Report on Aging in Orange County
2022

Presented by the Orange County
Strategic Plan for Aging

https://data.ocagingplan.org

ORANGE COUNTY
**STRATEGIC PLAN**
FOR AGING

Contents

Introduction

Aging is neither simple, nor easy. Delivering health and social support for older adults and their families requires a countywide system of care to provide a spectrum of products and services that integrate government, municipalities, organizations, individuals, policies and the web of interconnected community and social networks. The volatile social experiences during the COVID pandemic highlighted the fractured environment of senior services.

This report, developed for the Orange County Strategic Plan for Aging (OCSPA) collaborative, aims to map that system of senior support available in Orange County, and shed light on it by aggregating and then analyzing the data available in four key areas: disability, the digital divide, food insecurity, and social isolation - specifically as they relate to older adults.

In order to understand this complex system of care, OCSPA has identified a substantial number of sources of relevant data, and begun mapping the major organizations and the services they provide, with the ultimate goal for the countywide system of care to more adequately meet the needs of those who need it as they

age and to help them remain healthier longer. You'll find the system of care information in this report's on-line sections listing data references (indexes, reports, and data sets), citations of academic papers, and other research and various California Master Plan for Aging (MPA) resources.

Since this work was time-limited, and given the distributed nature of data relative to these topics, this report is necessarily incomplete. However, OCSPA's goal is to keep adding to this body of work, and to shine the light on other major factors that impact aging in Orange County, such as Housing, Transportation, Caregiving, Health and Social Equity. We are aiming to change the paradigm of siloed, one-off reports, by having an online, open, interactive and always up-to-date approach. It is our intent to continue providing periodic updates to this material. To achieve this, we have provided a dynamic feedback form on each page of the digital report online. This allows readers to submit updates and corrections for review and publication. By allowing the community to submit new sources of data we keep the knowledge repository updated.
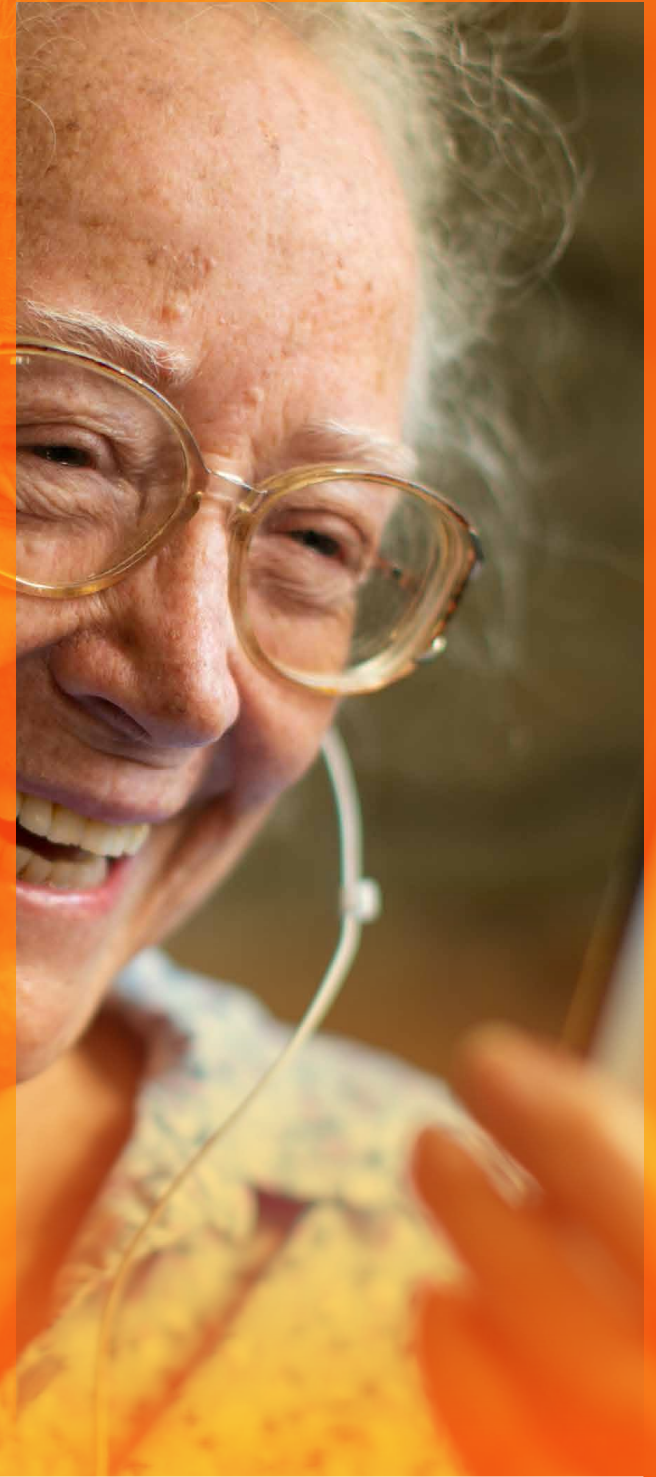
OCSPA Geo Maps Data Solution

In order to begin creating a 'granular' picture of needs and services for older adults in Orange County, OCSPA worked with Grounded Analysis to compile and geocode a number of data tables into an interactive map of Orange County relative to the four primary areas studied in this report.

Aggregate information may misrepresent the extent to which neighborhoods are impacted by service provision or demographic variation. For this reason, we have mapped as much data as is currently available with a view to providing county level demographic information for context about the issues, and to demonstrate the variation of this data throughout the county.

Example: Congregate dining locations (represented by dots)

Concentration of residents **aged 85+**   **75+**   **65+**

Visit: http://bit.ly/ocdatamaps
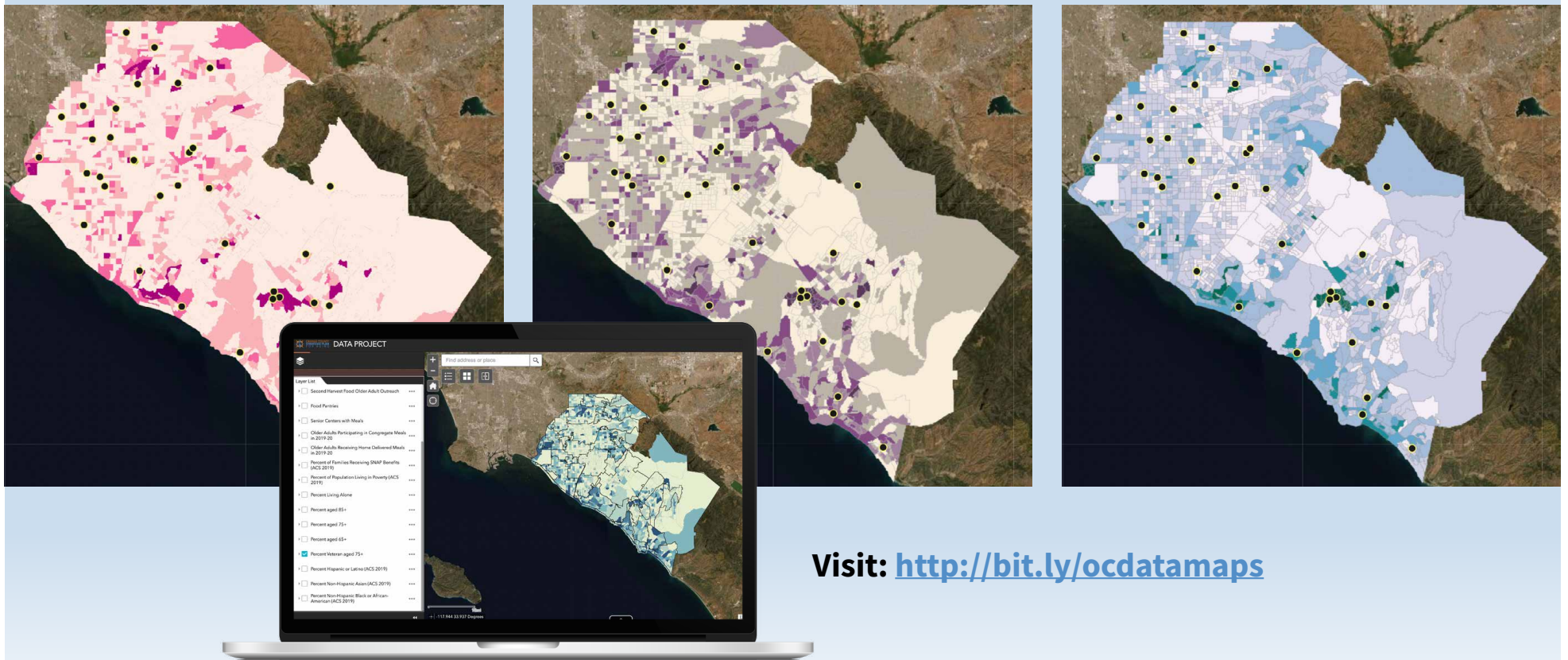
By selecting different layers (and toggling between them) it's possible to see that veterans aged 75 and older live in areas almost the inverse to households which receive SNAP assistance.

Choosing the layers by age reveals that Laguna Woods has the highest concentration of older adults in Orange County, with an equally high number living alone, and a cluster of Senior Center Congregate Dining programs, but fewer food pantries.
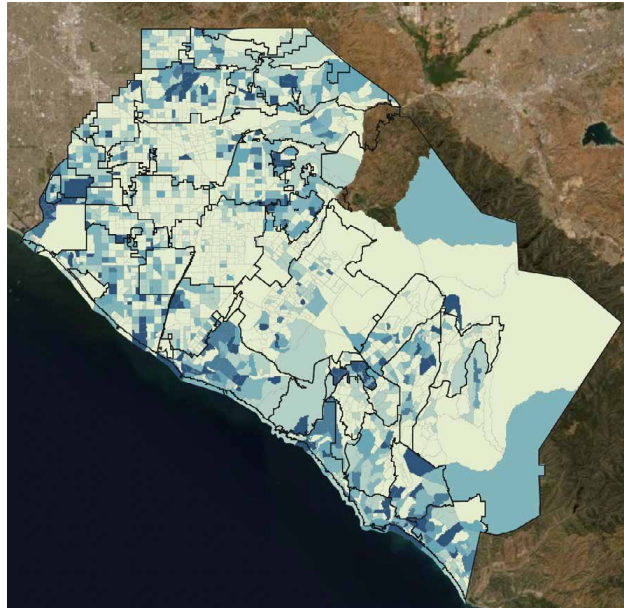
Concentration of veterans aged 75+
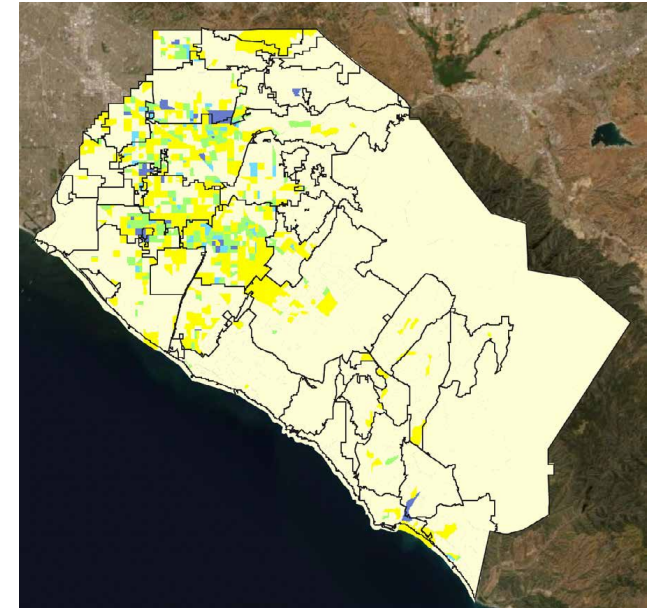
Concentration of families receiving SNAP
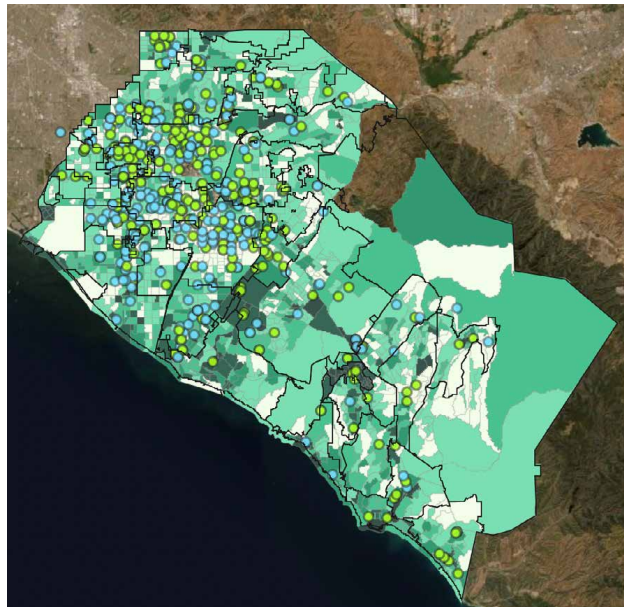
Concentration of individuals living alone and food pantry locations
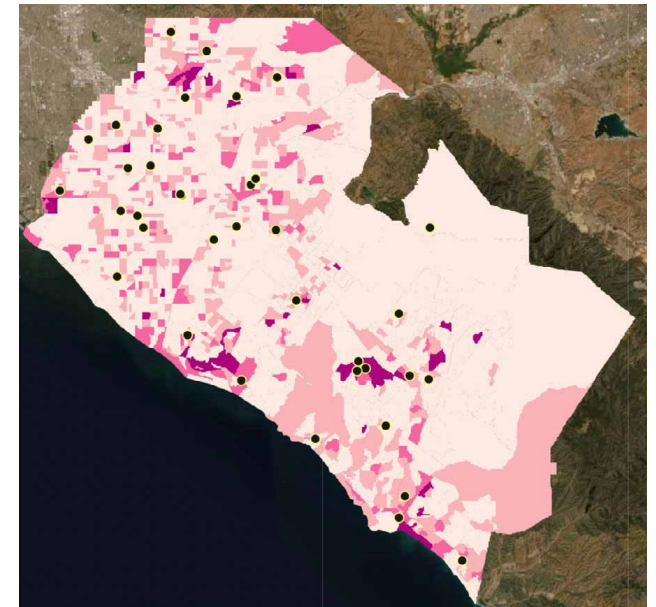
Concentration of adults 85+ and congregate dining locations

Covid: Crisis & Opportunity

The 2020 'isolate-at-home' order of Covid introduced millions of older adults to the necessity of online services. An AARP survey revealed that tech spending for adults aged 50+ increased 194% from $394 in 2019 to $1,144 in 2020. The County of Orange sought to address the needs of citizens aged 60+ who didn't have internet access by spending $2.4 million to buy iPads, data plans, and training to help them get on-line.

Organizations that address food insecurity found demand skyrocketed for services as older adults were no longer able to gather for shared meals in senior centers, or were concerned about going to grocery stores where they might be exposed to COVID-19. For example, when Meals on Wheels Orange County and Age Well Senior Services converted their group dining programs at senior centers to frozen Grab & Go meals and responded to the need to serve more homebound elders, they more than doubled the number of meals they were serving pre-Covid. For its Grab & Go program alone, Meals on Wheels Orange County served approximately 600% more Grab & Go meals a week compared to their pre-Covid group dining program.

How high these needs remain after the crisis ends is unknowable. According to reports from Feeding America, the pandemic and its ensuing economic crisis is equal to that of the financial collapse of the housing market in 2007. Like that event, **it is possible that current food insecurity levels will take as long as 10 years to fully recover.**

So while the higher-than-usual cost of all public social services may fall some over time, the elevated need will presumably continue well into the future, and budget accommodations need to be made for the increased costs.

There is, however, opportunity in any crisis. While the people who have been most impacted by the pandemic were food insecure or at risk of food insecurity before Covid-19 struck, many older individuals likely were in need of social services but had no idea what was available to them. **The pandemic has proven to be a rare opportunity to reach out and inform the older population of care services available to them in Orange County.**
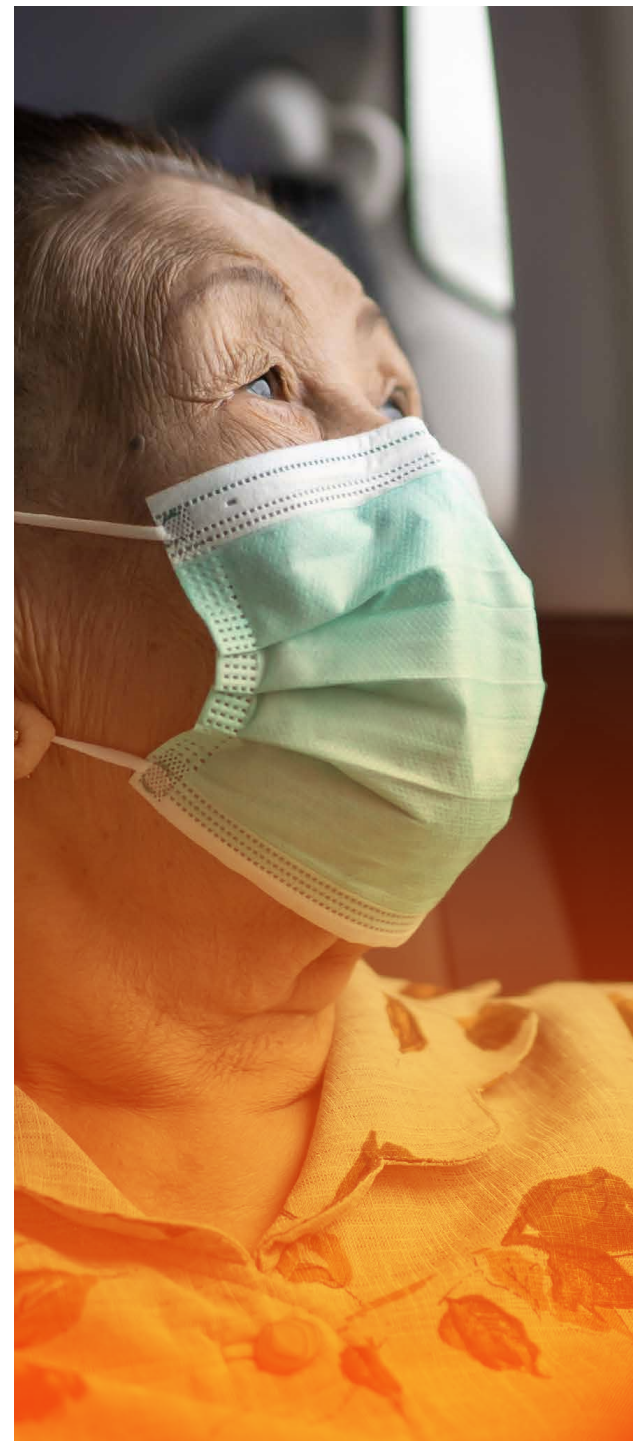
Acknowledgements

About OCSPA

The Orange County Strategic Plan for Aging (OCSPA) was formed with the goal of creating a county strategic plan with the vision that Orange County is a place that creatively nurtures, encourages, and supports every person as they progress through each stage of life.

OCSPA has identified key initiatives to improve the lives of older adults in our community. This living report is part of a multi-year, multi-sector process for use by the entire community to create programs, fill service gaps, and provide data for more potent advocacy and public policy.

As part of this data report, we have collaborated with a host of local, city, state and federal service providers, agencies, organizations, and private entities to gather lived experiences from the caregiver community, older adults, and those with disabilities.

We are grateful to the agencies, organizations, and individuals who, in a spirit of collaboration and support, have shared their work and dedicated efforts with us.

Report Funders:

Meals on Wheels Orange County

Caregiver Resource Center OC

Dayle McIntosh Center

Irvine Health Foundation

Age Well Senior Services

Alzheimer's Orange County

Orange County Community Foundation

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Orange County Office on Aging
Second Harvest Food Bank

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Orange County Strategic Plan for Aging Members:

Abrazar, Inc.
Age Well Senior Services
Alzheimer's Orange County
Cal Optima
Council on Aging Southern California
Easterseals Southern California
Jamboree Housing
Lisa A. Bartlett, Supervisor, 5th District
Meals on Wheels Orange County
OC Senior Citizens Advisory Council
Orange County Office on Aging
Orange County Community Foundation
UC Irvine Health School of Medicine Division of Geriatric Medicine and Gerontology

Orange County Strategic Plan for Aging Cities:

City of **Aliso Viejo**
City of **Anaheim**
City of **Brea**
City of **Buena Park**
City of **Costa Mesa**
City of **Cypress**
City of **Fountain Valley**
City of **Fullerton**
City of **Garden Grove**
City of **Huntington Beach**
City of **Irvine**
City of **La Habra**
City of **Laguna Beach**
City of **Laguna Hills**
City of **Laguna Niguel**
City of **Laguna Woods**
City of **Los Alamitos**
City of **Mission Viejo**
City of **Newport Beach**
City of **Orange**
City of **Placentia**
City of **San Clemente**
City of **San Juan Capistrano**
City of **Santa Ana**
City of **Seal Beach**
City of **Stanton**
City of **Tustin**
City of **Villa Park**
City of **Westminster**
City of **Yorba Linda**

About the Data

Measuring social change

How do you measure social change when there's no common currency of measurement? Where time and money (the usual yardsticks for measuring progress) are typically a means rather than an end? Where accountability and reporting is locked away in PDF reports and updates to private and public businesses, investors, government agencies, and healthcare providers?

The first challenge for measuring 'need' across the aging, healthcare and social sector is choosing what to measure. Then, how do we find what performance measurement and management systems are already in place? How do we measure the outcomes, processes, and structures when the issues facing older adults are so complex?

Each of the four areas addressed in this report are both the cause and effect of a number of interrelated factors. For example, someone who is struggling with the digital divide by experiencing technological difficulties may also be experiencing social isolation. Someone who is homebound may be using technology and home care for the first time. Someone receiving supplemental food may be also benefiting from reduced social isolation by the companionship of regular meal deliveries. The result is a lot of data, but not a lot of context within it.

No Standardized Measurements

This is compounded by the fact that **there is no standard for measuring the complexities of aging**. For example, the American Community Survey (ACS: the Census) measures disability in the community, but not mental health. The Centers for Disease Control and Prevention measures chronic mental health but not on the same age scale as the ACS. Therefore it's not possible to compare the two statistics and include mental health in order to complete a picture of disability at a county or city level.

There isn't even agreement as to when a person becomes a 'senior'. Medicare collects information about health in adults aged 65 and more. Social Security is available to those 62 and older. The Older Americans Act programs, such as Adult Day Care, Congregate and Home Delivered Meals are available to people when they turn 60 and meet other qualifying factors. People are eligible to become members of AARP when they turn 50, and Feeding America tracks food insecurity data for individuals between the ages of 50 to 65.

Apart from age, there are many other personal factors that underpin nearly all of the challenges in this report. Poverty, race, ethnicity, sex, gender, disability and mental health, as well as other social determinants of health and well-being, affect an older adult's experience of the world and their ability to cope. Measuring these intertwined elements is complex and imprecise, and needs to be cross-referenced from a variety of sources such as indices, annual reports, academic journals, and white papers.

This report, for example, has referenced 75+ data sets and aggregators, 25+ industry reports and nearly 100 academic papers, all of which are cited in the online Appendices, the link for which is at the end of this report.

This lack of coherent information also means that, while there are 'many doors to entry', most people who are in need of assistance stumble into the system for the first time when they are in crisis. Whether they are looking for help for themselves, a family member, neighbor or friend, they often have no knowledge or previous experience of what help is needed. Unless they are fortunate enough to connect with a care provider or social services agency that guides them, they have to reinvent the system for themselves.

No Central Data Repository

While a significant amount of data is generated and held by OCSPA member organizations, including government agencies, social services and community-based organizations, **there is no central data repository for information on older adults in Orange County or the State**. Instead, there is an expanding network of organizations serving older adults in a multitude of ways, and the underlying data that they collect is spread over annual reports and disparate information systems that aren't connected to other central resources. The same is true for information from healthcare, community surveys, and other research conducted on older adults.

Privacy Concerns

The County of Orange aggregates data from its own services and known partners, such as its contracted aging services partners, but is limited in the information it can share across its own departments (let alone externally) due to privacy concerns and legislative compliance.

"I got a pamphlet from the City of Santa Ana with a list of the classes at the senior center. I came for some of the exercise classes and the staff told me about the other services. Now I've told my neighbors and we all come, until COVID shut everything down. Now I still come to pick up the food and bring it to my neighbors who can't get out."

Distributed System of Care

In order to understand how older adults experience social isolation, food insecurity, disability, and the digital divide, we need to understand the system of care they are living in. This distributed system involves many organizations providing different services in overlapping jurisdictions including national, state, county, city and local organizations - many of which are attempting to measure social isolation, digital divide and food insecurity within their area. The data we have found has been collated in the Appendices section on-line. Links to it are at the end of this document and represents **approximately 80 reports, data sets, data aggregators and lists of resources relating to Orange County**.

Many organizations coordinate or collaborate with each other where their missions overlap, e.g., member organizations of OCSPA and the Orange County Aging Services Collaborative (OCASC). This allows for shared information, whereas newer organizations may serve a specific region, population or niche without any broad knowledge or incorporation into the system of care. Members of the broader system of care are made aware of these efforts through press releases, government reports, or other indirect contacts. This means that, by and large, coordination within the system of care relies heavily on the knowledge networks of staff within organizations that know about other organizations in the sector. **Becoming a part of such a network is obviously advantageous to all the organizations involved**.
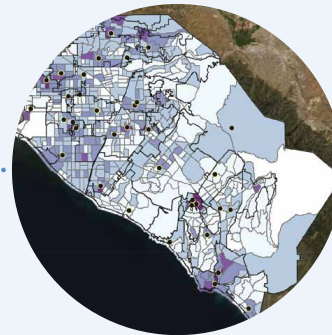
- Wrap Around Care
- Community-Based Organizations (CBOs)
- Senior Centers and Community Centers
- Religious & Civic Groups
- Outside the Formal System of Care
- Accessing Multiple Services
- Data Aggregators

Wrap Around Care

Another concern for data collection is the fact that many organizations provide support for one issue while simultaneously supplying another (unmeasured) service. The ancillary care may be unreported in favor of the service that is measurable in time or money.

Community-Based Organizations (CBOs)

While government and civic agencies underpin the social security system, the bulk of the work in delivering support to senior citizens in Orange County is the result of efforts by community-based organizations. Orange County Aging Services Collaborative (OCASC) regularly brings together more than 40 organizations working towards creating an integrated network of services that address the needs of older adults and their caregivers in Orange County.

The Orange County Community Foundation (OCCF) is home to more than 600 charitable funds benefiting a wide range of causes. Their charity aggregator, OC Nonprofit Central gives detailed information about Orange County organizations all in one place. While there isn't a specific CBO aggregation for senior citizens, the website does list dozens of CBOs whose scope includes older adults.

Senior Centers and Community Centers

Senior centers and community centers are multi-use hubs of activity and support for older adults.
The centers often provide more than one service at a time. Congregate meal services (group dining) are provided at senior centers through a partner like Meals on Wheels Orange County or Age Well Senior Services.

At the same center, take-home groceries may be provided by Second Harvest Food Bank or OC Food Bank (a program of CAPOC). Not only is nutrition provided, but also sociability and companionship. **This set of services which is integrated for the recipient appears as compartmentalized data in separate funder reports**.

Through programming at the senior center, the same individuals may be receiving technology training and using the computer lab, accessing classes taught by community groups, or engaging in health screenings. As a bi-product of all this activity, **senior centers and adult day care centers provide valuable respite for caregivers**. This is beneficial to the community, but creates complexity in the measuring of social value when social support is provided to both the older adult and caregiver - but the benefit may only be measured in meals served, or classes attended.

While most centers receive their primary support from the city, they may also receive funding from federal, county, philanthropic and community organizations. Because they receive funding from a variety of sources, the available data about the usage of their services is not available in a centralized way. Valuable data and anecdotal information about the success of useful initiatives is lost.

Religious & Civic Groups

Information about religious and civic group participation and support is largely absent from current data unless these efforts are externally funded and have data-reporting requirements.

For example, the Sikh Center of Orange County distributes 19,375 pounds of food and serves approximately 3,500 people each month. Because it is affiliated with OC Food Bank, they are required to report those numbers. However, they also serve Langar (community meals) to anyone as part of their seva, or selfless service. Those community meals build community and protect against social isolation among older adults in a way that a food pantry cannot - but the numbers are not reported.

The Catholic Diocese also provides a number of human services including the support for adults with special needs, and the Doris Cantlay Food Distribution Center, but actual data about delivery of these services is difficult to find.

Outside the Formal System of Care

Organizations that provide direct support on an issue (such as social isolation, digital divide, or food insecurity) may not consider themselves to be part of the system of care for older adults because they serve the general population. Religious congregations, cities, and food pantries fall into this category. Age-specific information about much of their work is hard to find.

Some senior-focused programs like Osher Lifelong Learning Institute (OLLI) and Saddleback College Emeritus Institute also may not consider themselves as part of the system of care because they function independently of County and CBO funding. Thus their information is 'missing' when trying to estimate the needs of older-adults.

