LIVABLE COMMUNITIES AND AGING IN SACRAMENTO COUNTY:
PREPARING FOR THE CHANGING DEMOGRAPHICS

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B.A., University of California, Davis, 2001

PROJECT

Submitted in partial satisfaction of
the requirement for the degree of

MASTER OF PUBLIC POLICY AND ADMINISTRATION

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

Fall
2005

LIVABLE COMMUNITIES AND AGING IN SACRAMENTO COUNTY:
PREPARING FOR THE CHANGING DEMOGRAPHICS

A Project

By

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Abstract

of

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Statement of Problem

This project was undertaken to find solutions to the future difficulties

counties may endure due to a drastic increase of adults 65 and order. One way

to address this change is by making communities more livable, through

convenient transportation, affordable housing, and walkable streets and

sidewalks. Previous work has found such changes to be preferable to sending

more adults to nursing homes. Implementing all these policy changes requires

funding and support from state and federal government, and may require

administrative modifications as well. This project did not seek to find solutions to

implementing policy changes, but rather looked to find innovative ways to

overcome administrative challenges, specifically focusing on Sacramento

County. Hopefully, other counties with similar problems can also benefit from this

study.

Sources of Data

In order to examine the administrative challenges within Sacramento

County, I interviewed three individuals, including Amy Noakes from the

Sacramento County Adult and Aging Commission, Celia Esquivel, Associate

State Director from the California State Office at AARP, and Amor Taylor from the California foundation for Independent Living Centers. Also interviewed were Shea Muller and Lori Sweeney from the San Mateo Aging and Adult Services Department. Additionally, I considered San Mateo County, in California, along with Sweetwater County, Wyoming as case studies of administrative alternatives. Last, I drew upon "A Profile of Older Adults in Sacramento County 2004" by the Sacramento County Adult and Aging Commission for specific data concerning the needs of older adults in Sacramento County.

<u>Conclusions Reached</u>

It is suggested that Sacramento County use San Mateo County's Aging and Adult Services Department as a model to improve administrative structures and capacity in order to provide more efficient services to older adults. This is imperative as the use of nursing homes is decreasing and finding ways to make communities more livable now will be beneficial in the future when the demographics change.

_____, Committee Chair
Edward L. Lascher, Ph.D.

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Date

Table of Contents

Chapter 1: Background of Issues

According to the California Department of Health Services, a 65-year-old Californian can be expected to live an additional 19.3 years, for a total of 84.3 years—nearly two years beyond projected life expectancy in 1990. By the year 2040, Sacramento County will experience a 157.8 percent increase in the population aged 60 and older and a 310.2 percent increase of those 85 and older (Profile of Older Adults, 2004). These are alarming statistics, as any major shift in demographics has multiple effects on society. Therefore, policies and programs should plan accordingly to prevent crisis or hardship in families in the future.

Many advocacy groups focus on Medicare, Social Security and prescriptive drugs for older adults, but do not concentrate on *quality of life issues*. Some of the biggest concerns for aging adults are their ability to age in place, be near their families, and stay independent. Independence has been shown to be a key indicator of quality of life for older adults. Therefore, there needs to be more of a focus on quality of life issues.

An abundance of data support programs and policies that promote aging in place. For example, Partners for Livable Communities, a non-profit organization working to make communities more livable and improve quality of life, reports that older adults overwhelmingly want to grow old in their homes and communities (Partners for Livable Communities, 2004,) According to Partners for Livable Communities, "another rationale is that providing the necessary home and community supports and services that enable older adults to age in place have shown to be the most cost-effective model for aging" (Partners for Livable

Communities, 2004). Most older adults would prefer not to stay in nursing homes or assisted living, and it is a more expensive way of delivering services (Partners for Livable Communities, 2004). Therefore, this paper argues that livable communities are ideal for older adults. This paper defines livable communities using the Framework of a Livable Community for Adults with Disabilities (2004). It is defined as the following:

- Provides affordable, appropriate, accessible housing

- Ensures accessible, affordable, reliable, safe transportation

- Adjusts the physical environment for the inclusiveness and accessibility

- Provides work, volunteer, and education opportunities

- Ensures access to key health and support services

- Encourages participation in civic, cultural, social and recreational activities

The State of California and the County of Sacramento are aware of concerns surrounding aging and livable communities. Due to recent legislation, the State of California has written a strategic plan presenting problems and action plans to address many of the issues that fall within the Framework of a Livable Community for Adults with Disabilities, such as affordable, accessible housing and transportation. In Sacramento, the Sacramento County Adult and Aging Commission has begun to specifically apply the State of California's strategic plan. The County also produced a project called "A Profile of Older Adults in Sacramento County, California 2004." This document consists of secondary data that presents the needs of older adults in Sacramento County, including housing, transportation, and health.

This paper seeks not to come up with action plans or policies, but instead focuses on the challenges inherent in the current livable community goals of the Adult and Aging Commission. The County of Sacramento will have difficulties implementing any changes to improve aging and livable communities if it does not seriously look at some broad issues, prioritize, and innovate possible solutions. Based on interviews with individuals from the American Association of Retired Persons (AARP), Sacramento County Adult and Aging Commission, and California Foundation for Independent Living Centers (CFILC), the challenges Sacramento County face includes the following in no particular order:

- An informal communication network

- Fragmentation - including a lack of collaboration between disability activists and aging activists

- Not focused on customer-driven solutions

- Not enough data and resident input to support possible solutions

One of the biggest concerns explained by those working in the aging and livable communities field is the lack of funding, according to various individuals involved with aging and disability policies in Sacramento, including AARP. Although this is not anything new, the funding issue is important because it requires innovation and creativity in order to make progress. This can be difficult and not always applies to government work, but aging and livable communities would benefit greatly from it, and has many of the basic essential characteristics that would allow this to happen. For example, "livable communities" is not an issue that only affects aging adults. All of society can benefit from this change,

and therefore this policy area can promote innovative collaborations to support this goal. "Since most of the major aging policy issues that need to be addressed are interrelated, policymakers and planners can no longer continue to view and address specific topics and concerns independently" (Assembly Committee on Aging and Long Term Care, 2004, p.2). Collaboration is a key to improving our communities for older adults.

However, implementing changes is complicated and must be addressed at many different levels, including national, state, and local levels. The California Commission on Aging has issued statements of recommendations in transportation, housing, senior related health issues, and senior related planning/system design issues. The recommendations include both short and long term. In order to be able to move forward with these proposed improvements, there are many questions that need to be addressed in Sacramento County. This project is limited in the amount of data gathered, due to time constraints. It is difficult to find solutions in order to implement all recommendations. Instead of addressing all the questions within Sacramento, this paper seeks to answer the following question: What administrative challenges and other barriers need to be overcome in Sacramento County to ensure livable communities for older adults?

