

Senior Adult Master Plan

2009



C O U N C I L O N A G I N G



Special Thanks to the Thousand Oaks City Council for their leadership and encouragement throughout the Senior Adult Master Plan development, and continual support to the senior community in Thousand Oaks.

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Thank you to the Seniors and Boomers that participated in the survey, venue presentations, and community meetings.

Special thanks to the agencies that hosted presentations and distributed surveys.

Area Housing Authority

Castle Hill

Goebel Senior Adult Center

Grand Oaks

Senior Concerns

Hillcrest Royale

Rotary Club

Thunderbird Mobile Home Park

Vallecito Mobile Home Park

Ventu Villa Mobile Home Park

Ventu Estates Mobile Home Park

Ventura County Area Agency on Aging

Photographs Courtesy of:

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Mission

The Senior Adult Master Plan encourages continual development of a healthy, senior adult friendly community through outreach, advocacy and partnering.

Vision

Council on Aging envisions that the Senior Adult Master Plan will be a widely recognized and utilized tool by the City and senior service community for innovative planning and leadership that will make a positive difference in the senior adult community and the individual lives of the senior citizens they represent.

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Section One - Summary



Mayor Thomas P. Glancy honoring Senior of the Year Nominees (Left to Right) Toni Ranslem, Margie Ramos, Leean Nemeroff, and Julia Hans with Chair Jim Seerden

Section One – Summary

Introduction

City of Thousand Oaks Council on Aging, under the direction and with the support of City Council, developed the City of Thousand Oaks Senior Adult Master Plan (SAMP) in an effort to meet the changing needs of senior adults in the community. The SAMP includes a Mission Statement and Vision, assessment of the strengths and needs of the senior community, process and results, goals, objectives, and recommendations.

Recommendations are solely based on the findings collected through the Council on Aging Needs Assessment, outreach, input from community meetings, and input and analysis provided by the Senior Adult Master Plan Advisory Committee.

The purpose of the SAMP is to provide discovery and recommendations to the City and local service agencies to assure that Thousand Oaks continues to be a healthy, senior adult-friendly community and to encourage collaborative planning.



Civic Arts Plaza

City of Thousand Oaks and Conejo Recreation and Park District currently provide many valuable senior services, including the Goebel Senior Adult Center. Current population estimates indicate that the senior adult population in Thousand Oaks will reach 31,000 by 2020, 25% of the total population estimate.

As the senior population grows, services should be updated to accommodate the changing population. A planning challenge is that the age span is larger than any other group, from 50 to 100+, and the need for services range from negligible to significant.

The planning process included data collection over an 18-month period of time and analysis by an Advisory Committee consisting of an exceptional group of senior service experts, health professionals, and community volunteers. Data was collected in categories that were collectively identified as significant in the senior community: Health, Housing, Recreation, Transportation, and Volunteer Services. The Advisory Committee divided into groups by category to analyze data and provide professional input and reports which were used to produce summaries included in this report. Advisory Committee reports in their entirety are available for review upon request.

Council on Aging and the SAMP Advisory Committee emphasize that each senior adult must take personal responsibility in caring for themselves and their families, helping their neighbors, and sharing their experience and knowledge through volunteering in the community.

Public and private agencies have a responsibility to assist the community in maintaining a healthy, adult-friendly environment through outreach, education, and programs. This report outlines recommendations and goals for addressing senior needs over the next ten years. With the SAMP, the City, local senior agencies, and the Council on Aging are reaching a new level of commitment in providing senior-friendly community planning.

Section One – Summary

Key Discoveries

Data collected throughout the planning process indicates that the current need for services is only a small percentage of anticipated future need. Based on data collected, in order of importance, housing and healthcare ranked as top priorities with transportation and recreation closely ranked at third. The study indicates that the current degree of need for public transportation will increase substantially for seniors in the future. For those who use transportation services, a need for improvement - especially in the area of timely service - is a priority.



Dial-A-Ride Vehicle bringing guests to Goebel Senior Adult Center

The current and future need for low-income, affordable senior housing far exceeds the current and projected availability of such housing.

Financial assistance is indicated as a need in the area of healthcare. A notable percentage of the surveyed population indicated they would use a public health care center if one were available in the community. Many indicated the need for low-cost or free preventive healthcare and screenings.

Many seniors indicated current use or interest in using the Goebel Senior Adult Center. Many boomers (born 1946-1964) expressed interest in using the Center in the future. Seniors also participate in activities offered at various centers throughout the community. Current facilities lack sufficient space for the anticipated increase in programs and services for the growing population. Respondents from the 91320 Zip Code showed interest in a senior center or additional senior activities in the Newbury Park area.

Volunteering is a healthy activity and essential to the functioning of our community. Upcoming seniors appear to have more interest in providing volunteer assistance in professional service activities than nonprofessional services.

General discoveries include: Assistance with basic home repairs and yard work as a top priority; a current and future need for financial management assistance; and help with living arrangements and daily activities.

Many suggestions or requests were for programs and services already available in the community, indicating a lack of knowledge of current offerings. Providing information to the community about services and programs through a central resource should be a top priority.



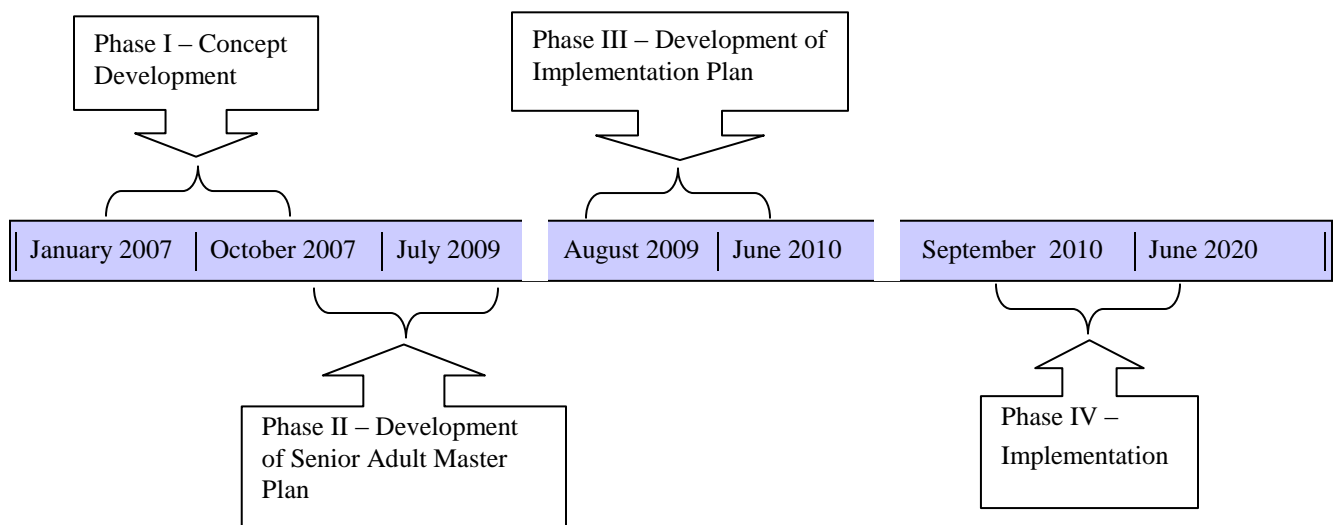
Oak Creek Senior Villas – Courtyard Area Housing Authority

Section One – Summary Recommendations

The following recommendations encompass action steps which are detailed in this report:

1. Assure that the City of Thousand Oaks continues to be a healthy, senior adult-friendly community.
2. Increase awareness of community senior adult programs, services, and volunteer opportunities through outreach.
3. Provide education and support to promote an active, involved, and well-informed senior adult population.
4. Improve and increase health, housing, recreation, transportation, and volunteer services to meet the needs of a changing senior adult population.
5. Support local and regional services among private and public agencies that will improve access to services and quality of life for senior adults.
6. Continue the Senior Adult Master Plan (SAMP) Advisory Committee under the guidance of the Thousand Oaks Council on Aging to oversee further development, implementation, and measure performance of the SAMP.

Timeline and Phases



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Senior Adult Master Plan

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Section Two – Project Overview



Ed Becker enjoying billiards
Goebel Senior Adult Center

Section Two – Project Overview

Introduction

What about the future? *American Community Survey Demographic and Housing Estimates 2005-2007* states that the Thousand Oaks senior population was 15,273 and boomer population was 35,690. *A Profile of Older Americans: 2008* projects that the over-65 population nationally will double in size in the next 10-20 years. The challenge for Thousand Oaks will be to identify and provide services with available resources.

The SAMP is a tool to analyze the strengths and needs of the senior adult community and develop recommendations and strategies to enhance and address those findings.

A National Association of Area Agencies on Aging 2007 report indicates that less than half of American cities and counties have sufficient plans in place to meet the needs of the rapidly aging population. In 2006, Pepperdine University conducted a study on the effect of increases to local governments and private industries that include the few cities in the nation that have developed plans for demographic changes. In 2007, Ventura County Area Agency on Aging (VCAAA) also conducted a survey of local cities and senior adult service providers in the County to determine if an effort has been made to develop plans. At that time, no municipal government in the County had developed a plan to address growth in the senior community.



SAMP Planning Breakfast
Dupar's Restaurant • May 2008



Background

The citizens of Thousand Oaks have much to be thankful for – a premiere Southern California community with family-friendly amenities. More than 40 years of achievements have made Thousand Oaks one of the most sought after places in California to live, work, and play. City services include a city-owned library, teen center, senior center, cultural center, quality infrastructure, and natural open space. The City has been fortunate to have a balanced budget throughout its history due to conservative management. To keep the balanced budget in place in the face of State budget cuts, City leaders have not added new programs or positions for several years, and cutbacks have been made in a variety of areas where appropriate.

The City of Thousand Oaks has an extraordinarily involved community and takes seriously its responsibility to communicate with residents. The City's residents are its customers. Many avenues of communication are used to inform residents about available services. With a very involved community, the City has more than 20 commissions, boards, and committees that provide citizen input to City Council; among these is the Council on Aging.

In 1974, the Thousand Oaks City Council established the Council on Aging, formally recognizing the importance and contribution of senior adult citizens to our community. The nine-member body was formed to advise City Council on local senior adult concerns and issues; provide information to the community about senior services; and provide recommendations to City Council to build on strengths and meet needs.

Section Two – Project Overview

Background (Continued)

Council on Aging also coordinates programs and publications that engage the senior population such as onsite venue presentations, guest speakers at monthly televised meetings, informative reports on senior related topics, education, outreach, Senior Services Directory, and the annual Senior of the Year Dinner and Award Ceremony.

In January of 2007, Commissioners began concept development and background research for a needs assessment and Senior Adult Master Plan. On May 15, 2007 City Council approved plan development.

Commissioners engaged community senior service stakeholders and field experts to design a survey to be distributed among the boomer and senior populations to measure the strengths and needs in the senior community. The goal was to collect data that encompassed areas in which the City government or other stakeholders in the City are interested, are empowered to affect, and are areas of importance to the senior population.

Guided by current understanding of national trends and local demands, it was collectively determined that the general topics to be included in this project were local services in the areas of health, housing, recreation, transportation, volunteerism, and general information.

