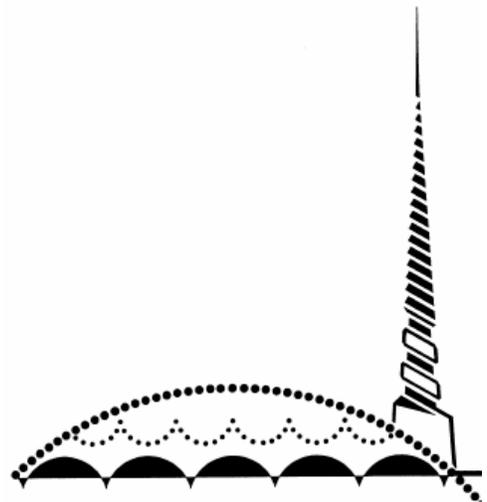
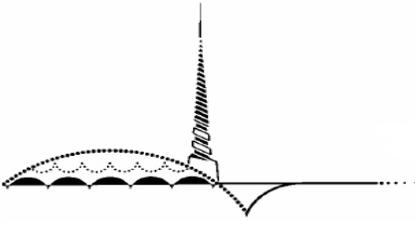

2006-2007 MARIN COUNTY GRAND JURY

AGING IN MARIN – AN ESSAY IN UNEASINESS

Date of Report: May 2, 2007





Marin County Grand Jury

AGING IN MARIN – AN ESSAY IN UNEASINESS

SUMMARY

The population of Marin County is rich in seniors. Currently 14% of its residents are 65 and older, compared to 10% for the entire state. The gap will widen. By 2030 the state's seniors will have grown to 17%, but in Marin 32%, almost one out of three, will have attained the age of 65 and more. The county is not prepared, nor does it appear to be preparing, for this "Silver Tsunami" that is about to engulf us.

Executives of non-profit organizations that serve seniors speak almost in despair of the county's "state-of-denial." Their simple wish is that the challenges facing the aging of Marin will at least reach "the level of conversation." A highly placed county executive hungers for "a compelling plan on where we are going and how we get there."

It would be comparatively easy to plan for a future where the elders of tomorrow will be very much like those of today. That will not be. Seniors today are far more active, vigorous and mentally alert than the seniors of only a few decades ago. Those of a few decades hence will contain the bulk of the Baby Boomers—the want more, want it now, and want the best, generation. And they will live a long, long time. Since 1840 humankind's life span has consistently increased by two and a half months for every passing year, a veritable drum beat through the decades. If this pace continues – and there is no sign that it will stop – a girl born 60 years from now will have a projected life span in the mid 90's with many attaining the century mark. Even in our time 100-year-olds will be common.

This essay is an attempt to wake up those who govern the county, so that the state-of-denial fades away and reality makes its long overdue appearance. But that wake up call is also for you, the reader; for the Grand Jury knows it is fighting a tough battle on many fronts. It is easy, so easy, to deny the inevitability of aging as you hike Mt. Tam on a brilliant, sunny Sunday morning, surrounded by the beauty of Marin.

Even the Grand Jury is not bold enough to include transportation and affordable housing in this omnibus report. That is for another time. Our plate is full. Here is what we do tackle in our Aging 101 Survey Course:

- The difficulty in accessing the system for help or advice.

- Isolation and loneliness.
- Adequate and affordable health care.
- Elder abuse, financial, physical and self-abuse.
- Alcohol and substance abuse.
- The roadblocks to good home care.
- Social support.
- Community engagement.

It was apparent very early on in our efforts that we would have no eureka! moments in our work. In more than 50 interviews we found no one else with such a moment either. Nor did we discover a single strong voice, a leader who speaks for the seniors of Marin. And who has a plan, a real plan. What this county needs is a good Senior Services Czar.

This report contains 21 findings of fact and 12 recommendations. All are important, but some are more important than others. Here are two as they appear in the report:

The Grand Jury recommends that the Board of Supervisors create a Task Force on Aging. Its only charge should be to develop an all encompassing plan which anticipates and offers solutions to the aging challenges ahead. The plan should be ready by June 30, 2008.

The Grand Jury recommends that the Marin County Department of Health & Human Services, the Marin Community Foundation and the Buck Institute for Age Research forge a formal partnership to become an essential element of the newly formed Task Force on Aging. It should continue (as the Big Three of Aging, perhaps) after the Task Force completes its work. The Big Three should fill a vital role as the movers, shakers and guardians of wholesome aging in Marin.

If, as you read this essay, you begin to feel a little uncomfortable, a little uneasy, about your maturing years in Marin, the Grand Jury will have done a part of its job. And, if you let your friends and neighbors and county and local governments know your concerns, the Grand Jury will have completed its self-assigned task. At the very least this Grand Jury will have raised its concerns to a “level of conversation” for everyone in this Marvelous Marin of ours.

BACKGROUND

Marin County is a wonderful place to live. It's physically beautiful, neighbor to one of the great cities of the world and full of vibrant men and women and their families,

intelligent, educated, successful professionals, many at the peak of their careers, who care about the world around them and the people in it.

But Marin is growing old, and faster than most counties. Fourteen percent of its residents are over 65 compared to 10% for the rest of California. We are among the leaders of the pack in aging and the gap will widen as the years pass. The Lewin Group, a national healthcare consulting firm, estimates in a 2006 report that our 65 and over folks will account for a remarkable 32% of Marin's population by 2030, compared to 17% for the rest of California (Exhibit A). Put another way, almost one of every three Marin residents will be a senior. But, unlike seniors of previous generations, most will not be "elderly" in thought or in action. They will be vigorous and assertive, the Baby Boomers in the autumn of their lives. How will the county address this coming surge, this so called "Silver Tsunami?"

Ask yourself how do we acknowledge and care for Marin's older residents now, today; the well-to-do, the sort of well-to-do, and the outright poor? Are we really doing a good job in helping our elders to "live long, live well" – as the title of the county's strategic plan for our aging population declares? Or are the vibrant men and women of today's Marin to be short- changed in their post Baby Boomer, AARP years? Will they be induced or even forced to leave this high cost-of-living place, in spite of its charms, and, by moving, make Marin a very different place?

With the hope of bringing a little bit of clarity to the scene, the Grand Jury decided to examine the now and future of aging in Marin.

METHODOLOGY

During the course of this six-month investigation more than 50 men and women were interviewed, some multiple times. Members of the Grand Jury met with county officials and department and division heads, members of the District Attorney's Office, executives of not-for-profit charities, health and human services officials of other counties, hospital and HMO executives, board members of various charitable foundations and organizations, members of the Buck Institute for Age Research, directors of senior centers and retirement facilities, corporate community relations directors, and heads of healthcare services to the needy. There were others who defy classification but all were most gracious and generous in the giving of their time, knowledge and opinions. They did not, all of them, speak with one voice, and that made for a challenging task for this Grand Jury in writing a balanced report.

The Grand Jury did a lot of reading, a lot of sifting through documents, some esoteric (Science, a scientific journal), some not (the newsletter of the San Rafael Goldenaires), and at least three baker's dozens in between.

The web was an important contributor. Using only valid and reliable sources, we examined the Senior Centers of Phoenix, Arizona without leaving home, wended our way through the ins and outs of the Social Security System, visited other government

agencies, non-profits and charities, and mined data on life expectancy and other such information. Google was our friend.

Grand Jury members also attended a variety of forums, board meetings and other events pertinent to our efforts in producing this report, e.g. the annual Senior Fair.

Some of what the Grand Jury heard was anecdotal, stories with no specific documentation, but with the ring of truth. When it could, the Grand Jury verified. When it could not, it made a judgment to give weight or not give weight to what it heard.

Lastly, not all of what we learned is recorded here. To those whose contributions do not appear in this report, please know your thoughts and collective wisdom are substantial contributors to the foundation upon which this edifice rests.

DISCUSSION

To examine aging in Marin is to take on a complex and therefore difficult task. It became quickly apparent to this Grand Jury that it would have no eureka! moment in the course of this investigation, no set of grand recommendations to show the way to a utopia for senior citizens. The reader will experience no epiphanies here, only blinding flashes of the obvious, or BFO's in this age of acronyms.

