PROFILE OF THE CALIFORNIA AGING NETWORK

California 2030 | CDA | September, 5th 2023

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INTRODUCTION

This profile offers stakeholders of the CA 2030 initiative insights about the current state of the CA Aging Network in six areas of focus:

1. **Governance** | PAGE 3

2. **Programs and Services** | PAGE 8

3. **Funding Sources and Capacities** | PAGE 17

4. **Key Performance Measures** | PAGE 21

5. **Branding, Communications, and Outreach** | PAGE 24

6. **Geography and Demographics |** PAGE 27

The profile will be a resource for CA 2030 decision-makers to define ideal traits, explore potential scenarios, and make recommendations for a future-ready CA Aging Network.

Data presented in this report is sourced from multiple locations, including a self-reported survey completed by each Area Agency on Aging (AAA). Self-reported AAA survey data has been de-identified in this report; all identified data in this report are available in the public domain.

CA 2030 Project Phases of Work

PHASE 1	Understand CA 2030 Steering Committee Perspectives and 6 Focus Areas
PHASE 2	Design, Launch, and Facilitate CA 2030 Steering Committee Sessions
PHASE 3	Understand Stakeholder Perspectives
PHASE 4	**Profile of the CA AAA Network**
PHASE 5	Promising Practices Research
PHASE 6	External Trends & Projections Research
PHASE 7	Conduct Statewide Community Assessment Survey of Older Adults (CASOA)
PHASE 8	Decision-making on Recommendations/ Scenarios for a Future-Ready CA Aging Network
PHASE 9	Finalize Traits & Recommendations for a Future-Ready CA Aging Network

AAA ORGANIZATIONAL STRUCTURES

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There are 33 designated Area Agencies on Aging in California, each serving single or multi-county Planning and Service Areas (PSAs). There are four different types of area agencies on aging in California:

- Twenty local government-based AAAs serving a single county or smaller municipal region.

- Five nonprofit AAAs serving a single county or multiple counties with no joint powers agreements (JPAs).

- Four local government-based JPA AAAs serve more than one county.

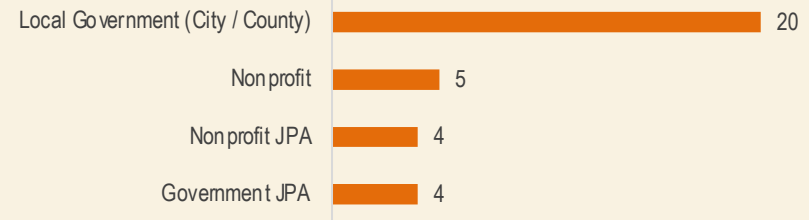- Four nonprofit-based JPA AAAs are serving more than one county.

PSA	Region (Counties)	Structure	60+ Pop. in 2020
1	Del Norte, Humboldt	Nonprofit	42,162
2	Lassen, Modoc, Shasta, Siskiyou, Trinity	Nonprofit JPA	80,917
3	Butte, Colusa, Glenn, Plumas, Tehama	Nonprofit	87,965
4	Nev., Placer, Sac., Sierra, Sutter, Yolo, Yuba	Nonprofit JPA	551,928
5	Marin	County Govt	82,970
6	San Francisco	County Govt	207,862
7	Contra Costa	County Govt	283,450
8	San Mateo	County Govt	192,808
9	Alameda	County Govt	361,280
10	Santa Clara	Nonprofit	422,030
11	San Joaquin	County Govt	148,530
12	Alpine, Amador, Calav, Mariposa, Tuolumne	Nonprofit JPA	59,235
13	San Benito, Santa Cruz	Nonprofit	80,977
14	Fresno, Madera	Nonprofit JPA	217,257
15	Kings, Tulare	Govt JPA	105,682
16	Inyo, Mono	Govt JPA	9,936
17	San Luis Obispo, Santa Barbara	Nonprofit	181,025
18	Ventura	County Govt	198,750
19	Los Angeles County	County Govt	2,167,129
20	San Bernardino	County Govt	396,656
21	Riverside	County Govt	532,749
22	Orange	County Govt	709,928
23	San Diego	County Govt	723,215
24	Imperial	County Govt	35,735
25	Los Angeles City	City Govt	*See PSA 19 (LA County)*
26	Lake, Mendocino	Govt JPA	46,053
27	Sonoma	County Govt	144,256
28	Napa, Solano	Govt JPA	142,181
29	El Dorado	County Govt	59,271
30	Stanislaus	County Govt	106,990
31	Merced	County Govt	47,124
32	Monterey	County Govt	89,569
33	Kern	County Govt	153,927

AAA ORGANIZATIONAL STRUCTURES

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While 60% of AAAs are housed in single-county local government agencies (and one municipal area in Los Angeles), they represent just over 75% of California's 8.6 million older adult population (people 60 years and older).

The two LA-based AAAs represent 25% of the state's older adult population, while nonprofit and local government-based JPAs represent 15% of California's older adult population.
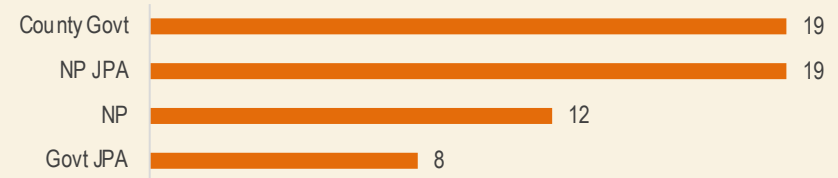
AAAs by Organizational Structure

Local Government (City / County)	20
Nonprofit	5
Nonprofit JPA	4
Government JPA	4

60+ Population by AAA Organizing Structure

Local Govt	6,642,200
NP JPA	880,588
NP	782,874
Govt JPA	304,176

Number of Counties Served by AAA Organizing Structure

County Govt	19
NP JPA	19
NP	12
Govt JPA	8

Source: Collaborative Consulting Desk Research, 2023

AAA WORKFORCE

Workforce size varies across the AAAs, reflecting variations in budget sizes and positioning of AAA-related activities within broader government agencies and departments.

Most AAAs have 50 or fewer employees. A handful have five or fewer employees. About 75% of AAAs employ some part-time staff.

The chart to the right shows the entire AAA workforce organized by type of role, minority status, and full-time equivalent (FTE) as reported to the US Administration on Community Living for the 2021 fiscal year.

Half of the AAAs incorporate volunteers into their programs and operations. The size of AAAs' volunteer workforce ranges from two to over two thousand. A third of AAAs offer internships for students.

AAA Personnel FTEs by Category & Minority Status (Statewide)
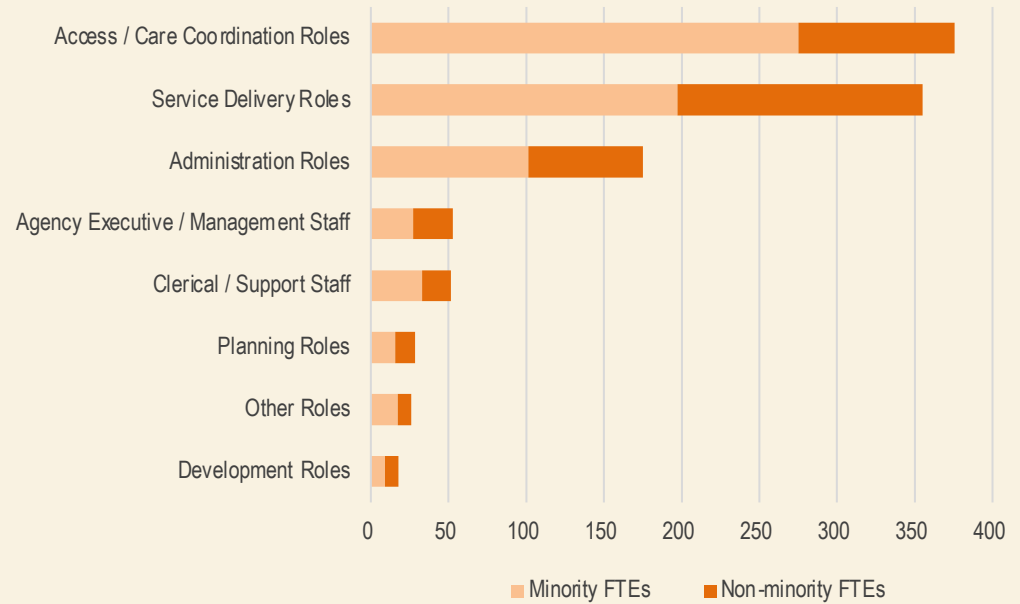
Source: National Aging Program Information Systems (NAPIS) State Program Report (SPR) for California, 2021

AREA PLANNING PRACTICES

While AAAs are required to complete Area Plans for their PSAs, the plans are not treated as visionary. Instead, they are used to reassess regional needs and identify how the AAA will utilize its federal resources to address them.

AAAs' area planning processes do not usually result in major changes to allowable service arrays or modalities. However, the planning process identifies target populations through secondary demographic research. Based on how AAAs describe their needs assessment methodologies, few engage with priority target populations to learn about their needs and preferences.

The Area Plans do not showcase a network that understands the future trends of the demographics they will serve. There is also little in the Area Plans that indicates the ability to develop and manage performance or quality improvement measures other than service units or deliverable-focused goals.

Most AAAs monitor their performance in executing their Area Plan goals and objectives.