The project goal was to better understand the needs of currently retired senior adults and to anticipate the needs of boomers in our community to prepare for providing a long-term, healthy, senior-friendly community. Within the designated local service categories, Council on Aging set out to seek answers to the following questions:

1. What are current senior needs with respect to local services?
2. How are these current needs similar or different from the needs of upcoming seniors?
3. How can the City better serve the current senior population and move toward being prepared to serve the next generation of seniors?
4. Can interagency programs be expected to better meet the needs of seniors? If so, how can these programs be developed to better serve our seniors?



Home Run Derby 2008



Goebel Senior Adult Center Excursion
2008 Fishing Trip

Senior Adult Master Plan

2009



Section Three – Methods



“Ghoulish Greens”
Halloween event celebrating
the new salad bar at the
Marquee Café.



The Senior Nutrition Program at the Goebel Senior Adult Center provides a hot lunch, salad bar, and socialization five days a week. In 2008/2009 over 12,000 meals were served and many friendships were made.

Section Three – Methods

Data Collection

Methods of data collection in this research project were as diverse as the sample population needed to provide ample data for analysis. Methods included venue presentations, comment boards, community meetings, and surveys. At venue presentations, open-forum question-and-answer periods were offered, and participant questions and concerns were recorded. Data were also collected on a “Senior Wish List” comment board. Community meetings were held, where information was gathered in two formats: an informal dinner and a working meeting which divided participants into groups to respond to specific questions. Over 700 citizens participated in presentations and meetings throughout the year.

SURVEYS

In 2007, community senior service stakeholders and field experts collectively designed a survey to be distributed among the boomer and senior populations to assess the strengths and needs of services. Questions explored categories identified as significant in the senior community. Survey questionnaires in Spanish and English (Survey Result Summary - Appendix A and A-1) were available in hardcopy and electronic form accessible on the City website (www.toaks.org).

Over 5,000 surveys were distributed. A total of 2,027 individuals responded to the survey of which 1,486 respondents were included in the analyses because their year of birth and Zip Code fell within the targeted ranges. These participants comprised 348 boomers and 1,138 seniors. (Validity of Data - Appendix B)

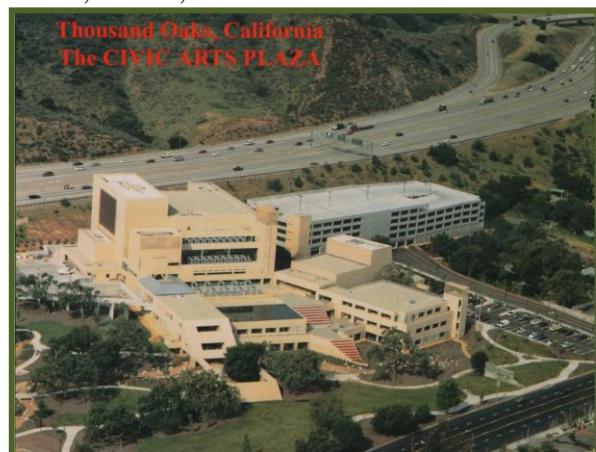
PARTICIPATION

In the 2007/2008 survey and other data collection conducted for this plan, a senior was defined as someone born during or before 1945, and a boomer was defined as one born between 1946 and 1964.

Seniors included, but were not limited to, senior adults participating in activities at current senior venues, assisted and retirement community residents, independent working seniors, homebound, homeless, and/or social service participants. Boomers included, but were not limited to, local working adults, early retirees, unemployed, business owners, work-at-home adults, homeless, and those on social service programs. Both participant populations were reached through community meetings, personal interviews and surveys.

Each of these groups represents a wide diversity of people in different economic, employment, and health stages of their lives. This provided a challenge in reaching an ample sampling for our data. Participant interaction and data collection was accomplished through a wide variety of venues.

For purposes of this report, only residents of Thousand Oaks who lived in one of the following four Zip Codes were included: 91320, 91360, 91361, and 91362.



Photography by Forrest

Senior Adult Master Plan

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Section Four – Discovery and Action Steps



Left: Boutique in the Goebel Senior Adult Center raises money for RSVP and the LifeLine program.

Currently RSVP is supporting 18 frail seniors on LifeLine with funds from the Boutique.

Right: RSVP Busy Bees sewing items for the "Hugs from Home" military support program.

Hundreds of packages are mailed from the Senior Center filled with homemade love and wishes.



Section Four – Discovery and Action Steps

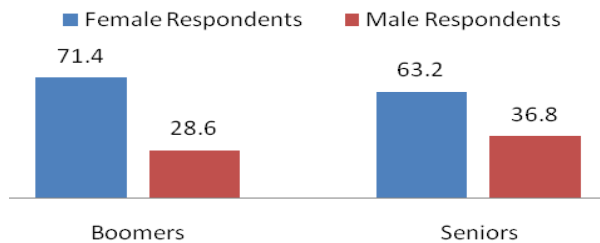
Demographics

Detailed demographic and background data for respondents is presented in Appendix C, and is summarized below.

2008 THOUSAND OAKS SENIOR ADULT MASTER PLAN SURVEY DEMOGRAPHICS

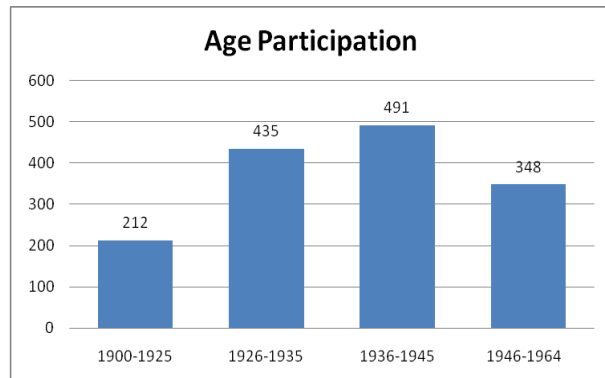
This survey was not designed to estimate the size of the population of Thousand Oaks, or any portion of it, in 2008. The 1,486 survey participants included 240 boomer females (71%) and 704 senior females (63%). Participants who reported their race as white included 286 (86%) of the boomers and 1,002 (91%) of the seniors in this survey.

Gender Participation



By definition, all boomer participants were born between 1946 and 1964 (348). Senior participants were grouped into three age categories: 212 (19%) born between 1900 and 1925, 435 (38%) born between 1926 and 1935, and 491 (43%) born between 1936 and 1945.

Age Participation



More than half (57%) of the seniors and nearly half (47%) of the boomers have lived in Thousand Oaks for at least 20 years. The participants are well-educated: 64% of the boomers and 48% of the seniors have a college degree. An additional 31% of the boomers and 32% of the seniors have some college education. Most 98% of boomers and 66% of seniors currently use a computer.

2008 AMERICAN COMMUNITY SURVEY DEMOGRAPHIC ESTIMATES

The American Community Survey released in December 2008 (ACS Snapshot – Appendix D) reported the U. S. Census Bureau population estimate of Thousand Oaks was 126,849 (with a margin of error of 2,708). This estimate includes 19,205 individuals (15%) 62 years or older, of which 15,273 (12% of the total) were 65 years or older. Of those at least 65 years old, 56% were female. Of those who reported their race as a single race, 103,190 (83%) were estimated to be white. In this report, the estimated number of individuals aged 45 to 64 was 35,690 (28% of the total). Thus there were over twice as many boomers as seniors.



Boomer Seminar - Financial Planning for Retirement sponsored by VCAA

Section Four – Discovery and Action Steps

Health

This needs assessment acknowledged the interdependencies related to access to healthcare for the current senior adult population (those born before 1946), such as transportation to medical appointments and the presence or absence of a public health center. The survey also questioned participants about the need for assistance with medical insurance or medical care. Similarly, the boomer survey asked questions targeted toward understanding future needs and concerns of this population.

Although focus on the delivery of healthcare was not included in this assessment, it should be noted that healthcare costs can have a significant financial impact on City revenue. The City can benefit from healthcare partnerships where a preventive medicine/education-based system will help to keep our senior community healthy, keep health costs down, and provide for more discretionary income.

Additionally, the Health Focus Group commented on the ample public and academic information about local and national population health needs that help provide information about current and future population needs.

SURVEY FINDINGS

Of the current senior population, the following needs were identified in survey responses:

- 54% would use a public health center
- 15% need financial help paying for dental/vision or hearing care
- 11% need help getting to medical appointments

- 10% need financial help to pay for prescription drugs
- 8% need assistance with Advance Directive for Healthcare
- 7% need assistance with Medicare benefits
- 6% need financial help to pay for medical care

In the boomer survey, 69% indicated they would use a public health center if available. This group also ranked as “highly important” the future need for assistance with insurance management – Medicare and medical insurance.

Within the comments, there were numerous requests for additional free or low-cost health screenings.

Findings from other sources

According to the Institute of Medicine (April 2007), the following issues will impact senior healthcare in the years ahead:

1. U. S. healthcare workforce will be too small and unprepared to meet the needs of 78 million baby boomers.
2. One out of five Americans by 2030 will be 65 or older. Medicare, Medicaid and other health plans will need to pay higher rates for geriatric specialists and direct-care workers to attract more health professionals.
3. Between 29 and 52 million family members, friends, and others tend to aging parents or other older individuals. The report calls for training programs to help family caregivers.
4. The economic impact of elder healthcare will more than double by 2030.



Grandma's 90th
Senior Concerns

Section Four – Discovery and Action Steps

Health (Continued)

CONCLUSIONS

There will be an increased demand for caregivers and caregiver training given the likelihood of seniors staying longer in their homes. Healthcare costs, as a fraction of disposable income, will increase.

Development of healthy aging programs such as physical and mental fitness classes, preventive medicine, and health screenings will ultimately result in less health-related costs to the community and lessen the burden on resources.

Caregiver training will assist spouses/families in caring for elderly family members and, again, lessen the burden on resources.

While 86% of current surveyed seniors report that they drive themselves, 24% report needing help getting to either medical appointments, grocery shopping, or social activities - all of which could affect health and well being.

ACTION STEPS

1. Actively search for grants, funding, and/or availability of health screenings, classes, and other activities that promote healthy aging.
2. Continue to review need for a Public Health Center in the City of Thousand Oaks while continuing to support local free clinics.
3. Develop and increase availability of fall prevention and other healthy aging-related courses and programs.
4. Continue to support and develop senior nutrition programs.
5. Continue to support caregiver training classes by providing space, volunteers, and event promotion.
6. Expand regular health screening programs at Goebel Senior Adult Center to address health issues such as hypertension and diabetes.
7. Support efforts to expand non-emergency medical transportation.



On Mother's Day three years ago, Grandma Funfar was fighting cancer. This Mother's Day, at 79, she was fighting her son and grandsons for first place at the raceway in her go-cart! We don't just play bingo anymore!



Alice Wennerholm –
100 Years Young - June 20, 2009
Retired Nurse and Regular Guest of the
Marquee Café Senior Nutrition Lunch Program

Section Four – Discovery and Action Steps

Housing

The purpose of this section is to examine the local senior population’s current and future need for housing, types of housing needed, and alternative housing.

SURVEY FINDINGS

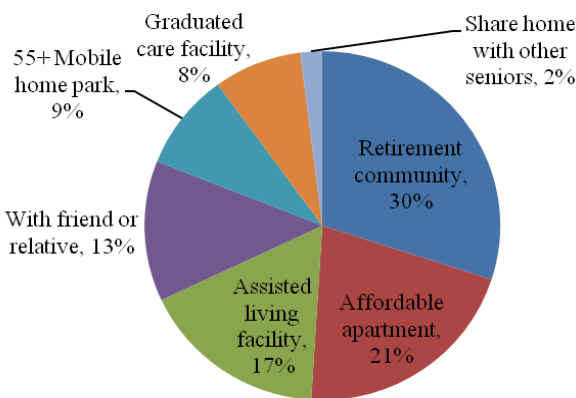
The 2008 surveys for both boomers and seniors included a section on housing needs. Both groups were asked what type of living arrangement they would likely choose if they could no longer remain in their current residence. Boomers were also asked about their criteria for housing location after retirement. Seniors were asked about their current living arrangement.

