

## Sidnie Olson

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**From:** radromy@aol.com  
**Sent:** Thursday, January 29, 2009 8:59 AM  
**To:** DEIRcomments  
**Subject:** Marina Center

To whom it may concern:

I am writing to voice my support for the proposed Marina Center. I was born here in Humboldt County and am now raising my own family. I am happy to see this area being cleaned up and making way for new jobs and residential living spaces. I am in support of Home Depot coming to Eureka. Frankly, there are far more benefits to this proposal than their are concerns.

Thank you,

Liz Scott Adams  
PO Box 95  
Cutten CA 95534

707 444-9662

**Sidnie Olson**

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**From:** Sidnie Olson  
**Sent:** Wednesday, December 10, 2008 10:07 AM  
**To:** DEIRcomments  
**Subject:** FW: Marina Center- Balloon Tract DEIR comments  
**Attachments:** Doc1.doc

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**From:** Ammerman, David A SPN [mailto:David.A.Ammerman@usace.army.mil]  
**Sent:** Tuesday, December 02, 2008 10:22 AM  
**To:** Sidnie Olson  
**Subject:** Marina Center- Balloon Tract DEIR comments

<<Doc1.doc>> Sidnie - These are my comments as a private citizen and do not constitute the views of any public agency including the Corps of Engineers. Please add these to the public record. You can make edits if you like, I tend to get carried away with things. Most of my specific comments are on public transit access (there are numerous errors in the DEIR regarding this) and vehicle transportation to and from Marina Center and miscellaneous comments. My official comments as a Corps employee were forwarded to Kelley Reid, our lead biologist in Regulatory yesterday and I've asked Kelley to add them to the official record from the Corps of Engineers. The Corps comments address page specific requests for revisions, clarification or correction.

Thanks, -Dave Ammerman, 707-443-0855

PERSONAL COMMENTS ON MARINA CENTER/BALLOON  
TRACT, DRAFT ENVIRONMENTAL IMPACT REPORT

David Ammerman

Date: December 2, 2008

Please accept these general and some specific comments on the DEIR for the Marina Center proposal located between Waterfront Drive and Broadway and bounded by Washington Street on the south as proposed by CUE VI LLC. These are my comments as citizen of Cutten, in unincorporated Humboldt County and not of any public agency.

General comments:

I am in favor of some kind of commercial or light industrial development at the Balloon Tract (herein to be referred to as the "lot"). I agree with the City of Eureka's determination of the next Environmentally Superior Alternative after "No Project" to be the "Marina Center Reduced Footprint Alternative". The full project as proposed by CUE VI LLC with its mixed commercial, retail, office and residential, is in my opinion putting too many eggs in one basket. The height of some of the buildings (up to 72 feet) seems to me out of character for that close to the waterfront with its recreational setting. I can see why taller buildings are proposed, otherwise to have the same capacity with shorter buildings one would have to expand into the wetland areas or upland buffers. The residential and museum components can be left out, if anything to reduce parking capacity. I suppose one could adapt and maintain a residence or condo above the retail floors below as in Old Town, but having residences on the lot seems inappropriate. On the other hand, having someone living on site might provide some level of security over and above what might be provided on a contract basis for the retailers on site, but considering the number of transients (some violent and often under the influence) loose in this town, the residents themselves will desire security.

I don't favor the Limited Industrial Zoning alternative, nor the Off-Site Shoreline Property Alternative. The latter I would prefer to remain open space or set aside for waterfront park land or some other recreational use.

I support the applicant's proposal to perform clean up of the site of hazardous and toxic materials, hence their chosen front name, CUE VI LLC (Clean Up Eureka, this chosen phrase might be construed to refer to all of Eureka and not just the lot, and seems to have a slightly derogatory connotation towards the city). The extensive clean up of contamination substances needs to be closely monitored for compliance by the city, RWQCB and Coastal Commission. With the high profile of this project and its on-going controversy, documentation of each step and progress is essential. The developer of the

Lot, certain individuals and environmental groups including BayKeeper , EPIC and NEC to name just a few are in constant disagreement over development of the lot. Some of the individuals and environmental groups have legitimate concerns, others suffer from ultra-hysteria and ride the crusade carpet. With this acrimonious background, it is important to be as objective as possible, which might be extremely difficult as the battle lines have been drawn for years. The usual activist groups always complain of the developer's grandiose plans, but these same groups have never come up with practical or really desirable alternatives of their own.

I support the applicant's proposal to restore and enhance Clark Slough and the wetland areas to be set aside for this project. They need to come up with a viable and adequate plan that meets the standards of the Corps of Engineers, Coastal Commission, California Department of Fish and Game, RWQCB and the City. I believe as far as public agencies go, by far the biggest hurdle for the applicant in terms of permitting will be the Coastal Commission (for that portion of the project that requires a permit direct from the Commission) because of the Commission's very lengthy and cumbersome but at times necessary public hearing, environmental review and related permit processes. The Corps permit process is also getting more complicated, especially with new Compensatory Mitigation Rules and jurisdictional rules that have come out recently. I would like to see an upland or wetland vegetation buffer all the way around the perimeter of the proposed lot, but perhaps that is not practical due to traffic and circulation, and needs of minimum development for economic gain.

Specific comments:

The DEIR's discussion of public transit systems is outdated and needs to be immediately revised. I would not be surprised if either the public or news media picked up on the numerous errors already. It appears that the DEIR preparers and city planner reviewers took no opportunity to ride the transit or take a look at the most recent bus schedules. I am a long time rider of both city and county transit buses. Some of the city routes are rather long, tedious milk runs but if you know where you're going, what you want to do and when to do it, the bus can be an efficient and pleasant way to get around Eureka and the County. These are some of the errors that glower:

Neither the county or city buses run seven days a week, they run six days a week including Saturdays. Saturdays for both county and city buses are on a reduced schedule (usually 10 to 5 p.m. for city buses and slightly longer schedule on Saturday for the County buses). The buses may run on either a Saturday schedule or regular on certain holidays or holiday periods, on some major holidays the buses do not run at all. There is no Sunday service, although many people including myself would take advantage of Sunday service it were offered.

The route map in the DEIR is not accurate. Example, on both weekdays and Saturdays, the Red Route, after stopping at 3<sup>rd</sup> and H and 4<sup>th</sup> and D on its southbound route, makes a right-hand off 4<sup>th</sup> Street turn somewhere around A Street to the west and follows Commercial Street to Englund Marine and then makes a left onto Waterfront Drive. Both the weekday and Saturday Red Routes pass by the Balloon Tract on Waterfront Drive and past the Eureka Marina. Curiously, there is no designated bus stop between D Street and Koster and Washington intersection (on Saturdays I don't believe the Red Route stops at Koster and Washington but it does during the weekday). I asked the bus driver why they take this diversion route along Waterfront Drive even though there is no stop (it is indeed a scenic route). She said the reason is timing of the route so that the several buses meet at the same and correct time for transfers at Bayshore Mall and other locations, and to maintain the schedule. However, I can easily see the buses serving at least one designated stop at Englund Marine or at the Eureka Marina. I recommend the City discuss with the transit authorities to add a stop or two on Waterfront Drive. I'm sure some riders would stop here. I know I would especially if there is a special event at the Wharfinger Building. If the Marina Center gets approved and built, a stop somewhere along Waterfront (not just Koster and Washington) would be convenient for shoppers at the Marina Center.

Another error mentioned: The DEIR states the southbound Koster and Washington Street bus stop is discontinued. This is not correct, this stop is still used by city buses on the weekday Red Route southbound only. It is the northbound stop with the shelter that is no longer used. Why not ask the transit service to move the shelter across the street to the southbound side? The problem with the shelters is like at 4<sup>th</sup> and D, transients use them for shelter only including Sundays and are potential troublemakers to others including legitimate bus riders.

THE DEVELOPER, TRANSIT AUTHORITY AND THE CITY SHOULD DO EVERYTHING THEY CAN TO ENCOURAGE PUBLIC TRANSIT TO AND FROM THE MARINA CENTER IF IT IS APPROVED AND BUILT. This can reduce unnecessary traffic entering and leaving the center and clogging city traffic arteries.

On to traffic. I suggest there be a one way circulation from north to south starting at the Fourth Street extension. Two way traffic entering and leaving the Marina Center in reduced or full configuration will do nothing but snarl traffic both ways on Broadway. I do favor multiple entrances into the Marina Center including near the Eureka Wharfinger Building but keep the main circulation one way. No left turns from northbound even with a stop light. Proper signage, promotional or otherwise can direct out of town traffic to the Marina Center. The locals know to use Waterfront Drive or other secondary entrances.

### Wetlands and Clark Slough:

12 acres should be minimum for wetlands restoration and enhancement on the lot, possibly some more enhanced within the channel of Clark Slough which currently has too much invasive vegetation such as Phragmites or Pampas Grass. Clark Slough is currently a dumping ground by transients and other fools. Maintaining Clark Slough and the wetlands areas should be primary responsibility of the developer with conservation agreement and assistance from City Public Works.

### Bicycles and Pedestrians

Along with public transit, public access on foot and by bicycle (might want to discourage horses unless an unpaved path is available and hitching posts are provided where an area can be cleaned up) should be encouraged and provided for. Bicycle lock racks like everywhere else are essential for those patronizing new center stores.

### Locomotive derelicts:

I've never understood why these dinosaurs are still here. If they are the responsibility of Union Pacific they should be ordered to remove them or be fined. The locomotives are graffiti-ridden, public eyesores and public safety liabilities.

Thank you for your consideration on these comments - David A. Ammerman

Sidnie Olson  
City Planning Dept  
Eureka, CA 95501

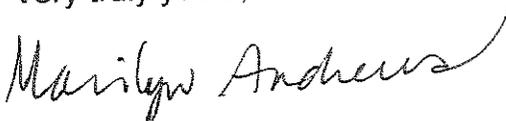
Dear Sidnie:

Re: the new plan for the Marina, and the EIR

Until the Home Depot – and indeed, any other big box store – is removed from the project, I will be against it. In terms of noise, traffic, and other categories on the EIR, a big box store would cause negative environmental impacts which simply could not be satisfactorily mitigated.

I live in Arcata, and I own a building in Eureka at 220 First Street.

Very truly yours,



Marilyn Andrews  
PO Box 1066  
Arcata CA 95518

December 10, 2008

**RECEIVED**  
DEC 11 2008  
DEPARTMENT OF  
COMMUNITY DEVELOPMENT

RECEIVED

FEB 02 2009

DEPARTMENT OF  
COMMUNITY DEVELOPMENT

January 28, 2009

Eureka Community Development  
531 K Street  
Eureka, CA 95501

Re: Marina Center Draft Environmental Impact Report—one public comment

Dear Sirs,

I'm submitting the following abbreviated comments on the proposed DEIR for the Marina Center development on the Balloon Tract... anonymously for obvious reasons. I'm fearful of Mr. Arkley's power and reputation of destroying dissenting individuals in this community. In the past he has used his wealth and power to destroy citizens and their businesses. I do not want to be another one of his victims.

**Air Quality, Noise, and Transportation/Traffic:**

The proposed Marina Center with a large retail anchor like Home Depot means a huge negative impact on these issues. This area was not planned for intense, high frequency access to a large retail establishment. If Marina Center is developed as planned, huge problems will occur in traffic congestion with automobile and truck traffic. This will be a disaster for Eureka.

While the developer plans street modifications to enhance traffic flow, it will not work. This area currently suffers from intense traffic during day light hours and especially rush hour times. With traffic congestion comes vehicular exhaust, which impacts air quality. Noise is also a byproduct of traffic, and traffic congestion.

**Geology, Soils, Seismicity, Hazardous Materials, Mineral Resources, Biological Resources, Hydrology and Water Quality:**

The umbrella issue over all of these concerns is pollution. The Balloon tract is a polluted site after over one hundred years of reckless railroad abuse. Toxins lie under the soils and are leaching into the bay. The site contains portions of underground rivers that flow into the Humboldt Bay. The City of Eureka should have forced the railroad to clean up its toxic mess years ago. This is one of Eureka's worst failures and is an embarrassment to all intelligent taxpayers. Why hasn't Eureka forced the railroads to clean this site? This is illogical and speaks to irresponsibility and stupidity in all past city governments.

Please mandate that both the new owner and the past owner perform a complete cleanup of this site, so there is no chance of any further future pollution leaching into the bay. Capping the site and cleaning up portions of the site is not acceptable.

Seismic action in the future may also affect structures on the site that have been constructed on filled, liquefaction-prone areas. This action may alter the geology allowing more toxins to leach into the bay as plugs. Plugs are known as concentrated areas of pollution often moving underground through water channels and absorption. Again a full cleanup has to be mandatory.

The site needs a full clean-up from the original owner and the new owner. This may require legal action, as should have been calculated in the past. It is a tragedy that Eureka allowed the railroad to escape this responsibility. It has to be done before anything is built on this site.

**Aesthetics:**

The proposed development will be contrast to the existing Marina and surrounding architectural resources. The architectural style should be rethought and should include a reference to other architecture in the area, as well as traditional styles in the City of Eureka.

**Coastal Dependency:**

As you know, the California Coastal Commission considers the appropriateness of any development bordering the shore of California. They ask the simple question--does any development fit the need of the coastal lands and would any development with a large retail component fit the surrounding marine area?

Of course the answer is no. Marina Center is not appropriate for a coastal area with a marina and fishing industries. The thought of Home Depot on the precious land on the bay is ludicrous. If Eureka approves this laughable use of this land, the Coastal Commission will subsequently embarrass the city with disapproval.

I'm amazed that the City of Eureka has allowed this development to progress this far. Eureka's Marina Center will be a source of embarrassment throughout the state. The City of Eureka will be infamous, as they allowed their last, most precious forty three acre parcel on its bay to be used by Home Depot. (subsequently creating huge environmental and traffic problems)

#### Cultural Resources:

There is a claim that two Wiyot villages used to be on this site. Shouldn't an archeological investigation take place?...before any pollution mitigation and construction begins?

#### Population and Housing:

Housing does not belong on this site which is surrounded by industrial zoned businesses. Please think about land use that is more compatible to surrounding businesses and industries. Also again, without a full cleanup of this site the land has a propensity to be a liability to the city, as it is not suited for residential use.

#### The Developer's Agenda for the "Environment, the Economy, and the Community":

Citizens of Eureka understand the history, back story, and hidden agenda associated with Marina Center's developer. He has created his own negative abusive reputation. He has threatened city council persons. He has destroyed small businesses. He has sent profane emails to many members of the media and citizens. He has hired private detectives to track county supervisors and other citizens. He has filed frivolous lawsuits against the county and others. He has verbally assaulted many individuals.

He is known as an alcoholic and he is considered by many to be unbalanced. He is a powerful man obsessed with controlling as much as possible with his vast wealth—which has apparently driven him to mental illness. All of this has been played out in a very public theater, where he has been in the limelight.

He has promoted Marina Center as "good for the environment", "good for the economy", and "good for the community". This marketing is filled with half-truths and puffery without any regard for the truth. Marina Center will not be "good for the environment". It will be built on a toxic foundation with little more than a cosmetic cleanup of the worst areas. It will leave a toxic area still toxic, and eventually the City of Eureka will realize that problem and probably pay for it, using taxpayer dollars. This is an outrage.

Marina Center will not be "good for the economy". Home Depot will destroy many small businesses in Eureka related to construction, home supplies, and even home services. The developer's hidden agenda, as many people know, is to destroy the Pierson's Building Supply business. Robin Arkley believes that Bill Pierson is his political enemy and is famous for making statements against Mr. Pierson. Mr. Arkley is also famous for his poisonous temper and tactics against his perceived enemies...and Bill Pierson is at the top of his list.

Marina Center will not be "good for the community". Again, Home Depot will destroy many small businesses. The traffic generated in and out of the development will destroy functional traffic patterns even with the "improvements" they plan to add to the infrastructure. This development will create all types of problems in this community and solve only one problem—putting structures on a long-abused parcel of Eureka waterfront. Marina Center has nothing to do with coastal dependency as directed by the California Coastal Commission. The development symbolizes poor community planning and the rule of a developer's power and wealth over intelligence, and logic in city affairs. This again is an outrage for taxpayers.

The last marketing piece sent throughout the city weeks ago called "Marina Center UPDATE" symbolizes Security National Corporation's and Arkley's shameless strategy in advertising the development to its audience. It is filled with shameless lies. Look closely at the contents and discover that all of the claims are promoted as an evaluation from an "independent study". They also state that it is the "City of Eureka's independent report".

This communicates to the reader that the study must be honest and even-handed, when in reality many citizens understand that Security National hired the group that conducted the study. It is labeled as the "City of Eureka's report" which is purposely deceptive. This is a classic example of the "fox guarding the hen

house" and communicates the low level of integrity that is associated with Marina Center and Security National Corporation. Every piece of marketing from Security National has been intentionally deceptive.

**Conclusion:**

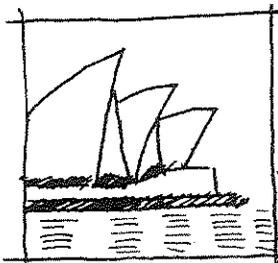
While everyone agrees that this site should be developed. The current plans for Marina Center discount simple logic and sound city planning. It is a shameful effort to scam the Eureka citizenry. Marina Center will be built on the foundation of toxic lies, deception and greed and Eureka citizens, led by city government will eventually pay the high price of this tragedy.

Can you imagine restoring this site and cleaning the site after Marina Center has been built? The California Coastal Commission will surely condemn this project. If Marina Center is built as proposed it will a huge problem for this city....and an embarrassment.

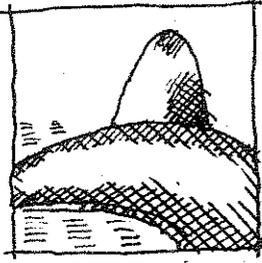
Sincerely,

A very concerned citizen

# Cruise Ship Destinations



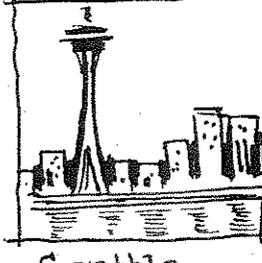
Sydney



Rio de Janeiro



San Francisco



Seattle



Eureka

Jeel Mielke

## Sidnie Olson

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**From:** Anthony & Anne Antoville [a2antoville@gmail.com]  
**Sent:** Thursday, January 29, 2009 4:01 PM  
**To:** DEIRcomments  
**Subject:** DEIR Comments and Attachments-Antoville 1-29-09  
**Attachments:** DEIR Comments Antoville.pdf; ATT13397.htm; AreaPlan07-08-BeginningPart1.pdf; ATT13398.htm

**To: Sidnie Olson-**  
**Our DEIR Comments are in the body of the email**  
**Attached: DEIR Comments PDF Copy, Area Plan Area 1 Agency on Aging Updated May 1, 2007**  
**Marina Center Draft EIR Public Comments**

Anne Conrad-Antoville and Anthony Antoville  
 539 G Street, Suite 115  
 Eureka, CA 95501  
 (707) 442-5300

January 29, 2009

As owners of a Eureka business that provides services to senior and disabled Humboldt County residents, we have the following comments regarding the Marina Center Draft Environmental Impact Report Chapter IV:

### Air Quality

We echo the concerns of Californians for Alternatives to Toxics, including the following concerns:

We are concerned that the project will generate 38 tons per year of fine particulate matter (PM10) yet no significant mitigations have been considered in the DEIR  
 Why have the following significant mitigations such as upgrading pollution output of diesel trucks such as those required by the ports of Los Angeles and Long Beach, installation of solar panels and passive solar design not been considered?  
 Why has the DEIR ignored technical evidence provided by the EPA regarding the harmful effects of diesel exhaust, as well as technical information from Agency for Toxic Substances and Disease Registry, and peer reviewed publications of the National Institute of Environmental Health Sciences, especially considering potential health risks and increased health costs for the 2010 - 2020 projected increase of 30.7% in Humboldt County's senior population (see attached 2005-2009 Area Plan Area 1 Agency on Aging)?  
 Why is there no analysis in the data sets that includes the high ranking for Humboldt County for cancer incidence in California?  
 Why does the DEIR fail to take into account the following in analyzing cumulative impacts: current PM10 contributors including Evergreen Pulp and Fairhaven Co-Generation plant, corridor effects outside the immediate vicinity of the project area, PM10 and other pollutants form the high level of dependence on combustion of wood for heat in Eureka, or reasonable foreseeable projects such as the Marine Terminal?

### G. Hazardous Materials

We echo the concerns of Humboldt Baykeeper regarding hazardous materials at the site and additionally identify Health Risk as being of greater concern to frail individuals including senior citizens, an increasing population group in Eureka, including the following concerns:

Recent sampling by Humboldt Baykeeper found dioxins and furans in site soils, sediments and fishes, the source of these toxics has not been identified in the DEIR  
 The DEIR HRA used outdated data and limited scope  
 Why were updated EPA toxicity values not used to determine potential health risks for chemicals of concern at the site?  
 Why has the increasing and 2010 - 2020 projected increase of 30.7% in Humboldt County's senior population (see attached 2005-2009 Area Plan Area 1 Agency on Aging) not been specifically considered as an at-risk group for Chronic Obstructive Pulmonary Disease (COPD) and Cancer in the DEIR?  
 Why has the increasing and 2010 - 2030 projected increase of 37.1% in Humboldt County's senior population (see attached 2005-2009 Area Plan Area 1 Agency on Aging) not been specifically considered as an at-risk group for Chronic Obstructive Pulmonary Disease (COPD) and Cancer in the DEIR?  
 Why did the DEIR Chapter G fail to contain an analysis of hazardous materials risk to wildlife?

### Cultural Resources

We request that the City of Eureka respect the Wiyot Tribe by honoring the request of the tribe made in part by the tribe's Cultural Director/THPO Helene Rouvier regarding the ethnographic evidence of one to two Wiyot villages existing within the boundaries of the proposed project including:

Identification of cultural resources early in the planning process through subsurface testing in sensitive areas  
 Allow the Wiyot Tribe to monitor construction in other areas during all ground disturbing activities

#### Transportation

As a Eureka business that serves senior and disabled populations located in the downtown area on the corner of 6th and G Streets, we have the following concerns:

Diversion of traffic into neighborhoods east and south of the project area  
 Why has no extensive review been made regarding additional traffic along the entire corridors of 6th and 7th Streets as drivers avoid longer delays along Broadway near the project site?  
 Why have impacts related to on-street parking and pedestrian safety along the entire corridors of 6th and 7th Streets not received greater Accident Analysis as drivers avoid longer delays along Broadway near the project site?  
 Why has the increasing and 2010 - 2020 projected increase of 30.7% in Humboldt County's senior population (see attached 2005-2009 Area Plan Area 1 Agency on Aging) not been specifically addressed in a wider Accident Analysis?  
 Why has the increasing and 2010 - 2030 projected increase of 37.1% in Humboldt County's senior population (see attached 2005-2009 Area Plan Area 1 Agency on Aging) not been specifically addressed in a wider Accident Analysis?  
 What provisions have been made regarding an evacuation when a tsunami event is imminent?  
 Why has Humboldt County's Office of Emergency Services Response Plan not been referenced?  
 What input from Humboldt County's Office of Emergency Services has been considered related to tsunami events?

#### Urban Decay

As business owners of a Eureka business in the downtown area, we have the following concerns regarding Urban Decay:

On January 26, 2009 as reported on MSNBC, Home Depot reported to be laying off 7,000 employees (approximately 2% of its workforce) as well as closing the company's smaller Expo chain. What legal provisions exist to guarantee Home Depot will not back out of the Marina project deal before its completion and to keep its store's doors open once the project has been completed?  
 The Eureka Mall has now become entirely occupied by regional or national chain stores a direct result of the exodus or shuttering by local retailers once the Bayshore Mall opened in 1987/88. Now that many chain stores (e.g. Old Navy, GAP and most recently Mervyn's) have left vast amounts of the Bayshore Mall retail space vacant and have deprived the area of local tax dollars, what provisions have been considered to prevent a recurrence of a similar scenario?  
 The City of Eureka has a vested interest in redeveloping the Old Town area (with prime waterfront land along the Boardwalk still vacant after 16 years) as a tourist destination based upon the unique quality of this historic location. How has the City of Eureka measured the loss in prospective revenue generated by tourists who expect to visit our distinctive and rare waterfront treasure but instead will be disappointed by the sight of yet another big box retailer?

Thank you for your thoughtful consideration of this matter.

Respectfully,  
 Anthony Antoville & Anne Conrad-Antoville

Area 1 Agency on Aging

**AREA PLAN**

July 1, 2005 to June 30, 2009

**Update 2007-2008**

May 1, 2007

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\*\*\*

Donna Chambers, Executive Director

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Planning and Service Area 1  
Del Norte and Humboldt Counties

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May 2007

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Jackie Glenn	Eleanor Smithers
Chris Jones	Barbara Walser
Dorothy Lincoln	Nancy Wilson

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(707)442-3763  
[planner@alaa.org](mailto:planner@alaa.org)

## AREA PLAN OVERVIEW

This document was prepared by the Area 1 Agency on Aging in response to the California Department of Aging requirement that a four-year Area Plan be developed for older individuals living in Humboldt and Del Norte Counties. This original document prepared May 1, 2005 is for the time period of July 2005 to June 2009. The Area Plan is annually updated and submitted to the California Department of Aging.

This document is divided into three parts. Part One provides an introduction to the Area 1 Agency on Aging, a description of the geographical area and persons we represent, and a discussion of how the Agency established priorities for inclusion in the Plan.

Part Two identifies the Goals and Objectives to be accomplished during the four year Plan. This section includes twenty-four (24) goal statements:

- nine (9) goals represent an emphasis on the senior service system;
- five (5) goals represent an emphasis on the Agency's administrative functions;
- five (5) goals represent the funding areas of the Family Caregiver Support Program; and
- five (5) goals represent the Community Based Services Programs.

The objectives included in this plan represent activities scheduled for Fiscal Year 2005-2006, 2006-2007 and 2007-2008.

Part Three of the Area Plan includes administrative information and necessary appendices as required by the California Department of Aging.

## TABLE OF CONTENTS

<b>PART ONE: AREA PLAN BACKGROUND</b> .....	<b>1</b>
<b>Section A: Setting the Stage</b> .....	<b>1</b>
<b>Description of the Planning and Service Area</b> .....	<b>2</b>
I. Physical Characteristics .....	2
II. Demographic Characteristics .....	3
A. General Older Adult Population .....	3
B. Older Adult Population by Census Divisions .....	4
C. Racial/Ethnic Composition by County .....	5
D. Older Persons Who are Considered Economically Needy .....	7
E. Older Persons Who are Considered Socially Needy .....	8
F. Institutionalized Adult Population .....	9
G. Disabled Adult Population.....	9
H. Grandparents Raising Grandchildren Population .....	10
I. Older Adult Non-English Speaking and Linguistically Isolated Population .....	10
J. Older Adults Living in Rural Areas.....	10
K. Family Caregiver Population.....	11
L. 2005 Projected Older Adult Population and Racial/Ethnic Composition.....	12
M. Projected Growth of Older Adult Population (1990-2050) .....	12
N. Projected Age Cohorts and Racial/Ethnic Composition (2010-2050).....	14
O. Counties' Demographic Profile and Economic Trends .....	16
III. Resources and Constraints .....	18
A. Challenges in Developing a Planning Document .....	18
B. Unique Resources in the Planning and Service Area .....	19
C. Constraints in the Planning and Service Area 1 Agency on Aging .....	20
IV. Local Service System.....	22
A. Key Components of the Service System .....	22
B. Formal Structure to Enhance Coordination of the Local Senior Service System....	24
V. Community-based Service Programs (CBSP) .....	25
<b>Description of the Area 1 Agency on Aging</b> .....	<b>26</b>
I. Agency Characteristics .....	26
II. Organizational Structure .....	28
III. Agency's Leadership Role in the Development of Community-Based Systems of Care .....	32
A. System/Component Evaluation and Review .....	32
B. Identification, Prioritization and Resolution.....	32
C. Advocacy .....	33
D. Inter-Agency Coordination Committees.....	34
E. Local System/Program Development (Activities and Outcomes) .....	36
F. Board of Directors and Advisory Council Support of A1AA's Leadership Role ...	36
G. Leadership Challenges.....	37
IV. Funding Sources.....	38
<b>Mission Statement</b> .....	<b>39</b>
<b>Section B. Establishing the Priorities</b> .....	<b>40</b>
<b>The Planning Process</b> .....	<b>41</b>
<b>Needs Assessment</b> .....	<b>43</b>
I. Methods Used to Prepare the 2005-2009 Area Plan .....	43
II. Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the 2005-2009 Area Plan.....	44
III. A Description of the Sources of Data Used to Prepare the 2005-2009 Area Plan.....	59

IV.	Brief Summary of Analysis of the Rationale Used in Prioritizing Areas .....	59
V.	Identification of Area of Need in Priority Order.....	59
VI.	Discussion of Advisory Council Involvement .....	59
VII.	Needs Assessments Activity Planned for the First Year of the New Four Year Plan ....	60
VIII.	Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the Area Plan Update 2006-2007 .....	61
IX.	Needs Assessments Activity Planned for the Second Year of the Four Year Plan.....	66
X.	Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the Area Plan Update 2007-2008 .....	67
XI.	Needs Assessments Activity Planned for the Third Year of the Four Year Plan .....	73
XII.	Summary of Identified Needs .....	74
	<b>Caregiver Needs Assessment .....</b>	<b>75</b>
I.	Caregiver: Methods Used to Prepare the 2005-2009 Area Plan .....	75
II.	Caregiver: Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the 2005-2009 Area Plan .....	76
III.	Caregiver: Needs Assessments Activity Planned for the First Year of the New Four Year Plan .....	84
IV.	Caregiver: Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the Area Plan Update 2006-2007.....	85
V.	Caregiver: Needs Assessments Activity Planned for the Second Year of the Four Year Plan.....	87
VI.	Caregiver: Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the Area Plan Update 2007-2008.....	87
VII.	Caregiver: Needs Assessments Activity Planned for the Third Year of the Four Year Plan.....	90
VIII.	Caregiver: Summary of Identified Needs .....	91
	<b>Baby Boomer Needs Assessment.....</b>	<b>92</b>
I.	Baby Boomer: Methods Used to Prepare the 2005-2009 Area Plan.....	92
II.	Baby Boomer: Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the 2005-2009 Area Plan .....	92
III.	Baby Boomer: Needs Assessments Activity Planned for the First Year of the New Four Year Plan .....	97
IV.	Community Planning for the Baby Boomer Impact on Senior Services .....	97
V.	Baby Boomer: Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the Area Plan Update 2006-2007 .....	98
VI.	Baby Boomer: Needs Assessments Activity Planned for the Second Year of the Four Year Plan .....	98
VII.	Baby Boomer: Presentation/Analysis of the Findings of Needs Assessment Methods Used in Preparation of the Area Plan Update 2006-2007 .....	98
VIII.	Baby Boomer: Needs Assessments Activity Planned for the Third Year of the Four Year Plan .....	101
	<b>Targeting .....</b>	<b>102</b>
I.	Targeting Priorities Established in the Older Americans Act.....	102
II.	Area Agency on Aging Targeting Priorities .....	103
III.	Target Populations within the PSA.....	103
IV.	How Needs of Targeting Populations will be Addressed .....	108
V.	Barriers that Prevent or Hinder Services to Target Populations.....	109
VI.	Outreach Methods .....	109
VII.	Outreach Methods for 2005-2009 Plan Period.....	110
VIII.	Targeted Populations Representation on Advisory Council .....	111
	<b>Identification of Priorities.....</b>	<b>112</b>

I.	Adequate Proportion Considerations .....	112
II.	Targeting Mandates .....	113
III.	Other Factors which Influence Prioritization .....	113
IV.	Identification of Priorities for the 2005-2009 Planning Cycle .....	114
<b>PART TWO: AREA PLAN GOALS AND OBJECTIVES .....</b>		<b>115</b>
	Introduction: Goals and Objectives .....	116
	Service System Emphasis Goals & Objectives (#10-18) .....	118
	Administrative Emphasis Goals & Objectives (#21-25) .....	140
	Family Caregiver Support Program Emphasis Goals & Objectives (#31-35).....	145
	Community Based Services Program (CBSP) Goals & Objectives (#41-45) .....	151
<b>PART THREE: AREA PLAN ADMINISTRATIVE INFORMATION .....</b>		<b>157</b>
	Service Unit Plan – Title III/VII .....	159
	Service Unit Plan – Title III E .....	171
	Service Unit Plan – Title V .....	177
	Service Unit Plan – CBSP.....	178
	Service Unit Plan –HICAP .....	181
	Appendices.....	183
IA:	Notice of Intent to Provide Direct Services .....	183
IB:	Request for Approval to Provide Direct Services.....	187
II:	Public Hearing .....	201
III.	Governing Board.....	227
IV.	Advisory Council.....	228
V.	Priority Services - Adequate Proportion.....	230
VI.	Community Focal Points List .....	232
VII.	Multipurpose Senior Center Acquisition and Construction Compliance .....	233
VIII	FCSP Notice of Intent for Non-Expenditure of Funds .....	234
X.*	Legal Services.....	235
XI.	Disaster Preparation Planning.....	237
XII.	Baby Boomer Information .....	239
XIII.	Required Services Provided Without the Use of State of Federal Funds .....	241
	Assurances .....	241

\* Note: There is no Appendix IX.

