

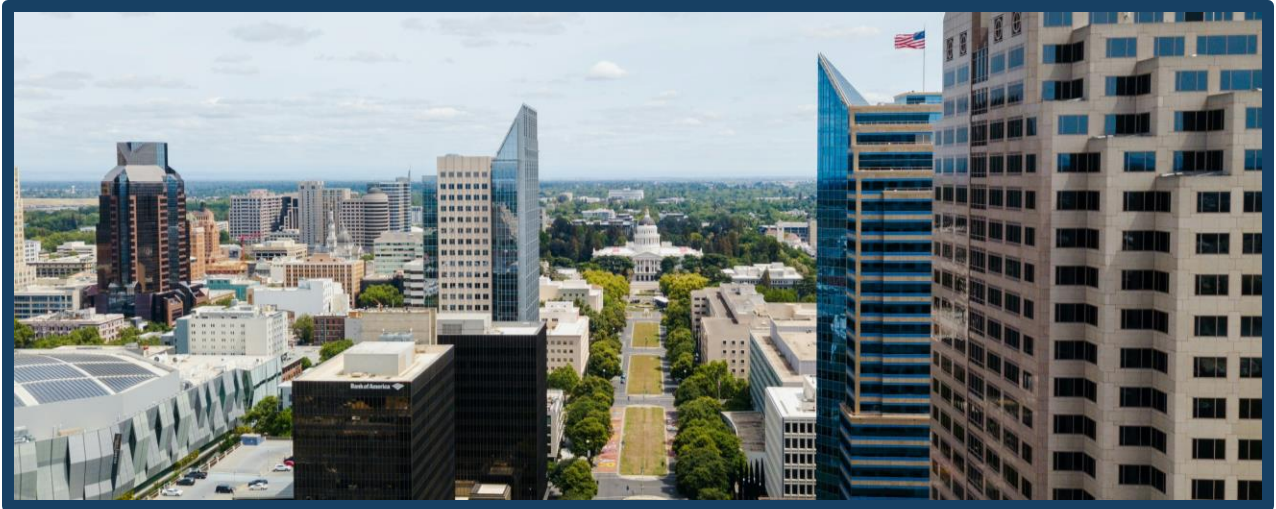


Local Aging & Disability-Friendly Action Plan 2025-2030



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Welcome,

Sacramento County Community Members.

This is *your* Local Aging and Disability-Friendly Action Plan for the next five years — and beyond. It sets the groundwork for our communities' shared goals for years to come. We will share our progress and develop new goals and approaches along the way, with input and participation from community members and organizations.

The Sacramento County Aging and Disability-Friendly Action Plan helps make our county more livable, accessible, and connected for everyone, regardless of age, ability, or income. You have shared ideas for how we can create age and disability-friendly communities. This Plan offers steps to get there.

The Aging and Disability-Friendly Action Plan resulted from years of advocacy from age and disability-friendly providers and input from Sacramento County residents. Community collaboration and input is essential to creating a Sacramento County for all ages and abilities.

We welcome you to read this report. We also invite you to take part in implementing the Plan, in ways both big and small.

Executive Summary

In 2021, Sacramento County joined the AARP Age-Friendly Network of States and Communities. Two years later, Sacramento County was awarded a grant from the California Department of Aging to develop the Local Aging and Disability-Friendly Action Plan.

A significant demographic shift is occurring across the county, the state, and the country. By 2030, 25% of the county's population will be aged 60 and older; by 2060, it will be 30% (or 620,000 people). Meanwhile, the percentage of people with a disability has remained consistent over the last 15 years; currently, 200,000 county residents live with a disability.

The age and disability-friendly movement represents an opportunity to revisit how we design our communities. If we adapt our surroundings to better meet needs as we age, we will create communities that will be more supportive and accessible for all. We believe that planning ahead leads to better outcomes.

To understand how to create a Sacramento County community for all ages and abilities, we spoke with the people who live and work here. We conducted twenty-six community listening sessions that became the basis for the recommended goals and projects in this Action Plan.

What we learned can be summed up in one word: access. Too many older adults and people with disabilities do not have equitable access to their basic needs.

Access means affordable and accessible housing, transportation, and health care. Access means physical mobility for all abilities; language support; dignity and respect in the public and private sector; and gainful employment. Most importantly, it means having the love and support of family, friends, and neighbors. This is what it will mean to be age and disability friendly in Sacramento County.

Community Profile

A Brief History

Native tribes have inhabited the Sacramento County area for centuries. These include the Nisenan, the Southern Maidu, Valley and Plains Miwok, and the Patwin Wintun tribes.

Starting in the late 18th and early 19th centuries, Spanish settlements took root, until Mexico won its independence from Spain in 1821, and the area became part of the Mexican State of Alta California. The United States initiated the Mexican American War against Mexico in 1846 and California was annexed to the U.S. in 1848.

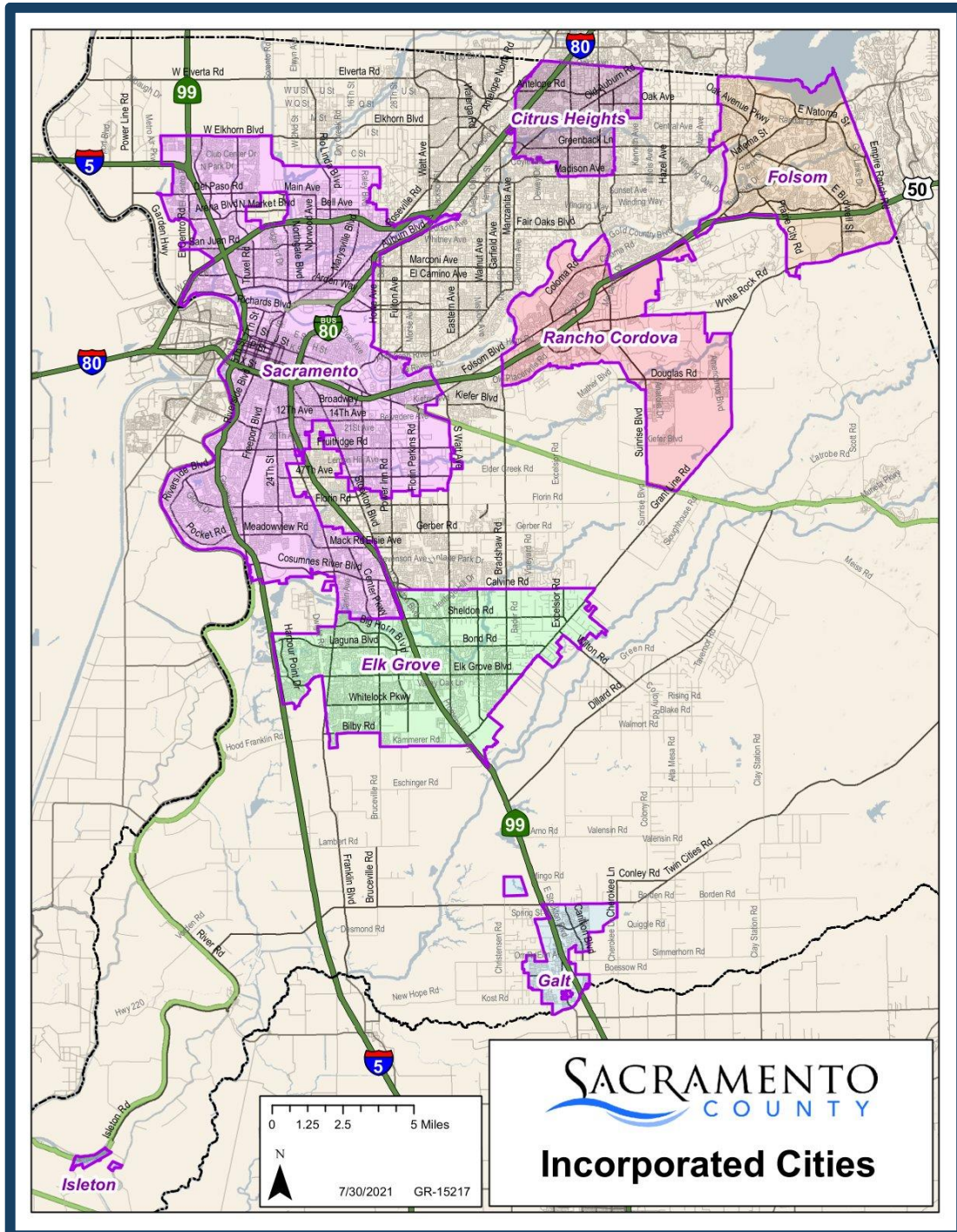
With the discovery of gold in 1848, thousands of immigrants from around the world arrived in the region, displacing and decimating the indigenous populations. Many settlers, seeking fortune, descended upon the Sacramento region and caused the city and county to become a major transportation hub, center of commerce, and the gateway to the gold country.

In 1850, settlers incorporated Sacramento County to meet the needs of a growing population. The County is one of the original 27 counties of California. Its largest city, Sacramento, became the capital of California in 1854.

Located in the center of the state, the County borders eight other counties. It is now home to seven cities and a large unincorporated area. The City of Sacramento was the first to incorporate in 1849, followed by Isleton in 1923. Galt and Folsom both incorporated in 1946. Citrus Heights (1997), Elk Grove (2000), and Rancho Cordova (2003) all incorporated in the last 30 years. See a map of the county and the incorporated cities on the next page.

Today, Sacramento County hosts a diverse employment sector. Government is the major employer, with the State Capitol housing California's executive and legislative branches. Other large employment sectors include agriculture, education, information technology, and health services. These economic

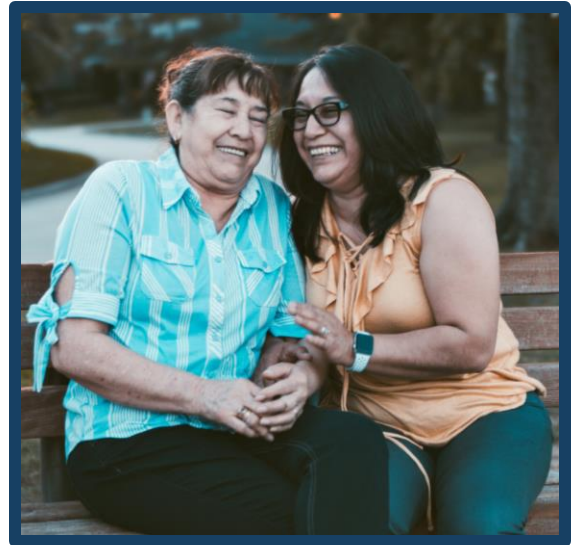
engines support a population of over 1.5 million, making Sacramento County the eighth most populous county in California.



Older Adults

In 2023, Sacramento County had 343,903 residents aged 60 and older, which is 22% of the county's population.¹ By 2030, 25% of the population will be aged 60 and older.²

Sacramento County's aging population represents an opportunity to revisit how we design our communities, including how we provide health care, social services, and infrastructure.



The increasing older adult population offers unprecedented opportunities to engage, learn from, listen to, and empower older persons in our communities.

Residents with Disabilities

In 2023, 13% of Sacramento County's population (205,957 residents) had a disability.³ The most common are mobility or walking difficulties (99,808 residents), cognitive difficulties (92,162), and independent living difficulties (83,774).

Among county residents under the age of 18, 5% live with a disability. That percentage grows to 11% for residents between the ages of 18 and 64. For adults aged 60 and older, the percentage increases to 32%. Of all residents with a disability, over half are older adults.

Disability rates increase as people age due to medical conditions, injuries, and unequal access to necessary resources.

