

Local Aging & Disability-Friendly Draft Action Plan 2025-2030

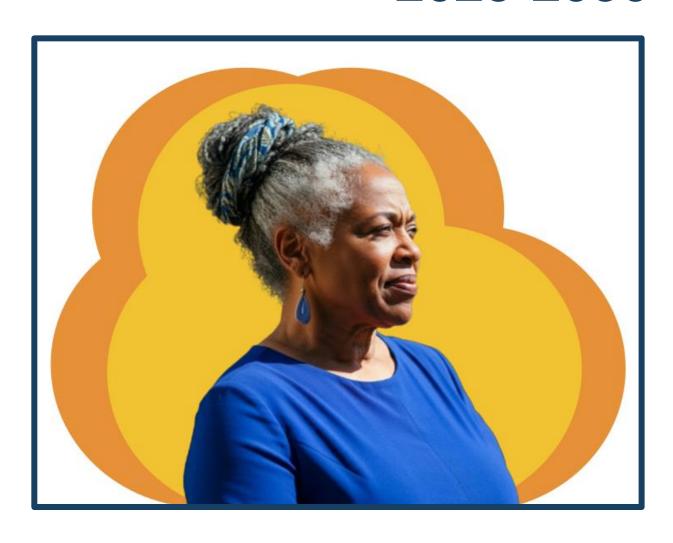


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Welcome,

Sacramento County Community Members.

This is *your* Local Aging and Disability-Friendly Action Plan for the next five years — and beyond. It sets the groundwork for our communities' shared goals for years to come. We will share our progress and develop new goals and approaches along the way, with input and participation from community members and organizations.

The Sacramento County Aging and Disability-Friendly Action Plan helps make our county more livable, accessible, and connected for everyone, regardless of age, ability, or income. You have shared ideas for how we can create age and disability-friendly communities. This Plan offers steps to get there.

The Aging and Disability-Friendly Action Plan resulted from many years of advocacy from age and disability-friendly providers and input from Sacramento County residents. We are stronger when everyone participates.

We welcome you to read this report. We also invite you to take part in implementing the Plan, in ways both big and small.

Executive Summary

In 2021, Sacramento County joined the AARP Age-Friendly Network of States and Communities. Two years later, Sacramento County was awarded a grant from the California Department of Aging to develop the Local Aging and Disability-Friendly Action Plan.

A significant demographic shift is occurring across the county, the state, and the country. By 2030, 25% of the county's population will be aged 60 and older; by 2060, it will be 30% (or 620,000 people). Meanwhile, the percentage of people with a disability has remained consistent over the last 15 years; currently, 200,000 county residents live with a disability.

The age and disability-friendly movement represents an opportunity to revisit how we design our communities. If we adapt our surroundings to better meet needs as we age, we will create communities that will be more supportive and accessible for all. We believe that planning ahead leads to better outcomes.

To understand how we should redesign Sacramento County communities, we spoke with the people who live and work here. We conducted twenty-six community listening sessions that became the basis for the recommended goals and projects in this Action Plan.

What we learned can be summed up in one word: access. Too many older adults and people with disabilities do not have equitable access to their basic needs.

Access means affordable and accessible housing, transportation, and health care. Access means physical mobility for all abilities; language support; dignity and respect in the public and private sector; and gainful employment. Most importantly, it means having the love and support of family, friends, and neighbors. This is what it will mean to be age and disability friendly in Sacramento County.

Community Profile

A Brief History

Native tribes have inhabited the Sacramento County area for centuries. These include the Nisenan, the Southern Maidu, Valley and Plains Miwok, and the Patwin Wintun tribes.

Starting in the late 18th and early 19th centuries, Spanish settlements took root, until Mexico won its independence from Spain in 1821, and the area became part of the Mexican State of Alta California. The United States initiated the Mexican American War against Mexico in 1846 and California was annexed to the U.S. in 1848.

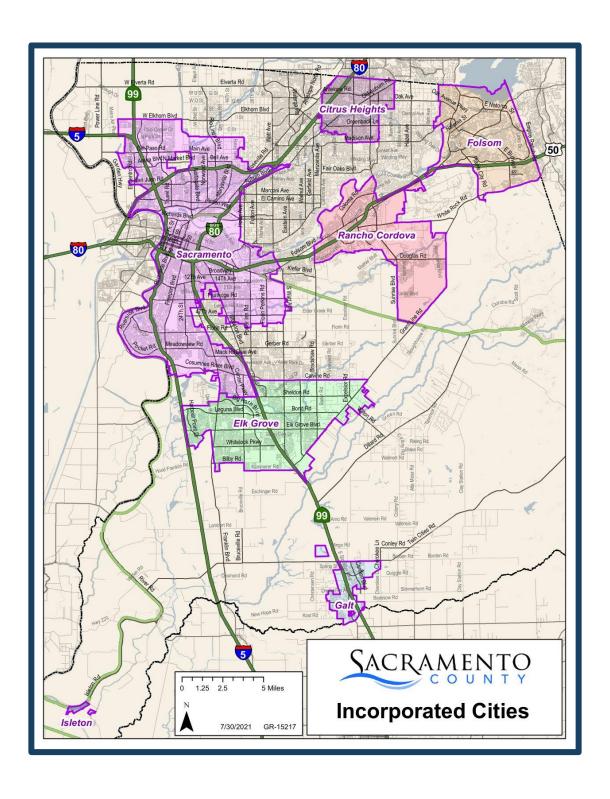
With the discovery of gold in 1848, thousands of immigrants from around the world arrived in the region, displacing and decimating the indigenous populations. Many settlers, seeking fortune, descended upon the Sacramento region and caused the city and county to become a major transportation hub, center of commerce, and the gateway to the gold country.

In 1850, settlers incorporated Sacramento County to meet the needs of a growing population. The County is one of the original 27 counties of California. Its largest city, Sacramento, became the capital of California in 1854.

Located in the center of the state, the County borders eight other counties. It is now home to seven cities and a large unincorporated area. The City of Sacramento was the first to incorporate in 1849, followed by Isleton in 1923. Galt and Folsom both incorporated in 1946. Citrus Heights (1997), Elk Grove (2000), and Rancho Cordova (2003) all incorporated in the last 30 years. See a map of the county and the incorporated cities on the next page.

Today, Sacramento County hosts a diverse employment sector. Government is the major employer, with the State Capitol housing California's executive and legislative branches. Other large employment sectors include agriculture, education, information technology, and health services. These economic

engines support a population of over 1.5 million, making Sacramento County the eighth most populous county in California.



Older Adults

In 2023, Sacramento County had 343,903 residents aged 60 and older, which is 22% of the county's population.¹ By 2030, 25% of the population will be aged 60 and older.²

Sacramento County's aging population represents an opportunity to revisit how we design our communities, including how we provide health care, social services, and infrastructure.



The increasing older adult population offers unprecedented opportunities to engage, learn from, listen to, and empower older persons in our communities.

Residents with Disabilities

In 2023, 13% of Sacramento County's population (205,957 residents) had a disability.³ The most common are mobility or walking difficulties (99,808 residents), cognitive difficulties (92,162), and independent living difficulties (83,774).

