



Local Aging and Disability Action Plan

for Santa Rosa and Sonoma Valley:
Community Needs Assessment

*Rev. 5/1/25
Prepared by MIG, Inc.*



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executive summary

California's population is aging rapidly, with adults 60 and older expected to make up one quarter of the population by 2030. Sonoma County has already reached that milestone, with 28% of the population aged 60 and older.

Communities that do not plan to adequately support and include older adults risk creating a crisis of aging, rather than a thriving and integrated community.

In response to the changing demographics, California has rolled out a Master Plan for Aging (MPA) that creates a blueprint for communities to plan for the current and future needs around aging. The California Department of Aging has provided grant funding to local communities to assess their needs and create local plans, including

a grant to the County of Sonoma, for a Local Aging and Disability Action Plan (LADAP) that focuses on the areas of Santa Rosa and Sonoma Valley. This needs assessment forms one part of the LADAP and is focused on understanding the experiences, needs, and priorities of older adults, adults with disabilities, and caregivers, especially those who are Black, Indigenous or People of Color (BIPOC).

The California MPA encompasses a broad range of considerations and experiences, and also explicitly names inclusion and equity as one of its bold goals. The state-level MPA Equity Work Group established an Equity Toolkit that includes guiding principles and a glossary of terms, including the following:

- **Equality** generally refers to equal opportunity and the same levels of support for all segments of society.
- **Equity** goes a step further and refers to offering varying levels of support depending upon need to achieve greater fairness of outcomes.

- **Institutional/Systemic Racism**

are discriminatory policies and practices favorable to a dominant group and unfavorable to another group that are systematically embedded in the existing structure of society in the form of norms.

In 2023, the Board of Supervisors of Sonoma County passed a resolution declaring racism a public health crisis, stating that “these inequities are not organic. They are the result of the cumulative effects of racism that is baked into our institutions and structures.” The Board Resolution committed the County of Sonoma and the Board of Supervisors to take eight concrete actions to advance equity. In alignment with this Board resolution as well as the MPA equity principles, the LADAP has focused on engaging communities that are most impacted by racism in local planning processes.

The County of Sonoma Adult and Aging Division (AAD) brought on MIG, Inc. (MIG) to support the process of developing the LADAP for Santa Rosa and Sonoma Valley. These areas were selected as the focus of the LADAP because they have diverse populations and have not yet achieved an “age-friendly” designation by AARP. AAD and MIG formed a project team to conduct the needs assessment and develop the action plan, under the guidance of the LADAP Advisory Committee (discussed in more detail in subsequent pages).



Key Themes

The project team conducted extensive qualitative and quantitative research to uncover the needs of BIPOC older adults, adults with disabilities, and caregivers, and to center their voices and experiences in this needs assessment. Through this research, key themes and findings began to emerge. These are summarized below, with additional detailed findings provided in the body of the report.



The high cost of housing and lack of quality affordable options contribute to increasing homelessness among older adults, displacement, and poor housing conditions.

Housing was highlighted as a major challenge for BIPOC older adults and adults with disabilities. Housing emerged as one of the highest priorities and biggest challenges facing local communities. Skyrocketing costs are displacing older adults and adults with disabilities. Black, Latinx, and Asian families are taking in elder family members to care for them and keep them from ending up on the streets but are bearing the costs. Black households are disproportionately impacted by both eviction and homelessness. Undocumented households are vulnerable to landlord abuses for fear of retaliation. Housing on the low end of the market, often serving low-income older adults, adults with disabilities, and communities of color, is in poor condition, with reports of mold, pests, and deterioration. Older adults are becoming homeless and making up larger and larger shares of the homeless population. Adults with disabilities are vulnerable to losing their housing and becoming homeless.



Older adults and adults with disabilities struggle to meet their transportation needs both for essential errands like grocery shopping and doctors' appointments, as well as outings that enhance their wellbeing like social visits.

Many older adults rely on family members to get to appointments or other destinations, but this often creates challenges both for the older adult and the family member. Public transportation often lacks information or support in languages other than English, creating a barrier for access for non-English speakers. Paratransit is vital but limited. Older adults and adults with disabilities who lack the means to pay for private transportation must rely on family members, face long travel times, or forgo outings. Insufficient transportation options contribute to isolation and loneliness. Sonoma Valley is especially impacted by transportation challenges because it is more rural and geographically remote.



The cost of living, including rising costs of housing, groceries, and everyday bills, has created strain on older adults, adults with disabilities, and low-income households.

Black, Native American, Latinx, and South Asian households have lower median incomes than White households, making it more challenging to absorb rising costs. Older adults who were farmworkers in their working years are more likely to have very low incomes, so low in fact that they may not be able to meet minimum income requirements for affordable housing. Certain disabilities impact people's ability to work and have sufficient income to meet their basic needs. Adults who lose their sight often lose their jobs as well.

Key Themes (continued)



Health disparities for BIPOC communities persist, and communities shared experiences of discrimination, high costs, and lack of language accessibility.

Black and Native Americans experience worse health outcomes, including lower life expectancy and higher rates of chronic illnesses compared to the White population. According to interviewees and focus group participants, they also experience discrimination and poorer treatment in local health care settings, including misdiagnosis, poor patient care, and disrespect. Lack of language access for non-English speakers creates a barrier for care. Two community clinics, the Sonoma County Indian Health Project and the Sonoma Valley Community Health Center, were highlighted as key resources and trusted partners in their communities.



Building trust with BIPOC communities is an essential first step for increasing inclusion and equity.

Conversations on wellness, equity and inclusion were robust and wide-ranging, covering topics from diversity in leadership to cultural gathering places, to data collection. The importance of building trust with BIPOC communities cannot be overstated. BIPOC communities have each had their own experiences with local institutions that have harmed them and created distrust. Therefore, any efforts by these institutions, including County departments, to meaningfully engage BIPOC communities must begin with concerted, sustained, and committed efforts to demonstrate good faith and rebuild trust.



Caregivers, both formal and informal, need additional support in the form of a living wage, training on caring for people with different needs, and respite care.

In BIPOC communities, it is common for family members to care for their older relatives. This reflects a cultural value, but also indicates a need. Family members who are caregivers are also often working outside the home and must juggle their responsibilities. Caregivers receiving IHSS payments earn very little and often need to work a second job to make ends meet. It is important that caregivers reflect the racial, ethnic, and linguistic diversity of the community for BIPOC communities to feel comfortable accessing services.



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01

introduction

What is the Local Aging and Disability Action Plan?

The **Local Aging and Disability Action Plan** (LADAP) is an initiative that seeks to build community awareness and cross-sector engagement through the establishment of a culturally and linguistically inclusive plan that will address current, emerging, and future aging and disability services and supports.

Priority populations for LADAP include older adults, people with disabilities, and caregivers who are Black, Indigenous, and People of Color (BIPOC), including American Indian or Alaska Native, Black, Asian, Latinx (Latino or Hispanic), Native Hawaiian, and Pacific Islander; persons with lower incomes; and persons with immigrant or refugee status.

The California Department of Aging awarded a grant to Sonoma County, which was joined in its application by the City of Santa Rosa and the City of Sonoma via letters of support, to create the LADAP. This plan will focus on the geographic areas of Santa Rosa and Sonoma Valley, neither of which has yet applied for the AARP age-friendly designation, as well as the particular and under-represented needs of BIPOC older adults, adults with disabilities, and caregivers in these areas. This effort will be closely aligned with Sonoma County's Local Master Plan for Aging, a companion community developed strategic plan that addresses the need for aging services and supports.





The LADAP needs assessment aims to gather information and gain an understanding of the needs of BIPOC older adults, adults with disabilities, and caregivers. The needs assessment and the action plan that will spring from it should reflect the following tenets:



Inclusive – the nuances of different groups’ needs and priorities are reflected, and spaces are welcoming to people with different cultural traditions/ways of engaging.



Equitable – resources are prioritized for groups that have been historically marginalized and excluded. Unnecessary barriers are eliminated.



Actionable – the needs assessment and LADAP will identify actionable steps that the community can take to improve the lives of BIPOC older adults, people with disabilities, and caregivers in Santa Rosa and Sonoma Valley.



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02

methodology

Methodology

The needs assessment was developed using a mixed methodology, with a strong emphasis on qualitative research. Qualitative data is particularly useful for understanding the priorities and needs of smaller populations or populations that are underrepresented in mainstream data-gathering processes, such as the U.S. Census. Other recent efforts, such as the census and the recently conducted Sonoma County Area Agency on Aging (AAA) Area Plan survey, have found that BIPOC voices are underrepresented in the quantitative data that is available. Therefore, this process sought to speak with people directly and learn about the human experience that is not reflected in the numbers.