**PART ONE: AREA PLAN BACKGROUND**

**SECTION A: SETTING THE STAGE**

## SECTION A: SETTING THE STAGE

### DESCRIPTION OF THE PLANNING AND SERVICE AREA

**This section of the Area Plan provides a narrative description of the physical characteristics of Humboldt and Del Norte Counties; the social and demographic factors of the older adult population; the resources and constraints of the local community; and a description of the local service network.**

#### I. PHYSICAL CHARACTERISTICS

The geographic area comprising the Planning and Service Area (PSA) served by the Area 1 Agency on Aging (A1AA) includes the counties of Del Norte and Humboldt. This PSA makes up the extreme northwest corner of California, beginning at the Oregon border to the North, Pacific Ocean on the West, Trinity County on the East, and Mendocino County to the South. The area included in the PSA is 2,935,040 acres (4,586 square miles).

Both counties are on the Pacific Coast. Major population centers are located along the Highway 101 corridor. Two-thirds of the land mass is coastal mountain ranges with deep valleys; the remaining one-third of the land mass is coastal and alluvial plain.

The general climatic conditions are characteristic of marine west coast. In the mountain areas, temperature extremes range from freezing to above 100 degrees. The average temperature on the coastal plain is forty-one to sixty-one degrees with frequent fog. Rainfall is heavy in winter months in all parts of the PSA; averages range between 30 and over 100 inches depending upon location. Winter snow at the highest elevations is frequent.

The PSA is dominated by steep, forest-covered mountains ranging in elevation from 2,000 to 7,000 feet. The mountains are dissected by several large rivers and many smaller streams. The majority of the population lives along the coast plain and inland river valleys, while the mountain areas are sparsely populated. There are approximately 33.6 persons per square mile and 5.5 persons over the age of 60 per square mile.

The physical nature of the PSA produces certain limiting factors on service delivery. Unstable soils and intense rainfall cause rock and/or mudslides as well as frequent flooding. In addition, earthquake activity in the area is frequent.

There are eight incorporated cities in the two-county area. These include Arcata, Blue Lake, Crescent City, Eureka, Ferndale, Fortuna, Rio Dell and Trinidad. All but Crescent City are located in Humboldt County.

## II. DEMOGRAPHIC CHARACTERISTICS

In this section of the Area Plan the social and demographic profile of the older adult population living in Humboldt and Del Norte Counties is described. This information was obtained from a variety of sources including the 1990 Census, 2000 Census, the California Department of Social Services, the California Department of Finance population projections and the 2005 Humboldt County and Del Norte County Economic and Demographic Almanac. As a result of the many sources, numbers in one table will not necessarily tie to another table. Source data is identified for each table.

### A. General Older Adult Population

According to the 2000 Census, Summary File 1, the age sixty and older population estimations for Del Norte and Humboldt Counties for 2000, is 25,087.

**Table 1: Age Sixty and Older Population**

COUNTY	TOTAL 60+	% OF EACH COUNTY'S TOTAL POPULATION	% OF THE TOTAL 60+ POPULATION FOR PSA
Del Norte	4,513	16%	18%
Humboldt	20,574	16%	82%
<b>Total</b>	<b>25,087</b>	<b>16%</b>	<b>100%</b>

\* Del Norte and Humboldt Counties' older adult population percentages are slightly higher than the State's 14.0%.

The data for the following table was obtained from the 2000 Census Summary File 1.

**Table 2: Age Cohort Distribution by County**

COUNTY	AGE 65+ POPULATION		AGE 75+ POPULATION		AGE 85+ POPULATION		AGE 95+ POPULATION	
	Total	% of the Total 60+ Population	Total	% of the Total 60+ Population	Total	% of the Total 60+ Population	Total	% of the Total 60+ Population
Del Norte	3,448	76%	1,598	35%	375	8%	18	0.4%
Humboldt	15,776	77%	7,756	38%	2,002	10%	141	0.7%
<b>Total</b>	<b>19,224</b>	<b>77%</b>	<b>9,354</b>	<b>37%</b>	<b>2,377</b>	<b>9%</b>	<b>159</b>	<b>0.6%</b>

**B. Population by Census Divisions**

Tables 3 and 4 (below) show how the older adult population is geographically spread throughout Del Norte and Humboldt Counties. Del Norte County is divided into three census division areas. Humboldt County is divided into eight census division areas. The data source for this section is the Census 2000 Summary File 3. All census division areas, with the exception of Eureka, are considered rural areas. The rural areas of the PSA consist of 16,841 of the 25,076 over 60 population, which is 67.2%. The urban area of Eureka comprises 8,235 people over age 60 for a total of 32.8% of the PSA.

**Table 3: Percentage of Persons Age Sixty Years and Older by Census Divisions Areas in Del Norte and Humboldt Counties**

	Total Population	% of County Total Population	60+ Population	% of 60+ to Total Population	% of County Total 60+ Population	% of PSA Total 60+ Population
<b>DEL NORTE</b>	<b>27,507</b>	<b>100%</b>	<b>4,574</b>	<b>16.6%</b>	<b>100%</b>	<b>18.2%</b>
* Crescent City (Tracts: 1.01, 1.02, 1.03)	15,939	57.9%	2,792	17.5%	61.0%	11.1%
* Klamath (Tracts: 2.01, 2.02)	10,442	38.0%	1,576	15.1%	34.5%	6.3%
* Smith River-Gasquet (Tract: 2.03)	1,126	4.1%	206	18.3%	4.5%	0.8%
<b>HUMBOLDT</b>	<b>126,518</b>	<b>100%</b>	<b>20,502</b>	<b>16.2%</b>	<b>100%</b>	<b>81.8%</b>
* Arcata (includes Blue Lake) (Tracts: 9, 10, 11, 12, 103)	26,215	20.7%	3,157	12.0%	15.4%	12.6%
Eureka (includes Cutten, Humboldt Hill, Myrtle town, Pine Hill) (Tracts: 1, 2, 3, 4, 5, 6, 7, 8, 106, 107)	46,447	36.7%	8,235	17.7%	40.2%	32.8%
* Ferndale (Tract: 108)	4,697	3.7%	847	18.0%	4.1%	3.4%
* Fortuna (includes Hydesville) (Tracts: 109, 110)	11,515	9.1%	2,361	20.5%	11.5%	9.4%
* Garberville (includes Redway, Mattole, Petrolia) (Tracts: 112, 113)	10,641	8.4%	1,756	16.5%	8.6%	7.0%
* North Coast (includes McKinleyville, Trinidad, Westhaven, Moonstone) (Tracts: 104, 105.01, 105.02)	13,982	11.1%	1,910	13.7%	9.3%	7.6%
* Rio Dell-Scotia (Tract: 111)	4,759	3.8%	755	15.9%	3.7%	3.0%
* Trinity-Klamath (includes Willow Creek, Hoopa) (Tracts: 101, 102)	8,262	6.5%	1,481	17.9%	7.2%	5.9%
<b>PSA 1 Total</b>	<b>154,025</b>		<b>25,076</b>	<b>16.3%</b>		<b>100%</b>

\*denotes rural areas. The California Department of Aging states: "The term rural area as applied to Target Populations means, 'any area that is not identified by the census as urban. Urbanized areas are comprised of: (1) urbanized areas (a central place and adjacent densely settled territory with a combined minimum population of 50,000); and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.' State Performance Report."

**Table 4: Age Ranges by Census Divisions Areas (as detailed on page 4)**

	40-44*	45-49*	50-54*	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total
<b>DEL NORTE</b>	<b>2,361</b>	<b>2,018</b>	<b>1,622</b>	<b>1,189</b>	<b>1,104</b>	<b>1,026</b>	<b>809</b>	<b>812</b>	<b>438</b>	<b>385</b>	<b>11,764</b>
Crescent City	1,355	1,237	917	656	667	630	480	475	308	232	6,957
Klamath	919	660	638	492	391	352	278	292	121	142	4,285
Smith River-Gasquet	87	121	67	41	46	44	51	45	9	11	522
<b>HUMBOLDT</b>	<b>10,074</b>	<b>10,412</b>	<b>9,372</b>	<b>6,531</b>	<b>4,598</b>	<b>4,067</b>	<b>4,140</b>	<b>3,449</b>	<b>2,291</b>	<b>1,957</b>	<b>56,891</b>
Arcata	1,744	1,887	1,769	1,211	698	614	594	571	427	253	9,768
Eureka	3,721	3,915	3,609	2,415	1,666	1,514	1,689	1,463	992	911	21,895
Ferndale	331	382	366	217	209	161	159	145	101	72	2,143
Fortuna	1,012	953	729	667	479	431	482	389	266	314	5,722
Garberville	890	1,048	1,071	598	552	301	377	258	152	116	5,363
North Coast	1,306	1,132	918	704	405	397	485	338	159	126	5,970
Rio Dell-Scotia	397	345	303	234	190	248	118	113	41	45	2,034
Trinity-Klamath	673	750	607	485	399	401	236	172	153	120	3,996
<b>PSA 1 Total</b>	<b>12,435</b>	<b>12,430</b>	<b>10,994</b>	<b>7,720</b>	<b>5,702</b>	<b>5,093</b>	<b>4,949</b>	<b>4,261</b>	<b>2,729</b>	<b>2,342</b>	<b>68,655</b>

\* Baby Boomers born 1946-1964; were aged 36-54 for Census 2000

**C. Racial/Ethnic Composition by County**

The data for the following table was obtained from the U.S. Bureau of the Census, 2000 Census Data, Summary File 1.

**Table 5: Racial Composition by County**

COUNTY	60+ NON-MINORITY		60+ TOTAL MINORITY	
	Total	% of 60+ PSA Population	Total	% of 60+ PSA Population
Del Norte	4,071	90.2%	442	9.8%
Humboldt	18,861	91.7%	1,713	8.3%
Total	22,932	91.4%	2,155	8.6%*

\*Of the 8.6% minority: 841 (39.0%) are Native American; 527 (24.5%) are Hispanic; 196 (9.1%) are Asian; and 83 (3.9%) are African-American. The remaining 508 (23.6%) individuals identified themselves as Multi-race (466), Other (24), and Native Hawaiian/Other Pacific Islander (18).

The data for the following table was obtained from the U.S. Bureau of the Census, 2000 Census Data, Summary File 1.

**Table 6a: 60+ Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	4,513	4,071	90.2	170	3.8	132	2.9	44	1.0	9	0.2
Humboldt	20,574	18,861	91.7	671	3.3	395	2.1	152	0.7	74	0.4
Total PSA	25,087	22,932	91.4	841	3.4	527	2.1	196	0.8	83	0.3

**Table 6b: 65+ Racial/Ethnic Composition within Each County**

County	65 + Total	65+ Non Minority	%	65+ Native Amer.	%	65+ Hispanic	%	65+ Asian	%	65+ African Amer.	%
Del Norte	3,448	3,157	91.6	113	3.3	87	2.5	27	0.8	4	0.1
Humboldt	15,776	14,577	92.4	469	3.0	281	1.8	102	0.6	45	0.3
Total PSA	19,224	17,734	92.2	582	3.0	368	1.9	129	0.7	49	0.3

**Table 6c: 75+ Racial/Ethnic Composition within Each County**

County	75 + Total	75+ Non Minority	%	75+ Native Amer.	%	75+ Hispanic	%	75+ Asian	%	75+ African Amer.	%
Del Norte	1,598	1,490	93.2	52	3.3	25	1.6	7	0.4	1	0.06
Humboldt	7,756	7,300	94.1	177	2.3	117	1.5	3	0.5	13	0.2
Total PSA	9,354	8,790	94.0	229	2.4	142	1.6	43	0.5	14	0.1

**Table 6d: 85+ Racial/Ethnic Composition within Each County**

County	85 + Total	85+ Non Minority	%	85+ Native Amer.	%	85+ Hispanic	%	85+ Asian	%	85+ African Amer.	%
Del Norte	375	356	94.9	11	2.9	3	0.8	3	0.8	0	0.0
Humboldt	2,002	1,891	94.5	50	2.5	22	1.1	11	0.5	4	0.2
Total PSA	2,377	2,247	94.5	61	2.6	25	1.1	14	0.6	4	0.2

**Table 6e: 95+ Racial/Ethnic Composition within Each County**

County	95 + Total	95+ Non Minority	%	95+ Native Amer.	%	95+ Hispanic	%	95+ Asian	%	95+ African Amer.	%
Del Norte	18	18	100	0	0.0	0	0.0	0	0.0	0	0.0
Humboldt	141	135	95.7	1	0.7	3	2.1	2	1.4	0	0.0
Total PSA	159	153	96.2	1	0.6	3	1.9	2	1.3	0	0.0

**D. Older Persons Who Are Considered Economically Needy**

This section of the Area Plan includes two methods for determining the number of economically needy older persons: poverty level determination and SSI recipient data. In addition, the A1AA was asked to estimate the number of low-income minority older persons in the bi-county area and the racial/ethnic composition. This information is presented in Tables 7 through 10

**Table 7: 60+ Population In Greatest Economic Need\***  
(Based on 2000 Census summary file 3)

COUNTY	TOTALS	% OF THE TOTAL 60+ POPULATION
Del Norte 4,513	430	9.5%
Humboldt 20,574	1,730	8.4%
Total 25,087	2,160	8.6%

\* Greatest economic need is determined to be at or below 100% of poverty level.

The data for Table 8 and Table 9 was obtained from the 2000 Census Data, Summary file 3.

**Table 8: 60+ Low Income\* Non-Minority & Minority**

COUNTY	NON MINORITY	% OF TOTAL	MINORITY**	% OF TOTAL	TOTAL	% OF 60+ POPUL.
Del Norte	715	77.7%	205	22.3%	920	20.4%
Humboldt	2,595	83.8%	500	16.2%	3,095	15.5%
Total	3,310	82.4%	705	17.6%	4,015	16.0%

\* 125% of poverty level

\*\* Of the 705 (17.6%) minority: 290 (41.1%) are Native American; 120 (17.0%) are Hispanic; 65 (9.2%) are Asian; and 10 (1.4%) are African-American. The remaining 219 (31.1%) individuals identified themselves as Multi-race (215) and Other (4).

**Table 9: 60+ Low Income\*Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	920	715	77.7	105	11.4	4	0.4	50	5.4	0	0.0
Humboldt	3,095	2,595	83.8	185	6.0	115	3.7	15	4.8	10	0.3
Total PSA	4,015	3,310	82.4	290	7.2	120	3.0	65	1.6	10	0.2

\* 125% of poverty level

Poverty Guidelines for 2005 from the U.S. Department of Health and Human Services are annual income of \$9,570 for a family unit of 1, \$12,830 for family unit of 2, and \$16,090 for family unit of 3. For larger families add \$3,260 for each additional family member.

Another measure of low income is SSI recipient data. Table 10 indicates numbers of persons sixty-five years of age and older and those blind or disabled in PSA 1 who receive Supplementary Security Income (SSI), as of December 2004. Data provided by Social Security Administration.

**Table 10: SSI Recipients by County**

CATEGORY	HUMBOLDT	DEL NORTE	TOTAL
Aged 65+	498	163	661
Blind/Disabled	6,664	1,966	8,630
Total	7,162	2,129	9,291

**E. Older Persons Who are Considered Socially Needy**

The determination of those who are "socially needy" is made by identifying the percentage of the population who lives alone, i.e., socially isolated, and identifying the number of people who meet a minimum of two designated characteristics.

**Table 11: 60+ Population Living Alone**

(Source: 2000 Census Summary File 1)

COUNTY	TOTALS	% of the Total 60+ Population
Del Norte	1,130	36.0%
Humboldt	5,559	38.9%
<b>PSA Total</b>	<b>6,729</b>	<b>38.4%</b>

**Table 12: Estimated Number of 60+ Population in Greatest Social Need\***

Del Norte	555
Humboldt	2,976
Total	3,531

\* Greatest Social Need is defined to be individuals who have at least two of the following characteristics: disabled, language/communication barrier, lives alone, age seventy-five or older.

**F. Institutionalized Adult Population**

The number of institutionalized adults in Del Norte and Humboldt Counties are listed below in Table 13.

**Table 13: Adults Living in Institutions**

(Source: 2000 Census Summary File 1)

<b>County Total Population</b>	<b>Total</b>	<b>% of total Population</b>
Del Norte 27,507	83	0.3%
Humboldt 126,518	520	0.4%
<b>PSA Total 154,025</b>	<b>603</b>	<b>0.4%</b>

It is estimated that at least five percent of those living in institutions could live in the community with adequate support services. This would be approximately thirty (30) adults. Over the past year, Tri County Independent Living Inc. has successfully relocated two individuals from skilled nursing facilities into the community. These individuals were identified by the Ombudsman Program.

**G. Disabled Adult Population**

The disabled adults population and their percentage of the overall population are described below.

**Table 14: Disabled Adult Population**

(Source: 2000 Census Summary File 4)

<b>COUNTY</b>	<b>TOTALS</b>	<b>% of Total Population</b>
Del Norte 27,507	5,568	20.2%
Humboldt 126,518	25,116	19.9%
<b>PSA Total 154,025</b>	<b>30,684</b>	<b>19.9%</b>

Census data for disabled adult includes functional impairments: sensory, physical, mental, self care, and going outside the home.

**Table 15: Adults with Severe Disabilities**

(Source: 2000 Census Summary File 4)

<b>COUNTY</b>	<b>TOTALS</b>	<b>% of Total Population</b>
Del Norte 27,507	764	2.8%
Humboldt 126,518	3,874	3.1%
<b>PSA Total 154,025</b>	<b>4,637</b>	<b>3.0%</b>

Severe Disability is defined as unable to provide self care.

**Table 16: Disabled and Blind Adults Receiving SSI**

<b>COUNTY</b>	<b>TOTALS</b>	<b>% of Total Population</b>
Del Norte 27,507	1,966	7.2%
Humboldt 126,518	6,664	5.3%
<b>PSA Total 154,025</b>	<b>8,630</b>	<b>5.6%</b>

**H. Grandparents Raising Grandchildren Population**

Many seniors are faced with primary responsibility for raising their grandchildren. The following table shows the number of seniors meeting that challenge.

**Table 17: Grandparents Responsible for Grandchildren**

(Source: 2000 Census Summary File 3)

County		Responsible Grandparents Total	% of the Total 60+ Population
Del Norte	4,513	204	4.5%
Humboldt	20,574	1,129	5.5%
<b>PSA Total</b>	<b>25,087</b>	<b>1,333</b>	<b>5.3%</b>

**I. Older Adult Non-English Speaking and Linguistically Isolated Population**

Many seniors have limited English speaking abilities and may not have access to those who can speak both their native language and English. The following table illustrates this older adult population.

**Table 18: 60+ Population Who are Linguistically Isolated**

(Source: 2000 Census Special Tabulation #215)

COUNTY		All household members speak English Only	Some household members speak a non-English language	All household members speak non-English language	Linguistically isolated individuals
Del Norte	4,350	3,920	260	170	110 (2.5%)
Humboldt	19,780	17,830	1,000	950	320 (1.6%)
<b>PSA Total</b>	<b>24,130</b>	<b>21,750</b>	<b>1,260</b>	<b>1,120</b>	<b>430 (1.8%)</b>

**J. Older Adults Living in Rural Areas**

The following tables on older adults living in rural areas are derived from 2000 Census, summary file 3. For these tables rural is defined as areas not classified as urban. Urban is all territory, population and housing units in urban areas, which include urbanized areas and urban clusters. An urban area generally consists of a large central place and adjacent densely settled census blocks that together have a total population of at least 2,500 for urban clusters, or at least 50,000 for urbanized areas. Urban classification cuts across other hierarchies and can be in metropolitan or non-metropolitan areas. Please note this rural definition differs from the California Department of Aging rural definition for rural area as applied to Target Populations on page 4.

**Table 19: 60+ Population Living Rurally Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	1,800	1,560	86.7	105	5.8	45	2.5	20	1.1	0	0.0
Humboldt	6,505	5,825	89.5	370	5.7	120	1.8	25	0.4	15	0.2
Total PSA	8,305	7,420	89.3	480	5.8	165	2.0	45	0.5	15	0.2

**Table 20: 60+ Rural and Low Income\*Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	325	230	70.8	60	18.5	0	0.0	20	6.2	0	0.0
Humboldt	860	690	80.2	120	14.0	4	0.5	0	0.0	0	0.0
Total PSA	1,185	920	77.6	180	15.2	4	0.3	20	1.7	0	0.0

\* 125% of poverty level

### K. Family Caregiver Population

A large portion of the care received by older individuals is done by family caregivers. Based on the National Family Caregivers Association's *Prevalence and Economic Value of Family Caregiving 2003* family caregivers in California represent 9.4% of the general population. Each of these family caregivers provide an average of 1,071.3 hours per year (or 20.6 hours per week) of care. The following table takes these numbers and applies them to Humboldt and Del Norte Counties.

**Table 21: Family Caregiver Population**

COUNTY		# of Caregivers	# of hours of care per year	Value of care hours*
Del Norte	27,507	2,586	2,770,503.2	\$24,408,133
Humboldt	126,518	11,893	12,741,529.1	\$112,252,871
<b>PSA Total</b>	<b>154,025</b>	<b>14,479</b>	<b>15,512,032.2</b>	<b>\$136,661,004</b>

\* The National Family Caregivers Association estimates the value of family caregiving at \$8.81 per hour.

L. 2005 Projected Older Adult Population and Racial/Ethnic Composition

The data for the for Table 21 and Table 22 was obtained from the California Department of Finance Population Projections, May 2004.

**Table 21: 2005 Projected Age Sixty and Older Population**

COUNTY	2005 TOTAL 60+	INCREASE FROM 2000 CENSUS	% INCREASE FROM 2000 TO 2005
Del Norte	5,047	534	11.8%
Humboldt	22,221	1,647	8.0%
<b>Total</b>	<b>27,268</b>	<b>2,181</b>	<b>8.7%</b>

**Table 22: 2005 Projected 60+ Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	5,047	4,368	86.5	245	4.9	221	4.4	66	1.3	20	0.4
Humboldt	22,221	19,986	89.9	878	4.0	537	2.4	230	1.0	115	0.5
<b>Total PSA</b>	<b>27,268</b>	<b>24,354</b>	<b>89.3</b>	<b>1,123</b>	<b>4.1</b>	<b>758</b>	<b>2.8</b>	<b>296</b>	<b>1.1</b>	<b>135</b>	<b>0.5</b>

The remaining 602 minority individuals identified themselves as Multi-race (568) and Native Hawaiian/ Other Pacific Islander (34).

M. Projected Growth of the Older Adult Population (1990 to 2050)

The following tables describe estimated growth patterns from 1990 to 2000 and the projected growth patterns from 2000 to 2050.

**Table 23: Estimated Growth of Older Population Planning and Service Area 1**  
(Using 1990 Census, Summary Tape File 2, and 2000 Census Table DP-1.)

	1990 (Census Data)	2000 (Census Data)	% GROWTH
Del Norte 60+	4,023	4,513	12.2%
Del Norte 75+	1,161	1,598	37.6%
Humboldt 60+	19,494	20,574	5.5%
Humboldt 75+	6,056	7,756	28.1%
<b>Total PSA 60+</b>	<b>23,517</b>	<b>25,087</b>	<b>6.7%</b>
<b>Total PSA 75+</b>	<b>7,217</b>	<b>9,354</b>	<b>29.6%</b>

**Table 24a: Total number of Persons in Del Norte and Humboldt Counties (Combined)  
Age 60 or Older, 2000 to 2050 and the Percent Increase**

(Source: California Department of Finance, Population Projections Report 03 P-3, May 2004)

	2000	2010	2020	2030	2040	2050
60 or older	25,087	32,301	42,386	45,111	43,548	45,305
Increase from 2000	n/a	7,214 28.8%	17,299 69.0%	20,024 79.8%	18,461 73.6%	20,218 80.6%
Increase from 2010	n/a	n/a	10,085 31.2%	12,810 39.7%	11,247 34.8%	13,004 40.3%
Increase from 2020	n/a	n/a	n/a	2,725 6.4%	1,162 2.7%	2,919 6.9%
Increase from 2030	n/a	n/a	n/a	n/a	-1,563 -3.5%	194 0.4%
Increase from 2040	n/a	n/a	n/a	n/a	n/a	1,757 4.0%

**Table 24b: Total number of Persons in Del Norte County  
Age 60 or Older, 2000 to 2050 and the Percent Increase**

(Source: California Department of Finance, Population Projections Report 03 P-3, May 2004)

	2000	2010	2020	2030	2040	2050
60 or older	4,513	5,709	7,642	8,674	8,144	9,207
Increase from 2000	n/a	1,196 26.5%	3,129 69.3%	4,161 92.2%	3,631 80.5%	4,694 104.0%
Increase from 2010	n/a	n/a	1,933 33.9%	2,965 51.9%	2,435 42.7%	3,498 61.3%
Increase from 2020	n/a	n/a	n/a	1,032 13.5%	502 6.6%	1,565 20.5%
Increase from 2030	n/a	n/a	n/a	n/a	-530 -6.1%	533 6.1%
Increase from 2040	n/a	n/a	n/a	n/a	n/a	1,063 13.1%

**Table 24c: Total number of Persons in Humboldt County  
Age 60 or Older, 2000 to 2050 and the Percent Increase**

(Source: California Department of Finance, Population Projections Report 03 P-3, May 2004)

	2000	2010	2020	2030	2040	2050
60 or older	20,574	26,592	34,744	36,437	35,404	36,098
Increase from 2000	n/a	6,018 29.3%	14,170 68.9%	15,863 77.1%	14,830 72.1%	15,524 75.5%
Increase from 2010	n/a	n/a	8,152 30.7%	9,845 37.1%	8,812 33.1%	9,506 35.7%
Increase from 2020	n/a	n/a	n/a	1,693 4.9%	660 1.9%	1,354 3.9%
Increase from 2030	n/a	n/a	n/a	n/a	-1,033 -2.8%	-339 -0.9%
Increase from 2040	n/a	n/a	n/a	n/a	n/a	694 2.0%

**N. Projected Age Cohorts and Ethnicity (2010 to 2050)**

Tables 25 and Table 26 are from the California Department of Finance, Population Projections, Report 03 P-3, May 2004.