The data used to answer this question comes from interviews of people within Sacramento who have personal knowledge of the challenges that are faced within the County and aging and livability concerns. In addition, case studies of other cities and counties that have implemented innovative solutions

are evaluated carefully to see if it their solutions could be used in Sacramento. This includes a visit to one county in particular (San Mateo) which has made a great deal of progress with addressing administrative hurdles. The County of San Mateo has an Aging and Adult Services Division that provides a broad, coordinated continuum of services for residents. Among the organizations and programs that are part of this division include: Commission on Aging, Commission on Disabilities, Centralized Intake/TIES Line, Multidisciplinary 24-hour Response Team, In-Home Supportive Services/Public Authority, Adult Protective Services, Public Guardian/Conservator, Representative Payee, and Case Management Programs. The Division's 24-hour telephone line and Centralized Intake Unit serves as a single point of entry for adults into the system of publicly provided services. "The single point of entry makes the county's adult services system more accessible, promotes comprehensive assessments of older adults, and strengthens the coordination of care among programs" (National Council on Disability, 2004). After interviewing two individuals in San Mateo, it was found that the County has made much progress in changing its structure to better serve community members.

San Mateo County has addressed all four administrative concerns. First, it has addressed communication issues by providing one formalized communication network that is a single point of entry. Second, it has overcome some fragmentation by combining all different organizations and programs into one division, including the commission on aging and the commission on disabilities. Third, the agency provides "customer-driven solutions by promoting

comprehensive assessments of older adults" (National Council on Disability, 2004). Last, the County actively pursues gathering data and involving its constituents in the planning process. Because San Mateo closely matches the administrative concerns in Sacramento County, it will be used as an approach for Sacramento to change. For example, there is fragmentation and lack of collaboration between the aging and disability fields. Also, there is a lack of uniform assessment tools. These will be addressed further in the findings.

The organization of the remainder of this thesis is as follows. First, there will be a review of literature on livable communities emphasizing that while much past work calls attention to their importance, little has been written about implementation. Next, there will be a presentation of methodology for determining the needs of the Sacramento aging population with respect to livable communities. Then, there will be a summary of findings with respect to Sacramento's needs, based on both a review of information from Sacramento and consideration of models from other communities. Finally, there will be a focus especially on San Mateo's approach, arguing that it is indeed promising for Sacramento.

Chapter 2: <u>Literature Review</u>

There is a great deal of literature and several studies focused on both aging and livable communities. However, information about the relationship between the two is relatively new. Prior literature has hinted at the strong relationship between livable communities and older adults' needs. "Livable communities" is closely tied to the concept of "smart growth," an idea that has gained much attention lately (for a summary of key principles of "smart growth" see U.S. Environmental Protection Agency, "Smart Growth Policies," 2005). The idea of "smart growth" is to combine public health with urban planning so that communities provide an environment that is healthy and safe. In the public health field, there is a focus on providing healthy communities, where people are able to walk and/or bike safely and have access to healthy foods. Three important themes with this topic area are quality of life, livable communities (its characteristics), and policy issues surrounding livable communities and older adults. By understanding the influence of place on older adults and their needs, we can infer that government should support livable community policies for older adults.

Quality of life is one important reason to support livable communities. The nonprofit organization, Partners for Livable Communities, state that "89 percent of baby-boomers claim they want to grow old in their own homes" (2004). Also according to Partners for Livable Communities, older adults can contribute significantly to the community and economic development through volunteerism and community service (2004). However, "if seniors cannot use public

transportation or walk to the city center to eat lunch and buy a book, or experience a play or lecture, they cannot make as strong an impact" (Partners for Livable Communities, 2004, p. 1). This indicates that livable community characteristics are necessary to allow older adults to experience a higher quality of life.

Quality of life is defined in Rob Ranzijn's article "The Potential of Older Adults to Enhance Community Quality of Life: Links Between Positive Psychology and Productive Aging" (2002). According to Ranzijn, "quality of life and subjective well-being can be regarded as functions of the extent of fit between the person and the environment, a fit which can be improved by enhancing personal abilities, reducing environmental press, and/or a combination of these" (Ranziijn, 2002, p.30). The article finds that there is a strong relationship between an older person's quality of life and improving a community's quality of life. It argues that older adults must be able to contribute to society in order to improve their quality of life and that society as a whole benefits from this "productive aging" as well. "Productive aging refers to the contributions of older people to their own welfare and that of their communities and society at large and it can be defined as older people doing productive things" (Ranzijn, 2002, p.35). According to the author, there are physical, social and cultural barriers in an environment that prevent older adults from being productive (Ranzijn, 2002). These barriers include "practical features of the physical environment, bureaucracy, or infrastructure" (Ranzijn, 2002, p.36). A study done in South Australia found that in the environment, "the greatest

perceived barriers were illness and lack of money, followed by lack of suitable

public transport and public facilities (such as ramps into building and on

footpaths, and lowered steps or other aids to assist getting onto busses)"

(Ranzijn, 2002, p.36). Therefore, according to this referred study, the

environment prevented older adults from contributing productively to society, thus

lowering their quality of life.

In summary, the main objective of this article was to explain the reciprocal

relationship between individual quality of life and community quality of life

(Ranzijn, 2002). In many Indigenous cultures, "health of the individual depends

on being connected to the community and the traditions of the culture, and poor

physical and mental health are commonly attributed to feeling isolated and

marginalized from the community" (Ranzijn, 2002, p. 46). According to Ranzijn,

government needs to realize this relationship and therefore adopt certain public

policies in order to remove barriers that prevent productive aging. These may

include, "providing age-friendly public transport, adequate public seating and

toilets, etc."(Ranzijn, 2002, p. 48). Therefore, quality of life is intricately related to

environment, which in turn makes it imperative to remove barriers which impede

productivity for older adults.

Another article also supports the relationship between environment and

public health, but more specifically referring to the built environment. According

to Howard Frumkin, the built environment includes the sense of place as it

relates to nature contact, building, public spaces and urban form (Frumkin,

2003). In his article, "Healthy Places: Exploring the Evidence," Frumkin argues

that place matters as it gives us a sense of well-being (2003). Included in this relationship between the environment and health, the author argues that streets need to be designed properly, parks and nature must be nearby, and urban sprawl should be minimized (Frumkin, 2003). The importance of place relates to livable communities, as a way of improving health. This is important for older adults, as health is closely related to quality of life.

Livable communities and the environment may also contribute to the physical function of older adults. A study done in Alameda County examined how its environment related to the loss of physical function in older adults. The study surveyed 883 participants who were aged 55 years and older in 1994 and 1995 (Balfour & Kaplan, 2002). They rated the severity of the following community problems: traffic, noise, crime, trash and litter, lighting, and public transportation (Balfour & Kaplan, 2002). Then, the authors measured function loss by the participants' report of problems performing physical tasks, such as lifting heavy items and climbing up stairs (Balfour & Kaplan, 2002). The study found that "older people who reported problematic neighborhood environments had a greater risk of functional deterioration over 1 year compared with those in better neighborhoods" (Balfour & Kaplan, 2002, p.507). Specifically, "excessive noise, poor lighting, heavy traffic, and access to public transportation" contributed to a loss of physical ability and poor health (Balfour & Kaplan, 2002, p. 512). Therefore, according this study, health and well-being are related positively to the quality of a neighborhood, inferring that place and quality of life are related.

Therefore, the authors support making changes to a community to make it more livable and "healthy" for an older adult.

