

2023 Local Master Plan for Aging Kings & Tulare Counties



Table of Contents

Executive Summary	3
Introduction.....	8
Acknowledgements	9
Background/ Context: Kings and Tulare Counties	11
Methods	15
 Needs Assessment Findings and Recommendations	
Caregiving	22
Housing.....	28
Food Insecurity	34
Transportation.....	38
Outreach	42
 Conclusion.....	 46
 Appendices	
Appendix A: Rural MPA Survey Questions	48
Appendix B: Rural MPA Survey for Professionals in the Field of Aging.....	55

Executive Summary

Background

The Kings Tulare Area Agency on Aging and regional partners have collaborated to develop a Local Master Plan for Aging (LMPA) in Kings and Tulare Counties. The plan complements the California Master Plan for Aging, a 10-year blueprint for promoting healthy aging and supporting quality of life launched in January 2021 by the Newsom Administration under Executive Order N-14-19. The Kings/Tulare Master Plan for Aging Advisory Committee, supported by The SCAN Foundation, spearheaded the development of the plan, incorporating community input. This report focuses primarily on the findings from a needs assessment conducted between October 2022 and October 2023, key recommendations gathered from community stakeholders and the Kings/Tulare Master Plan for Aging Advisory Committee, and initial steps and recommendations to achieve key goals. The Master Plan for Aging is a living document and will be further revised when revisited by various organizations, non-profits, governmental and county agencies, who are committed to improving the resources and services for older adults and persons with disabilities.



Methods

After reviewing Census and organizational data, three key areas of concern were identified: housing, caregiving, and food/nutritional insecurity. Older adults, persons with disabilities, and health and human services professionals in both Kings and Tulare counties were interviewed for their perspective on existing services, needs, challenges, and recommendations for improving services and programs. Through the survey process two additional areas of concern emerged, lack of knowledge regarding existing services, and transportation.

Needs Assessment Findings and Recommendations

The Kings/Tulare Master Plan for Aging Advisory Committee developed this plan to build a strong foundation for improving quality and access to long-term services and supports in Kings and Tulare Counties. The Master Plan for Aging calls on us to critically examine the needs of our older population, re-envision the services we offer in our community, and leverage our existing resources and relationships to create an age friendly community, supporting persons across their lifespan. The LMPA plan outlines five broadly defined goals, and strategic priorities necessary to achieve these goals. To address these concerns, we will need a combination of programs and services and public and private sectors working together, across age groups to meet intergenerational needs.

Caregiving

Caregiving includes receiving help from family and/or friends, as well as receiving help from paid caregivers and/or In Home Supportive Services (IHSS). Approximately 1/3rd of the respondents were either current or past caregivers, and 25% were care recipients. The primary focus of most caregivers was their need for continued support and training in their caregiving role, assistance navigating the social service and health care system, and respite.

Goal 1: Support families and persons in caregiving roles.

- **Strategic Priority 1.1:** Build formal and informal caregiver capacity through training and access to resources.
- **Strategic Priority 1.2:** Streamline navigation with social and health care services. Coordinate care throughout all systems.
- **Strategic Priority 1.3:** Support informal family caregivers by building respite capacity and access to formal service providers.
- **Strategic Priority 1.4:** Enhance the support structure for persons with Alzheimer’s and related Dementias, and their family caregivers.



Housing

Many older adults need affordable housing, home modifications, and oftentimes various levels of caregiver support to live independently. Family and community support increase independence and physical and emotional well-being. Intergenerational living reduced housing costs for all generations as respondents discussed sharing costs for utilities, rent, and other household expenses.

Goal 2: Support aging in the community with housing options, allowing older adults to live independently and with dignity.

- **Strategic Priority 2.1:** Assist older adults to remain in the community by providing affordable home modification services, home maintenance, and assistive technology.
- **Strategic Priority 2.2:** Advocate with others to support affordable and subsidized congregate housing options for older adults.
- **Strategic Priority 2.3:** Work with others to connect older adults and persons with disabilities to affordable housing and social services to prevent and end homelessness.

Nutrition and Food Security

Sixty percent of the respondents experienced food insecurity due to limited finances, and 20% experienced food insecurity due to health concerns. There are many existing resources to support older adults who are experiencing food insecurity. While seniors are experiencing food insecurity, it is generally barriers to accessing existing services which need to be addressed.

Goal 3: Support healthy aging in the community by reducing food insecurity.

- **Strategic Priority 3.1:** Strengthen the network of nutrition services to address disparities by reaching unserved and underserved older adults.
- **Strategic Priority 3.2:** Reduce Barriers to Food and Nutrition Assistance Programs and Services.
- **Strategic Priority 3.3:** Improve access to affordable food through sustained advocacy.

Transportation

Transportation was identified as a crucial issue for many older adults and persons with disabilities who may be forced to relinquish driving due to physical or cognitive health decline. Older adults in rural areas expressed the need for better transportation options to larger towns to access grocery stores, attend doctor's appointments, and meet other social and living needs.

Goal 4: Support aging in the community with access to affordable and equitable transportation options.

- **Strategic Priority 4.1:** Work with others to remove barriers to affordable and accessible transportation for older adults and persons with disabilities to increase access to health and social services.

- **Strategic Priority 4.2:** Improve access to transportation through sustained advocacy.



Outreach

Almost all respondents indicated some lack of knowledge. Some respondents were not aware of existing services, some did not know how to qualify for services, and many wanted information on aging issues in general. Service providers also are not often aware of all the resources and programs available to older adults and persons with disabilities. To increase access to services, agencies, organizations, and providers need to connect with each other and create targeted outreach opportunities.

Goal 5: Improve communication and awareness of services and community resources.

- **Strategic Priority 5.1:** Increase equitable public awareness of and access to services.
- **Strategic Priority 5.2:** Increase resource and organizational knowledge across health and human service agencies, non-profit and governmental organizations, faith-based organizations, and related providers.



Introduction

The Central Valley Long Term Support and Services (CVLTSS) Coalition grew out of the expanded efforts of the Fresno – Madera Elder Abuse Prevention Roundtable (EAPRT). EAPRT started in 1997 with 15 participants. Today the CVLTSS Coalition covers Fresno, Madera, Kings, and Tulare counties and includes members from protective agencies, social services agencies, law enforcement, legal services, senior service providers, private attorneys, and advocates. The mission is to promote greater understanding of the long-term social service and support needs of older and dependent adults and to advocate for the development of public policies to target this population most effectively through service development and coordination. CVLTSS works in partnership with EAPRT, as well as additional organizations to inform and encourage providers and consumers to have a voice in statewide policy discussions.

In November 2021, the SCAN Foundation approached the CVLTSS Coalition with an opportunity to support the development of a Local Master Plan for Aging in the Central Valley region. The Local Master Plan on Aging would complement the California Master Plan for Aging, a 10-year blueprint for promoting healthy aging and supporting quality of life launched in January 2021 by the Newsom Administration under Executive Order N-14-19. The decision was made to focus the Local Master Plan on Aging project in Kings and Tulare counties, as both counties are less populous and more rural than Fresno. An Advisory Committee was formed, comprised of representatives from both counties. The Kings/Tulare Master Plan for Aging (K/T MPA) Advisory Committee is a group of individuals representing various organizations, non-profits, governmental and county agencies, and county representatives who are committed to improving resources, programs, and services for older adults in both counties.

The Local Master Plan for Aging report is created to be a living document. This report primarily focuses on data provided by organizations serving older adults, findings from a needs assessment conducted Fall of 2022, and feedback on the plan presented at a public community forum in October 2023. The K/T MPA Committee considered recommendations and developed the initial Local Master Plan for Aging Report. The committee continues to welcome input and engagement in the planning efforts to ensure the plan effectively serves the community.

