

Adult and Aging Services in Marin County: **A Model on How to Meet an Aging Population's Needs**

CARLOS SMITH

EXECUTIVE SUMMARY

As the Baby Boomer generation begins to age and the number of older adults swells considerably nation-wide, social service agency leaders, service providers, and community members need to ensure that a system of services and resources is in place that can support a large aging population. Marin County, with its unique demographic makeup and accelerated need for strategic planning, serves as a model for how to construct comprehensive services for an aging population. Marin's efforts have produced valuable lessons for other counties to consider, including the identification of key factors in service delivery and recommendations to address each challenge based on feedback from community members.

Key lessons learned in Marin County that might be transferable to other counties include the following:

- Older adults need more affordable home care and support for caregivers.
- Affordable residential care is scarce.
- A shortage of health care providers is a common concern.
- Transportation infrastructure planning that incorporates pedestrian-friendly zones is needed.

- Older adults seek a one-stop source for reliable information.
- Opportunities to improve cultural competency among service providers would be helpful.
- Older adults benefit from social engagement.
To address some of these issues, community members made the following recommendations:
 - Conduct outreach to informal caregivers to provide information and support.
 - Create stakeholder working groups to consider a wide range of options regarding residential care, including a search for model solutions in other communities.
 - Create a task force to identify incentives for health care providers, especially geriatric specialists, to settle and stay in local communities.
 - Work with racial/ethnic communities to develop tailored cultural competency guidelines and training materials.
 - Create opportunities for older adults to participate in intergenerational activities since such activities are in short supply.

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The Challenge Ahead

In 1945, as World War II came to a close, the nation moved vigorously toward a manufacturing-led economy. Prosperity increased for many, and most couples started new, larger families. As these post-war era children grew up, large numbers of new schools and communities were built to accommodate them, transforming American society. After graduation from high school, a record number of young people entered college. When they went to work, the U.S. labor market expanded significantly. These so-called Baby Boomers, born between 1946 and 1964, are now beginning to look toward retirement. As they age, this generation—the largest one ever (composed of 76 million Americans)—will once again have a transformative impact on society. As they mature, this diverse generation will need to access new services. Many will begin turning age 65 in 2011 and will want, or need, to keep working. They may remain in their current communities, out of choice or necessity, if their communities adapt to their needs. Wherever they are, as they grow older, Baby Boomers will create an unprecedented demand for supportive services nationwide. Social service agency leaders, service providers, and community members will therefore be tasked with the development of a system of services and resources that can support a large aging population for decades to come.

As the US Census Bureau graphs in Figures 1–3 demonstrate, the dependency ratio (the ratio of working adults to dependents reliant on them to provide the tax base for services) was much higher in the past than it will be in future years. Many of the public services for older adults were designed for the previous population distributions; therefore, it will be a

challenge to reshape policy to adjust for the changing demographic reality.