More than one of our interviewees spoke of the county being in a "state-of-denial," not willing to face a future in which almost one in three Marin residents will be 65 and older, while the rest of the state has substantially less than one in five in that bracket.

In fact, there appears to be a political unwillingness to confront the need for funding and to face the problems of this approaching "age of the elders." Because there is no crisis, no sense of immediacy, the long-range stuff just doesn't get done. Once again, the short-term urgent (and frequently trivial) wins out over the long-term important.

No better example exists of the "invisible elderly" and the accompanying "state-of-denial" than the County of Marin Report to the Community 2005. In all of its handsome, beautifully produced, photo-filled and colorful 24 pages, the word "elderly" appears only once, "senior" never. There is no recognition of those who will soon become a dominant segment of this community, the senior citizens whose needs will have to be met by the county, big time.

A former county executive summed it up: "Seniors should be treated as well as we treat kids. Our interests and concerns should be equal." That thought seems like a very good benchmark, a goal to work toward.

But benchmarks without leaders remain just that, inert benchmarks. As the veteran advocates for Marin seniors have left the scene, no vigorous spokesperson has arisen to represent Marin seniors and their needs.

What follows, then, is the Grand Jury's attempt, as another of our respondents put it, to raise the challenges of growing old in Marin "to the level of conversation." That means no probing in-depth report on a narrow front. This is Aging 101, an assault on the "state-of-denial," a survey course in growing old and being old in Marin, now and in the years to come.

The March of the Baby Boomers And the Squaring of the Pyramid

Time was when the actuaries could describe the population of the United States with a picture of a pyramid. At the bottom layer were all those folks just born. As life took its toll, a narrowing took place. People died. The layers narrowed again and again. Finally at the very tip top of the pyramid were those lucky few that had made it to old age, the apex. With so few to care for, there wasn't much need for a lot of senior amenities.

Then came the Baby Boomers and with the help of modern medicine, longer life. Exhibit B tells the story. The boomers are about to nearly square the actuarial pyramid. Adjustments must be made to meet their needs. The senior services of today must expand radically to keep pace with this fabled generation. They will expect a much better, fuller retirement than their parents before them.

But there is already a shortage of geriatricians, doctors who specialize in the care of the aged. Talk about things coming full circle: when the boomers arrived in this world, another shortage was also born. There were not enough trained pediatricians to take care of them all.

What is old, anyway?

On January 31, 1940, Ida May Fuller of Ludlow, Vermont became the first recipient of a monthly Social Security check. The amount was \$22.54. When she was born in 1885 her life expectancy was about 46 years. A child born the day Ms. Fuller received that first Social Security check in 1940 could look forward to a life of 63.6 years. A child born today, as you read this, can expect to live for more than 78 years. And that assumes there will be no medical advances to add more years to that already impressive number.

You have only to read the obituary pages of the New York Times to drive the point home. For example, the December 12, 2006 edition carried the story of the death of the world's oldest person at 116. But the significant news that day was in the ages of those others who had passed away: a Cuban intellectual at 93; an inventor at 88; a pop singer at 87; and the youngest, a famed oboist at 85. This was no fluke. There are many days with obituaries of those of much the same ages and older. Ms. Fuller, by the way, really beat the odds. She lived to be 100, an achievement that soon will be unremarkable.

To come back to Marin, let's look at the Margaret Todd Senior Center in Novato. Four years ago 23 of its members were aged 90 or more. Today that number is 51.

Exhibit C illustrates the steady increase in life span since 1840. For every year since then, life expectancy has increased by about 2.5 months. There is no sign of leveling off, much to the surprise of the scientists who produced the study. If this trend continues, says Science, a journal for professional scientists, in six decades life expectancy for many will reach 100. Centenarians will be commonplace within the lifetimes of many of us alive today. Marin will have more than its share.

Plainly, planning for the older population of the future is not planning for the elders of today, neither in size nor in diversity of services. Some businesses already recognize that fact. For instance, ski resorts at Tahoe offer special chair lift rates for seniors. Seventy-year-olds get a healthy discount, and at one resort, if you're 75, the ride's on them, a very nice example of recognition of the youthful spirit that lives in today's "old" age, and most certainly tomorrow's.

That brings us to the health and vigor of today's Marin seniors. No surprises here. We fare better than the rest of the state, much better. A 2004 study commissioned by the Marin Community Foundation (MCF) tells us that "more than 60% of older persons reported that they are 'very satisfied' with their lives." More than 50% said their health was very good to excellent. More than 20% are still working. And 60% were involved in social or religious activities. Eighty percent exercised regularly. A hardy bunch, this.

Now for a bit of irony

The robust lifestyles of the county, its wealth, its engagement in issues of all sorts, its obviously healthy folks of all ages, its good life, its conspicuous consumption, its sometimes excessive *joie de vivre*, are the very elements that mask and deny the present and coming problems that surround aging in Marin.

It is hard to imagine, given all of the above, that Marin has a significant segment of its senior population that contains the frail, the truly poor, the alcoholic, the elderly homeless, the isolated and lonely, and those who are easy prey to financial and physical abuse. It is easy to embrace the present status quo, to the exclusion of all else, in this most desirable of places. It is easy to deny the inevitability of aging as you hike Mt. Tam on a brilliant, sunny Sunday morning, surrounded by the beauty of Marin.

What? Me worry? Well, perhaps you'd better.

This report will have succeeded if it adequately defines and spotlights the challenges facing the county and its municipalities as they try to serve the rapidly growing population of older women and men in Marin. It will follow the trends of reality in an attempt to make you, the reader, worry—to become uneasy—about your chances of comfortably growing old on the golden side of the Golden Gate.

At the same time the Grand Jury hopes this report will, with your help, force a greater emphasis by the county and its municipalities on anticipating the problems of a graying, aging Marin. And then acting to solve them.

In what follows we will examine some of the major issues of growing old here. They are: (1) difficulty in accessing the network of fragmented senior services; (2) isolation and loneliness; (3) healthcare; (4) elder abuse; (5) alcohol and substance abuse; (6) home care; (7) social support and (8) community engagement. Transportation and housing are beyond the ken of this report, although they will be touched upon from time to time as we move from topic to topic.

And so, *allons!*

Help me, please! I'm lost in the maze.

To review the many fragmented, separate agencies—with their multiple locations, websites and telephone numbers—that serve the senior population, is to wonder why there is not a universally available single point of entry into the maze of senior services in Marin.

Let us consider what is meant by a single point of entry.

If it means the ability to make one telephone call or to visit one web site and then come away with a road map that sends a senior to all the proper places for a specific situation, the single entry concept will certainly fail. Every case is different and no single phone call or website visit will even begin to do the job.

If it means a number to call to start the process of finding help, or a publication listing the various services available in the county, Marin has both, albeit imperfect. Whistlestop, a senior center, offers a booklet that lists services available to Marin seniors. The Marin Housing Authority has 457-INFO, a Senior Help Line, available only during weekday business hours. Trouble is that the Help-Line is almost always answered by a recording (although its literature claims calls are answered by a real live person), and the booklet has been judged incomplete and at times inaccurate by some professionals in the field.

Now comes this complication. The person calling for help is frequently a senior with a problem, perhaps unsure, almost certainly in some sort of trouble. Even younger, more mentally agile family members and friends can be puzzled and frustrated by the search for help. So imagine the senior, please, in that dilemma. To offer only one single entry point into the system is to add an unnecessary obstacle compared to the easy access of many gateways to help. As a result, some of those the Grand Jury interviewed showed little enthusiasm for the single entry concept; one highly respected source called it a “non-starter.”

In real life, staff members who take incoming calls for help at the various non-profit agencies know who helps whom and for what in Marin. They know where to send the caller. In short, they know the maze, its twists and turns. Here is that rare case in which

almost any road chosen will get you where you want to go. Inefficient and indirect, but it works.

But there is good news for single entry fans. The county is considering the establishment of a 2-1-1 line. It is a one-stop telephone information service that connects callers, young and old alike, to the community services they need. Available 24 hours a day and multi-lingual, it now operates in 40 states. It also offers to the public critical up-to-date information during crises and emergencies. A United Way project, founded 30 years ago, it is the 9-1-1 of non-critical social services. The operating cost is about \$250,000 per year. Easy to publicize because of its cousinly relationship to 9-1-1, it may be the answer to this vexing problem of quick and easy access that will become more and more vexing as Marin ages and ages.