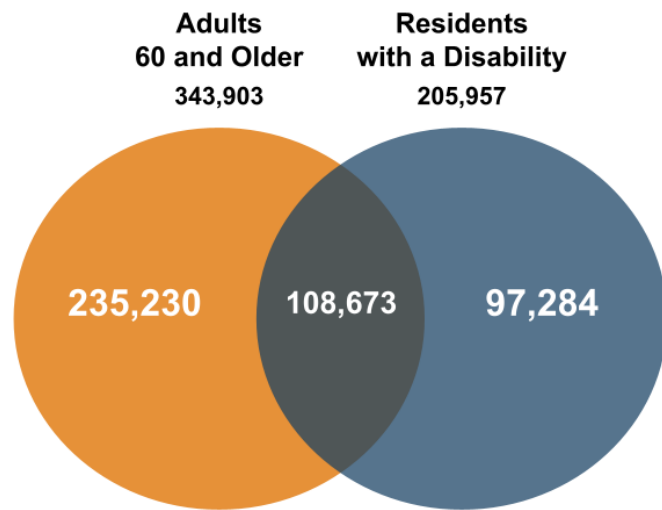
¹ Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

² Source: California Department of Aging, Master Plan for Aging Data Dashboard Projections

³ Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

Overlapping Populations

The Venn diagram to the right shows the significant overlap between the disability and older adult populations in Sacramento County: 108,673 residents are over age 60 and have a disability. When the two populations are combined, they account for 28% of the entire county population.



Summary Data Table

Demographic	County Population (#)	Aged 60 and Older (#)	Percentage of Demographic Aged 60 and Older
Total	1,584,288	343,903	21.7%
Female	804,818	186,739	23.2%
Male	779,470	157,164	20.2%
Asian	285,172	57,776	20.3%
Black or African American	147,339	28,888	19.6%
Hispanic or Latino	388,151	44,363	11.4%
White	628,962	194,649	30.9%
Householder living alone	424,589	141,344	33.3%
Civilian veteran	85,552	41,268	48.2%
With any disability	205,957	108,673	52.8%
Foreign born	360,633	93,553	25.9%
Limited English proficient	226,553	62,590	27.6%
Below poverty level	185,089	40,396	21.8%

Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

The Path to this Plan

In January 2021, the State of California released its Master Plan for Aging (MPA). The MPA is a response to a significant demographic shift across the state. In 2030, California will be home to 10.8 million people aged 60 and over — twice as many as in 2010. One out of every four Californians will be an older adult.

This same shift is taking place in Sacramento County. In 2030, Sacramento County will have 40,000 more older adults than it does now. By 2060, it will have 300,000 more. To prepare, the Adult and Aging Commission recommended that Sacramento County join the AARP Age-Friendly Network of States and Communities. Sacramento County joined the network in February 2021.

Members of the Age-Friendly Network must first conduct a community assessment. Once the assessment is complete, an action plan is developed based on the assessment results. Lastly, member communities work towards the goals of the action plan, continuously sharing successes and learning from challenges.

In Sacramento County, the assessment consisted of a survey and twenty-six listening sessions. The survey served as a learning opportunity that informed how we gathered data through the listening sessions. The listening sessions helped identify community strengths and the crucial needs and concerns of residents. They became the basis for this Local Aging and Disability-Friendly Action Plan.

As the Age-Friendly Sacramento County initiative moves forward, we will evaluate the impact of our efforts. We will provide biannual updates to our partners and residents. Every five years, we repeat the process by developing new goals once previous ones have been completed. By continuously seeking improvements, Sacramento County will become more age and disability friendly over time.

Mission & Vision



Age & Disability-Friendly Sacramento County is...

A Sacramento County-led initiative of government and community-based agencies dedicated to making our communities more livable, accessible and healthier for all.



Age & Disability-Friendly Sacramento County envisions...

A community that is respectful and inclusive of all people.
A community that supports safe and healthy aging.
A community that is accessible and equitable.

The Plan Framework

Communities as Ecosystems

The Ecological Model of Aging is the foundation of the Sacramento County Aging and Disability-Friendly Action Plan. This framework is used to design age-friendly communities through policies that support adult independence, interdependence, and well-being.

The Ecological Model of Aging model presents a holistic approach to human life. It views individuals and communities as part of a larger, interconnected ecosystem. Human well-being co-exists with the health and dynamics of the broader environment: natural ecosystems, economic and social systems, and the built environment.

How humans interact with their environment changes over time. A person's quality of life is impacted by either a change to their own personal capacity, or a change in the capacity of the environment to support them. Creating "habitats for humanity," where people can adapt the environment to better meet their needs, will lead to better aging outcomes.

A Logic Model and Theory of Change

The Local Aging and Disability-Friendly Action Plan uses the Ecological Model of Aging as a logic model. The model helps us visualize the specific outcomes expected from a given solution, and how to measure them.

Two useful theories of change have emerged from the Ecological Model of Aging. One comes from the World Health Organization (WHO). It identifies the eight core characteristics of an age-friendly community.





The WHO advances the quality of life of a community through the status of those eight domains. AARP adopted the same logic model for its U.S. Network of Age-Friendly States and Communities. A second logic model is the California Master Plan for Aging (MPA). Instead of eight domains, it uses five bold goals for its theory of change.

Logic models and theories of change offer us a general view of *how* to change entire systems, but we still need to understand *what* we want to change. To find out, we spoke with county residents, caregivers, and service providers.

The unmet needs identified by community input helped anchor the recommendations in this action plan. We initially characterized the unmet needs using AARP's eight domains of livability, then further refined them to align with the MPA's five bold goals. We have recommended solutions in this Action Plan that meet all the following four criteria:

1. Systemic

Solutions that impact the entire community or ecosystem.

2. Transformational

Solutions that can produce a substantial improvement in the lives of residents.

3. Feasible

Solutions that can be achieved with available resources.

4. Community-Driven

Solutions that address the unmet needs identified by county residents, caregivers, and service providers.

California's Bold Goals

California's Master Plan for Aging (MPA) has five bold goals to build a California for all ages. Sacramento County has nested its own unique priorities and solutions under these goals. Shared language and approaches across the state will help align our age and disability-friendly efforts.



Goal #1. Housing for All Ages & Stages

We will live where we choose as we age in communities that are age, disability, and dementia-friendly and climate and disaster-ready.

Goal #2. Health Reimagined

We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.

Goal #3. Inclusion & Equity, Not Isolation

We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.

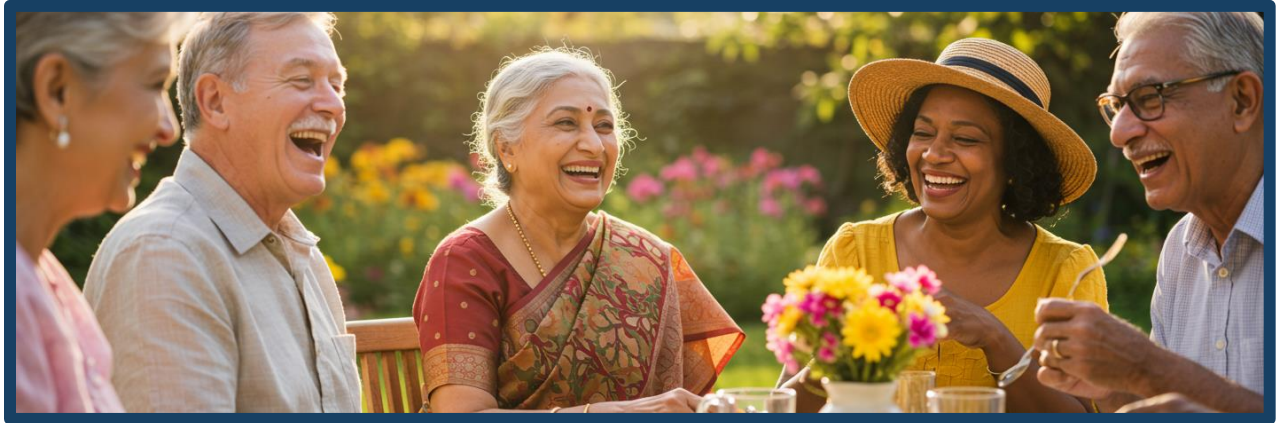
Goal #4. Caregiving That Works

We will be prepared for and supported through the rewards and challenges of caring for aging loved ones.

Goal #5. Affording Aging

We will have economic security for as long as we live.

The Action Plan



The following section provides an overview of Sacramento County’s five priority areas, including the recommendations that constitute the 2025-2030 Action Plan. Each priority area includes the following sections:

Overview

Describes what the area encompasses, including specific examples.

Vision

What an age and disability-friendly Sacramento County would look like in that priority area.

Assets

Highlights a few existing strengths identified within that priority area.

Gaps

The needs identified by our assessment that the Plan intends to address.

2030 Goal

The five-year goal for achieving an age and disability-friendly Sacramento County in that priority area.

Recommendations

The priority area specific strategies that will be implemented to achieve the goal.

1. Housing for All Stages & Ages



Overview

Housing is the foundation of personal well-being and engagement with one's community. Older adults, like people of all ages, need a variety of housing options that adapt to changing family size, health and social lifestyles, preferences, and needs. A wider range of housing models are emerging, such as accessory dwelling units. There are also new models of residential communities with a range of services. Luckily, we can scale these models to meet the needs of an aging population.⁴

Vision

1. People with disabilities and older adults will have affordable, accessible housing options.
2. Housing search and application assistance will be available to applicants needing assistance.
3. Waitlists for affordable, accessible apartments will be less than three months, as new housing options relieve demand.
4. Residential services and case managers will be available on-site at large complexes to connect residents with accessible transportation and other services.

⁴ The Overview is adapted from the California Master Plan for Aging's [online goal description](#).

Assets

While more affordable and accessible housing is urgently needed, Sacramento County has a number of residential communities designed for older adults and people with disabilities, as well as community-based partners to help with the housing search and application process.

The Sacramento Housing and Redevelopment Agency coordinates and disseminates resources for tenants, landlords, and developers. Resources for Independent Living helps people with disabilities to find and apply for affordable, accessible housing. Rebuilding Together assesses homes and makes repairs to improve health, safety, and efficiency.

There are examples and a variety of affordable and accessible apartment communities for older adults and people with disabilities. The Agency on Aging Area 4's Key Connections Program matches older adults with younger residents to create affordable, intergenerational shared housing arrangements.

The Sacramento Safe House and Nottoli Place Shelter offer safe, private accommodations for older adults fleeing abuse or in need of emergency shelter. Adult Protective Services and Volunteers of America staff assist guests in locating long-term housing, a challenge in the current housing market.

Gaps

From our community needs assessment, we heard from county residents that there is insufficient affordable and accessible housing for low and middle-income residents on a fixed income.

There is also a need for:

- More housing designed to be affordable and accessible for people with disabilities and older adults. There is an extreme deficit in accessible

housing of any type; therefore, the need to build or retrofit accessible housing units is critical.⁵

- More owners and property managers who are responsive to accessibility and habitability barriers and concerns.
- Reasonable access to services and transportation.
- In-house or mobile case management for larger communities.
- Access to affordable emergency repairs.

2030 Goal

No person with a disability or over the age of 60 will be homeless in Sacramento County for lack of affordable and accessible housing, outside of rare and brief episodes, as determined by annual Point-in-Time (PIT) count data.⁶

Recommendation

1. Prioritize and expand innovative strategies for housing older adults and people with disabilities in safe, affordable, and accessible spaces.

Proposed strategies include, but are not limited to, co-living and housing match programs; eviction prevention services for renters, and mortgage and maintenance assistance for homeowners; home downsizing assistance; dedicated apartments for residents with sensory and mobility disabilities; housing designed for the deaf and hard of hearing; dementia villages; on-site services (including accessible transportation); on-site or mobile case management; and grants for housing and related assistance.

⁵ Shared housing models would not work for most people who use mobility devices because most homes are not accessible. It is often prohibitively expensive or technically infeasible to retrofit.

⁶ Annual PIT counts undercount the number of people experiencing homelessness. The counts are typically conducted over a single night using volunteers and service provider staff. These types of visual street counts are problematic in that people need to be seen to be counted. Also, the PIT count excludes people who are “doubled up,” meaning that they are staying with friends or family due to economic hardship. The count also excludes people in some institutions such as hospitals and jails; this may result in a disproportionate undercounting of racial and ethnic minorities, who are overrepresented in incarcerated populations. For these reasons, we will provide context for future PIT count data related to this 2030 goal. We will also seek other data sources that may reflect a more accurate count of the unhoused population in Sacramento County.

