

AGE-FRIENDLY SAUSALITO LITERATURE/RESOURCE REVIEW

The following documents were a rich resource as we prepared to develop a plan to meet the needs of our community. This literature/resource review comprises a range of reports, studies, and online tools that may help other Marin County communities develop their Age-Friendly Strategic Action Plans. Some of the reports are updated yearly and a more recent version may be available. Reports that may have been subsequently removed from the Internet, may be available in paper format from the authors. The resources provided are organized into the following categories:

SECTION 1: MARIN COUNTY

SECTION 2: RURAL AGING

SECTION 3: AGE FRIENDLY COMMUNITY PLANNING, IMPLEMENTATION, AND EVALUATION

SECTION 4: BIGGER PICTURE RESOURCES

SECTION 1: MARIN COUNTY

1. MARIN COUNTY GRAND JURY REPORTS

- Aging in Marin - What's the Plan? – a Marin Civil Grand Jury, 2014 – Report and response
<http://www.marincounty.org/~media/files/maringov/board-actions/2014/aug/201408197caoagingreport.pdf>

Purpose: To address the persistent lack of attention to issues of aging in Marin County, and the apparent absence of long-term plans to address associated demands. In particular, the report highlights demographic indicators that show that many Marin seniors may struggle economically, but fall above the Federal Poverty Level, making local safety nets a vital part of allowing seniors to “age in place”. The report acknowledges the importance of affordable housing, though the issue fell beyond the scope of the report’s assessment.

Methodology: Literature review conducted on elder care programs inside and outside of Marin County, interviews with 34 stakeholders including staff from the Department of Health and Human Services, non-profit employees, healthcare providers, and a member of the Board of Supervisors. Members of the Grand Jury also utilized information and referral phone lines to assess efficiency, adequacy, and accuracy of the services.

Findings/Recommendations: Report contains 8 findings and 4 recommendations. Recommendations include: 1) that the County assume leadership in development of a long-term strategic plan, 2) that the County work with federal and state governments and nonprofits to adequately fund mandated services, 3) that the County work to improve access to key services, and 4) that the County develop a contingency plan for funding services in a climate of economic volatility at the state and federal level.

- ② Response to 2014 Grand Jury Report
<http://www.marincounty.org/~media/files/maringov/board-actions/2014/aug/201408197caoagingresponse.pdf>

Purpose: To respond to the Grand Jury Report, “Aging in Marin: What’s the Plan?”

Methodology: Not specified.

Findings/Recommendations: The Marin County Board of Supervisors addressed the 8 Findings and 4 recommendations put forth in the Grand Jury Report. The Board of Supervisors disagreed partially with two findings, F2 and F4. The Board partially disagreed that Marin County does not have a long-term strategic and financial plan to address the growth of the senior community, highlighting the 2012-2016 plan developed by the Marin County Aging and Adult Services' Area Agency on Aging under requirements of the federal Older Americans Act, which is updated annually. Additionally the Board highlighted the Aging Action Initiative announced in March 2014 by Aging and Adult Services. The Board also partially disagreed in the Grand Jury's finding of a lack of recognized leadership to address senior needs in Marin County, highlighting the collaboration across organizations. The Board indicated that two of the Grand Jury's recommendations have been implemented (R1, R2), one will be implemented in the future (R3), and one will not be implemented (R4).

- ⑦ Aging in Marin, An Essay in Uneasiness, Marin Grand Jury, 2007, http://www.marincounty.org/~media/files/departments/gj/reports-responses/2006/aging_report.pdf

Purpose: To bring the "Silver Tsunami" approaching Marin County to the attention of policymakers, who are currently prepared neither for the increase in 65+ population, nor for the ways in which elders of the future will differ from elders of today.

Methodology: Interviews conducted over six months with 50 stakeholders, including county officials, department and division heads, members of the District Attorney's Office, representatives from the business and non-profit sectors, health services researchers, hospital executives, directors of senior centers and retirement facilities, among others. Areas of research include: 1) access to services, 2) isolation and loneliness, 3) adequate and affordable health care, 4) elder abuse, financial, physical and self-abuse, 5) alcohol and substance abuse, 6) roadblocks to good home care, 7) social support, and 8) community engagement.

Findings/Recommendations: Report contains 21 findings of fact and 12 recommendations, including that the Board of Supervisors create a Task Force on Aging, and that the Marin County Department of Health & Human Services, the Marin Community Foundation and the Buck Institute for Age Research formalize a partnership to serve on the Task Force. Other recommendations include: pursuing a telephone information line and web services for help and advice, that stakeholders make a definitive decision regarding establishment of a Senior Access facility in San Raphael, and that the county administration and the Marin Community Foundation address funding issues.

2. MARIN COMMUNITY FOUNDATION AGING-RELATED REPORTS

- ⑦ Successful Aging in Marin - the Marin Community Foundation, 2013, <http://media.baycitizen.org/uploaded/documents/2011/7/marin-aging-brief/aging-brief.pdf>

Purpose: Marin Community Foundation publication outlining basic facts about older adults in Marin, including population demographic information. The report highlights the essential role of nonprofit aging service sector organizations in supporting the community, especially members of vulnerable communities.

Methodology: Not specified, but based on Harder+Company Community Research

Findings/Recommendations: Residents of particular populations – lesbian, gay, bisexual, transgender individuals; older adults whose primary language is one other than English; elderly living in rural settings; those living with dementia; and caregivers – face barriers to accessing services that can be mitigated through culturally sensitive service providers. Key issues include affordability of services, transportation, appropriate health care, as well as social and geographical isolation. Finally, the report highlights the need to find financial support for nonprofit organizations amidst financial uncertain times.