The lens of loneliness

As the Grand Jury moved through its many interviews, a recurring, almost universal theme emerged: isolation, and its sad result, loneliness.

In 2005 the American Community Survey (U.S. Census) found 9,619 seniors, 65 and over, living alone in Marin. Women made up 75% of the total.

Many, if not most, of these live-alone seniors are doing well, enjoying the good life of Marin in its many aspects. But our interviews revealed a different story of deep and disturbing loneliness for others. A 2004 consumer survey cited by the Marin County Commission on Aging found that the third most difficult problem for older adults, after having enough money and prescription drug costs, is loneliness. Survey comments like “I have a little dog, she is my friend and family,” and “we lose our families, our partners... to start over is hard,” wear on the soul of even the seasoned, professional social worker.

Isolation and loneliness are not exclusive to Marin. But the way they occur here is probably different from many other parts of the country.

Let’s start with the premise offered in one of our interviews: “Social isolation is a common factor in Marin.” For those in their younger years, it is a condition (called “privacy” at this stage of life) with great appeal; living high on a hill in an oversize neighborhood-disrupting house, hundreds of feet from what one hopes is an out-of-sight neighbor, with the rest of the world on call only when wanted. Ideal when you are 45 and at the top of your game. A nightmare when you are 75, widowed, in so-so health and barely able to drive the Volvo. And then it’s called by its real name, social isolation. Very accurate. Very sad. Very lonely. An engraved invitation to troubles.

In many cases, home becomes a prison for the elderly widow or widower. Its value is outlandish. The house you bought in 1960 for \$55,000 is now worth \$1.5 million. There’s no point in selling, for if you stay in Marin, the next home you buy will eat up most of the proceeds of the sale. Besides, this is the place where you and your spouse lived fruitful lives, and raised the children, who are now gone because they can’t afford Marin. They

took the grandchildren with them. Unhappily, your neighbors, the ones you had for decades, are also gone, their houses now full of newcomers, people who can afford million-dollar-plus homes. And they are not only younger, but they're different and very well-to-do, the county's *nouveau riche*. Not your crowd. Not of your world.

Social isolation does not have to be a big house, big acreage thing. It can occur wherever one feels apart and different. That means condo and apartment dwellers are as vulnerable as any. One is reminded of the title of that best seller of many years ago, "The Lonely Crowd."

It is against this backdrop that many of the problems of aging occur. Let us continue our look at aging in Marin through this lens of loneliness. Always keep it in mind, please.

Healthcare. Are we ready for the onslaught of the 90-year-olds?

To answer the question bluntly, no. Don't plan on being ready, because there is no plan that anticipates the challenges the county will face with the new demography of a senior-dominated adult population.

For the moment, though, forget the nonagenarians of the future. Let us, instead, examine what is happening today in senior healthcare. If you have just turned 65, on Medicare, and looking for a primary care physician in private practice in Marin, good luck to you. Few, very few, perhaps none, accept Medicare patients. Worse yet, as older doctors retire, they are not easily replaced. The high cost of living here does not discriminate. Marin is as expensive for a young, struggling physician and family as for anyone else. There is no housing discount for MD's. Result? There are not a lot of new physicians in the county.

The Grand Jury heard it over and over again, a familiar refrain that describes just about every aspect of our society: the government and charity take care of the poor, the rich take care of themselves, and no one takes care of the middle class. So it is with senior health care in Marin. Here's how it works:

The Poor. The Marin Community Clinic is a mainstay in serving the medical needs of the poor in Marin, but only five percent of its patients are 65 or over. The percentage is sure to increase as the county continues to grow in senior residents. Hospital emergency rooms are also an option for the indigent elderly, as they are for the poor and uninsured of all ages.

The Rich. Private practice physicians are moving into boutique medicine. For a substantial fixed yearly retainer, the patient has access to a physician who spends the quality time with a patient that long ago was available to every patient as part and parcel of every doctor visit. No more. And so the poor and the rich are cared for.

The Middle Class. As noted, the Marin Community Clinic is for the poor. Could not that same concept work for the middle class? Yes, it can. Aside from the fact that Kaiser is an HMO, it is also a medical facility that operates as a group of clinics. It now serves 40% of all the Medicare-eligible population of Marin, more than any other Kaiser facility in the Bay Area. Perhaps it is because of this large group of seniors that the San Rafael facility consciously strives to be ahead of the aging curve in the county. At least eight physicians are board-certified in gerontology; there is a Chronic Disease Management Department and Program; and, when pain becomes a major player, a palliative care program is on hand.

This is not to say that there are not others in the county, Sutter Health and Marin General Hospital, as examples, which do good work with seniors, but because of Kaiser's dominance in the treatment of the very mature among us, it deserves special mention.

Some physicians believe that ultimately there will be but two kinds of practices in medicine: boutique or clinics. Take your choice.

And now to the future.

To say that the future of health care for seniors in Marin is murky is to understate the case by at least one-hundred fold. Not once during our 50 and some interviews did a participant say "This is what we should do!" and then bang a fist down on the appropriate surface at hand. No one seems to know what to do. A forceful, fist-banging, charismatic figure, a Senior Services Czar, has yet to arrive on the scene.

Here's a pretty mess. Consider:

- A very highly placed member of the county Health & Human Services Department hungers for "a compelling plan on where we are going and how we get there."
- The same county official worries that the elderly are growing at a very fast clip, but that service levels remain constant.
- Some of those interviewed say we need geriatric clinics.
- At least one participant says geriatric clinics have been tried and didn't work.
- One of our contacts tells us we need more senior centers for the "social dividend" they provide for fostering good health.
- Another of our interviewees says senior centers are a thing of the past.
- One group declares that "aging in place" at home is the goal. No assisted living for them except as a last resort.

- Another faction says “not so.” The problem is that there are not enough good assisted-living centers at an affordable price.
- A so-called “wellness center” is proposed for the Canal District and was approved unanimously by the Board of Supervisors. Some, the Grand Jury believes, did so with privately held reservations. It’s politically destructive to vote against wellness – especially when it’s for minorities.
- Within the county government some see the “wellness center” as a neighborhood facility while others, also within the county government, see it as a county-wide center.
- Still others wonder about the center’s \$71 million cost and think there may be better ways to use the money.
- Marin General Hospital is an important, not to say critical, player in Marin health care. It should be a key piece in the care of seniors in the years to come. But will it survive?
- Finally, one policy-making county official when discussing an eye-catching county publication titled Live Long, Live Well—A strategic plan for aging services in Marin County 2004-2014, referred to it as “a philosophical journey.”

The 90-year-olds in the county’s future will not be served by “a philosophical journey.” Where is the plan that recognizes and addresses the coming needs and desires of those folks?

Elder Abuse—Out of the Closet, Finally

Thirty years ago, domestic violence was in the closet, whispered about but rarely acknowledged as a crime that tears at the very fabric of a civilized society. That has changed. Public service advertising, intensive news coverage and aggressive law enforcement by personnel trained to deal with dangerous domestic violence situations have dragged the demon into the light.

Fast forward to today. The District Attorney’s Office places elder abuse in that very same context, i.e. where domestic violence was 30 years ago. It is about to be exposed for what it is—a crime that feeds upon old age, diminished mental acuity, and the helplessness that often goes with it. It’s a cowardly crime.

There is a kind of unholy trinity of elder abuse—financial, physical, and self-abuse.

Marin provides fertile ground for the three to flourish: isolation, financial naiveté, and drug and alcohol dependency (more about this last in the next section of this report).

Willie Sutton, the notorious bank robber, was once asked why he robbed banks. He famously replied, “Because that’s where the money is.” So it is with Marin. There is a lot of money here, along with a very large group of old folks, a pairing that is irresistible to financial scam artists. The con men come because wealth is here. And so are some gullible old folks.

Here are a few ways a senior can lose financially, via scams or in other less subtle ways:

Congratulations! You’ve won the Canadian lottery. Just pre-pay the taxes and the money is yours.

How about dinner on us? And you can learn about a low-cost living trust program at the same time. At the end of the evening, a very nice dinner—and a very bad annuity—are now both yours.

Why wait ‘til mom dies? We need the money now. Just sign this, mom.

