



Orange County

# Older Adults Needs Assessment Report

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# References & Acknowledgements

California's Master Plan for Aging  
Census Bureau American Community Survey (ACS)

Orange County would like to acknowledge all those who participated in the survey and the various partner agencies and individuals that supported distribution and data collection efforts.

Report created by the County Executive Office and Health Care Agency staff in partnership with Orange County Master Plan for Aging committee members from the following agencies.



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# Executive Summary

In preparation for the development of the Orange County Master Plan for Aging (OCMPA), the County of Orange conducted a needs assessment to better understand the opinions, perspectives and circumstances of older adults who reside in Orange County and their caregivers. The information presented within this Executive Summary represents the collective feedback gathered through a series of surveys and highlights areas that Orange County residents believe are important or can be improved.

## Community Survey Participants

The community assessment was voluntary and intended for those 55 years and older who resided in Orange County when they completed the survey. The survey period was September 2023 through January 2024.

The average age of participants was 70 years old. For those who opted to share demographic information, the highest represented categories were:

- **27.3%** 60-64 years old
- **48.4%** earned a Bachelor's degree or higher
- **58.5%** owned their own home or condo
- **29.5%** had a household income of less than \$25,000
- **48.5%** identified as White
- **36.3%** resided in Anaheim, Irvine or Santa Ana

# Executive Summary

## Community Survey Key Findings

The following are key findings that emerged within the Community Survey:

- Participants rated their city of residence on different community features and care options. The lowest favorability ratings were accessible housing; daytime care options; and long-term care options.
- The top five aging concerns were all health-related:
  1. Alzheimer's disease and dementia
  2. Arthritis
  3. Cancer
  4. Heart Disease and Stroke
  5. Emotional Well-being
- While nearly all participants were covered by health insurance (97.6%), disparities in uninsurance rates by race/ethnicity were identified with Hispanic/Latinos disproportionately more likely to be uninsured (8% versus 2.4% overall). Hispanic/Latinos also reported higher concerns for certain medical-related items relative to other racial/ethnic populations.\*
- Transportation services and in-home care were the two services rated as "most important for older adults."
- The top barriers to accessing medical and/or behavioral health services were:
  - Appointments not available at convenient times
  - Don't know where to get help
  - High cost of copays
  - Lack of transportation
- Participants also rated their city of residence low on quality and variety of employment.
- Approximately 1 in 3 participants reported experiencing age-based discrimination, with higher rates reported by those aged 70 years and older.
- Isolation and loneliness were a highly rated contributor to participants' medical and behavioral health issues.
- Approximately 1 in 4 participants reported politics as the highest contributor to their behavioral health issues.
- Approximately 1 in 4 participants were not comfortable with technology or using the internet.
- Approximately 1 in 3 participants reported caring for someone 55 years and older within the past year. The percent of those saying that they cared for someone increased as household income increased.
- Financial insecurity and becoming homeless, although a relatively low concern for the overall sample, was endorsed at a higher rate by those aged 55 – 64 years old and those who were non-homeowners.
- Approximately 3 in 20 participants reported that cost of living and economic instability contributes to their medical issues and/or behavioral health issues.

## Caregiver Survey Participants

For this survey, caregivers were defined as individuals (e.g., family, friends, volunteers) who were 18 years or older and not paid for the assistance they provided to another person in activities of daily living at home (e.g., shopping, cleaning, cooking, etc.).

Of the 935 surveys with valid responses, caregivers tended to be female (77%), White (47%) and spoke English with the person for whom they cared (67%). On average, they had been providing care for seven years and the average age of the person for whom they cared was 79 years.

*\*Disparities analysis limited to subgroups with over 100 participant responses.*

# Executive Summary

## Caregiver Survey Key Findings

- Caregiving affects the social lives and emotional well-being of caregivers, with 2 out of 3 participants reporting caregiving had impacted their social lives and approximately 4 out of 10 feeling isolated and/or depressed. Caregivers 50 years and older tended to report higher rates, as well as White caregivers.\*
- About 1 in 3 have their own health concerns, with Asian and White caregivers tending to report higher rates than caregivers who were Hispanic/Latino.\*
- A majority said caregiving was “somewhat” or “very” difficult, with the emotional and physical tolls tending to be somewhat higher among Asian and White caregivers and the financial toll somewhat higher among Asian and Hispanic/Latino caregivers.\*
- Approximately 6 out of 10 participants reported that they also held a full-or part-time job. For these working caregivers, the most commonly reported impact was having to rearrange their work schedule to accommodate their caregiving responsibilities.
- Despite challenges reported by caregivers, participants shared that they find a great deal of value and meaning in their role as a caregiver.
- Their areas of biggest concern were related to not having enough time for their responsibilities or themselves, or knowing what resources are available.
- There was considerable interest in free respite care, with 9 out of 10 participants interested. Caregivers also preferred online support over in-person support.

## Paid Provider Survey Key Findings

Most paid provider participants, 51%, identified their field of work as in-home nursing care or supportive services, followed by 25% who identified as a caregiving resource provider.

- The most pressing health and social issues paid providers are seeing in communities they serve are:
  - Alzheimer’s disease and dementia
  - Mental Health
  - Caregiving
  - Disability
- In relation to the accessibility of services for older adults in the communities they serve, most paid providers felt services are moderately accessible, requiring effort and flexibility.
- In relation to the availability of services in the communities they serve, most paid providers felt services were available, but insufficient to meet the needs for older adults.
- On average, participants rated 5.3 out of 10 for how easy it is to keep up with new programs and services.

## Conclusion & Next Steps

The results of this assessment provide valuable insights for the County of Orange, community organizations, stakeholders and public to come together to better understand and address the needs of older adults. These assessment findings, in combination with County of Orange resource mapping and capacity assessment, will be used in the development of the OCMPA.

The OCMPA will continue to evolve and respond to future trends. This needs assessment is a starting point on which future surveys can build upon the findings in this report, expand on planned areas within the OCMPA and ask additional information that was not incorporated into this needs assessment. The County of Orange will monitor the efforts within the OCMPA through emerging trends and data reported by the California Master Plan for Aging. Ultimately, the County of Orange’s goal is to ensure that it fosters a safe, healthy and fulfilling place for older adults today and in the generations to come.

\*Disparities analysis limited to subgroups with over 100 participant responses.



# Overarching Themes & Trends

The following are overall themes and trends that emerged across the Older Adults Needs Assessment findings:

- From a list of 31 items covering health, lifestyle and social concerns, the top concern was Alzheimer's Disease and dementia both in the community survey as well as the paid provider survey. Similarly, "memory loss" was the second highest endorsed mental health concern.
- Cost of living/economic insecurity and financial stress were top contributors to people's behavioral health issues, and financial stress was the top contributor to people's medical concerns.
- The top reasons preventing older adults from seeking support services, medical care and mental and behavioral health care were lack of information about where to get help, appointments not available at convenient times and the high cost of services/copays.
- Participants rated the top three important services for older adults as:
  1. Transportation assistance
  2. In-home care services
  3. Meal delivery and Fitness/wellness programs (both were equally ranked)
- Higher "concerns" related to becoming homeless, financial means and lack of insurance were reported by those within the 55 – 64 years old. In addition, home ownership was reported less within this age range.
- Not all participants were interested in the internet and technology, particularly among those 80 years and older, those who identified as Hispanic/Latino and Spanish-speaking participants. This suggests the best way to reach these populations may be communication modes not related to technology or the internet.
- A high rate of participants reported experiencing discrimination. The top three causes were:
  - **49%** based on age, with those 70 years and older reporting higher rates
  - **36%** based on race or ethnicity
  - **23%** based on language
- Overall, Orange County was rated favorably as a place to retire and for its opportunities for community involvement. Seal Beach was highly rated as a city, suggesting that practices, models and services provided in the area are positively viewed by residents.
- Although caregiving by friends and family takes a social, emotional and physical toll, they also report deriving comfort and meaning from their role as a caregiver.
- When asked what the County government's role should be in meeting the needs of older adults, 2% of the participants selected "do as little as possible." The top three endorsed roles were:
  - **58%** provide a safety net covering basic human needs
  - **47%** be an educator, providing information on health and resources
  - **45%** be a facilitator, directing resources and services

Although there was effort to reach and oversample smaller populations, people did not always respond to all questions. This resulted in an inability to include all subgroups across comparisons.



Together building a

# CALIFORNIA FOR ALL AGES

## Introduction

In June 2019, Governor Gavin Newsom signed Executive Order N-14-19 calling for the development of the California Master Plan for Aging (MPA) to serve as a blueprint for local governments and communities to build a “California for All Ages” by 2030. Part of Orange County’s process in developing its local Master Plan for Aging was to conduct a needs assessment, consisting of three surveys organized around the California priorities and accompanying strategies laid out in the State’s five bold goals: Goal 1 - Housing for All Ages & Stages; Goal 2 - Health Reimagined; Goal 3 - Inclusion & Equity, Not Isolation; Goal 4 - Caregiving that Works; and Goal 5 - Affordable Aging. The needs assessment surveyed Orange County older adults, their friends and family caregivers and paid providers to hear in which areas they believed Orange County was doing well and those that may warrant further exploration or attention.

*“California’s Master Plan for Aging is a 10-year blueprint for State and local governments, the private sector and philanthropy that prioritizes preparing the state for the demographic changes and continuing California’s leadership in aging, disability and equity.”*

The County of Orange is prioritizing the Orange County Master Plan for Aging and these survey findings will be integrated with other sources of information to inform its initial development. As community-based organizations, health plans and local government evaluate the capacity and types of services they currently provide for Orange County’s older adults, they can also draw from the community voices reflected in this report to help identify areas of need.

It is important to note that while some of the identified needs may already be known, they may also reflect deeply impacted issues that cannot be solved on a short-term basis. Nevertheless, within the structure of Orange County’s resources and partnerships, Orange County is dedicated to creating improvement plans that will continue to reflect community voices and diverse perspectives.

# Methodology & Limitations

Community input was gathered via survey from individuals 60 years and older who resided in Orange County, and those who care for elder adults, both paid and unpaid, between September 5, 2023 and January 5, 2024. Three surveys were used to gather input – Older Adults Community Survey; Caregiving Survey; and the Paid Provider Survey. Surveys were collected using various various communication methods including online, telephone and paper in seven different languages to minimize barriers to involvement and encourage participation. The survey was available online through an Advance OC project website page and through a dedicated phone line. All participation was based on a volunteer or “opt-in” approach.

Due to the use of outreach efforts at community events and through community-based organizations and collectives, the resulting sample was a targeted convenience sample. The survey was promoted through flyers distributed at locations typically frequented by the intended population including senior centers, public libraries, faith-based organizations, hospitals and nursing homes. In addition, outreach and survey administration was available for target populations at the following locations:

- Community events and community-based organizations to reach diverse populations (e.g., Alzheimer's Association Orange County, Asian American Senior Citizen Services Center, Latino Health Access, United American Indian Involvement, etc.)
- Meals on Wheels and AgeWell to reach homebound residents
- Homeless shelters to reach the unhoused population
- The County Jail to reach the incarcerated population
- Dayle McIntosh Center to reach chronically disabled residents

Depending on the type of survey completed and/or outreach method used, participants may have received an incentive for survey completion. For example, at select in-person events, gift cards were provided and/or staff members were available to assist with filling out the survey. In other cases, such as online, participants did not receive incentives and it is unknown whether assistance was provided while completing the survey.

Data was validated (e.g., age, location of resident, etc.) and the number of available surveys was:

- **5,657** Aging Adult Community Surveys (results included in all goals)
- **923** Caregiver Surveys (results included in Goal 4: Caregiving that Works)
- **942** Paid Provider Surveys (results included in Goal 4: Caregiving that Works)

As participants were given the choice to not answer a question, there are different response rates by item. In addition, subgroup findings were limited to those who chose to include their demographic information on the survey.

Efforts were made to survey smaller populations and historically under-represented groups. Percentages for these subgroups are reported where there at least 100 available item responses, with the stipulation that the findings are not necessarily generalizable to the overall subpopulation within Orange County due to the convenience sampling method used. To facilitate appropriate use, interpretation and comparison of the survey findings, additional resources for each goal are included at the end of this report.

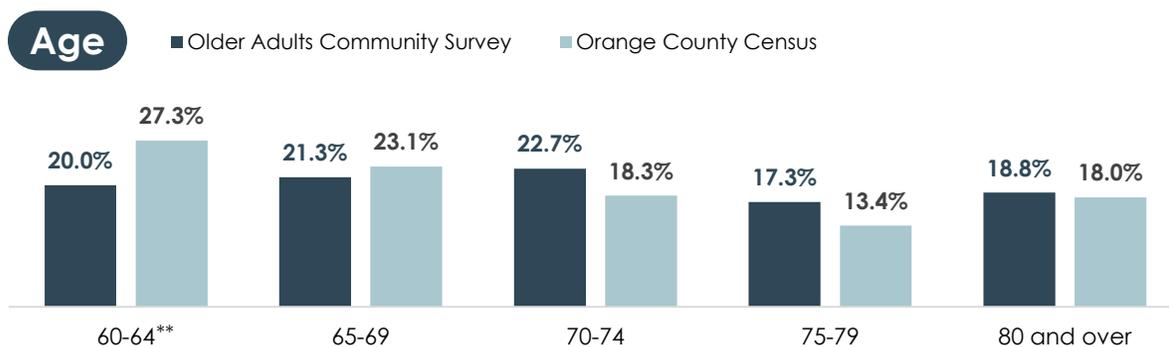
Results are the collective perspectives, opinions and descriptions of circumstances of those who volunteered to participate.

# Community Survey Participant Demographics

Based on the criteria for survey participation, participants were 55 years or older and resided in Orange County. It is important to note that each question within the survey has smaller total responses compared to the overall total since questions were voluntary and not all questions were answered or valid. The following graphs display demographics reported by participants in comparison to the Census Bureau American Community Survey (ACS) for residents within Orange County of similar age.

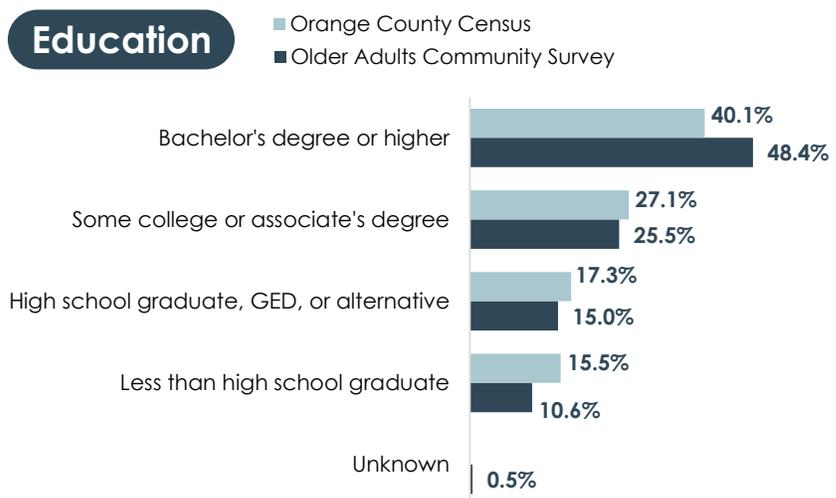
## 5,657\* Orange County Community Members

\*This sample includes hard to reach populations such as unhoused and incarcerated individuals.

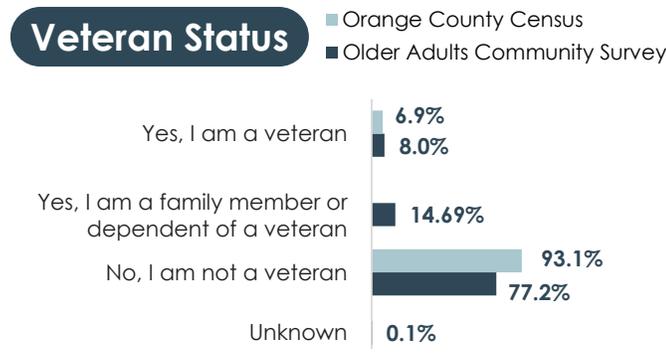


**70**  
Years Old  
Average Age of  
Survey Participants

\*\*Although Orange County surveyed people ages 55 years and older, this age range is limited to 60-64 years within this graph to allow for direct comparison to Orange County Census data.



