The Status of Cupertino Seniors

A Report of the
Age-Friendly Cupertino Task Force
V 3.5, May 24, 2019
# The Status of Cupertino Seniors

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INTRODUCTION

This is the first report of the Cupertino Age-Friendly Task Force. It provides an overview of Cupertino’s current and projected senior population and describes some of the key resources and services that support them. The report begins with a summary of the demographics of the city’s older population, and provides data showing that this population will increase substantially by 2025. The following sections provide information about housing, transportation, social services, education, caregiving, and technology.

Age-Friendly Cupertino

In 2017-18, a task force of Cupertino residents joined similar groups in other communities in Santa Clara County to seek to be officially designated as an "age-friendly city" by the World Health Organization (WHO). What this designation means is that the city has committed itself to working toward becoming a better place for its residents to age.

WHO identifies eight different “domains” that determine a community’s age-friendliness. These include aspects of the physical environment, services provided by the community, and social support for older residents.

As of 2019, all 15 cities in Santa Clara County, under the leadership of the county’s Department of Aging and Adult Services, have been officially recognized by WHO as age-friendly and are working together to create an Age-Friendly Silicon Valley.

This report is intended to provide a baseline on the status of older adults in Cupertino and to provide data that will be useful in planning new initiatives. Where possible, we have provided data that is directly relevant to this community. Where city-level data is not available, we have used regional or national data that we believe can be translated to our local environment.

For more information on the county-wide effort, see www.agefriendlysiliconvalley.org. For more about the city’s initiative, please contact the chair of the Cupertino Age-Friendly Task Force, Richard Adler, radler@digiplaces.com, 650-968-9975.
EXECUTIVE SUMMARY

DEMOGRAPHICS

- There are currently about 7,000 residents age 65 and older living in Cupertino, who represent just over 10% of the city’s population. But older adults are the fastest growing age group in the community, and are projected to reach 17.5% of the population by 2025.
- Americans – and Cupertinians – are living longer. Life expectancy is currently 77 for men and 81 for women and is increasingly steadily. Also increasing is life expectancy at age 65, now 17.1 years for men and 19.7 years for women.
- Cupertino’s older residents are ethnically diverse: 41% are Asian while 57% are Caucasian. Of the 65+ population, 27% “speak English less than very well,” higher than the 18% of the total population who do not speak English very well.
- Average household income for those over 65 is $66,274, higher than for Santa Clara County ($60,416), but substantially lower than the average for all Cupertino households ($153,449). Approximately 7% of Cupertino seniors have incomes below the federal poverty level.
- Many Americans are working later in life: The labor force participation rate for adults age 55 and older increased from 30% in 1994 to 40% in 2014. Over the next decade, the growth rate in labor force participation for those age 65 and older will increase more rapidly than any other age group.
- Although Americans are staying healthy later in life, the prevalence of chronic disease and the rate of disability increase steadily with age. As a result, older adults account for the largest proportion of total health care spending.

SENIOR HOUSING

- Approximately one-fifth of Cupertino’s households were occupied by seniors. Just over 80% of these homes are owned by the occupants, higher than the 58% ownership rate for younger residents.
- Some 43% of Cupertino’s seniors live alone, more than twice the rate of the total population (18.4%)
- Most adults express a desire to continue living in their homes as they age. However, several types of housing designed for older adults – including independent and assisted living and skilled nursing facilities – are available in and near Cupertino.

SOCIAL SERVICES

- Cupertino seniors are served by a number of organizations and programs offering a variety of social services.
- Key resources include the Cupertino Senior Center, Sourcewise (the Santa Clara County Area Agency on Aging), West Valley Community Services and In-Home Supportive Services.
TRANSPORTATION

- A majority of Cupertino’s seniors, like the rest of the community, rely on driving their own vehicles to get around. In a national survey, only 15% of people over 50 report using public transit.
- But as they get older, many seniors will lose the ability to drive and will become dependent on alternative modes of transportation. Among those over 85, just 55% of men and 22% of women are still driving.
- A number of organizations offer programs to help older adults to drive safely.
- VTA, which provides bus service in Cupertino and in the county, has programs to support older riders and operates a Paratransit service for disabled residents.
- The R.Y.D.E. program in Cupertino (and four nearby cities), started in 2017, is a subsidized, on-demand curb-to-curb ride service sponsored by Santa Clara County.
- Ride services used by seniors are also offered by commercial companies that include Uber and Lyft, as well as a specialized service called SilverRide. A number of companies provide transportation for medical purposes.

EDUCATIONAL RESOURCES

- Studies have shown that participating in educational activities offers multiple benefits for older adults.
- Educational resources available to Cupertino’s older adults include classes at the Senior Center as well as courses and other programs at the YMCA, the Fremont Union High School District Adult School, the Cupertino Library, the Osher Lifelong Learning Institute (OLLI) at Santa Claras University, and Stanford University.

CAREGIVING

- As people get older, they develop chronic diseases or become frail and require help to continue to live independently. The great majority of this help is unpaid, “informal” caregiving provided by a family member or a friend. A 2015 survey found that 34.2 million Americans provided unpaid care to friends or family members.
- The most common type of caregiving is for a parent (42%), while 7% care for a parent-in-law and 12% care for a spouse or partner. Nearly half (47%) of care recipients are age 75 or older. More than one-third (37%) of care recipients live alone.
- Nationally, 75% of caregivers live within 20 minutes of care recipients, but 15% are “long distance caregivers” who live several hundred miles away. The high cost of housing can make it difficult for both unpaid and paid caregivers to live near Cupertino residents needing care.

SENIORS AND TECHNOLOGY

- Although many older adults have learned to use digital technologies such as computers and smartphones, seniors’ tech adoption rate continues to lag behind that of younger people.
- As more and more of the important functions of society move online, seniors who are not tech literate run the risk of being “left behind.”
I. CUPERTINO’S SENIOR DEMOGRAPHICS

Population
As of 2019, approximately 7,000 Cupertino’s residents – 12% of the city’s total population of 58,000 – are age 65 and above (see Figure 1.2). This is a substantial part of the population, and it is growing rapidly.

![Cupertino's Population by Age, 2019](https://suburbanstats.org/population/california/how-many-people-live-in-cupertino)

Going forward, mature adults is the age group that is increasing most rapidly in Santa Clara County. Data show that while younger age groups will grow slightly if at all, the 65+ age group will increase substantially (see Figure 1.2).

The same pattern holds true for Cupertino. According to a 2016 analysis of the city’s demographics:

2020 projections show that children, as a category, will decrease by 5.7% to 21.7%, with children age 5 to 14 declining the most sharply, to 11.4%. Adults age 35 to 44 will decrease from 18.2% to 11.3%, suggesting an aging population. Meanwhile, Mature Adults and Retirement Age adults will increase, to 32.1% and 14.9% of the population, respectively.²

In the decade from 2005 and 2015, the portion of Cupertino’s population aged 65 and older increased from 10.5% to 12.1%, and from 2015 to 2025, the 65+ population is forecast to grow to 17.5% of the total population (see Figure 1.3).

![Cupertino’s 65+ Population, 2005-2025](image)

**The New Longevity**

There are two reasons for the increase in the number of older adults. First is the aging of the Baby Boomers, that large cohort of 73 million Americans who were born following World War II, from 1946 to 1964, and who are now ages 55 to 73.