- Assessing Services Aimed at a Diverse Aging Population - Marin Community Foundation, 2013, https://www.marincf.org/sites/default/files/downloadable/Mission-Possible---Improving-The-Lives-of-Older-Adults-in-Marin_0.pdf

Purpose: Marin Community Foundation report, written in collaboration with the Center for Health Professions, UCSF and in partnership with nonprofit service providers, to assess and understand current organizational capacity of nonprofit providers to serve Marin's diverse older population. The report highlights the "significant disparities in income, health, and longevity in the county based, among other factors, on race and ethnicity," and considers ways to increase the ability of Marin nonprofits to increase their cultural competence.

Methodology: A community-based participatory research approach, utilizing mixed methods (survey of organizations, interviews of leaders, and focus groups with older adults), was used to identify strategies for improving delivery culturally competent services to older adults. A 12-member community advisory board (CAB) representing diverse communities in Marin was established to participate in and guide the research.

Findings/Recommendations: Findings were categorized into four organizational domains where cultural competence can manifest: 1) leadership and governance, 2) community engagement, 3) infrastructure, and 4) services. The report notes that, "organizational survey results suggested a more favorable impression of organizations' cultural competence than did the results from interviews with organization leaders." Key findings included: 1) the need for governing structures to embrace and make cultural competence a priority and 2) the identification of gaps in community engagement, particularly a lack of consultation between organizations that provide gathering places (such as faith-based organizations) and agencies serving older adults.

- A Report on Services for Older Adults in Marin, 2008, <http://harderco.com/wp-content/uploads/Marin-Cmty-Fdn-Cmty-Summary.pdf>

Purpose: Marin Community Foundation-commissioned report, prepared by Harder+Company Community Research to examine older-adult services in Marin County. The report is intended to stimulate community-wide conversation and to serve as a platform to develop a county-wide action plan.

Methodology: Findings of community interviews presented in three main areas: services, access, and social engagement.

Findings/Recommendations: Within the category of services, findings included: 1) the need for more affordable home care of Marin's elder population, as well as support for caregivers, 2) scarcity of affordable residential care, and 3) concern surrounding the perceived shortage of health care providers. Under the category of services, the report identified: 4) the need to incorporate pedestrian-friendly zones into transportation planning, 5) demand for a one-stop source for reliable information, and 6) identification of opportunities to improve cultural competency across Marin's diverse social, cultural, and linguistic communities. In terms of social engagement, the report found: 7) that older adults benefit from social engagement.

3. LIVE LONG, LIVE WELL PLANNING DOCUMENTS (AREA AGENCY ON AGING PLANNING)

- Live Long, Live Well: Area Agency on Aging Area Plan FY 2016–2020, 2016, https://www.marinhhs.org/sites/default/files/files/servicepages/2016_03/areaplan20162020.pdf

Purpose: Area Agencies on Aging Area Plan for PSA 5 administered by the Marin County Department of Health and Human Services, Aging and Adult Services Area. Goals for 2016-2020 include: 1) Enhance the quality of life, safety, and security for older adults; 2) Support and promote local efforts to create livable communities for all; 3) Improve visibility and usability of information, services, and resources; and 4) Encourage innovative approaches to policy and services through community collaboration and advocacy.

Methodology: Needs assessment conducted by AAA, partner agencies, and the Marin County Commission on Aging (MCCOA) including gathering survey responses from over 3,000 people.

Findings/Recommendations: Six top concerns were identified by survey respondents, irrespective of income: falls, cognition/dementia, feeling lonely/depressed, financial security, elder/financial abuse, and end of life planning.

- ❓ Fiscal Year 2015-2016 Update - Live Long, Live Well: Area Agency on Aging Area Plan FY 2012-2016 - Marin County Aging & Adult Services https://www.marinhhs.org/sites/default/files/files/servicepages/2015_09/psa5.apu_fy1516.revisions.final1ps.pdf

Purpose: The Marin County Commission on Aging is the federally mandated advisory council to the Marin County Board of Supervisors, covering Planning Service Area (PSA) 5. In line with the requirements of the Older Americans Act, the Marin County Board of Supervisors as the Area Agency on Aging (AAA) for PSA 5 is required to submit an Area Plan to identify priority areas and establish goals for the AAA and the Commission on Aging. The *Fiscal Year 2015-2016 Update* is the third and final update to the *Live Long, Live Well: Marin County Area Plan for Aging 2012-2016* planning cycle.

Findings/Recommendations: The 2015-2016 Update reports on new projects, collaborations, and objectives established by the AAA and the Commission on Aging, the launch of an Aging Action Initiative, and the expansion of Aging and Adult Services' Information, Assistance, Intake, and Referral Unit. The Cities of Sausalito and Fairfax obtained World Health Organization Age-Friendly City designation, and many other townships in Marin similarly seek this designation.

The WHO outlines 8 features for “age-friendly” cities: 1) Transportation; 2) Housing; 3) Outdoor Spaces and Buildings; 4) Social Participation; 5) Civic Participation and Employment; 6) Respect and Social Inclusion; 7) Community support and Health services; and 8) Communications and Information. Commencement of the Aging Action Initiative (AAI) will bring together service providers to plan for increasing demand. Key issues for the AAI include: 1) Older adult mental health and well-being; 2) Dementia; 3) Food security and access to nutrition; 4) Care and system coordination; and 5) Economic disparities of those ineligible for government services but lacking sufficient resources to meet needs independently. Another major change in the PSA involved the initiation of Project Independence Plus (PI Plus), which aims to address the gap in transition care services. Major changes in the area agency on aging were reported on the following issues: 1) redesigning the Information, Assistance, Intake, and Referral (IAI&R) program; 2) initiating planning and feasibility study on creating an Aging and Disability Resource Center (ADRC) in Marin; 3) evaluation and consultation of the Congregate Meal program by the San Geronimo Valley Community Center (SGVCC); and 4) the 2015 Request for Proposal (RFP) for Older Americans Act Title III-E Family Caregiver Support Program funds and the Alzheimer’s Association bid submission in collaboration with eight community-based organizations.