2. Health Reimagined



Overview

Health is a lifelong journey. To age well, all county residents need access to both health care and healthy communities. California leads the nation in health care coverage for all ages and abilities. The recent expansions of Medi-Cal and Covered California, California's health exchange, are notable.

Services beyond health care are essential to maintaining health. Over half of older adults will need long-term care services and supports to assist with daily activities. California's In-Home Supportive Services (IHSS) provides in-home care to eligible residents enrolled in Medi-Cal; however, there is a shortage of IHSS workers, and a majority of older adults do not qualify for Medi-Cal and many of them cannot afford to pay out of pocket for long-term care.⁷

Vision

1. All older adults and residents with disabilities will have access to information and resources about long-term care and mental health services.
2. Senior community centers, family resource centers, home health care providers, senior housing facilities and other community-based organizations will offer accessible and affordable preventative health care interventions.

⁷ The Overview is adapted from the California Master Plan for Aging's [online goal description](#).

Assets

Sacramento County is home to a number of world-class health care centers, including Kaiser Permanente, Dignity Health, Sutter, and UC Davis. UC Davis' Healthy Aging Clinic is a one-stop medical clinic for older adults and is the only clinic of its kind in the region to be nationally recognized as an Age-Friendly Health System.

Sacramento County Public Health provides services and targets resources in alignment with its five-year Community Health Improvement Plan to address the root causes of health inequities across the county. The County's Department of Health Services administers CalAIM, a State initiative that supports counties to advance and innovate Medi-Cal to create a more coordinated, person-centered, and equitable health system for members.

Sutter Health's SeniorCare PACE complex provides preventive care, medical care and support services that help older adults remain in their homes. The City of Sacramento offers Triple-R Adult Day Centers to meet the social and care needs of people with dementia, while their family members get respite from round-the-clock caregiving.

California Health Collaborative's Multipurpose Senior Services Program (MSSP) provides care coordination, case management, and advocacy services to older adults on Medi-Cal whose physical or cognitive limitations put them at risk of nursing home placement. In-Home Supportive Services (IHSS) is another alternative to out-of-home care for Medi-Cal members, by providing payment for in-home care provider services.

Agency on Aging Area 4 facilitates two critical health and wellness programs: the Health Insurance Advocacy & Counseling Program (HICAP) — administered by Legal Services of Northern California — that helps consumers navigate Medicare, health insurance, and long-term care insurance decisions; and Program to Encourage Active Rewarding Lives (PEARLS), an evidence-based, in-home counseling program, that can help aging adults reduce depressive symptoms and improve their quality of life. ACC Senior Services and El Hogar Community Services also offer the PEARLS program.

Gaps

From our community needs assessment, we heard from county residents that they need affordable long-term care and mental health services.

There is also a need for:

- Easier-to-navigate public health and welfare programs and benefits.
- Wage growth and increased recruitment of paid home caregivers.
- Sufficient access to home visitor programs and wellness checks.
- Access to healthier foods at housing developments and food banks.
- High quality, affordable dementia and memory care.
- A sufficient health care workforce trained in geriatrics.
- A health care workforce representative of the county's diversity.

2030 Goal

Aging & Disability Resource Connection (ADRC) case managers will have resolved 90% or more of calls related to the social determinants of health⁸ — the non-medical factors that influence health outcomes — with 85% client satisfaction, as indicated through post-call surveys.⁹

Recommendation

1. Prioritize and expand innovative strategies for raising awareness and connecting people with disabilities and older adults to health care services.

Proposed strategies include, but are not limited to, preventative care campaigns; programs providing food access; training of front-line workers and first responders in dementia care; policy advocacy opportunities for paid caregiver wage growth and recruitment and to address other gaps in the current IHSS system; information campaigns for affordable long-term care and mental health services; and the streamlining of public health and welfare programs and benefits.

⁸ To learn more about the social determinants of health, visit the World Health Organization [website](#).

⁹ Measuring and achieving this 2030 goal will require increased funding of ADRC operations.

3. Inclusion & Equity, Not Isolation



Overview

Older adults and people with disabilities play many roles in our communities. They are workers, business owners, volunteers, mentors, neighbors, friends, family members, and more. Each of these roles can provide a vital sense of purpose at any age. But we know that social isolation and loneliness remain problems in our communities. They pose a serious threat to our physical and mental health. Social, employment and volunteer opportunities can provide a sense of purpose and connection. Building trusting relationships is a critical part of any healthy community.¹⁰

Vision

1. Age, ability, language, race and ethnicity, gender identity, sexuality, income, citizenship, and geography will not be barriers to residents connecting with community resources and services.
2. People with disabilities, older adults, and their caregivers will feel confident reaching out for help from their communities: neighbors, support networks, healthcare and service providers, and local government.

¹⁰ The Overview is adapted from the California Master Plan for Aging's [online goal description](#).

Assets

Sacramento County benefits from a vibrant network of community and senior centers serving older adults and the population at large. Strategically located across the county, these centers provide hot meals, exercise classes, social engagement opportunities, and many other services.

Community-based organizations provide similar services for specific populations. Society for the Blind and NorCal Center for Deaf and Hard of Hearing are critical service organizations, while ACC Senior Services, Club Manitos, and MAS Social Services Foundation are organizations or groups with a cultural focus.

Gaps

From our community needs assessment, we heard from county residents that they need more accessible and flexible transportation options for all abilities.

There is also a need for:

- Affordable and accessible group activities, social events and day trips.
- Diverse and accessible communications about community resources, opportunities, events, and emergency preparedness.
- Widespread access to interpretation and translation services in multiple languages, including American Sign Language
- All communications in alternative formats, including braille, large print (sans serif 18-point or larger font), audio, or digital. Accessible websites for screen readers are a top need identified by blind and low vision community members.
- All visual communications, such as video, movies, TV, and social media, with captioning and audio description, as required by the ADA.
- A greater role for people with disabilities and older adults in community design, planning, and policy decisions.

- A diversity of technology education opportunities and access to low-cost internet and devices.

2030 Goal

A new Sacramento County multilingual, multicultural and multi-ability program will have at least 25 active “cultural brokers,” covering at least 4 languages, with 85% participant satisfaction, as indicated through post-event surveys.

A multilingual, multicultural and multi-ability outreach and engagement program would provide in-person outreach and presentations on resources for older adults and people with disabilities in multiple languages and cultural and accessibility capacities. The program would start by offering English, Spanish, Russian, and American Sign Language, and would add languages and cultural and accessibility capacities as partner staff and volunteers become available. In the future, we anticipate providing language access in Arabic, Cantonese, Dari, Farsi, Hmong, Mandarin, and Vietnamese, among other languages.

Recommendations

1. Implement a multicultural, multilingual, multi-ability and multi-agency Better Together Sac outreach and engagement program.

The Better Together Sac program would be a coordinated group of volunteer and agency-partnered staff non-English native and/or fluent speakers, persons with lived experience, and cultural liaisons (“cultural brokers”). At the heart of the program would be creating access to resources and social connection for traditionally isolated populations. It would represent a first step towards a full County government collaboration with existing multilingual, multicultural, multi-ability and varied lived experience staff and community members to provide more equitable access to resources and services.

Better Together Sac would connect non-English speakers, people with disabilities, and other isolated populations to a myriad of services using person-to-person, linguistically and culturally competent approaches in community settings. This may include the use of assistive technologies, such as hearing loops that provide direct communication into a person's hearing aid for clear, understandable speech. It would be important that Better Together Sac include cultural brokers with

disabilities who are knowledgeable about resources for people with disabilities, and with life experience that can help others adjust to their disability.

In its pilot phase, cultural brokers would support the planning and execution of educational and socially engaging resource festivals and information conferences for older adults and people with disabilities across the county. Volunteer cultural brokers would be reimbursed for their time and travel expenses with stipends.

The initial cohort of cultural brokers would result from existing partnerships and conversation between the Department of Child, Family and Adult Services (DCFAS), the Area Agency on Aging 4, and community-based organizations such as Club Manitos, ACC Senior Services, La Familia, MAS Social Services Foundation, Resources for Independent Living, Society for the Blind, and NorCal Services for Deaf & Hard of Hearing. Experienced cultural brokers may contribute to developing a training system for onboarding future volunteers and staff.

In time, Better Together Sac would expand to offer additional language, cultural and accessibility competencies through new partnerships with community-based organizations, professional associations, and educational institutions that prepare professionals and interns. In this way, the program would not just develop and implement strategies for reaching isolated populations, but impact how identifying, mentoring and promoting culturally competent staff can inspire increased cultural awareness and responsiveness within the departments and service areas they work in every day.

In conjunction with these partnerships, program implementation could also include an assessment of County services to non-English speakers, people with disabilities, and other isolated populations. This assessment would help cultural brokers learn from existing successes and develop strategies to prioritize underserved areas.

2. Coordinate and conduct branded, interactive, and accessible Age & Disability-Friendly Sacramento County community events across the county.

Events would be in collaboration with trusted service organizations and the new Better Together Sac outreach and engagement program. They would be designed to build awareness about new efforts and resources, build trust with and empower marginalized and isolated community members, foster social participation, collaboratively generate solutions, and communicate and evaluate progress on

the Action Plan, the County's ADA Transition Plan, and Aging & Disability Resource Connection (ADRC) goals. Planning and coordinating collaborative events would require funding to adequately compensate staff, partners, and Better Together Sac cultural brokers.

3. The County's Department of Child, Family and Adult Services (DCFAS) identifies and collaborates with relevant, existing agencies, advisory committees, and task forces involved in implementing transportation, active mobility, and wayfinding projects to ensure stakeholder voices are consistently represented and greater levels of accessibility and affordability are achieved, especially in the more rural areas of Sacramento County.

To achieve an age and disability-friendly Sacramento County, accessibility must be prioritized at every stage of public and private projects, from planning to implementation. Projects should encourage innovative approaches and partnerships to meet urgent needs in underinvested neighborhoods and rural communities within the unincorporated county. All public transit infrastructure must meet consistent standards, regardless of location or frequency of use.

DCFAS' collaboration efforts would include securing seats at existing advisory committee and task force tables, including the County's Mobility Advisory Council; sharing information about and expanding resources related to accessibility projects; uniting efforts and priorities between plans and across agencies; and exploring potential partnerships and fund development. This level of collaboration would strengthen interagency and intersectoral relationships, ensuring the needs of older adults and people with disabilities are addressed at every level, and approaches are streamlined and cohesive.

DCFAS' Senior and Adult Services would develop and strengthen relationships with key stakeholders and decision makers such as the Sacramento County Department of Transportation (SACDOT) and the Sacramento Regional Transit District (SacRT) to keep them informed of accessibility barriers and issues identified through service providers within the County's aging and disability network.

Based on feedback from residents living with disabilities, accessible infrastructure projects and implementation considerations should include, but are not limited to:

- Maintained sidewalks with widths adhering to ADA codes and standards allowing access to wheelchairs and other mobility aids.
- Accessible and maintainable landscaping and tree planting design.
- Sufficient timing and tactile surface indicators at crosswalks.
- Curb ramps with detectable warnings at crosswalks.
- Accessible wayfinding:
 - Large font and braille signage at stops.
 - Consistent accessible pedestrian signals at intersections.
 - Audible route signs at bus stops and stations.
- Protected, covered transit stops with seating.
- More accessible parking, especially at senior centers, agencies for people with disabilities, and grocery stores.
- Bathrooms at transit stations.
- More room for service dogs/animals in transit vehicles.
- More interconnectivity of transit options across counties.
- Assistance to riders with disabilities when public transit options are out of service.
- Alternative transit options, including electric vehicles, golf carts, and volunteer driver programs.