Caregiver’s delight. The senior who falls for sweet talk and hands over cars, jewelry, money, checks and other precious items to the nice lady who comes in to help every day.

Let’s buy this great stock. Once aware that a senior is not the man or woman they once were mentally, unscrupulous brokers generate excessive commissions by churning, churning, churning. That’s buying and selling to no one’s advantage but their own.

What a nice home you have. You own the place, free and clear, but almost all of your estate is in the house. Your income is almost all Social Security and a few dollars more from some investments of long ago. You live in genteel poverty in a million-dollar house. A reverse mortgage may, indeed, be just the thing for you, from a legitimate financial institution, or the deal may be too good to be true. But who is there to offer sound advice?

A knock on the door. And here is your conscientious contractor who has, in passing by, noticed that rotten siding or aging roof on your home. The price is right—for him. He takes the money, starts the job, and disappears.

The phone rings. You’re feeling all alone. The man on the other end of the line understands. There’s a nice conversation about family and other such things. By the time you hang up, you feel so much better. And he does, too. You bought a wide screen TV set at twice its market value. And he has your credit card number.

Soft abuse is also a problem. There are dubious financial transactions, many involving the equity in a home, that are not illegal, but are not in the best interests of the senior. At the worst these transactions can lead to results as serious as the loss of a home; because they are legal, the law is helpless. Particularly vulnerable

are the recently widowed whose spouses handled the family finances. The only solution is education and a trusted source for guidance. It's easy to say, but hard to do.

Overall, the county is well-positioned to fight financial elder abuse. Through the efforts of the Commission on Aging, a number of local agencies have been working together on the problem for the last 10 years. Marin is ahead of the game compared to many other localities. Among the agencies that have made Marin a safer place for seniors and their money are the District Attorney's Office, the Elder Financial Protection Network, Legal Aid of Marin, the Public Guardian, Adult Protective Services, Hired Hands, The Redwoods retirement home, North Bay Eldercare, Mill Valley Police Department, San Rafael Police Department, the Division of Aging and the Commission on Aging. There are others. Some are volunteers, and some are seniors' organizations. Still, the Grand Jury could find no single, sound public resource for unbiased advice on financial matters.

In one area Marin can look to San Francisco. There, if the prosecution of a case of financial elder abuse requires outside expert help, professionals are called in. But at the same time, great care is taken to protect the identity of the victim even from the experts. Marin, citing privacy issues, refuses to call in such experts, significantly hampering the prosecution.

It's all in the family or at least a lot of it is. Physical abuse of elders is usually a family affair, and sometimes extends to caregivers who physically abuse their elderly charges. Unfortunately, because it takes place within the confines of the family, the abuse is often discovered, if at all, at an advanced stage when serious harm has already been done.

Ironically, as life spans expand there will be more and more cases of elders abusing elders. On November 1, 2006, the Marin Independent Journal ran a story about an alleged assault by a 60-year-old son on his 83-year-old father. Two other elements about this all-elder incident were also notable. First, the newspaper gave it major coverage on the front page of its Marin section. Second, bail was set at a substantial \$50,000, a very tangible sign that the courts consider elder abuse a serious offense. This high-profile treatment, along with the district attorney's "Respect and Protect" advertising campaign, helps to keep awareness high by shining a spotlight upon physical elder abuse. That's an important first step in the battle to curb violence against our elders.

Self-abuse. Don't hurt me. I can hurt myself.

There are many forms of self-abuse, but let's start with the simplest, plain old neglect of self and of the place in which one lives. The evidence is anecdotal, but police and firefighters called into a home on an emergency are sometime witness to scenes of squalor and disarray not even hinted at by the outward appearance of the home. Home-visit social workers tell the Grand Jury similar stories.

Poor nutrition, the result of improper and meager diets, is a form of self-abuse.

And so is overuse of prescription drugs, especially pain killers.

But the main villain of the piece is John Barleycorn, alcohol. Its use and abuse require separate consideration in this narrative.

Pour me another one—and another.

In these United States, drinking problems among seniors have been called the “invisible epidemic.” In Marin it is much, much more than that. Invisible, yes, but far more prevalent here than in California or the country as a whole.

The 2001 California Health Survey, when compared to a study of that same year conducted by Marin County’s Health and Human Services Department (H&HS), revealed that our seniors consume alcohol at twice the state and national averages. Seventy-nine percent drink alcohol. Twenty-five percent indulge every day, against only 15% of all other adults in Marin. Perhaps the most shocking statistic is this: one Marin senior in 10 admits to more than five drinks at a single occasion or event, and that’s twice the state average. The Division of Aging has told the Grand Jury that eight percent of our seniors admit to consuming five or more drinks on occasion. Call it binge drinking.

But why? Why here in Marin do we excel in seniors drinking to excess? One official of Bay Area Community Resources put it this way:

“The affluent can afford to drink – and the retired have the time. Marin offers that combination in spades. Many are reclusive and, in isolation and loneliness, it’s easy to hide the drinking. Most may not be alcoholics, but alcohol is their weapon of choice for self-abuse. Coupled with the use of prescription drugs, it can make for a deadly combination.”

Add to this the about-to-be seniors of the Baby Boomer generation and their familiarity with illegal drugs. What’s a little alcohol, after all? It’s legal, you know, not like that other stuff.

But if you’ve finally figured out that alcohol could be a problem for you, there is no quick and easy way for a senior to start the return to sobriety. Yes, there is Alcoholics Anonymous, but there is no special emphasis on elderly alcoholics. And the Alcohol, Drug and Tobacco Programs (ADT) web page, for example, targets drug abuse and youth. There is nary a word on seniors. There’s that state-of-denial again.

But be of good cheer. In a mail-in survey conducted by the Division of Aging and the ADT, seven percent of the respondents said they were concerned about the amount they drank, a remarkable fact considering that denial is a hallmark of alcohol abuse, and that acknowledging that denial is an important step on the road to recovery. Twenty-two percent also worried about the effects of alcohol on their health.

The survey was part of a supposed 28,000 mailing to every registered voter over age 60. It also included a letter suggesting healthy life styles for seniors. Unfortunately, evidence suggests that not every targeted senior received the mailing. For example, of the 12 current Grand Jurors who fall into that bracket, only two remember receiving it. Perhaps some of the others did, also. It is hard to tell because no system is in place to routinely monitor such projects.

The Division of Alcohol, Drug and Tobacco Programs is the county agency dedicated to preventing tobacco use and alcohol and drug abuse. It is a branch of the Department of Health and Human Services. ADT does a commendable job in most ways, but there seems to be no focused effort to target seniors and their drinking habits.

The Division of Aging, also a county agency, works closely with ADT to produce educational material and develop and administer various surveys. It is a sound and apparently fruitful relationship.

At its core ADT is an umbrella organization that funnels federal, state and local funds to a wide variety of non-profit charitable organizations. The Grand Jury interviewed officials of five of these non-profits regarding their work with seniors and alcohol.

Bay Area Community Resources has the most to offer seniors troubled by alcohol, in the form of a counselor who specializes in drug and alcohol abuse. Calls to ADT for help and advice are usually referred to this agency. Budget cuts have taken their toll here; in keeping with the Marin state-of-denial mind set, a counselor dedicated solely to seniors is now gone.

Center Point is a private non-profit corporation providing rehabilitation and treatment to at-risk individuals and families for a variety of ills, including alcohol abuse. It does not have a senior-specific program at this time.

Family Service Agency of Marin has been in operation since World War II. It was formed to serve the families of shipyard workers relocated to Marin to build Liberty Ships and other wartime vessels in Sausalito. It now serves 7,000 clients annually, of which 13% are seniors. It is the largest provider of mental health services in the county, and offers counseling for drug and alcohol problems. And although a discussion group called Agesong is a senior project, alcohol is not one of the topics addressed.

Marin Services for Women provides interventions, residential/prenatal programs, out-patient programs, child development, family programs, continuing care and transitional living. There is an older women's group and a special counselor, but very little specifically aimed at alcohol and the senior woman.