The methods employed included:

- Analysis of existing secondary sources
- Informational interviews
- Focus groups
- Consultation with the LADAP Advisory Committee.

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Secondary Research

The project team examined existing publicly available data sources and other local plans and assessments. Information on the experiences of BIPOC communities is often insufficient or missing, especially for smaller populations, such as the Black and African American population; populations that are grouped into others, such as Cambodian, Fijian, or Chinese populations that are grouped under the “Asian” umbrella; or that have mixed heritage, such as the Native American community that is more likely to be grouped under “more than one race” categories. These issues with data collection and analysis, in addition to many more, make it more difficult to understand the unique needs and priorities of these populations.

Sources examined included the following:

- Sonoma County Master Plan on Aging
- Portrait of Sonoma County 2021 Update
- 2019 and 2023 AAA Area Plan Community Surveys
- 2024 – 2028 AAA Area Plan Needs Assessment

Results from the American Community Survey are generally those of the 5-year estimates, which are more accurate for smaller populations. Data with a margin of error of more than 10 or 15% is often suppressed in needs assessment reports because it means there is a low level of certainty in the accuracy of the number. In this report, however, we have sometimes chosen to include results even when they have a high margin of error, because that is often the only information that is available on small populations. The margins of error have been included alongside the estimates where appropriate.

Interviews

Interviews were conducted with key individuals and leaders to gain insights into the experiences, needs, and strengths of the target communities. Insights gathered through interviews shed light on key themes that were explored more in-depth through focus groups. Interviewees also often assisted with outreach to community members.

A total of sixteen people participated in the interviews, which were either individual or small group. Interviewees were asked to respond to a series of standardized questions and were also invited to share themes they felt were most pertinent to the research.

Interviewees

- Adriana Arrizon, Health Action Together
- Grace Cheung-Schulman, Asian American Pacific Islander Coalition of North Bay
- Kati Aho, Earle Baum Center for the Blind
- Kirstyne Lange, NAACP Santa Rosa–Sonoma Branch
- Lindsay Franco & Rubyd Olvera, Sonoma County Office of Equity
- Margaret DeMatteo & Sunny Loh, Legal Aid of Sonoma County
- Maricarmen Reyes, Sonoma Valley Community Health Center and Springs Municipal Advisory Council
- Kurt Petersen, Lee Rocchio, Matthew Verscheure & Stephanie Merrida, Catholic Charities of the Diocese of Santa Rosa
- Nicole Myers-Lim, California Indian Museum and Cultural Center
- Patricia Galindo, La Luz Center
- Stacie Morales, Vintage House Senior Center

Focus Groups

Focus groups were conducted with affinity groups (those who share a common interest or characteristic) to provide greater insight into the specific needs and strengths of different communities. Focus group questions were designed based on themes that emerged from informational interviews and secondary research to dig deeper and better understand emerging themes.





There were a total of five focus groups, each organized around a shared affinity. One of the groups, for adults with disabilities, was conducted online. The other four were conducted in person at culturally responsive locations.

The five groups were:

- Adults with disabilities (8 participants)
- Black and African American older adults, people with disabilities, and caregivers (6 participants)
- Spanish-speaking older adults, people with disabilities, and caregivers (15 participants)
- Cambodian older adults, people with disabilities, and caregivers (13 participants)
- Native American older adults, people with disabilities, and caregivers (6 participants)

The project team developed these categories in consultation with the LADAP Advisory Committee. At the suggestion of the Committee, the project team chose to focus on one subpopulation within the Asian American and Pacific Islander (AAPI) umbrella category. The AAPI umbrella category includes populations from different counties and regions, that speak distinct languages, and have unique experiences and outcomes in the United States. The Cambodian community in Sonoma is not the largest population within the AAPI umbrella in Sonoma County, but it is one about which there is very little information. It is also one of the populations that is doing less well on well-being metrics, though even this is uncertain due to the limited data available on small populations.

LADAP Advisory Committee

The LADAP Advisory Committee provided guidance and input on developing the LADAP and related community engagement activities. The Advisory Committee is a non-voting entity that strives for consensus on developing a shared direction for the strategic plan.

Over the course of the planning process, the Advisory Committee engaged in the following discussions:

- Reviewing project activities and timeline
- Providing context and resources for current needs in the community
- Providing feedback on community engagement activities
- Advising on strategic directions and culturally sensitive planning
- Spreading the word about community engagement opportunities and locate partners to host workshops
- Reviewing and refining draft plan elements

An open call for nominations or volunteers was shared on county social media pages and through community partners. The LADAP Advisory Committee is made up of community members and advocates who self-identify as BIPOC individuals or members of organizations representing or serving primarily BIPOC individuals, older adults, or people with disabilities.

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03

demographic profile

Demographic Profile

Santa Rosa

The City of Santa Rosa is the largest city in Sonoma County, with a total population of 178,221. The majority of the population (60%) is White alone, followed by 19% that identifies as some other race, and 11% that identifies as two or more races.

Fig. 1 Race Alone, Santa Rosa

	Total	Percentage
White	107,027	60%
Black or African American	3,177	2%
American Indian and Alaska Native	2,049	1%
Asian	10,981	6%
Native Hawaiian and Other Pacific Islander	762	1%
Some Other Race	34,591	19%
Two or More Races	19,634	11%





When looking at race in combination with one or more other races, the number of people identifying as American Indian or Alaska Native more than triples.

Fig. 2 Race Alone or in Combination, Santa Rosa

	Population	Percentage
White	125,129	70%
Black or African American	5,381	3%
American Indian and Alaska Native	6,564	4%
Asian	14,841	8%
Native Hawaiian and Other Pacific Islander	1,964	1%
Some Other Race	46,791	26%

More than one third of the population (34%) is Hispanic or Latino, and the majority of those are Mexican.

Fig. 3 Hispanic or Latino of Any Race, Santa Rosa

	Total	Percentage
Hispanic or Latino (of any race)	60,515	34%
Mexican	51,766	29%
Puerto Rican	1,027	1%
Cuban	116	0%
Other Hispanic or Latino	7,606	4%

The Asian population is diverse and includes several different populations under the Asian label. The largest group is Filipino, followed by Chinese. Numbers are provided for all of Sonoma County due to high margins of error (MOE).

Fig. 4 Asian Populations, Alone or in Any Combination, Sonoma County

Sonoma County	Estimate	Margin of Error
Asian Indian	3,537	±811
Cambodian	1,394	±496
Chinese	6,660	±924
Chinese, except Taiwanese	6,239	±846
Filipino	9,521	±1,182
Japanese	3,743	±583
Korean	1,942	±493
Laotian	885	±328
Vietnamese	2,858	±671

Santa Rosa has an older population than the state as a whole; more than 1 out of 5 Santa Rosa residents is age 60 or older (24%), which is higher than the state average (18%). Approximately 7% of the population is aged 75 or older. The median age in Santa Rosa is 40.4.

Fig. 5 Age Distribution, Santa Rosa

	Estimate	Percentage
Under 5 years	8,822	5%
5 to 9 years	9,495	5%
10 to 14 years	11,591	7%
15 to 19 years	11,253	6%
20 to 24 years	10,274	6%
25 to 34 years	24,377	14%
35 to 44 years	24,980	14%
45 to 54 years	22,890	13%
55 to 59 years	11,237	6%
60 to 64 years	10,680	6%
65 to 74 years	19,319	11%
75 to 84 years	8,941	5%
85 years and over	4,362	2%

Most people in Santa Rosa speak English only (66%), followed by 26% who speak Spanish.

Fig. 6 Language, Santa Rosa

	Estimate	Percentage
Speak only English	112,235	66%
Spanish	44,049	26%
French, Haitian, or Cajun	992	1%
German or other West Germanic languages	894	1%
Russian, Polish, or other Slavic languages	546	0%
Other Indo-European languages	2,662	2%
Korean	562	0%
Chinese (incl. Mandarin, Cantonese)	1,285	1%
Vietnamese	1,246	1%
Tagalog (incl. Filipino)	1,568	1%
Other Asian and Pacific Island languages	2,057	1%
Arabic	460	0%
Other and unspecified languages	843	0%





Fig. 6 Disabilities, Santa Rosa

	Total Population	Population with a Disability	Percent with a Disability
Total civilian noninstitutionalized population	176,382	21,561	12%

Disabilities do not impact all populations equally. Black or African Americans and Native Americans have the highest rates of disabilities (both approximately 16%). The most common disabilities are cognitive difficulty, ambulatory difficulty, and independent living difficulty.