- Fiscal Year 2014-2015 Update - Live Long, Live Well: Area Agency on Aging Area Plan FY 2012-2016 - Marin County Aging & Adult Services_
https://www.marinhhs.org/sites/default/files/files/servicepages/2014_09/psa5_apu_fy1415_approved_9-15-14_revised3_2.pdf

Purpose: The Marin County Commission on Aging is the federally mandated advisory council to the Marin County Board of Supervisors, covering Planning Service Area (PSA) 5. In line with the requirements of the Older Americans Act, the Marin County Board of Supervisors as the Area Agency on Aging (AAA) for PSA 5 is required to submit an Area Plan to identify priority areas and establish goals for the AAA and the Commission on Aging. The *Fiscal Year 2014-2015 Update* is the second update to the to the *Live Long, Live Well: Marin County Area Plan for Aging 2012-2016* planning cycle.

Findings/Recommendations: The 2014-2015 Update highlighted health equity issues across Marin communities resulting from income inequality, housing needs, and prescription drug practices as priorities for the AAA. Major changes in the PSA included the discontinuation of the Community-Based Care Transitions Program (CCTP). Major changes in the area agency on aging included: restructuring to become part of the Division of Social Services within the Health and Human Services Department, the impact of Federal budget sequestration resulting in an ~7% cut in baseline funding for the Older Americans Act (\$73,600 cut in Marin AAA funding) and the ability of Marin County Board of Supervisors to backfill the deficit thereby averting negative consequences to programs and beneficiaries, and the addition of two additional congregate meal sites to fulfill demand.

- Fiscal Year 2013-2014 Update - Live Long, Live Well: Area Agency on Aging Area Plan FY 2012-2016 - Marin County Aging & Adult Services_
https://www.marinhhs.org/sites/default/files/files/servicepages/2013_10/area_plan_13-14_final.cda_approved.pdf

Purpose: The Marin County Commission on Aging is the federally mandated advisory council to the Marin County Board of Supervisors, covering Planning Service Area (PSA) 5. In line with the

requirements of the Older Americans Act, the Marin County Board of Supervisors as the Area Agency on Aging (AAA) for PSA 5 is required to submit an Area Plan to identify priority areas and establish goals for the AAA and the Commission on Aging. The *Fiscal Year 2013-2014 Update* is the first update to the to the *Live Long, Live Well: Marin County Area Plan for Aging 2012-2016* planning cycle.

Findings/Recommendations: The 2013-2014 Update presents new data reflecting health indicators and cultural/language needs as well as outlines improvements in the service system achieved through collaboration with community partners and continued integration of the Division of Aging and Adult Services. This report highlighted incidence of falls, Alzheimer's and dementia, as well as nutrition and food insecurity as priorities for the AAA. Major changes in the PSA include: the effect of federal 'sequestration' budget cuts on Older Americans Act funding and changes to the provision of congregate meal and home-delivered meal programs funded through the Older Americans Act.

- Live Long, Live Well: Area Agency on Aging Area Plan FY 2012–2016, 2012, https://www.marinhhs.org/sites/default/files/files/servicepages/2013_09/areaplan2012_16_aproved.pdf

Purpose: Consistent with the Older Americans Act and Older Californians Act, Area Agencies on Aging (AAA) submit an Area Plan every four years for their Planning Services Area (PSA). This report, produced by the Department of Health and Human Services, Division of Aging and Adult Services (DAAS), guides the work of the AAA.

The Marin County Division of Aging and Adult Services, lies within the Marin County Department of Health and Human Services (DHHS), and coordinates the Area Agency on Aging's programs and services, oversees the Adult Protective Services, In-Home Supportive Services, Public Guardian, and Veteran's Services. AAA subcontracts with agencies providing services to older adults in the community and is supported by Federal grants including the Older Americans Act.

The Planning Committee of the Commission on Aging, an oversight committee from the AAA, was comprised of appointees of City Councils and Board of Supervisors. Based on the Planning Committee's Needs Assessment Advisory Group recommendations, priority areas and goals were developed for the *Area Agency on Aging Area Plan for Fiscal Year 2012-2016*.

Methodology: Information gathering, needs assessment, prioritizing, and goal setting. Needs assessment included in-depth community survey (response rate over 22%), targeted community forums, and a large community stakeholder meeting.

Findings/Recommendations: The Area plan goals for Fiscal Year 2012-2016 included goals to: 1) Promote an effective, well-coordinated, and comprehensive system of care and support that is responsive to the needs of adults with disabilities, family caregivers, and older persons; 2) Utilize effective methods and best practices to enhance access to and dissemination of information about resources; 3) Mobilize action at the community level to address the unique needs of its people. Key areas identified include: services to isolated adults; need for nutrition programs; activities for older adults; need for volunteer engagement, special needs of the LGBT older adult population; improvements in accessing information and resources; and the support for continuation of current service delivery system.

4. AGING ACTION INITIATIVE

The Aging Action Initiative (AAI) is a collective of aging service providers, funded by the County of Marin and coordinated by MarinSpace, collaborating for an age-friendly environment. Its mission is to promote a county-wide age-friendly environment, especially for those in need, collectively created by a strong network of service providers and funders through public education, policy advocacy, and service coordination. More than 65 community agencies, services providers, and grassroots organizations participate in the Initiative. As the name implies, the focus of the Initiative is on action. The unique implementation strategy, however, is all about building relationships through coordinated and collective effort.

AAI was launched by the Marin County Board of Supervisors in 2014. During the initial six-month planning process, local expertise was leveraged to cultivate a shared understanding of the county's aging landscape, community needs, program/service strengths and challenges, and future opportunities. Four workgroups formed to develop plans for collective actions that 1) meet important community needs, 2) are "doable" within a one-year time frame, and 3) build and strengthen inter-agency relationships. The four workgroups are: Information Assistance & Referral Network, Mental Health & Dementia, Food & Nutrition and Economic Security.