Acknowledgements

Development of the Local Master Plan for Aging for Kings and Tulare Counties was guided by an Advisory Committee representing key local stakeholders:

- Tulare County Supervisor Pete Vander Poel
- Kings County Supervisor Joe Neves
- Linda Launer, Dinuba City Council
- Anita Ortiz, Associate Director, Tulare County Health and Human Services Agency
- John Mauro, Deputy Director, Tulare County Health and Human Services Agency
- Jason Kemp Van Ee, Social Services Program Manager, Kings County Human Services Agency
- Bobbie Wartson, Executive Director, Kings County Commission on Aging
- Martin Nogues, 211 Director, United Way of Tulare County
- Suzanna Gamez, Executive Director, Resources for Independence, Central Valley
- Raquel Gomez, Division Director for Community Initiatives, Community Services Employment Training (CSET)
- Roberto Garcia, Housing Specialist, Self-Help Enterprises
- Dayna Wild, Division Manager, K/T AAA Director, Tulare County Health and Human Services Agency

Organizations providing input and information, although not on the advisory committee:

- Valley Caregiver Resource Center
- Alzheimer's Association

The Advisory Committee leadership included:

- **Dayna Wild**, Division Manager, K/T AAA Director, Tulare County Health and Human Services Agency
- **Helen Miltiades**, PhD, Agewell Fresno, Independent Consultant; Professor of Gerontology, California State University, Fresno

The following consultants supported the project:

Pauline DeLange Martinez, MA, Independent Consultant; Research and Community Engagement Manager, Family Caregiving Institute, Betty Irene Moore School of Nursing, University of California, Davis

We want to thank our partners at the California Department of Aging who met with project leaders quarterly and provided invaluable support and guidance to the initiative: **Amanda Lawrence**, MPH, Project Director, Master Plan for Aging; **Jackie Siukola Tompkins**, PhD, MPH, CPH, MCHES, Senior Strategist, CA Master Plan for Aging; and **Mariya Kalina**, Executive Director of the California Collaborative for Long Term Services and Supports.

Finally this project was “supported by a grant from The SCAN Foundation. The SCAN Foundation envisions a society where all of us can age well with purpose. We pursue this vision by igniting bold and equitable changes in how older adults age in both home and community. For more information, please visit www.TheSCANFoundation.org.” Specifically, we would like to recognize **Kali Peterson**, MS, MPA, Program Officer, for her ongoing guidance and support.

Background & Context

Centrally located within the State of California, Kings and Tulare counties are sprawling and geographically diverse regions and are two of eight counties comprising the San Joaquin Valley. The bi-county area includes 6,231 square miles. Tulare County has 4,823 square miles of land area and is the 7th largest county in California by total area. Kings County has 1,391 square miles of land area and is the 34th largest county in California by total area. Mountain peaks of the Sierra Nevada range rise to more than 14,000 feet in its Eastern half. Meanwhile, the extensively cultivated and very fertile valley floor in the Western half has allowed the counties to become leading producers of agricultural commodities in the United States. Kings County ranks as the 8th leading agricultural county in California. Similarly, the Western half of Tulare County is one of the leading producers of agricultural commodities in the United States. In addition to substantial packing/shipping operations, light and medium manufacturing plants are becoming an important factor in the county's total economic picture (Community Services Employment Training, 2019).

The Eastern half of Tulare County is comprised primarily of public lands within the Sequoia National Park, National Forest, and the Mineral King, Golden Trout, and Domelands Wilderness areas. Tulare County has eight incorporated cities, while Kings County has four. Unincorporated areas make up approximately 30% of the population in both Kings and Tulare Counties. The largely rural nature of the area contributes to the challenge in reaching and providing services to seniors residing in these areas.

According to the American Community Survey 5-Year Estimates, Tulare County was home to 477,544 residents, and Kings County home to 152,981 residents (US Census Bureau, 2023b). Both counties are younger on average, compared to most other California counties. Approximately 15.5% and 14% of the population in Tulare and Kings counties, respectively, are aged 60 or older (U.S. Census Bureau, 2021a,b). In terms of ethnic and racial diversity, 65% of Tulare County residents younger than 65 claim a Latino Heritage, while only 39% of those 60 and older have a Hispanic or Latino heritage. A similar trend is seen in Kings County, with 55% of younger adults identifying as having a Hispanic or Latino heritage and only 38% of older adults claiming such heritage. Both counties have smaller proportions of individuals from other racial backgrounds,

6% or less identifying as Black/African American, Asian, American Indian/ Alaskan Native, Native Hawaiian/Pacific Islander, and two or more races. As the population continues to age, racial and ethnic diversity will increase (U.S. Census Bureau, 2021a,b).

Tulare County's health outcome ranking has consistently been in the bottom eight of California counties since 2016 (Community Services Employment Training, 2019). San Joaquin Valley residents are more likely to die before age 65 and lose more years of life after age 65 than other Californians (Central California Center for Health and Human Services, n.d.). The County ranks as the lowest in the state (58th) for overall health factors including healthy behaviors, clinical care, social and economic factors, and physical environment (Community Services Employment Training, 2019). Rural residents who live in the numerous remote communities in this geographically large county have limited access to primary and specialty medical care (Tulare County Public Health, 2017). A focus group expressed that the public transit infrastructure is lacking in rural areas, making it difficult for residents to get around their town and/or travel to the larger cities in Tulare County (Community Services Employment Training, 2019). Highest rated needs identified for seniors include home visitation and check-in programs, transportation assistance, and adult day care programs (Community Services Employment Training, 2019).

Poverty is also a concern in both counties; of adults aged 60 and older approximately 12% in Kings, and almost 15% in Tulare County are below the poverty level. Approximately 10% in both counties are near-poor, or between 100 – 149% of the poverty level. In a community assessment survey only 38% of respondents agreed that they have enough money to pay the bills each



month. Respondents more likely to struggle with income security were people with disabilities, caregivers, and primarily Spanish speakers (Kings/ Tulare Area Agency on Aging, 2020). A large majority of caregivers (70%), and Spanish speakers (53%) explained their medications and healthcare are not affordable (Kings/ Tulare Area Agency on Aging, 2020). The community assessment conducted for this MPA report also asked respondents if they had difficulty paying bills. Over half of the respondents indicated they experienced financial insecurity, either monthly, or multiple times a year.

Affordable housing is another challenge faced by low-income individuals and families in both Kings and Tulare counties. In Tulare County, 36% of all households are spending more than 30% of their monthly income for housing expenses (Community Services Employment Training, 2019). The Kings County Community Health Assessment revealed 48% of renters spend 30% or more of household income on rent (Kings Partnership for Prevention, 2020). The assessment concluded that 23% of Kings County survey respondents have trouble paying their rent or mortgage, and 23% are experiencing “severe housing problems” (Kings Partnership for Prevention, 2020).

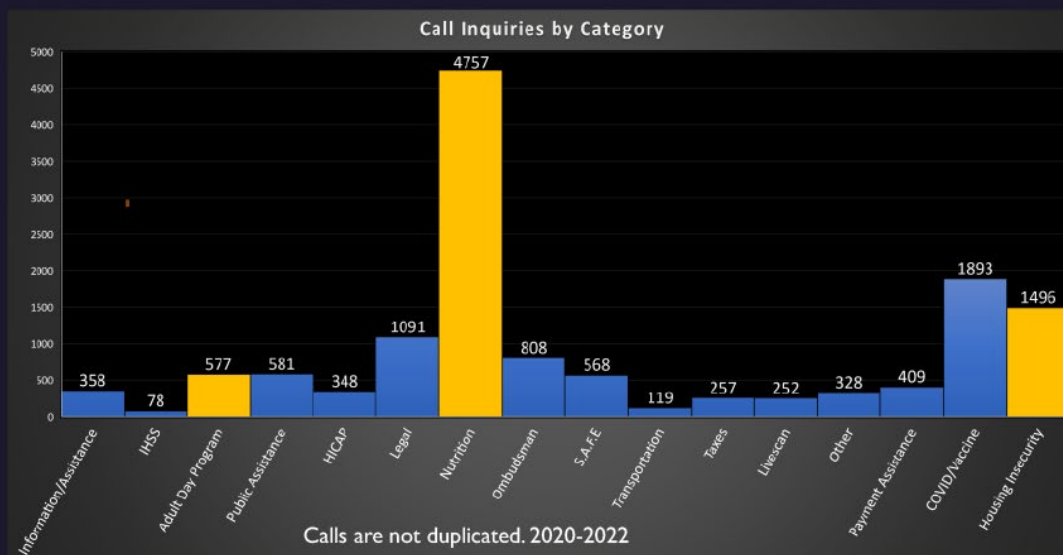
Many of these needs reflect the rural nature of both counties and the difficulty seniors experience accessing services due to geographic disparities. Efforts to meet diverse social and cultural needs will improve quality of life and enhance the capacity of older adults to productively engage with and contribute to society. Policies created to assist older adults and persons with disabilities also benefit families and caregivers. As such, policies should not be solely focused on vulnerable elders. Rather a general mindset of prevention is needed to improve societal welfare and strengthen the social and health care economy. Raising public awareness is critical to creating culture change where older adults and persons with disabilities are seen as valuable contributors to society and have the resources to age successfully.