More participants reported a **Bachelor's degree or higher** compared to the Orange County Census data

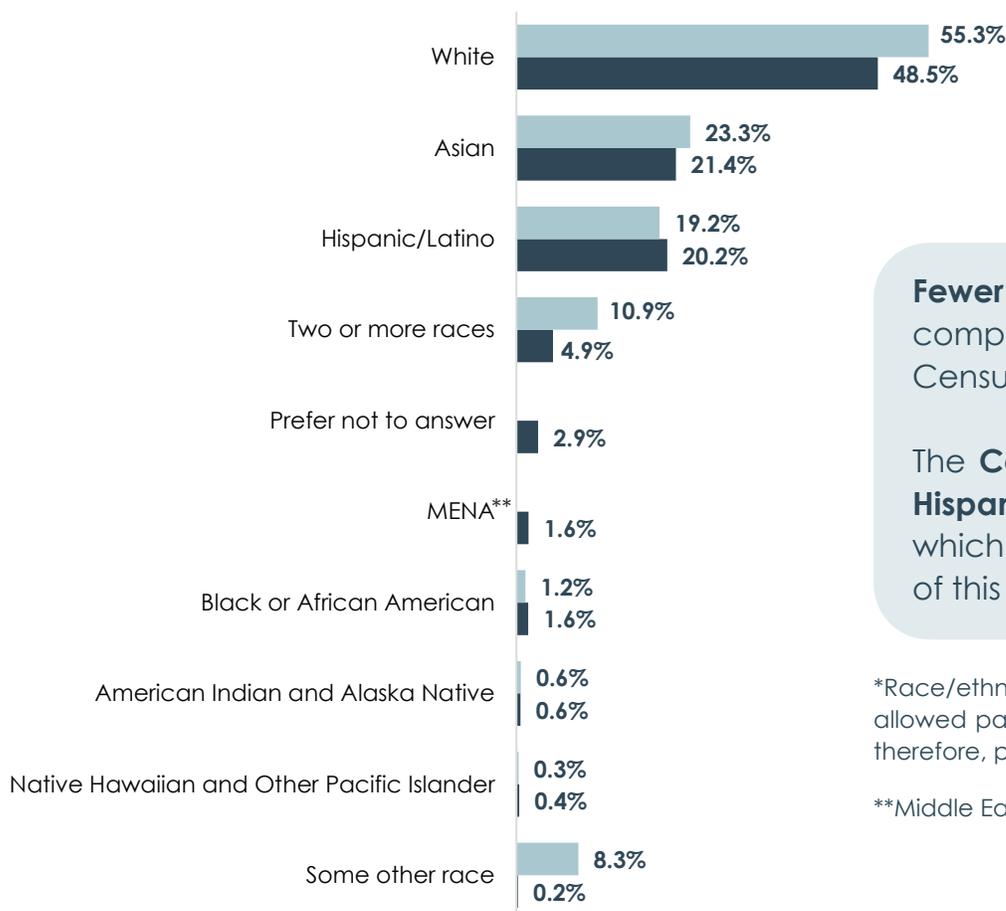


There are **slightly more veteran participants** compared to Orange County Census data

# Community Survey Participant Demographics

## Race/Ethnicity\*

■ Orange County Census  
■ Older Adults Community Survey



Fewer participants identified as White compared to the Orange County Census data.

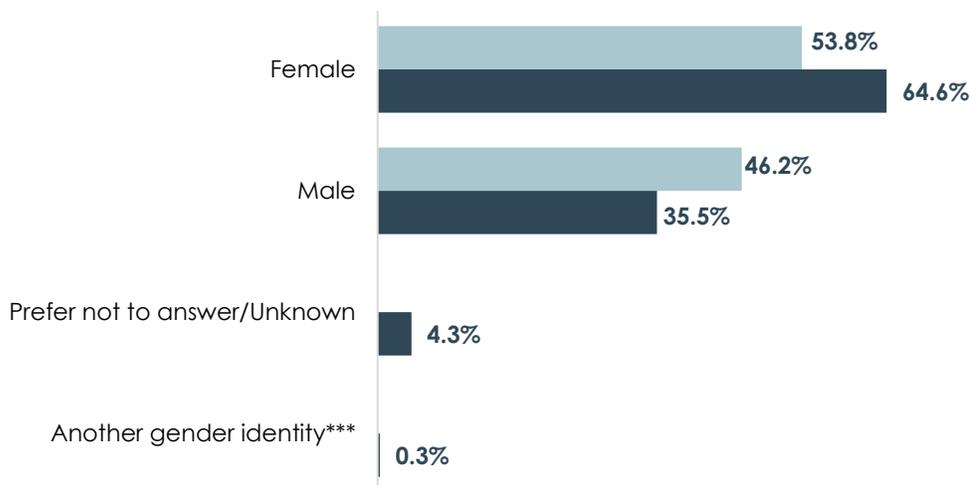
The **Community Survey** asked about **Hispanic/Latino and Asian subgroups**, which are presented in the appendix of this report.

\*Race/ethnicity was asked within the same question and allowed participants to select more than one response; therefore, percentages will not add up to 100%.

\*\*Middle Eastern or North African

## Gender

■ Orange County Census  
■ Older Adults Community Survey



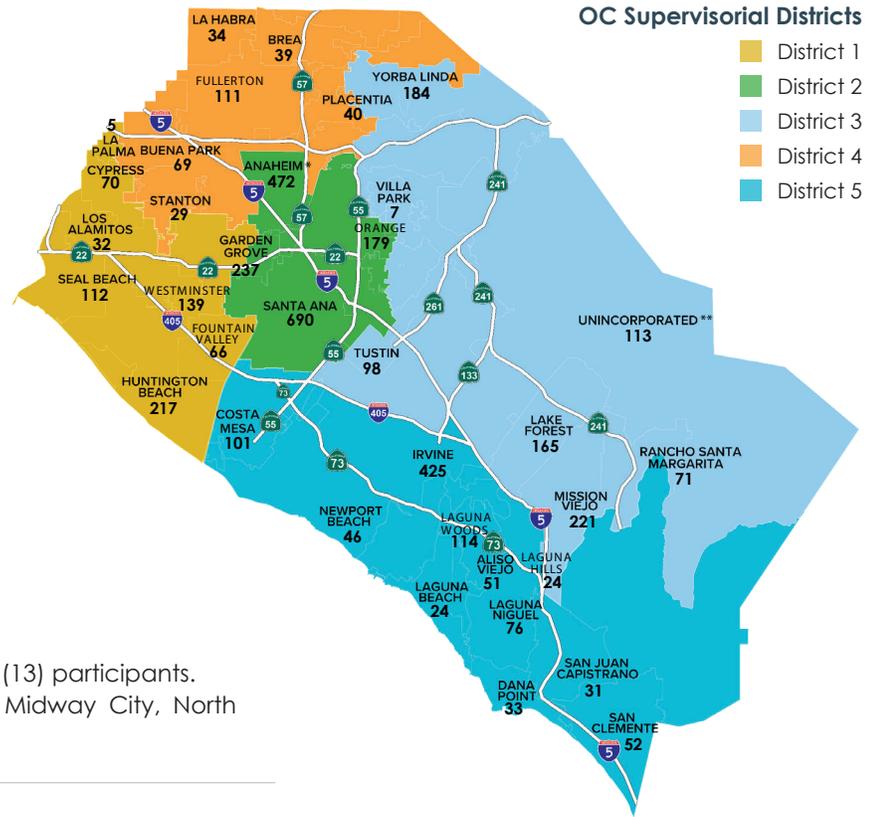
Almost **2/3** of participants were **female**

\*\*\*Another gender identity includes transgender female, Agender/Do Not Identity and Gender Non-Conforming.

# Community Survey Participant Demographics

## City of Residence

Because only 77% of participants opted to share their city of residence, this map does not reflect where all survey participants reside.



## Top Cities of Residence (60+)

Census 2020

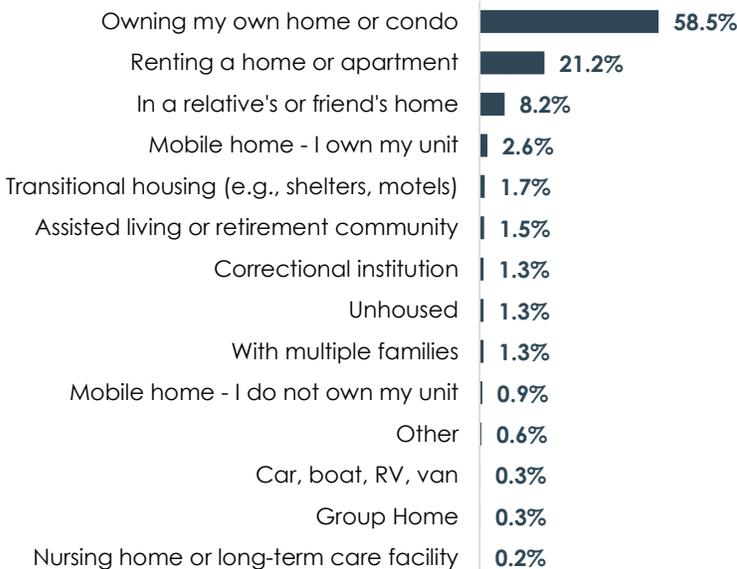
1. Anaheim
2. Huntington Beach
3. Santa Ana
4. Irvine

Consistent with 2020 Census data, **most survey participants lived in Anaheim\*, Santa Ana or Irvine**

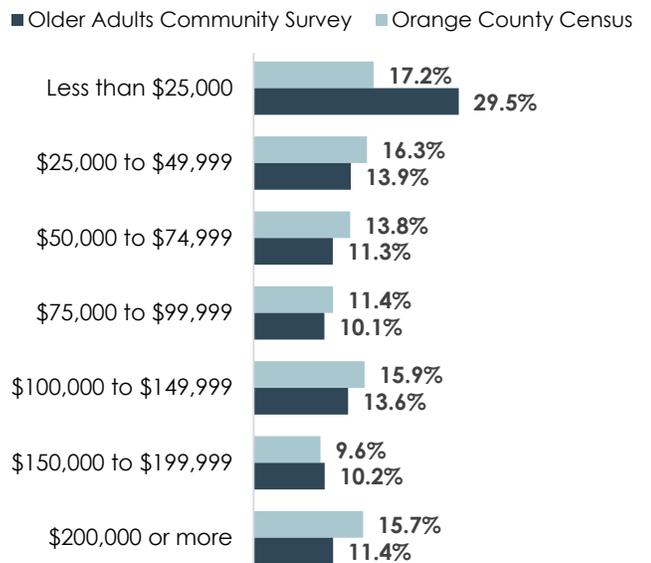
\*This number includes Anaheim (459) and Anaheim Hills (13) participants.

\*\*Unincorporated area total includes Ladera Ranch, Midway City, North Tustin, Rossmoor, Silverado and Trabuco Canyon.

## Current Living Situation



## Household Income



**58.5%** of participants own a home or condo

**More participants fell in the lower household income (HHI) bracket compared to Orange County Census data. In addition, 4.6% reported a HHI \$300,000 or more.**

# California's Master Plan for Aging

The intended purpose of California's MPA is to plan for immediate and future needs of older adults. California developed the following five bold goals.

## 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: Affordable Aging

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

Following the "blueprint" for local government laid out in California's MPA, items from Orange County surveys are organized according to California's five goals and 23 strategies with which they align.

### Orange County Survey Results

Orange County Older Adults Needs Assessment survey responses are included in this report for each of the five goals in two sections:

### Concerns and Community Ratings

- Concerns within one question on the Community Survey, which asked participants to select their top three from a list of 31 items, are included with percentages of participants that selected a concern item related to the goal. An exclamation point rating system has been created to assist in gauging the level of concern. In addition, for each of the items of concern, subgroup findings are included for groups with 100 or more responses for percentages above the overall percentage.
- Community ratings are the results of participants rating their city of residence on 11 different items. Ratings are summarized by city averages, with a three-star rating system, to assist in gauging the level of community satisfaction. Highest and lowest cities with 100 participants or more are also identified.
- Overall key findings for the goal are included at the end of these sections.

### OC Items Related to CA Strategies

For all goals, results of the Orange County Older Adults Needs Assessment survey questions and items within each of the related 23 CA strategies are included in the pages that follow the Concerns and Community Ratings. This includes the additional Caregiver Survey and the Paid Provider Survey results within Goal 4.



# Goal 1: Housing for All Ages & Stages Concerns & Community Ratings



As described in the CA Master Plan for Aging, this goal focuses on community planning which includes housing for older adults designed to accommodate different household sizes, accessible transportation options, welcoming parks and public spaces, and strong climate and disaster readiness. All of these aspects of living are foundational to well-being and continued engagement in civic, economic and social life.

Note: Goal 1 does not include information related to homelessness. Homeless indicators are part of Goal 5.

# Goal 1: Housing for All Ages & Stages

## Concerns & Community Ratings

### Scale for Community Ratings

Ratings of "good" and "excellent" by city of residence were averaged across cities and reported below.



**Low** 0% - 30%



**Medium** 31% - 60%



**High** Over 61%

### Housing Options

#### Availability of Accessible Housing

Homes with a no-step entry, single-floor living, wide hallways and doorways



Lowest: Costa Mesa **16%**  
Highest: Laguna Woods **66%**

#### Availability of Long-Term Options

Range of services and support for people who have a chronic illness or disability and need help with daily activities



Lowest: Costa Mesa **14%**  
Highest: Mission Viejo **34%**

#### Availability of Day-Time Options



Lowest: Costa Mesa **11%**  
Highest: Laguna Woods **38%**

#### Your Community as a Place to Retire



Lowest: Santa Ana **39%**  
Highest: Laguna Woods **95%**

### Transportation

#### Ease of Transportation



Lowest: Orange **29%**  
Highest: Seal Beach **78%**

### Outdoor & Community Spaces

#### Public Places where People want to Spend Time



Lowest: Westminster **42%**  
Highest: Seal Beach **82%**

Although all cities are included in the average community rating and range for each item, only cities with 100 responses or more are displayed in the highest and lowest comparisons.

# Goal 1: Housing for All Ages & Stages

## Concerns & Community Ratings



### Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



**Low** 0% - 12%



**Medium** 13% - 25%



**High** 26% - 38%

### Emergency Preparedness

*"Disaster preparedness: wildfires, storms, other climate concerns and emergency preparedness."*



**5%**

of participants identified as a top 3 concern

### Subgroup rates above 5% for groups with 100 participants or more

#### Age

- **7%** 60 – 69 years old
- **6%** 55 – 59 years old

#### Education

- **7%** Graduate Degree
- **6%** Bachelor's Degree

#### Gender

- None

#### Household Income

- **9%** \$300,000+
- **9%** \$150,000 – \$199,999
- **8%** \$200,000 – \$299,999
- **7%** \$100,000 – \$149,999

#### Race/Ethnicity

- **6%** White

### Key Findings

While participants tended to regard their communities as favorable places to retire, their perceptions of the availability of accessible housing within their city of residence varied greatly (0 – 78%). Participants were also consistent in not viewing their cities favorably on the availability of daytime and/or long-term care options. Thus, to better support individuals and families with aging in place, Orange County's organizations, cities and communities should consider identifying and supporting programs and initiatives that increase accessible housing and in-home or local care options. This could include a collective legislative advocacy strategy at the State and Federal level for additional funding and increased Assisted Living waivers. Although emergency preparedness was not identified as a top concern by participants, due to the increasing risk of events such as earthquakes and wildfires, Orange County should continue its efforts in disaster planning and preparation, including developing and/or updating safety and localized evacuation plans for older adults.