**Table 25a: 2010-2050 Projections 60+ Population**

County	2000	2010	%*	2020	%*	2030	%*	2040	%*	2050	%*
Del Norte	4,513	5,709	26.5	7,642	69.3	8,674	92.2	8,144	80.5	9,207	104.0
Humboldt	20,574	26,592	29.3	34,744	68.9	36,437	77.1	35,404	72.1	36,098	75.5
<b>Total PSA</b>	<b>25,087</b>	<b>32,301</b>	<b>28.8</b>	<b>42,386</b>	<b>69.0</b>	<b>45,111</b>	<b>79.8</b>	<b>43,548</b>	<b>73.6</b>	<b>45,305</b>	<b>80.6</b>

\* Percent increase from 2000 Census

**Table 25b: 2010-2050 Projections 65+ Population**

County	2000	%*	2010	%*	2020	%*	2030	%*	2040	%*	2050	%*
Del Norte	3,448	76.4	4,078	71.4	5,537	72.5	7,009	80.8	6,705	82.3	6,748	73.3
Humboldt	15,776	76.7	17,716	66.6	25,723	74.0	29,365	80.6	28,023	79.2	27,655	76.6
<b>Total PSA</b>	<b>19,224</b>	<b>76.6</b>	<b>21,794</b>	<b>67.5</b>	<b>31,260</b>	<b>73.8</b>	<b>36,374</b>	<b>80.6</b>	<b>34,728</b>	<b>79.7</b>	<b>34,403</b>	<b>75.9</b>

\* Percent of total 60+ population

**Table 25c: 2010-2050 Projections 75+ Population**

County	2000	%*	2010	%*	2020	%*	2030	%*	2040	%*	2050	%*
Del Norte	1,598	35.4	1,877	32.9	2,326	30.4	3,232	37.3	3,863	47.4	3,332	36.2
Humboldt	7,756	37.7	8,027	30.2	9,387	27.0	14,427	39.6	15,150	42.8	13,472	37.3
<b>Total PSA</b>	<b>9,354</b>	<b>37.3</b>	<b>9,904</b>	<b>30.7</b>	<b>11,713</b>	<b>27.6</b>	<b>17,659</b>	<b>39.1</b>	<b>19,013</b>	<b>43.7</b>	<b>16,804</b>	<b>37.1</b>

\* Percent of total 60+ population

**Table 25d: 2010-2050 Projections 85+ Population**

County	2000	%*	2010	%*	2020	%*	2030	%*	2040	%*	2050	%*
Del Norte	375	8.3	546	9.6	719	9.4	951	11.0	1,206	14.8	1,316	14.3
Humboldt	2,002	9.7	2,482	9.3	2,539	7.3	3,069	8.4	4,855	13.7	4,544	12.6
<b>Total PSA</b>	<b>2,377</b>	<b>9.5</b>	<b>3,028</b>	<b>9.4</b>	<b>3,258</b>	<b>7.7</b>	<b>4,020</b>	<b>8.9</b>	<b>6,061</b>	<b>13.9</b>	<b>5,860</b>	<b>12.9</b>

\* Percent of total 60+ population

**Table 25e: 2010-2050 Projections 100+ Population**

County	2000	%*	2010	%*	2020	%*	2030	%*	2040	%*	2050	%*
Del Norte	0	0	5	0.1	14	0.2	23	0.3	27	0.3	29	0.3
Humboldt	13	0.1	22	0.1	36	0.1	45	0.1	44	0.1	60	0.2
<b>Total PSA</b>	<b>13</b>	<b>0.1</b>	<b>27</b>	<b>0.1</b>	<b>50</b>	<b>0.1</b>	<b>68</b>	<b>0.2</b>	<b>71</b>	<b>0.2</b>	<b>89</b>	<b>0.2</b>

\* Percent of total 60+ population

**Table 26a: 2010 Projections 60+ Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	5,709	4,802	84.1	323	5.7	284	5.0	95	1.7	24	0.4
Humboldt	26,592	23,458	88.2	1,117	4.2	802	3.0	349	1.3	157	0.6
Total PSA	32,301	28,260	87.5	1,440	4.5	1,086	3.4	444	1.4	181	0.6

**Table 26b: 2020 Projections 60+ Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	7,642	6,126	80.2	496	6.5	537	7.0	180	2.4	30	0.4
Humboldt	34,744	29,408	84.6	1,725	5.0	1,499	4.3	613	1.8	291	0.8
Total PSA	42,386	35,534	83.8	2,221	5.2	2,036	4.8	793	1.9	321	0.8

**Table 26c: 2030 Projections 60+ Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	8,674	6,522	75.2	663	7.6	829	9.6	254	2.9	56	0.6
Humboldt	36,437	29,312	80.4	2,126	5.8	2,204	6.0	932	2.6	438	1.2
Total PSA	45,111	35,834	79.4	2,789	6.2	3,033	6.7	1,186	2.6	494	1.1

**Table 26d: 2040 Projections 60+ Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	8,144	5,774	70.9	650	8.0	1,021	12.5	287	3.5	58	0.7
Humboldt	35,404	26,297	74.3	2,374	6.7	3,454	9.8	1,161	3.3	543	1.5
Total PSA	43,548	32,071	73.6	3,024	6.9	4,475	10.3	1,448	3.3	601	1.4

**Table 26e: 2050 Projections 60+ Racial/Ethnic Composition within Each County**

County	60 + Total	60+ Non Minority	%	60+ Native Amer.	%	60+ Hispanic	%	60+ Asian	%	60+ African Amer.	%
Del Norte	9,207	6,170	67.0	781	8.5	1,349	14.7	397	4.3	64	0.7
Humboldt	36,098	25,200	69.8	2,692	7.5	4,464	12.4	1,316	3.6	573	1.6
Total PSA	45,305	31,370	69.2	3,473	7.7	5,813	12.8	1,713	3.8	637	1.4

## O. Counties' Demographic Profile and Economic Trends

Source data for this section was obtained from the 2005 Del Norte County Economic and Demographic Almanac and the 2005 Humboldt County Economic and Demographic Almanac.

Population in both counties continues to grow. Del Norte County's population has increased 12% from 1990 to 2000. Crescent City has had a 39% population increase in this time period, while the rest of the county has had a 6% increase. (These figures do not include the Pelican Bay State Prison population). Humboldt County has experienced 4% population growth between 1990 and 2000. McKinleyville (17%) and Fortuna (11%) are the fastest growing communities for this time period.

Humboldt County and Del Norte County are slowly becoming more racially diverse. The fastest growing minority is the Hispanic population. It is estimated that Hispanics will comprise 6.7% of the bi-county area in 2030. The Native American population will increase to 6.2%, the Asian community to 2.6% and the African American population to 1.1% for the bi-county area by 2030.

In both counties, the age group of 45-64 is the fastest growing group. The aging of this demographic cohort will significantly impact the senior service delivery system in the next twenty years as the Baby Boomer population reaches age 60 starting in 2006.

Unemployment rates for both Del Norte County and Humboldt County are traditionally higher than the rest of the State. Over the past thirty years Del Norte has had an average of 6% above the State's unemployment rate. In 2003 Del Norte's unemployment rate was 8.7% (2% over California's 6.7%). Humboldt County had had an average of 3% above the State's unemployment rate over the past 30 years and for the first time in that many years the 2003 unemployment rate was below at 6.4%.

Both counties have experienced a decline in employed people over the past several years. Humboldt County experienced an all time high of 60,700 employed individuals in 1999 and a slight decrease of 773 jobs (1.2%) by 2003. Del Norte had an all time high in 1997 of 10,197 employed individuals and has steadily decreased to 9,730 in 2003 which is a decrease of 4.7% (479 jobs). The largest employer categories continue to be: services, retail trade, manufacturing, construction, and agricultural services (including forestry and fishing).

New construction in Del Norte is at a ten year high. In 2003 the County issued building permits for 127 single and multi-family units. This is a dramatic increase from 1999's 35 units (the twenty year low). Humboldt County issued building permits for 460 single and multi-family units in 2003. The increase is significant when compared to 2000 and 1998 which issued the twenty year low of 373 units, but is only 52.6% of 1990's 875 units.

Migration data is obtained from California Department of Highway Patrol. During the years of 1998, 1999, and 2000 Humboldt County experienced an average increase of 440 licensed drivers each year, while in 2001 there was an increase of 1,989 drivers and 2002 had an increase of 2,510 drivers (2.7% increase). In Del Norte there was an average decrease of 64 licensed drivers between each year 1998 and 2000. In contrast Del Norte experienced an increase of 449 drivers in 2001 and 423 in 2002.

### III. RESOURCES AND CONSTRAINTS

#### A. Challenges in Developing A Planning Document

In preparing a document for the 2005-2009 planning period, the Area 1 Agency on Aging (AIAA) identified a number of challenges the local aging network will face as we continue the development and enhancement of local care systems. The AIAA is increasingly becoming recognized as the primary focal point for entry into aging services. The AIAA must provide strong leadership, effective advocacy, comprehensive planning and analysis of needs and trends, assurances of quality, cost-effective service provision and stewardship of available resources, in order to be viewed as a visible and effective leader at the local level. Increased flexibility will allow AIAA to work proactively in the development of home and community-based systems of care.

The first challenge is the expected growth of the older adult population. According to U.S. Bureau of the Census, the age sixty and older population in Del Norte and Humboldt Counties has grown 7% between 1990 and 2000. The California Department of Finance has the sixty and older population projected to grow 69% between 2000 and 2020 for Humboldt and Del Norte Counties. Additionally we will see an increase of 27% in those years for those eighty-five and older. It is statistically certain that as age increases, independence will decrease. This, in turn, challenges the local community to respond with the development of a full range of services, with particular focus on the truly vulnerable - those older adults who have fallen victim to chronic, multi-faceted disabilities. In addition to the anticipated growth of the traditional senior population, we must understand the needs of and plan for the Baby Boomers and their impact on the local system of care. The obvious changes in health care, including the eventual introduction of managed care operators to the North Coast and programs like Medicare+Choice, will press the AIAA into greater advocacy and protective roles.

Along with demographic change, the local aging network continually faces the challenge of economic hard times including limited resources. In developing a plan for 2005-2009, the aging network also faces the challenge of a changing local and state economy, impacted by energy costs, welfare reform, increasing demographic diversity and changes in public policy and legislation. The need for long term care alternatives exceeds current supply. This situation will worsen as the population ages. Housing alternatives for low and middle income individuals are sorely needed.

The December 2000 reauthorization of the Older Americans Act brought new funding to the community. In 2001, the AIAA's responsibilities increased to administer the new Family Caregiver Support Program. This new program has been fully integrated into the Agency's needs assessment process and development of goals and objectives.

There are some unique resources (described below) in the Planning and Service Area that will help AIAA address these challenges. There are also some constraints (described below) that we as an aging network will have to work together to overcome.

## **B. Unique Resources in the Planning and Service Area**

The most significant resources that will have a positive impact on senior service delivery are older persons themselves and the local aging network. The 27,268 older persons residing along California's north coast are fiercely independent and self-reliant. This pride contributes to the strong desire to remain at home and encourages the development of locally based services unique to each community.

Nearly seventy percent of the older adult population resides in or around the area's four largest incorporated cities: Eureka, Crescent City, Arcata, and Fortuna. (Of these, Fortuna is statistically significant as one in four of the general population is already age sixty and older--a statistic the nation is not expected to realize for another fifteen years.) Older persons living in or near to the four incorporated cities have relatively easy access to the community's available resources.

In the smaller towns where formal services are very limited or non-existent, the sense of "taking care of one's own" is predominant. Family members, neighbors and other informal caregivers fill in to provide basic care.

The community as a whole--but older persons in particular--contribute both funds to support programs and thousands of hours of volunteer services. Many of these volunteers provide services that benefit frail, vulnerable and disabled persons.

A local aging network is in place in the Planning and Service Area to respond to the needs of individual older persons. The term aging network includes the social and human service agencies, health provider organizations, administrative and planning bodies, governmental programs and informal entities. Recent partnerships with County departments bring promise of better service integration.

While this community was recognized in 1989 by the Administration on Aging as one of the nation's model communities for designing a responsive, comprehensive senior service system, AIAA knows there is much that still needs to be done. Particularly, AIAA knows it needs to focus resources and energies on the more remote locations and on those persons who provide informal care to family members or neighbors.

A resource, though, is the local aging network's longevity, its unique ability to come together in a cooperative arena and its focus to place the client "first." These attributes will assist in the future design and development of senior programs. The Northcoast Senior Services Collaborative, formed in 1994, will assist the community in service coordination. In Del Norte County, a Senior Services Task Force was formed in 1997 to plan for development of a comprehensive long-term care service system that is available, accessible and

affordable to county residents. In 1998, A1AA provided leadership and guidance as the Task Force became the Del Norte Senior Services Commission, charged with implementing the elements of the plan.

In acknowledgement of the need for caregivers in this community, the Northcoast Senior Services Collaborative (with A1AA as the lead agency) wrote a successful grant to The California Endowment for a Caregiver Support Project. This project included caregiver training, a caregiver registry, and a caregiver support component. The three year project was funded in the fall of 2000.

The community is fortunate to have local foundations who consistently support senior programs. Two foundations target their largesse almost exclusively to older adults: the Bertha Russ Lytel Foundation and the Senior Citizens Foundation. The Senior Citizens Foundation, which was initially established by the Area 1 Agency on Aging in 1987, is still raising its endowment base and service awards are modest. In addition, the Redwood Coast Music Festival annually awards small grants to senior programs.

In response to the decline in governmental funds, the Area 1 Agency on Aging initiated a planned giving campaign and established an endowment fund within Humboldt Area Foundation in 1998. The purpose of the endowment is to ensure the long-term continuation of the many life-enhancing programs for elders offered by the A1AA.

The local senior community also receives tremendous corporate and private sector support. This support is evidenced in donations, grants, and awards to specific programs and through discounted products offered to older adults.

Continued privatization of services by the for-profit community will increase service availability, particularly in the area of assisted housing. However, such services are usually targeted for the high-end customer. The first three assisted living facilities opened in the bi-county area in 1998. Two additional facilities have opened since then.

## **C. Constraints in the Planning and Service Area**

Just as there are resources in the Planning and Service Area, there are real constraints. These constraints will, in the 2005-2009 plan period, make further system growth and refinement more difficult. These constraints include economic and geographic restrictions.

### **1. Economic Constraints**

There are few local sources of revenues for senior services. Economically, Humboldt and Del Norte Counties have been depressed since the 1980's. The most significant economic sectors in the bi-county area, historically fishing and the timber industry, are both in decline.

Closures of local mills, fishing restrictions, and a decline in timber-related industries, have contributed to a high jobless rate.

Unemployment rates often run higher than state or national averages. While community members are traditionally generous, continued economic hard times makes local individual fundraising efforts difficult. Local county and city government budgets have been negatively impacted by the decline in tax revenues historically supplemented by the timber industry and the shift in resources from the county government to the state.

Rising energy costs will have a negative impact on older adults living on fixed incomes. Our nutrition programs already are reporting a sizable decline in participant donations since the increase in utility costs. In addition, our area has the highest automobile fuel costs in the state.

As a result of Federal, State, Counties and cities' budget reductions and increases in service costs (due to the rising costs of energy, gasoline, workers' comp and employee health insurance), fewer dollars are available to support service delivery.

## 2. Geographic Constraints

Humboldt and Del Norte Counties are sparsely populated and rural. Though there are three significant population centers in Humboldt County (Eureka, Arcata, and Fortuna), and one population center in Del Norte County (Crescent City), over half of the area's population lives in unincorporated areas. The ruralness of the bi-county area and the geographic distance separating people from available services contributes to the difficulties in rural service provision.

Rural service provision is made more difficult by transportation issues. Transportation is insufficient or nonexistent to bring people to services that are offered in the more "urban" communities. There are often long distances between people and services they require. Those agencies that desire to "take services to people" often find the costs prohibitive.

In addition to geographic isolation, individuals in rural communities often experience social isolation. There are also older adults in rural areas that are not fully integrated into the community and/or the services provided therein.

Rural areas often have limited service availability. Most notably rural communities experience a shortage of health care options, limited health care providers, and restricted human/social services. Rural communities find it difficult to recruit and maintain medical personnel and other professionals, due in part to low wages. This situation has consistently

resulted in Humboldt and Del Norte Counties being designated by the state as "medically underserved areas."

Rural areas also lack the community and economic development opportunities often found in urban areas.

#### IV. LOCAL SERVICE SYSTEM

This description of the local service system includes a listing of the key services in the community and their availability, and a description of how the local service system is enhanced through formal structures that allow agencies to participate in refining the coordination of services.

##### A. Key Components of the Service System

There exists in Humboldt and Del Norte Counties a senior service system that blends three distinct levels of care into a continuum. The three levels of care differ principally in the frailty of the clients served. The three levels are:

- Basic services
- Community-based services
- Institutional-based services

Basic services assist persons age sixty and older whose needs are not predominantly determined by problems associated with functional impairment. These services are often provided in the community with Older Americans Act funds.

Community-based services assist older persons and younger functionally impaired adults with needs associated with functional impairment which places them at risk of institutionalization, (e.g., leaving their home--and often community--to enter a skilled nursing facility), and/or loss of independence. These services are often provided in the community with Older Californians Act funds.

Institutional-based services assist persons who reside in long-term health care facilities.

The continuum of services forms the basis for a review of the local service system. The chart on the following page identifies local services and their availability in the bi-county area. If service provision is limited to one county, it is noted with "DN" for Del Norte County only, or "H" for Humboldt County only.

**CHART THAT IDENTIFIES KEY LOCAL SERVICES  
BY NUMBER OF PROVIDERS AND SERVICE TYPE**

April 2005

SERVICE RESOURCE	NUMBER OF PROVIDERS	BASIC SERVICE	CBS* SERVICE	INSTIT.** SERVICE
Adult Day Care (none in PSA)				
Adult Day Health Care	3-H, 1-DN pending		X	
Adult Protective Services	2	X		
Adult Residential Care Facilities (inc. Assisted Living)	34-H, 2-DN			X
Alzheimer's Residence (RCFE)	2-H			
Alzheimer's Day Care Resource Centers	1		X	
Caregivers Resource Center	1		X	
Caregiver Registry	1	X		
Case Management	7		X	
Crime Prevention	4-H, 2-DN		X	
Employment Services	1	X		
Foster Grandparents	1	X		
Health Insurance Counseling and Advocacy Program (HICAP)	1	X		
Home Health Services	3		X	
Hospital Admission and Discharge Planners	5	X		
Housing	Multiple	X		
Independent Living Center	1			
Senior Information & Assistance	1	X		
Information & Referral Expertise in Long-Term Care Issues	1-H		X	
In-Home Services (Title III)	1-H		X	
In-Home Supportive Services (Title XIX)	2		X	
Legal Assistance	1	X	X	
Lifeline Assistance Programs / Are You OK? / Vial of Life	6-H, 3-DN	X	X	
Linkages Program	1-H		X	
Medicare Assignment Program	1	X		
Mental Health	2		X	
Money Management (Rep Payee)	2-H, 1-DN		X	
Multipurpose Senior Services Program	1-H		X	
Nutrition (Title III): Congregate	7	X		
Nutrition (Title III): Home Delivered Meals	4		X	
Nutrition (Title VI)	4-H, 1-DN			
Preventive Health Care for the Aging Program	1	X		
Respite Care – In-Home	3		X	
Retired Senior Volunteer Program	1	X		
Senior Centers: Multipurpose	1-H, 1-DN	X		
Senior Centers: Limited Activity	3-H, 1-DN	X		
Skilled Nursing Facilities	5-H, 1-DN			
Substate Long-Term Care Ombudsman	1		X	X
Transportation (public)	4	X		X

\* Community-based

\*\* Institutional-based

DN = Del Norte County only

H = Humboldt County only

**B. Formal Structures to Enhance Coordination of the Local Senior Service System**

The local service system has evolved over the past twenty-five years and continues to be modified to reflect client needs and service trends. The local service system is enhanced by the development of formal mechanisms in which a variety of agencies can come together to discuss ways to improve service system coordination. Some of these methods include:

Coordinating Care Council: This committee of service providers meets bi-monthly to discuss and resolve issues related to specific client cases.

Del Norte Senior Services Commission: In March 1996 the Del Norte County Board of Supervisors formed a Senior Services Task Force. The committee met through January 1998 to identify components of the senior service continuum that are not yet fully developed within the county. The Board of Supervisors adopted the plan in March 1998. The Board dissolved the task force, which was replaced with a commission to see that the task force recommendations are implemented.

North Coast Senior Services Collaborative: Formed in 1994, this collaborative of senior service providers meets quarterly to build a team approach for dialogue and problem solving that will enhance services to seniors in the community and establish a renewed trust among providers.

Northern California Association of Nonprofits: This organization of nonprofit entities meets monthly to promote community understanding of the value and contributions of local nonprofit organizations.

Social Services Transportation Advisory Committee: This committee of service providers, older adults and persons with disabilities meets monthly in each county to discuss and resolve issues around public transportation.

AIAA has representation on all of the above coordination committees. In most cases, the AIAA representative has a leadership role including chairing, facilitating or staffing the committee.

V. **Community-Based Service Programs (CBSP)**

The following programs are included in our CBSP: Alzheimer's Day Care Resource Center, Brown Bag, , HICAP, Linkages, and Respite Purchase of Services. These services are demonstrated as vital to the older adults of our PSA through our Needs Assessment.

The following programs are designated by the California Department of Aging as Community Based Service Programs (CBSP):

- Alzheimer's Day Care Resource Center,
- Brown Bag,
- Health Insurance Counseling & Advocacy Program (HICAP),
- Linkages, and
- Respite Purchase of Services

These programs are fully integrated into the AIAA service menu and planning processes.

Initially, goals related to CBSP were added to the 1999-2000 Area Plan Update. Goals for the new planning period are included in Part 2 of this plan. Development of goals and objectives was completed with input from service providers, including review of client satisfaction studies, assessment of program strengths and evaluation of waiting lists. The Advisory Council and Agency Planner reviewed senior citizens needs survey results to determine the CBSP's ability to address/meet identified client needs.

## DESCRIPTION OF THE AREA AGENCY ON AGING

This section of the Area Plan provides a narrative description of the Area 1 Agency on Aging and its placement within the community.

### I. AGENCY'S CHARACTERISTICS

#### A. Agency Overview

The Older Americans Act (OAA) of 1965, as amended, calls on Area Agencies on Aging to serve as visible and effective leaders and advocates, and intends that Area Agencies on Aging shall take the lead relative to all aging issues on behalf of older persons in a designated Planning and Service Area. The local Planning and Service Area includes the counties of Del Norte and Humboldt and represents 27,268 persons age sixty and older.

The Area 1 Agency on Aging (A1AA) is one of thirty-three Area Agencies on Aging in California designated by the State Department of Aging. Since 1980 the A1AA, a private, non-profit corporation, has carried out a wide range of functions on behalf of older persons, including advocacy efforts, planning functions, documentation of need, program coordination and development activities, and contracting for or providing necessary services. These functions are designed to establish community-based services that assist older persons in leading independent, meaningful and dignified lives.

The duties, responsibilities and powers of Area Agencies are defined in the OAA and the Older Californians Act. As well, the A1AA is responsible for meeting the specified goals and tasks delineated in the Area Plan, a contract the A1AA enters into with the California Department of Aging.

#### B. Volunteer Services

Since 1984 the A1AA has served as the sponsor of the Humboldt-Del Norte **Retired and Senior Volunteer Program (RSVP)**. Through RSVP, over 800 persons age fifty-five and older contribute their time and talents to over 300 non-profit, governmental agencies, and schools in the bi-county area.

The A1AA's Retired and Senior Volunteer Program (RSVP) expanded services to become the **Volunteer Center of the Redwoods (VCOR)** in September 1994. Through VCOR, volunteers of any age from fourteen and over are recruited and placed in meaningful community service. Combining RSVP and VCOR volunteers, there are 1,300 volunteers working throughout Humboldt and Del Norte Counties.

C. Information Services

Since July 1993, the A1AA has been the direct provider of the bi-county **Senior Information and Assistance (I&A) Program**. The I&A Program provides information about services to older adults or their caregivers and helps link people in need with appropriate local resources.

The I&A Program reaches over 6,000 persons annually with information about available senior services. The I&A Program provides additional assistance to older adults and their family members, including referrals, follow-up, forms completion and advocacy efforts. The I&A Program began operation of the **Del Norte Caregiver Registry for Seniors** as an adjunct service in 1997. In 1999, I&A, working with Del Norte Senior Services Commission, initiated a "single entry point" to help seniors access all appropriate services. In the fall of 2000, the I&A Program began investigating the feasibility of expanding the Del Norte Senior Single Entry Point to people of all ages. As a result, A1AA opened its Del Norte InfoCenter in March 2002.

In 1998, the I&A Program launched an **Eldercare Program** for six governmental and private organizations. This program provides expert help to employed caregivers who must cope with the challenges involved in balancing the demands of the workplace with those associated with caring for an older relative.

Beginning July 1, 1998, A1AA began direct administration of the bi-county **Health Insurance Counseling and Advocacy Program (HICAP)**. The purpose of HICAP is to provide accurate and objective counseling, advocacy, and assistance with Medicare and health insurance for current and imminent Medicare beneficiaries.

In July 2003, **Caregiver Services** in Humboldt County was established as a part of Information Services. The Caregiver Support Project (described below) was nearing completion of its grant and was transitioned into Caregiver Services. Caregiver Services includes:

1. caregiver registry, including background checks and matching care providers with care recipients (this includes IHSS recipients and providers through a contract with Humboldt County IHSS Public Authority)
2. caregiver training
3. caregiver support

In October 2004, the A1AA was awarded through California Department of Aging an **Aging and Disability Resource Center** grant from the Administration On Aging. This Center is in the development stage and is anticipated to begin offering services in July 2005. The Aging and Disability Resource Center will combine the services of the Del Norte InfoCenter with on-site services for people with disabilities including independent living programs, pre-screening for MediCal eligibility and information and referral to other programs serving the aging and disabled individuals of Del Norte County.

#### D. Caregiver Support Project

In 1999, AIAA on behalf of the Northcoast Senior Service Collaborative began a grant request process to The California Endowment for a Caregiver Support Project. After a nine month dialogue the grant was funded. The Caregiver Support Project was a three year project addressing: caregiver training, a caregiver registry, and caregiver support.

Project development began in late 2000 and early 2001. Caregiver trainings began in February 2001. The Caregiver Registry became available in May 2001.

The purpose of the project was threefold:

1. to develop a caregiver training curriculum that addresses all areas of basic caregiving and then conduct a minimum five classes with a total of 100 graduating trained caregivers each year of the grant;
2. to develop and implement a caregiver registry, which will include fingerprints, background checks, and graduation from the above referenced training for caregivers listed on the registry and then pairing the caregiver up with those in need of the service; and
3. caregiver support, which will include support groups as well as continued education opportunities.

The overriding purpose of the Caregiver Support Project was to provide a pool of qualified, trained, and screened in-home care providers to assist frail elders and adults with disabilities to live independently.

Prior to the completion of the Caregiver Support Project in the fall of 2003, the transition and development of the Information Services' program Caregiver Services was underway and completed during fiscal year 2003-2004. Caregiver Services was able to continue the objectives of the Caregiver Support Project.

## II. ORGANIZATIONAL STRUCTURE

### A. Governing Body and Advisory Councils

The governing policy making body of the AIAA is a twelve member Board of Directors (nine members are residents of Humboldt County and three members are residents of Del Norte County). The Board of Directors is guided by two Advisory Councils.

The Directors each serve on at least one Board committee. Some Board committees are augmented with community members who contribute their specific expertise. The Board of Directors' standing committees include: Contract Review, Personnel, Finance and Audit, Executive, and Board Membership.

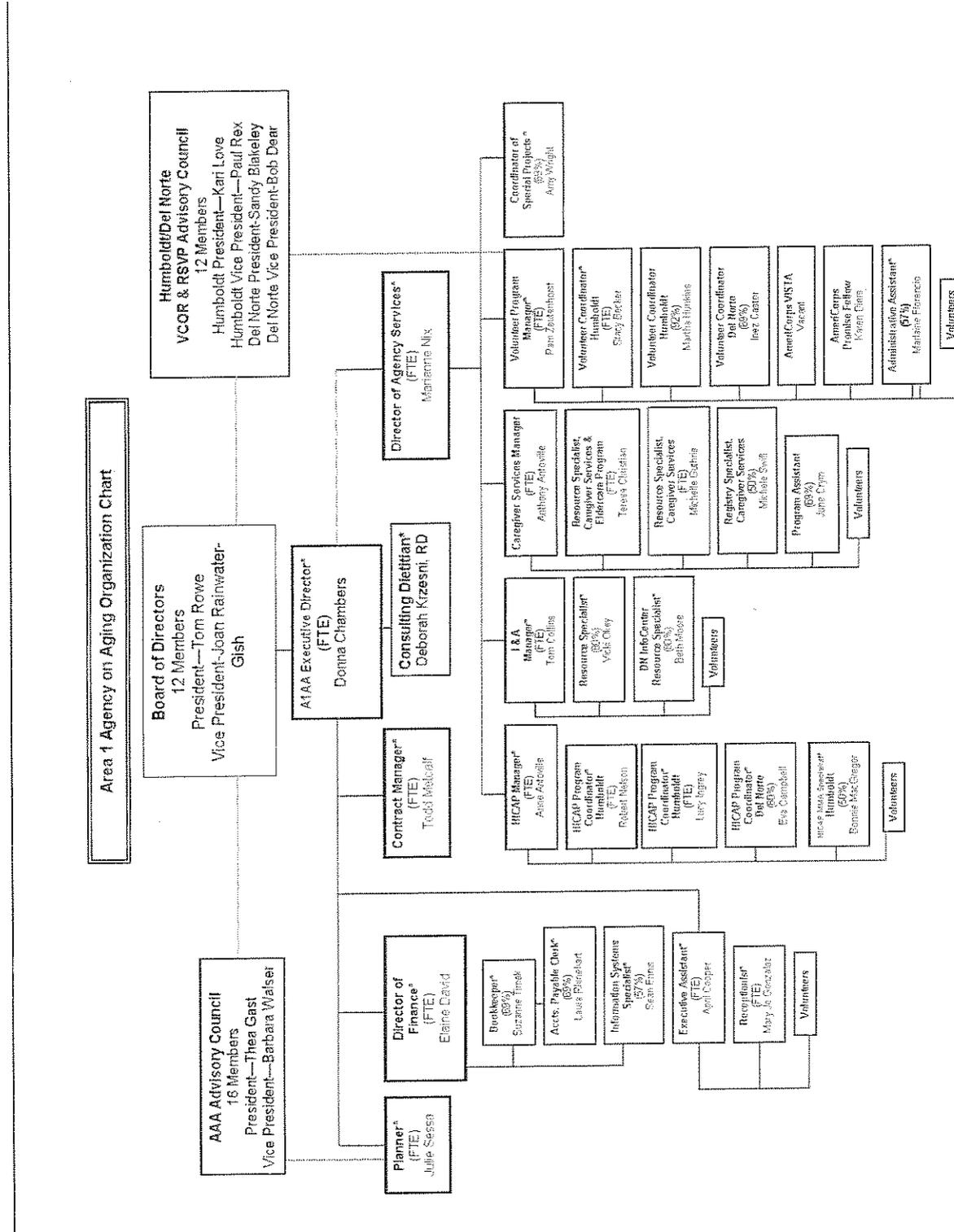
The Board of Directors has adopted a strategic plan that includes the following initiatives: marketing, technology, resource development, longevity, and advocacy.