Kong, Yeoh, and Teo in their article "Singapore and the Experience of Place in Old Age" (1996) examine two neighborhoods in Singapore with a large older adult population. Their population will be similar to the United States' in the coming years, therefore making this study important in order to understand how the changing demographics will affect the future needs of older adults. Specifically, this paper explored older adults' emotional attachment to their surroundings. Their findings concluded that the built environment and an older adult's familiarity with this environment had a strong relationship to an older adult's quality of life. In particular, it was very difficult for an older adult to participate and engage in life if he or she was not familiar with the environment. The authors believe that their study implies "the undesirability of relocating elderly people, the need for stable environments and communities, and the benefit of active community organizations" (Kong, Yeoh & Teo, 1996). The authors do not make suggestions for accomplishing these policy changes, but clearly demonstrate a need to focus specifically on quality of life and its relationship to the environment.

The question arises whether nursing homes can produce an environment that allows for healthy aging and high quality of life? Tseng and Wang in their article "Quality of Life and Related Factors among Elderly Nursing Home Residents in Southern Taiwan" (2001) examined 161 residents aged 65 and older in 10 nursing homes in Southern Taiwan. The situation in Taiwan is similar

to the U.S due to the increase of two income families, making it impossible to care for an elderly parent. Therefore, their only option is to send an older adult to a nursing home. The authors measured quality of life using a two-part scale by Ferrans and Powers that "rates satisfaction response and importance response for each item" (Tseng & Wang, 2001, 306) The findings of the study demonstrated that quality of life in nursing homes was not high. This indicates that there is a need to look carefully at other options for older adults and find alternative ways to improve quality of life. Nursing homes, according to this study, result in a lower quality of life.

Therefore, the literature demonstrates a positive relationship between livable communities and quality of life, as opposed to other options such as nursing homes. Before going further, it is important to understand specific livable community characteristics. The book <u>Geographical Perspectives on the Elderly</u> (1982), edited by A.M. Warnes, examines the influence of place on older adults. The authors write a section looking at the activity and travel patterns and problems of older adults (Warnes, 1982). One of the authors stresses the relationship between mobility and the "variety, quality, and independence of older adults' lives" (Warnes, 1982). The section also examines public policy and its relationship to mobility, and the influence of housing upon older adults' accessibility to facilities, services, and social contacts (Warnes, 1982). The author notes that "more analysis must be done so that planning and transportation policies meet the needs of older adults" (Warnes, 1982). This Warnes book, written in 1982, does not refer to the term "livable communities",

but hints at the idea referencing transportation policy, mobility, and housing issues. The contributors argue for "better-informed" planning (Warnes, 1982).

Another book underscoring the importance of livable communities is A Better Place to Live by Philip Langdon. (1994). He argues that "the traditional suburb may result in isolation and an 'unhealthy' living environment" (Langdon, 1994). He provides suggestions to build better suburbs and changing the framework for how we plan and build communities. For example, he supports mixed-use development and gives examples of places that have this characteristic. Mixed-use is where housing, work and shopping are all built in the same area, resulting in people being able to walk more often and using the automobile less (Langdon, 1994).

Another characteristic of livable communities is making public streets safe, accessible and available for recreational activities. Anne Vernex Moudon's edited book entitled Public Street for Public Use (1987) provides strategies to make streets more supportive of people whose needs are the greatest, including older adults (Moudon, 1987). It offers case studies of other cities in the United States and Europe that have streets that contribute to a more livable environment.

In order for livable communities to be supported, public policy needs to be examined and developed to meet the needs of older adults in these communities. Theodore H. Koff and Richard W. Park in their book titled Aging Public Policy: Bonding the Generations (1999) discuss how public policy directly affects older adults and what policy areas most impact this demographic group. One chapter specifically discusses the importance of housing and social services. According

to the authors, "where people live and how they live are important to maintaining a satisfactory life style and good health. Where people live also influences their level of health and ability to care for themselves" (Koff & Park, 1999). In addition, the authors stress the importance of combining social services and housing in the same chapter. "There is a growing realization that if housing programs for the elderly are to succeed, especially in meeting the changing needs of those who age in place, they must be accompanied by a responsive social service program" (Koff & Park, 1999). The authors have come to the realization that housing and social services policy areas cannot be independent from each other. There is interdependency between these two needs for older adults, and this is even more apparent now as transportation and the physical environment have also been determined to be related.

The National Council on Disability looks at broader levels of policy change in a report entitled "Livable Communities for Adults with Disabilities." (2004) The paper defines the elements of livable communities, which is used in this paper. It also gives excellent case studies of other communities in the United States that have attempted to change its structure in order to deal with livability concerns. There are some examples that clearly can help give suggestions for Sacramento County to begin addressing its structural challenges. However, the report is mostly focused on disabilities and not all older adults are disabled.

All of the above works provide excellent background and strategies to creating livable communities. However, they do not address the political and administrative challenges to making these changes. Indeed, one of the problems

for all these works is that they provide relatively little practical guidance about how to actually establish livable communities.

An exception to the above generalization is a recent guide by the International City/County Management Association. The Association recently created a guide for local governments to provide and design healthy communities for all residents. The guide is called: "Active Living and Social Equity: Creating Healthy Communities for All Residents" (Emerine & Feldman, 2005). The focus of this guide to is help local governments implement strategies, such as funding, regional collaboration, engaging partners, and promoting awareness of active living and social equity (Emerine & Feldman, 2005). According to the ICMA guide, "active living is a way of life that integrates physical activity into daily routines; an active living community is designed with a pedestrian focus and provides opportunities for people of all ages and abilities to engage in routine daily physical activity" (Emerine & Feldman, 2005). Therefore, ICMA offers some possible solutions to such obstacles as unsafe sidewalks, lack of bus stops, lack of open space, and lack of access to healthy foods. The concept is that "by designing a community that provides an environment for healthy living, it will make it easier for all people, regardless of income, race, gender, and age to engage in activities that benefit one's health" (Emerine & Feldman, 2005).

The paper suggests how to implement projects and programs and includes suggestions for funding including the Community Development Block Grant (CDBG), sales tax, state and local gasoline taxes, and other grants.

However, these funding sources are not always feasible and the Community

Development Block Grant may be completely cut in the near future.

Other strategies include engaging partners, collecting data and

communicating information, outreach to the community, and promoting

awareness. This guide is an excellent basic tool for local governments to use in

order to implement strategies to address livable communities concerns.

However, it does not focus solely on the needs of older adults, who may be most

impacted by these possible programs. Also, it suggests funding opportunities and

other strategies, but does not address the challenges in implementation. For

example, it does not suggest how to begin collecting data, what type of data

needs to be collected and how it should be communicated to the community.

Before beginning to implement many of their suggestions, a local government

must look at their infrastructure and address the challenges at a broader level.

Evidently, aging needs are correlated with livable community concerns. If

quality of life is key, livable communities, by providing accessible, affordable

housing, social services, accessible transportation, etc., would create an

environment ideal for aging adults beginning to develop disabling health

problems. However, there is not much literature that focuses on how to

specifically implement these policies. There are many administrative challenges

and without a cohesive group fighting for these changes, the task of

implementing these policies is daunting. This study begins the process of going

beyond the theoretical and finding practical ways to understand the challenges

and possibly finding solutions. By focusing on Sacramento County, we can begin

to start at the local level to make these changes.