**AAAs That Monitor Performance of Their
Area Plan Goals & Objectives (n=33)**

Yes	25
Partially	7
No	1
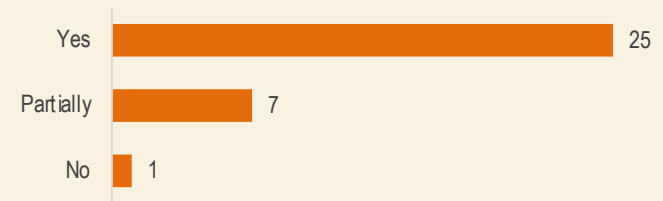
**AAAs That Monitor Performance of Their Area Plan
Goals & Objectives by Type of AAA (n=33)**

	Yes	In Development	No
City / County Govt	15 (75%)	5 (25%)	-
NP	4 (80%)	-	1 (20%)
Govt JPA	2 (50%)	2 (50%)	-
NP JPA	4 (100%)	-	-

Source: CA 2030 Aging Network Profile Survey, 2023
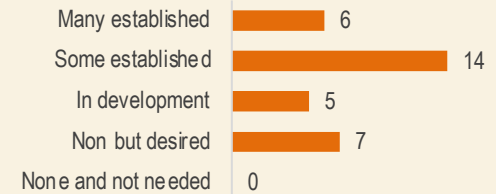
COORDINATION WITH LOCAL GOVERNMENTS

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Shared Consumer Systems / Portals

Many established	2
Some established	11
In development	4
None but desired	10
None and not needed	5

Shared Personnel

Many established	7
Some established	15
In development	3
Non but desired	3
None and not needed	4

Joint Programs / Services

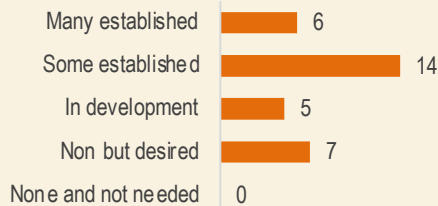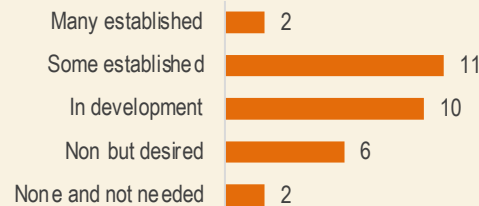|	
Many established	6
Some established	14
In development	5
Non but desired	7
None and not needed	0
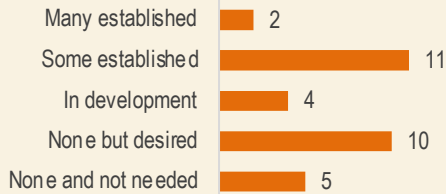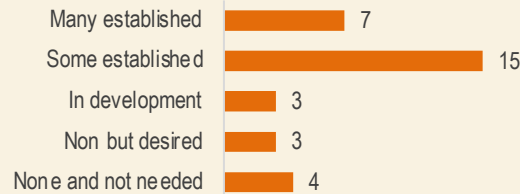
Beyond IHSS, APS, and Public Guardianship, AAAs have a variety of formal and informal ties to local government entities, including municipal and county-level offices and agencies. AAAs within local government still lack the desired level of connection and coordination with sister departments, divisions, and units.

A few AAAs have well-established ties and coordination with local governments. Other AAAs are in the process of developing stronger connections and coordination. Nearly a third lack strong ties to local governments and desire to strengthen those ties. A handful see no need and/or have no interest in developing ties with local government entities.

Seamless Referral Agreements

Many established	6
Some established	14
In development	5
Non but desired	7
None and not needed	0

Community Research & Planning Efforts

Many established	2
Some established	11
In development	10
Non but desired	6
None and not needed	2

Joint Funding Arrangements

Many established	3
Some established	15
In development	1
Non but desired	9
None and not needed	3
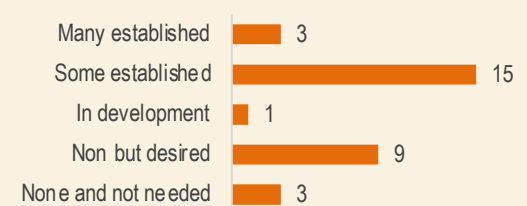
Source: CA 2030 Aging Network Profile Survey, 2023

TITLE III SERVICES MADE AVAILABLE BY AAAs

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Since the inception of the Older Americans Act (OAA), AAAs have been administering Title III services. Title III is the largest program of the OAA. There are five core service areas under the OAA where all AAAs must offer services:

- **Nutrition** (e.g., congregate meals, home-delivered meals, nutrition education, etc.)

- **Health Promotion** (e.g., evidence-based programs such as falls prevention, chronic disease self-management, etc.)

- **Caregiver Support** (e.g., caregiver access assistance, respite care, caregiver information services, etc.)

- **Supportive Services** (e.g., transportation, information and assistance, adult day care, etc.)

- **Elder Rights** (e.g., long-term care ombudsman, legal assistance, etc.)

While the AAAs vary significantly in the types of services, they offer and how they are offered (directly and/or outsourced), there are many commonalities involving OAA Title III services.
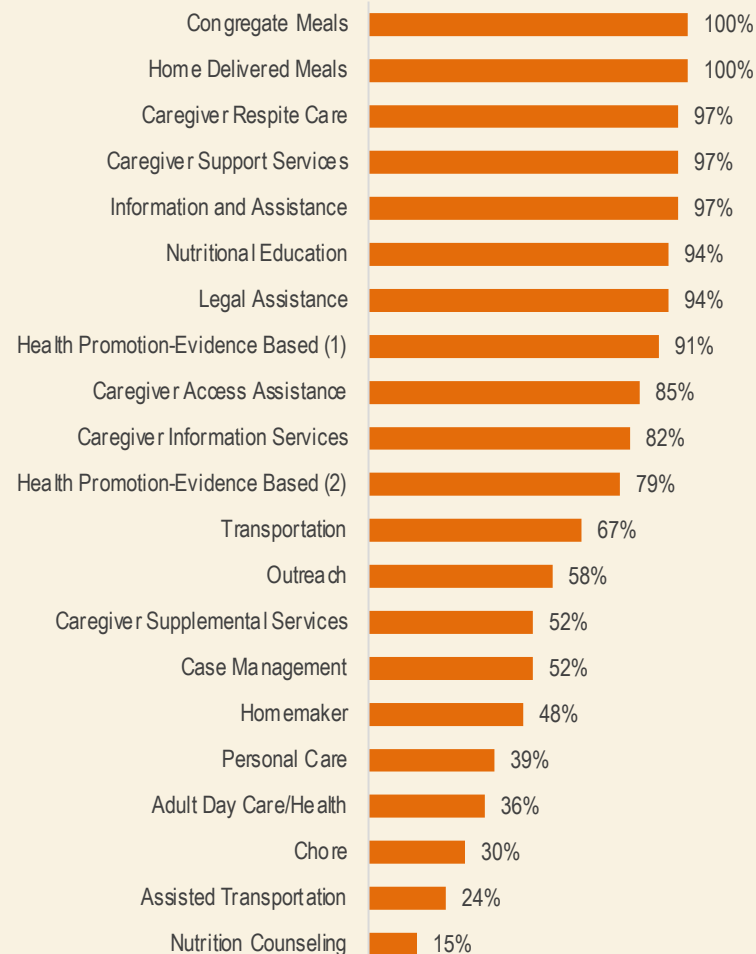
More than **75% of AAAs reported the same 11 services,** which could be considered the core services of CA AAAs.

**Percent of AAAs that Offer OAA Title III Services
(Direct and/or Outsourced, as Reported by AAAs)**

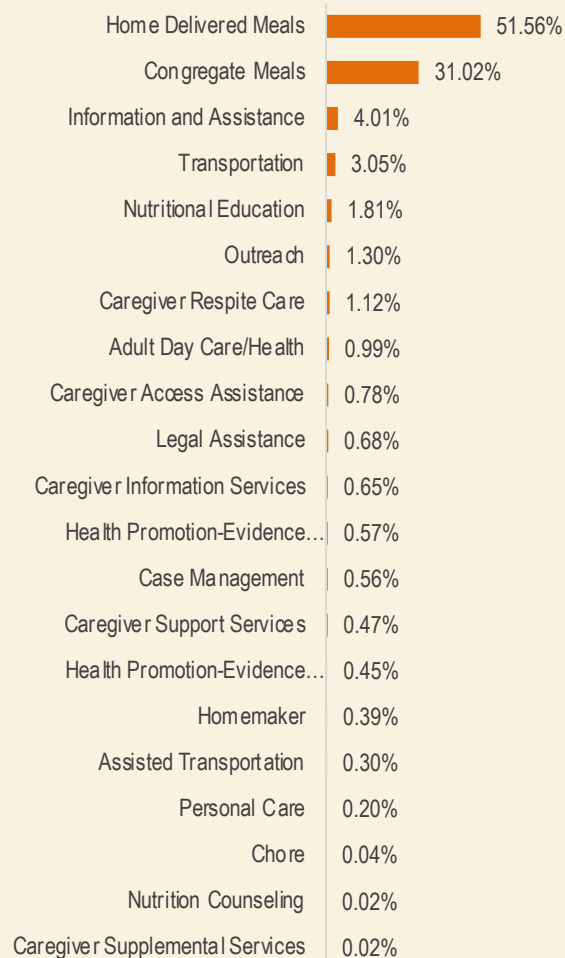| Service	Percent
Congregate Meals	100%
Home Delivered Meals	100%
Caregiver Respite Care	97%
Caregiver Support Services	97%
Information and Assistance	97%
Nutritional Education	94%
Legal Assistance	94%
Health Promotion-Evidence Based (1)	91%
Caregiver Access Assistance	85%
Caregiver Information Services	82%
Health Promotion-Evidence Based (2)	79%
Transportation	67%
Outreach	58%
Caregiver Supplemental Services	52%
Case Management	52%
Homemaker	48%
Personal Care	39%
Adult Day Care/Health	36%
Chore	30%
Assisted Transportation	24%
Nutrition Counseling	15%

Source: CDA CARS Data, 2018-19

TITLE III SERVICES: UNITS & ENROLLMENTS

Most services delivered and/or made available by California AAAs are home-delivered and congregate meals. These have been core services of AAAs since their inception.
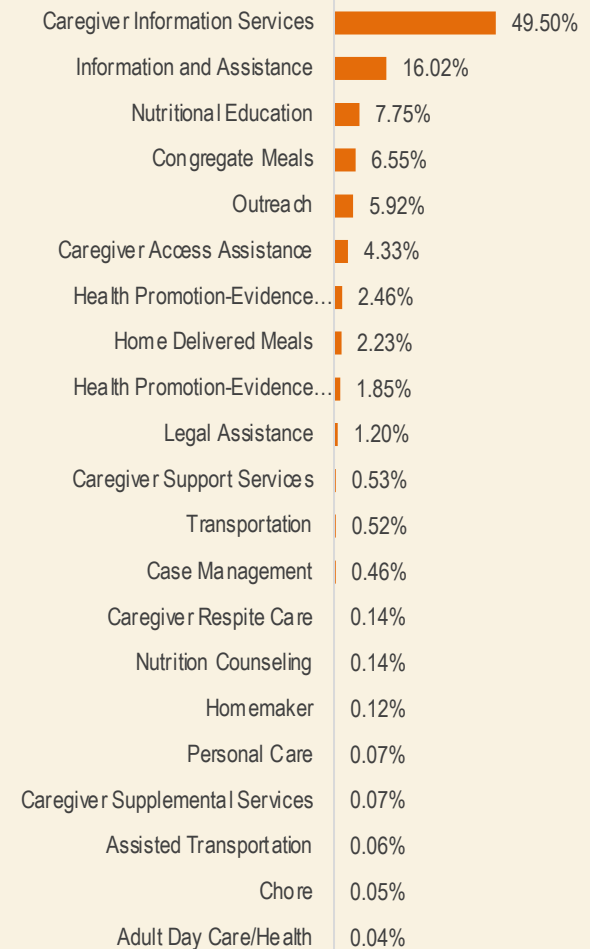
According to the State's collected data, the greatest share of consumers are enrolled in Caregiver Information Services, followed by Information and Assistance.

The disparities between units and enrollments could indicate that many meal recipients are repeat consumers. They may also demonstrate certain gaps and inconsistencies in data collection and reporting.