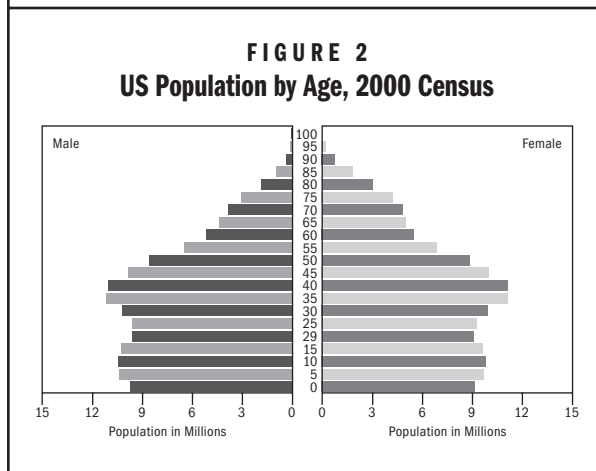
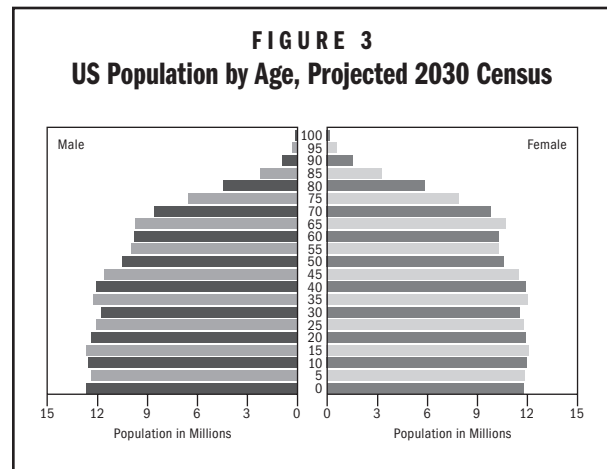
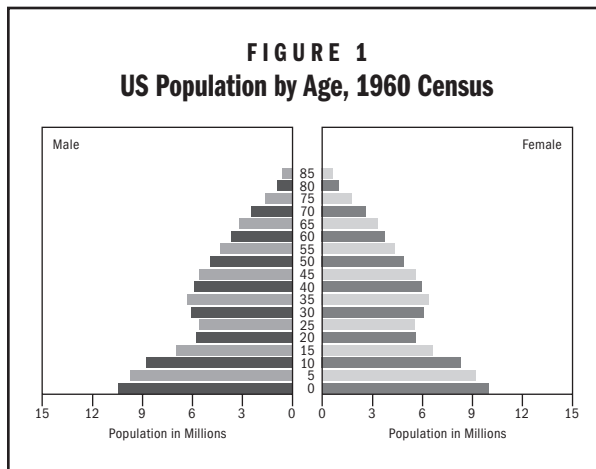
This case study explores how Marin County, with its unique demographic makeup, has faced these policy and service challenges to better meet the needs of its residents; additionally, it outlines some specific lessons learned that can be applied to other communities, including San Mateo County.

Marin County as a Demographic Model

There are a number of reasons why Marin County serves as an excellent, “living” demographic model for strategic planning of services development.

RAPIDLY AGING POPULATION

According to the American Community Survey conducted by the Census Bureau, the median age of residents in Marin County in 2007 was 44.3 years. This ranks Marin County's population as the 6th oldest in California, a significant jump from its rank as 13th in 2000—a sign of a rapidly aging population. The ranks of those who are between the ages of 65 and 74 in Marin have been projected to grow by nearly 20,000 people between the years 2000 and 2020. These figures do not include the sizable population of those over age 74, whose needs and perspectives are critically important as well. While marginal increases of between 2.1% and 7.2% are projected for Marin's overall population in the next 40 years, dramatic population growth among the county's older adult residents will be experienced. The group of residents ages 60 years or older in Marin has seen its biggest growth, close to 41%, from 2000 to 2010. The surge in the older adult population during this decade is propelled by the under 74 age group. This boost is



undoubtedly a result of the Baby Boomers joining the ranks of those age 60 and over in Marin. From 2030–2040, Boomers will be in their 80s, which will result in a spike in the 85 and older age group.

GROWING ETHNIC DIVERSITY AMONG AGING POPULATION

The ethnic diversity of Marin County's older adults will also shift over time. Led by a rise in the Hispanic/Latino population in the county, older persons of color will increase in numbers, as well as in their proportion of persons aged 60 and older, in Marin in the next 40 years. In 2000, approximately 91% of the population of adults in Marin over age 60 were Caucasian/white. In 2000, 9% of the population of older adults were ethnic minorities; by 2010, this percentage increased to 12% of the population. By 2020, the Department of Finance projects that minorities will comprise almost 17% of the older adult popula-

tion in the county, and by 2050, this proportion will increase to almost 41 percent. Forty years from now, Hispanic/Latino older adults will make up 28% of the age 60 and older population in Marin.

THE COST OF LIVING IN MARIN

To best understand the true financial standing of older adults living in Marin, it is necessary to rely on the Elder Index. Developed by the UCLA Center for Health Policy Research, the Elder Index takes into account specific living arrangements, geographic location, and other costs customary for older adults, such as housing, food, health care, and transportation. The Elder Index uses widely-accepted and credible data sources, such as the US Census Bureau and Housing and Urban Development.