AAI's work is well documented at <http://aginginmarin.org/a-a-i/>. The following documents are available:

- [Aging Action Initiative Fact Sheet](#) – An overview of AAI's first year of activity
- [AAI Trains with Inform & Connect Workshops](#) to educate front line workers about older adult information and services across the county
- [AAI Advocates at State Capitol](#) for increases to supplemental security income (SSI) which benefits older adults
- [AAI Educates with Detect & Connect Workshops](#) on mental health and dementia issues in older adults
- [AAI Hosts Convene & Connect](#) to explore "What's Next for Aging in Marin?"
- [Aging Action Initiative 3rd Convening Presentation](#) – The slide deck presented on April 20, 2016
- [Aging Action Initiative 2nd Convening Presentation](#) – The slide deck presented on April 2, 2015
- [Aging Action Initiative: The First Six Months](#) – This is the final planning report from the first 6 months of the Aging Action Initiative
- [Aging Action Initiative: Overview & Context](#) – This document outlines the long term vision and goals of the Aging Action Initiative
- [Area Agency on Aging \(AAA\) Area Plan 2016-2020](#) – The area plan on aging from Marin County Aging and Adult Services (AAS) who acts as the Area Agency on Aging (AAA) for Marin County
- [Marin Community Foundation "Older Adults Healthy Eating Active Living" Needs Assessment](#) – The Presentation, report, and appendix

5. SERVICE-ORIENTED REPORTS AND INFORMATION

- "Whistlestop 2014 Directory of Older Adult Services" – http://www.whistlestop.org/dev/wp-content/uploads/2014/01/WSD_2014_ForWeb.pdf

Purpose: 26th Edition of the Marin County Directory of Older Adult Services by Wistlestop, a charitable senior-focused organization. Resources covered range from adult day care programs, companionship, food and nutrition, to health care, home care, and end of life issues.

- Choices for Living 2013-2014 - Marin County Aging & Adult Services, https://www.marinhhs.org/sites/default/files/files/servicepages/2013_08/choices_for_living_2013.pdf

Purpose: Marin Health & Human Services, Aging and Adult Services resource to help families and older adults explore housing options, including independent living options, skilled nursing facilities, residential care homes, among other models.

- Marin County Stroke Resource Directory, 2014, <http://www.strokeinfomarin.org/>; https://www.maringeneral.org/upload/MGH_Stroke_Resources_Booklet.pdf

Purpose: Currently compiled by Marin General Hospital with the assistance of Nancy Boyce, the original Marin County Stroke Resource Directory was first published in 1988 and outlines the basics of stroke etiology, stroke prevention, health care, rehabilitation and multi-service resources, as well as case-management, legal services, transportation and other services. The purpose of the booklet “is to make it easier for all those touched by stroke to find the various support services now available and helpful for successful recovery.”

- Final Report: Senior Mobility Action and Implementation Plan, 2010, <http://www.marintransit.org/pdf/paratransit/MARIN%20Seniors%20AI%20FINAL%2005-06-2010.pdf>

Purpose: The Marin Senior Mobility Action and Implementation Plan, sponsored by Marin Transit and other community agencies, in collaboration with the Marin County Health and Human Services Department, Division of Aging and Adult Services, is tasked with identifying gaps in transportation services as well as measures to be taken by Marin County and transportation agencies to support mobility of seniors.

Methodology: Strategies currently implemented as well as those identified through public outreach are prioritized into Tier I (likely to be implemented) and Tier II (difficult to implement) categories based on financial criteria (cost, cost per beneficiary, funding availability and sustainability, leveraging resources), implementation criteria (time-frame, staging, coordination), transportation benefits criteria (number of problems and trip types, number of beneficiaries, unserved needs, measurable benefits), and community criteria (support, acceptability, acute needs, unserved groups).

Findings/Recommendations: Ten Tier I strategies are identified and described according to need addressed, potential lead or participating agencies, potential funding sources, and next steps. The impact of changing federal transportation law on funds for public transportation is noted. Tier I strategies include: 1) Community Bus for Seniors; 2) Flexible Transit Services; 3) Walkable Communities for Seniors; 4) Subsidized Taxicabs; 5) Community-Based Volunteer Driver Programs; 6) Encouraging Use of Transit; 7) Safe Driving; 8) Information & Assistance; 9) Walking Groups for Seniors; and 10) Planning Policies for Senior Housing.

- Sausalito Village Resource list for Seniors, <http://nebula.wsimg.com/d3ea985f9dfc4bd0cdba056316720bb3?AccessKeyId=42D5C1EB032B61073412&disposition=0&alloworigin=1>; <http://www.agefriendlysausalito.com/resources-for-sausalito-seniors.html>

Purpose: Sausalito Village is a member of the World Health Organization Global Network of Age Friendly Cities and Communities. This resource list provides information on key resources such as the Senior Help Line, Whistlestop Help Desk, United Way social services, Case Management and Home Care Services, Financial Assistance, Housing, Legal/Advocacy, Nutrition, Social Activities, and Transportation services.

- Marin Villages, <http://www.marinvillages.org/>

Purpose: Formed in response to a 2007 Marin Grand Jury Report on Aging, Marin Villages is a non-profit organization that seeks to help seniors age in place by addressing service gaps. The volunteer-supported member organization is currently comprised of 7 local Villages, part of the over 200 Villages operating nationally.

6. Other Reports

- ② The Challenge of Change - Senior Access Advisory Council Report, 2013; <http://www.senioraccess.org/sites/senioraccess.org/files/Advisory%20Council%202013%20Report.pdf>

Purpose: 2013 Senior Access Advisory Council Report on an interdisciplinary group meeting concerned with age-related memory loss exploring experiences and issues facing the community.

Methodology: One-day work group meeting comprised of 45 people addressing questions around memory care and aging in Marin. Questions addressed included: what would a county-wide coordinated response look like? Who would be involved? What would change the way we communicate and work together? How would we look differently at our capacity to mount a common effort?