Responses to the survey indicate that slightly more than 67% of senior respondents currently own their home; 16% own a mobile home; 11% rent and 6% reside in a retirement community or an assisted-living facility.

Survey participants indicate that housing affordability and health status were key factors in determining their future living arrangements.

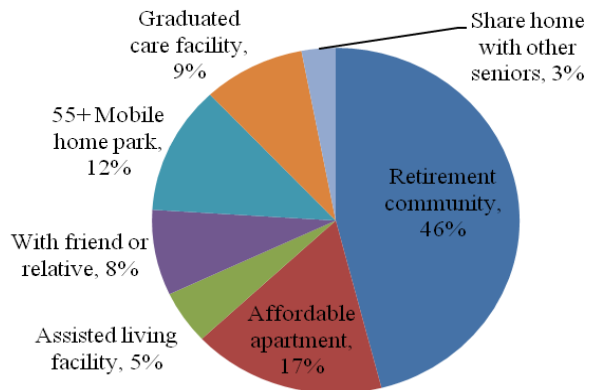
Current Seniors:

Of the senior respondents, 20% (236) did not answer the question where they would live if they were no longer able to stay in their current residence and 80% responded as illustrated in the graph below:



Boomers:

Of the boomers, 80% (274) answered the question as to where they would live after retirement as illustrated in the graph below.



The data indicates approximately 80% of those surveyed expect to move to a retirement community, an assisted living facility, affordable apartment or downsize to a smaller home or condo. This begs the question of whether such facilities will exist in sufficient numbers to fulfill the needs of these citizens.

Data results also implied that senior housing option terms such as “retirement community” were not clearly defined or understood by respondents. Term definitions and General Plan requirements are included in Appendix E.



Vallecito Residents bringing in the New Year

Section Four – Discovery and Action Steps

Housing (Continued)

Findings from Other Sources

The Regional Housing Needs Assessment (RHNA) mandated by the State of California and approved by the Southern California Association of Governments (SCAG) allocated 1,847 housing units to be built in Thousand Oaks (for the 2006-2014 time period) to take care of expected population growth. Of these units, 744 are to be designated as low-income units.

In its publication, *City of Thousand Oaks, FY 2008-2010 Top Priorities*, City Goal Section 7, is to “Increase Affordable Housing Units.” (Approved on May 13, 2008)

CONCLUSIONS

Retirement housing, based on our findings and judgment, is a critical issue, equal only to healthcare, facing seniors and boomers. Clearly, the implications for current seniors and boomers present a challenge for community leaders. Seventy-five percent of the boomers responded that investments were part of their retirement income. If homes are included as part of those investments, then their future becomes more uncertain. Current seniors are concerned their pensions and retirement income may not stretch to meet their housing needs because they are living longer.

Alternative housing options must be considered that may challenge long-held preferences for individual private living. Planning should include housing costs and other options, such as home sharing, co-housing, granny flats, intergenerational sharing of homes, and caring for aging parents.

Given the data sample and constantly changing economic situation, this focus group determined that there is a need for ongoing additional data.

ACTION STEPS

1. Assign a SAMP Advisory group member to the Citywide Survey Committee to provide input in obtaining additional housing data as it relates to the senior population.
2. Initiate new and enhance existing cooperative partnerships to provide additional affordable housing in the City of Thousand Oaks.
3. Develop interagency partnerships to research alternative housing options, including co-housing, home sharing, and granny flats.
4. Evaluate tax incentives and realistic approaches to encourage developers to become involved in providing affordable senior housing in locations and configurations that promote community and social interaction for seniors.
5. Collaborate with non-profit affordable housing providers to develop a plan to deal with transitional housing issues. (While transitional housing is in a sense temporary, the use of this type of housing does not mitigate against its use to house seniors. It could be utilized as temporary housing for seniors while waiting for a permanent housing unit to become available.)
6. Identify collaborative partners to implement programs to assist low-income older adults with home modifications, remodeling, and code enforcement issues so that they can remain in their homes longer.



VCAAA
 “Catch the Wave”
 Boomer Seminar
 Social Security
 Booth
 Ronald Reagan
 Library
 April 2009

Section Four – Discovery and Action Steps

Recreation

In the area of recreational and healthy lifestyle activities, data collection sought information on current participation and future interest. The interest in recreational-type activities is very similar with both groups: physical fitness, cultural, education, social and travel programs, and additional evening programs.

Community centers, aquatic centers, athletic organizations, and cultural activities are offered in the City. Specific to senior adults, Goebel Senior Adult Center offers various recreational and social activities such as exercise, sports, bingo, card games, dances, excursions, a nutritious lunch, and much more.

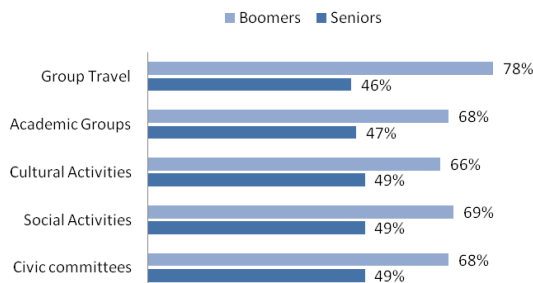
The Goebel Senior Adult Center has seen an annual increase in usage of approximately 10%. The Goebel Senior Adult Center is fast reaching its limit of available time and space. The Goebel Senior Adult Center will need to grow in terms of facilities and offerings to accommodate this increase in usage.

Almost one-half of seniors responding to the survey indicated that they currently use or are interested in attending Goebel Senior Adult Center for activities. By comparison, one-third of boomers indicate the same. Most seniors and boomers from the Newbury Park area (91320 Zip Code) indicate an interest in using a senior center or attending senior activities in Newbury Park.

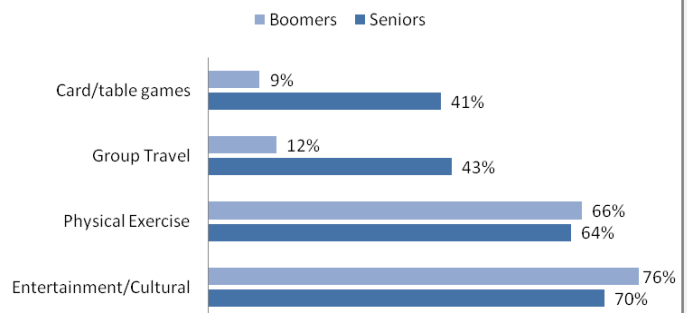


Teen/Senior Billiards Tournament

Future Interest



Current Participation



Tap Dance Class

Section Four – Discovery and Action Steps

Recreation (Continued)

CONCLUSION

Many requests were for programs currently available, which indicate a need for more community education about recreation and services provided by the Center and other agencies. Data indicates a substantial growth in evening activities, physical fitness, cultural, educational, social, and travel programs. To meet these needs, it is essential to partner with other agencies, colleges, and businesses to reach boomers and continue to offer innovative programs.

Studies on the wellbeing of aging adults show the importance of physical and mentally challenging activities and that social networking has a significant impact on the general health of this population. Availability and access to adequate, diverse, and low-cost recreational programs and activities in the City is an important cornerstone of a healthy, senior adult-friendly community.

ACTION STEPS

1. Expand education about existing programs and recreational opportunities through partnerships with non-profit agencies and local business.
2. Research options to increase senior recreational space.
3. Support and encourage recreation and other active healthy programs.
4. Continue to support, improve, and provide Senior Nutrition Lunch Program in cooperation with agency partners.
5. Coordinate outreach and publicity campaigns between agencies.
6. Regularly publicize senior service/program information in City of Thousand Oaks and Conejo Recreation and Park District (CRPD) publications.

7. Collaborate with City Public Information Department on marketing senior programs and services.
8. Develop materials to provide to Chamber of Commerce, realtors, and employers for dissemination of service information to incoming seniors and future retirees.
9. Partner with CRPD, YMCA, Conejo Valley Unified School District (CVUSD) and commercial gyms, to assure that sufficient exercise facilities are available to meet the increasing needs of the 50+ community. Possible evening use of the facilities in the three CVUSD high schools is an example of a cost-effective, high value-impact solution to this need, subject to feasibility studies.
10. Increase access to technology through incentives for computer acquisition made available from the corporate sector, as well as training from Retired Senior Volunteer Program (RSVP) instructors to help prepare for technology changes.
11. Promote cooperative life-long education through collaboration with Osher Life Long Learning Institute, local universities, high schools, Conejo Adult Education, and other local continuing education programs.



2009 Ms. Senior California Pageant
Goebel Senior Adult Center

Section Four – Discovery and Action Steps

Public Transportation

Achieving a satisfactory public transportation plan for a diverse region is a challenge for Thousand Oaks, especially for the senior community. Results from the SAMP survey demonstrate a future need for an expanded public transportation program. Senior and boomer populations want to rely on their own capabilities in remaining mobile and attend to their transportation needs. However, most realize that a time will arrive where they will require assistance. As Thousand Oaks is a car-dependent community, there may remain a resistance to utilize public transportation by future seniors.

SURVEY FINDINGS

If the respondent's current residence became impractical, boomers (47%) and seniors (54%) would choose a residence with some form(s) of assisted-living services which would likely include transportation assistance.

14% of senior respondents rely on public transportation or others versus driving themselves. Most were concerned about transportation options when they could no longer drive. About 15% of boomers indicated needing transportation assistance in the future for local trips (medical, personal business).

Seniors and boomers often do not know about public transportation until they develop a need and begin exploring transportation options.

Boomers are disinclined to volunteer or assist their contemporaries in the area of transportation.

Consumers' top reasons for using Dial-A-Ride (DAR) are medical appointments and shopping. Consumers' top concern with DAR is timeliness and dependability.

Findings from other sources

Additional statistics indicate DAR consumers with good mobility take 2 to 3 minutes on average to enter or exit a DAR vehicle, and those who use wheelchairs need up to 15 minutes. The length of a DAR consumer's trip is extended by approximately 12 minutes for each low-mobility consumer who enters or exits the modified van.

Federal regulations mandate that a DAR consumer's personal assistant or caregiver rides for free.

Many people, especially people with disabilities, seniors, and those resistant to change, must conquer a steep learning curve before they become confident users of public transit.

CONCLUSIONS

Transportation specific City survey information and local transportation statistical information was also used in preparing conclusions and recommendations.

Transportation needs of the frail and elderly will increase as fewer seniors are expected to be permitted to drive because of health impairment, State regulation, or by insurers. As the senior community ages, transportation will be an essential factor in the development of housing, health, recreation, and volunteer services.

Limited capacity of DAR vehicles combined with increased demand will impact program cost and efficiency. Converting from a DAR demand-responsive to a reservations-required format (a minimum of 24 hours in advance) would maximize efficiency and improve timely service for residents.

Section Four – Discovery and Action Steps

Public Transportation (Continued)

Consumers have responsibilities as well as rights. If the system is to work well, patrons must be “reasonably” self-sufficient. DAR door-to-door feature decreases the timeliness of the service. In determining what types and levels of service to provide, the City must balance the ability to accommodate the difficult-to-meet needs of the very few with optimizing service for the many.

