DATA

Caregivers

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

The survey revealed, 52 were caregivers for a person age 60+. Of these caregivers, 90.4% cared for one person, 8.1% cared for two persons and 1.5% cared for three or more persons. Of the total 925 respondents, one in five (18.5%) expected to be caregiving in the next five years.

Almost half of these individuals cared for their spouse or significant other. Others were caregivers for both of their parents, their sister or their brother, and a mother-in-law or a father-in-law.

Only 2 respondents were caregivers for children age 18 or younger.

Figure 8.2 Services Caregivers paid for

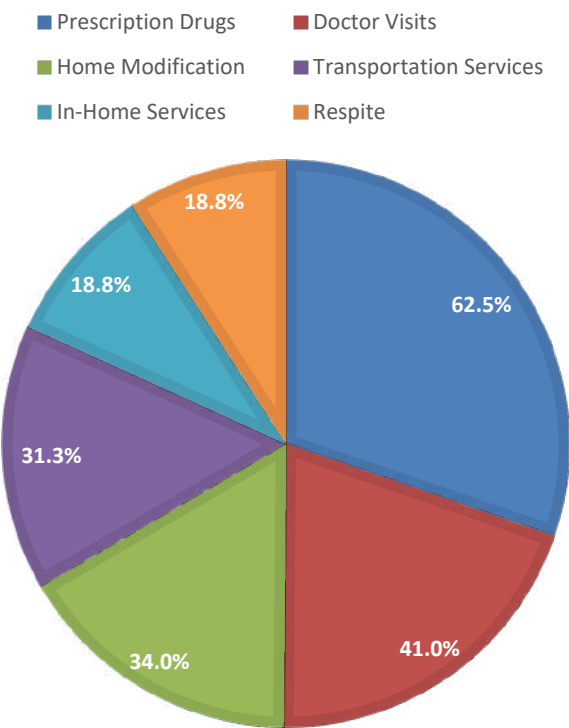
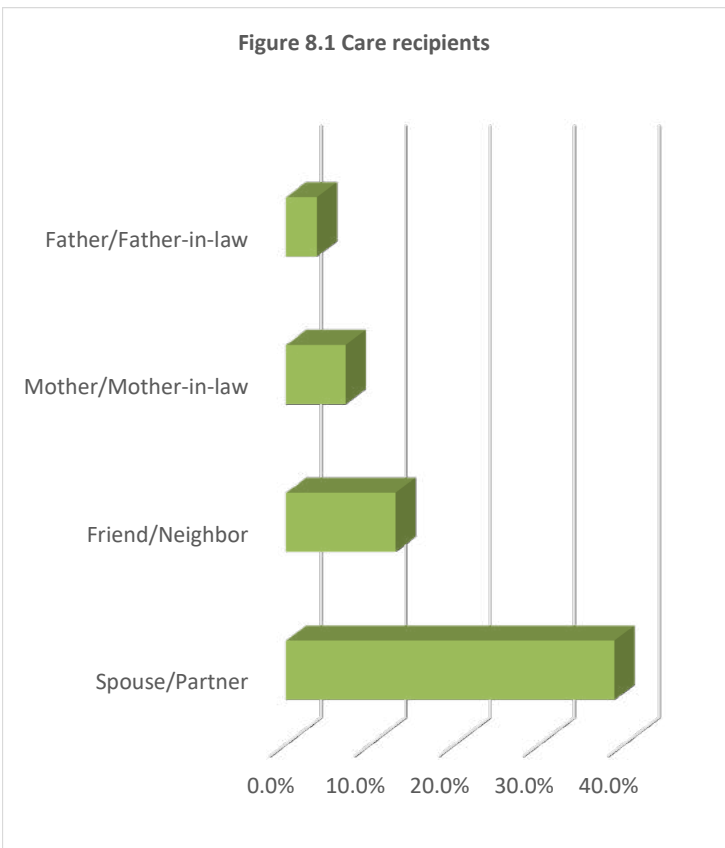


Figure 8.1 Care recipients



Services Caregivers paid for

Figure 8.2 shows a variety of services that caregivers paid for separately for those they cared for. They paid for prescription drugs, home modification, doctor visits, transportation, in-home services and respite. Most likely there were other items or services these caregivers paid for but the survey was unable to itemize all the items and extra expenses.

Female respondents spent the most extra dollars on prescription drugs and gas to take loved ones to scheduled appointments.

Hours per Week spent Caregiving

In Figure 8.3, approximately 56% of caregivers spend over 20 hours a week with caregiving duties.

Of the individuals receiving care, 70.4% were female and 29.6% were male.