4. Caregiving That Works



Overview

At some point in their lives, most residents will seek care from informal caregivers. These include family, friends, and neighbors. Likewise, many will also have the privilege and responsibility of caring for an older loved one. For some members of the disability community, full-time personal care is a requirement of surviving and thriving, regardless of age. Supporting caregiving for adults and people with disabilities is essential for well-being, family life, and the economy. Immigrant households and households of color are more likely to be multi-generational, meaning they may be more likely to provide unpaid care across generations. Women of color provide a disproportionately large share of this care.¹¹

Vision

1. A new county-wide Village program will make connections to volunteers possible. It will be easier for residents to get help with non-medical household tasks, services, programs, and transportation. The Village will help fill gaps in the existing formal and informal caregiving systems through social and educational programs, health and wellness activities, and technology assistance.

¹¹ The Overview is adapted from the California Master Plan for Aging's [online goal description](#).

Assets

While local, county and state caregiving models, such as the Medi-Cal program In-Home Supportive Services (IHSS), help provide affordable care for low-income older adults and people with disabilities, many Sacramento County residents rely on informal caregivers to defray the costs of long-term care services.

Community-based caregiving organizations, such as Del Oro Caregiver Resource Center, or the three Program of All-Inclusive Care for the Elderly (PACE) centers, offer services to caregivers and those in need of care. Meals on Wheels delivers nutritious home delivered or congregate dining meals.

Gaps

From our community needs assessment, we heard from county residents that informal caregivers, such as family and friends, need more education, training, and respite opportunities.

There is also a need for:

- Greater access to affordable meals and food, clothing, housing, and transportation for vulnerable residents.
- Sufficient resources to help older adults living alone and people in general to age in place, including informal caregiving, home and yard maintenance, meal prep and delivery, and reading and writing assistance.
- Sufficient support for new immigrants and refugees, including help reuniting with family members overseas.

2030 Goal

A new community-based Sacramento County Village program(s)¹² — of and for older adults and people with disabilities — will have at least 2,000

¹² To learn more about the Village program, visit the Village-to-Village Network [website](#).

members and 200 active community volunteers, with 85% of members satisfied with the program, as indicated through an annual survey.

A new Village program(s) will connect intergenerational volunteers with older adults, people with disabilities, and caregivers to share their skills. Volunteers will provide transportation, gardening, minor home maintenance, light caregiving, help with technology, shopping, friendly visiting, and more.

Recommendation

1. Implement a county-wide Village program¹³ that connects volunteers with older adults and people with disabilities in need of assistance.

Currently, there are no Village programs in Sacramento County. Villages are community-based, nonprofit, sometimes grassroots organizations of and for older adults and people with disabilities. They are oftentimes formed through a cadre of caring, volunteer neighbors who want to change the paradigm of aging. Similar to the Better Together Sac outreach and engagement program recommendation, a Village program should include staff, volunteers and recipients of assistance who are non-English native speakers, persons with disabilities, and cultural liaisons.

The Village model of care helps fill the gaps in existing formal and informal caregiving systems and resources. While no two Villages are the same, many offer their members social and educational programs, health and wellness activities and volunteer assistance with transportation, light home maintenance, and computers and other technology. Older adult members and members with disabilities may pay annual membership dues to help offset the cost of administrative staff and overhead expenses; to be more equitable, some villages offer membership on a sliding scale based on ability to pay.

Starting a Village would require a review of the gaps in existing caregiving systems, including the In-Home Supportive Services (IHSS) model, and new funding to pay for administrative start-up costs and to maintain paid staff. Organizations interested in collaborating with the County to implement the Village program(s) could benefit from guidance and resources offered by Village Movement California, an organization dedicated to launching and sustaining villages across the state.

¹³ To learn more about the Village program, visit the Village-to-Village Network [website](#).

5. Affording Aging



Overview

Economic security is essential to aging. Yet, retirement income is being outpaced by the rising costs of housing, health, and care. Individual retirement savings are lower than previous generations, and private pensions are declining. As a result, more older residents are reliant on Social Security income alone, which is not enough in one of the most expensive states in the country. Women are particularly at risk due to fewer Social Security earnings and longer lifespans.¹⁴

Vision

1. Middle-income and vulnerable county residents will have a network of affordable and accessible support to meet their needs.
2. By connecting with the Aging & Disability Resource Connection (ADRC), residents will have a trusted community partner to provide help and guidance in learning about affordable options for the community services they seek.

¹⁴ The Overview is adapted from the California Master Plan for Aging's [online goal description](#).

Assets

Sacramento County has workforce development resources designed to meet the needs of people with disabilities and older adults. The Sacramento Employment and Training Agency funds programs to train and connect vulnerable residents, including refugees, with employment opportunities. ACC Senior Services provides low-income seniors with paid skills training at local non-profits and government agencies, and the Agency on Aging Area 4's Mature Edge program offers interactive job readiness sessions to prepare older adults for a successful job search.

The California Department of Rehabilitation administers the largest vocational rehabilitation and independent living program in the country, helping job seekers with disabilities obtain competitive employment in integrated work settings. InAlliance and Pride Industries prepare and help place people with intellectual and developmental disabilities in good jobs and support them to achieve their career goals.

Legal Services of Northern California and the California Department of Financial Protection and Innovation both provide advocacy services to help safeguard valuable household assets. The Veterans Service Office assists veterans and qualified dependents with Veterans Administration (VA) benefit entitlement determinations and filing claims and educates them about "claims sharks" so they keep the benefits they deserve.

Gaps

From our community needs assessment, we heard from county residents that, for many older adults, their retirement incomes cannot keep pace with the rising costs of housing, transportation, and long-term care. People with disabilities, veterans, immigrants and refugees, and communities of color need sufficient employment and continuing education opportunities as they age. Residents also expressed the need for services that protect their financial resources. Those include tenant, civil and patients' rights' education and advocacy, and education and protection against financial scams and identity theft.

2030 Goal

Community awareness¹⁵ of Sacramento County's Aging & Disability Resource Connection (ADRC) increases by 100%.¹⁶

Older adults, residents with disabilities, and caregivers will know where to go for help; they will have access to enhanced information and guidance to navigate health and mental health resources, long-term care, and other services through the ADRC of Sacramento County.

Recommendations

1. Implement a county-wide age-friendly and accessibility awareness and celebration campaign that promotes the Aging & Disability Resource Connection (ADRC)¹⁷ as the “No Wrong Door” system navigator.

The community assessment identified gaps in services and obstacles to accessibility. The listening sessions also revealed that there are services in existence that people do not know about or face barriers to access. Services for older adults are administered by federal, state, local, and private sector providers, which results in a complex and fragmented system. To address the difficulty of navigating services, the Aging & Disability Resource Connection (ADRC) of Sacramento County opened in July 2024. Many older adults, people with disabilities, and caregivers in Sacramento County are unaware of the ADRC and do not know where to call for reliable assistance to access necessary services.

The ADRC of Sacramento County is operated by the Agency on Aging Area 4. The ADRC is a free, accessible and centralized resource to assist anyone seeking information, guidance, or assistance accessing long-term care services and supports. The ADRC initiative originated as a collaboration between the State of California, the federal Administration for Community Living, the Centers for Medicare and Medicaid Services, and the Veterans Administration. Part of the California Master Plan for Aging is a vision to create a “No Wrong Door” system across the state: the vision of the ADRC is that every community will have a highly visible, reliable, and universal access point that provides information and facilitates

¹⁵ The existing baseline for community awareness of ADRC is still to be determined. The baseline may be measured through changes in ADRC website traffic, social media engagement, and/or the number of client calls.

¹⁶ Measuring and achieving this 2030 goal would require increased funding of ADRC operations.

¹⁷ To learn more about the ADRC of Sacramento County, visit the [website](#), or call (800) 211-4545.

equitable access to long-term care services and support.

An awareness and celebration campaign promoting the ADRC as the “No Wrong Door” system navigator would require funding for ongoing broad and targeted outreach activities and advertising, as well as for the hiring of additional ADRC case managers to handle the anticipated increase in call volume. Outreach and advertising activities may include, but are not limited to, press releases and news stories, targeted social media and digital ads, in-person outreach at well-attended programs and community events, radio and TV ads, public transit ads, and billboards.

2. Implement an age and disability-friendly business certificate program to inform customer service strategies and discounts, and to educate private business owners and employees about accessibility improvements. By supporting local businesses, everybody wins.

To achieve an age and disability-friendly Sacramento County, this Action Plan and the broader accessibility movement must reach beyond the existing system of care to promote a culture where older adults and people with disabilities feel comfortable in their environment to be independent for as long as possible. This program would aim to recognize and promote Sacramento County businesses and organizations that adopt an age and disability-friendly lens and demonstrate a commitment to meeting the needs of people with disabilities and older adults.

A business certificate program would offer both online and in-person training and coaching, and voluntary site inspections, for interested organizations and staff members. Core training modules would include recognizing age and disability bias, practicing age and disability-friendly principles, and designing accessible and inclusive consumer experiences. In addition, there could be opportunities for networking and peer learning.

By completing the program, businesses would obtain a certificate — to be renewed on a yet-to-be-determined frequency — and a seal or decal to use on their storefront, as well as in marketing, employment postings, and other collateral. The seal communicates that the business has incorporated age and disability-friendly design and values into its operations. The County may also publish an inventory of businesses who have earned the certificate, helping consumers choose which merchants to frequent.

The County's 2030 Goals

Sacramento County is committed to improving equitable access to basic needs for older adults and people with disabilities. The following goals summarize how we will evaluate progress across California's MPA domains in 2030:

Goal #1. Housing for All Ages & Stages

No person with a disability or over the age of 60 will be homeless in Sacramento County for lack of affordable and accessible housing, outside of rare and brief episodes.

Goal #2. Health Reimagined

Aging & Disability Resource Connection (ADRC) case managers will have resolved 90% or more of calls related to the social determinants of health, with 85% client satisfaction.

Goal #3. Inclusion & Equity, Not Isolation

A new county-wide multilingual, multicultural and multi-ability program will have at least 25 active "cultural brokers," starting with at least four languages — English, Spanish, Russian, and American Sign Language — with 85% participant satisfaction.

Goal #4. Caregiving That Works

A new county-wide Village program will have at least 2,000 older adult members and 200 active community volunteers, with 85% of members satisfied with the program.

Goal #5. Affording Aging

Community awareness of ADRC increases by 100%.

Plan Implementation

The Sacramento County Department of Child, Family and Adult Services (DCFAS) will lead and coordinate the implementation of this Action Plan. It recommends leading with transparency and accountability through the following actions:

1. Age & Disability-Friendly Sacramento County Coordinator

DCFAS would identify a full-time dedicated position to oversee the implementation of the Action Plan.

2. Action Committee

The full-time Age & Disability-Friendly Sacramento County Coordinator would staff and facilitate an Action Committee. The Action Committee would replace the Advisory Committee that supported the development of the Action Plan. It would be comprised of representatives from organizations tasked with implementing specific Action Plan recommendations. The Action Committee would meet monthly to implement the Plan, report progress, and identify solutions to implementation barriers, as necessary.

3. Progress Data Dashboard

DCFAS would develop and maintain a progress data dashboard available to the public through an accessible website. The dashboard would contain information about goals, timelines, inputs, outputs, outcomes, and impacts for each recommendation across the five priority areas.

4. Biannual Progress Updates

DCFAS would provide biannual Action Plan progress updates to the public as part of the initiative's branded, interactive, and accessible community events across the county. These events will also serve as opportunities to receive ongoing input from the public and key stakeholders about Action Plan implementation.

Appendices

Assessment Findings
Assessment Methodology
Leadership Team
Acknowledgments

Assessment Findings

Between February 2022 and August 2024, Sacramento County, with outreach and facilitation support from consulting firm, Pear Street, and numerous public and private community partners, conducted twenty-six (26) listening sessions. Over 500 residents participated, representing the diversity of ages, genders, races, ethnicities, incomes, and geographies across the county.

The planning team initially characterized the unmet needs identified in the listening sessions using AARP's eight domains of livability. The needs were later translated into recommended solutions that align with the California Master Plan for Aging's five bold goals.

The following pages summarize the top priorities and needs shared by listening session participants, using AARP's eight domains of livability.