Public transit of all varieties should be on-time and reliable. Increasing public transit availability (adding routes or vehicles or increasing hours of service) would improve all residents’ quality of life by ameliorating some City pollution and traffic problems and by enabling local businesses to attract employees who must travel from lower-income residential areas.

Providing some type of evening service would allow seniors to participate in night time social events such as theater, dances, and movies.

ACTION STEPS

1. Maximize efficiency and timeliness of DAR service.
 - a. Gradual conversion to reservation system.
 - b. Offer evening service with 24-hour advance reservations.
 - c. Permit patrons to make reservations up to one week in advance.
 - d. Pick-up first or drop-off last consumers who require extra time to enter/exit the vehicle.
 - e. Consider conversion from door-to-door to curb-to-curb service.
 - f. Research improved inter-city transportation access.
2. Improve community awareness and route service of Thousand Oaks Transit Fixed Bus Route System.
 - a. Add “runner” on shopper shuttles to assist seniors with packages.
 - b. Implement an “ambassador program” at senior-frequented locations to answer questions and facilitate use of transit system, including having transit passes readily available at these locations.
 - c. Establish a fifth route (either a reverse green route OR two separate routes that double back on themselves).
 - d. Research possibility of flexible route bus system as additional alternative to DAR for those more mobile.
 - e. Add Saturday fixed route service.
 - f. Research options to add bus turnaround capacity at Vallecito Mobile Home Estates.



City of Thousand Oaks
Transportation Center



Dial-A-Ride
Van



Bring your
bike on the
bus for FREE

Section Four – Discovery and Action Steps

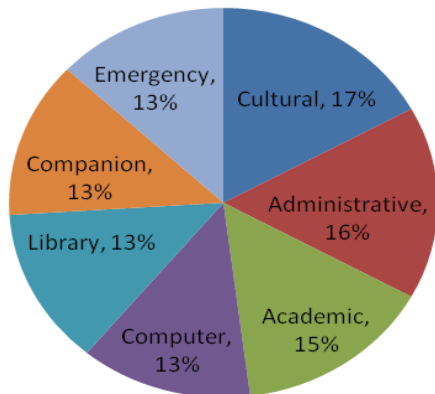
Volunteerism

Volunteering is not only a healthy activity, it is essential to the success of a community.

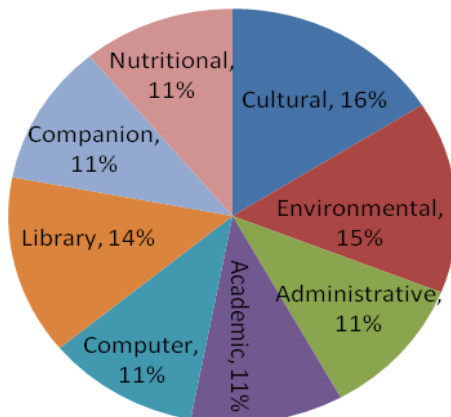
SURVEY FINDINGS

Approximately 11% of seniors and 5% of boomers who responded to the survey indicate they are currently volunteering. A higher percentage expects to, or has an interest in, volunteering after retirement: seniors 26%, boomers 47%.

Currently, seniors are volunteering in the following areas:



The major areas of interest for boomer volunteers are as follows:



Top volunteer service areas for both seniors and boomers are: cultural, environmental, library, administrative, and academic.

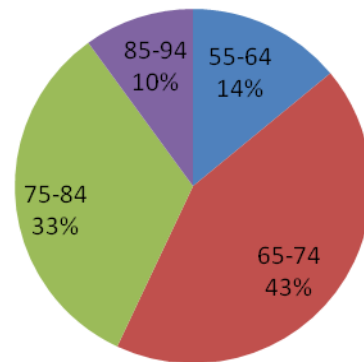
When seniors were asked which services are most needed in the community, survey results indicate that home and yard upkeep is a priority. This is a need not currently supplied by volunteers. Transportation and companionship are also of importance.

Survey participants were asked what keeps them from volunteering. Over 17% of senior responders and 8% of boomers indicated “no interest.” The most common reason is “lack of time” as cited by 35% of seniors and 68% of boomers. Health and transportation costs are also contributing factors.

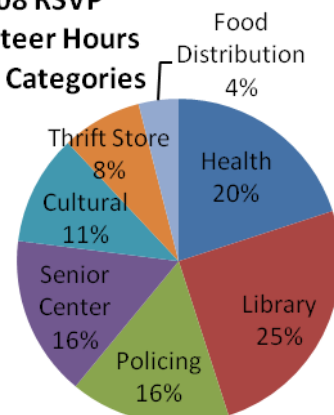
Findings from Other Sources

Data from Retired Senior Volunteer Program (RSVP) showing current volunteer characteristics:

2008 RSVP
Volunteers by Age



2008 RSVP
Volunteer Hours
Major Categories



Section Four – Discovery and Action Steps

Volunteerism (Continued)

CONCLUSIONS

Boomers are poised to volunteer at greater rates than current seniors. Organizations that depend on volunteers should develop programs that will attract and retain volunteers. It is apparent this group is looking for volunteer opportunities that fit their background and training.

Survey data indicates one of the barriers to volunteering is transportation. Available transportation allows seniors to get to the volunteer site. Loss of transportation isolates seniors and forces them to change lifestyles, such as not being able to socialize or volunteer.

As seniors age, data indicates they require more assistance with physical tasks they are no longer able to manage. Although there is a definite need, this is not something senior adult volunteers have an interest in doing. Boomers respond that task assistance is a priority but that transportation will be their greatest need, followed by socialization, companionship, personal care, nutrition, and health care.

Survey data shows senior respondents well into their eighties are still active in volunteering, relatively healthy, and able to drive or get around using local transportation.

ACTION STEPS

1. Coordinate City-wide collaborative campaign to encourage volunteering and highlight health and economic benefits.
2. Evaluate new volunteer opportunities to attract boomers.
3. Collaborate with agencies and local non-profits to provide programs to attract and retain seniors and boomers as volunteers.
4. Research partnerships with youth agencies that provide volunteer services to meet the demand for physical task assistance such as light yard work and house work/repairs.
5. Encourage agencies, boomers, and seniors to use Retired Senior Volunteer Program (RSVP).
6. Encourage youth and able seniors to volunteer one-on-one with less able seniors, to assist with shopping, yard work, companionship, etc.



**“Be a Santa to a Senior” Program 2008
City Staff delivering gifts at Senior Concerns**

**Senior and Youth volunteers working together
Senior of the Year Awards June 2009**



Section Four – Discovery and Action Steps

General Information

General information was also discovered through research, surveys, and outreach. At community meetings, recommendations included the need for a resource guide to find reliable vendors and contractors for seniors, a call center to ask basic health questions, and additional educational/informational courses. A central information resource is a top priority.

Overwhelming response and comments from community meetings demonstrate the success of those meetings and the need to continue that process.

ACTION STEPS

1. Regularly publicize available senior service/program information in City and Conejo Recreation and Park District publications.
2. Continually research resources and grant availability in partnership with local non-profit agencies to provide additional assistance programs for seniors.
3. Educate boomers and current seniors about existing programs and benefits through partnerships with non-profit agencies and local business.
4. Support the removal of barriers to avoid age group isolation.
5. Create and maintain a list of qualified and bonded contractors to do work in homes at reasonable costs.
6. Coordinate outreach and publicity campaigns between agencies, including providing additional local television time to host senior informational programs.
7. Promote use of 2-1-1 and ensure that 2-1-1 has updated information regarding services available to Thousand Oaks seniors.
8. Develop SAMP Strategic Implementation Plan and performance measures to achieve goals.
9. Encourage senior service providers, as well as the senior and boomer community, to be involved in the SAMP Advisory Committee.
10. Research fundraising, grants, and other resource availability to supplement implementation of SAMP goals and recommendations.
11. Monitor recommendations and goals through periodic surveys, community meetings, and performance measures.
12. Lower the required age for Council on Aging to 55.



Left: Moving Seniors Forward Seminar



Council on Aging Outreach at Hillcrest Royale 12/2007



Below: Conejo/Las Virgenes Future Foundation Senior Congress COA Booth 2008

Senior Adult Master Plan

2009



Section Five – Implementation



Left: "Generation Celebration" Goebel Senior Adult Center

Over 40 senior service vendors provide information to seniors, caregivers, and families.

Presentations featuring a variety of speakers are also well attended.

Right: "Catch the Wave" Boomer Expo – Ronald Reagan Library

VCAAA hosted the first Boomer expo in 2009. It was a well attended event that included vendors, guest presenters, and, of course, information from Council on Aging Liaisons.



Section Five – Implementation

Strategic Plan Guidelines

“Destiny is not a matter of chance, but of choice. Not something to wish for, but to attain.” –
William Jennings Bryan

The responsibility for implementation of the Senior Adult Master Plan lies not only with the City of Thousand Oaks and Council on Aging but with community partners and seniors as well.

The first action step to implementing the Plan is to further develop the Advisory Committee and define operating and organizational guidelines. The Council on Aging encourages the community including all private and public senior service agencies, boomers, and seniors to participate in plan strategy and implementation.

The Advisory Committee will convene in the Fall of each year under the direction of Council on Aging. In Fall 2009, this Committee will determine priorities and timeline for action steps to achieve overall goals to serve as a baseline for assessment. Implementation of all action steps must include: sustaining existing programs whether they be public or private; partnering whenever possible to enhance program feasibility and effectiveness; assuring accessibility to information about new and existing programs and to the services themselves; training of those responsible for implementing programs as applicable; examining public value; and evaluating programs and plan progress on a regular basis.



2009
Generation
Celebration
COA
Booth

The need to deploy and maintain a strategic basis for implementation is vital to assure effectiveness and efficiency. SAMP has produced a large number of significant recommendations. These recommendations cannot be accepted without assessing the relationship to external factors. Integrating various aspects of the plan with flexibility is pivotal to implementing a set of challenging recommendations in a resource-constrained, partnership-driven environment.

Annual action step priorities will be reassessed based on progress, success, fiscal climate, and community needs. The Committee will also form smaller, specialized groups to complete selected action steps each year.

SAMP PERFORMANCE MONITORING, MAINTENANCE AND REVISIONS

SAMP is a living document that must be kept current with respect to changing conditions which can impact the bases upon which SAMP was developed. SAMP Strategic Implementation Plan will be organized with goals and corresponding performance measures paced by resource availability.

The SAMP Advisory Committee will take into consideration potential impacts of National, State and local factors to the City and the senior adult community. This information will be used to revise the SAMP Strategic Implementation Plan when needed.

Council on Aging will provide an annual progress report to City Council to ensure accountability.

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Senior Adult Master Plan 2009



Section Six – Conclusion



2008-2009 Council on Aging

Section Six – Conclusion

The growth of the senior adult community in Thousand Oaks and its increased impact on City planning will result in their emergence as major stakeholders. It is only through a cooperative effort and effective partnerships that the community will attain the SAMP Mission of assuring a healthy, adult-friendly community and continue to meet resource challenges and needs of the community as a whole.