The Master Plan for Aging calls for a critical examination of the needs of an aging population, to re-envision the services offered in our communities, and to leverage existing resources and relationships to create an age friendly community, supporting persons across their lifespan. Persons entering later life now and, in the future, will be increasingly diverse. Their economic, social, and ethnic/racial diversity will transform the societal institutions that have been established to meet the needs of an aging population. No single policy or program will prepare us to comprehensively meet the demands of our aging population. To address these concerns, we will need a combination of programs and services and public and private sectors working together, across age groups to meet intergenerational needs. Kings and Tulare counties are preparing now to respond to the challenges of their aging counties and create opportunities for all older adults and persons with disabilities to reach their full potential.

Methods

The Kings/Tulare Master Plan for Aging report was developed over a span of 18-months. Prior to developing a needs assessment survey, the K/T MPA Advisory Committee reviewed Census data and data provided by various organizations. Call-In data from 2020 - 2022 was provided by the Kings County Commission on Aging, Community Services Employment Training (CSET), and 211 from United Way in Kings and Tulare counties. The data were compiled into unduplicated calls, and a yearly average of calls was estimated to determine the greatest areas of need. Nutrition requests (4,757) were the most in demand, which includes shelf-stable meals, Home-delivered meals (HDM), and general food insecurity. The committee decided not to focus on vaccine requests, due to the pandemic nature of those requests, which was seen as time limited. Thus, affordable housing (1,496) was identified as the second most needed service. Caregiving support for older adults living at home is captured under In-Home Supportive Services calls (78), requests for Adult Day Programs (577), and some of the requests under Information/Assistance and Transportation. The chart below shows the call-in requests from all three agencies.

KCCOA, CSET, & K/T 211 Calls Combined



Nutrition

There are several considerations in examining the number of calls under nutrition. The committee wanted to be sure the high number of calls was not skewed by the pandemic year(s). There are 350 homebound adults receiving daily meals, and during Covid, people attending senior centers were transitioned to home delivered meals if requested by the senior center (not through the call log). The call log does not reflect referrals received through organizations, such as the Family Resource Centers, and CSET was actively connecting with people aged 60 or older who were having difficulty accessing food. The call log mostly reflects the number of calls that came in for new service. This is not the count of persons served through the home delivered meals program or congregate meal sites.

Caregiving

In-Home Supportive Services provided information on their services for each county. In 2022 they had 9,204 authorized recipients and only 7,889 total providers. It's evident there are more people who need care than people providing care. To meet care needs, family members are taking care of one, two, or sometimes three people in what is already a very challenging situation. Furthermore, many authorized recipients have special needs; for instance, they may need injections, which most family members are not trained to administer. There is a registry of extra caregivers for both counties, 125 in Tulare County; and 91 in Kings County, but that does not meet the need. Additionally, caregivers may not want to provide the types of services needed, like bathing. Further examination of the IHSS data revealed most recipients are not older adults but are people living with a disability. Two-thirds of the 9,204 IHSS recipients are persons living with a disability. This points to long-term care needs over a prolonged period of years.

The Alzheimer's Association provided projections on the increase of Alzheimer's and Related Dementias in both counties. There is expected to be a 23% increase between 2019 and 2025 of persons with dementia in Kings County, and a 26% increase in Tulare County. Roughly 10,400 families will be impacted by 2025.

Lastly, demographic information on caregivers and care recipients was provided by Valley Caregiver Resource Center. Of note is that 68% percent of the caregivers are over the age of 60, creating a situation of older persons providing care when they themselves may be needing care. A significant majority (91%) of care recipients are 70 or older. Finally, 41% of the recipients are married, which indicates the remaining recipients (59%) are receiving care from an adult child or if family is unable, a non-family member. The chart below provides additional information on the ages of the caregivers and recipients.

Valley Caregiver Resource Center

CAREGIVER AGE

- 80+ : 16%
- 70 – 79: 19%
- 60 – 69: 33%

CARE RECIPIENT AGE

- 90+: 15%
- 80 - 89 : 46%
- 70 – 79: 30%

ADDITIONAL DEMOGRAPHICS

- 41% of care recipients are married

Agencies supporting caregivers and care recipients are experiencing a shortage of caregivers. These issues are not specific to IHSS, they are also applicable to providers of long-term care, such as in assisted living and skilled nursing facilities. In general, the committee noted the lack of qualified and trained caregivers, caused by lack of funding, caregiver scheduling conflicts and other commitments. The demand for trained caregivers will only increase in the coming years.

Housing

Information on housing insecurity was obtained by Project Room Key. Since late 2020, there have been 610 referrals, 153 of which were for people 55 and older (approx. 25%); 94 persons were aged 60 and older (15.5 %). Out of the 351 accepted referrals; 120 were aged 55 and older (34%), and 74 were aged 60 and older (21%). However, to qualify for Project Room Key, there must be a Covid infection/exposure and high risk, and it is worth noting that anyone who is chronically homeless is considered high risk. The Point-in-Time (PIT) snapshot tries to capture demographic information on the un-housed population for a particular night. In 2022 in Tulare and Kings County the PIT count found one-fourth of the unhoused population is 55 years of age or older.

The committee also considered data provided by the Kings and Tulare County Housing Authorities. At the time the data was reviewed in January 23 – 24, 2022 in Tulare County, 1,065 individuals (or 10% of the total number) are on the waiting lists for individuals 62 and older for the Section 8 Voucher Program. There are 3,739 persons (30% of the total number) on the Public Housing waiting list. In Kings County there are fewer persons (199) on the wait list for the Section 8 Voucher Program, and on the Public Housing wait list (158). What is alarming about these statistics is that the Housing Authority provides a preference for any individual aged 62 and over, or age 55 with a disability. Even with the preference, 30% of those waiting are older adults. There is an unmet need for affordable housing for older adults and persons with



disabilities. Additionally, there might be accessibility considerations needed; for example, lower counters if a person has a wheelchair or wheelchair accessible showers. Many of the private sector one-bedroom units do not have accessibility features. In summary, many older adults have fixed incomes and most housing costs exceed their limited income, so even with a Section 8 voucher it is difficult to identify a housing placement for them. Further, the issue of housing or lack of housing, especially safe housing, is complicated as most of the housing programs are geared towards families. Not to be forgotten are the housed who are marginally getting by, and/or those unable to pay for utilities, and necessary home modifications.

After reviewing the data, the K/T MPA committee decided to focus on three domains: Housing Insecurity, Caregiving, and Food Insecurity. The K/T MPA committee also considered population groups to include in the interview process, focusing on geographic and demographic diversity, as well as including individuals impacted by the system, or who were service providers. The groups selected for extra consideration were veterans, caregivers and care recipients, primarily Spanish speakers, rural residents, professionals in the aging services, individuals in their 40s and 50s, persons living in affordable housing, and persons with disabilities (throughout all categories).

Two needs assessment surveys were created. The first was a community interview survey for non-professionals, and the other survey was for professionals in the field of aging. The questions for the community interview survey were derived from AARPs Age

Friendly Community Survey and from the call-in logs provided by CSET. See [Appendix A](#) for the Community Interview Survey. The interview survey for professionals was not as extensive and was intended to capture the primary concerns seen in the field and generate recommendations to meet the challenges. See [Appendix B](#).

