

ENVIRONMENTAL SCAN SUMMARY

MADI | MAY 6TH, 2020

INTRODUCTION

This report summarizes and synthesizes our environmental scan of Marin County. It connects our scan to the key informant interviews and models research conducted for the purpose of informing the strategic thinking and planning of the Marin Aging and Disability Institute (MADI). Our findings are derived from the following activities:

- Research on the needs and experiences of older adults, people living with disabilities, and the organizations that serve them in and around Marin County (Marin environmental scan)
- Interviews conducted with stakeholders identified by the Marin Aging and Disability Institute leadership team (internal and external stakeholder perspectives)
- Research on existing models and best practices of organizations and collective efforts to co-locate or coordinate services and/or advocacy activities of multiple organizations (external environmental scan)

This environmental scan aims to provide insights on the following guiding question: *What challenges in Marin County could an entity like MADI help try to overcome?* Following the exploration of challenges revealed through publicly available data, needs assessments and strategic plans, we connected this learning to the observations of key informants and our models research. We identified several broad community impact opportunity areas MADI may be poised to deliver:

- **Elevate public awareness** of the needs and experiences of older adults and persons with disabilities in Marin.
- **Coordinate political advocacy efforts** among local groups and organizations for local, state, and federal policies that improve the lives of older adults, people with disabilities, and the people who serve and care for them.
- **Bridge the aging and disability services and advocacy communities** in and around Marin (and possibly beyond) by focusing on intersectional and shared interest areas.
- **Incorporate equity** (racial, income, health, aging) into the mission, vision, plans and policies of MADI.
- **Strengthen the aging and disability social sector** by enhancing existing aging and disability organizations, encouraging multi-agency collaborations on new and existing programs, and exploring ways to aid in consolidating programs and organizations in the Marin market.
- **Encourage new partnerships and collaborations** among nonprofits outside of the aging and disability network in the community; explore “three-generation” approaches to programs historically targeting children and parents.
- **Maximize MADI’s physical campus** to add supply of affordable and accessible office and housing units to the market, while creating funding and revenue expansion opportunities for the MADI organization.

MARIN NEEDS ASSESSMENTS AND ACTION PLANS

Two older adult needs assessment surveys were conducted with older residents by the County of Marin in the last 18 months. The *Marin County Older Adult Needs Assessment (2019)* captured the perspectives of 400 older Marin residents. Each person surveyed was asked to rank their level of concern based on 17 issues. The five most common issues of concern for older residents were:

1. Climate change
2. Disasters such as fire, flood or earthquake
3. Affordable healthcare
4. Loss of memory and cognition
5. Financial security

The County's age-friendly action plan, *Age Forward*, identifies the following priority areas, based on a survey of over 1,900 older adults, community focus groups, and interviews with County leadership:

1. Housing
2. Mobility
3. Community Services
4. Disaster Preparedness
5. Social Connection
6. Unincorporated Areas

Age Forward combines the survey data from the County's *Area Agency on Aging Area Plan 2020-2024 (2020)* to identify the above action areas and formulate action items to work toward multiple solutions within each category. The *Age Forward* plan is being implemented by the County of Marin; each area in the plan involves the creation of modification of services, activities, and internal policies of the County that can become more responsive to or inclusive of older adults. The *Age Forward* initiative could present opportunities for MADI and the County to leverage resources and promote areas of mutual alignment.

We were unable to locate a needs assessment or community strategic plan devoted to people with disabilities, indicating a lack of depth of public, organizational, and political recognition and understanding of the experiences of persons with disabilities. While adults with disabilities are occasionally included in the mission, service and program statements of some aging services organizations, persons with disabilities (or those who care for them) under the age of 60 are rarely studied, surveyed, interviewed, or involved in focus groups that inform planning efforts. Furthermore, there are no strategic plans in Marin County that are focused on the disability community, and few existing strategic plans offer much in the way of segmenting the disability community to articulate the experiences and challenges of disabled residents. The culprit of this disconnect is likely driven by historically siloed federal and state social policies and funding mechanisms for services and programs for older adults and/or persons with disabilities.

There is also minimal evidence of collaborative planning efforts to bridge health and social care for older or disabled older adults in Marin. MarinHealth's most recent *Community Health Needs Assessment* (2019), identifies the increase of older adult residents in the community, but does not articulate or seek to address social or health challenges directly. The MarinHealth plan combines older adult needs with those of other populations, while people with disabilities receive very minimal attention in the assessment.

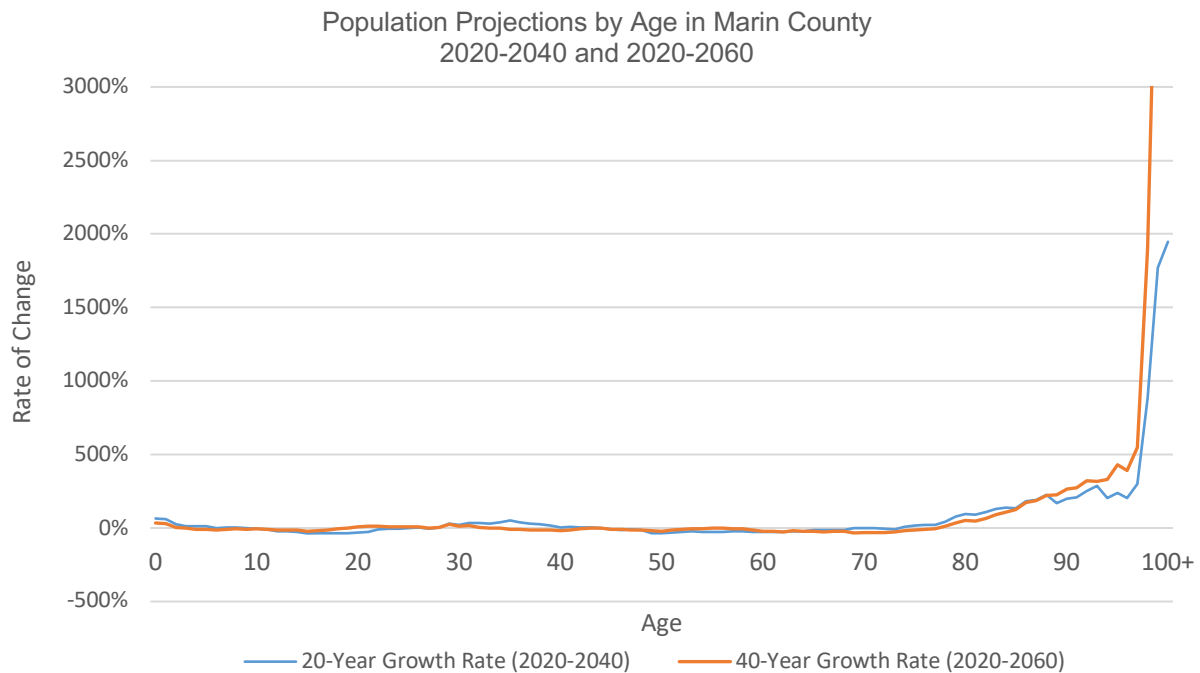
COMMUNITY CHALLENGE AREAS

Our findings reinforce much of what was shared by MADI key informants – and point to several areas not articulated by informants. Most challenges are driven by the well-known trend of the increasing number and share of adults aging in place and living longer, with current challenges in Marin expected to become more acute as this trend continues for several decades to come. The most critical challenges facing Marin's care ecosystem appears to be driven by intersectional health and social factors, particularly among those who are aging into financial stress and declining health and functional status. The challenge areas we have identified can be summarized in three interconnected categories:

- 1. Intersecting Social Challenges.** Many non-white and lower-income residents experience a very different Marin County than the affluent, white majority. With a growing number of lower and middle-income residents living longer in the community with less savings, affordability challenges will persist across all racial and ethnic populations for decades. Health disparities between older white and non-white residents are significant and on the rise. With population projections anticipating a future Marin that is more racially and ethnically diverse, closing health equity gaps between racial and ethnic groups becomes a greater imperative for the aging and disability network in Marin.
- 2. Changes in Population Health.** Rates of physical and cognitive disabilities will increase as the population ages. A data point often missing from published planning documents in the community is that all the disability population growth expected over the next 20 years will be driven by the 75 and older age cohort. An increasing rate of cognitively and functionally impaired residents will challenge policy makers, funders, organizations, and systems of care to adapt and develop more age- and disability-friendly systems, spaces, programs, and service modalities.
- 3. Social Services & Social Sector Capacities.** Marin has a significantly high rate of nonprofits per capita – the highest in California – with a larger than average share devoted to arts/humanities and children and youth, and larger than average share with annual budgets under \$100,000. Based on this trend, the rising demand in Marin for equitable services will likely fuel the creation of more small nonprofits. Nonprofits with long-term clientele of any age as well as services and direct care for older adults, people with disabilities, and caregivers will need to adapt and scale to orient to an older, multi-generational client base, with higher prevalence of disabilities, lower income, greater racial and ethnic diversity, and higher rates of single occupant households in homes inadequately designed for limited functional status. Adequately staffed organizations and an adequately trained (and paid) workforces will be needed to respond to this rise in demand.

INTERSECTING SOCIAL CHALLENGES

As community challenges become more acute with the growing share of the population entering older age, the rate of population change in the coming decades sets the stage for this report. Projections published by the California Department of Finance paint a dramatic picture of demographic change among Marin’s population – particularly for the oldest cohort:¹

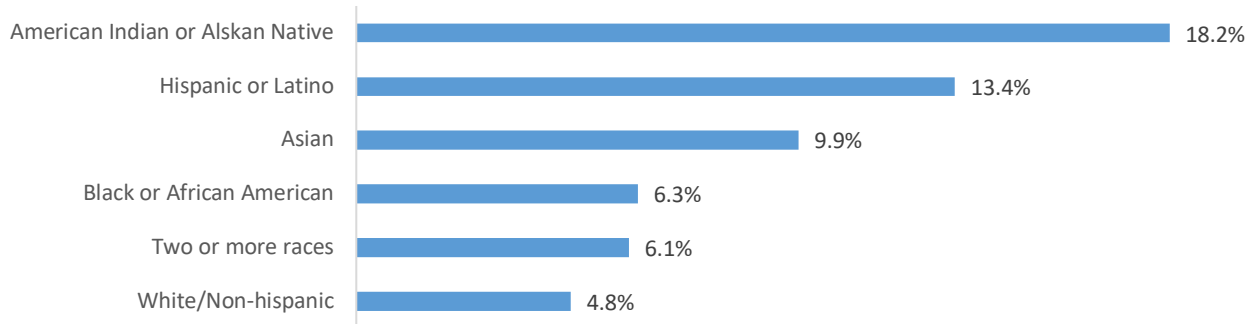


Source: California Department of Finance (2019).

Income Inequality

Marin is one of the costliest and wealthiest counties in all of California, and while the county as a whole has a lower poverty rate than the California and US averages (about half the rate), there are significant wealth disparities among the county’s racial and ethnic populations:

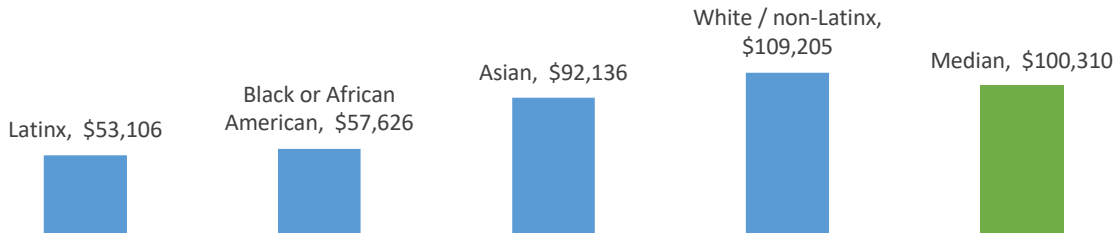
People 65+ Living Below Poverty Level



Source: <https://www.countyhealthrankings.org/app/california/2020/measure/outcomes/147/data>

Household income among the entire Marin County population reveals a similar trend of economic differences among racial and ethnic subpopulations:

People 65+ Living Below Poverty Level



Source: https://www.marinhhs.org/sites/default/files/libraries/2019_02/mc_hhs_stratplan18_v7.pdf

Income has proven to be associated with longevity. According to a study published in the Journal of the American Medical Association, the “gap in life expectancy between the richest 1% and poorest 1% of individuals was 14.6 years for men and 10.1 years for women.”² The same study found that inequality is increasing over time, with higher income individuals seeing a much faster rate of longevity than lower income individuals. These discrepancies exist in Marin: according to the Robert Wood Johnson Foundation, there is a 15-year difference in life expectancy between Ross (94) and Marin City (79), “a disparity that correlates with per capita income” in these communities.³