Civic Participation & Employment



1. Tenant, civil and patients' rights' education and advocacy
2. Protection against scams, identity theft, and elder abuse
3. A greater role in community design, planning, and policy decisions
4. Ongoing community engagement and listening opportunities
5. Employment and continuing education opportunities for:
 - a. People with disabilities
 - b. Veterans
 - c. Immigrants and refugees
 - d. Communities of color
 - e. LGBTQ+ residents
6. Wraparound support for new immigrants and refugees
 - a. Including help reuniting with family members overseas

Communications & Information



1. Communications about community resources (including funding), opportunities, events, and emergency preparedness/planning
2. Information distributed through diverse, accessible, and consistent communications channels
3. Outreach and service delivery available in multiple languages, including but not limited to:
 - a. American Sign Language
 - b. Spanish
 - c. Chinese
 - d. Hmong
 - e. Dari
4. Information in written, braille, large print (sans serif 18-point or larger font), audio, digital, visual and in-person formats, including websites that are accessible to screen enlarging and other adaptive software
5. Communications supported by technology education and access to low-cost computers, smartphones, and other devices

Health Services & Community Supports



1. Affordable, accessible meals and food, clothing, housing, transportation, and healthcare, especially for:
 - a. Immigrants and refugees
 - b. Vulnerable and low-income residents in unincorporated areas
2. Aging in place resources and support services, including, but not limited to:
 - a. Caregiving
 - b. Home and yard maintenance
 - c. Meal prep and delivery
 - d. Reading and writing assistance
3. Affordable, accessible education, training, and respite for informal caregivers
4. Wage growth and recruitment of paid caregivers
5. Affordable long-term care and mental health services
6. Easy-to-navigate public health and welfare programs and benefits
7. Home visitor programs and wellness checks
8. Healthier food at housing developments and food banks
9. Memory and dementia care
10. Low-cost or free bonded and insured delivery services of prescription medications and drugs, including opiates
11. Behavioral health peer support services for people with disabilities provided by practitioners with the same disabilities
12. Sufficient resources and agreements in place for transit dependent people, including those with special transportation needs, in disaster preparedness evacuation planning

Housing



1. Affordable housing for low-income residents on a fixed income
2. Housing designed and accessible for older adults and people with disabilities
 - a. Housing modifications for persons with disabilities should include those needed by people with vision loss, including appropriate lighting, stair striping, and thermostats and appliances with accessible controls.
3. Housing inclusive of alternative models, such as:
 - a. Mobile home parks
 - b. In-law units
4. Housing with friendly and responsive owners and property management
5. Housing with access to basic goods and services, including transportation
6. In-house or mobile case management for larger communities
7. Habitability and accessibility barriers addressed in a reasonable amount of time
 - a. Emergency repair assistance

Outdoor Spaces & Buildings



1. Solutions to public safety concerns related to interacting with the unhoused population along pedestrian walkways and roadways
2. Solutions to mobility, accessibility and safety concerns related to walking or wheeling in neighborhoods, on sidewalks, along streets, and at crosswalks
 - a. More sidewalks and wider sidewalks to accommodate mobility devices, such as wheelchairs, walkers, and scooters
 - b. Level sidewalks and practical landscaping design
 - c. More, consistent accessible pedestrian signals at intersections, and mid-block crossings equipped with pedestrian signals
 - d. Curb ramps with detectable warning surfaces; accessible pedestrian signals with audible beaconing capability to assist in making a street crossing; pedestrian signals with leading pedestrian interval phase; and upon the activation of the pedestrian signal, the ability to extend pedestrian crossing timing; wayfinding apps to assist with complex street crossings
 - e. Enforcement of shared mobility devices, such as electric scooters and bicycles, obstructing sidewalks, crosswalks, and pathways
 - f. Outreach, education, and resources for accessible design

Respect & Social Inclusion



1. All solutions should be imbued with a cultural practice of acceptance, respect, love and inclusivity for people with disabilities and older adults
2. Sacramento County residents demand an age-friendly and accessible culture change in its outreach and resource delivery, including culturally appropriate resources and culturally competent and sensitive caregivers and providers

Social Participation



1. Affordable and accessible social engagement opportunities
2. Opportunities that decrease isolation and loneliness, and build friendships and support systems
3. Opportunities that are inclusive of group activities, social events, and day trips
4. Opportunities that encourage sharing, learning, and physical and intellectual engagement

Transportation



1. Affordable or free transportation options
2. Reliable, consistent, and flexible schedules, with frequent trips, including those outside of normal business hours
3. A diversity of options for different needs and abilities:
 - a. On-demand scheduling
 - b. Door-to-door assistance
 - c. Multilingual and culturally competent drivers
4. Covered stops/stations with seating, trash cans and restrooms
5. Primarily for routine destinations, such as care appointments, grocery shopping, and social activities
6. Maintain bus stops on the public sidewalk; do not place bus stops on islands, as a method of separating Class IV bicycle lanes from vehicular traffic; bus stops on islands require pedestrians to cross uncontrolled bicycle traffic, which can cause conflicts between pedestrians and bicyclists
7. Same day paratransit and micro-transit service

Assessment Methodology

1. The Action Plan Advisory Committee



In late 2023, Sacramento County partnered with consulting firm, Pear Street, to form an Advisory Committee to support the completion of the County's first-ever Local Aging and Disability-Friendly Action Plan.

The Advisory Committee candidates represented a mix of local age and disability policy and service, demographics, and geographies. The 16-member body met for the first time on February 29, 2024, and each month thereafter until the completion of the Action Plan in December 2024.

The Advisory Committee helped guide preparations for community listening sessions. Members supported a regional meeting of city and county leaders in October 2024, and a launch event to promote the Action Plan in early 2025.

The Advisory Committee helped interpret the data collected from community listening sessions. They used the data to develop a set of recommended projects and solutions for the Action Plan.

A full list of Advisory Committee members is available on page 58.

2. Community Listening Sessions

Sacramento County and the Advisory Committee wanted an Action Plan that was community driven. The priorities and solutions in the Plan needed to come from County residents.

The County conducted twenty-six (26) listening sessions with residents from February 2022 to August 2024. These listening sessions provided an opportunity for residents to share unmet needs for older adults and people living with disabilities and to brainstorm potential solutions with our planning team.

In total, 526 Sacramento County residents engaged in the listening sessions. Participants represented a mix of older adults, caregivers, people living with disabilities, and their support networks. They came from multicultural and multilingual backgrounds. They included underserved and isolated residents, communities of color, unincorporated areas of the county, and non-English speaking households.

The lists on the following pages summarize the 13 sessions conducted in 2022 and in 2024, respectively. The tables and charts that follow summarize the demographics of listening session participants and compare them to the 2023 county population estimates from the American Community Survey. 410 out of the 526 participants provided demographic data.

3. Community Survey

AARP conducted an online countywide survey of residents aged 45 years and older. Between January 3, 2022, and February 28, 2022, 1,003 community members participated.

The survey asked residents to share about their housing, health, social activities, needs, and demographics. Addressing survey representation gaps was a primary goal of the community listening sessions. The in-person meetings were more effective at engaging residents, many of whom do not take online surveys.

Community Listening Sessions List, 2022

1. **Sacramento County Adult & Aging Commission**
11 participants on February 23, 2022
2. **Albert Einstein Senior Residence**
17 participants on February 24, 2022
3. **SeniorLink at Oak Park Community Center**
12 participants on April 6, 2022
4. **Aging Resources Exchange**
8 participants on April 12, 2022
5. **Americorps Senior Companion Program #1**
10 participants on May 10, 2022
6. **Americorps Senior Companion Program #2**
18 participants on May 12, 2022
7. **United Methodist Church of Rancho Cordova**
18 participants on May 25, 2022
8. **CSUS Renaissance Society**
20 participants on June 3, 2022
9. **NORCAL Center for Deaf and Hard of Hearing**
11 participants on June 10, 2022
10. **Loaves and Fishes at Friendship Park**
30 participants on August 25, 2022
11. **Long-Term Care Ombudsman's Office**
11 participants on August 30, 2022
12. **Midtown Oaks Skilled Nursing Facility**
18 participants on December 20, 2022
13. **The Village at Heritage Park Assisted Living**
15 participants on December 20, 2022

Community Listening Sessions List, 2024

- 14. 8th Annual Senior Pride Fair at Hart Senior Center**
8 participants on April 25, 2024
- 15. Club Manitos at Hart Senior Center**
31 participants on May 23, 2024
- 16. Wilton Rancheria Tribal Elders**
22 participants on May 28, 2024
- 17. Society for the Blind**
21 participants on June 4, 2024
- 18. SMUD Connecting Our Communities Resource Expo**
13 participants on June 6, 2024
- 19. African Americans at Oak Park Community Center**
37 participants on June 12, 2024
- 20. Resources for Independent Living**
42 participants on July 18, 2024
- 21. Veterans at Sacramento County Administration Building**
2 participants on July 24, 2024
- 22. ACC Senior Services #1**
47 participants on July 30, 2024
- 23. MAS-SSF at Richard T. Conzelmann Community Center**
35 participants on August 1, 2024
- 24. ACC Senior Services #2**
36 participants on August 6, 2024
- 25. Chabolla Community Center in the City of Galt**
18 participants on August 8, 2024
- 26. Kay F. Dahill Community Center in North Highlands**
15 participants on August 14, 2024

Summary Data Table, Part I

Demographic Categories	Listening Session Participants (#)	Listening Session Participants (%)	Age 60+ County Population (%)	Total County Population (%)
Age Groups				
Under 18	0	0.0%	N/A	22.7%
18 to 39	31	7.7%	N/A	31.4%
40 to 49	27	6.7%	N/A	12.7%
50 to 59	41	10.1%	N/A	12.0%
60 to 69	114	28.1%	N/A	11.0%
70 to 79	123	30.4%	N/A	6.8%
80 and older	69	17.0%	N/A	3.4%
Gender Identity				
Female	268	67.7%	55.0%	50.6%
Male	127	32.1%	45.0%	49.4%
Transgender	1	0.3%	Unknown	Unknown
Race & Ethnicity				
American Indian	18	4.7%	N/A	0.3%
Asian	121	31.7%	N/A	18.3%
Black	62	16.2%	N/A	9.0%
Hispanic & Latino	58	15.2%	N/A	24.5%
Other or Multiple	10	2.6%	N/A	7.4%
White	113	29.6%	N/A	40.5%
Languages				
English	260	66.8%	N/A	65.9%
Other Indo-European	46	11.8%	N/A	8.6%
Asian Pacific Islander	41	10.5%	N/A	10.5%
Spanish	38	9.8%	N/A	14.0%
Other	4	1.0%	N/A	1.1%

Source: Sacramento County, 2022-2024 Listening Session Demographics Questionnaires
Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

Summary Data Table, Part II

Demographic Categories	Listening Session Participants (#)	Listening Session Participants (%)	Age 25+ County Population (%)	Total County Population (%)
Educational Attainment				
Did not graduate	56	14.4%	11.0%	N/A
High school graduate	73	18.8%	22.1%	N/A
College, no degree	32	8.3%	23.6%	N/A
Associate's degree	56	14.4%	9.5%	N/A
Bachelor's degree	100	25.8%	21.9%	N/A
Graduate degree	71	18.3%	11.9%	N/A
Annual Household Income				
Less than \$10,000	45	16.0%	N/A	4.9%
\$10,000 to \$49,999	115	40.8%	N/A	23.4%
\$50,000 to \$74,999	50	17.7%	N/A	15.7%
\$75,000 to \$99,999	31	11.0%	N/A	14.3%
\$100,000 to \$149,999	25	8.9%	N/A	18.8%
\$150,000 or more	16	5.7%	N/A	22.9%
Home Residence				
Sacramento	184	49.6%	N/A	33.3%
Unincorporated Area	131	35.3%	N/A	38.0%
Galt	14	3.8%	N/A	1.6%
Elk Grove	9	2.4%	N/A	11.2%
Rancho Cordova	9	2.4%	N/A	5.1%
Citrus Heights	6	1.6%	N/A	5.5%
Folsom	2	0.5%	N/A	5.3%
Isleton	0	0.0%	N/A	0.0%
Family Caregiver Status				
Yes	65	17.6%	N/A	Unknown
No	304	82.4%	N/A	Unknown