Share of Service Units Delivered by Service Type (2019)

Service Type	Share
Home Delivered Meals	51.56%
Congregate Meals	31.02%
Information and Assistance	4.01%
Transportation	3.05%
Nutritional Education	1.81%
Outreach	1.30%
Caregiver Respite Care	1.12%
Adult Day Care/Health	0.99%
Caregiver Access Assistance	0.78%
Legal Assistance	0.68%
Caregiver Information Services	0.65%
Health Promotion-Evidence…	0.57%
Case Management	0.56%
Caregiver Support Services	0.47%
Health Promotion-Evidence…	0.45%
Homemaker	0.39%
Assisted Transportation	0.30%
Personal Care	0.20%
Chore	0.04%
Nutrition Counseling	0.02%
Caregiver Supplemental Services	0.02%

Share of Consumer Enrollments by Service Type (2019)

Service Type	Share
Caregiver Information Services	49.50%
Information and Assistance	16.02%
Nutritional Education	7.75%
Congregate Meals	6.55%
Outreach	5.92%
Caregiver Access Assistance	4.33%
Health Promotion-Evidence…	2.46%
Home Delivered Meals	2.23%
Health Promotion-Evidence…	1.85%
Legal Assistance	1.20%
Caregiver Support Services	0.53%
Transportation	0.52%
Case Management	0.46%
Caregiver Respite Care	0.14%
Nutrition Counseling	0.14%
Homemaker	0.12%
Personal Care	0.07%
Caregiver Supplemental Services	0.07%
Assisted Transportation	0.06%
Chore	0.05%
Adult Day Care/Health	0.04%

Source: CDA CARS Data, 2018-19

TITLE VI SERVICES FOR NATIVE AMERICANS

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Under Title VI of the Older Americans Act, the federal government funds and oversees programs that support Native Americans in nutrition, supportive services for older adults, and caregiver services.

In 2020, 36 tribal organizations received federal Title VI grant funding, which resulted in services for tens of thousands of native Californians.

A few AAAs have formal connections and ties to local tribal organizations through contract-based funding arrangements (PSAs 2 and 21) or referral-based memoranda of understanding (PSA 20).

Others have informal ties to local tribal organizations, and about half of CA AAAs do not have formal connections or ties to local tribal organizations.

Service Data from California Tribal Organizations (2020)

Congregate Meals 1.4k Consumers 34k Meals Delivered	**Home-delivered Meals** 3.2k Consumers 445.6k Meals Delivered
Information **& Assistance** 45k Contacts	**Case Management** 958 Consumers 6.8k Hours
In-person Visits 46.4k Contacts	**Telephonic Visits** 21.7k Contacts

Homemaker, Personal Care, Chores
1.3k Consumers
6.4k Hours

Source: ACL, Title VI Services, 2020

Connections Between AAAs and Tribal Organizations
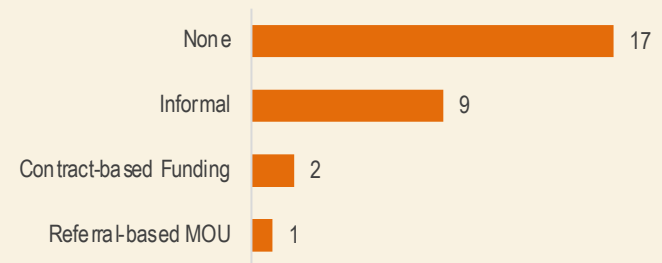
None	17
Informal	9
Contract-based Funding	2
Referral-based MOU	1

Source: Collaborative Consulting CA 2030 Aging Network Profile Survey, 2023
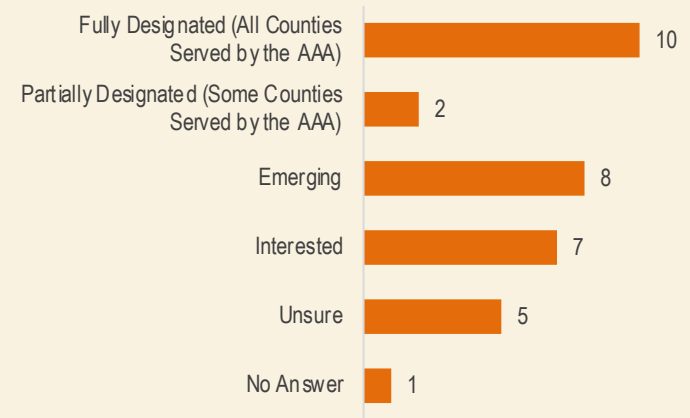
RESOURCE CENTER ACTIVITIES

Nearly all AAAs are involved or interested in aligning their services to become designated Aging and Disability Resource Connection (ADRC) sites. No AAAs appear to reject the idea of operating ADRC activities.

CDA oversees Caregiver Resource Centers (CRCs), all operating independently of AAAs except for the nonprofit Passages AAA serving Butte, Colusa, Glenn, Plumas, and Tehama, which also operates a CRC.

Many AAAs rely on CRCs to accept federal caregiving funds and provide OAA caregiver services. Some AAAs have non-financial relationships with CRCs, including client referral agreements, strategic planning efforts, and advocacy activities.

Aging & Disability Resource Connection (ADRC) Status of AAAs (n=33)

Category	Value
Fully Designated (All Counties Served by the AAA)	10
Partially Designated (Some Counties Served by the AAA)	2
Emerging	8
Interested	7
Unsure	5
No Answer	1

Source: Collaborative Consulting CA ADRC SWOT Needs Assessment Survey, 2023; CDA, 2023. A "partially designated" AAA has designated ADRC activities in at least one of its counties.

AAA Relationships with Caregiver Resource Centers (CRCs) (n=33)

Category	Value
Contract-based / Funding	20
Referral-based MOU	2
Informal	9
None	1
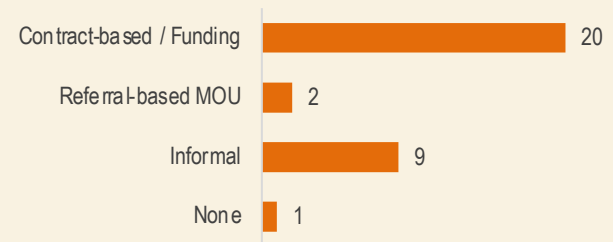
Source: Collaborative Consulting CA 2030 Aging Network Profile Survey, 2023

APS & IHSS

Adult Protective Services (APS) and In-Home Supportive Services (IHSS) are two popular programs utilized by older Californians that are overseen by the CA Department of Social Services (CDSS).

12 AAAs operate both APS and IHSS programs in-house. One AAA (Alameda County) operates IHSS in-house but not APS, and LA County operates APS but not IHSS in-house.

No nonprofit or joint powers agreement (JPA) AAAs operate APS or IHSS programs.

While only 42% of AAAs are actively involved in operating APS or IHSS programs, these two programs are some of the most popular that AAAs refer to and/or receive referrals from, as demonstrated in the next slide.

PSA	Region (Counties)	Structure	APS In-House	IHSS In-House
1	Del Norte, Humboldt	NP		
2	Lassen, Modoc, Shasta, Siskiyou, Trinity	NP JPA		
3	Butte, Colusa, Glenn, Plumas, Tehama	NP		
4	Nev., Placer, Sac., Sierra, Sutter, Yolo, Yuba	NP JPA		
5	Marin	Govt	X	X
6	San Francisco	Govt	X	X
7	Contra Costa	Govt	X	X
8	San Mateo	Govt	X	X
9	Alameda	Govt		X
10	Santa Clara	NP		
11	San Joaquin	Govt	X	X
12	Alpine, Amador, Calav, Mariposa, Tuolumne	NP JPA		
13	San Benito, Santa Cruz	NP		
14	Fresno, Madera	NP JPA		
15	Kings, Tulare	Govt JPA		
16	Inyo, Mono	Govt JPA		
17	San Luis Obispo, Santa Barbara	NP		
18	Ventura	Govt	X	X
19	Los Angeles County	Govt	X	
20	San Bernardino	Govt	X	X
21	Riverside	Govt		
22	Orange	Govt		
23	San Diego	Govt	X	X
24	Imperial	Govt		
25	Los Angeles City	Govt		
26	Lake, Mendocino	Govt JPA		
27	Sonoma	Govt		
28	Napa, Solano	Govt JPA		
29	El Dorado	Govt	X	X
30	Stanislaus	Govt	X	X
31	Merced	Govt	X	X
32	Monterey	Govt	X	X
33	Kern	Govt	X	X

Source: CDSS website, 2023
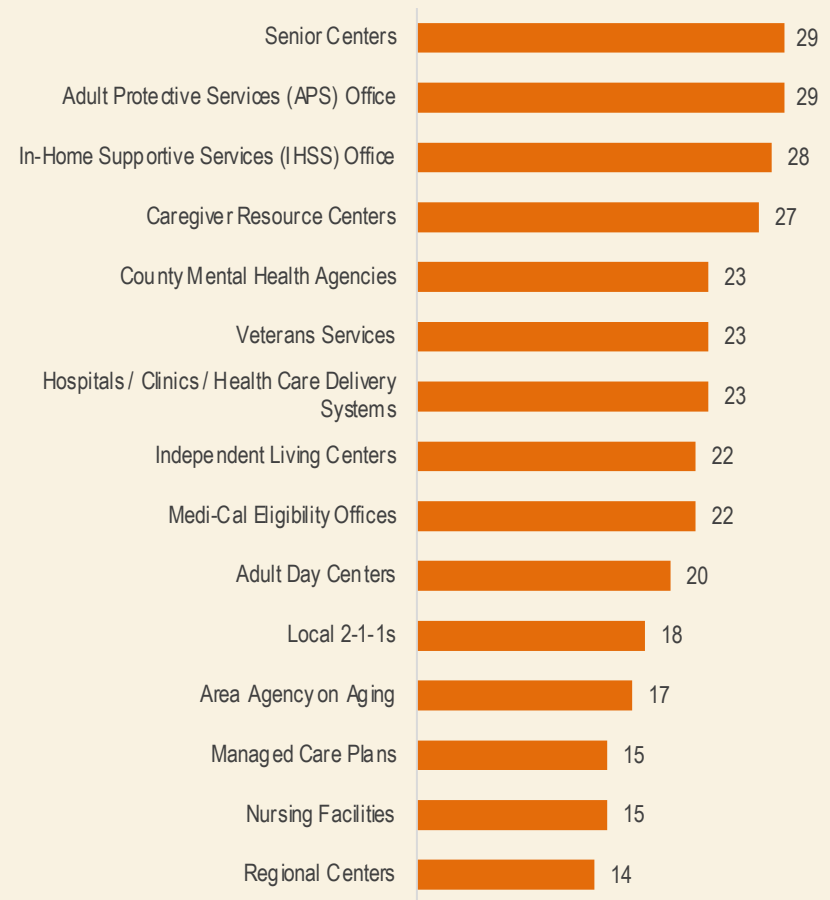
REFERRALS

AAAs are highly connected to other organizations and programs in their communities. Nearly all AAAs make referrals to and/or receive referrals from organizations and agencies they do not have fiscal relationships with. Many are affiliated with or embedded in city and county governments.