Findings/Recommendations: Training needed to address emotional as well as physical distress associated with age-related memory loss. "Cultural shift" at the county level needed that focuses on "building forgetfulness friendly communities of care giving." Efforts needed to bring non- and for-profit sectors together, as well as to bridge child and senior care.

- ② Pathways to Progress 2013: Taking Action for a Healthier Marin" - Healthy Marin Partnership; <http://marinspace.org/reports-and-resources-related-to-aging-in-marin/>; <http://healthymarinpartnership.org/>; <http://healthymarinpartnership.org/MCNA/MCNA-2013/index.htm> 2013 Community Health Needs Assessment, Kaiser Foundation Hospital, San Rafael; http://share.kaiserpermanente.org/wp-content/uploads/2013/09/San-Rafael-CHNA_2013.pdf

(Above links combined)

Purpose: 2013 Marin County Community Health Needs Assessment conducted through Healthy Marin Partnership (Marin General, Novato Community, & Kaiser Permanente).

Methodology: Review of ~150 health outcomes, needs, and indicators. Key informant interviews, focus group meetings, & Market Basket Surveys of grocery stores throughout Marin

County. Results compared to state and national averages, and where possible, mapped to census track.

Findings/Recommendations: 25 key informant interviews of Healthy Marin Partnership leadership and representatives from hospital and health organizations, funding institutions, government, business, education, and community based agencies were conducted between April and June, 2012. Interviews focused on underserved populations, challenges in achieving and maintaining good health, current capacities and gaps within healthcare systems, best practices, and opportunities. For each topic area, the key informant interview report outlines current conditions, proposed solutions, and best practices. Focus groups concentrated on healthy eating and active living were held between April and May, 2012. Surveys about community health were disseminated to those taking part in the focus groups, and 103 English and 50 Spanish responses were obtained. Health needs in Marin County were prioritized as follows: mental health, substance abuse, access to health care/ medical homes/ health care coverage, socioeconomic status (income, employment, education level), healthy eating and active living (nutrition/ healthy food/ food access/ physical activity), social supports (family and community support systems and services; connectedness), cancer, and heart disease.

- Marin County 2013 Point in Time Count Comprehensive Report Findings on Homelessness, 2013; https://www.marinhhs.org/sites/default/files/files/servicepages/2013_09/2013_point_in_time_count_full_report.pdf

Purpose: Biennial census of persons experiencing homelessness in Marin County. Required by U.S. Department of Housing and Urban Development (HUD) of communities receiving federal Continuum of Care homeless assistance grants. Marin County expanded to a broader census of populations not formally recognized as homeless by HUD.

Methodology: Marin County utilizes HUD guidance for counting sheltered and unsheltered populations, and conducts a detailed survey of each individual counted. Methodology based on a housing survey.

Findings/Recommendations: Nearly 700 surveys were administered across 50 locations and programs throughout Marin County. A total of 933 people were counted as homeless on January 24, 2013. 693 of the total number of people counted met HUD's definition of homeless, residing on the street, in emergency shelters or transitional housing programs. 240 individuals were sheltered in settings not recognized by HUD, such as motels, jail, hospitals, or temporary residence with friends or family. 4,389 persons were found to be at risk of homelessness and counted as precariously housed. The average age of people experiencing homelessness in the 2013 count was 40 years old.

- A Portrait of Marin, Marin County Human Development Report - Marin Community Foundation, 2012, <http://www.measureofamerica.org/marin/>; http://www.measureofamerica.org/docs/APOM_Final-SinglePages_12.14.11.pdf

Purpose: Marin County Human Development report commissioned by the Marin Community Foundation exploring the "complexities of life in Marin County" particularly focusing on issues of health, education, and income.

Methodology: Human Development Approach which incorporates various metrics of richness, rather than solely economic activity. The Human Development Index combines measures of health, education, and income.

Findings/Recommendations: Investigation focused on three areas of life: health, access to knowledge, and living standards and examined results at both the County level as well as by neighborhood and race/ethnicity. At a county level as measured by the American Human Development Index, Marin is a leader. At the neighborhood level, examined by proxy at the census tract level, Marin evidences great variability, including both the top and bottom rankings as compared to ranked states on the American Human Development Index. By race/ethnicity, the report found that Asian Americans fared best by the Human Development approach, followed by Whites, African Americans, and Latinos. The report notes that while Latinos have the lowest score on the Index, Latinos in Marin fare better than Latinos in California as a whole. The report posits that three important drivers of health disparities in Marin include diet, neighborhood conditions, and inequality. In terms of access to knowledge, the report concludes that greater emphasis needs to be placed on educational equity, which will also foster economic opportunities. This would also entail expanded access to early childhood education and efforts to address high school dropout rates. Finally, the need for good jobs and incentives for savings is paramount. Issues of housing and transportation are integrally linked to issues attempting to raise standards of living equitably across Marin.

- Health Inequities and Poverty Masked by Affluence in Marin County, California, 2011; http://www.healthymarin.org/javascript/htmleditor/uploads/LifeExp_Income_Educ_CSTE_Poster_2011.pdf

Purpose: Poster by Marin Department of Health and Human Services Epidemiology Program exploring health inequities in Marin.

Methodology: Prevalence of health risk factors and health outcomes calculated from California Health Interview Survey Data (CHIS 2005-2007) by education and income among Marin residents 25 and older. Comparisons of life expectancy, average per capita income, and prevalence of college degree were mapped.

Findings/Recommendations: Income and educational attainment correlated with health outcomes. Individuals in the lowest education and income groups were significantly more likely than individuals in the highest income and education groups to be in fair or poor health. The poster emphasizes that county-level health statistics can hide significant community- or demographic-level variability. Policies supporting equitable education and economic development are needed to reduce health disparities in Marin County.