Helen Vine Detox Center is a non-medical facility where adult alcohol and drug abusers can achieve sobriety in a controlled and safe environment. It is the only non-profit detox center in Marin. Its staff members are experts in drug and alcohol

detoxification. Sixteen beds are available for men and 10 for women. Two more beds could be added but there is no funding available. During the period of July 1, 2005 to June 30, 2006, 26% of those using the facility were 60 and over with three percent 70 or more. The 2005-2006 Grand Jury inspected the facility and rated it excellent. This Grand Jury agrees.

Remember please, that Marin is heading to a population whose dominant segment will be oldsters, almost one of every three residents. The organizations just described, although dedicated, capable and compassionate, are little prepared for that “Silver Tsunami” about to break.

Marin County Alcohol and Drug Advisory Board. The board’s mission is to actively participate in alcohol and drug planning, to review the scope of alcohol and drug problems in the county and review the county alcohol and drug program plans. It is also responsible for providing advice on the policies and goals of alcohol and drug programs and advising the Board of Supervisors on policies and goals in the treatment of alcohol and drug abuse.

The alcohol and drug board has 10-15 members who meet 10 times per year. They are unpaid volunteers. The only qualification for board membership is a professional or personal interest in alleviating problems related to drug and alcohol abuse.

Unfortunately, the board is racked by turnover: only one board member serving in July of 2004 remains today. Perhaps it is because of this extraordinary turnover that it has failed in its major responsibility of keeping the Board of Supervisors advised on drug and alcohol problems, and recommending appropriate action. Although some members claimed to have met with individual supervisors, the Grand Jury in inspecting the minutes of a 15-month period found only one recorded instance of such a meeting.

Let us cork the bottle and go.

Home is where the heart is—maybe.

If a mantra helps to describe one version of growing old in Marin it is this: “Aging in Place. Aging in Place. Aging in Place.” To the Grand Jury those three words conjure up images of little old ladies shelling peas as they watch “One Life to Live” on the tube, and of old men shuffling aimlessly about their houses, leaning on their drugstore canes.

The point to be made here is that home care is important when it means a better life for the recipient. It should not be a goal unto itself. For this segment of the report, the Grand Jury assumes that home care is the best way for a particular senior, that safe “aging in place” is the right way to go.

Home care means good things for those who truly need it: a feeling of independence; the comfort of familiar surroundings; comparative freedom from the hazards of institutions where infection, mistakes in medication and accidents are more likely to happen. But it

brings with it the problems of financing and caregiving, which can be destructive, on the one hand to the pocket book and, on the other to the life and spirit of the family caregiver.

Financing. As usual, the middle class takes the beating. Typical home care rates can be \$27 or more per hour, or \$250 per day. That's \$91,250 a year, affordable if you are wealthy or very well to do, devastating if you are middle class without expensive long-term care insurance, and irrelevant if you are very low income because In Home Support Services is available for you free.

Medicare does not fund all home care agencies. It doesn't cover 24-hour care, or meals delivered to homes. And a Medicare-approved home care agency has the right to refuse service to any senior whose needs the agency feels it is unable to meet. Finally, Medicare home care benefits do run out, usually when they are needed most.

Caregivers. Very often the caregiver is a family member: spouse, daughter, son, or other close relative. But love is not enough. Good caregiving is an acquired skill. Certain agencies offer training in care giving and others offer very much-needed relief to the caregiver from the emotional grind of caring day after day after day for someone who, in the long ago, was your help and guide to the world. But according to the National Alliance for Caregiving, fewer than half of family caregivers ever tap into training or respite services.

When family members do go outside the family circle, a whole new set of problems arise. Outside caregivers are more likely to abuse those they care for — physically, emotionally and financially. Choosing the right person is hard to do. Again, certain county agencies offer advice on how to hire caregivers, and again this service is not widely known.

If good caregivers are hard to find on a regular full-day schedule, it is very near impossible to uncover caregivers willing to come in for one to two hours a day to help with dressing or perhaps preparing breakfast and the like. And, with their presence, add the touch and warmth of a fellow human being in the house.

Government is starting to take notice. Recognizing the fundamental problems that surround caregiving, the state of Vermont, for instance, has begun a program in which it pays family members as caregivers. Marin County also offers a similar option under the Department of Social Services/In-Home Support Services Program. It is a trend worth watching.

An example tells it best. Here is a somber story from a Marin family caregiver who was fortunately able to provide homecare for her severely ill husband. As you read, imagine this experience without the skills necessary to navigate the system and without the financial resources available to this brave woman.

“After two weeks of rehab from when we left the hospital, I realized I could not care for my husband and needed help. I was given an outdated list of caregiving services from the hospital. After trying three of them, I realized they were much too expensive and unreliable, and they were not ‘loving’ to my husband. One

agency wanted to charge \$400 a day, plus the cost of the caregivers. I was then referred to the Marin Center for Independent Living who suggested I try Philippine, Fijian or Irish home care workers who were not certified. I did, and they turned out to be caring, loving and relatively reliable. The Fijians covered all my husband's needs, including diapers, a feeding tube and blood pressure monitoring. I hid all the 'small stuff' lying around in my house in order to avoid being robbed that way, as I had been told that this might happen. I had them document everything they did for my husband and I managed to have insurance pay because one was certified and we pretended she was the owner of an agency and she signed every thing for the insurance company. This was in '01-'02 and these uncertified workers charged \$180 a day compared to \$600 a day for agency help. I understand that as of today, full-time help of this sort costs \$166,000 yearly from a licensed agency. I feel for those who have no immediate family to help them and thus are sent to a public facility in a situation such as ours. Homecare in Marin County is a terrible problem for the caregiver, very emotional. Cost and reliability are most important and need to be addressed."

The Division of Aging is, of course, very much aware of the plight of many who provide homecare. But there is no additional money—and there is none in the offing.

Of Social Support— Senior Centers, Assisted Living and Other Such

“Social support has always been important to survival and people with strong social networks thrive more than those who are isolated.”¹

Shelling peas and drugstore canes just won't cut it anymore. As life expectancy increases (some say by as much as 30 years) society has added a new and long Act III to our lives. It must be made meaningful and fulfilling. Here are some of the ways that can happen:

The traditional senior center. The only true senior center in Marin, one designed for seniors with their suggestions in mind, is the Margaret Todd Senior Center in Novato. Throughout our investigation it was praised as a sterling example of what a senior center should be. Membership in 2003 was 1,388. In 2006 it was 1,421. As noted earlier in this report, there is a difference of opinion on the future need for traditional senior centers. As life spans increase so do the activities and the attitudes that keep older folks in the mainstream of society. It may well be that the very small increase in the membership of this outstanding facility, less than three percent over four years, is a sign of changing dynamics in the senior world, a world where age is not a barrier to the good life but an enhancement to it. A cruise or an Elderhostel trip often trumps life at the senior center.

Community centers. The San Rafael Community Center is an excellent example of a center with a strong senior component, The San Rafael Goldenaires, within an intergenerational community membership. Although there is no formal tally, Goldenaire membership has remained at about 1,800 over the last several years. The setting here is

¹ From the New York Times of January 7, 2007, in an article by Cara Buckley in which she cited “Why Good Things Happen to Good People” by Steven G. Post.

markedly different from conventional senior centers because of intergenerational activity. When the Grand Jury visited the facility, the musical Annie was in rehearsal, with little children acting and seniors helping in production chores. At the other end of the scale are the 10 senior teams that play in tournaments sponsored by an adjoining bocce ball club. And there's lots more in between, too.

It should be noted that the county has other excellent community centers, but none with special attention paid to the senior segments of their communities. Given the swelling senior population, it seems inevitable that older adults should be more fully catered to in the years to come.

Assisted Living. It's a nice phrase, and appropriate, as it describes a sort of halfway house for seniors who are not quite up to fully independent living but certainly not ready for a "rest home." Marin has many of them, most very pricey, some with more assistance than others. Here are a few: Aldersly, Drake Terrace, The Redwoods, Smith Ranch, The Tamalpais, Villa Marin. The yellow pages list many more, among them are those that go beyond assisted living and are full-care facilities, such as Aegis and AlmaVia.

The Grand Jury makes no endorsement of any of these establishments, but in our interviews we heard repeatedly that The Redwoods is a model of senior living, not outlandish in its costs and caring of its residents. Like the Jewish Home in San Francisco, it has a reputation for treating its residents with "full human dignity" and celebrating their many qualities. You would be hard pressed to make a case for "aging in place" to these men and women. You might even ignite a demonstration (complete with placards) if you persisted in such foolishness. The Redwoods residents are an active voice in the town of Mill Valley, connected to it, not just tenants in a retirement home on the Camino Alto.