Source: Sacramento County, 2022-2024 Listening Session Demographics Questionnaires
Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

Age Groups

Figure 1. Listening Session Participants, by Age Group
n = 405

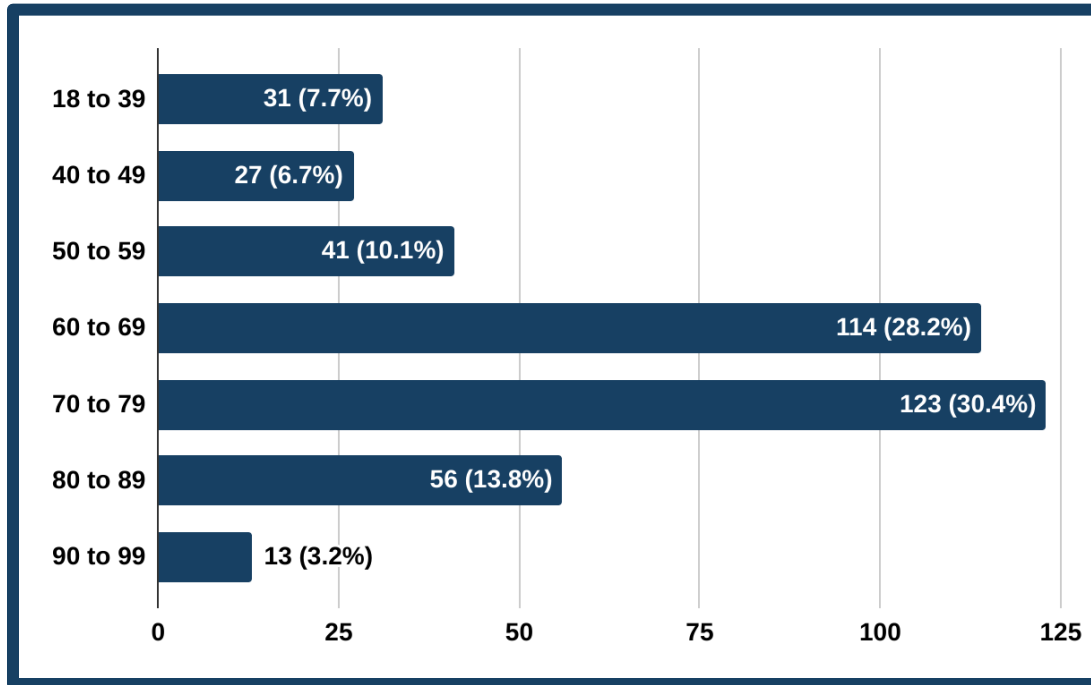
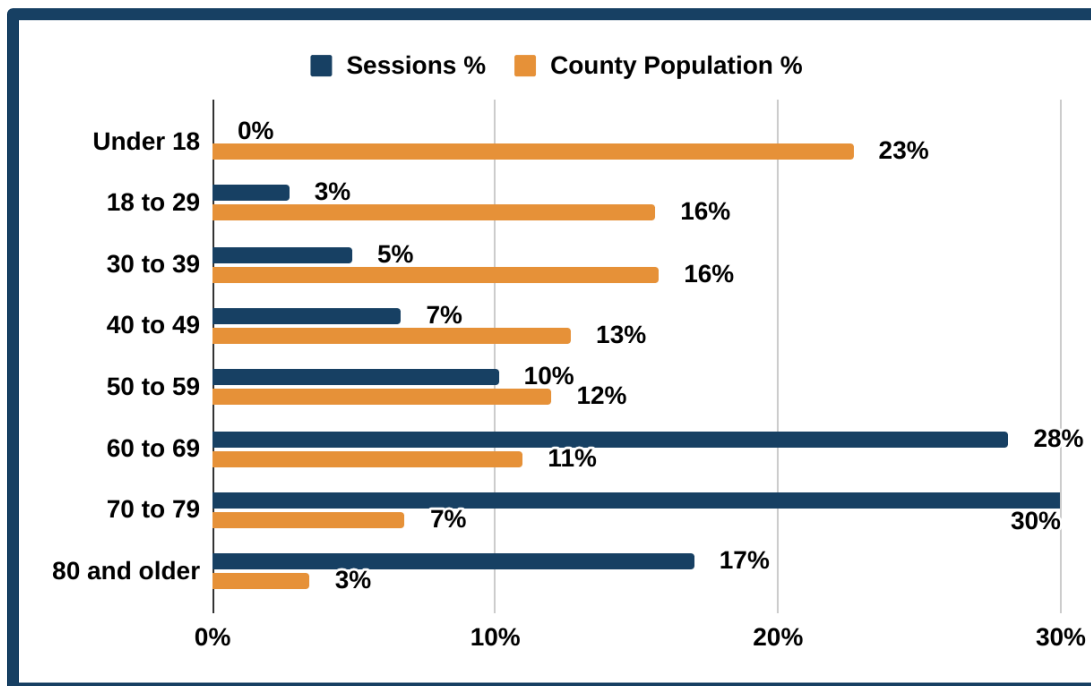


Figure 2. Age of Participants Compared to the County Population



Gender Identity

Figure 3. Listening Session Participants, by Gender Identity
n = 396

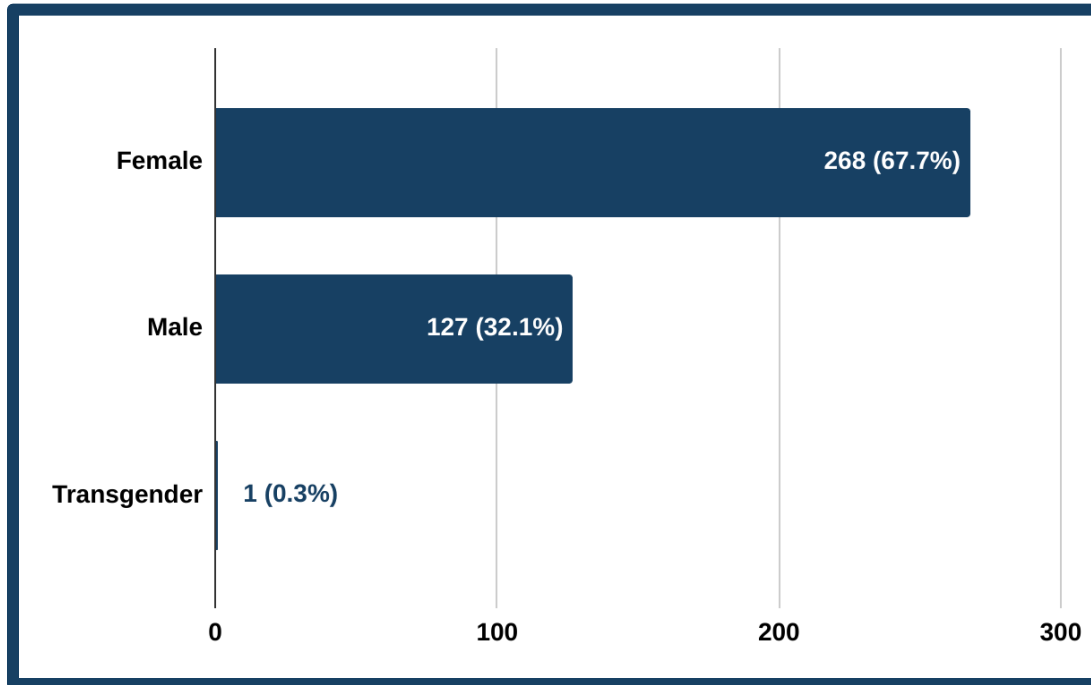
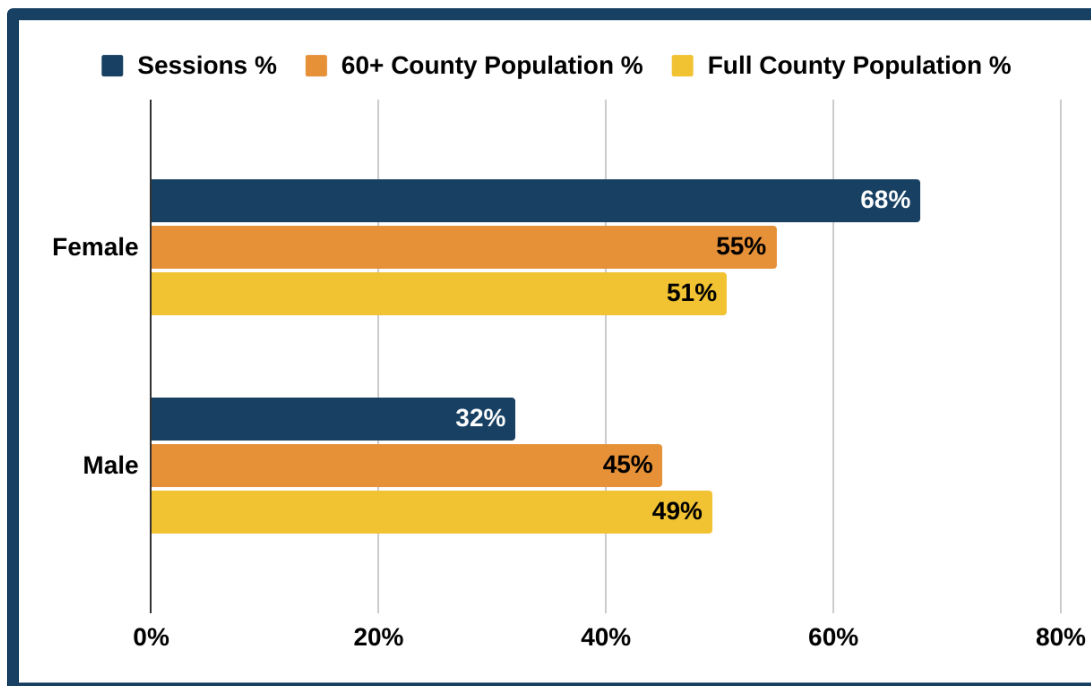