SECTION 2: RURAL AGING

The Rural Health Information Hub, <https://www.ruralhealthinfo.org/topics/aging>, is a comprehensive, “one stop shopping” website that addresses the unique needs of rural communities and their older residents. This website includes publications, organizations, websites and tools, maps, funding opportunities, news, events, frequently asked questions, and models and innovations.

SECTION 3: AGE FRIENDLY COMMUNITY PLANNING, IMPLEMENTATION, AND EVALUATION

- American Community Survey, <https://www.census.gov/acs/www/data/data-tables-and-tools/>

Purpose: Ongoing survey of the American population that helps determine how federal and state funds are distributed annually.

Methodology: Data profiles available for 2012, 2013, and 2014, and include social, economic, housing, and demographic data. Statistics are available by state and Congressional District. Narrative Profiles covering 15 different topic areas are also available, and provide estimates for geographic areas.

- Checklist of Essential Features of Age-friendly Cities, WHO, 2007; http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

Purpose: Based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities and 22 countries, the Essential Features Checklist provides a tool for self-assessment by individuals and groups focused on making their city more age-friendly.

Findings/Recommendations: Checklist topics include: Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community and health services. The WHO checklist may be used as a springboard for communities wishing to implement age-friendly city programs.

- Evaluating Your Age-Friendly Community Program – A Step-by-Step Guide; AARP, 2014; <http://www.aarp.org/content/dam/aarp/livable-communities/documents-2014/NAFC-Conference/AARP%20Network%20of%20Age-Friendly%20Communities%20Evaluation%20Guidebook.pdf>

Purpose: Prepared for AARP Livable Communities by the Portland State University Institute on Aging, this document facilitates city or community documentation and evaluation of progress towards becoming more age friendly. The AARP Network of Age-Friendly Communities is an affiliate of the World Health Organization’s (WHO) Global Age-Friendly Cities and Communities program. Members of the AARP Network of Age-Friendly Communities adhere to a five-year planning cycle. Submission of an evaluation report is mandatory. This document offers a step-by-step plan for evaluation, as well as case examples.

- Finding the Right Fit, Age-Friendly Community Planning, Ontario, Canada, 2013; http://www.seniors.gov.on.ca/en/resources/AFCP_Eng.pdf

Purpose: Developed collaboratively by the Ontario Seniors' Secretariat (OSS), the Accessibility Directorate of Ontario (ADO), and the University of Waterloo and McMaster University, the publication provides background on the Age-Friendly Community concept, key characteristics, as well as how communities can utilize the guide. The Age-Friendly Community process is outlined, and Age-Friendly Community experiences in Ontario are offered as case studies.

Findings/Recommendations: Eight age-friendly community dimensions are highlighted: outdoor spaces and public buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. The guide provides a template for communities to follow, from defining local principles, to the planning and execution of a needs assessment, development of an action plan, through implementation and evaluation. The World Health Organization's eight dimensions of age-friendly cities provides the basis for the guide's assessment tools.

- Global Age-Friendly Cities: A Guide, WHO, 2007; http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

Purpose: Report outlining World Health Organization age-friendly cities. Research resulted in the identification of core features common to age-friendly cities. This report "describes the converging trends of rapid growth of the population over 60 years of age and of urbanization."

Methodology: 35 cities participated in the WHO project that led to the Global Age-Friendly Cities Guide. Methods used to generate the guide include focus groups comprised of older people aged 60 years and older from lower- and middle-income areas. 1485 participants were organized among 158 focus groups between September 2006 and April 2007. In addition to focus groups with older people and caregivers, focus groups were also conducted with service providers (250 caregivers and 515 service providers). Discussion topics included features of the environment, services, and policies that reflect the determinants of active ageing.

Findings/Recommendations: 8 topic areas were identified that reflect age-friendly cities: transportation, housing, social participation, respect and social inclusion, civic participation, communication and information, community support and health services, and outdoor spaces and buildings. For each topic, barriers, gaps, and suggestions for improvement were gathered from focus group participants. A checklist was generated based on core features across themes.

- Guiding Principles for the Sustainability of Age-Friendly Community Efforts, Grantmakers in Aging, 2015; http://www.giaging.org/documents/160107_Sustainability_Principles.pdf

Purpose: A product of the Pfizer Foundation-funded Community AGenda initiative of Grantmakers in Aging, this publication outlines an interconnected framework of five principles communities might employ to foster sustainable age-friendly efforts. Sustainability is taken to include both financial and non-financial resources/investments. Examples of successful implementation of the principles are given.

Findings/Recommendations: Five sustainability principles are offered in response to various aspects of the overarching question, "What is required to sustain an age-friendly program?" The five sustainability principles include: 1) build public will; 2) engage across sectors; 3) utilize metrics; 4) secure resources; and 5) advance age-friendly public policies, practice, and funding.

- Livable Community Indicators for Sustainable Aging in Place, MetLife Mature Market Institute and Stanford Center on Longevity, 2013;_ <https://www.metlife.com/assets/cao/mmi/publications/studies/2013/mmi-livable-communities-study.pdf>

Purpose: This report provides an indicator system developed using existing research that local governments can use to examine information inexpensively and quickly. The characteristics included in the indicator system are interrelated. Indicators may be adapted to meet the needs of local communities.

Methodology: Criteria for community indicators included: the strength of research evidence, strength of support by aging in place experts, ability to measure the indicator using existing data sources, potential for multiple benefits, and the degree of adaptability of the indicator to different types of communities.

Findings/Recommendations: Characteristics of a community that promote aging in place have the potential to benefit this entire population. Initial assessment focuses on the existence of key goods, services, and infrastructure. It may not be feasible for a community to address all the community characteristics simultaneously, but incremental change with an outlook to removing barriers toward future implementation may be tractable. Indicators are broadly organized into three categories of characteristics: housing, access/transportation, and supports and services.