Whistlestop is probably one of the most familiar names in Marin. Every motorist has at one time or another driven behind one of its 50 vans as it transported the elderly and disabled, (152,000 rides in 2005), and delivered meals-on-wheels to the home-bound. But last year, after 30-odd years, Marin County dropped Whistlestop for a new supplier of meals for shut-ins.

Whistlestop is a great name for a bus company, but a dud in describing the core mission of this organization, for the name is downright misleading. Here is a full-service senior center in an ideal location next to the San Rafael Transit Center. It deserves a better title for what it does. A wide variety of programs are offered, from computer classes to music to Friday afternoon films. Hot lunches are served daily at bargain prices. Aside from the riders, about 100 seniors use the center every day. It feels underused. The Grand Jury wonders how many Marin residents are aware of this essential, non-transportation element of Whistlestop.

But it is also an organization in transition, searching for a new chief executive. To this Grand Jury it appears to be in the middle of redefining itself.

And that brings us to:

Senior Access, the only non-profit licensed Adult Day Health Care Program in Marin. Its mission is to help older and disabled adults remain independent and part of the community for as long as possible. The goal and hope is to prevent nursing home placement or in-home isolation for chronically ill and frail adults, some with physical disabilities and/or Alzheimer's disease. Equally important are its programs providing essential respite and support for caregivers. Here, from a speech by a Senior Access executive, is a vignette of its service to its clients:

“A day at Senior Access looks like this: Kate's mother, Evelyn, is picked up by the bus, four days a week. She is greeted at our Novato Center by the caring staff and volunteers. She has a hot cup of tea while listening to current events, followed by Tai Chi with Richard and music and dancing with Barry. She has a hot healthy lunch and participates in an art project or crocheting (by the way, Evelyn is teaching the staff to crochet). The bus takes her home at the end of the day, and as Kate said, Evelyn is happy. And Kate has the respite she needs to sustain her commitment to Evelyn and to maintain her own well-being.”

There are problems. Senior Access is dangerously close to folding. It is operating with a \$600,000 a year systemic deficit. The Novato location does not make for easy access for most of the county. It is licensed for 72 clients and at present enrolls about 50. The Marin Community Foundation has withdrawn a significant amount of its previously generous support. The county has yet to be heard from, with its last funding only \$30,000. The frail, the chronically ill, the Alzheimer patients, the physically disabled remain. If Senior Access fails, many if not all of its clients will end up in institutions outside the county, away from family and easy visiting.

A Solution? Senior Access has become aware of the newly available space at Whistlestop since its loss of the meals-on-wheels contract. Its board has tried to negotiate an agreement to move Senior Access to that prime central county location, to the apparent advantage of both organizations. The Grand Jury has been told that both the county and the Marin Community Foundation would look favorably on such an arrangement. Whistlestop has informed Senior Access that it would be inappropriate to move ahead at this time with a feasibility study.

The Grand Jury wonders why.

Meaningful work and volunteer activities. The Community! Yes!

In 2004 the Marin Community Foundation commissioned a study: “Work and Volunteer Opportunities for Older Persons in Marin County.” To quote from the report: “...the challenges of growing old are moderated by civic engagement—older adults who are involved in meaningful work and volunteer activities are better off than those who are not.” As you would expect, older Marin residents “work and volunteer more than the average older Californian.” No surprise here.

- Almost 25% of our seniors are paid employees, part and full time. Across the state that number is 14%.
- Only five percent work because of financial need only. Most work because they want to.
- Volunteerism is alive and well in our senior ranks. Some 56% are engaged in a wide variety of good works.
- Even so, 30% of our seniors rarely participate in activities outside of their homes.

The report states that 15 years from now demand for paid and volunteer work by seniors will increase by at least 10%. Again from the study: "...economic analyses suggest that persons who are approaching the age of 65 have saved less than the current generation of older adults and, thus, will require paid work as a way to supplement their retirement income." Another 20% who are retired would work if the "right" opportunity came along.

Let us picture, then, the residents of Marin in 2022. They will certainly not have the look and demeanor of past senior generations, nor of today's. This active crowd will ask more, give more and expect more than any comparable generation past. The Baby Boomers transformed into seniors are now The Silver Tsunami. Are we even beginning to be prepared?

And who are the shepherds

to guide Marin's residents to the goal of a good, full and active life as they grow older, and older, and older? It is not enough just to describe, as we have, some of the major issues facing the county. Action must be taken. So the Grand Jury turns now to those it hopes will lead us to the promised land of graceful, happy aging.

- The Department of Health & Human Services (H&HS) and its Division of Aging. With an annual budget of \$131 million and a staff of about 700, H&HS is the largest segment of county government, whose total budget is about \$400 million. Most of the H&HS budget is pass-through money from the state and federal governments. Only \$30 million comes from local revenues, and of that \$2.9 million is for the Division of Aging, with a staff of 10 devoted solely to Marin seniors. The small staff is augmented by other segments of H&HS whose responsibilities, in part, include seniors.

The division's goal, quite simply, is "to promote the quality of life and independence of disabled and older adults in Marin County." It issues an annual report, available for the asking, outlining its many, many programs and activities. Suffice it to say that the Division of Aging is a critical segment in the shepherding process — the cornerstone. Working closely with the Division of Aging are:

- The Marin County Commission on Aging. Composed of 23 members, all volunteers, its mission is “to provide information and advocacy for services that enable older adults to live with dignity.” It is the drumbeater for the older among us. And very necessary in this state-of-denial county.
- The Marin Community Foundation. Important? You bet. So important that one member of the Health & Human Services Department named it “the shadow government of Marin,” in describing the county to a newcomer. The Grand Jury doesn’t believe that, but apparently some folks do.

But “shadow government” or not, the foundation has been and will continue to be not only important but essential to the non-profits of Marin. Not counting churches, fraternal groups and the like, there are by foundation count 1,697 non-profits in Marin. The foundation’s active grant list numbers between 250 and 300 non-profits, some of them in the senior sphere. In the last fiscal year the foundation distributed over \$50 million in Marin. It administers over \$1.1 billion in assets.

Foundation officials have indicated they would look kindly upon a “collaborating” organization designed to eliminate the fragmentation in senior services. But they also believe (passionately) that a full-blown needs assessment of seniors in Marin is required.

Within the foundation there appears to be some confusion about its role vis-à-vis county government. On the one hand, the Grand Jury was told by some foundation people that they help bankroll efforts that in other counties are mandated to be funded by local government. But a foundation colleague told the Grand Jury in another meeting that that was not so. At any rate, that perception is out there, along with the “shadow government” perception.

- Buck Institute for Age Research. Housed in a magnificent structure with equally magnificent views of the Marin hills from wherever you happen to be in the building, here is a world-renowned center for research on the biology of aging. It is peopled by M.D.’s and Ph.D.’s galore from all over the world. And other bright souls. Aside from basic research in aging (worms and fruit flies are important contributors), major projects are breast cancer, Huntington’s disease, Alzheimer’s and other chronic conditions that come with age.

The institute does not have status as a “shepherd” right now, but three more buildings are planned that could change that. The institute has made no commitments, but among the possible uses mentioned to the Grand Jury were a geriatric clinic in one building, and in another a living laboratory of aging for Marin residents, many of whom seem to relish the cutting edge—where the action is. The Grand Jury was much encouraged by our visit to the institute. Its presence is a mighty plus for a county destined to have one-third of its residents as seniors in a little more than two decades.

Needs Assessments?

As it made its interview rounds during this investigation, the Grand Jury kept bumping up against “needs assessments.” At least three organizations are hard at work assessing the state of non-profits in Marin. One has commissioned an outside consultant to do the work, and includes all charitable non-profits. Another is assessing without the help of a consultant and limiting its scope to senior needs only. The third sees needs assessment as critical to progress in creating an effective senior program.

Upon reflection, the Grand Jury realized that this phenomenon is a symptom of the patchwork nature of the present state of affairs. The challenge is to put together a quilt using all those patchwork pieces.