AAAs are also highly connected to private organizations that offer public and privately funded services to older adults, caregivers, and people with disabilities, including healthcare providers, health plans, adult day centers, resource navigators, and nursing facilities.

Organizations AAAs Make Referrals To and/or Receive Referrals From At Least Once Per Week (n=32)

Organization	Count
Senior Centers	29
Adult Protective Services (APS) Office	29
In-Home Supportive Services (IHSS) Office	28
Caregiver Resource Centers	27
County Mental Health Agencies	23
Veterans Services	23
Hospitals / Clinics / Health Care Delivery Systems	23
Independent Living Centers	22
Medi-Cal Eligibility Offices	22
Adult Day Centers	20
Local 2-1-1s	18
Area Agency on Aging	17
Managed Care Plans	15
Nursing Facilities	15
Regional Centers	14

Source: Collaborative Consulting ADRC SWOT Needs Assessment Survey, 2022
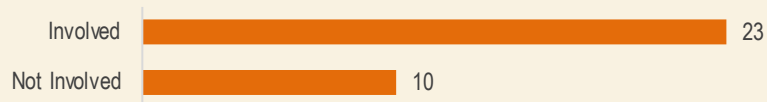
COMMUNITY INITIATIVES

AAAs must conduct research and implement planning activities to understand and address the relevant needs of people in their regions. The cyclical culmination of that work is the AAA Area Plan (see the Governance section).

Many AAAs go beyond the role of area planning and lead or participate in broader community initiatives focusing on informing and promoting the health and well-being of residents.
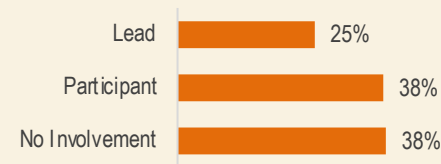
Over half of the AAAs are involved in age-friendly, livable, and/or dementia-friendly community initiatives. More than 80% of AAAs currently lead or support local Master Plan for Aging (MPA) efforts in their communities. Over 90% are involved in county or community-level strategic planning activities with other organizations and stakeholders.

Nearly every CA AAA is engaged in community advocacy work beyond their required Area Plan.

Age-Friendly / Livable Communities Activities (n=32)

Lead	25%
Participant	38%
No Involvement	38%

Dementia-Friendly Communities Activities (n=30)

Lead	10%
Participant	50%
No Involvement	40%
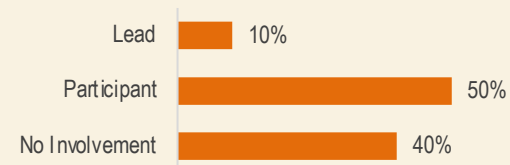
Local Master Plan for Aging (MPA) Activities (n=30)

Lead	47%
Participant	37%
No Involvement	17%

AAAs Involved in Local Community Health Needs Assessment Processes

Involved	23
Not Involved	10
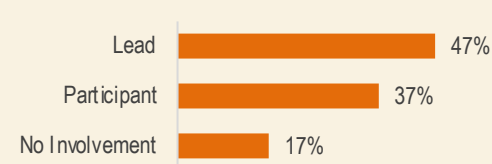
County / Community-level Strategic Planning Activities (n=33)
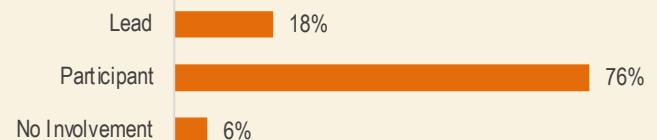
Lead	18%
Participant	76%
No Involvement	6%

Source: Collaborative Consulting CA 2030 Aging Network Profile Survey, 2023

HEALTHCARE CONTRACTING

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More than half of the AAAs are interested in, pursuing, or actively contracting with Medi-Cal managed care plans for Enhanced Care Management (ECM) and/or Community Supports (CS) services under the CalAIM initiative. One AAA reports pausing their managed care contract due to a lower-than-desired volume of referrals to their service.

When asked about actual or anticipated challenges in contracting with health plans in 2022, more than half of AAAs were concerned with the time it takes to establish contracts, the costs, and complexities of building the administrative and/or operational infrastructure for doing business with healthcare organizations and having adequate staffing ratios for front-line and back-office activities.

Fewer than half of AAAs were concerned with timely payments, training of staff, staff turnover, or obtaining adequate compensation from health plans. There have been some recent reported low referral volume challenges among AAAs involved in contracting.

Number of AAAs Interested In, Pursuing, and/or Actively Contracting With Medi-Cal Managed Care Plans (ECM and/or Community Supports)

Category	Value
Interest / Pursuit / Contracting	19
ECM & CS Focus	7
CS Only Focus	4
ECM Only Focus	3
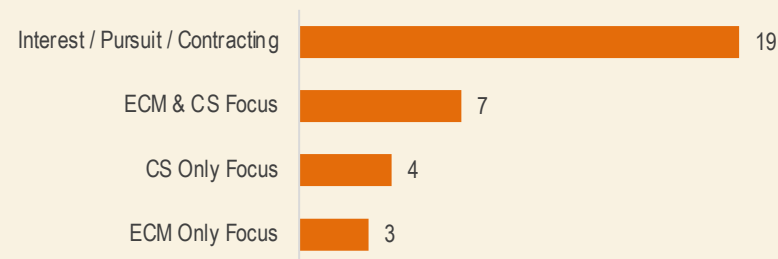
Source: C4A Healthcare Contracting Surveys, 2022-23

Share of AAAs Who Face / Anticipate Facing Challenges in Contracting With Healthcare Organizations (n=31)

Challenge	Share
Time involved in establishing contract	68%
Building required technical infrastructure (billing, data, etc.)	61%
Achieving required staffing ratios	55%
Establishing common understanding of proposed programs / services	48%
Obtaining adequate payment	42%
Staff turnover	39%
Training staff	39%
Obtaining timely payment	23%
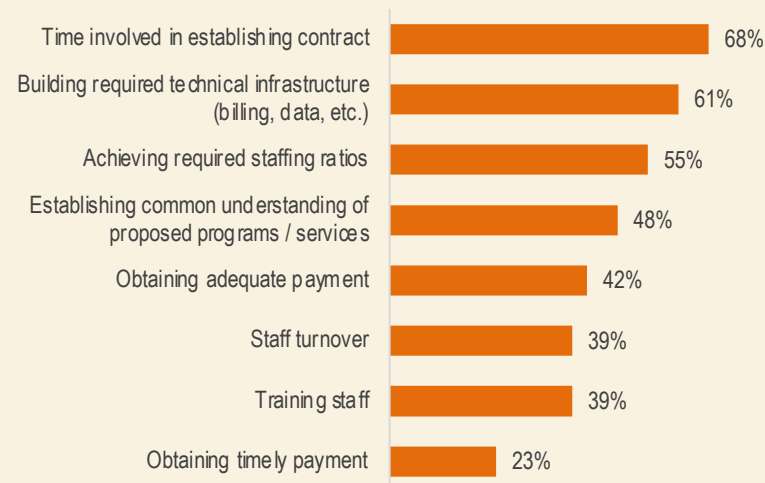
Source: C4A Healthcare Contracting Survey, 2022

EFFICIENCIES & EFFECTIVENESS

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75% of AAAs see their internal data-related processes and activities as adequately efficient and effective, with fewer than 10 AAAs rating their data collection, reporting, or monitoring as inefficient or extremely inefficient.

Data Collection Efficiency and Effectiveness

Extremely Efficient	0
Efficient	13
Neutral	12
Inefficient	8
Extremely Inefficient	0

Data Reporting Efficiency and Effectiveness

Extremely Efficient	0
Efficient	12
Neutral	13
Inefficient	7
Extremely Inefficient	1

Data Monitoring Efficiency and Effectiveness

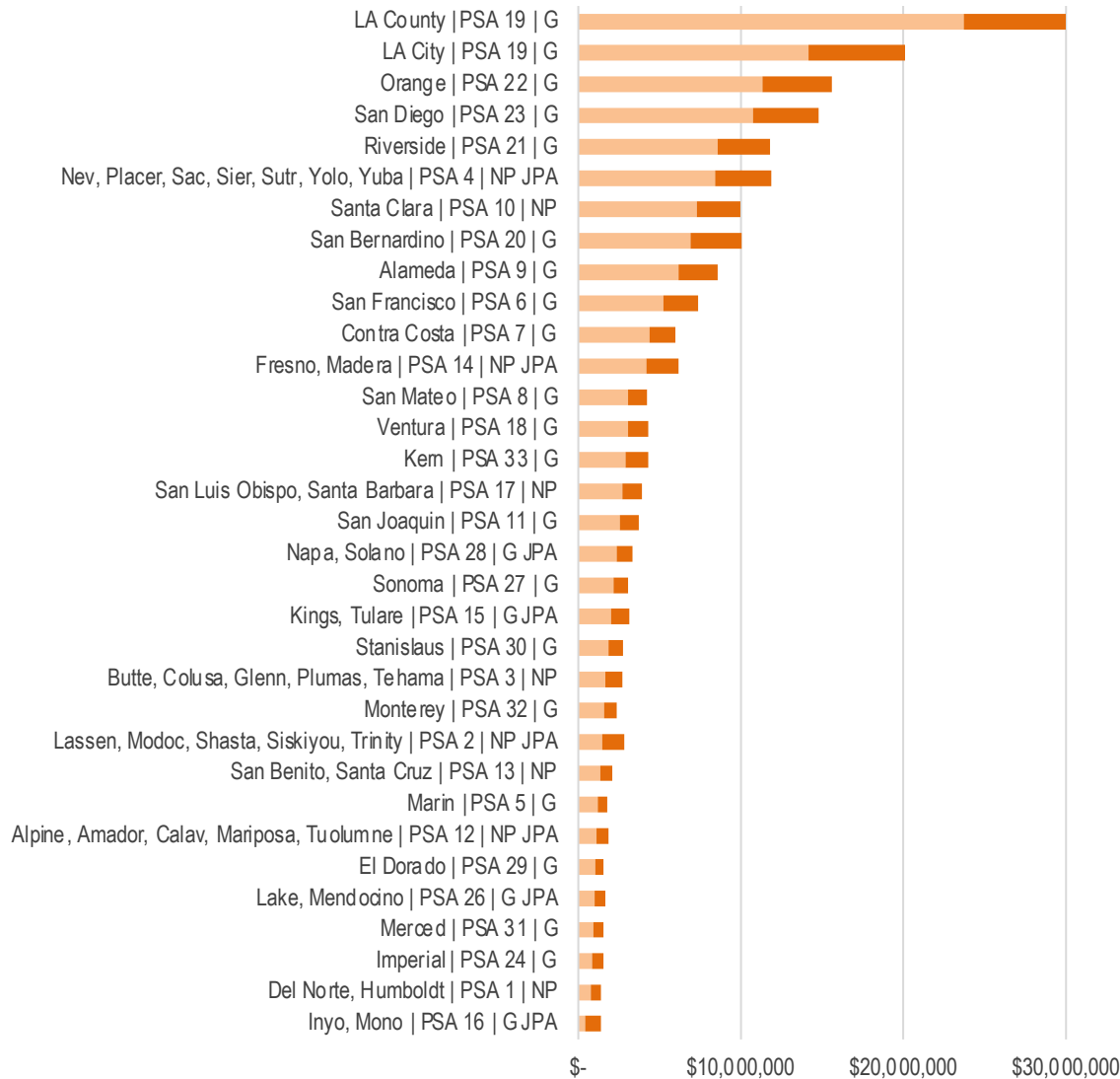|	
Extremely Efficient	1
Efficient	14
Neutral	12
Inefficient	5
Extremely Inefficient	1

AAAs are mixed in rating their internal contracting efficiencies, with a slight majority rating them as efficient or extremely efficient. Only three AAAs rate their internal-facing processes and workflows as problematic. A few more rate their external-facing processes and workflows (i.e., managing funded community partners) as problematic.

