

**We're asking you to
consider restarting the
Committee on Aging here's
why...**

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**Our Golden State
is turning Silver**

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Seniors are the state's fastest growing age group, far outpacing growth in children or working-age adults:

- Two-thirds of California's seniors live in major coastal population centers such as the Bay Area and Los Angeles.
- The CDC reports: Nationally 1 in 4 adults have some type of disability within this 2 in 5 are seniors
- State-funded in-home supportive services are expected to grow 11% annually and costs the State about \$4 billion. Currently the gap between the number of recipients and the number of IHSS caregivers is widening.
- The oldest baby boomers turn 75 this year.

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A major paradigm shift in caregiving nationally

The old caregiving paradigm:

The uncomplicated world of "informal" caregiving—no longer applies to millions of family caregivers.

The new caregiving paradigm:

In the current health care environment, it is presumed that every home is a potential hospital and every service that the person needs can be provided by an unpaid family member with occasional visits by a primary care provider, nurse, or therapist.

The sum of all these tasks—ADLs, IADLs, medical/nursing tasks, care coordination, not to mention emotional support and companionship—takes a toll on family caregivers, leaving all too many isolated, stressed and with physical health challenges.

Source: AARP report [Home Alone Revisited](#)

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Our Catchment demographics: Consumers ages 30 and up living with their parents

(Source: 2019 DDS data)

Consumer Age	Alameda County (1,474)		Contra Costa County (1,026)	
	Number of Consumers		Number of Consumers	
30-39	758		590	
40-49	334		221	
50-59	261		139	
60+	121		76	

Estimated age of mothers at birth of their first child in order to estimate their current age.

Age of Consumers parent	Estimated current of parent	Estimated mothers living with age at giving birth
30 – 39	55 – 64	25 years
40 – 49	65 – 74	25 years
50 – 59	64 – 73	24 years
60+	82+	22 years

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Current Aging Issues

Individuals with I/DD are living longer and we are ill prepared

- Lack of planning for transitioning into older adulthood
- Lack of appropriate and available retirement & dementia care programming
- Lack of appropriate and available housing opportunities for aging & dementia
- Training is needed for DSP's regarding aging issues (including dementia symptoms)
- Parents aging;
 - future planning gets forgotten
 - health issues can be overlooked
 - co-dependency often occurs with parent/"child" ,when one passes the loss can be monumental, other family members can be left scrambling

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Aging as it pertains **to** individuals with Down syndrome

- Accelerated aging occurs, typically beginning at age 40
- Dementia symptoms can start occurring as early as 40
- Estimated to be 55% in those between the ages of 50-59 and greater than 75% for those 60 and older
- Eventually, everyone with Ds gets the neuropathic changes that occur with AD but NOT everyone gets symptoms of the disease

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California's Master Plan for Aging Launched in January

The [Master Plan for Aging](#) (MPA) is a blueprint for aging across the lifespan and calls on all California communities to build a California for all ages and abilities. It outlines five goals with 23 strategies, and over 100 initiatives for action in the first two years of implementation. It is important to note that the MPA also includes adults with disabilities and those with chronic health conditions and who may not be in their senior years.



Seniors are our natural allies

Their advocacy issues are Our issues...Our issues are their issues. :

- Housing
- Healthcare
- Caregiving
- Transportation
- Equity in service provision
- Accessible communities for all ages and abilities

The MPA presents a great opportunity for us to more fully integrate our DD Councils and our I/DD community members with local efforts to improve and develop services and communities that are age and disability friendly.

When we take a seat at the table, we play a role in improving the landscape of services and make clear the need to address issues of importance for our I/DD community.

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The Master Plan for Aging consists of 5 bold Goals



1...Housing for All Stages & Ages

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

Target: Millions of New Housing Options to Age Well



2...Health Reimagined

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

Target: Close the Equity Gap in and Increase Life Expectancy

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The Master Plan for Aging consists of 5 bold Goals



3...Inclusion & Equity, Not Isolation

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

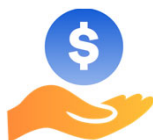
Target: Keep Increasing Life Satisfaction as We Age



4...Caregiving That Works

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

Target: One Million High-Quality Caregiving Jobs



5...Affording Aging

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

Target: Close the Equity Gap in and Increase Elder Economic Sufficiency

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The Master Plan for Aging Local Playbook

The [Playbook](#) is designed to assist state and local government, communities, and private and philanthropic organizations in building environments that promote an age-friendly and disability-friendly California. This contains Seven Plays to build Communities for All Ages:



1. Engage Your Local Leaders
2. Explore Local Data
3. Review Existing Local Aging Models
4. Select Your MPA Initiatives for Implementation
5. Build Your Action Plan
6. Evaluate Your Initiative
7. Stay Connected

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The Ask

We recommend and request consideration be given to restarting the Committee on Aging. As in the past, the Committee would be a bi-county effort comprised of family members, consumers, program provider representatives and Regional Center staff.

The Committee would be both inward and outward facing:

Inward:

- Address issues related to aging effecting I/DD consumers and their families
- Identify needs and make recommendations

Outward:

Represent our I/DD in the community through:

- Advocacy
- Participation on relevant stakeholder groups, councils and forums

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