Accessing Multiple Services

The opposite is also true with the possibility of 'double dipping' in the data - where one person or group is appropriately using multiple services, but there is no ability to aggregate usage at the person-level in order to determine if specific individuals may need additional services.

In some cases, their data may not be captured at all, such as some types of food distributions that do not record who the recipients are, or other types of walk-in programming.

This is particularly relevant for adults in the 50 to 64 years age group, who may not be eligible for some benefits, or within the 200% poverty margin, who may be experiencing job loss, illness, or wage loss, and who experience worsening health outcomes because of a need to choose between food, rent, utilities and medicine. **This lack of visibility into the system of care may also hide the number of people who are slipping through the safety net altogether**.

Data Aggregators

There are a number of open source data aggregators which allow us to view demographic data in different regional views. Details and links can be found in the Appendices.
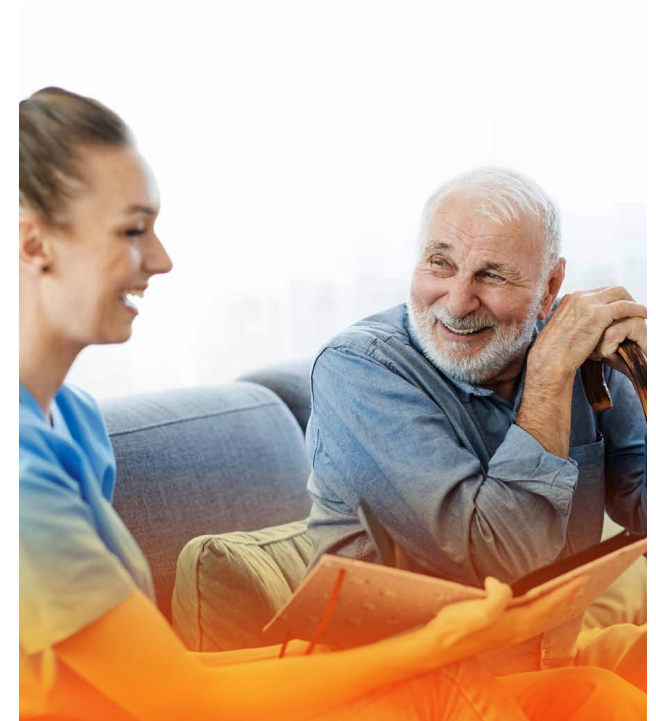
Orange County Data Portrait

According to the US Census Bureau, Orange County is diverse. It is the home of some of the wealthiest and most impoverished Americans. The county is a minority-majority community with residents from a wide range of racial and ethnic backgrounds. They speak diverse languages and participate in society in a wide range of ways. All of these factors play a role in the experience of older adults. Being able to correctly identify older adults is vital in order to prepare and respond to future needs.
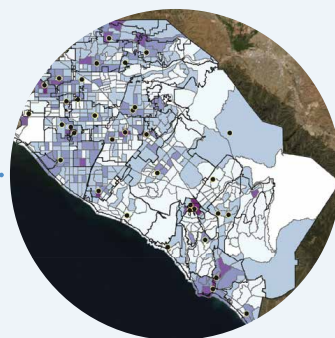
Label	OC Estimate	60+ OC Estimate
Total population	**3,175,692**	**681,997**
SEX AND AGE		
Male	49.4%	45.2%
Female	50.6%	54.8%
Median age (years)	38.6	70.0

Label	OC Estimate	60+ OC Estimate
RACE AND HISPANIC OR LATINO ORIGIN		
One race	95.8%	98.3%
White	59.2%	68.6%
Black or African American	1.7%	1.3%
American Indian and Alaska Native	0.4%	0.4%
Asian	21.2%	22.0%
Native Hawaiian and Other Pacific Islander	0.4%	0.2%
Some other race	12.9%	5.8%
Two or more races	4.2%	1.7%
Hispanic or Latino origin (of any race)	34.0%	17.3%
White alone, not Hispanic or Latino	39.7%	57.5%

Aging Population
- SEX AND AGE

Language & Ethnicity
- RACE & HISPANIC OR LATINO ORIGIN
- PLACE OF BIRTH, NATIVITY & CITIZENSHIP
- LANGUAGE SPOKEN AT HOME

Housing Status
- RESIDENCE 1 YEAR AGO
- HOUSING TENURE
- SELECTED CHARACTERISTICS
- SELECTED MONTHLY OWNER COSTS AS A %
- OWNER CHARACTERISTICS
- GROSS RENT AS A %
- GROSS RENT

Income Status
- EDUCATIONAL ATTAINMENT
- EMPLOYMENT STATUS
- INCOME IN THE PAST 12 MONTHS
- POVERTY STATUS IN THE PAST 12 MONTHS

Relationships Status
- RELATIONSHIP
- HOUSEHOLDS BY TYPE
- MARITAL STATUS
- RESPONSIBILITY FOR GRANDCHILDREN

Support Status
- VETERAN STATUS
- DISABILITY STATUS

Label	OC Estimate	60+ OC Estimate
RELATIONSHIP		
Population in households	3,130,960	666,729
Householder or spouse	51.6%	82.1%
Parent	2.5%	8.2%
Other relatives	39.3%	6.0%
Nonrelatives	6.6%	3.6%
Unmarried partner	1.8%	1.0%

Label	OC Estimate	60+ OC Estimate
MARITAL STATUS		
Population 15 years and over	2,607,309	681,997
Now married, except separated	50.1%	60.6%
Widowed	4.7%	16.1%
Divorced	9.2%	15.5%
Separated	1.4%	1.3%
Never married	34.6%	6.5%

Label	OC Estimate	60+ OC Estimate
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS		
Population 30 years and over	1,960,169	681,997
Living with grandchild(ren)	4.3%	8.1%
Responsible for grandchild(ren)	0.9%	1.3%

Label	OC Estimate	60+ OC Estimate
VETERAN STATUS		
Civilian population 18 years & over	2,484,014	681,997
Civilian veteran	3.9%	9.5%

Label	OC Estimate	60+ OC Estimate
HOUSEHOLDS BY TYPE		
Households	1,044,280	372,829
Family households	71.5%	62.5%
Married-couple family	54.6%	50.4%
Female householder, no spouse present, family	11.4%	8.6%
Nonfamily households	28.5%	37.5%
Householder living alone	21.2%	33.5%

Label	OC Estimate	60+ OC Estimate
EDUCATIONAL ATTAINMENT		
Population 25 years and over	2,200,478	681,997
Less than high school graduate	13.9%	15.1%
High school graduate, GED, or alternative	17.8%	17.6%
Some college or associate's degree	27.3%	30.0%
Bachelor's degree or higher	41.0%	37.3%

Label	OC Estimate	60+ OC Estimate
DISABILITY STATUS		
Civilian noninstitutionalized population	3,157,964	674,878
With any disability	8.6%	23.1%
No disability	91.4%	76.9%
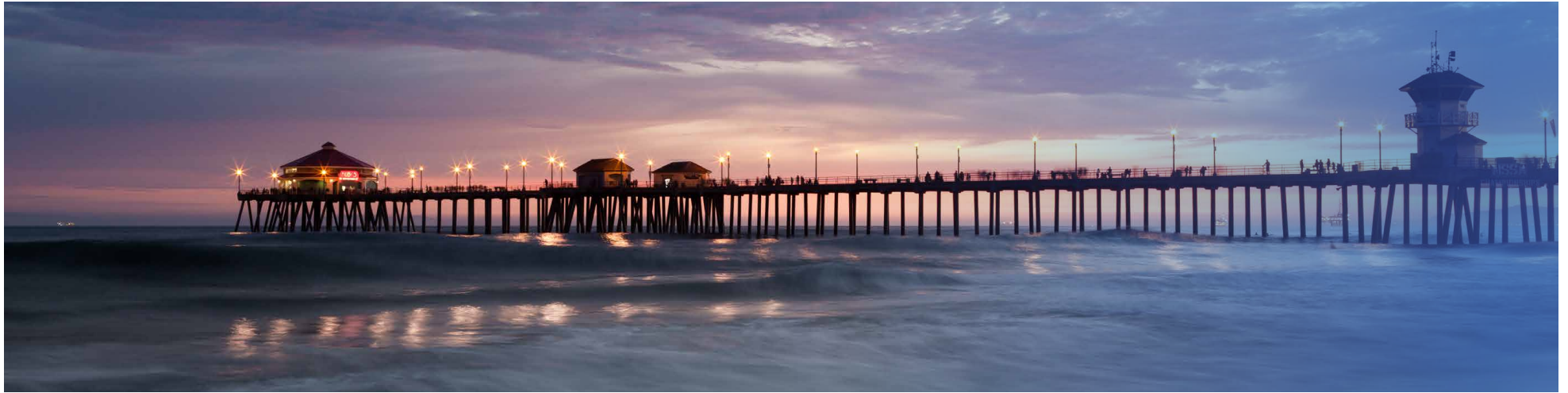
Label	OC Estimate	60+ OC Estimate
RESIDENCE 1 YEAR AGO		
Population 1 year and over	3,142,062	681,997
Same house	87.7%	93.9%
Different house in the United States	11.6%	5.5%
Same county	8.2%	4.1%
Different county	3.3%	1.5%
Same state	2.3%	1.0%
Different state	1.0%	0.4%
Abroad	0.7%	0.5%

Label	OC Estimate	60+ OC Estimate
PLACE OF BIRTH, NATIVITY & CITIZENSHIP STATUS, & YEAR OF ENTRY		
Total population	3,175,692	681,997
Native	2,225,867	421,104
Foreign born	949,825	260,893
Entered 2010 or later	16.9%	4.7%
Entered 2000 to 2009	20.5%	8.8%
Entered before 2000	62.5%	86.5%
Naturalized U.S. citizen	56.6%	78.9%
Not a U.S. citizen	43.4%	21.1%

Label	OC Estimate	60+ OC Estimate
LANGUAGE SPOKEN AT HOME & ABILITY TO SPEAK ENGLISH		
Population 5 years and over	2,990,362	681,997
English only	53.4%	61.4%
Language other than English	46.6%	38.6%
Speak English less than "very well"	18.2%	25.5%

Label	OC Estimate	60+ OC Estimate
EMPLOYMENT STATUS		
Population 16 years and over	2,568,184	681,997
In labor force	65.9%	33.0%
Civilian labor force	65.8%	33.0%
Employed	63.1%	32.0%
Unemployed	2.7%	1.0%
Percent of civilian labor force	4.1%	3.1%
Armed forces	0.1%	0.0%
Not in labor force	34.1%	67.0%

Label	OC Estimate	60+ OC Estimate
INCOME IN THE PAST 12 MONTHS (IN 2019 INFLATION-ADJUSTED DOLLARS)		
Households	1,044,280	372,829
With earnings	82.1%	56.4%
Mean earnings (dollars)	126,644	105,902
With Social Security income	28.0%	68.0%
Mean Social Security income (dollars)	20,422	21,532
With Supplemental Security Income	4.3%	6.6%
Mean Supplemental Security Income (dollars)	9,912	9,861
With cash public assistance income	1.4%	1.4%
Mean cash public assistance income (dollars)	4,496	4,616
With retirement income	21.8%	47.7%
Mean retirement income (dollars)	36,032	39,070
With Food Stamp/SNAP benefits	4.9%	4.4%

Label	OC Estimate	60+ OC Estimate
POVERTY STATUS IN THE PAST 12 MONTHS		
Population for whom poverty status is determined	3,138,405	674,878
Below 100 percent of the poverty level	9.4%	8.2%
100 to 149 percent of the poverty level	5.9%	6.5%
At or above 150 percent of the poverty level	84.7%	85.3%
Occupied housing units	1,044,280	372,829

Label	OC Estimate	60+ OC Estimate
HOUSING TENURE		
Owner-occupied housing units	57.1%	74.6%
Renter-occupied housing units	42.9%	25.4%
Average household size of owner-occupied unit	2.96	2.36
Average household size of renter-occupied unit	3.05	2.06

Label	OC Estimate	60+ OC Estimate
OWNER CHARACTERISTICS		
Median value (dollars)	725,100	722,300
Median selected monthly owner costs with a mortgage (dollars)	2,838	2,441
Median selected monthly owner costs without a mortgage (dollars)	677	625
Renter-occupied housing units	447,867	94,854

Label	OC Estimate	60+ OC Estimate
SELECTED CHARACTERISTICS		
No telephone service available	0.8%	0.7%
1.01 or more occupants per room	8.7%	2.9%
Owner-occupied housing units	596,413	277,975

Label	OC Estimate	60+ OC Estimate
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS		
Less than 30 percent	48.4%	38.3%
30 percent or more	51.6%	61.7%

Label	OC Estimate	60+ OC Estimate
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS		
Less than 30 percent	70.2%	70.2%
30 percent or more	29.8%	29.8%

Label	OC Estimate	60+ OC Estimate
GROSS RENT		
Median gross rent (dollars)	1,929	1,647

Aging in Orange County

Americans are living longer. While there was a small fall in the average life expectancy in 2020 due to Covid, the pre-pandemic average life expectancy was 78 years for men and 80 years for women. Since 2010, the county has grown by 5.87% from 3,010,232 to 3,186,232 - close to 177,000 more people. However, at the same time, the amount of young people in the county decreased, with people under 18 comprising just under 21% in 2020, compared to 24.5% in 2010.

The 2020 American Community Survey (ACS) estimated that 485,296 (or 15.3%) of Orange County residents were 65+ at the end of 2019. This rate is less than the 16.5% countrywide, but higher than the 14.8% for California. However, in some cities such as Laguna Woods, home of Laguna Woods Village (formerly known as Leisure World Laguna Hills) the percentage of older residents rises as high as 82.8%, and older adults are increasing as a proportion of the population.

Further, the California Department of Finance estimates that 26.1% of the OC population will be 65+ by 2060, up from 15.7% in 2020. **The 2021-22 Orange County Community Indicator Report projects that the 65+ population in OC will grow from 17% to 27% by 2060**. Largely due to decades of declining birthrates, this age group is the only demographic expected to grow between 2021-2060. The population change by age cohort in Orange County demonstrates that **Orange County is getting older, faster than the rest of California, particularly with regard to the 65+ age groups**.

Approximately 269,368 (55.5%) of those 65+ are female and 215,928 (45.5%) are male. Given that the county average for women is 50.7%, it suggests a 4.8% swing towards women living longer than men after age 65.

In a report titled: Childless Older Americans, the U.S. Census Bureau shows that 15.2 million, nearly 1 in 6 (16.5%) adults age 55 and older are childless - and the levels of childlessness among older adults is increasing. Smaller family sizes, a lowering birth rate and living longer present a problem for caring for older adults. There will be fewer family caregivers in the future and fewer young adults to enter the caregiving profession.

Older Adults are relatively evenly distributed through the county with a slightly greater concentration in the south east and central north of the county. Analyzing the percent of the population in different age groups in all of the census block groups shows how as age increases, the older adult population becomes more highly concentrated in fewer neighborhoods where there are numerous communities designed for older adults in municipalities such as Laguna Woods (82.8%) and Leisure World (96.6%) in Seal Beach (39.9%).
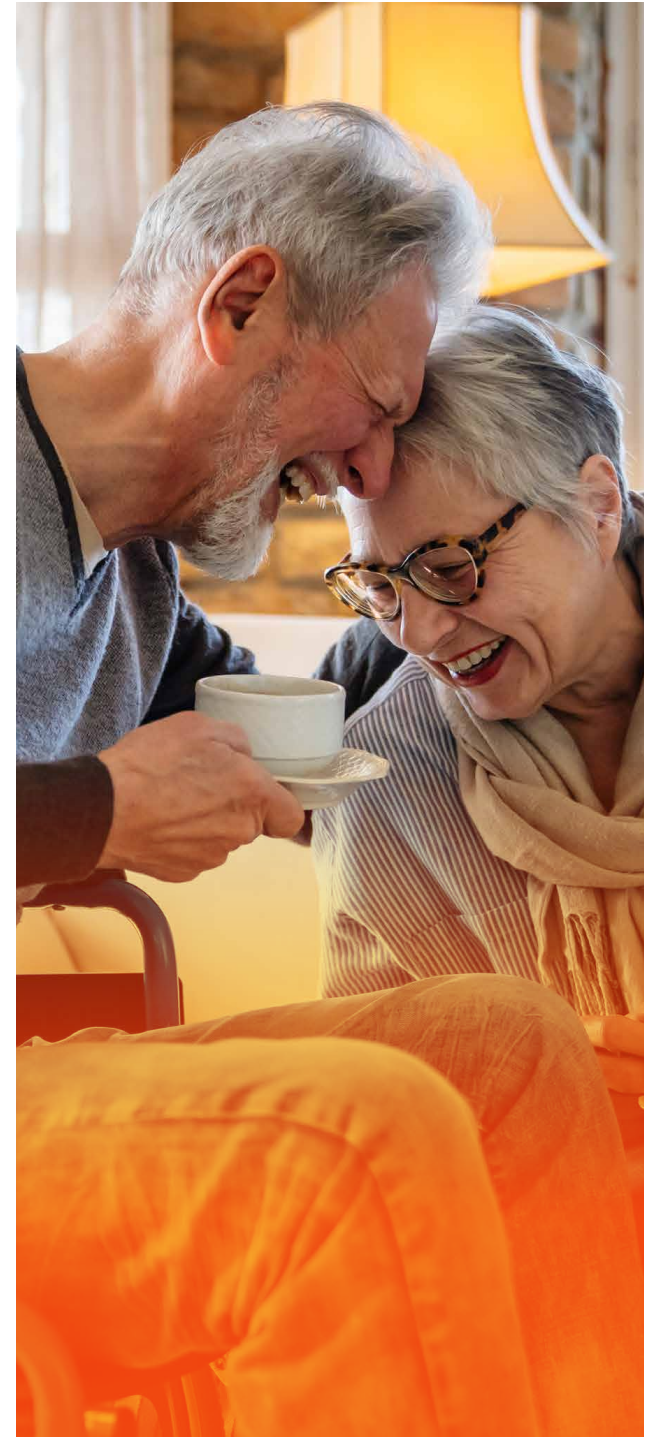
Race and Ethnicity

Using data from the Census, an article in Voice of OC (2021) reports that since 2003, Orange County has been a minority-majority county, meaning the non-Hispanic White population no longer comprises more than 50% of the county population. The amount of White people has continued to decrease over the last decade by roughly 24%, while other groups like Asian-Americans (including those of mixed race) have grown by roughly 33%. The county's Hispanic and/or Latino populations have also increased by roughly 7%, and the Black population increased by approximately 6%.

One difficulty in assessing the ethnic makeup of the community is defining race versus ethnicity. The American Community Survey and the U.S. Census Bureau counted around 41,000 Arab Americans living in Orange County in 2017, however they are included within the White population, and the Arab American Institute says the estimate is significantly lower than the actual Arab American population. The Census utilizes a separate question to identify Latino or Hispanic origin because it can be viewed as the heritage, nationality, lineage, or country of birth of the person or the person's parents or ancestors before arriving in the United States. People who identify as Hispanic or Latino may be of any race. For example, in Orange County, 17% of the 'White Alone' population identify as Hispanic or Latino.

While there is a shifting demographic within the entire population of Orange County, 5-year estimates from the American Community Survey* (2015-2019) indicate that, at least among the 65+ age group, Whites still comprise a majority of the population at 69%. The next largest racial group among older adults is Asian at 22.4%, followed by the Hispanic / Latino ethnicity at 15.7%.

The demographic shift in younger populations compared to older suggests that over the coming decades, the aging population of Orange County will also start to diversify further.

Older adult racial/ethnic identification	Total 65+ Count	% of 65+ Population
White Alone	334865	69.0%
Asian Alone	108588	22.4%
Hispanic*	76229	15.7%
Other Race Alone	26034	5.4%
Two or More Races	7639	1.6%
Black Alone	5923	1.2%
AIAN Alone	1563	0.3%
NHOPI Alone	684	0.1%
Total Population	**485296**	

* Because Hispanic is counted separately (see above), percentages in the table will not total to 100%.
These data are drawn from ACS tables B01001A-I

Racial and Ethnic Differences

Racial and ethnic differences also exist in older adult economic security. Single Asian older adults have significantly lower rates of economic insecurity (5.2%) as compared to their couple counterparts (12.8%).
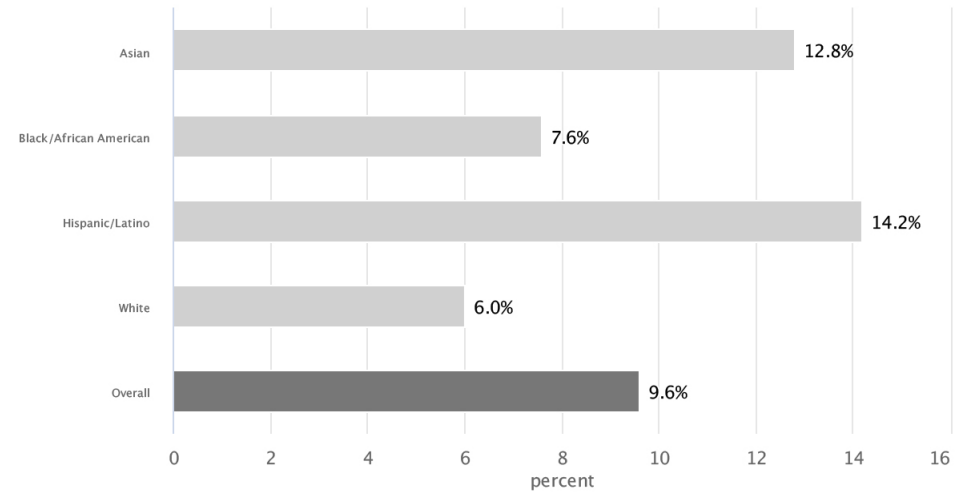
Black/African American single older adults face much higher rates of economic insecurity (16.4%) as compared to their couple counterparts (7.6%).

Hispanic / Latino single and couple older adults face comparable rates of economic insecurity (14.4% and 14.2%, respectively) that are consistently higher than other racial / ethnic groups and the overall rate (9.0% and 9.6%, respectively).

Single and couple White older adults have similar rates of economic insecurity (7.6% and 6.0%, respectively), with both being lower than the overall averages (9.0% and 9.6%, respectively).

These differences point to the broad impacts that demographic factors have related to the experience of older adults because poverty underlies so many problems that they face.
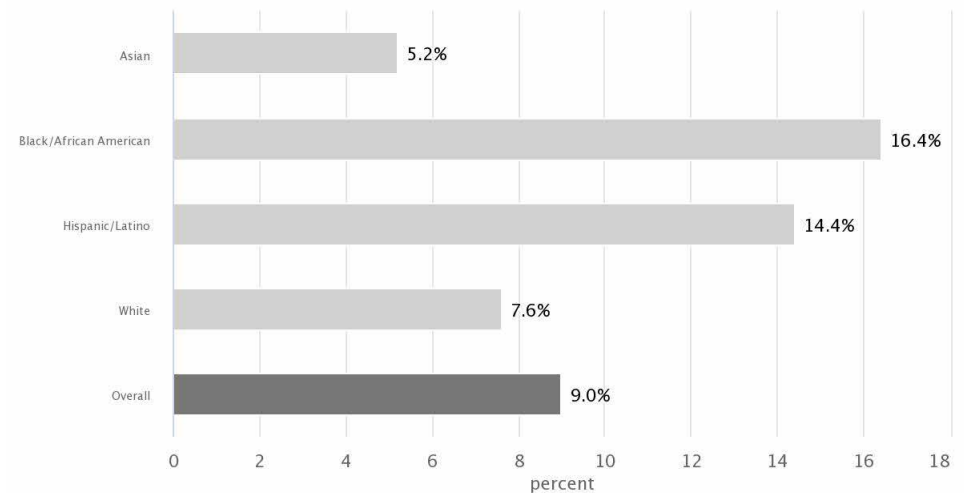
Elder Couples Living Below the Elder Economic Security Index by Race/Ethnicity
County: Orange

Race/Ethnicity	Percent
Asian	12.8%
Black/African American	7.6%
Hispanic/Latino	14.2%
White	6.0%
Overall	9.6%

Source: UCLA Center for Health Policy Research (2015)

www.ochealthiertogether.org

Single Elders Living Below the Elder Economic Security Index by Race/Ethnicity
County: Orange

Race/Ethnicity	Percent
Asian	5.2%
Black/African American	16.4%
Hispanic/Latino	14.4%
White	7.6%
Overall	9.0%

Source: UCLA Center for Health Policy Research (2015)

www.ochealthiertogether.org

Poverty

Poverty looms large as a factor affecting the lives of older adults. It affects access to good healthcare, technology, transportation, food, and almost every other aspect of life. While the median household income for the OC population of 65+ residents is $63,728, there is a large proportion of the older adult population that experiences poverty.

For example, there are 553 Census Tracts in Orange County. The poorest has a median income of $12,660 and the wealthiest has a median income of $ 234,773. The middle 50% of the tracts have a median income between $48,125 and $85,192.

As a point of reference, the federal poverty level for 2021 (from the Federal Register) is presented in the following table. (Previous years are not substantially different.)

Household/Family Size	100%	150%	200%
1	$12,880	$19,320	$25,760
2	$17,420	$26,130	$34,840

This is an exceptionally low income level given the cost of living in Orange County. And these estimates are likely incorrect. The ACS 2019 data table S1703 shows that about 15.3% of the OC population is 65 years of age or older, with 3.5% of them living on an income that is less than half of the federal poverty level ($6,245 for singles or $8,455 for a family of 2). Further, 8.7% of the 65+ population lives at less than 100% of the poverty level ($12,490 for singles or $16,910 for a family of 2). And a total 12.4% of the 65+ population lives on 125% of the poverty level ($15,612 single or $21,137 couple).

ACS 5 year estimates suggest that 9.2% of 65+ in OC live below the federal poverty level.

Why Being 200% Above the Poverty Indicator Matters
A study by The Urban Institute (2017) found that those in the U.S. with an income of less than 200% of the federal poverty level are likely to be food insecure.

"Measuring a family's ability to meet basic needs can provide a broader understanding of well-being than income-based poverty indicators."

- Even with full employment, nearly 40% of adults report that they had trouble meeting at least one basic need for food, health care, housing, or utilities in 2017
- Adults are more likely to report material hardship if they are in poor health or have multiple chronic conditions
- Rates of hardship are elevated for adults who are young, female, black or Hispanic, less educated, and/or living with children
- Adults who report one type of hardship often report other types as well
- Among adults reporting hardship, 60.2% report two or more hardships; and 34.7% report three or more hardships.

According to OC Healthier Together, a whopping 25.5% or 809,801 of all Orange County residents (2020 census) live below the 200% poverty level in Orange County .

As the below indicates, approximately 22.4% or 107,070 older adults age 65 and over live below 200% of the federal poverty level in Orange County. Poverty levels vary by age group, with poverty highest among 75+ compared to the 65-74 age group. **Poverty is about 3.6% higher among 75+ compared to 65-74 when using <100% of poverty level. It is about 6.7% higher among 75+ compared to 65-74 when using 200% of the poverty level**.

	65+		65-74		75+	
	Estimate	Percentage of all 65+	Estimate	Percentage of all 65-74	Estimate	Percentage of 75+
< 100% of poverty level	41,503	8.7%	19,484	7.1%	22,019	10.7%
100 - 200 % of poverty level	65,567	13.7%	29,414	10.8%	36,153	17.5%
Total < 200% of poverty level	107,070	22.4%	48,898	17.9%	58,172	28.2%

This is drawn from ACS table B17024

And the number of older adults with low incomes is growing. CHHS data estimates that there are 70,900 adults over age 60 living in OC who were 'low income' in 2020. That number was up from 68,900 in 2019.

Poverty or income level itself may be a poor indicator of the lived experience of older adults. One way to exemplify this is to compare income to a standard expenditure like housing costs. 32% of homeowners aged 65+ in OC spend more than 30% of their household income on housing costs in 2019. This reduces the amount of money that can be spent on food, medication, healthcare, or other costs.

Other older adults have a very low level of income and very low housing costs because they may have paid off their house and benefit from Proposition 13's property tax rate limits.
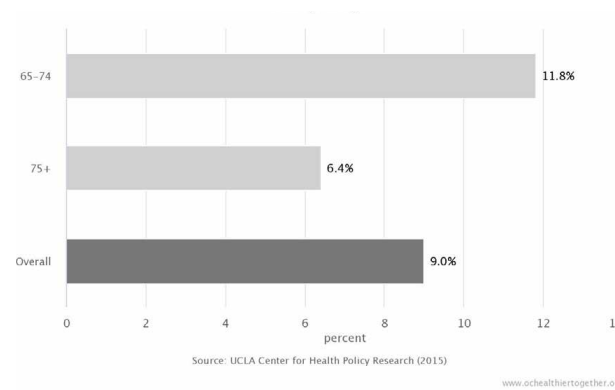
A More Relevant Metric: Elder Economic Security Index

Alternative measures of economic wellness for older adults may be better indicators than simple poverty measures. The Elder Economic Security Index considers local costs for housing, health care, food, and transportation. It provides a more complete estimate of the financial condition of older adults.