Among county residents under the age of 18, 5% live with a disability. That percentage grows to 11% for residents between the ages of 18 and 64. For adults aged 60 and older, the percentage increases to 32%. Of all residents with a disability, over half are older adults.

Disability rates increase as people age due to medical conditions, injuries, and unequal access to necessary resources.

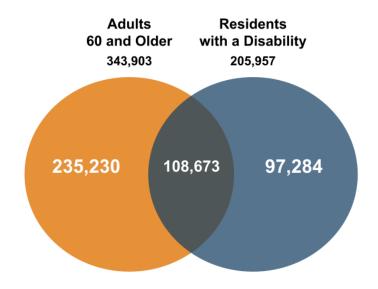
¹ Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

² Source: California Department of Aging, Master Plan for Aging Data Dashboard Projections

³ Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

Overlapping Populations

The Venn diagram to the left shows the significant overlap between the older adult and disability populations in Sacramento County: 108,673 residents are over age 60 and have a disability. When combined, they account for 28% of the population.



Summary Data Table

Demographic	County	Aged 60	Percentage of
	Population	and Older	Demographic Aged
	(#)	(#)	60 and Older
Total	1,584,288	343,903	21.7%
Female	804,818	186,739	23.2%
Male	779,470	157,164	20.2%
Asian	285,172	57,776	20.3%
Black or African American	147,339	28,888	19.6%
Hispanic or Latino	388,151	44,363	11.4%
White	628,962	194,649	30.9%
Householder living alone Civilian veteran With any disability Foreign born Limited English proficient Below poverty level	424,589	141,344	33.3%
	85,552	41,268	48.2%
	205,957	108,673	52.8%
	360,633	93,553	25.9%
	226,553	62,590	27.6%
	185,089	40,396	21.8%

Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

The Path to this Plan

In January 2021, the State of California released its Master Plan for Aging (MPA). The MPA is a response to a significant demographic shift across the state. In 2030, California will be home to 10.8 million people aged 60 and over — twice as many as in 2010. One out of every four Californians will be an older adult.

This same shift is taking place in Sacramento County. In 2030, Sacramento County will have 40,000 more older adults than it does now. By 2060, it will have 300,000 more. To prepare, the Adult and Aging Commission recommended that Sacramento County join the AARP Age-Friendly Network of States and Communities. Sacramento County joined the network in February 2021.

Members of the network must first conduct a community assessment. Once the assessment is complete, they develop an action plan based on the assessment results. Lastly, they launch and work towards the goals of the action plan, continuously sharing successes and learning from challenges.

In Sacramento County, the assessment consisted of a survey and twenty-six listening sessions. The survey served as a valuable learning opportunity that informed how we gathered data through the listening sessions. The listening sessions helped identify community strengths and the crucial needs and concerns of residents. They became the basis for this Local Aging and Disability-Friendly Action Plan.

As the Age-Friendly Sacramento County initiative moves forward, we will evaluate the impact of our efforts. We will provide regular updates to our partners and residents. Every five years, we repeat the process by developing new goals once previous ones have been completed. By continuously seeking improvements, Sacramento County will become more age and disability friendly over time.

Mission & Vision

The Local Aging and Disability-Friendly Action Plan Advisory Committee is in the process of drafting and finalizing Mission and Vision Statements for inclusion in the final version of the action plan. For now, this section is a placeholder.

The Plan Framework

Communities as Ecosystems

The Ecological Model of Aging is the foundation of the Sacramento County Aging and Disability-Friendly Action Plan. This framework is used to design age-friendly communities through policies that support adult independence and well-being.

The Ecological Model of Aging model presents a holistic approach to human life. It views individuals and communities as part of a larger, interconnected ecosystem. Human well-being co-exists with the health and dynamics of the broader environment: natural ecosystems, economic and social systems, and the built environment.

How humans interact with their environment changes over time. A person's quality of life is impacted by either a change to their own personal capacity, or a change in the capacity of the environment to support them. Creating "habitats for humanity," where people can adapt the environment to better meet their needs, will lead to better aging outcomes.

A Logic Model and Theory of Change

The Local Aging and Disability-Friendly Action Plan uses the Ecological Model of Aging as a logic model. The model helps us visualize the specific outcomes expected from a given solution, and how to measure them.

Two useful theories of change have emerged from the Ecological Model of Aging. One comes from the World Health Organization (WHO). It identifies the eight core characteristics of an age-friendly community.





The WHO advances the quality of life of a community through the status of those eight domains. AARP adopted the same logic model for its U.S. Network of Age-Friendly States and Communities. A second logic model is the California Master Plan for Aging (MPA). Instead of eight domains, it uses five bold goals for its theory of change.

Logic models and theories of change offer us a general view of *how* to change entire systems, but we still need to understand *what* we want to change. To find out, we spoke with county residents, caregivers, and service providers.

The unmet needs identified by community input helped anchor the recommendations in this action plan. We initially characterized the unmet needs using AARP's eight domains of livability, then further refined them to align with the MPA's five bold goals. We have recommended solutions in this Action Plan that meet all the following four criteria:

1. Systemic

Solutions that impact the entire community or ecosystem.

2. Transformational

Solutions that can produce a substantial improvement in the lives of residents.

3. Feasible

Solutions that can be achieved with available resources.

4. Community-Driven

Solutions that address the unmet needs identified by county residents, caregivers, and service providers.

California's Bold Goals

California's Master Plan for Aging (MPA) has five bold goals to build a California for all ages. Sacramento County has nested its own unique priorities and solutions under these goals. Shared language and approaches across the state will help align our age and disability-friendly efforts.



Goal #1. Housing for All Ages & Stages

We will live where we choose as we age in communities that are age, disability, and dementia-friendly and climate and disaster-ready.

Goal #2. Health Reimagined

We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.

Goal #3. Inclusion & Equity, Not Isolation

We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.

Goal #4. Caregiving That Works

We will be prepared for and supported through the rewards and challenges of caring for aging loved ones.

Goal #5. Affording Aging

We will have economic security for as long as we live.

The Action Plan



The following section provides an overview of Sacramento County's five priority areas, including the recommendations that constitute the 2025-2030 Action Plan. Each priority area includes the following sections:

Overview

Describes what the area encompasses, including specific examples.

Gaps

The needs identified by our assessment that the Plan intends to address.

Recommendations

The priority area specific strategies that will be implemented.

2030 Vision & Goal

The goals in achieving an age and disability-friendly Sacramento County.

Assets

Highlights a few existing strengths identified within that priority area.

1. Housing for All Stages & Ages



Overview

Housing is the foundation of personal well-being and engagement with one's community. Older adults, like people of all ages, need a variety of housing options that adapt to changing family size, health and social lifestyles, preferences, and needs. A wider range of housing models are emerging, such as accessory dwelling units. There are also new models of residential communities with a range of services. Luckily, we can scale these models to meet the needs of an aging population.⁴

Gaps

From our community needs assessment, we heard from county residents that there is insufficient affordable housing for low and middle-income residents on a fixed income. There is also a need for more housing designed and accessible for older adults and people with disabilities; more owners and property managers who are responsive to accessibility and habitability barriers and concerns; reasonable access to services and transportation; inhouse or mobile case management for larger communities; and access to affordable emergency repairs.