# Goal 1: Housing for All Ages & Stages

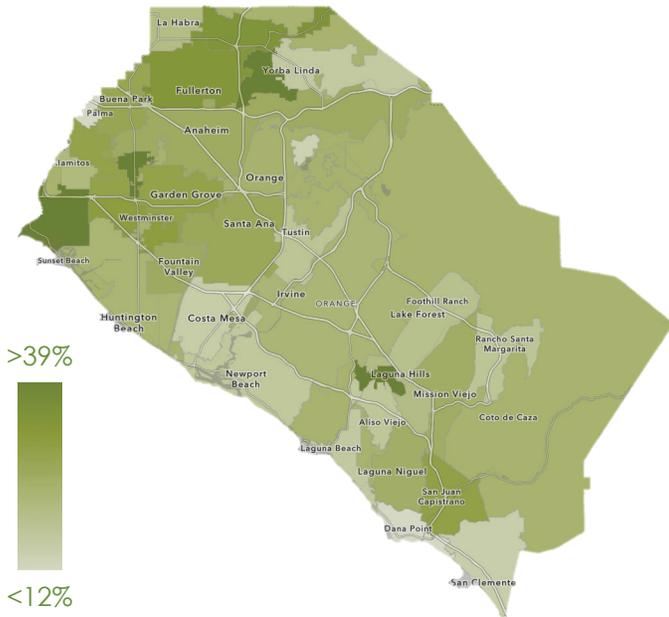
## OC Items Related to CA Strategies

### CA Strategy

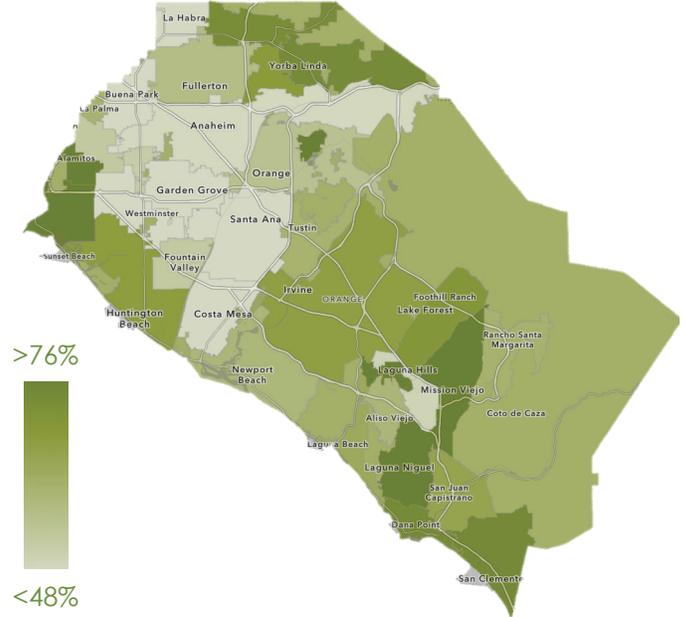
#### More Housing Options

Using a scale ranging from “poor” to “excellent,” participants rated their city of residence on characteristics that support “aging in place.” The color on the maps reflect the proportion of “good” and “excellent” ratings for each item, with darker shades indicating a higher proportion of favorable ratings. Overall, “Community as a place to retire” had the highest average favorability rating (62%) and availability of daytime care options and of long-term care options had the lowest (21% for day-time or 24% for long-term).

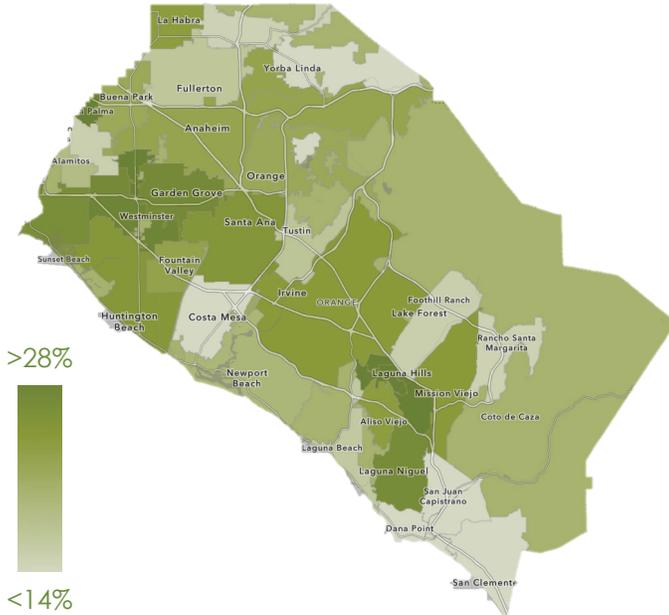
Availability of Accessible Housing



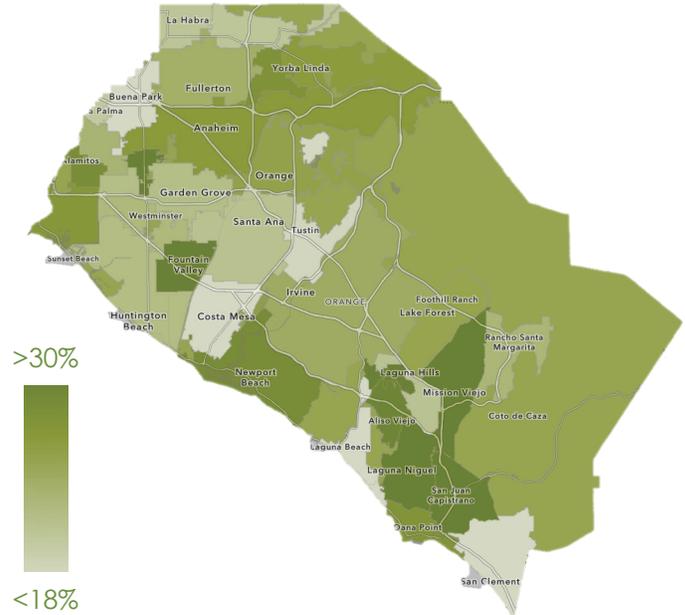
Community as a Place to Retire



Availability of Daytime Care Options



Availability of Long-Term Care Options



Note: Percentages represented on the maps are based on ratings of “good” and “excellent.”

# Goal 1: Housing for All Ages & Stages

## OC Items Related to CA Strategies

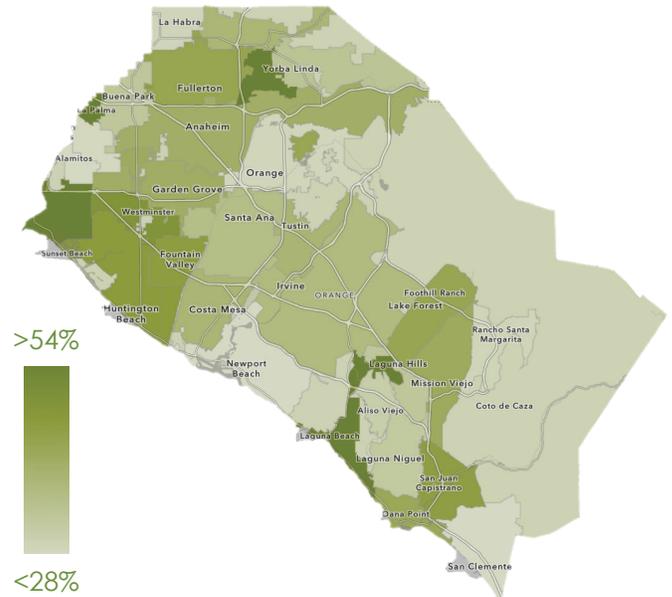
### CA Strategy

#### Transportation Beyond Cars

The proportion of participants selecting “good” and “excellent” for ease of transportation ranged from 23% to 78% depending on the city of residence, as shown on the map to the right.

On another survey item, only 3% of survey participants reported that they had “used transportation programs” in the past 12 months. However, it is unknown if the participants did not need transportation services or if such programs were unavailable to them.

#### Ease of Transportation



### CA Strategy

#### Emergency Preparedness & Response

Orange County is at risk for many potential disasters such as earthquakes and wildfires. From a list of 31 areas of concern, 4.9% of participants selected the item “disaster preparedness: wildfires, storms, other climate concerns and emergency preparedness” as one of their top three concerns. Those with higher incomes were more likely to identify this as a top three concern, with rates between 8% and 9% as reported on the Goal 1 Concerns & Community Ratings page.

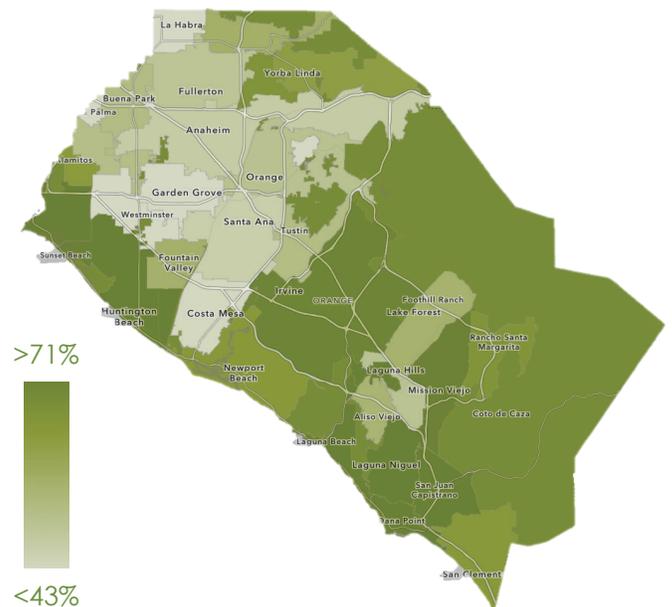
### CA Strategy

#### Outdoor & Community Spaces for All Ages

Overall, participants rated Orange County highly on “public places where people want to spend time,” supporting the notion that Orange County is a desirable place to live. Favorability ratings ranged from 20% to 82%, with an average of 57%, and tended to be higher in south and coastal cities.

On the survey question where participants selected their top three most important services from a list of options, 15% selected “fitness and wellness programs” and 5% selected “arts and cultural programs.” In addition, 13% of participants reported that they had used “public services such as senior centers, libraries and recreation centers” in the past 12 months.

#### Public Places where People want to Spend Time



**Note: Percentages represented on the maps are based on ratings of “good” and “excellent.”**



# Goal 2: Health Reimagined Concerns & Community Ratings



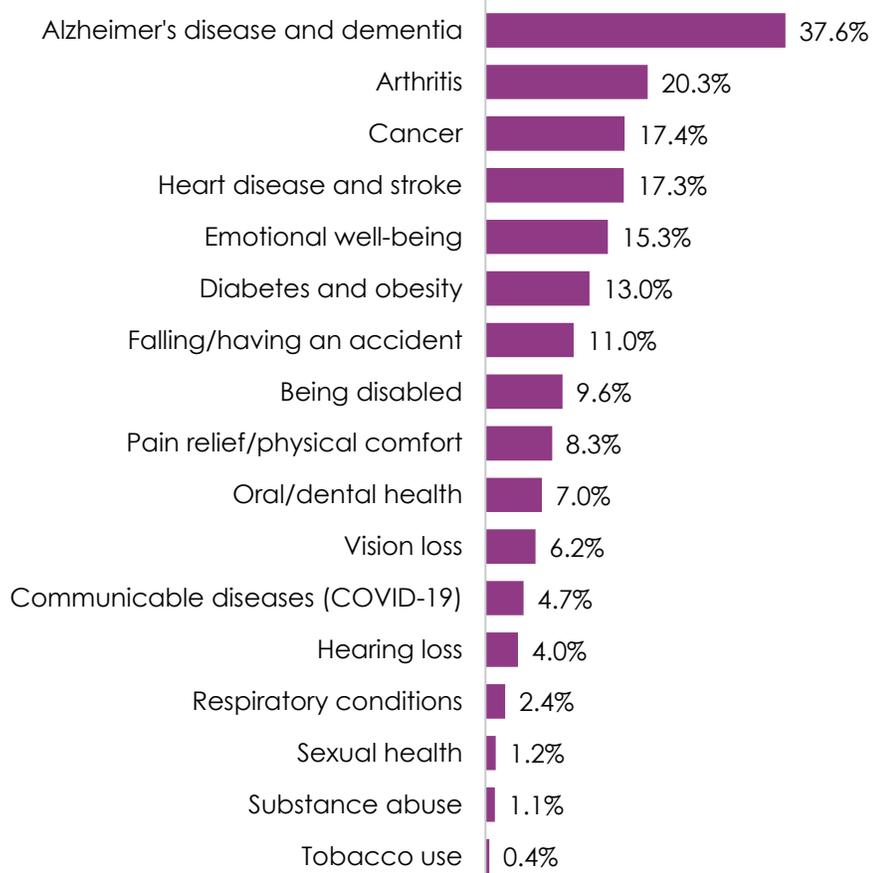
As described in the CA Master Plan for Aging, this goal frames health as a lifelong journey and strives to support aging adults in continuing to live well within their homes and communities of choice. The State's goal addresses planning for chronic illnesses, gaps in home or community care, creation of healthy communities for residents across their lifespan and ameliorating systemic racism as evidenced through disproportionate death rates.

Locally, planning began with asking Orange County older adults to describe their concerns. This section features rates for the health-related items only.

From a list covering health, lifestyle and social concerns, the top concern was **“Alzheimer’s disease and dementia.”**

## Health Concerns

Participants selected their top three concerns from a list of 31 items. Below are the rates that each health item was selected.



# Goal 2: Health Reimagined

## Concerns & Community Ratings

### Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



### Memory

**!!!** **38%** *“Alzheimer’s Disease & Dementia”*

Subgroup rates above 38% for groups with 100 participants or more:

- |  |  |   |
|--|--|---|
| <p><b>Age</b></p> <ul style="list-style-type: none"> <li>• <b>40%</b> 60 – 64</li> <li>• <b>39%</b> 65 – 79</li> </ul> | <p><b>Race/Ethnicity</b></p> <ul style="list-style-type: none"> <li>• <b>43%</b> Asian</li> <li>• <b>39%</b> Hispanic/Latino</li> </ul>            | <p><b>Household Income</b></p> <ul style="list-style-type: none"> <li>• <b>47%</b> \$200,000 – \$299,999</li> <li>• <b>41%</b> \$100,000 – \$199,999</li> <li>• <b>40%</b> \$50,000 – \$99,999</li> <li>• <b>40%</b> &gt;\$300,000</li> </ul> |
| <p><b>Gender</b></p> <ul style="list-style-type: none"> <li>• <b>39%</b> Female</li> </ul>                             | <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• <b>41%</b> Bachelor’s Degree</li> <li>• <b>39%</b> High School or Less</li> </ul> |   |

### Health

**!!** **20%** *“Arthritis”*

Subgroup rates above 20% for groups with 100 participants or more:

- |   |   |   |
|---|---|---|
| <p><b>Age</b></p> <ul style="list-style-type: none"> <li>• <b>25%</b> 75 – 79</li> <li>• <b>21%</b> 65 – 69</li> <li>• <b>21%</b> &gt;80</li> </ul> | <p><b>Race/Ethnicity</b></p> <ul style="list-style-type: none"> <li>• <b>29%</b> Hispanic/Latino</li> <li>• <b>28%</b> Asian</li> </ul>             | <p><b>Household Income</b></p> <ul style="list-style-type: none"> <li>• <b>28%</b> &lt; \$25,000</li> <li>• <b>21%</b> \$25,000 – \$49,999</li> </ul> |
| <p><b>Gender</b></p> <ul style="list-style-type: none"> <li>• <b>21%</b> Female</li> </ul>  | <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• <b>31%</b> High School or Less</li> <li>• <b>21%</b> Associate’s Degree</li> </ul> |   |

**!!** **17%** *“Cancer”*

Subgroup rates above 17% for groups with 100 participants or more:

- |  |   |   |
|--|---|---|
| <p><b>Age</b></p> <ul style="list-style-type: none"> <li>• <b>22%</b> 65 – 69</li> <li>• <b>21%</b> 55 – 59</li> <li>• <b>18%</b> 60 – 64</li> <li>• <b>18%</b> 70 – 74</li> </ul> | <p><b>Race/Ethnicity</b></p> <ul style="list-style-type: none"> <li>• <b>22%</b> Hispanic/Latino</li> <li>• <b>18%</b> Asian</li> </ul>   | <p><b>Household Income</b></p> <ul style="list-style-type: none"> <li>• <b>23%</b> \$200,000 – \$299,999</li> <li>• <b>19%</b> \$75,000 – \$99,999</li> <li>• <b>19%</b> &gt;\$300,000</li> <li>• <b>18%</b> \$50,000 – \$74,999</li> <li>• <b>18%</b> \$100,000 – \$199,999</li> </ul> |
| <p><b>Gender</b></p> <ul style="list-style-type: none"> <li>• <b>22%</b> Male</li> </ul>   | <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> High School or Less</li> <li>• <b>18%</b> Some College</li> <li>• <b>18%</b> Bachelor’s Degree</li> </ul> |   |

# Goal 2: Health Reimagined

## Concerns & Community Ratings

### Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



**Low** 0% - 12%



**Medium** 13% - 25%



**High** 26% - 38%

### Health

## !! 17% "Heart Disease & Stroke"

Subgroup rates above 17% for groups with 100 participants or more:

#### Age

- **20%** 70 – 74
- **19%** 75 – 79
- **18%** 55 – 59
- **18%** >80

#### Gender

- **21%** Male

#### Race/Ethnicity

- **21%** Asian

#### Education

- **23%** Associate's Degree
- **18%** Some College
- **18%** Graduate Degree

#### Household Income

- **25%** \$150,000 – \$199,999
- **20%** \$75,000 – \$99,999
- **20%** >\$200,000
- **18%** \$100,000 – \$149,999

## !! 15% "Emotional Well-Being"

Subgroup rates above 15% for groups with 100 participants or more:

#### Age

- **20%** 55 – 59
- **19%** 60 – 64
- **16%** 65 – 74

#### Gender

- **17%** Female

#### Race/Ethnicity

- **21%** Multi-Racial
- **16%** Hispanic/Latino

#### Education

- **17%** High School or Less
- **16%** Some College

#### Household Income

- **17%** \$25,000 – \$75,999
- **16%** \$150,000 – \$199,999
- **16%** <\$25,000

## !! 13% "Diabetes & Obesity"

Subgroup rates above 13% for groups with 100 participants or more:

#### Age

- **15%** 65 – 69
- **14%** 60 – 64
- **14%** 75 – 79

#### Gender

- **17%** Male

#### Race/Ethnicity

- **26%** Hispanic/Latino
- **18%** Multi-Racial
- **16%** Asian

#### Education

- **21%** High School or Less

#### Household Income

- **19%** <\$25,000
- **14%** \$25,000 – \$49,999

# Goal 2: Health Reimagined

## Concerns & Community Ratings

### Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



**Low** 0% - 12%



**Medium** 13% - 25%



**High** 26% - 38%

### Health

## ! 11% "Falling or Having an Accident"

Subgroup rates above 11% for groups with 100 participants or more:

#### Age

- **22%** >80
- **13%** 75 – 79

#### Gender

- **12%** Female

#### Race/Ethnicity

- **15%** White

#### Education

- **14%** Graduate Degree
- **12%** Associate's Degree

#### Household Income

- **17%** \$75,000 – \$99,999
- **12%** \$50,000 – \$74,999
- **12%** >\$100,000

## ! 10% "Being Disabled"

Subgroup rates above 10% for groups with 100 participants or more:

#### Age

- **14%** >80
- **11%** 75 – 79

#### Gender

- **11%** Male

#### Race/Ethnicity

- **11%** White
- **11%** Multi-Racial

#### Education

- **13%** Some College

#### Household Income

- **11%** <\$25,000

## ! 8% "Pain Relief & Physical Comfort"

Subgroup rates above 8% for groups with 100 participants or more:

#### Age

- **9%** 55 – 59
- **9%** >80

#### Gender

- **9%** Male

#### Race/Ethnicity

- **10%** White
- **10%** Multi-Racial

#### Education

- **10%** Bachelor's Degree
- **10%** Graduate Degree
- **9%** Associate's Degree

#### Household Income

- **16%** >\$300,000
- **10%** \$50,000 – \$74,999
- **10%** \$150,000 – \$199,999
- **9%** \$25,000 – \$49,999
- **9%** >\$75,000 – \$149,999
- **9%** \$200,000 – \$299,999

# Goal 2: Health Reimagined

## Concerns & Community Ratings

### Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



**Low** 0% - 12%



**Medium** 13% - 25%



**High** 26% - 38%

### Health

#### **7%** “Oral & Dental Health”

Subgroup rates above 7% for groups with 100 participants or more:

#### Age

- **8%** 65 – 79

#### Race/Ethnicity

- **11%** Asian

#### Household Income

- **9%** <\$49,999
- **8%** \$50,000 – \$74,999

#### Gender

- **8%** Male

#### Education

- **9%** Some College
- **8%** Associate's Degree

#### **6%** “Vision Loss”

Subgroup rates above 6% for groups with 100 participants or more:

#### Age

- **9%** >80

#### Race/Ethnicity

- **8%** White

#### Household Income

- **9%** >300,000
- **8%** 75,000 – \$99,999
- **7%** \$100,000 – \$199,999
- **7%** \$25,000 – \$49,999

#### Gender

- None

#### Education

- **8%** Graduate Degree
- **7%** Bachelor's Degree

### Health Care Access

#### **5%** “Being Able to Get Medical Treatment”

Subgroup rates above 5% for groups with 100 participants or more:

#### Age

- **6%** 55 – 69

#### Race/Ethnicity

- **7%** Asian
- **6%** Hispanic/Latino

#### Household Income

- **7%** <\$25,000
- **6%** \$150,000 – \$199,999

#### Gender

- **6%** Male

#### Education

- **6%** High School or Less

# Goal 2: Health Reimagined

## Concerns & Community Ratings

### Scale for Community Ratings

Ratings of "good" and "excellent" by city of residence were averaged across cities and reported below.



**Low** 0% - 30%



**Medium** 31% - 60%



**High** Over 61%

### Health Care

#### Availability of Affordable Health Care



**36%**  
Average

20%  71%

Lowest: Westminster **28%**

Highest: Seal Beach **61%**



Although all cities are included in the average community rating and range for each item, only cities with 100 responses or more are displayed in the highest and lowest comparisons.

### Key Findings

Although nearly all participants (97%) had health insurance, almost one-third identified high copays as a barrier from seeking medical care in the past 12 months. Participants also indicated they were prevented from receiving medical care due to availability and convenience of appointment times. However, it was not clear whether this was primarily due to waitlists (i.e., appointment scheduled too far out) or inconvenient hours of operation. While 8 out of 10 reported they were comfortable navigating healthcare resources on their own, participants also reported challenges in accessing medical and behavioral health care in the past year because they did "not know where to get help." Thus, streamlining and simplifying the process of finding health information and resources could improve healthcare access for older adults, especially if provided in a variety of methods as not all older adults are comfortable utilizing technology and the internet. Finally, a little over half indicated that it was important to have care provided in the home, suggesting that identifying innovative and effective strategies for in-home services and making these resources more accessible and known to older adults as they age, will aid in filling this important need. A crucial aspect of this strategy will be to gather more information about its associated costs and the extent to which in-home services might be cost-prohibitive for some families.

# Goal 2: Health Reimagined

## OC Items Related to CA Strategies

### CA Strategy

#### Dementia in Focus

“Alzheimer’s disease and Dementia” (37.6%) was the most frequently selected concern, with Asians identifying this concern at a somewhat higher rate (43%). In addition, memory loss (36.1%) was the second most frequently selected item on a list of behavioral health concerns. These selections indicate that dementia is a top concern for Orange County older adults.

### CA Strategy

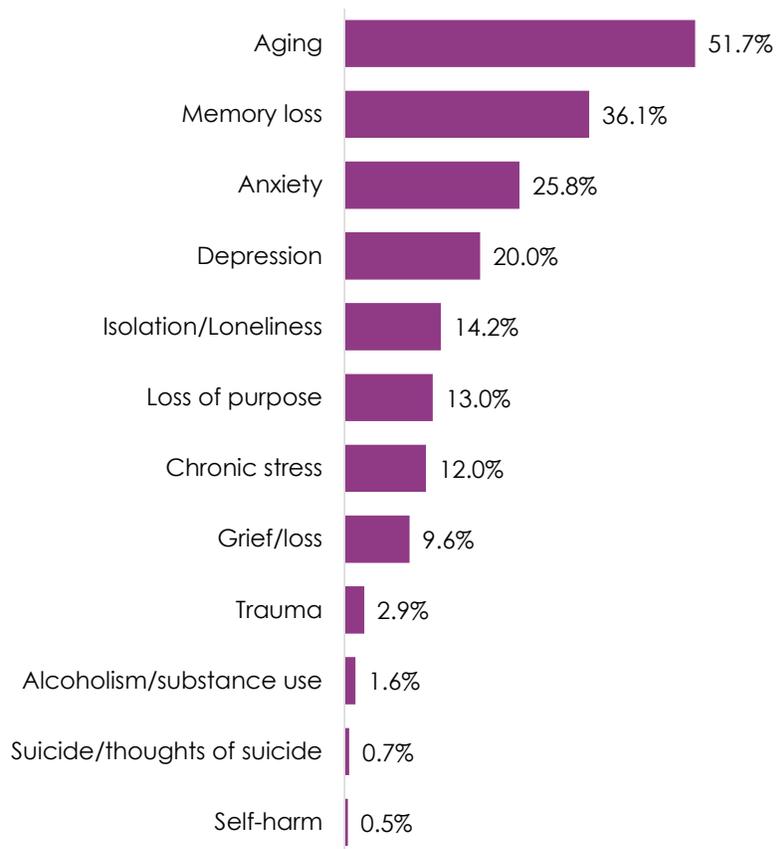
#### Lifelong Healthy Aging

Of the health concerns included on the Orange County community assessment, arthritis was ranked second (20%), followed by cancer (17%), heart disease and stroke (17%) and emotional well-being (15%). In addition, participants were separately asked to identify their top three behavioral health concerns from a list of 12 items. Aging and memory loss were the most frequently identified concerns. The results for the complete list are provided in the figure on the right.

The CA MPA aims to build communities that reduce health disparities by fostering healthy environments from birth, expanding access to prevention programs and developing culturally competent public health educational tools and services. In combination with the findings presented throughout this report, Orange County survey participants responded to several items related to health which supports the need for the development of effective plans intended to support lifelong healthy aging.

#### Behavioral Health Concerns

Participants selected their top three concerns from a list of 13 items. Below are the rates that each item was selected.



#### Self-Management Activities

- **14%** created/updated an aging plan in the past 12 months
- **80%** were comfortable navigating resources on their own
- **88%** were comfortable managing health on their own

#### Finding Information about Health Care

- **28%** browse the internet
- **29%** ask their provider questions online or by telephone
- **38%** ask their provider questions in person

**53%** Selected In-Home Care as among their top three most important services for older adults

# Goal 2: Health Reimagined

## OC Items Related to CA Strategies

### CA Strategy

#### Health Care as we Age

The County of Orange began exploring its needs and opportunities in this area by learning about older adults' perceptions of healthcare affordability and selection rates of public insurance enrollment.

#### Healthcare Affordability

Ratings of "good" or "excellent" ranged from 20% to 71% depending on city of residence, as shown in the map to the right.

#### Medicare, Medi-Cal and/or Affordable Care Act

Overall, 38% of participants indicated they had been enrolled in these public insurance types in the past 12 months. Subgroup rates above 38% for groups with 100 or more participants are listed below.

#### Age

- **46%** 65 – 69
- **44%** 70 – 74
- **43%** 75 – 79
- **41%** >80

#### Gender

- None

#### Race/Ethnicity

- **41%** White

#### Education

- **41%** High School or Less
- **39%** Some College

#### Household Income

- **50%** <\$25,000
- **41%** \$25,000 – \$49,999

#### Insurance Coverage

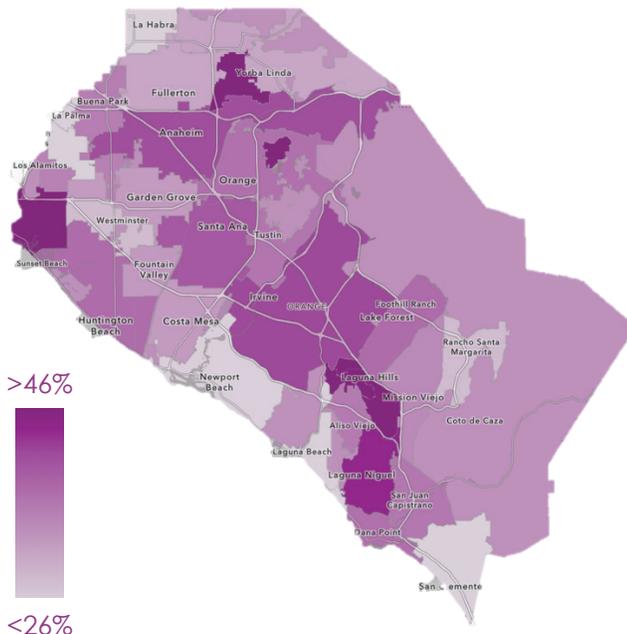
Health care as individuals age becomes more important as the risk for health conditions increases. The survey asked participants about their insurance coverage. Almost all participants (97.6%) were insured and of those, 32.5% were covered by more than one insurance type.

#### "Are you currently covered by the following types of insurance? Select all that apply."

- **58.6%** Private (includes Medicare Advantage or Medicare Supplement)
- **46.0%** Medicare
- **23.5%** Medi-Cal/CalOptima
- **2.2%** Veterans Administration
- **1.4%** TRICARE or other military
- **0.2%** Indian Health Service
- **0.2%** Another type

**32.5%**  
Had **Multiple Coverage**

#### Availability of Affordable Health Care



#### 2.4% Uninsured

Subgroup rates above 3% for groups with 100 participants or more:

#### Age

- **6%** 55 – 69
- **5%** 60 – 64

#### Gender

- None

#### Race/Ethnicity

- **8%** Hispanic/Latino

#### Education

- **6%** High School or Less

#### Household Income

- **5%** <\$25,000

# Goal 2: Health Reimagined

## OC Items Related to CA Strategies

### CA Strategy

#### Bridging Health with Home, including Culturally Responsive Services

While the focus of this goal within the CA MPA is at the regulatory, health plan and agency level, the Orange County Community Survey asked about older adults' experiences in accessing health care. Overall, 5% identified the ability to get medical treatment as a top concern and 13% selected "lack of access to healthcare" contributed to their medical issues.

The survey also included factors that may have prevented older adults from seeking services in the prior 12 months. Endorsement rates are reported below, separated by medical and behavioral health care.

Medical	Access	Behavioral Health
38%	Appointments are not available at convenient times	12%
26%	Don't know where to get help	22%
19%	Lack of transportation	10%
14%	Locations are too far away	8%
10%	Digital divide (lack of access/familiarity with technology)	6%
Cost		
30%	High cost of copays	18%
12%	No insurance, not covered	8%
Cultural Inclusiveness		
8%	Provider does not speak my language or have translation available	5%
6%	Provider does not understand my culture	4%
3%	Provider does not have a safe, inclusive environment	2%

### CA Strategy

#### Nursing Home Innovation

One aspect of California's Nursing Home Innovation strategy is to examine long-term care (LTC) facility capacity and occupancy. About one-quarter of Orange County participants rated their city of residence as "good" or "excellent" for availability of LTC options (see Goal 1 for more details). In addition, 4% indicated that they had spent one or more days in a LTC facility in the 12 months prior to completing the survey.



# Goal 3: Inclusion & Equity, Not Isolation Concerns & Community Ratings



As described in the CA Master Plan for Aging, this goal focuses on continuing, evolving and creating new opportunities for meaningful engagement at 60, 70, 80, 90 and 100-plus years old. This goal includes digital technologies, employment and volunteer opportunities. In addition, inclusion and equity for everyone includes ensuring the prevention of elder abuse which can take many forms including physical, sexual, abandonment, isolation, financial, neglect, self-neglect and mental suffering.

### Scale for Community Ratings

Ratings of "good" and "excellent" by city of residence were averaged across cities and reported below.