Housing costs throughout the Bay Area have soared in recent years, putting pressure on low-income renters in particular. More than half of renter households (52%) are housing burdened, meaning they spend more than 30% of their income on housing. Half of those households spend more than 50% of their income on housing.

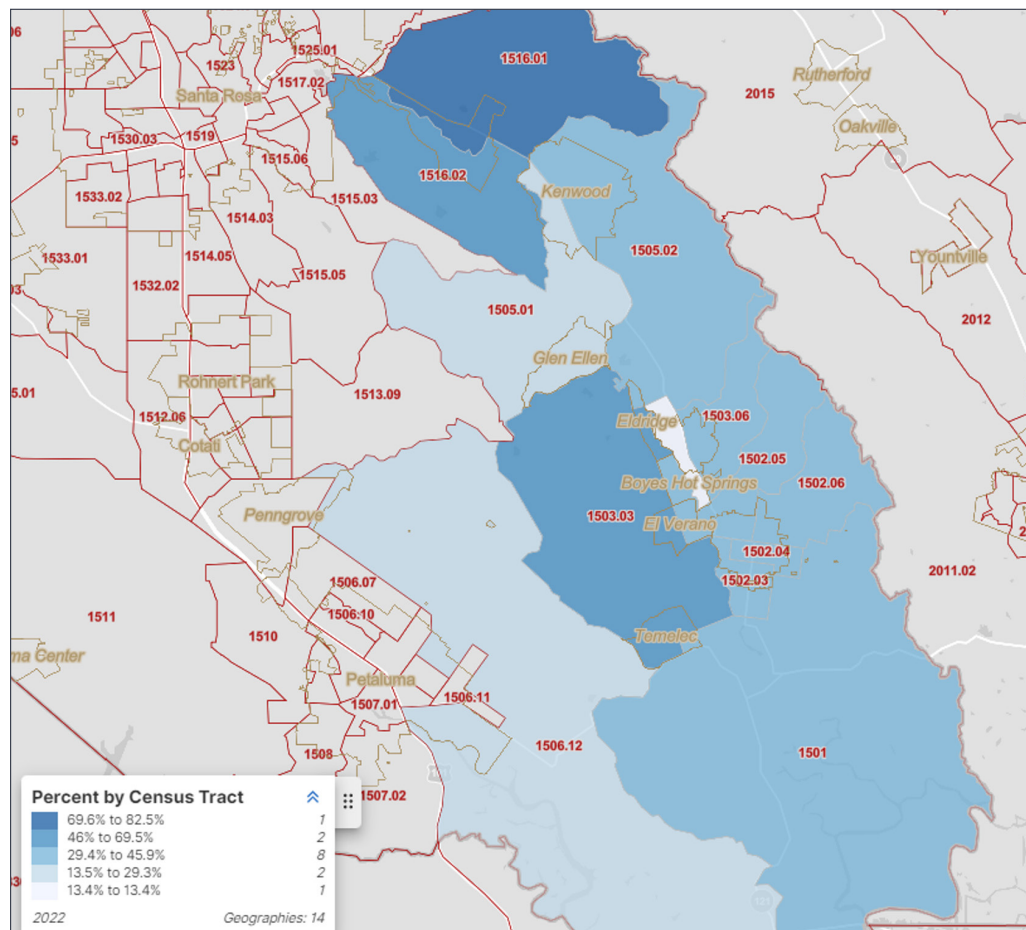
Sonoma Valley

The Adult and Aging Division has defined the study area of Sonoma Valley as the City of Sonoma and the towns of Boyes Hot Springs, El Verano, Eldridge, Feters Hot-Springs, Agua Caliente, Glen Ellen, Kenwood, and Telemec; and the immediate surrounding area. Due to the small populations of these towns, population estimates have high margins of error. To obtain more accurate estimates, the project team identified the census tracts that encompass the area of focus and used them as the geographical unit. Even with this method, margins of error are generally high due to small population sizes. Therefore, the information provided should be interpreted with caution.

Sonoma Valley has a total population of 50,975. Just over 40% of the population is age 60 or older, or more than 1 out of 3 residents.

Three census tracts have higher rates of populations age 60 and older, two in northern Sonoma Valley near Kenwood, and one in central Sonoma Valley.

Image 1 Map of Population Age 60 and Older, Sonoma Valley



Approximately 76% of residents are White, followed by 12% that are two or more races.

Fig. 8 Race Alone, Sonoma Valley

	Estimate	Percentage
White	38,632	76%
Black or African American	622	1%
American Indian and Alaska Native	91	0%
Asian	1,373	3%
Native Hawaiian and Other Pacific Islander	26	0%
Some Other Race	4,214	8%
Two or More Races	6,017	12%

When looking at race alone or in combination, the number of Black or African Americans nearly doubles and the number of American Indians and Alaska Natives increases 10-fold.

Fig. 9 Race Alone or in Combination, Sonoma Valley

Totals may add up to more than 100% due to overlap in categories.

	Estimate	Percentage
White	44,431	87%
Black or African American	1,137	2%
American Indian and Alaska Native	915	2%
Asian	2,090	4%
Native Hawaiian and Other Pacific Islander	177	0%
Some Other Race	8,515	17%

Fig. 10 Hispanic or Latino (of Any Race), Sonoma Valley

	Total	Percentage
Hispanic or Latino (of any race)	11,993	24%
<i>Mexican</i>	9,623	19%
<i>Puerto Rican</i>	109	0%
<i>Cuban</i>	0	0%
<i>Other Hispanic or Latino</i>	2,261	4%

Nearly one quarter of the population (24%) is Hispanic or Latino, with the majority of those being Mexican.

More than three-quarters of households speak English only at home (79%), followed by 15% of households that are Spanish-speaking.

Approximately 15% of the population (7,775) has a disability, with higher rates among Black and African Americans (23%) and White, non-Hispanic or Latino residents (17%).

Many renter households are housing burdened (58%), meaning they are paying 30% or more of their income in rent. (The Sonoma Census County Division (CCD), which includes the area of Sonoma Valley, was used at the geographical unit for this indicator for improved accuracy)



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04

**community strengths
and needs**

HOUSING



Overview

The high cost of housing in Santa Rosa and Sonoma Valley is a top concern for BIPOC older adults and people with disabilities. It causes economic strain, fear of falling into homelessness, and displacement of low-income or otherwise vulnerable residents from Sonoma County.

Affordable housing is in short supply and waitlists are long. Sometimes, even if affordable housing is available, people with low incomes cannot take advantage. Older adults who were farmworkers during their working years have extremely low incomes as they age, sometimes so low that they do not qualify for subsidized housing. Adults with disabilities living in group homes are especially vulnerable to displacement if their group home closes.

Local disasters including fire and flooding have resulted in more displacement, as well as contributed to poor housing conditions, such as mold. Renters with low incomes and those who are undocumented are particularly susceptible to poor housing conditions because they are more vulnerable to retaliation from landlords if they make a complaint.

Black residents are less likely to own homes and more likely to be experiencing homelessness than White residents. The legacy of exclusionary zoning and racial





covenants prevented generations of Black residents from accumulating wealth and the stability that comes with homeownership. Displacement is a big concern for people who lose housing, including Black and Latinx residents. The AAA Area Plan found that many people with disabilities are experiencing homelessness, and often cannot afford modifications that would be needed to stay in their homes.

Multigenerational living is common practice in non-White communities and reflects cultural values relating to caring for elders. However, in the current housing crisis, it has become a necessity for many BIPOC older adults as a safety net before homelessness.



Interview Findings

- **Lack of affordable housing is a huge and pressing issue across the County.** People living on fixed incomes, including many older adults and adults with disabilities, are at risk of losing their housing as prices increase. Subsidies, rent stabilization, and rental assistance could help keep older adults housed.
- **BIPOC residents are disproportionately impacted by fair housing violations, evictions, and housing burden.** Black mothers are especially hard-hit by eviction, which can impact them and their children for years.
- **Mobile home parks provide an affordable option for many older adults and adults with disabilities.** They offer a sense of community and people help take care of each other. Mobile home parks are at risk of being converted to non-senior living areas by investors.