According to the 2019 CHIS estimates, 25.6% (or 124,236) of older adults in OC have a household income below the Elder Economic Security Standard Index (2019) (485,296 * 0.256 = 124,236)

This is substantial growth as earlier 2015 CHIS estimates put 9.0% of single elders and 9.6% of elderly couples in OC living (2015) below the Elder Economic Security index.

Single elders living below the Elder Economic Security Index by Age

Source: UCLA Center for Health Policy Research (2015)

www.ochealthiertogether.org

Elder couples living below the Elder Economic Security Index by Age

Source: UCLA Center for Health Policy Research (2015)

www.ochealthiertogether.org

In both instances, the 75+ age group is estimated to experience lower levels of economic insecurity than the 65-74 year old age group. However, couples in the 65-74 age group experience lower levels of economic insecurity than their single peers (10.8% vs 11.8%), while single older adults in the 75+ age group experience less economic insecurity than their couple peers (6.4% vs 7.4%).
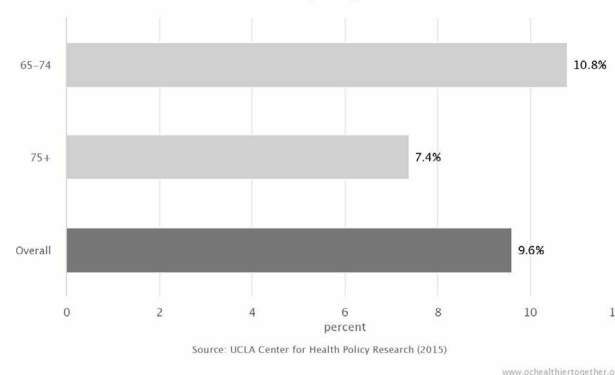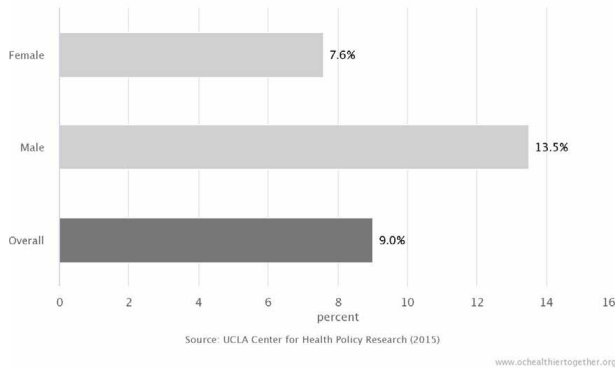
Gender Differences

Economic insecurity is much more pronounced among single older adult males.

Single elders living below the Elder Economic Security Index by Gender

Source: UCLA Center for Health Policy Research (2015)

www.ochealthiertogether.org

Single male elders experience economic insecurity at a higher rate than any other group, at 13.5%. The lower levels of couple economic insecurity suggest that economic difficulties are accentuated among males once they live alone as compared to within a couple relationship.

"There's no women veterans (resources) down here in Orange County. We have to go up to Long Beach for it. And then Long Beach refers you to West LA. And that's far."
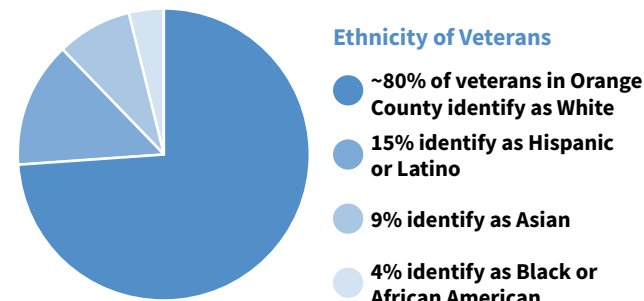
Veterans

Due to the high number of Vietnam War era veterans (36,000), Orange County has the fourth-largest population of older veterans in California. It is home to about ~130,000 returned servicemen and women.

According to the American Community Survey (ACS) 58% of the 130,000 veterans who live in Orange County are age 65+ (81,258 individuals).

Age of Orange County Veterans

- 18-34 = 9%
- 35-54 = 19%
- 55-65 = 14%
- 65-74 = 27%
- 75+ = 31%
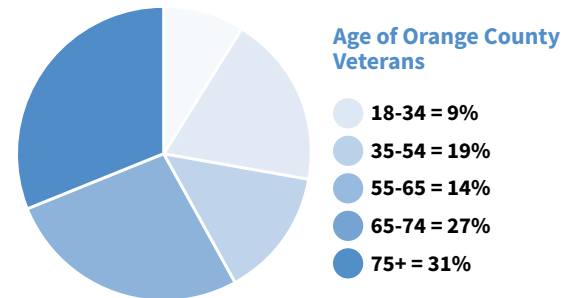
An estimated 27% of veterans of all ages (35,100) are living with a disability in OC. Since 93% of them are male, this presents its own problems for the 9,000 female veterans.

Ethnicity of Veterans

- ~80% of veterans in Orange County identify as White
- 15% identify as Hispanic or Latino
- 9% identify as Asian
- 4% identify as Black or African American

While the veterans are fairly evenly distributed throughout the county, there are marked concentrations of veterans in Seal Beach (18%) and Placentia (35.1%) where there are facilities dedicated to helping them. (Seal Beach is adjacent to Long Beach where Veterans Administration medical facilities are located.)

Digital Divide

The "Digital Divide" is the gap between the information 'haves' and 'have-nots'. It was first defined in 1996, by Lloyd Morrisett to describe how access to information was not distributed randomly, but correlated with income and education. Since then, the divide has shifted to include 'an ecosystem' of intersecting trends and topics such as owning a computer, access to broadband, and individual digital skills.

Data overview

Uptake in the USA

In April 2021, AARP released a survey of older users in the first year of the pandemic. The results from 2,250 respondents aged 50+ across America were impressive: Spending on technology by older adults increased 194% - from $394M (in 2019) to $1,144M (in 2020) - buying smartphones, tablets, home assistants, wearables, and smart home technology.

Among adults 70+

- **53% own a tablet**
- **27% have a home assistant**
- **20% have wearables**
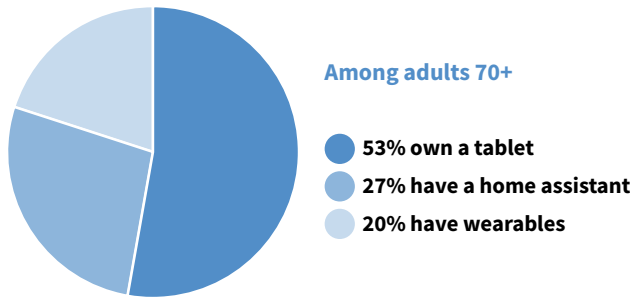
Connection in Orange County

The Digital Divide is a problem of access, adoption, and usage. Measuring how many households have a computer (95.3% in Orange County in 2019) and accessibility to broadband (90.7% broadband subscription in OC in 2019) gives us the first indication that there is a relatively high uptake in Orange County.

According to AARP, Orange County has a lower percentage of older adults without internet (6.0%) compared to both California and the United States. Eighty-percent of older adults have a broadband connection, which is significantly more than both the California and US estimates. Similarly, while 13.1% of older adults do not have a computer, that is lower than the average for both California and the US. And finally, only a very few older adults, 0.8%, have a dial up connection, a lower rate than California and the US.

Overall, computer access in OC is very high, both in terms of hardware and software. 96.9% of the population has at least one computing device. Internet access is also prevalent in the county either via broadband (92.9%) or cellular (84.5%). This leaves approximately 72,532 or 6.9% of County residents without an internet subscription.

Finding at least some of the older adults in the digital divide is possible using Advance OC's Social Progress Index.

To see the Digital Divide by age:

Select "Access to information and communication" in the first base layer; and "Age over 65" in the third, you can see the Digital Divide by age:
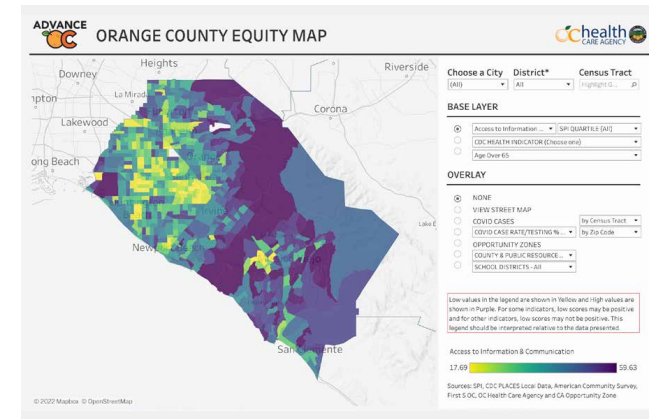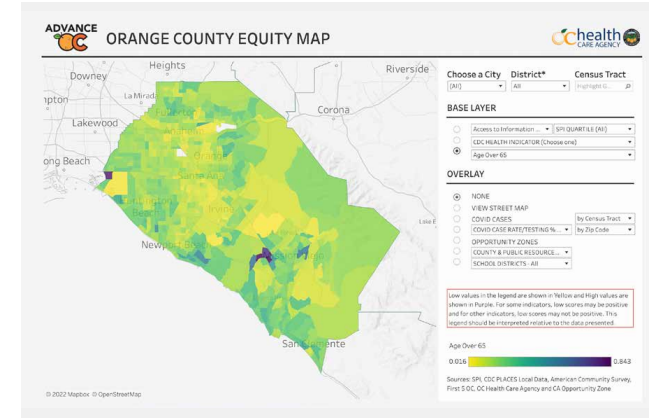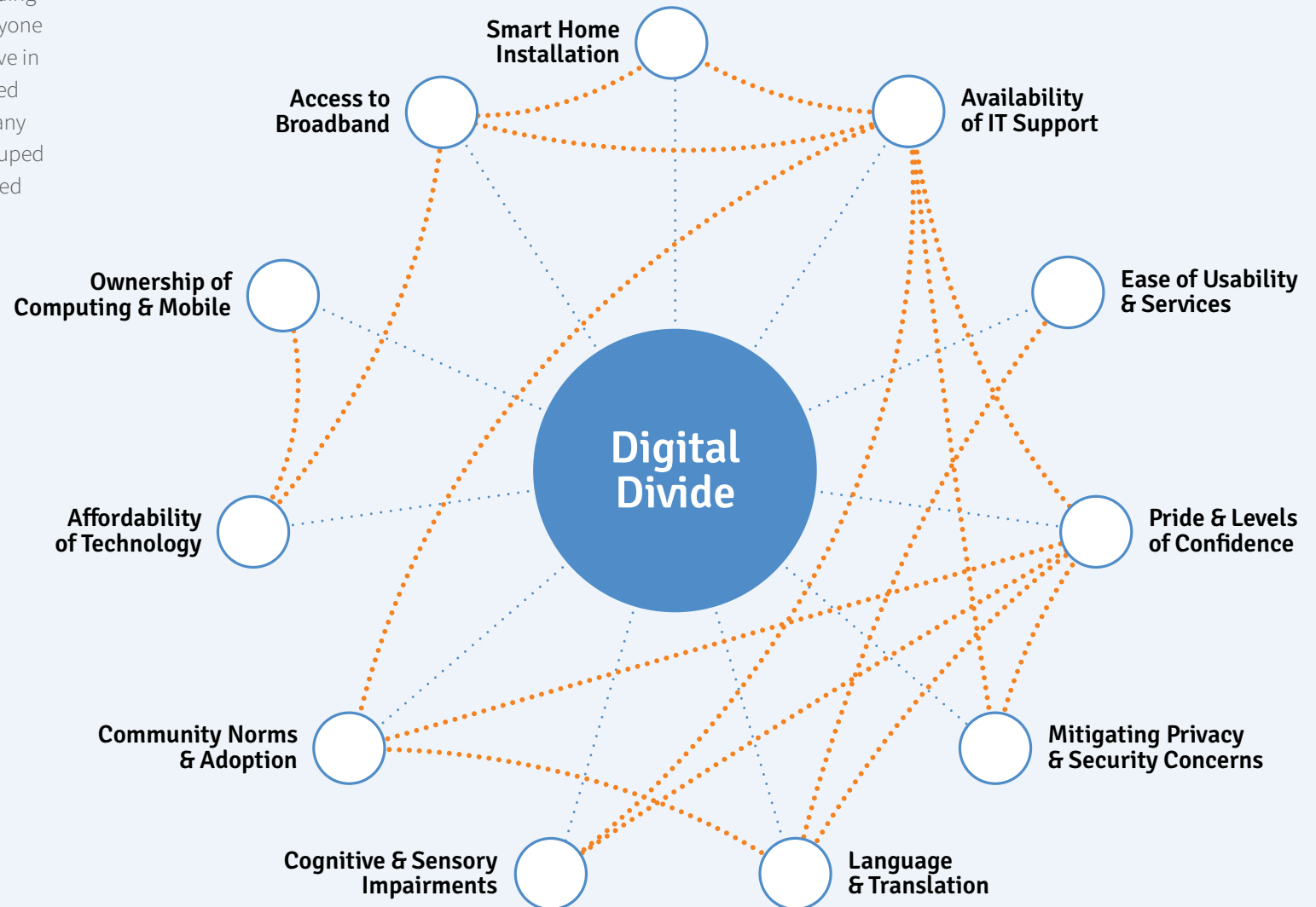

By overlaying these two images and comparing the areas of age and uptake clearly show the areas with highest concentration of older adults (being Laguna Woods, Laguna Hills, Lake Forest, Seal Beach, and La Habra). ALL have the lowest access to information and communication.

Interconnected Issues for Digital Divide

Age and location play a key role in deciding which side of the information divide anyone stands on, with older individuals who live in rural areas being the most disadvantaged technologically. There are, however, many other interrelated factors which are grouped into several sub-categories and expanded upon below:

- Attitudes to Technology
- Capacity
- Affordability
- Support

Smart Home Installation

Access to Broadband

Availability of IT Support

Ownership of Computing & Mobile

Ease of Usability & Services

Digital Divide

Affordability of Technology

Pride & Levels of Confidence

Community Norms & Adoption

Mitigating Privacy & Security Concerns

Cognitive & Sensory Impairments

Language & Translation

Attitudes to Technology

Adults aged 60+ are considered "digital immigrants." Without lifelong exposure to digital media, they've had to adapt and incorporate information technology into their lives. This means they risk being cut off from digital solutions such as telehealth, online shopping, banking and digital communication.

"We are deathly afraid of scams. Bring a flier in a printed envelope so that it looks professional or legitimate."

And with good reason, fraud and romance scams aimed at older adults resulted in losses of more than $184 million in 2018 much of it online. Many crimes go unreported because victims are scared, embarrassed, or don't know whom to call. The reality is so endemic, the Dept of Justice has established a national elder fraud hotline which is open from 10am to 6pm Monday to Friday.

Adults aged over 65 are 34% more likely to lose money on a financial scam than people in their 40s, according to research by the Stanford Center on Longevity and the Financial Industry Regulatory Authority's Investor Education Foundation. And almost 1 in 20 elderly respondents in a large 2014 study of New York residents reported being financially exploited at some point in their later lifetime.

"This is such an underreported crime," said Amy Nofziger of the AARP Fraud Watch Network. In addition, one estimate says only 1 in 44 financial fraud victims report what has happened, often out of embarrassment or fear that their children will want to take control of their finances.

"I'd like to learn more, I'm confident I can learn, but I lack that particular skill."

The 2021 AARP survey reported an increase in the use of technology across the board from the start of the global pandemic in 2020:

- 82% relied on technology for video chats, texting, email and cell phones
- Video chat rose from 20% to 70%
- 32% of older adults attended their first live, virtual event (e.g. exercise class, birthday party)
- Ordering groceries increased from 6% (2019) to 24% (2020)
- Telehealth consultations increased from 28% in 2019 to 40% in 2020.

As a result, there was also increased interest in learning how to get the most out of their new technology:

- 54% want to learn more about using tech
- 39% would use technology more often if they knew how.
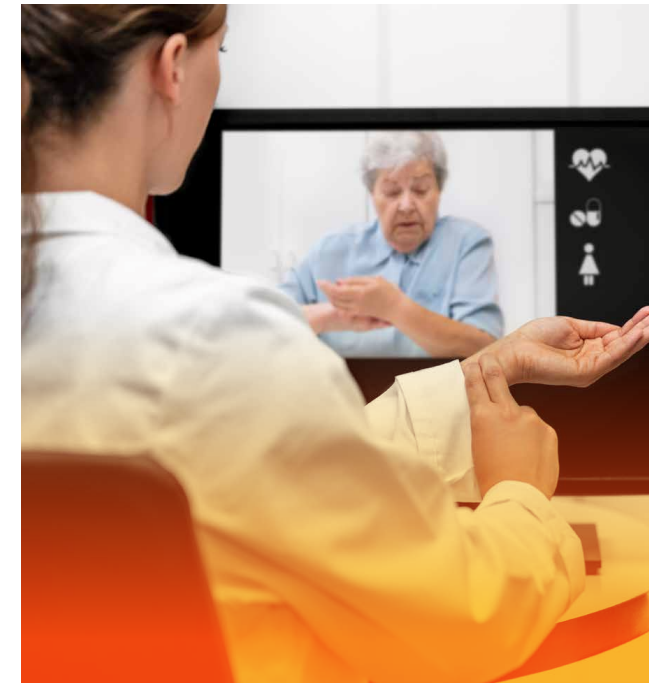
In a systematic review of the technology adoption literature, Kavandi and Jaana (2020) found that older adults adopt technology that they perceive as useful and low effort. Self-efficacy, experience, and product design also appear to benefit adoption.

There is some evidence for technology anxiety, health, and privacy or security concerns hindering adoption. The relationship between age and adoption of technology appears to be mediated by cognitive abilities, computer self-efficacy, and computer anxiety, but that research is relatively old.

"My eyes, ears, and thinking as an older adult make technology much harder. This is something that I didn't really consider about growing older – that my eyesight and hearing would make other things more difficult."

Pre-Covid, those without regular internet technology, including older adults, could access on-line advice, classes, and computers using public wifi in libraries and at local nonprofits, including senior centers, which would often host technology classes.

While this civic service was suspended due to the pandemic, applying for government programs, finding advice, getting medical attention, using banking services, shopping, and getting help using technology, the need to access them online, rather ironically, increased substantially.

This meant that 6% of older adults in Orange County - or about 29,000 individuals - were excluded from these online options.

To help provide access, the federal government enacted the Emergency Broadband Benefit, a program from the FCC that provides $50 per month towards broadband service and up to $100 towards the purchase of a laptop, desktop, or table computer. (More about solutions to this in the section titled 'Affordability')
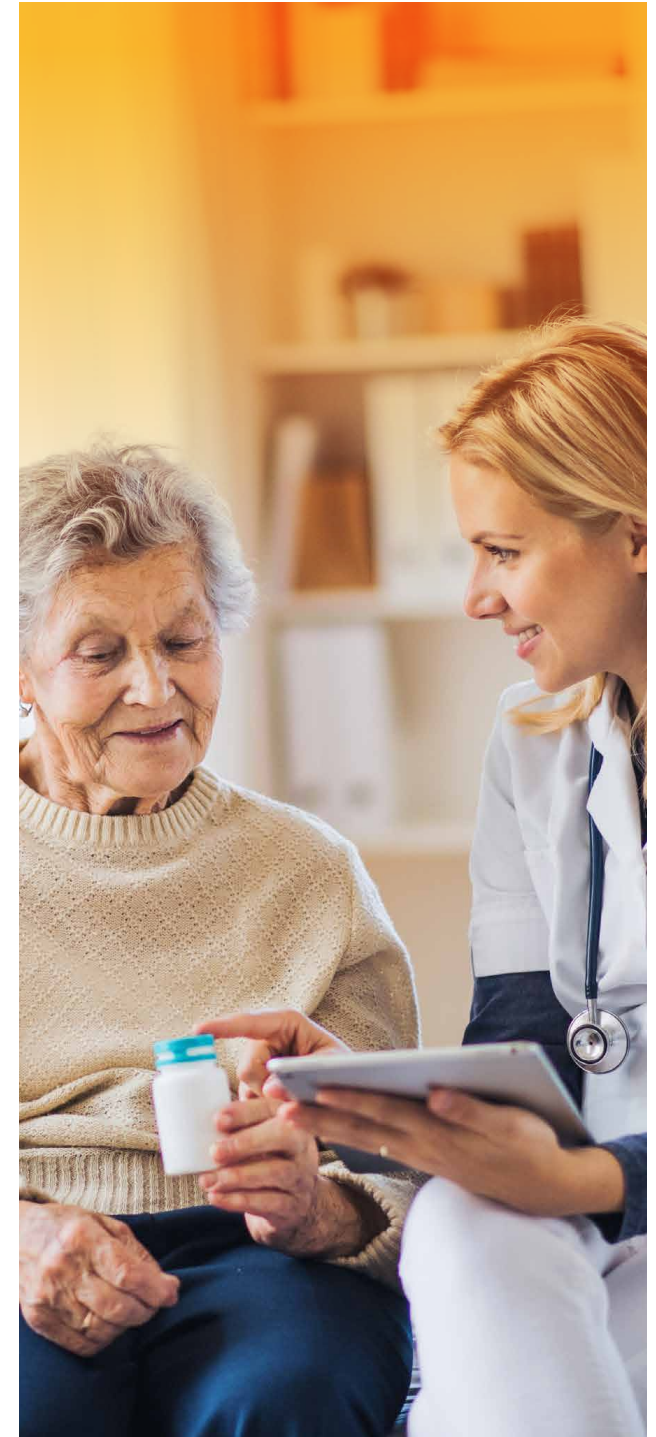
Capacity

While there is a general perception that older adults are resistant to learning to use technology, a study undertaken in 2017 revealed that most older adults were 'eager to adopt new technology and willing to learn using a tablet.' However, they voiced apprehension about the lack of clarity in instructions and support.

"I tried to learn tech but my son wasn't patient and we were both frustrated. I tried doing it by myself, but I don't know what to Google."

Being older, users may also have additional physical or mental disabilities that render them homebound and financially insecure. Sight impairment, arthritis, dry skin all affect how users interact with touch screens on smartphones.

"...and I just don't know a 3 year old to set up my Alexa."

Although not specific to Orange County, a technology survey in the Philadelphia Inquirer in 2020 found that older adults with dementia (14% of those 71+), hearing loss (nearly two-thirds of those 70+), and vision impairment (13.5% of those 65+) have a hard time using digital devices and programs designed without their needs in mind. They also had problems of design for older adults which include: small icons, difficult-to-read typefaces, inadequate captioning etc.

Within Orange County, there are numerous services aimed at helping older adults with disabilities get online, but accessing these services during the pandemic has been difficult.

"They have classes at the senior center. That's how I learned to use my device. We had 6 – week classes. There were like 15 of us and one instructor. Everyone had something a little different, but they taught us. We had a group going well until COVID."
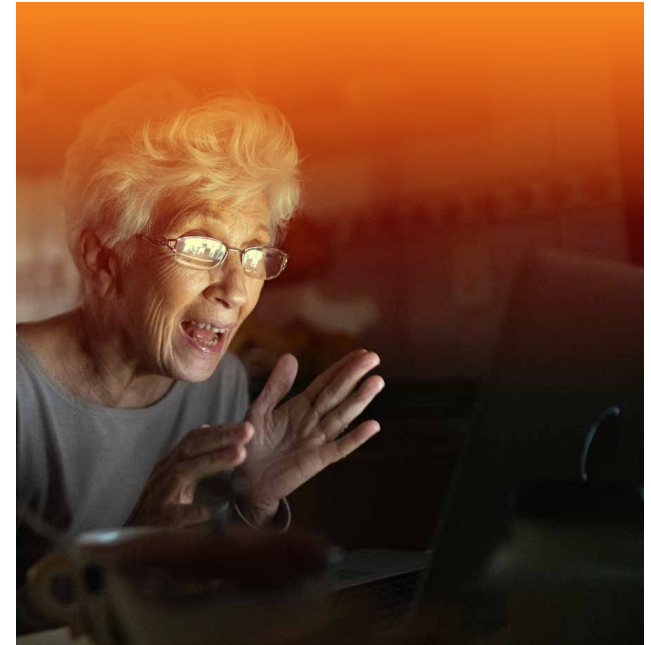
Affordability

Measuring how many people are affected by an inability to connect to the internet or use technology is understandably complex. Nationwide, 15% of older adults (65+) don't have any type of internet. Two-thirds (66%) say cost is the problem, with average spending being $269 a month (16% of their budget) being beyond their fixed incomes.

The AARP has broken down the tech budget for older Americans. On average, $68 is spent each month on internet connection, $103 for cellphone usage, $78 for cable connection, $20 for streaming services.

Just over a quarter (26%) of rural customers say high-speed connectivity is a problem in Southern California.

These figures are borne out by broadband adoption in 2021 by household income in Southern California
- <$20k = 70%
- $20k<$39,999 = 92%
- $40,000<$59,999 = 97%
- 60K+ = 99%

Expanding access to high-speed, affordable broadband is an urgent national priority and billions of dollars are in the pipeline for deployment and adoption, including the Biden Administration's proposed multi-billion dollar infrastructure bill.

The Federal Communications Commission (FCC) launched an Emergency Broadband Benefit Provider (EBB). On Dec. 31, 2021, the EBB became the Affordable Connectivity Program, and assistance of up to $30 per month can be claimed directly through individual providers.

In the already rapidly changing market of technology, the global pandemic has had a massive impact on the way in which older adults use the internet: the first has been a surge in purchase of technology, the second has been a desire to learn how to use it.
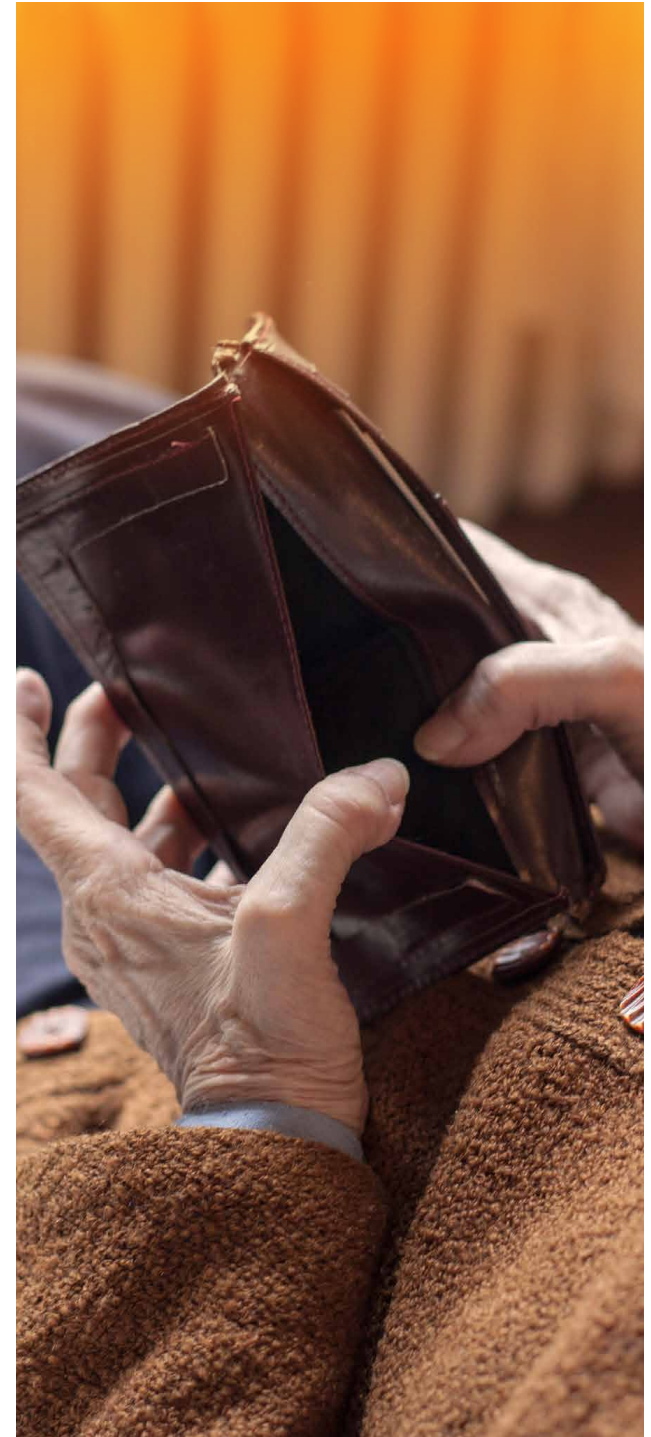
Support

The uptake of technology for older users across America in the first year of the pandemic was impressive. Among adults 70+:

- 53% own a tablet
- 27% have a home assistant
- 20% have wearables.

Now, 54% want to learn more about using tech and 39% would use technology more often if they knew how.