⁴ The Overview is adapted from the California Master Plan for Aging's online goal description.

Recommendation

1. Prioritize and expand innovative strategies for housing older adults and people with disabilities in safe, affordable, and accessible spaces.

Proposed strategies include co-living and housing match programs; eviction prevention services for renters, and mortgage and maintenance assistance for homeowners; home downsizing assistance; dedicated apartments for deaf or blind residents; dementia villages; on-site services (including accessible transportation); on-site or mobile case management; and grants for housing and related assistance.

2030 Vision

- 1. Older adults and people with disabilities will have affordable, accessible housing options.
- 2. Housing search and application assistance will be available to applicants needing assistance.
- 3. Waitlists for affordable apartments will be less than three months, as new housing options relieve demand.
- 4. Residential services and case managers will be available on-site at large complexes to connect residents with accessible transportation and other services.

2030 Goal

No person over the age of 60 or with a disability will be homeless — for lack of affordable and accessible housing — in Sacramento County, as determined by annual Point-in-Time (PIT) count data.⁵

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⁵ Annual PIT counts undercount the number of people experiencing homelessness. The counts are typically conducted over a single night using volunteers and service provider staff. These types of visual street counts are problematic in that people need to be seen to be counted. Also, the PIT count excludes people who are "doubled up," meaning that they are staying with friends or family due to economic hardship. The count also excludes people in some institutions such as hospitals and jails; this may result in a disproportionate undercounting of racial and ethnic minorities, who are overrepresented in incarcerated populations. For these reasons, we will provide context for future PIT count data related to this 2030 goal. We will also seek other data sources that may reflect a more accurate count of the unhoused population in Sacramento County.

Assets

While more affordable housing is urgently needed, Sacramento County has a number of residential communities designed for older adults and people with disabilities, as well as community-based partners to help with the housing search and application process.

The Sacramento Housing and Redevelopment Agency coordinates and disseminates resources for tenants, landlords, and developers. Resources for Independent Living helps people with disabilities to find and apply for affordable housing. Rebuilding Together assesses homes and makes repairs to improve health, safety, and efficiency.

There are many examples and a large variety of affordable apartment communities for older adults and people with disabilities. The Agency on Aging Area 4's Key Connections Program matches older adults with younger residents to create affordable, intergenerational shared housing arrangements.

The Sacramento Safe House and Nottoli Place Shelter offer safe, private accommodations for older adults fleeing abuse or in need of emergency shelter. Adult Protective Services and Volunteers of America staff assist guests in locating long-term housing, a challenge in the current housing market.

2. Health Reimagined



Overview

Health is a lifelong journey. To age well, all county residents need access to both health care and healthy communities. California leads the nation in health care coverage for all ages and abilities. The recent expansions of Medi-Cal and Covered California, California's health exchange, are notable.

Services beyond health care are essential to maintaining health. Over half of older adults will need long-term care services and supports to assist with daily activities. California's In-Home Supportive Services (IHSS) provides inhome care to eligible residents enrolled in Medi-Cal; however, a majority of older adults do not qualify for Medi-Cal and many of them cannot afford to pay out of pocket for long-term care.⁶

Gaps

We heard from county residents that they need affordable long-term care and mental health services. There is also a need for easier-to-navigate public health and welfare programs and benefits; wage growth and increased recruitment of paid home caregivers; sufficient access to home visitor programs and wellness checks; access to healthier food options at housing developments and food banks; sufficient memory and dementia care; a

⁶ The Overview is adapted from the California Master Plan for Aging's online goal description.

sufficient health care workforce trained in geriatrics; and a health care workforce representative of the county's diversity.

Recommendation

1. Prioritize and expand innovative strategies for raising awareness and connecting older adults and people with disabilities to health care services.

Proposed strategies include preventative care campaigns; programs providing food access; training of front-line workers and first responders in dementia care; policy advocacy opportunities for paid caregiver wage growth and recruitment; information campaigns for affordable long-term care and mental health services; and the streamlining of public health and welfare programs and benefits.

2030 Vision

- 1. All older adults and residents with disabilities will have access to information and resources about long-term care and mental health services.
- Senior community centers, family resource centers, home health care providers, senior housing facilities and other community-based organizations will offer accessible and affordable preventative health care interventions.

2030 Goal

Aging & Disability Resource Connection (ADRC) case managers will have resolved 90% or more of calls related to the social determinants of health⁷ — the non-medical factors that influence health outcomes — with 85% client satisfaction, as indicated through post-call surveys.⁸

⁷ To learn more about the social determinants of health, visit the World Health Organization website.

⁸ Measuring and achieving this 2030 goal will require increased funding of ADRC operations.

Assets

Sacramento County is home to a number of world-class health care centers, including Kaiser Permanente, Dignity Health, Sutter, and UC Davis. UC Davis' Healthy Aging Clinic is a one-stop medical clinic for older adults and is the only clinic of its kind in the region to be nationally recognized as an Age-Friendly Health System.

Sacramento County Public Health (SCPH) provides services and targets resources in alignment with its five-year Community Health Improvement Plan (CHIP) to address the root causes of health inequities across the county. SCPH helps administer CalAIM, a State of California initiative that supports counties to advance and innovate Medi-Cal to create a more coordinated, person-centered, and equitable health system for members.

Sutter Health's SeniorCare PACE complex provides preventive care, medical care and support services that help older adults remain in their homes. The City of Sacramento offers Triple-R Adult Day Centers to meet the social and care needs of people with dementia, while their family members get respite from round-the-clock caregiving.

California Health Collaborative's Multipurpose Senior Services Program (MSSP) provides care coordination, case management, and advocacy services to older adults on Medi-Cal whose physical or cognitive limitations put them at risk of nursing home placement. In-Home Supportive Services (IHSS) is another alternative to out-of-home care for Medi-Cal members, by providing payment for in-home care provider services.

Agency on Aging Area 4 has two critical health and wellness programs: the Health Insurance Advocacy & Counseling Program (HICAP) that helps consumers navigate Medicare, health insurance, and long-term care insurance decisions; and PEARLS, an evidence-based, in-home counseling program, that can help aging adults reduce depressive symptoms and improve their quality of life.

3. Inclusion & Equity, Not Isolation



Overview

Older adults and people with disabilities play many roles in our communities. They are workers, business owners, volunteers, mentors, neighbors, friends, family members, and more. Each of these roles can provide a vital sense of purpose at any age. But we know that social isolation and loneliness remain problems in our communities. They pose a serious threat to our physical and mental health. Social, employment and volunteer opportunities can provide a sense of purpose and connection. Building trusting relationships is a critical part of any healthy community.⁹

Gaps

We heard from county residents that they need more accessible and flexible transportation options for all abilities. They also need affordable and accessible group activities, social events and day trips; diverse and accessible communications about community resources, opportunities, events, and emergency preparedness; widespread access to interpretation and translation services in multiple languages, including American Sign Language and Braille; a greater role for older adults and people with disabilities in community design, planning, and policy decisions; and a diversity of technology education opportunities and access to low-cost

⁹ The Overview is adapted from the California Master Plan for Aging's online goal description.

internet and devices. Accessible websites for screen readers are a top need identified by blind and low vision community members.