- **Many low-income homes are not ADA compliant.** In mobile-home parks, which serve many older adults, the park owners are not responsible for ensuring compliance or assisting with maintenance because the tenant owns the mobile home. If support is not available, vision loss can contribute to maintenance issues in a home, because someone is not able to see what needs to be maintained. The goal of supportive services is to allow people to be housed in the way that best meets their needs. The biggest barrier to achieving this goal is the lack of affordable options.
- **Older adults are making up bigger and bigger shares of the homeless population.** The reasons that an older adult becomes homeless is very different than other causes of homelessness. Older adults who are homeless also have unique needs. Providing In-Home Supportive Services (IHSS) caregivers to someone living in a shelter is a challenge. The solution for many chronically homeless individuals is permanent supportive housing, but there is not enough of it.
- **The Santa Rosa and Sonoma Valley areas are very unaffordable, and people are getting priced out.** Older adults who do not have children, or whose children have moved away or been displaced, have nowhere to go when they lose housing, and therefore are going to shelters. The shelters are seeing more people who have been traditionally housed their entire life. They are accessing homeless services because they are housing-challenged, not necessarily related to substance use or issues of domestic violence. Service providers are also seeing more older adults and more multigenerational families in homeless shelters. Monolingual Spanish speakers are experiencing isolation.
- **It is important to recognize the full range of homeless situations for older adults to connect them with resources.** This includes couch-surfing and overcrowded living situations. Low-income older adults are often living in multigenerational households, but it can become a form of couch-surfing. Latinx families will often take in their older family members, not because they have





space but to avoid them ending up without a place to go. One interviewee shared, if their mother and mother-in-law were not living with them, they would probably be homeless.

- **Homelessness also has an aging effect on people,** meaning that health situations that would be common in housed people who are 70 or 80, are showing up in the unhoused population in their 50s.



Focus Group Findings

Spanish-Speakers Focus Group

Participants expressed that the overall cost of living, including high rent prices, made it difficult to properly care for their parents. There are few units available on the lower end of the market, and those that are available tend to be in poor condition. Lower cost units are plagued by habitability issues, including pests, mold, leaky faucets, and broken refrigerators.

Adults with Disabilities Focus Group

Several participants mentioned living in group homes with varied levels of independence and support. One participant shared that the group home where she lived was closing, and as a result, she would be moving to Solano County where there was another group home. This meant that she would no longer have access to services through Becoming Independent and would be far from her existing support system. Two participants mentioned a desire to live independently and to have more privacy, both in group home living situations and living with family. Lack of privacy in housing was a big challenge mentioned by adults with disabilities. A couple of participants lived independently but mentioned that the cost of living was high and made it difficult to afford overall expenses.

Black and African Americans Focus Group

Participants described living independently or living with their grandchildren. Participants who were guardians of their grandchildren bore additional expenses to care for them that were not covered by government assistance. This creates an extra cost burden on these older adults. One participant spoke about the code limitations of installing an accessory dwelling unit (ADU) on her son's property for her to stay in, which was never accomplished. Overall, participants shared that the cost of living is incredibly high. Participants described that housing units that can benefit people living on Social Security benefits such as RVs, renovated garages, or retirement homes are not marketed to the African American community. Participants also describe the harsh reality of short-notice evictions and the need to be properly informed so that older adults are not scared out of their homes.

Cambodian Focus Group

Participants described needing more affordable housing in the area since the units are currently at capacity. Some participants, especially older couples, need government assistance to rent an apartment but stated that they still struggle with paying bills like PG&E and other costs of living. Some participants live in their adult children's family homes with up to seven people, which they described as tight, but not uncomfortable.

Native American Focus Group

Participants indicated that they either owned their homes or rented. They found a significant issue with the high costs of utilities like water and power. Most participants lived independently. One participant mentioned living in HUD housing, which was a more affordable option for her. This participant described working at the HUD housing location for older adults and noted that they had increased access to facilities and amenities once becoming a resident.





TRANSPORTATION



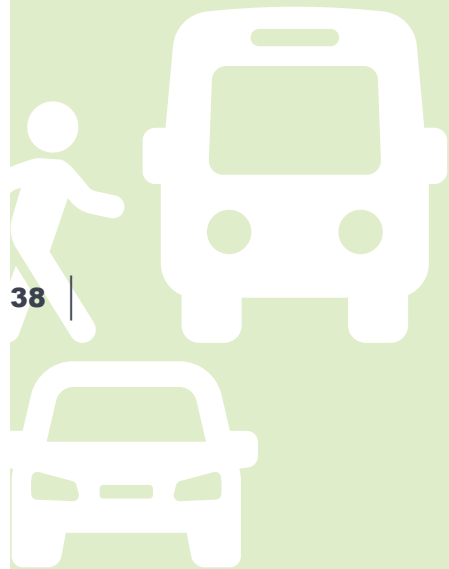
Overview

Inadequate transportation resources imperils the independence of older adults and adults with disabilities and puts additional strain on family members who are caring for them. In the Latinx community, older adults often rely on family members to take them to appointments. Family members working in jobs that do not allow flexibility, such as farm work and hospitality, must take time off from work to provide transportation.

Lack of sidewalks, common in rural areas, and things blocking sidewalks create hazards for people with vision loss, wheelchair users, and people with other disabilities. Sidewalk repairs were also identified through the most recent AAA Area Plan needs assessment.

Paratransit is an important resource but can only serve people living within a $\frac{3}{4}$ -mile radius of a bus stop, which means that people who live farther may not be served by this service. Private car transportation, like Uber, is convenient but often prohibitively expensive for people with low incomes or people who need to use it frequently. Uber and similar services are often scarce in rural areas and very few can accommodate people in wheelchairs.





Many services are not available in Sonoma Valley, which means taking long trips to Santa Rosa for services. This is especially challenging for older adults and people with disabilities who rely on public transportation. Lack of transportation in rural and remote areas has been consistently highlighted as an unmet need in the AAA needs assessments that are conducted every 3 to 4 years.



Interview Findings

- **Many older adults rely on family members to provide transportation to appointments.** An example was shared of an older family member who had vision loss and limited English and was therefore very reliant on her adult child for transportation.
- **Paratransit is a great resource for people with disabilities, but it can only come within a certain distance of a bus stop, which makes it limited.** This creates a barrier for people to access supportive services that they need. Private transportation such as taxis or Uber are a helpful resource but become expensive very quickly.
- **Rideshare programs were suggested as a possible solution.**



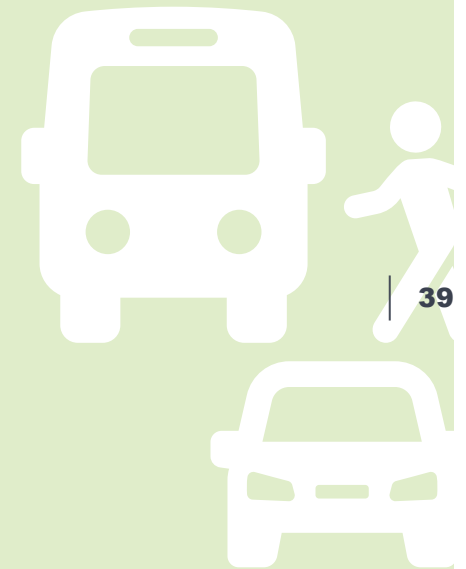
Focus Group Findings

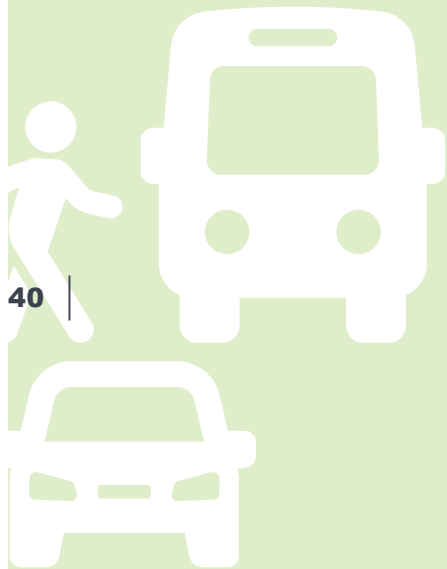
Spanish-Speakers Focus Group

Participants shared that their older adult parents have great difficulty finding transportation to their appointments and for running every day errands, even if they are otherwise able to live independently. Since many of the participants are the primary caregivers for their parents who lack transportation, they are their parent's main resource for transportation. One participant who provides in-home care mentioned that the older adults she cares for have limited access to transportation. Sometimes they need to choose between using their transportation benefit for errands or social outings. The lack of transportation options is contributing to social isolation. Older adults need transportation to doctor and dentist appointments, shopping, picking up medication, and outings. FISH and Vintage House, two organizations in Sonoma Valley, offer transportation services but there is a waitlist for each.

