



Solano County Status Report on Seniors 2008

Prepared by Rochelle Sherlock,
Coordinator/Consultant to the
Senior Coalition of Solano County,
with the guidance and support of the
Senior Coalition of Solano County,
its members and committees



**One generation plants the trees;
another gets the shade.**

Chinese Proverb

The Solano County Status Report on Seniors 2008

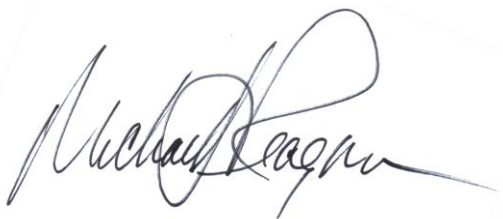
Created by the Senior Coalition of Solano
County
Funded by the County of Solano

The Senior Coalition of Solano County, at the direction of the County Board of Supervisors, conducted a study on the social, economic, health and well-being of the senior population in Solano County. This report is the culmination of that study.

Endorsement

Senior Issues Committee
Supervisor Michael Reagan and Supervisor John Vasquez

We are tremendously proud of the work done by the Senior Coalition of Solano County most especially the comprehensive document, *Solano County Status Report on Seniors*. The background and issues identified in the report provide the basis for action plans and opportunities for policy makers throughout Solano County.



Michael J. Reagan
Supervisor, District 5



John M. Vasquez
Supervisor, District 4

Senior Coalition of Solano County

The Senior Coalition of Solano County (SCSC) was founded in May 2006 and is the advisory body to the Solano County Board of Supervisors on senior related issues. The development of the Senior Coalition was spearheaded by County Supervisor Mike Reagan's office after Supervisor Reagan recognized a gap existed in supporting senior related issues.

Vision

Solano County is a place where seniors are healthy, safe and secure, share their skills and experience, and are valued and celebrated for their wisdom and contributions.

Mission Statement

The mission of the Senior Coalition is to advocate for and support efforts that improve and enrich the lives of seniors living and working in Solano County.

Purpose of the Senior Coalition of Solano County

1. Provide a forum for interagency cooperation and coordination of efforts designed to improve and enrich the lives of seniors;
2. Promote public awareness of the issues affecting seniors and the resources available;
3. Recommend improvements in services affecting seniors;
4. Encourage and facilitate community support for seniors;
5. Establish priorities in order to facilitate better integration of senior services within Solano County; and
6. Provide advice and recommendations to the Board of Supervisors regarding the adoption and implementation of Board policies and actions that may be necessary in order to accomplish the Coalition's purposes.

Senior Coalition Values

Inclusion: The Coalition reflects the rich ethnic, cultural, and religious diversity of Solano County without regard to sexual orientation.

Wellness: The Coalition promotes the physical and mental health efforts that lead to self-sufficiency and the personal well-being of seniors.

Respect: The Coalition ensures its efforts value the personal dignity of seniors.

Safety: The Coalition brings together and successfully engages people and organizations who impact the quality of life for seniors.

Leadership: The Coalition provides guidance and recommendations on senior issues to the Board of Supervisors.

Members of the Senior Coalition of Solano County

Board of Supervisors Representatives (5)

District 1, Supervisor Kondylis – Darrell Edwards
District 2, Supervisor Silva – Carmen Haban
District 3, Supervisor Spering – Linda Johnson
District 4, Supervisor Vasquez – Tracee Scott
District 5, Supervisor Reagan – Joe Niccoli

City Representatives (6)

City of Vacaville – Peggy Wilson
City of Dixon – Joanne Johnston
City of Fairfield – Sally Livingston
City of Suisun – Pete Sanchez
City of Vallejo – Tom Bartee
City of Benicia – Viola Robertson

For-Profit

Juliana Acker
Patrick Ward

Non-Profit

Leanne Martinsen
Cookie Powell

Faith-Based

Reverend Robert Fuentes

Health/Medical

Susan Russell
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Seniors

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Patricia Dawes

Acknowledgements

This report could not have been accomplished without the collective and coordinated effort of the Senior Coalition of Solano County, the many for-profit and non-profit community-based organizations serving seniors, and County and City staff who assisted in sharing information. A special appreciation is given to the older adults in Solano County who willingly volunteered their time to contribute to the process of developing this report and gave permission to use their photo or story.

A special acknowledgement goes to the County Board of Supervisors for their on-going support for the development of the Solano County Status Report on Seniors and the efforts of the Senior Coalition of Solano County.

The following individuals contributed directly to the Status Report in numerous ways. A tremendous thanks goes to individuals on the Status Report Review Committee who reviewed draft sections, provided expertise and advice, assisted in the revisions, edited and proofed the report. They also served on committees throughout the process. Those individuals are: Laura Eggers, Patricia Dawes, Lauren Rolfe, Robert Fuentes, Joanne Johnston, Tracee Scott, Cookie Powell, Donna Fields, Leanne Martinsen, Sally Livingston, and Terri Restelli-Deits.

In addition, the following individuals served on committees, contributed to the development of the report, provided expertise and assisted in gathering data for the report: Carmen Haban, Paula O'Connor, Joe Niccoli, Juliana Acker, Viola Robertson, Peggy Willson, Susan Russell, Linda Johnson, Gail Handy, Kelli Kekki, Steve Hoskings, Louis Souza-Fuentes, , and Jane Kibbey.

Photographers include Brain Irwin, Cookie Powell, Steve Pierce, and Rochelle Sherlock.

Rochelle Sherlock, staff to the Senior Coalition of Solano County, was the principle researcher and author for this report.

*We make a living by what we get. We
make a life by what we give.*

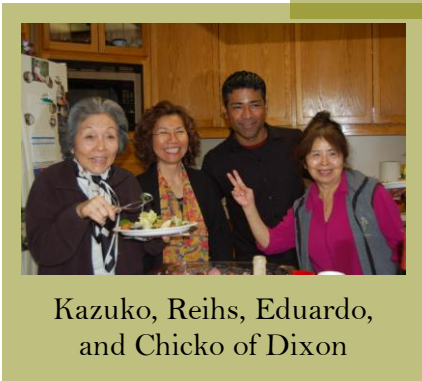
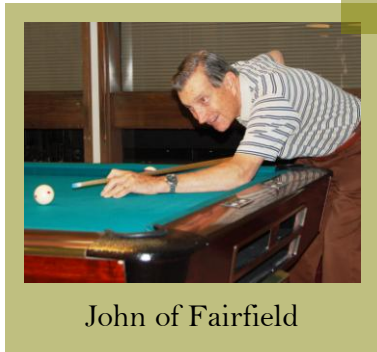
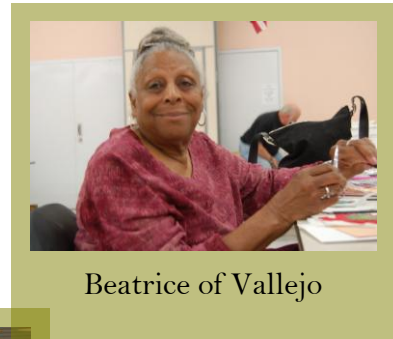
Winston Churchill

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Executive Summary

The Senior Coalition of Solano County, at the direction of the County Board of Supervisors, conducted a study on the social, economic, health, and well-being of the senior population in Solano County. The findings of the study are summarized in this report and provide a high level, point-in-time, view of older adults living in Solano County. For the purposes of this report, the definition of “older adult”, “senior”, or “elder”, unless otherwise indicated, refers to persons aged 65 years and older.



The Changing Population: Issues and Opportunities

As forecasted, the population is aging and changing at an unprecedented rate. Never before in history has the number of older adults outnumbered the number of children under the age of five years old.¹ By 2050, the number of older adults is projected to increase to 400% of the year 2000 levels, with those aged 85 years old and older increasing by 600%. The racial, ethnic, and linguistic composition is likewise changing. By 2030, Caucasians will no longer be the majority in Solano County.

These demographic changes have broad and profound implications for the economic, health care, and social systems. The first of the baby boomers began drawing social security benefits in January 2008. An estimated 77 million more are to follow over the next 20 years, shifting the

ratio of working adults to retirees considerably. Potential labor shortages as well as, a financial toll on the Social Security and Medicare systems, will result.

Projections suggest that by the year 2030, social security expenditures will exceed income from taxes resulting in either a tax rate increase or a reduction in retirement benefits.² A majority of Americans are not saving enough for their retirement years and there are segments of the population who do not earn enough income to save adequately for their older years.³ Delaying retirement, or returning to work, will become a necessity for many.

In Solano County it is estimated that 19% of older adults in 2006 did not have an income sufficient to meet their basic needs without assistance. Housing costs present one of the biggest financial burdens and the supply of subsidized housing is scarce.

Multiple factors interact to affect the overall economic, health and well-being outcomes for older adults. Health and well-being are contingent upon having adequate resources to meet basic needs, lower stress, and provide for sustained independence. Individuals who have financial resources are able to afford appropriate and safe housing, pay for transportation services if needed, hire someone to help with household chores or personal care, and pay for any medications or medical procedures needed to combat illness and disease. Economic security is correlated with better health and increased longevity.^{4,5} Conversely, good health permits individuals to work longer, have fuller lives, and reduce out-of-pocket health care expenses.



Exercise programs and facilities offer older adults opportunities to stay physically active and socially engaged. The YMCA in Suisun offers a wide range of exercise classes to build strength, flexibility and balance, including therapeutic programs for individuals with arthritis and disabilities. Over 550 older adults throughout Solano County use the YMCA for the tailored programs and affordability. Due to economic conditions the YMCA is scheduled to close potentially leaving many older adults and other County residents, children and adults alike, without an affordable alternative.

Many, but not all, of the challenges individuals face as they age can be remedied through proactive, preventative measures. It has been widely documented that lifestyle habits such as balanced nutrition and physical exercise prevent or postpone chronic diseases (e.g., heart disease, cerebral-vascular disease) that are the leading cause of disability and death in this country.

Quality of life, physical functioning, and therefore independence are vastly improved through nutrition and physical activity. Older adults in Solano County scored favorably when compared to national health objectives as set forth in Healthy People 2010, in proper nutrition, no smoking behavior, and health screenings. Considerable improvement needs to be made in physical activity levels and immunizations.

The aging population brings with it many challenges, but it also brings opportunities. Not all older adults face financial insecurity or significant health impairments. Many contribute to society through volunteer work, caregiving, and charitable donations. Up to 30% of older adults in Solano County reported that they volunteer. Studies on volunteerism in older adults document significant economic and social benefits to community as well as health benefits to the volunteer. Efforts are needed to support and encourage volunteering and tap into the wealth of social resources that exist in older adults.

Recommendations







Recommendations in this report fall into two categories: those for individuals, and those for communities and government. In general, individuals are advised to prepare for their retirement years and engage in healthy behaviors throughout their lives. Communities are advised to prepare for a shift in needed services, and to provide opportunities for older adults to be fully engaged and active.



Pastor Harrel L. Wiley III. Husband, father, grandfather, pastor, accomplished musician, business owner, community member and resident of Vacaville. Pastor Wiley has dedicated his life to service of others. He and his wife, Judi, have been pastoring New Life Christian Center for 26 years. Pastor Wiley, in service to his community and Solano County, produced a Christian CD featuring local Christian artists and is donating the proceeds to Mission Solano.

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- ¹ *Why Population Aging Matters: A Global Perspective*, (March 2007). National Institutes of Aging, National Institutes of Health, U.S. Department of Health and Human Services, http://www.nia.nih.gov/NR/rdonlyres/9E91407E-CFE8-4903-9875-D5AA75BD1D50/0/WPAM_finalpdfrose3_9.pdf
- ² *Capitalizing on the Economic Value of Older Adults' Work: An Urban Institute Roundtable*, (2008). The Retirement Policy Program, Urban Institute, http://www.urban.org/UploadedPDF/411658_older_adults_work.pdf
- ³ VanDerhei, J., & Copeland, C. (2003). *Can America Afford Tomorrow's Retirees?: Results from the EBRI-ERF Retirement Security Projection Model*, Employee Benefit Research Institute Research Brief Number 263, http://www.ebri.org/publications/ib/index.cfm?fa=ibDisp&content_id=182
- ⁴ *Growing Older in America: The Health and Retirement Study*, (2007). National Institutes of Aging, National Institutes of Health, U.S. Department of Health and Human Services, <http://www.nia.nih.gov/ResearchInformation/ExtramuralPrograms/BehavioralAndSocialResearch/HRS.htm>
- ⁵ Ezzati, M., Friedman, A. B., Kulkarni, S. C., & Murray, C. J. L. (2008). *The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States*, Harvard School of Public Health, PLoS Medicine, Vol. 5, Issue 4, www.plosmedicine.org

Population

-  Population
-  Gender Distribution
-  Racial and Ethnic Distribution
-  Projected Population Growth
-  Language
-  Educational Attainment



*In tribute to our
honored and
distinguished
Centenarians*

Today, more people than ever before are enjoying robust health and productivity well into their seventies, eighties, and beyond. Life expectancy for Americans, around 49 years in 1900, has increased over the past century to about 76, thanks to improvements in health care, nutrition, and the overall standard of living for most people. Furthermore, demographic projections suggest that life expectancy for men and women who maintain the healthiest lifestyle patterns will continue to increase. In fact, centenarians (persons 100 years of age and older) are the fastest-growing segment of our population.

Richard J. Hodes, M.D., Director National Institute on Aging
Statement before the United States Senate,
Special Committee on Aging

Centenarians, and their ages when the photo was taken, on front page from top left to bottom right: *Ernestina Fiorentini (102), Rohan Zargham (100), Irma Peek (102), Nazario Orpilla (101), Lillie Wright (103), Sylvia Sharp (102), Marie West (107), Carmen Arvanitakis (107), Seymour Marcuse (100)*

Not shown are: *Lora Smith (100), Lena Yolo (100), Elena Bautista (100), Letha Cannon (100), and Lydia Schlant (100)*. Each of these centenarians has a photo located in another part of this report.

Our Aging Population

The global population is aging and life expectancy is increasing, such that, for the very first time in history the number of people age 65 and over will outnumber children under the age of five¹. The United States is experiencing exponential growth in the number of its elderly citizens.

Life expectancy for Americans increased dramatically from 49 years of age in 1900 to over 76 years as a result of improved health care, nutrition and quality of life²; a trend that is expected to continue³.

The first of the approximately 77 million baby boomers, who were born in the United States between the years of 1946 and 1964, will turn 65 in 2011, and will have an estimated life expectancy of 83 years⁴. Demographically, the fastest growing age group in the United States is individuals ages 85 and over.

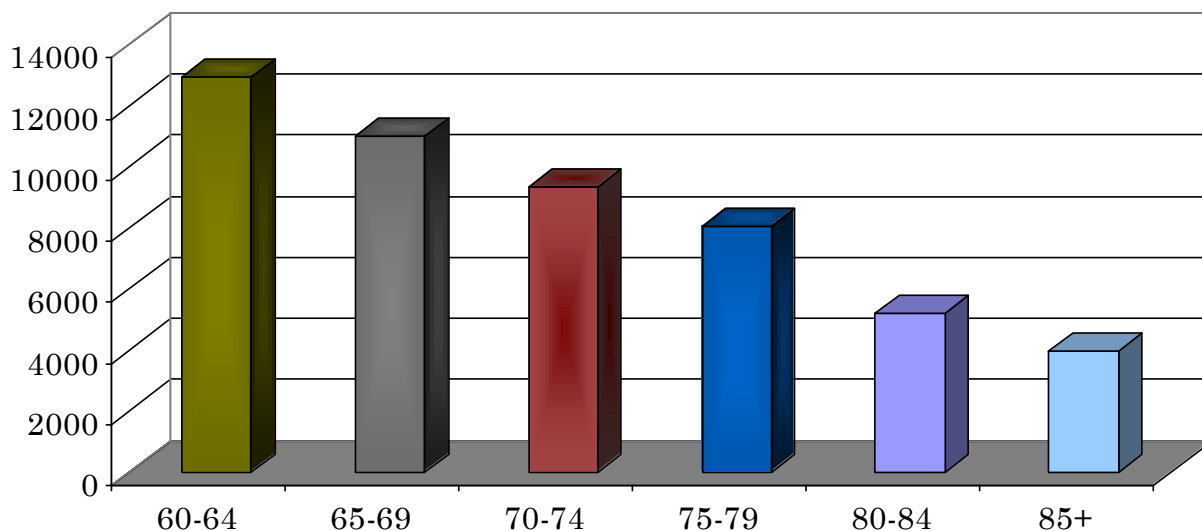
The California Department of Aging, using U.S. Census data, project that California is

one of the fastest growing states and is expected to comprise 14% of the nation's population by the year 2020. Of the overall population growth in California the elderly population is expected to grow twice as fast.

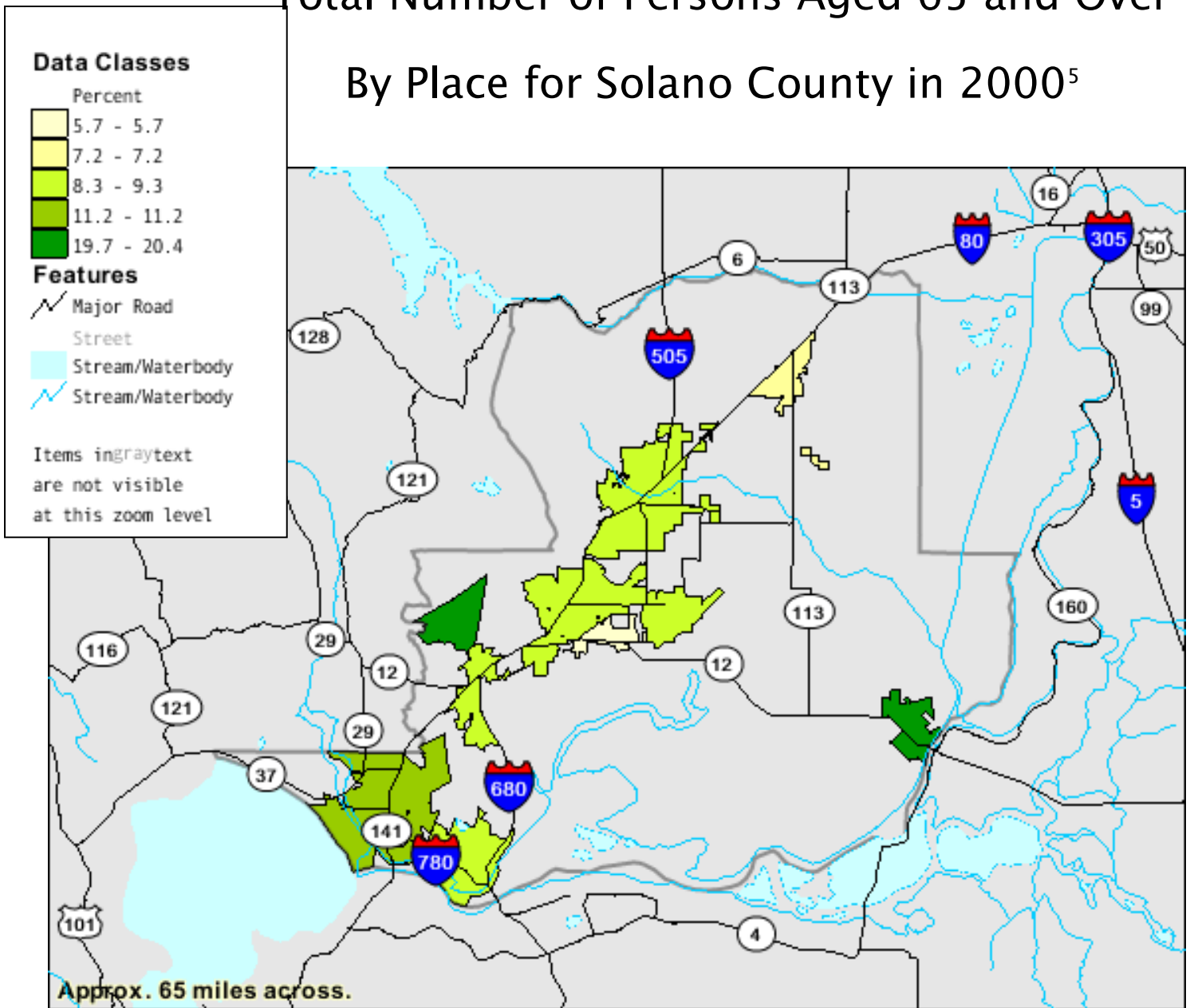
In Solano County, the population of older adults, at the time of the 2000 census, was 37,568. The majority of those individuals (54%) were between the ages of 65 and 74 (see chart below).

Vallejo has the greatest number of older adult residents, followed by Fairfield and Vacaville respectively. As a percentage of overall population, however, Green Valley and Rio Vista have the per capita concentration of older adults with 20% of their population being ages 65 years old or older (see graph and table on following page).

Older Adult Population by Age in Solano County
2000 U.S. Census



Total Number of Persons Aged 65 and Over By Place for Solano County in 2000⁵



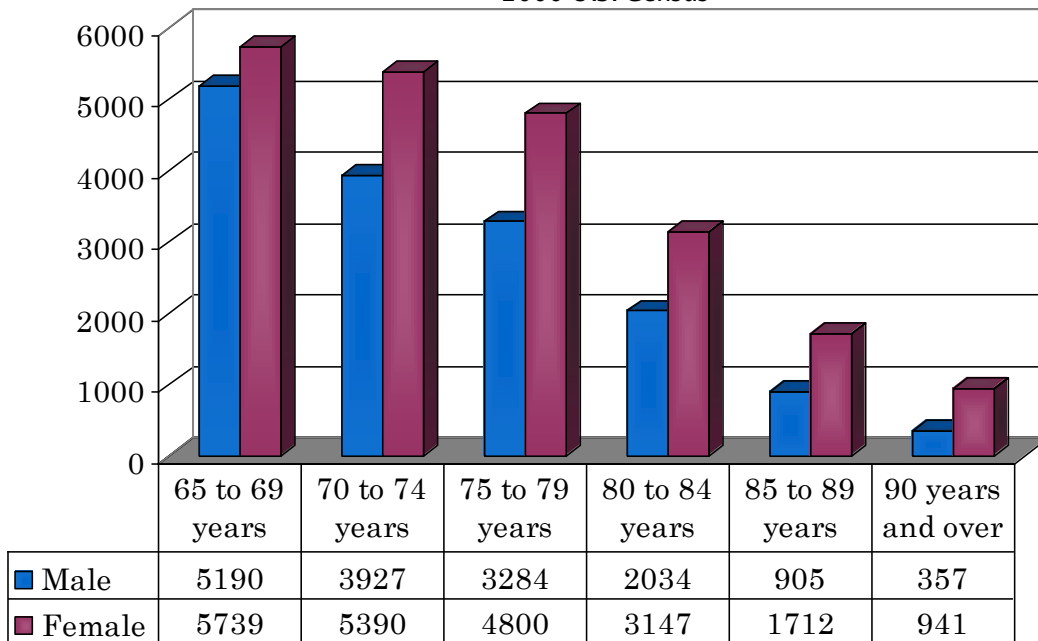
City/Place	Number of Older Adults	Number of Older Adults as a Percentage of the Population
Green Valley	379	20.4%
Rio Vista	900	19.7%
Vallejo	13,077	11.2%
Benicia	2,498	9.3%
Fairfield	8,656	9%
Vacaville	7,356	8.3%
Dixon	1,159	7.2%
Suisun	1,489	5.7%

Gender Distribution of Older Adults

Women tend to live longer than men in most countries. In the United States women accounted for 58% of the elderly population.⁶ Solano County's proportion of women to men mirrored the national data with 58% of the population 65 and over being women.⁷ The gap between the number of men and women widens as they

progress in age. In 2000, there were 90.4 males per every 100 females between the ages of 65 and 69 in Solano County. The ratio of men to women declined dramatically for the over 85 age group with only 48 men per 100 women (See chart below).

Gender Distribution by Age Group
2000 U.S. Census



At the Centenarian Commemoration held on September 25th 2007, County Board of Supervisors Chambers, two men and 10 women were honored.

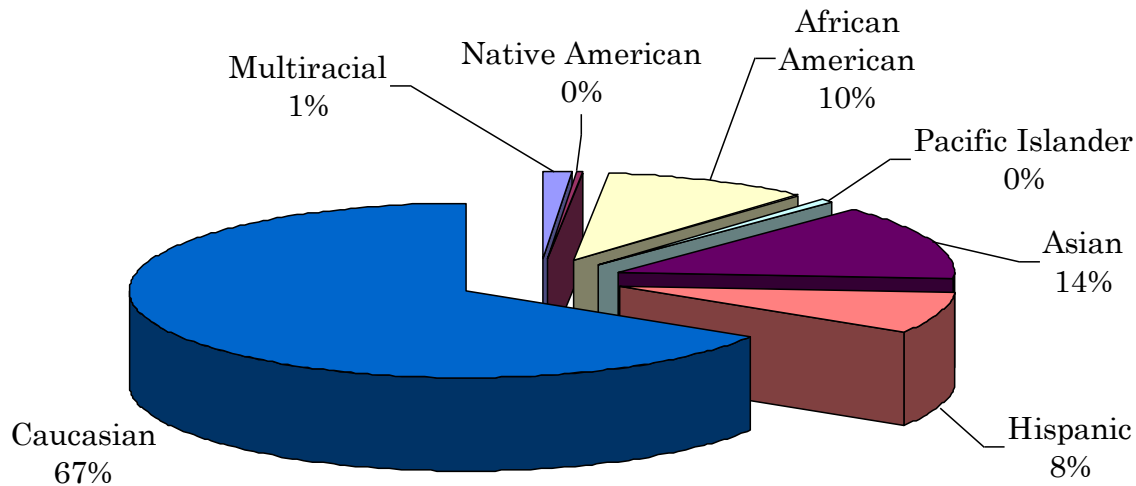
Racial and Ethnic Distribution of Older Adults

White/Caucasians constituted 67% of the older adult population in Solano County in 2000. Asians were the second prominent racial group accounting for 14% of the older adult population, followed by Black/African American with 10%, and Hispanic/Latino with 8%.



Elena Bautista (right) was born April 19, 1907 in the Philippines. She immigrated to the United States at the age of 65 and has been living in Vallejo with her daughter since 1989. She has eight living children, 10 grandchildren, and seven great-grandchildren living throughout the United States.

Racial/Ethnic Distribution of Older Adults in Solano County
2000 U.S. Census



Older Adults in Solano County by Race/Ethnicity in 2000

Multiracial	481	Asian	5,178
Native American	157	Hispanic/Latino	2,907
Black/African American	3,795	White/Caucasian	24,866
Pacific Islander	184		

Projected Population Growth in Older Adults by Age

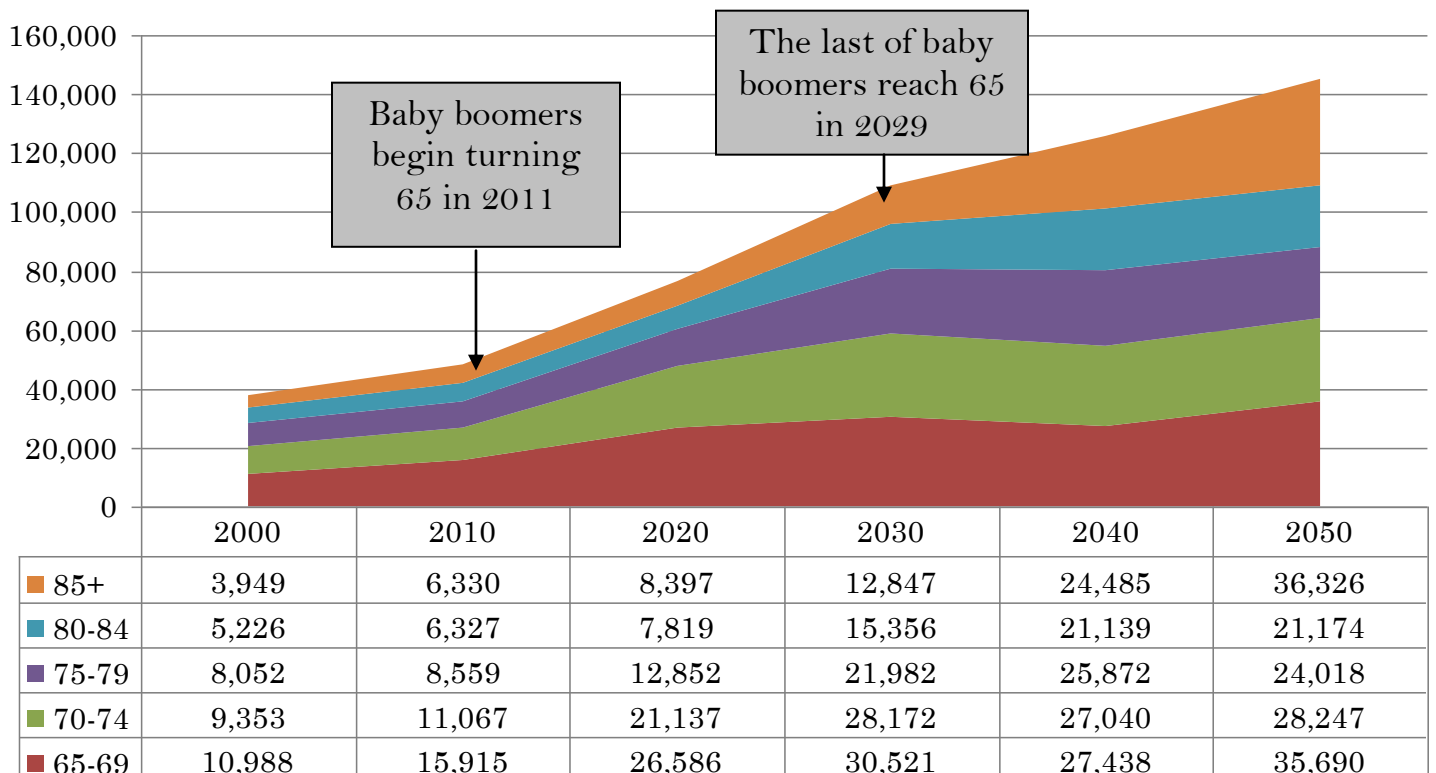
In 2011 the first of the 77 million baby boomers will turn 65 years old signaling the arrival of the Coming Wave that was forecasted in a United Way report⁸. The population of older adults will grow rapidly between 2011 and 2029 when the last of the baby boomers will reach age 65.

The number of seniors in Solano County is expected to triple from 48,198 in 2010 to 145,458 in 2050 according to Department of Finance projections⁹. Of that population, individuals ages 85 and older will increase by nearly six times between 2010 and 2050.



Letha Cannon was born in Hartville Ohio on December 11th 1906. She moved to California at the age of eight. After she became widowed, Letha, who was in her 50's at the time, went back to school to become a Licensed Vocational Nurse. She worked at St. Joseph's Hospital in Stockton until she retired.

Projected Population Growth in Solano County



Projected Population Growth in Older Adults by Race

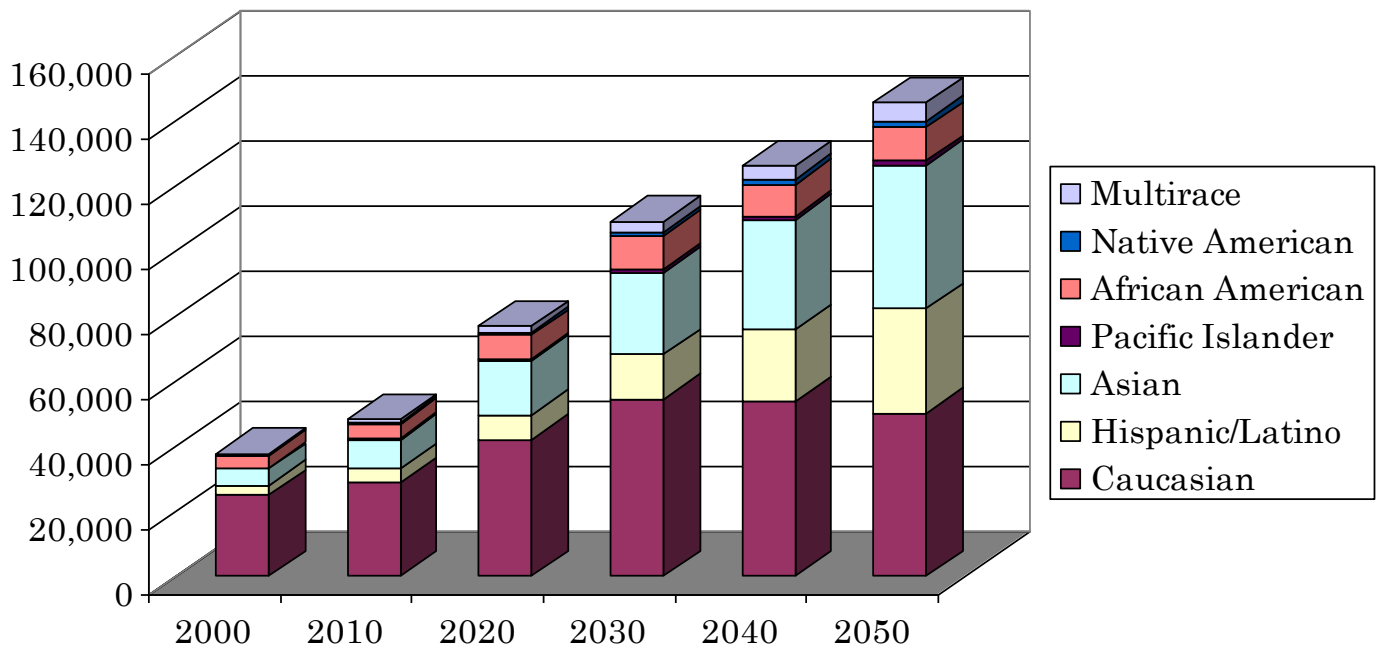
Solano County is rich with cultural, political, ideological and racial diversity; its older adult population is no exception. As the population continues to age, the racial distribution of older adults will shift. In 2000, Caucasians constituted the largest percentage of older adults in Solano County with a population of 24,866 individuals aged 65 and over, outnumbering all other racial categories combined. The distribution is expected to shift considerably by the year 2030 as the number of Caucasian older adults begins to decline while the Asian and Hispanic/Latino older adult population continues to increase.

16.9% of Solano County residents were born in another country according to U.S. Census figures



Rohan Zargham was born on July 25, 1907 in Persia (Iran). She married at the age of 19 and raised four children. Rohan came to the United States in the early 1980s as a refugee fleeing extreme religious persecution. Rohan's family includes 8 grandchildren, 13 great grandchildren, and 2 great, great grandchildren.