Chapter 3: Methodology

After understanding some of the background information concerning livable communities, why to support them, and the policy changes necessary to develop them, this researcher can begin to answer the more practical question of how to bring livable community administrative and policy changes to Sacramento County, despite funding barriers. In order to begin this process, it was necessary to talk to knowledgeable professionals in the aging field. It was also important to understand the needs in Sacramento County by studying data. Last, to find techniques and administrative methods to overcome funding restrictions, it was necessary to look closely at other local governments and communities. Therefore, this project's methodology is very practical in its approach in order to find promising solutions to making important policy changes in Sacramento County.

In order to begin the process of understanding the challenges and determining possible solutions to aging and livable community policy changes, this study uses three methods to gather data, First, five knowledgeable professionals were interviewed in the aging and disability fields. Second, there is an extensive review of data of older adults in Sacramento County, especially focused on the project "A Profile of Older Adults in Sacramento County, California 2004." It was important to understand what the data represented and the challenges in gathering the data, feedback from the community, and future implications. Additionally, this study uses case studies from other cities/counties

that have begun trying to address administrative challenges to implementing

livable community changes. They have been successful in making progress and

demonstrate possible solutions for Sacramento County.

Interviews

The interviews for this study were selected based on recommendations.

Cheryl Osborne, gerontology professor at California State University,

Sacramento and highly regarded expert on older adult concerns in Sacramento,

referred this researcher to Amy Noakes at the Sacramento County Adult and

Aging Commission. Amy worked specifically on the "Profile of Older Adults"

assessment and therefore was able to provide me with extensive data and

information about the process of gathering this data. The meeting was held at her

office in downtown Sacramento on March 30, 2005. She was extremely helpful

and honest and provided most of the materials she used in her process, including

a list of secondary data that was not available or accessible. She also provided

the most recent feedback form, where they sought the community's response to

the assessment. Not only did she give information about the process, but also

detailed the challenges and future steps for this assessment. Before going much

further, the commission's goal was to gather more feedback from the community.

She was also able to help me understand the challenges to implementing

changes based on the profile and provide possible solutions, which will be

discussed further in the findings.

A co-worker referred Celia Esquivel, Associate State Director,

California State Office at the American Association of Retired Persons (AARP) in Sacramento. Celia's policy area is based in northern California and southern Oregon. The meeting was held at her office on March 16, 2005. She was very straight-forward, and one of the first things she made clear was that AARP's focus areas at this time do not include livable communities. However, due to her own interests, she was involved extensively in the Commission on Aging in Sacramento. During the conversation, she showed a long-range strategic plan recently made as a result of Senator Vasquez's bill 910 to implement livable communities. The strategic plan had 15 recommendations and among them, transportation and housing, were very high priorities. The plan also stressed the need for different organizations and departments involved with housing, transportation, and other livable community concerns to work together collaboratively. Celia seemed very passionate about livable communities and was happy to share her insight into the situation. She was disappointed that AARP was not focused on that policy area at this time.

During the interview, Celia recommended talking to different professionals in the field. She emphasized the need to talk to someone who is involved with advocating for livable community changes for people with disabilities. She mentioned Amor Taylor who was an advocate at the California Foundation for Independent Living Centers (CFILC). The meeting with Ms. Taylor was held in her office on March 28, 2005. Ms. Taylor is physically disabled herself, with cerebral palsy. Therefore, she understands first-hand the difficulties of having disabilities in communities that are not planned for people with wheelchairs or

other ailments that make it difficult for them to get to work, shopping and basically moving throughout the community. One of the ailments noticed first when meeting with Amor is that she did not walk very well and it was easy to see how this would make it difficult for her to walk in neighborhoods that do not have safe sidewalks. Later on in the conversation, Amor stressed the importance of walkable, accessible sidewalks. Many of Sacramento's sidewalks are not big enough for wheelchairs to get through, or else there are objects blocking areas making it difficult for those with problems walking and moving.

Ms. Taylor was also very passionate about her work and extremely willing to share all her resources and the work of her organization. She handed out many fact sheets and brochures on her advocacy efforts, including information on accessible and affordable housing, accessible transportation, and assistive technology (technology that makes disabilities less of a challenge). As with the other interviewees, she was willing to share her thoughts on the challenges and possible solutions to implementing livable community changes in Sacramento County.

The last interview took place in San Mateo County with Shea Muller and Lori Sweeney who both work for Aging and Adult Services on June 21, 2005. The interview was arranged by locating Shea's information and phone number in the "Livable Communities for Adults with Disabilities" paper. Shea was on vacation, so Lori arranged a date and time when both her and Shea could meet. They were both extremely helpful and willing to assist in any way possible in order to gather information. They answered questions for about an hour and then Ms.

Muller gave a tour of the entire building. She also supplied this researcher with numerous brochures and their most recent strategic plan written by Ms. Muller. During the tour, it was quite evident that all different services were housed under one roof, including the County hospital which was right next door. They were in the process of making the building more accessible for people with disabilities and Shea pointed out their assistive technology for those who are hearing impaired. Their enthusiasm and commitment to providing services for those in need in the County was extremely impressive.

Profile of Older Adults in Sacramento County

Another important resource being used for this paper is "A Profile of Older Adults in Sacramento County 2004." This project was done by the Sacramento County Adult and Aging Commission. It focused on gathering secondary data in Sacramento County, including the older adult population, income and housing, transportation, civic engagement, health, and safety. The purpose of the profile was to "describe the current situation of older adults in Sacramento County, to be used by policy makers, advisory bodies and other community organizations to augment policy, to foster dialogue and prompt readers to ask questions about the status of older adults in Sacramento County, and to become a living document that can be expanded and updated in the future" (Sacramento County Adult and Aging Commission, 2004).

The data from the assessment found interesting results, some indicating a need for more livable communities. Housing and transportation for older adults were in high demand. For example, it found that 50% of older adults stay home

due to a lack of transportation. Also important, the report found that 41.8% of older adults have disabilities. According to Amy Noakes at the Adult and Aging Commission, there was a large amount of data that was not gathered, due to lack of accessible data (A. Noakes, personal interview, March 30, 2005).

Originally, Amy and the commission used an Orange County report to identify indicators to gather information about older adults in Sacramento County. She identified a number of overarching data needs and areas for further investigation. Among the needs they included the following important data:

- Data by ethnicity and income level

- Access to services including utilization of county and senior services

- County-specific data regarding the usage and needs of older adults in transportation, including access to public transportation and preferred mode of transportation

 In their second phase in 2005/06, the commission would like to promote data advocacy to better understand the needs of older adults. There was a lack of data available at the census tract or zip code level and by ethnicity and income. Some other important data needs include more information on housing, transportation, health status, and mental health. However, this assessment is an excellent tool to begin examining the needs of the older adults in Sacramento County.