Adults with Disabilities Focus Group

Participants were energized on the topic of transportation. Though Becoming Independent offers a shuttle service, the hours do not always meet the needs of the participants. Some suggested that the paratransit was easier to use than the shuttle. Participants pointed out that not all buses or shuttles have specialized equipment needed to accommodate different types of mobility devices, which severely limits some wheelchair users' independence. One participant stated that she could not drive herself and needed more assistance, available drivers and commuter support to get around.





Black and African Americans Focus Group

As part of a broader conversation of needed resources and services, the participants discussed needing transportation services. Participants discussed that transportation services would provide older adults with the ability to create a sense of independence to run errands, attend medical appointments and maintain hobbies. Another key point, transportation assistance would allow older adults to socialize and keep their cognitive function from declining.

Cambodian Focus Group

The need for transportation was a major focus for participants. Many participants are unable to leave their homes during the week and only have their family caregivers to transport them for errands and trips to the temple, which doubles as a community space. Participants stated that they would like a shuttle service with available scheduling and that has workers who are able to speak Khmer or can provide translation to better assist Cambodian older adults.

Native American Focus Group

All participants were managing to live independently and had their own cars. Participants mentioned that this was one of the last forms of independence for older adults, which is why it was important to keep transportation available. One participant mentioned having to limit how far she could travel since she easily got tired driving. Participants noted the convenience of having Sonoma County Indian Health Project (SCIHP) and Kaiser close by to limit long travel times. A few participants mentioned limiting their driving at night since it was more challenging. One participant stated that having bus lines close to older adults is beneficial, such as the bus stop outside of the HUD apartments. They noted that SCIHP had a transportation service for older adults that was available by appointment. One participant mentioned that she assisted her grandmother to get to doctors' appointments and errands. Additionally, participants noted that car payments and insurance were an additional cost that a few could manage.

ECONOMIC SECURITY

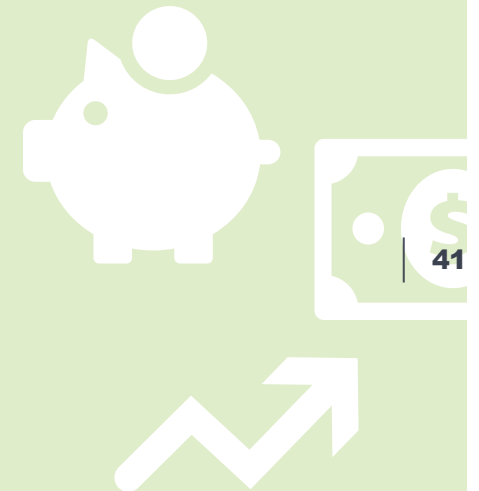


Overview

Older adults and adults with disabilities are vulnerable to increasing costs, from medical care, to groceries, to utility bills. Older adults who are undocumented are particularly vulnerable to poverty as they age. Older adults who were farmworkers during their working years have extremely low incomes as they age, sometimes so low that they do not qualify for subsidized housing.

Becoming disabled can often have a profound negative impact on someone's financial situation. People who lose their sight very often also lose their jobs, and therefore incomes, putting them at increased risk of poverty and homelessness. People fear being fired or placed in menial tasks when they become disabled.

Income and wealth inequality mean that some populations have less resources than others. In Santa Rosa, 22% of Black residents are living in poverty; the median income of Black residents is more than \$20,000 below the median for the total population. According to the Kaiser Permanente 2022 Community Health Needs Assessment, farmworkers and day-laborers were hit particularly hard by recent wildfires and need assistance to recover; and food insecurity is impacting Black and Latinx households at higher rates than other groups.





Interview Findings

- **People fear being fired or placed in menial tasks when they become disabled.** People who lose their sight almost always lose their jobs, and therefore their source of income. It is important to educate individuals with vision loss and employers that there are many accommodations that can be made to allow someone to continue working.
- **Older adults who do not qualify for social services and public benefits for low-income people are paying out of pocket for caregivers, medical and dental care, and other essentials.** They are technically not “low-income,” but they are struggling financially. This is typically referred to as the “missing middle.” Service providers are seeing an increase in middle-income older adults at food distribution sites. Family make-up can contribute to economic hardship; if a spouse dies or someone does not have children to care for them, they end up paying out of pocket for support.



Focus Group Findings

Spanish-Speakers Focus Group

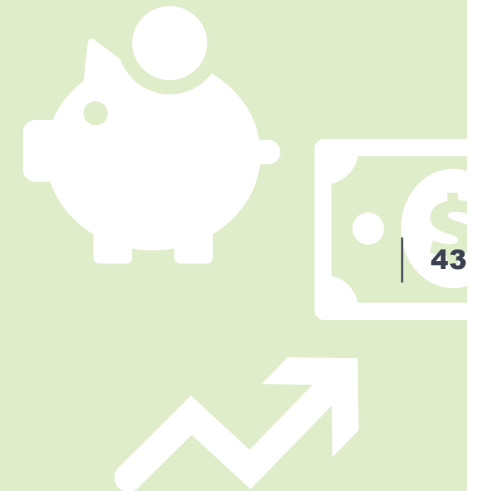
As primary caregivers of their parents, participants expressed that they required more financial support to better care for them such as affordable groceries and health care services.

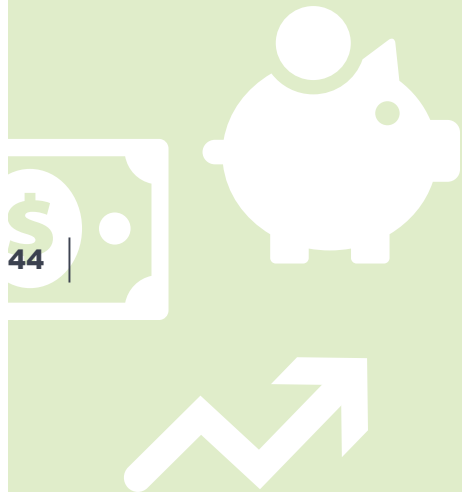
Adults with Disabilities Focus Group

There was a consensus that the cost of living was affecting the community, especially those who had restrictions to their diets and found difficulty with purchasing healthier foods. One participant who lives independently suggested that she needed financial support for childcare since she could not afford to pay out of pocket. One participant who lived with her parents noted that caring for her did not provide enough for her family to feel financially stable.

Black and African Americans Focus Group

Participants described the many obstacles to getting government support like Social Security. Participants described having to learn how to “properly ask” for services or resources, otherwise service providers did not share resources or answer their questions. Participants described going to Social Service offices to request Social Security benefits and being pushed to take resources on other assistance programs before being provided with the information they had requested.





Cambodian Focus Group

One participant described being recently retired but caring for her mother with retirement funds. Another participant, who was the generational caregiver of her mother and her grandmother received caregiver funds but struggled to find a second job to better support all three of them. Many jobs limit applicants by requesting Spanish-speakers. Positions should also request participants who speak Khmer. This participant also described wanting to attend college but being unable to since she is the primary caregiver of her family. She would like to see more services in place that can give her time during the day to attend classes.

Native American Focus Group

Participants mentioned struggling with the cost of utilities. Participants also mentioned that the Tribe assisted with rent when a community member is in great need. One participant mentioned that PG&E has a program that assists with bills that could benefit a lot of older adults, but not many are aware of the program. Participants managed to obtain groceries through a food bank in the area that is provided by SCIHP. One participant mentioned caring for her grandson part-time and having the extra cost to feed him. One participant received more benefits from her deceased husband's veterans' benefit, than what she receives from her Social Security benefit.

HEALTH



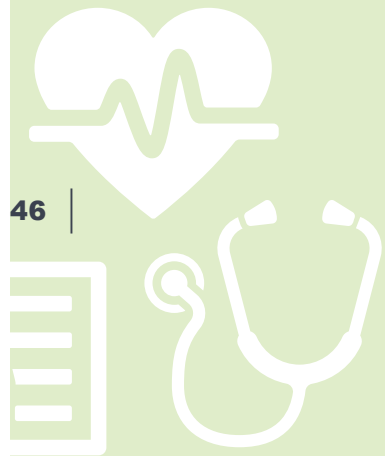
Overview

Disparities in health access, treatment, and outcomes negatively impact some populations, specifically Black and African American, Native American, and non-English speakers. Community-based clinics were highlighted as bright spots in the health care landscape.

Kaiser Permanente's 2022 Community Health Needs Assessment (CHNA) for Santa Rosa identified structural racism as a health crisis. Black and African Americans experience poorer health outcomes, including lower life expectancy, compared with Whites. Black and African Americans experienced inferior medical care and racism in health care settings. Local doctors lack experience caring for Black patients.