Population Growth by Race/Ethnicity Across Time

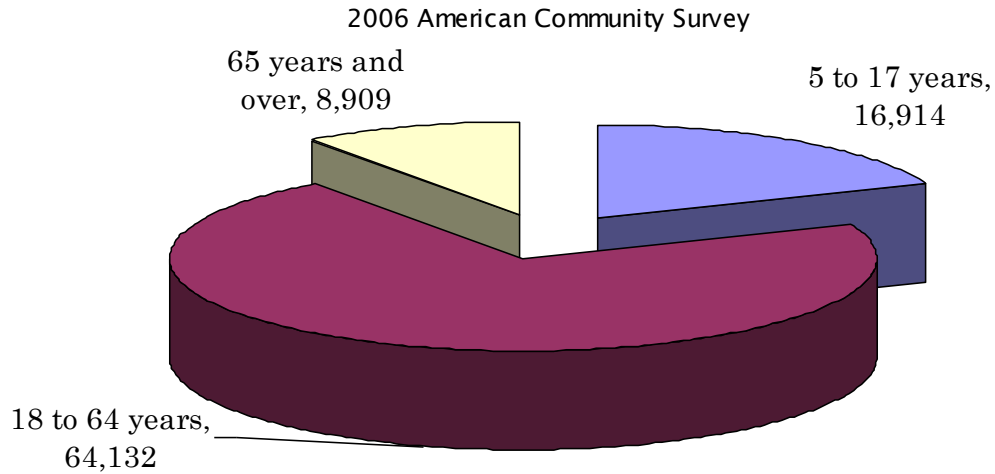


Languages

There were 8,909 older adults in Solano County who spoke a language other than English in 2006.¹⁰ The primary languages spoken among older adults in order of

prevalence are: English, Asian/Pacific Island languages, Spanish, and other Indo-European languages.

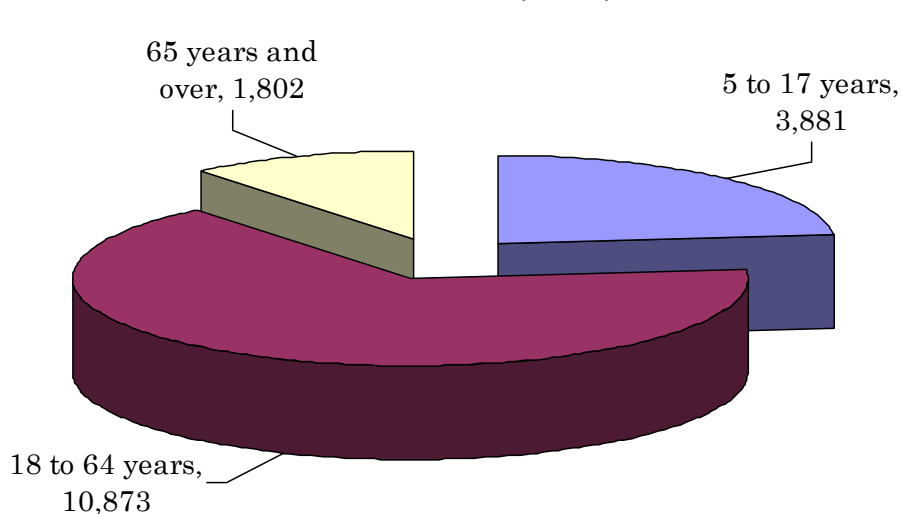
Persons who Speak a Language Other than English by Age



Of the older adults whose primary language was other than English, 1,802 of them were considered “linguistically isolated”.¹¹ A linguistically isolated household is one in which no member 14 years old and over:

1) speaks only English, or 2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English.

Persons Living in Linguistically Isolated Households by Age



Educational Attainment

Seventy-eight percent (31,501) of older adults in 2005 had a high school diploma or higher;¹² whereas, 16.6% (6,669) of older adults had a bachelor's degree or higher. Correlations exist between educational levels and income, health, and volunteerism. The U.S. Census found that individuals

with higher levels of educational attainment (i.e., college education) in the United States had higher incomes over the course of their lives,¹³ which is associated with higher socioeconomic status, improved living conditions, and better health.¹⁴



Lena Yolo was born on May 21st 1907 and is a native to Solano County. She is a retired school teacher, an avid gardener, and actively involved in church and civic groups.

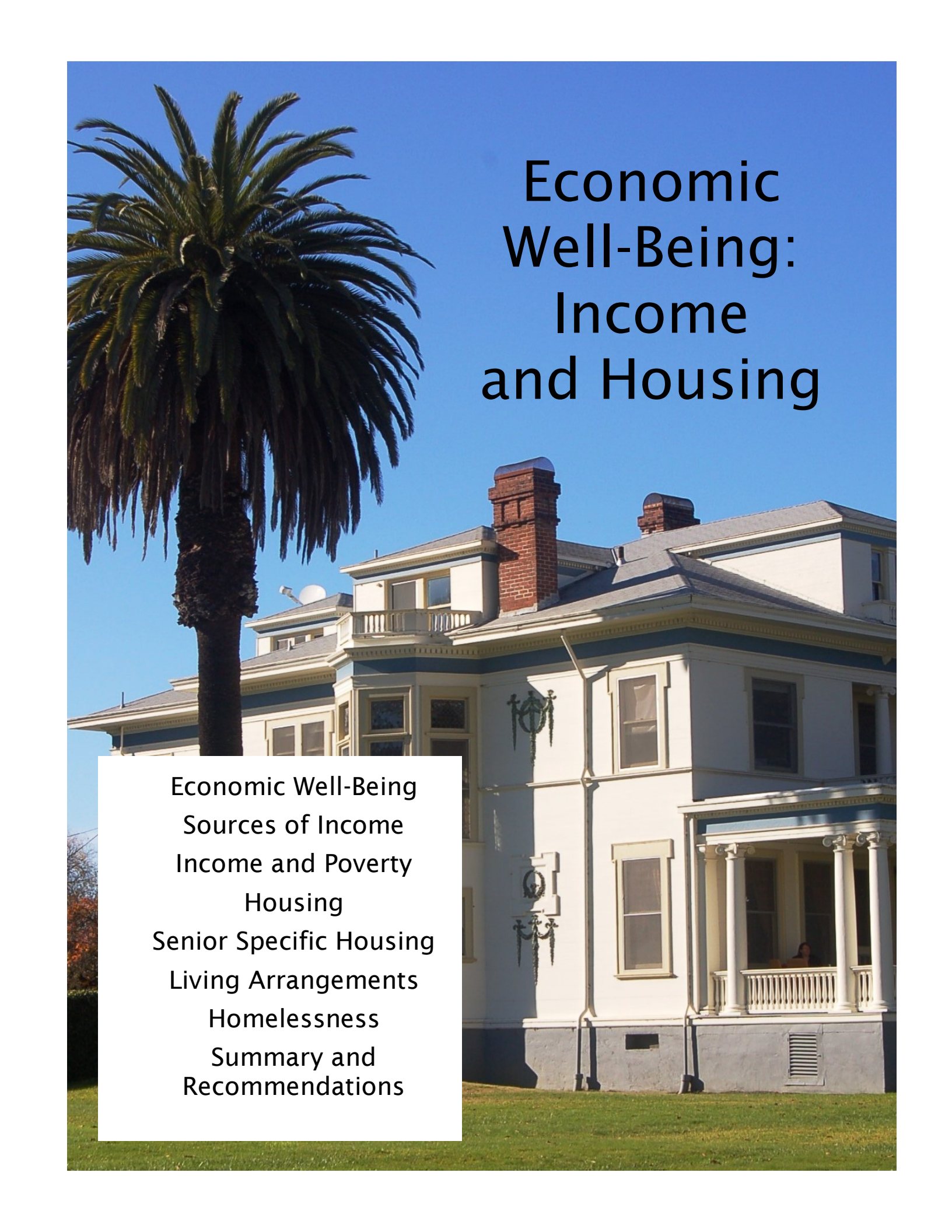


Lydia Schlant was born on September 3rd 1907 in Buffalo New York. She worked as a teacher, librarian and fashion consultant.



Seymour Marcuse was born on February 15th 1907. He was an Optometrist and worked into his 90's at Kaiser in Vallejo.

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- ¹ *Why Population Aging Matters: A Global Perspective*, U.S. National Institute on Aging, U.S. Department of Health and Human Services, <http://www.state.gov/g/oes/rls/or/81537.htm>
- ² National Center for Health Statistics, 1997; 1998
- ³ *Centenarians in the United States: A Report*, U.S. Department of Health and Human Services and U.S. Department of Commerce
- ⁴ *Reinventing Aging: Baby Boomers and Civic Engagement*, Harvard School of Public Health
- ⁵ U.S. Census, 2000
- ⁶ *A Profile of Older Americans: 2006*, U.S. Department of Health and Human Services Administration on Aging
- ⁷ U.S. Census, 2000
- ⁸ *The Coming Wave: Solano and Napa Counties Brace for Elderly Population Boom*, United Way and Solano Community Foundation
- ⁹ Department of Finance Projections retrieved December 2007
- ¹⁰ American Community Survey 2006, U.S. Census
- ¹¹ American Community Survey 2006, U.S. Census
- ¹² American Community Survey 2005, U.S. Census
- ¹³ Cheeseman-Day, J., & Newberger, E.C. *The Big Payoff: Educational Attainment and Synthetic Estimates of Work-Life Earnings* (2002). U.S. Census Special Studies, <http://www.census.gov/prod/2002pubs/p23-210.pdf>
- ¹⁴ *Older Americans Update 2006: Key Indicators of Well-Being*, Federal Interagency Forum on Aging Related Statistics, http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2006_Documents/OA_2006.pdf

A large, multi-story white house with blue trim and a tall palm tree in the foreground. The house has a prominent porch with white columns and a balcony. The palm tree is on the left side of the frame. The sky is clear and blue.

Economic Well-Being: Income and Housing

Economic Well-Being
Sources of Income
Income and Poverty
Housing
Senior Specific Housing
Living Arrangements
Homelessness
Summary and
Recommendations

*But there is another way
to view how communities should grow and
change, and that is from a personal level,
how the physical and social environments
can promote independence among individuals
and strengthen the civic and social ties among
them. It is in this context that we speak of a
'livable community'.*

*A livable community is one that has
affordable and appropriate housing,
supportive community features and services, and
adequate mobility options, which together facilitate
personal independence and the engagement of residents
in civic and social life.*

Beyond 50.05:
A Report to the Nation on Livable Communities
Creating Environments for Successful Aging

Economic Well-Being

Older adults, as one might expect, are an economically diverse group. There are those who fall into the Extremely Low Income category which is under 30% of the area median income according to the U.S. Department of Housing and Urban Development's (HUD) definition. Older adults at the other end of the economic continuum would be considered wealthy.

Economic well-being, for the purposes of this report, is achieved when a person's combined income (e.g., retirement income, wages) and assets (e.g., dividends, interest, and rent) is commensurate with, or greater than, their expenditures (e.g., housing, utilities, food, healthcare, transportation, entertainment) and provides for reasonable quality of life. Economic well-being suffers when expenditures exceed a person's combined income and assets.

This section highlights the economic well-being of seniors in Solano County primarily as it relates to income and housing. Food security, access to quality healthcare and other factors are addressed in subsequent sections of this report.



Extended measures of economic well-being such as the provision of basic needs, appliances, electronic goods, housing conditions, neighborhood conditions, community service, and extended social support, while significant indicators of economic well-being¹ will not be covered due to lack of available comprehensive data. Extended measures of economic well-being are important factors in understanding quality of life from a financial perspective.

Several economic indicators as used in the Older Americans Update 2006: Key Indicators of Well-Being² report and included herein are: poverty, income, sources of income, net worth (e.g., home ownership), employment, and housing expenditures.

Median Household Income

The American Community Survey of the U.S. Census Bureau estimated the 2006 median household income for seniors in Solano County was \$36,380 compared to the median household income of \$76,010 for people ages 45 to 64 years, \$62,157 of persons ages 25-44, and \$40,133 for persons less than 25 years of age.³ Income as an important measure of a person's economic well-being, is not the only one. Individuals who have the same annual

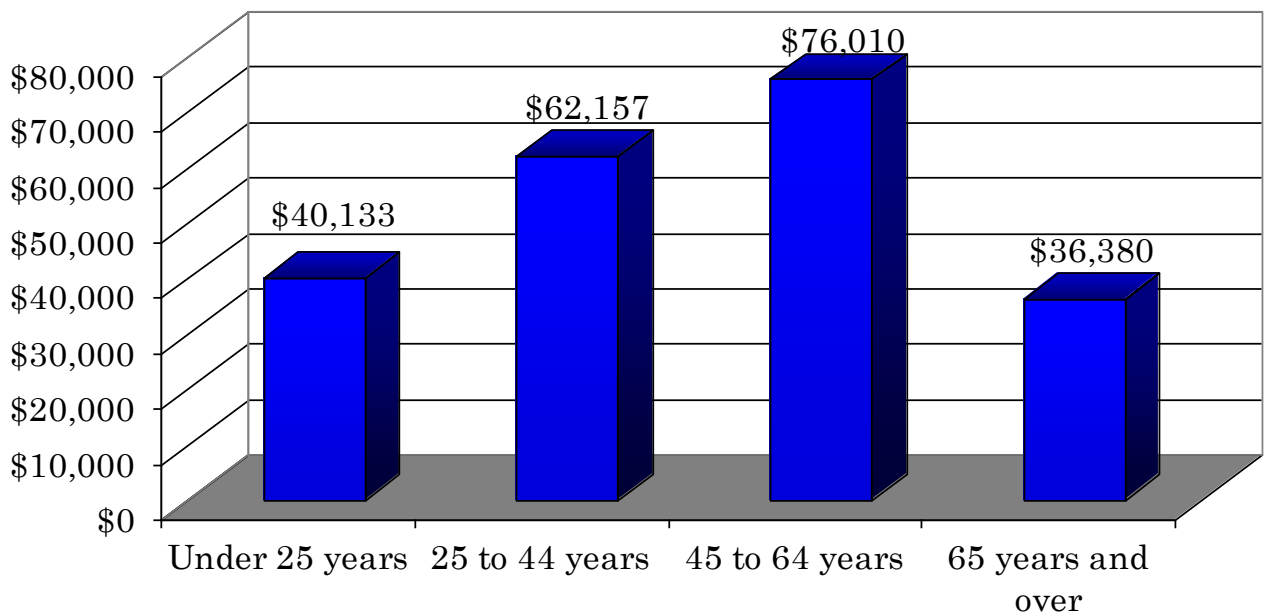
income can be living in vastly different circumstances depending on other assets and expenditures.

A person who owns his/her home and is mortgage free will have lower monthly costs associated with housing than someone who is paying mortgage or rent. A senior with exorbitant healthcare costs may have to choose between buying medications, paying the rent or eating.



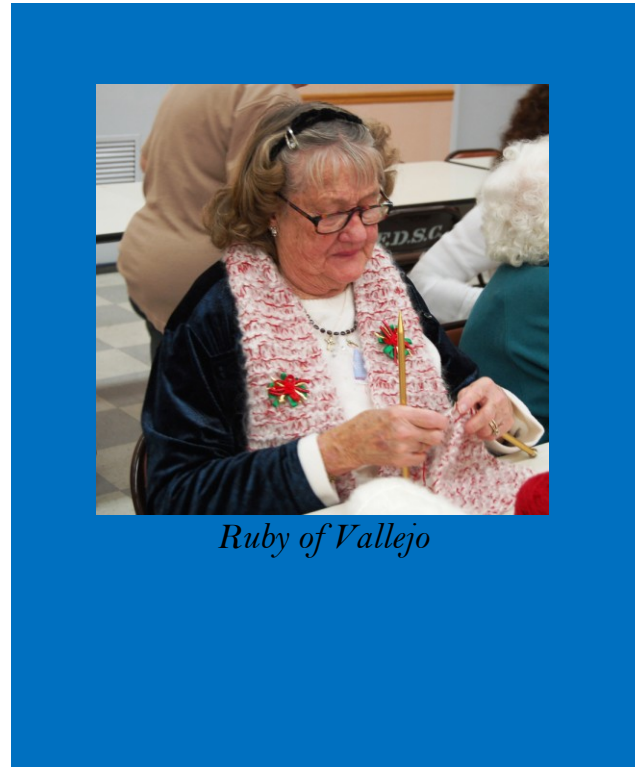
Betty of Suisun

Estimated Median Household Income by Age in 2006



Sources of Income

The most common source of income for seniors is retirement income through Social Security and pensions. Social Security is the “largest single source of income” for older adults. Social Security amounts to more than half of the income for more than 2/3rds of Social Security beneficiaries ages 65 years and older.⁴ Social Security accounts for 90% of income for nearly 40% of its recipients, and almost 1/4th have no other source of income. The American Community Survey estimates 33,886 households in Solano County received Social Security Income in 2006. The average social security household income was \$13,250. The American Community Survey further estimated that 28,831 households received retirement income with a mean annual income of \$21,195 in 2006.



Non-Cash Benefits

Some older adults receive non-cash benefits, such as health insurance, from their former employers. Health insurance significantly adds to economic well-being as out-of-pocket health related expenditures may be reduced thereby lowering the person’s overall living expenses.

Food stamps are another form of a non-cash benefit that some seniors who meet the

income eligibility requirements are able to access.

In 2006, an estimated 986 households with persons ages 60 and over received food stamps.⁵ Receipt of food stamps and other social service goods present challenges for some from the oldest generation who view those items as charity and feel stigmatized as a result.

Employment Income

People are working longer, delaying retirement or working part-time after retirement to supplement their income. For some working beyond the age of 65 is a lifestyle choice driven by a desire to be active, engaged, challenged, and contribute. For others working past 65 is a necessity. Labor force participation rates (i.e., those who are employed or seeking employment) generally decline dramatically for the 55-and-older age group relative to other age groups.

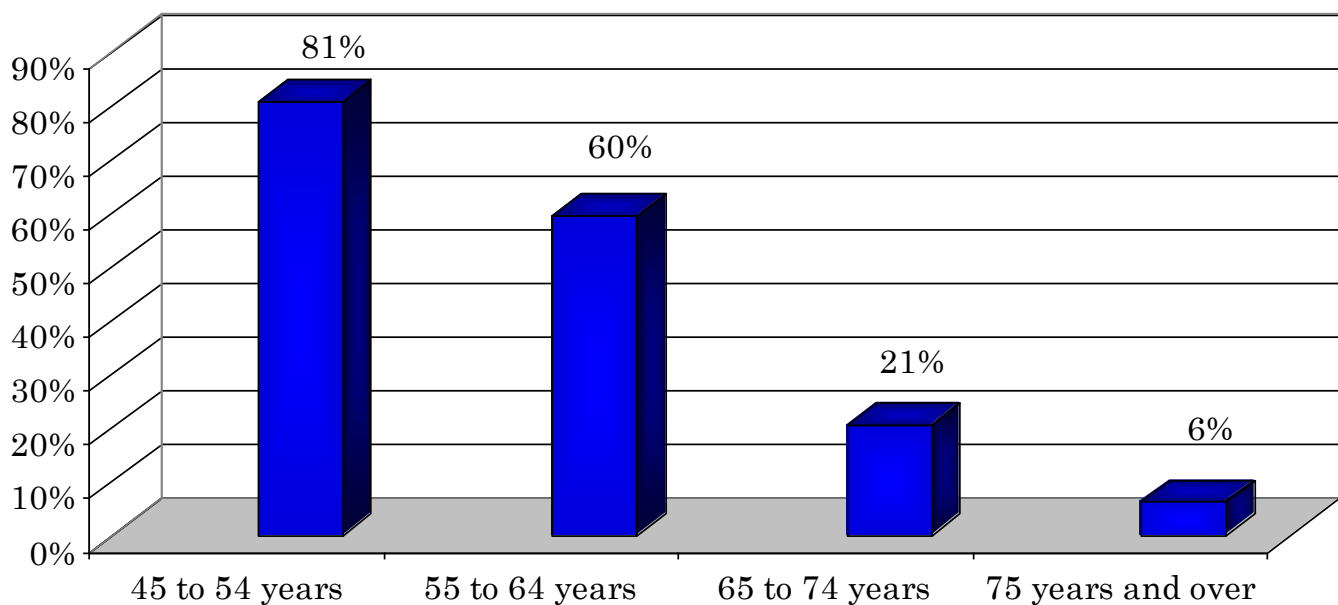
Nationally, the 65-to-74 age group had a participation rate of 16.2% in 1982. The rate increased to 20.4% in 2000 and is projected to rise to 23.6% by 2012.⁶

In Solano County, 5,556 older adults were in the labor force and working in 2005,⁷ 4,330 of them were ages 65 to 74 years, and 1,226 were 75 years and older. The County of Solano employed 1,130 older workers in 2007.⁸



Velda Smith of Benicia. Velda works at Benicia Community Action Council through the Senior Community Service Employment Program. The Senior Community Service Employment Program, previously known as Experience Works, is recognized as a successful federal training and employment program for older adults. There is a growing need for training and employment programs for older adults. The programs will not only benefit the older adult by increasing economic security but will aide the nation's overall economic condition as well.

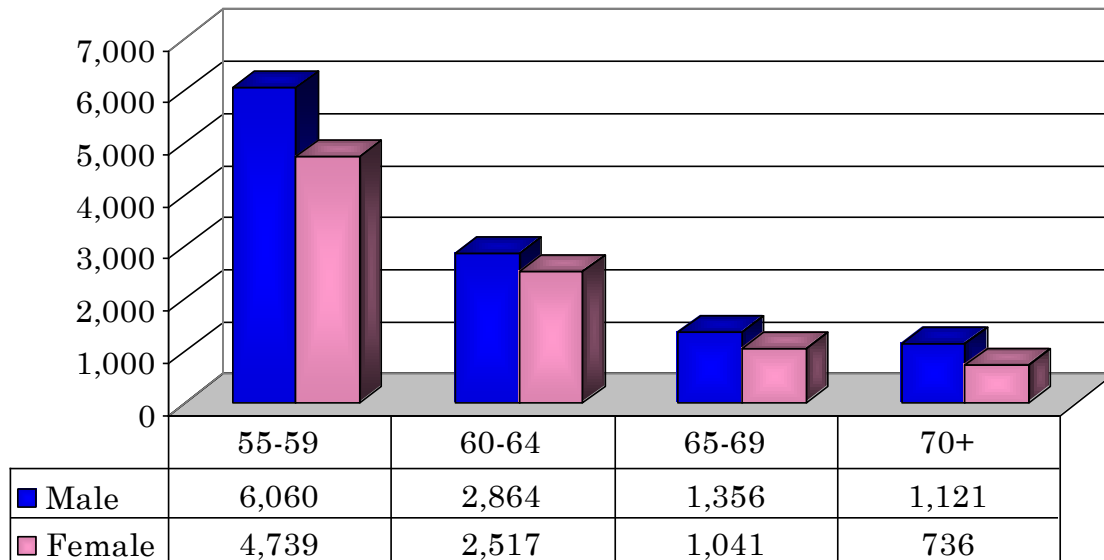
Percent of Population in Labor Force by Age Group in 2005



Employment by Gender

In 2000 the U.S. Census documented 9,635 individuals 60 years and older in the workforce. Of those, 5,341 of them were men and 4,294 were women.

Employed Persons by Age and Gender in 2000



Gloria Flores of Vacaville preparing soup for the Three Kings Celebration she hosts each year. Gloria has been married for 54 years to her childhood sweet-heart. The loves of her life are her husband, children, and grandchildren.

Wife, mother, and grandmother. Gloria, at age 73, is also a bi-lingual, bi-cultural practicing Licensed Clinical Social Worker. She has a private counseling practice in Vacaville and works two days a week at Dixon Family Services (DFS) supervising student interns and counseling teenagers. *“I feel wonderful when I work”* exclaimed Gloria. *“I love to work with adolescents – the more difficult the better. They need someone to relate to them.”* Even though Gloria may be as much as 45 to 50 years older than the teenagers she works with she manages to stay current through music. Gloria’s trusty iPod is filled with music. She knows the names of bands and the popular songs. The teenagers love that about her. *“They trust me and respect me... and they get better”* she said. Gloria attributes her quality of life to her continued work. *“I stay healthy because I get up every morning.”*

Income and Poverty Among Older Adults

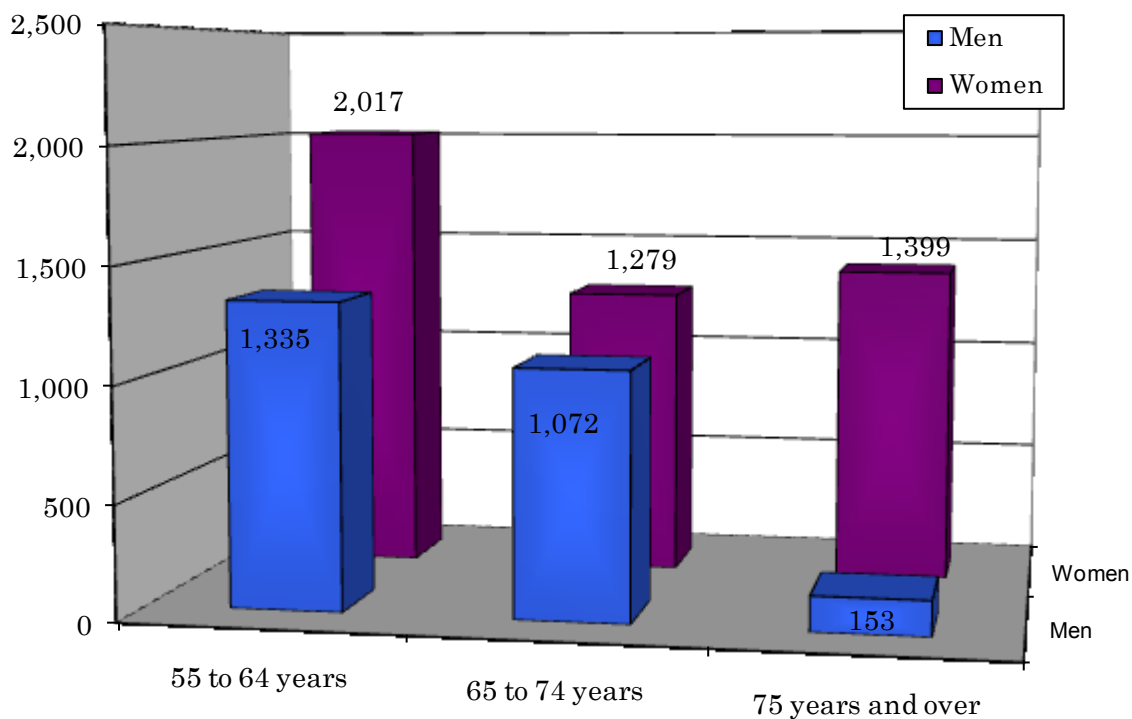
There is disparity in income levels among older adults: Some are wealthy, some financially stable, some struggle to make ends meet, others may go hungry and/or live in substandard housing, and a few are homeless altogether. Nationally, in 2004 the median income of individuals who were 65 years and older was \$15,199; however, 28% of those individuals had annual incomes less than \$10,000 and nearly 10% of all seniors were considered to be in poverty.⁹ Poverty is officially defined as household income which falls below what is needed to meet the basic needs of the household members.¹⁰

The Federal Poverty level in 2000 for a single person 65 years and older was \$8,259 annually.¹¹

There were 3,205 older adults in Solano County in 2000 with annual incomes less than \$8,259.¹² This amounts to income of less than \$700 a month. Another 4,730 older adults in Solano County fell into the “poor” category with incomes at 125% of poverty level or less than \$10,324 (approximately \$860 a month). The number of seniors who fall into the “poor” or “near poor” category increases to 23% when including individuals who are 0-199% of poverty. Poverty tends to be highest among women, minorities, the less educated and those over 80 years of age.

The effects of poverty are far reaching and invade many aspects of a person’s life. The Harvard School of Public Health found that while many Americans are enjoying longer lives, those who live in some of the poorest regions of the country are not. In fact, their life expectancy is decreasing.¹³

Older Adults Below the Poverty Level by Gender 2005



The Elder Economic Security Index

Federal poverty levels fail to account for cost-of-living variations associated with geographic location and other factors.

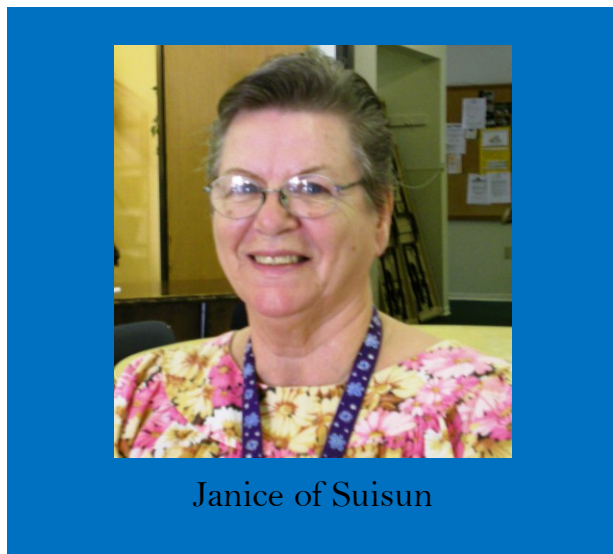
2007 Federal Poverty Level		
	Single	Couple
Poverty Level	\$9,944	\$12,533
125% of Poverty Level	\$12,430	\$15,666
200% of Poverty Level	\$19,888	\$25,066

The Federal Poverty level as adjusted in 2007 for a single person 65 years or older is \$9,944 annually, \$12,533 for a couple.¹⁴

This amount is the same regardless of where older adults live within the 48 contiguous states and is set without regard to cost of living variations that exist throughout the country. The Federal Poverty level is lower for seniors than for those under the age of 65. One assumption is that seniors do not require as much to sustain themselves financially. The disproportionately higher out-of-pocket medical expenses seniors incur are not factored into the federal poverty index.

The Elder Economic Security Index (EESI) was developed by Wider Opportunities for Women. It is a more realistic measure of income levels needed to meet the basic needs of older adults. The EESI factors housing, health, food, and transportation into the equation. Geographic location and associated costs are a part of the overall calculation. The result is a tailored economic index that reflects adequate income levels for older adults to meet their basic needs without receiving public or private assistance.¹⁵ The UCLA Center for Health Policy Research in California calculated the standard for Solano County using the EESI methodology.¹⁶

The table below indicates the annual income levels needed for older adults in Solano County based on living situation and home ownership status.



Janice of Suisun

Elder Economic Security Index for Solano County 2007		
	Single	Couple
W/O Mortgage	\$16,305	\$25,079
W/ Mortgage	\$34,571	\$43,345
Rent	\$21,857	\$30,632

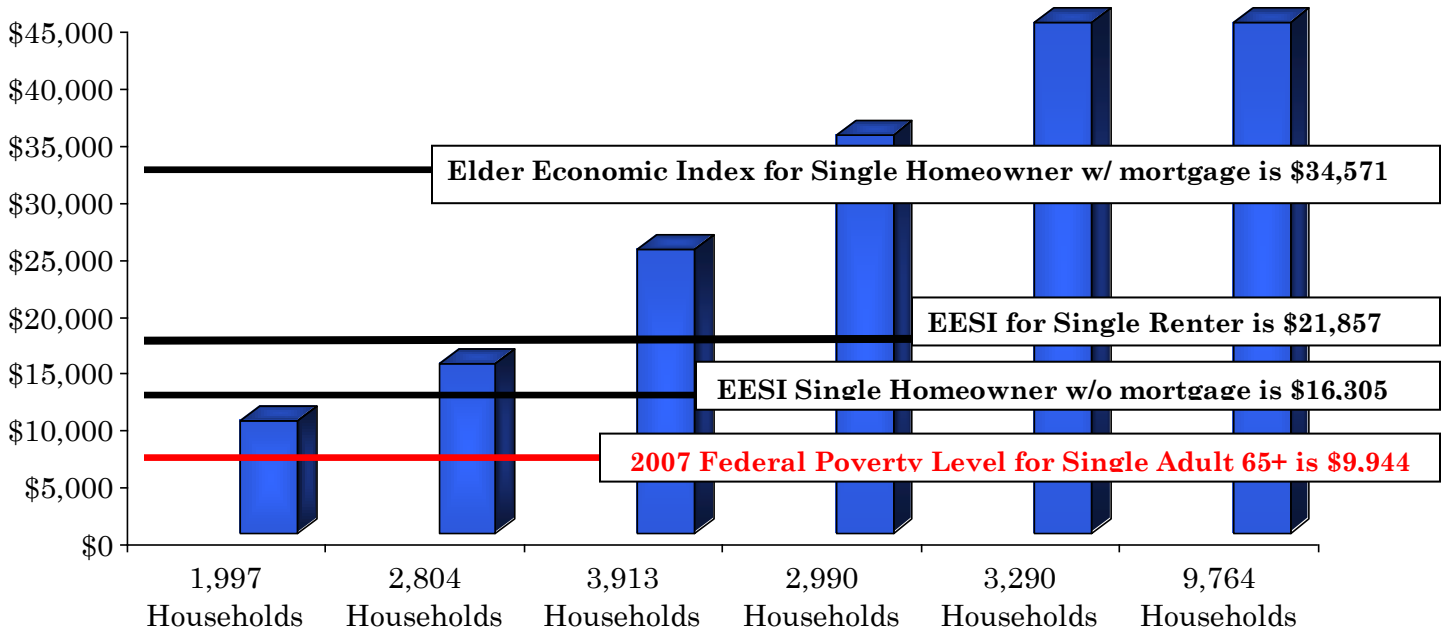
Income Levels

The American Community Survey estimated 4,801 older adult households had incomes less than \$15,000 in 2006. Another 6,903 older adult households had incomes between \$15,000 and \$35,000, while 13,054 households had incomes in excess of \$35,000. The chart below represents the number of older adult households in 2006 with respective income

levels in Solano County. The federal poverty level and EESI for single persons is included for comparison purposes. The American Community Survey did not break down the income levels by living situation or home ownership. The number of households identified in each category below represent all older adult households. Detailed and accurate comparisons are not possible with the given data sets.

Money can buy a more affordable lifestyle.
Individuals who, by work or gift, own their home outright may have substantially reduced cost of living resulting from reduced housing expenses.

Income Levels for Household with Householder Age 65 Years and Older in 2006



America's Future Retirement Security

Excerpts from Employee Benefit Research Institute
Research Briefs (2003, 2004)

- The United States faces the growing societal problem of a dramatic increase in the proportion of retirees relative to workers, and how to finance their care, due to such well-documented demographic trends as the largest generation (the baby-boomers) nearing retirement, longer average life spans, and far greater time spent in retirement.
- American retirees will have at least \$45 billion less in retirement income in 2030 than what they will need to cover basic expenditures and any expense associated with an episode of care in a nursing home or from a home health care provider.
- Some future retirees could avert a personal shortfall by increasing their savings rate. In some instances, saving an additional 5 percent of compensation for the remainder of one's career would be adequate to achieve this result.
- Despite growing interest in mechanisms that allow retirees to turn their housing equity into income, neither annuitizing the value of their residence, nor selling it when required to provide added income, significantly moderates the projected problem.
- When other parameters are held constant, couples fare best and single women worst.
- An important issue in retirement security is large unanticipated health care costs—particularly if retirees need extended nursing home care or extended home health care.
- Fewer retirees are going to have health insurance from a former employer and Medicare is projected to be severely underfunded once the baby boom generation starts retiring.
- Besides the personal implications for individual Americans who are likely to outlive their assets, the increasing national retirement income gap is expected to put heavy stress on state programs—particularly Medicaid—that finance long-term care for indigent retirees.