A 13-member AIAA Advisory Council (10 members are Humboldt County residents and 3 members are Del Norte County residents) advises the Board of Directors and staff on development and implementation of the Area Plan and functions as the principal non-partisan advocacy body on behalf of older persons in Humboldt and Del Norte Counties. The Council is very involved with needs identification activities. The Council fulfills part of its charge by forming subcommittees around identified need areas and identifying projects for completion that will impact the need.

A 12-member VCOR/RSVP Advisory Council, advises the Board of Directors and staff on the support and design of the Volunteer Programs. VCOR/RSVP Advisory Council's standing committees include Council Development, Evaluation, Recognition, Marketing and Fundraising, and Disaster Preparedness. A nine member Del Norte Advisory Committee, composed of volunteers, community members, and student representatives serves as a voice for the development and enhancement of senior volunteer programs in Del Norte County.

B. Staffing

The AIAA employs 31 persons (as of 3/07), one consultant, and one Americorp P.R.O.M.I.S.E. fellow. The relationship of the staff to the Agency's programs is delineated on the AIAA Organization Chart found on page 30. In addition, the AIAA uses the services of twelve in-house volunteers who provide support to the Agency's staff and programs.



\* Denotes positions fully or partially funded by OAA for OCA Programs

## AIAA Organizational Chart

Page 2

Position Titles  
with Older Americans Act and Older Californians Act  
funding percentages

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**Executive Director**

58% AP Administration  
2% HICAP Administration  
15% Title III-B  
24% Allocated Overhead  
1% Other  
Total 100%

**Planner**

63% AP Administration  
10% Title III-B  
7% Other  
Total 80%

**Director of Financial Services**

36% Administration  
1% HICAP Administration  
62% Allocated Overhead  
1% Other  
Total 100%

**Bookkeeper**

6% AP Administration  
59% Allocated Overhead  
4% Other  
Total 69%

**Information Systems Specialist**

8% AP Administration  
4% Title IIIB  
4% Title IIIE  
12% HICAP  
29% Other  
Total 57%

**Executive Assistant**

52% AP Administration  
17% Allocated Overhead  
Total 69%

**Receptionist**

2.5% Title III-C1  
2.5% Title III-C2  
85% Allocated Overhead  
10% Other  
Total 100%

**Contract Manager**

100% Administration  
Total 100%

**Director of Agency Services**

18.5% Title III-B  
2% Title III-D  
7.5% Title III-E  
18% HICAP  
54% Other  
Total 100%

**HICAP Manager**

100% HICAP  
Total 100%

**HICAP Counselors (2.5)**

100% HICAP  
Total 100%

**HICAP Coordinator**

80% HICAP  
Total 80%

**I & A Manager**

48.3% Title III-B  
47% Title III-E  
4.7% Other  
Total 100%

**Resource Specialist**

7% Title III-E  
93% Other  
Total 100%

**Resource Specialist**

53% Title III-B  
27% Title III-E  
Total 80%

**Resource Specialist**

35% Title III-B  
35% Title III-E  
10% HICAP  
Total 80%

**Resource Specialist**

37.5% Title III-B  
Total 37.5%

**Volunteer Program Manager**

20% Title III-B  
80% Other  
Total 100%

**Volunteer Coordinators (2.61)**

53% Title III-B  
47% Other  
Total 100%

**Administration Assistant**

11% Title III-B  
46% Other  
Total 57%

**Coordinator of Special Projects**

9% Title III-B  
10% Title III-D  
50% Other  
Total 69%

### III. AGENCY'S LEADERSHIP ROLE IN THE DEVELOPMENT OF COMMUNITY-BASED SYSTEMS OF CARE

California's thirty-three Area Agencies on Aging and the State Department of Aging share the major responsibility of addressing both present and future aging and long-term care issues within California's interdependent, multigenerational and multicultural society. Toward this goal, the Area Agencies are charged to be leaders and advocates in their local area and to use all available resources to ensure their effectiveness as visible focal points in the collaborative development of community-based systems of care.

The Area 1 Agency on Aging (A1AA) is the recognized entity in Humboldt and Del Norte Counties for leading senior service system development efforts. The Goals and Objectives included in the Plan delineate the broad range of leadership activities the A1AA will participate in during the 2005-2009 plan period. During this plan period the A1AA will provide visible leadership in the further development, refinement and enhancement of local community-based systems of care. Evidence of this leadership will occur in three arenas:

- System/Component Evaluation and Review;
- Issue Identification, Prioritization and Resolution; and
- Advocacy.

#### A. System/Component Evaluation and Review

The A1AA is continually evaluating the service system and its components through participation on a variety of Inter-Agency Coordination Committees (see list on page 35), through Advisory Council discussions, and through informal contacts with members of the Aging Network and/or older persons. The A1AA attends meetings to both listen carefully to the discussion in order to identify issues for resolution and as a facilitator and initiator of action to address issues that are identified. Direct provision of Senior Information and Assistance has enhanced the A1AA's ability to evaluate the service system's components.

#### B. Identification, Prioritization and Resolution

The A1AA has developed an incremental four-year Needs Assessment Activity List to continually evaluate the needs of and issues facing older persons. Through the Area Plan these areas will be prioritized for resolution. The A1AA remains flexible with its resources and staff time in order to address critical and pressing need areas that are not anticipated when the Area Plan is developed.

In addition, the AIAA, through the in-house provision of the Senior Information and Assistance Program, will have both quantitative and qualitative data regarding senior need areas. With this information the AIAA is able to identify unmet needs, demographic and geographic trends regarding service delivery and respond in a timely way to the service access or availability issues faced by older persons and their caregivers. The AIAA will also use this information and that provided by other services, to anticipate future service needs and issues and resolve identified service gaps in the Planning & Service Area.

During 2005-2009 the AIAA will expand on traditional needs identification processes to collect and analyze the needs of the Baby Boomers--those persons born between 1946 and 1964. This dramatic increase in the senior population will challenge the AIAA to work in cooperation with all aspects of the community to expand community-based service options. Additionally, AIAA will focus on the Hispanic older adult population. The local elder Hispanic population has grown in recent years and is now approximately 2.1%, according to the 2000 Census.

C. Advocacy

The AIAA participates in a range of advocacy activities on behalf of older persons to ensure their ability to maintain independence in the least restrictive environment. That advocacy includes efforts to protect the current service array, expand resources to develop additional services, and support public policy and legislative issues that would have a positive impact on local elders.

The AIAA anticipates taking a leadership role concerning a variety of federal and state issues during 2005-2009, including social security reform and managed care, Medicare, Medicaid, prescription drug coverage, energy costs, and gasoline costs. In addition, AIAA staff sit on both counties' IHSS Advisory Boards to provide ongoing recommendations to improve the quality of services to recipients of IHSS. During the 2001-2005 planning cycle, the AIAA successfully developed an Agency Alert format that keeps the community informed of pending federal or state legislation. Agency Alerts will continue to be used during the 2005-2009 planning cycle.

Consistent with federal regulations, the AIAA will carry out a proactive leadership role in advocating for the development of a comprehensive and coordinated system in Humboldt and Del Norte Counties with the following ten characteristics:

1. Have a visible, informal focal point of contact where anyone can go or call for help: the A1AA's Senior Information and Assistance is this focal point;
2. Provide a range of program and service options: A1AA, as a key member of the local aging network assures a wide range of service options. A list of these programs and services is located on page 23. The A1AA, through program development activities, will continue to encourage development of new service options;
3. Assure that these service options are accessible to all older individuals and others served by A1AA programs regardless of income or level of dependency;
4. Include a commitment of public, private, voluntary and personal resources to supporting the system;
5. Involve collaborative decision-making among all concerned organizations (including: public, private, voluntary, religious and fraternal organizations), older individuals, and other individuals using disabled and older adult services in the community;
6. Offer special help or target resources for the most vulnerable older individuals, those in danger of losing their independence;
7. Provide effective referral from agency to agency to assure that information or assistance is received and follow-up is provided, no matter how or where contact is made in the community;
8. Evidence sufficient flexibility in the service delivery system to respond with appropriate individualized assistance, especially for vulnerable older individuals;
9. Have a unique character which is tailored to the specific nature of the community; and
10. Be directed by leaders in the community who have the respect, ability and authority necessary to convene all interested individuals, assess needs, design solutions, track successes, stimulate change and plan community responses for the present and for the future.

D. Inter-Agency Coordination Committees

The A1AA also demonstrates leadership and advocacy in the community by participating on numerous inter-agency coordination committees. The chart which follows provides a list of interagency coordination committees on which A1AA staff participates, and denotes the counties the committees serve.

## INTER-AGENCY COORDINATION COMMITTEES

March 2007

Committee Name	Location
American Red Cross – Del Norte Chapter	Del Norte
California Association of Area Agencies on Aging (C4A)	State
California Association of Information & Referral Services (CAIRS)	State
California Health Advocates	State
California RSVP Directors Association (& Northern Calif. sub group)	State
CANDE (California Association of Nutrition Directors for the Elderly)	State
Clinical Leaders' Group – Overcoming Barriers Grant Project -IPA	Humboldt
Community Health Alliance – Executive Committee	Del Norte & Humboldt
Community Learning Centers	Humboldt
Coordinating Care Committee	Humboldt
Del Norte Community Health Fair	Del Norte
Del Norte County HIV/AIDS Local Implementation Group	Del Norte
Del Norte Nonprofit Alliance	Del Norte
Del Norte Unified School District Service Learning Advisory	Del Norte
Family Assistance Network (FAN)	Del Norte
Food Stamp Task Force	Humboldt
Growing Caring Communities Alliance	Del Norte & Humboldt
Humboldt Quality Collaborative – End of Life Care Task Force	Humboldt
Humboldt Partnership for Active Living (HumpALS)	Humboldt
Humboldt Nutrition Council	Humboldt
IHSS (In-Home Supportive Services) Advisory Board	Del Norte & Humboldt
Long Term Care Committee	Humboldt
Medication Management Task Force	Humboldt
MMA (Medicare Modernization Act) Strategy Team	Del Norte & Humboldt
MOWAA (Meals on Wheels Association of America)	National
National Association of Area Agencies (N4A)	National
National RSVP Directors Association	National
Northcoast Nutrition & Fitness Collaborative	Northern California
North Coast Mentoring Council	Humboldt
North Coast Regional Network for Service and Volunteerism	Del Norte & Humboldt
North Coast Senior Services Collaborative	Humboldt
Northern California Association of Nonprofits	Humboldt
Preventive Health Care for the Aging (PHCA) - Advisory Council	Del Norte & Humboldt
St. Joseph Health System Community Benefits Committee	Humboldt
Senior Services Task Force/Implementation Commission	Del Norte
Service Learning Program (HSU)	Humboldt
Social Services Transportation Advisory Committee (SSTAC)	Humboldt
Southern Humboldt Emergency Planning Committee	Humboldt
Strength Training Resources for Osteoporosis-Northcoast Group (STRONG)	Del Norte & Humboldt
Stopfalls Network	State
Top of the State Service Learning Regional Network	Humboldt
Vision Health Collaboration	Humboldt
Volunteer Centers of California	State
Volunteer Organizations Active in Disaster (VOAD)	Humboldt
Youth Service California	State

E. Local System/Program Development (Activities and Outcomes)

In the past twenty-five years the AIAA's leadership efforts have resulted in a more comprehensive system of care for older adults and their families.

Recent successful efforts in the systematic design include:

- Formation of partnerships with County programs in order to facilitate client access and integration;
- Maintenance of Senior Service Collaborative processes in both counties to encourage service coordination and non-duplication. Efforts have resulted in successful joint grant applications;
- Inclusion of adults with disabilities into planning processes;
- Agency participation in meeting "broader community needs" through growth of our volunteer services unit; and
- Community education around the impact longevity will have on all aspects of society including businesses and county infrastructure.

Recent successful efforts in program development include:

- Developed new services to support families in caregiving responsibilities: eldercare, caregiver training, caregiver registry, and caregiver support programs;
- Supported development of strength training courses and coordination of senior wellness programs;
- Created the Del Norte InfoCenter,
- Created the Del Norte Aging and Disability Resource Center (projected to open July 2005), and
- Participated in community awareness campaigns including energy de-regulation, end-of-life issues, and Hispanic outreach.

Annual accounts of the Agency success in system and program development can be found in the Area Plan Year End Reports.

F. Board of Directors and Advisory Council Support of AIAA's Leadership Role

Members of the Board of Directors are recognized and respected leaders in the community in a variety of fields, including; business, government, academia and administration. These community leaders enhance the standing and respect of the agency and augment the agency's effectiveness. Each member of the Board is extremely committed to the goals and mission of the agency, making them highly effective ambassadors in the community.

Advisory Council members also successfully support the AIAA's leadership role in the community by their active community involvement. Each Council Member takes responsibility for participating on various community committees and collaborative projects. The Council also participates in regular outreach opportunities, allowing for the identification and discussion of needs as well as informing community members about the role of the AIAA. Council members also represent the AIAA in a leadership role by providing testimony and advocacy on behalf of seniors whenever required.

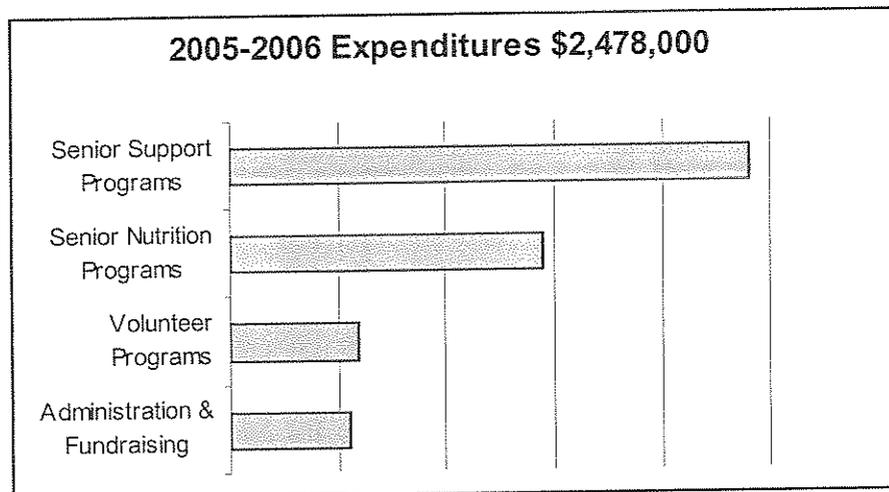
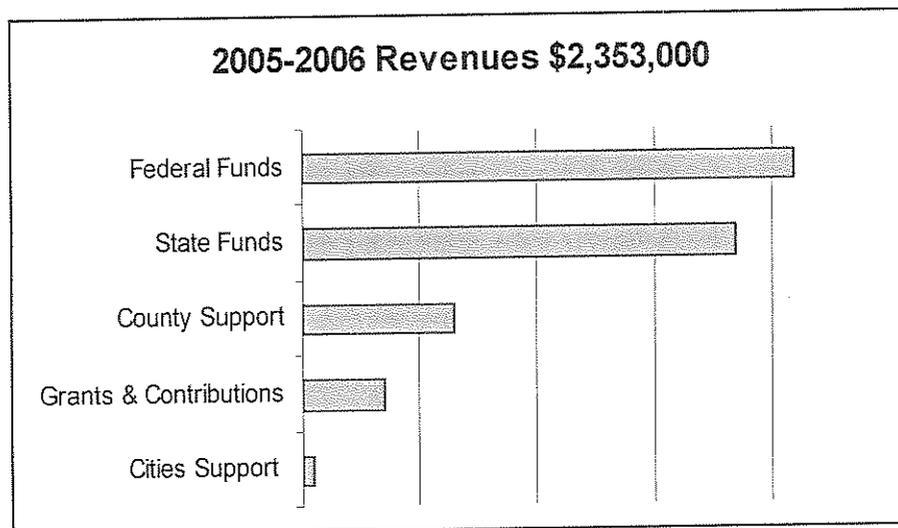
G. Leadership Challenges

In an era of decreasing funding and increasing costs, probably one of the largest leadership challenges faced by the AIAA will be the costs of assuring service to a growing number of seniors. As a rural and geographically isolated PSA, we are also hard-hit by the ramifications of increasing fuel costs. One of the effects of this is the impact on the ability of our strong core of volunteers to continue to support their community.

The AIAA is ready to maximize our ability to leverage funds and seek creative solutions to help meet these needs. The AIAA enjoys strong collaborative relations with leaders in city and county government, local corporations, other non-profits and the community at large. The agency has worked diligently over the past twenty-five years to build and maintain connections that help to coordinate efforts, leverage funds and bring different partners together to meet the challenges faced by our communities. It will be imperative that we continue to maintain and enhance community collaboration and cooperation to avoid any struggle over limited funds.

#### IV. FUNDING SOURCES

On behalf of Humboldt and Del Norte Counties' older adults, the A1AA and our contracted programs expended approximately 2.4 million dollars on administrative, supportive services, and nutrition programs (program revenues for 2005-2006). The A1AA, through funds provided by a variety of sources along with countless volunteer hours, provided needed services via a host of dedicated service providers. These funds are provided by the Older Americans Act, Older Californians Act, Corporation for National Service, Humboldt County, Del Norte County, the State of California, Humboldt Transit Authority, Bertha Russ Lytel Foundation, Humboldt County Office of Education, Del Norte County Schools, school districts, cities, cash donations, private foundations, and matching contributions. The charts below depict the Agency's major source of funding and where it was expended for fiscal year 2005-2006.



## **MISSION STATEMENT**

**A Mission Statement makes clear the reasons for the Area Agency on Aging's existence and its purpose in the community. The Area 1 Agency on Aging (A1AA) is guided by three mission statements, which represent a national, state, and local perspective. The A1AA mission statements are presented below.**

### **AREA 1 AGENCY ON AGING'S MISSION STATEMENTS**

#### **Administration on Aging (AoA):**

Our mission as defined by the Older Americans Act is to: Develop for older persons a comprehensive and coordinated delivery system of supportive services, nutrition services, and senior centers. This system is intended to:

- ♦ Assist individuals to attain maximum independence in a home environment by provision of appropriate social services;
- ♦ Remove individual and social barriers to economic and personal independence;
- ♦ Via a continuum of community-based and in-home care, provide services and care for the vulnerable elderly, thereby preventing premature or inappropriate institutionalization.

#### **California Department of Aging (CDA):**

Our mission as defined by the California Department of Aging is to:

Provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

#### **Area 1 Agency on Aging (A1AA):**

Our mission as determined by the A1AA Board of Directors is:

The Area Agency on Aging provides:

- Leadership and guidance in supporting an older person's ability to lead a dignified, safe, healthy, and independent life.
- Leadership and resources that support volunteers as they make positive changes in our community.

**PART ONE: AREA PLAN BACKGROUND**

**SECTION B: ESTABLISHING PRIORITIES**

## SECTION B: ESTABLISHING PRIORITIES

### THE PLANNING PROCESS

**This section of the Area Plan provides an overview of how the Area 1 Agency on Aging (A1AA) conducts its planning process. This includes the opportunities available for public involvement in the process and how the process meets the requirements for public input.**

The A1AA begins its planning process in December for the subsequent fiscal year. When the Area Plan is written in February and March, the Advisory Council participates in the planning of needs assessment activities for the coming fiscal year.

The Plan Goals and Objectives are taken to Public Hearing in March. The Council President and County Board of Supervisor liaison preside at the Public Hearing. A Public Hearing is held in each county.

The Advisory Council reviews public comment and adjusts or adds to the Goals and Objectives as it deems appropriate. An invitation to the public along with background material are made available several weeks prior to the public hearings. A legal notice announcing the Public Hearing is printed in local newspapers. Background materials include information about the planning process and objectives planned for the coming year. Community members are encouraged to attend the public hearings and/or submit comments in writing.

The major area addressed through the 2005-2009 planning process is identification of the needs and concerns of local older adults. This was achieved through the senior needs assessment survey, analysis of senior information and assistance calls, meeting with senior information and assistance and caregiver services staff, surveys done by other community organizations (sometimes in collaboration with A1AA), understanding of the needs of specialty groups, and examining the needs as seen by senior service providers. The public was involved in all of the activities taken place this fiscal year, through participating in surveys, public hearings, or strategic planning sessions/focus groups. The A1AA Advisory Council makes efforts towards being a representative of the senior population, either from a senior, service provider, or minority perspective. Council members meet with seniors at lunch sites and other places where seniors gather to discuss senior needs and outreach for services available and bring reports back to the Council when appropriate.

The A1AA Advisory Council is responsible for the Area Plan planning process. The Council acts as a committee of the whole when dealing with planning and needs assessment. The A1AA Planner staffs the Council, with oversight from the A1AA Executive Director. The A1AA Board of Directors ratifies the Advisory Council's activities and planning process.

The planning process works to ensure input from the entire PSA. As the PSA has many remote areas, focus groups or town meetings are done to access the smaller areas which may not be well represented in PSA wide surveys. Collaborative efforts, with senior service providers as well as government agencies, to find out the needs of the community are ongoing and very beneficial to A1AA's planning process.

After the completion and adoption of the Senior and Caregiver Needs Assessment Survey Report, the A1AA distributes the report to community leaders, stakeholders, governmental entities and senior service organizations.

A1AA initiates outreach and public information efforts, to inform the community about what the A1AA is, does, and the significance of the Area Plan, through a variety of presentations to Board of Supervisors, senior service providers, community organizations, and senior clubs and groups.

Strategies for expanding the involvement of individuals and groups from the community include focus groups throughout the PSA with targeting on remote/isolated areas as well as minority groups.

The A1AA Advisory Council takes seriously its role in planning for the needs of today's and tomorrow's older adult population. The Council is looking into ways in which a comprehensive understanding of needs of the seniors and their caregivers within the PSA can be achieved. The Council has made efforts to ensure that evaluating and adjusting services is based on the use and need of the seniors within our community.

## NEEDS ASSESSMENT

**The Older American Act intends that Area Agencies on Aging conduct ongoing needs assessment activities to gather information on areas of need and use this information in the development of the Area Plan.**

**This section of the Area Plan defines the Needs Assessment process; describes the local efforts used to gather needs data for this Area Plan; and presents the results obtained by the Area Agency in gathering information for identifying needs and resources and for establishing priorities, goals, and objectives.**

The Area 1 Agency on Aging Advisory Council and staff coordinate an ongoing comprehensive needs identification process. Within the four year planning cycle, each year different methodologies are selected. Using this process ensures broad-base senior representation, a focus on target populations and input from those formal and informal entities that provide services and support to older adults. By using convergent methods, the A1AA can compare results and target resources towards the emergent priorities. We also review and include in our Area Plan needs data from other source documents. The results of each year's needs assessments are used to develop subsequent goals and objectives. The Needs Assessment section is broken down into three areas: seniors, family caregivers, and Baby Boomers.

### I. METHODS USED TO PREPARE THE 2005-2009 AREA PLAN

The A1AA uses a variety of methods to gather information about the issues and concerns faced by older adults. Prior to developing the 2005-2009 Area Plan priorities, goals and objectives, the A1AA sponsored or participated in several needs identification activities. These activities were:

- Releasing/analyzing a bi-county senior and caregiver survey;
- Reviewing/summarizing Humboldt County In Home Supportive Services (IHSS) Recipient Survey 2004;
- Reviewing/summarizing needs data identified by the Senior Information and Assistance Program;
- Reviewing/summarizing comments from a Baby Boomer community forum;
- Reviewing/summarizing comments from North Coast Senior Services Collaborative meeting;
- Reviewing/summarizing comments from Del Norte Coalition for Better Health meeting;

- Reviewing/summarizing comments from AIAA staff meeting of Information and Assistance, Caregiver Services, and HICAP programs;
- Reviewing/summarizing comments received by AIAA Advisory Council members during InfoVan outreach;
- Reviewing/analyzing Senior Service Waiting Lists;
- Reviewing/summarizing comments from *Your Voice – Your Choice* Community Forum, June 2004; and
- Sponsoring a public hearing in each county to solicit older adult input on identifying minimum percentages to be expended for access, in-home services and legal assistance; outreach strategies and proposed activities for fiscal year 2005-2006.

The AIAA used several of the above methods to identify the needs of targeted groups. We entered into an agreement with two Native American tribal entities to jointly sponsor the senior citizen survey and tally the results inclusively into the AIAA survey results and independently for tribal representatives. Additionally, the survey was translated into Spanish and distributed through the Latino Community Provider Network.

To generate additional information on the needs of target populations (see page 81 of the Area Plan for a more complete discussion on target population needs), the AIAA spoke directly to representatives of the designated populations or to service providers with first hand knowledge of unmet need areas.

## II. PRESENTATION/ANALYSIS OF THE FINDINGS OF NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE 2005-2009 AREA PLAN

This section of the Area Plan identifies the methods used by the AIAA to gather information about senior needs, issues and concerns, and provide an analysis of the findings. These methods include census data/population projections, Senior and Caregiver Survey, Humboldt County IHSS Recipient Survey 2004, Information and Assistance Data, comments from Baby Boomer community forum, comments from North Coast Senior Services Collaborative meeting, comments from Del Norte Coalition for Better Health meeting, AIAA staff meeting (including Information and Assistance, Caregiver Services, and HICAP programs), comments AIAA Advisory Council Members received from InfoVan outreach, senior service waiting lists and comments from *Your Voice – Your Choice* community forum.

A. Census Data/Population Projections

The Census 2000 showed an increase, from the 1990 Census, in the bi-county 60 and older population of 6.7% (1,570 more seniors). The increase for the same time period for those 75 and older was 29.6% (2,137 more people aged 75+). For Del Norte County, the 60+ population grew 12.2% and the 75+ grew 37.6%. Humboldt County experienced a 5.5% growth in the 60+ group and 28.1% in the 75+. The percentage of seniors to total population in Del Norte and Humboldt County was 16.4% and 16.3% respectively, which is slightly higher than the State average of 14.0%.

The largest growth cohort by percentage is age seventy-five or older, which will challenge the community's ability to respond with sufficient services targeted to the more frail population. The second fastest growing age group in both counties is the forty-five plus age group (inclusive of the senior citizen population and Baby Boomers). Those between the age of 45 to 64 are projected to increase 30% in Humboldt County from 1990 to 2005 and 17% in Del Norte County for the same time period.

The area's minority senior population has risen from 5% in 1993 to 9% in 2000. Native Americans represent the largest ethnic block at 3.4%. The second largest minority is Hispanic at 2.1% of the population. The California Department of Finance has projected that in 2010 the area's minority senior population will be 12.5%; comprised primarily of 4.5% Native American and 3.4% of Hispanic. The Department of Finance further projects for 2020 that the minority population will increase to 16.2% of the senior population, with the largest minorities being Native American at 5.2% and Hispanic at 4.8%.

No notable shift has occurred in the geographic distribution of the senior population in the two counties. Fortuna continues to have the highest percentage of seniors, compared to the general population, in the two counties.

B. Senior and Caregiver Needs Assessment Survey

During the fall of 2004 the Area 1 Agency on Aging (A1AA) released a Senior and Caregiver Needs Survey to gather first-hand information regarding senior and caregiver needs, concerns, issues, difficulty in performing daily activities and if needed who helps them with those activities. Using a standardized survey form developed by the California Department on Aging, the A1AA issued 3,000 surveys throughout Del Norte and Humboldt Counties via 49 distribution sites. Five hundred and seven of the returned surveys were valid and completed in a manner to allow for data entry.

Demographically the survey respondents mirror the senior population found in the bi-county area. The percentage of respondents in the following categories

exceed the percentage of these categories in the general age 60+ population: over the age of 75, over the age of 85, living alone, economically needy and older Native Americans. For purposes of this survey this over representation is desirable as it enables the views of persons AIAA most seeks to reach to be well represented.

AIAA has released similar surveys at four-year intervals since 1989 allowing for comparison and the identification of trends. Five of the top ten needs identified in 2005 were also in the top need categories in 2001, 1997, 1993 and 1989. Several need areas (crime/feeling safe, energy/utilities, and having enough money to live on) have shown a drop in predominance from 1989 to 2005. Crime/feeling safe has decreased from the number one concern in 1993 to number ten in 2005. Conversely, concern about transportation has increased in priority at each survey since 1993.