Vision loss can cause major depression. Services to help people understand how to care for themselves and continue to enjoy life is essential. One of the interviewees shared that they knew of three different people who shared they had planned to take their own lives before receiving services for blindness. There are nearly 4,000 people with vision loss just in Santa Rosa. Earle Baum Center of the Blind (now LiteHouse for the Blind) serves 400, most of whom are White. The Center is working to improve outreach and services for people of color.





Native Americans experienced disrespect for their religious and traditional beliefs and medical racism in health care settings. Interviewees shared experiences of hearing putdowns about chronic conditions, such as diabetes, including disparaging remarks about Native American food and eating habits. One interviewee described disrespect for Indigenous beliefs around death and dying and being denied the ability to practice their traditions for their ailing parent. Nationwide, there are only about 2,500 Indigenous physicians or about 0.3% of physicians, according to the Association of American Medical Colleges.

The Sonoma Valley Health Clinic and the Sonoma County Indian Health Project were uplifted as important local resources for the Latinx and Native American communities, respectively.

The recent AAA Area Plan needs assessment identified an unmet need for behavioral health services, including grief counseling, support groups, and treatment in rural and remote areas. Stigma persists around seeking support for mental health.



Interview Findings

- **There is an unmet need for case management services,** especially in people's native language, for support in accessing resources and navigating complex systems such as Social Security and Medicaid
- **Black and Native American patients have experienced discrimination in health care settings.** Black and African Americans have worse health outcome indicators, such as life expectancy and chronic health conditions. This has big impacts on older Black adults.

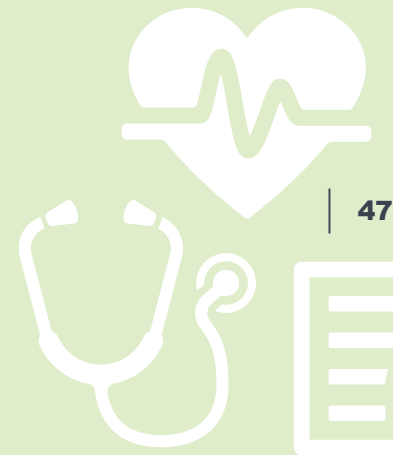
- **Dental care often must be paid for out-of-pocket and is prohibitively expensive.**
- **Vision loss can cause major depression, and services to help people understand how to care for themselves and continue to enjoy life are essential.** Three individuals shared with a service provider that they had intended to take their own lives after their disability diagnosis and before they were to receive supportive services.
- **It is important to increase services and support to people of color who have a disability.** This population is currently being underserved compared to the greater population of white people with disabilities.
- **Behavioral health services are lacking, including services for PTSD in older veterans.** Elders in Asian communities need more support for mental health, but there continues to be stigma and shame around seeking support, as well as lack of information on available resources. There is an increasing number of adults who identify as neurodivergent and having autism.

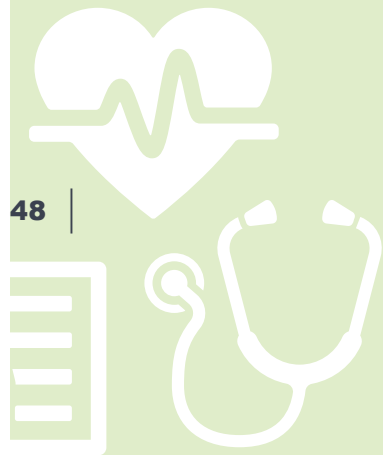


Focus Group Findings

Spanish-Speakers Focus Group

Participants focused on mental health and shared that many older adults struggle with loneliness. Participants would like to have more community spaces for Latinx older adults, such as Nueva Esperanza, where several of the participants volunteered. Nueva Esperanza offers day care, classes and activities for older adults. Some





participants expressed difficulty getting resources due to immigration status; even though many Latinx older adults have lived their whole life in the U.S., if someone lacks legal immigration status, they did not have access to health insurance and social services. Apart from mental health services, participants mentioned that it was sometimes difficult to get appointments for their parents with healthcare specialists, such as neurologists, as services are not available in the County.

Adults with Disabilities Focus Group

Some participants shared that they had difficulty getting appointments. One participant stated she had to wait a long time to get an appointment for her scoliosis, while another stated that it took a long time to get an appointment for a sprained ankle. Overall, participants required support to make appointments and for transportation to the medical offices.

Black and African Americans Focus Group

Participants described needing back-up when going to doctors' appointments. They described being misunderstood when working with healthcare professionals or being left unheard during long hospital stays. One participant described having a multiple-day stay at a hospital where one nurse spoke to her only one time and the rest of the time was spent simply checking her vitals or giving her medicine. The doctors did not explain the medicine to the patient during the hospital stay. Being wrongfully diagnosed was a common theme among participants. One participant described that he had rapidly lost 30 pounds, but medical professionals could not diagnose him. The participant was misdiagnosed and only got more attention after he proposed a different illness that ran in his family. Another participant described consulting a family-friend who was a medical professional after his 3-month-old daughter was wrongfully diagnosed with a thyroid issue by her pediatrician. The infant was prescribed medication that the participant and his wife decided not to give her. When checking

back with his infant daughter's pediatrician, the pediatrician admitted to diagnosing her with a thyroid issue because she had never seen hyperpigmentation on the infant, since this was her first Black patient. Participants stated that trainings and diverse healthcare workers were needed to better serve Black patients. Participants believe that advocates are important in these types of spaces to ensure that Black patients receive proper care.

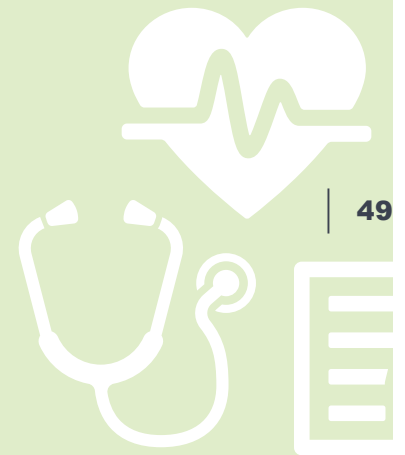
Participants also stated that Black older adults are left uninformed about health care or struggle to get the plan that best fits them due to miscommunication with social workers or receiving a misdiagnosis that led them to treatments that are not in their best interest. One participant described having to stay on the phone for hours with a health insurance agency and having to follow up until she got the information she needed. She described this as the only way she was able to get informed on health insurance. Health insurance information and resources was identified as a need that should be more widely accessible to older adults.

Cambodian Focus Group

Participants described that they volunteer at the temple and their family caregivers assist them with making appointments and taking them to medical offices. When discussing language accessibility in healthcare services, the participants describe that there are readily available virtual translation services that they use to communicate to medical professionals.

Native American Focus Group

Several received Medicare and Social Security Benefits or used SCIHP to receive medical care and other resources. Overall, participants counted on SCIHP for care, resources, and entertainment, as well as the California Indian Museum for information sharing. Participants mentioned SCIHP as a one-stop-shop for medical care, resources and information that they might need. Participants noted the convenience of having SCIHP and Kaiser close by to limit long travel times.



WELLNESS, INCLUSION AND EQUITY



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Overview

Trust was a consistent theme throughout all the interviews. The county and local government have broken trust with communities of color in the past, and that trust needs to be rebuilt before people will feel comfortable participating in different initiatives, such as the LADAP. Local grassroots groups and organizations have strong connections to different racial and ethnic communities, and should be seen, respected, and funded as partners to county efforts. This was consistent with findings from interviews conducted with Latinx community leaders as part of the AAA Area Plan needs assessment.

Current data collection and analysis methods do not provide adequate information on small populations. Small populations or groups with mixed racial ancestry are often grouped into “multi-race” or “other” categories for data collection and analysis purposes. This results in an erasure of these groups and perpetuates a societal blindness to their unique perspectives and priorities. The “Asian” umbrella includes many different populations with their own languages, communities, and needs. Native American adults teach their children to only mark Native American on forms or surveys even if they have mixed racial heritage so that they will be considered part of the Native American group and not the mixed-race group. The Black and African American

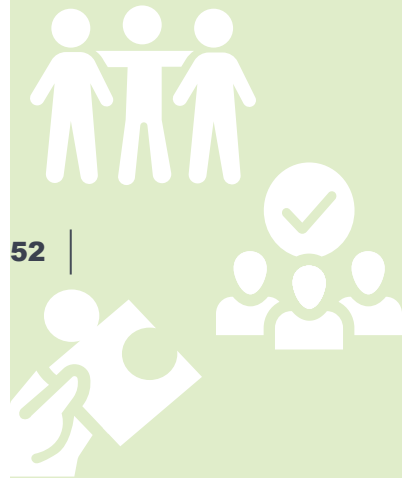
community is often ignored or lumped in with the Latinx community or relegated to “other” status. The AAA Area Plan found that LGBT populations were also not represented in many data collection tools.