But, the Grand Jury senses a trap here. So called “needs assessments” may describe and define the problems, but they do not solve them. As the results of the assessments come in, the Grand Jury prays that not too much time is wasted, as the academicians say, in “admiring the problem.” A little bit of “ready, shoot, aim” is not always a bad thing.

The Uniqueness of Marin

Unique is a word much misused. It means one of a kind. Nothing can be more unique than something else. Or less unique. Or sort of unique. Only unique, standing alone will do. Marin is unique. Here’s why:

- It is home to the Marin Community Foundation, a premier charitable trust.
- It is home to the Buck Institute for Age Research, a premier, world-class leader in its field.
- It is home to a Health and Human Services Department with a visionary bent in its goals for a healthier Marin.

No other county in the state, or perhaps the country, can muster this kind of firepower to confront the challenges and opportunities of aging. Working together, the three would make a powerful, focused, unique force to expose, and then strip away, the uneasiness that prevails among those responsible for the present and future wellbeing of Marin’s aging population. What better place to use the skills and talents of this trio than a county where shades of gray will soon become the dominant adjectives when describing hair color.

Best of all, there will be no need for courting. As the Grand Jury visited with the three organizations, each of them volunteered the desirability of collaboration with the other two, and the benefits that go with it. Certainly, this could be a sterling example of the whole being greater than the sum of its parts.

And now to Money

The perception throughout the non-profit world of the senior citizen is this:

The county is not doing its share to fund programs for seniors and other Marin residents.

It should do much more.

And the Marin Community Foundation is taking up some of the slack.

At the opening of this report, the Grand Jury promised no narrow, probing investigation of aging topics. Therefore, there will be no opinion given here on the accuracy of those beliefs.

Perhaps they're true, perhaps not.

It is important, however, that the Grand Jury make known the feelings of the many that spend their days in working for the seniors of Marin. The county should be aware of this pervasive belief that is surely not helpful in achieving common goals.

And so, finally, we come to the end

of this essay. There is much the Grand Jury has left untouched: homeless seniors, elderly mental health, transportation, affordable housing. All add to the complexities of aging in Marin, as they do elsewhere, but perhaps not to the degree that occurs here. The impact that dramatic demographic changes are having and will have on this small county will alter the way we all live in Marin in the years ahead.

The Grand Jury hopes that with this essay the uneasiness it feels about aging in Marin has reached a wider audience, if only by a trifle. Without a tad of healthy anxiety very little of importance gets done, especially in the corridors of government.

The Grand Jury also hopes that the patchwork pieces of non-profit and government agencies it has described will someday soon become a well-made quilt, that this report, at the very least, raises the challenges of aging in Marin to “the level of conversation,” and that the “state-of-denial” is not quite as strong as when you began to read this document.

But, if in the back of your mind you're still thinking, “This really doesn't concern me. I'm 45, living the good Marin life. Who cares?” the Grand Jury invites you to do a little arithmetic. At 45, if you're a man, your life expectancy today, according to the actuaries, is 77.32 years, and if a woman, 81.36 years. In 2030 you will both be 68, plunk in the middle of that Silver Tsunami. What happens now, or doesn't happen now, may well affect the quality of that tsunami and your cherished lifestyle with it.

It is the Grand Jury's hope that your back-of-the-mind attitude will change and you will recognize the new reality, and put it top of mind—where it belongs.

FINDINGS

- F1. Marin has a significantly larger percentage of seniors than the state as a whole. By 2030 almost one of every three Marin residents will be 65 or older, while elsewhere in California fewer than one out of five will be senior citizens.
- F2. “Senior” no longer means inactive and sedentary. The lifestyles of today’s “elderly” are active and vigorous, physically and mentally and will be more so in the future.
- F3. The county governments and the citizens of Marin are generally in a “state-of-denial” when it comes to facing the problems and challenges of aging.
- F4. There is no comprehensive plan that addresses the developing needs of Marin’s present and future seniors.
- F5. There is no strong, outspoken leader for Marin seniors.
- F6. The patchwork nature of government and private non-profits frequently makes it difficult to find appropriate help for those who need it now.
- F7. Social and physical isolation are particularly difficult to cope with in Marin.
- F8. The administration of healthcare is contentious, with opposing opinions on many aspects of its delivery.
- F9. Although the county is doing a very good job in keeping elder abuse at a minimum, it is overly cautious in its use of outside experts in financial fraud cases.
- F10. Senior alcohol consumption is on the rise and is a serious issue in the county. Marin seniors consume alcohol at twice the national and state levels. Eight percent are binge drinkers.
- F11. There is no easy way for seniors to get help and direction to treatment for alcohol and drug abuse.
- F12. The Alcohol and Drug Advisory Board is not fulfilling its obligation to advise the Board of Supervisors on drug and alcohol problems and to recommend appropriate action.
- F13. Finding good, reliable homecare is one of the most difficult problems of aging. It will only become more difficult as the county continues to age and the need multiplies. Funding is inadequate for even minimum good results.

- F14. Social support in Marin comes in a variety of forms, but senior center and community center membership is not growing at a pace to match the increasing older population.
- F15. Whistlestop Senior Center is not recognized as a full service senior center because of its name which emphasizes its transportation function and nothing else.
- F16. Senior Access Adult Day Health Care in Novato is in danger of failing for lack of funding. Relocating to a more central location is part of its strategy for survival.
- F17. Whistlestop Senior Center refuses to consider Senior Access as a tenant at its prime downtown San Rafael location.
- F18. Marin seniors are engaged in the community through paid employment and volunteerism at a much higher rate than the rest of the state.
- F19. The seniors of the future will be active and participating for many years beyond their “retirements.”
- F20. The Marin County Department of Health & Human Services with its Division of Aging, the Marin County Commission on Aging, the Marin Community Foundation and the Buck Institute for Age Research together are extremely important to the successful transformation of Marin to a happy, well functioning senior-dominated community.
- F21. The county government suffers from the belief of many in the non-profit world that it is not funding senior services adequately, that it is trying to do it on the cheap, with a tip of the hat and a thank you to the Marin Community Foundation for its financial support.

RECOMMENDATIONS

The Grand Jury recommends:

- R1. That, overall, the county give more than lip service to the challenges of aging in Marin, that it act aggressively in preparing for the coming Silver Tsunami.
- R2. That in order to highlight and maintain sustained exposure to senior issues, every Board of Supervisors meeting agenda contain a “Senior Subjects” segment.
- R3. That the Board of Supervisors create a Task Force on Aging, whose only charge is to develop an all-encompassing plan which anticipates and offers solutions to the aging challenges ahead. The plan should be ready by June 30, 2008.
- R4. That the Marin County Department of Health & Human Services, the Marin Community Foundation and the Buck Institute for Age Research forge a formal

partnership to become an essential element of the newly formed Task Force on Aging. It should continue (as the Big Three of Aging, perhaps) after the Task Force completes its work. The Big Three will fill a vital role as the movers, shakers and guardians of wholesome aging in Marin.

- R5. That the Board of Supervisors actively pursue the “2-1-1” telephone information line, and fund it in a responsible long term way, without a “nickel and dime” mindset.
- R6. That, using safeguards to protect privacy, the district attorney use outside experts, as needed, to successfully pursue financial elder abuse fraud.
- R7. That both a web site and dedicated telephone line be established for seniors who want help and advice on drinking problems.
- R8. That the Alcohol and Drug Advisory Board be required to meet with the Board of Supervisors every four months to report on the activities of the Advisory Board and to alert the supervisors to changes, good and bad, in its area of responsibility.
- R9. That the Board of Supervisors review the state of home care of the elderly and disabled on a scheduled basis, and that it fund this essential need on a realistic basis. Because home care affects both the giver and receiver, adequate funding of training programs and caregiver respite is critical to a significant segment of Marin residents.
- R10. That Whistlestop modify its name to more accurately reflect its function as a complete senior center, and then promote the change.
- R11. That the managements of Senior Access and Whistlestop thoroughly explore the pros and cons of establishing the Senior Access facility at the Whistlestop central San Rafael location and either move ahead or drop the idea permanently.
- R12. That the county administration and the Marin Community Foundation (1) address the perception that the county can under-fund or not fund non-profits and county agencies because of the generosity of the foundation, and (2) address the belief that some of the funding by the foundation in Marin is otherwise the responsibility of local governments in other California counties.