**Low** 0% - 30%



**Medium** 31% - 60%



**High** Over 61%

## Community

### Openness and Acceptance of the Community toward Older Residents of Diverse Backgrounds

 **48%**  
Average

31%  81%

Lowest: Costa Mesa **31%**  
Highest: Seal Beach **81%**

### Opportunities for Community Involvement

e.g., social, religious, volunteering, exercise classes, library services

 **63%**  
Average

41%  88%

Lowest: Westminster **42%**  
Highest: Laguna Woods **89%**

# Goal 3: Inclusion & Equity, Not Isolation

## Concerns & Community Ratings

### Scale for Community Ratings

Ratings of "good" and "excellent" by city of residence were averaged across cities and reported below.



**Low** 0% - 30%



**Medium** 31% - 60%



**High** Over 61%

### Community

#### Public Places where People want to Spend Time



20% 82%

Lowest: Westminster **42%**

Highest: Seal Beach **82%**

### Employment Opportunities

#### Quality & Variety of Employment Opportunities



12% 36%

Lowest: Unincorporated **14%**

Highest: Irvine **36%**

Although all cities are included in the average community rating and range for each item, only cities with 100 responses or more are displayed in the highest and lowest comparisons.



# Goal 3: Inclusion & Equity, Not Isolation

## Concerns & Community Ratings

### Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



**Low** 0% - 12%



**Medium** 13% - 25%



**High** 26% - 38%

### Loneliness

**!** **6%** *“Feeling Lonely & Isolated”*

Subgroup rates above 6% for groups with 100 participants or more:

#### Age

- **8%** 60 – 64
- **7%** 55 – 59
- **7%** 70 – 74

#### Gender

- **7%** Female

#### Race/Ethnicity

- **8%** White

#### Education

- **8%** Graduate Degree
- **7%** Bachelor's Degree
- **7%** Associate Degree

#### Household Income

- **12%** >\$300,000
- **8%** \$75,000 – \$149,999

### Digital Divide

**!** **4%** *“Not Being Able to Use Technology”*

Subgroup rates above 4% for groups with 100 participants or more:

#### Age

- **7%** >80
- **5%** 65 – 69

#### Gender

- **5%** Female

#### Race/Ethnicity

- **7%** Hispanic/Latino

#### Education

- **7%** High School or Less
- **6%** Associate's Degree
- **5%** Some College

#### Household Income

- **6%** < \$49,999

### Companionship

**!** **1%** *“Losing Respect from Others”*

Subgroup rates above 1% for groups with 100 participants or more:

#### Age

- **2%** 55 – 59
- **2%** 75 – 79

#### Gender

- **2%** Multi-Racial

#### Race/Ethnicity

- None

#### Education

- **4%** Associate's Degree

#### Household Income

- **2%** \$75,000 – \$149,999
- **2%** >\$200,000

# Goal 3: Inclusion & Equity, Not Isolation

## Concerns & Community Ratings

### Key Findings

Nearly one-third of participants identified socialization groups as being an important service for older adults. Participants generally held favorable views of their cities regarding the social, religious, volunteer and other opportunities for involvement available. Participants also tended to rate their cities favorably on having public places in which to spend time, although ratings trended lower in central and north Orange County. Participants were consistent in not viewing their cities favorably on employment opportunities, with the lowest ratings observed in coastal and unincorporated areas. In addition, central and north Orange County cities trended lower in how open and accepting they were towards older residents of diverse backgrounds. Finally, more than half of respondents reported having experienced discrimination based on age (i.e., 70 years and older), race/ethnicity (i.e., Asians) and language (i.e., Korean, Spanish speakers) and nearly one in five participants said that “politics/political climate” contributed to their behavioral health conditions. Thus, to better support inclusion and equity for older adults, Orange County communities should consider strengthening existing and/or building new support systems for social involvement in a safe and meaningful way for people from across all age groups, cultural backgrounds and inclusive of language access.



# Goal 3: Inclusion & Equity, Not Isolation

## OC Items Related to CA Strategies

### CA Strategy

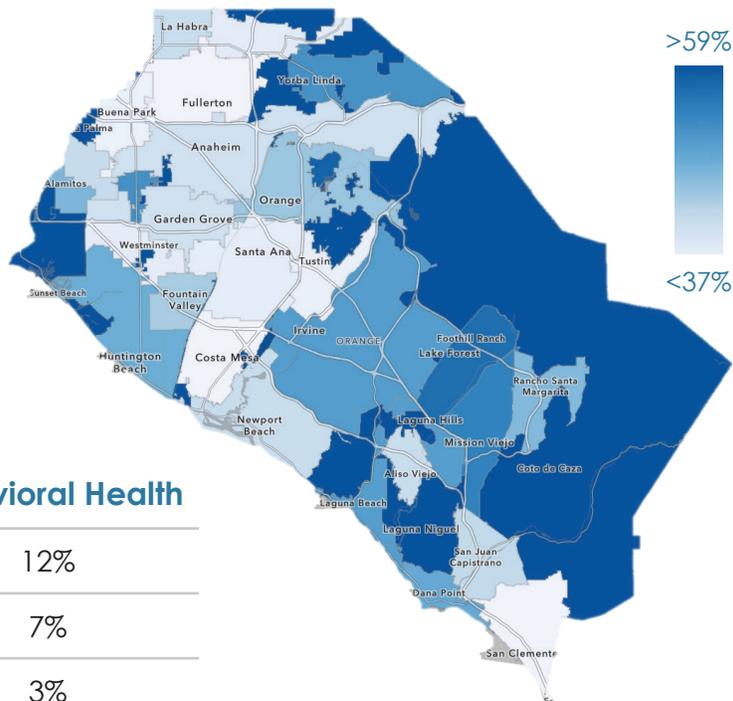
#### Inclusion & Equity in Aging

Participants rated their communities on openness and acceptance toward older residents of diverse backgrounds. Ratings of “good” and “excellent” ranged from 31% to 81% depending on city of residence, as shown in the map on the right.

On a separate item, overall concerns related to losing respect from others was rated low at 1.2%.

Participants reported inclusion-related items contributed to their health:

### Openness & Acceptance of the Community toward Older Residents of Diverse Backgrounds



#### Medical

#### Behavioral Health

17%	Isolation/Loneliness	12%
7%	Discrimination	7%
-	Immigration-related stressors	3%
-	Politics/Political climate	22%
-	Lack of support for gender, sexual orientation and/or cultural expression	15%

### Participants reported experiencing various forms of discrimination at the following rates:

#### 49% Age

Subgroup rates with 100 participants or more:

- **39%** 55 – 59 years old
- **43%** 60 – 64 years old
- **47%** 65 – 69 years old
- **56%** 70 – 79 years old
- **54%** 75 – 79 years old
- **56%** > 80 years old

#### 36% Race/Ethnicity

Subgroup rates with 100 participants or more:

- **53%** Asian
- **45%** Hispanic/Latino
- **43%** Multi-racial
- **16%** White

#### 23% Language

Subgroup rates with 100 participants or more:

- **10%** English
- **57%** Korean
- **54%** Spanish
- **48%** Vietnamese

# Goal 3: Inclusion & Equity, Not Isolation

## OC Items Related to CA Strategies

### CA Strategy

#### Opportunities to Volunteer & Engage Across Generations

Opportunities for connecting older adults to other people of all ages is important as older adults can greatly contribute to society. Community ratings were gathered to assess participant perspectives on opportunities for community involvement. Responses for good and excellent ratings ranged from 41% to 88% depending on city of residence, as shown in the map on the top right.

Public places where people want to spend time was also rated. "Good" and "excellent" ratings by city ranged from 20% to 82% and shown in the map on the bottom right.

The survey also asked participants whether they had participated in various activities in the past 12 months, and two items were related to this strategy. Most participants (86%) reported having "talked or visited with friends or family" and 32% reported having "participated in volunteer activities."

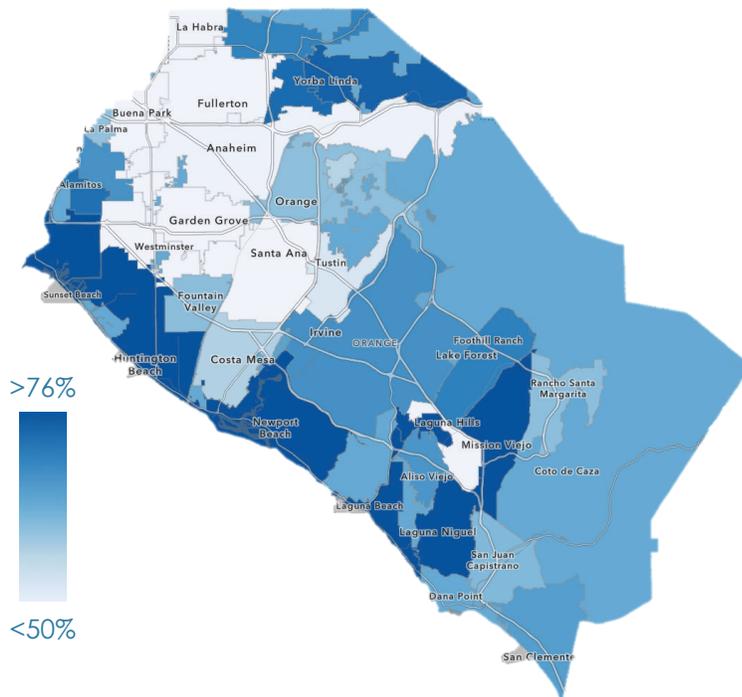
In addition, 31% selected "socialization groups" as among their top three most important services for older adults from a list of nine choices.

### CA Strategy

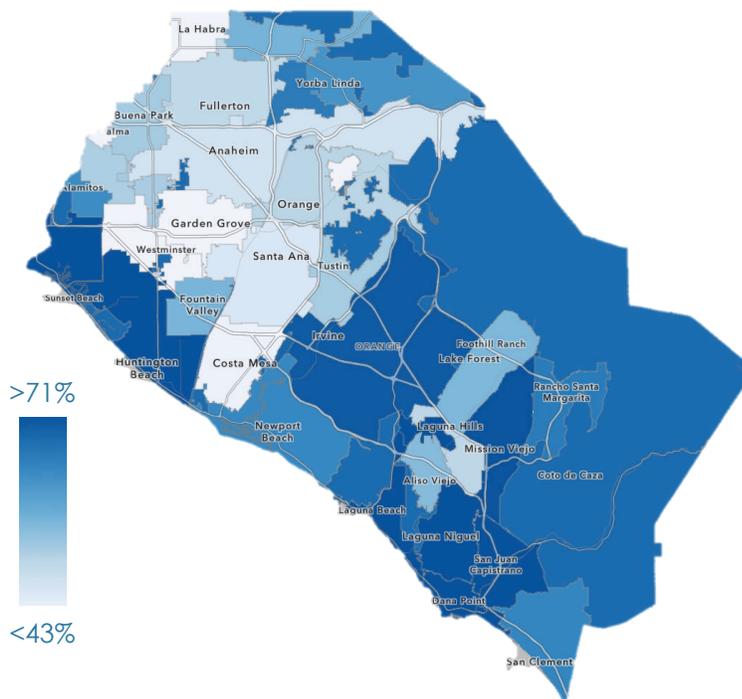
#### Leadership in Aging

Leadership roles and opportunities are important to provide as individuals age. With regard to this strategy, 35.3% indicated that they had participated in a civic activity (e.g., attended city council meetings, voted, offered a public comment) within the past 12 months.

#### Opportunity for Community Involvement



#### Public Places where People want to Spend Time



# Goal 3: Inclusion & Equity, Not Isolation

## OC Items Related to CA Strategies

### CA Strategy

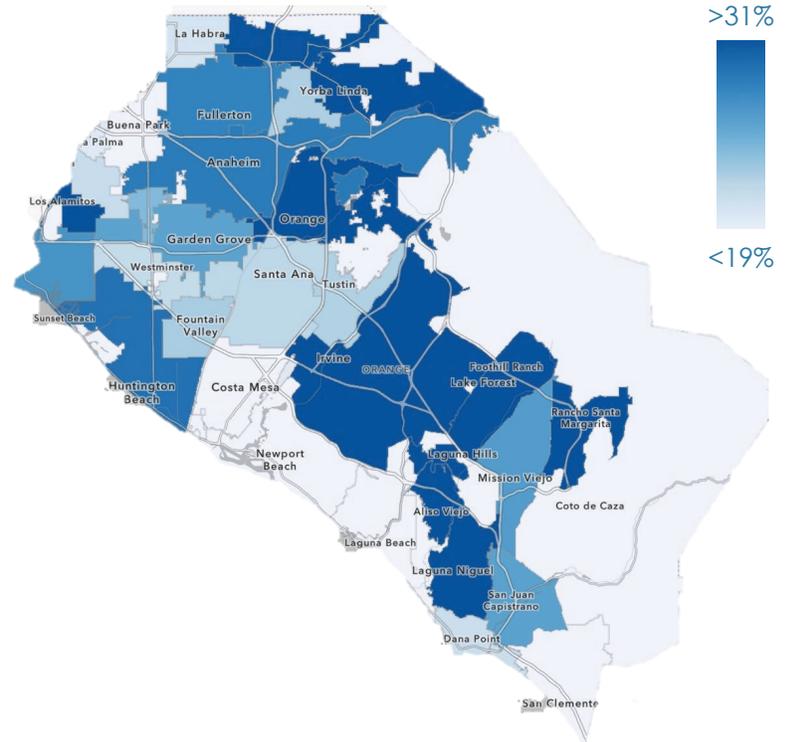
#### Opportunities to Work

As work opportunities become more flexible with virtual options and as efforts continue to prevent work discrimination based on age and disability, there may be more employment options available for older adults. Participants rated the quality and variety of employment opportunities in their communities and ratings of “good” and “excellent” ranged from 12% to 36% depending on city of residence, as shown in the map to the right.

Participants’ use of unemployment insurance (2.7%) or senior employment or training programs (1.3%) within the past 12 months were infrequently selected.

When asked to identify the top three most important services for older adults from a list of options, participants selected “employment/training programs” the least often. In addition, 8.5% of those experiencing a medical issue and 7.7% of those experiencing a behavioral health issue reported that unemployment or lack of job opportunities contributed to their issues.

#### Quality & Variety of Employment Opportunities



# Goal 3: Inclusion & Equity, Not Isolation

## OC Items Related to CA Strategies

### CA Strategy

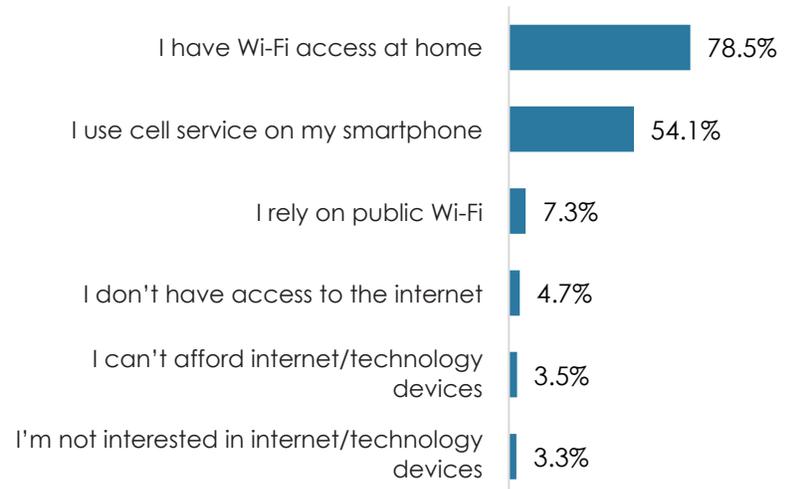
#### Bridging the Digital Divide

As information becomes more accessible through technology, the need to be digitally connected becomes more relevant for people of all ages. Fortunately, Executive Order N-73-20 helps make affordable and reliable internet available throughout CA. In relation to the 31 items of concern on the Orange County Community Survey, 4.4% of participants selected “not being able to use technology” as one of their top three concerns.

The survey also asked how participants accessed the internet (see graph to the right) and most had home Wi-Fi access and/or used the cell service on their smartphone. Lack of interest in internet or technology devices increased with age, with those 80 years old or older reporting the highest rate of no interest (9% versus 3.3% overall).