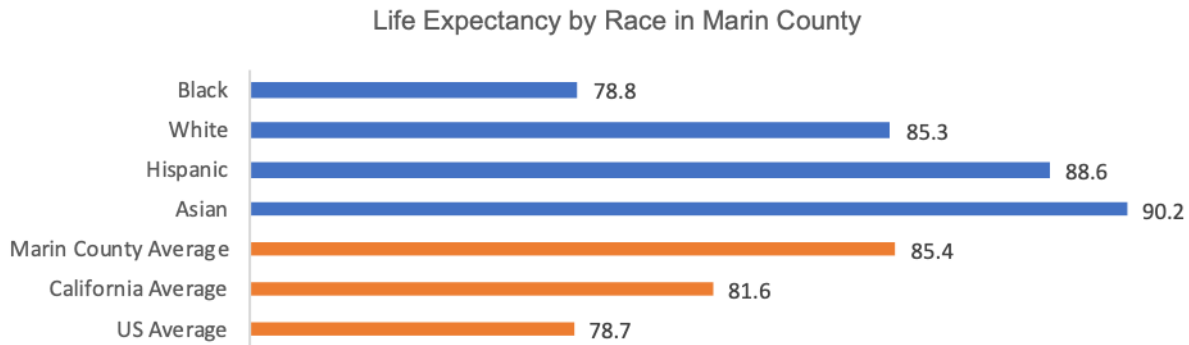
Many older adults experience income insecurity for the first time when they are older. According to the study from Harvard’s Joint Center for Housing Studies, *Housing America’s Older Adults 2019*, “ensuring that middle- and lower-income households [in the 65 and older age cohort] have the means to live affordably and safely in their current homes or move to other suitable housing will be a growing challenge.”⁴ A combination of recent income gains predominantly going to the highest earners, retirement savings lost in the 2008 financial crisis, and lower homeownership rates, the boomer generation is entering into their retirement years with greater financial instability than generations before them. The COVID-19 crisis and related economic stresses may again threaten the retirement savings

for many boomers. According to the Pew Research Center, nearly 50% of adult households in the San Francisco Bay Area fall into the middle-income category.⁵

While personal savings and assets data at the local level is not available, the 25%⁶ of older adults and estimated 33%⁷ of households with persons with disabilities that are renters are at heightened risk of housing instability, particularly as they attempt to age in place in Marin. Income disparities are extremely pronounced when comparing the financial status of people with disabilities and those without. According to the National Council on Disability, people with disabilities experience poverty at nearly twice the rate of people living without a disability, and only 32% of working age people with disabilities are employed.⁸ It is also evident that there is minimal economic and sociological research on the disability communities at the local, regional, or even state level.

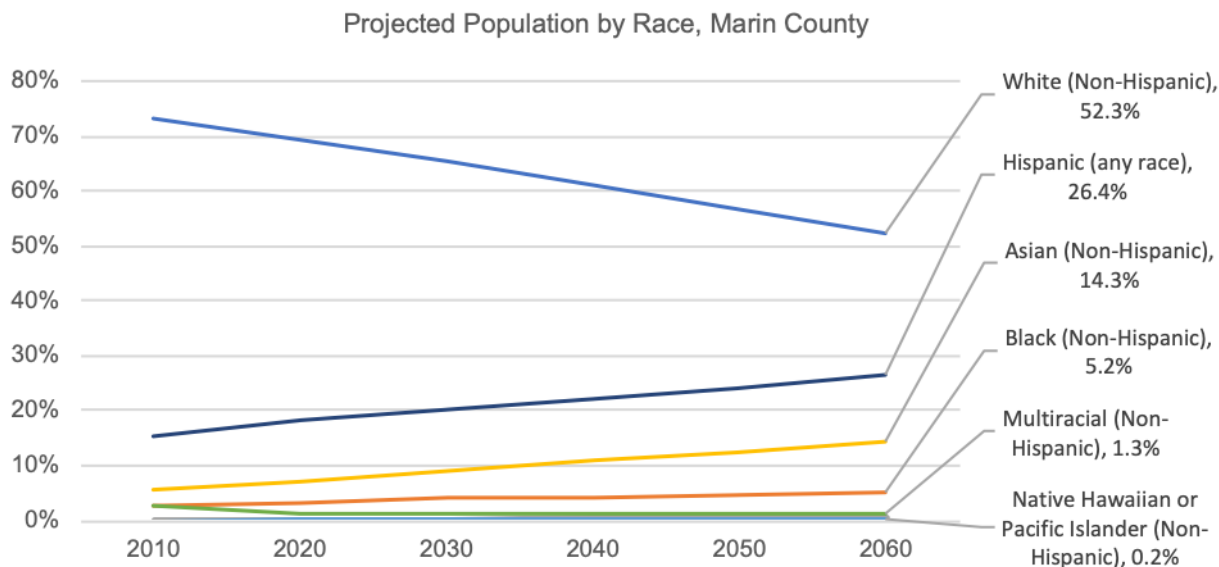
Racial Disparities

Marin County ranks as one of the healthiest counties in the country, with one of the highest average life expectancy rates (85.4 years). Life expectancy among racially defined groups in Marin varies by several years, with the greatest deviation from the mean being the life expectancy of black residents (6.6 years lower than the Marin average):



Source: <https://www.countyhealthrankings.org/app/california/2020/measure/outcomes/147/data>

Population projections indicate a decreasing share of the population will be White (non-Hispanic) in the coming decades, as the share of Hispanic, Asian, Black, and Native Hawaiian or Pacific Islander residents is expected to increase (see chart below):



Source: *Healthy Marin Disparities Dashboard*.

<http://www.healthymarin.org/indicators/index/dashboard?alias=disparities>

The County of Marin’s Strategic Plan to Achieve Health and Wellness Equity (2018) takes a direct approach to racial and ethnic inequities in the County, recognizing that Marin is “the most inequitable county in the state.”⁹ The County’s plan attempts to modify its own workplace culture, direct services, and community orientation to become more equitable. It is not a broad community call to action to address inequities, nor does it emphasize inequities relating to or pronounced by aging or disability, demonstrating an opportunity for broader efforts to advocate for aging and disability equity in the community.

The County’s *Age Forward* plan, with a predominantly internal focus on the County’s services and activities, does connect many of its findings and action items to equity issues. However, at the moment, there does not seem to be a broad community action plan to address aging or disability-related inequities among multiple public and private stakeholders at the county or regional level.

Insights from Key Informants on Intersecting Social Challenges

Key informants focused on equity-related challenges in the community by considering the intersectionality of social factors with aging and disability, including the ways in which health status and household income vary when comparing the experiences of different racial and ethnic populations in Marin.

- **Societal and self-stigma around aging and disability** is fueled by negative attitudes in how people think, feel and act toward aging, older adults disabilities, and people living with a disability.
- **Many services and spaces in the community are not designed to be inclusive** of people of all ages and abilities.