Case Studies

The case studies are mostly taken from the document "Livable Communities for Adults with Disabilities" mentioned earlier in the literature

review. This paper, done by the National Council on Disability in 2004, not only outlined what characteristics were part of a livable community, but also gave numerous specific examples of how cities and other localities were implementing strategies for livable communities. Among the specific examples, the paper is split up into chapters, including providing affordable appropriate, accessible housing, providing affordable appropriate transportation, the physical environment, work, volunteer and education opportunities, ensuring access to key health and support services, and putting it all together. Last, the paper looks specifically at San Mateo County and their strategic plan (National Council on Disability, 2004). Within each chapter, there are case studies of other cities and counties located through the United States that demonstrate best practices and examples that can be duplicated by other places.

One example is Sweetwater County, Wyoming's STAR program created in 1989. It "replaced a number of health and human services agency-based transportation services to form a coordinated public transportation system" (National Council on Disability, 2004). "STAR provides transportation on a contractual basis, and services a very sparse 10,400 square mile area of Sweetwater County, in southwest Wyoming" (IBID). In Chicago, Illinois they have expanded the use of accessible taxis. "The city government provides funds to equip more than 50 new or used minivans with side door ramps and securement systems, and developed and offered special training for drivers" (National Council on Disability, 2004).

Last, San Mateo is being used as a case study for this paper and will be the focus in providing a model for Sacramento County. As stated earlier, it has addressed administrative challenges and providing services, including housing and transportation. "It is perceived as being a service-rich county because it has broad, coordinated continuum of services for residents. They have many different departments, organizations and programs in one division, and also provides a centralized intake unit to serve as the single point of entry for adults" (National Council on Disability, 2004). San Mateo will be a focus for this study as they have best practices that can be useful for Sacramento County.

As mentioned before, the literature provides a background, stressing the importance of livable communities and the policies to support them, but does not provide practical solutions. Using San Mateo as a model and comparing it to the data gathered from interviewees and the "Profile of Older Adults in Sacramento County 2004. " this project seeks to find practical solutions to Sacramento's barriers so that it can implement livable community policies.

Chapter 4:

Findings Regarding Problems and Possible Solutions in Sacramento

The case studies mentioned in the methodology provide insightful information of ways to implement livable community policies and programs. They can also provide ways to address the challenges in implementing these livable community changes. However, first it is necessary to clearly outline the assumed challenges in Sacramento County.

Transportation and Housing Challenges

It is extremely difficult for people with disabilities to get around in a community that does not have "livability" characteristics. Amor Taylor from CFILC specifically spoke of the transportation options in Sacramento County. One challenge is a lack of accessible taxicabs in the Sacramento area. Taxicabs are the most convenient type of public transportation, because they can pick someone up directly from home and take them directly to a specific location. This is preferred over making reservations 24 hours in advance as is necessary with paratransit. Buses are inconvenient for people with disabilities as well, because they require a disabled individual to walk to get to a bus stop and then walk from the drop-off point to their destination. Although taxicabs are convenient, they are still not very accessible for people with wheelchairs and other disabilities. This is a concern for older adults as well. (A. Taylor, personal interview, March 28, 2005).

There are also challenges in implementing accessible and affordable

housing. Amor Taylor also spoke of the problems in Sacramento with people who

seek affordable housing using section 8 vouchers. Right now, people interested

in finding affordable housing must put themselves on a list, and Ms. Taylor

mentioned how they often die by the time they get to the top of the list (A. Taylor,

personal interview, March 28, 2005). Also, Celia Esquivel pointed out that there

are challenges to implementing accessible housing, including not enough

education and a strong realtor lobbying group (C. Esquivel, personal interview,

March 16, 2005).

"The Profile of Older Adults in Sacramento County California 2004"

indicated that there are challenges for older adults, specifically in their mobility

and housing. According to the assessment, "vehicle ownership and driving tend

to decrease relative to advancing age" (Sacramento County Adult and Aging

Commission, 2004, p.25). It also stated that nationwide, "21 percent of

Americans 65 and older do not drive because of declining health, concern over

safety, no access to a vehicle, or personal preference" (p.26). More dramatically,

the "Profile" found that "more than 50 percent of non-drivers age 65 and older

stay home on any given day because they lack transportation options"

(Sacramento County Adult and Aging Commission, 2004, p.26). The "Profile"

also found that as older adults stop driving, they are at increased risk of isolation,

and their health and well-being may be impacted negatively (Sacramento County

Adult and Aging Commission, 2004).

According to " The Profile of Older Adults in Sacramento County California 2004 , U.S. census data shows that for Sacramento County residents over the age of 60, the older the person, "the more likely they are to pay in excess of 35 percent of their income for housing" (Sacramento County Adult and Aging Commission, 2004, p.21). It also mentions that "as demographics and living accommodations changes over the next 40 years, the percentage of older adults paying more than 35 percent of their income for housing may change significantly" (Sacramento County Adult and Aging Commission, 2004, p.21). Also important, the cost of living in an assisted living facility in Sacramento County is very expensive and there is no state-level funding for assisted living (IBID). "The cost of assisted living care typically ranges from $2,000 to $4,000 per month based on location and level of care required" (Sacramento County Adult and Aging Commission, 2004, p.22). According to the study, "nearly 25 percent of those aged 75 and older live in households receiving $1,250 or less per month" (p.22).

Administrative Challenges

The challenges mentioned in "The Profile of Older Adults" are currently being addressed on many levels. Celia Esquivel is involved with the long-range strategic plan recently made as a result of Senator Vasquez's bill 910 to implement livable communities (C. Esquivel, personal interview, March 16, 2005). The strategic plan had 15 recommendations and among them, transportation and housing were very high priorities. The plan also stressed the need for different organizations and departments involved with housing,

transportation, and other livable community concerns to work together collaboratively. However, in order for Sacramento County to be able to implement these recommendations, the County must deal with structural issues (C. Esquivel, personal interview, March 16, 2005).

Celia Esquivel had the most insight as to these issues as she deals with policy at a higher level due to her position at AARP. She found the biggest challenges in implementing the recommendation of Vasquez's strategic plan for livable communities to be the following:

- Lack of Funding (cuts at the Federal level)

- Lack of collaboration

Specifically in Sacramento County, she saw the following challenges:

- Informal communication between departments

- Fragmentation of services (i.e. transportation services)

- 62 streams of funding

- Lobbying (i.e. from the Realtors Association)

- Not enough education about the importance of livable communities

- Advocates do not have power to change policy (C. Esquivel, personal interview, March 16, 2005)

Amor Taylor from CFILC also found there were structural issues in Sacramento County preventing livable communities changes for the disability groups. She specifically referred to the following challenges:

- Conflict between older adults' organizations and disability organizations

29

- Lack of education about the importance of affordable and accessible housing and transportation meeting the disabled needs

- Public housing- Section 8 vouchers are administratively ineffective (A. Taylor, personal interview, March 28, 2005)

Amor felt that there were contrasting philosophies between aging groups and disability activists (A. Taylor, personal interview, March 28, 2005). As mentioned before, aging groups often do not consider themselves disabled despite the high percentage of those with some sort of disability. By stating they are disabled, many older adults feel they are losing their independence and do not want to be referred by this term. In the interview with Amy Noakes, she also supported the assumption of fragmentation in Sacramento County, especially between disability and aging activists. Her observation is that older adults feel they lose their unique identity at the legislative level if they decide to work with disability groups (A. Noakes, personal interview, March 30, 2005). However, education is a high priority for both aging and disability activists. Both groups feel there is a challenge to get the general public more educated about the need for livable community changes (A. Noakes, personal interview, March 30, 2005) (A. Taylor, personal interview, March 28, 2005). This is a challenge that CFILC is addressing specifically through publications and other resources.