From the list of items about what prevented participants from seeking services, 10.5% selected “digital divide (lack of access to or familiarity with technology).” The extent to which the digital divide contributed to the participant's health and behavioral health issues is included on the table on the right.

#### Access to the Internet\*



\*Participants were able to select more than one response.

### CA Strategy

#### Protection from Abuse, Neglect & Exploitation

In the CA Master Plan for Aging, this strategy focuses on prevention of abuse and neglect. On the Orange County Community Survey, items related to this strategy were not selected frequently as being among their top three concerns (2.4%). The extent to which abuse or neglect contributed to the participant's health and behavioral health issues is included on the table on the right.

Medical	Contributor	Behavioral Health
-	Media use <i>(e.g., television, social media)</i>	8%
10%	Digital divide <i>(lack of access to/familiarity with technology)</i>	9%

Medical	Contributor	Behavioral Health
7%	Elder Abuse <i>(e.g., television, social media)</i>	-
-	Bullying	4%
-	Abusive Relationships/ Domestic Violence	5%



# Goal 4: Caregiving that Works Concerns & Community Ratings



As described in the CA Master Plan for Aging, caregiving will be needed at some point in most people's lives. This goal focuses on ensuring support is provided for caregivers, which include those who are paid as well as family and friends.

## Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



**Low** 0% - 12%



**Medium** 13% - 25%



**High** 26% - 38%

## Self Care



**12%** "Not Being Able to Take Care of Myself"

Subgroup rates above 12% for groups with 100 participants or more:

### Age

- 17% >80
- 13% 75 – 79

### Gender

- 13% Female

### Race/Ethnicity

- 14% White

### Education

- 15% Graduate Degree
- 14% Bachelor's Degree

### Household Income

- 17% \$150,000 – \$199,999
- 16% \$100,000 – \$149,999
- 14% \$75,000 – \$99,999
- 13% \$50,000 – \$74,999

# Goal 4: Caregiving that Works

## Concerns & Community Ratings

### Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



**Low** 0% - 12%



**Medium** 13% - 25%



**High** 26% - 38%

### Help with Care

**!** **11%** *“Not Having a Caregiver”*

Subgroup rates above 11% for groups with 100 participants or more:

#### Age

- **16%** 55 – 59
- **12%** >80

#### Gender

- **13%** Female

#### Race/Ethnicity

- **12%** Asian

#### Education

- **12%** Graduate Degree
- **12%** Bachelor's Degree

#### Household Income

- **14%** \$50,000 – \$74,999
- **13%** \$100,000 – \$149,999
- **12%** \$25,000 – \$49,999
- **12%** \$150,000 – \$199,999

### Hospice

**!** **4%** *“End of Life Issues”*

Subgroup rates above 4% for groups with 100 participants or more:

#### Age

- **6%** 75 – 79
- **5%** 65 – 74

#### Gender

- **5%** Female

#### Race/Ethnicity

- **7%** Multi-Racial
- **5%** Asian
- **5%** White

#### Education

- **5%** Graduate Degree
- **5%** Some College

#### Household Income

- **6%** \$25,000 – \$49,999
- **6%** \$75,000 – \$99,999
- **5%** \$50,000 – \$74,999
- **5%** \$150,000 – \$199,999

### Key Findings

About 1 in 10 older adults identified an inability to care for themselves and/or not having a caregiver as a top concern. One-third were also caregivers themselves for someone over age 55. These rates increased to half among those with the highest household incomes, suggesting the ability to be a caregiver is related to income more than other factors in this sample. For those who were caregivers, only 1 in 20 felt their duties prevented them from seeking support services and/or medical care. Those who were over 80 years old, Hispanic/Latino, MENA, spoke Spanish or Korean were more likely to feel uncomfortable using technology or the internet, suggesting that virtual care and support options may not be viable or of interest to some populations.

# Goal 4: Caregiving that Works

## OC Items Related to CA Strategies

### CA Strategy

#### Inclusion & Equity in Aging

The digital divide is an area of potential concern for older adults as virtual care options expand. As reported in **Goal Three**, 10.5% identified the digital divide (lack or access to or familiarity with technology) as a factor that had prevented them from seeking services. Approximately 10% also said the digital divide contributed to their medical and/or behavioral health issues. As stated in **Bridging the Digital Divide Strategy**, not all participants were interested in internet or technology devices. This increased by age group, with the highest rate of no interest, 9%, seen among those 80 years old or older. Additional information and trends about those reporting “not being comfortable with using technology and the internet” are reported on the right.

**12%** Reported not being comfortable using technology and the internet

Subgroup findings for those with 100 participants or more

#### Age

- **24%** > 80 years
- **14%** 75 – 79 years
- **12%** 70 – 74 years
- **9%** 60 – 64 years
- **8%** 65 – 69 years
- **6%** 55 – 59 years

#### Language

- **32%** Spanish
- **21%** Korean
- **16%** Vietnamese
- **7%** English

#### Gender

- **13%** Female
- **11%** Male

#### Race/Ethnicity

- **25%** Hispanic/Latino
- **19%** MENA
- **15%** Asian
- **13%** Multi-racial
- **6%** White

### CA Strategy

#### Family & Friends Caregiving

Unpaid caregiving is often provided by family, including spouses and friends. Over time, this can potentially lead to burdens such as emotional and physical stress and financial hardship. One-third of participants had cared for someone 55 years or older in the past twelve months and 15% had cared for someone under 55 years old. In addition, 14% reported that caregiving responsibilities contributed to their behavioral health concerns. Findings are shown on the right.

**33%** Reported caring for someone 55 years or older in the past 12 months

Subgroup findings for those with 100 participants or more

#### Age

- **44%** 55 – 59 years
- **40%** 60 – 64 years
- **36%** 65 – 69 years
- **32%** 70 – 74 years
- **26%** 75 – 79 years
- **21%** > 80 years

#### Household Income

- **52%** \$300,000+
- **49%** \$200,000 – \$299,999
- **48%** \$150,000 – 199,999
- **46%** \$100,000 – 149,999
- **43%** \$75,000 – 99,999
- **38%** \$50,000 – 74,999
- **31%** \$25,000 – 49,999
- **18%** <\$25,000

#### Race/Ethnicity

- **42%** White
- **34%** MENA
- **30%** Multi-racial
- **23%** Asian
- **19%** Hispanic/Latino

#### Gender

- **36%** Female
- **28%** Male

Lack of caregiver or childcare relief prevented seeking services:

- **6%** Support Services
- **6%** Medical Care
- **3%** Behavioral Health Care

# Goal 4: Caregiving that Works

## OC Caregiver Survey

A separate survey was provided to potential caregivers using a convenience sampling methodology. Caregivers were defined as individuals (e.g., family, friends, volunteers) who were 18 years or older and not paid for the assistance they provided to another person in activities of daily living at home (e.g., shopping, cleaning, cooking, etc.). There were a total of 935 participants after surveys were validated to ensure participants met the defined criteria for being a caregiver. Participants responded to the survey in relation to the person for whom they primarily provided care for if they provided care to multiple older adults. Because the survey was voluntary, some participants did not answer all questions.

**7 Years**

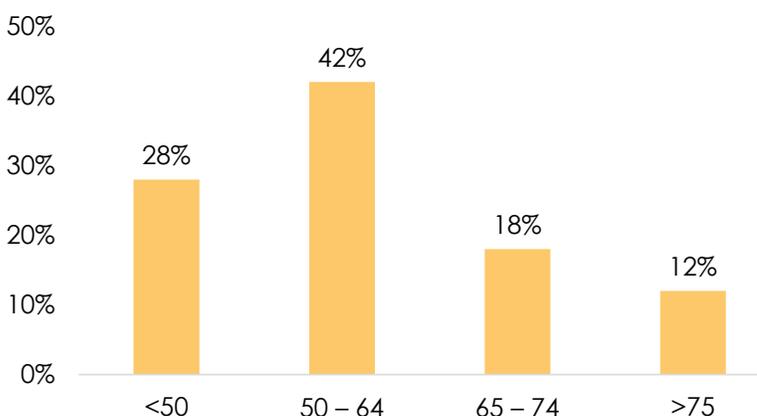
Average time caregivers have **provided care**

**79 Years**

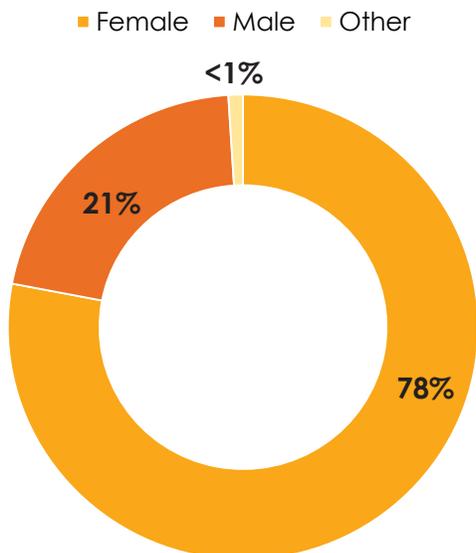
Average age of **those receiving care**

### Caregiver Demographics

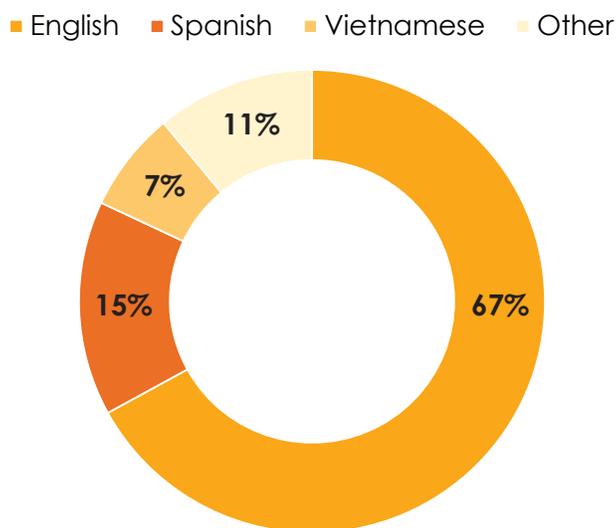
#### Age



#### Gender



#### Primary Language\*



\*Main language spoken with the person for whom they cared

#### Race/Ethnicity

- 49% White
- 20% Hispanic/Latino
- 19% Asian
- 7% Two or More\*\*
- 3% MENA\*\*
- 1% Black/African-American\*\*
- <1% American Indian/Native Alaska\*\*
- <1% Native Hawaiian/Pacific Islander\*\*

\*\*Due to low sample sizes, these race/ethnicity groups were not able to be included in subgroup analyses.

# Goal 4: Caregiving that Works

## OC Caregiver Survey

Subgroups with higher rates on an item are listed below if the subgroup had 100 or more respondents for that item.

### Caregiver Socio-Emotional Functioning

Many caregivers shared that caregiving affects their social lives and emotional well-being:

**66%** Social Lives Affected

#### Age

- 80% 65 – 74
- 69% >75
- 68% 50 – 64

#### Race/Ethnicity

- 76% White

**41%** Feel Isolated

#### Age

- 56% 65 – 74
- 42% >75

#### Race/Ethnicity

- 48% White

**39%** Feel Depressed

#### Age

- 50% 65 – 74
- 41% 50 – 64

#### Race/Ethnicity

- 44% White

### Impact of Caregiving on Caregivers

Most caregivers said caregiving is "somewhat" or "very" difficult in one or more different ways:

**71%** Emotionally Difficult

#### Age

- 79% 65 – 74
- 73% 50 – 64

#### Race/Ethnicity

- 76% Asian
- 74% White

**50%** Physically Difficult

#### Age

- 66% 65 – 74
- 59% >75

#### Race/Ethnicity

- 55% White
- 53% Asian

**58%** Financially Difficult

#### Age

- 60% 65 – 74
- 59% 50 – 64

#### Race/Ethnicity

- 63% Asian
- 62% Hispanic/Latino

### Caregiver Health

About a third of caregivers described having their own health concerns:

**39%** Described their health as "poor" or "fair"

#### Age

- 45% 65 – 74
- 41% <50

#### Race/Ethnicity

- 46% Asian

**33%** Have some kind of health problem

#### Age

- 58% >75
- 49% 65 – 74

#### Race/Ethnicity

- 38% White

### Impact on Working Caregivers

The most commonly reported impact was having to rearrange their work schedules:

**60%** Have a full or part-time job

#### Age

- 45% 65 – 74
- 41% <50

#### Race/Ethnicity

- 46% Asian

**56%** of working caregivers have had to rearrange their work schedules

#### Age

- 58% >75
- 49% 50 – 64

#### Race/Ethnicity

- 38% White

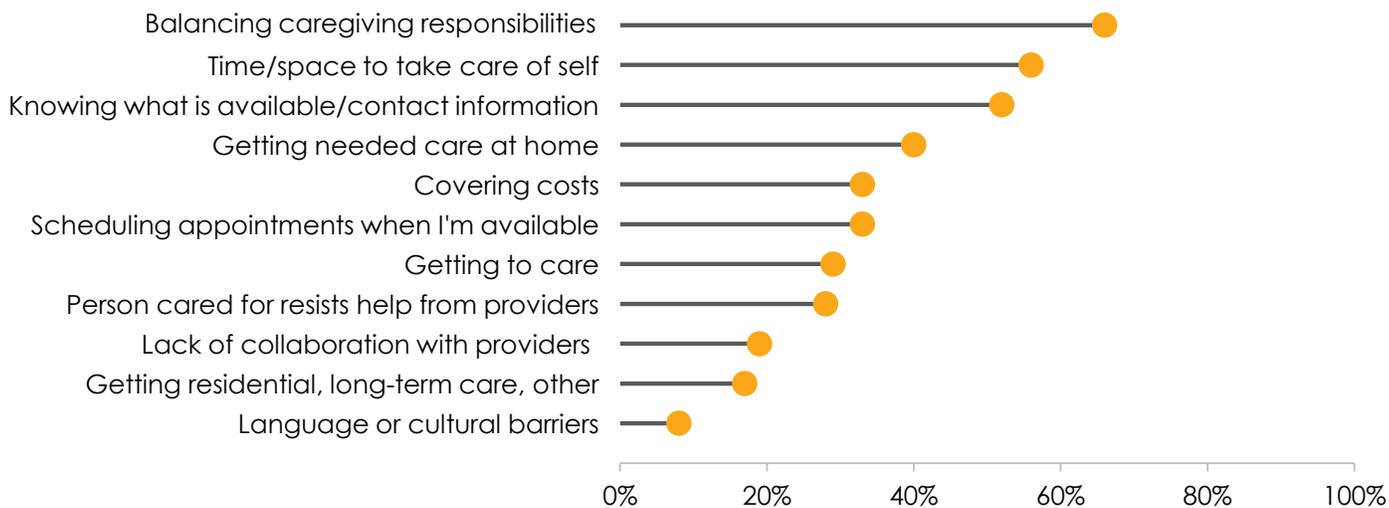
# Goal 4: Caregiving that Works

## OC Caregiver Survey



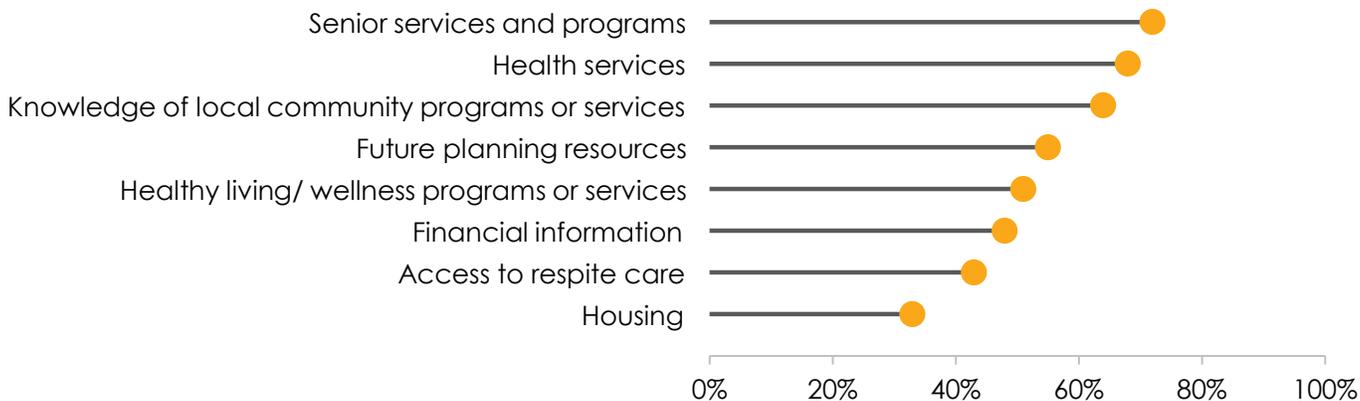
### Biggest Barriers Faced by Caregivers