Using the 2007 Elder Index, the cost for single persons 65 years old and above to live in Marin is \$18,005 for homeowners without a mortgage, \$39,573 for homeowners with a mortgage, and \$26,581 for renters of one-bedroom dwellings. For couples to afford living in Marin, their income needs are \$26,780 for homeowners without a mortgage, \$48,348 for homeowners with a mortgage, and \$35,355 for renters of one-bedroom homes.

Older persons living in Marin with incomes below these Elder Indexes will fall into economic insecurity. This is especially notable when you consider that the Marin County Department of Health and Human Services' 2001 health survey found that one-third (32%) of older adults had incomes below

\$30,000. The county's 2001 survey also found that although 80% of Marin's age 65 and older residents own their home, close to 11% of them have incomes below 200% of the federal poverty levels, making them "house rich and income poor." Use of the Elder Index will undoubtedly reveal dramatic increases in need from those who may own their home, but are struggling with insufficient income to meet their basic needs.

Each of these demographic characteristics in Marin County serve as a precautionary lesson for surrounding counties with similar but less pronounced projections. These pressing issues precipitated forward thinking, experimentation, and innovation in Marin, and ultimately resulted in generating some valuable lessons for surrounding counties.

Strategic Services Development

STRATEGIC PLANNING AUTHORITY & PROCESS

The State of California is divided into thirty-three "Planning and Service Areas" for the administration of the Older Americans Act and the Older Californians Act. In each area, a single agency has been designated as the Area Agency on Aging and has been charged with the responsibility of fulfilling the statutory mandates contained in both acts. Marin County is designated as Planning and Service Area 5 (PSA 5) in California. The 23-member Marin County Commission on Aging is the federally-mandated advisory council to the Area Agency on Aging and the Marin County Board of Supervisors. Members, who are appointed to the position, represent the constituency of older adults in Marin County and function as an advocacy group promoting the interests and needs of the county's older population. It was this body that spearheaded Marin County's Area Plan for 2009-2010 through the use of the following action process aimed at:

- Establishing a work plan and project timeline
- Developing the needs assessment methodology and work plan
- Analyzing the needs assessment results
- Establishing the Area Plan 2009–2012 priorities
- Presenting the Area Plan 2009–2012 goals to the Executive Committee
- Establishing Area Plan objectives
- Presenting the Area Plan goals to Division staff
- Conducting a public hearing on the Area Plan 2009–2012

MAINTAINING PROJECT FOCUS

Out of the strategic planning process, the leaders and community members of Marin County developed the areas of focus described in Table 1. These priorities, approaches, guiding principles, and key interests helped keep the collaborative efforts among community members, community-based organizations and social services staff focused on shared goals.

Key Findings and Recommendations

As the process became more clearly defined with a particular focus, it became possible to identify concrete, specific areas for intervention. The seven key findings are described below.

First, **older adults need more affordable home care and support for caregivers.** Community members pointed out that assistance with housekeeping, meal preparation, transportation to medical appointments, help with errands, and medication management ranked among the top of the concerns expressed by older adults. The community made recommendations to address these concerns, including the following:

- Conduct outreach to informal caregivers to provide information and support services.
- Create opportunities for the public sector, funders, and the business community to work together to develop incentives to increase the ranks of trained home care staff as well as take into consideration both affordability of services and the necessity of livable wages.

Second, **affordable residential care is scarce.** Community members and the advisory boards pointed out that housing and the high cost of living in Marin, combined with fixed incomes and rising medical expenses, means some older adults are unable to afford long-term residential care without fi-