- **Lack of local research on middle income older adults** who may only experience poverty for the first time once they reach old age, and who fall into services and benefits eligibility gaps.
- **Lack of public awareness** of the experiences of older adults and people with disabilities, particularly those who are non-white, financially insecure, or have poor health status.

Considerations for MADi

While MADi may not be suited or equipped to structurally change the systems that have produced and sustained societal inequities, it could focus on areas that would intentionally encourage greater equity and inclusion at the local level, such as:

- **Create diversity, equity, and inclusion principles** that undergird any MADi program, partnership or policy.
- **Target services and programs** for specific income groups that might fall between eligibility gaps in the system, such as middle-income older adults.
- **Encourage programs/practices** that help minority middle-aged adult residents best prepare for caregiving and older age in the community.
- **Communicate the economic realities** that people with disabilities experience in Marin County, through new community needs assessments, policy briefs, public announcements and press releases.
- **Offer office rent incentives** to potential tenants that focus on issues and populations in the community experiencing the greatest income and health disparities.
- **Involve services and advocacy organizations** that serve minority residents and minority workers into the working model, philosophy, and some area of MADi's governance structure.

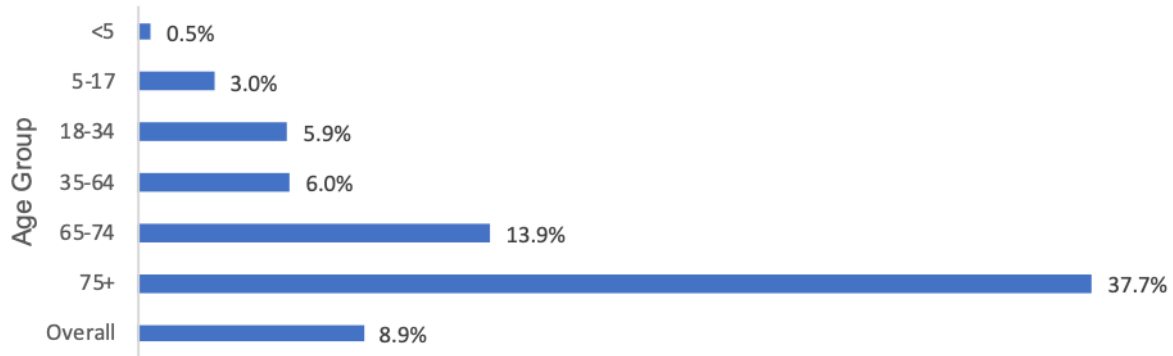
CHANGES IN POPULATION HEALTH

Marin has the highest rate of older adults among Bay Area counties, and the share of the population that are older is expected to increase for decades to come. The most critical population growth will be among those who are the oldest, placing growing demands on social and health care services systems and infrastructure. With more people living longer, there will be higher rates of disabilities, multiple chronic conditions, falls, and hospital and long-term care stays.

Physical & Cognitive Disabilities

A greater number and share of Marin's population will be living with physical and cognitive disabilities. While disability rates in Marin County are lower than California and US averages,¹⁰ the chart below shows the disability rate by age cohorts in the county, demonstrating how the rate of disability increases with age.¹¹

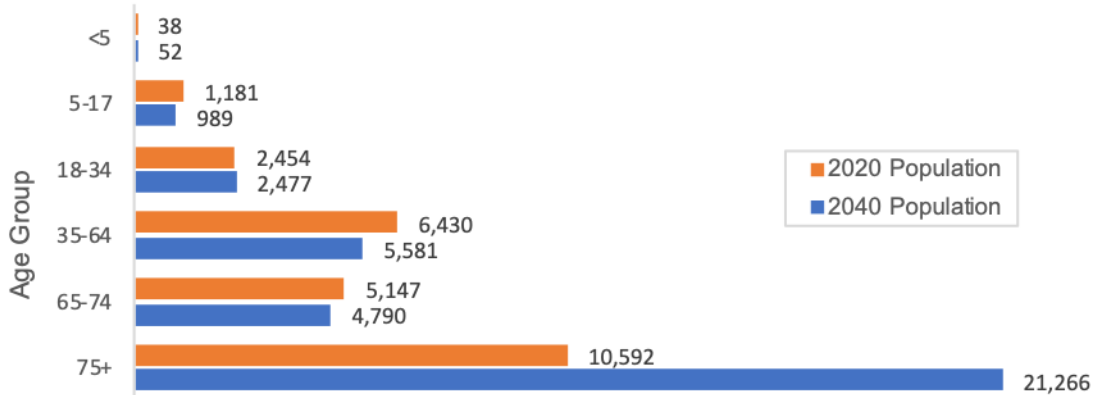
Percent of Persons with a Disability by Age Group, 2018



Source: Healthy Marin Community Dashboard.

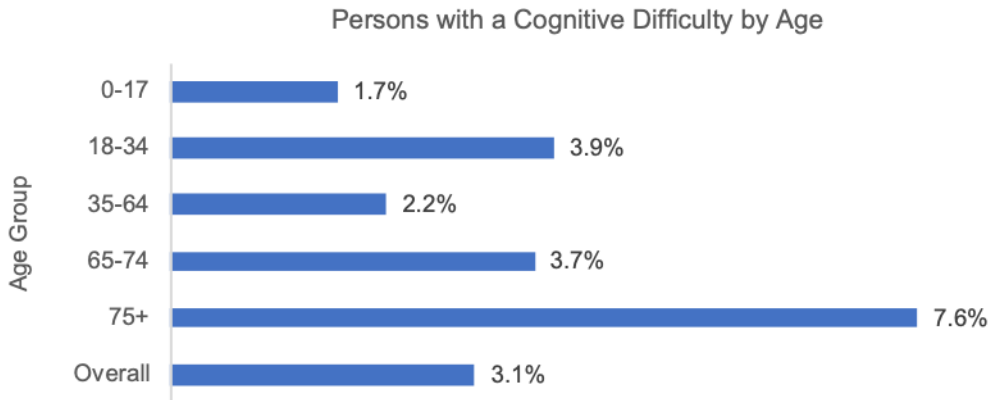
When we apply these disability rates to the number of people in each age group in Marin today against the number expected to be living in Marin by 2040, the number of older adults with disabilities doubles (see chart below). **This may be one of the fundamental cases for MADI’s long-term existence.**

Estimated and Projected Number of Persons with a Disability by Age Group, 2020 vs 2040