The second reason is the overall increase in longevity, which means that many more people are reaching later life and living longer when they reach it. In the 20th century, average life expectancy at birth for Americans increased from 47 to 74 years, and today is 77 for men and 81 for women. If these increases continue, the average life expectancy at birth for Americans could reach 100 by 2080. The reality of longer lives has important implications for everything from public policy and economics to health care to retirement planning.³

Life expectancy at age 65 has also increased, rising from 11.3 years for men and 12.0 years for women in 1900 to 17.1 years for men and 19.7 years for women today. And this increase is expected to continue throughout the 21st Century (see Figure 1.4).⁴
Ethnic Background of Cupertino’s Older Adults

Cupertino’s older population is quite ethnically diverse. Approximately two-fifths of the city’s 65+ population is Asian, while almost three-fifths is Caucasian (see Figure 1.5). The percentage of seniors who are Asian is currently lower than for the city’s total population (66%), but over time the portion of seniors that is Asian will increase to more closely match the ethnic composition of the city’s whole population.

Among Cupertino’s older residents, about half (51%) are native born and half (49%) are foreign born. Of the foreign-born seniors, 80% are naturalized citizens, while 20% are not citizens.
Even though the percentage of Cupertino seniors who are non-natives is smaller than the portion of the general population, more of them report that “they do not have the ability to speak English very well” (see Figure 1.4). Because many of Cupertino’s non-Caucasian seniors were not born in the U.S. and may have immigrated relatively late in life, many of them are not fluent in English, which can represent a challenge to integrating them in the community as a whole.

**Figure 1.6**  
*Speak English Less Than Very Well*

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

**Economic Condition**

Cupertino is an affluent community with a mean household income of $150,529 (compared to $67,169 for the State of California and $102,191 for Santa Clara County).

Among those age 65 and older, mean household income is $66,274, a relatively large amount compared to 65+ households for the whole state ($49,416) or for Santa Clara County ($60,416), but substantially lower than the average Cupertino household ($153,449).⁶

Fig 1.7 shows the distribution of income among Cupertino residents by age group in 2016. In 2016, just under half (49.7%) of all Cupertino households had an income of more than $150,000 each year and 32.5% earned more than $200,000. As a result of wage earners leaving the workforce, household income drops off sharply among the 65+ age group: just 3% make more than $150,000 and only 1.8% make more than $200,000.
Among Cupertino seniors, 7.3% have income that falls below the federal poverty line (see Figure 1.8). (As of 2018, the federal poverty level was defined as $12,140 for a single-person household and $25,100 for a four-person household.). This percentage is higher than the overall poverty rate of 4.7% for Cupertino but is below the poverty rate of 9% for seniors in Santa Clara County\(^7\) and 10.2% of all seniors in California.\(^8\)

**Figure 1.8**

Poverty Among Cupertino Seniors, 2018

Retirement and Employment among Older Workers

Traditionally, Americans spent the first two decades of their lives getting an education, the next four decades working and raising families, then retiring in their 60s and spending the rest of their lives “enjoying retirement.” However, several trends have combined to postpone the average age of retirement and increase the number of older adults remaining in the workforce.

Throughout much of the 20th Century, the retirement age for men fell steadily until it reached an average of 62 in the 1980s. More recently, as a result of greater longevity, the decline of pensions and low levels of saving, the average retirement age began to increase after 1990 and has risen to about 65.9 (Among women, average retirement age has been rising due primarily to their greater overall participation in the labor force.)

![Figure 1.9: Average Retirement Age, 1962-2017](www.marketwatch.com/story/why-the-average-retirement-age-is-rising-2017-10-09)

Another way to look at the relationship of employment and age is in terms of labor force participation rates. Although participation rates are still substantially lower for workers over age 60 than for younger workers, the labor force participation rates for those over 60 have been steadily increasing since the mid-1990s (see Figure 1.10). According to the U.S. Bureau of Labor Statistics:10

The 55-years-and-older age group is the only one among all the age groups that has experienced increases in its participation rate in the labor market since 1994. The participation rate of this group of workers was 30.1% in 1994 and increased to 40.0%, in 2014. The 65-to-74-year-olds had a participation rate of 21.9% in 2004 and saw their rate increase to 26.2%, in 2014.
Looking ahead, the Bureau of Labor Statistics projects that the only age group that will continue to grow in terms of labor force participation will be those over 65. Between 2014 and 2024, the BLS projects that the participation rate for 65- to 74-year-olds will increase at an average of 4.5% annually, while the rate for those 75 and older will increase at a rate of 6.4% per year (see Figure 1.11).

**Health/Disability Status**

Americans are staying healthier later in life, but older adults are still more likely than younger people to suffer from chronic diseases such as diabetes, arthritis, high blood pressure, dementia or pulmonary disease. In fact, conditions such as these are directly correlated with age. Among Americans over age 65, more than 80% have at least one chronic condition while 62% have two or more (see Figure 1.12).\(^1\)
Rates of disability also rise steadily with age. The overall rate of Americans with any disability rises from low levels among younger people to 35% among those 65-69 and to more than 70% for those age 80 and above. The prevalence of severe disability is just under 25% for those age 65-69, rising to 55.8% for those age 80 and older (see Figure 1.13).
Not surprisingly, older adults account for a large portion of healthcare expenditures in the U.S. and elsewhere. Annual per capita spending for healthcare begins to rise sharply after age 65 and continues to increase throughout later life (see Figure 1.14)\(^\text{13}\)

**Figure 1.14**
Annual Health Care Expenditures by Age

[Graph showing annual health care expenditures by age]

Almost all older Americans are covered by Medicare, which pays for most health costs, but there are concerns about the long-term viability of the Medicare system as people live longer and health care costs keep rising.\(^\text{14}\)

II. SENIOR HOUSING

The majority of seniors in Cupertino and elsewhere continue to live in private homes or apartments. Most Americans say that they want to continue to live in their homes as they age. A 2018 survey conducted for AARP found that 76% of Americans age 50 and older say that they want to remain in their current residence as long as possible and 77% say they would like to live in their community as they age.\(^{15}\)

However, as people get older, their needs change and some choose to seek other forms of housing designed to provide higher levels of support. Seniors are often faced with significant events that change their needs for housing and support services. This can occur as the result of illness, accident, or death of a spouse or care giver. In the case of spouses providing each other support, a significant decline or illness for one of the partners may have serious negative effects on the other spouse which can also introduce a sudden need for other services or even different style housing.

This section will review the current living status for Cupertino’s older residents, most of whom continue to live independently, then will focus on housing options in the community that are specifically designed for seniors.

### Living Status of Cupertino’s Seniors

Among Cupertino’s 20,181 households (as of 2010), 3,983, or just under one-fifth (19.7%) were occupied by seniors. Within the city’s 3,983 senior households, 80.3% were owned by the occupants—a higher percentage than the 58.2% of owned homes among those under 65—while 19.7% of senior households were lining in rented homes (see Figure 2.1).\(^ {16}\)

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**Figure 2.1**

**Cupertino Households by Age, 2010**

<table>
<thead>
<tr>
<th>Age</th>
<th>Cupertino</th>
<th>Santa Clara County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Under 64 Years Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner</td>
<td>9,429</td>
<td>58.2%</td>
</tr>
<tr>
<td>Renter</td>
<td>6,769</td>
<td>41.8%</td>
</tr>
<tr>
<td>Total</td>
<td>16,198</td>
<td>100.0%</td>
</tr>
<tr>
<td>65 Plus Years Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner</td>
<td>3,198</td>
<td>80.3%</td>
</tr>
<tr>
<td>Renter</td>
<td>785</td>
<td>19.7%</td>
</tr>
<tr>
<td>Total</td>
<td>3,983</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Total Households**: 20,181

**Percent Householders 65 Plus Years Old**: 19.7%

**Percent Householders 65 Plus Years Old**: 18.5%

*Source: Association of Bay Area Governments (ABAG), Housing Element Data Profiles, December 2013*

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www.cupertino.org/home/showdocument?id=12717