The areas of biggest concern were related to not having enough time for their responsibilities or themselves, or knowing what resources are available:



### Information & Resources Important to Caregivers

Interest in respite care jumped from 43% to 90% if it was free:



# Goal 4: Caregiving that Works

## OC Caregiver Survey

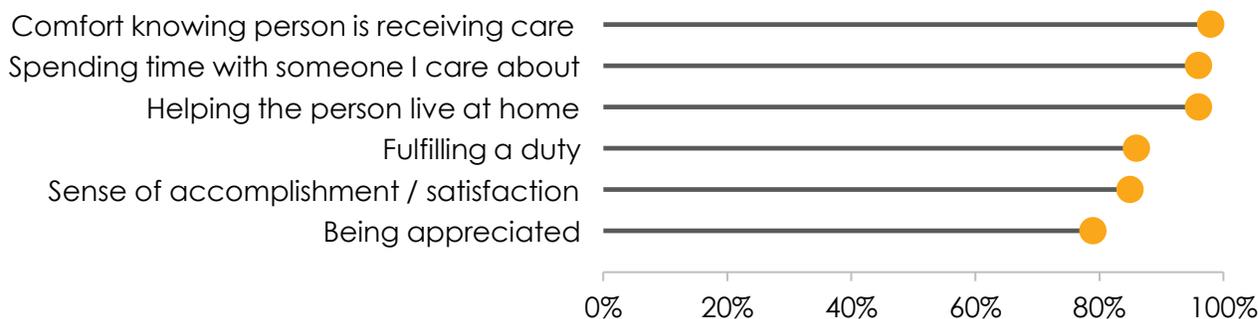
### Preferred Methods of Learning about Resources & Information

Caregivers preferred preferred word of mouth referrals, and online support over in-person support:



### The Importance of Caregiving

While caregiving for a family member or other loved one can take a physical, emotional and social toll, people also shared that they find a great deal of value and meaning in their role as a caregiver:



### Caregiver Key Findings

A majority of friends and family members revealed that caregiving could be emotionally, physically and/or financially challenging, resulting in negative impacts on their social lives and increases feelings of isolation or depression. Their areas of greatest concern were related to lack of sufficient time for their responsibilities or themselves and knowing what resources were available to them. Given their time constraints, it was not surprising that caregivers preferred online support over in-person support. In addition, nearly all, 9 out of 10 participants, expressed interest in free respite care. Despite these challenges, caregivers shared that they find a great deal of value, meaning and comfort in their role as a caregiver for a loved one, including the importance of being able to spend time with the person for whom they were providing the care. They also acknowledged helping those who they cared for contributed to them being able to live and remain at home. Thus, it will be important to learn more about how to provide more effective respite care, which may include tailoring the care according to the medical condition or needs of the patient (i.e., physical/mobility, medication support, memory/dementia-related concerns, etc.). More education and awareness on the value of intergenerational support and connection, as well as self-care and wellness may also be worth exploring as ways of increasing quality of life, options and capacity for caregiving.

# Goal 4: Caregiving that Works

## OC Paid Provider Survey

A separate survey was offered to paid providers, defined as those providing direct services in their professional role by working, communicating and/or interacting directly with patients, clients or consumers of health or social services. Paid providers were also those who provided services to individuals 50 years and older. The survey used a convenience sample and was voluntary for those who completed it, resulting in some opting to not answer all questions. There were a total of 942 providers after surveys were validated to ensure respondents met the defined criteria for being a paid provider.



### Paid Provider's Self-Identified Field of Work\*



Slightly over half of paid providers provided in-home nursing care or supportive services

\*Providers were able to select more than one response.

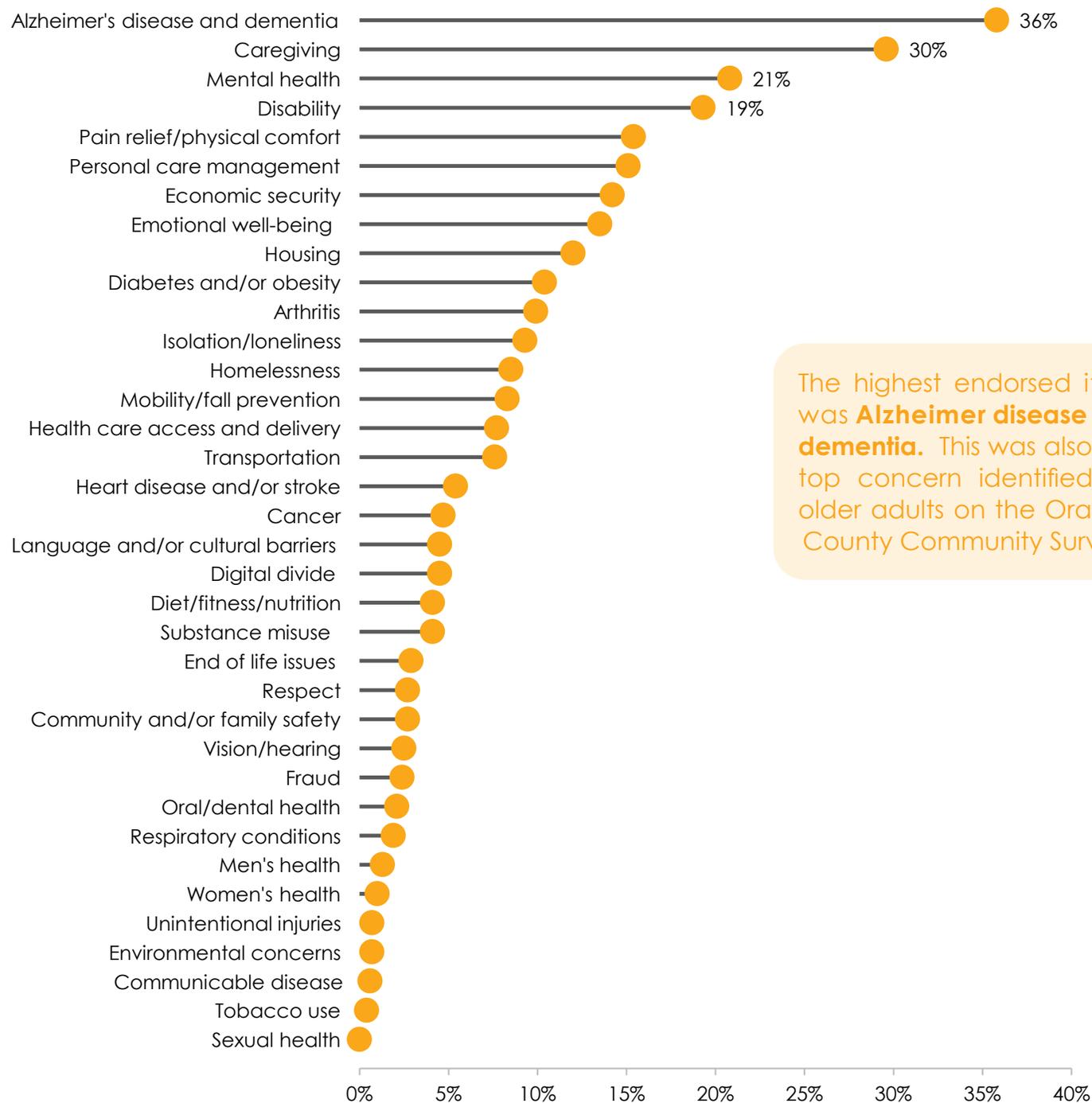
# Goal 4: Caregiving that Works

## OC Paid Provider Survey

### Paid Provider Survey

#### Top Three Most Pressing Health and Social Issues Paid Providers are Seeing in the Communities they Serve

Participants selected up to three items



The highest endorsed item was **Alzheimer disease and dementia**. This was also the top concern identified by older adults on the Orange County Community Survey.

# Goal 4: Caregiving that Works

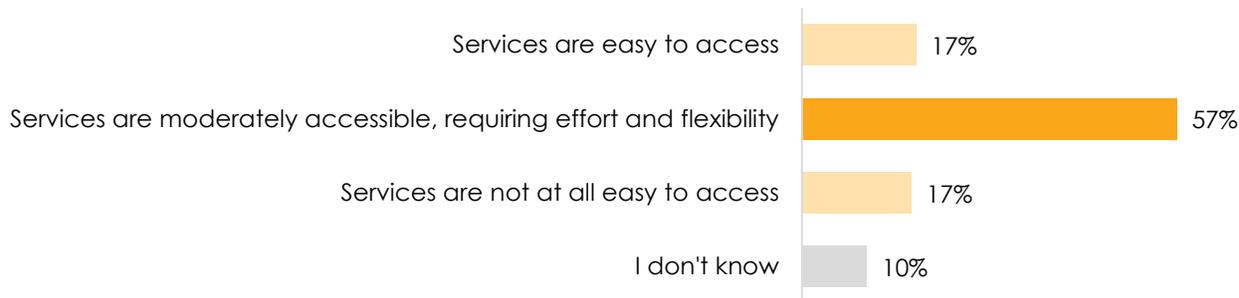
## OC Paid Provider Survey

### Paid Providers' Opinions of Older Adult Services

Paid providers were asked two questions related to services for older adults living within the communities they serve:

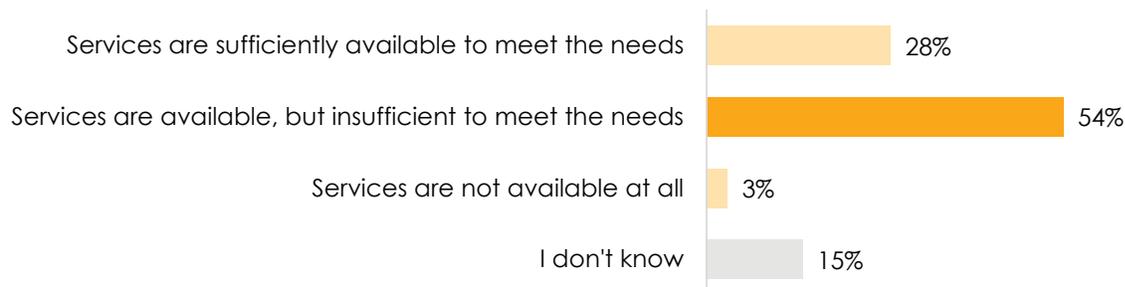
When asked, **“How easy is it to access services for older adults in the communities you serve,”** three out of four providers indicated that services were either easily or moderately accessible for older adults. All of the results are provided in the graph below.

#### Ease of Access to Services for Older Adults



Providers were also asked, **“Overall, is the capacity of services in the communities you serve sufficient to meet the needs of older adults in your community?”** As shown in the graph below, over one-quarter thought services were sufficiently available and over half thought that services were available but insufficient to meet the needs. Only 3% thought services were not available.

#### Capacity of Services for Older Adults



### Paid Provider's Knowledge Related to Programs & Services

On a scale ranging from 0 ("easy") to 10 ("difficult"), providers indicated how easy it was for them to keep up with new programs and services for older adults. The average rating fell at about the midpoint at 5.3.

### Paid Provider Key Findings

According to paid providers responses, the top health or social concerns amongst the clients they serve are in order of highest concern; (1) "Alzheimer disease and dementia" (2) "caregiving" (3) "mental health" and (4) "disability." These findings are consistent with many of those identified by older adults and caregivers. Although more than half of paid providers indicated it was moderately easy to access services for older adults, nearly one in five indicated services were "not at all easy" to access. Providers also indicate it required at least a moderate level of effort to stay current on available programs and services. Finally, a little over half answered that services for older adults were generally available but not at the level needed to meet the needs of the communities in which they worked, suggesting that County of Orange may be able to close service gaps and increase capacity through education and promotion of existing resources rather than building up a new infrastructure of services and supports.



# Goal 5: Affordable Aging Concerns & Community Ratings



As described in the CA Master Plan for Aging, this goal focuses on economic security which is essential to living and aging well. This goal recognizes changes in individuals no longer able to rely on their past income, which consisted of a combination of individual savings, employer-paid pensions and Social Security.

### Scale for Community Ratings

Ratings of "good" and "excellent" by city of residence were averaged across cities and reported below.



**Low** 0% - 30%



**Medium** 31% - 60%



**High** Over 61%

### Financial/Legal Planning

#### Financial or Legal Planning Services



**30%**  
Average

18%  57%

Lowest: Santa Ana **21%** | Highest: Laguna Woods **48%**

Although all cities are included in the average community rating and range for each item, only cities with 100 responses or more are displayed in the highest and lowest comparisons.

# Goal 5: Affordable Aging Concerns & Community Ratings

## Scale for Top Concerns

Percentages reflect how often an item was selected as one of a participant's top three concerns from a list of 31 items. A total of 4,503 respondents selected their top three concerns and were included in the ratings. Item selection rates ranged from 0% – 38%.



## Financial Security

**!!** **14%** *“Not Being Able to Make Ends Meet Financially”*

Subgroup rates above 14% for groups with 100 participants or more:

### Age

- **22%** 55 – 59
- **19%** 60 – 64

### Gender

- **15%** Female

### Race/Ethnicity

- **16%** White

### Education

- **18%** Some College
- **16%** Associate's Degree

### Household Income

- **19%** \$25,000 – \$49,999
- **18%** <\$25,000
- **15%** \$50,000 – \$74,999

## Unhoused

**!** **5%** *“Becoming Homeless”*

Subgroup rates above 5% for groups with 100 participants or more:

### Age

- **8%** 55 – 59
- **6%** 60 – 64

### Gender

- None

### Race/Ethnicity

- **6%** Multi-Racial

### Education

- **9%** Some College

### Household Income

- **11%** <\$25,000
- **6%** \$25,000 – \$49,999

## Key Findings

Participants generally did not rate their communities favorably regarding financial or legal planning services and 15% of participants identified cost of living/economic instability as contributing to their medical and behavioral health concerns. In addition, those reporting the lowest household incomes (i.e., <\$25,000 annually) were also the most likely to be concerned about making ends meet financially and about becoming homeless. From a long-term planning perspective, it is important to note that 59% of participants owned their own home and that home ownership rates were highest among participants in the older age groups. This suggests that as the Orange County population continues to age, there may be fewer homeowners over time and an increasing proportion of residents living in rental properties or other potentially less stable housing settings. As such, Orange County communities should consider identifying potential strategies on how to support the housing needs and housing stability of its residents, thereby maximizing their options for living and aging well in place.

# Goal 5: Affordable Aging

## OC Items Related to CA Strategies

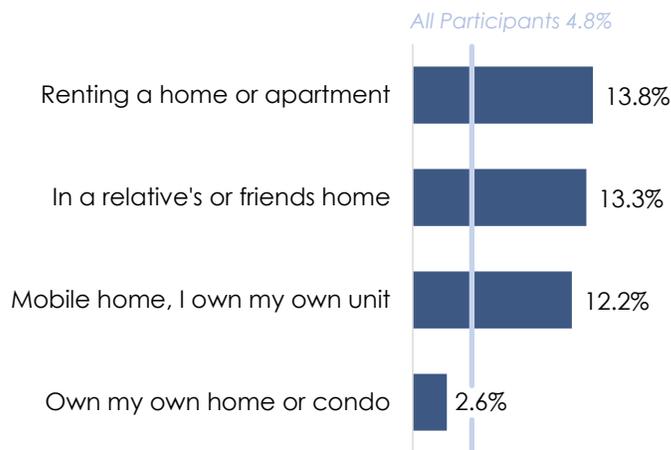
### CA Strategy

#### End Older Adult Homelessness

Continuing to support the development and expansion of homes has been a priority in Orange County. From the list of 31 concerns, 4.8% of all participants selected “becoming homeless” as a top concern. Further details of subgroups are provided on this page. Although overall this was a low percentage, it is important to note that 59% of survey respondents own their own home and home ownership was highest among participants in the upper age ranges. Furthermore, of those who were homeowners, 2.6% selected “becoming homeless” as one of their top three concerns. This suggests that as individuals age, there may be more older adults in Orange County living in rental properties or other housing settings. In relation to health, 5% felt homelessness/not being able to afford housing contributes to their medical issues and 4% reported homelessness contributes to their behavioral health issues.