Internal / Local Contracting Efficiency

Extremely Efficient	4
Efficient	14
Neutral	9
Inefficient	4
Extremely Inefficient	2

Quality of Internal-facing Administrative and Operational Processes and Workflows

Excellent	5
Good	11
Acceptable	14
Problematic	3
Extremely Problematic	0

Quality of External-facing Administrative and Operational Processes and Workflows

Excellent	1
Good	11
Acceptable	14
Problematic	7
Extremely Problematic	0

Source: Collaborative Consulting CA 2030 Aging Network Profile Survey, 2023
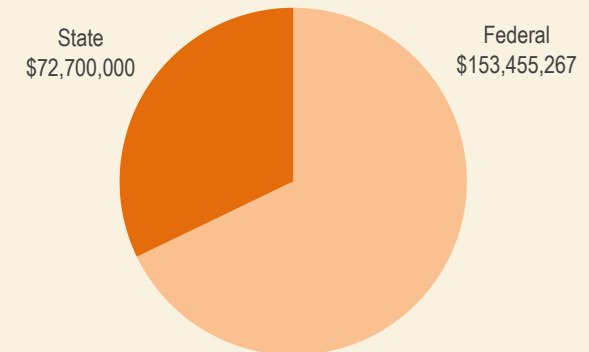
FEDERAL & STATE FUNDING

Between federal program and administration funds and state general program funds (including long-term care ombudsman funding), AAAs managed $226 million in 2022-23 in ongoing and one-time funding.

AAAs rely on federal Older Americans Act (OAA) funding, which constitutes 68% of the statewide budget.

All but one AAA depend more on federal than state aging services funds.

California's State & Federal Funding for AAAs (2022-23)

State $72,700,000

Federal $153,455,267

Source: CDA, AP 2022-23 Planning Estimate (March 2023); Federal Program & Administration Funds, State General Fund for Programs & Baseline Admin; LTC Ombudsman Funding Not Included

Federal ▮ State ▮

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SHARE OF PUBLIC FUNDING BY SOURCE

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Share of AAA Public Funding (Local, State, Federal)

Legend: Local Public Funding | State Public Funding | Federal OAA Funding

Categories (top to bottom): AAA A (Govt), AAA B (Govt), AAA C (Govt), AAA D (Govt), AAA E (NP JPA), AAA F (Govt), AAA G (Govt), AAA H (Govt), AAA I (Govt), AAA J (Govt), AAA K (NP), AAA L (Govt), AAA M (Govt), AAA N (Govt), AAA O (Govt), AAA P (Govt), AAA Q (Govt), AAA R (NP), AAA S (NP), AAA T (Govt JPA), AAA U (NP JPA), AAA V (Govt JPA), AAA W (Govt JPA), AAA X (Govt), AAA Y (NP), AAA Z (Govt), AAA AA (NP), AAA BB (NP JPA), AAA CC (NP JPA), AAA DD (Govt), AAA EE (Govt), AAA FF (Govt)

There are large variations across the AAAs in the amount and composition of funding from public sources.

AAAs embedded in local governments ("G" in the graph) typically benefit from additional funding for administration and services.

Government-based joint powers agreement AAAs ("G JPA" in the graph) also benefit from local funds, but not nearly as much as most single county government-based AAAs.

Most nonprofit-based AAAs ("NP" and "NP JPA" in the graph) typically benefit from a very modest amount of local funding.

No data from:

- El Dorado | PSA 29 | G
- Inyo, Mono | PSA 16 | G JPA
- Los Angeles | PSA 19 | G

CONSUMERS SERVED & SPEND PER CONSUMER

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Dividing the number of HICAP consumers by AAA HICAP funding provides a window into the relative costs of the program per consumer across the AAAs.

The difference between the most and least expensive AAA HICAP operations (PSAs 27 and 22) per consumer is $293.

No data from:

- Marin | PSA 5 | G
- San Joaquin | PSA 11 | G
- Inyo, Mono | PSA 16 | G JPA
- Imperial | PSA 24 | G
- Lake, Mendocino | PSA 26 | G JPA
- Napa, Solano | PSA 28 | G JPA
- El Dorado | PSA 29 | G

Clients Counseled	Spend Per Client	AAA Region | PSA # | Structure
1,180	$365	Sonoma | PSA 27 | G
1,363	$156	Merced | PSA 31 | G
1,605	$192	LA City | PSA 25 | G
1,617	$214	San Diego | PSA 23 | G
1,663	$149	San Benito, Santa Cruz | PSA 13 | NP
1,834	$151	Alpine, Amador, Calav, Mariposa, Tuolumne | PSA 12 | NP JPA
1,903	$119	San Luis Obispo, Santa Barbara | PSA 17 | NP
1,936	$112	Lassen, Modoc, Shasta, Siskiyou, Trinity | PSA 2 | NP JPA
2,104	$143	Riverside | PSA 21 | G
2,133	$158	San Francisco | PSA 6 | G
2,209	$112	Monterey | PSA 32 | G
2,240	$133	Kings, Tulare | PSA 15 | G JPA
2,299	$126	San Mateo | PSA 8 | G
2,511	$113	Fresno, Madera | PSA 14 | NP JPA
2,557	$138	Santa Clara | PSA 10 | NP
2,850	$213	Stanislaus | PSA 30 | G
2,859	$219	LA County | PSA 19 | G
2,930	$93	Del Norte, Humboldt | PSA 1 | NP
2,983	$82	Butte, Colusa, Glenn, Plumas, Tehama | PSA 3 | NP
3,036	$85	Ventura | PSA 18 | G
3,256	$88	Kern | PSA 33 | G
3,385	$172	Nev, Placer, Sac, Sier, Sutr, Yolo, Yuba | PSA 4 | NP JPA
3,467	$94	Contra Costa | PSA 7 | G
3,663	$201	San Bernardino | PSA 20 | G
4,470	$93	Alameda | PSA 9 | G
7,407	$72	Orange | PSA 22 | G

Source: CDA Statistical Fact Sheet, 2019
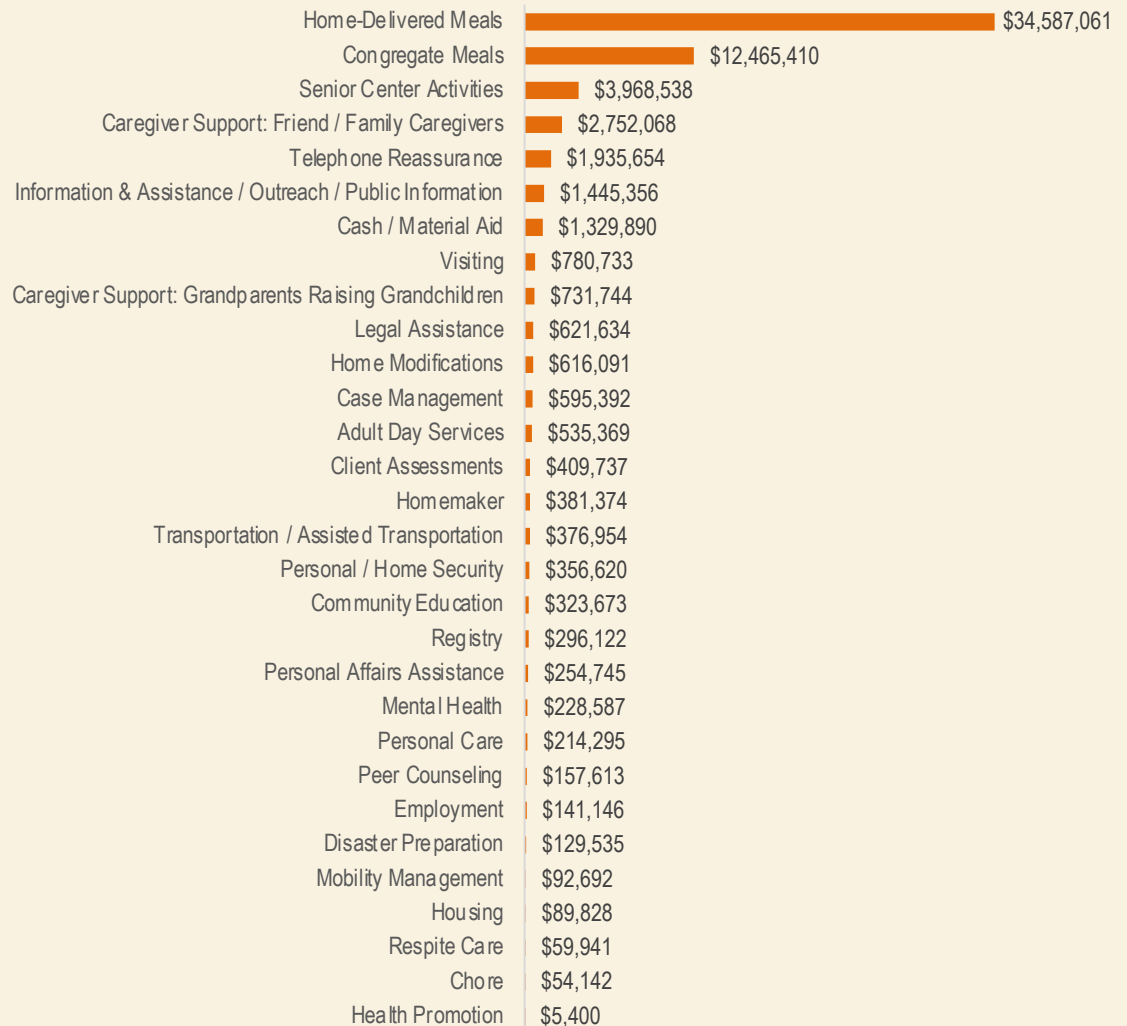
SPENDING PER SERVICE

AAAs fund and deliver an array of services. The greatest share of AAA spending goes toward meals, dramatically overshadowing all other service categories in 2021.