REQUEST FOR RESPONSES

Pursuant to Penal Code Section 933.05, responses to this report are mandatory as follows:

From the following individuals:

- The Director of the Department of Health & Human Services
F4, F6, F8, F10, F11, F13, F20, F21.
R1 through R5, R7, R12.
- The District Attorney
F9, R6.

From the following governing bodies:

- The Board of Supervisors
F3 through F7, F9 through 13, F16, F17, F20, F21.
R1 through R5, R7, R8, R9, R12.

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda and open meeting requirements of the Ralph M. Brown Act.

The California Penal Code Section 933(c) states that "...the governing body of the public agency shall comment to the presiding judge on the findings and recommendations pertaining to matters under the control of the governing body." Further, the Ralph M. Brown Act requires that any action of a public entity governing board occur only at a noticed and agendized public meeting.

The Grand Jury also invites responses from the following:

- The Chairman of the Alcohol and Drug Advisory Board
F12 and R8.
- Margaret Todd Senior Center
F14
- San Rafael Community Center
F14
- The Executive Director of Marin Senior Coordinating Council, commonly known as Whistlestop
F15, F17, R10, R11.

- The Executive Director of Senior Access
F16, F17, R11.
- Marin Community Foundation
F20, F21 and R4, R12.
- Buck Institute for Age Research
F20 and R4.
- Marin County Commission on Aging
F20

Exhibit A

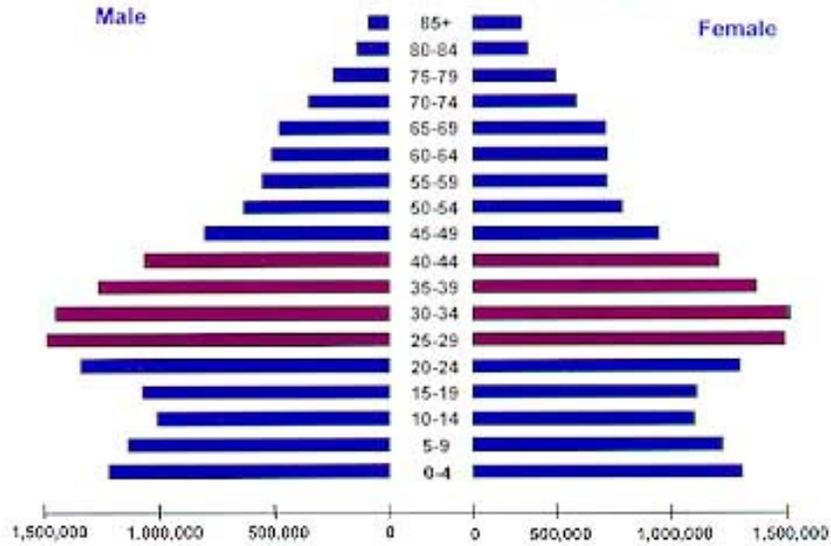
Marin County Population Projections

Age Group	2000	2005	2030	Change 2005-30	Growth Rates 2005-30	
					Compound Annual	Total Change
0-17	49,336	51,080	49,240	-1,840	-0.15%	-4%
18-64	164,521	164,920	143,560	-21,360	-0.55%	-13%
65+	33,432	35,400	91,200	55,800	3.86%	158%
Total	247,289	251,400	284,000	32,600	0.49%	13%
% of Total						
0-17	20%	20%	17%	-3%		
18-64	67%	66%	51%	-15%		
65+	14%	14%	32%	18%		

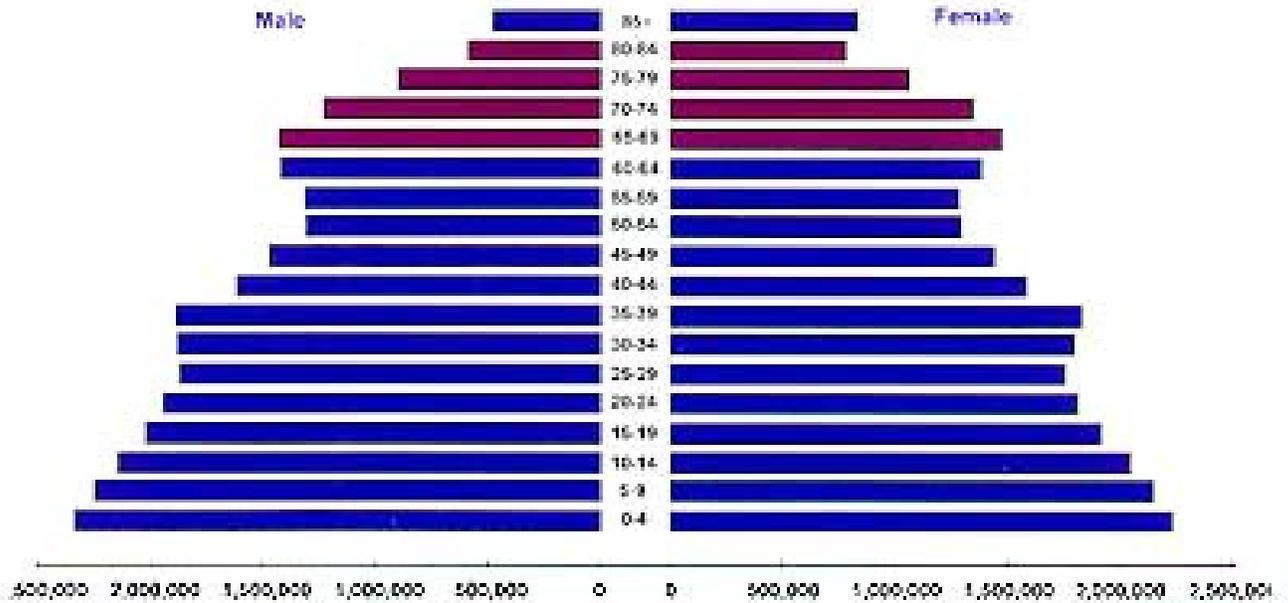
Source: The Lewin Group, 2006, based on Census 2000 and ABAG 2005 projections

Exhibit B

STATE OF CALIFORNIA – 1990 TOTAL POPULATION



STATE OF CALIFORNIA – 2030 TOTAL POPULATION

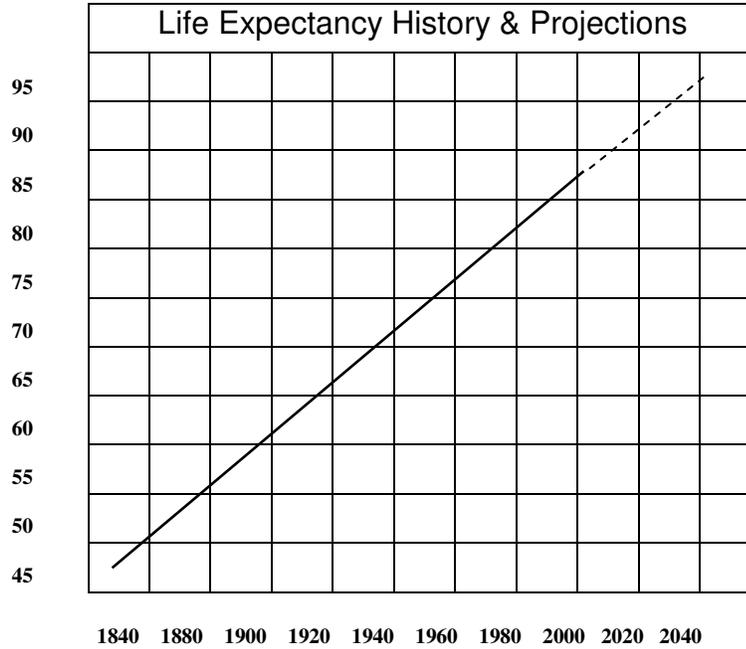


Red denotes Baby Boomers

Source: California Department of Finance, Population Projections 1993

http://www.aging.ca.gov/html/stats/impact_baby_boomers.html

Exhibit C



Source: Science, a professional journal, May 2002, from the article Broken Limits to Life Expectancy

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person, or facts leading to the identity of any person who provides information to the Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Grand Jury investigation.