Housing

Home Ownership

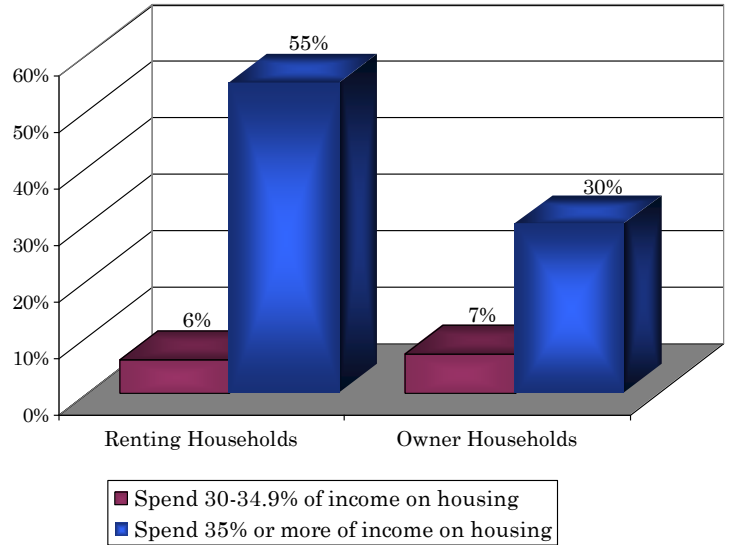
The U.S. Department of Housing and Urban Development (HUD) recommends that housing costs not exceed 30% of total household income. In 2005 the median monthly housing costs for home owners was:

- Mortgaged owners was \$1,984
- Non-mortgaged owners \$397

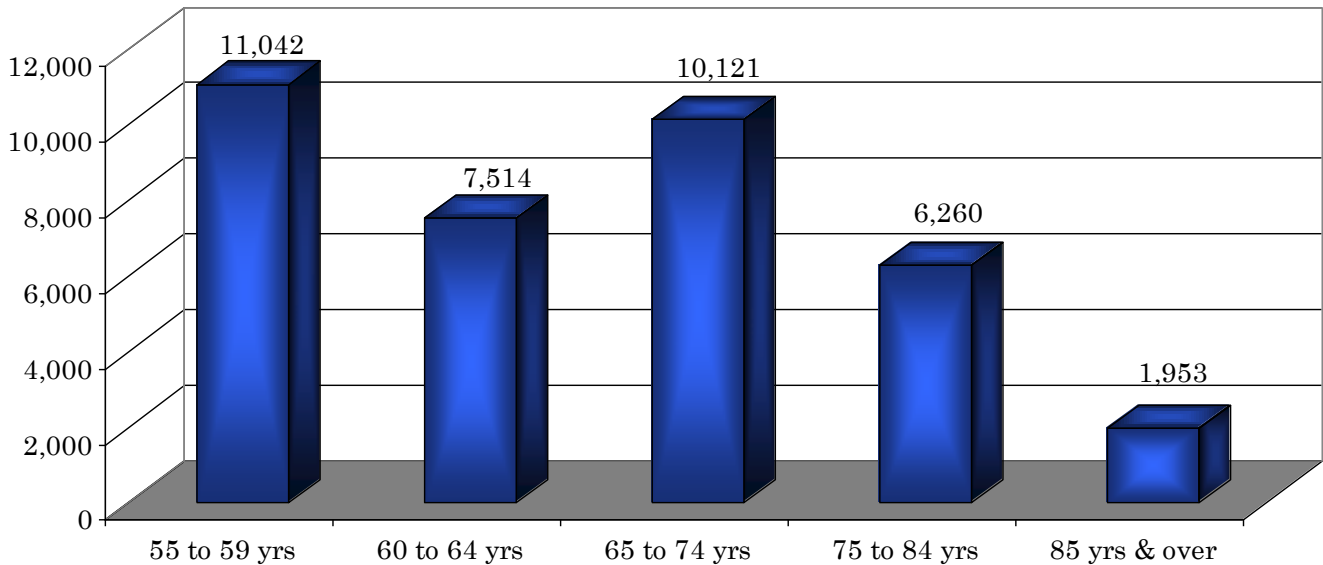
Thirty-seven percent of older adult home owners spent more than 30% of household income on housing;¹⁷ while 61% of older adult renting households spent more than 30% of income on housing costs in 2006.

There were 36,185 households in Solano County that were owned and occupied by individuals ages 55 and over in 2005.¹⁸

Percentage of Households Spending More than 30% of Income on Housing in 2006



Number of Owner Occupied Households By Age Group in Solano County 2005



Renting

According to the Housing Task Team Report¹⁹ many seniors face housing barriers related to a limited supply of affordable housing options for low income households. It is estimated that over half of the very low income senior renters pay more than 50% of their income on housing and/or they live in unsafe, substandard housing.



The U.S. Department of Housing and Urban Development (HUD), in their Fair Market Rate Analysis in Solano County for 2005,²⁰ gave the following monthly Fair Market Rent rates:

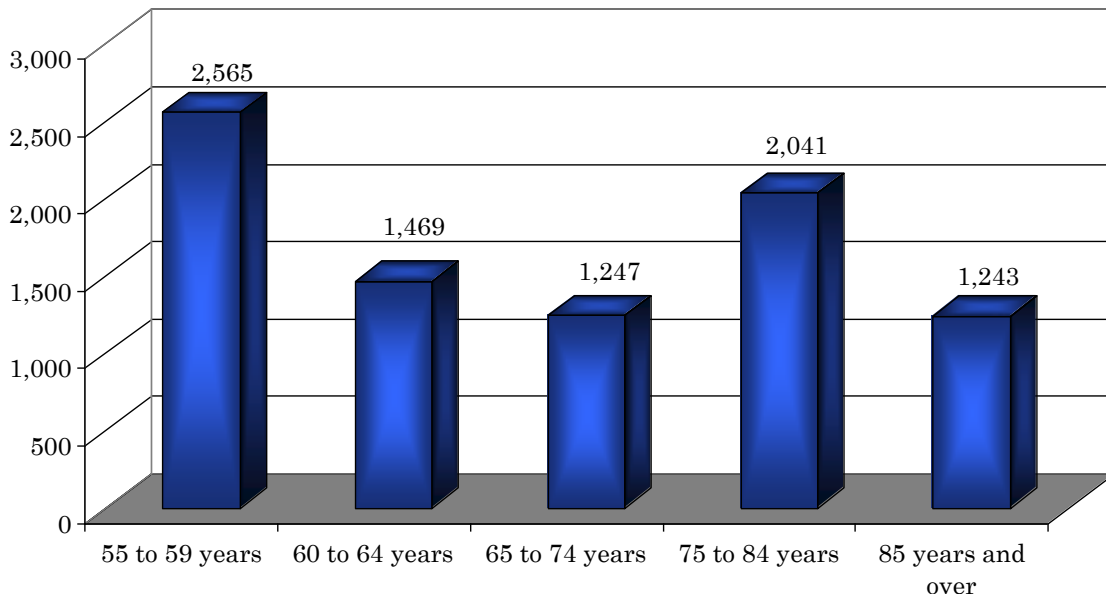
- One Bedroom - \$950
- Two Bedrooms - \$1,090
- Three Bedrooms - \$1,882

In 2005 the median monthly housing costs for renters was \$1,096.

Sixty-one percent of older adult renters in Solano County spent more than 30% of household income on housing.²¹

In order to afford housing at the Fair Market rate, seniors in Solano County would have to have a monthly income of at least \$2,850, or \$34,200 annually. This estimate does not include other housing expenses such as utilities, phone, water, garbage, etc. which should be included in the housing costs.

Number of Renter Occupied Households by Householder Age in Solano County 2005



Housing Options

A survey conducted by AARP found that 85% of older adults wish to remain in their own home as they age.²² There are some older adults who choose to move into senior specific housing communities, apartments or facilities.

While there are numerous senior specific housing complexes/communities in Solano County, few fall into the affordable category for many of our extremely low income seniors, those whose income falls below the federal poverty level. The table on the following page lists senior specific housing that is either subsidized at 30% of the senior's income or is considered affordable in that the rent falls below the market rate. Rent listed as below the market rate can reach as high as \$900 a month for a one bedroom. While it may be affordable to someone with income in excess of \$32,500 a year, it exceeds the recommended amount

spent on housing for over 23% of Solano County seniors. In fact, for the 23% of seniors who were identified as at 200% of poverty or below in 2000, their rent plus utilities should not exceed \$537 per month.

A “livable community” is one where housing is affordable, adequate (e.g., safe, meets the needs of the household members), appropriate (e.g., includes universal design features for handicapped individuals), and near community services and transportation options. The tables below identify senior specific apartment complexes in Solano County in 2007.

Elements such as subsidized units, handicap accessible or universal design and location to public transportation options and shopping are included in the table.



City	Housing Complex	# of units	# Subsidized	# Affordable (below market rate)	# Handicap Accessible	# Universal design	Public Transit within two blocks	Shopping within two blocks
VALLEJO	Seven Senior Specific Apartment Complexes	780	457	323	114	30	5	2
BENICIA	Three Senior Specific Apartment Complexes	80	No Data	No Data	No Data	No Data	No Data	No Data
FAIRFIELD	Four Senior Specific Apartment Complexes	373	173	200	99	10	2	No Data
SUISUN	Two Senior Specific Apartment Complexes	104	16	88	8	8	1	1
DIXON	Two Senior Specific Apartment Complexes	128	0	128	7	7	2	1
VACAVILLE	Seven Senior Specific Apartment Complexes	625	56	410	111	11	4	3
RIO VISTA	One Senior Specific Apartment Complex	No Data	No Data	No Data	No Data	No Data	No Data	No Data

Living Arrangements

The emotional and economic well-being of older Americans is strongly linked to their marital status... all older persons who were alone because they were widowed, divorced, or unmarried were more apt to live alone, to have a lower household income, and to have fewer caregivers available to assist them.

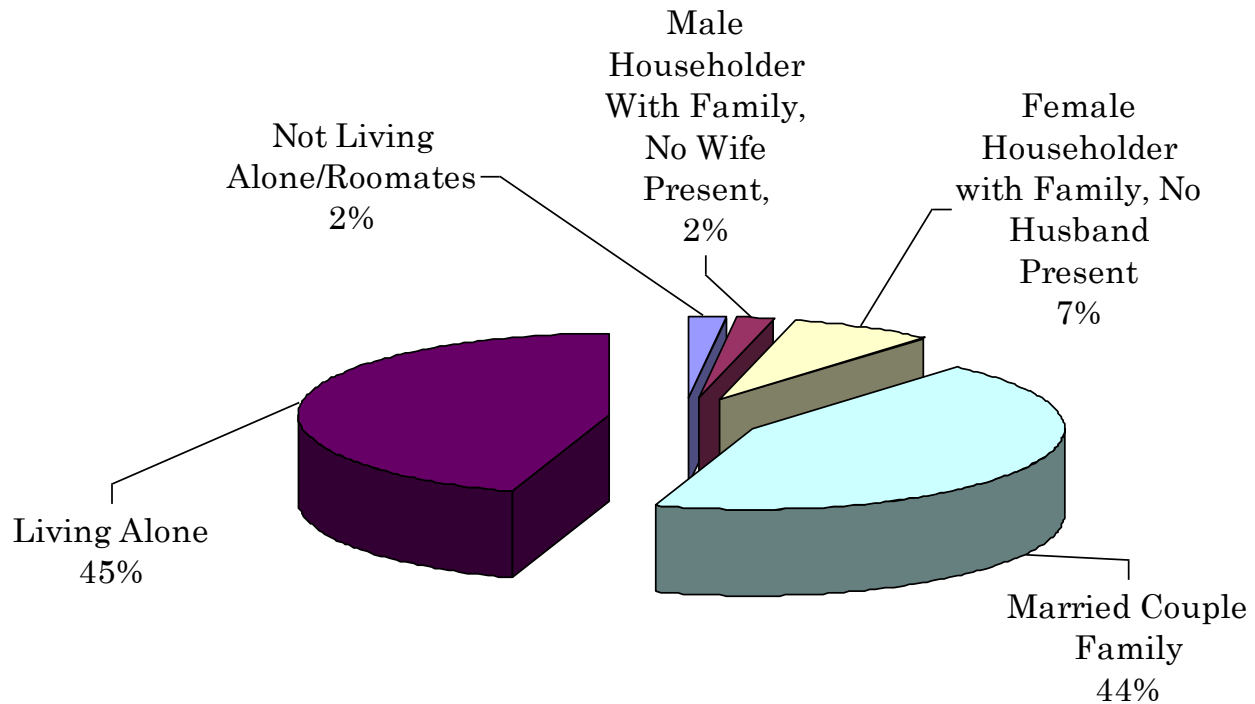
Federal Interagency Forum on Aging Related Statistics, 2000

Forty-five percent of older adults in Solano County lived alone in 2005 while married couples made up 44% of the population.

Of older adult single family households, 79% (1,712) of them were single female householder with no husband present compared to the 21% (451) male householder with no wife present.

The 2000 U.S. Census documented 7,496 domestic partnerships (i.e., unmarried but living together heterosexual and/or homosexual couples) in Solano County with 1,081 of those domestic partnerships being gay and lesbian couples. The domestic partnerships were not broken down by age and therefore the number of those who are ages 65 and over are not reflected in this report.

Householder Age 65 and Over by Living Arrangement
2005



Homelessness

The Continuum of Care for Solano County documented 11 homeless older adults in 2007 (ages 60 and above). Professionals in Solano County assert that the number is a gross undercount. The official definition for homelessness is stringent and the count is based on the number of homeless individuals found during the course of the data collection.

There are no existing senior specific homeless shelters or beds, however several of the emergency homeless shelters also serve seniors.

has health or mobility problems, will find it difficult to have to leave the facility each day and return each night. Matters are further complicated for homeless older adults if they are treated at a hospital and then released. There is no opportunity for medical follow-up since the older adult must provide a home address for the follow-up care.



Emergency Homeless Shelters

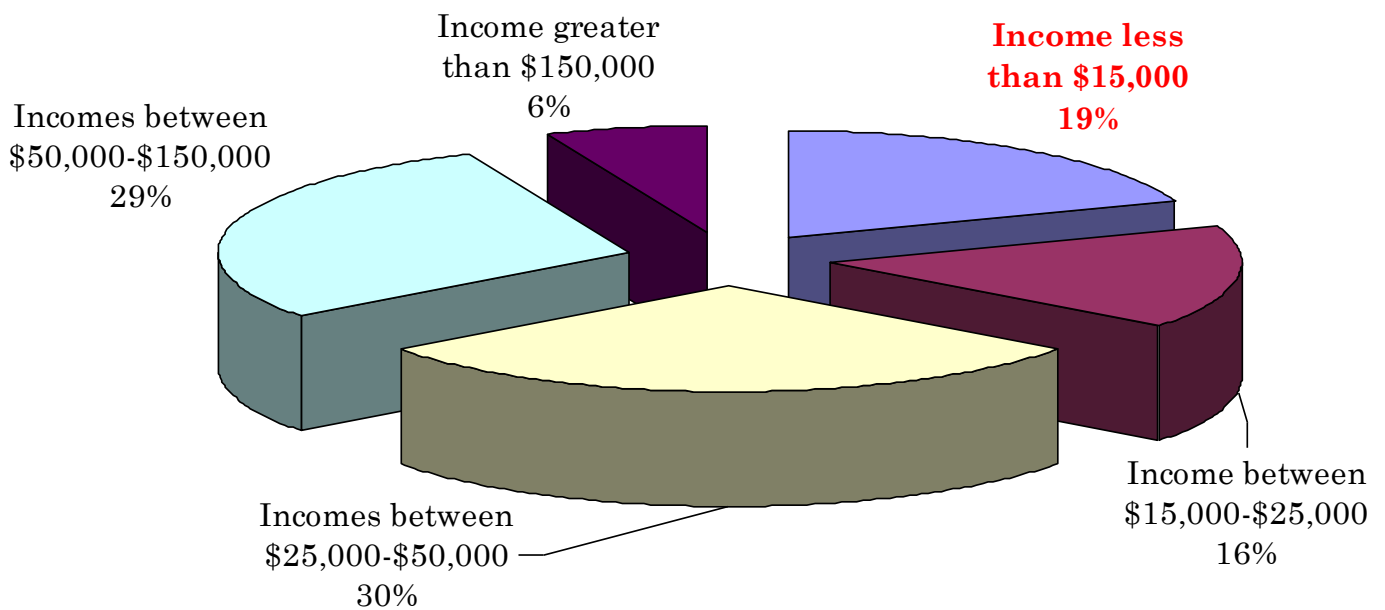
Shelter	# of beds	Eligibility Criteria
Christian Help Center, Vallejo	26	Seniors accepted but no senior specific shelter provided.
Heather House, Fairfield	24	Seniors accepted but no senior specific shelter provided. Seniors must be employed or actively seeking work.
Opportunity House, Vacaville	24	Seniors accepted but no senior specific shelter provided. Seniors must be employed or actively seeking work.
Mission Solano, Fairfield	49	Seniors accepted but no senior specific shelter provided.

Summary

The economic well-being of older adults is wide and varied. Income levels range from less than \$10,000 annually per household to greater than \$200,000 annually. Thirty-five percent of the older adult population in Solano County have incomes in excess of \$50,000, well above the Elder Economic Security Index for single and two person households. The other 65% of older adult households may or may not be able to make ends meet depending on their income

relative to housing, healthcare, care giving, and transportation costs. Solano County and its residents must ready itself for the explosion of the older adult population. Studies indicate baby boomers, who are rapidly approaching older adulthood, are not nearly as prepared financially for retirement as their parents before them. Delayed retirement and second careers will become a necessity for many.

Percentage of Older Adult Households by Income Levels 2006



Recommendations

The responsibility for meeting the needs of society resulting from the changing demographics of this nation does not fall solely on the government to solve. Individuals, families and communities contribute to the current state and are able to contribute to the solution. Individual

and collective choices can add to the societal burden or help alleviate it. The recommendations that follow fall into two broad categories: 1) Individuals and families, and 2) community and government.

Individuals and Families:

1. Plan for retirement. Americans are enjoying longer lives. If a person retires at age 65 then he/she should have enough savings and assets set aside to live for another 20-25 years.
2. Consider delaying retirement. A few additional years of work and savings significantly raises the amount of eligible savings to draw from during retirement while simultaneously maintaining a higher income related to employment during the additional years of work.
3. Try to enter retirement without a mortgage. Individuals with mortgages have much higher expenses and thus need higher income to meet their needs.
4. Take good care of yourself. Healthcare costs are exorbitant. If you can maintain a healthy lifestyle then you greatly reduce and/or postpone the likelihood of chronic disease and disability thereby keeping your healthcare costs at a minimum.

Communities and Government:

1. Promote public awareness on the value of hiring older workers.
2. Model, support, and facilitate workplace practices that meet the needs of older adults.
3. Support programs that aid older workers to continue in the labor force for as long as they need or want to work.
4. Facilitate workplace flexibility; provide incentives for companies who hire older workers.
5. Encourage and support job training programs to provide universal age-sensitive job training and employment services to older adults.
6. Support and encourage educational institutions to incorporate opportunities for career enhancement, job training, retraining, and skills development for older adults.
7. Continue to support, advocate, and fund existing programs that provide non-cash benefits such as the Older American's Act provision of Meals on Wheels, Senior Centers, and subsidized housing. Poverty affects every aspect of a person's life.

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- ¹*Extended Measures of Well-Being: Living Conditions in the United States, 2003*, (April 2007). U.S. Department of Commerce Economics and Statistics Administration U.S. Census Bureau, <http://www.census.gov/prod/2007pubs/p70-110.pdf>
- ² *Older Americans Update 2006: Key Indicators of Well-Being Report*, Federal Interagency Forum on Aging-Related Statistics, http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/Data_2006.aspx
- ³ American Community Survey, (2005), U.S. Census, <http://www.census.gov/acs/www/>
- ⁴ Whitman, D., & Purcell, P. (2005). *Topics in Aging: Income and Poverty Among Older Americans in 2004*, Federal Publications Congressional Research Service Reports and Issue Briefs, <http://digital.library.unt.edu/govdocs/crs/data/2005/meta-crs-7891.tkl>
- ⁵ American Community Survey, (2006). U.S. Census, <http://www.census.gov/acs/www/>
- ⁶ Toossi, M. (2004). *Labor Force Projections to 2012: The Graying of the U.S. Workforce*, Monthly Labor Review, <http://www.bls.gov/opub/mlr/2004/02/art3full.pdf>
- ⁷ U.S. Census, (2000). U.S. Census, <http://www.census.gov/>
- ⁸ Human Resources, (2007). Solano County
- ⁹ Whitman & Purcell (2005)
- ¹⁰ *Supplemental Measures of Material Well-Being: Basic Needs, Consumer Durables, Energy, and Poverty, 1981 to 2002*, U.S. Census, <http://www.census.gov/prod/2005pubs/p23-202.pdf>
- ¹¹ *U.S. Census Poverty Thresholds*, U.S. Census Bureau, <http://www.census.gov/hhes/www/poverty/threshld/thresh00.html>
- ¹² U.S. Census, (2000). U.S. Census, <http://www.census.gov/>
- ¹³ Ezzati, M., Friedman, A. B., Kulkarni, S. C., & Murray, C. J. L. (2008). *The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States*, Harvard School of Public Health, PLoS Medicine, Vol. 5, Issue 4, www.plosmedicine.org
- ¹⁴ *U.S. Census Poverty Thresholds*, U.S. Census Bureau, <http://www.census.gov/hhes/www/poverty/threshld/thresh00.html>
- ¹⁵ *Wider Opportunities for Women*, <http://www.wowonline.org/docs/dynamic-CTTA-127.doc>
- ¹⁶ *Elder Economic Standard*, Insight: Center for Community Economic Development, <http://www.insightccd.org>
- ¹⁷ American Community Survey (2006). U.S. Census, <http://www.census.gov/acs/www/>
- ¹⁸ American Community Survey (2005). U.S. Census, <http://www.census.gov/acs/www/>
- ¹⁹ *California Housing Task Team Report to the California Commission on Aging*, (March 5th 2005). California Commission on Aging, <http://www.ccoa.ca.gov/pdf/Housing.pdf>
- ²⁰ *Final FY 2008 Fair Rent Documentation System*, Housing and Urban Development, <http://www.huduser.org/datasets/>
- ²¹ American Community Survey (2006). U.S. Census, <http://www.census.gov/acs/www/>
- ²² As cited in California Housing Task Team Report to the California Commission on Aging, March 5th 2005

Health and Wellness



Healthy Aging and Quality of
Life for Older Adults
National Health Objectives
Health Status
Health Behaviors
Prevention and Early
Detection
Access to Health Care
Summary and
Recommendations

Jessie and Andrew take a spin around the dance floor at the Florence Douglas Senior Center in Vallejo

Healthy Aging and Quality of Life for Older Adults

“There is a fountain of youth. Millions have discovered it – the secret to feeling better and living longer. It’s called staying active.”

National Institute on Aging, Medline Plus

Medical and technological advances and prevention efforts have dramatically changed life expectancy and quality of life. Someone born in the early 1900’s was expected to live to the ripe old age of 47 years. Life expectancy today has increased by 30 years from that in 1900 to nearly 78 years.¹ Life expectancy has increased for everyone at every age. An individual who is 65 years old can expect to live, on the average, another 18 years or until the age of 83 years old.

Vaccinations, antibiotics, and other medical advances have eliminated many of the infectious diseases that once plagued Americans and were the leading cause of death at the beginning of the 20th century.² Infectious illnesses have been replaced by chronic diseases such as heart disease, cancer, and stroke as the leading killers.³ Other chronic diseases with fatal outcomes include: chronic lung disease, diabetes, and Alzheimer’s.

Chronic diseases have debilitating effects on older adults and pose a substantial threat to the nation’s health and economic well-being.⁴ It is estimated that 80% of older Americans have at least one chronic condition, and up to 50% have two. Chronic disease can cause years of pain, discomfort, disability and loss of function resulting in reduced independence and

quality of life. Older adults who are able to remain active and healthy, preserve function, and prevent injury remain independent longer and have a better chance for health related quality of life.

Quality of life refers to an individual’s general sense of well-being, satisfaction and happiness in all aspects of life. Health related quality of life results when a person possesses the physical and mental health to respond to physical, environmental, and social factors.



Mary Jane of Vallejo

National Health Objectives: Healthy People 2010

Many of the diseases and chronic conditions that plague the nation today are preventable and with early identification they are treatable. Proactive measures such as health screenings and vaccinations coupled with a healthy life style ensure the best health and quality of life outcomes for older adults.

Comprehensive national health objectives were developed to serve as a “roadmap” to promote health and prevent disease in the United States.⁵ The *Healthy People 2010* report captures national health objectives and sets specific targets for the nation to strive towards by 2010. The health objectives were developed through an inclusive process that tapped the expertise of National and State health, mental health, substance abuse and environmental organizations. More than 11,000 public comments were incorporated and considered in the formation of the objectives.

Healthy People 2010 identifies the major preventable health threats (e.g., obesity,

inactivity) and establishes national goals to diminish those threats.

The vision of *Healthy People 2010* is: *Healthy People in Healthy Communities*.

The national health objectives as identified in *Healthy People 2010* along with *The State of Aging in America 2007* report is used in comparison for older adults in Solano County where an overlap exists. Data for Solano County seniors comes from the California Health Interview Survey (CHIS) and the Area Agency on Aging Serving Napa-Solano Needs Assessment and Area Plan.



Khaya and Ruth of Fairfield

Over the years, it has become clear that individual health is closely linked to community health—the health of the community and environment in which individuals live, work, and play. Likewise, community health is profoundly affected by the collective beliefs, attitudes, and behaviors of every-one who lives in the community.

Healthy People 2010

Health Status: Chronic Disease and Conditions

Chronic disease tops the list as the leading killers for older adults as well as the leading causes of disability and functional decline. Nearly 55% of seniors in Solano County reported they had high blood pressure, 49.5% have some form of arthritis, nearly 33% have high blood cholesterol, 17% have heart disease, 15% have been diagnosed with cancer, 11% have dementia, and 8% have had a stroke. Health care costs associated with chronic disease are exorbitant. The cost of providing health care to an older adult is three to five times higher than for someone under the age of 65.⁶

“The ultimate measure of success in any health improvement effort is the health status of the target population.”
Healthy People 2010

As the nation ages, health care costs are expected to increase by 25% in 2030.

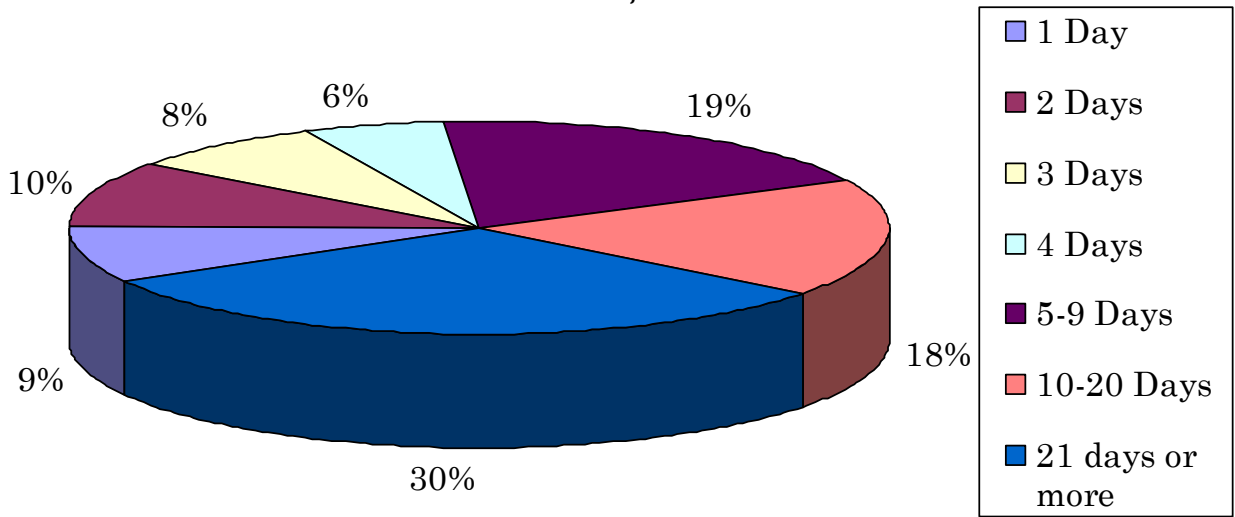
Chronic Health Issues for Solano County Seniors	
Have heart disease ⁷	17.3%
Have been diagnosed with cancer ⁸	15.2%
Have had a stroke ⁷	7.9%
Have asthma ⁷	13%
Have diabetes ⁷	16.7%
Have Alzheimer’s Disease/Dementia ⁹ 4,117 older adults in Solano County ages 65 and over ¹⁰ , and 1,982 85 and over (48%) have Alzheimer’s Disease or some form of dementia.	11%
Have arthritis, gout, lupus or fibromyalgia ⁷	49.5%
Have/had high blood pressure ⁷	54.7%
Have high blood cholesterol found ⁷	32.7%
Have experienced incontinence within the past 30 days	20.6%

Self- Reported Poor Health

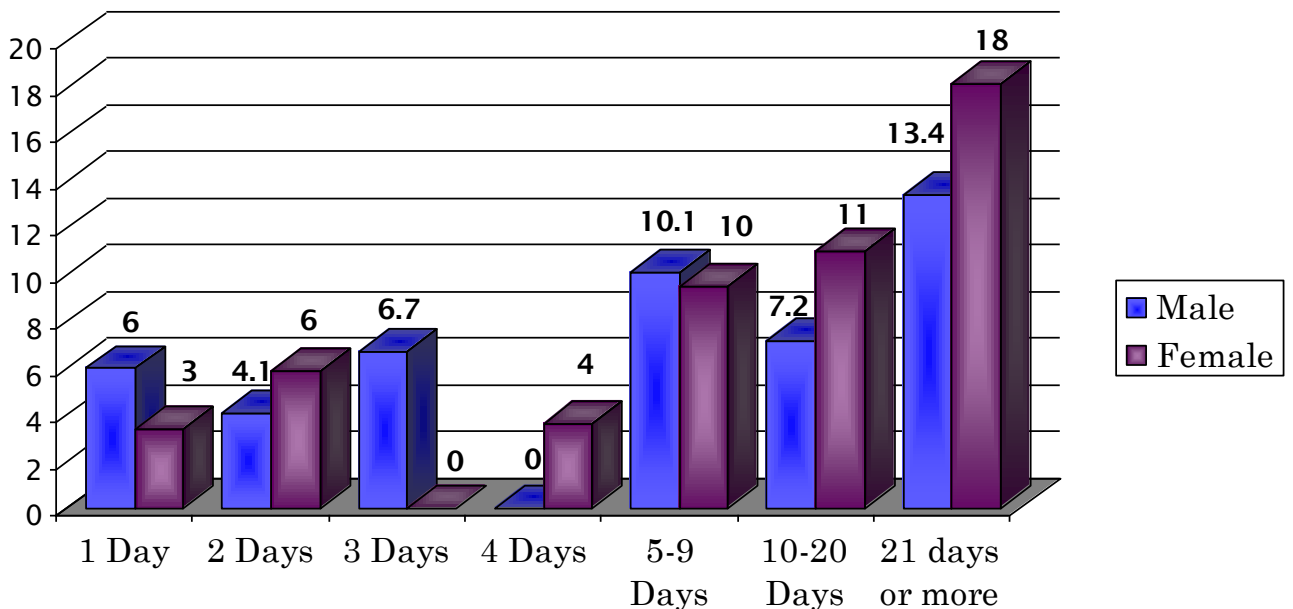
In addition to the chronic health issues identified on the previous page, 9.8% of Solano County seniors reported that they experienced 5-9 days of poor health in the

past month, 9.3% reported 10-20 days of poor health, and 16.1% reported 21 days or more of poor health.¹¹

Percentage of Seniors Surveyed who Experienced 1 or More Days in Poor Health during the Past Month, 2005



Percentage of Seniors Surveyed who Spent 1 or More Days in Poor Health in Last Month by Gender, 2005



Disabilities

The 2005 California Health Interview Survey found 56% of seniors in Solano County had a disability due to a physical, mental or emotional condition.¹² The 2005 American Community Survey found:¹³

- 41.6% had a disability of some sort
- 18.6% had a sensory disability,
- 31.1% had a physical disability
- 8.7% had a mental disability,
- 10.8% had a self-care disability
- 18.2% had a go-outside-home disability

Arthritis is the leading cause of disability among adults¹⁴ and it profoundly affects a person's ability to perform daily activities. Arthritis is found in more than 50% of people who have heart disease or diabetes.

Early diagnosis and management is important for individuals with arthritis. Weight control, physical movement and self-management activities can help relieve pain and stiffness, reduce health care costs, and promote better function and productivity.



Effective Strategies and Promising Approaches for Arthritis

The Arthritis Self-Help 6-week course developed at Stanford University has shown promising outcomes for individuals with arthritis. The course teaches people how to manage their arthritis and diminish its effects. Individuals who have gone through the course have experienced a lessening of pain by 20% and reduced their visits to the doctors for arthritis by 40%. A recent study estimated that a health organization that implements the Arthritis Self-Help course among 10,000 people could expect a net savings of \$2.5 million over a four year period.

Preventing Chronic Diseases: Investing Wisely in Health,
Chronic Disease Prevention,
U.S. Department of Health and Human Services

Health Factors and Leading Health Indicators

Health is affected by multiple factors. Genetics, individual behavior, the social and physical environment, public policies and interventions, and access to quality health care all contribute in an interactive, dynamic fashion to an individual's health.¹⁵ A person with a genetic predisposition for heart disease can alter the possible outcomes of heart disease through lifestyle (e.g., diet and exercise), monitoring and screening (e.g., cholesterol screen, regular check-up with a doctor), living in a stress free environment, and having access to quality, culturally sensitive medical care.

Not all older adults, or persons for that matter, can afford to choose where they live or have the ability to access quality care (e.g., lack the transportation to get to appointments or are unable to pay their share of costs for the appropriate medicine). Healthy People 2010 identified 10 leading health indicators that reflect the key public health concerns for people living in this country. The health indicators were chosen due to the pervasive and consequential nature of the issues, the availability of data to monitor progress, and the ability of communities and individuals to affect change.

Health promotion and disease prevention can prevent or delay onset of chronic disease, help mitigate the impact that chronic disease has on an individual's life, and affect long-lasting changes in health and over-all quality of life.

The 10 leading health indicators developed by Healthy People 2010 are:

- Physical activity
- Overweight/Obesity
- Tobacco Use



Gilbert of Fairfield

- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization (and screening)
- Access to Health Care

Injury and Violence, two of the health indicators, are addressed in the Safety section of this report. Environmental Quality is outside the scope of this work and therefore will not be addressed.

Walking is the core activity in most exercise plans for older adults. It is, by far, the most common and popular form of physical activity for older adults. Walking reduces the risks of death and heart disease, as well as the risk of falling. Of course, some older adults prefer other forms of aerobic activity, such as swimming, biking, dancing, and racket sports.