Funding is another challenge expressed by both Celia Esquivel and Amor Taylor. Amor specifically referred to Section 8 and the limited amount of vouchers available to those who need them (A. Taylor, personal interview, March 28, 2005). Celia believes that not only is there not enough money, but the

number of funding streams (62) make the task of collaborating and implementing

livable community changes extremely difficult and complicated. In addition, due

to lobbying interests, it is very difficult to implement affordable housing changes

(C. Esquivel, personal interview, March 18, 2005).

In summary, the findings demonstrate that there are many challenges in

Sacramento County and, with the lack of funding, it is imperative to prioritize and

decide what problems to address first. Also, some problems, such as lack of

funding or advocacy groups' lack of power, are much more difficult to solve.

Based on the information received from interviews and case studies, it is this

researcher's suggestion that challenges must be solved at the administrative

level. Also, the County must find ways to solve their problems efficiently,

spending minimal amounts of money and possibly leveraging resources to gain

from as small as possible.

Possible Solutions to Administrative Challenges

Fortunately, this interviewer was left with optimism in making changes that

appears necessary in order to move forward in implementing livable community

policies. All interviewees (Celia Esquivel, Amor Taylor, and Amy Noakes)

suggested possible solutions to these issues even in an environment of limited

funding. "The Framework of a Livable Community for Adults with Disabilities" also

provides strategies and case studies of other cities and counties that have

implemented structural changes in order to make progress in developing livable

communities for people with disabilities. In addition, there have been a number of

forward-thinking books and articles that provide suggestions to help solve Sacramento County's administrative issues.

Celia Esquivel (C. Esquivel, personal interview, March 30, 2005) believes that there is currently a window of opportunity to make changes due to the recent strategic plan that set 321 priorities and policies to produce livable community changes. It especially stressed collaboration between different departments, which is imperative in changing livable community policy. However, opening the channels of communication to move forward with collaboration is a major challenge.

In order to address this communication challenge, Celia suggested changing the framework used at the County level. Specifically, she is an advocate for customer-driven government. This is also highly recommended the book Price of Government written by David Osborne and Peter Hutchinson. The basic idea of this concept is that government should practice a private sector strategy to focus on customer needs. Ms. Esquivel provided the example of transportation policy in Sacramento. The peak time of transportation use is early in the morning and around 5:00p.m.- 6:00p.m. However a higher amount of transportation options is not provided at these key times to meet the needs. Therefore, many people view public transportation in Sacramento County as being inefficient and do not use it (C. Esquivel, personal interview, March 16, 2005).

In addition, Celia advocated for an efficient one-stop shop for citizens to go to in order to find resources in the community. This idea is also mentioned in

<u>Price of Government.</u> Recently, cities have developed "311" call centers which take citizen complaints and questions and provide rapid action or answers (Osborne & Hutchinson, 2004). "In January 1999, Chicago eliminated a number of small call centers and implemented 311 as their 'one-stop shopping' and citizens call dial it 24 hours a day to complain, report problems, request information and services" (Osborne & Hutchinson, 2004, p.197). There is progress being made with this type of customer service in Sacramento. There have been meetings trying to implement a 2-1-1 number in the County. This idea can be advanced to meet the needs of older adults in their communities.

Another way to address communication and efficiency challenges is to consolidate services. Amor Taylor suggested developing a single database and streamlining one form for services (A. Taylor, personal interview, March 28, 2005). Celia mentioned how Fresno County has already begun consolidating services (C. Esquivel, personal interview, March 16, 2005).

"The Framework of a Livable Community for Adults with Disabilities" argues that a key strategy in developing livable communities is to "consolidate administration and pool funds of multiple programs to improve ease of access to, and information about, benefits and programs for consumers" (2004, p.9). The strategy is to "streamline operations, eliminate redundancies, and leverage resources" (National Council on Disability, 2004, p.9). The paper provides an example in Sweetwater County, Wyoming. Sweetwater established STAR, "which pools funds from more than 10 sources and uses a centralized dispatch

system to provide coordinated public transportation that serves people with disabilities and the general public" (National Council on Disability, 2004, p.131).

In summary, there are possible solutions to the administrative challenges in Sacramento County, including customer-driven solutions and consolidating services. By focusing on creative and innovative solutions by addressing administrative structure, progress can be made without spending a large amount of money. Consolidating services is especially beneficial, as it reduces inefficiency and allows for collaboration. San Mateo County provides an excellent example of this type of administrative solution.

The San Mateo County Model

San Mateo County's current services to older adults and adults with disabilities serves as an excellent model for Sacramento County. San Mateo has many of the same problems as Sacramento County. For example, San Mateo is experiencing the changing demographics (increase of older adults) and dealing with the same funding restrictions from the State and Federal Government. In addition, revenue for many city-based programs has been reduced (County of San Mateo, 2005). However, despite these barriers, the County has made progress by focusing on consumer-based solutions. Their current strategic plan addresses all of Sacramento County's challenges mentioned earlier in the paper, including an informal communication network, fragmentation (including a lack of collaboration between disability and aging groups), not focused on customer-driven solutions, and not enough data and resident input to support possible solutions.

Addressing an informal communication network

In 1992, San Mateo County Aging and Adult Services Division formed the New Beginning Coalition, which included persons with disabilities, seniors, caregivers, and services providers (County of San Mateo, 2005). "After adopting the Strategic Plan, they formed an Implementation Coordination Committee (ICC) to serve as a central clearinghouse on Strategic Plan implementation activities. They were responsible for ensuring that information flowed among the represented groups, coordinated plan-related activities, and monitored the implementation of the Plan" (County of San Mateo, 2005, p.xii). They also

produce and distribute a quarterly newsletter to keep everyone informed about the activities taking place in the County (County of San Mateo, 2005).

Another way San Mateo County has addressed communication issues is by consolidating home and community-based services into the Aging and Adult Services Division located within the Health Department (County of San Mateo, 2005). "Aging and Adult Services provides a broad array of programs and services in the areas of advocacy, prevention, support and protection which include" (County of San Mateo, 2005, p.18):

- Area Agency on Aging

- Commission on Aging

- Commission on Disabilities

- Centralized Intake/TIES Line (toll-free Information and Assistance)

- Multidisciplinary 24-hour Response Team

- In-Home Supportive Services/Public Authority

- Adult Protective Services

- Public Guardian/Conservator

- Representative Payee

- Case Management Programs including AIDS, AIDS Waiver, Multipurpose

- Senior Services Programs & Linkages (County of San Mateo, 2005, p.18)

By merging all these services under one roof, communication is far more efficient than if services were separated, because County officials encourage all new employees meet with the supervisors from each department so they understand other departments' roles. Therefore, if a citizen needs information

about an area outside of their department, the employee can easily refer them to the correct department.