A semi – random recruitment strategy was used to identify respondents. Thirty-eight respondents were recruited from the Kings County Picnic at the Park, the Porterville Senior Center Fair, the Cutler Senior Center Fair, advertisement in the Good Life, a local paper for seniors, and from CSET. One benefit of recruiting randomly, although during events targeting older adults and persons with disabilities, was the reduction in bias, as we obtained a more well-rounded idea of needs and experiences of the general population instead of solely connecting with individuals who were already receiving services. These interviews were conducted individually in-person and lasted approximately 45 minutes. Individual interviewing allowed for more in-depth questioning and insight into individual experiences. After explaining the purpose of the study, respondents were informed of their anonymity, right to voluntary participation, confidentiality, and given contact information for follow-up. Respondents who requested additional information or information were referred to the appropriate service(s) or program(s) at the end of the interview. Respondents received a \$25 gift card to Walmart for their participation.

A focus group of six individuals comprised of Kings/Tulare Area Agency on Aging Advisory Board members, and some community members was also conducted. This group responded to a modified community survey and primarily focused on discussing challenges, existing resources, and solutions in the domains of transportation, caregiving, housing, and food insecurity. While transportation was not a specific domain for this focus group, it emerged as a significant concern and thus was included in the discussion. Demographic characteristics of Kings and Tulare County and MPA community survey respondents are presented in Table 1. The last group to participate in the modified community survey were ten members of the Kings/Tulare Master Plan for Aging Advisory Committee. Given that lack of knowledge had been identified through the community surveys as a concern, outreach strategies were added to the interview outline.

Table 1: Demographic Characteristics of Kings and Tulare County and MPA Community Survey Respondents

	Kings County	Tulare County	MPA Survey
Total Population	21,899	74,145	92% were 57+
RACE AND ETHNICITY			
Black or African American	3.8%	1.2%	2%
American Indian and Alaska Native	1.1%	1.3%	5%
Asian	5.1%	4.2%	0
Hispanic or Latino origin (of any race)	37.2%	39.4%	52%
White alone, not Hispanic or Latino	51.3%	53.0%	41%
MARITAL STATUS			
Married	58.6%	59.6%	36%
Widowed	19.1%	18.9%	24%
Divorced/Single	22%	21.4	40%
HOUSEHOLDER LIVING ALONE	32.0%	32.1%	44%
HOUSING TENURE			
Owner-occupied housing units	72.8%	74.8%	33%
Renter-occupied housing units	27.2%	25.2%	58%
EDUCATIONAL ATTAINMENT			
Less than high school graduate	31.2%	30.7%	23%
High school graduate, GED, or alternative	25.2%	25.1%	28%
Some college or associate's degree	27.8%	28.8%	21%
Bachelor's degree or higher	15.9%	15.4%	28%
VETERAN	15.8%	11.5%	12%
WITH ANY DISABILITY	35.9%	35.3%	37%
ABILITY TO SPEAK ENGLISH			
Speak English less than "very well"*	26.3%	25.9%	21%
EMPLOYMENT STATUS			
In labor force	23.5%	26.7%	20%
FINANCIAL STATUS IN THE PAST 12 MONTHS*			
Below 100 percent of the poverty level	11.8%	14.5%	18%
100 to 149 percent of the poverty level	9.5%	10.6%	35%
With Food Stamp/SNAP benefits	11.7%	13.6%	

* Demographics based on U.S. Census Bureau, (2021a,b;2022) American Community Survey 5-Year Estimates

**The MPA survey question asked to what extent the respondents experienced difficulty paying bills.



All interviews were conducted October – December 2022. Lastly, the K/T MPA committee held a Local Master Plan for Aging Launch Event in October 2023. This event was open to the public and little over 300 people attended. At the end of the event attendees were invited to share their ideas for improving services and programs or to discuss challenges they experienced with services and programs. Seventy-two attendees (25%) shared their ideas. Of these 72 responses, only 5 recommendations were unique and had not been identified through either the community surveys or focus groups. The lack of new responses lends credibility to the accuracy of the results from the community interviews and focus groups. The challenges and recommendations shared through the interview process are reflective of the larger population.

Once all data was collected the Kings/Tulare MPA Advisory Committee considered the challenges, resources, and recommendations. They consolidated the recommendations by critical need, current resources, and feasibility of effectively addressing the recommendations. While this process occurred before the October 19th event, the five unique recommendations generated at the event were considered in the process of creating this report.



Survey Findings and Recommendations

We interviewed older adults and persons with disabilities in both Kings and Tulare counties for their perspective on existing services, their needs, and recommendations for improving services and programs. The following goals promote development of partnerships and resources to build age friendly communities and prepare Kings and Tulare Counties for an expansion of the aging population. They align with the mission of the Kings/Tulare Area Agency on Aging (K/T AAA) to provide leadership at the local level in developing systems of home and community-based services that maintain individuals in their own homes or least restrictive home-like environments.

While both K/T AAA and Tulare County Adult Services are listed as lead organizations, it is important to appreciate the significance of other stakeholders, partners, and leaders throughout Kings and Tulare counties, to build communities that will improve the resources, services, and lives for older adults and persons with disabilities.



Needs Assessment: Caregiving



Caregiving

Goal 1: Support families and persons in caregiving roles.

Background

Caregiving includes either receiving help from family and/or friends, as well as receiving help from paid caregivers and/or In Home Supportive Services (IHSS). Both caregivers and those needing care discussed unmet needs and challenges. Interviewees discussed the types of help they need, solutions, and experiences with service providers. Some of the caregivers were caring for younger family members who were living with disabilities. Other interviewees may not have been providing care but had friends or family who were receiving care, and they also participated in answering the questions. Thirty-three percent of the respondents were either current or past caregivers, and 25% were receiving assistance from caregivers. Because persons providing care, and persons receiving care expressed similar ideas, recommendations of both are combined.

The primary focus of most caregivers was their need for continued support in their caregiving role. First, caregivers wanted training on caregiving in general. They expressed the need for continued training as the care recipient's health needs evolve, for behavioral issues related to cognitive decline, managing finances, and understanding challenges specific to various health conditions, e.g. the nutritional needs of persons with diabetes. They also discussed the need for support groups as a source of shared knowledge and for social and emotional support. Lastly, they wanted information on existing programs and services to support caregivers, such as adult day programs.

Second, caregivers and recipients want better connections with service providers and guidance as they navigate the social and healthcare systems. Older adults and their families sometimes struggle with the lack of coordinated care. Caregivers discussed their desire to have an advocate in the care system who is aware of these challenges and can assist older adults by remaining connected to the family throughout their caregiving journey. Respondents also discussed the lack of access to services in rural areas.

Lastly, caregivers discussed their need for self-care and respite. Many respondents were unable to provide the resources needed for caregiving support (medications, groceries). At times they felt overwhelmed with the chores and tasks associated with the caregiving experience.

Some families did not qualify for In Home Supportive Services (IHSS) support and were not able to afford formal caregivers. One reason family members made the difficult decision to place their loved ones in nursing homes was their inability to provide the needed level of care at home. One respondent summarized their situation by saying, “We do not get out much, we don’t have anyone to help us, it is hard to find people who actually care.”

A section of the interview was completed only by respondents who had experience with a loved one with cognitive decline. Nineteen respondents answered this section, and an additional five respondents self-identified as having memory issues and beginning cognitive decline. Cognitive decline is a growing challenge in Kings and Tulare counties and the number of persons with dementia is expected to increase by 50% and 63%, respectively, between 2024-2040 according to Alzheimer’s Association estimates. Caregivers expressed the need for



support, specifically training on dementia, and help at home (respite). Family members caring for loved ones with dementia often cannot leave their loved one home alone without supervision. This leads to employment challenges (loss of work), which creates financial needs (utilities, housing cost, assistance with groceries). Many respondents were not aware of services and programs designed to support persons experiencing memory loss.

Key findings: Include the need for caregiver support in three areas: support and training, assistance navigating the social service and health care system, and respite.