American Geriatrics Society

Health Behaviors: At a Glance

More than one-third of deaths in the United States are preventable. Health behaviors, such as smoking, lack of physical activity, poor food choices, and lack of routine medical screening tests increase the risk of chronic diseases affecting quality of life as people age. These behaviors were at the root cause of almost 35% of U.S. deaths in 2000. These significant behavioral risk factors frequently bring about the development of the leading chronic disease killers across the country: heart disease, cancer, stroke, and diabetes.

Promoting a healthy lifestyle by providing information and strategies to prevent illness and disease helps people live longer, be more independent and have healthier lives.

Surveys indicate that older adults are showing a greater awareness of the

importance of prevention and early detection of chronic diseases; however progress in that area still needs to be made.

Solano County meets the *Healthy People 2010* target for smoking behavior and surpasses the national percentage of older adults who eat five or more fruits and vegetables a day. In Solano County, 50 percent of older adults eat five servings of fruits and vegetables or more each day. Eating fruits and vegetables is important for increasing fiber, vitamins, minerals, and antioxidants in the diet and may help reduce the risks of certain chronic diseases.

Improvement in the area of leisure time physical activity must be made as 42% of older adults surveyed in Solano County did not engage in leisure time activity.¹⁶



Health Indicator	Healthy People 2010 Target	United States (2004)	Solano County
No leisure time physical activity in past month	20% or less	31.9% (2004)	42.2% (2005)
Eating at least 5 fruits and vegetables a day	No identical target set for this indicator	29.8% (2003)	49.9% (2005)
Current smoking	12% or less	9.3% (2004)	10.8% (2005)

Obesity and Body Weight

Health Indicator	Healthy People 2010 Target	United States (2004)	Solano County
Obesity	15%	20.2% (2004)	19.8% (2005)

Obesity and being overweight “substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers.”¹⁷ Many of the health related consequences of obesity are largely preventable. Obesity, however, is not a simple problem. Genetic, behavioral, environmental, and cultural factors all interact to contribute to obesity. Maintaining a healthy weight throughout

one’s lifespan is essential. Daily physical activity and eating a balanced diet, as recommended in the USDA *Dietary Guidelines for Americans*,¹⁸ is an important factor in staying healthy, by maintaining an appropriate weight and reducing the risk of chronic diseases (e.g., heart disease, certain cancers, diabetes, stroke, and osteoporosis) which are the leading cause of death and disability. Individuals who are obese and desire to lose weight should consult with their health care provider before launching into a weight reduction program.

OBESITY IN SOLANO SENIORS

Body Mass Index (BMI)	All 65+ yrs	65 – 75 yrs	75 + yrs
Underweight 0 – 18.49	-	--	--
<i>Statewide</i>	<i>2.3 %</i>	<i>1.4 %</i>	<i>3.7%</i>
Normal 18.5 – 24.99	46.7 %	37.6 %	57.7 %
<i>Statewide</i>	<i>40.1 %</i>	<i>35.5%</i>	<i>48.4%</i>
Overweight 25.0 – 29-99	32.5 %	36.9 %	25.1 %
<i>Statewide</i>	<i>37.7 %</i>	<i>37.7%</i>	<i>34.4%</i>
Obese 30.0 or higher	19.8 %	24.5 %	15.7 %
<i>Statewide</i>	<i>19.9 %</i>	<i>23.4 %</i>	<i>13.5%</i>

Nutrition and Hunger

Although calorie requirements decline as one ages, nutritional needs increase with age because of poor food intake, increased nutrient requirements, and age-related changes in the digestive system.

The California Health Interview Survey (CHIS) has gathered a sampling of nutrition-related data on California residents, including Solano County. Data from CHIS for older adults, 65 years old and above show that:

- Hunger is a surprisingly common aspect of life for California seniors. Nearly 20 percent or one in five older Californians are not able to afford enough food to eat.
- Only 83% of Solano County seniors surveyed reported that they were able to afford enough food.

Programs to Serve Seniors

MEALS on WHEELS

There are food and nutrition programs specifically for seniors in the county. Meals on Wheels of Solano County (MOW), helps older adults meet their nutritional needs by providing meals daily at 11 sites, including the seven senior centers, one located in each city, and by delivering meals to homebound seniors who are unable to prepare their own meals. MOW provides over 625 meals per day to Solano seniors, 60 years and over. In 2006-2007, MOW provided 155,063 meals to 705 seniors. Meals on Wheels is a volunteer based program.

BROWN BAG PROGRAM

The Brown Bag program provides food to low income seniors through the Food Bank of Contra Costa and Solano. In 2006-2007, they served an average of 548 senior households or 787 people twice a month. These low-income seniors received 244,152 pounds of food distributed at their ten sites in the county. They also distributed 210 Senior Farmers Market Coupons Books worth \$20 each.

OTHER

In addition to these two programs, other food programs exist at churches, homeless shelters, and community based organizations such as the community action councils that include seniors in the population they serve.

Physical Activity

Health Indicator	Healthy People 2010 Target	United States (2004)	Solano County
No leisure time physical activity in past month	20% or less	31.9% (2004)	42.2% (2005)

The *Healthy People 2010* objective for the physical activity indicator is to “*increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.*”

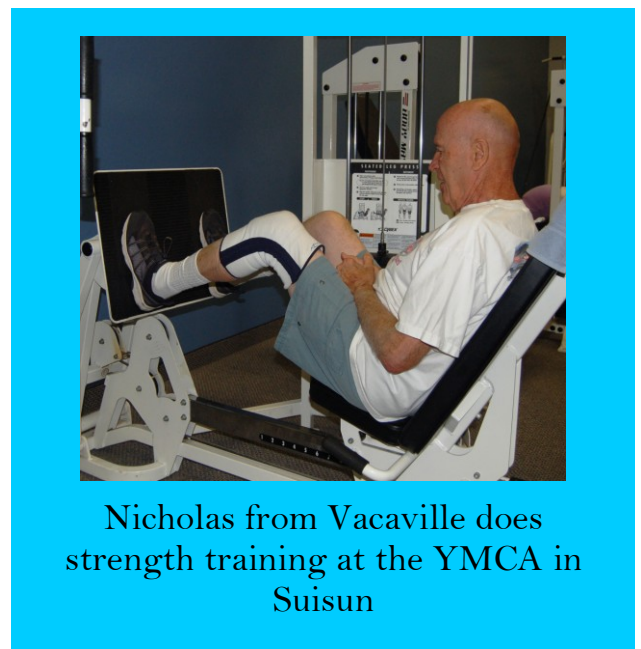
Regular physical activity is essential for maintaining a healthy body, improving emotional and psychological well-being, and preventing disease and thereby premature death. Regular physical activity is known to decrease the risk of certain chronic diseases and conditions such as high blood pressure, heart disease, diabetes, osteoporosis, and colon cancer.

Older adults greatly benefit from physical activity. In addition to the recommended 30 minutes a day of moderate aerobic exercise, older adults who incorporate strength training and stretching into their physical activity improve muscle and bone strength, and balance. Strength training also helps reduce the signs and symptoms of arthritis, diabetes, osteoporosis, obesity, back pain and depression.¹⁹ Older adults who participate in regular physical activity reduce the risk of falls, reduce the severity of injury as a result of a fall, delay the loss of function and increase the likelihood of living independently longer.

Certain populations are known to have lower rates of physical activity. Although

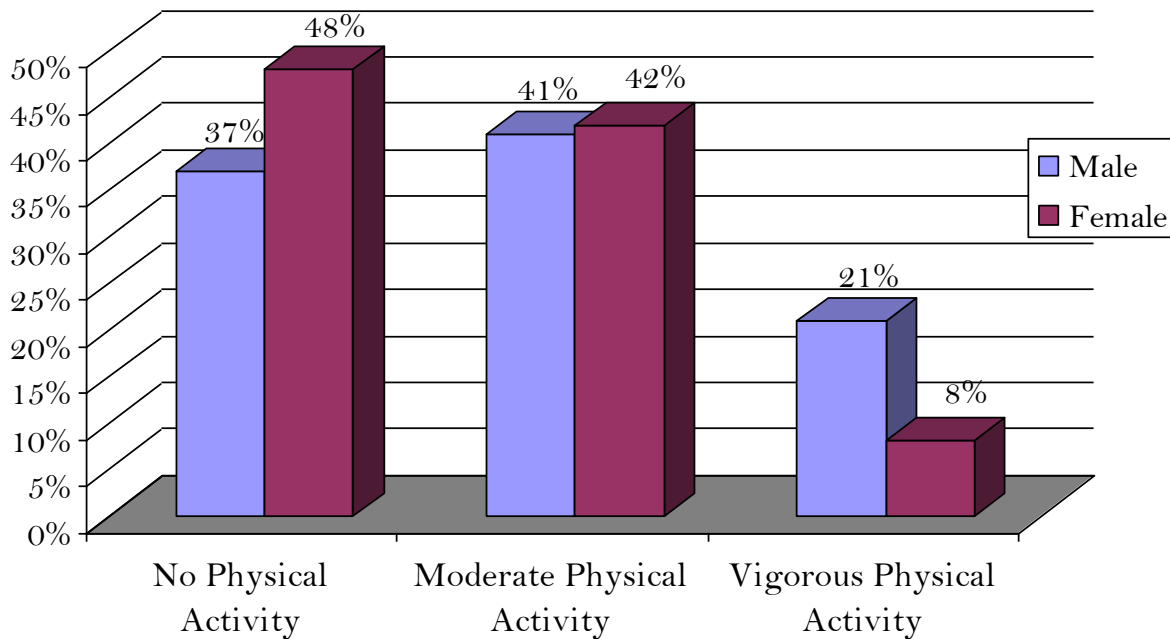
exploring the activity level of older adults within those populations in Solano County is outside the scope of this project, it has been found that women are generally less active than men, low income populations and those with less education tend to be less active, African-American and Latinos are typically less active than Caucasians.²⁰

Some barriers to increasing physical activity for older adults are: lack of access to convenient facilities and lack of safe environments in which to be active. Walking is the preferred method of exercise for many older adults but lack of accessible, appropriate and safe walkways presents a challenge.



Nicholas from Vacaville does strength training at the YMCA in Suisun

Percentage of Older Adults Engaging in Physical Activity CHIS 2005



Gurlal Sandhu, 82, likes to be physically active. He is conscientious about taking good care of his health and has a daily routine of exercises he does each morning before his daily 2 hour walk. Gurlal has been active most of his life and jogged up into his sixties. He said that walking not only gets him the physical exercise he desires it also has a social component to it. While walking he meets others, who like himself, enjoy being physically active. In addition to daily exercise, Gurlal drinks plenty of water and eats more than five fruits and vegetables a day. He is motivated to live a full and healthy life so he can enjoy his children and grandchildren. *“Family is very important to me”* he said. *“We are a close knit family and help each other out. I want to be healthy for a very long time.”* Gurlal is a retired civil engineer from Caltrans and California Public Utilities Commission. He served as president of the Gurdawar temple a few years ago.

Tobacco Use

Health Indicator	Healthy People 2010 Target	United States (2004)	Solano County
Current smoking	12% or less	9.3% (2004)	10.8% (2005)

“Cigarette smoking is the single most preventable cause of disease and death in the United States.”²¹

Deaths resulting from smoking each year in the United States exceed deaths from other causes including AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined. Smoking is a major risk factor for all leading causes of death: heart disease, stroke, lung cancer, and chronic lung diseases.²²

Nationally, populations with the highest rate of smoking are: blue-collar workers,

military personnel, American Indians and Alaska Natives.

In general men have higher rates of smoking than women, and low-income adults are more likely than high-income adults to smoke. Smoking rates have declined over the past few decades among adults across the country.

Approximately, 11% of older adults in Solano County reported that they currently smoke. Another 42% indicated that they were a former smoker and 47% reported that they never smoked or smoked less than 100 cigarettes.²³

Alcohol Abuse

Alcohol and drug abuse are associated with many serious social problems, including community violence, intimate partner violence, motor vehicle accidents, injury, and homelessness. Alcohol and drug abuse can also cause considerable problems in one’s personal, family, and work life. The health related consequences of long term drinking include: heart disease, alcohol related liver disease, and pancreatitis.

Nearly 58% of older adults surveyed through the California Health Interview

Survey in Solano County, reported that they drank alcohol in the past month. Of those who drank alcohol in the past month 36% reported they only drank one day, 7% reported they drank 2 days, and 4% reported they drank 3 days. Roughly 12% of the older adults indicated they drank 5-9 days, 27% reported they drank 10-20 days, and approximately 14% indicated they drank 21 days or more.²⁴

*These numbers are statistically unstable due to sampling size. Conclusions should not be drawn and generalized to the population.

Prevention and Early Detection

“Poor health and loss of independence are not inevitable consequences of aging.”

Proactive and preventative steps are able to improve the health of older adults. Healthy life styles that include daily physical activity and a balanced diet are one proactive method. Others include early detection of disease through screening (e.g., mammograms, colonoscopies) and immunizations.

Recognizing that some of the leading chronic disease killers can be prevented or treated if detected early enough, Medicare covers costs associated with some vaccinations and screenings. Even though older adults who have Medicare are eligible for screening and immunizations, those services are underutilized.

Older adults in Solano County have met and exceeded the Healthy People 2010 target for mammograms, colorectal screening, and cholesterol screening. Areas of needed improvement are in vaccinations for influenza (i.e., flu) and pneumonia.



Evelyn of Dixon

	Healthy People 2010 Target	United States (2004)	Solano County
Flu Vaccine in past year	90%	68.1% (2004)	76.5% (2003)
Ever had a pneumonia vaccine	90%	64.7% (2004)	63.7% (2003)
Mammogram within the past two years	70%	75.1% (2004)	89.8% (2005 ²⁵)
Colorectal cancer screening	50%	63.1% (2004)	63.7% (2005 ²⁶) Compliant with sigmoidoscopy/colonoscopy /FOBT screening
Cholesterol checked within the past 5 years	80%	90.4% (2003)	87.1% (2005 ²⁷)

Health Access

Financial, physical/environmental, and personal barriers can hinder access to health care. Financial barriers prevent people from having health insurance and/or having enough health insurance to cover needed services.

Most older adults receive Medicare but not all are eligible. There is a monthly premium for Medicare for those who are eligible.

Medicare is complicated. Older adults have an option of choosing a senior HMO as their medical provider. A senior HMO is mandated by Federal regulations to provide all the services covered under Medicare. The senior HMO can also provide additional services that are not offered through Medicare.

In general, Medicare does not cover dental, hearing or vision although some senior HMO packages might add those coverages into their plan.

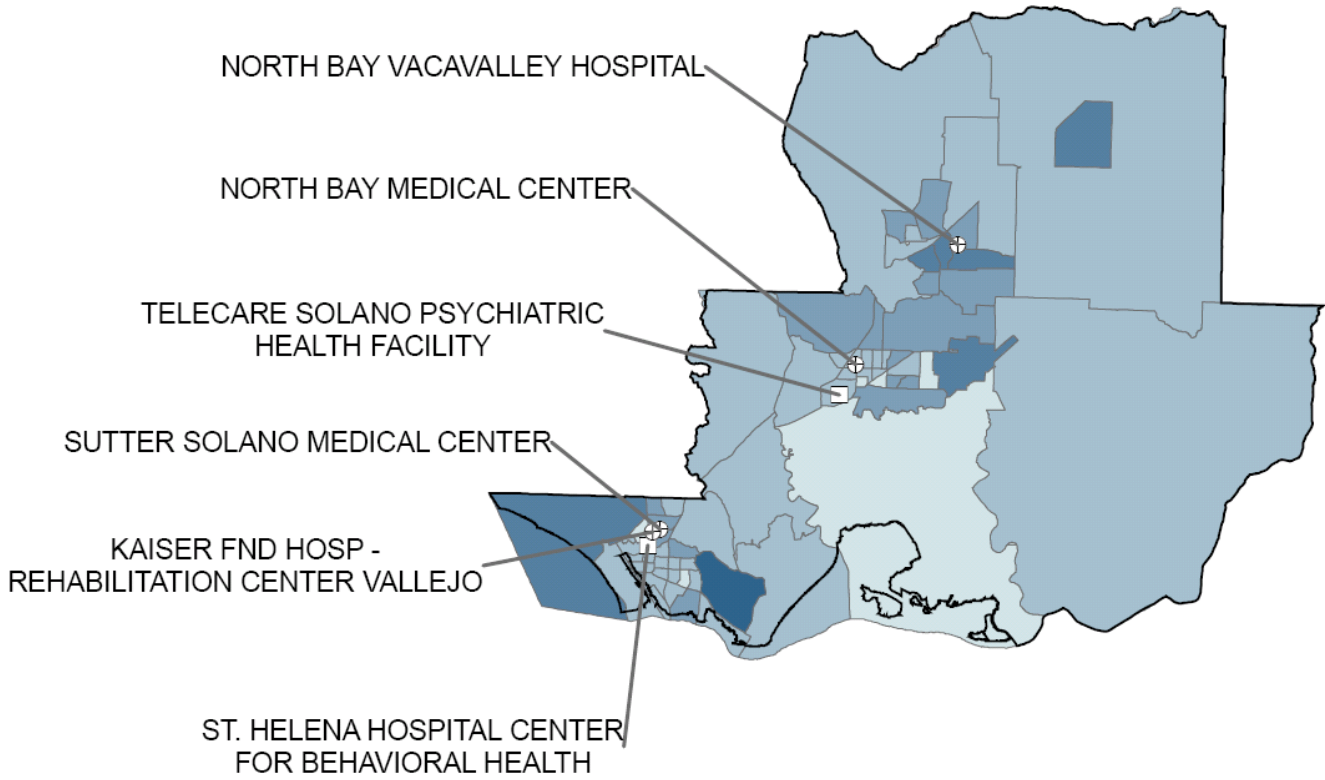
Older adults who need Medicare Prescription Drug coverage, or Medicare Part D, may find themselves in financial crisis when they exceed the allotted prescription reimbursement amount. Those individuals fall into the fabled “donut hole” where they are required to pay out of pocket expenses for their prescription medications until they reach a specified amount. In 2008 an older adult who has exceeded the allotted prescription drug coverage of \$2,510 under Medicare Part D must pay 100% of all prescription drug costs thereafter up until they have paid \$4,050 out of pocket, at which time Catastrophic Drug coverage kicks in and

begins to help pay for prescriptions once again. Nineteen percent (see Income and Housing section) of older adults in Solano County had annual incomes of less than \$15,000 in 2006. Of those individuals, any who fall into the “donut hole” are confronted with paying nearly 1/3 of their income towards prescription drugs. The “donut hole” plunges them into financial crises where choices about obtaining the needed medications or eating are made.

Older adults with incomes below the Federal Poverty level are eligible to receive Medi-cal as a supplemental insurance. Individuals who receive Medicare and Medi-Cal are referred to as Medi-Medi clients. The following numbers are the Medi-Medi clients in Solano County by location in 2008. The numbers are not a pure count of older adults as low income disabled individuals are part of this population.

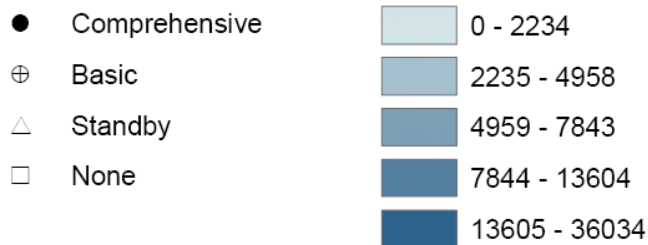
Benicia	255
Birds Landing	4
Dixon	282
Elmira	4
Fairfield	1,901
Rio Vista	78
Suisun City	560
Travis AFB	5
Vacaville	1,115
Vallejo	3,039

Hospital Sites in Solano County²⁸



Solano County

Hospital Sites/EMS Level Population



Summary and Recommendations

As the population of older adults multiplies in the United States it is imperative that health promotion and prevention efforts are in place to help ensure that older adults remain as healthy and independent as possible.

Health behaviors such as regular physical activity and eating more than five fruits and vegetables a day can go a long way towards preventing chronic disease or at least slowing its onset and lessening its severity.

Other health behaviors like participating in early screening and receiving vaccinations will similarly aide in better health outcomes for older adults.

In preparation for the onset of a larger older adult population Solano County can position itself to assist older adults by promoting healthy behaviors.

Some recommendations follow:

Individuals:

1. Find ways to be physically active and eat fruits and vegetables
2. Don't smoke
3. Take advantage of the Medicare covered health screenings and immunizations

Communities and Government:

1. Build community partnerships to include non-traditional partners in addressing health related issues in older adults
2. Address health issues, behaviors, and services across the lifespan. Promote health as a family affair
3. Build upon existing health promotion efforts to include older adults
4. Implement policies and programs that can improve the health of people of all ages recognizing that healthy youth grow into healthy adults, and healthy adults grow into healthy older adults
5. Implement policies and programs for injury prevention (e.g., fall prevention program) targeted at older adults
6. Increase access to high quality health care
7. Conduct a study on health disparities among older adults in Solano County based on race and income levels. Develop strategies to address those disparities
8. Support culturally appropriate public awareness/education campaigns
9. Improve collection and use of standardized data
10. Enhance community environments to promote physical activity, reduce environmental toxins, and offer safety from crime

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- ¹ *Life expectancy at birth, at 65 years of age, and at 75 years of age, by race and sex: United States, selected years 1900–2004*, Chartbook on Trends in the Health of Americans, Department of Health and Human Services Centers for Disease Control and Prevention, <http://www.cdc.gov/nchs/data/hus/06.pdf#027>
- ² *Leading Causes of Death 1900-1998*, National Center for Health Statistics, Department of Health and Human Services Centers for Disease Control and Prevention, http://www.cdc.gov/nchs/data/dvs/lead1900_98.pdf
- ³ *The State of Aging and Health in America 2007*, Department of Health and Human Services Centers for Disease Control and Prevention, <http://www.cdc.gov/aging/saha.htm>
- ⁴ *Independence for Older Americans: An Investment for Our Nation's Future*, Alliance for Aging Research, www.agingresearch.org
- ⁵ *Healthy People 2010: Understanding and Improving Health*, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, www.health.gov/healthypeople/
- ⁶ *The State of Aging and Health in America 2007*, Department of Health and Human Services Centers for Disease Control and Prevention, <http://www.cdc.gov/aging/saha.htm>
- ⁷ *California Health Interview Survey*, (2005). UCLA Center for Health Policy Research, , UCLA, <http://www.chis.ucla.edu/>
- ⁸ *California Health Interview Survey*, (2005). UCLA Center for Health Policy Research, , UCLA, <http://www.chis.ucla.edu/>
- ⁹ Area Agency on Aging Serving Napa and Solano, “Area Plan Update 2005-2009,” Area Agency on Aging, May 2007
- ¹⁰ Area Agency on Aging Serving Napa and Solano, “Area Plan Update 2005-2009,” Area Agency on Aging, May 2007
- ¹¹ *California Health Interview Survey*, (2005). UCLA Center for Health Policy Research, , UCLA, <http://www.chis.ucla.edu/>
- ¹² *California Health Interview Survey*, (2005). UCLA Center for Health Policy Research, , UCLA, <http://www.chis.ucla.edu/>
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- ¹⁶ UCLA Center for Health Policy Research, “California Health Interview Survey 2005”, UCLA, <http://www.chis.ucla.edu/>
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- ²³ UCLA Center for Health Policy Research, “California Health Interview Survey 2005”, UCLA, <http://www.chis.ucla.edu/>
- ²⁴ *California Health Interview Survey* (2003). UCLA Center for Health Policy Research, <http://www.chis.ucla.edu/>
- ²⁵ *California Health Interview Survey* (2005). UCLA Center for Health Policy Research, <http://www.chis.ucla.edu/>
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- ²⁸ *Healthcare Quality and Analysis*, (2005). Healthcare Information Resource Centers, California Office of Statewide Health Planning and Development (Data Source: 2000 U.S. Census Licensed Facility Data), <http://www.oshpd.ca.gov/HID/Perspectives/Products/2004/countymaps/Solano.pdf>>

Health and Wellness Part II: Mental and Emotional Health



One would hardly guess that Margaret Wright (center cover page) is 72 years old. Her ebullient nature, positive can-do attitude and zest for life is contagious. . “I am a kid that can never grow up,” she said, “I will never get old – aging is a state of mind. I may get older but I will never get old. Life is a dance and if you don’t take the steps and dance with it you’ll miss out.” Margaret, pictured with her husband Elijah and her 103 year old mother-in-law, Lille Wright, values family and it is evident in everything she does. As the primary caretaker for Elijah and Lillie, Margaret does everything possible to nurture their hearts and spirits as well as their bodies.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society.

Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Alzheimer’s disease exemplifies a mental disorder largely marked by alterations in thinking (especially forgetting). Depression exemplifies a mental disorder largely marked by alterations in mood.

Mental Health: A Report to the Surgeon General

Mental Health

Geriatric mental illness brings together two of the most damaging elements of discrimination in America: the stigma of advanced age and the stigma of mental illness.

Worse than being invisible, an older person suffering from depression or dementia is devalued and dismissed.

Mental Health Task Team Report to
the California Commission on Aging



Mental health can best be understood as a dynamic, biopsychosocial, process along a continuum. Most individuals over the course of a lifetime have experienced variations in mental health resulting from a myriad of circumstances. This section of the report addresses mental health issues broadly. It encompasses mental illness as well as mental health problems that result from life stressors but do not meet the diagnostic criteria for mental health disorders.

Mental health problems may require support for the individual to work through and resolve. Health promotion, prevention, and treatment can be valuable to all persons struggling with mental health issues. For example, bereavement in older adults does not qualify as a mental health disorder. On the other hand, persistent bereavement symptoms can be debilitating if they are left untreated.¹

Mental health issues in older adults can be devastating because they are all too often misunderstood. Mental health issues can

begin in childhood and become lifelong or be age-related due to life stressors associated with aging. The frequency and severity of mental health issues can range from acute to chronic, mild to debilitating.²

The majority of older adults experience good mental health; yet nearly 1/5th of older adults, ages 55 years and older, have mental health disorders that are not considered a normal part of aging.³

The most predominant mental health issues among older adults are:

- anxiety disorders,
- severe cognitive impairment (including Alzheimer's),
- mood disorders (e.g., depression).

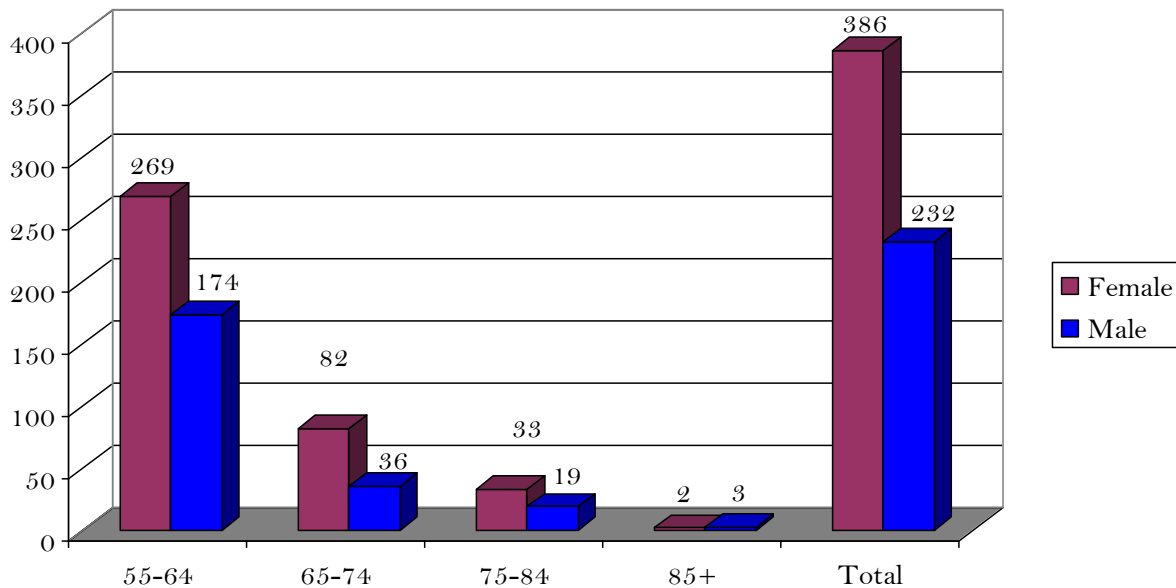
To a much lesser degree older adults experience psychotic disorders such as schizophrenia.

County Mental Health Services

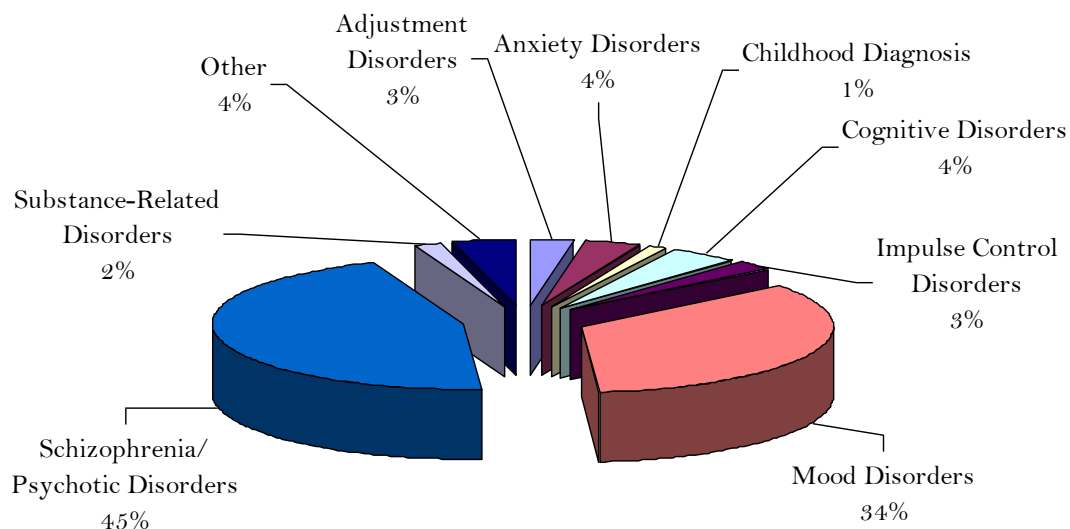
County Mental Health provides a much needed service for low income seniors who meet the DSM IV (Diagnostic Statistical Manual) diagnostic criteria for non-organic chronic and persistent mental illness. In fiscal year 2005-2006, County Mental

Health served 618 older adults (ages 55 and older). This does not account for the number of older adults who received mental health services through an HMO or, more specifically, through a primary care physician.

Older Adults Who Received County Mental Health Services in Fiscal Year 2005-2006



Mental Health Diagnosis of Older Adults Receiving Treatment at County Mental Health Services 2005-2006



Depression

Depression in older adults not only causes distress and suffering but also leads to impairments in physical, mental, and social functioning. Despite being associated with excess morbidity and mortality, depression often goes undiagnosed and untreated. The startling reality is that a substantial proportion of older patients receive no treatment or inadequate treatment for their depression in primary care settings, according to expert consensus.

Mental Health: A Report to the Surgeon General

Clinical Depression

Clinical depression is not a normal part of aging. Clinical depression is diagnosed when more consistent, severe symptoms occur over an extended period of time with significant distress. It often affects social, familial, occupational and other important aspects of life. Depression can last for years in older adults and may be overlooked or dismissed as a part of the aging process or physical illness.

Depression, Pain and Functional Disability

Depressive symptoms have been found consistently in conjunction with functional disability and pain in older adults. Pain has somatic effects and can interfere with “sleep, mood, appetite, function, energy level and body image – and may engender feelings of increased stress, helplessness, hopelessness and loss of control. These symptoms overlap with or mimic those of depression and anxiety”.⁴

Chronic pain can cause depression and depression can exacerbate chronic pain.

A Few Facts about Depression in Older Adults

- 10-20% of older adults suffer from mental illness, especially depression
- Depression is a major predictor of suicide in late life
- Suicide rates are highest among older adults (ages 65+) compared to other age groups, and the highest rate is among persons 85 years and older⁵
- 30% of older adults with a medical illness also have depression
- 50-75% of homebound older adults or those living in a residential care facility have depression
- Depression can share symptoms with other medical conditions making diagnosis particularly challenging (e.g., poor concentration, forgetfulness, trouble making decisions, weight loss, sleeping problems, aches and pains).⁶

Aging Related Mental Health Issues

Life stressors can increase with age. Changes in one's role, income, health and relationships are a common part of aging. They may also be stressful and trigger a host of normal psychological and emotional responses. Many older adults are able to adapt to the changes they

experience by utilizing their own coping abilities, tapping into their social support system, and preserving their sense of control. Others may struggle to cope with life circumstances leading to depression and anxiety.

Loss of loved ones and decline in health are two of the most stressful life events. Grief is a normal response to loss.

Special Issues Regarding Age-Related Mental Health Issues

Age:

Increased longevity is a result of medical, technological and public health advances. Increased longevity can also increase the susceptibility to mental health conditions such as dementia and depression.⁷

Older adults ages 85 years and older have the highest suicide rate of all age groups. White males in this age category have the highest rate of 21 suicides per 100,000 in the population.

Gender:

Women tend to outlive men by seven years and are much more likely to become widowed. Many older women live alone, receive lower retirement income, and become institutionalized. They are disproportionately more likely to suffer from chronic disabilities and conditions, including mental health disorders.

Sexual Orientation:

Currently there are no completed studies on the mental health status of older gays and lesbians. Some have felt there is an increased risk for mental health issues in this group due to societal stressors: fear of exposure, prejudice, stigmatization and violence. Social support may be of increased importance to the gay, lesbian, bi-sexual, transgender (GLBT) elder population.⁸

Culture:

Cultural and language barriers may prevent many older adults from seeking mental health services. This is especially true among ethnic/racial groups other than Caucasians.

Grief versus Depression

Grief is a normal process but is often misunderstood and neglected. It is the process through which an individual begins to cope and integrate the loss. Grief resulting from the death of a loved one is the most recognized. However, grief accompanies an array of losses, such as the loss of health, mobility, independence, social role, relationships, finances, and includes the loss of a pet.

Grief can become complicated when individuals have more than one loss to process and have fewer supports or coping skills to draw upon. Unexpressed grief can linger and manifest both physically and cognitively.

Grieving is an individual process affected by cultural, gender-related and circumstantial factors. People who are grieving may experience varied reactions to their loss as they work toward resolution. Intense and sometimes conflicting feelings may emerge.

The range of normal reactions to loss include:

- Denial, shock, numbness

- Feelings of sadness, helplessness, loneliness, guilt, and anger
- Irritability, crankiness
- Panic, anxiety
- Depression
- Physical ailments (e.g., aches and pains, lack of concentration)

Those struggling with multiple losses may benefit from some level of support and intervention from the mental health community even though they may not meet the diagnostic criteria for a diagnosis of depression.

Depression is exacerbated when support systems are not in place or have been withdrawn. Family members are often at a loss of how to support the elderly person. Traditional treatment options may fail because the senior has physical or transportation limitations and may be unfamiliar or uncomfortable with the mental health system. This makes coming into a mental health clinic or a therapist's office a non-feasible option.