In response to a need to bridge the digital divide as outlined in California's Master Plan for Aging, as well as to assist with combating the mental and physical health implications of social isolation among older adults brought on by the COVID-19 pandemic, the Orange County Board of Supervisors authorized $2.4 million from the County's allocation of American Rescue Plan Act dollars to fund a Senior Technology Program. The program provided iPads with data plans, individualized training, and access to an online platform of virtual classes that any Orange County resident age 60+ could participate in free of charge. The goal of the program was not only to increase access, but to facilitate participation in various virtual and hybrid activities offered to seniors throughout the County, staying connected with family and friends, as well as support for telehealth appointments that seniors have with doctors and mental health clinicians.

While the need for the Senior Technology Program in Orange County was difficult to measure, one of the indicators used to justify an initial allotment of iPads was the number of older adults who contacted the County's COVID-19 hotline requesting assistance with vaccine appointment registration which was completely dependent on technology. In their letter to the Board of Supervisors advocating for the Senior Technology Program, the Senior Citizens Advisory Council cited this metric as one important indicator of need among Orange County older adults requiring assistance with technology.

The classes offered by GetSetUp are customized specifically for older adults and are taught by their peers. There are over 2,000 classes available on-line, including topics like computer and technology basics, cooking, travel, health and wellness, and arts and creativity.

The "WiFi On Wheels" program was also launched during the pandemic to meet the immediate needs of the county's most underserved residents who had previously relied on library services to access the internet.

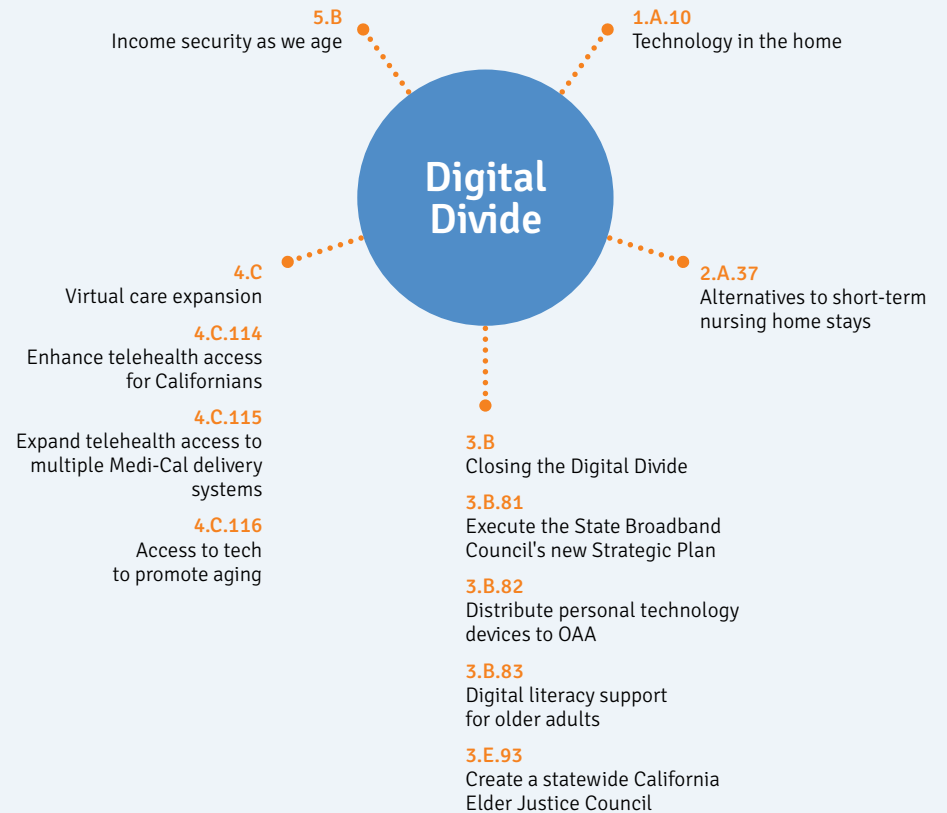# California's Master Plan for Aging Initiatives Relating to Digital Divide

The initiatives within California's Master Plan for Aging which relate to the Digital Divide range across four areas of activity. These are: access to the internet, use of telehealth services, digital literacy, and anti-fraud concerns.

During the COVID-19 pandemic it became increasingly possible to deliver health services remotely, due to the normalization of video-based communication and the reduced expectation of travel for appointments. This extended beyond virtual doctor visits to remote patient monitoring by nursing staff, as part of Medi-Cal home health benefits, to smart home partnerships with housing developers, and wearable devices which promote healthy aging in place.

Telehealth solutions require a fast and consistent internet connection. For this reason broadband is considered necessary infrastructure to deliver services. Strategy 3B in particular notes an executive order to, "deploy affordable and reliable broadband." It notes that, "Closing the digital divide by increasing access to the internet and digital devices will improve the ability of older adults and people with disabilities to connect to family and friends, health care providers, and to access additional support". This is monitored by the MPA via its data collection about the 'percent of older adults with internet access at home' and the 'percent of Medicare primary care visits delivered via telehealth'.

Access and safety of use is factored in through digital literacy programs, increased language support, the supply of donor-funded technology, plus the creation of the California Elder Justice Council.

Reference numbers relate to California's Master Plan for Aging's Five Bold Goals for 2030 to be used with their progress dashboard and budget.

Digital Divide

5.B
Income security as we age

1.A.10
Technology in the home

4.C
Virtual care expansion

2.A.37
Alternatives to short-term nursing home stays

4.C.114
Enhance telehealth access for Californians

4.C.115
Expand telehealth access to multiple Medi-Cal delivery systems

4.C.116
Access to tech to promote aging

3.B
Closing the Digital Divide

3.B.81
Execute the State Broadband Council's new Strategic Plan

3.B.82
Distribute personal technology devices to OAA

3.B.83
Digital literacy support for older adults

3.E.93
Create a statewide California Elder Justice Council

Disabilities

According to the Americans with Disabilities Act a disability is a physical or mental impairment that substantially limits one or more major life activities.

There are many conditions of aging that cause profound disability: blindness from glaucoma, macular degeneration, cataracts, diabetic retinopathy; age-related hearing loss (presbycusis); chronic diseases such as ALS, Parkinson's or Alzheimer's.

Data overview

The rate of disability from ages 65-74 is about 18%; that more than doubles after 75 years to 45.9% and affects millions of Americans each year.

There are also difficulties related to older parents who are the carers of adult children with disabilities - particularly Down Syndrome, Amyotrophic Lateral Sclerosis (ALS), mental health issues, and mobility impairment due to accident or injury.
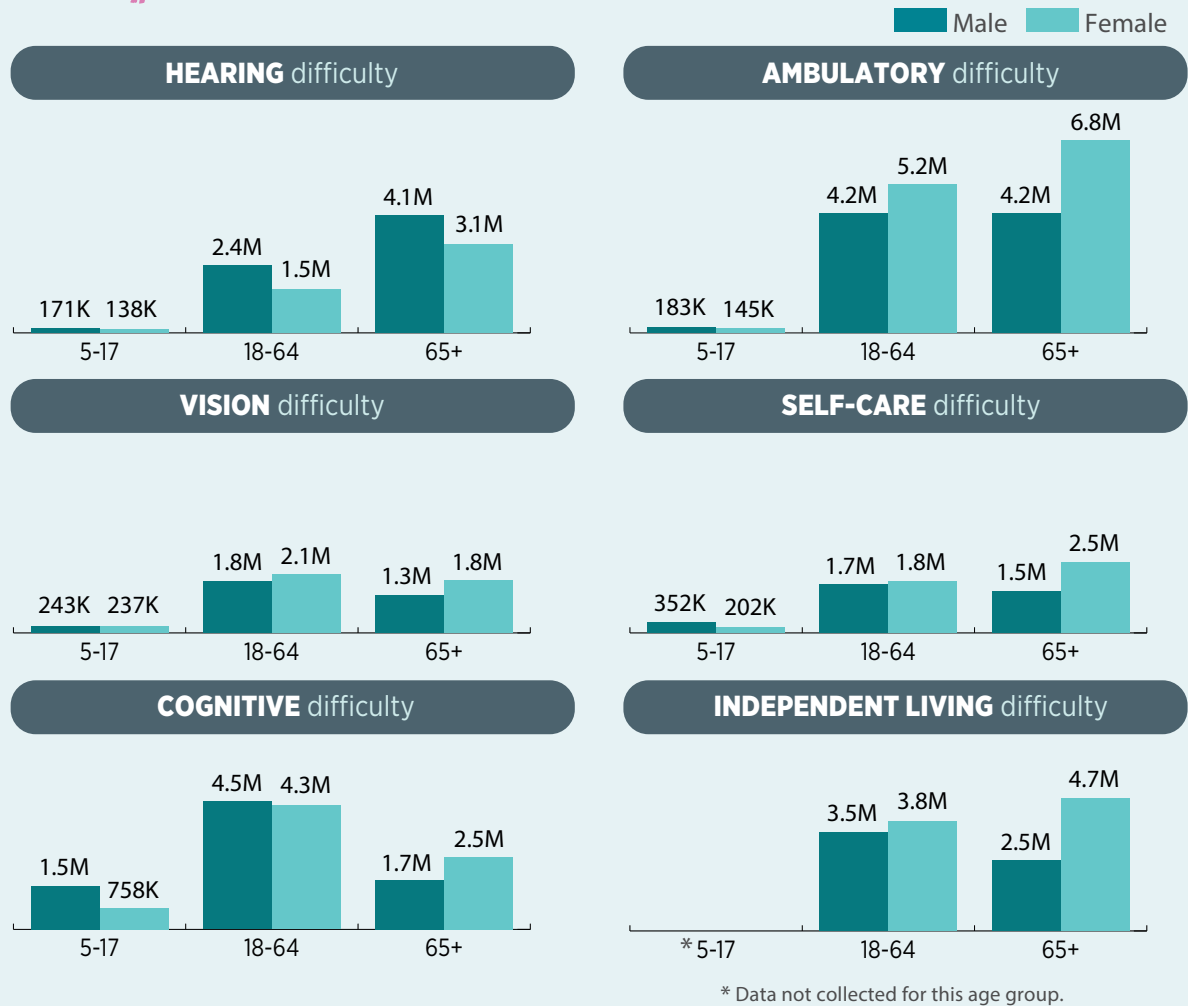
Disabilities can be categorized into four main types:

- Lifelong or congenital
- Acquired by trauma: car accidents, sports injuries, veterans
- Age related: arthritis, instability, eyesight, hearing, chronic diseases: cancer, diabetes, Parkinsons, Alzheimers
- Older parents who are carers of adult children with disabilities.

"Age over 65" in the third, you can see the Digital Divide by age:

Living With Disabilities
Number of Americans With a Disability by Age, Sex, and Disability Type

■ Male ■ Female

HEARING difficulty

	5-17	18-64	65+
Male	171K	2.4M	4.1M
Female	138K	1.5M	3.1M

AMBULATORY difficulty

	5-17	18-64	65+
Male	183K	4.2M	4.2M
Female	145K	5.2M	6.8M

VISION difficulty

	5-17	18-64	65+
Male	243K	1.8M	1.3M
Female	237K	2.1M	1.8M

SELF-CARE difficulty

	5-17	18-64	65+
Male	352K	1.7M	1.5M
Female	202K	1.8M	2.5M

COGNITIVE difficulty

	5-17	18-64	65+
Male	1.5M	4.5M	1.7M
Female	758K	4.3M	2.5M

INDEPENDENT LIVING difficulty

	* 5-17	18-64	65+
Male		3.5M	2.5M
Female		3.8M	4.7M

* Data not collected for this age group.

Source: 2018 American Community Survey
<www.census.gov/programs-surveys/acs>

Measurement

The bulk of measurements for disability in the U.S. come from the American Community Survey (ACS: the Census.) The ACS does not include questions relating to mental health impairment, the source for which is from the Center for Disease Control and Prevention where chronic mental health (schizophrenia, bi-polar, psychosis etc) is measured but not revealed, as estimates don't meet National Center for Health Statistics standards of reliability. This seems to be a gap in the national data.

Adults with disabilities report experiencing mental distress almost 5 times as often as adults without disabilities.

To find the number people in Orange County with a disability requires three different metrics:

- The ACS population of the county 2020 = 3,186,989
- The ACS population of the county aged 65+ = 15.3% = 487,609
- The percentage of the population aged 65 + with disability in Orange County (OCHealthier Together) 30.4% = 148,233 people
- 148,233 individuals = 4.65% of the total Population of Orange County
- The ACS percentage of the population with a disability up to the age of 65 = 5% = 159,350 people.

Total disabled population of Orange County:

- 148,233 people = 4.65% of Orange County are older adults with a disability aged 65+
- 159 350 people = 5% of Orange County are people with a disability aged less than 65 years
- Total disability in Orange County = 307,583 people = 9.65% of total population (Margin of Error: Disability Compendium figure = 8.5% of the county are disabled = 270,894 Error: 36,689 people = 1.15%).

The data at OCHealthier Together also reveals there has been a gradual >1.2% overall decline in the 65+ disability by population % in the 10 years since 2008. This decline from 31.6% in 2009 to 30.4% in 2019 coincides with the introduction of the Affordable Care Act on March 23rd, 2010.
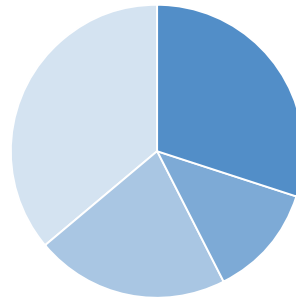
Types of Disability

Percentage of adults aged 65+ with disability in Orange County California:

- ● **Hearing difficulty - 12%**
- ● **Vision difficulty - 5%**
- ● **Self-care difficulty - 8.5%**
- ● **Independent living difficulty - 14.4%**

Cost of Disabilities

In 2015, disability-associated health care expenditures (DAHE) were $868 billion nationally. The range per state was from $1.4 billion in Wyoming to $102.8 billion in California. Disability accounted for 36% of total healthcare expenditures and ranged from 29%-41% of state expenditure. The DAHE cost per person with a disability in California in 2021 was $19,949. If the figure is similar for the county, the cost of care for Orange County's ~307,583 disabled individuals is in the order of $6.1 billion each year.

In 2018, Researchers at Stony Brook University estimated that **a household containing an adult with a disability that limits their ability to work requires, on average, 28% more income to obtain the same standard of living as a similar household without a member with a disability.**

Interconnected Issues for Disabilities

There is a strong relationship between disability and health. The extent to which a person is limited by a disability is heavily dependent on the social and economic environment in which they live. As individuals age, there are numerous physical, financial and medical impacts which can lead to the introduction (or increase) of disability. Many of the interrelated factors are noted here, and can be grouped into several subcategories which are expanded upon below:

- Job & Volunteer Equity
- Care Partners 60+
- Disability by Cities in Orange County
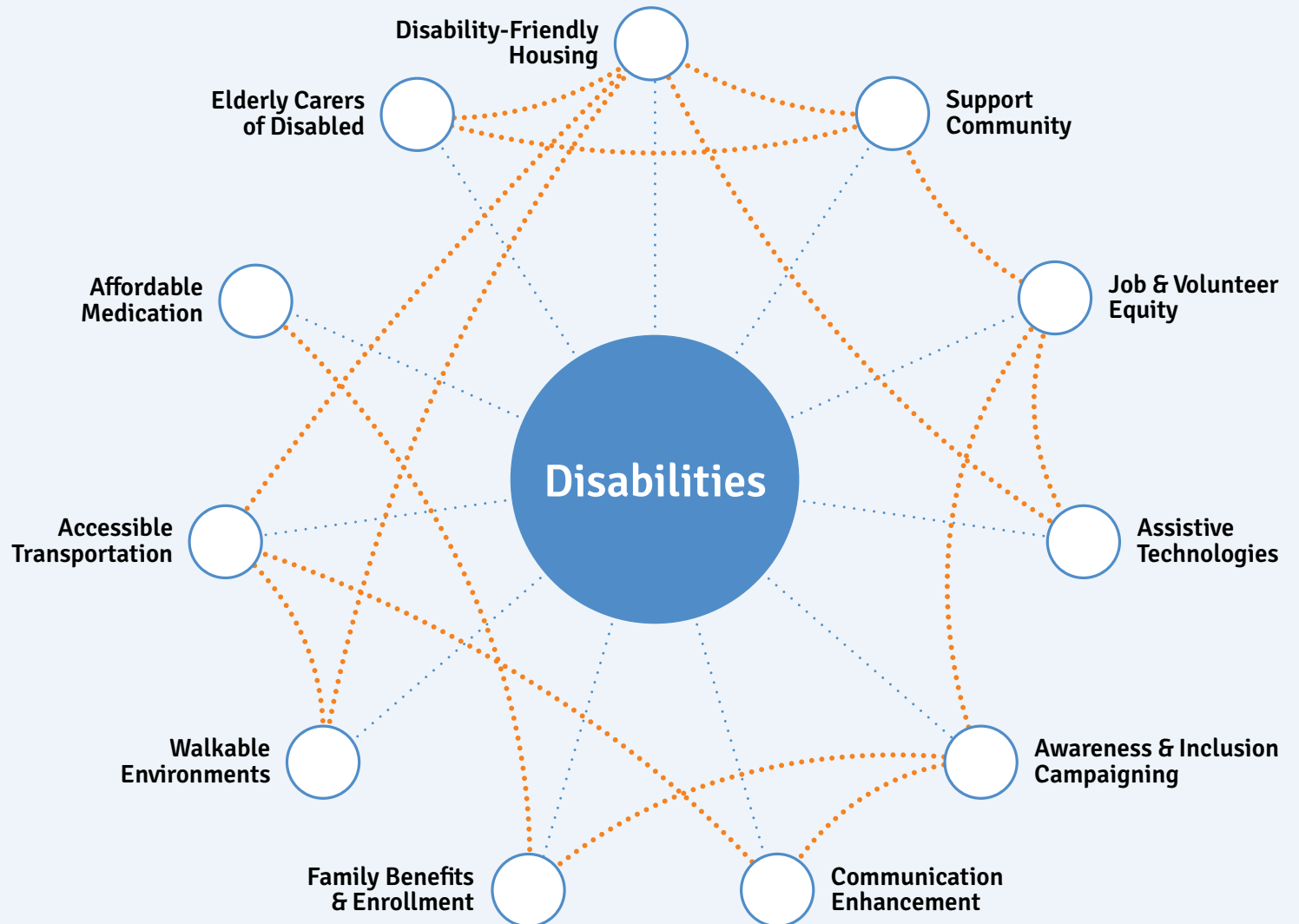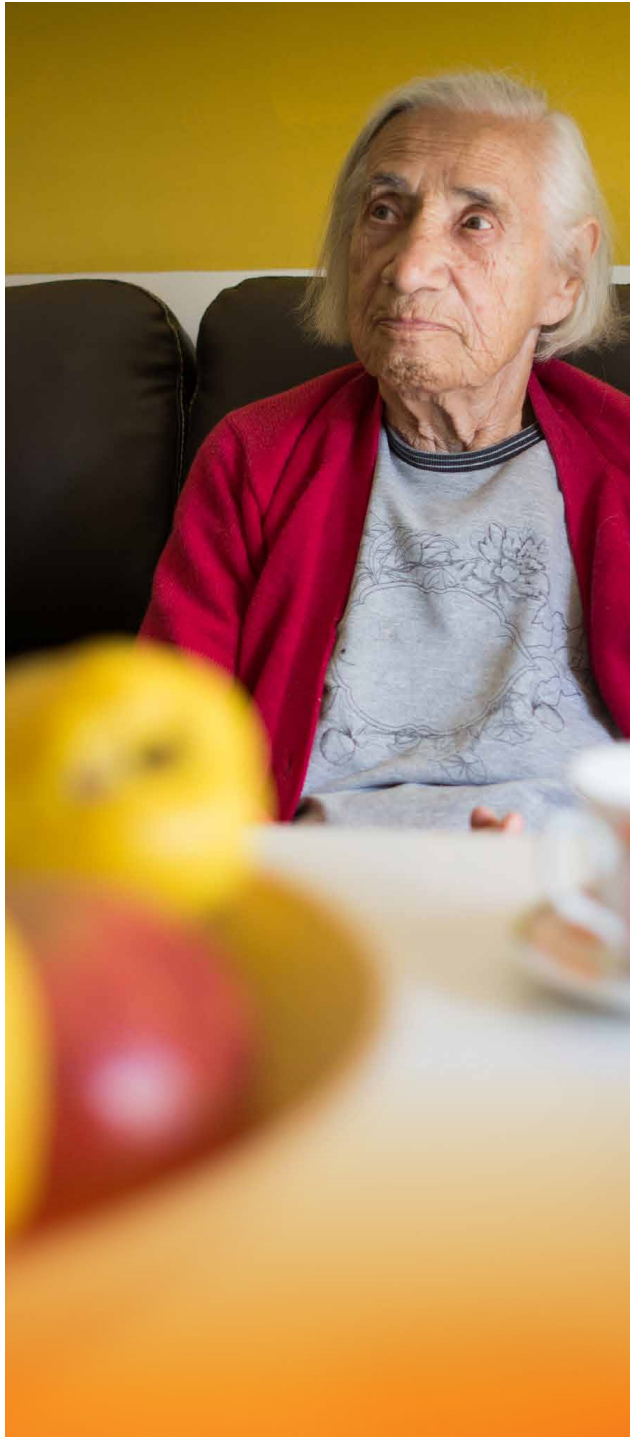
Job & Volunteer Equity

As there is a correlation between poverty and health, there is evidence that poverty also impacts disability by reducing access to regular medical care, quality education, remedial and preventive measures, home modification and lifestyle support.

Because of the additional living costs associated with disability, working-age adults with disabilities are twice as likely to have incomes under the poverty threshold; they're more likely to be unemployed; and those who are employed have lower wages.
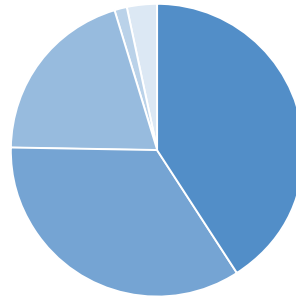
Race is another social determinant of disability

Orange County has a Minority - Majority population:

- 41.1% White
- 34.3% Hispanic
- 19.9% Asian
- 1.6% African American
- 3.1% other

Yet, according to the Disability and Health Data System (DHDS) the difference between populations regarding disability by race is marked: (Some people identify as more than one race, so the amount does not equal 100%.)

- 29.6% Hispanic
- 29.5% Multirace non-hispanic
- 23.7% Black, non-hispanic
- 21.3% American Indian, Alaska Native non-Hispanic
- 21.2% White
- 15.6% Asian, non-hispanic

According to the National Disability Institute, in America, 26% of individuals with a disability are living below the poverty line compared with 11% of individuals without a disability. "The poverty rate of BIPOC (Black, Indigenous, and people of color) communities is higher than the rate of White communities regardless of disability status. However, regardless of race and ethnicity, individuals with disabilities are significantly more likely to be living in poverty than those without disabilities. The groups with the highest poverty rates are Black and Indigenous individuals with disabilities." Further, residents of impoverished neighborhoods or communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. "Some population groups living in poverty may have more adverse health outcomes than others." **As poverty impacts some sectors of society unequally, the marked increase of disability by race may also be a result of poverty.**

Also, as most medicines have traditionally been trialed on young white male college students, there may also be a medical bias by race and gender which may have some impact on disability.

Care Partners 60+

Caregiving involves providing for the physical and/or emotional needs of another individual, in this case, an older adult. Caregiving can be formal (e.g., a paid in-home service, assisted living, nursing home) or informal (i.e., care received at home from family or friends, typically uncompensated).

These problems are all exacerbated when the carer is an older adult, caring either for a spouse, disabled adult child or relative.

Juanita lives with her autistic son. She has diabetes and significant joint pain. "We take care of each other. It would be nice to have someone to help come over and see how you are doing. If you're ok. Maybe to give you a little help."

According to AARP and their, 'Understanding the Impact of Family Caregiving on Work' report, **53 million Americans provide caregiving support to an older adult or child with special needs**, an increase from 43.5 million in 2015. **34% of caregivers are 65+ years or older**. Of these caregivers, one third report being in fair to poor health. The number of hours dedicated to caregiving increases with the age of the caregiver, with older caregivers, 65+ giving more than 30 hours a week in family caregiving.

Older family caregivers (aged 50+) who leave the workforce to care for a parent lose, on average $304,000 in wages and benefits over their lifetime. These estimates range from $283,716 for men to $324,044 for women.
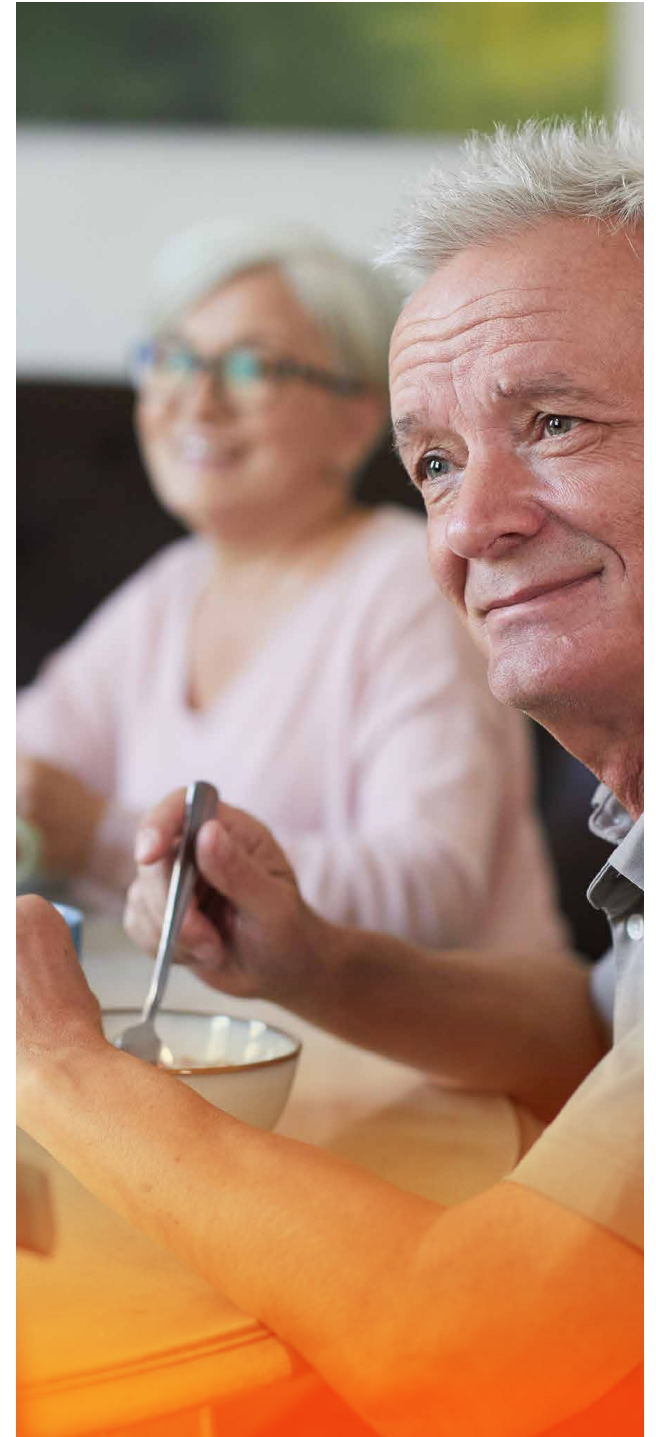
Disabilities by Cities in Orange County

It is possible at the OCHealthier Together dashboard to view the data by cities. It's also possible to relate this back to the original ACS surveys and arrange the data by city in Orange County. Doing this shows that Coto de Caza is the city with the lowest age-based (65+) disability with 15.2%. Newport Beach has the second lowest age-based (65+) disability at 21.1% of the elderly population. At the other end of the spectrum, Midway City has the highest age-based (65+) disability with 46.7%. Stanton has the second highest age-based (65+) disability with 39.1%.

When you compare these cities on the ACS dashboard, it reveals that the cities with the lowest proportion of disabled older adults are richer, whiter, better educated, with better healthcare and with more internet connectivity than the cities which have a higher proportion of disabled older adults.

The Dayle McIntosh Center is focused on disabilities for all ages, and provides an information and referral center for community resources, peer support programs, help with independent living skills, assistive technology, help navigating barriers, and senior housing resources (assistive living). When asked how people find the Dayle McIntosh Center, they said that they get a lot of referrals from 2-1-1, the California Department of Rehabilitation, and senior centers. Dayle McIntosh follows the "no wrong door" approach to referrals where it doesn't matter how an older adult enters the system (call center, referral, senior center, etc) as they all lead to the right place to get their needs met.

Peer support groups give people an opportunity to talk and listen to people who are experiencing the same things they are going through. It reduces isolation and loneliness. Their clients are largely white and they have noticed significant barriers with older adults of Asian descent who tend to not participate in peer support groups.