Overall, the 2005 survey revealed a significant increase in concern regarding transportation. Concerns related to accidents in the home, household chores, health care, income, and loneliness continue to be high in both counties.

Humboldt County senior and disabled adult respondents identified the top five problem areas to be: accidents in the home (47.3%), household chores (47.3%), health care (39.3%), money to live on (37.5%), and loneliness (30.8%).

Del Norte County senior and disabled adult residents identified the top five problem areas to be: household chores (58.7%), money to live on (50.0%), health care (50.0%), accidents in the home (45.7%), and loneliness (37.0%).

The survey was intended for seniors and caregivers and was analyzed as two separate populations. Of the 507 survey respondents, 444 were over the age of 60 or indicated they had a disability or chronic illness, and 135 were caregivers. The analysis for seniors is located below. The caregiver analysis is in the following section for caregiver needs assessments.

The survey contained a list of problems or concerns that could affect one's quality of life. Respondents were asked to indicate which items were a problem to them personally and to what degree they were a problem. Respondents selected from three categories: no problem, minor problem, or serious problem.

The table below shows which problems respondents considered to be the largest. The top 10 problems are listed. The ranking reflects bi-county totals for "minor problem" and "serious problem". Additionally, prior survey rankings are shown to indicate how these priorities have changed since 1989.

**Combined Totals for Del Norte and Humboldt Counties:  
“Minor and Serious” Problem/Concern Ranking**

Problem/Concern	Ranking	Number of Respondents	% of Total Respondents	Prior Ranking 2001	Prior Ranking 1997	Prior Ranking 1993	Prior Ranking 1989
Accidents in the home	1*	201	45.3%	2	--	--	--
Household Chores	2	201	45.3%	1	1	2	7
Health Care	3	181	40.8%	3	4	4	3
Money to live on	4	171	38.5%	4	2	--	2
Loneliness	5	137	30.9%	5	5	3	4
Transportation	6	129	29.1%	7	10	--	5
Energy/Utilities	7	116	26.1%	6	6	5	--
Obtaining information about services/benefits	8	111	25.0%	9	9	7	6
Isolation	9*	102	23.0%	--	--	--	--
Crime	10	102	23.0%	8	3	1	8

\*received a larger number of “Serious” Problem/Concern respondents

Respondents were requested to indicate if they had any difficulty with daily activities. The table below demonstrates the level of difficulty respondents have with varying activities. The activities are ranked by the combination of minor, serious difficulty and unable to do. This ranking represents bi-county totals.

**Del Norte and Humboldt County Combined Totals  
Respondent’s Level of Difficulty to Perform Daily Activities**

Rank	Daily Activity	No Difficulty		Minor Difficulty		Serious Difficulty		Unable to Do	
		#*	%**	#	%	#	%	#	%
1	Doing heavy housework	136	30.6%	101	22.7%	88	19.8%	98	22.1%
2	Walking	215	48.4%	118	26.6%	67	15.1%	25	5.6%
3	Grocery Shopping	253	57.0%	82	18.5%	33	7.4%	52	11.7%
4	Doing light housework	259	58.3%	87	19.6%	33	7.4%	43	9.7%
5	Preparing meals	261	58.8%	97	21.8%	22	5.0%	40	9.0%
6	Ability to drive or arrange a ride	281	63.3%	65	14.6%	30	6.8%	48	10.8%
7	Shopping for personal items	291	65.5%	59	13.3%	24	5.4%	42	9.5%
8	Bathing	302	68.0%	80	18.0%	21	4.7%	21	4.7%
9	Managing money	318	71.6%	60	13.5%	19	4.3%	18	4.1%
10	Managing medication/drugs	331	74.5%	50	11.3%	14	3.2%	22	5.0%

\* Number of Respondents

\*\* Percent of Total Respondents (444)

Respondents were asked who helped them with the activities with which they have difficulty in performing. The bi-county totals are:

1. Paid worker/caregiver (134 respondents)
2. Other relative (133 respondents)

3. Friends (72 respondents)
4. Spouse (65 respondents)
5. No one (64 respondents)
6. Agency volunteer (13 respondents)

\* Note: Respondents were asked to check all those that apply. Many respondents had more than one person helping them with daily activities.

Respondents were asked to identify if they had problems with their own care or the care they give to someone else. The following table demonstrates the level of a problem they have with various issues. The issues are ranked by the combination of minor and major problem. This ranking represents the bi-county totals.

**Del Norte and Humboldt County Combined Totals  
Respondent's Issues of Care Ranking**

Issue	No Problem		Minor Problem		Major Problem	
	#*	%**	#	%	#	%
Finding provider for meal preparation/house cleaning	199	44.8%	46	10.4%	41	9.2%
Coordinating help from several agencies	189	42.6%	49	11.0%	32	7.2%
Dealing with a break down in care arrangements	188	42.3%	41	9.2%	35	7.9%
Finding provider for personal care/bathing assistance	198	44.6%	39	8.8%	25	5.6%
Finding provider for respite care	182	41.0%	23	5.2%	24	5.4%
End of life issues	199	44.8%	31	7.0%	15	3.4%
Caregiver counseling & support groups	193	43.5%	26	5.9%	15	3.4%
Finding provider for nursing care	196	44.1%	20	4.5%	20	4.5%

\* Number of Respondents

\*\* Percent of Total Respondents (444)

Survey Impact Statement: Over the years, the AIAA has devoted considerable staff time and resources in responding to priority needs. We believe our efforts have resulted in reductions to the following problem areas: crime, finding information about services, and loneliness.

Characteristics of Survey/Public Forum Participants

The respondents of the Senior Needs Assessment Survey were predominately female: 70.5%. The age groups were: 60-69 (29.5%), 70-79 (33.1%), 80-89 (23.4%), 90 and over (6.8%), and those under age 60 or did not respond (7.2%). The ethnicity of the respondents was Caucasian 83.1%, Native American 11.7%, Hispanic 2.3%, Asian 0.5%, African American 0.5%, and 2.1% had no response. Fifty two percent indicated they lived alone. Thirty five percent receive SSI and 38.7% receive Medi-Cal.

C. Humboldt County IHSS (In-Home Supportive Services) Recipients' Awareness of Community Services and Needs Assessment Survey Summary Report 2004

During May and June of 2004 the Humboldt County In Home Supportive Services (IHSS) Public Authority, in contract with the Area 1 Agency on Aging (AIAA), released a questionnaire to examine the IHSS Recipients' awareness of community services, areas of concerns or problems, and their experiences with the IHSS program. The survey was mailed to the 1,856 IHSS Recipients in Humboldt County. Five hundred and forty four of the returned surveys were valid (31.55 percent response rate) and completed in a manner to allow for data entry.

Respondents were asked about their awareness of available community services in Humboldt County and if those services were helpful. Respondents were least aware of Transportation services and Housing Repair/Safety Modification services; and were mostly aware of Food & Nutrition services and Home & Nursing Care services. Services that were checked most frequently as helpful were: REACH/HEAP: Energy Assistance, Caregiver Services (info, referral, registry), Home Health Care, and Food Bank/Senior Brown Bag/Home Bound Delivery Program.

The respondents identified their top five concerns to be: accidents in the home (63.9 percent), energy/utilities (62.8 percent), money to live on (59.3 percent), household chores (55.6 percent), and obtaining information about services/benefits (52.8 percent). They also indicated other concerns not listed in questionnaire: physical and mental health conditions, home modification/repair/maintenance, cuts to IHSS program, not enough IHSS hours, and yard/garbage disposal.

Respondents' experience with the IHSS program overall was positive. Respondents were overwhelmingly satisfied with their care providers (93.1 percent). Most respondents (87.3 percent) felt comfortable supervising their care provider. Forty four percent employ family members and 41.8 percent employ friends.

Thirty eight services were listed in the survey. The respondents who had never heard of a service had a percentage range between 10.8 percent (Home Delivered Meals/Meals on Wheels) and 85.3 percent (Mary Bendle Health Resource Center, Garberville: cancer treatment transportation). Service categories and the percentage of respondents who had never heard of the services are listed below.

**Percentage of Respondents Who Had Never Heard of a Service,  
By Service Category**

<b>Service Category</b>	<b>Percent of Respondents Who Indicated “Never Heard Of It”</b>
Transportation	64.4%
Housing	57.6%
Advocacy & Access	45.8%
Health & Wellness	44.2%
Home & Nursing Care	18.2%
Food & Nutrition	15.8%

The survey contained a list of problems or concerns that could affect one’s quality of life. Respondents were asked to indicate which items were a problem to them personally, and to what degree they were a problem. Respondents selected from three categories: no problem, minor problem, or serious problem.

The table below shows which problems respondents considered to be the largest. The top 10 problems are listed. The ranking reflects totals for “minor problem” and “serious problem”.

**“Minor and Serious” Problem/Concern Ranking**

<b>Problem/Concern</b>	<b>Ranking</b>	<b>Number of Respondents</b>	<b>% of Total Respondents</b>
Accidents in the home (falling)	1	347	63.9%
Energy/Utilities	2	341	62.8%
Money to live on	3	322	59.3%
Household Chores	4	302	55.6%
Obtaining information about services/benefits	5	287	52.8%
Receiving services/benefits	6	285	52.5%
Health Care: affording it	7	272	50.1%
Nutrition/Food	8	258	47.5%
Housing: Affording it	9	256	47.2%
Health Care: finding adequate	10	250	46.1%

This is followed by: Transportation: to medical appointments, Transportation: general, Crime, Legal Affairs, and Loneliness.

Characteristics of Survey/Public Forum Participants

The respondents of the Humboldt County IHSS Recipient Survey were predominately female: 65.4%. The age groups were: under 18 (1.5%), 18-39 (6.6%), 40-59 (36.3%), 60-74 (25.0%), 75-99 (24.5%), and those that did not respond (6.1%). The ethnicity of the respondents was Caucasian 74.0%, Native American 10.5%, Hispanic 2.9%, Asian 2.2%, African American 0.9%, and 9.4% had no response. Forty eight percent indicated they lived alone.

D. Information & Assistance Program Data

The AIAA reviews data collected by the Senior Information and Assistance Program on a monthly basis. Data from July 2003 through June 2004 were used to provide direction to the program and the agency. The chart and narratives below describe the ranking of categories; the numbers indicate the frequency of requests in that “Area of Need”.

**TOP FIVE CATEGORIES BY COUNTY**

(July 2003 to June 2004)

<b>Humboldt County</b>				<b>Del Norte County</b>		
<b>Ranking</b>	<b>Topic *</b>	<b>Number</b>	<b>%</b>	<b>Topic *</b>	<b>Number</b>	<b>%</b>
1	I&A Advocacy	924	23%	Gov't Prog	530	29%
2	In-Home Care	634	15%	I&A Advocacy	320	18%
3	Housing	415	10%	In-Home Care	273	15%
4	Gov't Prog	405	10%	Legal	118	6%
5	Legal	300	7%	Utilities	78	4%
	<b>TOTAL</b>	<b>2,678</b>	<b>65%</b>	<b>TOTAL</b>	<b>1,319</b>	<b>72%</b>

*\* thirty-four need categories are each divided into a list of subcategories. For example, the category “Health/Medical” has physician referral, clinics, medical equipment, prescriptions, etc. The narrative below highlights major subcategories.*

In Humboldt County, the total number of inquiries for the period of July 2003 – June 2004 was 4,102. The top five areas of need comprised 65% of all inquiries.

In Del Norte County, the total number of inquiries for the period of July 2003 – June 2004 was 1,819. The top five areas of need comprised 72% of all inquiries.

**Humboldt County: Description of Top 5 Categories**

1. Information and Assistance Advocacy – 924 inquiries. Information shared with clients can be in the form of service provider brochures, checklists and contact lists, as well as the Information Directory for Seniors, Caregivers, and their Families. Advocacy efforts may include calling the service provider for the client and/or problem solving with a service provider for client needs. The Information Directory for Seniors, Caregivers, and their Families accounted for almost 55% of the inquiries recorded in this category. Advocacy occurred in 186 (20%) of calls for this category.

2. In-Home Services – 634 inquiries. Issues related to In-Home Care include finding and training caregivers, home health services, care management options, and other services that can help keep an elder safe in their own home. Caregiver (IHSS and private) inquiries occurred in 231 instances (36% of calls in this category). Requests for Lifeline services were 56 (9% of calls). Chore work requests were 92 (15% of calls).

3. Housing - 415 inquiries. Inquiries requesting a list of housing options occurred 262 times (10% of calls to this category). These contacts were given a “housing list” and/ or a “landlord list” which can be used to locate appropriate housing options. Low income or subsidized housing was the topic of 106 questions, compared to the 7 inquiries for medium income housing. There were 19 incidences where information about emergency/short-term housing alternatives was requested.

4. Government Programs and Forms Preparation– 405 inquiries. In this category, 236 calls were from people interested in the Homeowner/Renters Assistance (HRA) program (58% of calls to this category). Senior Information and Assistance is one of many volunteer sites providing forms and assistance to seniors and disabled persons under 60. Assistance was provided for 84 forms preparation (21% of calls). Income Tax preparation services were referred to 36 callers (9%).

5. Legal Services– 300 inquiries. Legal service referrals were made for 50% of calls to this category. Persons interested in topics relating to wills, probate, and estate planning were referred to local attorneys in 11% of the calls (32 contacts). Requests for referrals to assist with Benefit Appeals occurred 23 times – primarily in July – December. Landlord/tenant issues comprised 11% of calls to this category (33 contacts).

Un- Met Needs – Affordable housing remains a frequently unmet need. Programs such as Section 8 continue to have a waiting list. Caregiver Services was an unmet need – Caregiver Registry had few listings for some areas, clients could not afford desired services, and there are few options for respite services in some areas. Home Repair options proved to be difficult referrals. The home repair programs have location restrictions, resident requirements, limits on covered repair categories.

### **Del Norte County: Description of Top 5 Categories**

1. Government Services and Forms Preparation - 530 inquiries. Homeowners/Renters Assistance (HRA) inquiries made up 64% of all calls to this category (338 inquiries). Staff is trained to assist seniors and disabled persons under 60 to complete the HRA forms. Forms Preparation statistics show 122 clients were assisted with this task, mostly HRA forms.

2. Information and Assistance Advocacy – 320 inquiries. Information shared with contacts can be in the form of service provider brochures, checklists and contact lists, as well as the Information Directory for Seniors, Caregivers, and their Families. Advocacy efforts may include calling the service provider for the client and/or problem solving with a service provider for client needs. The Information Directory for Seniors, Caregivers, and their Families accounted for almost 52% of the inquiries recorded in this category. Advocacy occurred in 84(26%) of calls for this category.

3. In-Home Care – 273 inquiries. Issues related to In-Home Care include finding and training caregivers, home health services, care management options, and other services that can keep an elder safely in their own home. Caregiver (IHSS and private) inquiries occurred in 163 instances (60% of calls in this category). Chore work /yard work requests numbered 27(10% of calls).

4. Legal Services – 118 inquiries. Legal Services referrals were made for 62% of calls to this category. Persons interested in topics relating to wills, advance directives, and estate planning were referred to local attorneys in 19% of the calls (22 contacts). Landlord/tenant issues comprised 7% of calls to this category (8 contacts).

5. Utilities – 78 inquiries. General questions about utility service comprised 27% of the calls to this category. Another 25% specifically requested information about electricity service. Firewood referrals were the result of 13 requests (17%); and Weatherization referrals for 11 (14%).

Un-Met Needs – Transportation referrals were not available in some locations, as well as “free” transportation services aren’t available. In Home Services are not always affordable or available.

#### Characteristics of Survey/Public Forum Participants

The Information and Assistance Program does not collect client demographic information, therefore we are unable to specify the characteristics of the clientele. We believe however, they are reflective of the population as a whole.

#### E. Planning for an Aging California Population: Preparing for the “Aging Baby Boomers” 2004

On August 13, 2004 the Area 1 Agency on Aging in collaboration with North Coast Senior Services Collaborative and Assembly Member Berg conducted the community forum, “Planning for an Aging California Population: Preparing for the Aging Baby Boomers”. This event briefly highlighted local demographics and activities:

- “Much Ado About Nothing: Retirement Values & Needs of Baby Boomers 1998”
- Aging Summit 2000
- Building Access by Design 2002
- Olmstead Planning Workshop 2003
- Your Voice – Your Choice 2004

This was followed by the main presentation “State Master Plan on Aging” presented by Assembly Member Patty Berg. The forum concluded with public input and an opportunity for participants to reply in writing. The following comments pertained to senior or senior service needs:

- Need to provide easy access to services
- Information on available services
- Outreach on available services
- Continue to listen to people using the services
- Strive for service delivery systems that are efficient and effective
- Mental health issues and decreases in County dollars for service.
- Assisted living needs mental health monitoring
- Suitable activities for seniors including exercise
- Need to continue PHCA clinics (Preventative Health Care for the Aging)

#### Characteristics of Survey/Public Forum Participants

The forum participants consisted of seniors, baby boomers, caregivers, senior and disabled adult service providers, and local and state elected officials.

#### F. North Coast Senior Services Collaborative Meeting August 2004

On August 24, 2004 the North Coast Senior Services Collaborative met and provided time on the agenda for discussion of senior and caregiver needs in the community. The collaborative members identified the following needs for seniors and senior services:

- Housing; affordable and accessible
- Obtaining information about services/benefits
- Available caregivers
- Transportation
- Nutrition/Food
- Household Chores
- Health Care
- Advocacy
- Activities
- Adult Day Health Care
- Caregiver Trainings
- Loneliness
- Mental Health – Geriatric
- Home modification/repair
- 

It was also noted that service waiting lists should be included as a methodology used for identifying need.

#### Characteristics of Survey/Public Forum Participants

Collaborative members consist of senior and disabled adult service providers.

G. Del Norte Coalition for Better Health Meeting 2004

On September 8, 2004, the Del Norte Coalition for Better Health met and provided time on the agenda for discussion of senior and caregiver needs in the community. The Coalition members identified the following needs for seniors and senior services:

- Caregiver Training;
- Respite;
- Health Care;
- Home Health;
- Housing ;
- Money to Live On;
- Activities (social and exercise);
- Adult Day Health Care;
- Grandparent Providing Care for Grandchild;
- Senior Providing Care for another; and
- Importance of Foster Grandparent Program

Characteristics of Survey/Public Forum Participants

The Coalition consists of health and social service providers of all ages, County department of health and social services, Community Health Alliance, Health Care District, and elected officials.

H. Information & Assistance and Caregiver Services Staff Meeting December 2004

On December 9, 2004, A1AA Planner led a discussion with A1AA Information Services staff. Staff members included: Del Norte and Humboldt Information and Assistance resource specialists; HICAP manager and Del Norte and Humboldt HICAP counselors; Caregiver Services manager, resource specialist, registry specialist, and assistant; and Aging and Disability Resource Center manager and assistant; and Information Services Director. Staff was asked about the needs they hear about from the seniors and caregivers they come in contact with. The needs for seniors are as follows:

- Accident in the Home/Falling/Safety/Home Modification;
- Finding Caregivers (including live-in);
- Household Chores;
- Transportation;
- Age Related Cognitive Decline
- Frailty (both Physical and Mental)
- Medication Assistance Program (HICAP assistance with prescription costs)
- Health Care
- Money to Live On

- Loneliness
- Obtaining Information about Services
- Legal Affairs
- Housing

Characteristics of Survey/Public Forum Participants

The AIAA Information Services staff is predominately female, live throughout the bi-county area, and have an age range of 28 to 60.

I. AIAA Advisory Council Members' Feedback from Participation in InfoVan Outreach

AIAA Advisory Council Members between the months of May 2004 and March 2005 accompanied the InfoVan on outreach activities, as their schedules allowed. The intent of the Advisory Council Members was to educate seniors about the Advisory Council and CSL and to learn more about seniors' and caregivers' needs in the outreach areas. Council Members spoke with approximately 308 seniors. These members noted the following comments on senior needs that they heard about:

- Transportation in towns, rural, and remote areas;
- Information about services and access to those services;
- Safety in the home/accidents
- Losing independence
- Housing; affordable and accessible
- Need for additional exercise classes
- Lack of space for activities at Humboldt Senior Resource Center
- Exercise rooms are too small or have been outgrown
- Lack of heat in activities rooms
- Lunch/meals have too much white flour and sugar
- Need for senior center in Hoopa
- Need to keep social security as it is
- Concern about no longer being able to drive
- Hospice no longer available in Hoopa
- Nursing homes are under paid
- Lack of flu vaccine
- Need for legislation to get prescriptions from Canada
- Information on how to use public transportation
- Assistance with household chores;
- Concern about mental competency as they age
- Need for funding increase for Quail
- Lack of services in Southern Humboldt

### Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the activities are not available as Advisory Council Members were not asked to keep track of their contacts' characteristics. However, it is believed that they roughly mirror the PSA as a whole.

#### J. Service Waiting Lists

Senior services waiting lists are an indicator of service need in the community. The following is a list of services that have had waiting lists for up to two months during the past twelve months:

- Home Delivered Meals;
- Housing (senior HUD and Section 8);
- Adult Day Health Care;
- Linkages; and
- MSSP

### Characteristics of Survey/Public Forum Participants

Information was provided by senior service providers. Service participants are predominately seniors and a majority are low income seniors.

#### K. *Your Voice – Your Choice* Community Forum 2004

In June 2004 the A1AA, in collaboration with Humboldt County IHSS Advisory board and Tri-county Independent Living, sponsored the *Your Voice – Your Choice* community forum to address the advocacy needs of seniors and disabled adults. The primary needs mentioned by participants were:

- IHSS (In-Home Care);
- Housing;
- Transportation; and
- Access to Health Care.

### Characteristics of Survey/Public Forum Participants

Participants of the community forum were disabled adults, seniors, caregivers, senior and disabled adult service providers, and public officials.

**Chart Reflecting How Priority Need Areas Are Reflected In  
Area Plan Goal Development For Fiscal Year 2005-2006**

<b>Needs Assessment Method Conducted In 2004-2005</b>	<b>Priority Need Area Identified</b>	<b>Area Plan Goal(s) For 2005-2006</b>
Senior Needs Assessment Survey	Accidents in the Home	14
	Household Chores & Caregiver Issues	31,32,35
	Health Care	11,13,23,45
IHSS Recipient Survey 2004	Accidents in the Home (falling)	14
	Energy/utilities/money to live on	11,13
	Household Chores	35
	Obtaining Info. About Services	11,13,31,32
Information and Assistance Program Data 2003/2004	Info. & Assistance Advocacy	11,13,31,32
	In-Home Care	11
	Information on Government Programs	11,13,31,32
<i>Planning for an Aging California Population Forum 2004</i>	Information & Outreach on Services	11,13,31,32
	Improve Access to Services	10
	Mental Health	13
North Coast Senior Services Collaborative Meeting 2004	Housing	12
	Obtaining Information on Services	11,13,31,32
	Finding Available Caregiver	12,31
	Transportation	16
	Nutrition	13,35,42
	Household Chores	35
Del Norte Coalition for Better Health Meeting 2004	Health Care	11,13,23,45
	Home Health	12
	Housing	12
	Caregiver Training	33
	Respite	12,15,33,34,43
A1AA Information Services Staff Meeting 2004	Accidents in the Home	14
	Finding Available Caregivers	12,31
	Household Chores	35
	Transportation	16
A1AA Advisory Council InfoVan Outreach	Transportation	16
	Information on Available Services	11,13,31,32
	Accidents in the Home	14
Senior Services Waiting Lists	Home Delivered Meals	13
	Adult Day Health Care	12,15
	Case Management	32,34
<i>Your Voice -- Your Choice Forum 2004</i>	IHSS (In-Home Care)	23
	Housing	12
	Transportation	16
	Access to Health Care	11,13,23,45

### III. A DESCRIPTION OF THE SOURCES OF DATA USED TO PREPARE THE 2005-2009 AREA PLAN

In addition to using the results of AIAA generated needs assessment activities, the AIAA reviewed, analyzed and incorporated into this Area Plan development information from the following sources of data:

- 2000 Census Data and California Department of Finance Projections based on the census;
- California Department of Aging produced materials;
- 2005 Humboldt County Economic and Demographic Almanac
- 2005 Del Norte County Economic and Demographic Almanac
- Numerous national and state publications and research studies that define aging issues.

### IV. BRIEF SUMMARY OF ANALYSIS OF THE RATIONALE USED IN PRIORITIZING AREAS

The AIAA Advisory Council and AIAA staff have looked at the methods of needs identification. Areas of needs that were observed in several methods or were significantly emphasized in a large consortium are listed below in our identification of priority areas of need. Nearly all of the priority need areas identified in the methods listed on page 58 have been included in the goals and objective of this plan.

### V. IDENTIFICATION OF AREA OF NEED IN PRIORITY ORDER

The following identified areas of need have been place in priority order:

1. Access to and Affordable Health Care;
2. Housing;
3. Obtaining Information about Services and Benefits;
4. Household Chores;
5. Receiving Services and Benefits;
6. Transportation;
7. Activities and Exercise;
8. Accidents in the Home (Falling);
9. Adult Day Health Care Centers; and
10. Finding Caregivers and Caregiver Issues.

### VI. DISCUSSION OF ADVISORY COUNCIL INVOLVEMENT

The AIAA Advisory Council has ongoing participatory involvement in needs assessment activities of the Agency. Annually the Council selects the needs identification methods for the ensuing fiscal year. The Council makes this selection with an eye towards variety and to ensure geographic and demographic representation. As necessary, Council

subcommittees are established to develop particulars of the planned activities and to review outcomes. In addition, the Council annually sponsors an Area Plan Public Hearing in each county to solicit older individuals' input on needs and proposed responses.

Specific involvement of the A1AA Advisory Council in the needs assessment methods used to prepare the 2005-2009 Area Plan included:

- Approving the senior survey instrument, distributing surveys, reviewing outcomes by county and community, and approving the "Senior and Caregiver Needs Assessment Survey Final Report";
- Reviewing quarterly Unmet Needs Reports prepared by the Senior Information and Assistance Program;
- Reviewing and approving the compilation of senior needs data by topic and method;
- Sponsoring, facilitating and participating in two Area Plan Public Hearings; and
- Attending and participating in two work sessions (one prior to and one directly after the Public Hearings) to analyze all the needs data, and to approve Area Plan emphasis areas, four-year goals and annual objectives.

The Council's primary focus regarding planning efforts and needs identification methods for fiscal year 2005-2006 will be to conduct and analyze bi-county focus groups of those minorities and communities underrepresented in the senior citizens survey conducted in the Fall of 2004.

## VII. NEEDS ASSESSMENT ACTIVITY PLANNED FOR THE FIRST YEAR OF THE NEW FOUR YEAR PLAN

At minimum, the A1AA intends to conduct the following needs assessment activities in FY 2005-2006.

- Review of new 2000 census data information and California Department of Finance Projections based on census;
- Review of 2005 Humboldt and Del Norte County's Almanac;
- Review/summarize needs data identified by the Senior Information & Assistance Program;
- Sponsor one focus group to identify needs of linguistically isolated seniors; and
- Review feedback from Advisory Council members doing InfoVan outreach.

VIII. PRESENTATION/ANALYSIS OF THE FINDINGS OF NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE AREA PLAN UPDATE 2006-2007

This section of the Area Plan identifies the methods used by the A1AA to gather information about senior needs, issues and concerns, and provide an analysis of the findings. These methods include Information and Assistance Data, comments A1AA Advisory Council Members received from InfoVan outreach, St. Joseph Community Needs Assessment – Meta Analysis 2005, and St. Joseph Community Needs Focus Groups 2005.

A. Information & Assistance Program Data

The A1AA reviews data collected by the Senior Information and Assistance Program on a monthly basis. Data from July 2005 through December 2005 was used to provide direction to the program and the agency. The chart and narratives below describe the ranking of categories; the numbers indicate the frequency of requests in that “Area of Need”.

**TOP FIVE CATEGORIES BY COUNTY**

(July 2005 to December 2005)

<b>Humboldt County</b>				<b>Del Norte County</b>		
<b>Ranking</b>	<b>Topic</b>	<b>Number</b>	<b>%</b>	<b>Topic</b>	<b>Number</b>	<b>%</b>
1	Advocacy & Info	423	17%	Advocacy & Info	160	20%
2	Gov't Prog	386	15%	Insurance	123	16%
3	In-Home Care	255	10%	Gov't Prog	122	16%
4	Housing	207	8%	In-Home Care	82	10%
5	Insurance	185	7%	Health/Med. Service	41	5%
	<b>TOTAL</b>	<b>1,456</b>	<b>58%</b>	<b>TOTAL</b>	<b>528</b>	<b>67%</b>

In Humboldt County, the total number of inquiries for the period of July 2005 – December 2005 was 2,519. The top five areas of need comprised 58% of all inquiries.

In Del Norte County, the total number of inquiries for the period of July 2005 – December 2005 was 787. The top five areas of need comprised 67% of all inquiries.

**Humboldt County: Description of Top 5 Categories**

1. Information and Assistance Advocacy – 423 inquiries. Information shared with clients can be in the form of service provider brochures, checklists and contact lists, as well as the Information Directory for Senior, Caregiver and Disability Services. Advocacy efforts may include calling the service provider for the client and/or problem solving with a service provider for client needs. The Information Directory for Senior, Caregiver and Disability Services accounted for almost 36% of the inquiries recorded in this category. Advocacy

occurred in 36% of calls for this category, and provider brochures accounted for 28%.

2. Government Services/Benefits – 386 inquiries. In this category, 354 calls were from people interested in the Homeowner/Renters Assistance (HRA) program (91.7% of calls to this category). Senior Information and Assistance is one of many volunteer sites providing such forms and assistance to seniors and disabled persons under 60. Assistance was provided for 140 forms preparation. Eleven calls were referred to the Social Security Administration regarding benefits.