The Role of Hospice

Hospice provides compassionate care for people in the last phases of incurable disease so that the person may live as fully and comfortably as possible. In addition to caring for individuals with terminal illness, Hospice offers bereavement support to help family members through the grieving process.⁹

There are six licensed Home Health Agencies who provide hospice services in Solano County.¹⁰

Self-Reported Status of Emotional/Mental Health Among Older Adults in Solano County

California Health Interview Survey (CHIS)

Needed help for emotional/mental health problems (CHIS 2005)			
<ul style="list-style-type: none"> 7.9% reported they needed help 		<ul style="list-style-type: none"> 92.1% reported they didn't need help 	
Did less due to emotional problem (CHIS 2001)			
<ul style="list-style-type: none"> 16.1% reported they did less due to emotional problems 		<ul style="list-style-type: none"> 83.9% reported they didn't do less due to emotional problems 	
Felt downhearted and sad (CHIS 2001)			
<ul style="list-style-type: none"> 5.8% most or all of the time (statistically unstable due to sample size) 	<ul style="list-style-type: none"> 18.4% some of the time 	<ul style="list-style-type: none"> 19.7% a little of the time 	<ul style="list-style-type: none"> 56.1% not at all
Felt energetic (CHIS 2001)			
<ul style="list-style-type: none"> 8.2% not at all (statistically unstable due to sample size) 	<ul style="list-style-type: none"> 15.2% a little of the time 	<ul style="list-style-type: none"> 33.3% some of the time 	<ul style="list-style-type: none"> 43.3% all or most of the time
Felt calm and peaceful (CHIS 2001)			
<ul style="list-style-type: none"> 69.4% all or most of the time 	<ul style="list-style-type: none"> 21.6% some of the time 	<ul style="list-style-type: none"> 7.8% a little of the time 	
Mental Health Treatment Covered by Insurance (CHIS 2005)			
<ul style="list-style-type: none"> 74.3% reported that mental health is covered 		<ul style="list-style-type: none"> 25.7% mental health isn't covered (statistically unstable due to sample size) 	

Insurance Covered Mental Health Treatment

Of the respondents to the California Health Interview Survey above, 74% of those who stated that they felt a need for help with emotional/mental problems or have seen

someone for emotional/mental problems within the past year reported that their insurance covers mental health treatment.

Family, Community and Social Support

Ties to family and community, especially strong in African, Latino, Asian, and Native American communities, are forged by cultural tradition and by the current and historical need to assist arriving immigrants, to provide a sanctuary against discrimination practiced by the larger society, and to provide a sense of belonging and affirming a centrally held cultural or ethnic identity.... Families play an important role in providing support to individuals with mental health problems. A strong sense of family loyalty means that, despite feelings of stigma and shame, families are an early and important source of assistance in efforts to cope.

Mental Health: A Report to the Surgeon General

Family and community support are vital for human beings especially under times of distress. Meaningful relationships and support systems can contribute to good mental and emotional health. Studies have shown a link between family warmth and reduced likelihood of mental health relapse.¹¹ African Americans, Asian Americans, Latino Americans and Native Americans have created extended family networks in which individuals from their

surrounding community are embraced and supported. A strong sense of family and familial responsibility results in regular interaction between relatives and through extended family gatherings. There is also a greater willingness to absorb relatives and members of the community as the need arises. “Family solidarity has been invoked to explain relatively low rates among minority groups of placing older people in nursing homes”.¹²

Yu-mar-ri - “Go Help”

Shizuko immigrated to the United States from Okinawa in 1968 and currently lives in Dixon. When she first arrived in the United States she said it was, at times, difficult. She missed her family, her community, her culture and language. Now she and her husband, Joe, open their home to other immigrants from Okinawa as well as other places, in an effort to provide support and offer community. Their home is frequently full on weekends as they share food, culture and stories. In Japan, Shizuko stated, there is a concept called *yu-mar-ri*, which means if anyone needs help or support you *go help*.



Community Support Systems

When relationships and support systems are lacking loneliness, separation, alienation and depression often result. For aging individuals support systems that were once in place may be absent. Finding support through life's changes and difficult times can be invaluable.

Seniors may seek support and guidance from many sources outside of the family which are not viewed as traditional mental health services. These include churches, support groups, Hospice, and organizations specific to ethnicity, sex or sexual

orientation. Although these groups may not be mental health providers they provide much needed support and guidance and should be viewed as an important part of coping with life's transitions. In addition to providing a safe environment, support groups can offer a place for older adults to establish connections, reduce isolation, and have a community that validates and normalizes emotional reactions to events and circumstances.

Full Circle Seniors: A Support and Networking Group for Lesbian, Gay, Bisexual and Transgender Older Adults



Clairemarut Evasco and Mary Dwyer co-founded *Full Circle Seniors*, a support and networking group for lesbian, gay, bisexual and transgender (LGBT) older adults. They did this after identifying a lack of resources and supportive services designed specifically for aging LGBT individuals. Within 5 months of forming the group, the membership grew to 50 individuals, speaking to the need Full Circle Seniors is meeting within the community. Full Circle Seniors meets monthly at the Florence Douglas Senior Center in Vallejo.

Mary worked for 30 years as a Federal employee before retiring. Claire is a practicing psychotherapist. She holds grief groups for seniors as well as provides individual counseling.

Barriers to Accessing Mental Health Services

Many older adults who would benefit from mental health services choose not to receive them or do not completely participate once they have begun. One reason for not accessing mental health services is the stigma associated with mental illness. Stigma not only diminishes self-esteem but it threatens social stability and quality of life. There are many reasons why older adults may not access mental health services. A few follow:

- Stigma associated with identifying oneself with mental illness.
- Lack of information about successful treatment options.
- Lack of publicity about available mental health resources.
- Lack of financial resources to access private resources and sometimes, income ineligible to receive county mental health services.
- Lack of clinicians trained in geriatric mental health. There were no geriatric psychiatrists working in Solano County at the time of this report.
- Lack of transportation to services, especially in rural areas.

Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia. It reduces patients' access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society.

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Promising Practices

Arthritis is painful and is the leading cause of disability in older adults. It can restrict activity and consequently reduce quality of life.

Arthritis and depression frequently occur together and cause poor health outcomes for older adults. Researchers examined the impact of improved depression care on depressive symptoms and pain through a

collaborative approach involving the primary care physician and a depression care manager.¹³ Patients with co-morbid arthritis and depression who received enhanced depression care showed significant improvement on “arthritis related pain and functional outcomes, fewer depressive symptoms, and better general health status and overall quality of life.”¹⁴

Summary and Recommendations

There remains a lot to learn about geriatric mental health issues and treatment options. It was long held that older adults could not benefit from psychotherapy but studies have since countered that belief.¹⁵ However, barriers exist which prevent older adults from receiving the mental

health services they may need to restore function and live fuller, richer lives. Stigma associated with mental illness is a significant barrier for individuals to access services. Public awareness and education campaigns can help reduce the stigma associated with mental health problems.

Recommendations to improve mental health outcomes for older adults include:

Individuals:

1. Develop social support systems where you can either offer valuable assistance to someone who may be struggling, or reach out to someone for assistance for yourself
2. If you are struggling with depression or any other mental health related issue seek support from trained professionals

Communities and Government:

1. Promote public awareness about mental health problems in older adults to reduce stigma
2. Support research on best practices for treatment options
3. Build community partnerships to include non-traditional partners in addressing mental health related issues in older adults
4. Increase access to mental health services
5. Augment county mental health services and make it a priority to serve seniors
6. Recent innovative treatment strategies in the Health and Social Services Mental Health Division include use of a mobile crisis unit to serve all parts of the county. This strategy might also be successful in addressing the need for isolated seniors to have access to mental health services.
7. Recruit mental health clinicians and social workers with training in geriatric mental health
8. Develop a peer mental health counseling program
9. Train primary care physicians to identify and treat mental health issues, and promote mental health prevention and wellness¹⁶
10. Train primary care physicians on the availability of local mental health resources and how patients can access care
11. Encourage multi-disciplinary approaches to treating older adults with co-morbid health and mental health problems

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Independence: An Intersection between Health, Income, Social Support, and Housing



Independence

Medical, technological and scientific breakthroughs have significantly increased the longevity of Americans. Longevity can be a gift for those who are able to reap the benefits of a long healthy, independent, and satisfying life. Longevity can also be a double edged sword. The longer people live the more vulnerable they become to age-related chronic diseases and/or conditions.¹

It is estimated that after the age of 50, the risk for age-related chronic diseases doubles every five to seven years. Heart disease, adult-onset diabetes, dementia, osteoporosis, macular degeneration, and incontinence are common problems older adults face. These diseases jeopardize quality of life and threaten to rob a person of his/her ability to live and function without the daily assistance of others.

Activities of Daily Living (ADL) provides one measure of independent functioning. ADL fall into two categories: 1) Basic ADL, and 2) Instrumental ADL.

Basic ADL include skills needed for daily self-care. Those skills and abilities are: bathing, dressing, and eating, voluntary control of bodily functions (i.e., elimination functions), using the toilet, walking, and ability to transfer in and out of bed and in and out of chairs.

Instrumental ADLs pertain to abilities beyond basic self-care which are necessary to live independently in the community. Those abilities include but are not limited to: driving, preparing meals, managing money, taking medications, shopping, housework, and using a telephone.²

Humans begin life completely dependent upon other people. Major developmental milestones center around progress towards independence: walking, feeding oneself, toilet training, etc. The reversal of that progress brings complex, and often devastating, psychosocial and economic consequences.

Cost of Lost Independence

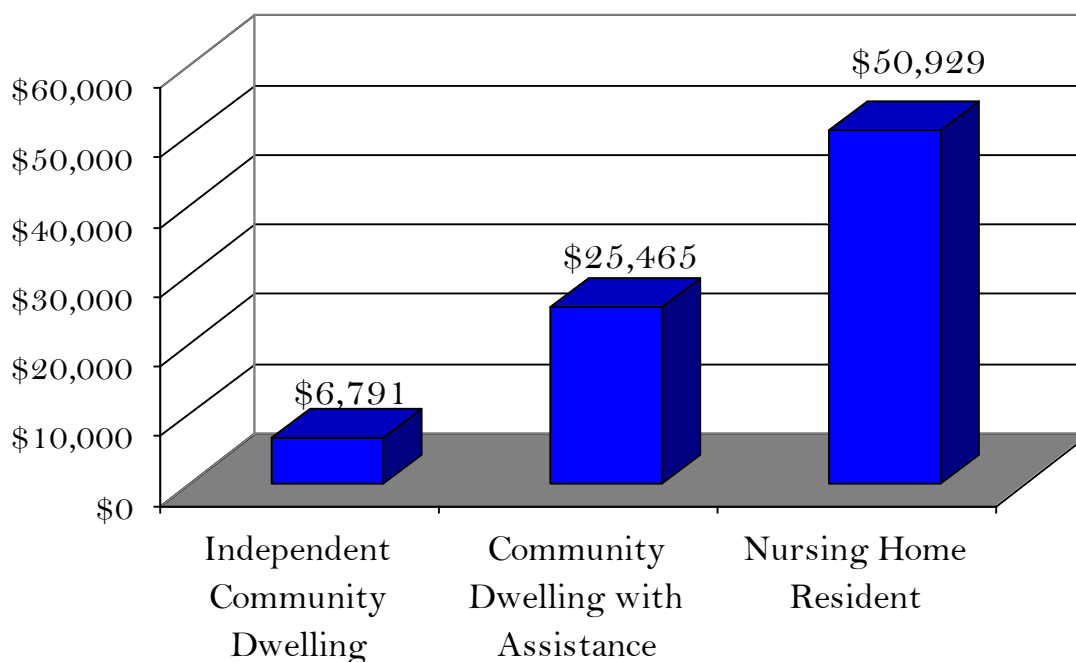
Psychosocial Costs

Depression is very common among older adults residing in nursing homes. Up to 50% of all older adults living in nursing homes experience depression.³ Depression can further impact the older adults' already declining function and quality of life. Moreover, care giving studies show that half of older adults living in long-term care settings have no family available to provide care for them and consequently are alone.⁴

Economic Costs

The cost of lost independence is exorbitant. Using data collected from the Medicare Current Beneficiary Survey (MCBS) and the Health Care Financing Administration, an analysis found that the “*average annual costs of care for a person who must enter a nursing home is more than seven times that of someone who can remain living in their home independently*”.⁵ The following chart depicts the estimated cost of lost independence for an older adult with Medicare in the United States.⁶ The three cost estimates relate to three levels of independent functioning: 1) independent community dwelling older adult, 2) community dwelling older adult with assistance, and 3) nursing home resident.

Cost of Lost Independence



Protecting Independence

The ability to live independently is central to the overall health and well-being of older adults. *It is also central to the economic health of this country.* Every effort should be made to promote healthy lifestyles and to encourage higher participation in health screenings and immunizations in order to prevent, postpone and reduce the severity of debilitating diseases and conditions that unnecessarily lead to loss of independence (see Health and Wellness Section for further information).

The ultimate goal for older adults is to live independently in their communities without the assistance of others to meet their basic needs. Most older adults wish to remain in their home as they age.⁷

Universal Design

Homes and apartments that include universal design elements help older adults reside independently in their homes as they age. Universal design features refers to products and environments that are usable by all people, to the greatest degree possible, regardless of physical, cognitive, and sensory abilities.⁸ Homes that include universal design remain useful to older adults even as their abilities decline. Some examples of universal design features include:

- No-step entry
- Single-story living. A person is able to sleep, access the kitchen and bathroom all from a single level home that is barrier free

- Wide doorways and hallways to permit wheelchairs and walkers room to maneuver
- Non-slip surfaces on floors and bathtubs
- Handrails on steps and grab bars in bathrooms
- Thresholds that are flush with the floor for easy wheelchair access and to keep people from tripping
- Good lighting
- Lever door handles versus knobs

- Flat panel light switches versus small toggle switches

In addition to enabling older adults to remain in their homes longer, universal features serve to prevent falls as well.

There were only 66 documented senior apartment units in Solano County with universal design elements (see Economic Well-Being section of this report).

Community Dwelling with Assistance

Ideally, seniors would be able to live independently for the rest of their lives but the reality is that as a person ages, physical abilities decline, sometimes resulting in the need for assistive care. Assistance may take many forms and come from a variety of sources. Transportation services, informal caregiving (e.g., family members, friends), subsidized caregiving (e.g., In-Home Supportive Services), and private for-pay caregiving are all examples of assistance that help an older adult remain in their home and in their community. When those forms of assistance prove inadequate the older adult may need, or choose, to move into a residential care facility.

Formal Caregiving

As evidenced by the rise in the formal fee-for-service caregiving industry, caregiving

for older adults has progressively increased in the past years. Older adults who have the financial means may choose to hire a private caregiver to provide a variety of services such as cooking, cleaning, and shopping.

Family Caregiving

Although older adults may choose to hire formal caregivers, the majority of older adults, 65%-78% nationally, rely solely on family and friends for help.^{9,10} About 30% of other older adults use a combination of private caregivers and family to meet their needs.

Caregiving provided by family and friends offsets the need for institutionalized care. Only about 7% of individuals residing in nursing homes have family caregivers available to them.

Among the many myths about aging is that American families do not care for their older members. Such myths are based on isolated anecdotes as opposed to aggregate data. Approximately 13 million caregivers, most of whom are women, provide unpaid care to older relatives.

Families are committed to their older members and provide a spectrum of assistance, from hands-on to monetary help.

Mental Health: A Report to the Surgeon General

Facts about Informal Caregiving

Informal caregiving refers to caregiving activities provided by family members, friends, and neighbors. The individuals may be primary or secondary caregivers and contribute full or part time care. Some facts about informal caregivers from national studies follow:¹¹

- Unpaid family caregiving is the largest source of long-term care services in the U.S. National studies show that the majority of employed caregivers care for grandparents, parents-in-law, other relatives, or neighbors or friends—categories not covered under federal or state family leave laws
- Adult children are the most likely care provider for aging parents
- The average age of a family caregiver for an older adult is 47 years old
- 25% to 35% of all working adults report that they have or are serving in a caregiver role to an older adult
- 2/3rds of working caregivers report having to rearrange their work schedule, reduce their hours, and take unpaid leave to provide care resulting in lost wages, reduced retirement benefits, and reduced savings
- Caregiving takes an emotional, physical, and economic toll on the caregiver
- Women account for 59-75% of caregiving responsibilities, and they handle the most difficult caregiving tasks (e.g., bathing, toileting, and dressing) compared to men
- Women who began caretaking during their working years are at a 2.5 times greater risk for poverty when they become elderly
- 20%-50% of caregivers experience depressive symptoms and higher levels of depression are associated with caring for Alzheimer's patients
- Many caregivers experience increased blood pressure and insulin levels and may experience negative health outcomes



Mabuhay - Nieves (left), 69, is a retired Special Education teacher who lives in Vallejo. She is also a full-time caregiver for her mother, Soledad (pictured to the right) who is 92 years old. Nieves is the nutritionist, cook, maid, driver, monitor of medications, and personal care provider to Soledad. Nieves explained “*Life is so precious. We have to help each other.*”

Full-time caregiving takes its toll as well. “*I love my mother and want to help her, but I need to take care of myself too*” said Nieves who did not anticipate that her retirement years would be spent providing full-time care. In order to take care of herself Nieves attends workshops on caregiving and is actively involved in community groups, such as the Filipino American Seniors of Solano County, In-Home Supportive Services Advisory Council, and the Area Agency on Aging Advisory Committee.

Supportive Services

Services exist for community dwelling older adults who need assistance to maintain their independence. Many of the services available have income eligibility requirements based on the Federal Poverty Level. Therefore, while valuable services exist, they are unavailable or difficult to access for older adults with incomes too low to cover out of pocket costs but too high to meet the income eligibility requirements leaving them without the necessary services to sustain their independence.

Family Caregiver Support Program

The Family Caregiver Support program is designed to provide “a continuum of caregiver services, including information, assistance, individual counseling, support groups, training, respite, and supplemental services. These caregiver support services are available to adult family members, or other individuals who are informal providers of in-home and community care to older persons.”¹² Adequate respite care can make the critical difference in whether a caregiving employee can continue to work or must leave his or her job.

In Solano County, the Area Agency on Aging Serving Napa and Solano provided Family Caregiver Support Program registered services such as respite and supplemental services (e.g., assistive devices, home modifications) to 98 unduplicated clients in 2007. Many more were provided with information and referral services.¹³

Multipurpose Senior Services Program (MSSP)

MSSP provides a range of social and health care case management services for frail community dwelling older adults.

The goal of MSSP is to provide community services below the cost of a skilled nursing facility in order to prevent or delay institutionalization. Services include, but are not limited to: case management, adult day care, housing assistance, in-home chore and personal care services, respite services, transportation services, protective services, meal services, and special communication assistance. Clients must be at least 65 years of age, eligible for Medi-Cal, and certified or certifiable for placement in an intermediate or skilled nursing facility in order to qualify for the program.

In 2007, 170 eligible older adults were given services through MSSP in Solano County allowing them to remain in their homes and preventing nursing home care placement.¹⁴

MSSP is offered through the Area Agency on Aging Serving Napa and Solano.

Home-Delivered Nutrition

The Home-Delivered Nutrition program provides nutritious meals, nutrition education, and nutrition risk screening to individuals 60 years of age or over who are homebound by reason of illness or disability, or who are otherwise isolated. Program goals are targeted to the reduction of social isolation and the promotion of better health through nutrition. Most home-delivered meal programs provide their clients with a hot meal five days a week delivered by staff or

volunteer drivers. The provision of meals to homebound eligible individuals is a vital service which in many cases facilitates the individuals' ability to remain independent and in their own home.¹⁵

There were 410 unduplicated clients in Solano County who received home-delivered meals from Meals on Wheels in 2007.

Adult Day Care

Adult Day Care Centers (ADC) provide a structured environment where older persons can participate in activities designed for social interaction, mental stimulation, physical exercise, and recreation. Day-care centers differ from senior centers in that they are specifically designed to provide the safety and support needed by older persons who are so physically or mentally impaired that they are unable to meet all of their own day-to-day needs or who would be uncomfortable in the less-structured environment of a senior center. ADC serves as a valuable respite for family caregivers who need a break from constant caregiving and can be an important source of care for an impaired older person while his or her caregiver is at work.

There are two licensed Adult Day Care facilities in Solano County: 1) Fairfield Adult Day Program, and 2) North Bay Adult Day Care (specializes in Alzheimer's care). Each of these facilities has been licensed by the California Department of Social Services, Community Care Licensing Division. Non-licensed Adult Day Care is available through the STARS center.

Adult Day Health Care

Adult Day Health Care (ADHC) is a licensed community-based day care program providing a variety of health,



Walter of Fairfield

therapeutic, and social services to those at risk of being placed in a nursing home. ADHC centers provide more extensive health care than other types of adult-day-care centers. ADHC services typically include medical supervision, nursing care, and rehabilitation services, which under some circumstances are covered by MediCal, Medicare, or health insurance. The primary objectives of the program are to:

1. Restore or maintain optimal capacity for self-care to frail elderly persons and other adults with physical or mental disabilities, and
2. Delay or prevent inappropriate or undesirable institutionalization.

The program takes a multi-disciplinary approach stressing partnership between the person, family, physician, and community in working towards maintaining personal independence.

In some situations, individuals already institutionalized may be placed back in the community with ADHC assistance and support services.¹⁶

Solano Adult Day Health Care (SADHC) is the only licensed Adult Day Health Care facility in Solano County. SADHC opened its doors in January 2007.

In-Home Supportive Services

The In-Home Supportive Services Program assists income eligible older adults in paying for services to remain safely in their own home. Services available through IHSS include: housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired.

IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities. Solano County IHSS served 1,473 clients in fiscal year 2006/2007. Of those, 717 were age 65 to 79 years old and 756 were age 80 and older.¹⁷

Faith in Action

Faith in Action is a volunteer-based agency that serves homebound frail seniors and persons with chronic illnesses. Its mission *"is to end the isolation, sustain the dignity, and promote the independence of homebound frail elders, persons with cancer and other chronic illnesses, persons with disabilities, the medically vulnerable and their family caregivers by matching them with trained volunteers who provide non-medical, non-acute in-home support services throughout Solano County."*

Faith in Action provides its services to homebound seniors in three (3) of its five (5) programs:

1. Caregiver Respite Program: The largest of its programs, this county-wide program assists frail seniors by matching them 1-to-1 with a trained

volunteer. Volunteers help in getting groceries and preparing meals, assist by doing household chores and/or yard work, make phone reassurance calls and home visits, provide respite to family caregivers, help in filling out Medi-Cal or other related forms, support to family caregivers, provide referrals and information to other services as needed, and provide door-through-door transportation to medical appointments.

2. Ride with Pride Program: Volunteers in this program, which presently serves Vacaville, Fairfield, Dixon and Suisun, shuttle seniors who no longer drive to medical and social service appointments as well as to other destinations such as senior centers, banks, pharmacies, or hair salons.
3. Senior Peer Counseling Program: A countywide program, this program provides 1-to-1 peer counseling to homebound seniors who may be experiencing minor bouts of depression or anxiety stemming from long-term isolation or from managing ongoing illness. The program also provides support in a group setting for non-homebound seniors.

Approximately 325-350 seniors on average are enrolled in Faith in Action's programs. In 2007, Faith in Action served more than 550 unduplicated seniors. The agency's volunteer pool is comprised of approximately 100 volunteers. There are no eligibility requirements; no one is turned away for lack of funds.

Residential Care Facilities

While some older adults may choose to move into a residential care facility for the convenience and luxury some of those facilities provide, others may not have the choice. Residential Care Facilities for the Elderly (RCFE) include a variety of options and a continuum of care. Broadly defined, RCFE provide care, supervision and assistance with activities of daily living, such as cooking, bathing, and grooming. They may also provide incidental medical services under special care plans such as medication management. RCFE can range in size from six beds or less to over 100 beds. Descriptions on the various RCFE as posted on the Administration on Aging website follows:¹⁸

Assisted Living Facilities (ALF)

Assisted living communities are designed for individuals who cannot function in an independent living environment, but do not need nursing care on a daily basis. Assisted living communities usually offer help with bathing, dressing, meals, and housekeeping. The amount of help provided depends on individual need. Many assisted living facilities also have professional nurses and other health care professionals on staff or available on call should a resident require special care. In addition to those who move to ALF due to an increased need for daily living assistance, there are older adults who choose to move into ALFs as a preferred lifestyle choice. ALFs offer a host of services (e.g., meals, social outings, hair salons, etc) that can make life easier and more enjoyable.

Board and Care

Board and Care homes are smaller in scale than assisted living facilities. They provide a room, meals, and help with daily activities. Some states will allow some nursing services to be provided, but these homes are not medical facilities. These homes may be unlicensed, and even licensed homes are infrequently monitored by the state.

Nursing Homes

Nursing Homes are one of the most widely recognized types of housing for the elderly. They provide care for individuals who need nursing care without being in a hospital. A doctor supervises this type of care and state boards of health regulate these facilities. Nursing homes also offer short-term and respite care for those whom need rehabilitation care.

Solano County has 170 residential care facilities¹⁹ providing licensed beds. The number of licensed beds by facility type is listed below:

- 2,485 RCFE beds (Residential Care Facilities -Elderly, includes both large communities and smaller -usually 6 bed home types)
- 1,200 Skilled Nursing Facility (SNF) beds (Skilled Nursing Facilities, includes Hospital "transitional/rehab" units with SNF licenses)
- 581 ARF beds (Adult Residential Facilities, usually smaller and not limited to 60+)²⁰

CHALLENGES TO CARE

For healthy older adults with ample income their housing choices are wide and varied. The primary restriction they face is to find senior specific communities that match their needs and interests. However, older adults with declining health may face several challenges.

1. Facility unable to meet the needs of the resident
 - a. Obese patients – Patients who weigh in excess of 350 pounds can be a challenge for SNFs. Special equipment designed for the bariatric (obese) resident may be required. This does not completely eliminate the risk for injury posed to those caring for the bariatric patient. Facilities may be reluctant to accept a bariatric patient, especially if several obese residents already are at the SNF. Although this equipment can be expensive, many insurers do pay all or part of the cost.
 - b. Isolation needs – Infectious conditions (Clostridium Difficile, Noro Virus) and antibiotic resistant organisms are on the increase among the elderly and can pose the risk of an “outbreak” to a SNF. Most of these can be managed by contact isolation but in some cases a private room is required. Isolation comes at a cost to the facility and the facility may be reluctant to occupy a two or three bed unit with just one person. Many facilities are limited in their private bed occupancy.
 - c. Behavior issues – Seniors with advanced stages of Alzheimers or dementia, who walk about or present themselves to be a danger to self or others present a unique challenge to SNFs. Although devices exist to allow for monitoring of wandering residents SNFs risk legal liability if a resident wanders outside the facility or causes harm to self or others. Residents with aggressive or combative behavior can pose a particularly high risk. Appropriate placement may be found out-of-county.
 - d. Decubitus ulcers (bedsores) - Skin breakdown can increase risk for infection, the need for special equipment, nursing care time, and increased cost. Facilities may be reluctant to accept patients with advanced skin breakdown (stage III or IV) as a result. This is particularly true if the facility already has a number of residents with skin breakdown.
2. Patient can not financially pay or clinically stay at the facility
 - a. Financially pay – Patients who are at a SNF for short-term skilled medical care may have their care financed through Medicare or another type of insurance. Most insurance companies follow the Medicare guideline of 100 skilled days per benefit period. The first 20 days are covered 100% and the remaining 80 days are covered 80%. Insurance coverage is for skilled services. Once the skilled need no longer exists (e.g., physical therapy is completed, wound is healed, and antibiotics are completed) the benefit comes to an end regardless of number of days left. Residents are then ready for discharge to a lower level of care—home, board and care, assisted living or long term custodial care.

Skilled Nursing Facilities in Solano County

There were 2008 older adults residing in a skilled nursing facility in Solano County at the time of the 2000 U.S. Census.²¹

The table below identifies the SNFs in Solano County, the number of beds available, and if Medicare and MediCal are accepted²². Three SNFs have Alzheimer's

Units. Other SNFs may take Alzheimer's patients even though they are not listed as having an Alzheimer's unit. There are four facilities in Fairfield, two in Vacaville and four in Vallejo.

Nursing Home	Capacity	Alzheimer's Unit	Medical Accepted	Medicare Accepted
Fairfield Facility	99	Yes	Yes	Yes
Fairfield Facility	90	Yes	Yes	Yes
Fairfield Facility	99	No	Yes	Yes
Fairfield Facility	60	Yes	No	Yes
Vacaville Facility	120	No	Yes	Yes
Vacaville Facility	87	No	Yes	Yes
Vallejo Facility	246	No	Yes	No
Vallejo Facility	65	No	Yes	Yes
Vallejo Facility	60	No	Yes	Yes
Vallejo Facility	166	No	Yes	Yes

Summary and Recommendations

Preserving the independence of older adults in this country is a sound economic and social investment. The financial cost of lost independence is staggering. Helping older adults remain in their homes while aging not only saves dollars, it also preserves psychosocial quality of life for the individual. Efforts to facilitate seniors continuing to live in their home will undoubtedly reap huge rewards. Family members and other informal caregivers play an invaluable role in keeping older adults living at home.

Individuals:

1. Consider assessing your home and including universal design features (e.g., non-slip surfaces, lever handles on doors, no-step entry, single floor living accommodations)
2. Engage in and maintain a healthy lifestyle. Chronic diseases can be prevented, postponed, and ameliorated through healthy diet, regular exercise, and avoiding risky behaviors such as smoking
3. If you are a caregiver reach out to the supportive services that exist in your community. Caregiving is a difficult task and can take a toll on your emotional, physical and financial health
4. Volunteer your time to help a home bound older adult or their caretaker. A few hours a week can make a difference in their lives.
5. Support non-profit organizations that help older adults with limited mobility remain in their homes such as Meals on Wheels, Faith In Action, and the Area Agency on Aging

Communities/Governments:

1. Advocate for, and support implementation of, Universal Design elements into new buildings (i.e., houses, apartments, condos, etc) so that individuals can age in place
2. Support services and programs that assist older adults to remain in their communities and live in the homes
3. Promote and advocate for healthy lifestyles to prevent and/or postpone chronic conditions that lead to loss of independence
4. Integrate and/or offer on-site caregiver support services and caregiver education in the workplace for working caregivers
5. Provide education on Family Caregiving for service providers. Health and long-term care professionals and paraprofessionals should receive training regarding the identification and assessment of caregiver needs as well as information about available community resources for caregivers.
6. Conduct public awareness campaigns to promote public recognition and discussion of the prevalence and realities of family care
7. Offer educational programs that help individuals to think about how they will meet their needs for long term care

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- ¹ Guralnik, J., Alexih, L., Brancg, L. G., & Wiener, J. M. *Independence for Older Americans: An Investment for our Nation's Future*, A Report by the Alliance for Aging Research, www.agingresearch.org
- ² *Activities of Daily Living*, National Center for Health Care Statistics, Center of Disease Prevention and Control, <http://www.cdc.gov/nchs/datawh/nchsdefs/iadl.htm>
- ³ *Recognizing and Treating Depression: A Guide to Helping Nursing Home Residents with Depression*, The American Geriatric Society Foundation for Health in Aging, www.healthinaging.org
- ⁴ *Fact Sheet: Woman and Caregiving Facts and Figures*, (2003). Family Caregiver Alliance, <http://www.caregiver.org/caregiver/jsp/>
- ⁵ Guralnik et al
- ⁶ Guralnik et al study adjusted for inflation
- ⁷ Feldman, P., Oberlink, M., Simantov, E., Gursen, M. (2004). *A Tale of Two Older Americas: Community Opportunities and Challenges*, AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older, Center for Home care Policy and Research, <http://www.vnsny.org/advantage/resources.html#report>
- ⁸ The Center for Universal Design, NC State University, http://design.ncsu.edu/cud/quicklinks_ql/qlquicklinks.htm
- ⁹ *Fact Sheet: Selected Caregiver Statistics* (2001). Family Caregiver Alliance, <http://www.caregiver.org/caregiver/jsp/>
- ¹⁰ *Fact Sheet: Woman and Caregiving Facts and Figures*, (2003). Family Caregiver Alliance, <http://www.caregiver.org/caregiver/jsp/>
- ¹¹ *Fact Sheet: Selected Caregiver Statistics* (2001). Family Caregiver Alliance, <http://www.caregiver.org/caregiver/jsp/>
- ¹² *The Older Americans Act, National Family Caregiver Support Program: Compassion in Action*, (2004). U.S. Department of Health and Human Services, Administration on Aging, <http://www.aoa.gov/prof/aoaprogram/caregiver/careprof/proguidance/resources/FINAL%20NFCSP%20Report%20July22,%202004.pdf>
- ¹³ *Family Caregiver Support Program Statistics*, (2007). Area Agency on Aging Serving Napa and Solano
- ¹⁴ *Multipurpose Senior Services Program Statistics*, (2007). Area Agency on Aging Serving Napa and Solano
- ¹⁵ *Older Americans Act Title Iii C-2 – Home-Delivered Nutrition Program Description*, California Department Of Aging, <http://www.aging.ca.gov/stats/documents/HomeDeliveredMeals08-09.pdf>
- ¹⁶ *Adult Day Health Care*, California Department of Aging, <http://www.aging.ca.gov/programs/adhc/adhc.asp>
- ¹⁷ *In-Home Supportive Services Statistics*, Solano County Public Authority
- ¹⁸ Administration on Aging, U.S. Department of Health and Human Services, http://www.aoa.gov/eldfam/Housing/Housing_Services/Assisted_Living.asp
- ¹⁹ Community Care Licensing, retrieved July 9th, 2007
- ²⁰ Ombudsman Services of Northern California, June 2007
- ²¹ 2000 U.S. Census
- ²² California Advocates for Nursing Home Reform, http://www.canhr.org/NH_Data/data_html/SolanoCo.html