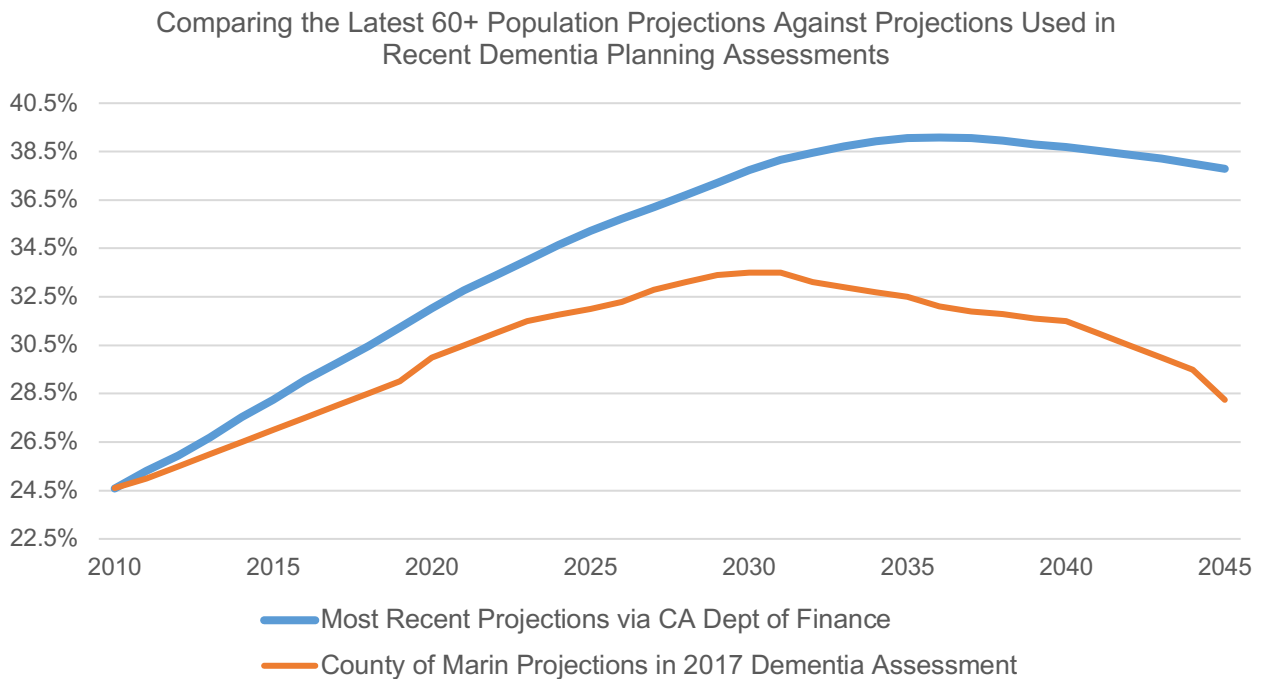
Sources: Healthy Marin Community Dashboard and California Department of Finance.

People with a cognitive difficulty experience serious challenges concentrating, remembering, or making decisions due to a physical, mental, or emotional condition. The rate of reported cognitive difficulty among older adults in Marin County, at 7.6%, is lower than the California and US average averages, and is more than double the rate of any other age group in Marin.

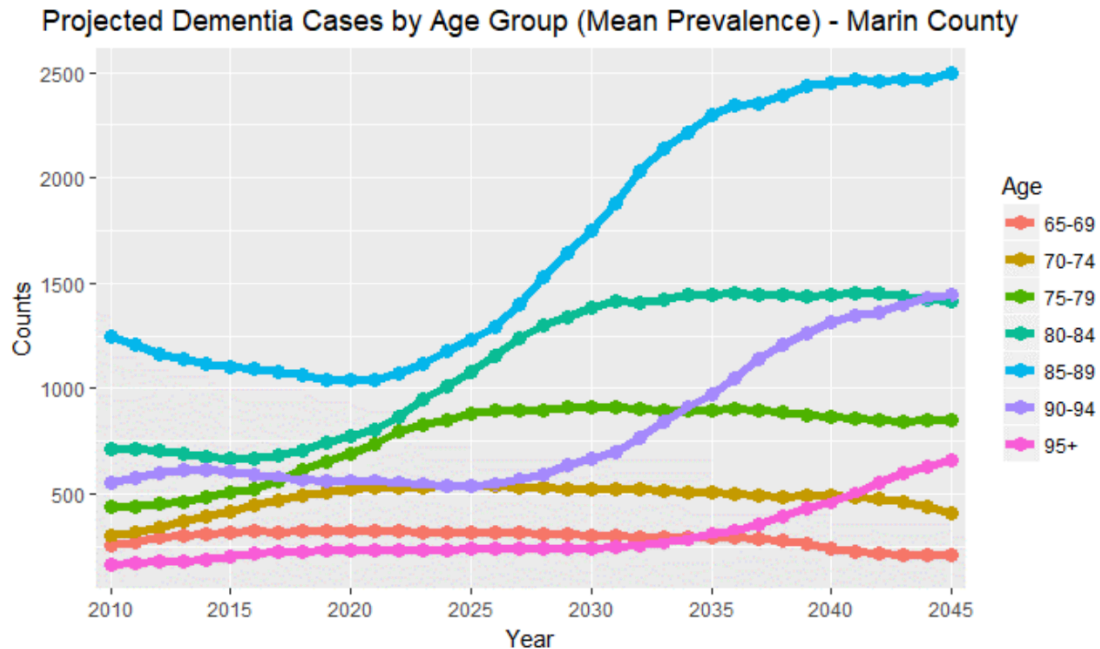


Source: <https://www.countyhealthrankings.org/app/california/2020/measure/outcomes/147/data>

The County of Marin published its *Marin County Dementia Assessment* in 2017, detailing the current and projected burden of Alzheimer’s disease and other associated dementias in Marin County through 2045.¹² Citing multiple published studies, the report states that “the primary risk factor for the development of dementias is age.” Using estimates and projections data from the California Department of Finance from 2013, the report states that the 60+ population will peak at 33.4% in 2031 before receding below 30% by 2045. More recent projections data from the Department of Finance, obtained in late 2019, reveal a different outlook for the county. A population peak of 39% is now expected in 2035 and is not expected to recede below 36% until at least 2060:



Population projections will never be perfect, but what the above tells us is that the population projections that have been informing planning efforts have been conservative, and as new projections emerge, Marin is witnessing a greater number and rate of older adult growth than previously anticipated. The graph below represents the projected dementia cases by age group for Marin County, based on the older 2013 Department of Finance data. Even with this conservative projection, we bear witness to the expected dramatic increase of dementia in the county over the next 15 years.