These numbers reflect the pandemic environment where additional public emergency funds were added to existing federal and state funds, and the aging network focused more on home-delivered meals.

Total Service Expenditures (2021)

Service	Expenditure
Home-Delivered Meals	$34,587,061
Congregate Meals	$12,465,410
Senior Center Activities	$3,968,538
Caregiver Support: Friend / Family Caregivers	$2,752,068
Telephone Reassurance	$1,935,654
Information & Assistance / Outreach / Public Information	$1,445,356
Cash / Material Aid	$1,329,890
Visiting	$780,733
Caregiver Support: Grandparents Raising Grandchildren	$731,744
Legal Assistance	$621,634
Home Modifications	$616,091
Case Management	$595,392
Adult Day Services	$535,369
Client Assessments	$409,737
Homemaker	$381,374
Transportation / Assisted Transportation	$376,954
Personal / Home Security	$356,620
Community Education	$323,673
Registry	$296,122
Personal Affairs Assistance	$254,745
Mental Health	$228,587
Personal Care	$214,295
Peer Counseling	$157,613
Employment	$141,146
Disaster Preparation	$129,535
Mobility Management	$92,692
Housing	$89,828
Respite Care	$59,941
Chore	$54,142
Health Promotion	$5,400

Source: National Aging Program Information Systems (NAPIS) State Program Report (SPR) for California, 2021

AAA PERFORMANCE MEASUREMENT ACTIVITIES

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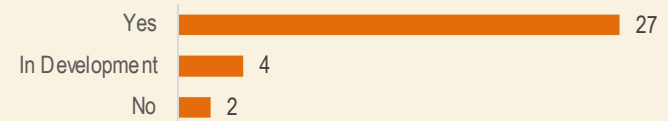*Where ideas evolve into action*

Most AAAs measure performance and the outcomes of their services. This does not imply that AAAs analyze or monitor performance over time or that performance measures are used to evaluate staff and program performance or improve policies, processes, or practices.

These are signs of readiness in the AAA network to improve and systematize performance measurement and monitoring.

AAAs That Measure Performance and Outcomes of Services

Yes	27
In Development	4
No	2

AAAs' Rate of Capturing Consumer Self-Reported Outcomes

Always	5
More than half of the time	5
About half of the time	8
Less than half of the time	6
Never	7

AAAs That Measure Performance and Outcomes of Services, By Type of AAA

	Yes	In Development	No
City / County Govt	16 (80%)	3 (15%)	1 (5%)
NP	3 (60%)	1 (20%)	1 (20%)
Govt JPA	4 (100%)	-	-
NP JPA	4 (100%)	-	-

AAAs' Share of Consumers Asked About Satisfaction with AAA and/or AAA Vendors
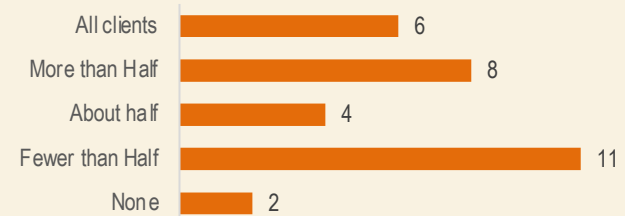
All clients	6
More than Half	8
About half	4
Fewer than Half	11
None	2

Sources: Collaborative Consulting / CDA ADRC SWOT Needs Assessment, 2022; CA 2030 Aging Network Profile Survey, 2023

UNIQUE CLIENTS SERVED

COLLABORATIVE CONSULTING
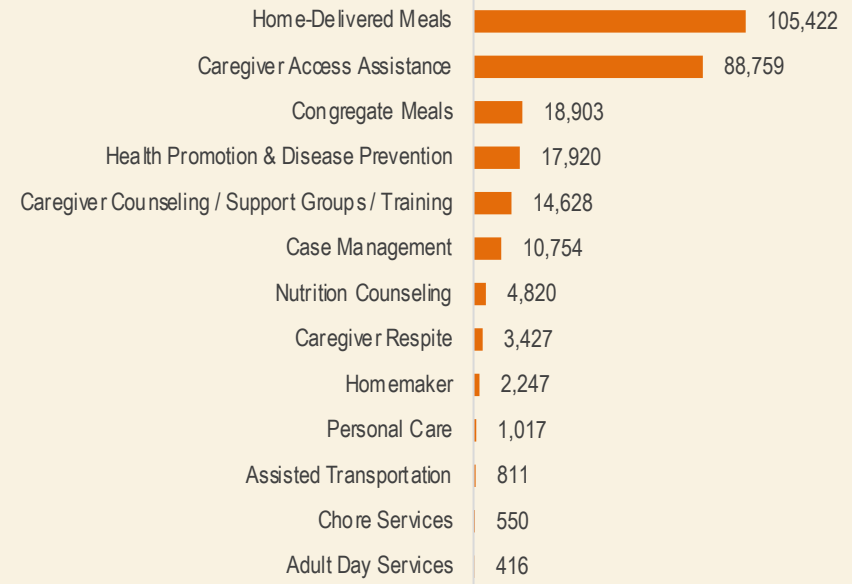*Where ideas evolve into action*

AAAs are not required to collect and report on all the unique clients they serve through their programs. There are some programs where this is required, however.

In 2021, AAAs were reaching the most unique clients through two service areas: home-delivered meal programs and caregiver access assistance, which received greater funding and attention due to the coronavirus pandemic.

Congregate meals, health promotion and disease prevention, caregiver counseling and training, and case management all had between 10 and 20 thousand unique clients.

Services with fewer clients than the above included case management, nutrition counseling caregiver respite, homemaker, and other services.

Unduplicated Clients Per Service Category

Service Category	Clients
Home-Delivered Meals	105,422
Caregiver Access Assistance	88,759
Congregate Meals	18,903
Health Promotion & Disease Prevention	17,920
Caregiver Counseling / Support Groups / Training	14,628
Case Management	10,754
Nutrition Counseling	4,820
Caregiver Respite	3,427
Homemaker	2,247
Personal Care	1,017
Assisted Transportation	811
Chore Services	550
Adult Day Services	416

Source: National Aging Program Information Systems (NAPIS) State Program Report (SPR) for California, 2021

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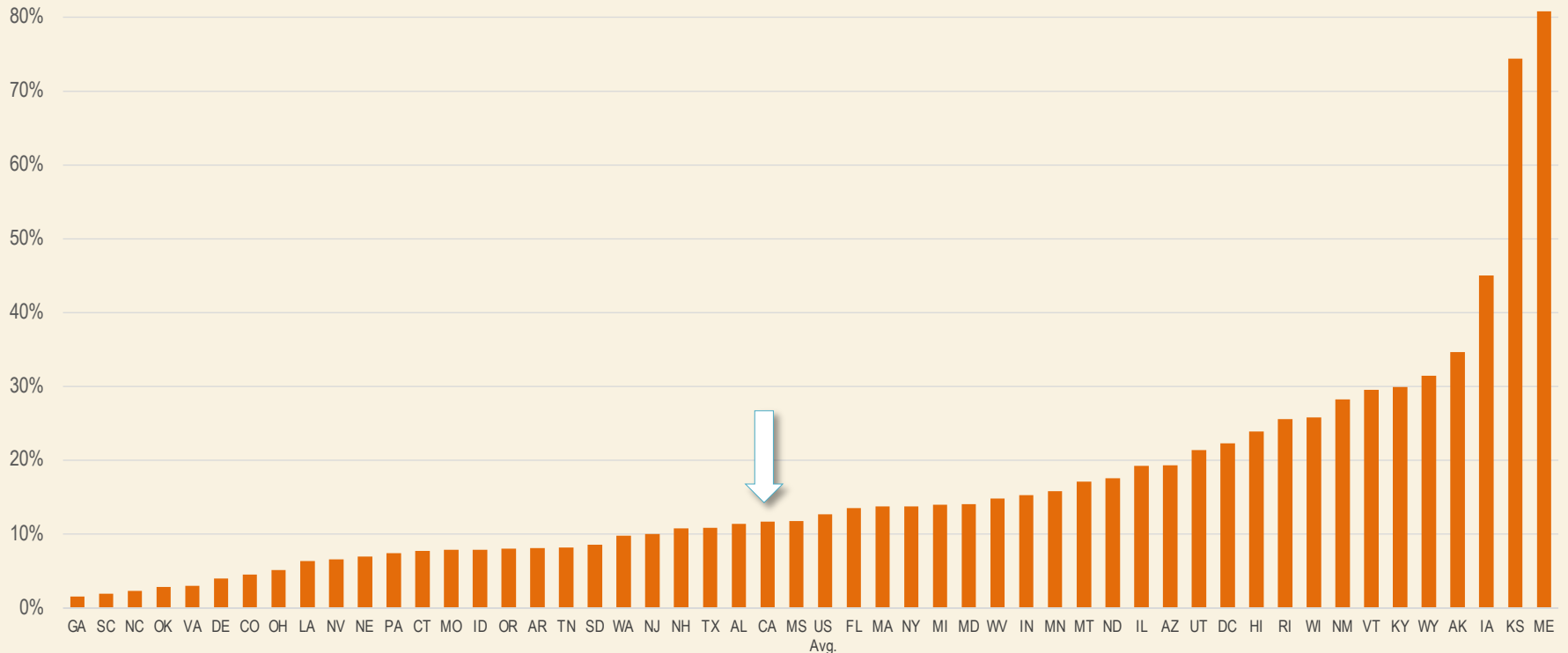Where ideas evolve into action

Looking at state comparisons of the number of AAA consumers as a share of the state's 60+ population, California, at 12%, is just shy of the national average (13%).

Unduplicated Consumers Served in Each State via OAA Funds, as % of Each State's 60+ Population, 2021

Sources: ACL & US Census Bureau

COMMUNICATIONS RESOURCES & ACTIVITIES

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How California's AAAs configure and communicate their identities varies greatly. Some take the names of the government departments the AAA is embedded in, others take original names for their nonprofit structure, and others take traditional names connected to their AAA region or PSA number.

Most AAAs have staff or affiliated partners to provide support in communications, marketing, and outreach efforts. However, six AAAs have no communications specialists in-house or available to them.