Figure 4. Gender of Participants Compared to the County Population



Race & Ethnicity

Figure 5. Listening Session Participants, by Race or Ethnicity
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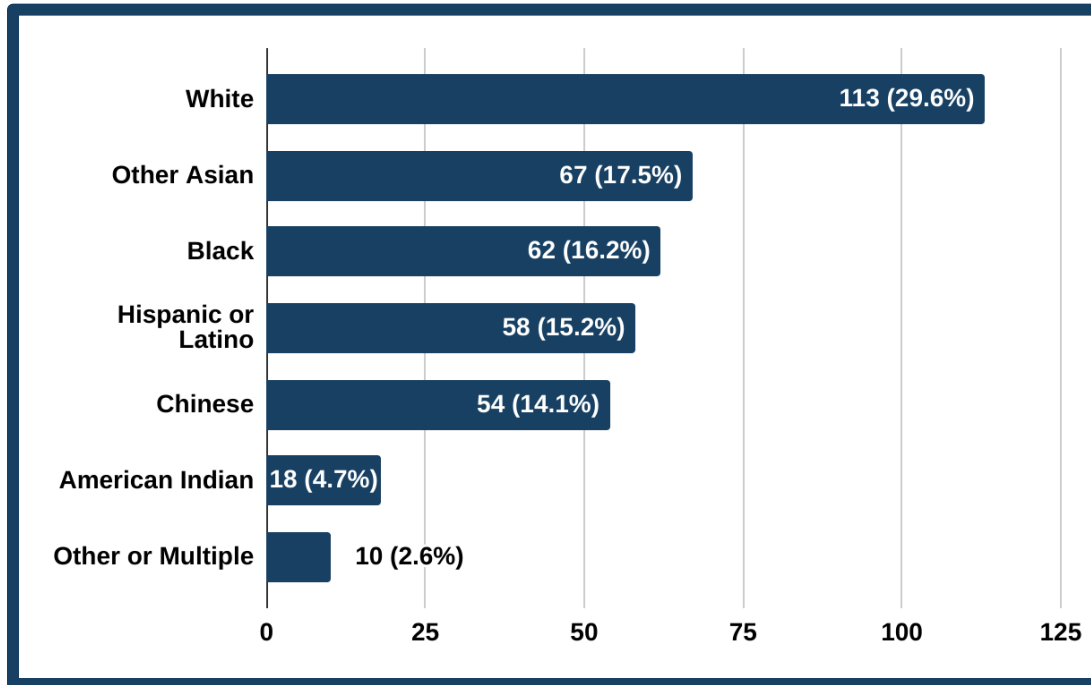
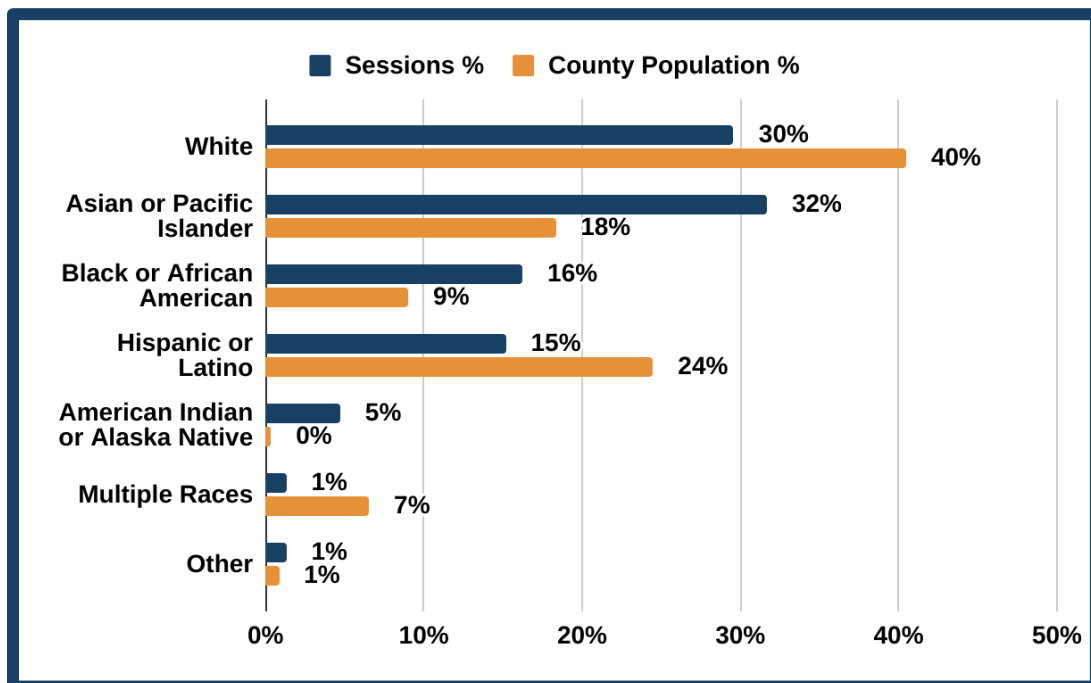


Figure 6. Race of Participants Compared to the County Population



Primary Language

Figure 7. Listening Session Participants, by Primary Language
n = 389

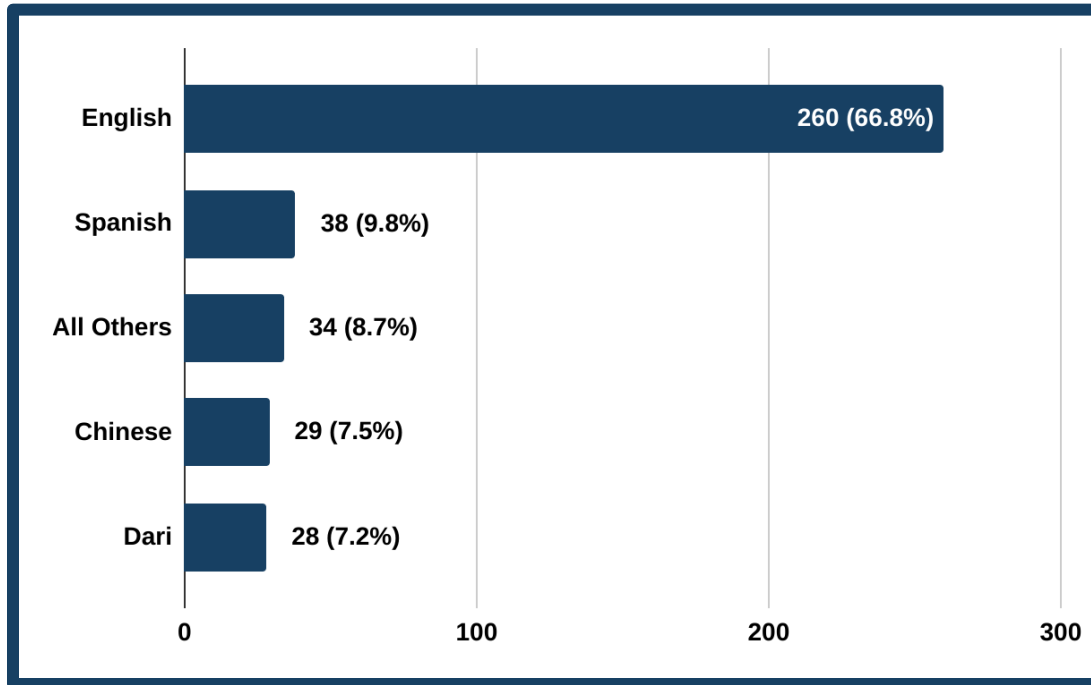
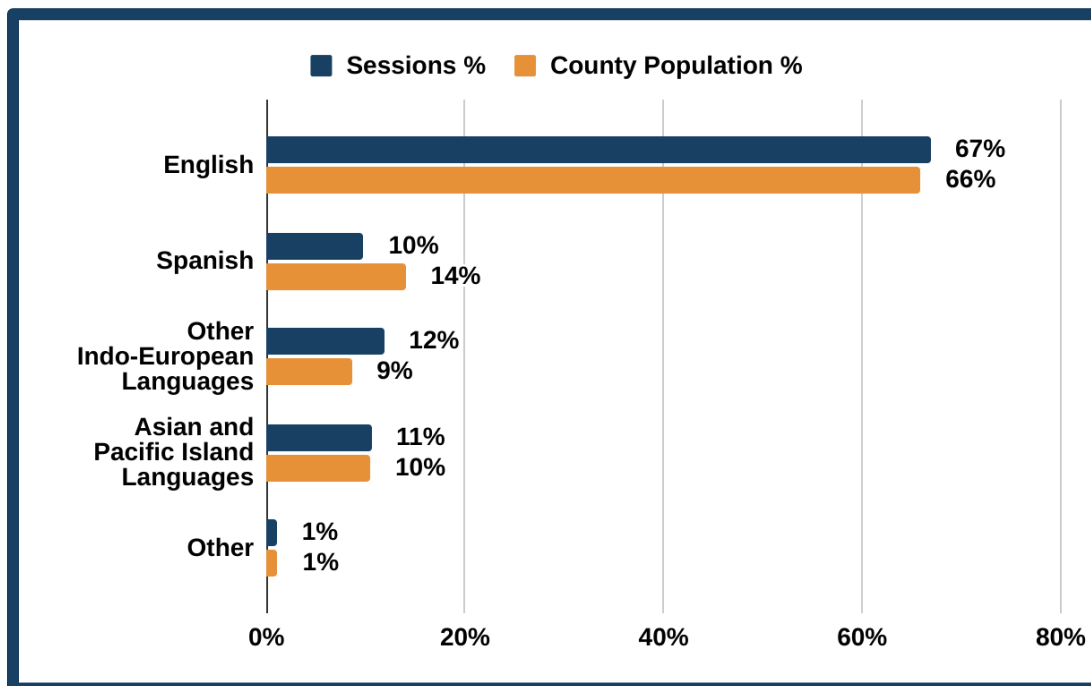


Figure 8. Language of Participants Compared to the County Population



Educational Attainment

Figure 9. Listening Session Participants, by Educational Attainment
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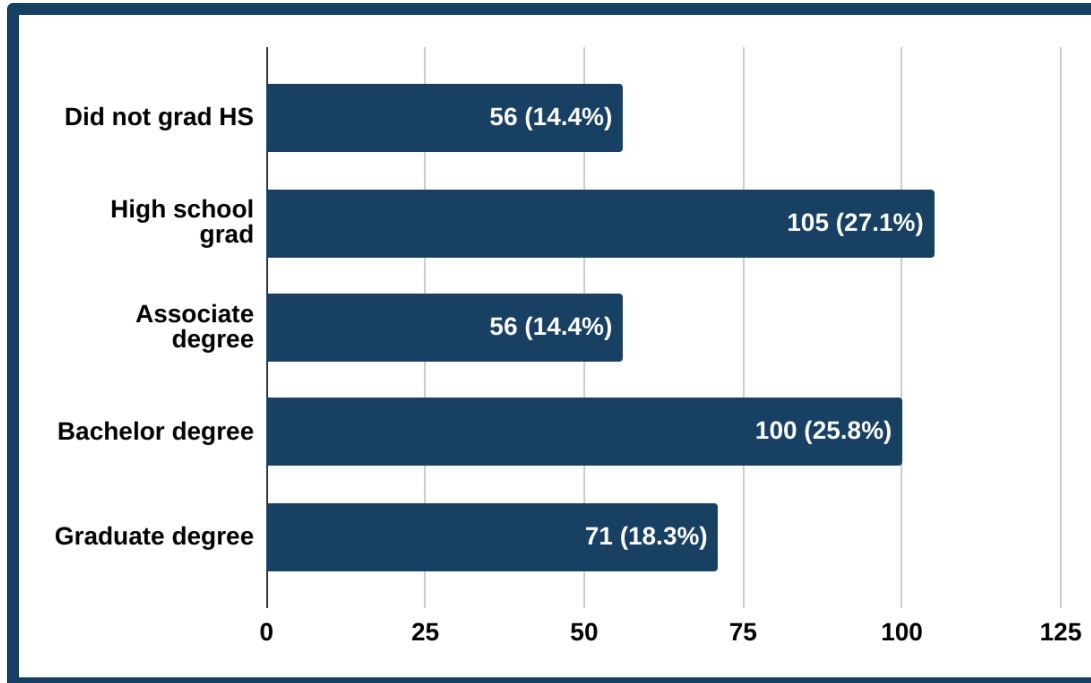
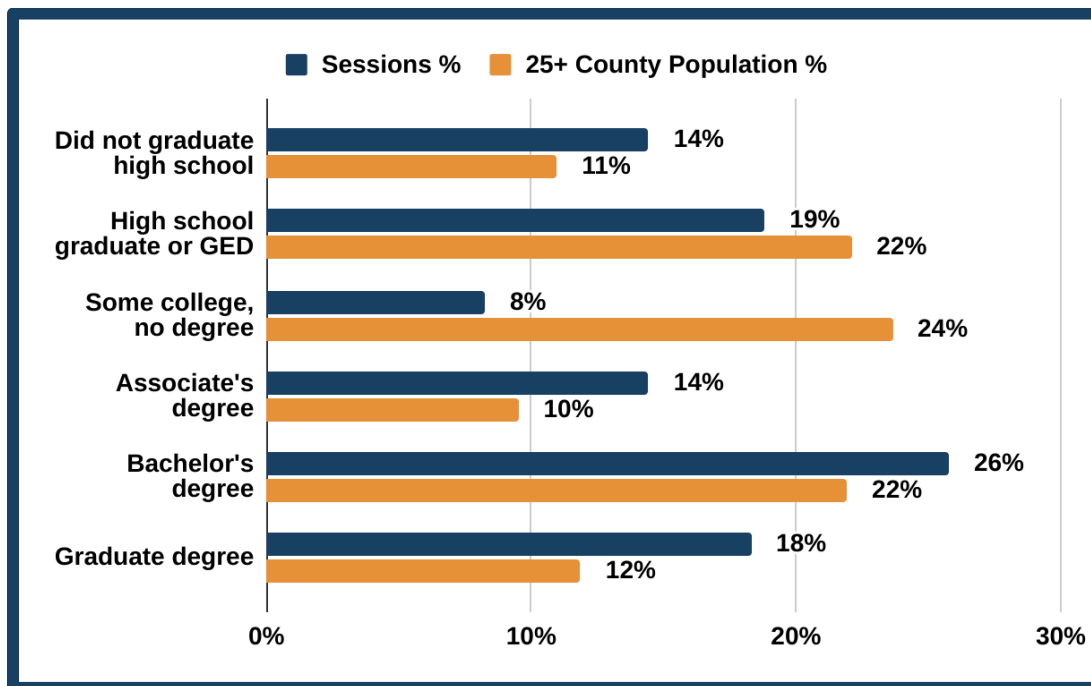