Strategic Priority 1.1: Build formal and informal caregiver capacity through training and access to resources.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with partners and leverage relationships to:

- Increase capacity of existing service providers to offer more caregiver training, and support groups.
- Provide ongoing training and mentoring to family caregivers. Family caregivers need training in financing, caregiving skills, disease processes, dementia, and available programs/resources.
- Provide training and information on resources in Spanish, and other applicable languages.
- Increase awareness of existing services and resources through use of social media, connecting with non-traditional providers, and holding resource fairs.

“I was a caregiver, but my dad passed away five years ago. My dad was 38 years old when he had an accident and became a quadriplegic. My mom, me, and siblings cared for him for twenty years before he was moved into a skilled nursing facility. This was because she was older and it was too difficult to give him a shower and transfer him, all by herself after the kids moved out. She needed respite care. We did not know about services, like home care, and IHSS. Without family support she couldn’t handle the physical aspects of caregiving.”

Strategic Priority 1.2: Strengthen connections across the health and social service system to reduce caregiver stress and burden.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with partners and leverage relationships to:

- Build capacity by creating a network of non-profit organizations, governmental and county agencies, public and private enterprise, advocates and other program and service providers to (1) increase awareness of the needs of caregivers and recipients within the social and healthcare system, (2) increase communication between health and human service providers for better coordination of care, and, (3) better connect persons being discharged from the hospital to existing services.
- Advise partners on available resources for caregiver support.
- Strengthen the caregiving support infrastructure by expanding the referral system. Encourage organizational partners to connect with 211 and to refer as appropriate to 211. Work with 211 United Way to provide warm handoffs to organizational partners and other providers as appropriate.

Strategic Priority 1.3: Support informal family caregivers by building respite capacity and access to formal service providers.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with partners and leverage relationships to:

- Expand existing services to make support groups and respite care for family caregivers more accessible.
- Advocate for funding to increase services through programs supported through the Older Americans Act, and other funding sources.
- Explore providing certain respite services, such as medication reminders and monitoring using technology.
- Advocate for funding to increase services provided under In-Home Supportive Services.
- Connect qualifying seniors with Cal-Aim and organizations conducting CalAIM services to support them with home modification, housing navigation, and Transition and Diversion services. Support people through these connections until services from IHSS services have been established.
- Build partnerships with faith-based organizations and educational institutions to increase support provided at home.



Strategic Priority 1.4: Enhance the support structure for persons with Alzheimer’s and Related Dementias, and their family caregivers.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with partners and leverage relationships to:

- Provide dementia specific training.
- Increase respite services and connect families to adult day programs.
- Connect families to support groups.
- Advocate for funding for respite care.
- Conduct direct outreach to clinics and hospitals, providing information on social service programs to discharge planners and clinic staff.



Needs Assessment: **Housing**



Housing

Goal 2: Support aging in the community with housing options, allowing older adults to remain living independently and with dignity.

Questions on housing focused on the needs of community dwelling older adults, as well as adults residing in skilled facilities or assisted living communities. Interviewees discussed their current living situation, living needs of their loved ones, the physical condition of their homes/apartments, and financial challenges associated with home maintenance.

Forty percent of the respondents lived alone. Of those respondents who were married, 50% lived solely with their spouse. Some respondents needed support to live independently but did not qualify for In Home Supportive Services or other supportive programs. Caregiving needs and financial support were often met through intergenerational living or extended family members. Eighteen percent of the respondents who did not have a spouse/partner lived with other family members. These family members were commonly their child(ren), parents, or other relatives. Adult children assisted with transportation, light caregiving, and shared groceries and meal preparation. In some cases, the adult children were living in the parent's home. Thirteen percent of the respondents were living with grandchildren or caring for their children who were living with a disability. Spanish-speaking older adults often had lower levels of educational attainment, and financial stability, thus they struggled to afford housing. Family and community support were important factors to their physical and emotional well-being. Intergenerational living reduced housing costs for all generations as respondents discussed sharing costs for utilities, rent, and other household expenses.



Over half (55%) of the respondents were renters. These individuals discussed the need for additional financial assistance as they had unmet needs (transportation, additional caregiver support, and utilities). Some individuals had been on waiting lists for affordable housing for over two years, and two people were currently unhoused and temporarily living with relatives. Renters expressed the need for more affordable housing, and assistance in navigating the housing and social service system.

Some older adult homeowners did not meet income qualifications to receive services, but also did not have enough income to meet all their housing needs. They lacked funds to make necessary repairs (e.g. to their roof, well) and needed assistance with general home maintenance. Similarly, home modifications for physical safety and mobility were concerns for respondents with disabilities. Thirteen percent of the respondents either needed ramps to access their homes, and/or walk in showers, and grab bars in the bathroom. There are limited programs to help with home modifications (grab bars, ramps), and due to code regulations home modification programs cannot address modifications needed for mobile homes.

“I haven’t paid property taxes in two years because of lack of work, but taxes are inexpensive (for California), around \$800 a year.”

Multiple challenges exist for organizations and counties to address the housing shortage, provide affordable housing, and meet the ongoing and high levels of care needed by an aging population and persons with disabilities. County organizations have limited resources for housing development. Similarly, existing programs providing rental financial assistance are usually one-time funds and cannot be used to provide long-term assistance to community dwelling older adults. Zoning regulations may restrict development opportunities.

“I had to get a part-time job because the bank wanted to foreclose. My husband has a heart condition and can’t work. I walk down the block to my niece’s house to take a shower because I can’t lift my leg over the bathtub (has multiple health conditions). Need someone to help declutter, clean gutters, trim trees...”

Sophisticated community service networks that include formal service providers, non-profit organizations, governmental agencies, housing developers, and county and city planners, and the family must emerge to encourage comprehensive and reliable support for older adults. Such an orientation to service provision will also be responsive to the overwhelming preference by older adults to remain in the familiar surroundings of their own homes and communities for as long as possible.

Key Findings: Many older adults need affordable housing, home modifications, and oftentimes various levels of caregiver support to live independently. Once caregiving need exceeds the level of care that can be provided by family, skilled nursing facilities may be the only option.

Strategic Priority 2.1: Assist older adults to remain in the community by encouraging development of affordable home modification services, home maintenance, and assistive technology.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with partners and leverage relationships to:

- Seek partnerships with community organizations, medical providers, and volunteer organizations to assist homeowners with identifying home modification and/or renovation needs, appropriate payment sources for medically necessary home modifications, and appropriate contractors or builders.

- Seek partnerships with community, faith-based, and volunteer organizations to assist homeowners with home repair and maintenance.
- Identify funding sources to assist older adults and persons with disabilities to continue to live independently and age at home.
- Encourage partnerships between programs utilizing the Multipurpose Senior Services Program (MSSP) waivers and other community organizations to co-ordinate and expand home modification and related services (e.g. case management, home ‘clean outs’, moving assistance).
- Continuously seek funding for technology that will provide both respite for caregivers and assistance to older adults and persons with disabilities to live safely in their homes. Technology is available that can be used for things such as medication reminders, meal reminders, fall detection, telehealth, and many other things. Currently, funding is limited which only allows very few clients to participate.
- Consider including family members during the development of case management plans, concerning intergenerational housing, interpersonal, and care needs of all generations.

Strategic Priority 2.2: Advocate to support affordable and subsidized housing options for older adults and persons with disabilities.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with partners and leverage relationships to:

- Advocate at the city/county level for zoning regulations to encourage development of 55 and older communities and for the development of affordable housing as well as alternate housing types, e.g., duplexes, accessory dwelling units (ADUs), and manufactured and/or mobile homes.
- Advocate for incentives to encourage builders of affordable housing, including housing that is set aside for older adults, adults with disabilities, and housing that is flexible to intergenerational situations (e.g., older adult with adult children/ grandchildren; older adult with caregiver).
- Advocate at the state level for subsidy programs to provide caregiving support to older adults living in the community. Maintain advocacy for public funding for the In Home Supportive Services program to support community-based living.
- Advocate at the state level for the expansion of the Assisted Living Waiver Program into Kings and Tulare Counties to cover the costs of assisted living.