Public gathering and socializing spaces are needed for BIPOC older adults, where they can feel comfortable spending time. These spaces might look different to suit different communities but are important for addressing isolation.

Language access is a huge barrier to services for non-English speakers, from signing up for public benefits, to getting medical care, to using public transit. Language access in Spanish has improved, but other languages are far behind. Local community members and family members frequently provide interpretation for older adults who speak Spanish or Asian languages. This creates disparity in optimal communication because interpretation is a very specific skill.

County leadership needs to be more reflective of the diversity of the county. This is also true for leadership of local organizations and nonprofits. Several Black and Latinx leaders have left county employment recently, citing lack of support. While county employees in the line staff and supervisor roles generally reflect the demographic makeup of the workforce, the management and executive roles are still disproportionately held by White individuals – 86.76% of county executive roles are held by White individuals, more than one and a half times the share of the labor force overall. Only 4.41% of executive positions are held by Hispanic individuals, compared to the 23% of the total labor force that identifies as Hispanic.

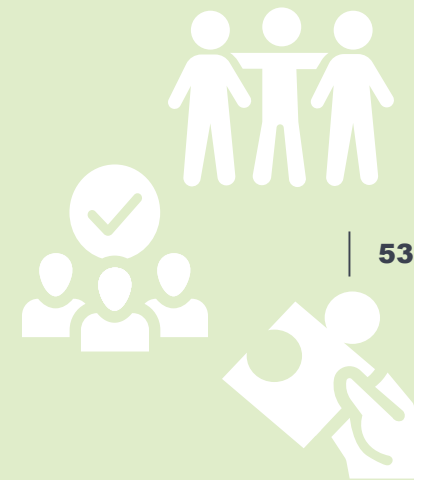


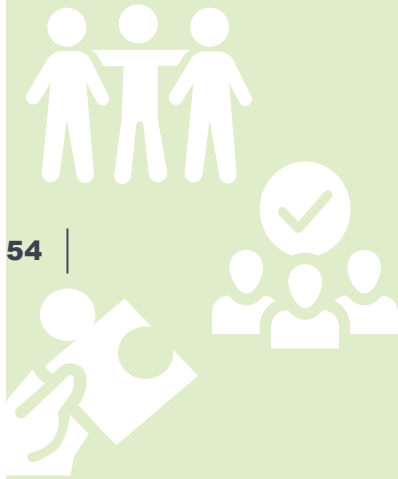


Interview Findings

- **Trust was a consistent theme throughout all the interviews.** The county and local government have broken trust with communities of color in the past, and that trust needs to be rebuilt before people will feel comfortable participating in different initiatives, such as the LADAP. Local grassroots groups and organizations have strong connections to different racial and ethnic communities, and should be seen, respected, and funded as partners to county efforts.
- **Language access is a major issue.** The county and other service providers have made strides in providing materials in Spanish, but other languages are often not available. Communities that speak other languages, including Spanish, Chinese, Tagalog, and Khmer are tired of asking for language access. The county needs to provide more language options for service information and translation services to reach marginalized communities. Older adult immigrants are less likely to speak English. They cannot go to medical appointments by themselves or be left alone because doctors, nurses, and staff do not speak their language. Local community members and family members often must provide interpretation for older adults who speak Spanish or Asian languages. This creates disparity because interpretation is a very specific skill. One example shared was a story of not knowing the word for an organ in Spanish and as a result her parent did not receive the appropriate information about her health condition and diagnosis.
- **Over-aggregating small racial or ethnic populations causes their specific needs to become invisible.** For example, “Asian” is a very broad umbrella term that masks the differing needs. Native American children are taught to mark only Native American even if they are of mixed race so that they are counted as Native American. Black and African Americans are lumped in with “other” categories because of small total population.

- **Loneliness and lack of social connection are concerns for older adults.** Organizations that serve older adults need to do better outreach to get older adults to join events and classes. Locally we are “underutilizing” older adults; they still have a lot to give, and we need to provide more opportunities for them to be involved including flexible employment options.
- **Older adults with higher incomes are very active in social and philanthropic endeavors.**
- **There is a large unmet need for culturally resonant gathering and social spaces for people who are not White.** These will look different depending on the community, but one example was Mitote Food Park in Roseland, where many people gather. It is important to create funding for communities to create spaces that work for them, and to trust that they know how the funding will best be spent. There is a need for more support for local grassroots places that come directly from the community.
- **Food providers and nutrition services need to have more cultural awareness and the ability to provide culturally appropriate meals for older adults.** “One-size-fits-all” menus should be avoided.
- **Culturally responsive outreach is essential for effectively supporting BIPOC older adults with resources.** Outreach should “meet people where they are.” There is a need for more placed based and neighborhood based outreach and services.
- **Lack of representation is a big barrier to people seeking services.** There is a need to be able to see service providers who look like them. Communities of color do not connect with services because they have experienced harm. There is a need for more diversity in county staff, both in direct service and especially in leadership. Several Black and Latinx leaders have left the County recently, citing lack of support.





Focus Group Findings

Spanish-Speakers Focus Group

Though participants did not express feeling unwelcome to spaces, they did feel that certain spaces for older adults lacked diversity, which created barriers to the options they were willing to explore. One big limitation noted was that not all organizations have Spanish-speakers on staff, which means that monolingual Spanish-speakers are not able to access those resources.

Participants shared they need to help their parents build a routine, but that they have limited time to do so because they are working. They would like to have more activities available for their parents that have language accessibility and are cost-efficient. Participants expressed that they would like to set up channels, services and resources for Spanish-speakers to ensure that they have a place to go during the day when they get older. Participants also agreed that they need more education on caregiving and information on available resources; they also cited the need to change the community's mindset to be open to support from the county and to community-based events. They would also like to see classes on nutrition and health workshops on topics such as diabetes or dementia. One participant mentioned a challenge with providing culturally appropriate hot foods to older adults from various ethnic backgrounds

Participants discussed how to stay connected to vital information and services. Several participants worked for La Luz and mentioned that similar culturally based organizations would be a good location to distribute information about resources and services for older adults. Participants can easily receive text blasts, especially on WhatsApp, and get information through social media outlets. Generally, participants inform each other through word of mouth.

Adults with Disabilities Focus Group

Some participants had the benefit of a place like Becoming Independent to feel connected to services in the community. Participants shared that public spaces often do not have specialized equipment for different mobility devices. This means that people needing specialized equipment are not able to enjoy public spaces safely and comfortably. One participant stated that she would like to attend community college classes but needed assistance with personal care.

Some participants stated that they would like to have a nutrition class to learn about healthier eating. One participant asked for support when applying to community college and accessing resources when at the college campus.

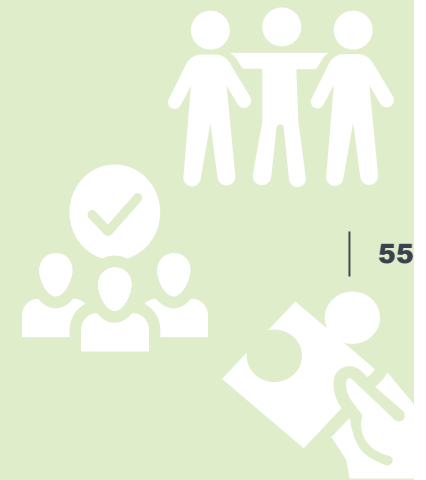
Black and African Americans Focus Group

Participants described feeling misunderstood, unheard, or undermined when it came to reaching out for social and healthcare services and support. Participants stated that a good tactic would be having paid advocates to support them in these spaces as well as having trainings for service professionals to better attend to their needs. One participant mentioned the updated resource guide on the Council on Aging site was not broadly shared with the Black community.

Participants stated that they would like to have a community space for the Black community to get information on resources and services. They describe wanting something like the Santa Rosa Indian Health Project or the North Bay Regional Center for Black communities.