Recommendations

 Implement a multicultural, multilingual, and multi-agency Speakers' Bureau.

A Speakers' Bureau is a coordinated group of volunteer and agency-partnered staff native speakers and cultural liaisons ("cultural brokers"). In its pilot phase, cultural brokers will support the planning and execution of educational and socially engaging resource festivals and information conferences for older adults and people with disabilities across the county. Volunteer cultural brokers will be reimbursed for their time and travel expenses with stipends.

2. Coordinate and conduct branded, interactive, and accessible Age & Disability-Friendly Sacramento County community events across the county.

Events would be in collaboration with trusted service organizations and the new Speakers' Bureau. They would be designed to build awareness about new efforts and resources, build trust with and empower marginalized and isolated community members, foster social participation, collaboratively generate solutions, and evaluate progress on the Action Plan, the County's ADA Transition Plan, and Aging & Disability Resource Connection (ADRC) goals. Planning and coordinating collaborative events will require new funding to adequately compensate staff, partners, and cultural brokers.

2030 Vision

- 1. Age, ability, language, race and ethnicity, gender identity, sexuality, income, citizenship, and geography will no longer be barriers to residents connecting with community resources and services.
- Older adults and people with disabilities and their caregivers will feel confident reaching out for help from their communities: neighbors, support networks, healthcare and service providers, and local government.

2030 Goal

A new Sacramento County Speakers' Bureau will have at least 25 active "cultural brokers," covering at least 3 languages, with 85% participant satisfaction, as indicated through post-event surveys. The County's Senior and Adult Services' threshold languages are English, Spanish, and Russian, but it is likely the Bureau will add languages as multilingual volunteers become available. In the years to come, we anticipate providing language access in Arabic, Cantonese, Dari, Farsi, Hmong, Mandarin, and Vietnamese, among other languages.

Assets

Sacramento County benefits from a vibrant network of community and senior centers serving older adults and the population at large. Strategically located across the county, these centers provide hot meals, exercise classes, social engagement opportunities, and many other services.

Community-based organizations provide similar services for specific populations. Society for the Blind and NorCal Center for Deaf and Hard of Hearing are critical service organizations, while ACC Senior Services, Club Manitos, and MAS Social Services Foundation are organizations or groups with a cultural focus.

4. Caregiving That Works



Overview

At some point in their lives, most residents will seek care from informal caregivers. These include family, friends, and neighbors. Likewise, most will also have the privilege and responsibility of caring for an older loved one. Supporting caregiving for adults is essential for well-being, family life, and the economy. Immigrant households and households of color are more likely to be multi-generational, meaning they may be more likely to provide unpaid care across generations. Women of color provide a disproportionately large share of this care.¹⁰

Gaps

We heard from county residents that informal caregivers, such as family and friends, need more sufficient education, training, and respite opportunities. There is also a need for greater access to affordable meals and food, clothing, housing, and transportation for vulnerable residents; sufficient resources to help people age in place, including informal caregiving, home and yard maintenance, and meal prep and delivery; and sufficient support for new immigrants and refugees, including help reuniting with family members overseas.

¹⁰ The Overview is adapted from the California Master Plan for Aging's online goal description.

Recommendation

1. Implement a county-wide Village program¹¹ that connects volunteers with older adults and people with disabilities in need of assistance.

Villages are community-based, nonprofit, sometimes grassroots organizations formed through a cadre of caring, volunteer neighbors who want to change the paradigm of aging. The Village model of care helps fill the gaps in existing formal and informal caregiving systems and resources. While no two Villages are the same, many offer social and educational programs, health and wellness activities and volunteer assistance with transportation, light home maintenance, and computers and other technology. Starting a Village will require new funding to pay for administrative start-up costs and to maintain paid staff.

2030 Vision

1. A new county-wide Village program will make connections to volunteers possible. It will be easier for residents to get help with nonmedical household tasks, services, programs, and transportation. The Village will help fill gaps in the existing formal and informal caregiving systems through social and educational programs, health and wellness activities, and technology assistance.

2030 Goal

A new Sacramento County Village program will have at least 2,000 older adult members and 500 active community volunteers, with 85% of members satisfied with the program, as indicated through an annual survey.

Assets

While local, county and state caregiving models, such as the Medi-Cal program In-Home Supportive Services (IHSS), help provide affordable care for low-income older adults and people with disabilities, many Sacramento

¹¹ To learn more about the Village program, visit the Village-to-Village Network website.

County residents rely on informal caregivers to defray the costs of long-term care services.

Community-based caregiving organizations, such as Del Oro Caregiver Resource Center, or the Sutter Program of All-Inclusive Care for the Elderly (PACE), offer services to caregivers and those in need of care. Meals on Wheels delivers nutritious home delivered or congregate dining meals.

5. Affording Aging



Overview

Economic security is essential to aging. Yet, retirement income is being outpaced by the rising costs of housing, health, and care. Individual retirement savings are lower than previous generations, and private pensions are declining. As a result, more older residents are reliant on Social Security income alone, which is not enough in one of the most expensive states in the country. Women are particularly at risk due to fewer Social Security earnings and longer lifespans.¹²

Gaps

We heard from county residents that, for many older adults, their retirement incomes cannot keep pace with the rising costs of housing, transportation, and long-term care. People with disabilities, veterans, immigrants and refugees, and communities of color need sufficient employment and continuing education opportunities as they age. Residents also expressed the need for services that protect their financial resources. Those include tenant, civil and patients' rights' education and advocacy, and education and protection against financial scams and identity theft.

¹² The Overview is adapted from the California Master Plan for Aging's online goal description.

Recommendations

1. Implement a county-wide age-friendly and accessibility awareness and celebration campaign that promotes the Aging & Disability Resource Connection (ADRC)¹³ as the "No Wrong Door" system provider.

The community assessment identified gaps in services and obstacles to accessibility. The listening sessions also revealed that there are services in existence that people do not know about or face barriers to access. Services for older adults are administered by federal, state, local, and private sector providers, which results in a complex and fragmented system. To address the difficulty of navigating services, the Aging & Disability Resource Connection (ADRC) of Sacramento County opened in July 2024. Many older adults, people with disabilities, and caregivers in Sacramento County are unaware of the ADRC and do not know where to call for reliable assistance to access necessary services.

The ADRC of Sacramento County is operated by the Agency on Aging Area 4. The ADRC is an accessible and centralized resource to assist anyone seeking information, guidance, or assistance accessing long-term care services and supports. The ADRC initiative originated as a collaborative between the State of California, the federal Administration for Community Living, the Centers for Medicare and Medicaid Services, and the Veterans Administration. Part of the California Master Plan for Aging is a vision to create a "No Wrong Door" system across the state: the vision of the ADRC is that every community will have a highly visible, reliable, and universal access point that provides information and facilitates equitable access to long-term care services and support.