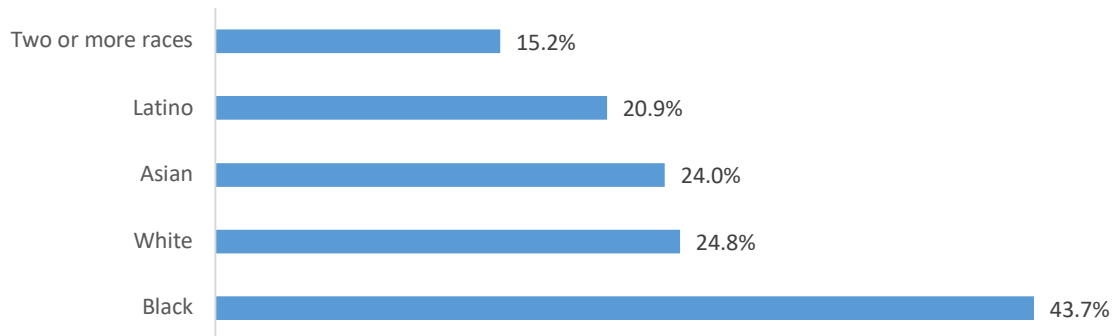


Source: Marin County Dementia Assessment (2017)

Chronic Conditions

Marin County ranks as one of the healthiest counties in the country in terms of physical health. And while this accolade is notable, it is fueled by Marin’s high numbers of white, higher-income residents. When looking at the prevalence of chronic health conditions based on race and ethnicity identifiers, differences between Marin’s residents becomes more visible. The four most prevalent chronic conditions among adults in Marin County are high blood pressure, asthma, heart disease, and diabetes. The different prevalence rates of these conditions among Marin’s racial and ethnic groups demonstrates Marin’s challenges to address health disparities:

Adults ever Diagnosed with Hypertension, by Race (2011-2017)



Adults ever Diagnosed with Hypertension, by Race (2011-2017)



Source: California Health Interview Survey, via <https://insight.livestories.com/s/v2/chronic-disease-dashboard-marin-county/545a68f2-34bd-4ba6-a0f5-c2b3433a67fb/>

Prevalence of chronic conditions increases and multiplies with age. Given this trend, in combination with the increase in older and non-white residents in Marin, it is expected that there will be higher overall prevalence of chronic conditions and multiple chronic conditions in Marin County.

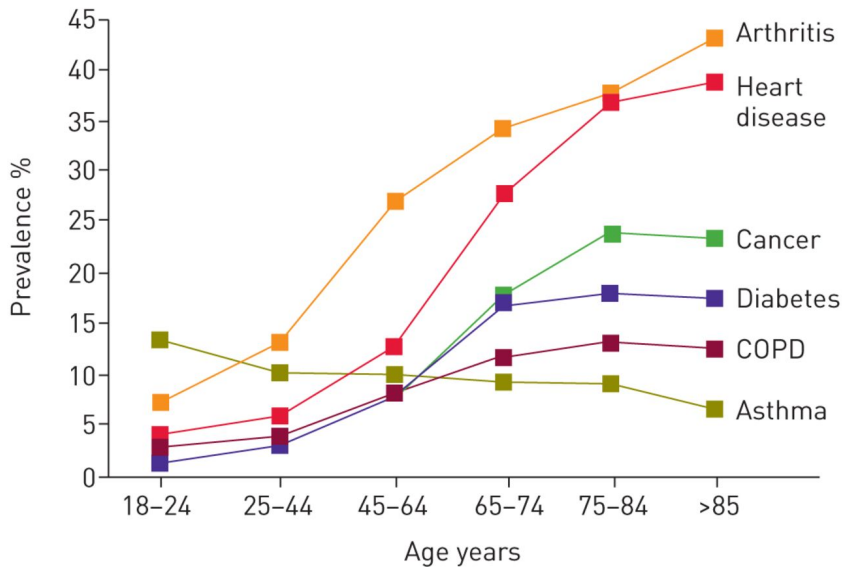


Image from Harris RE, ed. *Epidemiology of Chronic Disease Global Perspectives*. Massachusetts, Jones and Bartlett Learning, 2013.

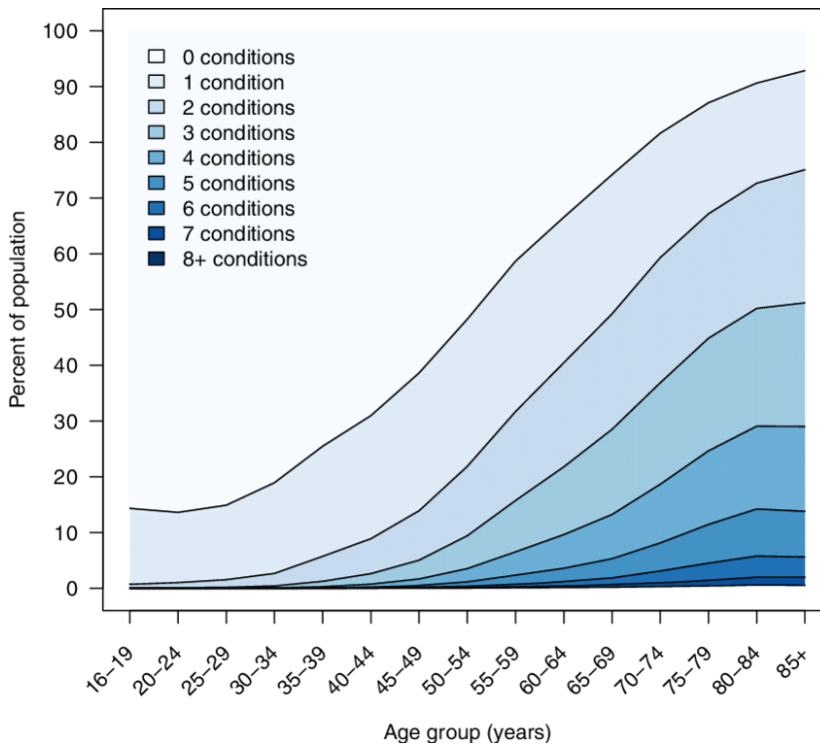


Image from Schiøtz, M.L., Stockmarr, A., Høst, D. et al. *Social disparities in the prevalence of multimorbidity – A register-based population study*. Via <https://doi.org/10.1186/s12889-017-4314-8>

Falls

Falls are the leading cause of injury-related deaths for older adults in the US, and the rate of falls-related deaths is increasing.¹³ According to the *Marin County Older Adult Needs Assessment (2019)*, one-third of survey respondents reported falling in the prior year. Seven percent of the respondents called 911 as a result of their fall while 20 percent reported going to the emergency room. Multi-stakeholder falls prevention initiatives, led by public and private services and advocacy organizations, have become common at the community and state level across the US, and resemble collective impact as well as centers of excellence organizing models.