Strategic Priority 2.3: Work with others to connect older adults and persons with disabilities to housing and social services to prevent and reduce homelessness.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with community partners and leverage relationships to:

- Increase awareness of existing services and connect older adults and persons with disabilities to social service agencies and programs through referrals.
- Encourage affordable housing developments and related agencies and organizations to register with 211 Tulare County, which provides resource navigation services including housing.
- Increase communication between social and health service agencies, and related organizations to more quickly connect older adults and persons with disabilities to housing and home and community-based services.
- Advocate for the development of 55 and older communities and the linkage to home and community-based services to meet the varied needs of older adults and persons with disabilities.





Needs Assessment: Nutrition and Food Insecurity



Nutrition and Food Insecurity

Goal 3: Support healthy aging in the community by reducing food insecurity.

Nutrition and food insecurity focused on the needs of community dwelling older adults. Interviewees discussed their health and ability to meet their nutritional needs. They also discussed the community resources they relied on to meet their nutritional needs. Sixty percent of the respondents experienced food insecurity due to limited finances. They mentioned being unable to afford groceries in general and further challenges due to rising prices. One person was recycling cans to purchase groceries. Almost 70% (67%) shopped for discounted groceries to stretch their grocery budget. Over half (57%) of the respondents were actively cutting back on grocery purchases or used cheaper replacement products (e.g. powdered instead of fresh milk) due to their inability to afford groceries. Furthermore 17% lacked transportation or could not afford gas or car repairs, which further increased their food insecurity. One respondent utilized a bike for transport, and only three people met their transportation needs by public transport.

Twenty percent of the respondents experienced food insecurity due to health concerns which limited their ability to go out, prepare meals, or to eat well. Health concerns included physical limitations in walking, mental health challenges, surgical recovery, and dental conditions. Many of the respondents with disabilities relied on senior center meals, home delivered meals, and charitable organizations to meet their nutritional needs. Due to health limitations and limited transportation, persons living in rural communities often rely on food banks and charitable distributions to meet their nutritional needs.

Respondents were aware of the many existing resources to support older adults who are experiencing food insecurity. Respondents identified senior centers and congregate meal sites, and home delivered meals as consistent sources of food security. Many respondents mentioned relying on non-profit and charitable food distribution sites, food pantries, farmer's markets, and emergency aid programs. Respondents discussed various barriers and challenges to accessing food distribution sites. Some respondents lacked transportation, or needed a caregiver, such as a family member or friends to accompany them. Some respondents were not always informed of when a food drive was scheduled. Food distribution is impacted by funding availability and the need for volunteers, and this can impact the scheduling of food drives. Lastly, the distributed food may not adequately meet the needs of the respondents (too much of one item, food might be expired, lack of fresh fruits and vegetables).

"We go to the food pantry every month, and United Farmworkers has a foundation that they give out food. The veterans (food drive) is twice a month. The first time is fruit and vegetables and canned food, and the second week of the month are the other items (like some meats), and my partner receives food stamps."

Key findings: There are many existing resources to support older adults who are experiencing food insecurity. While seniors are experiencing food insecurity, it is generally barriers to accessing existing services which need to be addressed. These include raising awareness of existing nutrition services, providing transportation, especially for older adults in rural areas, and supporting older adults who have health concerns.

Strategic Priority 3.1: Strengthen the network of nutrition services to address disparities by reaching unserved and underserved older adults.

- Identify existing charitable, faith-based, and other organizations that provide food distribution, operate food pantries, or offer soup kitchens/potlucks.
- Connect and engage with community and organizational partners to coordinate, extend, and provide more consistent nutrition services.
- Expand and support existing food distribution by developing a volunteer network to assist with packaging of groceries and food delivery.
- Align with tribal efforts to increase nutrition services on Indian reservations.

- Explore opportunities to partner with organizations to distribute food to older adults and persons with disabilities in rural areas.
- Explore opportunities to expand produce and senior box distribution to weekends.

Strategic Priority 3.2: Reduce barriers to food and nutrition assistance programs and services.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with community partners and leverage relationships to:

- Conduct outreach, pre-screening, and provide application assistance to connect people to nutrition programs, specifically Supplemental Nutrition Assistance Program (SNAP), Congregate Nutrition Sites, and the Home-Delivered Meals Program.
- Raise community awareness of resources and nutrition programs through community connections and resource fairs.
- Create a monthly schedule of food distribution sites and hours for Tulare County. Continue to maintain the same for Kings County.
- Consider the allocation of grocery shopping hours for In Home Supportive Services workers.

Strategic Priority 3.3: Improve access to food and affordability through sustained advocacy.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with community partners and leverage relationships to:

- Advocate for consistent and flexible funding for nutrition services.
- Advocate for consistent funding for nutrition services on the Indian reservations.
- Advocate for stipends for volunteer drivers.
- Advocate for an increase in In Home Supportive Services hours for nutritional support.



Needs Assessment: **Transportation**



Transportation

Goal 4: Support aging in the community with access to affordable and equitable transportation options.

Although transportation was not a specific category in the survey, the method of collecting data encouraged respondents to discuss various concerns. In addition to general concerns regarding transportation (gasoline prices, difficulties walking to bus stops) respondents also faced transportation challenges when providing or needing care, and lack of transportation impacted food security. Transportation was thus identified as a crucial issue for many older adults and persons with disabilities who may be forced to relinquish driving due to physical or cognitive health decline. Older adults in rural areas expressed the need for better transportation options to larger towns to access grocery stores, attend doctor's appointments, and meet other social and living needs. For example, one respondent who lived in a rural area had to drive fifteen minutes to the nearest town for groceries. He mentioned he could not afford the \$40 gasoline expense to go grocery shopping.

Persons with disabilities discussed their need to have personalized and individualized transportation service which allows persons with health care needs to be transported efficiently and with minimal stress to health care providers and other agencies. Specifically, they mentioned the need for direct door-to-door pick-up/drop-off, wheelchair accessibility, and the need for assistance to transfer into the vehicle. A respondent remarked that due to poor eyesight the doctor told her not to drive, however she did not have family to help her, so she continued to drive for errands.

Addressing transportation is challenging given the rurality of both counties, the nature of limited funding, and the lack of existing transportation infrastructure. Working towards accessible and affordable transportation requires collaboration from both public and private organizations with planning to occur over a period of many years to develop affordable and flexible transportation services able to meet a wide variety of needs. To create an integrated transportation system, public transportation options should be expanded and supplemented with private transportation options. Long-term funding sources need to be identified and secured to provide a foundation for expanding transportation services. Advocacy efforts can lay the baseline for moving forward.

Key findings: Older adults and people with disabilities need affordable and accessible transportation to sustain independent community living. There is an unmistakable intersectionality between access to transportation, the ability to receive or provide care, health outcomes, and nonmedical aspects of general health and quality of life, and services related to overall well-being, including social activities and grocery shopping.

“I don’t have transportation so it’s difficult to get groceries. I used public transportation, the bus, in the past, but I don’t now because I fell on the step in the bus, and I am too scared now of falling and getting hurt.”

Strategic Priority 4.1: Work with others to remove barriers to affordable and accessible transportation for older adults and persons with disabilities to increase access to health and social services.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with community partners and leverage relationships to:

- Develop a network of stakeholders, including individuals from the public, private, and nonprofit sectors that represent both transportation and health and human services.
- Identify available sources of transportation options for potential partnership development to address gaps and redundancies in service.
- Promote innovative planning, and enhanced coordination among existing transportation providers and services, to explore potential transportation options for vulnerable and underserved older adults and persons with disabilities.



- Create an inventory of transportation providers and resources available to seniors and persons with disabilities.
- Expand outreach to increase awareness of existing transportation services to reduce service gaps that come from lack of knowledge.

Strategic Priority 4.2: Improve access to transportation through sustained advocacy.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with community partners and leverage relationships to:

- Advocate for local and state policies to increase funding for:
 - transportation subsidies for transportation companies serving rural communities,
 - public transportation stipends and gasoline vouchers for older adults and persons with disabilities, and
 - mileage reimbursement for volunteer drivers.
- Advocate for education, training, and support of volunteer drivers.