The TIES line also allows for better communication, as the central intake location reinforces coordination among existing programs (County of San Mateo, 2005). There are three social workers who answer phone calls and provide resources to people in the community. After hours, other employees assist by taking home a computer and being on-call if there is an emergency. This formalized "one-stop-shop" for community members allows communication to be more formalized as there are policies and procedures to the process. Every call has an intake form and all calls are documented and recorded for future reference.

Addressing fragmentation - including a lack of collaboration between disability activists and aging activists

The County of San Mateo addresses the fragmentation issue by including the Commission on Aging and the Commission on Disabilities under one roof. This is unique, but extremely valuable in order to be able to provide a broad array of programs and services that meet the needs of consumers with similar concerns. As with other counties, funding is a barrier to combining the needs of older adults and people with disabilities. For example, the Older Americans Act only allows services to be provided to older Americans and not people with similar concerns who are younger. Therefore, the County raises other money through fundraisers, support from Foundations, etc. The reason it works for them, however, is that they are committed to collaborating with each other and they do

not allow restrictions from State and Federal government impede their determination to provide the best services possible.

San Mateo County has addressed fragmentation far more successfully than other counties in California due to the comprehensive array of programs under its umbrella (County of San Mateo, 2005). San Mateo is, however, determined to further the commitment to reducing fragmentation through the development of their Long Term Supportive Services Project (LTSSP). "During the last decade, Aging and Adult Services has involved a variety of stakeholders in the development of the Long Term Supportive Services Project (LTSSP), including the Health Plan of San Mateo, the medical community, senior and disability program provides, and consumers. The project proposes to improve the delivery of services for older adults and adults with disabilities through consolidation of existing categorical home and community-based programs into a seamless continuum" (County of San Mateo, 2005, p.64).

Customer-driven solutions

The LTSSP also provides solutions based on customer-needs. Key aspects of this system are the following according to San Mateo County's most recent strategic plan:

- Maximization of consumer choice and individualized care planning based on functional need;
- Local control of consolidated funds and service delivery within a consumer designed and evaluated system;

- Increased emphasis on use of non-institutional service models that better meet consumer needs and preferences;

- Elimination of administrative duplication and complexity;

- Creation of a single point of entry and smooth and appropriate transitions among levels of long-term supportive services (County of San Mateo, 2005, p.64)

The County of San Mateo has been focused and is working to improve customer-driven solutions. Their ultimate goal is to make it as easy as possible for older adults and people with disabilities to find services they need. The TIES line, which is a 24-hour information and emergency response line, also focuses itself on customer needs and this is proven by the fact that it is available anytime for anyone in the area.

The biggest challenge to providing customer-driven solutions is "the nature of funding and the individual reporting and monitoring requirements that come with each program" (County of San Mateo, 2005). The main reason the County of San Mateo and other counties separate programs and enable fragmentation and non-customer focused services is that they must comply with stringent reporting and eligibility requirements (County of San Mateo, 2005). San Mateo has made some progress in dealing with government restrictions when in 2003, state legislation was passed allowing a uniform assessment tool for home and community-based services (County of San Mateo, 2005). This allowed the county to consolidate and further provide a single system of care for older adults and people with disabilities (County of San Mateo, 2005).

Another way the County has focused on customer-driven solutions is by providing more access to information. The County has been publicizing the 24-hour TIES line as a resource and published annual updates of the Help at Home Directory (County of San Mateo, 2005). "In 2004-2005, the Commission on Aging studied the most effective ways of sharing information with consumers and determined that the Aging and Adult Services department should contract with an outside organization to develop and maintain a website. The new website called Network of Care should be operational by July 1, 2005. It will provide 24-hour access to comprehensive information, resources and links to service providers" (San Mateo County, 2005, p.53).

Last, the County is customer-driven though their allocation of funding. San Mateo has established a priority pyramid identifying the highest to lowest priorities in the County. "County officials also analyze program utilization and expenditures and have reduced spending on programs that are not used often" (County of San Mateo, 2005, p. 73). When appropriate, the County restructures contracted programs to simplify administrative work (County of San Mateo, 2005). Basically, the County tries to maintain some flexibility in its allocation of funding in order to better meet the needs of the consumers. This is difficult with specific requirements and restrictions, especially with funding from the Older Americans Act, but the County still works hard to prioritize and spend according to the needs in the County.

Compiling data and resident input to support possible solutions

The first goal for the strategic plan for services to older adults and adults with disabilities is "involving consumers in advocacy, service planning and delivery" (County of San Mateo, 2005). San Mateo wants to "involve older adults and adults with disabilities in all aspects of advocacy, planning, delivery and evaluation of programs" (County of San Mateo, 2005, xv). "In financing implementation of the strategic plan, a majority of the cost will involve a restructuring of current programs and a greater role for consumers in planning and program implementation" (County of San Mateo, 2005, p.36).

There was an effort for consumers to participate in developing their current strategic plan. "From January 2004 through October 2005, representatives from the New Beginning Coalition, Commission on Aging, Commission on Disabilities, and Aging and Adult Services facilitated a series of more than 45 forums (focus groups) to provide an opportunity for consumers and providers to participate in the planning process" (County of San Mateo, 2005, p.29). Each forum was designed to address important issues of interested and presented the following questions: "What are their major concerns (regarding the issue)?; Are those concerns being met? If yes, how? If not, why not?; and Do they have any suggestions on how to address their needs/concerns better?" (County of San Mateo, 2005, p.29). In addition to the forums, surveys were done, secondary research from different organizations, and examination of administrative data (available due to the combined network of organizations). This administrative data allowed the county to "assess the characteristics of the

clients they serve, trends and utilization" (County of San Mateo, 2005, p.30).

County staff also documents the need for services that is currently unavailable

(County of San Mateo, 2005). Last, they document all the calls into their TIES

line. They track age, location, income and other valuable data on each person

who calls the line (County of San Mateo, 2005). This information is extremely

valuable in determining the demographic characteristics of those who are in need

of services in San Mateo County. This helps government focus its solutions

based on the data, with an interest in consumers' needs. It prevents wasting

valuable resources and prioritizing to help those who need it most.

Comparison: San Mateo County and Sacramento County

How can Sacramento County use San Mateo County as a model to better

support aging and disability concerns? There is some common ground between

the two counties, but generally San Mateo County has specifically addressed the

concerns of older adults and disabled persons, while Sacramento County has

systems in place, but they are much broader and do not focus on this specific,

much more dependent population. The most important difference, however, is

that San Mateo County has combined the Commission on Aging and

Commission on Disabilities under one roof. Because both groups have such

similar needs, this provides more opportunity for collaboration and efficient

systems and programs.