3. In-Home Services – 255 inquiries. Issues related to In-Home Care include finding and training caregivers, home health services, care management options, and other services that can help keep an elder safe in their own home. Caregiver (IHSS and private) inquiries occurred in 119 instances (46% of calls in this category). Requests for Lifeline services or other reassurance program were 39 (15% of calls). Caregiver Registry (including caregiver training requests) was referred to for 58 questions (13% of calls.) Care Management services were referred to for 35 issues (26% of calls). Note: Linkages (care management services for adults at risk for out-of-home residential placement) has an approximate 3 month wait list.

4. Housing – 207 inquiries. Referrals to housing lists, including the one maintained by the I & A program and Redwood Community Action Agency and the Housing Authority, were referred to in 81 instances (45% of calls to this category). Referrals were made for issues of homelessness and emergency housing for 89 contacts (43%). This is a tremendous increase over past years when the number of contacts for this category ranged from 8 – 12.

5. Insurance – 185 inquiries. Questions regarding the new Medicare Prescription program (Part D) dominated the insurance category – 148 inquiries were related to the new program. More information about the program and its challenges are contained later in this report by Health Insurance Counseling and Advocacy Program (HICAP). The service is designated as a primary Medicare information source.

Un-Met Needs – Insufficient access to firewood programs was noted as 16% of the total number of unmet needs recorded in this period. In-Home help/Caregiver services are unmet needs primarily because of the cost of privately hired caregivers. In addition there are few resources for in-home services in some areas. Low cost housing remains an unmet need with few options available. Requests for assistance with building ramps were also frequently categorized as unmet needs: the expense and building requirements are barriers, in addition to few interested contractors.

## Del Norte County: Description of Top 5 Categories

1. Information and Assistance Advocacy – 160 inquiries. Information shared with contacts can be in the form of service provider brochures, checklists and contact lists, as well as the Information Directory for Senior, Caregiver, and Disability Services. Information distributed about other programs accounted for 58% (93) of the calls to this category. Advocacy efforts may include calling the service provider for the client and/or problem solving with a service provider for client needs. Advocacy occurred in 29% (46) of calls for this category.

2. Insurance – 123 inquiries. One hundred and three contacts (84%) were related to the Medicare Prescription Plan (Part D). More information about the program and its challenges are contained later in this report by Health Insurance Counseling and Advocacy Program (HICAP). The service is designated as a primary Medicare information source.

3. Government Services/Benefits- 122 inquiries. Homeowners/Renters Assistance (HRA) inquiries made up 88% of all calls to this category (107 inquiries). Staff is trained to assist seniors and disabled persons under 60 to complete the HRA forms. Forms Preparation statistics show 107 clients were assisted with this task. Additional needs included Social Security Administration and Department of Social Services referrals.

In- Home Care – 82 inquiries. Issues related to In-Home Care include finding and training caregivers, home health services, care management options, and other services that can help keep an elder safe in their own home. Caregiver (IHSS and private) inquiries occurred in 75 instances (91% of calls in this category).

Health/Medical Services – 41 inquiries. Requests for referrals to physicians accounted for 24% of the calls in this category. Del Norte County experienced a shortage of health care professionals during this time period. Efforts are being made by a variety of governmental, health, and citizen organizations to recruit medical professionals.

Un-Met Needs – Out of home Adult Day Health Care options were requested and remain unmet as there are no Adult Day Health Care services in the County. Other unmet needs are best defined as unmet financial aid issues related to home repairs and ramps. There are no programs available that fit the needs of the clients.

### Characteristics of Survey/Public Forum Participants

The Information and Assistance Program does not collect client demographic information, therefore we are unable to specify the characteristics of the clientele. We believe however, they are reflective of the population as a whole.

#### B. AIAA Advisory Council Members' Feedback from Participation in InfoVan Outreach

AIAA Advisory Council Members between the months of April 2005 and April 2006 accompanied the InfoVan on outreach activities, as their schedules allowed. The intent of the Advisory Council Members was to educate seniors about the Advisory Council and CSL and to learn more about seniors' and caregivers' needs in the outreach areas. Council Members spoke with approximately 209 seniors. These members noted the following comments on senior needs that they heard about:

- Transportation in towns, rural, and remote areas;
- Information about services and access to those services;
- Safety in the home/accidents
- Need for additional exercise classes
- Minor home modification
- In-home help/care;
- Housing; affordable and accessible (rent increasing)
- Lunch site meal selection (need more salads and less carbohydrates)
- Dental care;
- Prescription drug cost;
- Lifeline in Hoopa; and
- Emergency response in disasters.

### Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the activities are not available as Advisory Council Members were not asked to keep track of their contacts' characteristics. However, it is believed that they roughly mirror the PSA as a whole.

#### C. St. Joseph Health System Community Needs Assessment – Meta Analysis 2005

Between October 2004 and July 2005, a collaboration of five organizations partnered to evaluate and prioritize the needs identified in thirty-three existing needs assessment documents collected for review. The partners included Humboldt Area Foundation, McLean Foundation, St. Vincent de Paul, St. Joseph Health System – Humboldt County, and Area 1 Agency on Aging. Each partner gathered and reviewed existing documents, completing a one-page summary sheet including the needs identified. The information from the

thirty-three needs documents were summarized into tables on the categories of need set up by St. Joseph Health System. Needs were further defined by special populations. The needs for senior are listed below.

- Coordinated Information and Referral;
- Medical Care;
- Caregiving;
- Personal Safety;
- Affordable and Accessible Housing;
- Transportation;
- Life Skills;
- Community Support (sense of community);
- Affordable Activities;
- Mental Health Services;
- Jobs & Training; and
- Dental Care.

#### Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the fourteen needs assessment projects included a wide range of seniors; several of the methods were focused on Native American and remote communities.

#### D. St. Joseph Health System Community Needs Focus Groups 2005

During April and May 2005, Sociology graduate students from Humboldt State University collaborated with St. Joseph Health System – Humboldt County and Area 1 Agency on Aging to conduct focus groups. St. Joseph Health System has five Community Resource Centers in Humboldt County: Blue Lake, Rio Dell, Willow Creek, Eureka, and Bridgeville. Focus groups were held in each Community Resource Center. The focus groups were intended to see if the preliminary results of the *St. Joseph Health System Community Needs Assessment – Meta Analysis 2005* held true to the five communities who participated in the focus groups. The needs identified are as follows:

- Caregiving;
- Recreational/Social Opportunities;
- Affordable and Accessible Housing;
- Transportation;
- Personal Safety;
- Dental Care;
- Mental Health Services;
- Community Support;
- Coordinated Information and Referral;
- Substance Abuse Education Programs; and
- Jobs and Training

Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the five focus groups included those participating in existing community groups who meet at the St. Joseph Community Resource Centers. These community groups included a senior lunch day, parenting groups, and community improvement groups.

**Chart Reflecting How Priority Need Areas Are Reflected In Area Plan Goals & Objective Development For Fiscal Year 2006-2007**

Needs Assessment Method Conducted In 2005-2006	Priority Need Area Identified	Area Plan Goal(s) For 2005-2009
Information and Assistance Program Data 2004/2005	Info. & Assistance Advocacy	11,13,31,32
	Information on Government Programs	11,13,31,32
	In-Home Care	11
AIAA Advisory Council InfoVan Outreach	Transportation	16
	Information on Available Services	11,13,31,32
	Accidents in the Home	14
St. Joseph Community Needs Assessment – Meta Analysis 2005	Coordinated Information and Referral	11,13,31,32
	Medical Care	10,11,13
	Caregiving	31,32,33,35
	Personal Safety	14
St. Joseph Community Needs Focus Groups 2005	Caregiving	31,32,33,35
	Recreational/Social Opportunities	10,13,17
	Affordable/Accessible Housing	12
	Transportation	16

**IX. NEEDS ASSESSMENTS ACTIVITY PLANNED FOR THE SECOND YEAR OF THE FOUR YEAR PLAN**

At minimum, the AIAA intends to conduct the following needs assessment activities in FY 2006-2007.

- Review of new 2000 census data information and California Department of Finance Projections based on census;
- Review of 2006 Humboldt and Del Norte County’s Almanac;
- Review/summarize needs data identified by the Senior Information & Assistance Program; and
- Review feedback from Advisory Council members doing InfoVan outreach.

X. PRESENTATION/ANALYSIS OF THE FINDINGS OF SENIOR NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE AREA PLAN UPDATE 2007-2008.

This section of the Area Plan identifies the methods used by the A1AA to gather information about senior needs, issues, and concerns and provide an analysis of the findings. These methods include a review of Census 2000 demographic data, Information and Assistance data, comments received during outreach activities by the A1AA Advisory Council Members, and two client surveys.

A. 2006-07 Senior Needs Data from Senior Info and Assistance

The A1AA reviews data collected by the Senior Information and Assistance Program on a monthly basis. Data from July 2006 through December 2006 was used to provide direction to the program and the agency. The chart and narratives below describe the ranking of categories; the numbers indicate the frequency of requests in that "Area of Need".

**Senior Information and Assistance**

Information and Assistance (I &A) provides services via telephone, walk-in, community outreach and mail and email contacts. Questions range from simple information calls ("What's the phone number for the senior center?") to complex assessment ("Mother broke her hip and will be coming home from the hospital tomorrow. What do I need to do?"). Although I & A responds to requests from people of all ages, the target populations for federally funded I & A services are people aged 60 and over, their families and their caregivers. Information and Assistance services are provided by both the Caregiver Services program and the Information and Assistance program of the Area 1 Agency on Aging. Data below reflects only the Senior Information and Assistance populations.

<b>Total Number of contacts regarding senior services:</b>	<b><u>3525</u></b>
Number of calls from seniors for general I & A	1728
Number of calls regarding referrals	609
Number of follow-ups	212
Number of contacts at <b>57 presentations</b> conducted to date	976

Top 5 NeedsHumboldt County

1) In-Home Services	(14.76%)
2) I & A Advocacy	(9.24%)
3) Housing	(9.03%)
4) Legal	(8.29%)
5) Health/Medical	(6.99%)

Total Calls = 2304  
Top 5 represent 48.31%

Del Norte County

1) I & A Advocacy	(24.22%)
2) In-Home Services	(15.53%)
3) Gov't Services/Benefits	(9.32%)
4) Insurance	(7.95%)
5) Forms Preparation	(6.46%)

Total Calls = 805  
Top 5 represent 63.48%

Humboldt County

1. In-Home Services – 340 inquiries. Issues related to In-Home Care include finding and training caregivers, home health services, care management options, and other services that can help keep an elder safe in their own home. In home care represented 70 inquiries, care management (61 inquiries), Caregiver Registry (including caregiver training requests) (48 inquiries), chore work (36 inquiries) and IHSS (32 inquiries).

2. Information and Assistance/ Advocacy – 213 inquiries. Information shared with clients can be in the form of service provider brochures, checklists and contact lists, as well as the Information Directory for Senior, Caregiver and Disability Services (80 inquiries). Advocacy efforts (54 inquiries) may include calling the service provider for the client and/or problem solving with a service provider for client needs.

3. Housing – 208 inquiries. Assistance with housing needs can be in the form of providing clients with a list of available housing, rental lists, referral to short term housing and shelter programs. The most utilized assistance is in the form of housing lists (77 inquiries) and a rental housing list (42 inquiries).

4. Legal – 191 inquiries. General legal counseling and services represented the highest need categories (97 inquiries), Ombudsman referrals (19 inquiries), Lawyer Referrals (19 inquiries) and fraud (10 inquiries). Other categories of assistance that were utilized includes assistance with Advanced Health Care Directives, Bankruptcy, Conservatorship, Crime Victim, Grandparents rights, Law enforcement, Medi-Cal appeals, and Power of Attorneys. Low income clients are referred to Legal Services of Northern California when appropriate. Senior I & A provides the Advance Healthcare Directives free to clients.

5. Health/Medical – 161 inquiries. Physician Referral (32 inquiries), Medical Supplies and equipment (26 inquiries), dental care (16 inquiries), clinics (10 inquiries), flu (10 inquiries), prescriptions (8 inquiries). Other assistance include

information for particular diseases (Alzheimer's, dementia, cancer), end of life (Hospice), and preventative care (vision screening, toe nail clipping).

#### Unmet Needs

- Affordable and available housing for individuals who do not have money for a first and last months' rent and those with pets.
- Firewood Program was unable to provide enough firewood to meet the needs of seniors during the winter of 2006/07.
- Dental care can be difficult to obtain.
- Home Delivered Meals program in Humboldt County has a waiting list and other food sources may not be available for delivery in certain outlying areas.

#### Del Norte County

1. Information and Assistance Advocacy – 195 inquiries. The category remains the highest utilized category for Del Norte County. Information shared with contacts can be in the form of service provider brochures, checklists and contact lists, as well as the Information Directory for Senior, Caregiver, and Disability Services. Information distributed about other programs accounted for 84 of the calls to this category, advocacy efforts (may include calling the service provider for the client and/or problem solving with a service provider for client needs) resulted from 51 inquiries, and the Senior Directory was distributed as a result of 53 inquiries.

2. In- Home Care – 125 inquiries. Issues related to In-Home Care include finding and training caregivers, home health services, care management options, and other services that can help keep an elder safe in their own home.

3) Government Services/Benefits – 75 inquiries. Homeowners/Renters Assistance (HRA) inquiries made up 85% of all calls to this category (64 inquiries).

4. Insurance – 64 inquiries. Last fiscal year, the I & A program experienced a larger than normal request for information and assistance with the new Medicare Prescription program (Part D) implementation. The Area 1 Agency on Aging's HICAP (Health Insurance Counseling and Advocacy Program), also available in Del Norte County, was very active in informing those who are Medicare eligible about the Medicare Prescription Plan (Part D). There has been a reduction in requests for assistance by almost half through the I & A program. Requests regarding HICAP, Medicare Prescription Program, and Medi-Cal represent all the inquiries in this category during this time period.

5. Form Preparation – The Del Norte InfoCenter is one of many volunteer sites providing forms assistance to seniors and disabled persons under 60. This continues to be a top requested service; however, there has been a decrease by more than half for this service since last year. This could be attributed to the partnerships that have been created to assist with the HRA program.

Un-Met Needs –

- No programs were found to meet the needs of those searching for adult day care needs.
- Affordable housing, long term and short term continue to be in short supply.

**Humboldt and Del Norte Counties Summary**

In Humboldt County, the total number of inquiries by or for seniors for the period of July 2006 – December 2006 was 2,304. The top five areas of need comprised of less than 50% of all inquiries, down from almost 65% last year. In Del Norte County, the total number of inquiries by or for seniors for the period of July 2006 through December 2006 was 805. The top five areas of need comprised 63.48%, down from 77.82% of all inquiries last year at this time.

As general housing and utility expenses continue to increase, the additional need for income supplements and additional financial assistance may continue. The trends in increased need for caregivers, out of home and adult day care will likely continue as the senior population continues to age and chooses to do so “in place.” Transportation continues to be an issue in rural communities- from complete lack of existing service in outlying areas to insufficient availability during certain times and days in the areas that do have regular service. Transportation is often essential in receiving health care services, educational/training activities, evening socialization opportunities, and jobs.

Characteristics of Survey/Public Forum Participants

The Information and Assistance Program does not collect client demographic information, therefore we are unable to specify the characteristics of the clientele. We believe however, they are reflective of the population as a whole.

B. Comments received by Advisory Council Members during community outreach

Advisory Council Members are encouraged to accompany staff on community outreach events as well as to visit senior lunch sites in the PSA to educate seniors about AIAA directed services, CSL activities and to learn about senior and caregiver needs. Council Members spoke to approximately 238 seniors (July 2006 through February 2007), who mentioned housing, transportation, meals and health care as concerns.

Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the activities are not available as Advisory Council Members were not asked to keep track of their contacts' characteristics. However, it is believed that they roughly mirror the PSA as a whole.

C. Del Norte InfoCenter (DNIC) Consumer Survey

In an effort to provide quality services through the DNIC, AIAA distributed 527 questionnaires requesting information about consumers experience with accessing and receiving services, and comments on how to improve services. A response rate of 29.2% was achieved. All surveys received by June 9, 2006 were included in the database analyzed. The following information was gleaned from the 152 survey responses returned.

<b>Found out about DNIC Services through</b>	<b># (%) Survey Respondents</b>
Friend/Relative	70 (46.1%)
Other Service Providers	41 (27.0%)
Doctor	11 (7.2%)

<b>Services Requested</b>	<b># (%) Survey Respondents</b>
Information and Assistance	66 (43.4%)
HICAP	59 (38.8%)
RSVP	39 (25.7%)

**Was the information you received from the InfoCenter clear and understandable?**

Yes	133 (87.5%)
No	2 (1.3%)
Unsure	3 (2.0%)
No Response	14 (9.2%)

**Was the information you received from the InfoCenter helpful in dealing with the issue you called or came into the office to discuss?**

Yes	128 (84.2%)
No	2 (1.3%)
Unsure	5 (3.3%)
No Response	17 (11.2%)

**Were you told to go to or call any other places or services for more information?**

Yes	38 (25.0%)
No	84 (55.3%)
Unsure	7 (4.6%)
No Response	23 (15.1%)

### Characteristics of Survey/Public Forum Participants

Del Norte InfoCenter serves people of all ages and abilities. Survey respondents include seniors, adults, parents of young children, and caregivers.

<b>Demographic Category</b>	<b>#(%) Survey Respondents</b>
<b>Gender:</b>	
Female	95 (62.5%)
Male	37 (24.3%)
No Response	20 (13.2%)
<b>Age:</b>	
Under 60	24 (15.8%)
60 and over	121(79.6%)
No Response	7 (4.6%)
<b>Ethnicity:</b>	
White/Caucasian	130 (85.5%)
Native American	6 (3.9%)
Asian	4 (2.6%)
Hispanic	2 (1.3%)
African American	1 (0.7%)
No Response	9 (5.9%)
<b>Health Insurance</b>	
Medicare Supplement/Medigap	79 (52.0%)
Medi-Cal/Medicaid	50 (32.9%)
Employee Retirement	16 (10.5%)
Private Insurance	14 (9.2%)
Other	10 (6.6%)
None	7 (4.6%)
<b>Disability:</b>	<b># (%) Survey Respondents</b>
None	53 (34.9%)
Physical	54 (35.5%)
Visual or Hearing Impairment	28 (18.4%)
Mental Disorder	17 (11.2%)
Developmental	2 (1.3%)

#### D. Legal Services Survey

A survey was conducted in the spring of 2006 to determine the experiences of clients who used Senior Legal Services during the past two years. Of the 896 questionnaires distributed in Humboldt and Del Norte Counties, 219 surveys were returned and completed sufficiently to be considered valid. A response rate of 24.4% was achieved. All surveys received by June 23, 2006 were included in the database to be analyzed.

Of the respondents, 32 (14.6%) used legal services within the past two years, 17 used Senior Legal and 10 used Senior Legal Hotline.

Thirty-five percent of Humboldt County respondents indicated that they would use a free or low cost legal services within the next two year. Fifty-two percent of Del Norte respondents indicated that they would use free or low-cost legal services within the next two year. The preferred method of contact was a face-to-face visit (62%), followed by telephone (31.5%) and workshops (16.9%). Internet access to legal services was cited by 10% of respondents.

Primary issues that respondents have had experience with, or expect to need assistance with include:

In-Home Supportive Services	25%
Power of Attorney	21%
Long-Term Care Facilities/problems	21%
Identity Theft	19%
Advance Health Care Directives	15%
Medi-Cal	14%
Veterans Benefits	14%
Social Security Benefits	13%

Characteristics of Survey/Public Forum Participants

The Legal Service Survey did not collect client demographic information; therefore we are unable to specify the characteristics of the clientele. We believe however, they are reflective of the senior population as a whole.

E. Limited English Proficiency and Cultural Diversity Survey

A survey is currently being conducted by Area Agency staff to ascertain the capacity of current service contractors and providers to identify and serve diverse populations, including those with limited English proficiency. The survey is expected to be completed by June 2007.

XI. NEEDS ASSESSMENTS ACTIVITY PLANNED FOR THE THIRD YEAR OF THE FOUR YEAR PLAN

At minimum, the AIAA intends to conduct the following needs assessment activities in FY 2007-2008.

- Review of new 2000 census data information and California Department of Finance Projections based on census;
- Review/summarize needs data identified by the Senior Information & Assistance Program;
- Review feedback from Advisory Council members doing InfoVan outreach;
- Review Humboldt Transportation Coordination Alliance report on transportation inventory and unmet needs; and
- Continue to explore the needs of the community in order to deliver culturally competent services as considered necessary.

XII. SUMMARY OF IDENTIFIED NEEDS

**Senior Needs Assessment Summary for Area Plan 2005-2009  
Covering Planning for Fiscal Years: 2005-2006, 2006-2007, and 2007/2008**

Area of Need or Topic of Concern	2005-2006								2006-2007				2007-2008				Total	
	Needs Assessment Survey 2005	IHSS Recipient Survey 2004	Information and Assistance Data 2003/4	Planning for an Aging California Forum 2004	North Coast Senior Services Collaborative Meeting 2004	Del Norte Coalition for Better Health Meeting 2004	AIAA Advisory Council Outreach in InfoVan 2004	Senior Services Waiting Lists 2004/5	Your Voice – Your Choice Forum 2004	Information and Assistance Data 2005/6	AIAA Advisory Council Outreach in InfoVan 2005	St. Joseph Community Needs Assessment – Meta Analysis 2005	St. Joseph Community Needs Focus Groups 2005	Information and Assistance Data 2006/2007	AIAA Advisory Council Outreach 2006/2007	Limited English Survey		Transportation Inventory Report 2007
Housing		X	X		X	X	X	X	X	X	X	X	X	X				13
Health Care	X	X	X	X	X	X	X		X		X		X	X				12
Obtaining info about services/benefits	X	X		X	X		X		X	X	X	X		X	X			12
Receiving services/benefits		X	X	X			X		X	X	X	X	X	X	X			11
Activities & Exercise				X	X	X	X			X	X	X		X				8
Transportation	X				X		X			X	X	X		X		X		9
Finding Caregiver	X		X		X				X	X		X	X	X				8
Household Chore	X	X			X		X		X	X				X				7
Accidents in the Home	X	X					X			X	X			X				6
Mental Health - Geriatric				X	X		X				X	X						5
Caregiving Support			X						X		X	X	X	X				6
Adult Day Health Care (ADHC)					X	X		X										3
Advocacy			X		X				X				X	X	X			6
Crime	X										X	X						3
Dental Care										X	X	X		X				4
Energy/Utilities	X	X	X										X					4
Money to live on	X	X				X												3
Nutrition/Food		X			X			X					X	X				5
Caregiver Training					X	X												2
Home Health						X			X									2
Home Modification/Repair					X					X			X	X				5
Loneliness	X				X													2
Coordinating Services	X													X		X		3
Insurance									X									1
Isolation	X													X	X	X		3
Legal			X										X					2
Respite					X													1
Cultural/LEP services															X			1

## CAREGIVER NEEDS ASSESSMENT

Specifically for the Family Caregiver Support Program (FCSP) the focus of this section's methodologies were caregivers. Studies previously described herein have been re-analyzed for caregiver needs. New methodologies have been added as well.

### I. CAREGIVER: METHODS USED TO PREPARE THE 2005-2009 AREA PLAN

The AIAA uses a variety of methods to gather information about the issues and concerns faced by caregivers. Prior to developing the 2005-2009 Area Plan priorities, goals and objectives, the AIAA sponsored or participated in several needs identification activities. These activities were:

- Reviewing of demographic information on caregivers;
- Releasing/analyzing a bi-county senior and caregiver survey;
- Reviewing/summarizing Humboldt County In Home Supportive Services (IHSS) Provider Survey 2004
- Reviewing/summarizing needs data identified by the Caregiver Services Program;
- Reviewing/summarizing comments from a Baby Boomer community forum;
- Reviewing/summarizing comments from a North Coast Senior Services Collaborative meeting;
- Reviewing/summarizing comments from a Del Norte Coalition for Better Health meeting;
- Reviewing/summarizing comments from AIAA staff meeting of Information and Assistance, Caregiver Services, and HICAP programs;
- Reviewing/summarizing comments received by AIAA Advisory Council members during InfoVan outreach; and
- Sponsoring a public hearing in each county to solicit older adult input on identifying minimum percentages to be expended for access, in-home services and legal assistance; outreach strategies and proposed activities for fiscal year 2005-2006

The A1AA used several of the above methods to identify the needs of targeted groups. We entered into an agreement with two Native American tribal entities to jointly sponsor the senior and caregiver survey and tally the results inclusively into the A1AA survey results and independently for tribal representatives. Additionally, the survey was translated into Spanish and distributed through the Latino Community Provider Network.

## II. CAREGIVER: PRESENTATION/ANALYSIS OF THE FINDINGS OF NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE 2005-2009 AREA PLAN

This section of the Area Plan identifies the methods used by the A1AA to gather information about caregiver needs, issues and concerns, and provide an analysis of the findings. These methods include caregiver demographic information, Senior and Caregiver Survey, Humboldt County IHSS Provider Survey 2004, comments from the Baby Boomer community forum, comments from the North Coast Senior Services Collaborative meeting, comments from the Del Norte Coalition for Better Health meeting, A1AA staff meeting (including Information and Assistance, Caregiver Services, and HICAP staff), and comments A1AA Advisory Council Members received from InfoVan outreach.

### A. Caregiver Demographic Information

A large portion of the care received by older individuals is done by family caregivers. Based on the National Family Caregivers Association's *Prevalence and Economic Value of Family Caregiving 2003* family caregivers in California represent 9.4% of the general population. Each of these family caregivers provide an average of 1,071.3 hours per year (or 20.6 hours per week) of care. Based upon the 9.4% of the general population figure, Humboldt and Del Norte Counties have approximately 14,479 family caregivers providing about 15,512,032 hours of care per year.

Another form of caregiving is grandparents caring for their minor grandchildren. According to the Census 2000 Summary File 3, 1,333 grandparents in Del Norte and Humboldt Counties have primary care responsibilities for their minor grandchildren.

### B. Senior and Caregiver Needs Assessment Survey

During the fall of 2004 the Area 1 Agency on Aging (A1AA) released a Senior and Caregiver Needs Survey to gather first-hand information regarding senior needs, concerns, issues, difficulty in performing daily activities and if needed who helps them with those activities. Using a standardized survey form developed by the California Department of

Aging, the AIAA issued 3,000 surveys throughout Del Norte and Humboldt Counties via 49 distribution sites. Five hundred and seven of the returned surveys were valid and completed in a manner to allow for data entry.

Humboldt County caregiver respondents identified the top five problem areas to be: health care (57.9%), accidents in the home (55.3%), money to live on (47.4%), household chores (43.9%), and taking care of another person: adult (41.2%).

Del Norte County caregiver residents identified the top five problem areas to be: health care (62.5%), household chores (50.0%), money to live on (50.0%), crime (43.8%), and obtaining information about services/benefits (43.8%).

The survey was intended for seniors and caregivers and was analyzed as two separate populations. Of the 507 survey respondents, 444 were over the age of 60 or indicated they had a disability or chronic illness, and 135 were caregivers. The analysis for caregivers is located below.

The survey contained a list of problems or concerns that could affect one's quality of life. Respondents were asked to indicate which items were a problem to them personally and to what degree they were a problem. Respondents selected from three categories: no problem, minor problem, or serious problem.

The table below shows which problems respondents considered to be the largest. The top 10 problems are listed. The ranking reflects bi-county totals for "minor problem" and "serious problem".

**Combined Totals for Del Norte and Humboldt Counties:  
"Minor and Serious" Problem/Concern Ranking**

<b>Problem/Concern</b>	<b>Ranking</b>	<b>Number of Respondents</b>	<b>% of Total Respondents</b>
Health care	1	81	60.0%
Accidents in the home (e.g., falling)	2	70	51.9%
Money to live on	3	63	46.7%
Household chores	4	62	45.9%
Taking care of another person: Adult	5	57	42.2%
Receiving services/benefits	6*	53	39.3%
Loneliness	7	53	39.3%
Energy/utilities	8	50	37.0%
Crime	9	49	36.3%
Isolation	10	44	32.6%

\*received a larger number of "Serious" Problem/Concern respondents

Respondents were requested to indicate if they had any difficulty with daily activities. The table below demonstrates the level of difficulty respondents have with varying activities. The activities are ranked by the combination of minor, serious difficulty and unable to do. This ranking represents bi-county totals.

**Del Norte and Humboldt County Caregivers Combined Totals  
Respondent's Level of Difficulty to Perform Daily Activities**

Rank	Daily Activity	No Difficulty		Minor Difficulty		Serious Difficulty		Unable to Do	
		#*	%**	#	%	#	%	#	%
1	Doing heavy housework	49	36.3%	28	20.7%	25	18.5%	27	20.0%
2	Walking	78	57.8%	26	19.3%	19	14.1%	5	3.7%
3	Preparing meals	79	58.5%	26	19.3%	5	3.7%	14	10.4%
4	Doing light housework	87	64.4%	19	14.1%	5	3.7%	16	11.9%
5	Grocery Shopping	84	62.2%	12	8.9%	11	8.1%	16	11.9%
6	Bathing	89	65.9%	21	15.6%	11	8.1%	7	5.2%
7	Ability to drive or arrange a ride	91	67.4%	15	11.1%	10	7.4%	13	9.6%
8	Managing money	90	66.7%	19	14.1%	8	5.9%	9	6.7%
9	Shopping for personal items	90	66.7%	14	10.4%	7	5.2%	14	10.4%
10	Getting in and out of bed	95	70.4%	23	17.0%	8	5.9%	1	0.7%

\* Number of Respondents

\*\* Percent of Total Respondents (135)

Respondents were asked who helped them with the activities with which they have difficulty. The bi-county totals are:

1. Paid worker/caregiver (47 respondents)
2. Other relative (43 respondents)
3. Spouse (25 respondents)
4. Friends (24 respondents)
5. No One ( 24 respondents)
6. Agency Volunteer (4 respondents)

\* Note: Respondents were asked to check all those that apply. Many respondents had more than one person helping them with daily activities.