DRAFT—NOT FOR CIRCULATION
Figure 2.2 shows the living arrangements for the city’s total households and for those with someone 65+ in 2017. Among those age 65 and older, just over half (53.5%) were married and living with a spouse, compared to 78.2% of all households, while 27.4% were widowed, 12.7% divorced or separated and 3.6% never married. And, perhaps most significantly, 43% of seniors were living alone, more than twice the rate (18.4%) for the total population.\(^{17}\)

**Figure 2.2**

Living Arrangements for Cupertino, Total Households vs. 65+ Households, 2017

<table>
<thead>
<tr>
<th>Subject</th>
<th>Total</th>
<th>65 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Type</td>
<td>Estimate</td>
<td>Margin of Error</td>
</tr>
<tr>
<td>Family household</td>
<td>20.7%</td>
<td>±3.1%</td>
</tr>
<tr>
<td>Married-couple family</td>
<td>78.2%</td>
<td>±1.6</td>
</tr>
<tr>
<td>Female householder, no husband present, family</td>
<td>69.9%</td>
<td>±1.7</td>
</tr>
<tr>
<td>Honeymoon household</td>
<td>5.1%</td>
<td>±1.1</td>
</tr>
<tr>
<td>Householder living alone</td>
<td>21.8%</td>
<td>±1.6</td>
</tr>
<tr>
<td>Householder living alone</td>
<td>18.4%</td>
<td>±1.5</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population 15 years and over</td>
<td>47.63%</td>
<td>±5.9</td>
</tr>
<tr>
<td>Now married, except separated</td>
<td>56.1%</td>
<td>±1.5</td>
</tr>
<tr>
<td>Widow</td>
<td>5.5%</td>
<td>±0.6</td>
</tr>
<tr>
<td>Divorced</td>
<td>4.9%</td>
<td>±0.7</td>
</tr>
<tr>
<td>Separated</td>
<td>9.7%</td>
<td>±0.3</td>
</tr>
<tr>
<td>Never married</td>
<td>23.3%</td>
<td>±1.3</td>
</tr>
</tbody>
</table>

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

**Types of Senior Housing**

There is a large spectrum of senior housing alternatives that reflect the diverse state of seniors and their interests and needs. Accordingly, there are many service categories including:

- **Independent Living Communities**
  
  Retirement communities designed specifically for active, independent seniors (often 55+) in apartments or townhouses, typically have social activities as well as 24 hour on-site supervision. Some of these communities (such as the Peninsula Regent in San Mateo) provide units that are either rented or purchased in high-rise buildings; other (such as Rossmoor in Walnut Creek) have large campuses that include extensive recreational and social facilities.

- **Assisted Living**

  Specialized living facilities that provide assistance with daily activities (e.g., bathing, dressing, grooming) but do not require skilled medical care. They range from small home like facilities to large apartment type facilities. Residents of assisted living typically live in private units and participate in shared meals and other group activities.

- **Skilled Nursing**

  These licensed facilities provide high levels of care, typically for those who are quite frail or incapacitated and require the services of a registered nurse on a daily basis. Patients often are unable to “transfer” from bed or sitting position without assistance.
• **Memory Care**
  Increasingly more common are facilities that provide specialized care for residents with dementia to deal with their specific disease characteristics to reduce frustration. Specially trained staffing required.

• **Continuing Care Retirement Communities (CCRCs)**
  These communities typically offer independent living, assisted living and nursing care and/or memory care under a single contract. Residents are able to transition from one level of care to another within a single facility. These facilities offer congregate meals and other amenities. Some CCRCs require an upfront membership or property purchase and monthly fees, whereas others are strictly fee for specific service plus membership fees. The Forum and Sunnyview in Cupertino are both CCRCs.

• **Rehabilitation Centers**
  These facilities are often temporary housing for transition from hospital care to home care such as after an operation that requires daily physical therapy and administration of drugs. Often found together with skilled nursing facilities.

• **Senior Co-Housing**
  A relatively new alternative in which a group of people get together and jointly plan and then build a facility that includes private residences and shared spaces and is jointly owned and managed by the residents. The nearest co-housing community, with 19 units and 6,000 feet of shared space, is located in Mountain View.

There are also several types of services that support older adults who wish to remain in their homes even as their care and medical needs increase.

• **Home Care**
  In-home medical and non-medical services can range from monthly visits to 24-hour care. Non-medical services can include shopping, laundry, and companionship. Groups, such as a church, may also provide both formal and informal support services for seniors such as adult day services, ride assistance, and non-medical home care. (More information about caregiving is contained in Section VI.)

• **Adult Day Services**
  The senior analog to child day care, these centers provide supervised care typically on a part time weekday basis often in a group setting. They provide oversight and stimulation for the patients. The goal is to provide a break for the family care-givers. (For more on these services, see Section III. Social Services.)

• **Hospice**
  Hospice provides end-of-life support with the goal of providing comfortable, pain-free life for the patient. Hospice can be in home or in a facility.

As of 2016, about 1.2 million, or about 3%, of Americans 65 and older, and about 9% of those over age 85, lived in nursing homes. There were also 640,000 people living in approximately 2,000 CCRCs.18
Senior Housing Alternatives in Cupertino

In this report, we concentrate on the senior living facilities and will not address home care, adult day services, or hospice.

Within Cupertino, there are three senior living facilities with a fourth facility under construction. We found fourteen other facilities within approximately 2.5 miles of the Cupertino borders in surrounding cities and believe that construction of another senior facility is under consideration by the City of San Jose for De Anza Boulevard bordering Cupertino.

Figure 2.3
Cupertino Senior Housing Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chateau Cupertino</td>
<td>Independent living rental apartments</td>
</tr>
<tr>
<td>10150 Torre Ave</td>
<td>$3000/mo – Alcove bedroom; $3495/mo - One bedroom;</td>
</tr>
<tr>
<td>(408) 446-4300</td>
<td>$3995/mo – Suite; $4395/mo – Two bedroom; $750/mo for second person</td>
</tr>
<tr>
<td><a href="http://chateau-cupertino.com">http://chateau-cupertino.com</a></td>
<td></td>
</tr>
<tr>
<td>The Forum at Rancho San Antonio</td>
<td>CCRC: independent living, assisted living, Alzheimer’s care, skilled</td>
</tr>
<tr>
<td>23500 Cristo Rey Drive</td>
<td>nursing.</td>
</tr>
<tr>
<td>(650) 265-2637</td>
<td>51.5-acre campus near the foothills. Equity ownership; can sell</td>
</tr>
<tr>
<td><a href="https://theforum-seniorliving.com">https://theforum-seniorliving.com</a></td>
<td>unit after leaving. Two styles of two bedroom/two bath townhouses, 1280-1404 sq ft. Eight apartment plans (720-1260 sq ft), one or two bedroom plus living room and kitchens some with dens. 23 additional villas approved for building starting in 2019. (Where to Live, 2011 est equity ownership $450,000-$1.7 million)</td>
</tr>
<tr>
<td>Sunny View Cupertino</td>
<td>CCRC: Independent living, assisted living memory care, skilled nursing</td>
</tr>
<tr>
<td>Retirement Community</td>
<td>12-acre near Cupertino Foothills. Garden homes, villas, apartments. Monthly fees include restaurant or buffet style dining. 300-350 sq ft studio apartment ($3970). 600-750 sq ft 1 bedroom (starting $5410/mo). 900 sq ft 2 bedroom/1 bath with kitchen (starting $6500/mo). (Where to Live, 2011 est equity ownership $33k-$303k, addl person $15k.)</td>
</tr>
<tr>
<td>22445 Cupertino Road</td>
<td></td>
</tr>
<tr>
<td>(408) 454-5600</td>
<td></td>
</tr>
<tr>
<td><a href="https://sunny-view.org">https://sunny-view.org</a></td>
<td></td>
</tr>
<tr>
<td>The Veranda</td>
<td>Independent living. Under construction in 2019 by Charities Housing.</td>
</tr>
<tr>
<td>19160 Stevens Creek Blvd</td>
<td>Three story building with 18 units of affordable senior housing (62+ years). 350 sq. ft. studio units with kitchens and handicapped accessible bathrooms. One additional unit is reserved for on-site staff. 12 units to be rented to the public and six units are reserved for homeless seniors with disabilities. Partnership with Charities Housing.</td>
</tr>
<tr>
<td><a href="http://www.cupertino.org/our-city/departments/community-development/housing/affordable-housing-program">www.cupertino.org/our-city/departments/community-development/housing/affordable-housing-program</a></td>
<td></td>
</tr>
</tbody>
</table>