Potential Challenges to the Senior Adult Master Plan Recommendations and Action Steps:

- Availability of affordable senior housing options.
- Maintaining a retired or working senior volunteer corps.
- Rising senior healthcare costs as a fraction of spendable income.
- Developing effective partnership building, advocacy, and strategic planning for the range of anticipated senior needs in the time frame available.
- Ability to reach and communicate with those segments of the senior-adult community having greatest need, in a timely and effective manner.
- Availability of a sufficient number of skilled care providers.
- Availability of staff resources to make use of highly-leveraged opportunities offered by skilled volunteers for advisory committees.



2020 VISION

- City of Thousand Oaks implementation of the Senior Adult Master Plan will promote an active, involved and well-informed senior adult population creating a healthy, high-quality full life experience in our community.
- The Council on Aging and SAMP Advisory Committee will have a diverse group of members which reflect the demographic of this age group in the City.
- Over 90% of the senior adult population will be reached through improved communication. The priority within this vision will be to reach the most vulnerable of the senior adults, including those living below the poverty level, and what is often referred to as the ‘hidden’ vulnerable.
- Effective private/public partnerships and services will meet senior adult needs in all aspects of their lives.
- The use of volunteer citizen advisors and advocates will have a low fiscal impact on the City, resulting in exceptionally high-value impact.



Above: VCAAA “Catch the Wave”
Boomer Seminar Vendor

Left: Council on Aging Liaisons at VCAAA
Advisory Group Meeting

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Senior Adult Master Plan 2009



Appendix

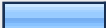



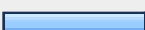



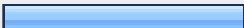
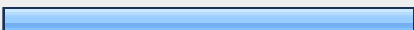
September 2008 Fall Prevention Week Seminar – Marquee Café

1. My zip code is:			Response Count
			1,141
	[*Detail available by request]	<i>* answered question</i>	1,141
			<i>skipped question</i>
			0

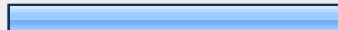
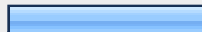

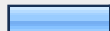

2. I was born in the year:			
		Response Percent	Response Count
1900 to 1925		18.6%	212
1926 to 1935		38.1%	435
1936 to 1945		43.3%	494
1946 to 1964		0.0%	0
		<i>answered question</i>	1,141
		<i>skipped question</i>	0




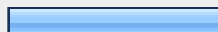

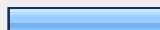
Appendix A (Continued)

3. I have lived in this community for _____ years.			Response Percent	Response Count
0-5			15.1%	165
6-10			13.2%	144
11-15			8.2%	90
16-20			7.1%	77
21-30			21.5%	235
31 or more			34.9%	381
			<i>answered question</i>	1,092
			<i>skipped question</i>	49

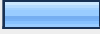
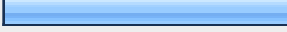

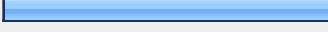

4. My gender is:			Response Percent	Response Count
Male			36.9%	410
Female			63.1%	702
			<i>answered question</i>	1,112
			<i>skipped question</i>	29



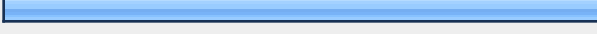



Appendix A (Continued)

5. My current marital status is:			Response Percent	Response Count
Married			51.0%	574
Widowed			29.6%	333
Separated			1.0%	11
Divorced			15.2%	171
Never married/Single			3.3%	37
[*Detail available by request]			* Other (please specify)	7
			answered question	1,126
			skipped question	15

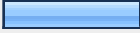
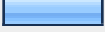

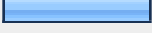
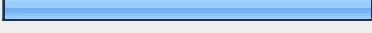
6. The highest grade I completed in school is:			Response Percent	Response Count
8th grade or less			1.4%	16
Some high school			1.9%	21
High school graduate			16.7%	187
Some College/trade school			32.2%	361
College graduate			24.7%	277
Post-grad			23.2%	260
			answered question	1,122
			skipped question	19



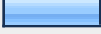



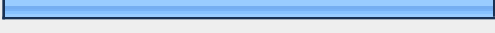
Appendix A (Continued)

7. My income source(s) is(are):				
			Response Percent	Response Count
Employment			14.3%	158
Investments			43.7%	482
Social Security			86.6%	955
Pension			50.0%	552
Supplemental Security Income (SSI)			5.3%	58
[*Detail available by request]			* Other (please specify)	91
			answered question	1,103
			skipped question	38

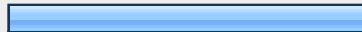
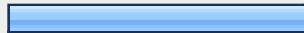
8. My ethnic group is:				
			Response Percent	Response Count
Hispanic/Latino			3.7%	40
Black/African American			0.5%	5
White/Caucasian			91.8%	1,003
Native American/Alaskan			0.6%	7
Asian/Pacific Islander			3.3%	36
Multi-Ethnic			0.2%	2
[*Detail available by request]			* Other (please specify)	19
			answered question	1,093
			skipped question	48

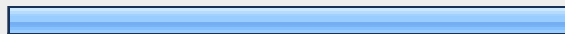


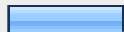


Appendix A (Continued)

9. I need help doing the following: (Check all that apply)			
		Response Percent	Response Count
Home maintenance		20.5%	197
Light housekeeping		14.7%	141
Home repairs		31.2%	299
Yard work		22.4%	215
None of the above		56.4%	541
[*Detail available by request]		* Other (please specify)	66
		answered question	959
		skipped question	182




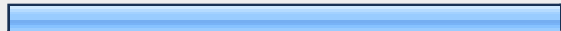
10. I need help paying for the following: (Check all that apply)			
		Response Percent	Response Count
Medical care		6.4%	57
Prescription drugs		9.4%	84
Dental/Vision or Hearing Care		14.6%	131
Mortgage/Rent payments		3.9%	35
Utilities		5.4%	48
Insurance payments		4.1%	37
None		75.7%	678
[*Detail available by request]		* Other (please specify)	31
		answered question	896
		skipped question	245

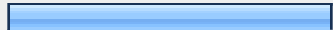

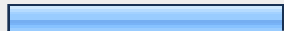
Appendix A (Continued)

11. If there were a Public Health Center in Thousand Oaks/Newbury Park would you use this service?			Response Percent	Response Count
Yes			54.4%	376
No			45.6%	315
			<i>answered question</i>	691
			<i>skipped question</i>	450


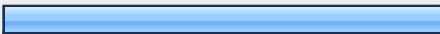



12. When you need to go somewhere, how do you usually get there?			Response Percent	Response Count
Drive yourself			86.0%	925
Thousand Oaks Transit			2.7%	29
Walk			7.6%	82
Ride with family/friend			17.3%	186
Taxi			1.3%	14
Dial-A-Ride			9.1%	98
* Other (please specify)				42
[*Detail available by request]				
			<i>answered question</i>	1,076
			<i>skipped question</i>	65







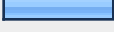
Appendix A (Continued)

13. Do you need help getting to: (Check all that apply)			
		Response Percent	Response Count
Medical appointments		12.2%	97
Grocery shopping		6.6%	53
Social activities		6.4%	51
None		85.2%	680
* Other (please specify)			39
[*Detail available by request]			
		answered question	798
		skipped question	343

14. My current living arrangement is:			
		Response Percent	Response Count
Live with spouse or friend		49.7%	524
Live with family		8.2%	86
Live alone		42.1%	444
* Other (please specify)			14
[*Detail available by request]			
		answered question	1,054
		skipped question	87

Appendix A (Continued)


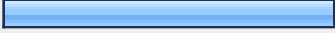
15. I currently:		Response Percent	Response Count
Rent an apartment		11.2%	107
Own my own home		67.5%	647
Own in mobile-home park		15.6%	149
Live in a retirement community		3.0%	29
Live in assisted living facility		2.7%	26
[*Detail available by request]		* Other (please specify)	43
		answered question	958
		skipped question	183



16. If I decided I could no longer remain in my current residence, I will most likely choose the following type of place to live:		Response Percent	Response Count
Affordable apartment		21.5%	195
With a relative or friend		12.8%	116
55+ mobile-home park		8.2%	74
Graduated-care community		8.1%	73
Retirement community		30.5%	276
Shared home with 4-5 other seniors		2.3%	21
Assisted living facility		16.6%	150
[*Detail available by request]		* Other (please specify)	97
		answered question	905
		skipped question	236

Appendix A (Continued)

17. What type of organized group activities do you currently participate in or would like to have available to you when you retire: (Check all that apply)				
	Already Doing	Future Interest	No interest	Response Count
Physical exercise (swimming, bike riding, Yoga, aerobics)	64.9% (489)	27.2% (205)	7.8% (59)	753
Entertainment/Cultural (e.g., movies, theater, & art)	71.5% (521)	24.8% (181)	3.7% (27)	729
Academic Groups (discussion groups, language classes)	32.5% (162)	47.3% (236)	20.2% (101)	499
Group Travel (day trips, overnights, international)	44.1% (286)	45.5% (295)	10.3% (67)	648
Employment/Training	17.3% (47)	25.8% (70)	56.8% (154)	271
Sports (basketball, baseball/softball, golf, tennis, bowling)	36.0% (133)	26.0% (96)	37.9% (140)	369
Card/table games (bingo, bridge, Mahjong, ping pong, pool)	44.5% (237)	34.1% (182)	21.4% (114)	533
Cultural Activities (dance, painting, creative writing)	32.0% (154)	48.8% (235)	19.3% (93)	482
Social Activities (Lunch program, BBQ, ice cream social)	31.9% (154)	49.5% (239)	18.6% (90)	483
Community involvement (Civic committees)	31.6% (129)	49.5% (202)	18.9% (77)	408
		* Other (please specify if Senior Center Activity)		156
	[*Detail available by request]			
		answered question		990
		skipped question		151

Appendix A (Continued)

18. Some of the activities I currently participate in or am interested in doing are through the Goebel Senior Adult Center.			Response Percent	Response Count
Yes			49.2%	440
No			50.8%	455
			<i>answered question</i>	895
			<i>skipped question</i>	246

19. If there were a choice in senior adult facilities, I would be more likely to use a senior center in Newbury Park.			Response Percent	Response Count
Yes			33.4%	280*
No			66.6%	558
			<i>answered question</i>	838
			<i>skipped question</i>	303

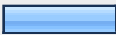

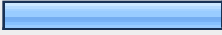


* 231 Respondents from 91320

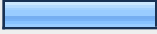
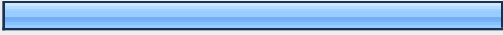
Appendix A (Continued)

20. What type of volunteer work are you already doing or you would be interested in doing? (Check all that apply)				
	Already Doing	Interested in Doing	No interest	Response Count
Transportation Services for other Senior Adults	21.0% (62)	21.4% (63)	57.6% (170)	295
Companion Services (friendly home/phone visits)	22.4% (68)	21.5% (65)	56.1% (170)	303
Nutrition Services (in-home, meal delivery, food prep)	10.0% (26)	22.4% (58)	67.6% (175)	259
Health Services (Hospital, clinics)	9.6% (24)	21.2% (53)	69.2% (173)	250
Social Services (peer/supportive counseling)	10.0% (26)	30.4% (79)	59.6% (155)	260
Professional Services (legal, tax, insurance)	5.9% (15)	19.4% (49)	74.7% (189)	253
Administrative services (mailings, phones, filing, typing)	15.4% (47)	35.0% (107)	49.7% (152)	306
Cultural Services (musical/theatrical entertainment)	23.3% (74)	33.3% (106)	43.4% (138)	318
Computer Services (database creation/entry, teaching)	11.6% (31)	34.1% (91)	54.3% (145)	267
Academic Services (teaching others a craft/skill/language)	14.4% (40)	34.7% (96)	50.9% (141)	277
Care Services (In-home, running errands, respite care)	12.9% (34)	13.7% (36)	73.4% (193)	263
Construction services (Installing grab bars, wheelchair ramps, etc.)	0.8% (2)	14.5% (35)	84.7% (205)	242
Child support services (sports, schools)	9.4% (24)	23.2% (59)	67.3% (171)	254
Library Services	6.1% (14)	37.1% (85)	56.8% (130)	229
Environmental Services (park service, wil life conservation)	4.3% (10)	34.5% (81)	61.3% (144)	235
Emergency preparedness support (CERT, DART, VIP)	13.5% (35)	27.7% (72)	58.8% (153)	260
			Other (please specify)	39 114