Respondents were asked to identify if they had problems with their own care or the care they give to someone else. The following table demonstrates the level of a problem they have with various issues. The issues are ranked by the combination of minor and major problem. This ranking represents the bi-county totals.

**Del Norte and Humboldt Counties Caregivers Combined Totals  
Respondent's Issues of Care Ranking**

Issue	No Problem		Minor Problem		Major Problem	
	#*	%**	#	%	#	%
Finding provider for respite care	48	35.6%	25	18.5%	21	15.6%
Dealing with a break down in care arrangements	58	43.0%	26	19.3%	20	14.8%
Finding provider for meal preparation/house cleaning	61	45.2%	21	15.6%	24	17.8%
Coordinating help from several agencies	60	44.4%	30	22.2%	13	9.6%
Finding provider for personal care/bathing assistance	59	43.7%	23	17.0%	18	13.3%
Caregiver counseling & support groups	65	48.1%	20	14.8%	14	10.4%
Finding provider for nursing care	58	43.0%	16	11.9%	17	12.6%
End of life issues	62	45.9%	19	14.1%	11	8.1%

\* Number of Respondents

\*\* Percent of Total Respondents (135)

Characteristics of Survey/Public Forum Participants

The respondents of the Caregiver Needs Assessment Survey were predominately female (74.8%). The age groups were: 22-59 (32.6%), 60-69 (26.7%), 70-79 (21.5%), 80-89 (12.6%), 90 and over (3.0%), and those that did not respond (3.7%). The ethnicity of the respondents was Caucasian 80.0%, Native American 13.3%, Hispanic 3.7%, and 3.0% had no response. Twenty nine percent indicated they lived alone. Twenty one percent receive SSI and 26.7% receive Medi-Cal. Thirty eight percent indicated they were disabled or had a chronic illness.

C. Humboldt County IHSS (In-Home Supportive Services) Providers' Awareness of Community Services and Needs Assessment Survey Summary Report 2004

During May and June of 2004 the Humboldt County In Home Supportive Services (IHSS) Public Authority, in contract with the Area 1 Agency on Aging (AIAA), released a questionnaire to examine the IHSS Providers' awareness of community services and areas of concerns or problems. The survey was mailed to the 2,125 IHSS providers in Humboldt County. Three hundred and sixty four of the returned surveys were valid (17.8% response rate) and completed in a manner to allow for data entry.

Respondents were asked about their awareness of available community services in Humboldt County. Respondents were least aware of Housing, Transportation, and Advocacy & Access services; and were mostly aware of Food & Nutrition services and Home & Nursing Care services.

Of the services listed in the questionnaire, respondents were asked to indicate if the service was helpful. The following were considered the most helpful: home health care, Food Bank/Senior Brown Bag/Home Bound Delivery Program, REACH/HEAP, local community health and dental clinics, and Caregiver Services: information, referral, and registry.

The survey contained a list of problems or concerns that could affect one's quality of life. Respondents were asked to indicate which items were a problem to them personally, and to what degree they were a problem. Respondents selected from three categories: no problem, minor problem, or serious problem.

The table below shows which problems respondents considered to be the largest. The top 10 problems are listed. The ranking reflects totals for "minor problem" and "serious problem".

**"Minor and Serious" Problem/Concern Ranking**

<b>Problem/Concern</b>	<b>Ranking</b>	<b>Number of Respondents</b>	<b>% of Total Respondents</b>
Health Care: affording it	1	257	70.6%
Energy/Utilities	2	240	66.0%
Money to live on	3	223	61.2%
Health Care: finding adequate	4	212	58.3%
Obtaining information about services/benefits	5	209	57.4%
Housing: affording it	6	196	53.8%
Receiving services/benefits	7	195	43.5%
Taking care of Adult	8	187	51.4%
Accidents in the home	9	186	51.1%
Nutrition/food	10	172	47.2%

This is followed by: crime; employment; housing: accessible; legal affairs; and transportation: general.

Characteristics of Survey/Public Forum Participants

The respondents of the Humboldt County IHSS Provider Survey were predominately female (72.5%). Respondents had an average age of 48.1. The age groups were: 18-39 (27.5%), 40-59 (44.8%), 60-74 (18.7%), 75-99 (3.8%), and those that did not respond (5.2%). The ethnicity of the respondents was Caucasian 72.3%, Native American 9.9%, Hispanic 5.2%, Asian 3.3%, African American 1.6%, and 7.7% had no response. Survey respondents had an average household size of 2.5 people, 41.0 percent have a high school diploma or less, 27.0 percent have an associate, bachelor or graduate degree, 36.6 percent are live-in care providers, 61.1 percent have public transportation accessible to where they live while only 18.7 percent use public transportation, 79.7 percent own a car, 84.6 percent drive and 81.9 percent have car insurance.

D. Planning for an Aging California Population: Preparing for the “Aging Baby Boomers” 2004

On August 13, 2004 the Area 1 Agency on Aging in collaboration with North Coast Senior Services Collaborative and Assembly Member Berg conducted the community forum, “Planning for an Aging California Population: Preparing for the Aging Baby Boomers”. This event briefly highlighted local demographics and activities:

- “Much Ado About Nothing: Retirement Values & Needs of Baby Boomers 1998”
- Aging Summit 2000
- Building Access by Design 2002
- Olmstead Planning Workshop 2003
- Your Voice – Your Choice 2004

This was followed by the main presentation “State Master Plan on Aging” presented by Assembly Member Patty Berg. The forum concluded with public input and an opportunity for participants to reply in writing.

The following comments pertain to caregiver or caregiver service needs:

- Outreach on available services
- Need for respite care for family caregivers
- Develop training program for geriatric caregivers

Characteristics of Survey/Public Forum Participants

The forum participants consisted of seniors, baby boomers, caregivers, senior and disabled adult service providers, and local and state elected officials.

E. North Coast Senior Services Collaborative Meeting August 2004

On August 24, 2004 the North Coast Senior Services Collaborative met and provided time on the agenda for discussion of senior and caregiver needs in the community. The collaborative members identified the following needs for caregivers and caregiver services:

- Lack of information on services in remote and rural areas
- Lack of local phone number for services or 800 numbers
- General information on available services
- Access to services for the chronically ill (low and middle income individuals)
- Caregiver training, especially in remote and rural areas
- Information of respite availability
- Respite options in remote and rural areas

### Characteristics of Survey/Public Forum Participants

Collaborative members consist of senior and disabled adult service providers.

#### F. Del Norte Coalition for Better Health Meeting 2004

On September 8, 2004, the Del Norte Coalition for Better Health met and provided time on the agenda for discussion of senior and caregiver needs in the community. The Coalition members identified the following needs for caregivers and caregiver services:

- Information and Assistance;
- Comprehensive Assessment/Case Management;
- Caregiver Training;
- Home Safety (accidents in the home);
- Personal Care;
- Chore and Homemaker;
- Ability to Pay for Respite (home worker/caregiver)
- Grandparents Raising Grandchildren; and
- Nutrition Education.

### Characteristics of Survey/Public Forum Participants

The Coalition consists of health and social service providers of all ages, County department of health and social services, Community Health Alliance, Health Care District, and elected officials.

#### G. Information & Assistance and Caregiver Services Staff Meeting December 2004

On December 9, 2004, A1AA Planner led a discussion at the A1AA Information Services staff meeting. Staff members included: Del Norte and Humboldt Information and Assistance resource specialists; HICAP manager and Del Norte and Humboldt HICAP counselors; Caregiver Services manager, resource specialist, registry specialist, and assistant; and Aging and Disability Resource Center manager and assistant; and Information Services Director. Staff was asked about the needs they hear about from the seniors and caregivers they come in contact with. The needs for caregivers are as follows:

- Information on available services;
- Comprehensive Assessment;
- Transportation;
- Caregiver Training;
- Respite Care Services;
- Minor Home Modification;

- Legal Assistance;
- Cost of Fuel for Caregivers;
- Health Care;
- Accidents in the Home/Falling;
- Money to Live on;
- Household Chores;
- Taking Care of Another Adult;
- Loneliness;
- Energy/Utilities; and
- Isolation.

#### Characteristics of Survey/Public Forum Participants

The AIAA Information Services staff is predominately female, live throughout the bi-county area, and have an age range of 28 to 60.

#### H. AIAA Advisory Council Members' Feedback from Participation in InfoVan Outreach

AIAA Advisory Council Members between the months of May 2004 and March 2005 accompanied the InfoVan on outreach activities, as their schedules allowed. The intent of the Advisory Council Members was to educate seniors about the Advisory Council and CSL and to learn more about seniors' and caregivers' needs in the outreach areas. Council members spoke with approximately 89 caregivers. These members noted the following comments on caregiver needs that they heard about:

- Support groups (including Parkinson's)
- Need for information on services and access to services
- Information on how to get parents more active in the community
- Transportation
- Need for 24 hour caregivers
- Live in caregivers for frail elders
- Need for grab bar for parents
- Assistance with placement in long term care facility for parent
- Legal services

#### Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the activities are not available as Advisory Council Members were not asked to keep track of their contacts' characteristics. We believe, however, that they are reflective of the population as a whole.

**Chart Reflecting How Priority Caregiver Need Areas Are Reflected In  
Area Plan Goal Development For Fiscal Year 2005-2006**

<b>Needs Assessment Method Conducted In 2004-2005</b>	<b>Priority Need Area Identified</b>	<b>Area Plan Goal(s) For 2005-2006</b>
Caregiver Needs Assessment Survey 2005	Health Care	11,13,23,45
	Accidents in the Home	14
	Money to Live on	13
	Household Chores & Caregiver Issues	35
IHSS Provider Survey 2004	Health Care	11,13,23,45
	Money to Live on/Energy/Utilities	13
	Obtaining Information on Services	11,13,31,32
	Housing	12
<i>Planning for an Aging California Population Forum 2004</i>	Information & Outreach on Services	11,13,31,32
	Respite	12,15,33,34,43
	Caregiver Training	33
North Coast Senior Services Collaborative Meeting 2004	Obtaining Information on Services	11,13,31,32
	Finding Available Caregiver	12,31
	Caregiver Training	33
Del Norte Coalition for Better Health Meeting 2004	Obtaining Information on Services	11,13,31,32
	Comprehensive Assistance	32,44
	Caregiver Training	33
	Home Safety (Accidents in Home)	14
	Personal Care	11,13
	Chore/Homemaker	35
A1AA Information Services Staff Meeting 2004	Obtaining Information on Services	11,13,31,32
	Comprehensive Assessment	32,44
	Transportation	16
	Respite	12,15,33,34,43
	Accidents in the Home	14
A1AA Advisory Council InfoVan Outreach	Support Groups	41
	Information on Available Services	11,13,31,32
	Transportation	16
	Accidents in the Home	14

**III. CAREGIVER NEEDS ASSESSMENT ACTIVITIES FOR FISCAL YEAR  
2005-2006**

At minimum, the A1AA intends to conduct the following caregiver needs assessment activities in Fiscal Year 2005-2006.

- Review/summarize needs data identified by the Caregiver Services Program;

- Review feedback from Advisory Council Members in InfoVan Outreach ; and
- Sponsor one Caregiver Focus Group.

#### IV. CAREGIVER: PRESENTATION/ANALYSIS OF THE FINDINGS OF NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE 2006-2007 AREA PLAN UPDATE

This section of the Area Plan identifies the methods used by the A1AA to gather information about caregiver needs, issues and concerns, and provide an analysis of the findings. These methods include A1AA Caregiver Services Program data, comments A1AA Advisory Council Members received from InfoVan outreach, and St. Joseph Community Needs Assessment – Meta Analysis 2005.

##### A. Caregiver Services Program Data

The A1AA Caregiver Services program maintains a caregiver registry, coordinates a 33 hour caregiver training course, provides supportive services to professional and family caregivers with Information and Assistance services, maintains a lending library and publishes the *Caregiver Quarterly* newsletter. Information on gaps in service experienced by caregivers is recorded as follows:

- No compensation for travel time from provider's home to recipient's home and/or from one recipient's home to another if serving more than one recipient per day;
- Very high gas costs without reimbursement; and
- IHSS rate of pay (minimum wage) cannot compete with private pay.

##### Characteristics of Survey/Public Forum Participants

Characteristics of those participating include 1,315 caregivers who have contacted Caregiver Services and 37 caregivers who have graduated from the 33-hour training courses.

##### B. A1AA Advisory Council Members' Feedback from Participation in InfoVan Outreach

A1AA Advisory Council Members between the months of April 2005 and April 2006 accompanied the InfoVan on outreach activities, as their schedules allowed. The intent of the Advisory Council Members was to educate seniors about the Advisory Council and CSL and to learn more about seniors' and caregivers' needs in the outreach areas. Council members spoke with approximately 49 caregivers. These members noted the following comments on caregiver needs that they heard about:

- Assistance with parents finances;

- Transportation;
- Need for information on services and access to services;
- Explaining prescription plans to parents;
- Minor home modification;
- Emergency response in disaster;
- Accidents in the home/fall prevention;
- Insurance is confusing; and
- Assistance with parents prescription costs.

#### Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the activities are not available as Advisory Council Members were not asked to keep track of their contacts' characteristics. We believe, however, that they are reflective of the population as a whole.

#### C. St. Joseph Health System Community Needs Assessment – Meta Analysis 2005

Between October 2004 and July 2005, a collaboration of five organizations partnered to evaluate and prioritize the needs identified in thirty-three existing needs assessment documents collected for review. The partners included Humboldt Area Foundation, McLean Foundation, St. Vincent de Paul, St. Joseph Health System – Humboldt County, and Area 1 Agency on Aging. Each partner gathered and reviewed existing documents, completing a one-page summary sheet including the needs identified. The information from the thirty-three needs documents were summarized into tables on the categories of need set up by St. Joseph Health System. Needs were further defined by special populations. The needs for caregivers are listed below.

- Coordinated Information and Referral;
- Caregiving;
- Personal Safety;
- Medical Care;
- Transportation;
- Affordable and Accessible Housing;
- Life Skills;
- Community Support (sense of community);
- Jobs & Training;
- Affordable Activities; and
- Mental Health Services.

### Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the seven needs assessment projects included a wide range of caregivers.

**Chart Reflecting How Priority Caregiver Need Areas Are Reflected In Area Plan Goal and Objective Development For Fiscal Year 2006-2007**

Needs Assessment Method Conducted In 2005-2006	Priority Need Area Identified	Area Plan Goal(s) For 2005-2009
Caregiver Service Program Data	Transportation	11,13,23,45
	Money to Live on	13
AIAA Advisory Council InfoVan Outreach	Assistance with parents finances	13
	Transportation	16
	Information on Available Services	11,13,31,32
	Explaining prescription plans to parents	11,45
	Minor Home Modification	35
St. Joseph Community Needs Assessment – Meta Analysis 2005	Coordinated Information and Referral	11,13,31,32
	Caregiving	31,32,33,35
	Personal Safety	14

#### V. CAREGIVER NEEDS ASSESSMENT ACTIVITIES FOR FISCAL YEAR 2006-2007

At minimum, the AIAA intends to conduct the following caregiver needs assessment activities in Fiscal Year 2006-2007.

- Review/summarize needs data identified by the Caregiver Services Program; and
- Review feedback from Advisory Council Members in InfoVan Outreach.

#### VI. CAREGIVER: PRESENTATION/ANALYSIS OF THE FINDINGS OF NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE 2007-2008 AREA PLAN UPDATE

This section of the Area Plan identifies the methods used by the AIAA to gather information about caregiver needs, issues and concerns, and provide an analysis of the findings. These methods include AIAA Caregiver Services Program data and comments that AIAA Advisory Council Members received from InfoVan outreach.

##### A. Caregiver Services Program Data

The AIAA Caregiver Services program IN Humboldt County maintains a caregiver registry, coordinates a 33 hour caregiver training course, provides supportive services to professional and family caregivers with Information

and Assistance services, maintains a lending library and publishes the *Caregiver Quarterly* newsletter.

Care recipients report difficulty in finding caregivers to provide the following:

- Short work shifts and/or split shifts
- Transportation
- Personal care for male recipients
- Housekeeping/Personal Care for recipients who smoke.

Issues raised by paid Caregivers include:

- IHSS rate of pay (minimum wage) is too low;
- No compensation for travel time from provider’s home to recipient’s home and/or from one recipient’s home to another, if serving more than one recipient per day;
- Soaring costs for gasoline without mileage reimbursement; and
- IHSS paperwork that must be completed by provider for each recipient served.

Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the activities are not available; the program is not required to keep track of their contacts’ characteristics. We believe, however, that they are reflective of the population as a whole.

B. 2005-2006 Caregiver Needs Data from Senior Info and Assistance

The AIAA reviews data collected on caregiver needs by the Senior Information and Assistance Program. Data from July 2005 through December 2006 was used to provide direction to the program and the agency. The chart and narratives below describe the ranking of categories; the numbers indicate the frequency of requests in that “Area of Need”.

<b>Top 6 Needs – Caregivers 05-06</b>		
<b>IN HOME SERVICES</b>	<b>324</b>	28.60%
<b>I&amp;R/ADVOCACY</b>	<b>306</b>	27.01%
<b>OUT-OF-HOME CARE</b>	<b>126</b>	11.12%
<b>LEGAL</b>	<b>76</b>	6.71%
<b>INSURANCE</b>	<b>51</b>	4.50%
<b>HEALTH</b>	<b>50</b>	4.41%
	<b>933</b>	82.35%

**IN HOME SERVICES (324)** – Requests from caregivers for Home Care programs, including IHSS and Caregiver Registry, accounts for 272 issues. These services would assist the care recipients and lighten their caregiving load. 27 requests for Lifeline referrals were made.

**I&R / ADVOCACY (306)** – Assisting Caregivers by making them aware of the referral services AIAA provides, including sharing the Directory with caregivers. The Directory includes not only contact information for local, regional, national services, but definitions of service terms, tip sheets and check lists to broaden their knowledge of the service scene.

**OUT-OF-HOME CARE (126)** – Adult Day Health care accounted for 65 (52%) of requests. Followed by Skilled Nursing Facilities (SNF) and ombudsman services. The local Ombudsman program also offers Long Term Care Placement assistance.

**LEGAL (76)** – Senior legal services was referred to for 36 issues (47%)(low income benefits assistance or wills). Adult Protective Services was referred to for 11 inquiries.

**INSURANCE (51)** – 26 Caregivers had questions concerning Medicare insurance and drug plans (51%). Long Term Care inquiries were 9. HICAP is the designated Medicare and Medicare Part D information resource.

**HEALTH (50)** – Caregiver requests for physician referrals amounted to 54% of this category. Typically referred to the Hum/DN Medical Society.

#### Characteristics of Survey/Public Forum Participants

The Information and Assistance Program does not collect client demographic information; therefore we are unable to specify the characteristics of the clientele. We believe, however, clients are reflective of the caregiver population as a whole.

#### B. Comments Received by Advisory Council Members during Community Outreach

Advisory Council members are encouraged to accompany staff on community outreach events as well as to visit senior lunch sites in the PSA to educate seniors about AIAA directed services, CSL activities and to learn about senior and caregiver needs (July 2006 through February 2007). Comments received include: preventive health care for their care receiver

through PHCA clinics, caregiver meal costs at the senior lunch site, low pay rate for caregivers.

Characteristics of Survey/Public Forum Participants

Characteristics of those participating in the activities are not available as Advisory Council Members were not asked to keep track of their contacts' characteristics. We believe, however, that they are reflective of the population as a whole.

**VII. CAREGIVER NEEDS ASSESSMENT ACTIVITIES FOR FISCAL YEAR 2007-2008**

At minimum, the A1AA intends to conduct the following caregiver needs assessment activities in Fiscal Year 2007-2008.

- Review/summarize needs data identified by the Caregiver Services Program;
- Review feedback from Advisory Council Members in InfoVan Outreach; and
- Conduct one focus group with informal caregivers

**VIII. Summary of Caregiver Needs Covering Planning for Fiscal Years:  
2005-2006, 2006-2007, and 2007/2008**

	2004-2005							2005-2006			2006-2007			
	Caregiver Needs Assessment Survey 2005	IHSS Provider Survey 2004	Planning for an Aging California Forum 2004	North Coast Senior Services Collaborative Meeting 2004	Del Norte Coalition for Better Health Meeting 2004	Information Services Staff Meeting 2004	AIAA Advisory Council Outreach in InfoVan 2004	Caregiver Services Data 2005	AIAA Advisory Council Outreach in InfoVan 2005	St. Joseph Community Needs Assessment – Meta Analysis 2005	Caregiver Services Data 2005	AIAA Advisory Council Outreach	Caregiver Needs from I & A Data	Totals
Service Information														
Outreach	X	X	X	X	X		X							8
Community Education	X	X		X	X			X	X	X	X	X		7
Access														
Information and Assistance	X	X	X	X	X	X	X		X	X		X	X	11
Comprehensive Assessment	X	X			X	X	X		X			X		7
Case Management	X	X			X	X	X		X					6
Transportation						X	X	X					X	4
Assisted Transportation														0
Caregiver Support														
Counseling														0
Caregiver Support Group	X						X						X	3
Caregiver Training			X	X	X	X							X	5
Respite														
Respite Care Services	X	X	X	X		X	X						X	7
Supplemental Services														
Minor Home Modification	X					X	X			X			X	5
Placement	X													1
Homemaker	X				X	X							X	4
Chore	X				X	X							X	4
Home Security and Safety													X	1
Assistive Devices														0
Visiting	X													1
Home Delivered Meals														0
Legal Assistance						X	X							2
Other														0

## BABY BOOMER NEEDS ASSESSMENT

Specifically for the aging Baby Boomers and their impact on senior services over the next twenty years, the focus of this section's methodologies was Baby Boomers.

### I. BABY BOOMERS: METHODS USED TO PREPARE THE 2005-2009 AREA PLAN

The AIAA uses a variety of methods to gather information about the issues and concerns faced by Baby Boomers. Prior to developing the 2005-2009 Area Plan priorities, goals and objectives, the AIAA sponsored or participated in several needs identification activities. These activities were:

- Reviewing of California Department of Finance population projections;
- Reviewing/summarizing *Much Ado About Nothing: Retirement Values & needs of Baby Boomers, 1998*
- Reviewing/summarizing comments from a Baby Boomers community forum;

### II. BABY BOOMERS: PRESENTATION/ANALYSIS OF THE FINDINGS OF NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE 2005-2009 AREA PLAN

This section of the Area Plan identifies the methods used by the AIAA to gather information about senior needs, issues and concerns, and provide an analysis of the findings. These methods include census data/populations projections, *Much Ado About Nothing: Retirement Values & Needs of Baby Boomer*, and comments from Baby Boomer community forum.

#### A. Census Data/Population Projections

The individuals born between 1946 and 1964, known as the Baby Boomers, are rapidly becoming the "Aging Boomers" The first Aging Boomer will turn 60 in 2006 but the increase in the senior population is already accelerating. From the Census 1990 to 2000 there was a 6.7% increase (1,570 seniors) in the age 60 and older population. The California Department of Finance has projected the 2005 senior population to have increased by 2,181 (8.7%) in just five years. Department of Finance continues to project tremendous growth in the senior population through 2030. From 2000 to 2010 there is projected to be an additional 7,214 adults over the age of 60, an increase of 28.8% The following 10 years will bring an additional 10,085 for a total increase from

2000 to 2020 of 69.0%. By 2030 there will be 45,111 people over 60, an increase of 79.8% over 2000's 25,087.

The very old population (those 85+) will see dramatic increases as well. In 2000 the 85+ comprised 9.5% of the over 60 population. By 2040 it will comprise 13.9%, an increase of 3,684 individuals or an increase of 155%, from 2000. The 75+ also show tremendous increases. Between 2000 and 2020 there will be 2,359 more individuals (a 25.2% increase) and between 2000 and 2040 there will be an 103.3% increase from 9,354 to 19,013 adults 75 and older.

The racial composition of seniors is changing as well. The area's minority senior population has risen from 5% in 1993 to 9% in 2000. Native Americans represent the largest ethnic block at 3.4%. The second largest minority are Hispanic at 2.1% of the population. The California Department of Finance has projected that in 2010 the area's minority senior population will be 12.5% comprised primarily of 4.5% Native American and 3.4% of Hispanic. The Department of Finance further projects for 2020 the minority population to increase to 16.2% of the senior population, with the largest minorities of Native American at 5.2% and Hispanic at 4.8%. By 2050 the minorities will comprise 30.8% of the senior population, with Hispanics at 12.8%, Native Americans at 7.7% and Asians at 3.8%

B. *Much Ado about Nothing: Retirement Values & Needs of Baby Boomers, 1998*

In May of 1998, a questionnaire was constructed by Dr. Paul Crosbie of Humboldt State University with Patty Berg and Sandi Fitzpatrick of Area 1 Agency on Aging to assess the retirement values and needs of baby boomers and compare them to those born before and after the boom. The questionnaire was distributed through twelve Humboldt County public and private organizations, ranging from 185 to 1600 employees. 1458 employees participated in the survey.

It was anticipated that the retirement values and needs of baby boomers would be different from those born before 1946 (Pre-Boomers) and after 1964 (Generation X-ers). As it turned out there was "much ado about nothing", demonstrated by the report showing similar values and needs through these generations. The survey did open other areas for future research: such as types of service and service delivery for Boomers.

The age range of survey respondents was 18 to 77, with an average age of 43 and a median age of 35. The Baby Boomer respondents were broken down into early Boomers and late Boomers. Survey Respondents were distributed through the age cohorts as follows:

**Distribution of Age Cohorts of Respondents**

<b>Age Cohorts</b>	<b>Frequency</b>
Pre-Boom (1919-1945)	267 (18.3%)
Early Boom (1946-1953)	454 (31.1%)
Late Boom (1954-1964)	448 (30.7%)
Generation X (1965-1980)	280 (19.2%)
Declined to Respond	9 (0.6%)

Respondents were asked a number of questions related to retirement expectation and savings plans. The averages are represented below.

**Comparative Retirement Averages for the Age Cohorts.**

	<b>Pre-Boom (1919-1945)</b>	<b>Early Boom (1946-1953)</b>	<b>Late Boom (1954-1964)</b>	<b>Gen X (1965-1980)</b>
<b>Expected Retirement Age</b>	63.9	62.7	61.8	60.7
<b>Expect to Retire by Age 55</b>	4.1%	14.7%	17.4%	23.3%
<b>Expected Years of Life</b>	83.4	82.4	81.9	84.2
<b>Expected Years in Retirement</b>	18.9	19.5	20.0	24.4
<b>Expected Percentage of Needs Covered by Social Security</b>	35.6%	31.0%	25.2%	19.0%
<b>Percentage with Monthly Retirement Savings</b>	64%	68%	68%	56%
<b>Monthly Savings for Retirement</b>	\$434	\$298	\$224	\$151

Respondents were given a list of 29 possible value/needs factors they might feel would be important in their retirement years. Each factor was rated on a scale of “1” (for Very Important) to “4” (for Not At All Important). The table below demonstrates that all of the cohorts agree that having choices in life, being mentally active, and having control of their life are of the utmost importance while receiving support from the government is unanimously the least important.

**Average Value/Need Ratings for the Age Cohorts.**

	<b>Pre-Boom (1919-1945)</b>	<b>Early Boom (1946-1953)</b>	<b>Late Boom (1954-1964)</b>	<b>Gen X (1965-1980)</b>
<b>Choices in life</b>	1.08	1.07	1.06	1.07
<b>Mentally active</b>	1.05	1.05	1.07	1.1
<b>Control of Life</b>	1.06	1.07	1.11	1.08
<b>Live Independently</b>	1.11	1.09	1.15	1.15
<b>Health insurance</b>	1.12	1.15	1.15	1.09
<b>Financially independent</b>	1.13	1.17	1.18	1.13
<b>Able to pay for care</b>	1.18	1.18	1.17	1.16
<b>Excellent Health</b>	1.14	1.17	1.22	1.2
<b>Safe Environment</b>	1.19	1.19	1.19	1.18
<b>Trusted physician</b>	1.21	1.22	1.2	1.17
<b>Friends around</b>	1.41	1.49	1.45	1.28

Own transportation	1.35	1.4	1.43	1.5
Own home	1.52	1.52	1.44	1.32
Partner to share with	1.68	1.54	1.45	1.25
Regular exercise program	1.7	1.67	1.64	1.58
Nursing home insurance	1.83	1.72	1.65	1.62
Close to children	1.94	1.89	1.81	1.54
Harmony with nature	1.8	1.81	1.9	1.91
Help family members	2.05	1.89	1.84	1.66
Community volunteer	2.05	2.16	2.2	2.21
Practice religion	2.12	2.23	2.33	2.32
Paid work	2.34	2.36	2.25	2.22
Continuing Education	2.4	2.31	2.26	2.27
Growing old in Humboldt	2.27	2.23	2.31	2.58
Live by routine	2.35	2.31	2.5	2.42
Leave Inheritance	2.66	2.6	2.55	2.13
Participate at Senior Center	2.65	2.63	2.6	2.62
Live with others same age	2.78	2.75	2.67	2.62
Support by govt.	2.79	2.77	2.86	2.81

Respondents were given a list of 17 factors that might be experienced in one's senior years and were asked to rate the likelihood that they would experience each factor. The table below demonstrates that retirement expectations for the age cohorts are very similar and nearly identical in their rating of likelihood to be experienced.