They indicated that their biggest unmet needs are housing and in-home care. Caregiving is really needed but very expensive. They shared stories of people having food but they can't cut or prepare it for cooking.
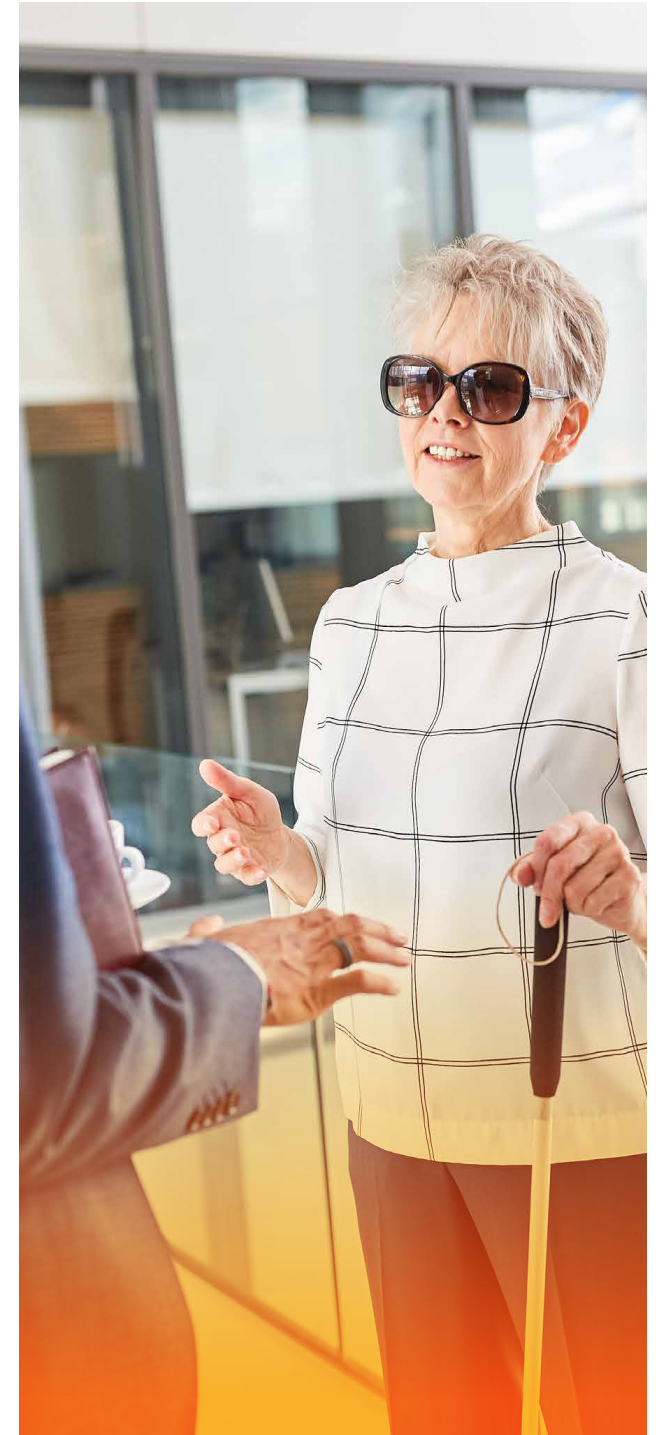
California's Master Plan for Aging Initiatives Relating to Disabilities
(Diversity, Equity & Inclusion)

The subject of disabilities is highly represented in the California Master Plan for Aging. It does in fact note in initiative 3.F.105 that a discussion is under way to broaden the Master Plan to cover both Aging and Disability. The implication is that the two are highly interrelated with many of the same underlying issues, such as affordability, equity and inclusion, mobility and transport, and how they relate to jobs, housing and food.
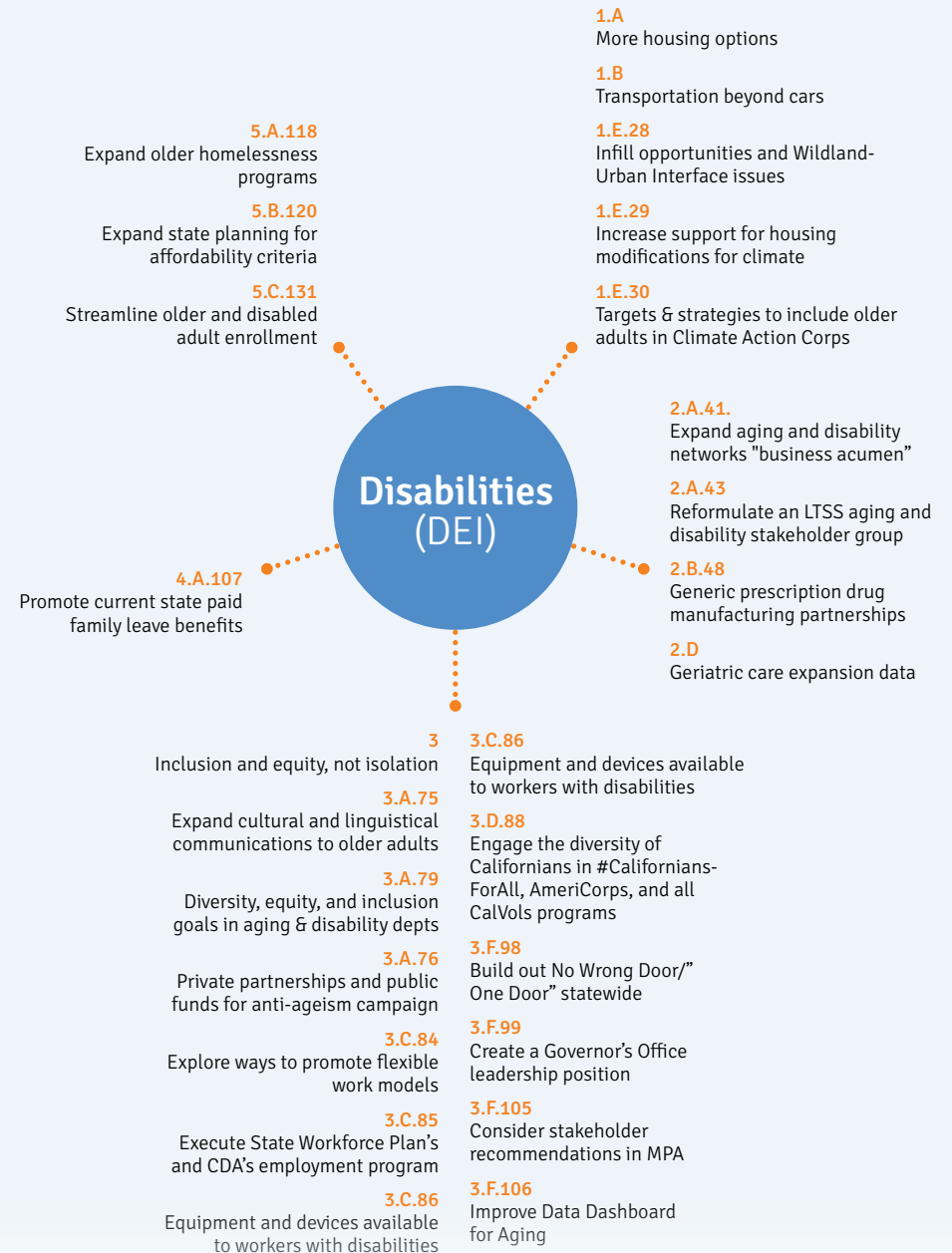
Equity and inclusion is a consistent theme, and most notably the MPA seeks to lead by example and by representation, to have leadership positions and government departments reflect the issues they seek to solve. This includes flexible work conditions, job training, and assistive technologies to make it possible. The state workforce plan will map available jobs to older adults and people with disabilities, and offer training and apprenticeships. In support of this, there is a shift of mindset, given momentum by an anti-ageism and equity campaign "California for All Ages" with public-private funding.

Affordability crosses many issues, from housing to medication and food, as well as financial work and leave benefits for family members to manage their care needs. Generic drugs are singled out in initiative 2.B.48 as in need of "new generic prescription drug manufacturing partnerships" to make sure the burden of cost is lowered.

Housing crosses over with affordability not only through the supply of more "options to meet the needs of all stages of life for all people, regardless of age, race, income, ability, or household size", but also via the issue of climate change adaptation. The safety and security of homes is threatened by extreme weather events, so disaster resilience comes in the form of "housing modifications for climate, via weatherization services". Presumably this issue is of highest concern where new age and disability enabled housing has been built at the "wildland urban interface" and on "infill" spaces.

As for older adults in general, good public transportation and walkable communities go hand-in-hand. However, it is not only an expansion of transit stops that is needed, but also age- and disability-friendly education for the drivers.

Reference numbers relate to California's Master Plan for Aging's Five Bold Goals for 2030 to be used with their progress dashboard and budget.

Disabilities (DEI)

1.A More housing options

1.B Transportation beyond cars

1.E.28 Infill opportunities and Wildland-Urban Interface issues

1.E.29 Increase support for housing modifications for climate

1.E.30 Targets & strategies to include older adults in Climate Action Corps

2.A.41. Expand aging and disability networks "business acumen"

2.A.43 Reformulate an LTSS aging and disability stakeholder group

2.B.48 Generic prescription drug manufacturing partnerships

2.D Geriatric care expansion data

5.A.118 Expand older homelessness programs

5.B.120 Expand state planning for affordability criteria

5.C.131 Streamline older and disabled adult enrollment

4.A.107 Promote current state paid family leave benefits

3 Inclusion and equity, not isolation

3.A.75 Expand cultural and linguistical communications to older adults

3.A.79 Diversity, equity, and inclusion goals in aging & disability depts

3.A.76 Private partnerships and public funds for anti-ageism campaign

3.C.84 Explore ways to promote flexible work models

3.C.85 Execute State Workforce Plan's and CDA's employment program

3.C.86 Equipment and devices available to workers with disabilities

3.C.86 Equipment and devices available to workers with disabilities

3.D.88 Engage the diversity of Californians in #Californians-ForAll, AmeriCorps, and all CalVols programs

3.F.98 Build out No Wrong Door/" One Door" statewide

3.F.99 Create a Governor's Office leadership position

3.F.105 Consider stakeholder recommendations in MPA

3.F.106 Improve Data Dashboard for Aging

Food Insecurity

The USDA describes food insecurity as 'a lack of access to enough food for an active, healthy life.' It can be defined simply as an economic and social condition of limited or uncertain access to adequate food in socially acceptable ways. According to the USDA's Annual Economic Research Service, 10.5% of all U.S. households were food insecure in 2020, and in California the rate was 9.8%.

Data overview

How Many People are Food Insecure in Orange County

In pre-pandemic Orange County (2016-2018), the California Health Interview Survey estimated the rate of food insecurity for low-income adults aged 65 years and over to be 29.4%. This figure included households with an income of 200% of the Federal Poverty Level (FPL) - as determined by the Urban Institute 2017. This is especially true of Black households (21.7%) and Hispanic households (17.2%) which experience two and three times the nutrition insecurity compared to 7.1% of White households as a national average.

Food insecurity survey questions were only asked of adults whose income was less than 200% of the Federal Poverty Level (FPL) because food insecurity is an economic and social indicator of the health of a community. Poverty and unemployment are frequently predictors of food insecurity in the United States. A survey commissioned by the Food Research and Action Center (FRAC) found that one in four Americans worries about having enough money to put food on the table in the next year. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues including major depression.

Because this figure is obtained by questionnaire, it's possible that these self-reported figures underestimate the scope of the issue for personal reasons such as shame, guilt, fear or pride. Individuals may also play down their lack of food as temporary or unimportant. Some may have become accustomed to eating fewer meals, or not view eating less as a problem. They may also be getting calories, but not tracking their nutrition intake in comparison to an adequate and healthy diet for someone of their age or health status. Further, this data does not address individuals who live at greater than 200% of the FPL and who may be experiencing food insecurity due to lack of adequate income, mobility, isolation, health and cognitive impairments and other considerations.

Feeding America estimates that 113,468 older adults are food insecure in OC. However, using the 29.4% food insecurity rate referenced above for those aged 65+ living below 200% of the FPL results in a slightly higher estimate of 142,677 as noted in the table below

Older Adults (65+) living at less than 200% of the Poverty Level in Orange County

(source: ACS Supplemental Poverty Measure 2020; US Census)

Age Group	# People OC 2020
65 to 74 years	274,232.00
75 to 84 years	148,490.00
85 years and over	62,574.00
Total	**485,296**

*29.4% food insecurity rate 485, 296 = 142,677

If we expand the possible age range to include the 196,701 people aged 60 to 65 who live below 200% of the FPL, we begin to understand the wave of food insecurity facing older residents of Orange County. Using that same 29.4% food insecurity rate for those living below 200% of FPL, it increases our estimate of the number of older adults facing food insecurity by 58,571 individuals, and brings the total to just over 200,000 people.

Age Group	# People OC 2020
60 to 64 years	196,701.00
65 to 74 years	274,232.00
75 to 84 years	148,490.00
85 years and over	62,574.00
Total	**681,997**

*29.4% of 681,997 = 200,507 of 60+

Thus, it is fair to estimate that in Orange County, there are between 113,000 and 200,000 older residents who may not be getting enough to eat due to economic reasons. This difference of 80,000+ individuals is a result of how we define older adults (age 60+ or 65+) and whether we include those nearing retirement age in our estimates about how poverty affects food insecurity.

Impact of Global Pandemic

Figures from the Office on Aging Orange County show there was a 63% overall increase in senior meals between 2019-20 & 2020-21. It's likely the pandemic revealed latent unmet demand for food among seniors.

It's probable that these figures won't fall in the coming years. In their report The Impact of the Coronavirus on Food Insecurity in 2020 & 2021, Feeding America says: "After the Great Recession, it took nearly ten years, until 2018, for food insecurity to return to pre-recession levels, and even then, 37 million people were still at risk of hunger." The same may apply to elevated levels of food insecurity observed during Covid-19. In March 2019, Meals on Wheels Orange County, Age Well Senior Services and the City of Irvine rapidly converted their pre-pandemic dine-in lunch programs at partnering senior and community centers to frozen Grab & Go meals. Whereas seniors previously were served one hot meal each weekday, they now picked up frozen entrées that they could eat in the safety of their homes. The increase in meals was unprecedented. For example, Meals on Wheels Orange County notes that while they had averaged about a thousand hot meals each weekday previously, they quickly began providing an average of 6,000 frozen meals each weekday, a 600% increase. Even now, the nonprofit continues to serve an average of 4,000 each weekday. This reflects not only the additional need that older adults have faced because of the pandemic crisis, but also may signal that some may have experienced some level of nutritional distress prior to the pandemic.
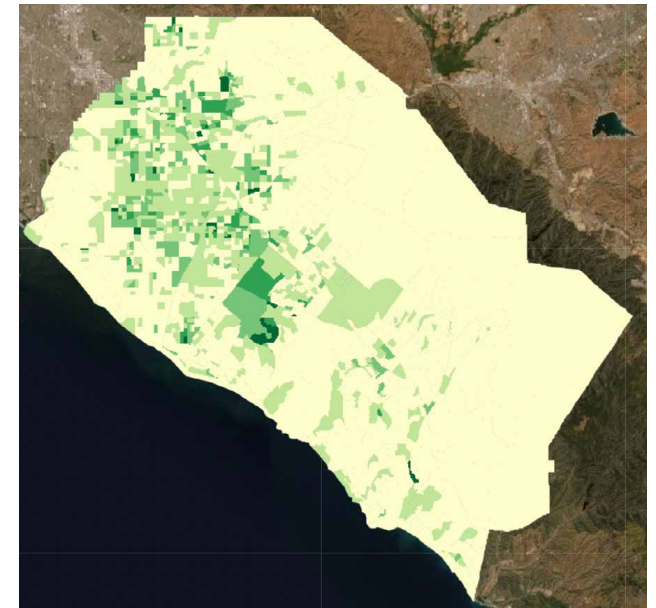
Further, there are differences in the level of food insecurity by age group. The State of Senior Hunger report from Feeding America shows the stark difference in food insecurity rates for different age groups of older adults nationally. As indicated in the following graphs, overall food insecurity rates in the US are highest among the 60-69 age group and lowest among the 80+ age group.

Feeding America "State of Senior Hunger in America" by Age:

CalFresh and Poverty

Figure 5a. Trends in Senior Food Insecurity by Age

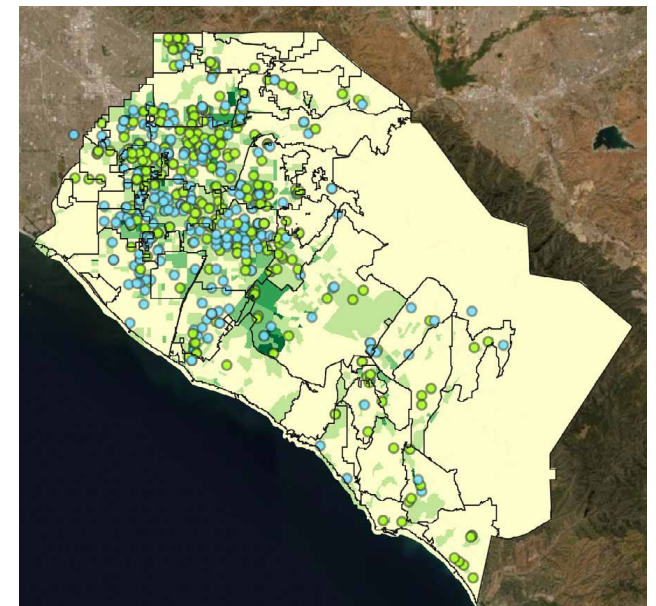Figure 5b. Trends in Senior Very Low Food Security by Age
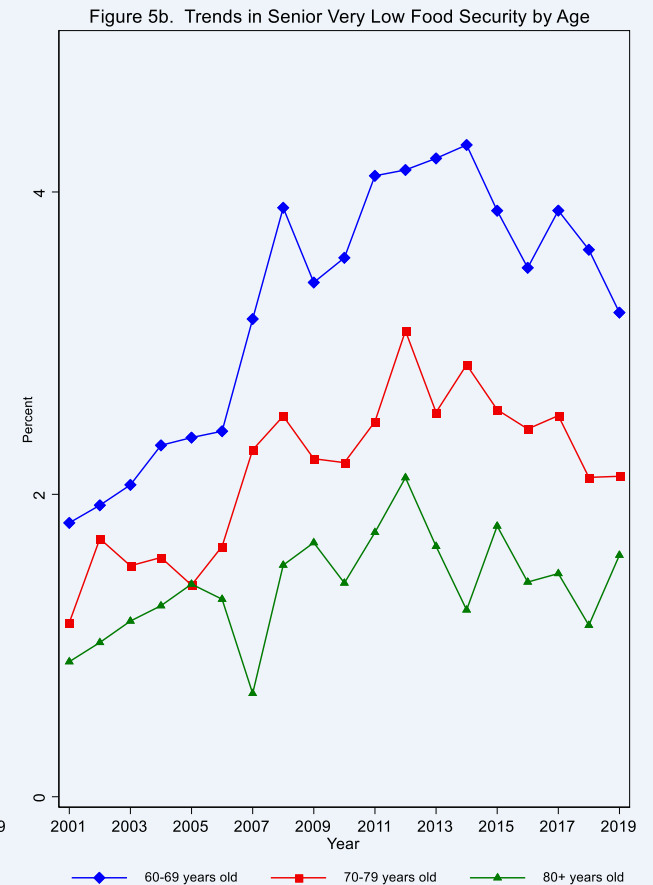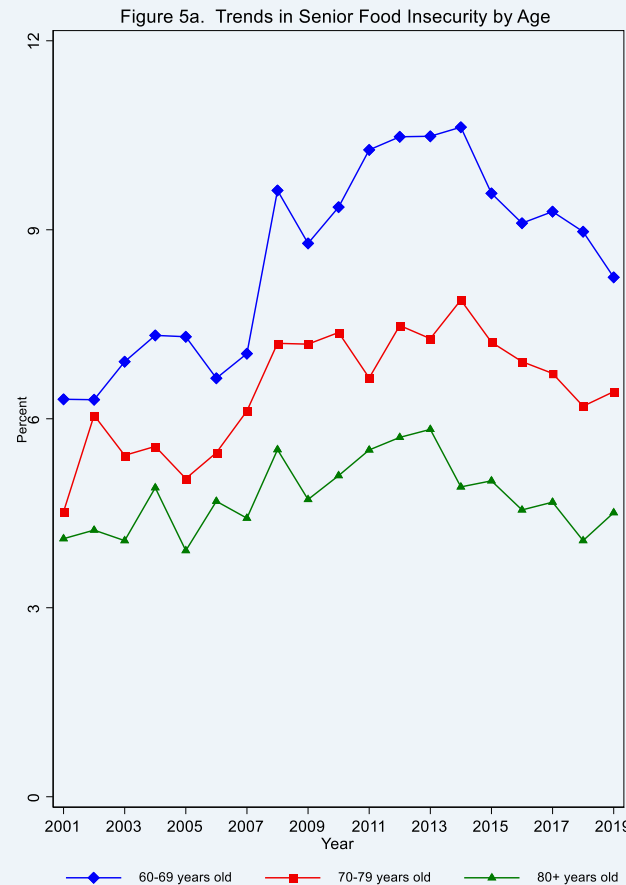
In Orange County, a review of poverty levels by age group indicates 9.0% of households in OC have income below the poverty level. As noted in the table below, 29.3% of households that receive CalFresh (known nationally as the SNAP) live below the poverty level ($12,490 for singles or $16,910 for a family of 2) whereas 70.7% live above the poverty level by some amount. The median income of a household receiving SNAP benefits is $40,220.

Dark green indicates 40% or higher of older adults living in poverty.

Label	Orange County	Percent of Orange County	Households receiving food stamps/SNAP	Percent households receiving food stamps/ SNAP
Households	1,044,280		51,112	4.90%
With one or more people in the household 60 years and over	442,385	42.40%	21,803	42.70%
No people in the household 60 years and over	601,895	57.60%	29,309	57.30%
POVERTY STATUS IN THE PAST 12 MONTHS				
Below poverty level	94,025	9.00%	14,956	29.30%
At or above poverty level	950,255	91.00%	36,156	70.70%
DISABILITY STATUS				
With one or more people with a disability	206,846	19.80%	19,213	37.60%
With no persons with a disability	837,434	80.20%	31,899	62.40%

Green and blue dots indicate food pantries.

Impact of Food Insecurity

The CDC observed that the greatest risk from food insecurity is malnutrition – an easily modifiable health risk which, if left unattended, leads to chronic disease. For older adults the risks of food insecurity are:

- 60% more likely to suffer congestive heart failure or a heart attack
- 50% more likely to have diabetes
- 14% more likely to be hypertensive
- 3x as likely to suffer depression.

The Health and Nutrition Examination Survey (HANES) longitudinal study of adults aged 25-74 indicated that 16% of older adults consumed fewer than 1000 calories per day — a statistic that would place them at high risk for undernutrition - the cause of half of all chronic diseases affecting older Americans.

To put that into perspective, in 2018 one-third of all deaths in the U.S. were from heart disease or stroke. This costs $214 billion per year in medical expenses, $138 billion in lost productivity and incalculable heart ache for the family and loved ones. In 2018 that represented 868,000 Americans at an average cost of $246,500 per person in healthcare costs alone.

Prevalence and determining factors

[Feeding America](#) estimated that the 2019 pre-COVID food insecurity rate in Orange County was 8.3% for all individuals (all ages), or approximately 264,340 people, and the annual budget shortfall to feed them was $158,634,000.

The social determinants which put people of all ages at highest risk of food insecurity are:

- Elderly people who live alone, or are socially isolated
- The unemployed and those living in poverty
- Single parent households
- Black or Hispanic households

The risk to all of them increases further when two or more elements are combined, or if they lived in either an urban or rural area, rather than the suburbs.

OCSPA Geo Maps

The [OCSPA Geo Maps](#) are particularly useful for interrogating the data about food supply for older adults in Orange County.

For instance, using 600 census tracts for which we have client data for congregate meals (meals served at senior and community centers through Orange County Office on Aging providers Meals on Wheels OC, Age Well Senior Services, and the City of Irvine) and mapping them against client data, we can see how clients are distributed throughout the county.
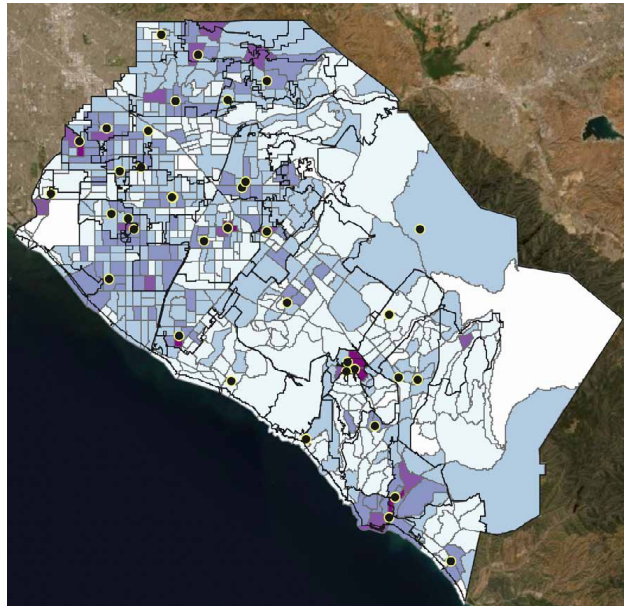
The darker shades of purple indicate more clients. The dots are the locations of the senior centers with congregate meal service. Visually you can see how the areas with the highest number of older adults who participate in congregate meals are the census block groups in close proximity to senior centers.
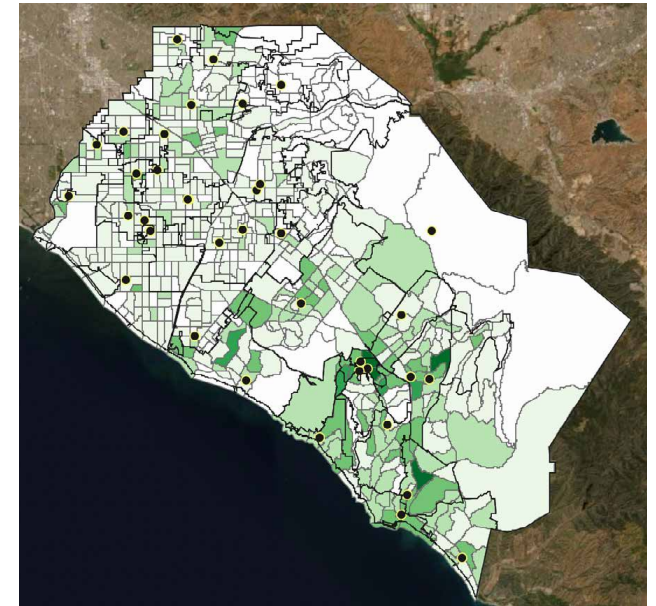

Older adults who received home-delivered meals through the same providers are displayed in the image above. Senior centers are represented by dots. The darker colors indicate more participants in that particular census block group. Unlike the congregate meals, home delivered meal clients are more evenly distributed throughout the county.