Appendix A (Continued)

	<i>answered question</i>	594
	<i>skipped question</i>	547

21. The following keep(s) me from volunteering my services in the community: Check all that apply)			Response Percent	Response Count
No interest			16.9%	114
Transportation costs			11.4%	77
Health			33.4%	226
No time			35.5%	240
N/A I do volunteer			13.6%	92
[*Detail available by request]			* Other (please specify)	148
		<i>answered question</i>		676
		<i>skipped question</i>		465

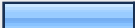









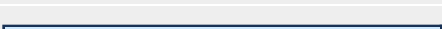
22. Do you have a special skill or interest that you would like to share?			Response Percent	Response Count
Yes			23.3%	140
No			76.7%	462
[*Detail available by request]			* If Yes please specify.	151
		<i>answered question</i>		602
		<i>skipped question</i>		539

Appendix A (Continued)

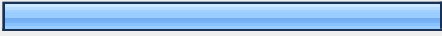
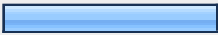
23. What type of help do you currently need that might be provided by volunteers?		Response Count
[*Detail available by request]		295
	* <i>answered question</i>	295
	<i>skipped question</i>	846

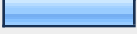
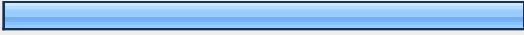
24. Which volunteer resources do you believe are most needed in your community?		Response Count
[*Detail available by request]		310
	* <i>answered question</i>	310
	<i>skipped question</i>	831

Appendix A (Continued)

25. I need assistance with: (Check all that apply)			Response Percent	Response Count
Will/Trust			20.0%	150
Power of Attorney			6.5%	49
Advance Directive for Health Care			9.2%	69
Financial debt			2.0%	15
Medicare benefits			7.3%	55
Social Security benefits			6.5%	49
Fraud/financial abuse			1.3%	10
Identity theft			4.1%	31
Physical crime			0.8%	6
Property crime			1.5%	11
None			67.2%	504
[*Detail available by request]			* Other (please specify)	50
			answered question	750
			skipped question	391

Appendix A (Continued)

26. Do you use a computer for e-mail or Internet?			Response Percent	Response Count
Yes			67.2%	638
No			32.8%	311
		<i>answered question</i>		949
		<i>skipped question</i>		192

27. I am interested in volunteering on the Senior Master Plan Committee and would like additional information:			Response Percent	Response Count
Yes			19.9%	127
No			80.1%	510
		<i>answered question</i>		637
		<i>skipped question</i>		504


28. Additional Comments:			Response Count
			166
	[*Detail available by request]		166
		<i>answered question</i> *	166
		<i>skipped question</i>	975

29. Request for additional information:			Response Count
			35
	[*Detail available by request]		35
		<i>answered question</i>	35
		<i>skipped question</i>	1,106


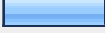


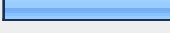
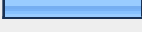
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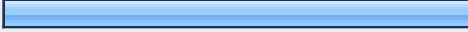
Boomer Survey Results

1. My zip code is:		
		Response Count
		349
	[*Detail available by request]	
	<i>answered question</i>	349
	<i>skipped question</i>	0

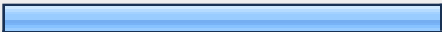


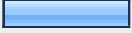

2. I was born in the year:			
		Response Percent	Response Count
1900 to 1925		0.0%	0
1926 to 1935		0.0%	0
1936 to 1945		0.0%	0
1946 to 1964		100.0%	349
	<i>answered question</i>		349
	<i>skipped question</i>		0




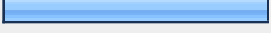
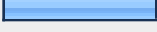
Appendix A-1 (Continued)

3. I have lived in this community for ____ years.			Response Percent	Response Count
0-5			12.5%	42
6-10			15.2%	51
11-15			12.8%	43
16-20			12.8%	43
21-30			25.7%	86
31 or more			20.9%	70
			<i>answered question</i>	335
			<i>skipped question</i>	14

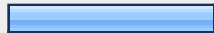
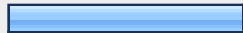
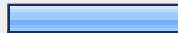

4. My gender is:			Response Percent	Response Count
Male			28.1%	94
Female			71.9%	241
			<i>answered question</i>	335
			<i>skipped question</i>	14



Appendix A-1 (Continued)

5. My current marital status is:			
		Response Percent	Response Count
Married		67.4%	225
Widowed		4.2%	14
Separated		0.9%	3
Divorced		18.9%	63
Never married/Single		8.7%	29
[*Detail available by request]		* Other (please specify)	3
		answered question	334
		skipped question	15


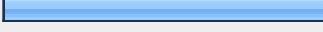

6. The highest grade I completed in school is:			
		Response Percent	Response Count
8th grade or less		0.0%	0
Some high school		0.9%	3
High school graduate		4.5%	15
Some College/trade school		31.1%	104
College graduate		40.4%	135
Post-grad		23.1%	77
		answered question	334
		skipped question	15



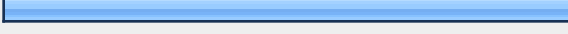



Appendix A-1 (Continued)

7. My anticipated age of retirement is:			Response Percent	Response Count
50-60			31.5%	103
61-65			35.8%	117
66-70			26.0%	85
71+			6.7%	22
			<i>answered question</i>	327
			<i>skipped question</i>	22

8. After retirement I plan to reside in the City of Thousand Oaks (City of Thousand Oaks includes Newbury Park and portions of Westlake - zip codes 91360, 91361, 91362 and 91320)			Response Percent	Response Count
Yes			90.4%	292
No			9.6%	31
			<i>answered question</i>	323
			<i>skipped question</i>	26

Appendix A-1 (Continued)

9. My income source(s) After retirement will be:				
			Response Percent	Response Count
Employment			21.4%	69
Investments			75.5%	243
Social Security			80.1%	258
Pension			49.1%	158
Supplemental Security Income (SSI)			2.8%	9
[*Detail available by request]			Other (please specify)	26
			answered question	322
			skipped question	27

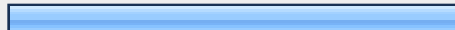
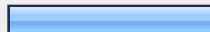
10. My ethnic group is:				
			Response Percent	Response Count
Hispanic/Latino			4.6%	15
Black/African American			1.8%	6
White/Caucasian			87.2%	287
Native American/Alaskan			0.3%	1
Asian/Pacific Islander			3.0%	10
Multi-Ethnic			3.0%	10
[*Detail available by request]			* Other (please specify)	3
			answered question	329
			skipped question	20

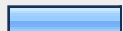



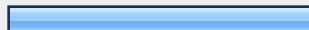


Appendix A-1 (Continued)

11. Please rank the following in order of importance/concern. One "1" being the most important. If you don't believe it is or will be a concern/need leave blank. If a concern/need is not listed please include under "Other."


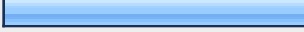
	1	2	3	4	5	6	7	8	9	10
Available Recreational and Group Activities	14.6% (30)	5.3% (11)	9.2% (19)	10.2% (21)	10.2% (21)	11.7% (24)	9.2% (19)	7.8% (16)	14.1% (29)	7.8% (16)
Challenging Volunteer Opportunities	1.4% (3)	11.3% (24)	8.0% (17)	8.0% (17)	10.4% (22)	7.5% (16)	7.5% (16)	7.1% (15)	12.7% (27)	25.9% (55)
Transportation	13.7% (35)	14.1% (36)	15.6% (40)	12.9% (33)	10.5% (27)	9.4% (24)	8.6% (22)	6.3% (16)	4.3% (11)	4.7% (12)
Housing	21.8% (46)	23.2% (49)	12.3% (26)	10.4% (22)	10.0% (21)	5.2% (11)	6.2% (13)	2.4% (5)	4.3% (9)	4.3% (9)
Personal Care (Home Care Assistance, Nutrition)	6.6% (15)	13.5% (31)	17.5% (40)	18.3% (42)	10.5% (24)	10.9% (25)	8.3% (19)	7.4% (17)	5.7% (13)	1.3% (3)
Legal Management Assistance (Wills, Trusts, Advanced Directive)	1.9% (4)	3.7% (8)	6.1% (13)	8.4% (18)	13.6% (29)	10.3% (22)	9.8% (21)	18.2% (39)	10.7% (23)	17.3% (37)
Insurance Management Assistance (Medicare, Medical Insurance)	4.5% (9)	11.6% (23)	15.1% (30)	12.1% (24)	9.0% (18)	12.6% (25)	12.6% (25)	8.0% (16)	10.6% (21)	4.0% (8)
Financial Management Assistance	2.0% (4)	3.0% (6)	6.4% (13)	12.3% (25)	10.3% (21)	12.3% (25)	11.8% (24)	19.7% (40)	12.3% (25)	9.9% (20)
General Home Assistance (Cleaning, Gardening)	4.6% (10)	11.5% (25)	14.7% (32)	10.1% (22)	13.8% (30)	13.8% (30)	13.4% (29)	7.8% (17)	6.5% (14)	3.7% (8)
Healthcare	51.8% (118)	20.6% (47)	8.3% (19)	5.3% (12)	4.4% (10)	3.9% (9)	1.3% (3)	1.8% (4)	0.9% (2)	1.8% (4)
[*Detail available by request]								* Other (please specify) 14		
										answered questions 290
										skipped questions 59

Appendix A-1 (Continued)

12. If there were a Public Health Center in Thousand Oaks/Newbury Park would you use this facility?			
		Response Percent	Response Count
Yes		69.1%	199
No		30.9%	89
		answered question	288
		skipped question	61

13. After retirement, if I decided I could no longer remain in my current residence, I will most likely choose the following type of place to live:			
		Response Percent	Response Count
Affordable apartment		16.8%	46
With a relative or friend		8.4%	23
55+ mobile-home park		11.7%	32
Graduated-care facility		8.8%	24
Retirement community		46.4%	127
Shared home with 4-5 other seniors		2.6%	7
Assisted living facility		5.5%	15
		* Other (please specify)	28
[*Detail available by request]			
		answered question	274
		skipped question	75

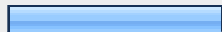

Appendix A-1 (Continued)

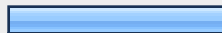

14. After retirement, if I choose to live in Thousand Oaks, I am interested in living where I can/am:			
		Response Percent	Response Count
Walk to resources(City Center, theaters, shopping, parks)from Condo/apartment style home (1-2 bedroom)		53.6%	156
Live further from City Center and have available transportation to get to resources		46.4%	135
		<i>answered question</i>	291
		<i>skipped question</i>	58


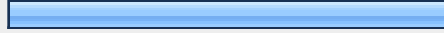
Appendix A-1 (Continued)