Implement an age and disability-friendly business certificate program
to inform customer service strategies and discounts, and to educate
private business owners and employees about accessibility
improvements. By supporting local businesses, everybody wins.

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¹³ To learn more about the ADRC of Sacramento County, visit the website, or call (800) 211-4545.

2030 Vision

- 1. Middle-income and vulnerable county residents will have a network of affordable and accessible support to meet their needs.
- 2. By connecting with the Aging & Disability Resource Connection (ADRC), residents will have a trusted community partner to provide help and guidance in learning about affordable options for the community services they seek.

2030 Goal

Community awareness ¹⁴ of Sacramento County's Aging & Disability Resource Connection (ADRC) increases by 100%. ¹⁵

Assets

Sacramento County has workforce development resources designed to meet the needs of older adults and people with disabilities. The Sacramento Employment and Training Agency funds programs to train and connect vulnerable residents, including refugees, with employment opportunities. ACC Senior Services provides low-income seniors with paid skills training at local non-profits and government agencies, and the Agency on Aging Area 4's Mature Edge program offers interactive job readiness sessions to prepare older adults for a successful job search.

Legal Services of Northern California and the California Department of Financial Protection and Innovation both provide advocacy services to help safeguard valuable household assets. The Veterans Service Office assists veterans with insurance claims and protects them from "claims sharks" so they receive the benefits they deserve.

¹⁴ The existing baseline for community awareness of ADRC is still to be determined. The baseline may be measured through changes in ADRC website traffic, social media engagement, and/or the number of client calls.

¹⁵ Measuring and achieving this 2030 goal will require increased funding of ADRC operations.

The County's 2030 Goals

Sacramento County is committed to improving equitable access to basic needs for older adults and people with disabilities.



The following goals summarize how we will evaluate progress across California's MPA domains in 2030:

Goal #1. Housing for All Ages & Stages

No person over the age of 60 or with a disability will be homeless — for lack of affordable and accessible housing — in Sacramento County.

Goal #2. Health Reimagined

Aging & Disability Resource Connection (ADRC) case managers will have resolved 90% or more of calls related to the social determinants of health, with 85% client satisfaction.

Goal #3. Inclusion & Equity, Not Isolation

A new county-wide Speakers' Bureau will have at least 25 active "cultural brokers," covering at least 3 languages — English, Spanish and Russian — with 85% participant satisfaction.

Goal #4. Caregiving That Works

A new county-wide Village program will have at least 2,000 older adult members and 500 active community volunteers, with 85% of members satisfied with the program.

Goal #5. Affording Aging

Community awareness of ADRC increases by 100%.

Appendices

Assessment Findings
Assessment Methodology
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Acknowledgments

Assessment Findings

Between February 2022 and August 2024, Sacramento County, with outreach and facilitation support from consulting firm, Pear Street, and numerous public and private community partners, conducted twenty-six (26) listening sessions. Over 500 residents participated, representing the diversity of ages, genders, races, ethnicities, incomes, and geographies across the county.

The planning team initially characterized the unmet needs identified in the listening sessions using AARP's eight domains of livability. The needs were later translated into recommended solutions that align with the California Master Plan for Aging's five bold goals.

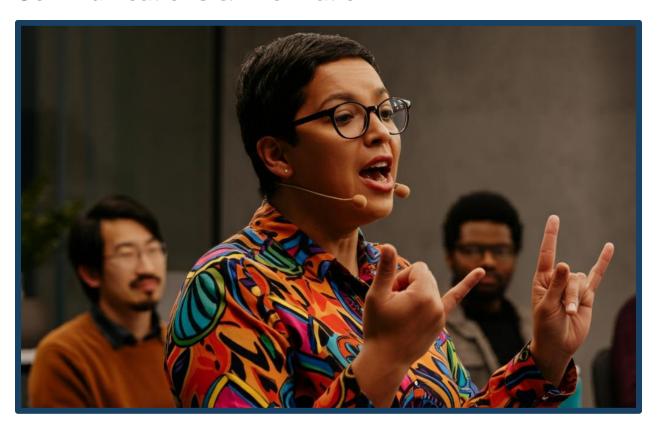
The following pages summarize the top priorities and needs shared by listening session participants, using AARP's eight domains of livability.

Civic Participation & Employment



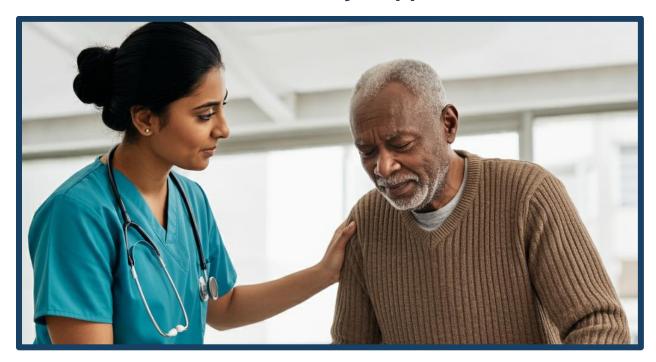
- 1. Tenant, civil and patients' rights' education and advocacy
- 2. Protection against scams and identity theft
- 3. A greater role in community design, planning, and policy decisions
- 4. Ongoing community engagement and listening opportunities
- 5. Employment and continuing education opportunities for:
 - a. People with disabilities
 - b. Veterans
 - c. Immigrants and refugees
 - d. Communities of color
- 6. Wraparound support for new immigrants and refugees
 - a. Including help reuniting with family members overseas

Communications & Information



- 1. Communications about community resources (including funding), opportunities, events, and emergency preparedness/planning
- 2. Information distributed through diverse, accessible, and consistent communications channels
- 3. Outreach and service delivery available in multiple languages, including but not limited to:
 - a. American Sign Language
 - b. Spanish
 - c. Chinese
 - d. Hmong
 - e. Dari
- 4. Information in written, braille, audio, visual and in-person formats, including websites that are accessible to screen readers
- 5. Communications supported by technology education and access to low-cost computers, smartphones, and other devices

Health Services & Community Supports



- 1. Affordable, accessible meals and food, clothing, housing, transportation, and healthcare, especially for:
 - a. Immigrants and refugees
 - b. Vulnerable and low-income residents in unincorporated areas
- 2. Aging in place resources, including:
 - a. Caregiving
 - b. Home and yard maintenance
 - c. Meal prep and delivery
- 3. Affordable, accessible education, training, and respite for informal caregivers
- 4. Wage growth and recruitment of paid caregivers
- 5. Affordable long-term care and mental health services
- 6. Easy-to-navigate public health and welfare programs and benefits
- 7. Home visitor programs and wellness checks
- 8. Healthier food at housing developments and food banks
- 9. Memory and dementia care