Only half of the AAAs have deployed marketing, branding, or outreach campaigns in the past three years, involving an array of focus areas, including:

- Department rebrand launch
- Council member recruitment
- Press releases to increase program participation
- Volunteer recruitment efforts
- Launch of a new ADRC
- Outreach about public and in-home vaccination clinics
- Elder abuse awareness
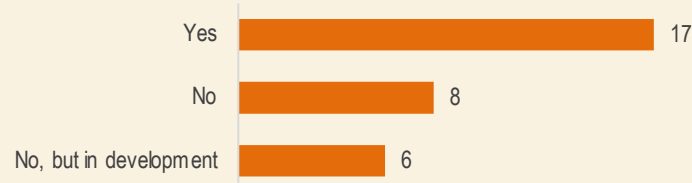- Community needs assessment efforts

AAAs by Type of Name

AAA and/or PSA-specific Name	17
Govt Dept / Division / Office Name	12
Original / Other Type of Name	4
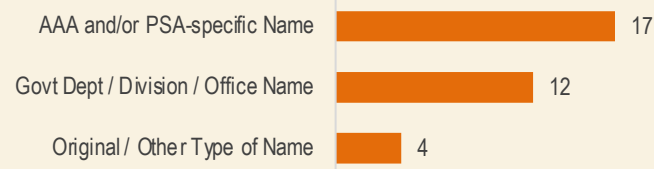
AAAs with Staff/Specialists who have Communications, Marketing, and/or Outreach in their Titles or Job Descriptions

Employed on staff	13
Not within the agency but available from affiliated local gov't entity	8
None	6
On staff and outsourced	4
Outsourced / contracted only	2

AAAs that have Deployed Marketing, Branding, or Outreach Campaigns in the Past Three Years

Yes	17
No	8
No, but in development	6

Source: CA 2030 Aging Network Profile Survey, 2023

COMMUNICATIONS TOOLS & MANAGEMENT

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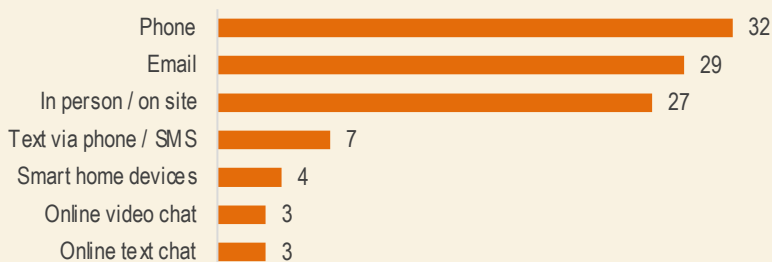
While many AAAs are engaged in efforts to promote programs and services, announce volunteer opportunities, and engage the public for input, their online activities are not as active.
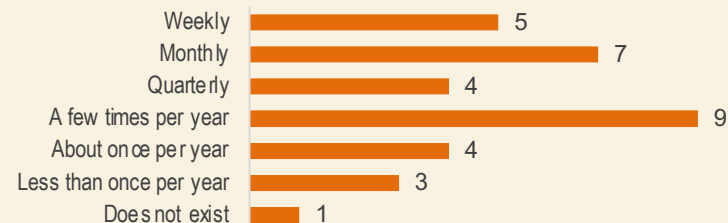
Only a third of AAAs update their websites weekly or monthly, and another third update their websites once or just a few times a year. There is one AAA that claims not to have a website.

AAAs traditionally interface with their consumers via phone, email, and in person. Many AAAs engage with consumers via text, smart home devices, online videos, and apps.
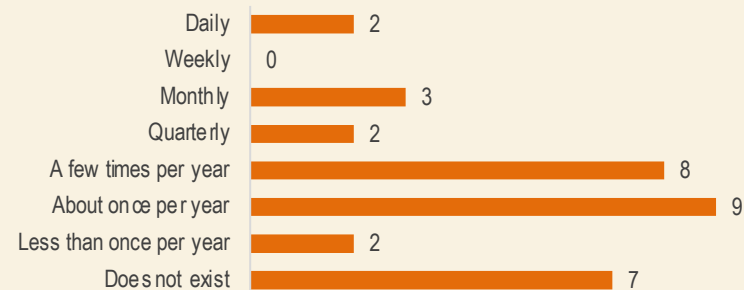
AAAs' Frequency of Updating Websites

Category	Value
Weekly	5
Monthly	7
Quarterly	4
A few times per year	9
About once per year	4
Less than once per year	3
Does not exist	1

AAAs' Frequency of Updating Online Resource Directories

Category	Value
Daily	2
Weekly	0
Monthly	3
Quarterly	2
A few times per year	8
About once per year	9
Less than once per year	2
Does not exist	7

How AAAs Engage with Consumers for Information and Assistance (n=32)

Category	Value
Phone	32
Email	29
In person / on site	27
Text via phone / SMS	7
Smart home devices	4
Online video chat	3
Online text chat	3

AAAs' Use of Phone / Tablet Applications for Providing Information and Resources

Category	Value
Yes	4
In Development	2
Exploring	3
No	24

Sources: Collaborative Consulting / CDA ADRC SWOT Needs Assessment, 2022; CA 2030 Aging Network Profile Survey, 2023

MEMBERSHIPS & AFFILIATIONS

Beyond the California Association of Area Agencies on Aging (C4A), which all AAAs are members of, about two-thirds of California's AAAs are members of at least one other state-level trade association. The most common AAA memberships in other associations are with the following:

- CA Association of Public Authority
- CA Alliance for Retired Americans (CARA)
- CA Collaborative
- CA Health Advocates
- CA Long-Term Care Ombudsman Association (CLTCOA)
- CA Public Administrators/Guardians/Conservators Association
- CA State Association of Counties (CSAC)
- County Welfare Directors Association (CWDA)
- Multipurpose Senior Services Program (MSSP) Site Association

Nearly all the AAAs are members of or affiliated with at least one national group or association, including:

- Alliance of Information and Referral Systems (AIRS)
- American Society of Aging (ASA)
- Meals on Wheels America
- National Adult Protective Services Association (NAPSA)
- National Association of Nutrition and Aging Services Programs (NANASP)
- National Guardian's Association
- USAging

Membership in State Associations (C4A Excluded)

	Yes	No
	21	11
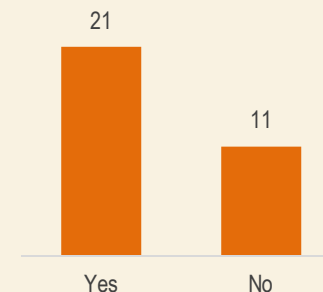
Membership in National Associations
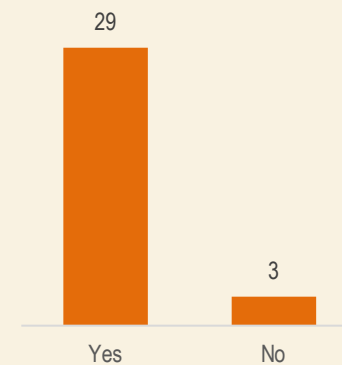
	Yes	No
	29	3

Source: CA 2030 Aging Network Profile Survey, 2023

POPULATION TRENDS BY PSA

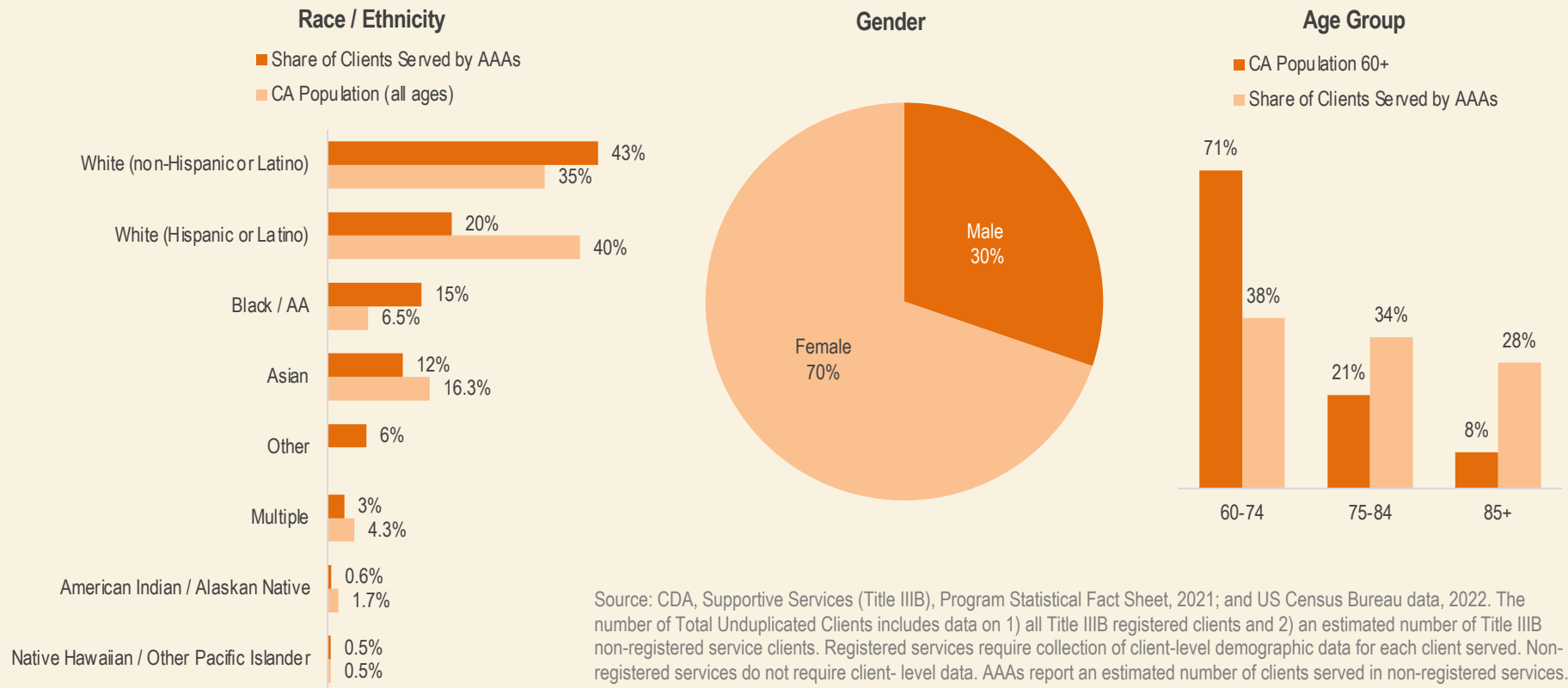Over the last 40 years, there has been dramatic population increases in every AAA planning and service area.

The twenty-year outlook reveals differing levels of growth, and some county populations and population growth rates are much larger than others.