15. What type of organized group activities and/or recreation do you currently participate in or would like to have available to you when you retire: (Check all that apply)				
	Already Doing	Future Interest	No Interest	Response Count
Physical exercise (swimming, bike riding, Yoga, aerobics)	66.2% (188)	31.3% (89)	2.5% (7)	284
Entertainment/Cultural (e.g., movies, theater, & art)	75.6% (214)	23.0% (65)	1.4% (4)	283
Academic Groups (discussion groups, language classes)	16.8% (44)	67.6% (177)	15.6% (41)	262
Group Travel (day trips, overnights, international)	12.3% (33)	77.0% (207)	10.8% (29)	269
Employment/Training	21.7% (54)	37.3% (93)	41.0% (102)	249
Sports (basketball, baseball/softball, golf, tennis, bowling)	22.4% (57)	38.8% (99)	38.8% (99)	255
Card/table games (bingo, bridge, Mahjong, ping pong, pool)	9.5% (25)	52.7% (138)	37.8% (99)	262
Cultural Activities (dance, painting, creative writing)	19.3% (51)	65.2% (172)	15.5% (41)	264
Social Activities (Lunch program, BBQ, ice cream social)	15.6% (40)	68.1% (175)	16.3% (42)	257
Community involvement (Civic committees)	14.4% (37)	66.9% (172)	18.7% (48)	257
		*	Other (please specify if Senior Center Activity)	18
	[*Detail available by request]			
			answered question	289
			skipped question	60

Appendix A-1 (Continued)

16. Some of the activities I currently participate in or am interested in doing are through the Goebel Senior Adult Center.			Response Percent	Response Count
Yes			32.7%	91
No			67.3%	187
			<i>answered question</i>	278
			<i>skipped question</i>	71

17. If there were a choice in senior adult facilities, I would be more likely to use a senior center in Newbury Park.			Response Percent	Response Count
Yes			33.1%	93*
No			66.9%	188
* 79 Respondents from 91320			<i>answered question</i>	281
			<i>skipped question</i>	68



18. The following keep(s) me from volunteering my services in the community: Check all that apply)			Response Percent	Response Count
No interest			7.3%	18
Transportation costs			5.7%	14
Health			6.5%	16
No time			67.8%	166
N/A			22.9%	56
[*Detail available by request]			* Other (please specify)	36
			<i>answered question</i>	245
			<i>skipped question</i>	104

Appendix A-1 (Continued)

19. What type of volunteer work are you already doing or you would be interested in doing after you retire? (Check all that apply)				
	Already Doing	Interested in Doing	No Interest	Response Count
Transportation Services for other Senior Adults	1.6% (3)	36.0% (68)	62.4% (118)	189
Companion Services (friendly home/phone visits)	5.0% (10)	46.5% (94)	48.5% (98)	202
Nutrition Services (in-home, meal delivery, food prep)	2.5% (5)	49.2% (98)	48.2% (96)	199
Health Services (Hospital, Clinics)	3.0% (6)	40.7% (81)	56.3% (112)	199
Social Services (peer/supportive counseling)	6.0% (12)	45.2% (90)	48.7% (97)	199
Professional Services (legal, tax, insurance)	1.6% (3)	18.5% (35)	79.9% (151)	189
Administrative services (mailings, phones, filing, typing)	5.4% (11)	47.1% (96)	47.5% (97)	204
Cultural Services (musical/theatrical entertainment)	6.3% (13)	64.6% (133)	29.1% (60)	206
Computer Services (database creation/entry, teaching)	4.1% (8)	45.9% (90)	50.0% (98)	196
Academic Services (teaching others a craft/skill/language)	6.8% (14)	44.7% (92)	48.5% (100)	206
Care Services (In-home, running errands, respite care)	3.7% (7)	36.6% (70)	59.7% (114)	191
Construction services (Installing grab bars, wheelchair ramps, etc.)	1.6% (3)	17.7% (33)	80.6% (150)	186
Child support services (sports, schools)	7.4% (15)	34.2% (69)	58.4% (118)	202
Library Services	3.0% (6)	61.4% (124)	35.6% (72)	202
Environmental Services (park service, wild life conservation)	5.1% (11)	64.8% (140)	30.1% (65)	216
Emergency preparedness support (CERT, DART, VIP)	6.7% (13)	38.7% (75)	54.6% (106)	194
				55

Appendix A-1 (Continued)

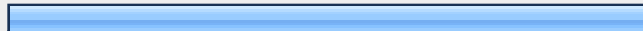

	Other (please specify)	18
	answered question	255
	skipped question	94

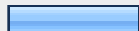
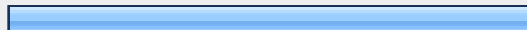
20. Do you have a special skill or interest that you would like to share?			Response Percent	Response Count
Yes			26.1%	62
No			73.9%	176
	[*Detail available by request]	* If Yes please specify.		67
		answered question		238
		skipped question		111

21. What type of help do you currently need that might be provided by volunteers?			Response Count
	[*Detail available by request]		125
		* answered question	125
		skipped question	224

22. Which volunteer resources do you believe are most needed in your community?			Response Count
	[*Detail available by request]		149
		* answered question	149
		skipped question	200

Appendix A-1 (Continued)

23. Do you use a computer for e-mail or Internet?			Response Percent	Response Count
Yes			98.5%	265
No			1.5%	4
		<i>answered question</i>		269
		<i>skipped question</i>		80

24. I am interested in volunteering on the Senior Master Plan Committee and would like additional information:			Response Percent	Response Count
Yes			19.9%	48
No			80.1%	193
		<i>answered question</i>		241
		<i>skipped question</i>		108

25. Additional Comments:			Response Count
			45
	[*Detail available by request]	*	45
		<i>answered question</i>	45
		<i>skipped question</i>	304

26. Request for additional information:			Response Count
			12
	* Detail Available by Request		12
		<i>answered question</i>	12
		<i>skipped question</i>	337

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Sample Selection

The sampling goal was to target a representative sample which included the three major categories of current seniors: independent/active, assisted living residents, and low income/homebound/homeless. By providing the survey online and using marketing to attract younger, upcoming retirees, an adequate sampling from this population was sought.

Sample Size

The value of the survey results in planning for future needs of seniors lies not only in the accuracy of these results but also in their precision. The sample used for analysis comprised 348 pre-seniors and 1138 seniors. Since most responses were summarized as proportions, the approximate margins of error (defined as two standard deviations) for a representative sample can be determined. These margins of error are greatest for proportions of 0.5 and become smaller as the proportions near zero or one. The maximum margins of error were 0.05 for pre-seniors and 0.03 for seniors.

Data Collection

Survey Data: Although it was not anticipated that anyone would do so, it is difficult to determine if one person filled out an online or hardcopy survey a number of times as the survey is anonymous. It is also difficult to determine if the participant is being truthful in providing survey data, including residence (Zip Code only) and age. These types of issues are always considered when doing this type of survey. National surveys indicate that less than 3% of survey participants incorrectly answer or embellish on less sensitive questions as posed in our survey.

Qualitative Data Collection: Because a team of individuals, rather than a single individual, participated in interviewing and recording data at community meetings, interview data is less likely to be skewed by the views of the person interviewing. Each team member was trained in facilitating and asking questions without influencing answers, but sometimes that influence comes out in body language or tone of voice.

Data Analysis

Data Entry Team: Student and senior volunteers were trained by staff to enter data into the electronic database exactly as it appeared on the survey, including spelling and grammar errors. A random check of 1 out of 25 surveys was conducted by staff to ensure proper entry.

Advisory Committee Analyses: Advisory Committee members were individuals who currently serve the senior community and thus have insight into appropriate questions. At the same time, using members that are stakeholders in the senior community or the community as a whole may bring bias into interpretation of responses. By having a cross section of analysts in each subject group analyzing data, a diverse discussion resulting in fair understanding was sought. In addition, focus groups had direct access to the data, reducing the risk that their interpretation may be skewed by the biases of an intermediate analyst.

Electronic data: Using electronic data sources facilitated a broad range of views of the data for analysis. The Database was constructed using proprietary software developed by SurveyMonkey.com. Access to the database for analysis was provided through a proprietary query tool and export of the entire database to Microsoft Excel format. Most analyses were conducted using Microsoft Excel.

With few exceptions, the database was a faithful reproduction of the questionnaire data. Where the questionnaire asked for the year of birth, these data were recoded into birth year groups: 1900 to 1925, 1926 to 1935, 1936 to 1945 and 1946 to 1964. The rationale for this recoding and the choice of these specific groups was to meet online survey limitations only.

The first question in the section on Meaningful Activities on both versions of the questionnaire asked two questions for each of twelve activities and upon entry into the database, these two questions were recoded, thus analysis of this question may not be accurate.

Seven individuals incorrectly completed the survey designed for the other group and were not included in analyses.

City of Thousand Oaks
Senior Adult Master Plan and Needs Assessment 2008

Demographic Data

Total Qualifying Respondents

	Adults	Seniors	Total
Respondents	348	1138	1486
Respondents (%)	23.4%	76.6%	100.0%

Notes:

1) Percentages are of the total qualifying respondents.

Record numbers in the following four notes apply after the database was sorted by age group (primary) and zip code (secondary)

2) Excel database record 1491 was deleted because no age group was provided, preventing classification as either adult or senior.

3) Excel database record 1244 was deleted because zip code (91356) is not in Thousand Oaks.

4) Excel database record 804 was deleted because the zip code (91326) is not in Thousand Oaks.

5) Excel database record 805 was deleted because the zip code (91358) is not in Thousand Oaks.

Question 1: Zip Code

Response	Adults	Seniors	Total
Respondents	348	1138	1486
91320	102 (29.3%)	361 (31.7%)	463 (31.2%)
91360	125 (35.9%)	463 (40.7%)	588 (39.6%)
91361	32 (9.2%)	96 (8.4%)	128 (8.6%)
91362	89 (25.6%)	218 (19.2%)	307 (20.7%)

Notes:

1) Percentages are based on the number of respondents within the respective category.

Appendix C (Continued)

Question 2: Year of Birth

Grouped Response	Adults	Seniors	Total
Respondents	348	1138	1486
1900 to 1925	0	212 (18.6%)	212 (14.3%)
1926 to 1935	0	435 (38.2%)	435 (29.3%)
1936 to 1945	0	491 (43.1%)	491 (33.0%)
1946 to 1964	348 (100.0%)	0	348 (23.4%)

Notes:

1) Percentages are based on the number of respondents within the respective category.

Question 3: Years in Community

Grouped Response	Adults	Seniors	Total
Respondents	336	1094	1430 (96.2%)
0 to 5	41 (12.2%)	165 (15.1%)	206 (14.4%)
6 to 10	51 (15.2%)	142 (13.0%)	193 (13.5%)
11 to 15	43 (12.8%)	90 (8.2%)	133 (9.3%)
16 to 20	43 (12.8%)	77 (7.0%)	120 (8.4%)
21 to 30	87 (25.9%)	237 (21.7%)	324 (22.7%)
31 or more	71 (21.1%)	382 (34.9%)	453 (31.7%)
No Response	12	45	57

Notes:

1) Percentages are based on the number of respondents within the respective category.

2) Percentage for total respondents for this question is based on the total number of qualifying survey forms completed.