There are also a variety of senior living options in the area around Cupertino. Figure 2-4 lists a number of nearby facilities.
**Figure 2-4**

**Senior Housing Facilities within 2.5 miles of Cupertino**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At Home Senior Living</strong></td>
<td>Assisted living. Capacity 6.</td>
</tr>
<tr>
<td>819 Gail Ave, Sunnyvale (408) 738-1400</td>
<td></td>
</tr>
<tr>
<td><strong>Atria Sunnyvale</strong></td>
<td>Near downtown Sunnyvale. Independent living, assisted living, and memory care. Short time stays for rehabilitation. Offer vegetarian meals.</td>
</tr>
<tr>
<td>(408) 512-3188 175 East Remington Drive, Sunnyvale</td>
<td>187-220 sq ft Studio/studio deluxe apartment, 492-556 sq ft. 1 Bedroom.</td>
</tr>
<tr>
<td><a href="http://www.atriaseniordliving.com/retirement-communities/atria-sunnyvale-sunnyvale-ca">www.atriaseniordliving.com/retirement-communities/atria-sunnyvale-sunnyvale-ca</a></td>
<td></td>
</tr>
<tr>
<td><strong>Belmont Village</strong></td>
<td>Independent living, assisted living, memory care. Short stay option. Studio and 1 Bedroom apartments. (Seniorly.com est. $5500/mo.) (2011 Where to Live, studio $3800/mo, companion suite $2700/mo, 1 bedroom $5450/mo)</td>
</tr>
<tr>
<td>(408) 720-8498 1039 East El Camino Real, Sunnyvale</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.belmontvillage.com/locations/sunnyvale">www.belmontvillage.com/locations/sunnyvale</a></td>
<td></td>
</tr>
<tr>
<td><strong>IOOF International Order of Odd Fellows</strong></td>
<td>Retirement apartments, assisted living, and residential care. Located near West Valley Community College</td>
</tr>
<tr>
<td><strong>Homestead Park - Mid Peninsula Housing</strong></td>
<td>274 low income housing tax credit apartments. Wait list closed</td>
</tr>
<tr>
<td>1601 Tenaka Place, Sunnyvale 408-732-2151 /(650) 965-1060 <a href="https://www.midpen-housing.org">https://www.midpen-housing.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Life's Garden</strong></td>
<td>Low-income seniors 55+. 208 studio and 1 bedroom apartments with kitchen. Community dining and lounge.</td>
</tr>
<tr>
<td>(408) 245-5433 450 Old San Francisco Road, Sunnyvale</td>
<td></td>
</tr>
<tr>
<td><a href="https://www.humangood.org/lifes-garden">https://www.humangood.org/lifes-garden</a></td>
<td></td>
</tr>
<tr>
<td><strong>Our Lady of Fatima Villa</strong></td>
<td>37 studios and one bedroom for 84 residents in independent and assisted living. 85 patients in skilled nursing. Offers hospice care.</td>
</tr>
<tr>
<td>(408) 647-2760 20400 Saratoga-Los Gatos Road, Saratoga</td>
<td>Recent ownership change to Kalesta Health Care Group. (Where to Live, 2011 est studio $4070/mo, 1 bedroom $5090/mo, deluxe suite $7070/mo)</td>
</tr>
<tr>
<td><a href="http://www.fatimavilla.org">http://www.fatimavilla.org</a></td>
<td></td>
</tr>
</tbody>
</table>
| **Rose Meadows Elder Care**  
(408) 865-1267  
726 Brentwood Drive, San Jose  
804 Hamann Drive, San Jose | Assisted living. Two single family homes, each with capacity 6. |
|---|---|
| **Saratoga Retirement Community**  
(408) 741-7100  
14500 Fruitvale Ave., Saratoga  
| **Sunny Orchard Place**  
(408) 737-2474  
1155 Pome Avenue, Sunnyvale  
| **Sunrise of Sunnyvale**  
(408) 749-8600  
633 South Knickerbocker Drive Sunnyvale  
| **Villa Fontana**  
(408) 255-5555  
5555 Prospect Road, San Jose  
[http://www.villafontanaretirement.com](http://www.villafontanaretirement.com) | Assisted Living-private apartments  
Prices start at $5890/mo  
Recipient of the Best of Assisted Living in San Jose Award – 2017 from The Senior Advisor |
| **Villa Siena**  
(650) 961-6484  
1855 Miramonte Ave., Mountain View  
[www.villa-siena.org](http://www.villa-siena.org) | Independent living, assisted living, skilled nursing. 60+ seniors. 68 independent and assisted living units with kitchenette. 405 sq ft Studio ($5237/mo). 480 sq ft 1 Bedroom ($6004/mo). Assisted living is extra $1300/mo. Extra person is $2500/mo. 215 sq ft single ($375/day) and 305 sq ft double (shared $335/day) for nursing care units. $1400 processing fee on admission. Run by Daughters of Charity |
| **Westgate Villa**  
(408) 366-6512  
5425 Mayme Avenue, San Jose  
[www.westgate-villa.com](http://www.westgate-villa.com) | Assisted living and memory care. 60 units typically 1-bedroom apartments. Restaurant style dining. (Seniorly est $4779/mo.)  
Amberwood Gardens is the associated acute and skilled nursing. 258 bed facility. Comprehensive rehabilitation. |
Housing guides:

- Various company websites, Yelp.com, Seniorly.com, SeniorAdvisor.com
- *Alternatives for Seniors San Francisco & Northern California, 2014/2015*. Residential Marketing Concepts, Inc. See also AlternativesForSeniors.com
III. SOCIAL SERVICES

Cupertino seniors are served by a number of governmental, NGO, and charitable organizations offering a variety of social services. These include:

1. Cupertino Senior Center
2. India Community Center-Senior Program
3. Sourcewise (Santa Clara County Area Agency on Aging)
4. West Valley Community Services
5. Live Oak Adult Day Services
6. In-Home Supportive Services
7. Silicon Valley Healthy Aging Partnership
8. 211
9. Santa Clara County Fire Department
10. Santa Clara County Sheriff
11. Nearby adult day programs

Each of these services are described below.

1. Cupertino Senior Center
   21251 Stevens Creek Blvd.
   408-777-3150

The Cupertino Senior Center (CSC) is part of the City of Cupertino’s Department of Parks and Recreational Services. Most of the Center’s activities require membership, although day passes are also available. There are a variety of membership fees and levels that are explained on the CSC web site.

The CSC offers a range of services along with classes, lectures, and social activities (described in Section V, Education). They also have a large volunteer organization called Seniors Helping Seniors. The services include:

- **Case Management Program** – Run by two case managers (speaking English, Mandarin Chinese, and Cantonese) who work with seniors and their families to find resources to help them remain independent and safe in their own homes.
services are by appointment and on Wednesdays they have a drop in clinic. Topics include social security, avoiding nursing homes, elder abuse, available benefits, and hiring in-home assistants. They provide a caregiver support group on the second Thursday of the month.