Housing



- 1. Affordable housing for low-income residents on a fixed income
- 2. Housing designed and accessible for older adults and people with disabilities
- 3. Housing inclusive of alternative models, such as:
 - a. Mobile home parks
 - b. In-law units
- 4. Housing with friendly and responsive owners and property management
- 5. Housing with access to basic goods and services, including transportation
- 6. In-house or mobile case management for larger communities
- 7. Habitability and accessibility barriers addressed in a reasonable amount of time
 - a. Emergency repair assistance

Outdoor Spaces & Buildings



- 1. Solutions to public safety concerns related to interacting with the unhoused population along pedestrian walkways and roadways
- 2. Solutions to mobility, accessibility and safety concerns related to walking or wheeling in neighborhoods, on sidewalks, along streets, and at crosswalks
 - a. More sidewalks and wider sidewalks to accommodate mobility devices, such as wheelchairs, walkers, and scooters
 - b. Level sidewalks and practical landscaping design
 - c. More, consistent audible signals at intersections
 - d. Curb cuts, bricks, and truncated domes across crosswalks
 - e. Enforcement of private scooters obstructing sidewalks, crosswalks, and pathways
 - f. Outreach, education, and resources for accessible design

Respect & Social Inclusion



- 1. All solutions should be imbued with a cultural practice of acceptance, respect, love and inclusivity for older adults and people with disabilities
- Sacramento County residents demand an age-friendly and accessible culture change in its outreach and resource delivery, including culturally appropriate resources and culturally competent and sensitive caregivers and providers

Social Participation



- 1. Affordable and accessible social engagement opportunities
- 2. Opportunities that decrease isolation and loneliness, and build friendships and support systems
- 3. Opportunities that are inclusive of group activities, social events, and day trips
- 4. Opportunities that encourage sharing, learning, and physical and intellectual engagement

Transportation



- 1. Affordable or free transportation options
- 2. Reliable, consistent, and flexible schedules, with frequent trips, including those outside of normal business hours
- 3. A diversity of options for different needs and abilities:
 - a. On-demand scheduling
 - b. Door-to-door assistance
 - c. Multilingual and culturally competent drivers
- 4. Covered stops/stations with seating, trash cans and restrooms
- 5. Primarily for routine destinations, such as care appointments, grocery shopping, and social activities

Assessment Methodology

1. The Action Plan Advisory Committee



In late 2023, Sacramento County partnered with consulting firm, Pear Street, to form an Advisory Committee to support the completion of the County's first-ever Local Aging and Disability-Friendly Action Plan.

The Advisory Committee candidates represented a mix of local age and disability policy and service, demographics, and geographies. The 15-member body met for the first time on February 29, 2024, and each month thereafter until the completion of the Action Plan in December 2024.

The Advisory Committee helped guide preparations for community listening sessions. Members supported a regional meeting of city and county leaders in October 2024, and a launch event to promote the Action Plan in early 2025.

The Advisory Committee helped interpret the data collected from community listening sessions. They used the data to develop a set of recommended projects and solutions for the Action Plan.

A full list of Advisory Committee members is available on page 53.

2. Community Listening Sessions

Sacramento County and the Advisory Committee wanted an Action Plan that was community driven. The priorities and solutions in the Plan needed to come from County residents.

The County conducted twenty-six (26) listening sessions with residents from February 2022 to August 2024. These listening sessions provided an opportunity for residents to share unmet needs for older adults and people living with disabilities and to brainstorm potential solutions with our planning team.

In total, 526 Sacramento County residents engaged in the listening sessions. Participants represented a mix of older adults, caregivers, people living with disabilities, and their support networks. They came from multicultural and multilingual backgrounds. They included underserved and isolated residents, communities of color, unincorporated areas of the county, and non-English speaking households.

The lists on the following pages summarize the 13 sessions conducted in 2022 and in 2024, respectively. The tables and charts that follow summarize the demographics of listening session participants and compare them to the 2023 county population estimates from the American Community Survey. 410 out of the 526 participants provided demographic data.

3. Community Survey

AARP conducted an online countywide survey of residents aged 45 years and older. Between January 3, 2022, and February 28, 2022, 1,003 community members participated.

The survey asked residents to share about their housing, health, social activities, needs, and demographics. Addressing survey representation gaps was a primary goal of the community listening sessions. The in-person meetings were more effective at engaging residents, many of whom do not take online surveys.

Community Listening Sessions List, 2022

- Sacramento County Adult & Aging Commission
 participants on February 23, 2022
- 2. Albert Einstein Senior Residence 17 participants on February 24, 2022
- 3. SeniorLink at Oak Park Community Center 12 participants on April 6, 2022
- 4. Aging Resources Exchange 8 participants on April 12, 2022
- Americorps Senior Companion Program #1
 participants on May 10, 2022
- Americorps Senior Companion Program #2
 participants on May 12, 2022
- 7. United Methodist Church of Rancho Cordova 18 participants on May 25, 2022
- 8. CSUS Renaissance Society 20 participants on June 3, 2022
- NORCAL Center for Deaf and Hard of Hearing
 participants on June 10, 2022
- Loaves and Fishes at Friendship Park
 participants on August 25, 2022
- **11.** Long-Term Care Ombudsman's Office 11 participants on August 30, 2022
- **12. Midtown Oaks Skilled Nursing Facility** 18 participants on December 20, 2022
- 13. The Village at Heritage Park Assisted Living 15 participants on December 20, 2022

Community Listening Sessions List, 2024

- **14.** 8th Annual Senior Pride Fair at Hart Senior Center 8 participants on April 25, 2024
- **15.** Club Manitos at Hart Senior Center 31 participants on May 23, 2024
- **16.** Wilton Rancheria Tribal Elders 22 participants on May 28, 2024
- 17. Society for the Blind21 participants on June 4, 2024
- **18. SMUD Connecting Our Communities Resource Expo** 13 participants on June 6, 2024
- **19.** African Americans at Oak Park Community Center 37 participants on June 12, 2024
- **20.** Resources for Independent Living 42 participants on July 18, 2024
- 21. Veterans at Sacramento County Administration Building 2 participants on July 24, 2024
- **22. ACC Senior Services #1** 47 participants on July 30, 2024
- **MAS-SSF at Richard T. Conzelmann Community Center** 35 participants on August 1, 2024
- **24.** ACC Senior Services #2 36 participants on August 6, 2024
- 25. Chabolla Community Center in the City of Galt 18 participants on August 8, 2024
- **26.** Kay F. Dahill Community Center in North Highlands 15 participants on August 14, 2024