PSA	Region (Counties)	Structure	60+ Pop. in 1980	60+ Pop. in 2020	Est. 60+ Pop. in 2040
1	Del Norte, Humboldt	NP	19,129	42,162	45,474
2	Lassen, Modoc, Shasta, Siskiyou, Trinity	NP JPA	32,727	80,917	76,356
3	Butte, Colusa, Glenn, Plumas, Tehama	NP	47,993	87,965	95,534
4	Nev., Placer, Sac., Sierra, Sutter, Yolo, Yuba	NP JPA	168,682	551,928	776,178
5	Marin	County Govt	31,437	82,970	98,161
6	San Francisco	County Govt	137,869	207,862	300,600
7	Contra Costa	County Govt	90,044	283,450	423,846
8	San Mateo	County Govt	91,379	192,808	276,681
9	Alameda	County Govt	161,500	361,280	545,354
10	Santa Clara	NP	142,921	422,030	671,292
11	San Joaquin	County Govt	55,587	148,530	234,710
12	Alpine, Amador, Calav, Mariposa, Tuolumne	NP JPA	18,882	59,235	61,474
13	San Benito, Santa Cruz	NP	36,383	80,977	108,627
14	Fresno, Madera	NP JPA	82,764	217,257	303,748
15	Kings, Tulare	Govt JPA	45,635	105,682	142,835
16	Inyo, Mono	Govt JPA	4,524	9,936	12,644
17	San Luis Obispo, Santa Barbara	NP	75,628	181,025	229,712
18	Ventura	County Govt	63,258	198,750	274,154
19/25	Los Angeles	City/County Govts	1,059,829	2,167,129	3,300,287
20	San Bernardino	County Govt	125,633	396,656	587,518
21	Riverside	County Govt	134,415	532,749	871,878
22	Orange	County Govt	232,911	709,928	1,052,416
23	San Diego	County Govt	271,405	723,215	1,034,757
24	Imperial	County Govt	12,130	35,735	49,217
26	Lake, Mendocino	Govt JPA	22,629	46,053	45,690
27	Sonoma	County Govt	54,596	144,256	198,670
28	Napa, Solano	Govt JPA	46,794	142,181	192,827
29	El Dorado	County Govt	13,056	59,271	66,192
30	Stanislaus	County Govt	40,736	106,990	148,523
31	Merced	County Govt	16,755	47,124	70,545
32	Monterey	County Govt	38,094	89,569	127,186
33	Kern	County Govt	56,790	153,927	211,626

CA AAA CLIENT DEMOGRAPHICS

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Based on 2019-2020 Older Americans Act Title IIIB unduplicated client service data, California's AAAs delivered more services to white, black, and female consumers than are represented in the population (55% of California's 65+ population is female). More consumers in older categories were served than are represented in the state's population.
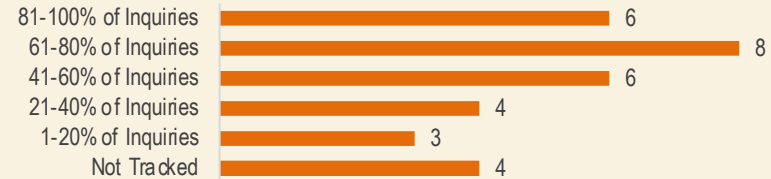
Race / Ethnicity

- Share of Clients Served by AAAs
- CA Population (all ages)

Race / Ethnicity	Share of Clients Served by AAAs	CA Population (all ages)
White (non-Hispanic or Latino)	43%	35%
White (Hispanic or Latino)	20%	40%
Black / AA	15%	6.5%
Asian	12%	16.3%
Other	6%	
Multiple	3%	4.3%
American Indian / Alaskan Native	0.6%	1.7%
Native Hawaiian / Other Pacific Islander	0.5%	0.5%

Gender

Male 30%
Female 70%

Age Group

- CA Population 60+
- Share of Clients Served by AAAs

Age Group	CA Population 60+	Share of Clients Served by AAAs
60-74	71%	38%
75-84	21%	34%
85+	8%	28%

Source: CDA, Supportive Services (Title IIIB), Program Statistical Fact Sheet, 2021; and US Census Bureau data, 2022. The number of Total Unduplicated Clients includes data on 1) all Title IIIB registered clients and 2) an estimated number of Title IIIB non-registered service clients. Registered services require collection of client-level demographic data for each client served. Non-registered services do not require client-level data. AAAs report an estimated number of clients served in non-registered services.

TYPES OF PEOPLE CONTACTING AAAs

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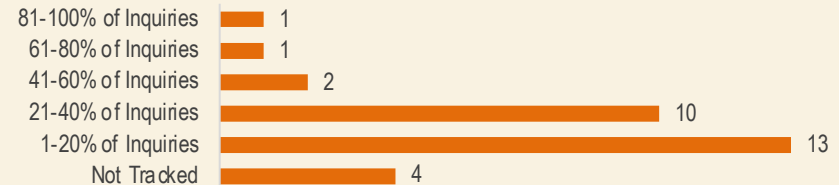Where ideas evolve into action

AAAs receive inquiries from different types of people, not just consumers of services. While consumers may be the most prevalent type of caller, AAAs also field inquiries from caregivers, followed by other social service professionals and healthcare professionals.

Some AAAs cannot track their inquiries or the types of people inquiring about resources and services.

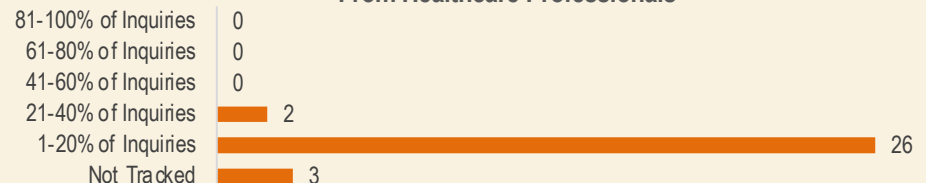**Number of AAAs Reporting Share of Inquiries From Individuals Seeking Services for Themselves**

Category	Value
81-100% of Inquiries	6
61-80% of Inquiries	8
41-60% of Inquiries	6
21-40% of Inquiries	4
1-20% of Inquiries	3
Not Tracked	4

Number of AAAs Reporting Share of Inquiries From Friend or Family Caregivers

Category	Value
81-100% of Inquiries	1
61-80% of Inquiries	1
41-60% of Inquiries	2
21-40% of Inquiries	10
1-20% of Inquiries	13
Not Tracked	4

Number of AAAs Reporting Share of Inquiries From Social Services Professionals

Category	Value
81-100% of Inquiries	0
61-80% of Inquiries	1
41-60% of Inquiries	2
21-40% of Inquiries	4
1-20% of Inquiries	21
Not Tracked	3

Number of AAAs Reporting Share of Inquiries From Healthcare Professionals

Category	Value
81-100% of Inquiries	0
61-80% of Inquiries	0
41-60% of Inquiries	0
21-40% of Inquiries	2
1-20% of Inquiries	26
Not Tracked	3

Source: Collaborative Consulting / CDA ADRC SWOT Needs Assessment, 2022

MINORITY CONSUMERS SERVED (OAA IIIB)

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ACL measures states on the share of minority populations they serve. Comparing the share of AAA consumers that are minorities against the estimated share of the minority population in California provides a glimpse into AAAs' minority engagement performance. The national AAA average is nearly 10 percentage points below the share of American minorities. California served an estimated 41% of minorities in 2021, 24 percentage points below the estimated share of the minority population in the state.

States are also measured by the amount of missing data in their report submissions. Racial data was missing from 21% of California's reporting; ethnicity data was missing from 14%. These are worse than the national average of 9% missing racial data and 11% missing ethnicity data based on ACL's 2021 reports.
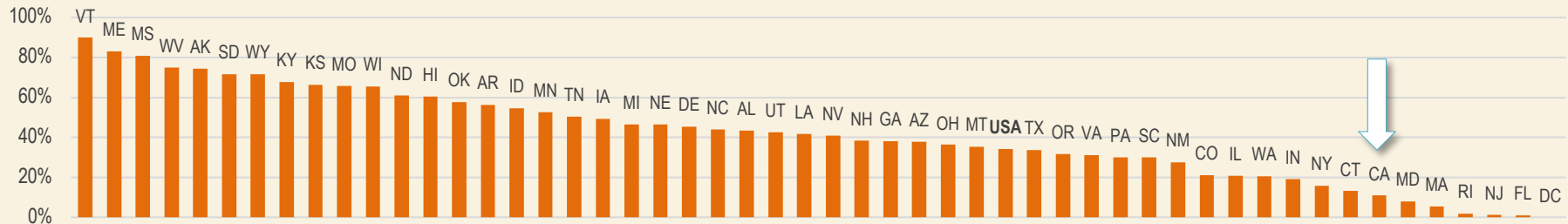
Minority Engagement Performance By State (2021)

Source: ACL, 2021; US Census Bureau. Minority population is defined as races and ethnicities other than "White alone, not Hispanic or Latino" as defined by the US Census Bureau.

RURAL & LOW-INCOME CONSUMERS SERVED

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Rural Consumer Engagement By State

The share of rural AAA consumers nationally (34%) exceeds the estimated number of rural older Americans (20%). In California, estimates for 2021, about 9% of the population lived in rural areas, and about 10% of AAA consumers lived in rural areas.

The share of AAA consumers in poverty nationally (32%) is about three times the estimated share of all older Americans living in poverty. In California, 48% of reported AAA consumers were in poverty, nearly four times higher than the estimated number of older Californians (10%).

Low-Income Consumer Engagement By State
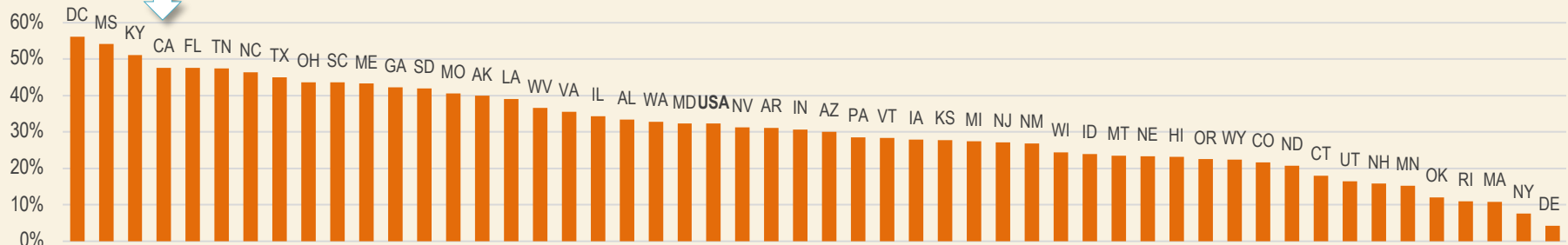
Source: ACL, 2021

The network profile offers insights into how the CA Aging Network is measured and monitored.

This report demonstrates the many commonalities and differences among and between California's 33 Area Agencies on Aging.

As CDA and the CA 2030 Steering Committee identify opportunities to strengthen and future-ready the CA Aging Network, this profile can be one reference for how the AAAs individually and collectively fulfill their missions and obligations.

Black borders indicate AAA PSA boundaries.
White borders indicate county boundaries within AAA PSAs.