- **Transportation Assistance.** The CSC personnel can help explain how to use BART, VTA and CalTrain as well as how to get senior discounts.

- **Senior Adults Legal Assistance (SALA).** Legal service to assist seniors to live safely, independently, non-institutionalized, and with dignity. They assist with Social Security, SSI, Medicare, Medi-Cal, etc. as well as the preparation of health care directives, durable power of attorney, and simple wills for seniors of modest incomes. ([http://s393914827.initial-website.com](http://s393914827.initial-website.com))

- **Health Insurance Counseling & Advocacy Program (HICAP).** A counseling service for Medicare and other health insurance programs, sponsored by the California Department on Aging. HICAP’s volunteer counselors provides free and objective information and counseling about Medicare options for seniors and their families.

- **Housing.** A consultant is available to provide information on senior housing options in the area.

- **Health.** Blood pressure checks are performed four times a month. Appointments can be made at the front desk. An annual Smart Living Health and Wellness Fair at the CSC includes health and wellness booths, educational sessions, community and health resources, and fitness demonstration.

In 2018, the Cupertino Senior Center had 2,468 paid members and an annual attendance of at least 27,854 (see Figure 3.1).

**Figure 3.1**  
Cupertino Senior Center. 2018

<table>
<thead>
<tr>
<th>Paid memberships</th>
<th>2,468</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual attendances</td>
<td>27,854</td>
</tr>
<tr>
<td>Volunteer service hours</td>
<td>24,620*</td>
</tr>
</tbody>
</table>

* Number is likely low due to changes in front desk operations that may have led to an undercount.
2. India Community Center-Senior Program
   20589 W Homestead Road
   408-934-1130
   www.indiacc.org/programs/seniors

The India Community Center (ICC) is a non-profit, non-religious, not political organization whose mission is to promote Indian culture and values through social, recreational and community programs.

The ICC offers a senior program in two locations, Milpitas and Cupertino. The program in Cupertino operates on Monday, Wednesday, Thursday, and Friday from 10:00 am to 3:00 pm. Activities include yoga and meditation, a lecture series, entertainment, music, a book club, current affairs discussions, festival celebrations and a create writing program.

3. Sourcewise (Santa Clara County Area Agency on Aging)
   2115 The Alameda
   San Jose, CA 95126
   408-350-3200
   www.mysourcewise.com

Every county in the United States is served by an Area Agency on Aging, which administers funds and coordinates programs for older adults authorized by the federal Older Americans Act. Each local AAA is designated by its state to address the needs and concerns of all older persons in its service area.

Sourcewise is the Area Agency on Aging for Santa Clara County. It is an independent nonprofit organization (not part of the county government) whose mission is to help adults and caregivers in the county with tools and services to improve their lives. Its main goal is to allow clients to stay in their own home as opposed to being in an institution. SourceWise is not exclusively for seniors, but a large portion of their work is for seniors. In 2018-19, it had a budget of $2.9 million for its own services and for grants to other agencies.

Sourcewise offers both its own services and acts as a coordinator and funder for other services. Their own services include:

- **Information & Awareness** – connects clients with the services that they need. Areas include housing, home help, transportation, legal services and disability services. Community Resource Specialists are available Monday through Friday between 8 a.m. to 5 p.m. at (408) 350-3200, option 1.

- **Health Insurance Counseling & Advocacy Program** – HICAP counseling on Medicare benefits and healthcare options in locations throughout the county.

- **Senior Employment Services** – for persons 55+ years old. The federally funded Senior Community Services Employment Program (SCSEP) provides job training and placement for low-income qualified unemployed seniors (<125% of the federal poverty level).

- **Family Caregiver Support Program** – provides a period of respite services to family caregivers. It also offers information and assistance including counseling, organization of support groups, and caregiver advisors.

- **Meals on Wheels** – delivers food to homebound individuals 60+ years old who are unable to purchase food or cook for themselves (or have someone to cook for them). Providing two daily meals that meet 2/3 of the daily nutritional requirements. Meals are low sodium and sugar content but not specifically designed for diabetes or high blood pressure patients.

- **Care Management** – providing assessment and planning services to fit a client's social, physical and economic needs. Designed to assist with in-home living including the transition from hospitalization or the stay in a skilled nursing or intermediate care facility.

- **Public Authority Services** – provides a database of pre-screened In-Home Supportive Services workers. Relieves clients of the need to vet, negotiate wages and administer benefits for workers.

4. **West Valley Community Services (WVCS)**
   10104 Vista Drive
   408-255-8033
   [www.wvcommunityservices.org](http://www.wvcommunityservices.org)

WVCS is a private non-profit organization that has been providing free services to low income and homeless families in the western part of Santa Clara County since 1973. In addition to providing its own services, the agency also provides referrals to other agencies. Its paid staff of 20 is augmented by a large number of volunteers (>600). With the exception of the R.Y.D.E. senior transportation program, most of its services are not senior-specific.

WCVS provides services in four areas:

- **Food**
  Clients can visit the Food Pantry weekly to receive a wide variety of food products.
Donated by various local partners. Last year the Food Pantry served over 2,300 individuals. There is a Mobile Food Pantry for those who have transportation issues.

The Community Access to Resources & Education (CARE) program provides education on benefits including food stamps, SSI, SSDI, CalWorks, and the Earned Income Tax Credit (EITC). CARE also helps clients apply for food stamps, free/reduced lunches, Medicare and Medicaid.

- **Housing**
  - Their *Haven to Home Program* provides support services to access stable housing for homeless and chronically homeless individuals and families. Staff assists finding permanent affordable housing, employment and coaching for greater stability and independence
  - *The Rapid Rehousing Program* help homeless to quickly move into permanent housing and provides rental assistance and support services.
  - Vista Village and Greenwood Court Apartments complexes are owned by WVCS and are managed through the City of Cupertino as Below Market Rate (BMR) offering permanent housing to low-income households.

- **R.Y.D.E. Senior Transportation**
  This program funded by Santa Clara County is for adults 55+ years old who need low-cost around town transportation options. (See Section IV. Transportation for a detailed description.)

- **Other Services**
  - Emergency Financial Assistance offers one-time financial assistance to prevent evictions and utility cutoffs, provides clothing vouchers, and other services.
  - Financial Workshops & Education teaches how to set a budget, establish financial priorities, and spot predatory lending practices. They also offer free tax assistance.
  - Financial Empowerment Programs helps to build financial skills with 1:1 coaching.

5. **Live Oak Adult Day Services**
   20920 McClellan Road
   408-973-0905

Live Oak Adult Day Services (LOADS) is a community-based nonprofit agency that provides a specialized program of adult day care for frail elderly dependent adults in Santa Clara County. The organization is headquartered in San Jose, and one of its four facilities in Cupertino (the others are in Los Gatos, Gilroy and Willow Glen).

Live Oaks goal is keeping its clients
independent and active. They accept both clients who are unable to live independently as well as others who can benefit from social stimulation. Clients can include those in wheelchairs as well as those with illness such as Alzheimer’s Disease, dementia and Parkinson’s Disease.

Activities include:

- Adaptive physical exercise
- Music programs
- Arts and crafts
- Current event discussions
- Reminiscing discussions, and
- Interaction with volunteers of various ages

The day program allows caregivers to go to work, run errands, or perform other household tasks knowing that their senior is receiving attention in a professional, caring environment. LOADS also offers support groups, classes and other resources for caregivers. Services are provided by a paid staff supplemented by volunteers.

The Cupertino facility provides breakfast and hot lunch along with snacks and beverages throughout the day. Assistance is provided for non-ambulatory clients.