Cambodian Focus Group

The participants are accustomed to sticking to activities and spaces within their community, especially after experiencing discrimination during the era of the Vietnam War. Participants use the Wat Meangkolvorn Temple in Santa Rosa as a community



center where they gather for a variety of activities, like gardening and ceremonies. As the elders of the community, this group of participants had members that also made up the Temple's board, meaning that they had authority over which activities can take place at the temple. Participants would like to get more resources through the Temple, and have more activities like dancing, gardening and fieldtrips for fishing, as well as providing social services to assist them with transportation, housing applications and healthcare services.

Community members assist the board members with completing documentation when their family is unable to and with providing activities like a potluck, though this is challenging for volunteers who are also working full-time.

There is a need for emergency preparedness within the community. When many older adults flocked to the Temple during the 2017 fires, resources, amenities and services were scarce. The Cambodian community relied on each other during this time as resources were not accessible to them or information provided using their language.

Native American Focus Group

Participants mentioned feeling most comfortable within their community. They expressed wanting to see people who looked like them reflected in service providers. On the topic of activities, participants stated that SCIHP and the California Indian Museum both host events and activities for older adults like beading and weaving. Apart from this, participants mentioned that older adults frequent casinos as a leisure activity. Participants mentioned that they would like to be more informed about government-funded benefits and resources like CalFresh and WIC, and said that they get support with applying for these services through SCIHP. Participants would also like community workshops for older adults and their families to learn more about medical conditions that affect older adults, such as dementia.

CAREGIVING



Overview

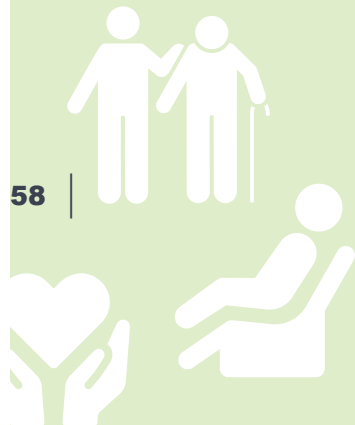
Families take on much of the caregiving responsibility for older adults and elders in BIPOC communities. This is a testament to cultural values of caring for elders but is challenging for family members who are often juggling work and their caregiver role. Family caregivers expressed the need for more support, including better pay; training on topics including nutrition and dementia care; and respite support. The AAA Area Plan needs assessment found that caregivers face isolation and depression and need additional support in their role.

Older adults are often also serving as caregivers themselves. Grandparents in the Black and African American community and the Native American community provide interfamilial care for grandchildren.

Paid caregivers earn very little, especially for the level of responsibility they have. At the same time, care is very expensive and out of reach for many older adults with low- and middle-incomes. Non-white caregivers experience discrimination and poor treatment by White employers. Native American participants in the focus group shared they might be more open to using local services if they saw themselves represented in the staff.



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Until recently, people who are undocumented have not been eligible for IHSS services and must rely on family or friend to meet their in-home care needs. Even though this population is now eligible for this service, budget cuts may rescind this service at any time.



Interview Findings

- **Service providers are seeing that Latinx older adults come to appointments with their adult children, while non-Latinx older adults come alone.** This speaks to a strength and resilience in the Latinx community but can also be a challenge because family members are often not trained as caregivers and must take time off from work to assist.
- **Caregivers should be representative of the different cultures and languages in Santa Rosa and Sonoma Valley.**
- **Caregivers, both paid and unpaid, should receive training on caregiving.** Specialized care is a large unmet need. Caregiving is not one-size-fits-all.
- **Funding for caregivers is lacking.** Government funding should be available for older adults who are caregivers; many Native American elders care for their grandchildren.
- **Respite care is a critical service, and while some local organizations provide it, the need is larger than the availability of respite services.**

- **Housekeepers, many of whom are Latina, are finding themselves in unofficial caregiver roles.** They prepare meals and spend social time with the older adult who has hired them as housekeepers.
- **There is a large population of Fijian caregivers in Sonoma County, with several different Fijian-run caregiving businesses.** Non-White caregivers experience racism from White employers at alarming levels.



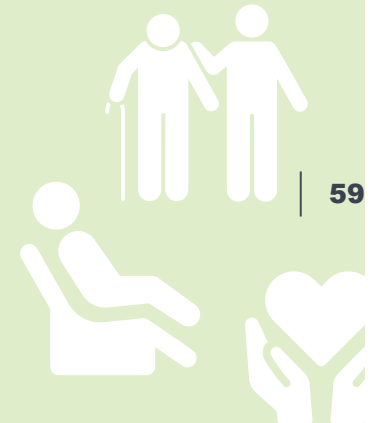
Focus Group Findings

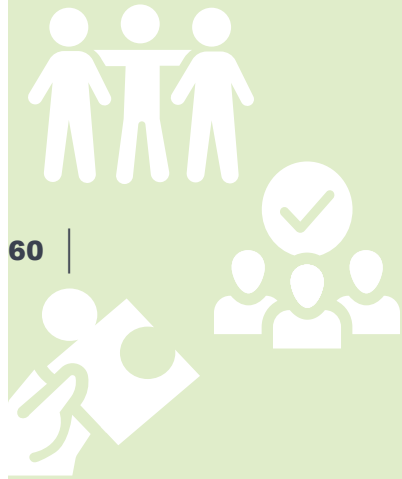
Spanish-Speakers Focus Group

As primary caregivers of their parents, participants expressed that they required more financial support to better provide for their needs such as affordable groceries and health care services. Participants leave a full day of work to come home and continue to work as caregivers to their parents without compensation. One participant mentioned that she found a nurse to visit and assist her parent but that she also needed to be present since she was the primary caregiver, so, to an extent, there was not much benefit to having the visiting nurse.

Adults with Disabilities Focus Group

Participants shared that their strong support systems helped them navigate daily life. Support systems are essential for their wellbeing. Participants suggested that caregivers should be compensated more for the support they give.





Black and African Americans Focus Group

In the conversation of caregiving, participants discussed general distrust with providers who are culturally different, but described the importance of caregivers in supporting the independence of older adults.

Cambodian Focus Group

Participants described that they volunteer at the Wat Meangkolvorn Temple and their family caregivers assist them with making appointments and taking them to medical offices.

Native American Focus Group

When talking about caregiving, participants stated that having caregivers that reflected their Native American community would result in more Native Americans using these services. They also mentioned that training for caregivers would likely make older adults feel more comfortable.

The background is a complex geometric pattern composed of various shades of blue and teal. It features a grid of squares, some of which are further divided into circles and semi-circles. Overlaid on this pattern is a large, bold, orange number '05'.

05

**recommendations
and moving to action**

Recommendations

The interviewees and focus group participants raised many important issues and offered some suggestions for how to better meet the needs of BIPOC older adults, adults with disabilities and caregivers in Santa Rosa and Sonoma Valley. Based on these findings, suggestions, and consultation with the LADAP Advisory Committee, we have identified the following recommendations:

1. Collaborate with and fund trusted culturally based and community-based organizations to invest in communities and effectively provide services and resources.
2. Implement equitable data collection and analysis methods that illuminate the unique strengths, needs, and priorities of the many diverse communities in Santa Rosa and Sonoma Valley.
3. Ensure language services and resources are available for non-English speakers, including those who do not speak Spanish.
4. Implement patient advocacy initiatives that prevent medical racism and improve treatment outcomes for patients of color, especially Black and Native American patients.
5. Ensure housing supports and resources are reaching BIPOC communities at greatest risk of eviction, landlord abuses, and homelessness.
6. Invest in workforce development and support, including living wages, respite care, and training, for all caregivers, including family members.
7. Invest in alternative transportation options for older adults and people with disabilities including same day on demand transportation services.

These recommendations are not exhaustive and should be considered as part of broader efforts, including the development of the action plan component of the LADAP as well as implementation of the local MPA.

Moving to Action

The LADAP for Santa Rosa and Sonoma Valley reflects the experiences, voices, and priorities of older adults, adults with disabilities, and caregivers who are Black, Indigenous, and People of Color (BIPOC). As the Sonoma County Board of Supervisors declared in their 2023 Resolution, “institutions can and must examine, amend, and update their policies, practices, and systems to eliminate bias and racialized impacts.” It is time to put equitable decision-making into practice and co-create equitable solutions for aging and disabilities with marginalized communities. The project team, in collaboration with the LADAP Advisory Committee and key staff from the County of Sonoma, the City of Santa Rosa, and the City of Sonoma will draft goals, strategies, and actions to respond to the needs highlighted in this assessment. Ultimately, the LADAP will provide a collective action guide to making sustainable, equitable improvements in the lives of all older adults, adults with disabilities and caregivers in Santa Rosa and Sonoma Valley.