Summary Data Table, Part I

Demographic Categories	Listening Session Participants (#)	Listening Session Participants (%)	60+ County Population (%)	Total County Population (%)
Age Groups				
Under 18	0	0.0%	N/A	22.7%
18 to 39	31	7.7%	N/A	31.4%
40 to 49	27	6.7%	N/A	12.7%
50 to 59	41	10.1%	N/A	12.0%
60 to 69	114	28.1%	N/A	11.0%
70 to 79	123	30.4%	N/A	6.8%
80 and older	69	17.0%	N/A	3.4%
Gender Identity				
Female	268	67.7%	55.0%	50.6%
Male	127	32.1%	45.0%	49.4%
Transgender	1	0.3%	Unknown	Unknown
Race & Ethnicity				
American Indian	18	4.7%	N/A	0.3%
Asian	121	31.7%	N/A	18.3%
Black	62	16.2%	N/A	9.0%
Hispanic & Latino	58	15.2%	N/A	24.5%
Other or Multiple	10	2.6%	N/A	7.4%
White	113	29.6%	N/A	40.5%
Languages				
English	260	66.8%	N/A	65.9%
Other Indo-European	46	11.8%	N/A	8.6%
Asian Pacific Islander	41	10.5%	N/A	10.5%
Spanish	38	9.8%	N/A	14.0%
Other	4	1.0%	N/A	1.1%

Source: Sacramento County, 2022-2024 Listening Session Demographics Questionnaires Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

Summary Data Table, Part II

Demographic Categories	Listening Session Participants (#)	Listening Session Participants (%)	25+ County Population (%)	Total County Population (%)
Educational Attainment				
Did not graduate	56	14.4%	11.0%	N/A
High school graduate	73	18.8%	22.1%	N/A
College, no degree	32	8.3%	23.6%	N/A
Associate's degree	56	14.4%	9.5%	N/A
Bachelor's degree	100	25.8%	21.9%	N/A
Graduate degree	71	18.3%	11.9%	N/A
Annual Household Income				
Less than \$10,000	45	16.0%	N/A	4.9%
\$10,000 to \$49,999	115	40.8%	N/A	23.4%
\$50,000 to \$74,999	50	17.7%	N/A	15.7%
\$75,000 to \$99,999	31	11.0%	N/A	14.3%
\$100,000 to \$149,999	25	8.9%	N/A	18.8%
\$150,000 or more	16	5.7%	N/A	22.9%
Home Residence				
Sacramento	184	49.6%	N/A	33.3%
Unincorporated Area	131	35.3%	N/A	38.0%
Galt	14	3.8%	N/A	1.6%
Elk Grove	9	2.4%	N/A	11.2%
Rancho Cordova	9	2.4%	N/A	5.1%
Citrus Heights	6	1.6%	N/A	5.5%
Folsom	2	0.5%	N/A	5.3%
Isleton	0	0.0%	N/A	0.0%
Family Caregiver Status				
Yes	65	17.6%	N/A	Unknown
No	304	82.4%	N/A	Unknown

Source: Sacramento County, 2022-2024 Listening Session Demographics Questionnaires Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

Age Groups

Figure 1. Listening Session Participants, by Age Group n = 405

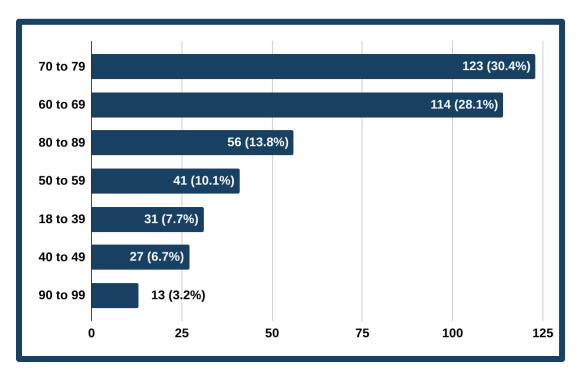
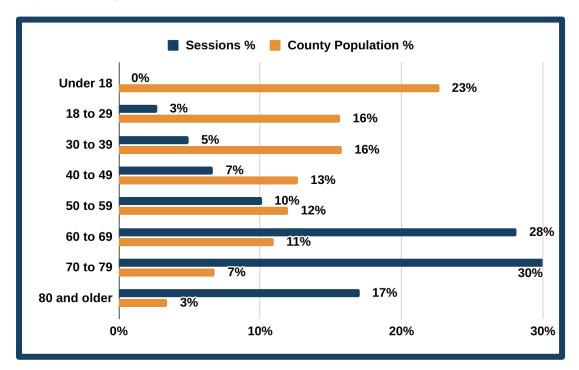


Figure 2. Age of Participants Compared to the County Population



Gender Identity

Figure 3. Listening Session Participants, by Gender Identity n = 396

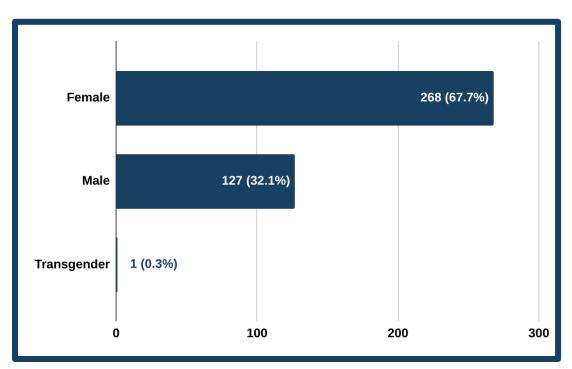
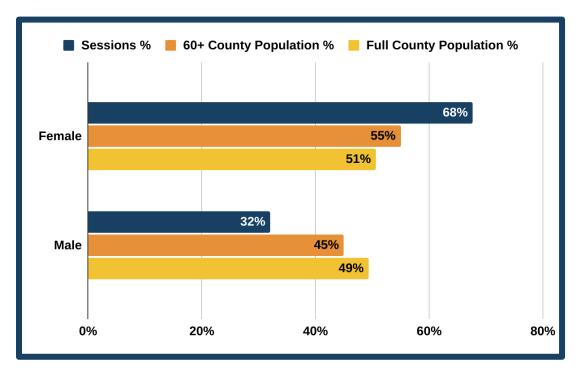


Figure 4. Gender of Participants Compared to the County Population



Race & Ethnicity

Figure 5. Listening Session Participants, by Race or Ethnicity n = 382

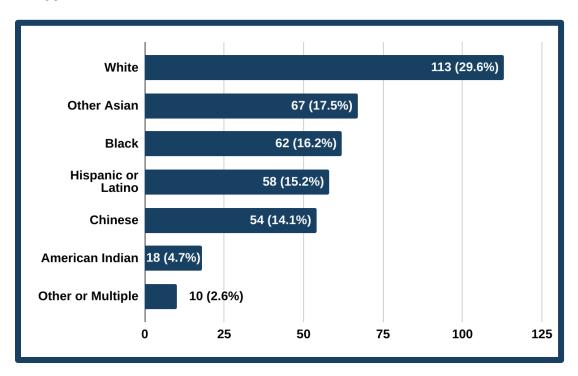
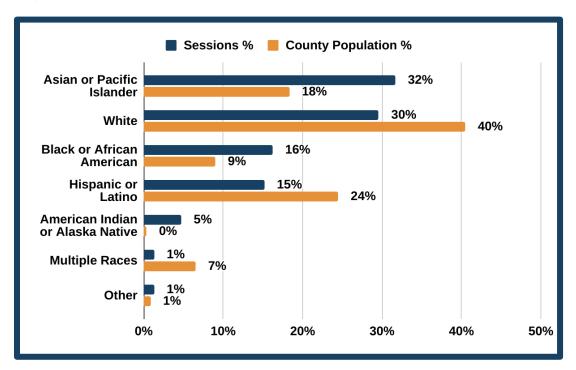