3) One senior was recorded as "6 to 15," and was reported above as "No Response"

Appendix C (Continued)

Question 4: Gender

Response	Adults	Seniors	Total
Respondents	336	1114	1450 (97.6%)
Females	240 (71.4%)	704 (63.2%)	944 (65.1%)
Males	96 (28.6%)	410 (36.8%)	506 (34.9%)
No Response	12	24	36

Notes:

- 1) Percentages are based on the number of respondents within the respective category.
- 2) Percentage for total respondents for this question is based on the total number of qualifying survey forms completed.

Question 5: Marital Status

Response	Adults	Seniors	Total
Respondents	335	1128	1463 (98.5%)
Married	227 (67.8%)	575 (51.0%)	802 (54.8%)
Widowed	14 (4.2%)	333 (29.5%)	347 (23.7%)
Separated	3 (0.9%)	12 (1.1%)	15 (1.0%)
Divorced	62 (18.5%)	171 (15.2%)	233 (15.9%)
Never married/single	29 (8.7%)	37 (3.3%)	66 (4.5%)
Other	3 (0.9%)	4 (0.4%)	7 (0.5%)
No response	10	6	16

Notes:

- 1) Percentages are based on the number of respondents within the respective category.
- 2) Comments associated with other seniors were one each of "Single," "Widow," "Sisters of Notre Dame," and "S/O"
- 3) Comments associated with other adults were "significant other" or "partner"
- 4) Percentage for total respondents for this question is based on the total number of qualifying survey forms completed.

Appendix C (Continued)

Question 6: Highest grade completed in school

Response	Adults	Seniors	Total
Respondents	335	1124	1459 (98.2%)
8 th grade or less	0	16 (1.4%)	16 (1.1%)
Some high school	3 (0.9%)	21 (1.9%)	24 (1.6%)
High school graduate	14 (4.2%)	188 (16.7%)	202 (13.8%)
Some college/trade school	105 (31.3%)	361 (32.1%)	466 (31.9%)
College graduate	135 (40.3%)	279 (24.8%)	414 (28.8%)
Post-grad	78 (23.3%)	259 (23.0%)	337 (23.1%)
No response	13	14	27

Notes:

- 1) Percentages are based on the number of respondents within the respective category.
- 2) Percentage for total respondents for this question is based on the total number of qualifying survey forms completed.

Appendix C (Continued)

Question 8 (Adults) or 10 (Seniors): Ethnic group

Response	Adults	Seniors	Total
Respondents	331	1106	1437 (96.7%)
Hispanic/Latino	15 (4.5%)	40 (3.6%)	55 (3.8%)
Black/African American	6 (1.8%)	5 (0.5%)	11 (0.8%)
White/Caucasian	286 (86.4%)	1002 (90.6%)	1288 (89.6%)
Native American/Alaskan	1 (0.3%)	7 (0.6%)	8 (0.6%)
Asian/Pacific Islander	10 (3.0%)	35 (3.2%)	45 (3.1%)
Multi-Ethnic	10 (3.0%)	2 (0.2%)	12 (0.8%)
Other	3 (0.9%)	15 (1.4%)	18 (1.3%)
No response	17	31	48

Notes:

- 1) Percentages are based on the number of respondents within the respective category.
- 2) Percentage for total respondents for this question is based on the total number of qualifying survey forms completed.
- 3) Other adults were identified as two "Jewish" and one "Japanese-American"
- 4) Other seniors were identified as two "Spanish," three "Jewish," two "Middle Eastern," one "American Mexican descent," three "Italian," two "German," one "Filipino," and one "Semitic"

Appendix C (Continued)

Question 8 (Adults): Plan to retire in Thousand Oaks

Response	Adults
Respondents	322 (92.5%)
Yes	291 (90.4%)
No	31 (9.6%)
No response	26

Notes:

- 1) Percentages are based on the number of respondents within the respective category.
- 2) Percentage for total respondents for this question is based on the total number of qualifying survey forms completed.

Question 7 (Adults): Anticipated Age of Retirement

Response	Adults
Respondents	326 (93.7%)
50 to 60	102 (31.3%)
61 to 65	117 (35.9%)
66 to 70	85 (26.1%)
71+	22 (6.7%)
Other	0
No response	22

Notes:

- 1) Percentages are based on the number of respondents within the respective category.
- 2) Percentage for total respondents for this question is based on the total number of qualifying survey forms completed.
- 3) Although the youngest category on the survey form was "55-60", no responses for this category were reported. Instead, responses were reported for a category ("50-60") that was not on the survey form.

Appendix C (Continued)

Question 9 (Adults): Anticipated Source(s) of Retirement Income

Response	Adults
Respondents	328 (94.3%)
Employment	69 (21.0%)
Investments	242 (73.8%)
Social Security	258 (78.7%)
Pension	158 (48.2%)
Supplemental Security Income	9 (2.7%)
Other	26 (7.9%)
No response	20

Notes:

- 1) Percentages are based on the number of respondents within the respective category.
- 2) Percentage for total respondents for this question is based on the total number of qualifying survey forms completed.
- 3) Respondents were asked to check all that apply.

Number of Sources of Income	Adults
1	57
2	131
3	117
4	23
5	0
6	0

Note: The number of sources may be underestimated rarely if multiple "other" sources exist

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Appendix D ACS Snapshot

Released December 2008

Selected Social Characteristics and Demographics in the United States: 2005-2007

Data Set: 2005-2007 American Community Survey 3-Year Estimates

Survey: American Community Survey

Geographic Area: Thousand Oaks city, California

NOTE. Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

For more information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

	Estimate	Margin of Error	Percent	Margin of Error
HOUSEHOLDS BY TYPE				
Total households	44,065	+/-582	100%	(X)
Households with one or more people 65 years and over	10,228	+/-520	23.2%	+/-1.1
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED OVER 65 POPULATION				
Population 65 years and over	14,831	+/-712	100%	(X)
With a disability	4,282	+/-507	28.9%	+/-3.1
PERCENTAGE OF PEOPLE 65 AND OLDER WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW POVERTY LEVEL				
65 years and over	6.0%	+/-2.8	(X)	(X)

ACS Demographic and Housing Estimates	Estimate	Margin of Error	Percent	Margin of Error
SEX AND AGE				
Total population	126,849	+/-2,708	100%	(X)
Male	62,118	+/-1,564	49.0%	+/-0.9
Female	64,731	+/-1,961	51.0%	+/-0.9
45 to 54 years	21,351	+/-954	16.8%	+/-0.8
55 to 59 years	7,713	+/-609	6.1%	+/-0.5
60 to 64 years	6,626	+/-613	5.2%	+/-0.5
65 to 74 years	8,318	+/-580	6.6%	+/-0.4
75 to 84 years	5,228	+/-530	4.1%	+/-0.4
85 years and over	1,727	+/-327	1.4%	+/-0.3
62 years and over	19,205	+/-912	15.1%	+/-0.7
65 years and over	15,273	+/-715	12.0%	+/-0.5
65 years and over	15,273	+/-715	100%	(X)
Male	6,763	+/-453	5.3%	+/-0.3
Female	8,510	+/-549	6.7%	+/-0.4

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Appendix E

SAMP SENIOR HOUSING OPTIONS **(Arranged in order of most to least level of independence)**

Retirement Community – a planned community for individuals (usually over 55 years of age) who have retired from fulltime employment, and are still active in their communities as volunteers or as part-time workers. Generally social, physical, and recreational activities are available to residents on an optional basis.

Congregate Care Facility – designed specifically for independent senior adults who are able to live on their own within the security of a seniors-only or age-restricted community. Usually provides an enriched lifestyle with organized social and recreational programs offered daily.

Continuing Care Retirement Community – (sometimes referred to as Life Care) – allows seniors to "age in place," with flexible accommodations that are designed to meet their health and housing needs as these needs change over time. Residents entering Continuing Care Retirement Communities sign a long-term contract that provides for housing, services, and nursing care – usually all in one location – enabling seniors to remain in a familiar setting as they grow older. There are different types of entrance fee contracts with complex fee schedules for services.

Continuing Care Retirement Communities offer service and housing packages that allow access to independent living, assisted living, and skilled nursing facilities. Seniors who are independent may live in a single-family home, apartment, or condominium within the Continuing Care retirement complex. When a person begins to need help with activities of daily living (e.g., bathing, dressing, eating), they may be transferred to an assisted living or skilled nursing facility on the same site.

Some Continuing Care Retirement Communities may require residents to purchase long-term care insurance as a criterion for acceptance.

Assisted Living – a type of long-term care facility for elderly or disabled persons who are ambulatory but who may need help with some personal activities of daily living, such as bathing, dressing, and medication tracking. Some social, recreational, and physical activities may be offered.

Residential Care Facility – sometimes referred to as a "Board and Care" facility that provides room, board, supervision, and supportive care. It is a non-medical facility licensed, regulated, and inspected by the State to ensure care meets pre-established requirements under the law.

Intermediate Care Facility – provides in-patient care for those who need skilled nursing supervision and supportive care, but who do not require continuous nursing care. It provides a level of care that is considered "intermediate", or in the middle between a residential care facility and a skilled nursing facility.

Appendix E (Continued)

Long-Term Care Facility – provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Long-term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, and long-term chronic care hospitals.

Nursing Home – provides a broad range of long-term care services – personal, social, and medical services designed to assist people who have functional or cognitive limitations in their ability to perform self-care and other activities necessary to live independently. Increasingly, nursing homes are also providing skilled nursing care, medical services, and therapies for short-term, post-acute care following a hospitalization.

Skilled Nursing Home – provides 24-hour skilled nursing care to patients who need such care on an extended basis. Such facilities provide 24-hour care as a minimum, and include services such as dietary and pharmaceutical services; skilled nursing and physician services; and therapeutic and rehabilitative services. These facilities provide the most intensive level or type of long-term care.

SAMP SENIOR HOUSING OPTIONS Thousand Oaks General Plan/Zoning Requirements

Type of Facility	General Plan	Zoning
Retirement Community	Residential community designed for age-restricted population. Retirement Community is not a land use or zoning category. Various land uses within the community would be allowed in applicable City General Plan designations and zones (e.g., commercial, residential).	
Congregate Care Facility	A Facility that combines private living quarters with centralized dining services. Most assisted living facilities operate this way. See Assisted Living below.	
Continuing Care Retirement Community	Usually include both nursing home, assisted living facilities, and independent living facilities. Inconsistent with Open Space and Industrial land use designations. Consistent with Institutional designation. General Plan policy interpretation needed in other designations. Found to be consistent with P-L zone (Special Use Permit required).	
Assisted Living Same as “rest home,” which is the term used in the City’s Zoning Ordinance	Inconsistent with Open Space and Industrial designations. Consistent with Institutional, Commercial and most residential designations.	Permitted in R-3 (on major highways) and R-A zones. Allowed with a special use permit in R-E, R-1, and R-2 zones. Also found to be permitted in P-L zone (Special Use Permit required).

Appendix E (Continued)

Type of Facility	General Plan	Zoning
Residential Care Facility	Residential care facilities for the elderly for 6 or fewer people are allowed in all residential designations.	Residential care facilities for the elderly for 6 or fewer people are allowed in all residential zones per State law.
Intermediate Care Facility	Inpatient health facilities that provide care to patients with a recurring need for skilled nursing supervision and need supportive care but not continuous skilled nursing care. See Nursing Home below.	
Long-Term Care Facility	See Nursing Home below.	
Nursing Home	Inconsistent with Open Space and Industrial designations. Consistent with Institutional designation. General Plan policy interpretation needed in other designations.	Allowed in P-L zone with a Special Use Permit.
Skilled Nursing Home	See Nursing Home above.	

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