Safety

Leading Cause of Injury

**Crimes Against the
Elderly**

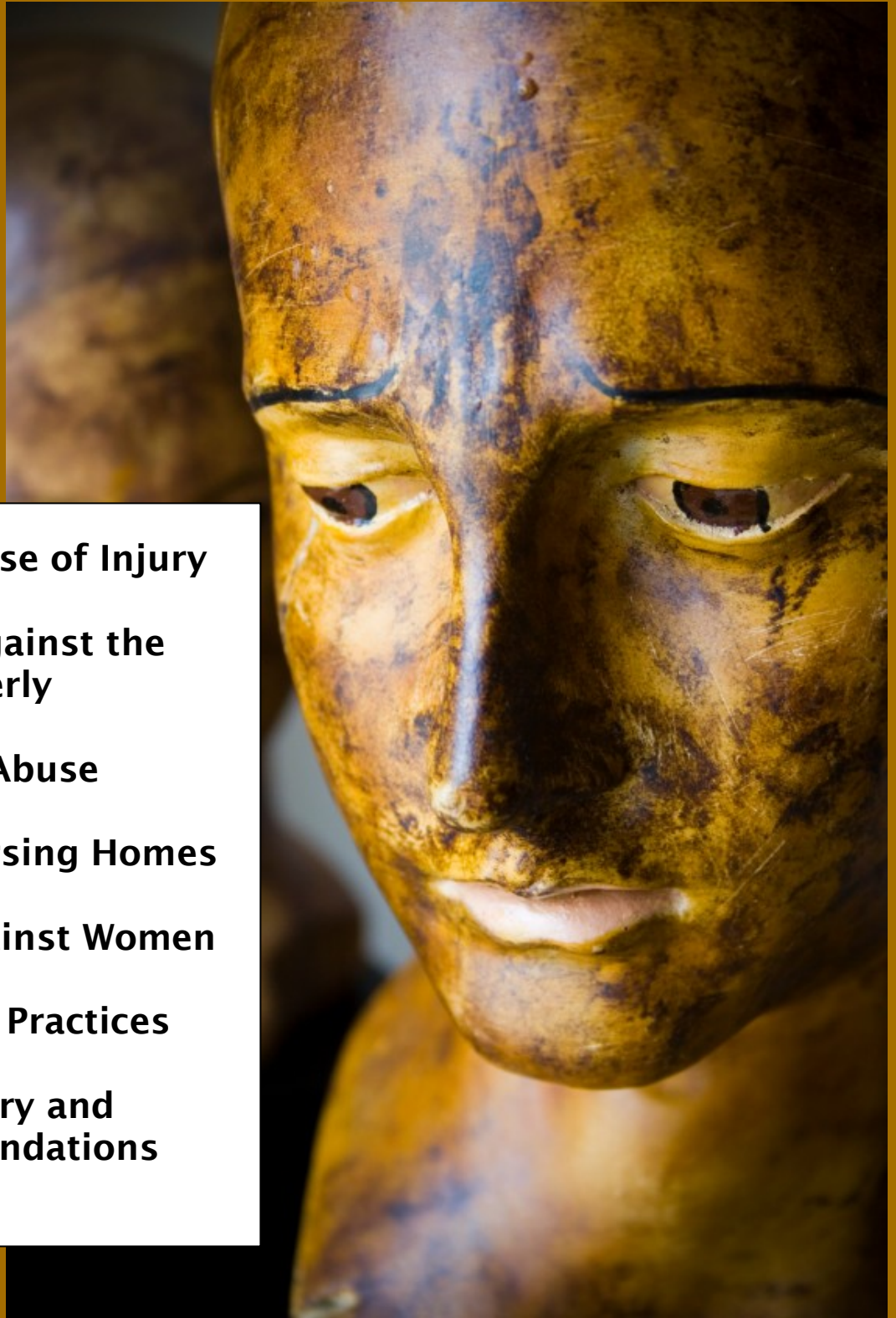
Elder Abuse

Abuse in Nursing Homes

Violence Against Women

Promising Practices

**Summary and
Recommendations**



Leading Causes of Injury

The top three fatal injuries for older adults across California¹ and the nation² are: falls, motor vehicle related (i.e., death that results from being an occupant in a vehicle, or being a pedestrian or cyclist struck by a vehicle), and suicide. Falls are by far the leading cause of injury-related death for older adults throughout the country and the leading cause of non-fatal injuries.³

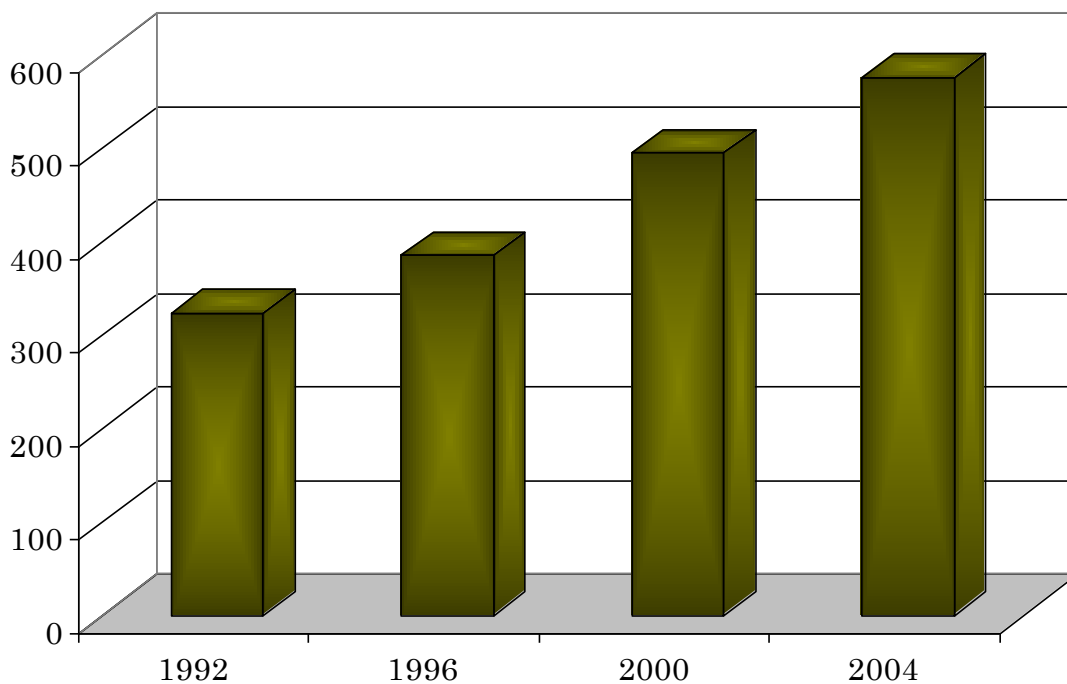
The top three fatal injuries in Solano County between 2002 and 2004 for older adults were:

1. *Falls - 39*
2. *Motor vehicle - 21*
3. *Suicide - 17*

The top three leading causes of nonfatal hospitalized injuries for older adults in Solano County between 2002 and 2004 were:⁴

1. *Falls - 1,648 hospitalized injuries due to falls*
2. *Poisoning (unintentional) - 116*
3. *Motor Vehicle Occupant - 58*

Non-Fatal Falls for Older Adults in Solano County



Falls: The Leading Cause of Injury

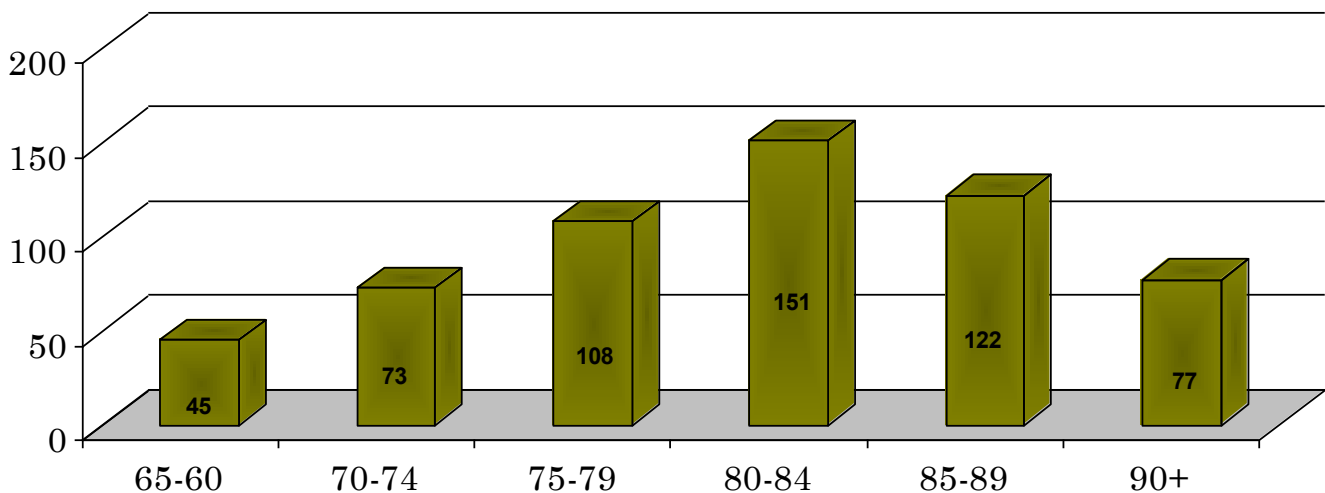
Falls are the leading cause of fatal injuries and non-fatal hospitalized injuries among older adults. Older adults are particularly vulnerable to injury and death as a result of falling. Up to 30% of older adults who fall suffer moderate to severe injuries such as contusions, hip fractures, or head traumas.⁵ A fall for a senior which results in a hip fracture can lead to marked functional decline within the year following the fracture.⁶ Older adults who fall frequently develop a fear of falling and limit their activity leading to isolation, depression and/or further physical decline due to inactivity.

The average cost of a fall related hospitalization for seniors (60 and over) in Solano County was \$36,896.83.⁷

This average does not reflect costs associated with falls not resulting in admission to the hospital (e.g., ER visit but no admission). It also does not include the long-term costs to the community due to Emergency Medical Services (EMS) response, In-Home Supportive Services, and/or long-term care that results from admission to a nursing home. Between 1991 and 2004 there were 6,298 falls that resulted in hospitalized injuries and 122 fatalities.

In 2005, 533 non-fatal falls resulted in hospitalized injuries accounting for 70% of all hospitalized injuries in older adults.³

576 Non-Fatal Falls by Age in 2004



Falls: Contributing Factors and Prevention

Falls in Solano County, 2004

- 18 fatal falls in 2004
- 576 Hospitalized non-fatal fall related injuries
- *Mean cost of hospitalization was \$36,896 totaling \$21,252,605*

Contributing Factors

Injury as a result of falling is highly correlated with a person's age and fragility. Environmental hazards, impaired gait, impaired balance, decreased muscle mass, cognitive impairment, diabetes, poor nutritional status, poor functional mobility, and visual difficulties contribute to the risk of falling.⁸ With proper measures and education, older adults should be able to safely maintain their independence longer by reducing the risk of falls.

Prevention

Fall prevention programs have been shown to successfully reduce the risk of

falling.⁹ Fall assessments can be utilized to identify older adults who are at risk of falling and a plan to mitigate the risk factors implemented.

The City of Vacaville, with support from the Father's House, launched a Senior Home Improvement Program (HIP) in 2007. This successful program makes safety improvements to the homes of citizens with age related disabilities, reducing the likelihood of falls. The Center for Disease Control and Prevention recommends five simple things a person can do to reduce the risk of falls:¹⁰

1. Regular exercise
2. Medications reviewed by health care provider
3. Vision check
4. Improved lighting
5. Home Improvement (e.g., remove obstacles such as area rugs, install hand grab bars)

Our Most Vulnerable Population

People 75 years and older are the ones most vulnerable to falls, are 4-5 times more likely to be admitted to a long-term care facility for a year or longer due to falling, and suffer the highest mortality rates across the nation as a result of falls.

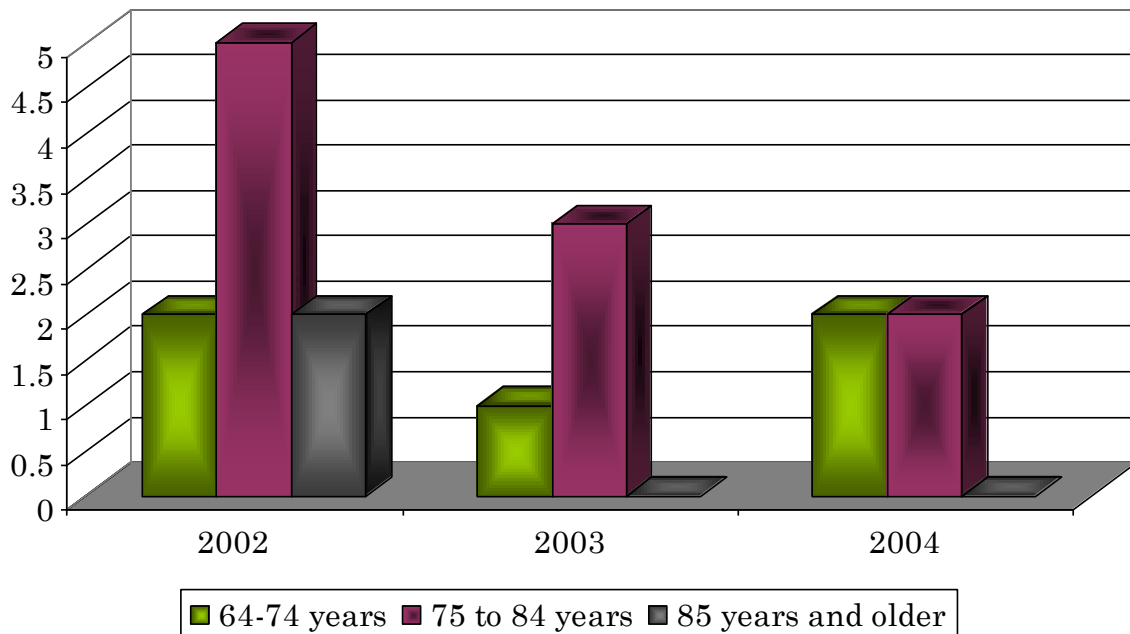
Center of Disease Control

Suicide Among the Elderly

Suicide is the leading cause of fatal injuries for older adults ages 64 to 74 in the State of California. It is the second leading cause of fatal injuries (falls being

the first) for individuals 75 years and older in California.¹¹ In Solano County suicide was the third leading cause of fatal injury between 2002 and 2004.

Suicide Among Older Adults in Solano County between 2002 and 2004



Some Facts About Suicide and the Elderly

Older Americans are disproportionately likely to die by suicide.

- Although they comprise only 12% of the U.S. population, people age 65 and older accounted for 16% of suicide deaths in 2004. The rate of suicide among older adults is 14.3 of every 100,000 compared to 11 per 100,000 in the general population.
- Older adult males, age 75 years and older have the highest rate of suicide (rate 37.4 per 100,000 population).

Risk factors for suicide among older adults include a higher prevalence of alcohol abuse and depression, greater use of highly lethal methods, and social isolation. Older adults make fewer attempts per completed suicide, have a higher male-to-female ratio, have often visited a health-care provider shortly before their suicide, and have more physical illnesses and emotional disorders. Suicide among older adults is a preventable health problem⁹. Adequate mental health resources could impact this problem.

Crimes Against the Elderly

According to the National Crime Victimization Survey (NCVS), persons age 65 or older generally experienced victimizations at much lower rates than younger groups of people, especially for physical and sexual assault related victimization. Older adults experience nonfatal violent crime at a rate 1/20th of that of young persons.¹²

In 2004, the California Department of Justice recorded 29 crimes committed against older adults in Solano County, and 31 crimes in 2005 (see Table 1).

The number of crimes committed against seniors appears to be relatively low according to the Department of Justice statistics. The statistics may not give a clear and accurate picture. Criminal statistics are recorded based on the primary penal code used upon investigation.



When law enforcement responds to an assault case, the primary crime may be coded as an assault and battery with a secondary crime being “elder and dependent adult abuse.” The elder abuse crime then, for the sake of statistical reporting, is buried beneath the primary code.

There is a disparity between the number of crimes recorded against the elderly and the number of substantiated elder abuse cases through Adult Protective Services.

Table 1. Crimes Against the Elderly in Solano County

Year	Homicide	Forcible Rape	Robbery	Aggravated Assault
2004	1	1	13	14
2005	5	3	7	16

Table 2. Arrests for Elder Abuse Offenses in 2004¹³

Year	Total	Felony	Misdemeanor
2004	13	7	6

Elder Abuse

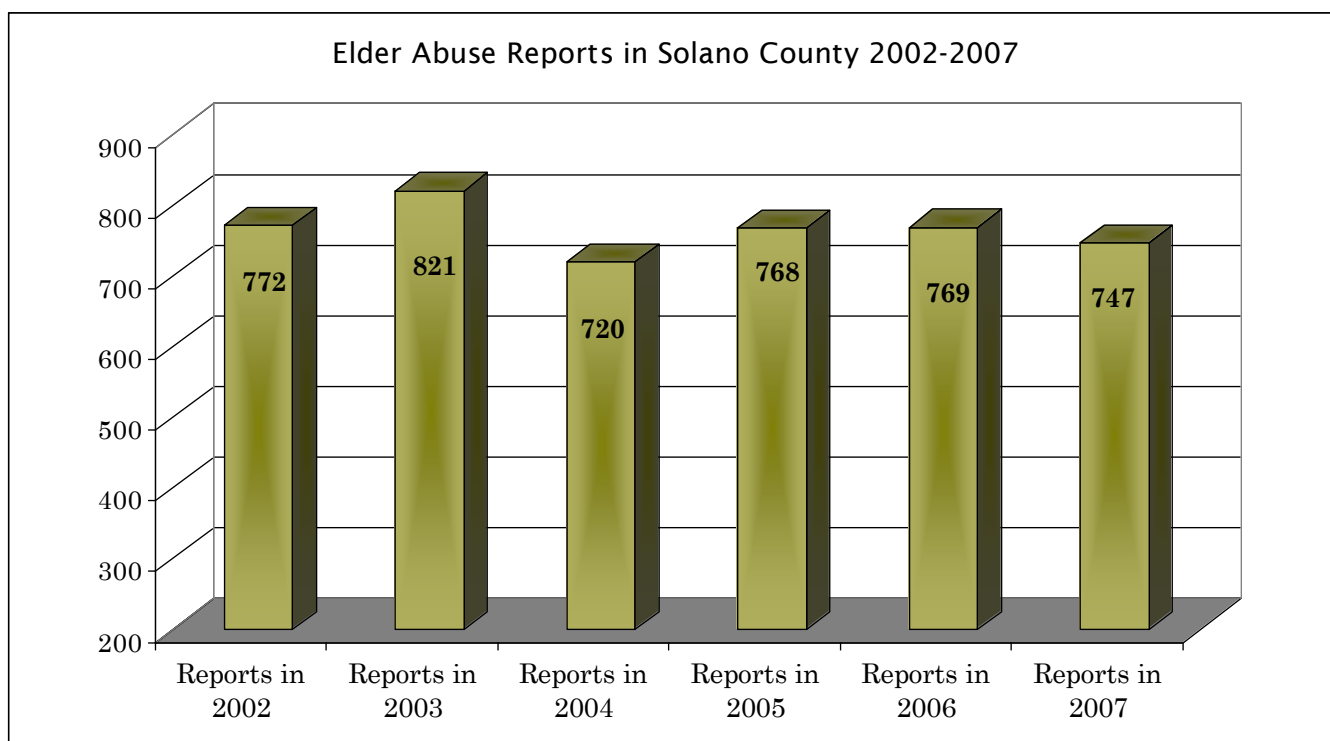
Elder abuse, often “hidden beneath the shroud of family secrecy”, is a severe and prevalent problem¹⁴ extending beyond what State and Federal agencies have been able to capture. An estimated 1 to 2 million older Americans have been abused, exploited or neglected by someone they trusted.¹⁵

Elder abuse is known to affect hundreds of thousands of older adults each year throughout the United States. It is estimated that for every reported case of elder abuse and neglect there are five cases that go unreported.¹⁶ Elder abuse is often perpetrated by family members and caregivers although there is a growing

problem of predatory financial abuse by unrelated individuals and businesses.

According to the California Department of Social Services, the statewide number of abuse reports grew by 23% from 2001 to 2006. Elder abuse has, in all probability, always existed. However, it has only been relatively recently addressed as a major societal problem.

The chart below depicts the number of Elder Abuse reports received by Solano County Adult Protective Services in the years 2002 through 2007.¹⁷



Adult Protective Services

Adult Protective Services (APS), in the State of California, was not fully funded until 1999 when the California Legislature enacted laws for its support. Adult Protective Services refers to preventive and remedial activities performed on behalf of elders and dependent adults who are unable to protect their own interests.¹⁸

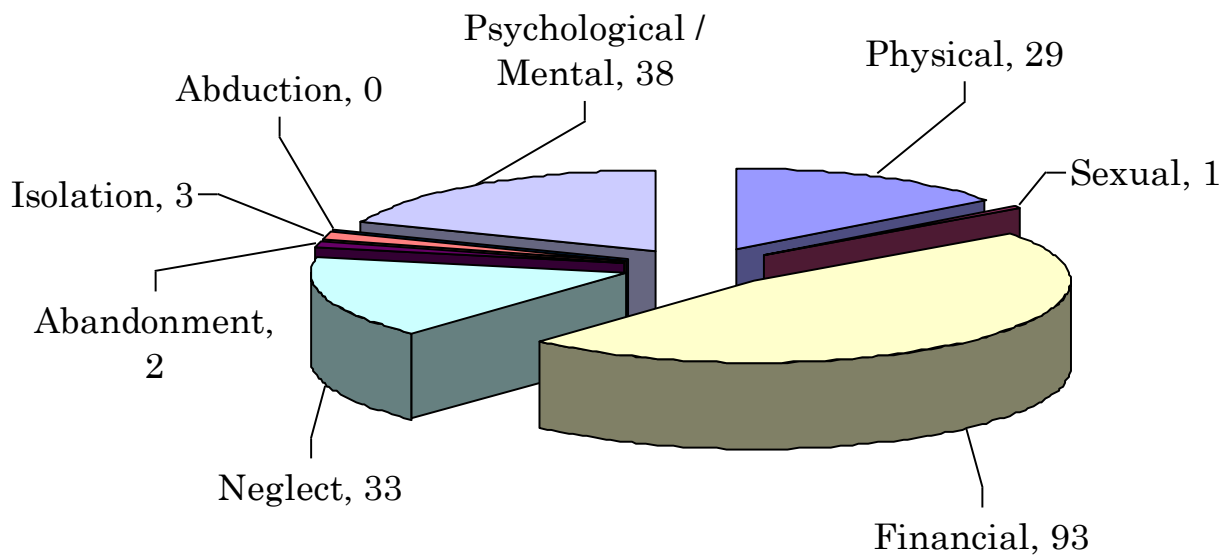
Abuse of an older adult refers to:
(a) the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment resulting physical harm, pain, or mental anguish;

or

(b) the willful deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish or mental illness.¹⁹

In 2007, Solano County APS investigated 747 reports of suspected elder abuse. They found 266 confirmed cases of self-neglect and 199 cases of abuse and/or neglect perpetrated by others against seniors, an increase of 58 counts of abuse from 2006. Financial abuse was the leading form of abuse followed by psychological/ mental, neglect, and physical abuse.

Confirmed Cases of Elder Abuse by Others Solano County 2007



Types of Elder Abuse in Domestic Settings

The National Center on Elder Abuse identified six major categories of elder abuse:

- Physical abuse
 - Sexual abuse
 - Emotional or psychological abuse
 - Neglect (including self-neglect)
 - Abandonment
 - Financial abuse
-

Highlights of the National Elder Abuse Incidence Study

- Approximately 450,000 older adults in domestic settings were abused and/or neglected in 1996. The number increased to 551,000 when self-neglect data was included.
- Older women are abused at a higher rate than older men.
- The oldest seniors, age 80 and over, are abused and neglected at two to three times their proportion of the elderly population. They accounted for over half the reports of neglect (52%), 48% of financial/material abuse, 44% of physical abuse, and 41% of emotional/psychological abuse.
- Family members (i.e., adult children or spouses) were responsible for two-thirds of the elder abuse and neglect cases.
- Nearly 90% of all elder abuse and neglect incidents occurred with someone known to the victim.
- Elders who are unable to care for themselves were more likely to suffer from abuse.
- Victims of self-neglect are often depressed, frail, or have memory problems.

These findings are consistent with California's "*A Day in the Life of APS*" project conducted in 2004.

(Note: the term "incidence" refers to the number of new cases occurring over a specific period of time).

National Elder Abuse Incidence Study, (1998). National Center on Elder Abuse,
http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/AbuseReport_Full.pdf

Financial Abuse

All forms of abuse are devastating for elderly persons and financial abuse is no exception. It is estimated 40% of all elder abuse in this country involves some form of financial exploitation.

Financial abuse accounted for 46% of abuse cases in Solano County in 2007.

Financial abuse is a growing concern and laws have been enacted to protect seniors and their assets from potential abuse. Nearly 70% of the nation's household net worth belongs to people over the age of 50.²⁰

A study conducted in 2002 by the California Department of Corporations, Seniors Against Investment Fraud (SAIF) Program found that:²¹

- Over 70 percent of people age 50 and over have been approached in a fraudulent manner
- Financial losses through investment scams targeted at the elderly are ten times greater than any other form of consumer fraud
- On average an older victim of investment fraud loses between \$12,500 - \$25,000

Financial abuse has calamitous consequences for older adults. The loss of assets, sometimes a person's entire savings, cannot be easily replaced. Many older adults spent a lifetime gathering and saving for their retirement.



The loss of that savings can result in: loss of independence, security, trust, and increased stress, social isolation, and dependency on family and/or social welfare programs for their support. Further, victims of financial abuse often become fearful which leads to significant changes in their lifestyle and quality of life. In some cases, financial abuse has led to depression, hopelessness, premature death, and suicide.²²

Older white women who live alone, and individuals who are 80 years old and older are considered to be the most likely victims of financial abuse.

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## **Mandated Reporting**

Effective January 1<sup>st</sup> 2007, Senate Bill 1018 mandates financial institutions to report suspected elder financial abuse to the local authorities. This new law is a step in the right direction in protecting seniors.

## Promising Practices: Financial Abuse Specialty Team

The Area Agency on Aging Serving Napa-Solano wrote a grant to the Archstone Foundation to fund the development of a Financial Abuse Specialty Team (FAST) for Solano County. The primary purpose of FAST is to assist financially abused older adults in recovering lost assets, preventing further loss and future occurrences, and improving the quality of life for seniors. FAST is a collaborative team of financial experts who consult on complex cases and matters of financial elder abuse.

***Since its inception in 2006, the FAST team has been instrumental in recovering and preserving approximately \$18 million in assets for older adults living in Solano County.***

The goals of FAST are:

1. To improve early identification and timely, effective and culturally competent intervention of financial abuse
2. To increase community awareness and knowledge of financial abuse
3. To improve systems, legislation and policies related to financial abuse
4. To improve access to information about community trends and patterns of abuse
5. To enable successful elder financial abuse prosecutions

*Older adults are being aggressively targeted by professional predators through the internet, mail, phone, home visits, and free “financial seminars” specifically tailored to large groups of seniors. In addition to “professionals,” predators are also likely to include friends, caregivers and even family... The major deterrent from fraud victimization is through awareness, prevention, and education. Unless seniors are armed with the educational tools necessary to actually spot, stop, and avoid financial exploitation, their chances of falling prey and being victimized are extremely high, if not inevitable... It has been demonstrated that financial elder abuse crimes can be curtailed through the rigorous implementation of education and enforcement activities, and statewide initiatives.*

Elder Financial Abuse Task Team Report  
to the California Commission on Aging

# Abuse in Nursing Homes and Board and Care Facilities

The long-term care Ombudsman programs investigated 20,673 reports of abuse, neglect, and exploitation of older adults in nursing homes and board and care facilities across the nation in 2003.<sup>23</sup> It is estimated that more than 132,000 older Californians are abused in nursing homes each year.<sup>24</sup>

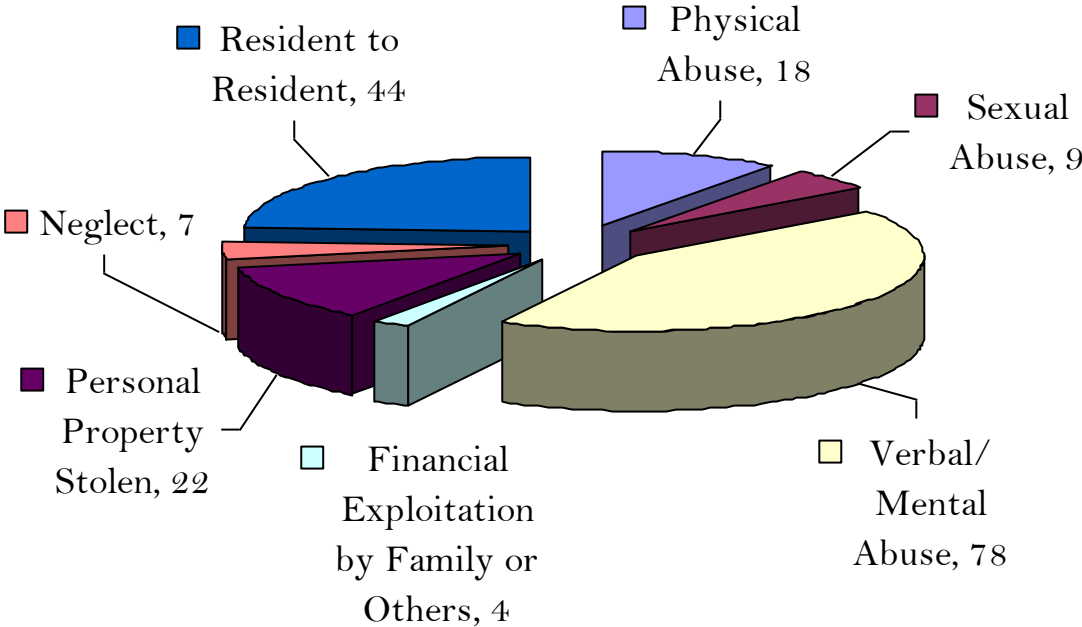
In 2006, 182 complaints were filed with the long term care Ombudsman in Solano County. Four of those complaints

were for financial abuse from family members or others outside of the facility. Forty-four complaints pertained to resident-to-resident abuse.

The remaining 134 complaints were in regards to alleged abuse and neglect by facility caretakers and staff.<sup>25</sup>

Seventy-eight of the complaints filed through Ombudsman were confirmed through investigation.

### Complaints of Abuse in Nursing Homes and Board and Care Facilities in Solano County, 2006



# Violence Against Women

Violence against women is as old as the centuries. The number of women who are beaten, sexually assaulted or killed in this country and across the world is staggering. Nearly one of three women has been physically and/or sexually assaulted in her lifetime.<sup>26</sup> Husbands and boyfriends perpetrate 21% of all violent crimes against women.<sup>27</sup>

Intimate partner violence (IPV), also referred to as domestic violence, is characterized in the media as phenomena associated with younger populations. IPV is not gender specific. It is perpetrated against both males and females and in heterosexual and homosexual relationships.

Violence against women over the age of 65 has been traditionally addressed as an elder abuse issue.

*“The ‘Elder Abuse’ label reflects a societal predisposition to homogenize older people by not taking into account individual differences, including gender.”<sup>28</sup>*



Contrary to popular belief, studies have revealed that IPV exists in later life. One study surveyed a random sample of older adult women and found that 26.5% of them had experienced IPV at some time in their life, and many of them reported more than 20 episodes of violence. Of the respondents 3.5% of them had experienced IPV within the last five years and 2.2% of them experienced IPV within the last year.<sup>29</sup> Other studies have found similar results.<sup>30</sup> Many older victims of IPV reported abuse has occurred across their lifetime and they added that their generation did not “*air the dirty laundry*”.

*The realities of the lives of many older women are lost when age alone becomes the focus and central element of an issue of abuse and neglect common to both men and women. The fact is that older women may experience abuse at the hands of their partners throughout life.*

*Should age, and not the act or the relationship between the perpetrator and victim, determine whether the violence is identified as elder abuse or violence against women? A woman who has been physically abused during her marriage does not become a victim of elder abuse at the age of sixty five. While it may be relevant to know that the victim is an older woman, that does not change the nature of the violence.*

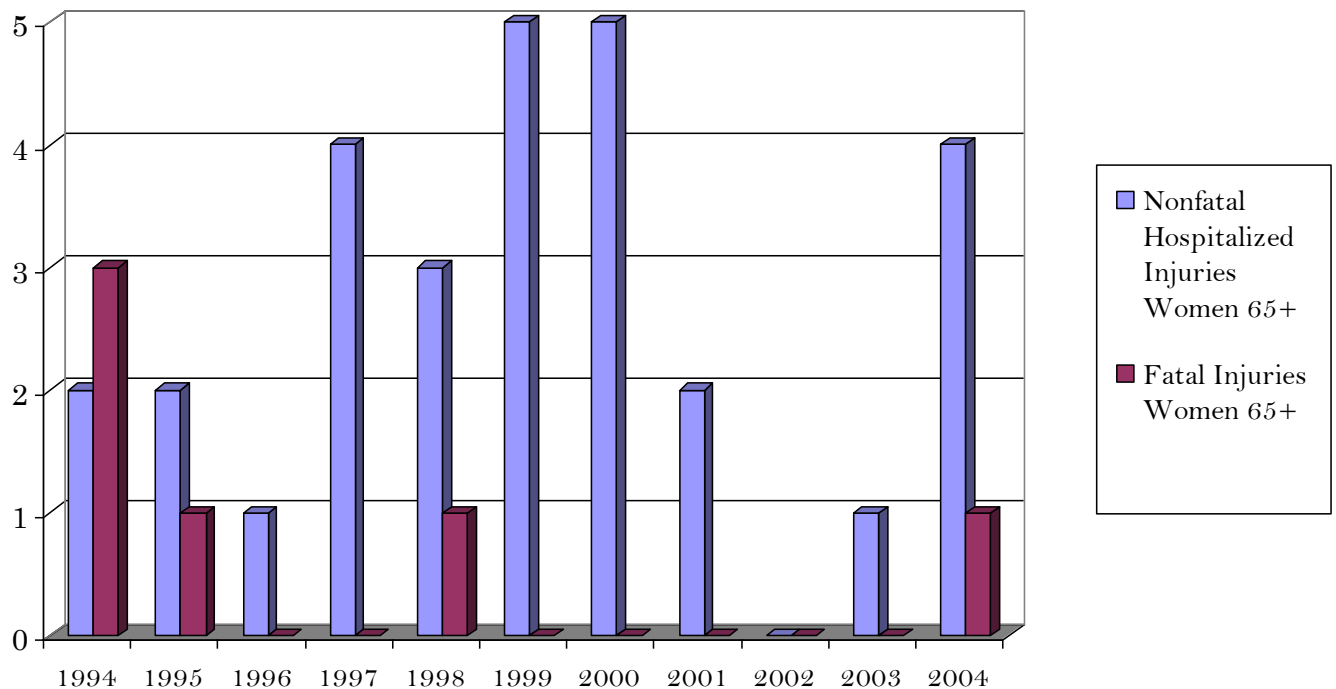
Jill Hightower, President  
British Columbia Coalition to Eliminate Abuse of Seniors and  
Vice-Chair of the British Columbia Institute Against Family Violence

# Violence Against Women in Solano County

Two response systems, Adult Protective Services and domestic violence shelters/programs (DVS), differ in philosophy and approach. This may be to the detriment of older women who are victims of IPV. DVS are tailored to serve women of child bearing age almost to the exclusion of older women. DVS provide shelter, crisis intervention, safety planning, counseling, advocacy and peer support groups - services that might benefit older women. DVS shelters are designed to house women with children and in general do not accommodate the needs and issues of elderly women. There is a need for coordinated services between DVS and APS.

In a ten year span from 1994 to 2004 there were 29 non-fatal hospitalizations due to violence against women age 65 and older in Solano County. During that same time frame six women died as a result of violence.<sup>31</sup> It must be noted that the statistics do not reflect the true prevalence of violence. These statistics reflect only those injuries that resulted in admission to a hospital. Injuries that did not result in admission to a hospital, and other forms of abuse are not captured in this data.