Figure 6. Race of Participants Compared to the County Population



Primary Language

Figure 7. Listening Session Participants, by Primary Language n = 389

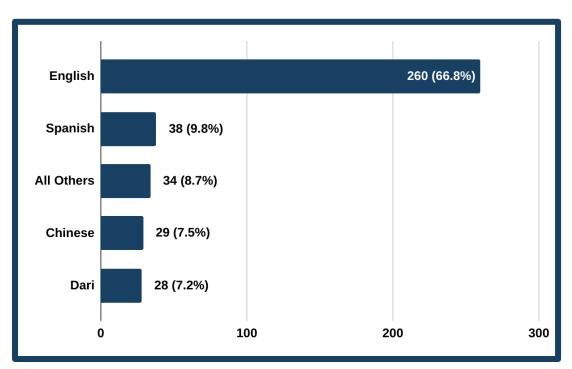
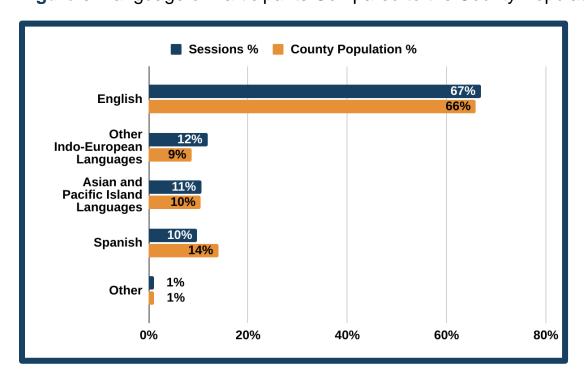


Figure 8. Language of Participants Compared to the County Population



Educational Attainment

Figure 9. Listening Session Participants, by Educational Attainment n = 388

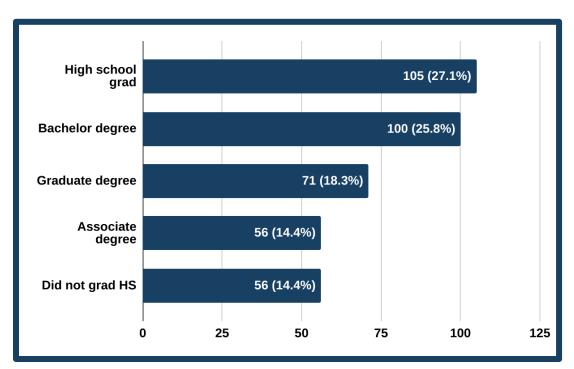
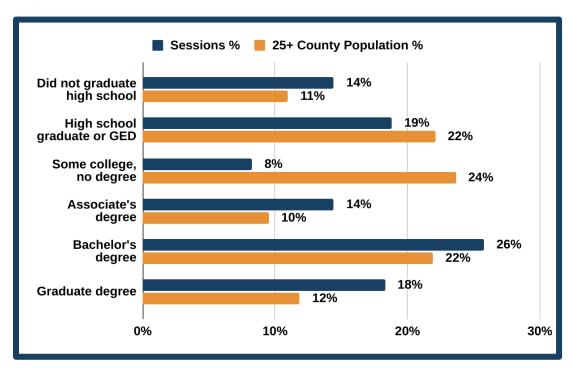


Figure 10. Education of Participants Compared to the County Population



Household Income

Figure 11. Listening Session Participants, by Annual Household Income n = 282

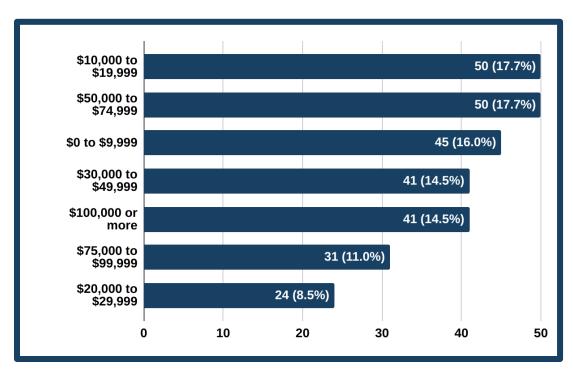
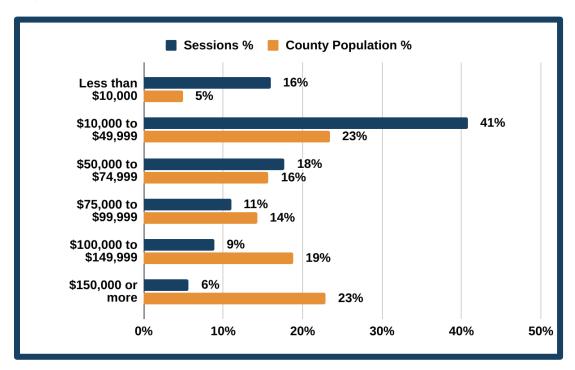


Figure 12. Income of Participants Compared to the County Population



Home Residence

Figure 13. Listening Session Participants, by Home Residence n = 371

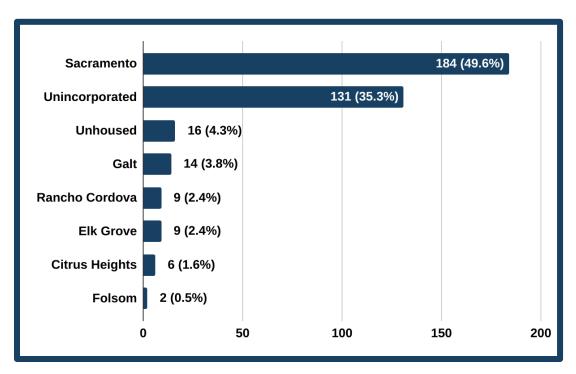
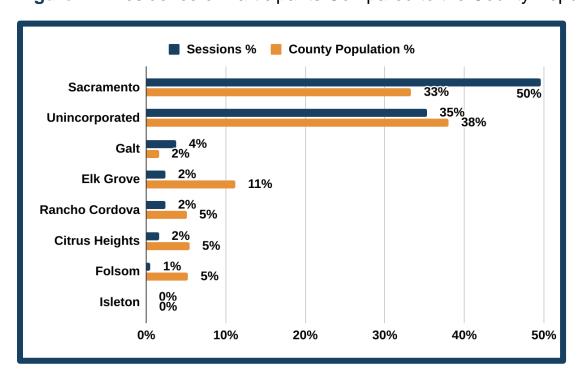


Figure 14. Residence of Participants Compared to the County Population



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Acknowledgments

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The Age & Disability-Friendly Sacramento County initiative would also like to thank the many participants of our interviews, listening sessions, and community survey. Without your time and thoughtfulness, there would be no Action Plan.

For everyone else who has helped us along the way but is not mentioned here, know that we value you and your partnership.



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