**Average Retirement Expectations for the Age Cohorts.**

	Pre-Boom (1919-1945)	Early Boom (1946-1953)	Late Boom (1954-1964)	Gen X (1965-1980)
Have someone to talk with	1.58	1.62	1.61	1.45
Have friends to do things with	1.79	1.87	1.81	1.62
Need to use long term insurance	2.08	2.03	1.9	1.73
Be able to pay own medical needs	1.94	1.98	1.97	2.03
Require assistance in locating services	2.18	2.06	2.11	2.09
Be driving own car	1.89	2.17	2.09	2.22
Be living alone	1.99	2.09	2.15	2.4
Require assistance with housework	2.34	2.2	2.18	2.26
Be a widow/widower	2.66	2.55	2.44	2.51
Participate in Senior Center activities	2.63	2.6	2.64	2.66
Require assistance of Home Health	2.86	2.73	2.67	2.75
Eat meals at Senior lunch site	2.92	2.84	2.84	2.94
Be living in a facility	3.08	2.97	2.91	2.96
Require assistance in meal preparation	3.23	2.98	2.88	2.96
Be working at paid employment	3.17	3.2	3.15	3.13
Be living with children	3.31	3.29	3.15	3.02
Be taking care of elderly parent/relative	3.67	3.49	3.3	3.25

1.00 = Very Likely; 2.00 = Moderately Likely; 3.00 = Slightly Likely; 4.00 = Not At All Likely

An open-ended question was asked: “What is the greatest concern or greatest problem you foresee in your old age?” The most frequent words or phrases that respondents used are summarized below by the percentage of respondents who used the word or phrase and separated out by age cohort. Once again this demonstrates a similar prioritization of concern if not a close percentage of cohort respondents indicating the concern.

**Table 4. Greatest Concerns in Old Age for the Age Cohorts.**

	Pre-Boom (1919-1945)	Early Boom (1946-1953)	Late Boom (1954-1964)	Gen X (1965-1980)
<b>Health</b>	30.5%	30.5%	25.8%	19.8%
<b>Money</b>	12.5%	15.9%	17.0%	14.8%
<b>Finances</b>	9.1%	8.4%	12.3%	10.8%
<b>Independence</b>	10.5%	9.3%	7.4%	3.1%
<b>Medical</b>	7.2%	7.8%	7.3%	3.2%
<b>Insurance</b>	8.1%	9.6%	4.1%	3.6%
<b>Physical</b>	5.3%	6.7%	4.1%	4.5%
<b>Income</b>	3.4%	4.9%	5.0%	3.6%
<b>Mental</b>	4.3%	4.1%	4.7%	2.3%
<b>Family</b>	2.8%	2.0%	2.9%	2.7%

C. Planning for an Aging California Population: Preparing for the “Aging Baby Boomers” 2004

On August 13, 2004 the Area 1 Agency on Aging in collaboration with North Coast Senior Services Collaborative and Assembly Member Berg conducted the community forum, “Planning for an Aging California Population: Preparing for the Aging Baby Boomers”. This event briefly highlighted local demographics and activities:

- “Much Ado About Nothing: Retirement Values & Needs of Baby Boomers 1998”
- Aging Summit 2000
- Building Access by Design 2002
- Olmstead Planning Workshop 2003
- Your Voice – Your Choice 2004

This was followed by the main presentation “State Master Plan on Aging” presented by Assembly Member Patty Berg. The forum concluded with public input and an opportunity for participants to reply in writing. The following comments pertain to community activities to help prepare for the aging Baby Boomers:

- Outreach on services to all ages
- Inform high school and college students about the demographic and need changes in society that will happen over the next 20 years

- Overhaul state and federal government to allow for adequate social services and health care
- Include senior services information at pre-retirement planning meetings. Create access through business, corporations, clubs, etc.
- Have Baby Boomers and seniors serve together on committees, events, etc. to generate understanding between the generations
- Break down barriers to providing services (rules and regulations prevent many innovative ideas from working)
- Create a community plan then work together to implement it
- Educate the public on the projected demographics and the impact on services
- Continue meetings like this forum
- Encourage good health and proper exercise early in life
- Collaboration on providing services

#### Characteristics of Survey/Public Forum Participants

The forum participants consisted of seniors, baby boomers, caregivers, senior and disabled adult service providers, and local and state elected officials.

### III. BABY BOOMERS: NEEDS ASSESSMENT ACTIVITIES FOR FISCAL YEAR 2005-2006

At minimum, the AIAA intends to conduct the following needs assessment activities for Baby Boomers in Fiscal Year 2005-2006.

- Conduct one focus group; and
- Explore follow up activities from the *Planning for an Aging California Population* community forum.

### IV. COMMUNITY PLANNING FOR THE BABY BOOMER IMPACT ON SERVICES

The AIAA has identified key stakeholders in the community to plan for the impact Baby Boomers will have on services. Efforts are ongoing for coordination of services and funding requests. Consumers are active participants in the discussions. Activities for the upcoming fiscal year are described above.

V. BABY BOOMERS: PRESENTATION/ANALYSIS OF THE FINDINGS OF NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE 2006-2007 AREA PLAN UPDATE

Due to staff time and funding constraints, no new needs assessments methods are completed sufficiently for reporting purposes at the time of this report.

VI. BABY BOOMER: NEEDS ASSESSMENT ACTIVITY PLANNED FOR SECOND YEAR OF THE FOUR YEAR PLAN

At minimum, the A1AA intends to conduct the following needs assessment activity for Baby Boomers in Fiscal Year 2006-2007.

- Conduct one community forum to present information on the impact of Baby Boomers in senior services.

VII. BABY BOOMERS: PRESENTATION/ANALYSIS OF THE FINDINGS OF NEEDS ASSESSMENT METHODS USED IN PREPARATION OF THE 2007-2008 AREA PLAN UPDATE

A. Osher Lifelong Learning Institute Needs Roundtable

Osher Lifelong Learning Institute (OLLI) is sponsored by Humboldt State University. Persons over age 50 are encouraged to engage in non-traditional educational opportunities to broaden their knowledge and experiences. In the Fall of 2006, OLLI held roundtable discussions to determine the interests and needs of those participating in the program. It may be presumed that some of the interests expressed are representative of issues peculiar to Baby Boomers. The following is a listing of interests the “Baby Boomers” expressed (not ranked):

- A Summer Services Symposium dealing with aging from various perspectives
- Medical aspects of aging, brain and body
- Finances – making money go further, taxes affecting this population
- Myths and negative images of aging in film and literature and how to counteract them
- Psychological aspects of aging, such as declining abilities, loneliness after death of spouse
- Self-help groups conducted by therapists, i.e., horse therapy
- Discussion and information from local vendors for Long Term Care facilities
- How elders can protect themselves from physical abuse and con artists

- Panel discussions on women's health and menopause from various disciplines or practitioners
- Holistic health practices versus pharmaceuticals on diabetes, heart disease, and vision
- Nutrition specifically for people of each gender over 60
- More evening and weekend classes or transportation for those not driving
- How to cope with the "sandwich" years
- Travel and volunteerism with a language intensive as preparation
- Part-time work for the "retired" generation – paid volunteerism
- Gardening for seniors with tips on strenuous aspects – and native flora; sustainable economical small gardening
- Planned communities with safe walking, gardening, and social interaction built in

#### Characteristics of Survey/Public Forum Participants

OLLI is not required to collect client demographic information; therefore, we are unable to specify the characteristics of the clientele. We believe, however, the clientele is reflective of the age 50+ population as a whole.

#### B. Co- Housing/Senior Housing Options, a private group of concerned citizens

Responding to a personal quest for housing options, an older adult formed an inter-faith group to explore housing options for the aging. With the theme "Aging in Place, Aging in Community and Aging in Institutions", the group held its first meeting in October 2006 – describing different housing options such as co-housing, shared housing, assisted living, in-home assistance, naturally occurring retirement communities. Housing options currently available in Humboldt County were reviewed.

One of the first activities was to share why each participant was interested in exploring housing options and to what extent they were willing to invest time and energy in developing their own solutions. The Area Agency on Aging has been participating in the group and will continue to do so.

The following is a listing of responses. It is indicative of the sense of community the participants are looking for in housing options as they age.

#### Attendees' Comments 10/15/06

- Limited energy – need a change in health style
- Planning ahead
- Big houses/isolating/too much work
- Shared environment is a plus

- Options in housing are valuable
- Looking for a faith-based option—an accepting community, value based
- Private and separate space, but also community
- Wants to see H.O.M.E. (Housing Options Management for Elders) program – a clearinghouse/assistance for options available in community
- Continuum of care
- Watched over --but not constant care
- Housing is expensive for single person
- One person doesn't have energy to make this a public policy issue even though it is a bigger issue. Looking out for my own needs at this time.
- Need Continuum of Care options – “independent”, “assisted”, “skilled nursing”
- Wants vibrant full community – entertainment, classes, fellowship
- Don't want to be dependent on family members
- No stairs – physically aging
- John S. lives in 14 unit Marsh Commons – too small a group of people, stairs
- Dave has 3 city blocks to develop next to church - looking for housing low-income women, church based
- Live simply
- AIAA good resource for discussion with developers about profitable developments for growing senior population
- AAA can leverage \$ in community
- Question on how to exchange equity in current house to new co-housing—finances, financing, mortgages, etc.

#### Characteristics of Survey/Public Forum Participants

Specific demographic information on the group's participants was not available. Of the 21 original participants, 6 were male, 15 female. All were seniors or baby boomers. Five people were renters; the others owned their own homes. Five people wanted a housing option/development sooner than 3 years. Two people wanted 5-7/9 years and three people 10-15 years.

#### C. Literature Review

In order to better understand the needs and interests of the pre-senior population, a review of current articles, studies and documents surrounding the issues of an aging population was conducted. Materials include: AARP Blueprint for the Future: Reimagining America, AARP Boomers Turning 60, Building an Aging Agenda for the 21<sup>st</sup> Century (Assemblywoman Patty Berg), The Maturing of America (N4A), Profile of Older Workers in California (US

Census Bureau), The New Retirement Challenge ( by Jeffrey R. Brown for Americans for Secure Retirement), Can You Live Long and Prosper? (Money, 10/06), Guide to Elder Friendly Community Building (Cuyahoga County Planning Commission).

VIII. BABY BOOMER: NEEDS ASSESSMENT ACTIVITY PLANNED FOR THIRD YEAR OF THE FOUR YEAR PLAN (FY 2007-2008)

At minimum, the AIAA intends to conduct the following needs assessment activities for Baby Boomers in Fiscal Year 2007-2008:

- Conduct one focus group
- Explore follow-up activities from the *Planning for an Aging California Population* community forum (page 96)

## TARGETING

**This section of the Area Plan describes the Older Americans Act Target Populations and identifies how the Area 1 Agency on Aging (A1AA) intends to allocate resources and assign emphasis to those designated populations. A description of A1AA Targeting Priorities and Outreach Methods is included.**

The A1AA is charged with addressing the broad spectrum of needs and issues involving older persons who live in the counties of Humboldt and Del Norte. This includes older persons living in their own homes and in long-term care facilities. These persons include low-income minority individuals; those who are frail; culturally, socially, and/or geographically isolated; those who are abused, neglected and exploited; those who have limited English-speaking ability; and those who have neurological or organic brain dysfunction; as well as those with caregiver responsibilities. The A1AA is further charged to work proactively in the collaborative development of community-based services, which are responsive to the needs of this diverse population.

### I. TARGETING PRIORITIES ESTABLISHED IN THE OLDER AMERICANS ACT

Targeting is defined as allocating resources and assigning emphasis to those population groups designated in the Older Americans Act as most in need. The Older Americans Act requires Area Agencies on Aging to set specific objectives for minority targeting and that those agencies receiving Older Americans Act funds shall meet those specific objectives.

Identified target populations under the Older Americans Act include individuals with characteristics listed below, whether living in the community or in long-term care facilities:

- Low-income minority older individuals;
- Older individuals with greatest economic need;
- Older individuals with greatest social need (including: physical and mental disabilities; language barriers; and cultural, social, or geographic isolation);
- Older Native Americans;
- Isolated, abused, neglected and/or exploited older persons;
- Frail older individuals and their caregivers;
- Older individuals residing in rural areas;
- Older individuals who are of limited English-speaking ability;
- Older individuals with Alzheimer's disease or related disorders with neurological or organic brain dysfunctions and their caregivers;
- Older individuals with disabilities; and
- Caregivers.

## II. AREA AGENCY ON AGING TARGETING PRIORITIES

The AIAA intends, to the extent possible, to allocate resources and assign emphasis to all population groups designated in the Older Americans Act. However, funding, staffing, geographic and demographic limitations will cause service restrictions.

After thoughtful discussion, the AIAA Advisory Council set the following targeting priorities for the 2005-2009 plan period:

- Older individuals with greatest economic need;
- Older individuals with greatest social need (including: physical and mental disabilities; language barriers; and cultural, social, or geographic isolation);
- Isolated, abused, neglected and/or exploited older persons;
- Frail older individuals and their caregivers;
- Older individuals residing in rural areas;
- Older individuals with disabilities; and
- Caregivers.

To the extent possible, Advisory Council members are representative of the target populations.

## III. DESCRIPTION OF TARGET POPULATIONS WITHIN THE PSA, THEIR CHARACTERISTICS, NEEDS AND LOCATIONS

The AIAA has for each of the seven priority target populations identified above, developed a brief description that includes characteristics, needs and locations. This description is presented below. (It is important to note there is considerable overlap in these target population descriptions. For example, older Native Americans tend to reside in more rural parts of the bi-county so their service needs will parallel the needs found in the description of older adults who live in rural communities.)

For the more general target population groups, the assumption was made for this discussion, that individuals were of independent to semi-dependent status. Information about older persons with neurological disorders and older Native Americans has also been included in this section.

Detail of the characteristics of the target populations were identified earlier in Part 1A, pages 3 to 17.

A. OLDER PERSONS IN GREATEST ECONOMIC NEED

Characteristics

Forty four percent of Del Norte County and 35% of Humboldt County elder residents have an annual household income of less than \$15,000.

Needs:

Key service needs of this target population would include advocacy and assistance with locating resources and benefits, affordable housing, transportation, medical care availability, sufficient chore work support, legal assistance, energy assistance, and programs to promote personal safety. Other service needs would be determined by level of frailty.

Location:

This target population is spread throughout the bi-county area, though a slightly higher predominance in remote area.

B. OLDER PERSONS IN GREATEST SOCIAL NEED

Characteristics

Nearly twenty-five percent of the older population in Del Norte and Humboldt counties is considered socially isolated. Factors contributing to social isolation include: lives alone, language or communication barriers (including linguistically isolated individuals), physical or mental limitations, and advanced age. Personal loss, harsh weather, and geographic distances between communities contribute further to the sense of isolation.

Needs

Key service needs of this target population would include social activities, volunteer opportunities, self-esteem/self-worth opportunities, visitation programs, assisted transportation, and information about services and opportunities.

Location

This target population is spread throughout the bi-county area.

C. OLDER PERSONS WHO ARE ABUSED OR EXPLOITED OR AT RISK OF BEING ABUSED

Characteristics

Del Norte Adult Protective Services received 98 elder abuse and 62 dependent adult abuse reports in 2004. All of the reports were responded to and cases opened. (An open case does not necessarily mean a confirmed case of abuse.) Humboldt Adult Protective Services received 658 elder abuse and 570 dependent adult abuse reports in 2004.

Humboldt Senior Resource Center (the designated long-term care ombudsman program for Humboldt and Del Norte Counties) received 57 reports of elder abuse occurring in Del Norte and Humboldt long-term care facilities. Forty four were verified. This is for the time period 7/1/03 to 6/30/04.

Needs:

Key service needs of this target population include protective environments, sufficient resources for abuse investigation and prevention activities, money management, legal assistance, advocacy, alternative housing, etc.

Locations:

This target population is spread throughout the bi-county area.

D. FRAIL OLDER PERSONS AND THEIR INFORMAL CAREGIVERS

Characteristics

One method to define frail at-risk individuals is to use age 75 and older as a determinant for decreased physical and mental capabilities. Thirty seven percent of the age 60+ population is age 75 and older. In Humboldt County this number represents 7,756 persons (38% of the 60+ population) and in Del Norte County this number represents 1,598 persons (35% of the 60+ population).

Most often these individuals remain at home with primary assistance and support provided by family members or friends. If eligibility is determined, some outside support from community-based services is provided. The caregiving burden on family members is intense.

The characteristics of this target population include increasing physical impairment, and may include decreasing mental capabilities. The characteristics of the caregiver include increasing responsibility for twenty-four hour care and increasing physical and mental strain to provide such care.

Needs:

Key service needs of this target population would include assistance with household tasks, assistance with personal care and assisted transportation, socialization opportunities, health care, information about services, and low cost housing alternatives. Key service needs of the caregiver include respite services, information about services and caregiver support mechanisms.

Locations:

This target population is spread throughout the bi-county area.

E. OLDER PERSONS LIVING IN RURAL COMMUNITIES

Characteristics

Thirty percent of the older adult population in Humboldt and Del Norte Counties live in remote areas where service availability is often limited.

Needs:

Key service needs of this target population would include in-home services, assistance with household tasks, assisted transportation, nutrition and assistance with food purchasing, low cost housing alternatives, respite, access to medical care, information about services, and programs to promote personal safety.

Locations:

This target group resides in the non-incorporated areas of the bi-county region. Many of the rural communities are also considered remote. Transportation and service delivery is hindered by distance and geographic terrain.

F. OLDER INDIVIDUALS WITH DISABILITIES

Characteristics

Forty five percent of those over age 65 are disabled, according to 2000 Census, Summary file 4. In Del Norte this is 1,491 and in Humboldt this is 6,999 disabled seniors.

Needs

Key service needs of this target population would include assistance with household tasks, assistance with personal care and assisted transportation, socialization opportunities, health care, information about services, and low cost housing alternatives. Key service needs of the caregiver include respite services, information about services and caregiver support mechanisms.

Location

This target population is spread throughout the bi-county area.

G. CAREGIVERS

Characteristics

Family caregivers comprise approximately 9.4% of the general population. The number of caregivers for the bi-county area is estimated at 14,479, many of whom provide round the clock care. Caregivers are predominately female and many are seniors themselves.

### Needs

Service needs for this population include support, education, assistance with care, respite, information about services, legal services, and appropriate medical care.

### Location

This target population is spread throughout the bi-county area.

## H. OLDER PERSONS WITH NEUROLOGICAL DISORDERS

### Characteristics

The California Department of Aging provided data on the number of persons by county suffering from dementia in 1994. For Del Norte County the estimate is that 141 persons (4%) age 65 and older have severe dementia and that 354 persons (10.6%) have some level of cognitive impairment.

In Humboldt County the estimate is that 753 persons age 65 and older (5%) have severe dementia and that 1,826 persons (11%) have some level of cognitive impairment. In both counties nearly 50% (1,189 elders) of the age 85+ populations have some level of cognitive impairment.

The characteristics of this target population include increasing physical frailty and decreasing mental capabilities.

### Needs:

Key service needs of this target population range from supervision and assistance to basic personal care to 24-hour custodial care. Service needs could include legal assistance and relocation services.

A more significant service need is for those caregivers who provide round-the-clock care to this target population. Most are family members. Many are elderly themselves. Service needs for this population include support, education, assistance with care, respite, information about services, legal services, and appropriate medical care.

### Locations:

This target population is spread throughout the bi-county.

## I. OLDER NATIVE AMERICANS

### Characteristics

Older Native Americans represent 3.4% of the 60+ population in Humboldt and Del Norte counties.

Humboldt and Del Norte counties are home to the following Native American communities: Hoopa Tribe, Yurok Tribe, Karuk Tribe, Bear River Rancheria, Table Bluff Reservation, Blue Lake Rancheria, Trinidad Rancheria, Elk Valley Rancheria and Resighini Reservation. Over half of the older Native Americans have incomes at or below the poverty level.

Needs:

Key service needs of this target population would include in-home services, assistance with household tasks, assisted transportation, nutrition and assistance with food purchasing, residential care facilities (in designated communities), and other low cost housing alternatives, respite, access to medical care, information about services, and programs to promote personal safety.

Locations:

Older Native Americans tend to be clustered at or close to reservations and Rancherias. These locations are often rural and sometimes in remote locations. Nearby towns are small and services limited.

IV. HOW THE NEEDS OF TARGET POPULATIONS WILL BE ADDRESSED DURING THE 2005-2009 AREA PLAN PERIOD

- A. To the extent possible, encouraging service provision (both Older Americans Act funded programs and others) in communities with significant numbers of persons represented in the above target populations;
- B. Requiring agencies receiving Older Americans Act funding to specify how they intend to give preference to older individuals with greatest social and economic need with particular attention to low-income minority individuals;
- C. Emphasizing the delivery of Information and Assistance services and others in rural communities, especially to those with significant numbers of targeted persons;
- D. Coordinating services with Title VI programs (Native American Nutrition Programs - of which there are 5 in Humboldt and Del Norte Counties);
- E. Continue a community wide planning process to prioritize Family Caregiver Support Program funding to benefit frail older caregivers; and
- F. Inclusion of Area Plan objectives that have the potential to benefit target populations.

## V. BARRIERS THAT PREVENT OR HINDER SERVICES TO THE TARGET POPULATIONS

### A. Culture

Ninety-one percent of the PSA's older adult population is Caucasian. However, the numbers of minority populations are growing.

There are two communities with a significant Hispanic population. Medical service providers have adopted materials to Spanish or have access to translators. Hispanic elders do not usually take part in traditional senior social activities or programs, due to language barriers. Hispanic elders comprise 2.1% of the senior population.

The Native American community is the PSA's largest minority group representing 39% of the non-white population. These individuals often live on or close to reservations or Rancherias. Five Native American communities receive Older Americans Act Title VI funds and Indian Health Service funds to provide programs for Native American elders.

Consequently, these older adults partake in tribal sponsored programs rather than the generic senior activities and programs. AIAA outreach efforts target Native American communities with materials and information on a twice-a-year basis. The AIAA also works with tribes on an ongoing basis to coordinate services.

### B. Funding

Limited funding for senior programs causes the AIAA and other funders for the most part to target resources where population is greater to achieve economics of scale. We do emphasize publicity, outreach efforts, collaboration, technical assistance, and capacity building to other communities as an alternative to actual service provision.

### C. Transportation

Public transportation services in the PSA are limited to four incorporated cities and restricted to the Highway 101 corridor. A few private transportation services exist, but have service range or cost prohibitions. Portal-to-portal services are rare. Getting to and from services is a major concern for older adults in the PSA.

## VI. OUTREACH METHODS

### A. Definition of Outreach

Outreach methodologies are closely related to targeting priorities and often serve as the methods by which information about services is distributed.

Outreach is defined within the Older Americans Act (OAA) as efforts that will identify individuals eligible for assistance under the OAA and inform such individuals of the availability of assistance. The OAA also states that particular outreach attention be given to low-income minority persons.

The A1AA intends to make "outreach" a priority targeting activity during the 2005-2009 Plan period. The A1AA will further place emphasis on identifying older persons (particularly those in target populations) who are not currently receiving services.

Public Hearing comments point out to A1AA that seniors from Southern Oregon and Northern Mendocino County come into PSA 1 for services and some older adults leave our PSA to seek services in adjacent counties. As dollars allow and as appropriate, outreach activities will extend beyond PSA 1 borders.

## VII. OUTREACH METHODS FOR THE 2005-2009 PLAN PERIOD

The A1AA will develop and complete the following outreach methods in the 2005-2009 Plan Period:

- A. Require all Older Americans Act funded programs to design, implement and evaluate an annual outreach plan;
- B. Develop within the Senior Information and Assistance Program a comprehensive bi-county outreach plan that targets the following populations: low income elders, persons with greatest social need (including those linguistically isolated), frail persons and their caregivers, and Hispanic;
- C. Schedule informational meetings in rural communities to describe the available senior services;
- D. Provide regular articles about senior services to local media, with an emphasis on radio;
- E. Improve and increase liaisons with Native American and other ethnic and rural communities;
- F. Develop an outreach plan targeted to the medical community, including pharmacists, to inform these professionals of available senior services;
- H. Train staff and volunteers to operate "Info Van", designed to bring health and human service information to our target populations in the bi-county area.

- I. Provide education and awareness of caregiving issues to residents of Humboldt County through the Caregiver Service Program.

### VIII TARGETED POPULATIONS REPRESENTATION ON ADVISORY COUNCIL

The Advisory Council membership contains targeted population representation in greater proportion than the overall population. The Advisory Council currently has 13 filled positions; therefore each member represents 7.7% of the Council.

<b>Targeted Population</b>	<b>Total Population %</b>	<b># Council Members Represented</b>	<b>Council Representation %</b>
Minorities	8.6%	1	7.7%
Native American	3.4%	1	7.7%
Hispanic	2.1%	0	0%
Low Income	16.0%	2	15.4%
Greatest Social Need	14.1%	2	15.4%
Isolated, abused, neglected, and/or exploited senior	Not available	1*	7.7%*
Frail Elders	Not available	4	30.8%
Rural	67.2%	7	53.9%
Disabled Senior	45%	4	30.8%
Caregivers	9.4%	2	15.4%

\* Former Ombudsman

## IDENTIFICATION OF PRIORITIES

**This section of the Area Plan identifies the Area 1 Agency on Aging's (A1AA) Priorities and Emphasis Areas for the 2005-2009 Planning Cycle and describes the factors that influenced their establishment.**

A number of factors influenced the A1AA's selection of Priority Areas for inclusion in the Area Plan. These factors included:

- A description of adequate proportion considerations;
- A description of targeting mandates;
- A study (and incorporation as relevant), of the external considerations which have an impact on A1AA directives, including the Older Americans Act, the Older Californians Act, the California Department of Aging Area Plan Guidance, funding considerations, availability of local resources, community influences, etc.
- A review of older persons' involvement in and input to the A1AA planning process including Needs Assessment findings, comments received at public hearings, and A1AA Advisory Council work/discussion sessions.

A brief discussion of these factors is presented below:

### I. ADEQUATE PROPORTION CONSIDERATIONS

The Older Americans Act currently assigns priority to three service categories and requires Area Agencies on Aging to fund these categories. The categories include **Access** (described as information services and case management services), **In-Home Services** and **Legal Assistance**.

During 2005-2009 the A1AA will allocate Older Americans Act funds for provision of information services, in-home services and legal assistance. (A complete description of Adequate Proportion is included in the Plan beginning on page 206).

In addition A1AA, in review of its needs assessment activities, identified the need for in-home services to be a priority need that surfaced in nearly all methodologies as did the need for information about services.

Therefore, in the 2005-2009 Plan, the A1AA will include goals and objectives related to expanding the availability of in-home services and promoting information about services.

## II. TARGETING MANDATES

A complete description of the A1AA's 2005-2009 Targeting Priorities, including outreach efforts, is presented in this Area Plan beginning on page 102.

Throughout the four-year planning cycle, the A1AA will include objectives that coincide with the targeting priorities set by the Advisory Council.

## III. OTHER FACTORS WHICH INFLUENCE PRIORITIZATION

### A. Funding Considerations, Availability of Local Resources and State and Federal Legislative Changes

The A1AA does not anticipate significant increases in governmental funds over the next few years. In fact, the A1AA has seen slight decreases in overall funding each of the past five years. We will continue to emphasize economical service provision methods while maintaining quality programming. In a time of tight resources, community cooperation and sharing of resources will be the norm.

The A1AA will therefore include Goals and Objectives in the Plan that promote service cooperation, particularly between Older Americans Act programs, Older Californians Act programs and county-funded senior services. We will also encourage the identification of and application for additional resources that could be applied to the Aging Network.

Should federal funding be reduced during the 2005-2009 planning period, the A1AA will follow a Board of Directors approved Contingency Policy.

The A1AA will continue during the 2005-2009 planning period, to emphasize coordinated client data reporting for increased accountability and more accurate impact reporting.

### B. Older Persons' Involvement in Setting Priorities

The A1AA initiated efforts to include older person involvement in the setting of priorities for the 2005-2009 Plan. These efforts include participation in the "Senior and Caregiver Needs Assessment Survey" and participation at Public Hearings. In addition, the A1AA Advisory Council, as elder advocates, contributed to the development of the Area Plan including setting needs identification methods, setting of priorities for targeting, designing the outreach plan, identifying emphasis areas and setting specific objectives.

#### IV. IDENTIFICATION OF PRIORITIES FOR THE 2005-2009 PLANNING CYCLE

##### A. Area 1 Agency on Aging 2005-2009 Priority Areas

Toward the goals of achieving the AIAA's Vision of the Future, implementing the AIAA Mission Statement, responding to the findings of Needs Assessment, and complying with the Older Americans Act and Older Californians Act mandates, the AIAA has determined the following priority areas for the 2005-2009 plan period.

##### **Priority Areas (Administration)**

- Collecting/Analyzing needs data
- Coordinating client data reporting
- Advocating and Legislation Activities
- Marketing Strategies and Strategic Planning

##### **Priority Areas (Service System/Program)**

- Working with coalitions to develop integrated and coordinated response to service delivery
- Increasing access to services
- Conducting outreach efforts
- Involving private sector in eldercare
- Enhancing independence in the least restrictive environment
- Increasing in-home services and level of support offered to frail elders
- Coordinating health-related activities
- Encouraging safe living environments
- Expanding volunteer opportunities
- Assess need for additional respite programs
- Caregiver services info

##### B. How Area 1 Agency on Aging Needs Assessment Findings are Reflected in the 2005-2009 Area Plan

The AIAA has prepared charts that clearly show how the results of the AIAA needs assessment methods are reflected in the 2005-2009 Area Plan goals. These charts are included in the Plan on page 58 and 66. Additional charts for caregiver needs are located on page 84 and 87.