#### Current Living Situation

Selection rates for “becoming homeless” as a top three concern for those with 100 participants or more.



#### Selection Rates for “Becoming Homeless”

Non-Home Owner	Subgroup	Home Owner
	<b>Age</b>	
22%	55-59	3%
19%	60-64	3%
19%	65-69	3%
14%	70-74	4%
10%	75-79	1%
8%	80 and above	1%
	<b>Gender</b>	
16%	Female	3%
16%	Male	2%
10%	Unknown	3%
	<b>Race/Ethnicity</b>	
5%	Asian	1%
18%	Hispanic/Latino	8%
20%	White/Caucasian	2%
17%	Multi-Racial	5%
-	Prefer not to answer	3%
	<b>Education</b>	
15%	High School-GED or less	8%
18%	Some college	5%
19%	Associate degree	1%
13%	Bachelors degree	2%
16%	Graduate degree	1%
	<b>Household Income</b>	
19%	Less than \$25,000	7%
15%	\$25,000 - \$49,999	4%
14%	\$50,000 - \$74,999	3%
6%	\$75,000 - \$99,999	1%
-	\$100,000 - \$149,999	1%
-	\$150,000 - \$199,999	2%
-	\$200,000 - \$299,999	2%
-	\$300,000 or more	0%
10%	Not selected	3%



# Orange County Master Plan for Aging Considerations

The County of Orange is grateful for the community voices reflected in this report. The following strategy considerations are intended to help identify and address areas of need, with the understanding that they may be refined or adjusted as circumstances evolve.



## Goal 1: OCMPA Considerations

- Expand availability of accessible housing and related services.
- Promote living environments that support older adults' participation in daily activities through community- and aging adult-centered design for livable spaces that can be used by people with physical, sensory, or cognitive limitations.
- Support legislative advocacy strategy at the State and Federal level for additional funding and increase Assisted Living waivers.
- Strengthen emergency preparedness, disaster planning and localized evacuation plans for older adults.



## Goal 2: OCMPA Considerations

- Strengthen partnerships with health plans and systems to explore innovative service delivery models.
- Encourage the integration of patient-centered care approaches that include virtual, in-person and care navigation services.
- Expand awareness efforts on disease prevention and chronic disease management, including behavioral health and dementia care.
- Enhance coordination across providers to support comprehensive health care needs and timely access to benefits.
- Promote awareness and utilization of available services to support older adults' overall well-being and prevent hospitalizations.



## Goal 3: OCMPA Considerations

- Create opportunities for socialization through programs and community spaces that incorporate digital access and diverse communication methods.
- Explore strategies to promote workplace inclusion of older adults.
- Address transportation barriers to ensure accessibility and independence.
- Enhance service coordination to address systemwide needs with a culturally inclusive approach to reduce isolation.



## Goal 4: OCMPA Considerations

- Continue in-home assistance programs to help individuals remain safely in their homes.
- Collaborate with community organizations to develop culturally inclusive caregiver support resources.
- Expand support for both paid and unpaid caregivers through improved matching processes, training and services.
- Explore partnerships with academic and health institutions to strengthen the caregiver workforce.
- Enhance assessment tools to better identify caregivers who need support networks and respite options.



## Goal 5: OCMPA Considerations

- Expand efforts to prevent older adult homelessness and reduce barriers to accessing housing programs.
- Support legislative initiatives for increased funding of affordable housing and supportive services.
- Explore opportunities to improve income security and address job loss impacts on older workers.
- Strengthen linkages to critical resources such as food assistance and legal aid.
- Enhance financial safety net programs to prevent housing and food insecurity.
- Collaborate with partners to develop financial support services tailored to the needs of older adults.



## Next Steps

This report summarizes findings from three surveys on several topics related to the infrastructure and safety preparedness of the cities in which Orange County older adults live; local social activities and health and support services available to them; challenges faced when trying to access various services for older adults; and older adults' sense of belonging and connectedness to their communities. While these results cannot be assumed to generalize to all older adults or populations within Orange County, the current findings nevertheless provide valuable glimpses into the perspectives of the older adults, their caregivers and the providers who responded to the surveys. In turn, community organizations, stakeholders, the public and the County of Orange may find it helpful to consider these perspectives as they 1) evaluate how their respective services and programs are meeting – or could be modified to meet – different areas of need identified by the survey respondents and 2) contemplate next steps in data collection and information gathering as the County of Orange and its partners embark on the development of the OCMPA.

As most of the participants felt the County's role was to “provide a safety net covering basic human needs,” “be an educator” and/or “be a facilitator,” the community's preferred role for the County is to help coordinate and lead efforts as opposed to taking “the lead in all aspects.” Partnerships with community-based organizations (CBO's) will be identified, as well as opportunities to empower CBO's and agencies to find innovative ways to meet the needs of older adults that go above and beyond County of Orange safety net services. The County's intent to deepen its partnerships with community-based organizations that are active in serving older adults and caregivers will not only help make the OCMPA a true partnership with the community, but also increase local economic resilience and investment. Finally, the County is positioned to advocate for additional state and federal funding sources to support the development, implementation and sustainability of strategies that will be identified in the OCMPA.

Importantly, the OCMPA will be developed with the understanding that it can and should evolve as needed. The County of Orange is committed to regularly reviewing and incorporating, where appropriate, emerging trends and data reported by the California Master Plan for Aging, ultimately helping Orange County communities ensure that they foster safe, healthy and fulfilling places for older adults today and in the generations to come.

# Additional Data Resources Aligned with CA Goals

## Goal 1: Housing for All Ages & Stages

- [AARP Livability Index](#): Number of subsidized housing units per 10,000 population
  - [California Department of Parks and Recreation Community Fact Finder](#): Percent of adults age 60 or older who live within a half mile of a park and who live in communities with less than three acres of parks or open space per 1,000 residents
  - [FHA National Household Travel Survey](#): Percent of low emission person trips, by mode (includes walking)
- 

## Goal 2: Health Reimagined

- [California Department of Aging](#): Number of older adults (65+) with access to resources (e.g., caregiver resource centers, home health provider, etc.)
  - [UCLA Long-Term Services and Supports Survey](#): Percent of those 18 years old or older with a self-identified difficulty who need help with various activities or have paid through various means for assistance
  - [California Health Interview Survey](#): Reported insurance coverage by survey respondents
  - [California Department of Health Care Access and Information](#): Number of adults age 60 or older who died by suicide by 100,000 people
  - [Centers for Disease Control and Prevention](#): Number of fall-related deaths per 10,000 adults 65 years and older, percent of those aged 65 and older who experienced subjective cognitive decline or memory loss
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## Goal 3: Inclusion & Equity, Not Isolation

- [California Health Interview Survey](#): Percentage of those over 60 reporting life satisfaction and willingness of people in their neighborhood for helping people.
  - [California Public Utilities Commission](#): Percentage of those age 65 or older with internet availability
  - [California Lifeline](#): Rates for those 65 and older in the California Lifeline Program
  - [California Department of Social Services](#): Number of clients aged 65 and over per 100,000 residents, Number of those aged 65 and older with report filed (e.g., abuse, allegations of neglect, etc.)
  - [California Department of Aging](#): Number of complaints regarding care facilities (e.g., residential care facilities for the elderly, skilled nursing facilities, etc.)
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## Goal 4: Caregiving that Works

- [California Health Interview Survey](#): Percent of those 18 years and older of those who self-reported providing care to a family member or friend with a serious or chronic illness or disability and the effects on the respondent (e.g., experienced a change in job status, financial stress, etc.)
  - [California Employment Development Department](#): Number of paid caregivers per 1,000 adults for those aged 65 or older
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## Goal 5: Affordable Aging

- [US Census Data](#): Housing Cost Ratios to determine house burden
- [2019 California Elder Index](#): Basic costs faced by elder adults
- [California Health Interview Survey](#): Public program eligibility and reported income for respondents
- [CDSS Cal Fresh](#): Recipients of Cal Fresh

# Appendix

Participants were asked “**What is your race/ethnicity? (Select all that apply.)**” If a participant selected “Asian” or “Hispanic/Latino,” they were asked to provide additional detailed race/ethnicity responses. Response percentages are displayed in the tables below.

## Self-identified Asian Categories

Another Asian	0.1%
Bangladeshi	0.0%
Burmese	0.0%
Cambodian	0.4%
Chinese not Taiwanese	2.1%
Filipino	1.0%
Hmong	0.0%
Indian	0.9%
Indonesian	0.1%
Japanese	0.8%
Korean	2.8%
Laotian	0.0%
Malaysian	0.0%
Nepalese	0.0%
Sri Lankan	0.0%
Taiwanese	0.5%
Thai	0.1%
Vietnamese	6.1%

## Self-identified Hispanic/Latino Categories

Argentinean	0.2%
Bolivian	0.1%
Chilean	0.1%
Colombian	0.3%
Costa Rican	0.1%
Cuban	0.2%
Dominican	0.0%
Ecuadorian	0.1%
Guatemalan	0.3%
Honduran	0.1%
Mexican	10.5%
Nicaraguan	0.0%
Panamanian	0.0%
Peruvian	0.5%
Puerto Rican	0.2%
Salvadoran	0.6%
Spanish	0.5%
Spanish American	0.2%
Uruguayan	0.0%
Venezuelan	0.1%

# Appendix

City percentages are listed for cities with 100 participants or more.

Availability of Accessible Housing	
City	Percentage
Anaheim	25.6%
Costa Mesa	15.8%
Fullerton	32.4%
Garden Grove	28.7%
Huntington Beach	23.0%
Irvine	22.8%
Laguna Woods	65.8%
Lake Forest	19.4%
Mission Viejo	25.3%
Orange	24.0%
Santa Ana	26.7%
Seal Beach	77.7%
Unincorporated	23.9%
Westminster	30.2%
Yorba Linda	16.8%

Community as a Place to Retire	
City	Percentage
Anaheim	48.5%
Costa Mesa	45.5%
Fullerton	56.8%
Garden Grove	40.5%
Huntington Beach	66.8%
Irvine	66.1%
Laguna Woods	94.7%
Lake Forest	69.1%
Mission Viejo	78.7%
Orange	55.3%
Santa Ana	39.4%
Seal Beach	89.3%
Unincorporated	61.1%
Westminster	42.4%
Yorba Linda	72.8%

# Appendix

City percentages are listed for cities with 100 participants or more.

## Availability of Daytime Care Options

City	Percentage
Anaheim	22.5%
Costa Mesa	10.9%
Fullerton	17.1%
Garden Grove	26.6%
Huntington Beach	24.4%
Irvine	24.0%
Laguna Woods	37.7%
Lake Forest	15.8%
Mission Viejo	24.0%
Orange	21.8%
Santa Ana	24.8%
Seal Beach	25.9%
Unincorporated	20.4%
Westminster	27.3%
Yorba Linda	12.5%

## Availability of Long-Term Care Options

City	Percentage
Anaheim	26.3%
Costa Mesa	13.9%
Fullerton	23.4%
Garden Grove	21.5%
Huntington Beach	21.7%
Irvine	23.8%
Laguna Woods	33.3%
Lake Forest	24.8%
Mission Viejo	33.5%
Orange	25.1%
Santa Ana	21.0%
Seal Beach	26.8%
Unincorporated	24.8%
Westminster	22.3%
Yorba Linda	26.1%

# Appendix

City percentages are listed for cities with 100 participants or more.

## Ease of Transportation

City	Percentage
Anaheim	40.7%
Costa Mesa	38.6%
Fullerton	43.2%
Garden Grove	40.9%
Huntington Beach	46.1%
Irvine	37.2%
Laguna Woods	75.4%
Lake Forest	43.0%
Mission Viejo	41.6%
Orange	29.1%
Santa Ana	36.1%
Seal Beach	77.7%
Unincorporated	30.1%
Westminster	48.2%
Yorba Linda	34.2%

## Public Places where People want to Spend Time

City	Percentage
Anaheim	47.2%
Costa Mesa	43.6%
Fullerton	49.5%
Garden Grove	43.0%
Huntington Beach	73.3%
Irvine	69.6%
Laguna Woods	79.8%
Lake Forest	55.8%
Mission Viejo	70.6%
Orange	50.3%
Santa Ana	46.2%
Seal Beach	82.1%
Unincorporated	67.3%
Westminster	42.4%
Yorba Linda	61.4%

# Appendix

City percentages are listed for cities with 100 participants or more.

## Availability of Affordable Health Care

City	Percentage
Anaheim	40.5%
Costa Mesa	31.7%
Fullerton	30.6%
Garden Grove	31.6%
Huntington Beach	36.9%
Irvine	40.9%
Laguna Woods	50.9%
Lake Forest	37.0%
Mission Viejo	33.5%
Orange	36.3%
Santa Ana	39.3%
Seal Beach	60.7%
Unincorporated	32.7%
Westminster	28.1%
Yorba Linda	30.4%

## Openness & Acceptance of the Community toward Older Residents of Diverse Backgrounds

City	Percentage
Anaheim	40.5%
Costa Mesa	30.7%
Fullerton	36.9%
Garden Grove	40.5%
Huntington Beach	47.9%
Irvine	50.1%
Laguna Woods	73.7%
Lake Forest	55.8%
Mission Viejo	53.4%
Orange	44.7%
Santa Ana	38.3%
Seal Beach	81.3%
Unincorporated	60.2%
Westminster	38.1%
Yorba Linda	51.6%

# Appendix

City percentages are listed for cities with 100 participants or more.

## Opportunity for Community Involvement

City	Percentage
Anaheim	50.4%
Costa Mesa	57.4%
Fullerton	46.8%
Garden Grove	48.1%
Huntington Beach	79.3%
Irvine	67.3%
Laguna Woods	86.8%
Lake Forest	69.7%
Mission Viejo	79.6%
Orange	60.3%
Santa Ana	44.2%
Seal Beach	86.6%
Unincorporated	63.7%
Westminster	42.4%
Yorba Linda	73.9%

## Public Places where People want to Spend Time

City	Percentage
Anaheim	47.2%
Costa Mesa	43.6%
Fullerton	49.5%
Garden Grove	43.0%
Huntington Beach	73.3%
Irvine	69.6%
Laguna Woods	79.8%
Lake Forest	55.8%
Mission Viejo	70.6%
Orange	50.3%
Santa Ana	46.2%
Seal Beach	82.1%
Unincorporated	67.3%
Westminster	42.4%
Yorba Linda	61.4%

# Appendix

City percentages are listed for cities with 100 participants or more.

## Quality & Variety of Employment Opportunities

City	Percentage
Anaheim	28.4%
Costa Mesa	17.8%
Fullerton	27.9%
Garden Grove	25.7%
Huntington Beach	29.0%
Irvine	36.2%
Laguna Woods	31.6%
Lake Forest	32.1%
Mission Viejo	26.2%
Orange	31.8%
Santa Ana	22.0%
Seal Beach	26.8%
Unincorporated	14.2%
Westminster	21.6%
Yorba Linda	32.1%

## Financial or Legal Planning Services

City	Percentage
Anaheim	29.0%
Costa Mesa	22.8%
Fullerton	28.8%
Garden Grove	22.8%
Huntington Beach	37.3%
Irvine	36.2%
Laguna Woods	48.2%
Lake Forest	28.5%
Mission Viejo	35.3%
Orange	30.7%
Santa Ana	20.7%
Seal Beach	36.6%
Unincorporated	28.3%
Westminster	24.5%
Yorba Linda	36.4%