Violence Against Older Adult Women  
Solano County 1994-2004





*Where, after all, do universal  
human rights begin?*

*In small places, close to home - so close  
and so small that they cannot be seen on  
any maps of the world. Yet they are the  
world of the individual person; the  
neighborhood he lives in; the school or  
college he attends; the factory, farm, or  
office where he works. Such are the  
places where every man, woman, and  
child seeks equal justice, equal  
opportunity, equal dignity without  
discrimination. Unless these rights have  
meaning there, they have little meaning  
anywhere. Without concerted citizen  
action to uphold them close to home, we  
shall look in vain for progress in the  
larger world.*

Eleanor Roosevelt



## Promising Practice: Elder Death Review Team

An Elder Death Review Team (EDRT) was created in Solano County in 2006. The EDRT is an interagency team of professionals who work together to review deaths associated with suspected elder abuse or neglect. The goal of the EDRT is to improve coordination and delivery of services to prevent incidents of and deaths as a result of elder abuse and neglect. Elder Death Review Teams are statutorily authorized to exist through California Penal Code Sections 11174.4 through 11174.9. In 2006 the Solano County EDRT, led by the Office of Family Violence Prevention and the Coroner's office, reviewed six cases, five occurring during the year of 2006 and one from a previous year.

## Summary and Recommendations Injuries to Older Adults

Physical well-being and functioning is compromised when older adults become injured. For many, an injury leads to social isolation and inactivity as the person recovers. For others, injury is the first stage of imminent decline. Preventing injuries helps older adults maintain an active, healthy and independent lifestyle.

Falls are the leading cause of fatal and non-fatal injuries for older adults in Solano County costing on average \$36,896 per fall. Some falls are also highly preventable. Suicide, motor vehicle related injuries and poisoning are likewise preventable.

### Recommendations:

- Support, develop and implement a Fall Prevention program for older adults in Solano County
- Promote public education on suicide prevention
- Support mental health programs and services for older adults
- Review and improve traffic safety including cross walks
- Encourage gait and balance assessments
- Encourage home safety checks
- Encourage health professionals to help seniors to prescribe to safe, healthy, active living to avoid premature decline and loss of independence
- Encourage health professionals to incorporate fall prevention practices into their interactions with senior citizens



Although seniors, like people from all age groups, are the victims of crime and abuse, seniors also contribute to the solution of violence in our community. Elaine and Warren Rairden are an example of such persons. Elaine, age 73, was recently given the Unity Award for Outstanding Citizen by the LIFT 3 Support Group at their *A Community Stitched Together Event*. After 43 years working in the business world, Elaine retired and became a full-time volunteer. Her volunteer work has included, but is not limited to: Christian Help Center and Reynaissance Family Center in Vallejo, the Family Violence Prevention team through Kaiser, citizen volunteer in the Violence Against Women Unit of the Vallejo Police Department, former Chair of the Solano Partnership Against Violence, and member of the Vallejo Victims Right Network. Warren is in his eighth year as a volunteer for the Vallejo Police Department.

- Encourage Fire Departments to do “walk-throughs” for safety
- Recommend that Universal Design elements are incorporated into city and county general plan

## Crimes Against the Elderly and Elder Abuse

Violence and abuse are an unfortunate and tragic reality in our country that spans across generations, gender, ethnicity, and socioeconomic status. Those who are most vulnerable are the ones most preyed upon: children, developmentally disabled, women and the elderly. It is our responsibility as a society to ensure that adequate preventative and enforcement systems are in place. Unfortunately, a lack of data makes quantifying the problem particularly challenging. There is no national database that captures the prevalence and incidence of elder abuse.<sup>1</sup> Moreover, since elder abuse often involves the family, it is highly likely that the number of cases that come to the attention of the authorities is just the tip of the iceberg. Family violence is cloaked in secrecy whether it is child abuse, intimate partner violence or elder abuse. Regardless of the type of abuse, consequences are far reaching for older adults. Abuse and violence triggers a cascade of potential problems for the older adult often leading to fear, depression, isolation, and decline.

### Recommendations:

- Improve data collection and reporting on the incidence of crimes committed against the elderly and elder abuse
- Support law enforcement training pertaining to use of penal codes and appropriate documentation of elder abuse
- Support enhanced criminal penalties for violence against the elderly
- Ensure nursing home and board and care compliance with nursing home reform laws<sup>32</sup>
- Advocate for and support promising practices for the prevention and intervention of elder abuse
- Provide continued and increased support for the Financial Abuse Specialty Team (FAST)
- Support the continued funding of Adult Protective Services (APS)
- Provide Post training for law enforcement officers on elder abuse including financial abuse
- Provide Post training for law enforcement on how to assess mental capacity
- Support community based domestic violence shelters/programs (DVS) to ensure safe, accessible and appropriate services are in place for older victims of intimate partner violence
- Provide cross training between APS and domestic violence services to ensure that older women are adequately supported to become safe
- Encourage coalition building between APS, DVS and law enforcement
- Reach out to older women by disseminating information about domestic violence in later life and the resources available to serve them through senior centers, home services,

health clinics, libraries and civic associations

- Educate the community about violence against women and violence against the elderly
- Encourage the collaboration of services between domestic violence

shelters and services and Adult Protective Services

- Display information on domestic violence and older adults in senior centers, doctors offices, and other places where older adults frequent. Include resources for older victims of family violence

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<sup>1</sup> *Serious Injury Among Older Californians*, (2000). Epidemiology and Prevention for Injury Control (EPIC) Branch California Department of Health Services, <http://www.applications.dhs.ca.gov/epicdata/>

<sup>2</sup> *Injury Deaths by Selected Mechanism and Intent, Trends in Health and Aging*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Health Statistics, <http://www.cdc.gov/nchs/products/pubs/pubd/hus/injury.htm>

<sup>3</sup> *Activity Report* (2001), Centers for Disease Control's Unintentional Injury Prevention Program, [http://www.cdc.gov/ncipc/pub-res/unintentional\\_activity/02\\_effects.htm](http://www.cdc.gov/ncipc/pub-res/unintentional_activity/02_effects.htm)

<sup>4</sup> California Department of Health Services, EPIC Branch, Vital Statistics Death Statistic Master File, <http://www.applications.dhs.ca.gov/epicdata/>

<sup>5</sup> *Falls Among Older Adults: An Overview*, Centers for Disease Control and Prevention, <http://www.cdc.gov/ncipc/factsheets/adultfalls.htm>

<sup>6</sup> Morley, J. E. (2002). *A Fall is a Major Event in the Life of an Older Person*, *Journal of Gerontology: Medical Sciences*, Vol. 57A, Number 8, 492-495

<sup>7</sup> *Patient Discharge Data*, California Department of Health Services, EPIC Branch, California Office of Statewide Planning and Development, <http://www.applications.dhs.ca.gov/epicdata/>

<sup>8</sup> Morley, J. E. (2002). *A Fall is a Major Event in the Life of an Older Person*, *Journal of Gerontology: Medical Sciences*, Vol. 57A, Number 8, 492-495

<sup>9</sup> Morley, J. E. (2002). *A Fall is a Major Event in the Life of an Older Person*, *Journal of Gerontology: Medical Sciences*, Vol. 57A, Number 8, 492-495

<sup>10</sup> *Falls Among Older Adults: An Overview*, Centers for Disease Control and Prevention, <http://www.cdc.gov/ncipc/factsheets/adultfalls.htm>

<sup>11</sup> California Department of Health Services, EPIC Branch, California Office of Statewide Planning and Development, <http://www.applications.dhs.ca.gov/epicdata/>

<sup>12</sup> *Criminal Justice Statistics*, California Department Of Justice Criminal Justice Statistics Center, <http://ag.ca.gov/cjsc/>

<sup>13</sup> *Criminal Justice Statistics*, California Department Of Justice Criminal Justice Statistics Center, <http://ag.ca.gov/cjsc/>

<sup>14</sup> *Types of Elder Abuse in Domestic Settings*, National Center on Elder Abuse, Elder Abuse Information Series Number 1

<sup>15</sup> *Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America*, (2003). Washington D.C. National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect

<sup>16</sup> *Elder Abuse Prevalence and Incidence Fact Sheet* (2005). National Center on Elder Abuse, [http://www.aoa.gov/eldfam/Elder\\_Rights/Elder\\_Abuse/ABuseReport\\_Full.pdf](http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/ABuseReport_Full.pdf)

<sup>17</sup> Office of Attorney General, <<http://safestate.org/statreports/>>

<sup>18</sup> Okwuosa, C. U. (2005) *California Statewide Guidelines For Legal Assistance*, <[http://www.aging.ca.gov/PM/PM05-19\(P\)/legal\\_assistance\\_guidelines.rtf](http://www.aging.ca.gov/PM/PM05-19(P)/legal_assistance_guidelines.rtf)>

<sup>19</sup> Okwuosa, C. U. (2005) *California Statewide Guidelines For Legal Assistance*, <[http://www.aging.ca.gov/PM/PM05-19\(P\)/legal\\_assistance\\_guidelines.rtf](http://www.aging.ca.gov/PM/PM05-19(P)/legal_assistance_guidelines.rtf)>

<sup>20</sup> Ryder, R. & Jasinski, C. (2005). *Elder Financial Abuse Task Team Report to the California Commission On Aging*

<sup>21</sup> As cited in Ryder, R. & Jasinski, C. (2005). *Elder Financial Abuse Task Team Report to the California Commission On Aging*

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- <sup>22</sup> *Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America*, (2003). Washington D.C. National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect
- <sup>23</sup> *National Ombudsman Reporting System Data Tables*, (2003). Washington D.C., U.S. Administration on Aging
- <sup>24</sup> *Elder Abuse Facts*, (2002). California Attorney General, <http://safestate.org/index.cfm?navId=58>
- <sup>25</sup> *National Ombudsman Reporting System, Solano County Complaints 2006*, data provided by the Long-Term Care Ombudsman
- <sup>26</sup> *The Facts on Domestic Violence*, Family Violence Prevention Fund, [www.endabuse.org](http://www.endabuse.org)
- <sup>27</sup> *Epic Proportions: Violence Against Women in California 1992-1999*, California Department of Health Services, Epidemiology and Prevention for Injury Control Branch, [http://www.dhs.ca.gov/epic/publications/EPICProportions/EP11\\_Violence\\_Against\\_Women.pdf](http://www.dhs.ca.gov/epic/publications/EPICProportions/EP11_Violence_Against_Women.pdf)
- <sup>28</sup> Hightower, J. *Violence and Abuse in the Lives of Older Women: Is it Elder Abuse or Violence Against Women? Does It Make Any Difference?*, <http://www.mail-archive.com/ageingnet@un-instraw.org/msg00016.html>
- <sup>29</sup> Bonomi, A. E., Anderson, M. L., Reid, R. J., Carrell, D., Fishman, P. A., Rivara, F. P., & Thompson, R. S. (2007). *Intimate Partner Violence in Older Women*, *The Gerontologist*, Vol. 47, Number 1, 34–41
- <sup>30</sup> Dunlop, B. D., Beaulaurier, R. L., Seff, L. R., Newman, F. L., Malik, N., & Fuster, M. (2005). *Domestic Violence Against Older Women Technical Report*, Prepared for The National Institute of Justice by The Center on Aging of Florida International University, <http://www.ncjrs.gov/pdffiles1/nij/grants/212349.pdf>
- <sup>31</sup> *Patient Discharge Data*, California Department of Health Services, EPIC Branch, California Office of Statewide Planning and Development, <http://www.applications.dhs.ca.gov/epicdata/>
- <sup>32</sup> *Nursing Home Abuse and California's Broken System*, (2006). A special report by the California Advocates for Nursing Home Reform, [www.canhr.org](http://www.canhr.org)



# Transportation and Mobility

## Mobility

Licensed Drivers

Motor Vehicles

Public Transportation

Volunteer Based  
Transportation

Pedestrian and Cycling  
Safety

Summary and  
Recommendations





*The media often paint an inaccurate, simplistic picture of older drivers. Due to highly publicized - but rare - serious crashes involving older drivers, public discussions focus on taking away older drivers' car keys to improve public safety.*

*The pervasive negative public attitude toward older drivers has been counterproductive, closing off useful conversation about the issue among older adults and their families, friends and healthcare professionals. By simplifying the issue to a drive/no-drive solution, conversations ignore the value of older adults as connected and contributing members of a community. Alternatively, a focus on maximizing older-adult independence and transportation accessibility stands to benefit all members of a community.*

**American Society on Aging**

# Mobility

The ability to move from place to place (i.e., mobility) is fundamental to individual health, social well-being, and overall quality of life for older adults. Mobility is needed to get to doctor appointments, meet basic needs (e.g., grocery shopping), and access a host of social, recreational and religious activities. Mobility fosters independence.

Mobility can be affected by a number of individual factors such as emotional, psychological, physical, and cognitive functioning. The use and/or abuse of certain medications and economic well-being also affect one's ability to travel independently.

Broader community factors come into play as well. For instance, the level of difficulty in accessing appropriate and affordable modes of public transportation impacts a person's mobility. As does the existence or absence of services and resources located

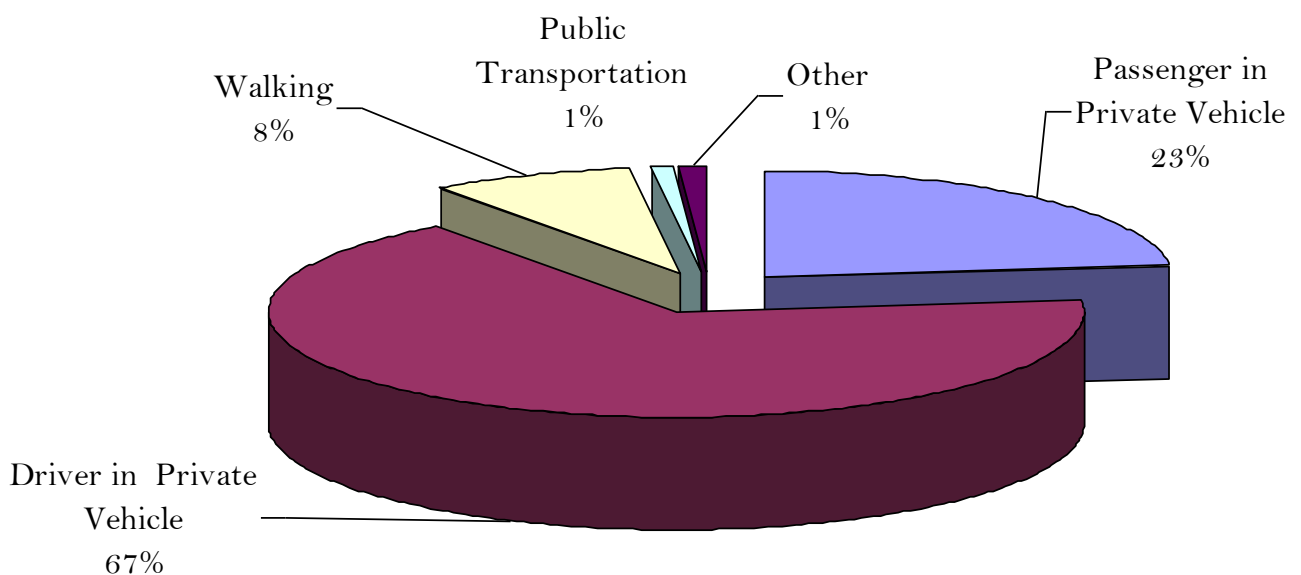
near older adult residences, obstacle-free walkways, and crime-free communities.

Mobility is typically measured by the number of trips a person makes to and from his/her home. When mobility is restricted quality of life for the individual is often diminished. Fewer trips to doctors appointments, shopping, recreational opportunities, and social activities results which can lead to increased isolation and functional decline.

Studies show that the use of the automobile is the preferred and primary mode of transportation for older adults.<sup>1</sup>

The 2001 National Household Travel Survey<sup>2</sup> found that 66% of older adults take trips in a private vehicle, 23% are passengers in a private vehicle, and 8% walk.

**Trips Taken by Persons Age 65 and Older by Selected Mode of Transportation**



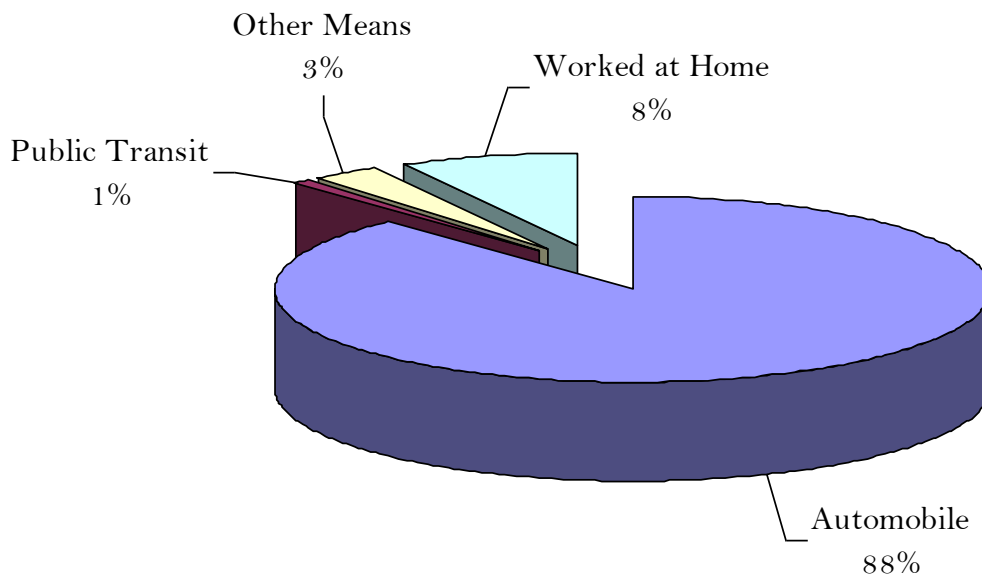
# The Automobile

The automobile has been a primary, if not *the* primary, means of transportation for older adults. One study found that nearly 90% of older adults used a private vehicle as their primary mode of transportation, either as the driver or passenger.<sup>3</sup> Even in urban settings, where public transportation is readily available, older adults consistently chose to use a vehicle instead of public transportation.

In Solano County, 88% of older workers (ages 60 and over) used the automobile as the main method of transportation to commute to and from work in 2006.<sup>4</sup> Studies indicate that as individuals age their use of the automobile declines over time. In a national study on habits, preferences and attitudes of persons ages 75 and older, it was found that 63% avoid driving at night and 51% avoid rush hour traffic.<sup>5</sup>



Method of Transportation to Work by Older Adults in 2006



# Licensed Drivers

Approximately 20% of older Americans, ages 65 and over, do not drive.<sup>6</sup> Many elderly drivers decide on their own to quit driving each year due to various physical and health related conditions. Poor vision, slower reflexes, and declining cognitive functioning are a recipe for disaster when someone is operating a moving vehicle.

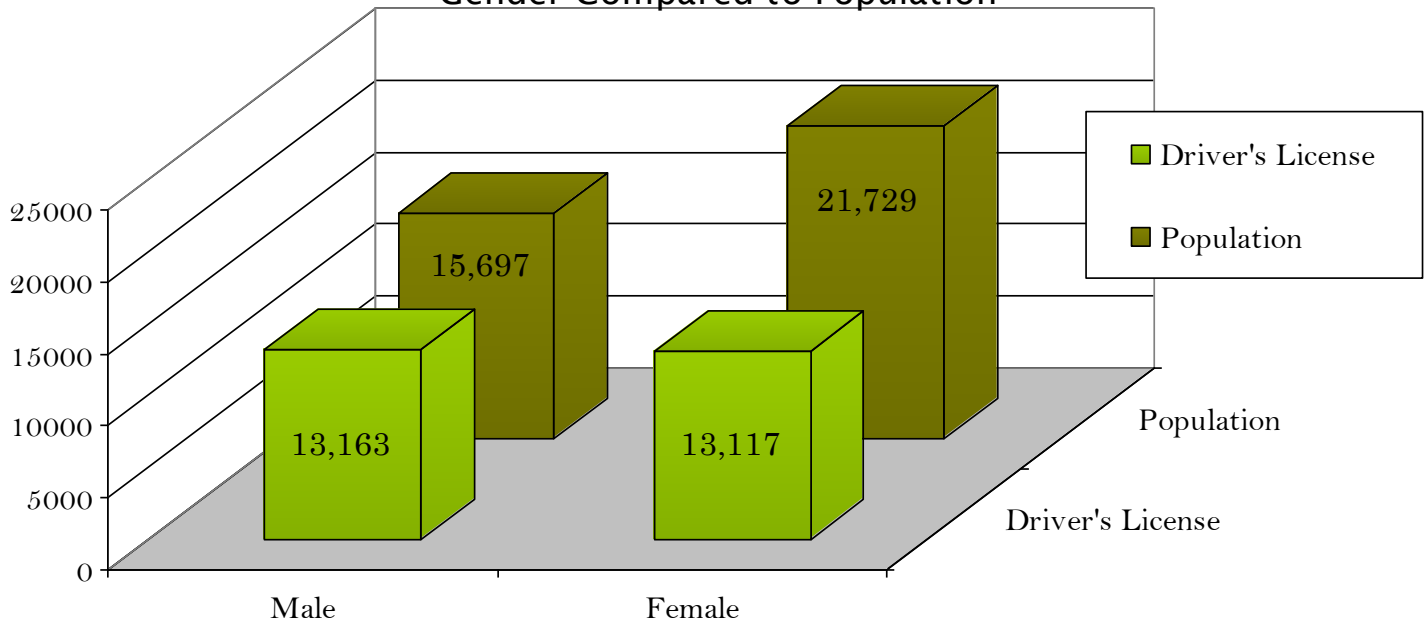
The change in driving behavior differs for men and women. The study found that 88% of men in the 70 to 74 age category were still driving compared to only 70% of women in that same age range. When the elderly reach their mid-eighties, only 54% of the men were still driving compared to 22% of women.

*In Solano County, 11,228 seniors, or 30%, were without a driver's license in 2000.<sup>7</sup>*

Lack of a driver's license is not indicative of a lack of driving, just as possession of a license is not indicative of driving activity. The license renewal timeframes are broad and an older adult may still possess a valid driver's license long after he/she quits driving. Conversely an older adult may continue driving without a valid driver's license.

The number of licensed drivers, age 65 and over, in Solano County increased by 6,076 from 2000 and 2007.<sup>8</sup>

Number of Licensed Drivers Ages 65 and Over in 2000 by Gender Compared to Population



# Licensed Drivers By Age Group

One study found that the percentage of elderly drivers dropped significantly as individuals aged.<sup>9</sup> In Solano County the percentage of licensed drivers was considerably lower for individuals in their 80's than younger age groups. Only 31% of older adults aged 85 and older possess a driver's license.

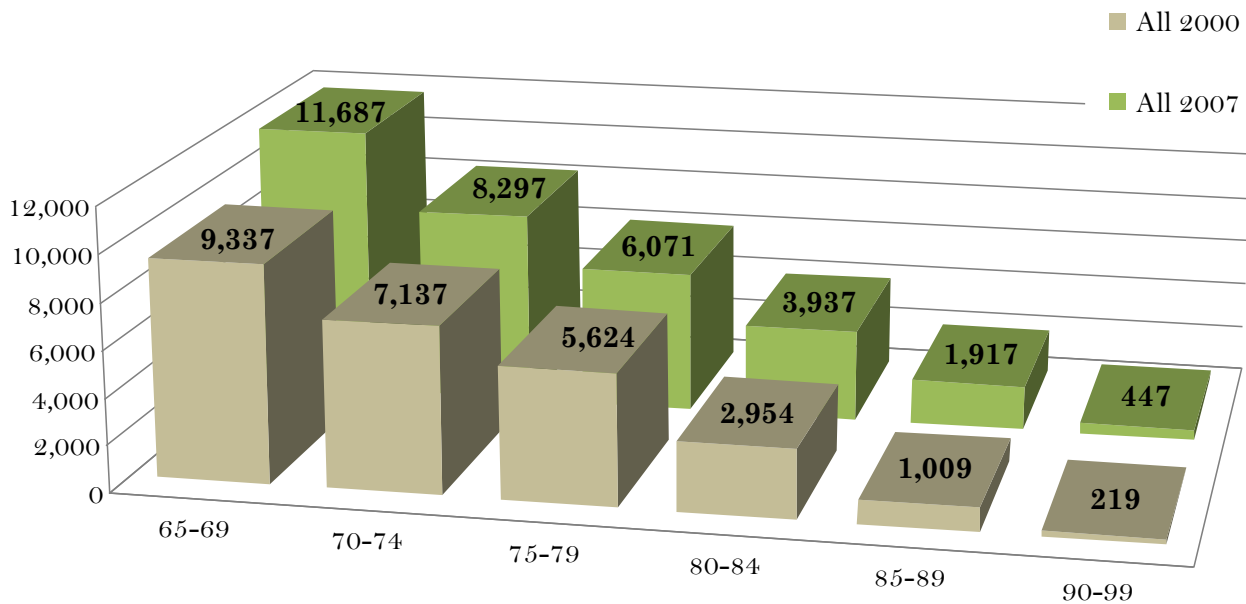
If the percentage of older adult drivers across age groups holds true and the

Department of Finance projections prove accurate then by the year 2020 there will be 22,073 older adults living in Solano County without a driver's license.

The number of older adults without a driver's license jumps to 53,870 in 2050. Of those, 25,428 older adults will be 85 years and older.

| Age Categories | Population 2000 | Licensed Drivers 2000 | Licensed Drivers as a % of Population |
|----------------|-----------------|-----------------------|---------------------------------------|
| 65-69          | 10,988          | 9,337                 | 85%                                   |
| 70-74          | 9,353           | 7,137                 | 76%                                   |
| 75-79          | 8,052           | 5,624                 | 70%                                   |
| 80-84          | 5,226           | 2,954                 | 57%                                   |
| 85+            | 3,949           | 1,228                 | 31%                                   |

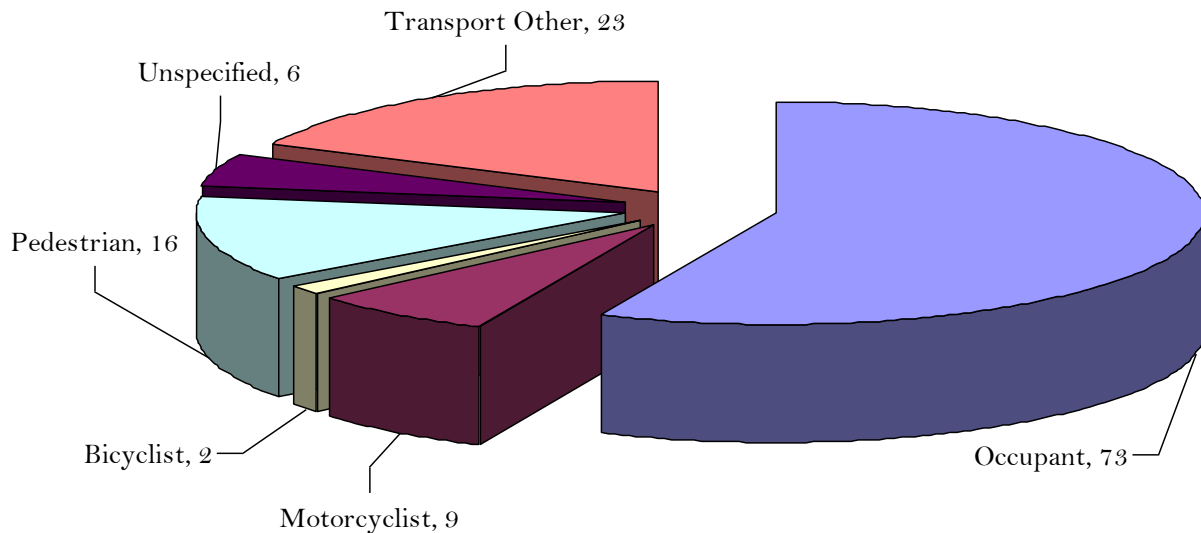
Licensed Older Drivers in Solano County by Age Group and Year



# Motor Vehicle Related Injuries

In 2004, 15 older adults in Solano County suffered from non-fatal hospital injuries associated with motor vehicle accidents.<sup>10</sup> Causal factors are not listed in the data.

Nonfatal Hospitalized Motor Vehicle Related Injuries to Older Adults  
2002-2005



## A Few Facts About Older Drivers

- ☑ Older drivers, 75 and older, are more likely to be killed in a car accident (when controlled for miles driven) even though they account for only 3% of the crashes.\*
- ☑ Older adults accounted for 15% of all traffic fatalities in 2005 and 20% of pedestrian fatalities nationally.\*
- ☑ Over 20% of Americans age 65 and over do not drive.\*\*
- ☑ More than 50% of non-drivers, ages 65 and over, stay home on any given day due, partially, to a lack of transportation options.\*\*
- ☑ Older non-drivers make 15% fewer visits to the doctor's office, 59% fewer shopping trips, and 65% fewer trips for social, family and religious activities.\*\*
- ☑ Half of elderly non-drivers report making two or fewer trips per week\*\*\*
- ☑ Two-thirds of non-drivers rely on family members and friends for rides.\*\*\*
- ☑ Eighty-six percent of non-drivers state that they do not use public transportation.\*\*\*

\* Traffic Safety Facts, 2005, Older Population, National Center for Statistics and Analysis

\*\* Aging Americans: Stranded Without Options, Surface Transportation Policy Project, 2004

\*\*\*Straight, A. (1997). Community Transportation Survey, Public Policy Institute, American Association of Retired Persons, 1997



# Driving Cessation in Older Adults

Driving cessation can have substantial consequences for older adults. It can result in reduced outings, fewer social interactions, loss of perceived freedom and control, and dependency on others or public transportation systems to meet their needs.

Studies have found that older adults, especially males, experience depression when they no longer drive and have decreased activity.<sup>11</sup> It has been well documented that physical and social activity levels promote and sustain health which in turn prolongs independent

functioning and staves off decline. The overall health and well-being of older adults is contingent upon their mobility. Some older adults are fortunate to have family and friends available to drive them to and from appointments.

Relying on others will likely not meet all of the individual transportation needs, especially if the individual is handicapped and in need of special equipment to move about.

Solano County is lacking in affordable wheelchair and gurney transportation.

## Paratransit

Paratransit services are available for individuals who are unable, due to a physical or mental disability (including mobility or cognitive impairments), to independently use public fixed-route transportation such as a bus, light rail, BART train, trolley, etc.). The Americans with Disabilities Act of 1990 (ADA) was enacted to prohibit discrimination against people with disabilities. One of the essential principles of the ADA is to ensure that all people have equal access to public transportation. However, transit and paratransit fares can be a considerable barrier for seniors with lower income levels.



# Public Transportation

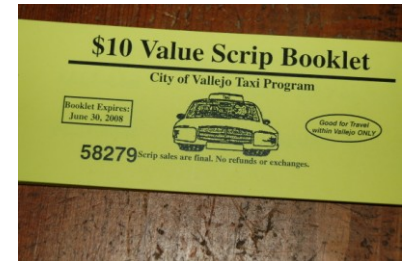


The Solano Transportation Authority, in their *Solano County Senior and Disabled Transit Study* (2004),<sup>12</sup> found wide variability in access to public transit based upon

geographic location. For instance, 90% of seniors in Vallejo were within the “transit corridors” compared to 12% of seniors living in Dixon. This report is consistent with the *Aging Americans: Stranded Without Options* report which indicated that rural and sprawling suburbs tend to lack transportation options.<sup>13</sup> Current

public transportation systems exist but fail to meet the needs of so many older adults, due to restricted routes and times. It is difficult for an older adult to get a ride to a doctor’s appointment and then to the grocery store or pharmacy without undue waits or gaps in services.

Taxi services are more flexible but generally cost prohibitive.



There are some Taxi Script programs, such as the one in Vallejo that offers reduced rates for Taxi services. Many of the Taxi Script programs have been reduced due to budgetary constraints.



Richard Erikson turned 100 years old in March 2008. He lives alone and functions independently in most aspects of his life but like many older adults his age, Richard no longer drives. Richard relies on his neighbor who gives him rides to the Florence Douglas Senior Center so he can participate in social activities. He also uses the Taxi Script program that the city of Vallejo offers.

# Public Transportation

SOLANO NAPA COMMUTER INFORMATION (SNCI) offers personalized itinerary planning for traveling around Solano/Napa Counties and neighboring cities. SNCI is a public agency program with free information and services (e.g., carpooling, personalized assistance for travelling, ride-share program, commuter incentives for using alternative transportation in Solano and Napa Counties and surrounding regions).

BENICIA BREEZE is city operated providing local flex route service within the City, regional service between Vallejo and Pleasant Hill BART. There is also a feeder bus service that connects with the Martinez Amtrak station. The city provides a local taxi scrip program and a paratransit service.

DIXON READI- RIDE is a public dial-a-ride transit system providing curb-to-curb service within City limits. It operates Monday through Friday and recently added Saturdays on a trial basis. It has links to Fairfield/Suisun City and Sacramento.

FAIRFIELD/SUISUN TRANSIT is operated by the City of Fairfield and has local and intercity fixed route bus service operating Monday through Friday with limited service on Saturdays. Route 20 operates from Fairfield to Vacaville. Route 90 goes to El Cerrito Del Norte BART with limited stops at Suisun City AMTRAK. Route 40 goes to Benicia, and Pleasant Hill and Walnut Creek BART stations. Route 30 takes passengers to Vacaville, Dixon, U.C. Davis and Sacramento. The two cities have a subsidized taxi program and paratransit services. The County's only Amtrak station is located in downtown Suisun City.

RIO VISTA BREEZE is operated by the city with fixed routes. It operates Monday through Friday and extends to Fairfield, Isleton and Antioch. The city also provides paratransit services.

VACAVILLE CITY COACH is operated by the city and provides a fixed-route service. It has its own paratransit service operating Monday through Saturday and a taxi scrip program. An Amtrak feeder bus services the Sacramento and San Joaquin trains. One of two Greyhound bus stations in the County is located in the city.

VALLEJO BAY LINK FERRY is a public water transportation service provided by the City of Vallejo and is operated with four high-speed ferries and the Route 200 Vallejo Baylink Bus. Service is provided from the Vallejo Ferry Terminal located at Mare Island Way to San Francisco's Pier 1 located at Embarcadero and Washington Street with select trips to Pier 41 adjacent to Fisherman's Wharf. All ferries are ADA accessible. The ferry service currently operates every day of the week.

VALLEJO TRANSIT is operated by the city and provides a local and intercity bus service Monday through Saturday with connections to El Cerrito Del Norte BART and Fairfield with limited service on Sunday. The city offers local and intercity paratransit and a taxi scrip program. A feeder bus connects to the Martinez Amtrak station. One of two Greyhound bus stations in the County is located in the city of Vallejo.

SOLANO PARATRANSIT is a service of Solano Transportation Authority (STA) and operated by Fairfield/Suisun Transit. This service is funded by the Cities of Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and Solano County. Solano Paratransit is a door-to-door shared ride transportation service for residents of Dixon, Fairfield, Rio Vista, Suisun City, Vacaville, and the eastern unincorporated areas. Residents of Benicia and Vallejo are NOT eligible for Solano Paratransit but may use similar services in those Cities.