ONLINE RESOURCES

- AARP, Age Friendly Communities, <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>

Purpose: An affiliate of the WHO's Age-Friendly Cities and Communities Program, the AARP Network of Age-Friendly Communities program "supports AARP's goal of being recognized by elected officials and others as a leading resource for how to improve the livability of communities for people 50+ and their families. The program emphasizes both the built environment and the social environment, and helps refine what it means for AARP to have a community presence. The AARP Network of Age-Friendly Communities program is a tool that can be used by AARP staff and others to help local leaders prepare and ultimately change their communities to become great places for everyone to live." The AARP Network website contains resources to help communities join the movement, learn about the program life cycle, funding organizations, program evaluation, and sustainable growth.

- AARP, Livable Communities, <http://www.aarp.org/livable-communities/>

Purpose: "AARP Livable Communities supports the efforts of neighborhoods, towns, and cities to become great places for people of all ages. We believe that communities should provide safe, walkable streets, age-friendly housing and transportation options, access to needed services, and opportunities for residents of all ages to participate in community life." The AARP Livable Communities website provides information of key initiatives, publications, booklets, brochures, and other resources.

- Grantmakers in Aging Resource Center, <http://www.giaging.org/resources/results>

Purpose: “Grantmakers In Aging is an inclusive and responsive membership organization that is a national catalyst for philanthropy, with a common dedication to improving the experience of aging.” Resources available on the Grantmakers in Aging website run the gamut, from publications, to policy briefs, to conference summaries.

- WHO, Towards an Age-Friendly World, <http://www.who.int/ageing/age-friendly-world/en/>

Purpose: “An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.” The WHO Age-Friendly website provides support to cities and communities striving to become more age-friendly, offering online guides, tools, and practical information.

SECTION 4: BIGGER PICTURE RESOURCES

- A Shattered System: Reforming Long Term Care in California, 2015; <http://sd25.senate.ca.gov/sites/sd25.senate.ca.gov/files/AgingLong%20TermCareReport.pdf>

Purpose: Report of the Senate Select Committee on Aging and Long-Term Care to the California State Senate outlining 30 legislative recommendations for immediate action and advocating for person-centered long-term care.

Findings/Recommendations: Recommendations fall under eight issue areas: state leadership, legislative leadership, system integration, fragmentation/lack of integrated data, infrastructure, workforce, funding, and federal issues. The top ten policy areas outlined in the report include: health care, long-term care, long-term care financing, family caregivers, transitional care, wellness and mental health, Alzheimer’s Disease and related dementia, housing, transportation and mobility, and employment and retirement. Key recommendations at the level of state leadership include: 1) that fragmentation be addressed through the creation of a California Department of Community Living, 2) That a long-term care “Czar” be appointed from within the Health and Human Services Agency, 3) that HHS develop a state long-term care plan. The state plan should address: managed care expansion, family caregivers, person-centered planning, comprehensive long-term care workforce strategy, reducing nursing home placements, planning for long-term care needs, and enhancing guidance on elder justice and elder abuse prevention, end-of-life planning, and regional innovations. Recommendations are also outlined for legislative oversight, system integration, fragmentation, infrastructure, workforce development, and funding.

- Aging, Agency, and Attribution of Responsibility: Shifting Public Discourse about Older Adults, FrameWorks Institute, 2015; http://www.frameworksinstitute.org/assets/files/aging_ffa_final_090215.pdf

Purpose: Inaccurate representations of aging in the media do a disservice to advocates attempting to foster greater understanding among the wider community. Shifting public

discourse about aging will require intentional effort to reframe narratives. Alternative sources of information, such as websites, magazines, newsletters, reports, etc. may provide other routes to shifting perceptions of aging among the public. This report suggests communication strategies that can be used to shift narratives to promote the well-being and full participation of older adults in American society.

Methodology: The research was developed by a collaborative of the following eight national aging organizations: AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, Grantmakers in Aging, the Gerontological Society of America, the National Council on Aging and the National Hispanic Council on Aging. It was supported by grants from: AARP, The Atlantic Philanthropies, Rose Community Foundation, The Retirement Research Foundation, The John A. Hartford Foundation, The Archstone Foundation and The Fan Fox/Leslie R. Samuels Foundation. The FrameWorks Institute conducted the research. Three questions guided the research: 1) What are the narratives that advocacy organizations are telling about aging, and how are these narratives structured? What stories are the media telling about aging, and how are these narratives structured? 2) What are the similarities and differences between these sets of narratives? 3) What strategies can advocates use to expand and shift media stories in more productive dimensions? After coding data sources, cluster analysis was used to identify narratives as they appeared in the text.

Findings/Recommendations: Advocate and media discourses inaccurately portray aging as narratives that are either idealistic or overwhelmingly negative. Further, media is likely to focus on the problems associated with aging as private concerns, whereas advocacy organizations focus more on the public sources of those problems. Narrowly focused presentations that bifurcate broader issues misrepresent the underlying complexities. Individuals are not exclusively responsible for issues they face in aging, just as issues at the population level that are not concretely tied to policies that affect individuals is equally unrealistic. This report suggests that shifting the aging discourse may be achieved by: telling complete stories, avoiding narratives focused solely on the individual by instead incorporating and explaining the role of social supports, and by avoiding stories of impending demographic crises.

- Aging and Urbanization, McGraw Hill Financial, Global Institute, 2016;
http://media.mhfi.com/documents/AgingUrbanization_1+15.pdf

Purpose: The World Health Organization has identified 24 principles that promote active participation, health, security, and independence for people of all ages. This publication outlines principles for creating sustainable, growth-oriented and age-friendly cities.

Methodology: Global survey of 6,077 people ages 18-65 living in medium, large, or very large cities in the United States, the United Kingdom, China, Japan, or Brazil between November and December, 2014.

Findings/Recommendations: McGraw Hill Financial, Global Institute outlined four principles to guide investments: 1) Infrastructure and transportation that accommodates citizens of all generations; 2) Housing that allows residents to age in place; 3) Robust community health programs, and 4) Opportunities for continuing work, education, and recreation for all ages. Immediate action is needed to: Develop an economic case for aging in place; Provide

opportunities for innovation; and Create incentives for intergenerational policies and investments.