Interconnected Issues for Food Insecurity

While food insecurity is highly correlated with race and poverty, for older adults there are a large number of other interconnected issues that compound their potential consumption of food, and thereby nutrition. The solutions to nutrition insecurity can be as complex as the society we live in, or as simple as being able to open a jar or a packet. Many interrelated factors are noted here, and can be grouped into several subcategories which are expanded upon below:

- Personal Values
- Physical Autonomy
- Disability & Frailty
- Medical Implications
- Affordability
- Community & Services
- How Much Food is Supplied
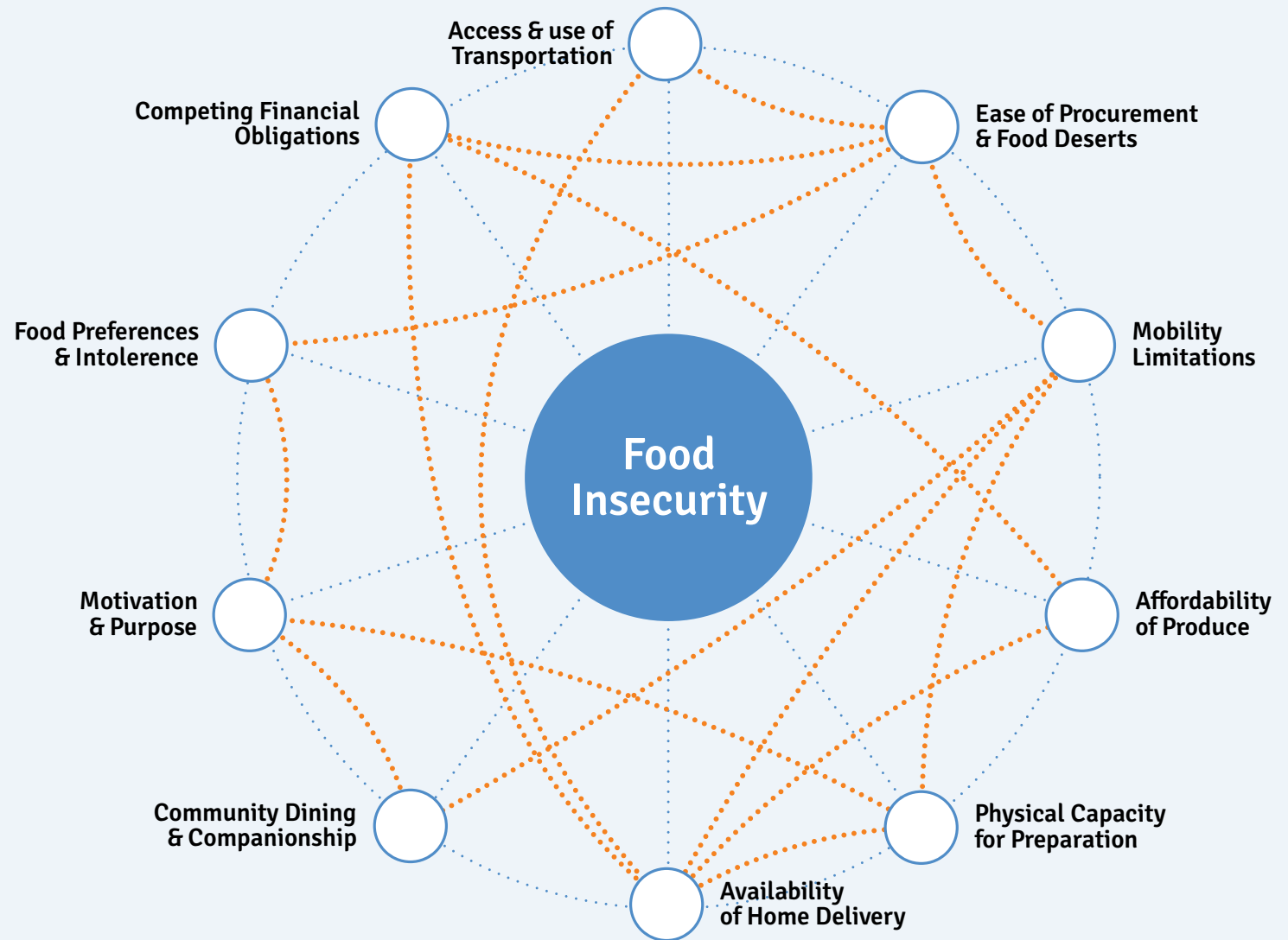
Personal Values

Eating is in itself a deeply personal activity. One which is influenced by routine, taste and personal preferences. Dietary restrictions for beliefs and allergies can influence nutritional intake, as can disruptions to routine such as retirement, holidays or illness.

"The need for food is more about nutrition than food. Are people getting the right food? We get good food here, but that's only us. Others get food but is it nutritious? What about getting some meat?"

Needing help as an adult can itself be a barrier to nutrition, since asking for help is not easy for everyone. **Reasons for refusing help can be as simple as wanting to maintain control in your life, or as complicated as the real fear that you might be institutionalized for not being able to cope on your own.**

There are also complicated social responses to poverty and need, and the negative stereotypes attached to it (such as being lazy or cheating) that mean asking for help might be a matter of pride.

"Some people abuse the free food system. They hoard it. For others, they have pride that stops them from getting it."

For instance, census tracts with a higher percentage of older adults 65+ tend to show a lower than average percentage of households that participated in CalFresh (SNAP), suggesting that while it seems intuitive that those with food insecurity are more likely to participate in government-funded or subsidized resources - the program is not reaching all eligible seniors.

Equally, however, when some find out about the value and quality of services available to them, they are extremely impressed.

"$109 per week, ooh that's a lot!"

Regarding the CalFresh Restaurant Meals Program.
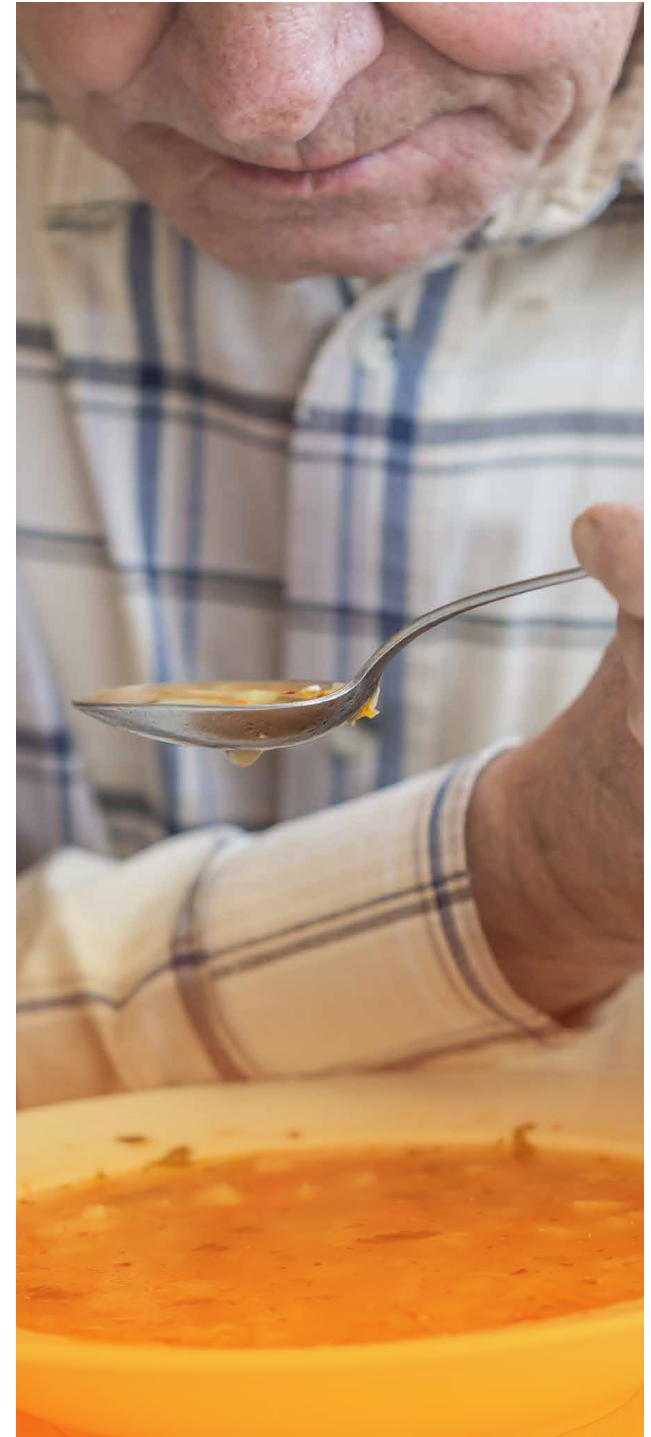
Physical Autonomy

There is a wide range of personal needs that relate to physical capacity and food insecurity, correlated with frailty, and thereby overlapping with issues of autonomy and the services needed to close the gap.

"How do you cook when you are losing your eyesight? When you forget how to cook?"

This is a sliding scale of dependency to providing and receiving the right level of nutrition. For older adults with mobility issues, reliable, timely transport and distance to fresh food influence nutrition intake the most.

Distance to fresh food has been shown by the Blue Zones project to be a key indicator of longevity. From this perspective, Orange County has excellent access to grocery stores for those aged 65+, and only 0.9% have low access to a grocery store. Census tracts with a higher percentage of older adults tend to have an above-average percentage of the population with access to a grocery store.

While walking to the shops or marketplace to access food is beneficial for getting exercise for those who are able, in suburban communities like Orange County, reliable, timely transportation - including friends, family, and public or private services - is critical. "Food deserts" occur where there is both a lack of nearby stores and a lack of transportation or personal mobility to procure healthy food.

To make food more accessible to older Orange County residents, there are several mobile grocery projects. Second Harvest Food Bank operates the Senior Grocery and Park-It Market. The Senior Grocery program is held at 41 sites throughout Orange County and distributes food to approximately 11,146 seniors per month. The Park-It Market is a mobile food pantry that visits 11 sites and serves approximately 2,506 seniors per month. And staff and volunteers from the OC Food Bank, run by the Community Action Partnership of Orange County (CAPOC), distribute over 23,000 food boxes each month at 70 distribution sites in Orange, Los Angeles and Riverside Counties.

When the pandemic-related restrictions impacted the ability of these nutrition programs, Meals on Wheels programs implemented 'porch visits' rather than entering participant homes for their home-delivered meals. They also rapidly adapted their group dining in congregate settings to Grab & Go meals that participants could pick up at senior centers or receive delivered to their door.

Disability and Frailty

As frailty increases, the ability to eat independently and prepare food becomes most prominent. This is impacted by problems with packaging that isn't age friendly and is a barrier for those with arthritis, tremors and problems with grip strength. At the highest level of frailty there is difficulty getting the food to the mouth, chewing and swallowing.

"There's a lot of food available, but you have to cut it up, cook it. A lot of people rely on others to help prepare the food."

18% of adults in Orange County aged 65 to 74 have a disability (51,818 individuals) whereas it affects 45.9% of adults aged over 75 (98,472 seniors), for an average of 30% of OC adults aged 65+ with a disability, which for many may be characterized as a restriction on Activities of Daily Living (ADL). It's estimated that between 126,816 and 150,000 older adults in Orange County are living with disability.

Having a household member with a disability can increase food insecurity. About 206,846 or 19.8% of all households in Orange County have a member with a disability. About 19,213 or 37.6% of households who receive CalFresh (known federally as the Supplemental Nutrition Assistance Program or SNAP, which provides monthly food benefits to individuals and families with low-income) have a member with a disability. There is a 17.8% increase in CalFresh participation among households with at least one disabled person.

Medical Implications

Treatment for a number of chronic illnesses impact an individual's appetite: Alzheimer's disease; Parkinson's disease; thyroid disorders; cancer; depression and salivary gland problems can all make eating difficult or unpleasant.

A number of medicines prescribed for common ailments associated with aging interfere with appetite. These are known as anorexigenic drugs. While other medications interfere with absorption of nutrients such as the absorption of vitamin C, vitamin D, potassium and iron.

The incidence of malnutrition ranges from 12% to 50% among the hospitalized elderly population and from 23% to 60% among institutionalized older adults. When not directly attributable to underlying disease, weight loss in the institutionalized elderly is most commonly due to depression, use of anorexigenic drugs, and dependency on staff for feeding.

Affordability

Poverty is already shown to be a key indicator of food insecurity - the reason why is more than merely the rising cost of food and supplements. Competing financial obligations mean individuals often need to choose between food, utilities, gasoline, technology, medicine and a roof over their head.

"I want fresh! Some celery, some potato salad. If I go to assisted living, they'll take my whole check. I won't be able to afford fresh food to prepare."

Those who fall behind on their mortgage are nearly 8 times more likely to develop food insecurity than those who do not. Similarly, there is an increasing likelihood of cost-related medication underuse with increasing severity of food insecurity and food insecurity is directly related to out-of-pocket medical costs.

There is also a financial trade-off to choosing less-expensive lower-quality food due to the higher cost of more nutritious meat and fresh vegetables.

"[Food] Prices are skyrocketing! We can't afford to buy a nice little steak. It doesn't have to be big, just one to share between us."
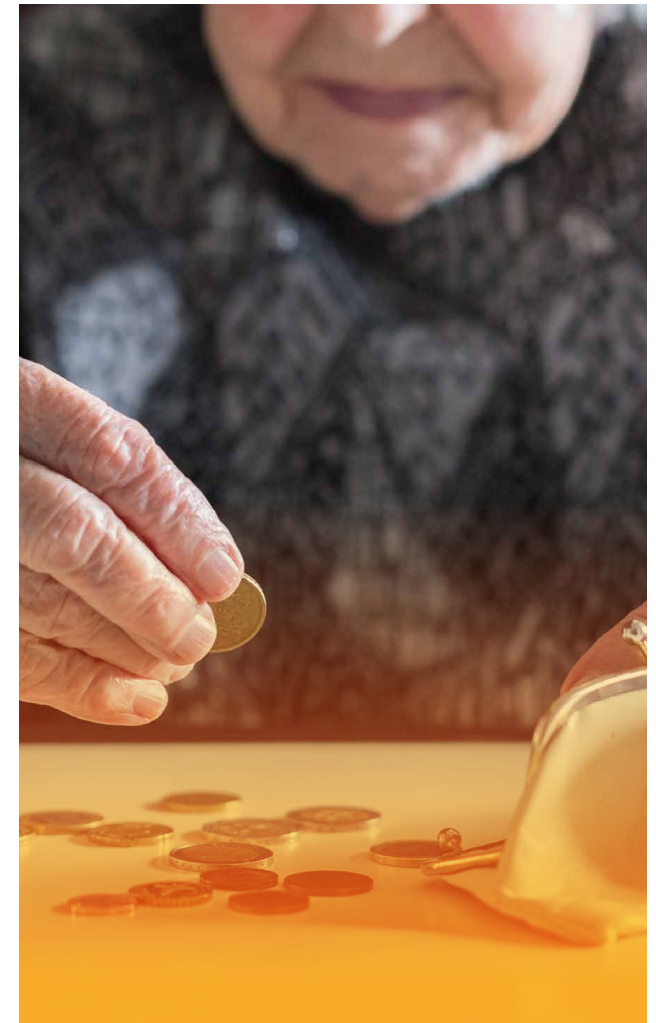
Community & Services

"I have a friend who really helps out. I can't afford in-home support services, so she comes to help with grocery shopping, helps me get in and out of bed [with a medical lift-type device]."

While a viable network of family, friends and neighbors is vital to staving off food insecurity, the reality for many elders is that a long life has left them isolated from vital connections. Children move, neighbors retire to more affordable cities, friends and family die. Eventually even motivation and purpose can begin to wane. Community resources are required to help older adults continue to live at home, integrate with their neighbors and make meaningful connections to their society.

"I started volunteering. There are real health benefits to staying engaged. You've got to walk your mile every day!"

The system of care in Orange County is complex and interconnected, with many doors for entry. While this system draws on resources from Federal and State initiatives, it's the County of Orange, cities, and Community Based Organizations as well as a social network of family, friends, neighbors, carers, medical professionals and volunteers who deliver the food to individuals.

Many of the organizations are familiar landmarks in the aging network: Meals on Wheels programs, CalFresh (known federally as the Supplemental Nutrition Assistance Program or SNAP, provides monthly food benefits), church outreach, community centers, food banks and pantries — but they are not an integrated system.

"The churches and the government programs don't coordinate. No one knows what the other is doing. I found out about the free food from my neighbor and then I told my other neighbors. Now I come to pick up food for me and for my neighbor who cares for her grandson so she can't come."

How much food is supplied?

Through Orange County Office on Aging senior nutrition program providers Meals on Wheels Orange County, Age Well Senior Services and the City of Irvine, 1,772,499 congregate (Grab & Go) and home-delivered meals were provided to 12,788 unduplicated older adults age 60 and older in FY 2019-20, which included increased serving levels from April - June 2020 due to Covid-19. This number jumped by more than 1.1 million meals (63% increase) to 2,890,417 meals to 238,160 older adults (representing a combination of duplicated and unduplicated participants due to pandemic-related data collection changes) during FY 20-21, the first full year of the pandemic. Importantly, serving levels for the senior nutrition providers continues at very high levels compared to pre-pandemic, and as noted earlier in this report, these numbers are unlikely to reduce quickly as long as funding is available to meet the continued need.

Meals Served	Congregate	Home Delivered	Total Meals
FY 19-20 Meals Served	600,309	1,172,190	1,772,499
FY 20-21 Meals Served	1,531,092	1,359,325	2,890,417

Source: Orange County Office on Aging

People Served	Congregate*	Home Delivered **	Total Meals
FY 19-20 Clients	10,335	2,453	12,788
FY 20-21 Clients	234,086	4,080	238,160

Source: Orange County Office on Aging

* Includes duplicated and unduplicated due to Covid-19 data collection changes

** Unduplicated

Other meals offered for a limited time to seniors during the pandemic, such as Great Plates Delivered and special Orange County Board of Supervisor meal gap programs, are not included in these numbers. Fee-based meals from nonprofits such as Meals on Wheels of Fullerton, La Habra Meals on Wheels, and Placentia Yorba Meals on Wheels also are not included in the numbers above, although they are reflected in the Home-Delivered Meal geo map referenced previously.

In the fiscal year 2019, 52 million pounds of food were distributed to food pantries by OC Food Bank (a program of Community Action Partnership Orange County) and Second Harvest Food Bank of Orange County, for people of all ages. In 2020, this increased to 105 million pounds of food, a substantial increase that is clearly due to the COVID-19 pandemic, and held steady at 102 million in FY 2021.

	FY - 2019	FY - 2020	FY - 2021
OC Food Bank	23 Million	63 Million	43 Million
Second Harvest Food Bank	29 Million	42 Million	59 Million

OCFB is on a calendar year; SHFB is on a fiscal year

Translating pounds of food into meals is not as straightforward as it might seem. A pound of pasta or processed food will have a significantly different nutrient profile than a pound of fresh vegetables. Accordingly, different agencies use different conversion metrics. For example, Feeding America uses 1.2 pounds of food per meal whereas the USDA uses 1.7 pounds. If we use the more conservative conversion rate from the USDA of 1.7 lbs per meal, this is the equivalent of at least 30.6 million meals in 2019 and 61.8 million meals in 2020 from the combined Orange County food banks. Divided by five meals a week, 52 weeks a year, that potentially equals 117,692 people fed in 2019, and 237,692 people fed in 2020. Not all of these meals are distributed to older adults, but using the CalFresh figure of 29.4% for food insecurity in low-income older adults, it means that potentially 70,000 adults aged 65+ received some food assistance from food banks.

CalFresh (SNAP) provides direct food support primarily through Electronic Benefits Transfer (EBT) cards. It's important to note that California has one of the lowest participation uptake rates in the country. According to the Orange County Social Services Agency reasons for low older adult participation include stigma, program myths or lack of program information, application barriers (e.g., technology, mobility & transportation, limited English proficiency) and the burdensome application process. Even with this underutilization, average CalFresh participation of adults 65+ between 2006-2017 (as noted in the OC Healthier Together dashboard) showed an increasing trend over time, starting with around 1,147 enrollees in FY 2006-07 and growing to 12,797 enrollees in FY 2017-18.

Adults 65+ Enrolled in CalFresh Program
County: Orange
www.ochealthiertogether.org
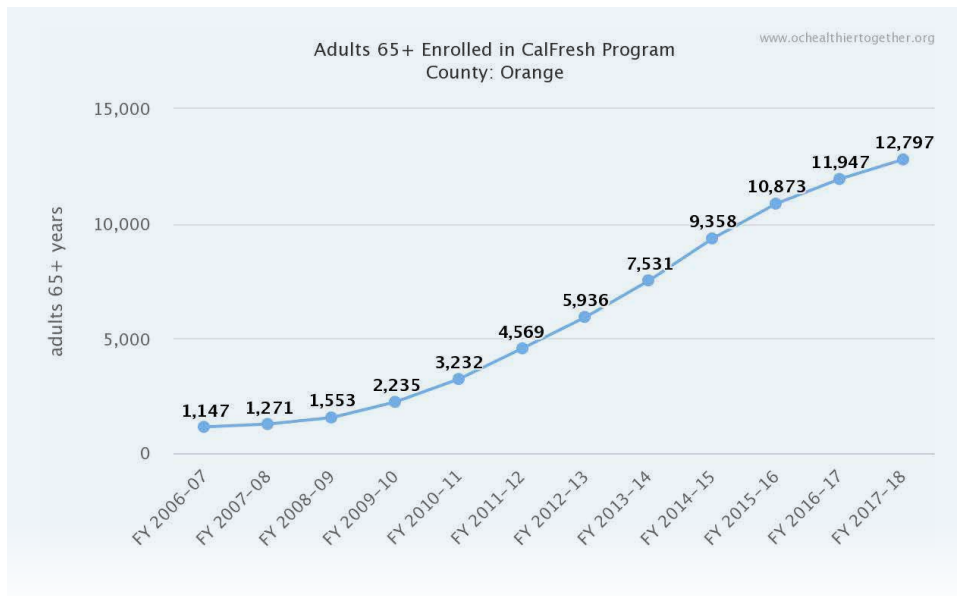
What is even more striking is the increase in average CalFresh participation between FY 2017-18 and FY 2021-22. During this time period, an additional 34,184 adults aged 65+ enrolled in CalFresh, which represents a 267% increase over 2017-18 enrollment. Thus, in the past 15 years CalFresh participation for adults 65+ in Orange County has grown from an average of 1,147adults 65+ in FY 2006-07 to 46,981 adults 65+ in FY 2021-22, which represents nearly a 4,100% increase in participation. If we consider CalFresh participation of adults in the 60-64 age group into the totals, a staggering 60,629 older adults aged 60+ received food support directly through CalFresh in FY 2021-22. Given what we know about underutilization, there may be many more older adults who do not receive this income-based food support.

Other indicators suggest that some of these older adults may not participate in CalFresh, because they live in households with others. There are approximately 1,044,280 households in OC, of which, 442,385 (42.4%) have one or more people aged 60+. Of those households with at least one member who is aged 60+, 21,803 are receiving CalFresh (SNAP) benefits (2.09% of all households in OC). Out of the 51,112 households who receive CalFresh, 42.7% of them have at least one member who is aged 60+. The data are not clear about whether the older adult or another member of the household participates in CalFresh. However, even if the older household members are not direct recipients, they may receive support indirectly. ACS 2019 table S2201
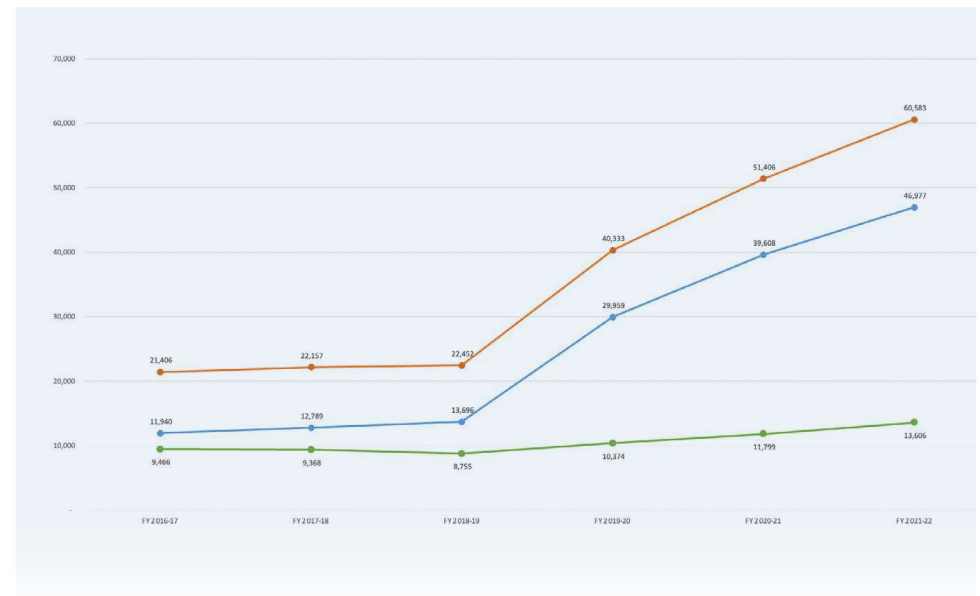
The Food and Security Initiative of the OC Strategic Plan for Aging has rallied around increasing older adult enrollment in CalFresh, and includes the following participating organizations: 211OC, Age Well Senior Services, Community Action Partnership of Orange County, City of Garden Grove, City of Irvine, City of Mission Viejo, Meals on Wheels Orange County, OC Food Access Coalition, OC Food Bank, OC Health Care Agency, OC Office on Aging and Second Harvest Food Bank.

Importantly, the challenge with presenting estimates of the numbers of people who received food from different sources is that there is no way to know if some people received support from more than one source, such as senior groceries from a food bank and congregate meals from a senior nutrition provider, or if there was little overlap. Given the various programs have different funding sources and reporting requirements, including participant confidentiality, there is no definitive way to estimate the overlap. Further, just because someone receives a food box once a month or a congregate meal doesn't mean that all of their food needs are met. Home-delivered meal programs offered by nonprofits such as Meals on Wheels Orange County and Age Well Senior Services in partnership with the Orange County Office on Aging provide the most comprehensive nutrition solutions for homebound older adults, because the programs provide nutritionally-balanced breakfast, lunch and dinner for five days a week delivered to the home, and may offer additional meals for those with greater needs.

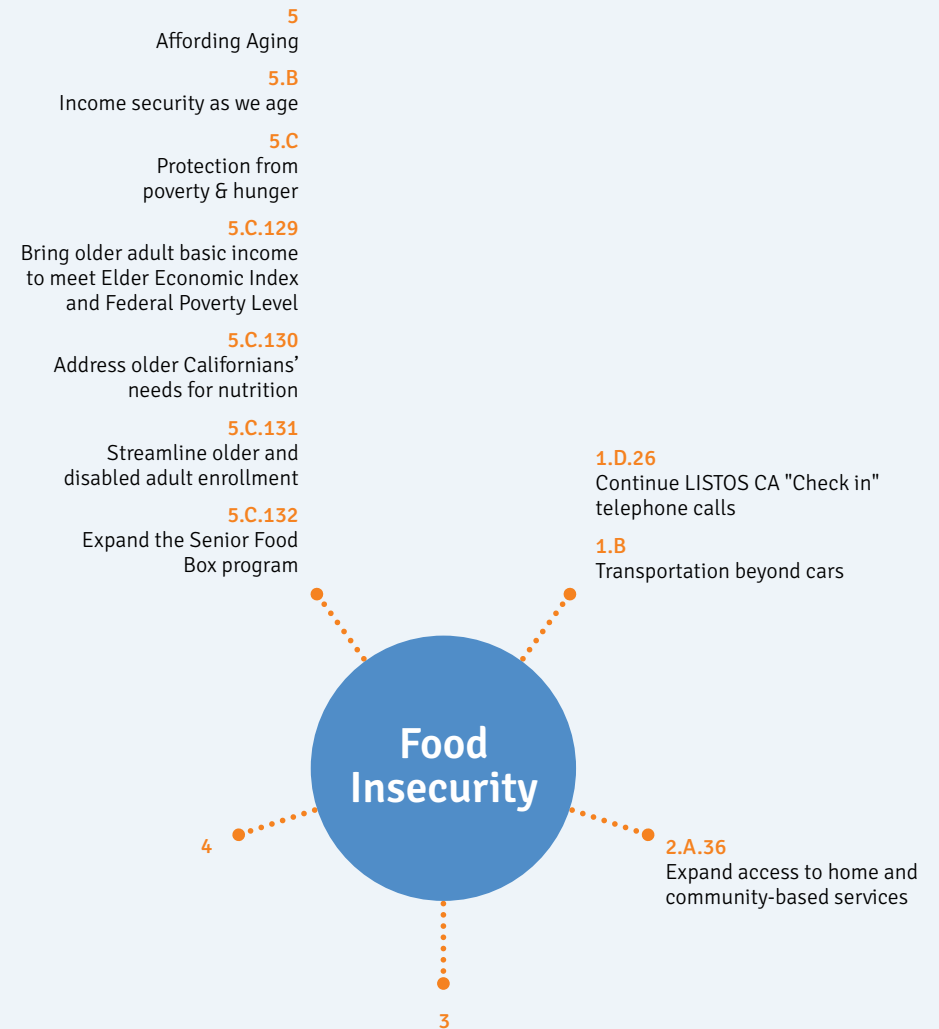## California's Master Plan for Aging Initiatives Relating to Food Insecurity

Within the California Master Plan for Aging, its relatively few goals and initiatives aimed at counteracting food insecurity are quite broad but large in scale. Strategy 5C highlights that hunger is directly related to poverty, and that the wide range of programs to distribute to the diverse locations of need – markets, food banks, day centers, home, and food boxes – needs ongoing support. In parallel, community transportation that assists older adults getting access to food, is being supported.

From a logistics and supply volume perspective, the MPA notes that, "the hunger and nutritional needs of older Californians need greater assessment and coordination" which implies that the activities among the involved stakeholder organizations require better information-sharing to know what each other is doing. And getting deeply pragmatic, Initiative 5.C.130 intends to find out who actually needs nutritional help. This is a basic issue of impact metrics, where there is a very large supply but a substantially undifferentiated demand, and an even more existential question about who the consumer actually is.

To offset this problem, mostly defined as one of poverty and therefore personal financial resilience, the question of eligibility for support services, and the streamlining of access to support, receives attention. Strategy 5B, which looks at income security as we age, aims to strengthen the "three sources – individual savings, employer-based retirement, and Social Security". The cost of living and cost reduction is of course an ingredient in this, across housing and health costs, and is targeted for data collection and benchmarking along with CalFresh participation.

Diversity, equity and inclusion also finds representation via an acceptance that food choices are both cultural and influenced by medication, leading to "medically tailored meals".

Reference numbers relate to California's Master Plan for Aging's Five Bold Goals for 2030 to be used with their progress dashboard and budget.