There is an application and eligibility requirements. The fees are a sliding scale based on monthly family income ($400 income -> $20/day; $1000 -> $35/day; $2500+ -> $70/day). These fees cover approximately 1/3 of the costs. Potential clients are invited for “trial run" at the facility for a portion of a day. During this trial, the staff will also evaluate needs and fit into the program.


For a list of other adult day programs near Cupertino, see the end of this section.

6. **In-Home Supportive Services (IHSS)**

1888 Senter Road
San Jose 95112
408-792-1600
[www.sccgov.org/sites/ssa/daas/ihss/Pages/ihss.aspx](http://www.sccgov.org/sites/ssa/daas/ihss/Pages/ihss.aspx)

IHSS is a service funded by the California Department of Social Services and administered by each county in the state. The program pays for personal care and domestic services to Medi-Cal eligible (low income) seniors age 65+ who are blind or disabled and live in their own homes. The goal for IHSS is to avoid the need for out-of-home care (e.g., nursing homes or board and care facilities) for individuals who can safely remain in their homes with the proper support. (Most long-term facilities or community care facilities are NOT considered your “own home.”)
After applying and being admitted into the IHSS program, beneficiaries receive financial support for an authorized number of hours of per month, based on a county-dependent hourly fee structure. The State issues payments, but the participating seniors are responsible for hiring, training, supervision and firing of the support givers, who are employees of the senior not the State.

For Cupertino, IHSS is administered by the Santa Clara County Department of Aging and Adult Services.

7. **Silicon Valley Healthy Aging Partnership**  
   550 E. Remington Drive  
   Sunnyvale, CA 94086  
   408-730-7356  
   [www.svhap.org](http://www.svhap.org)

SVHAP’s mission is to make health promotion programs available to older adults in Santa Clara County. It partners with national and state organizations to implement evidence-based programs in this area. National partners include the Administration on Aging, the Centers for Disease Control and the National Council on Aging. Local partners include the Health Trust and El Camino Hospital. It currently is focused on providing programs designed to prevent falls among older adults.

**Other Services for Seniors**

8. **2-1-1 Santa Clara County**  
   [www.211bayarea.org/santaclara](http://www.211bayarea.org/santaclara)

The 2-1-1 service, available by phone and online, provides free information on non-emergency community, health, and disaster resources, including information for seniors. The service, provided by the United Way Bay Area, is available 24 hours a day, 7 days a week.
9. Santa Clara County Fire Department

http://www.sccfd.org

The fire department provides information and referrals to older adults. It offers free programs including Senior Fall and Fire Prevention, Be Ready: Seniors Prepared (disaster preparedness), and Preparing Caregivers for Medical Emergencies.

10. Santa Clara County Sheriff

www.sccgov.org/sites/sheriff/Pages/sheriff.aspx

The Sheriff’s office and the District Attorney deal with elder abuse cases. They have a resource card with relevant contacts.

11. Nearby Adult Day Programs

In addition to the Live Oak Adult Day facility in Cupertino, there are a number of other adult day programs near Cupertino. These include:

Avenidas Rose Kleiner Senior Day Health Center
260 Escuela Avenue
Mountain View, CA 94040
650-289-5499
www.avenidas.org/programs/adult-day-program

Golden Castle ADHC Center
3803 East Bayshore Road,
Palo Alto, CA 94303
650-964-1964
www.goldencastleceneter.org
Grace ADHC Center
3010 Olcott Street,
Santa Clara, CA 95054
408-731-8686
www.facebook.com/Grace-Adult-Day-Health-Care-162942153727592

Hearts and Minds Activity Center
The first large capacity dementia-specific adult day program in the country founded in 1984.
2380 Enborg Lane
San Jose, CA 95128
408-279-7515
www.heartsandmindsactivitycenter.org

Hope Services
For adults 45+ with developmental disabilities
1555 Parkmoor Ave
San Jose, CA
408-282-0478
www.hopeservices.org/our-services/senior-services

Prestige Adult Day Health Care
1765 S. Main Street, #101
Milpitas, CA 95035
408-586-9000

SarahCare
450 Marathon Drive
Campbell, CA 95008
408-374-2273
https://sarahcare.com/campbell/

Saratoga Adult Care Center
19655 Allendale Avenue
Saratoga, CA 95070
408-868-1262
www.sascc.org/contact

Self-Help for the Elderly-South Bay Center
860 Stewart Drive
Sunnyvale, CA 94085
408-733-1883
www.selfhelpelderly.org/our-services/activity-centers/about-our-activity-centers
Social Vocational Services, Inc.
471 Gianni Street
Santa Clara, CA 95054
800-385-2527
www.caring.com/senior-living/california/santa-clara/social-vocational-services-inc-santa-clara

Yu-Ai-Kai Senior Day Services
588 North Fourth Street
San Jose, CA 95112
408-294-2505
https://yuaikai.org/senior-day-services
IV. TRANSPORTATION

The great majority of Cupertino seniors (like all residents of the community) currently rely on driving to move around, to get to work, access services such as shopping or medical appointments, to engage in community or civic activities, to visit friends/relatives and to enjoy recreation or entertainment.

However, seniors in this County will, on average, lose the ability to drive about nine years before they pass away, making them dependent on alternative forms of transportation.\textsuperscript{19} This is the period in which the risk of isolation due to transportation problems becomes very high for an individual in their 70s, 80s and 90s.

Public transportation in Cupertino is almost entirely dependent on bus services provided by the Santa Clara Valley Transportation Authority (VTA). The only targeted transportation option available for seniors in community is R.Y.D.E., a County-sponsored pilot program to provide affordable rides to seniors in Cupertino and four other West Valley cities (Campbell, Monte Sereno, Los Gatos and Saratoga).

This section provides an overview of older adults’ current transportation patterns, education programs for older drivers, and transportation services for older non-drivers.

Transit Patterns for Older Adults

A 2010 study sponsored by AARP reported on “Transportation Use and Options of Midlife and Older Adults,” based on a national telephone survey of a representative sample of adults aged 50 and older.\textsuperscript{20} Highlights of the report include:

- Driving is far and away the most common form of transportation among older adults. Nearly nine in ten respondents said they drive a car or other motor vehicle. Among them, more than half reported driving every day of the week, with an additional one-fifth driving five or six days a week, and one in six driving three or four days a week. Only two\% of respondents who drive said they drive less than once a week.

- Getting a ride with a friend or family member was the most frequent type of transportation noted as an alternative to their own vehicle, reported by two-thirds (67\%) of respondents. Walking (48\%) and bicycling (13\%) were the only other types of transportation options cited by more than one in ten respondents as alternatives to driving.

- More than eight in ten (85\%) respondents reported that they had not used public transportation (such as public buses, subways, streetcars, trolleys, or commuter trains) in the last two months. In contrast, 6\% of respondents said they were frequent users of public transportation, using it once a week or more frequently.

- About three in ten respondents reported walking at least once a week, including the one in twelve respondents who walk every day, the one in nine who walk several times a week, and the one in ten who walk once a week. More than half said they never walk in order to go places they frequent in their community.
Driving Life Expectancy
The great majority of seniors drive and do so as long as possible. Among adults ages 70 to 74, 88% of men are still driving and 70% of women. However, those percentages drop to just over half (55%) for men age 85 and older and just 22% for women 85 and older (see Figure 4.1).

**Figure 4.1**

<table>
<thead>
<tr>
<th>Age</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>70-74</td>
<td>84%</td>
<td>70%</td>
</tr>
<tr>
<td>75-79</td>
<td>78%</td>
<td>60%</td>
</tr>
<tr>
<td>80-84</td>
<td>57%</td>
<td>45%</td>
</tr>
<tr>
<td>85+</td>
<td>55%</td>
<td>22%</td>
</tr>
</tbody>
</table>

As a result of greater longevity, adults typically live for a number of years after they give up driving. Because of differences in life expectancy and driving patterns, men can expect to live for an average of 7 years after they stop driving while women can expect to live for 10 years without driving. According to the 2002 study in the American Public Health Journal that contains these data, although “older drivers generally decide for themselves when to quit...cessation is not an easy decision and may have consequences such as depressed mood and less social engagement due to loss of mobility.”