- An Aging World, U.S. Census Bureau, 2016; <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p95-16-1.pdf>

Purpose: This report provides an update on the world's older population and the demographic, health, and economic aspects of global aging.

Methodology: Analysis of multiple sources of demographic trends and projections around the world.

Findings: 1) In 2015, 17% of the world's population will be 65+ compared to 8.5% in 2015. 2) Europe will remain the oldest region through 2050, though Asia and Latin America will catch up. Africa will remain considerably younger. 3) Some countries will experience a quadrupling of the 85+ population from 2015 to 2050. 4) Declining fertility levels have been the main propeller for population aging and rates of decline vary by region and country. Currently the total fertility rate is near or below the 2.1 replacement level in all regions except Africa. 5) Global life expectancy at birth reached 68.6 years and is projected to rise to 76.2 years in 2050. Regions and countries vary drastically, with current life expectancy exceeding 80 years in 24 countries but less than 60 years in 28 countries. 6) Across the globe, countries will confront the challenges of increased longevity, chronic disease management, the cost of long term care, the demands on family caregivers, and financial security.

- Gauging Aging: Mapping the Gaps Between Expert and Public Understandings of Aging in America, FrameWorks Institute, 2015; http://www.frameworksinstitute.org/assets/files/aging_mtg.pdf

Purpose: This report presents research done in collaboration with the Leaders of Aging Organizations, which seeks to develop a new evidence-based narrative around aging in the United States. Interviews were conducted in order to map gaps between expert and public understandings of aging.

Methodology: The research was developed by a collaborative of the following eight national aging organizations: AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, Grantmakers in Aging, the Gerontological Society of America, the National Council on Aging and the National Hispanic Council on Aging. It was supported by grants from: AARP, The Atlantic Philanthropies, Rose Community Foundation, The Retirement Research Foundation, The John A. Hartford Foundation, The Archstone Foundation and The Fan Fox/Leslie R. Samuels Foundation. The FrameWorks Institute conducted the research. Expert interviews were conducted with 11 advocates, policy experts, and researchers. Cultural models interviews consisted of 20 in-depth interviews conducted in four locations, and were supplemented by 30 10-minute interviews.

Findings/Recommendations: Gaps between expert and public understandings of aging include: 1) understanding of ecological vs. individualist role in shaping experience, 2) attitude of embracing vs. battling aging, 3) implications of increased longevity understood in terms of collective vs. individual, 4) need for infrastructure vs. already there mentality in terms of

opportunities, 5) broad vs. absent policy implications, 6) perspective on Social Security between holistic and viable vs. for older adults and doomed, and 7) in terms of ageism, an important concern vs. absent from thinking. Opportunities to reframe are outlined in terms of five key challenges.

- Report to the President: Independence, Technology, and Connection in Older Age, President's Council of Advisors on Science and Technology, 2016; https://www.whitehouse.gov/sites/default/files/microsites/ostp/PCAST/pcast_independence_tech_aging_report_final_0.pdf

Purpose: This report identifies technologies and policies that will maximize the independence, productivity, and engagement of older adults in the United States.

Methodology: The report looks at three areas where older adults experience change: social engagement and connectivity, cognitive function, and physical ability. It includes four cross-cutting recommendations that span a wide range of technologies and eight targeted recommendations concerning specific applications to improve mobility, cognitive function, and social engagement. Internet access, telehealth, monitoring technology, emergency preparedness systems, and intentional design are some of the technologies that will support healthy aging for all Americans. The report focuses on near-term Federal actions to advance these possibilities.

Findings/Recommendations: Recommendations are made in the following categories: integrating federal action, engagement and social connectivity, monitoring technology for frail and vulnerable elders, research to spur further integration, education and training in online technologies, emergency response and communications, financial services, cognitive training, improved regulation and payment to reflect innovation in telehealth, home design to sustain independence, improving product design for older adults' needs, and the future role of assistive and robotic technologies.

- The Aging Network in Transition – Hanging in the Balance, 2016, National Academy of Social Insurance; https://www.nasi.org/sites/default/files/research/Aging_Network_in_the_Balance.pdf

Purpose: The purpose of this report is to spotlight transformative initiatives now underway in the Aging Network.

Methodology: This paper broadly describes the role of the Aging Network today. The report covers key developments that are re-shaping the Network and includes case studies highlighting the work of the Aging Network in Florida, Massachusetts and California.

Findings/Recommendations: Changes required. 1) The Aging Network needs to transform itself into a business-oriented enterprise that can brand, broker and deliver its services through contractual arrangements with health care organization partners and to older adults as direct consumers. 2) To do this, the Network must establish an array of new capabilities and secure public funding to create a far more robust, sophisticated technological infrastructure that can support data collection and reporting of quality metrics that link to electronic health records, and which can be used to analyze the combined impact of health and social services on

beneficiary outcomes. 3) Also needed, but lacking so far, is public and private funding to develop and steward performance metrics that can accurately capture the role of Aging Network services in changing (and hopefully reducing) total care costs.

Strengths of the Aging Network. AAAs and ADRCs are already a trusted point of access and provider of services in communities across the country. In addition, the Network's mission and services can be adapted to fit traditional HCBS waivers, managed Medicaid LTSS, and other types of innovative arrangements and financing models.

New directions in policy. At the national level, there are hopeful signs that policymakers are beginning to realize that reliable community-based LTSS is essential to keeping Medicare beneficiaries with complex chronic conditions from repeatedly cycling in and out of high-cost health care settings. Given these factors, expanding the mission of the Aging Network over the next decade to serve millions of additional vulnerable older adults in need of basic, low-cost community supports is likely to yield broad benefits to society in the form of stabilized overall costs and higher quality of life for millions of long-lived Americans.