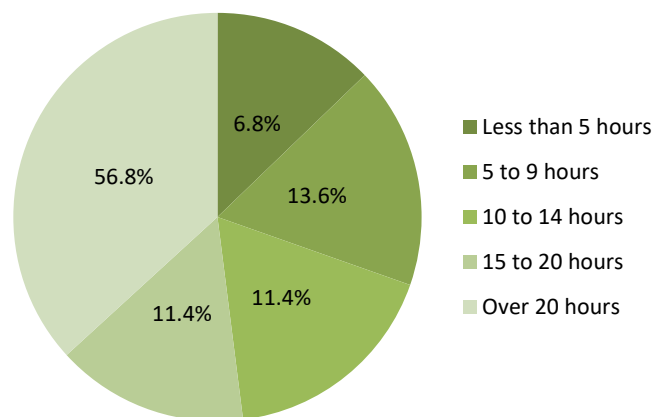
Two-thirds (62.5%) reported the person receiving care lived with the caregiver; 83% of caregivers reported they were the main caregiver for the person receiving care. Almost one in five (18.5%) of the caregivers indicated they had to reduce their work hours due to caregiving. About 16% of caregivers took extended personal leave in order to provide care.

A high majority (78.7%) of the caregivers reported they did not take any sick or vacation hours annually for caregiving activities, while 21.3% of the caregivers used one to over 10 hours of sick or vacation hours annually.

The largest number of caregivers was found in the 65+ age group (25 caregivers). Sixty-one percent of caregivers were retired and caring for one person, 13% worked part-time and 15% worked full-time. Females were the majority of caregivers. Those who were age 65+ were more likely to be taking care of their spouse.

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

Figure 8.3 Hours per Week Spent Caregiving



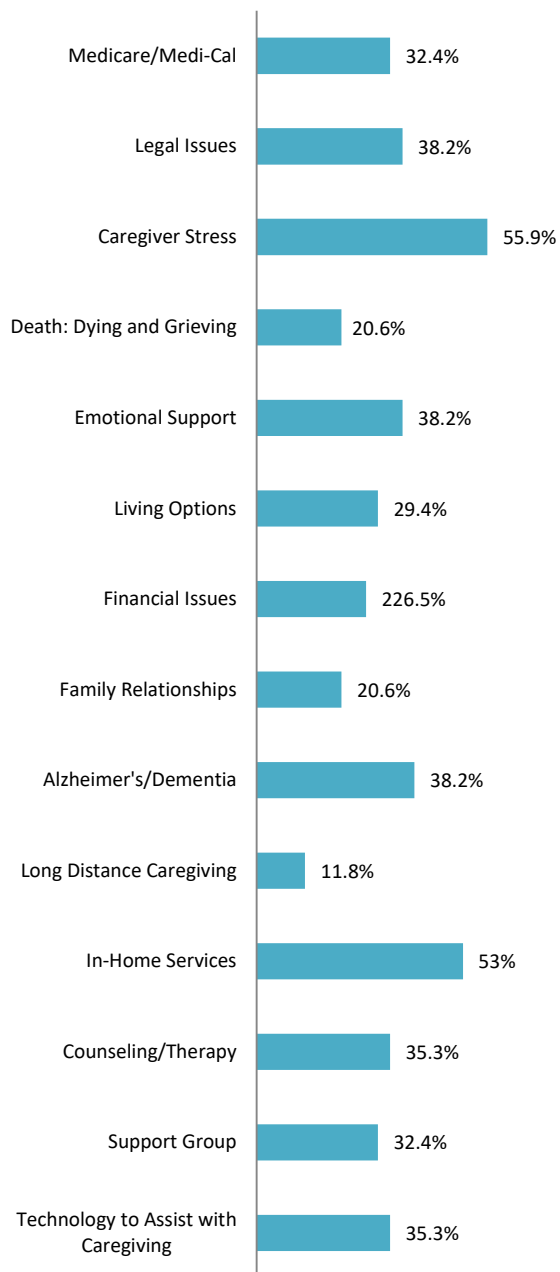
Caregiver Information Requests

Thirty-three caregivers provided feedback on additional caregiving information they would find helpful.

Many caregivers indicated they would like to receive information on topics concerning their caregiving duties. More than one in three would like information about caregiver stress, in-home services, Alzheimer's and dementia, and legal issues.

Male respondents were the most likely to be interested in receiving information on financial issues or legal issues. Respondents age 65+ were more interested in receiving information on caregiver stress and in-home services.

Figure 8.4 Caregivers' Information Requests



CONCLUSION

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

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

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

The health data shows a strong relationship between the lifestyle choices of older adults in our communities. Many individuals make their health a priority by eating healthy, exercising regularly, and other lifestyle choices which promote healthy living. The Agency's challenge is to encourage all older adults to make healthy lifestyle choices a priority, including exercise and good health.

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

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

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