Because of the importance of maintaining mobility, programs have been developed to help older adults continue to drive safely, and to offer viable alternative means of transportation when they are no longer able to drive.

Older Driver Education Programs
There are a number of programs available to help seniors maintain their driving skills and to realistically assess their ability to drive, in order to make a conscious and well-informed decision about when to give up their cars and take advantage of alternative modes of transportation. These programs include:

1. **AARP Smart Driver Safety Program** ([www.aarp.org/home-garden/transportation/driver_safety](http://www.aarp.org/home-garden/transportation/driver_safety)) offers local classes for drivers aged 50 and above. The course covers many topics related to older driver, such as traffic rules, staying flexible, medications, etc. The course is designed to help you remain a safe driver. It covers normal age-related physical changes, and how to adjust your driving to allow for these changes. The program is offered at the Cupertino Senior Center and online.

2. **Age Well Drive Smart**– The California Highway Patrol ([https://www.chp.ca.gov/programs-services/programs/age-well-drive-smart](https://www.chp.ca.gov/programs-services/programs/age-well-drive-smart)) offers several programs for seniors ages 55 and older.
3. **Senior Driving Resources** – AAA ([https://calstate.aaa.com/news/traffic-safety/seniordriver](https://calstate.aaa.com/news/traffic-safety/seniordriver)) offers several interactive tools to help older drivers. SeniorDriving.AAA.com offers information on choosing an appropriate vehicle for an older driver and access to a professional driving assessment. Lifelong Driver is a computer-based program that provides driving simulations to improve driving skills.

4. **Driving Decisions Workbook** (developed by the University of Michigan, [www.um-saferdriving.org/firstPage.php](http://www.um-saferdriving.org/firstPage.php)) is available to help drivers evaluate their ability to drive safely.

5. **National Highway Traffic Safety Administration (NHTSA)** (888-327-4236 or [https://mcs.nhtsa.gov/index.cfm](https://mcs.nhtsa.gov/index.cfm)) publishes a series of pamphlets that address older adults’ ability to drive safely, in light of challenges such as driving with health conditions such as arthritis, Parkinson's disease, sleep apnea, diabetes or seizures.

6. **CarFit, Helping Mature Drivers Find Their Perfect Fit** ([www.car-fit.org](http://www.car-fit.org)) is a joint project of AARP and AAA. It provides guidance for the proper adjustments of seats, mirrors, headrests and steering wheel for safe driving. It also reviews a variety of simple devices that can be added to compensate for physical changes or to make the vehicle safer.

7. **“We Need to Talk...Family Conversations with Older Drivers”** ([www.thehartford.com/advance50/publications-on-aging](http://www.thehartford.com/advance50/publications-on-aging)) is a free 24-page brochure provided by The Hartford insurance Company.

**DMV Licensing**

All drivers age 70 and older must renew their driver’s license in person at the DMV office. License renewal depends on a driver’s mental and/or physical condition and his or her ability to follow traffic laws and rules regardless of age. The most common restriction for senior drivers is vision-related (requiring glasses or corrective lenses). Others may include no freeway driving, no nighttime driving, no rush-hour driving or driving only with proper support to ensure a proper driving position.

**Disabled Parking Placards**

Placards that allow parking in spaces reserved for handicapped are available for those with impaired mobility. A licensed physician, surgeon, physician’s assistant, nurse practitioner or certified nurse-midwife must certify the applicant’s condition.

**Public Transit: VTA**

The Valley Transportation Authority (VTA) is an independent special district that operates bus, light rail, and paratransit services in Santa Clara County. ([www.vta.org/index](http://www.vta.org/index))

VTA bus routes with stops in Cupertino include:

- Route 23 San Jose - Mountain View/Palo Alto
- Route 25 San Jose - De Anza College
- Route 26 Eastridge – Lockheed
- Route 36 East San Jose – Vallco
- Route 51 Vallco - Moffett/Ames
– Route 53 Westgate – Sunnyvale
– Route 54 West Valley - Fair Oaks/Tasman
– Route 55 De Anza - Great America
– Route 81 East San Jose – Vallco;
– Express 101 Camden/Branham - Palo Alto
– Express 501 Palo Alto - I.B.M. Bailey
– ACE Blue Line - Cupertino Shuttle (832)
– Altamont Commuter Express Shuttle

**FIGURE 4.2**
**VTA Route Map, Cupertino**

[Image of VTA Route Map, Cupertino]

VTA is making an effort to make its bus service a viable alternative for seniors who are no longer able to drive, including:

1. All VTA buses serving Cupertino can connect with neighboring transit operators for more extensive trips.
2. All VTA buses are equipped with lifts or ramps to assist those who need mobility aids or have difficulty with steps. Full-size buses have a kneeling feature that lowers the front of the bus, easing the first step when boarding.
3. VTA has a webpage for senior riders ([www.vta.org/seniors](http://www.vta.org/seniors)) to teach older adults about programs and services that may help them and their friends and family members.
4. VTA’s Daycation Program offers free training for groups of 5 to 10 people to help older adults learn to navigate the bus lines. The program has three components; a training session on how to use VTA service, an escorted trip in which we use the bus and or light rail to and from a local destination such as a museum, mall or restaurant. ([www.vta.org/getting-around/daycation](http://www.vta.org/getting-around/daycation))

VTA also offers an ADA Paratransit shared ride program for disabled residents throughout the county. The service will come to the home and take the resident to his/her destination. Services is available 365 days a year during the hours that bus and light rail service is operating. Trips can be reserved by phone or online up to three days in advance but must be reserved at least one day in advance. ADA paratransit Eligibility for the service is based on an individual's inability to independently use VTA bus or light rail. Being evaluated for eligibility may take up to 21 days. Information about the program is available at 408-321-2381 and online at [http://vtaorgcontent.s3-west-1.amazonaws.com/Site_Content/paratransit_riders_guide.pdf](http://vtaorgcontent.s3-west-1.amazonaws.com/Site_Content/paratransit_riders_guide.pdf).

Although data is not available on the use of VTA public transit by seniors in Cupertino, there is no reason to believe that VTA bus usage by seniors is a significant factor in our city.

**Nonprofit senior ride services**

Three non-profit services, one sponsored by the County and two by independent non-profit organizations, offer rides for older adults in Cupertino

### R.Y.D.E. Program  [www.wvcommunityservices.org/ryde](http://www.wvcommunityservices.org/ryde)

R.Y.D.E. (Reach Your Destination Easily) is a curb-to-curb transportation service for adults 55 years and older in five West Valley communities including Cupertino as well as in Campbell, Monte Sereno, Los Gatos and Saratoga. The program was started as a pilot program in 2017 with funding from Santa Clara County. In Cupertino, the service is being run by West Valley Community Services, 669-220-0382.

R.Y.D.E. can be used for visits with friends, shopping and appointments. The program is limited to rides initiating within the city limits of the five cities listed above, up to 8 miles from your home beyond these city limits, within Santa Clara County. A connection to Caltrain is available at the Sunnyvale Caltrain Station.
Drivers are both paid staff and community volunteers. All drivers undergo a background check and participate in a specialized training program.

The full cost of a ride of up to 4 miles is $9, but subsidies based on income are available that can lower the cost to as little as $1 per ride. Riders must pay in advance of the ride by check or credit card.