Needs Assessment: **Outreach**



Outreach

Goal 5: Improve communication and awareness of services and community resources.

Like transportation, outreach was not a specific survey category. However, lack of knowledge was consistently mentioned as a barrier to accessing services. When caregivers identified barriers to receiving help, they mentioned English as a second language (11%), not knowing about available services (29%), and lack of knowledge caused by the isolation of living in rural areas (1%). Caregivers of persons with cognitive decline, and persons experiencing memory loss mentioned lack of awareness of resources (42%), and not having available materials in Spanish (1%) as barriers to receiving services. When discussing housing needs 18% did not know where to obtain information on home modification services, 24% had difficulty accessing and understanding rental application forms, and 1% experienced language barriers in finding affordable housing. Lastly, 40% did not know about or needed assistance applying for various health and human service programs (e.g. CalFresh).

In addition to general lack of knowledge, Spanish-speaking older adults faced language and educational barriers. Twenty percent of the interviews were conducted solely in Spanish. Many relied on their adult children or friends who spoke English to interpret for them when accessing health and

“Some are not aware of services... They need an advocate, don’t speak English. Language and knowledge deficit. Too difficult when you are sick.”

other social services. These respondents discussed their need for informational materials and services to be available in Spanish. As many of these respondents also had low educational attainment, providing materials in Spanish may not be sufficient to increase knowledge. Bilingual staff were often a source of assistance and knowledge for persons who did not speak English.

“I’m not real familiar with the services the county provides.”

Service providers, however, are not often aware of all the resources and programs available to older adults and persons with disabilities. Service providers need opportunities to share information on their programs and services and increase their own knowledge of available resources so they can more appropriately refer clients. To increase access to services, agencies, organizations, and providers need to connect with each other and to information and outreach networks, such as 211.

Key Findings: Almost all respondents indicated some lack of knowledge. Some respondents were not aware of existing services, some did not know how to qualify for services, and many wanted information on aging issues in general, or wanted specific information on health conditions.

“There are many wonderful resources, the information just needs sharing better.”

Strategic Priority 5.1: Increase equitable public awareness of and access to services.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with community partners and leverage relationships to:

- Connect with civil servants, such as police officers, public health officials, librarians, and persons in emergency services to provide information on resources.
- Provide opportunities for community presentations, and resource fairs. Ensure organizations and agencies that provide services are given the opportunity for outreach.
- Provide information and resources at non-traditional venues such as farmer’s markets, clinics, and churches.
- Translate and make available resource materials in Spanish, and other languages as needed.



Strategic Priority 5.2: Increase resource and organizational knowledge across health and human service agencies, non-profit and governmental organizations, faith-based organizations, and related providers.

Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services will work with community partners and leverage relationships to:

- Establish a roundtable connecting health and human service agencies, non-profit and governmental organizations, faith-based organizations, and related providers in Tulare and Kings counties.
- Encourage organizations and agencies that serve both counties to connect their efforts for streamlined and coordinated care.
- Encourage organizations and agencies that serve older adults and persons with disabilities to register with 211.

Conclusion

The Kings and Tulare Master Plan on Aging Advisory Committee carefully considered the needs of rural elders and developed specific recommendations, goals, and strategies providing a framework to examine and address the challenges facing the counties and their older citizens. To build robust communities, the value of older adults and persons with disabilities must be recognized. To prepare for aging communities, policies and programs must be created to encourage the active participation of older adults in society as well as provide support for those who need specialized health and human services. From the perspective of older adults, personal relationships with service providers is an important reason to strengthen connections between organizations. Providers who work with older adults and people with disabilities need support and continued training.

The emphasis on community and home-based care calls for creative designs in service delivery, agency partnerships, and funding. Policies and programs aimed at serving older adults who are geographically dispersed in rural areas will require innovative strategies. Despite challenges, families have proven to be fiercely loyal in providing care. The extent to which family members help older relatives should not be underestimated. While some older people require assistance, others provide invaluable support to their families. It is important to respect and preserve whenever possible the sanctity and integrity of the older person's immediate and personal network of caregivers. The importance of a well-established service delivery system and the invaluable assistance it can offer families cannot be overlooked. In thinking about the relationship between formal support services and families, strategies should be developed that supplement rather than substitute for informal support.

Services in health and nutrition, housing, income security, transportation, and social, cultural, and leisure activities are all necessary for sustaining quality of life. Sophisticated community service networks that include formal service providers, non-profit organizations, governmental agencies, housing developers, and county and city planners, and the family must emerge for resource sharing and capacity building. Advocacy is key to raising awareness and securing funding for program sustainability and comprehensive and reliable support for older adults. Only the creative and dedicated minds of health and human service planners and providers will ensure that services are soundly designed and delivered by organizational enterprises that are sensitive to consumer need while simultaneously being fiscally sustainable.

References

Central California Center for Health and Human Services. (n.d.). Longevity for San Joaquin Valley Elders. Retrieved from <https://chhs.fresnostate.edu/cvhpi/documents/OlderAdults3.pdf>

Community Services Employment Training (2019). Tulare County Comprehensive Community Needs Assessment Retrieved from https://static1.squarespace.com/static/5568a428e4b046c9001d9399/t/5ce3196d98a4090001f2b5f9/1558387056173/Comprehensive+Community+Needs+Assessment+2019_FINAL.pdf

Kings Partnership for Prevention. (2020). Kings County Community Health Assessment. Retrieved from https://www.kppf.org/content/sites/kings/Stories/Strategic_Plan/Community_Health_Assessment_2020.pdf

Kings/ Tulare Area Agency on Aging. (2020). Four Year Area Plan on Aging July 1, 2020 to June 30, 2024. Retrieved from <https://ktaaa.org/sites/ktaaa/assets/File/PSA%2015%20Kings%20Tulare%20Area%20Agency%20on%20Aging%20Area%20Plan%202020-2024%20v4.pdf>

Tulare County Public Health. (2017). Tulare County 2017-2022 Community Health Improvement Plan. Retrieved from http://hhsawebdocs.tchhsa.org/Questys.CMx.HHSAWebdocs/File.ashx?id=4545&v=1&x=pdf&r=HHSA_Webdocs

U.S. Census Bureau. (2022). "Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars)." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901, 2022, <https://data.census.gov/table/ACSST1Y2022.S1901?g=050XX00US06107>. Accessed on October 23, 2023.

U.S. Census Bureau. (2021a). "Population 60 Years and Over in the United States, Kings County." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2021, <https://data.census.gov/table/ACSST5Y2020.S0102?q=kings+county,+ca+S0102>. Accessed on October 23, 2023.

U.S. Census Bureau. (2021b). "Population 60 Years and Over in the United States, Tulare County." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2021, <https://data.census.gov/table/ACSST5Y2021.S0102?q=s0102&g=050XX00US06107>. Accessed on October 23, 2023.

U.S. Census Bureau. (2023b). US QuickFacts, Kings County, California; Tulare County, California; United States <https://www.census.gov/quickfacts/fact/table/kingscountycalifornia,tularecountycalifornia,US/PST045223> Accessed on December 29, 2023 Demographics

Appendix A: Rural MPA Survey Questions

Demographics

A1. What County do you live in? - Do not qualify if they do not live in below counties.

- ☐ Kings
- ☐ Tulare

A2. In terms of age are you between:

- ☐ <=49
- ☐ 50 – 54
- ☐ 55 -59
- ☐ 60 – 64
- ☐ 65 – 69
- ☐ 70 – 74
- ☐ 75 – 79
- ☐ 80 – 90
- ☐ 90+

A3. Gender

- ☐ Male
- ☐ Female

A4. Are you a veteran?

- ☐ Yes
- ☐ No

A5. What Race or Ethnicity do you consider yourself to be?

- ☐ White
- ☐ Hispanic
- ☐ African American or Black
- ☐ Other _____

A6. Are you currently:

- ☐ Married
- ☐ Not married, but living with a significant other
- ☐ Widowed,
- ☐ Divorced
- ☐ Single, Never married

A7. Besides you, [and spouse/sign. other] how many other people live in your household?