Table 1 provides a direct comparison between Sacramento County and

San Mateo County with respect to administration of services for older Adults:

**Table 1: Comparison of Administrative Features: San Mateo and
Sacramento Counties**

Administrative Feature	San Mateo County	Sacramento County
Strategic Plan	Aging and Adult Services Division Strategic Plan and implementation coordination committee to oversee implementation activities	Sac County Board of Sups adopted the System of Protection for Senior & Dependent Adults, Strategic Plan on May 10, 2005. The Executive task force was charged with coming back to the Board in 90 days with a plan for implementation. There is a Working Group involved in this as well. This plan specifically addresses elder abuse and neglect.
Collaboration to make Strategic Plan	New Beginning Coalition- including persons with disabilities, seniors, caregivers, and service providers (to make strategic plan)	See above.
Consolidated Services	Consolidated home and community-based services into the Aging and Adult Services Division	Not in Sacramento County
Customer Service Telephone Line	TIES Line (phone line for people with questions/problems directly related to aging and disability needs- available 24 hours)	Infoline Sacramento (Broad community resources line- not available 24 hours)
Collaboration between Aging and Disability Organizations	Commission on Aging and Commission on Disabilities under one roof	Not in Sacramento County
Fund Development	Raises other money through fundraisers, support from Foundation, etc. for aging and disability related programs	Annual fundraiser for Take A Stand Against Elder Abuse (TASAEA)
Assessment Tools	Uniform assessment tool for home and community-based	Not in Sacramento County

	services	
Website	Aging and Adult Services website	Senior & Adult Services website
Determining Priorities for Services	Priority Pyramid (identifying the highest to lowest priorities in the County)	Not in Sacramento County
Public Engagement/Involvement	Public Forums	AAC monthly meetings are open to the public. The majority of the advisory bodies, including the City Councils & Board of Sups have open meetings.
Tracking and Monitoring Consumer Information	Tracking consumer information via TIES line	InfoLine does track consumer info. As the Information & Assistance provider for the county, they track consumer calls, call them back to make sure they got assistance, and if they did not they record the need.

* Information about Sacramento County gathered from Amy Noakes at the Commission on Aging

As indicated in Table 1, there are some significant differences between San Mateo County and Sacramento County. First, as mentioned before, in San Mateo County, the disabilities group and aging group work together and are housed under one roof. This allows for more collaboration, a more efficient system of using funds, and the ability to address their similar needs in a more flexible way. It also helps to avoid fragmentation. Also, by housing all services under the Aging and Adult division, San Mateo is helping to prevent fragmentation and informal communication, which are two distinct problems in Sacramento County. Another difference is the strategic planning process. Sacramento County has adopted a strategic plan that is focused on elder abuse. While this is important, it does not address livable community concerns as well

as San Mateo's strategic plan. San Mateo County's strategic plan is focused on accessible services, transportation, and housing, which are three important components of livable communities. The strategic plan is broad, allowing for some innovative and creative solutions to aging and disability concerns.

Third, Amy Noakes of the Commission on Aging is not aware of any type of prioritizing in Sacramento County (A. Noakes, personal communication, July 6, 2005). By contrast, such prioritizing is apparent in San Mateo's strategic plan. San Mateo identifies areas and groups that have high to low priority and provides services based on this prioritization. This is a clear example of an efficient use of funding and is an important aspect of Osborne and Hutchinson's <u>work.</u> Osborne and Hutchinson argue that "in order for a government to be most efficient with its funds, it must prioritize what outcomes are of most value to the public" (Price of Government, 2004, p.13). As mentioned earlier, due to funding restrictions, it is imperative that Sacramento County take some steps to prioritizing in order to be most efficient with its funding.

The last difference is the type of accessible phone lines available. While Sacramento County does have an Infoline, it does not focus solely on older adults and people with disabilities. San Mateo's phone line is more customer-focused by providing an intake system. They have case managers available to open cases if necessary. It is also available 24-hours as problems do not only arise during the day. These differences are important and demonstrate how Sacramento County needs to implement more customer-focused solutions to aging concerns.

Chapter 5: Conclusions/ Recommendations

In conclusion, it is suggested that Sacramento County use San Mateo as a model to further improve its administrative capacity and allow for more collaboration between aging and disability groups. Sacramento County should take steps to lessen fragmentation and formalize communication, be more customer-focused, and seek more data to support aging and livability changes.

Will such administrative improvements help make communities more livable for older adults? Access to services is an important aspect of livable communities and San Mateo's focus on providing key health services and case management allows people to stay in their homes longer. According to San Mateo's strategic plan, "In-home Care, Assisted Living, Meals on Wheels, Adult Day Care, and other support services now enable many individuals, who in the past would have been in nursing homes, to continue living at home" (County of San Mateo, 2005, p.42). By being more efficient in providing these services, San Mateo has taken steps to improving communities and making them more livable.

Table 2: Nursing Home Utilization Rates Per Thousand Population in San Mateo County, 1973-99

	1973-74	1977	1985	1995	1997	1999	% Change 1973-99
Less than 65 years of age	0.6	0.9	.08	0.5	0.6	0.7	+16.6%
65-74 years of age	12.3	14.4	12.5	10.2	10.8	10.8	-12.2%
75-84 years of age	57.7	64.0	57.7	46.1	45.5	43.0	-25.5%

85 years of age+	257.3	225.9	220.3	200.8	192.0	182.5	-29.1%

While there is no conclusive evidence of the long- term effectiveness of the San Mateo approach, some evidence about nursing home usage in that County suggests that the model may be working. Table 2, drawn from the County's Strategic Plan (2005), provides data about rate of nursing home utilization over the previous three decades. It is evident that the rate of usage among older adults has decreased sharply. While there are other possible reasons for this change, there are two reasons to think the decline may be in significant part related to restructuring of service delivery. First, more accessible services allow older adults to stay in their homes longer and not have to utilize nursing homes. Also, literature has shown that older adults prefer to live in their home as long as possible. It provides a better quality of life by allowing an older adult to feel more independent and happy. Livable communities provide a higher quality of life for a longer period of time- the amount of time an aging adult should spend in a nursing home must be minimized. Livable communities may also reduce health care costs. Providing services that prevent illnesses and depression can save our already over-burdened health care system from spending more money in the future. This is especially important in reference to the changing demographics and the aging of baby boomers. According the San Mateo's strategic plan, "the growth in the aging population (especially in the 85+ age group), coupled with the trends towards the decreased use of skilled nursing facilities, will result in a greater demand for in-home and community-based

support for individuals at all income levels and greater competition for limited resources" (2005, p. 37).

Preventive health and improving quality of life are two ways of addressing the problems that will arise with the aging baby boomers. It is important to begin the process of improving services and communities so that future problems with aging adults do not become overwhelming. Rather than investing in nursing homes, counties should be focused on improving their services and the administrative capacity of these services within a community that is more livable. This is just a part of the process to improve communities for older adults, but at a time with funding restrictions so high, it is the most logical and efficient place to start. More education and data needs to be gathered about ways to improve communities for older adults, and people need to be more aware of its importance. Hopefully, in 2040, counties, including Sacramento, will have efficient systems in place to handle the increasing needs of the 65 and older group. Taking steps now is key in order to prevent future difficulties, and there is an opportunity now for Sacramento County to make these changes.

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