Insights from Key Informants on Changes in Population Health

Key informants echoed many of the challenges experienced in the community, with a focus on systems challenges more so than population health challenges:

- **Siloed aging and disability nonprofits** lack coordination to invest in understanding and developing systemic solutions for population health challenges.
- **Public policy change opportunities may be held back** due to societal and self-stigma of aging and disability, as well as certain images of aging in Marin that do not represent all residents.
- **Lack of general public awareness of social and health needs and experiences** of older adults and people living with disabilities, with aging and disability not receiving the attention from elected officials and public and private funders that the data suggests is needed.
- **Lack of integration between health and social care** may be limiting the potential for the community to better address growing population health challenges among older adults and people with disabilities.

Considerations for MADI

Marin's well-known positive health status will be challenged in coming years if current health disparities persist. MADI has the opportunity to strengthen public, political, and institutional awareness of the current and future population health challenges, which could result in greater public and private investments in services, programs, and infrastructure to support the population health needs of residents – today and tomorrow.

- **Lead initiatives that promote healthy behavior and lifestyle for all ages and abilities**, with priority focus on residents at greatest risk (lower income, minority, living alone, living with multiple chronic conditions, with disabilities).
- **Ensure aging and disability representation** within data-driven population health awareness and planning dialogues that may be driven by local and regional health care organizations, public agencies, nonprofits, initiatives, and coalitions.
- **Lead community planning efforts on issues that intersect aging and disability** such as lifelong disabled residents aging in place, older adults experiencing first-time disabilities, support for friend and family caregivers, and universal design.
- **Advocate for falls prevention** through enhancing existing efforts to prevent falls, help scale balance training classes, support policy changes that encourage safer spaces and buildings.

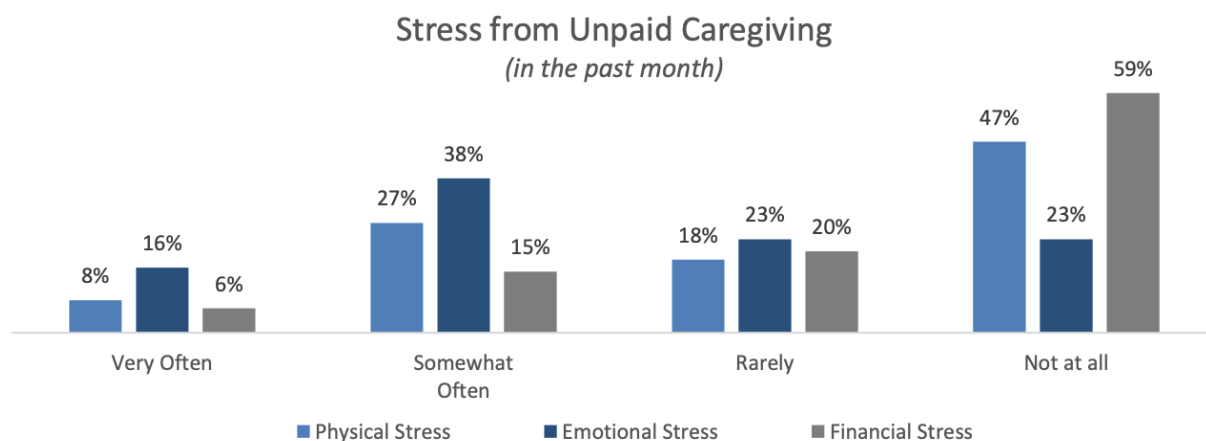
SOCIAL SERVICES & SOCIAL SECTOR CAPACITIES

The demographic trends and indicators above demonstrate the increases in demand for services that will persist for several decades in Marin. This demand will be felt by a growing share of residents, public agencies, and organizations of every size in the community. And while Marin’s overall average numbers demonstrating need for supportive services may not be alarming, it is important to keep in mind that among low income and minority residents, the figures demonstrating need are more dramatic. Marin County’s *Age Forward* plan articulates many of these areas and reinforces the need for service agencies and advocacy efforts to recognize and work together to bridge equity gaps and reduce barriers for residents facing the greatest inequities.

Caregiving

It is no surprise that the rise in older adults will present increased demands for care and support from friends, family members, and service professionals. It is often said that informal caregivers are the unsung heroes of healthcare in the US, and without them our systems would collapse.¹⁴ Generational changes in family size and location are reducing the number of available family caregivers for older adults. In 2010, there were 7.1 potential family caregivers for every person 80 years or older in the US, and by 2030, this number will be reduced by nearly half.¹⁵ Many families and solo older adults will therefore have greater need for professional care, driving an anticipated 50% increase in demand for professional care services between 2015 and 2030.¹⁶

For friends and family members providing care to older adults and people with disabilities, the responsibilities of caring for someone often fuels physical, emotional, and financial stress for the caregiver. In Marin County, over one-fifth experience financial stress at least somewhat often, one-third experience physical stress at least somewhat often, and over one-half experience emotional stress at least somewhat often:



Source: County of Marin Area Agency on Aging Area Plan, 2020-2024.

Social Isolation

Social isolation is a growing concern, particularly for individuals aging alone. Over one third of Marin’s older adults report that they live alone.¹⁷ Social isolation directly and indirectly affects the health and wellbeing of those who are isolated as well as their communities, contributing to challenges involving

disaster planning, medical care coordination, early death, and fraud prevention. About two-thirds of Marin's older adults report eating alone at least some of the time, and women are three times as likely to eat alone all the time versus men (21% vs 7%).¹⁸ Over 30% of low-income older adults reporting always eating alone. Among residents 75 years and older, the rates are even higher.¹⁹

Food & Nutrition

Ten percent of older adults in Marin are food insecure,²⁰ and according to the Marin HEAL initiative, 26% of older adults are at risk of food insecurity, with a disproportionate share of at-risk older adults being African American or Latino (50%).²¹ For low-income adults, paying for food often competes with other basic needs costs, such as housing, medical services and prescriptions, transportation, and utilities.

Transportation & Mobility

In the most recent survey of older adults, 93% of older adults report that they still drive, with six percent reporting that transportation is a concern. However, similar to practically every other survey question, lower income individuals' experiences are quite different: twenty percent of lower income adults in Marin report that they do not drive.²²

Housing

Affordable and accessible housing for older adults, people with disabilities, and the local workforce is an enormous challenge in Marin. Renters, who make up about 25% of Marin's older adults, face challenges relating to long term tenancy, affordability, and the ability to modify spaces to suit their evolving functional needs.²³ Owners also face challenges, such as property taxes, ongoing home maintenance, and accessibility particularly in homes that are older. There is critical lack of supply of affordable and accessible independent housing in Marin County that suits the economic and accessibility needs of older adults as well as people with disabilities.