5
Affording Aging

5.B
Income security as we age

5.C
Protection from poverty & hunger

5.C.129
Bring older adult basic income to meet Elder Economic Index and Federal Poverty Level

5.C.130
Address older Californians' needs for nutrition

5.C.131
Streamline older and disabled adult enrollment

5.C.132
Expand the Senior Food Box program

1.D.26
Continue LISTOS CA "Check in" telephone calls

1.B
Transportation beyond cars

2.A.36
Expand access to home and community-based services

Food Insecurity

4

3

Social Isolation and Loneliness

Social isolation is a physical state defined as prolonged lack of contact or communication with others. Loneliness is the emotional, psychological and physical experience of persistent social isolation. Although one can lead to the other, they are not synonymous. It is possible to be isolated without feeling lonely, or to feel lonely without being physically isolated.

Jeremy Nobel of the Center for Primary Care at Harvard Medical School where he teaches a course on loneliness and public health says "The experience of loneliness is 100 percent subjective. Isolation is the objective state of being physically separate. Loneliness is the self-perceived gap between our social connectedness and that which we aspire to have."
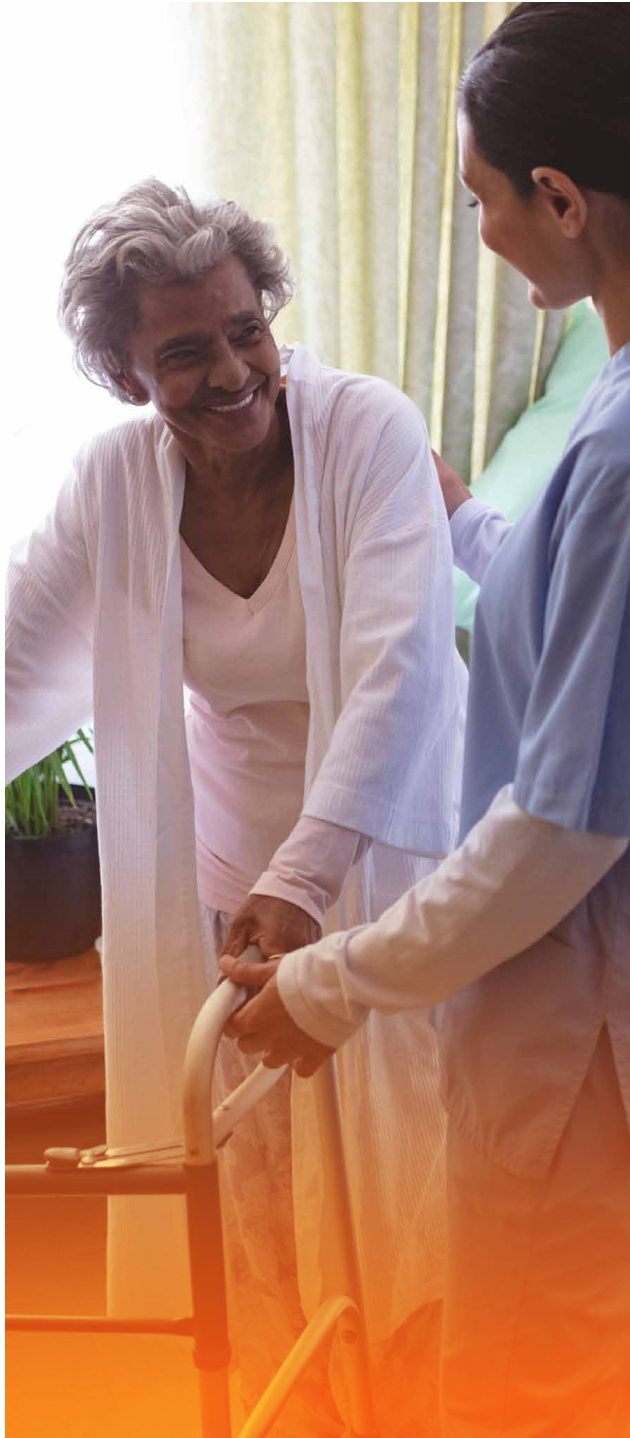
Interconnected Issues for Social Isolation and Loneliness

Many interrelated factors are noted here, and can be grouped into several subcategories which are expanded upon below:

- Impact on Health
- Financial Resilience
- Community Connections & Values
- Caregiving
- Community-Based Support
- Personal Capacity
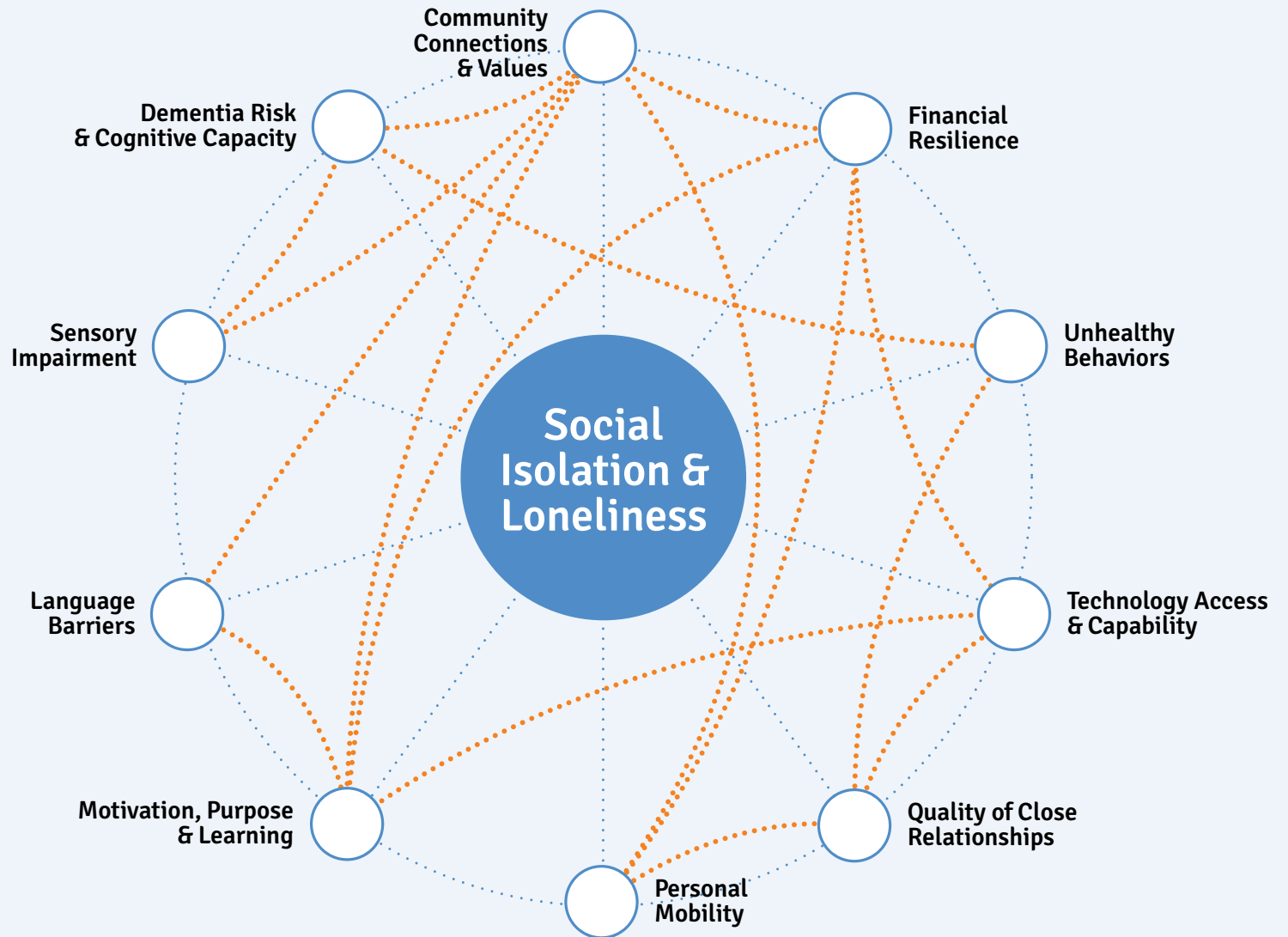
Impact on Health

Social isolation and loneliness increase a person's risk of mortality. They have been linked to a greater risk of heart attack, metastatic cancer, stroke, depression, dementia and neurodegenerative diseases. Research from UCLA shows that lonely adults are 25% more likely to die prematurely. Elderly people who are lonely die at twice the rate as those who are socially connected. All of which makes the spike in loneliness in American society even more alarming.

Older people who are socially isolated are more likely to have less healthy behaviors, like poor diets, tobacco use and lack of physical activity. Socially isolated individuals have an increased risk of developing depression, anxiety and dementia. They are also more vulnerable to abuse - both financial and physical. Social isolation can also make the client more susceptible to elder financial abuse as perpetrators of such crimes can more easily take advantage of the isolated elderly.

A seminal work on the medical effects of loneliness in 2010 showed that:

- Loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day
- Loneliness is worse for you than obesity.
- Loneliness is likely to increase your risk of death by 29%.

One of the earliest, and longest studies on Social Isolation and Loneliness is from the multi-generational, Framingham Heart Study (begun 1948) found that lonely people are less able to pick up on positive social stimuli, like others' attention and commitment signals, so they withdraw prematurely – in many cases before they're actually socially isolated. Their inexplicable withdrawal Lonely people also tend to act "in a less trusting and more hostile fashion," which may further sever social ties and impart loneliness in others.

The report also observed what it describes as the contagion of loneliness which can be found in six groups:
- Family-related loneliness
- Disability and aging
- Resource-constrained groups
- Stigmatized groups
- Occupational loneliness
- Deliberately isolated groups.

Financial Resilience

In 2016, more than half (54%) of persons age 65 and over lived in 10 states. The most live in California (5.3 million).

The AARP estimates that prior to the pandemic, poor social relationships were associated with a 29% increase in risk of coronary heart disease and a 32% rise in the risk of stroke, and in 2017, $6.7 billion was spent in federal funding to assist social isolation among older adults.

Senior loneliness is an epidemic in the United States and globally. It is of such seriousness that in 2018, the UK created the position of the Minister for Loneliness.

Some healthcare programs have been introduced in the US to help seniors at risk of loneliness. One initiative at CareMore enrolled 1,000 clients, who, over the period of the trial, patients became less lonely and used fewer healthcare resources. "Enrollees decreased their emergency department (ED) utilization by 3% in year one, while a comparison group increased ED use by more than 20%. Hospital admissions among program participants are 21% lower than among the comparison group."

Community Connections & Values

With the advent of the contraceptive pill in the 1960's, Baby Boomers became the first generation to choose whether or not they wanted to have children, or how many they might have. This is having a significant impact on their aging, as many are now childless and unmarried, and at risk of becoming 'elder orphans'.

With 10,000 baby boomers turning 65 each day in America, childlessness is also growing. The U.S. Census data in 2012 showed that about one-third of Americans aged 45 to 63 were single - a 50% increase since 1980. In 2018, that figure was 15 million adults nationwide - **27% of adults aged 65+ are currently elder orphans in that they have no children to look after them as they age**.

This presents a tremendous problem for older Americans, as adult children are the primary caregivers to most senior adults, with approximately 43.5 million caregivers having provided unpaid care in (2015) at an estimated economic value of $470 billion in (2013).
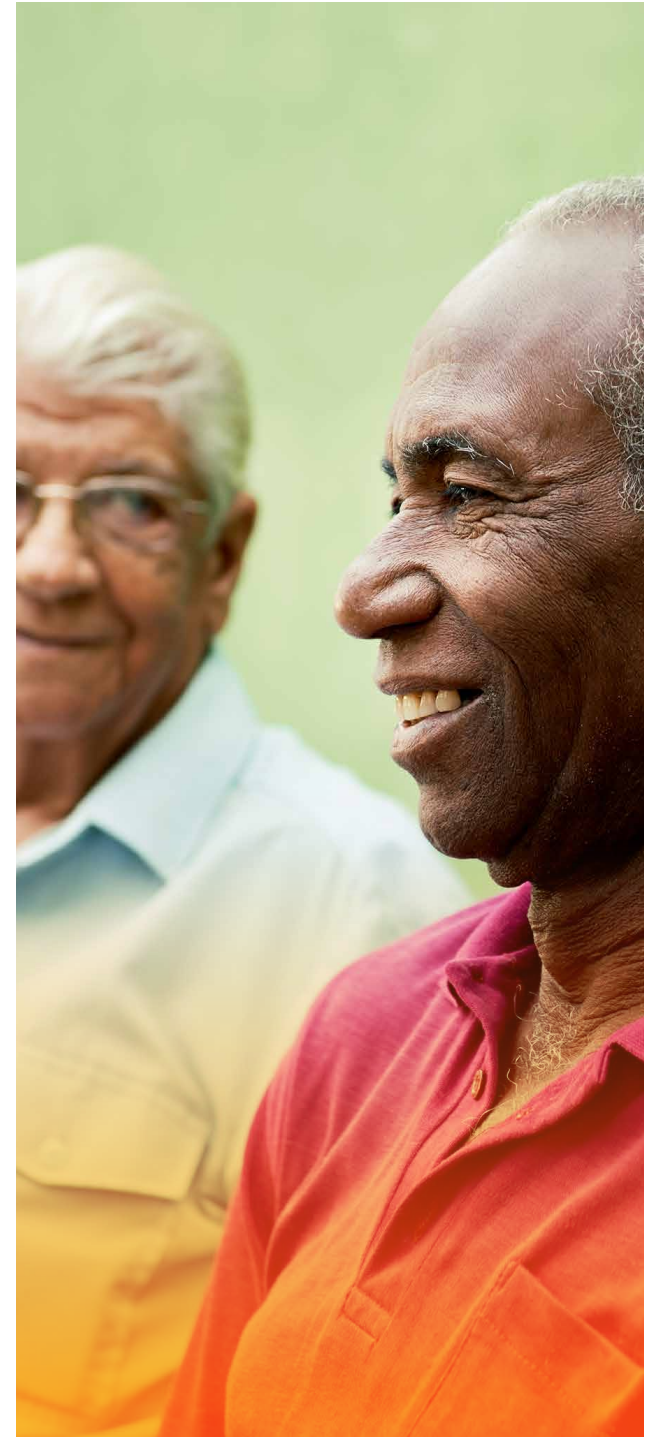
Prevalence of Social Isolation & Loneliness in Orange County

The American Community Survey (ACS 2019 table S1101) estimates that of the approximately 1,044,280 households in OC:

- 9.5% (or 99,207) are individuals aged 65+ who live alone
- 42.4% of all households in OC (442,385) have at least one person who is aged 60+
- 28.5% of all households in OC (297,117) are 'non-family' households
- 48.2% (~143,210) of 'non-family' households have at least one member who is 60+ years old
- Of the 297,117 non-family households, 33.6% are 65+ who live alone.

The most fulsome report on social isolation and loneliness in Orange County comes from the AARP Connect2Affect isolation map. This is based on the Orange County population aged 50+ and is modeled on small area estimates based on National Social Life, Health and Aging Project Survey (2015-2016) (NSHAP) data. The survey measures the self-reporting frequency as feeling (1) a lack of companionship, (2) left out, (3) isolated.

Throughout the report, you will see different terms for different estimates from ACS. For some factors they measure the number of households. For others they will count individuals. The Census surveys a different age range to the AARP survey.

According to OC Healthier Together, approximately 95,120 individuals or 20.9% of adults aged 65+ in OC lived alone in 2019.

The Connect2Affect map shows 20.7% of adults in Orange County aged 50 and over are at risk of loneliness through social isolation.

The ACS shows that 20% of Orange County is aged between 50<65 (637,397) (132,000 at risk of Social Isolation.) If you subtract the 50<65 age from the group.

The range of estimates of adults aged 65+ at risk of social isolation is between 95,000 and ~101,000 individuals in Orange County.

Measures of Social Isolation	Orange County	California	United States
Loneliness Score (population 50 and older)	1.2	1.2	1.1
Percent of population 50 and older who attend religious services once a month or more	37.80%	37.80%	44.80%
Percent of population 50 and older who participate in group activities once a month or more	44.50%	42.40%	41.90%
Percent of population 50 and older who socialize once a month or more	82.30%	81.80%	79.10%
Percent of population 50 and older who volunteer once a month or more	27.60%	26.20%	28.50%
Percent of population 50 and older with high loneliness scores	20.60%	21.10%	20.00%
Membership associations per 10,000	5.9	5.9	9.3
Social Engagement Composite Score (population 50 and older)	8.9	8.8	9.1
Social Engagement Domain Score (population 50 and older)	1.9	1.8	1.9
Risk of Social Isolation (population 65 and older)	20.70%	29.10%	0.00%

Several surveys, including the 2018 Orange County Needs and Gap Analysis Report, asked respondents about their experiences with social isolation. These data sources are valuable because they allow for a deeper understanding of how other concerns may be related to it. The Orange County Aging Services Collaborative 2018 OC Senior Living Needs survey includes a variety of crucial information on seniors including lifestyle, socialization, finances, counseling, transportation, and connection.

From these reports we can see that in 2019, 93,120 adults in Orange County, aged 65 and over, lived alone. And in March 2021, the Conduent Healthy Communities Institute reported that 24.4% of Orange County adults aged over 65 have difficulty speaking English. These are two separate facts which predispose an individual to isolation, potentially leaving them without sufficient access to health and wellness resources.

One direct measure of social connection (rather than isolation) among older adults is that **approximately 11.3% (or 54,838) of adults 65+ in Orange County engage in volunteer work** (CHIS 2015-16). What is unclear about this measure, is that we do not know if these older adults live alone or in family households, and whether they participate as couples or individually.

Social Networks

Among the interconnected issues which increase social connectedness for individuals are:

- **Community Connections & Values**
- **Quality of Close Relationships**
- **Motivation & Purpose**

In 2016 the Red Cross UK released a review of literature relating to isolation and loneliness which said that **in general, women report feeling lonely more than men, but surveys which omit the word "lonely" generally find that men feel lonelier than women**.

"I have a friend who really helps out. I can't afford in-home support services, so she comes to help. She does my grocery shopping, helps me in and out of bed with a medical lift-type device."
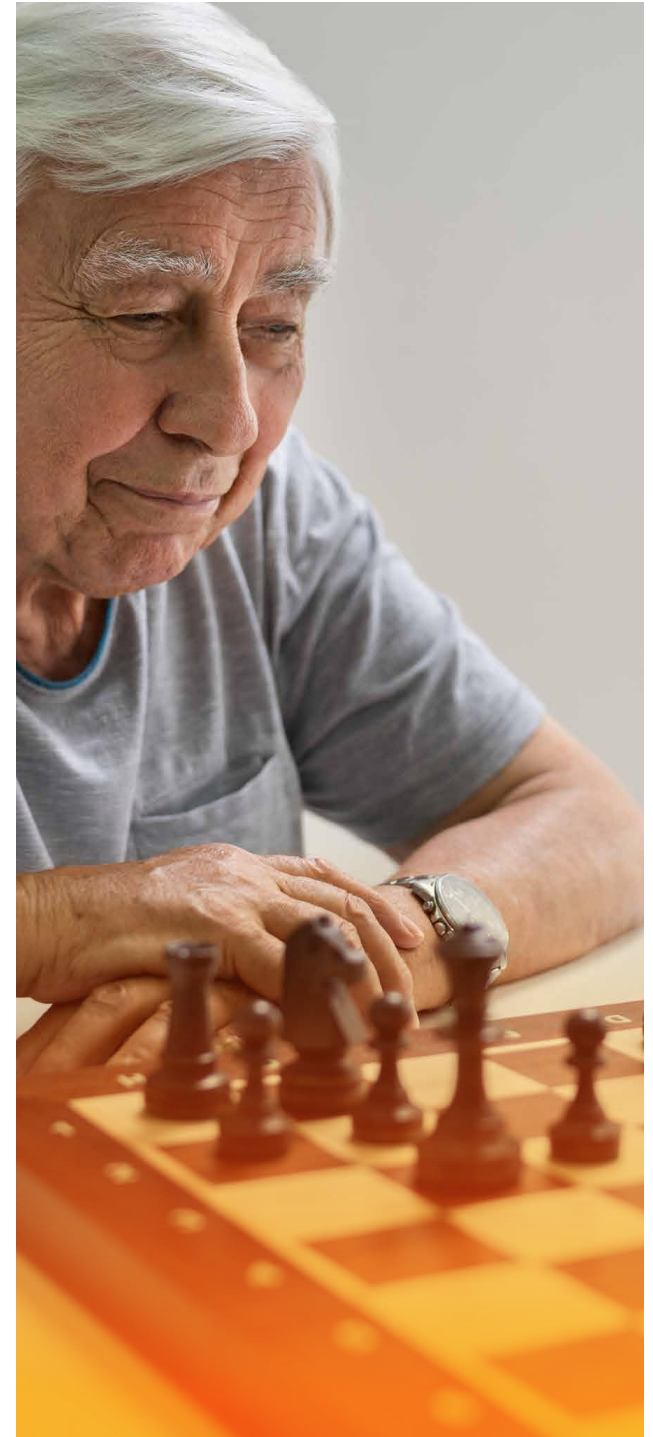
A University of Michigan & AARP study on isolation during Covid-19 found that feelings of isolation increased significantly between 2018 and 2020. Isolation was felt more significantly among females, lower income, lived alone, were unemployed or disabled, caregivers, and lower in mental or physical health.

"A county's Social Isolation Risk Score is a composite measure of six risk factors. These include whether residents live in poverty; live alone; are divorced, separated or widowed; never married; have a disability; and have difficulty with independent living."

Lisa Marsh Ryerson President AARP Foundation 2018

Older people become isolated when their health makes it difficult to leave the house or their partners die. **Feelings of loneliness increase if they become caregivers because their partners develop chronic health conditions, and the demands of caregiving lead them to feel very much alone.** This affects:

- Retirees
- Widowed
- Recently retired
- Unable to meet friends family regularly
- Unable to interact with neighbors
- Poor health
- Suffering from depression
- Suffering from poor mobility
- Visually impaired
- Hard of hearing
- Struggling financially
- Veterans

The AARP Foundation and NORC at the University of Chicago have produced an interactive map called connect2affect to understand social isolation in America. It includes a short quiz based on the UCLA Loneliness Scale to gauge individual loneliness. The questions reflect these key metrics of Social Isolation & Loneliness:

- Time spent in group or social activities either virtually or in person.
- Regularity of conversations with family or friends
- Provision of frequent care for a friend or family member who needs you.
- Ease of access to transportation
- Ability to leave home without assistance
- Ability to hear in a group
- Feelings of isolation from others
- Major change or loss

"We find that people who are more connected are healthier and healthier people are more connected, it's bi-directional. Research has shown that human connection is a big way we get through tough times. We don't do nearly as well isolated as we do together."

Robert Waldinger, Prof Harvard Medical School

Imagine it like this:
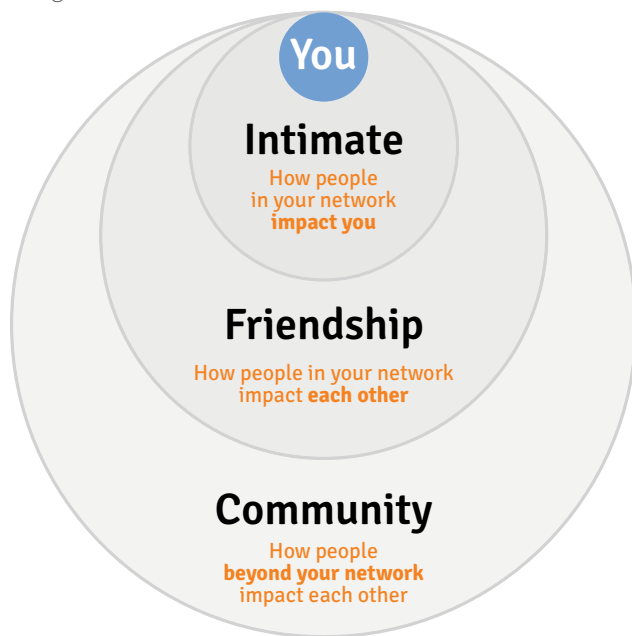
**Hierarchy of Positive Relationships
(Can be built in both directions)**

Credit: Sheridan Jobbins and Erica Young

Being alone and lonely can result in a kind of emotional inertia which requires effort to reach out.

- Stay connected
- Daily effort to express gratitude
- Do something for others
- Collaborate harmoniously
- Volunteer
- Engage with others including strangers
- Share positive news

The AARP tells us: Fewer adults who belong to a local community felt lonely 26% - compared to 39% who did not. Volunteers who had volunteered in the past year were substantially less lonely (28 %) than the 40% who had not.

Caregiving

The one area of help where this is reversed is for caregivers who provide unpaid care for an adult friend or family member with an age, disability or health-related issue. **Caregivers are more inclined to loneliness (42%) than other midlife or older adults (34%)**.

Community-Based Support

During the pandemic shutdowns, the City of Fullerton Senior Center staff reached out to their program participants, provided training on how to connect virtually, and expanded virtual programming in order to prevent increased isolation among its senior center participants.

Other senior-specific programming exists throughout the county through organizations like Osher Lifelong Learning Institute, and Saddleback College Emeritus Institute. Saddleback's Emeritus Institute provides more than 200 classes at a variety of locations throughout the county, ultimately serving more than 6,000 older adults annually. This programming provides support for overcoming the digital divide, building friendships and social interaction, and continued intellectual development. The pandemic shutdowns have forced some of these programs to move to Zoom or other online tools which has mitigated some of their positive support, but the return to in-person programming will bring back these positive benefits.

A survey conducted by the University of Michigan in association with AARP indicated that interactions with neighbors mitigated much of the loneliness and isolation felt by older adults during the early months of the pandemic. But from March–June 2020, many older adults reported connecting with family or friends outside their home using social media (70%) and video chat (57%). Three in five (59%) used social media and 31% used video chat once a week or more. Yet **adults aged 50–80 who used social media were more likely to report feeling isolated than those who did not use social media (58% vs. 51%)**. In this instance, the digital divide may have both mitigated and attenuated the impact of the pandemic shutdowns on social isolation among seniors.

SoulRapha in Tustin is one of the few community-based organizations that is mandated to relieve loneliness. Their main area of concern is **that 60% of residents within assisted living facilities, do not have regular visitors**. Figures from SoulRaph indicate that in Orange County California there are:

- 8,300 skilled nursing residents
- 14,350 assisted living residents
- 35,000 seniors enter and leave some form of assisted living care every year

The Council on Aging Southern California helps resolve problems and advocates for the rights of providing support to isolated long-term care residents through its Long-Term Care Ombudsmen program and other services.

Through the Orange County Strategic Plan for Aging, a number of community organizations have collaborated for several years to provide quarterly OC Heart to Heart Visitation Council meetings and an annual conference to bring together the many organizations that offer different types of friendly visitor programs. Participating organizations include Alzheimer's Association – Orange County Chapter, Alzheimer's Orange County, CalOptima, City of Costa Mesa, City of Fountain Valley, City of Westminster, Council on Aging – Southern California, Laguna Woods Village, OC Office on Aging, Project LIFE, Meals on Wheels OC, and St. Jude Medical Center.

During the pandemic, the California Department of Aging established a phone line to support older adults who were experiencing social isolation (CHHS data). **The "friendship line" received 2680 calls from Orange County residents between April 13, 2020 and October 4, 2020.** This is an average of 15.4 calls per day during that period (2680 calls / 174 days).

The 2021 OC Community Indicator report shows a declining trend of older adult hospitalizations for mental health disorders (p127).

One metric to consider when measuring isolation and loneliness is suicide. "Suicide in later life is a global public health problem, with those aged 65 and above constituting the demographic group with the highest suicide rate in most countries that report suicide statistics to the World Health Organization."(WHO) The suicide rate of adults age 65+ in OC is approximately 15.8 per 100,000. "Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older."

There is a lot of academic literature about the relationship of social isolation, loneliness and suicide by older adults. One of the noted problems in measuring the impact of social connection, is the difficulties of engaging socially isolated populations at all. The conclusion from the first study into the problem (Improving Social Connections to Reduce Suicide Risk: A Promising Intervention Target) was that while more study is needed for reducing suicide itself, **"Social Engagement was effective in reducing depressive symptoms and improving social-emotional quality of life."**

The intersection between mental health and older adult social isolation is even more complicated by language barriers or cultural biases. The UCI 2019 Health Needs Assessment has a list of mental health indicators from CHIS but they are not older-adult specific (p 53). **"For our aging population, there are often cultural biases that regard mental health as a stigma. They get to a point where problems are escalating and reach a critical moment, when intervention is needed at a higher level of care"**

2019 ACS data (Table S1601) show the disparity of impact that language barriers have on the older adult population in Orange county. For example, **of the overall population of Spanish speakers in Orange County, 35.2% speak English 'less than very well.' However, when you take the subset of Spanish speakers who are aged 65+, the percentage who speak English 'less than very well' jumps to 65%. A staggering 77.9% of 65+ adults who speak API languages speak English less than very well.**

Community Networks

Among the issues which increase social connectedness for individuals are:
- Personal Mobility
- Technology Access & Capability
- Age Friendly Neighborhoods

Adult day care services are a vital part of age-friendly neighborhoods. They provide opportunities for older adults to socialize and receive other support. The Orange County Office on Aging Service Unit Plan for 2020-24 has goals for a number of services that have a socialization component, including: in-home care, home delivered meals, adult day care, congregate meals, information and access, outreach, and senior center activities.