Figure 10. Education of Participants Compared to the County Population



Household Income

Figure 11. Listening Session Participants, by Annual Household Income
n = 282

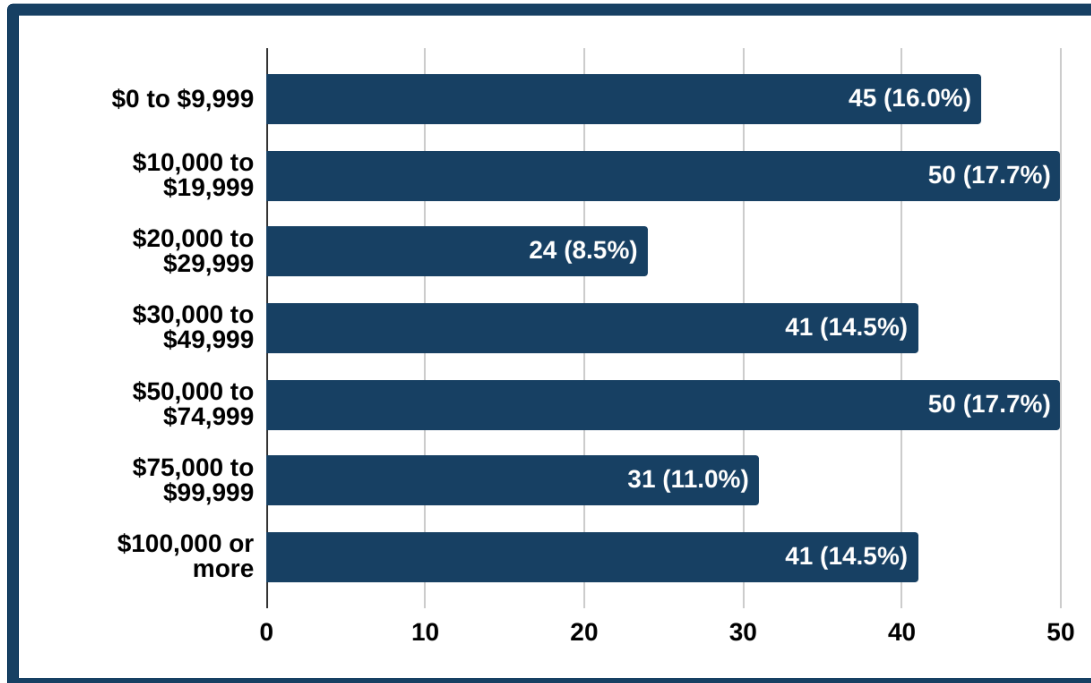
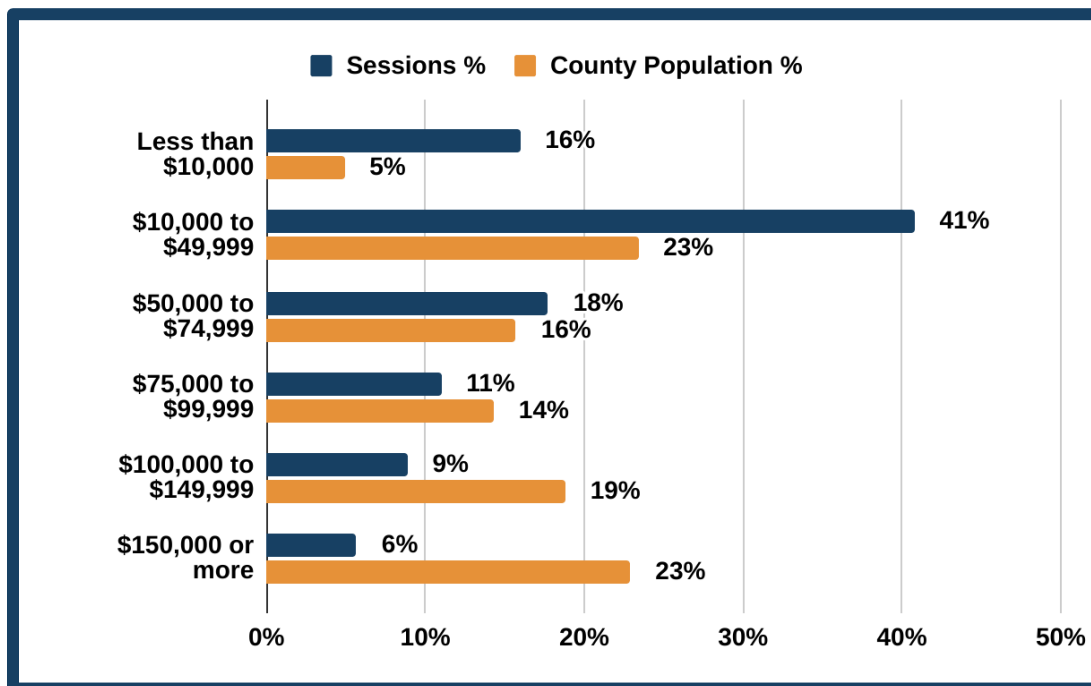


Figure 12. Income of Participants Compared to the County Population



Home Residence

Figure 13. Listening Session Participants, by Home Residence
n = 371

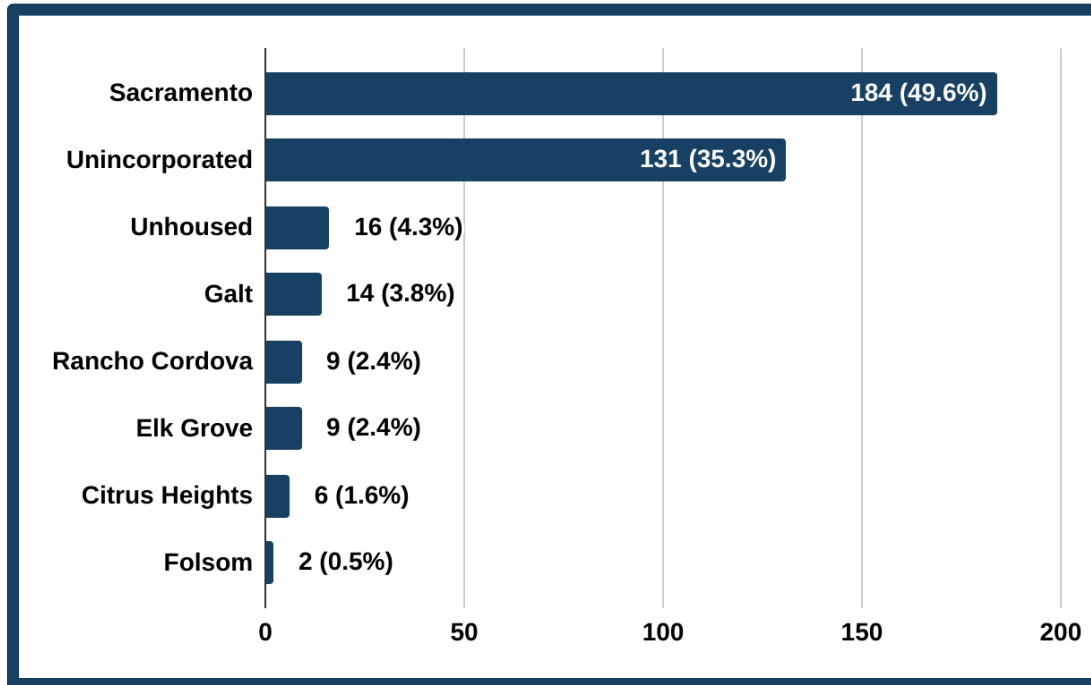
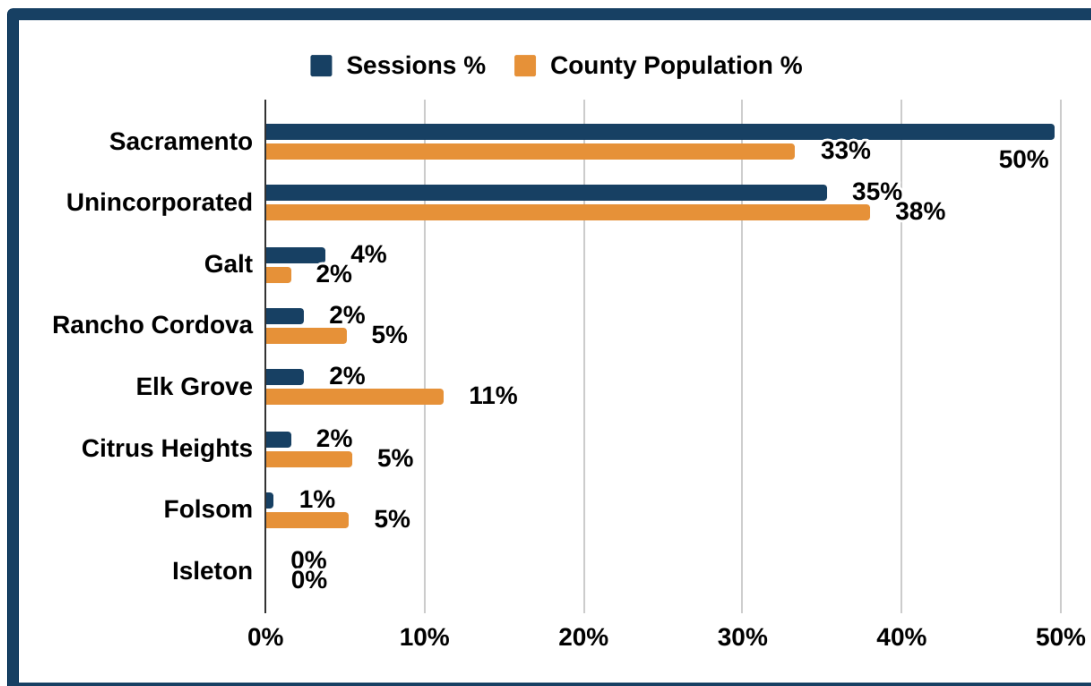


Figure 14. Residence of Participants Compared to the County Population



Leadership Team

Department of Child, Family and Adult Services

Shelby Boston, Director (as of January 2025)

Michelle Callejas, Retired Director

Melissa Jacobs, Deputy Director

Heidi Richardson, Program Planner, Senior and Adult Services

Contessa Bunn, Program Planner, Senior and Adult Services

Action Plan Advisory Committee

Pam Miller, Area Agency on Aging 4

Jeri Shikuma, ACC Senior Services

Brandi Bluel, Resources for Independent Living

Angela Gibson, Sacramento County Public Health

Cheryl Bennett, Sacramento County Disability Compliance Office

Pristina Zhang, Civic Thread

Phyllis Johnson, City of Galt Commission on Aging

Dawn Angelo, AARP

Dr. Theresa Abah, Sacramento County Adult & Aging Commission

Debra Bonner, El Hogar Community Services

Dr. Martha Forloines, UC Davis Alzheimer's Disease Research Center

Rachel Rios, La Familia

Rabbi Matt Rosenberg, Einstein Jewish Community Services

Stephanie Wilson, City of Sacramento

Berry Accius, Voice of the Youth

Christi Gray, Sacramento LGBT Community Center

Acknowledgments

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