The Commission on Aging's Older Adult Housing in Marin Report (2018) concluded that there will be a dramatic increase in need for older adults living in homes to retrofit their spaces to accommodate their functional needs. The report also highlighted the opportunities to promote accessory dwelling units, advocate for an increase in supply of Memory Care beds and encourage more affordable housing options specifically for older residents.²⁴

Locating Services

Through assessment surveys, Marin residents have expressed how they locate services and the degree to which they are aware of available health and supportive services navigation support. According to the *Age Forward* plan (2020), older residents rely most on healthcare professionals and their social networks to identify services and resources, and only 42% of surveyed residents are aware of available health and supportive services locating services.

There is limited data available to demonstrate consumer or professional demand for stronger coordination among community services organizations; there is also limited community data available demonstrating social service navigation needs or experiences among adults with disabilities.

The Social Sector in Marin

The findings of the *Marin County Nonprofit Landscape Study* from 2013, the most recent comprehensive study on Marin's nonprofit sector, reinforce many of the comments and observations from MADl stakeholder interviewees. According to the study based on data from the IRS, Marin has a higher share of nonprofits than the national average, a higher share of smaller sized (annual budgets under \$100,000) nonprofits, and higher proportions of education, youth and families, environmental, arts and culture, and humanities nonprofits while having lower proportions of health and human services nonprofits. Marin has more nonprofits per capita than any other Bay Area county, as well as the state average. One interviewee from the study emphasized how there seems to be a greater focus on filling gaps with new nonprofits instead of enhancing or adapting current nonprofits: "Instead of pushing existing organizations to do better, you get more organizations."

Marin's nonprofits are also predominantly located in southern and central parts of the county (over 75%) with only 7% located in West Marin and 15% in North Marin. Safety net organizations in Marin report higher levels of service demand than non-safety net organizations. There is a high rate of reported collaboration among Marin nonprofits, with 89% reporting that they collaborate to provide complimentary services, 85% to improve service delivery, and 79% to improve efficiency. More than a quarter of Marin's nonprofits lack financial reserves, and the top three non-financial challenges Marin's nonprofits experience are marketing & communications (50%), workforce (42%), and board or governance (36%).²⁵

The Aging Action Initiative conducted a survey of community-based organizations serving older adults during the COVID-19 crisis, to assess their experiences and concerns. The findings point to areas specifically within the aging services network during a public health emergency.²⁶ Only 44% of respondents had completed a continuity of operations plan amidst the crisis, and the top operations and employee concerns among surveyed CBOs were risk of COVID exposure to staff, financial well-being of organization, providing services with decreased staff and volunteers, and their ability to meet health safety needs. The top respondents' concerns about their clients involved social isolation, access to food and basic supplies, and access to healthcare.

Insights from Key Informants on Social Services & Social Sector Capacities

Key informants echoed many the services and systems challenges that recent community needs assessments and strategic plans highlight. Areas lacking research or focus in existing assessments and plans that key informants articulated as challenge areas were:

- **Lack of planning and services coordination and collaboration** among Marin nonprofits, driven in part by the over-abundance of small nonprofits, competition for funds, and confusion for consumers.
- **Increasing rates of older adults living alone and/or experiencing social isolation** and a need to work together to connect isolated residents to social activities and community services.
- Need for shared client referral management, screening, intake, and care coordination among local social and health care services providers.
- **Need for closing gaps and reducing barriers** to services by greater integration of services, including mental and behavioral health, transportation, and social engagement opportunities.

- **Care workforce shortages** due to low wages, high costs of living, limited workplace support, and state policies that limit pay rates.

Considerations for MADI

MADI could influence the services and service systems catering to older adults and people with disabilities in the community, including:

- **Strengthen and consolidate local aging and disability programs and organizations** instead of working to create more nonprofits in the community.
- **Develop Marin's in-home services workforce** through training programs, incubating and accelerating new in-home services business models, or providing affordable housing opportunities on the MADI campus for service workers.
- **Expansion of caregiver programs**, which could include an expansion of adult day services, overnight services, or caregiver training and support opportunities.
- **Expansion of social connection programs** in partnership with other local organizations to connect socially isolated older and disabled residents to friendly visitors, special events, and services.
- **Build housing units on the MADI campus** to combat the limited supply of affordable and accessible short- and long-term housing options for older adults and people with disabilities.
- **Encourage three-gen programs** that promote greater inclusion of local nonprofits' services and programs across broader age groups.
- **Conduct ongoing market research for the local aging and disability network** to better understand, connect, leverage, and strengthen the community of organizations, professionals, and advocates that serve older adults and people with disabilities.

FINAL THOUGHTS

With the multitude of reports, plans, initiatives, and efforts existing in Marin County, it will be important for MADI to clearly define the areas it intends to address and connect to or set apart from established efforts. Any focus area will involve existing organizations and groups in the community, and MADI will need to be tactical in including, engaging, and coordinating with these entities.

Based on our interviews and research, as well as MADI's current and potential future orientations to the community, we identify the following impact opportunity areas for MADI, which will be further developed in our scenario planning under Phase II:

- **Elevate public awareness** of the needs and experiences of older adults and persons with disabilities in Marin.
- **Coordinate political advocacy efforts** among local groups and organizations for local, state, and federal policies that improve the lives of older adults, people with disabilities, and the people who serve and care for them.
- **Bridge the aging and disability services and advocacy communities** in and around Marin (and possibly beyond) by focusing on intersectional and shared interest areas.

- **Incorporate equity** (racial, income, health, aging) into the mission, vision, plans and policies of MADI.
- **Strengthen the aging and disability social sector** by enhancing existing aging and disability organizations, encouraging multi-agency collaborations on new and existing programs, and exploring ways to aid in consolidating programs and organizations in the Marin market.
- **Encourage new partnerships and collaborations** among nonprofits outside of the aging and disability network in the community; explore “three-generation” approaches to programs historically targeting children and parents.
- **Maximize MADI’s physical campus** to add supply of affordable and accessible office and housing units to the market, while creating funding and revenue expansion opportunities for the MADI organization.

NEXT STEPS

Phase II of this project will involve adding depth to and more directly connecting the community challenges with potential solutions that MADI could offer and potential business models and community orientations MADI could take. Phase II will be guided by the following questions:

- What **future scenarios** should MADI consider as its strategic thinking and planning process?
- What **stakeholders** in Marin County, the Bay Area, California, and other parts of the US could align with and gain value from the preliminary and potential purpose of MADI?

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