# Alternative Volunteer-Based Transportation

A handful of volunteer-based transportation programs offer flexible and affordable transportation services. Some volunteer-based programs are:

- You Are Not Alone (YANA) program in Dixon
- Faith in Action
- Fairfield Volunteer Driver Program
- Area Agency on Aging Escort Program

These programs fill in some of the gaps for needed transportation services among the elderly. For instance, Faith in Action offers transportation services to ambulatory adults to and from medical appointments, area senior centers, grocery stores and other locations such as the bank, post office, library, and hair salons. On average, Faith in Action maintains a roster of 100 volunteers, 60 of whom are drivers. In 2006, Faith-in-Action served 304 seniors on a regular basis and 256 additional seniors on a one-time or occasional basis. In addition, Faith in Action provided 6,693 rides (80% of care recipients were Veterans or Widows of Veterans, 78% lived on a fixed income, and the average age of the older adult was 72 years old).

Similarly, the Fairfield Volunteer Transportation Driver program operated out of the Fairfield Senior Center offers door-to-door transportation for seniors who live within the city of Fairfield. The Fairfield Volunteer Driver program gives older adults rides to the Senior Center, medical/dental appointments, and to pharmacies. There is a small fee of \$1.25 per ride and the individuals must be relatively mobile. In 2007, the Volunteer Driver program served 5,656 seniors and gave a total of 2,166 rides.

The Area Agency on Aging Senior Escort Program is available to seniors 65 and older who are no longer able to drive or safely take public transportation on their own. The service takes seniors to doctor's visits, and errands. The Escort Program asks for a \$14.00 donation per trip or whatever the senior is able to give if unable to pay the full amount. There are seven paid drivers. Some of the drivers have worked for the Escort Program for over 10 years and are seniors themselves. In 2007 the Senior Escort Program served 106 seniors and gave 1,770 rides.

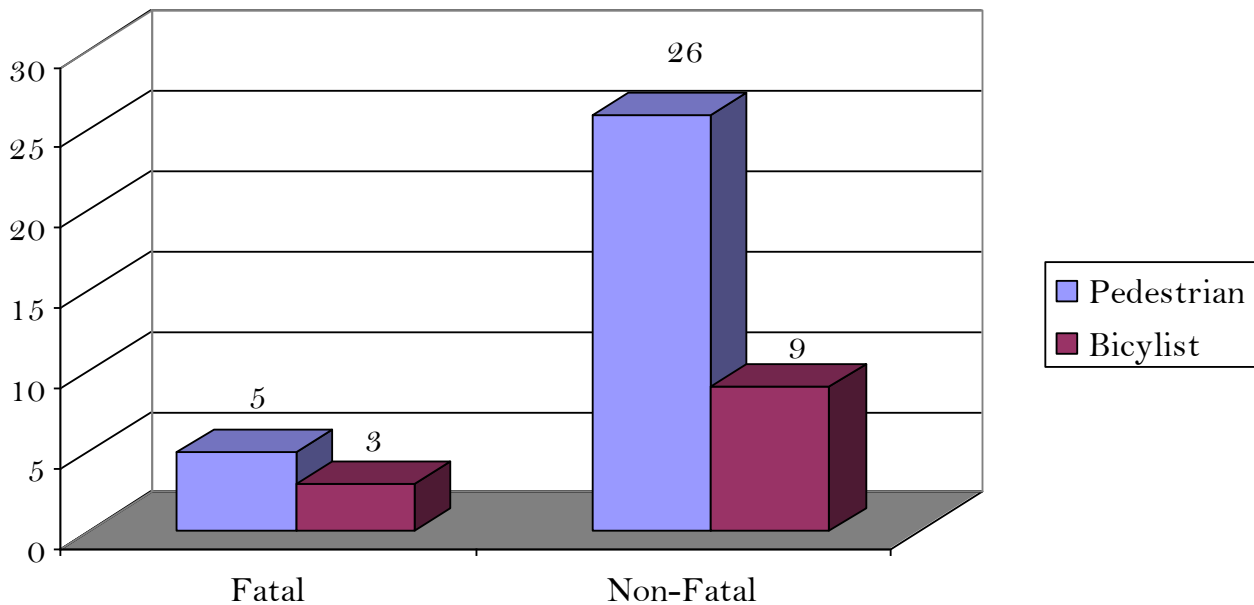
The YANA program has two part-time volunteers, both of whom are older adults, who provide regular rides to 10 older adults in the Dixon area. The volunteers take the older adults to the grocery store and doctor's appointments. In addition the volunteers have taken it upon themselves to befriend the older adults, invite them out to lunch and check-in on them.

# Pedestrian and Cycling Safety

Walking and cycling are beneficial to one's health and well-being. They are also a means to transport oneself to social activities, services, and shopping. Adequate, easy to use and safe pathways are a necessity. Pedestrians and individuals who use wheelchairs are often confronted with old uneven sidewalks and cross walk signals that don't allow enough time to safely cross the street. Injuries and fatalities may result when older adults try to navigate faulty pathways or cross streets. Between 2000 and 2005 there were 5 older adult pedestrian fatalities in Solano County, and 26 non-fatal pedestrian injuries.<sup>14</sup> In addition, there were 3 cycling fatalities and 9 non-fatal cycling hospitalized injuries for older adults within the same timeframe.<sup>15</sup>



### Injuries to Older Adults in Solano County 2000-2005





# Summary and Recommendations

As older adults age and choose to stop driving or are prohibited from driving the need for coordinated and appropriate transportation systems will increase. Many older adults benefit from family members and friends who provide rides to doctor's appointments, shopping and social outings. Quantifying the number of older adults who benefit from social support systems is beyond the scope of this project. Other older adults who may be estranged from family members or who live too far away for them to assist with transportation are in need of alternative mobility sources. Public transportation systems in Solano County serve many older adults but the range of services is limited. Below are some recommendations to address the growing need for appropriate transportation:

- Better coordination of resources (funding, expertise, services, etc.)
  - Address the service gaps between cities' transportation systems
  - Provide transportation systems that offer safe mobility and permit older adults to remain independent and age in place
  - Develop strategies to make roads and streets safer and easy to use
  - Develop strategies to make walkways safer and easy to use
  - Help older adults recognize and use their transportation options
  - Improve systems for assessing competency in older drivers and pedestrians
  - Develop creative and flexible transportation services
  - Incorporate proximity and access to services (e.g., shopping, medical, senior centers) in the housing developments and locations of businesses
- Provide affordable transportation
  - Identify and promote older driver education courses that increase driving skills and competencies
  - Promote public awareness efforts to dispel misconceptions about the safety risks and mobility needs of older adults<sup>16</sup>

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<sup>1</sup> Houser, A. N. (2005). *Community mobility options: The elder person's interest*, Research Report, AARP Public Policy Institute, [http://www.aarp.org/research/housing-mobility/transportation/fs44r\\_com\\_mobility.html](http://www.aarp.org/research/housing-mobility/transportation/fs44r_com_mobility.html)

<sup>2</sup> Houser, A. N. (2005). *Community mobility options: The elder person's interest*, Research Report, AARP Public Policy Institute, [http://www.aarp.org/research/housing-mobility/transportation/fs44r\\_com\\_mobility.html](http://www.aarp.org/research/housing-mobility/transportation/fs44r_com_mobility.html)

<sup>3</sup> Houser, A. N. (2005). *Community mobility options: The elder person's interest*, Research Report, AARP Public Policy Institute, [http://www.aarp.org/research/housing-mobility/transportation/fs44r\\_com\\_mobility.html](http://www.aarp.org/research/housing-mobility/transportation/fs44r_com_mobility.html)

<sup>4</sup> *American Community Survey*, (2006). U.S. Census, <http://factfinder.census.gov/>

<sup>5</sup> Straight, A. (1997). *Community transportation survey*. American Association of Retired Persons, [http://assets.aarp.org/rgcenter/il/d16603\\_commtran.pdf](http://assets.aarp.org/rgcenter/il/d16603_commtran.pdf)

<sup>6</sup> *Aging Americans: Stranded without Options*, (2004). Surface Transportation Policy Report, <http://www.transact.org/report.asp?id=232>

<sup>7</sup> Calculated using the number of older adults in Solano County according to the 2000 U.S. Census compared to the number of licensed drivers as reported through the DMV Research and Development Branch, Business Transportation and Housing Agency, Driver's Licenses Information Report <sup>8</sup> *Driver's Licenses Information Report for April 1<sup>st</sup> 2000 and July 1<sup>st</sup> 2007*, Department of Motor Vehicles Research and Development Branch, Business Transportation and Housing Agency.

<sup>9</sup> Foley, D.J., Heimovitz, H.K., Guralnik, J.M., & Brock, D.B. (2002). *Driving life expectancy of persons aged 70 years and older in the United States*, American Journal of Public Health, August 2002, Vol. 92, No.8

<sup>10</sup> *Patient Discharge Data*, California Office of Statewide Health Planning and Development, California Department of Public Health, EPIC Branch, retrieved July 30, 2007.

<sup>11</sup> Ragland, D. R., Satariano, W.A., & MacLeod, K.E. (2005). *Driving cessation and increased depressive symptoms*. Journal of Gerontology: Medical Sciences Vol. 60A, No. 3, 399-403

<sup>12</sup> *Solano County senior and disabled transit study*, (2004). Solano Transportation Authority, <http://www.solanolinks.com/studies.html#senior>



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<sup>13</sup> *Aging Americans: Stranded without Options*, (2004).  
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<sup>14</sup> *Patient Discharge Data* California Office of Statewide  
Health Planning and Development, California Department of  
Public Health, EPIC Branch

<sup>15</sup> *Patient Discharge Data* California Office of Statewide  
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Public Health, EPIC Branch

<sup>16</sup> *Safe Mobility for a Maturing Society* (2003). U. S.  
Department of Transportation,

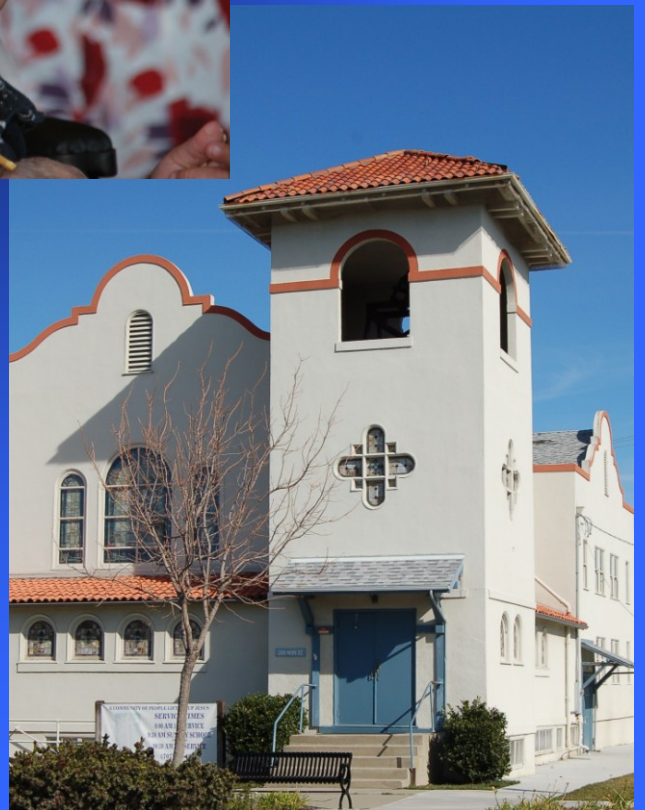
<http://www.crag.uab.edu/safemobility/SafeMobility.pdf>

# Individual Family Community



*The life I touch for good or ill will touch another life, and that in turn another, until who knows when the trembling stops or in what far place my touch will be felt.*

Frederick Buechner



Cover Page:

Virginia Romero of Vallejo. Mother, grandmother, former business woman, retired school teacher, active citizen. Prior to her retirement Virginia was active on the PTA and involved with church groups. Now she is the president of her quilting guild, and serves as the secretary to the Board of the Florence Douglas Senior Center. Virginia makes and donates quilts to the senior center to raffle for fundraisers. "I've been very blessed," said Virginia, "and I love to help people. I believe in living life to the fullest. At this age, I love to be creative." In addition to donating quilts to help raise money, Virginia and the Vallejo Peace Makers Quilting Guild make baby quilts to donate to the hospitals and make quilts for veterans.

Lora Smith with her great grandchildren, Madeline and Tyler Moorhead. Lora Annie Smith was born in Yale County, Arkansas in 1906. She travelled from Arkansas to Oklahoma with her husband in a covered wagon in 1923. Lora resides in Vacaville with her youngest daughter, Lynda, and her husband, Thomas Moorhead. Lora is a mother, a grandmother, great grandmother, and a great great grandmother. She often likes to go to Reno and out to dinner with her family. She loves to cook and do things around the house. Most of all, she loves to spend time with her children and grandchildren.

Lora is an inspiration. She lived by herself until she was 97 years old. She is self-sufficient and at 101 years old she contributes to the household by helping with laundry and house cleaning. She is sharp as a tack and doesn't forget anything. She never had a driver's license. She walked all over the place and then her family would give her rides when she needed to go somewhere that was beyond walking distance.

# Communities as Living Systems

*All living systems are interconnected and the success or health of any given organism is dependent upon the health or success of the larger whole. A human community is therefore composed of all of the relationships of its members. A sustainable healthy community must nourish all of those relationships among its members.*

Mario deSantis

*Living Systems: Principles of Organization and Building Sustainable Human Communities*

Communities are complex living systems consisting of inextricable interconnected units. A basic unit of community is the individual who lives and works there. Clusters of related individuals make up families. Individuals and families who live in the same geographical area make up neighborhoods.

Bordering neighborhoods merge to create communities, neighboring communities form cities, and so on and so forth. Each unit is a system and merges with other units to create subsystems of an even larger system. Each affects and is affected by other units within the system.

For example, when an individual who owns a home in a neighborhood is either unable or unwilling to maintain the appearance of his/her home it affects the overall perceived value of the neighborhood and hence the value of the individual homes. Other home owners when faced with this plight and if unable to remedy the problem may choose to move away from the neighborhood. New residents moving into the neighborhood, depending on their own values and perception of what a neighborhood should look like, may similarly choose not to maintain the appearance of their home.

Gradually over time, the physical appearance of the neighborhood declines, the value of homes drop, and the composition of individuals and families who live there changes. This is a system in operation.

The purpose of this section on individual, family and community is to highlight the inextricable role individuals, families and communities play in creating a healthy society for all. **An individual does not exist separate from his or her family and community.** An individual is affected by family and community, and in turn affects the other.

It is the collective knowledge, skills, abilities, and resources that make for a strong community. Older adults possess a wealth of knowledge, skills, and resources. Their contribution for the benefit or detriment of the community cannot be estimated but it exists nonetheless.



# Civic Engagement

*Civic engagement: Individual and collective actions designed to identify and address issues of public concern.*

The Pew Charitable Trust

Civic engagement is the term often used to describe an individual's contribution to society through social and/or political advocacy, as well as donation of time and resources for the betterment of society.

Civic engagement includes a variety of formal and informal activities and actions.

Broadly speaking formal activities and actions fall into several categories:

1) *political action* (e.g., voting, advocating for legislative changes, contacting elected officials, supporting political campaigns),

2) *participation with civic and religious groups* (e.g., associations, coalitions, collaborations, faith-based groups, civic service groups),

3) *volunteerism* (e.g., volunteer work with an organization and/or school, volunteer work for a community effort such as Coastal Clean-up Day, serving on governing Boards),

4) *donation of money and goods*, and

5) *military service*.

Civic engagement more informally includes:

1) *acts of kindness and generosity* (e.g., helping a neighbor with some household chores, befriending an isolated individual, bringing dinner to someone who is ill or a family that is grieving),

2) *good citizenship* (e.g., abiding by the laws, taking responsibility to make the world a better place through various actions such as picking up someone else's trash in the parking lot), and

3) *caregiving* (e.g., care giving for neighbors, friends, parents, foster children, and grandchildren).



Shown from left to right: Mitsu, Mieko, Misako, and Yuriko volunteer their time to entertain nursing home residents in Solano County with traditional Japanese Dance.

## Civic Health of the Country

Civic involvement declined precipitously in the United States from the 1970s to the late 1990s according to the National Commission on Civic Renewal in their 1998 report titled *A Nation of Spectators*. Subsequent studies<sup>1</sup> documented a slight rebound in the early part of the 21<sup>st</sup> century followed by further decline in a few indicators (i.e., trust in other people and charitable giving) in 2007. Of the indicators, volunteering and charitable donations held the most constant until the recent drop in charitable giving in 2007. Other indicators such as trust in one another, trust in American institutions, connections to civic and religious groups, and connections to family and friends continue to decline.<sup>2</sup>

Civic involvement is vital to the overall health and well-being of the nation, communities and individuals. Democracy is dependent upon political participation of its citizens; a strong and just society, upon individual action.



*Maria and Jose Chacon of Dixon are actively involved in their community. Jose, a retired city employee of 29 years, coached Little League baseball teams for many years. He and Maria opened their home and embraced many unrelated youth throughout the years. They began volunteering for the Senior Brown Bag program in the early 1980's and have continued their dedication to their community to this day. Pictured here, Maria and Jose help Dixon Family Services bag food for needy families and seniors.*

## Older Adults and Volunteerism

Members of the “Greatest Generation” have shown exemplary civic behavior, as a cohort, throughout their lives. When the United States witnessed a drop in civic involvement beginning in the 1970s, individuals ages 65 and older increased their volunteer rate from 14.3 percent in 1974 to 23.8 percent in 2006.<sup>3</sup>

The value of volunteer activity by older adults in this country is estimated to be \$160 billion annually.<sup>4</sup> In California, the value of a volunteer hour is estimated to be \$21.97.<sup>5</sup>

Older adults are an invaluable and underutilized resource for communities. Community-based services, vital to the health of the community, are in jeopardy as a result of the constricting economic climate.

Without the assistance of volunteers of all ages, non-profits, schools, and government will become handicapped in their ability to address the burgeoning need - the effects of which will reverberate throughout our communities and lives.

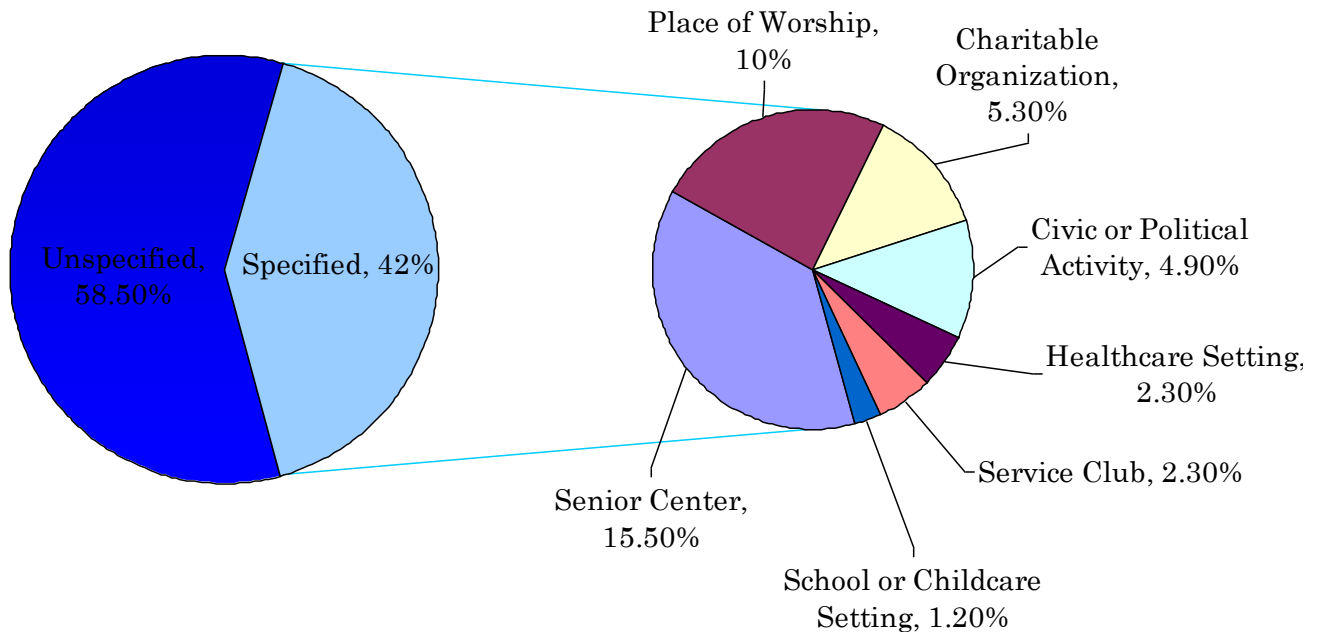


# Volunteerism in Solano County

The Area Agency on Aging Serving Napa and Solano conducted an Older Adult Community Survey Profile and found 30% of the older adults surveyed, reported doing

volunteer work. Of those who specified the place where they volunteered the majority (15.5%) did so at a senior center or at a place of worship (10%).

Volunteer Activity by Older Adults in Solano County by Place



*A growing body of research demonstrates that volunteering and other community activities lead to better health, more happiness and greater prosperity in neighborhoods and states. When people volunteer, they not only spread good will, they also solve tough problems and create tangible benefits for their communities. The evidence confirms that volunteering and high levels of civic participation are vital to a healthy society.*

Robert Grimm  
Corporation for National and Community Service

# Engagement: A Win-Win Opportunity

As the economic screws tighten and social need rises, non-profit community-based organizations find themselves amidst high demand for services and dwindling resources. Viability of the non-profit sector may hinge on the volunteer and charitable contributions of all its citizens, especially older adults.

Communities experience social and economic benefits when older adults share their experience, wisdom and expertise in the community. Studies have shown that children benefit (e.g., increased class attendance, better attitudes towards school, improvement in skills) when older adults help children and youth with educational pursuits.<sup>6</sup>

Faith in Action, a volunteer based transportation and peer counseling program for seniors and the disabled, logs approximately 22-38 thousand volunteer hours per year. Most of the volunteers are seniors themselves. This program addresses

a critical need in the community for home-bound isolated individuals. As noted in the Independence section of this report, supporting older adults with functional and mobility limitations serves to prolong their independence and postpone nursing home care, a cost savings of greater than \$25,000 per year per person.

In addition to the social and economic benefits, volunteering has been found to profoundly and positively affect older adult volunteers' health and well-being. Volunteering provides opportunities for older adults to engage in meaningful work, have a sense of purpose, contribute to their community, stay socially active, and intellectually stimulated.<sup>7</sup> In addition, numerous studies on formal volunteering have found that older adults experience improved health, reduced morbidity, improved mental health, increased happiness, improved strength and cognitive abilities.<sup>8</sup>

## Some Facts About Volunteering in Older Adulthood

- More people volunteer in mid-life than in retirement and individuals who volunteer during mid-life are more likely to volunteer during retirement
- Retired volunteers volunteer more frequently
- Baby boomers have been less civically engaged than their parents on every civic measure
- Approximately 1/3 of boomers say they expect to participate in community service after retirement
- Older adults seek meaningful opportunities for engagement where they can utilize their skills and interests
- College education and higher income levels are correlated with higher volunteer rates compared to those without a college education or with lower income levels
- 84% of older adults who were asked to volunteer did so

# The Social Fabric

Connection to others is one of the civic health indicators used in the *America's Civic Health Index: Broken Engagement* report.<sup>9</sup> Findings indicate that **the social fabric of the nation has frayed.**

More than one-fourth of the households in this country are one-person households. It is estimated that “one in four Americans has no one with whom to talk about weighty matters, and nearly half of the population is one close friend or family member away from being socially isolated.”<sup>10</sup>

The Area Agency on Aging Serving Napa and Solano, found among the older adults surveyed in Solano County, that:<sup>11</sup>

- 65% had participated in a social activity in the past week
- 40% at place of worship
- 35% some form of entertainment
- 54% friends or family
- 47% a social activity, service club or senior center activity

## Caregiving

Seventy-four percent of older adults in the United States provide some form of unpaid caregiving activities.<sup>12</sup> In Solano County, 26% of older adult surveyed indicated that they provided care for others at least part of the time.<sup>13</sup> Some statistics of those who provided care follows:

### Characteristics of those cared for:

- 11.3% of older adults cared for a spouse or partner
- 4.4% cared for a relative
- 5% cared for a friend
- 2.3% cared for a parent or in-law

- 4.4% cared for a grandchild or child

### Characteristics of the caregivers:

- 8.3% of those 65-74 cared for others
- 6% of those 75-84 cared for others
- 1% of those 85 and older cared for others
- 3.2% under age 60 cared for others

### Helped received in the caregiving:

- 37.6% often had help
- 38.8% occasionally had help
- 44.7% never had help

## Grandparents Raising Grandchildren

In 2006, 1,473 grandparents ages 60 and over were the primary caregiver for their grandchildren and 1,100 of them had been caring for their grandchildren for a year or longer<sup>14</sup>. Five hundred and eighteen of those grandparents also had a disability.

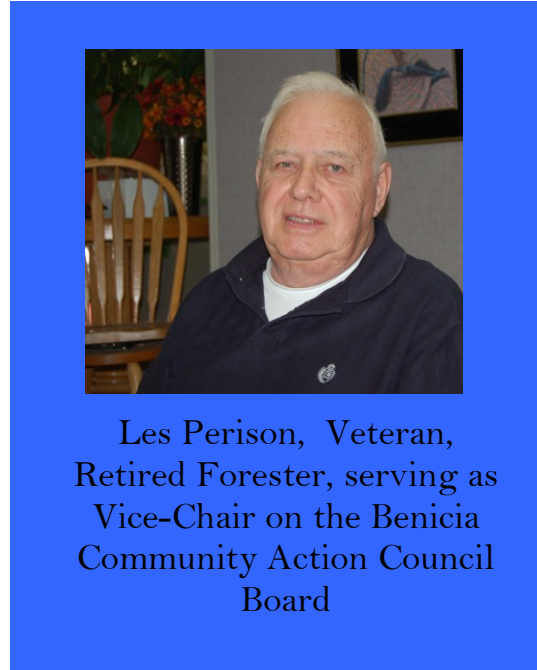
*The great use of life is to spend it for something that will outlast us.*

—William James

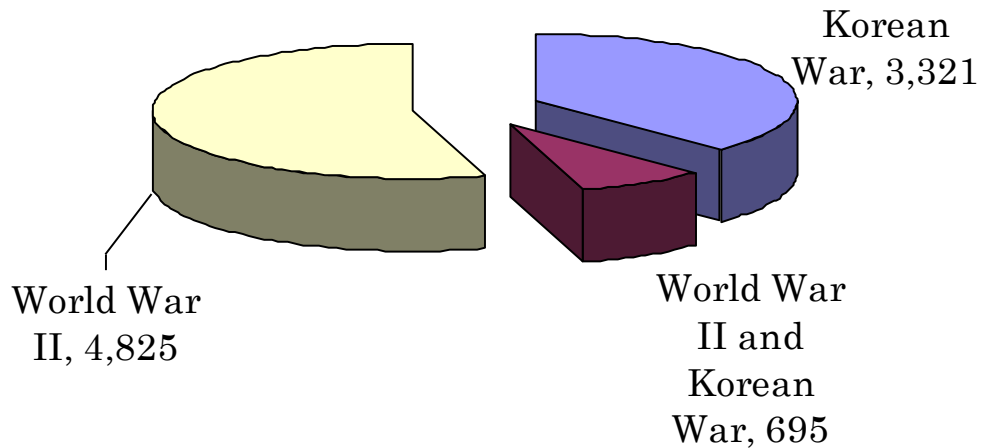
# Veterans

Solano County is steeped in military history. Three major military bases (Mare Island Naval Base, Benicia Barracks and Arsenal, and Travis Air Force Base), past and present, have imbued Solano County with civil service personnel, and active and retired military.

According to the 2000 U.S. Census, there were 11,492 veterans' ages 65 years and older living in Solano County, 4,825 of them served during World War II. The number of veteran males more than doubled that of non-veteran males in this age group.



Solano County Veterans Ages 65 and Over  
by Wartime Service in 2000



# Women in Service

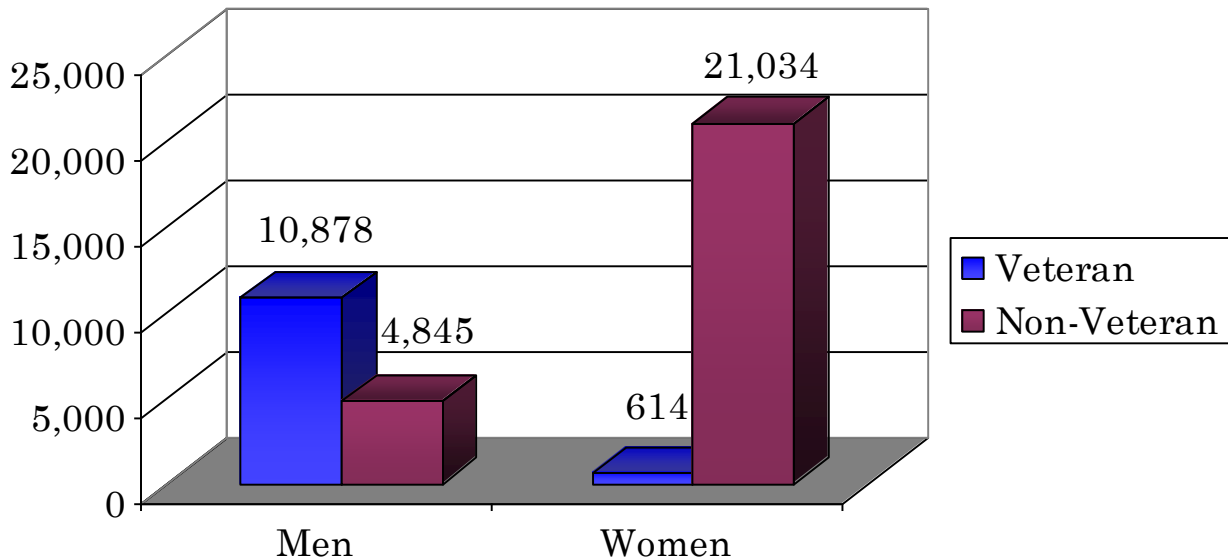
The U.S. Census records 614 women veterans over the age of 65 in Solano County, however, many more women played a key role in supporting military efforts in this country. Beginning most notably during World War II, large numbers of women were recruited as volunteers and/or hired to work as medical personnel, office personnel, and industry workers on ships and in manufacturing plants for military supplies. Those women while not considered military veterans served a vital role during times of war.



## Rosie the Riveter

Lillie Wright went to work in the Richmond shipyards as a welder during World War II. She, along with many other women during that time, filled a valuable role in the war effort. (Photo top taken in the 1940s; bottom at the Solano County Centenarian Commemoration in 2007).

Veterans Ages 65 and Over in Solano County by Gender (2000)



# Summary and Recommendations

The social, economic, and political health of this nation is contingent upon the active engagement of its citizens on all levels. The benefit of community involvement to society and the individual is well-documented and substantial. Tapping into the reservoir of experience mounting in the older adult population will have profound implications.

## Individuals:

1. Vote. Pay attention to the legislative issues. Communicate with your legislators, let them know what you want them to support and oppose
2. Support your community by volunteering your time to worthy programs and donating money to non-profits who serve not only seniors but other age groups
3. Invite a friend to join you in volunteering for the community
4. An hour every two weeks makes all the difference in the world. You make all the difference in the world
5. Befriend a senior who may be isolated. Offer to take them to church or the grocery store if they don't drive

## Communities/Governments:

1. Rally behind the good works being done in your community. Support the non-profits through adequate funding, attending events, educating yourself on the issues seniors face
2. Establish a volunteer center to recruit, coordinate, train and support volunteer activity in Solano County
3. Develop a "Needs and Assets" inventory to match the skills, talents, and interests of older adults and engage them with meaningful and needed work
4. Offer varied, episodic and one-time volunteer opportunities to allow older adults to experiment with volunteer work without having to make a long-term commitment
5. Provide accessible and affordable transportation options to assist income and/or mobility limited older adults to get to volunteer locations
6. Provide incentives and stipends for older adult volunteers living on limited and fixed incomes
7. Employ personalized recruiting techniques
8. Provide provisions to cover the added costs associated with the volunteer work (e.g., background checks)
9. Create opportunities for intergenerational volunteer work



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- <sup>1</sup> *America's Civic Health Index: Broken Engagement*, (2006). A Report to the National Conference on Citizenship, Civic Enterprises <http://www.civicerprises.net/pdfs/2006civichealth.pdf>
- <sup>2</sup> *America's Civic Health Index: Broken Engagement*, (2006). A Report to the National Conference on Citizenship, Civic Enterprises <http://www.civicerprises.net/pdfs/2006civichealth.pdf>
- <sup>3</sup> *Volunteering in America: 2007 State Trends and Rankings in Civic Life*, Corporation for National and Community Service, <http://www.nationalservice.gov/about/volunteering/states.asp>
- <sup>4</sup> Johnson, R., & Schaner, S. (2005). *Value of Unpaid Activities by Older Americans Tops \$160 Billion Per Year*, The Retirement Project Perspectives on Aging, Number 4, September 2005, [www.urban.org](http://www.urban.org)
- <sup>5</sup> *Value of Volunteer Time*, Independent Sector, [http://www.independentsector.org/programs/research/volunteer\\_time.html](http://www.independentsector.org/programs/research/volunteer_time.html) (The value of volunteer time is based on the average hourly earnings of all production and nonsupervisory workers on private nonfarm payrolls as determined by the Bureau of Labor Statistics. Independent increased the figure by 12 percent to estimate for fringe benefits)
- <sup>6</sup> As cited in Zedlewski, S., & Butrica, B. (2007). *Are We Taking Full Advantage of Older Adults' Potential?* Perspectives on Productive Aging, Number 9, December 2007, <http://www.urban.org>
- <sup>7</sup> *When Older Adults are Involved in the Community, the Benefits are Mutual*, (2004). The AdvantAge Initiative. <http://www.vnsny.org/advantage/resources.html#facts>
- <sup>8</sup> As cited in Zedlewski, S., & Butrica, B. (2007). *Are We Taking Full Advantage of Older Adults' Potential?* Perspectives on Productive Aging, Number 9, December 2007, <http://www.urban.org>
- <sup>9</sup> *America's Civic Health Index: Broken Engagement*, (2006). A Report to the National Conference on Citizenship, Civic Enterprises <http://www.civicerprises.net/pdfs/2006civichealth.pdf>
- <sup>10</sup> As cited in *America's Civic Health Index: Broken Engagement*, (2006). A Report to the National Conference on Citizenship, Civic Enterprises <http://www.civicerprises.net/pdfs/2006civichealth.pdf>
- <sup>11</sup> *Solano County Older Adult Community Survey Profile*, Area Agency on Aging Serving Napa and Solano
- <sup>12</sup> Johnson, R. & Schaner, S. (2005). *Value of Unpaid Activities by Older Americans Tops \$160 Billion Per Year*, The Retirement Project Perspectives on Aging, Number 4, September 2005, [www.urban.org](http://www.urban.org)
- <sup>13</sup> *Solano County Older Adult Community Survey Profile*, Area Agency on Aging Serving Napa and Solano
- <sup>14</sup> *2006 American Community Survey*, U.S. Census Bureau, <http://factfinder.census.gov/>