Cities throughout the county sponsor programs for older adults through their parks and recreation departments (e.g. art classes) and at senior centers.
- Garden Grove's senior center served around 150 older adults (during the pandemic) with classes mostly revolving around physical activity. They are partnering with Santa Ana college for technology training in the spring
- The City of Mission Viejo's senior center served approximately 4,536 seniors (pre-pandemic) with a wide range of classes including many focused on technology
- The City of Buena Park's senior center had a pre-pandemic attendance of between 500-600 seniors. They have a 20 person computer lab with tutors available 5 days per week.

"I enjoy my visits with the Meals on Wheels driver. Bill is super-duper. He'll talk to us for like five minutes. Sometimes he's the only interaction with other people in the week."

Healthcare provides an opportunity for older adults to be out and receive some social attention. The pandemic also shifted most of these visits to virtual appointments (telehealth) which increased social isolation among those already experiencing the digital divide.

"It would be nice to have someone just visit us. You know, shoot the breeze, do some handyman work around the house, and just hang out for 30 minutes."

The 2021 CalOptima report demonstrates the staggering growth of telehealth visits from the pandemic. **During Q3 2020, CalOptima experienced 202,164 telehealth visits, 84,119 of which were behavioral health.** (This data is not detailed by age group.)

Personal Capacity

In their study on Improving Social Connections to Reduce Suicide Risk, researchers observed that "Engaging the most socially isolated older adults in interventions poses a significant challenge." Factors which influence older adults ability to connect with others around them include:

- Language Barriers
- Financial Resilience
- Sensory Impairment
- Faith or Spirituality

The AARP tells us: Adults aged 45+ without spiritual or religious connections are more likely to be lonely (39%) than to those who identify as very religious or spiritual (25%).

Religious organizations provide opportunities for older adults to connect socially and receive support from one another. While overall religious engagement has declined, rates of religious participation among older adults has fallen least. Estimates of religious membership and participation are not disaggregated by age group which makes it difficult to identify what portion of the older adult population is receiving support from them.

The Orange County Interfaith Network (OCIN) helps coordinate the work of various interfaith councils. At present there are 13 active interfaith councils throughout Orange County.

Anecdotally, religious congregations in Huntington Beach helped identify the food insecure and helped distribute significant amounts of support during the earliest days of the pandemic. Doing this, they identified some of the difficulties in reaching isolated individuals.

"People are in denial. They're in denial about how bad their situation is getting and they're afraid if they're discovered they'll lose their house or independence. They've been independent their entire lives and now they need help."
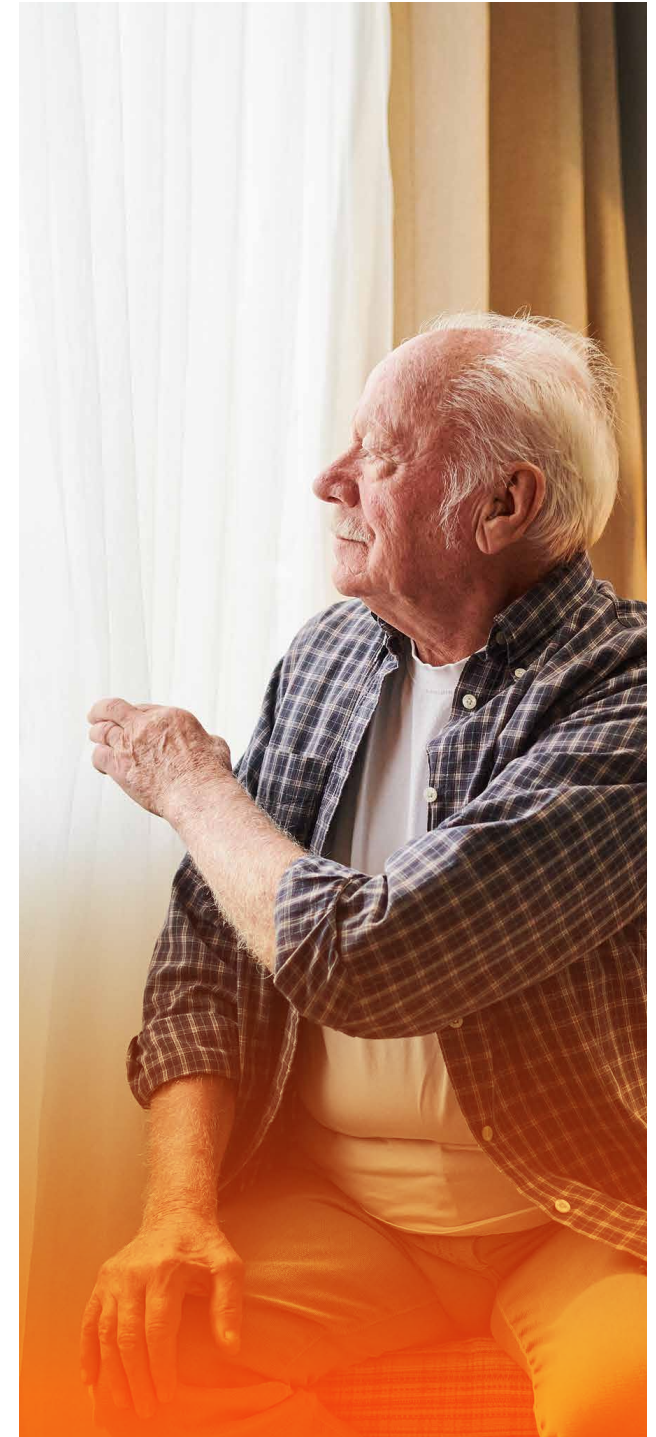
California's Master Plan for Aging
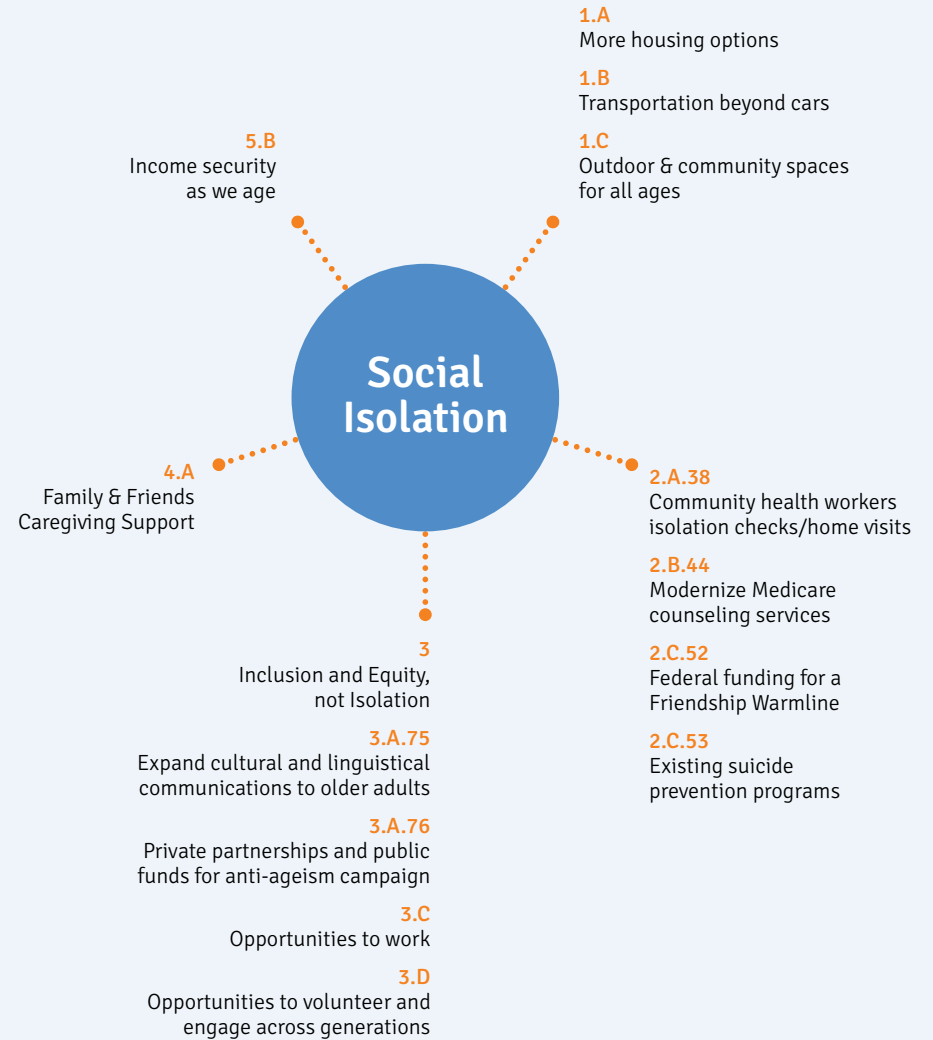## Initiatives Relating to Social Isolation & Loneliness

While the Master Plan for Aging explicitly targets social isolation only via isolation checks and friendship warm lines, it has many initiatives which target the underlying causes and effects. This includes the connectedness of family, friends, community and health services, as well as age-friendly transport to move between locations.

The impact of affordability, particularly as it relates to housing, features strongly in strategy 1A for More Housing Options. This not only highlights the need for more subsidized housing per 100,000 population but also that, "including Accessory Dwelling Units and Residential Care Facilities of all sizes, will support older adults, caregivers, and their families." The identified need is cost-effective mixed dwelling housing, so people can live together and support each other to age in place.

Green spaces with a social dimension are described as something that "all Californians can benefit from" with the objective of "convenient park access within a ten-minute walk or less, co-location of parks with community centers offering programming for all ages". While not explicitly about social isolation, this combines access to nature with exercise and places to congregate. Improved city walkability and more disabled-friendly transportation.

Activities to bring purpose to older adults are addressed both through work opportunities and volunteerism. However, as well as flexible and remote work helping to make this possible, the prevalence of age discrimination is a significant detrimental force that requires a "California for All Ages" media campaign. Within volunteerism, it's noted as a way to "support and connect adults" and that "older Californians have much to contribute to our society and to younger generations of Californians, therefore, developing opportunities for multi-generational exchanges is critical." While not made explicit, this kind of exchange would in itself reduce ageism. To monitor these activities, the state is collecting data on the "Percent of adults age 60 or older who reported having done volunteer work or community service in the past year that they had not been paid for".
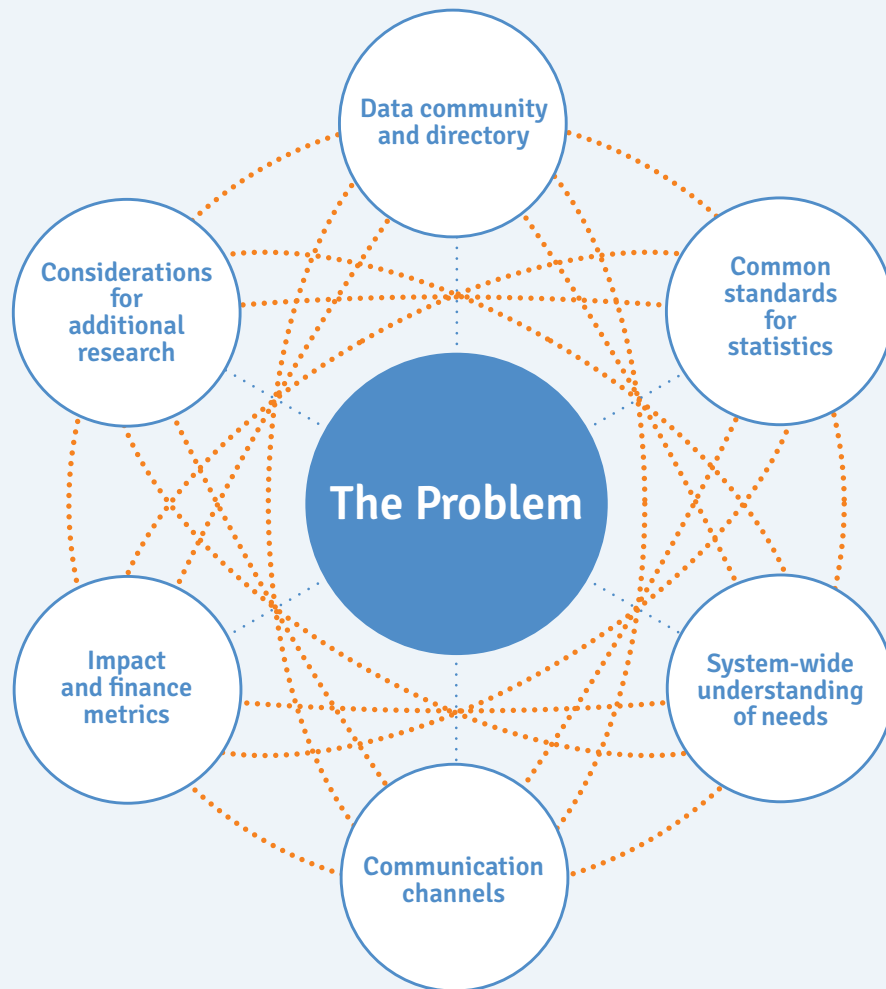
Reference numbers relate to California's Master Plan for Aging's Five Bold Goals for 2030 to be used with their progress dashboard and budget.

Social Isolation

1.A More housing options

1.B Transportation beyond cars

1.C Outdoor & community spaces for all ages

5.B Income security as we age

4.A Family & Friends Caregiving Support

2.A.38 Community health workers isolation checks/home visits

2.B.44 Modernize Medicare counseling services

2.C.52 Federal funding for a Friendship Warmline

2.C.53 Existing suicide prevention programs

3 Inclusion and Equity, not Isolation

3.A.75 Expand cultural and linguistical communications to older adults

3.A.76 Private partnerships and public funds for anti-ageism campaign

3.C Opportunities to work

3.D Opportunities to volunteer and engage across generations

Recommendations

The following recommendations would result in improved access to information and the ability to integrate it and conduct meaningful analyses across disparate data sources.

Circles surrounding a central circle labeled "The Problem":
- Data community and directory
- Common standards for statistics
- System-wide understanding of needs
- Communication channels
- Impact and finance metrics
- Considerations for additional research

1 Data community and directory

a. Create a collaborative community of data aggregators to collect and share Orange County data between CBOs and government agencies such as: The American Community Survey (ACS); The County of Orange initiative Advance OC; Orange County Aging Services Collaborative (OCASC) Healthier Together; 2-1-1 OC; AARP's Connect2Affect; the California Health and Human Services Open Data Portal - CHHS; and Ask CHIS using information from the California Health Interview Survey.

b. Create a central directory of data repositories about the system of care in Orange County, categorized against issues being worked on, as an entry point for analysts. The County has indicated it is seeking to address restrictions on sharing data between their systems of care in order to provide more integrated case management support for individuals who access their services.

c. Establish relationships with cities and other non-profits to systematically track programming and services such as the city support for technological access and increased social opportunities - especially those conducted through initiatives at senior and community centers.

d. Expanding the database to include information from religious and smaller civic groups, and age restricted HOAs.

e. Subsequent to starting this project, the Orange County Social Services Agency (OCSSA) issued a request for a proposal to conduct a countywide needs analysis on older adults and work with the County to develop a County Master Plan for Aging.

(2) Common standards for statistics

a. Create shared data standards that make it possible to correlate findings so that it is simple to perform statistical analysis across different data sets.

b. Create a common standard to measure and monitor simple metrics of wellbeing.

(3) System-wide understanding of needs

a. Building on the efforts of the Orange County Strategic Plan for Aging (OCSPA), which largely has been self-funded, bring together organizations who work on similar themes of aging (eg.: Food Insecurity, Housing, Transport, Disability, Technology, Caregiving, Isolation, Education, Work) with a view to identifying and prioritizing the real underlying needs within and between different sectors.

b. Create a systems thinking and mapping approach to the data collection, to understand the difference between what can be measured and the real underlying needs, behaviors, and dependencies on other things. Having a standard set of questions administered in the same way would allow for longitudinal assessment of problems facing older adults.

c. Coordinate or collaborate on an annual standardized multi-agency / organization sponsored county-wide survey with a large sample and robust methodology. This would allow various stakeholders to share common insights from the same dataset and leverage cost-efficiencies by scaling the sample size rather than duplicating efforts.

(4) Communication channels

a. Create networks of information, and share relevant data, between data-collecting organizations around common themes.

b. Create an ongoing mechanism to measure and monitor simple, integrated metrics of wellbeing in Orange County.

c. Improve strategies for the coordinated dissemination of regularly updated information to those in-need citizens about solutions in their area.

(5) Impact and finance metrics

a. Derive a set of impact metrics for funding support, which measure hidden, adjacent and dependent costs, such as the consequential costs to healthcare of food insecurity and malnourishment; the impact of preventative measures on morbidity, longevity and healthcare costs; the wider economic costs of family caregiving; or the efficiency cost savings and satisfaction score of technology-enabled telehealth.

(6) Considerations for additional research

a. Services provided and clients helped at all of the age-restricted HOAs.

b. Quantifiable information about support for seniors provided by religious and CBOs.

c. Better information on community engagement and volunteering levels among older adults.

d. Information about family composition and support for older adults:
   i. Do they have family in the area?
   ii. Do they receive routine visits or support from children or grandchildren?
   iii. What do multi-generational families look and feel like? (Who supports whom? Do the older adults support the kids and grandkids or is it the other way around?)

e. Better information about older adults who rent rooms from non-family members:
   i. What access do they have to a kitchen?
   ii. Do these homeowners participate in caregiving for the older adults?

f. Racial composition of Orange County by age, sex and location:
   i. Changing population ethnicity percentages of older adults over time
   ii. Ratio of sex by ethnicity as the population ages
   iii. Concentration of older adults within Orange County by ethnicity
   iv. Assessment of CBOs by ethnicity

Key Resources

Data Aggregators

There are a number of open source data aggregators which allow us to view demographic data in different regional views.

2-1-1 Data Dashboards
2-1-1 Orange County (211OC) maintains several data dashboards and reports posted on its website. The Summary Report provides a 30-day overview of call volume into the Helpline Connection Center, top caller needs, and self-searches for help on the agency's database of programs. The agency also posts a Daily Needs Brief on the website which tracks housing, food and mental health needs, comparing the data to the same time period the previous year. The more comprehensive Trends Report outlines information on seven years of community needs between July 1, 2014 through June 30, 2020.

Advance OC
A second data resource specific to Orange County launched in July of 2021 as Advance OC. Advance OC is a 501(c)(3) with a focus on increasing social equity through data driven strategies. They have developed a fine-grained map of relevant and available data on a wide range of issues throughout the County including the Social Progress Index, Equity Index, CDC health indicators, and demographic data. Their processes allow for additional local data to be integrated into their database. Their intuitive data dashboard allows for some basic correlational analyses on a limited number of social equity factors such as access to information and technology, housing cost burden, poor mental health, skilled nursing homes, and the location of churches.

California's Master Plan for Aging (MPA)
In June 2019, California Governor Gavin Newsom issued an executive order calling for the creation of a Master Plan for Aging (MPA) to promote healthy aging. It includes a Data Dashboard for Aging with an interactive feature that allows users to pull a variety of demographic information for older adults living in California, including distribution of older adults by age and ethnicity. It can be viewed by county.

CHHS
The California Health and Human Services(CHHS) Open Data Portal administers and oversees the California and federal programs for healthcare, social services, public assistance and rehabilitation. Their data set presents key demographic characteristics of Californians age 60 and over which can be viewed by county, agency, planning and services, plus key sociodemographic variables like household size, income, race etc. Information from 2014-2020 for Orange County citizens age 60 and more is found here.

Connect2Affect
The AARP Foundation worked with NORC at the University of Chicago produced an interactive map called connect2affect to understand the geography of social isolation within America. It uses data from their National Social life, Health, and Aging Project Survey (2015-16) and ACS data to calculate a risk score for each county in the US.

Launched in October 2021, this interactive mapping tool allows you to visualize measures of social isolation and loneliness in older adults in the United States. It highlights the relationships between social isolation and other state and county-level characteristics, such as demographics and health behaviors. Examples include income, internet/broadband access, and the percent of adults aged 50+ who live alone.

County Health Rankings
The County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute with funding from the Robert Wood Johnson Foundation Culture of Health Prize.

The CHR&R program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity. The rankings measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action.

GetHelpOC
In mid-2022, 2-1-1 Orange County (211OC) plans to launch GetHelpOC: a Community Information Exchange (CIE) which will be built by the community for the community. It will house service providers under one virtual roof. Residents in need will no longer need to call multiple programs looking for help. Instead, they will be connected through a 'warm handoff' by a 211OC care coordinator to an agency that has the capacity to help.

OC Nonprofit Central
The Orange County Community Foundation (OCCF) is home to more than 600 charitable funds benefiting a wide range of causes in Orange County. Their charity aggregator, OC Nonprofit Central helps donors learn more about our community, and gives detailed information about local organizations all in one place.

OCSPA Geo Maps Data Solution

OCSPA has built an interactive map of Orange County with a view to:

1. Provide county level demographic information for context about the issues
2. Demonstrate the variation of this data throughout the county in a map of Older Adults

Orange County Healthier Together

OC Healthier Together with the Health Improvement Partnership collects data and has an intuitive dashboard for comparisons of data between other jurisdictions and benchmarks over time. Forty (40) organizations participate in the partnership which is designed to gather and track progress on health related goals. It currently has 400 indicators for health and services in Orange County. These indicators contain information gathered by the county as well as available data on the county from publicly available sources like the ACS, and from proprietary sources like Conduent or Claritas.

The US Census Bureau

The following reports and their information are available on-line through the Census Bureau . An overview of data for Orange County, California, can be found here.

The American Community Survey (ACS) comes from the United States Census Bureau and is one of the most reliable sources of data throughout the country. It's conducted every month, every year, and asks about topics not on the 2020 Census, such as education, employment, internet access, and transportation. It provides information to communities each year.

The Decennial Census is conducted by the US Census Bureau every ten years. It counts every resident in the United States, with the most recent census conducted in 2020.

The Economic Census provides detailed information on employer businesses by industry, and geography.

**The Census of Governments** identifies the scope and nature of the nation's state and local government sector including public finance and public employment.
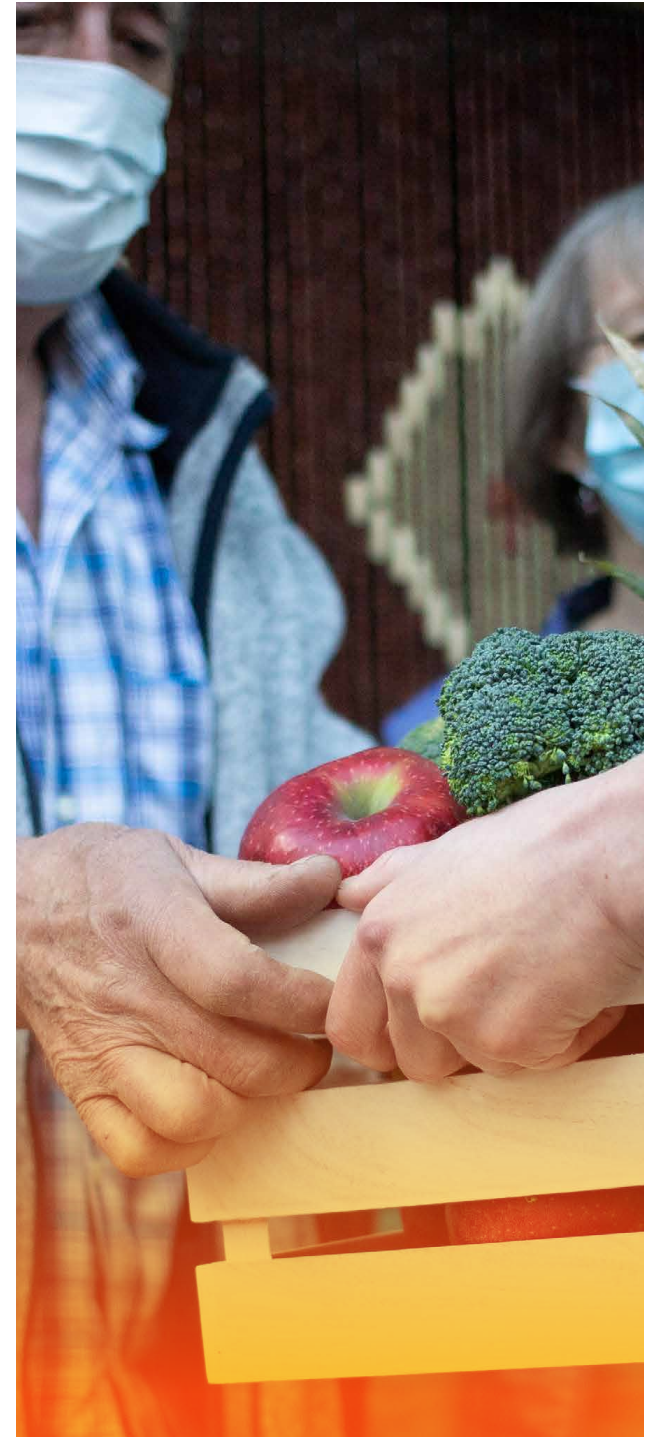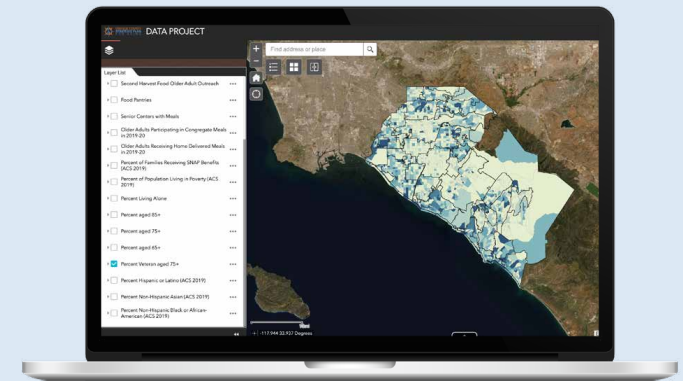
Online Citations

Hyperlinks throughout the document lead to source material, academic references and data sets.
A comprehensive list of the key resources that were cited in the different sections of this report can be found online.
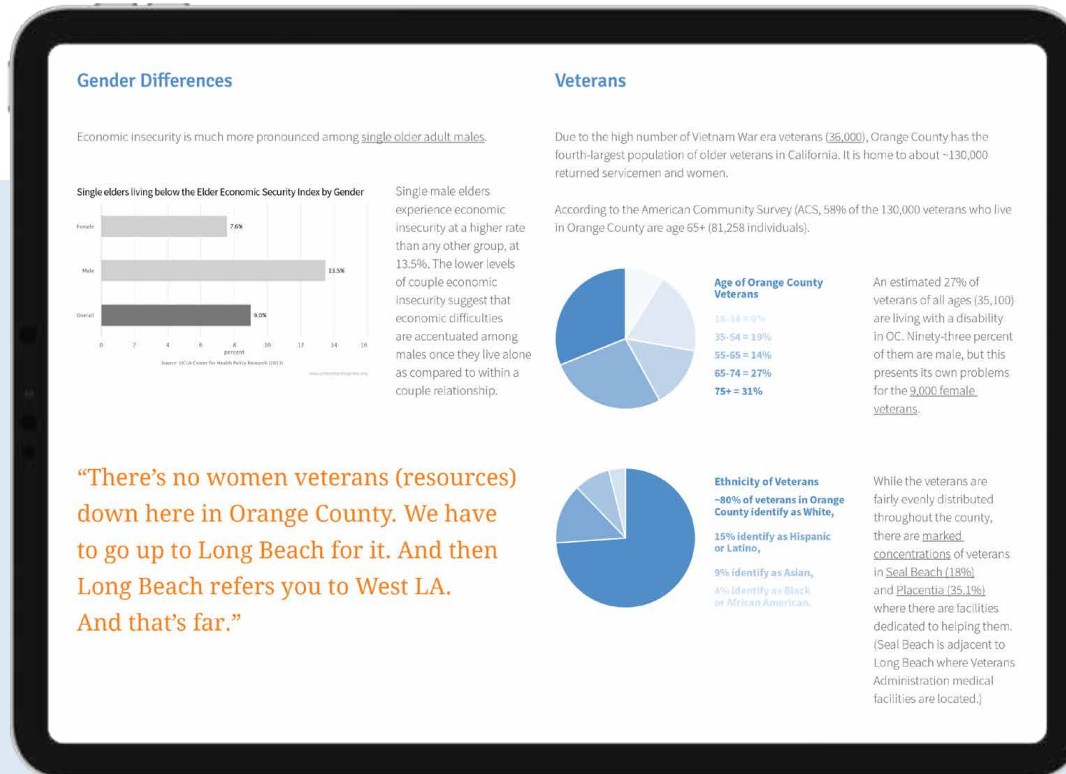
An interactive map of Orange County relative to the four primary areas studied in this report.

Visit: https://data.ocagingplan.org

Visit: http://bit.ly/ocdatamaps

https://data.ocagingplan.org

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