TABLE 1
Areas of Project Focus

Priorities	Approaches
<ul style="list-style-type: none"> • Promote a community-based system of care that sustains independence for older adults 	<ul style="list-style-type: none"> • Develop a coordinated system of health and social services for older adults
<ul style="list-style-type: none"> • Increase opportunities for people to access information about community resources 	<ul style="list-style-type: none"> • Strengthen the delivery of core health and social services
<ul style="list-style-type: none"> • Improve the wellbeing of adults, particularly those with special needs 	<ul style="list-style-type: none"> • Foster employment, volunteerism, and community involvement
Guiding Principles	Key Interests
<ul style="list-style-type: none"> • Prevention 	<ul style="list-style-type: none"> • Ensure gaps in service delivery are identified and addressed
<ul style="list-style-type: none"> • Access 	<ul style="list-style-type: none"> • Advance cultural competence in service providers
<ul style="list-style-type: none"> • Competency and Inclusion 	<ul style="list-style-type: none"> • Expand outreach
<ul style="list-style-type: none"> • Empowerment 	<ul style="list-style-type: none"> • Promote healthy lifestyles

nancial assistance. Community recommendations to address these concerns included the following:

- Create stakeholder working groups to consider a wide range of options, including a search for model solutions in other communities.
- Seek alternatives for older adults on waiting lists for affordable housing, including targeted home care support.

Third, **shortage of health care providers is a common concern.** As they look ahead to an aging population, Marin's leaders and residents are concerned that a shortage of health care providers could become a serious problem. A provider shortage is likely to increase as the Baby Boomer generation (which includes many doctors) ages and retirees. To address these concerns, community members recommend the following:

- Create a task force to identify incentives for health care providers, especially geriatric specialists, to settle and stay in Marin.
- In consideration of the growing number of non-English-speaking older adults, tailor recruitment efforts to attract multi-lingual health providers.

Fourth, **transportation planning that incorporates pedestrian-friendly zones is needed.** The need for improved and expanded transportation is recognized as a major issue among all who contributed to this study. As adults age, many stop driving and instead

rely on friends, family members, fixed-route public transportation, or flexible-route Para transit to get around. Disabilities or increased difficulty with walking can pose challenges to using public transportation, riding in cars, or navigating hilly sidewalks. Community recommendations for addressing these concerns included the following:

- Find ways for the needs of older adults and those who serve them to be incorporated into transportation planning, especially for remote areas.
- Consider risk reduction strategies for helping older drivers maintain safety and skills.

Fifth, **older adults seek a one-stop source for reliable information.** Community members indicated that they were particularly interested in assistance with finances, daily money management, bill-paying, concerns about predatory lending and bankruptcy, job opportunities, and physical activities that accommodate older adults.

Sixth, **there are broad opportunities to improve cultural competency for service providers.** Marin's Spanish speaking older adults have trouble finding health care providers who speak their language, which sometimes results in patients misunderstanding diagnoses or medication instructions. Non-English-speaking community members note that confusion about cultural norms poses problems in their ability to access services, including health care and housing.

LGBT older adults expressed the importance—and challenge—of finding health care and social service providers that are LGBT-friendly.

To address these concerns, community members made the following recommendations:

- Work with racial/ethnic minorities in Marin to develop tailored cultural competency guidelines and training materials.
- Work with LGBT older adults to develop guidelines for providers regarding sensitivity to LGBT people, with particular emphasis on the unique perspectives of older adults.
- Share materials widely with providers and the public.

Seventh, **older adults benefit from social engagement**. There was wide agreement that interpersonal connections through day-to-day activities or involvement in social clubs, religious organizations, or other groups are important to one's quality of life.

Community recommendations for addressing this concern included the following:

- Provide training in outreach and capacity-building to informal groups, connecting them to service providers and other resources, so they can act as a bridge between older adults and other services.
- Create opportunities for older adults to participate in intergenerational activities, as these are currently in particularly short supply.

The identification of these seven key findings with the resulting recommendations contributed by community members can be of use to other counties struggling with similar issues to inform the development of services and organizational structure.

Recommendations for San Mateo County

San Mateo County will soon face some of the same challenges that are now being experienced in Marin County. In 2005, San Mateo County's median age was 39.2, compared to the national median of 36.4 years of age. This aging trend is projected to continue in upcoming decades.

As the county's population continues to age, the needs of older adults in San Mateo County will only increase. With careful consideration given to the findings listed above, the system of services already in place in San Mateo County can be well positioned to deepen and broaden its efforts to be a safe and rewarding place in which to age.

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