A8. In terms of Employment, are you:

- ☐ Employed full time
- ☐ Employed part-time
- ☐ Retired
- ☐ Unemployed and looking for work
- ☐ Unemployed

A9. What is the highest level of school you have completed?

A10. How would you rate your overall health at the present time? Would you say:

- ☐ Excellent
- ☐ Good
- ☐ Fair or
- ☐ Poor

A11. How much difficulty do you have paying your bills? Would you say:

- ☐ A great deal of difficulty
- ☐ Some difficulty
- ☐ A little difficulty or
- ☐ No difficulty?

Many people use services and other resources in the community. We have some questions about services in the community and services you may be using.

B1. How do you access information about services in your community? (for example, online, through mailings, through religious or voluntary organizations, neighbors, newspaper, bulletin board). Do you wish you could access information in other ways?

B2. What services are you currently using/receiving? What barriers have you experienced (if any) in accessing these services?

B3. In your experience, what can be done to promote mental, emotional, and social wellbeing for older adults in your county?

Caregiving- General

Many people in the community provide care and support to family members or friends.

C1. Do you provide regular care or assistance to family members or friends?

- ☐ NO – Ask- Do you know anyone who is providing care to family members? If YES- go to C5/if No Skip to section D.
- ☐ YES – Continue to ask All Questions Below

C2. What types of regular care or assistance do you provide to a friend or family member who has a health problem or disability?

C3. In your experience, what are the greatest unmet needs in your community to support caregivers? What resources or support would help make caregiving easier, less challenging, or more manageable for you?

C4. What do you think are the top three barriers that prevent people from seeking help when they are providing care? (e.g., lack of awareness of services, fear, stigma, overwhelmed, don't understand what is normal or not normal aging, afraid of the costs, other access issues)

C5. Do you have any suggestions on what could be changed or be improved to better support those who are providing care?

Caregiving (Recipient)

Many people in the community receive care and support from family members or friends.

D1. Do you receive help and support from family members or friends?

- ☐ NO – Skip this section
- ☐ YES – Ask all questions in this section

D2. What types of regular care or assistance do you receive? Who provides this assistance to you?

D3. In your experience, what are the greatest unmet needs in your community to support people who need care? What resources or support would help you in your daily life?

D4. What do you think are the top three barriers that prevent people from seeking help when they need care? (e.g., lack of awareness of services, fear, stigma, overwhelmed, don't understand what is normal or not normal aging, afraid of the costs, other access issues)

D5. Do you have any suggestions on what could change or be improved to better support those who need care or help at home?

Caregiving (Dementia/Memory Loss)

E1. Do you know anyone who is experiencing memory loss?

- ☐ NO – ASK ONLY Question
- ☐ YES- ASK ALL Questions

E2. What resources exist in your community to support people with memory loss or Alzheimer's disease? (e.g., adult day center, home care, support groups, transportation)

E3. What are the barriers to receiving services? (like transportation)

E4. What more can be done to support those who are living with, or caring for someone with memory loss?

E5. Who would you talk to if someone you loved, experienced changes in their memory or an increase in confusion?

E6. Where can someone go to access information about memory loss or Alzheimer's or dementia? (e.g., internet, doctor, family or friend, community service organization, county health department, senior center, church, synagogue, or temple.)

E7. Do you know where can someone go to get a cognitive screening and/or receive a diagnosis of Alzheimer's or dementia?

E8. Are there specific doctors or healthcare systems that are known for being knowledgeable about cognitive health and dementia in your community?

E9. In your experience, are people reluctant to seek care because they fear the diagnoses of memory loss?

Housing Insecurity

We all need a secure, safe, and comfortable home environment. Housing must be affordable and may need to be modified for our changing needs as we get older. Our next few questions focus on your housing.

F1. Tell me about your current housing situation. Do you own or rent your primary home, or do you have some other type of living arrangement like living with a family member or friend?

F2. In your experience, what are gaps in services that help older adults to find and maintain housing? (For example, affordable housing, one-time financial help with mortgage or rent, protection from eviction and/or a dramatic increase in rent, help to maintain your home, or home modifications like ramps or grab bars).

F3. Where would you go if you needed help to find housing or support to remain where you are currently living?

F4. What are the barriers to accessing affordable housing in your community? (e.g., low supply, waiting lists, difficult online forms)

F5. **[ONLY ASK IF RENT is specified in F1]** Are there sufficient protections for renters? (e.g., protection from dramatic increases in rent or eviction)

F6. Does your current residence need any major repairs, modifications (e.g., grab rails, ramps, shower remodel, widen hallways, doorways, chair lifts)?

F7. Do you know where to get assistance with home modifications?

F8. Do you have working air-conditioning, heating, hot water heater (appliances – refrigerator, stove, dryer/washer)?

F9. {Only ask if they live in a home not apartment F1} Can you access affordable home and yard maintenance?

F10. Are you experiencing increases in housing costs? What are they (how are you managing?) taxes, HOA, utilities, etc.

F11. At the end of each month, and after paying for your housing costs, do you have enough money to purchase medications and food for balanced meals?

F12. Who would you turn to if you needed support in your home, for example, help with personal care, grocery shopping, home delivered meals, or housekeeping?

F13. What are barriers to receiving support? (e.g., cost, language/ cultural barriers, finding someone you can trust, transport, internet/phone access)

F14. What can be done to improve housing for older adults in your county?

Nutrition/Food Insecurity

During and after the Covid Pandemic many people experienced difficulties with going to the grocery store, finding appropriate nutrition, and staying healthy. The next few questions focus on nutrition.

G1. How has the Covid-19 pandemic affected your ability to consistently get groceries? Can you talk about some of the difficulties you may face getting groceries and fresh vegetables?

G2. In the last 12 months have you, or others in your household, been worried about being able to afford groceries (inflation, gas prices)?

G3. Have you or anyone in your household ever experienced a health issue or lacked transportation, which made it difficult for you to go out and get groceries? Do you ever take public transportation to the grocery store?

G4. How do you get your groceries? Are you able to drive to the grocery store on a regular basis? Who usually prepares your meals?

G5. Do you participate in a home delivered meals service, or go to a senior center (congregate meal site)?

G6. What programs, agencies, or resources do you know of, other than grocery stores, in your community where you could get groceries (churches, farmers markets, etc.)?

G7. Have you gotten food from...

- ☐ friends, family, or neighbors?
- ☐ the community church or potlucks?
- ☐ your garden someone else's garden?
- ☐ food pantries or food banks:
- ☐ senior centers, meal on wheels
- ☐ churches, religious or charitable organizations?
- ☐ senior day discounts, coupons, delivery services
- ☐ delivery services at a restaurant or grocery stores, SNAP?
- ☐ any other government assistance?

G8. Do you know how to access government assistance? Do you need assistance accessing services?

G9. Have you ever purchased discounted/day-old foods to save money?

G10. Do you use meal replacement products like Ensure or protein bars?

G11. Do you ever have to cut back on food purchases because of other expenses such as medicine, housing cost, or transportation?

G12. Do you have health problems, or use substances like alcohol or medications, or have physical limitations that make it difficult for you to eat regularly?

G13. Does your health prevent you from shopping for food or preparing meals?

G14. [Only ASK IF THEY LIVE ALONE] Do you ever worry about running out of food because you are isolated or live alone?

G15. Do you have a pet? Do you have difficulty affording pet food?

G16. Are you able to afford your medications?

Final question. Is there anything else you would like to share about your experiences with services and resources in this community?

Appendix B: Rural MPA Survey for Professionals in the Field of Aging

In your opinion, what are the greatest unmet needs of caregivers and care recipients in your community?

What challenges exist for caregivers, and care recipients as they access services?

In your opinion, what solutions would address the challenges experienced by caregivers, and care recipients?

What challenges exist for older adults who are experiencing [food insecurity; housing insecurity]?

In your opinion, what solutions would address the challenges experienced by older adults who are experiencing [food insecurity; housing insecurity]?

Is there anything else you would like to share about services and resources in this community?