Rides can be reserved as much as 5 weeks ahead but must be made at least 36 hours in advance. Calls are accepted from 8 am to noon, and again from 1 pm to 4:30 pm Monday through Friday. Ride hours are from 8 am to noon, and from 1 pm to 4 pm, Monday through Friday. There is no service on holidays.

Users must be ambulatory (use of cane or walker is OK) but no wheelchair or scooter users can be accommodated at this time. A companion or personal care assistant can accompany the rider at no additional charge.

Heart of the Valley (408-241-1571 or https://servicesforseniors.org).
This program is offered by Services for Seniors, Inc., is a nonprofit, all-volunteer organization whose mission is to help those 65 and older in West Santa Clara Valley, including Cupertino. Services include escorted transportation (with some restrictions), as well as handyman work, light yard work, help with house projects, paperwork, shopping, errands, friendly visits, and computer assistance. They also help with disaster preparedness and offer home safety inspections. Escorted transportation is their most requested service. All services are free, but donations for services are accepted.

In addition to these two programs, the American Cancer Society offers a specialized ride program that may be available to Cupertino seniors:

American Cancer Society – Road to Recovery (800-227-2345 or www.cancer.org)
This free program is staffed by volunteers to pick up cancer patients at their homes and take them to anything cancer-related, such as doctor’s appointments, radiation treatments and chemotherapy.

Commercial alternatives
A number of for-profit services are available for Cupertino seniors for transportation for medical appointments and other purposes.¹ Of course, the two most prominent ride services are Uber and Lyft, and these services are almost certainly being used by Cupertino seniors as well as by younger people. One potential barrier to their use by older adults is the need to have access to a smart phone equipped with the services apps and know how to use them. As discussed in Section VII, older adults tend to lag behind younger people in their use of new technologies like smartphones and may not be comfortable using an app-based service.

It is notable that both Uber and Lyft have established partnerships with insurance companies, hospital systems, and clinics to provide non-emergency transport to appointments for patients. In February 2019, Lyft announced expanded partnerships with

¹ Companies listed here may change from time to time due to market forces. No effort has been made to vet these for-profit services and no recommendation is being made for any of them.
BlueCross BlueShield and Humana that will provide no-cost rides to appointments for 65+ patients enrolled in their Medicare Advantage plans. The rides are billed to the insurers.\textsuperscript{22}

The Forum, the retirement community located near the Rancho San Antonio Open Space Park, has also formed a partnership with Lyft. Instead of running a shuttle service for Forum residents, they will arrange a Lyft ride for any resident who needs to travel outside of the Forum for any reason.

\textit{GoGo Grandparent} (855-464- 872 or www.gogograndparent.com) is a service on top of Lyft and Uber that makes it easy for those not comfortable with a smart phone app to use a voice-only interaction to get a ride hailing service ride. There is a concierge charge of $0.27/minute for the service on top of the ride cost. Notification to relatives and voice interaction are their strong points.

\textit{SilverRide} (www.silverride.com, 408-874-3310 or 415-861-7433) offers a door to door assisted ride service specifically tailored for older adults. Drivers are fingerprinted and background checked and are trained in how to physically assist passengers, including those in wheelchairs. In addition to transporting clients, SilverRide drivers will accompany passengers to ballgames, museums, restaurant lunches, shopping, and walks in the park. In fact, about 70\% of their time is spent outside of the car joining clients in activities. Service can be booked online or by phone through the company’s “Senior Concierges.” The company was founded in 2007 in San Francisco, and its service is available throughout the Bay Area.

Other commercial services that primarily provide medical-related transportation include:

\textit{Affordable Senior Care} (408-559-2810 or www.affordablesc.com/transportation.html) covers non-emergency transportation services for medical appointments, dialysis, hospital discharge, physical therapy and recreational activities for a fee.

\textit{Boundless Care, Inc.} (408-363-8900 or www.boundlesscare.org/transportation.html) provides non-emergency transportation shopping and at-home help for members.

\textit{Family Tree Medical Transport, LLC} (408-694-3350 or www.familytreemedtrans.com) offers non-emergency transportation through the entire San Francisco Bay area.

\textit{Fun n Go Non-Medical Transportation} (844-238-6646 or www.fungotransport.com) is a non-medical transportation provider offering 24/7 airport drop-offs, doctor’s appointment, dialysis, and recreational activities.

\textit{Golden Sunshine Staffing & Transportation Services, LLC} (408-438-5380 or www.goldensunshinestafftrans.com) provides non-emergency transportation and staffing services. Transportation is for doctor’s appointment, dialysis and recreational activities.

\textit{JustGo!} (408-657-8572 or www.justgosv.com) provides non-emergency wheelchair and ambulatory transportation throughout Silicon Valley, for doctor’s appointments, medical trips and recreational activities.
**Ken Transportation** (408-267-4459 or www.kentransport.com) provides non-emergency wheelchair and ambulatory transportation for doctor’s appointment, medical trips and recreational activities.

**One-Stop MedEx** (408-907-5629 or www.onestopmedex.com/index.html) provides non-emergency ambulatory, wheelchair and stretcher transportation for doctor’s appointments, medical trips, outpatient surgery, community service centers, rehabilitation facilities, physical therapy and long-distance trips.

**S&P Transportation** (408-829-8648) offers non-emergency wheelchair and ambulatory services.

**UBF Transport Services** (408-263-1234 or www.ubftransport.com) offers non-emergency transportation for doctor’s appointments, dialysis and recreational activities and for those in need of wheelchair-accessible transportation.

**V&B Transportation** (408-937-6135 or www.vbtransport.com) provides non-emergency transportation for doctor’s appointments, dialysis and recreational activities.

**Expanding Transit Options for Seniors**

Despite the R.Y.D.E. program’s limits, the demand for trips is currently exceeding the capacity of the program. Work is needed to explore ways to scale up the capacity of this program to serve more seniors and to make the program easier to use and more flexible.

The value of the R.Y.D.E. program is currently limited by the need for advance planning and the fact that the service is only available during limited hours (e.g., not on nights or weekends). Ideally, the program should be available 24/7 for both calls and transportation, and not require any advance planning, similar to services like Uber and Lyft. Also, some kind of public sector-private sector partnership could make available the software technology from the ride-sharing services to R.Y.D.E, to facilitate the scaling up of the program to serve larger numbers of seniors and achieve greater efficiency of operations. (However, there is value in preserving the option of phone access for booking rides, as SilverRide does, so as not to exclude those who are less tech-savvy.)

It is interesting, as noted above, that major healthcare providers have been announcing partnerships with ride-sharing services. The main justification for offering seniors free rides is to deal with the millions of appointments missed each year by seniors due to their lack of reliable transportation services. Missed appointments can lead to failures to treat medical problems early before complications set in, which can increase the overall cost of care. If more medical appointment transportation can be handled by the private sector ride-sharing services and paid for by health plans, the burden on programs such as R.Y.D.E. to handle medical appointments may be relieved, allowing them to address other transportation needs, such as helping to combat isolation, the number one problem associated with aging.

Seniors’ attitudes toward ride-sharing programs such as Uber and Lyft tend to be based on how comfortable they feel about using apps on the smart phone. (GoGo Grandparent, listed above, is designed to provide a voice phone alternative for using these services.) The more comfortable the individual is this kind of technology, the more likely they are to be welcoming these services if and when they lose the ability to drive. The same pattern holds.
with regards to how they are likely to feel about these ride-sharing services using completely autonomous vehicles in the future. The more they are comfortable with technology, the less resistant they are likely to be toward this future trend.

The County’s ADA Paratransit program has been in place for many years and has been helpful to many older people with disability. Given the financial and operational constraints on such a program, it will be helpful to develop private-sector solutions or explore public sector-private sector partnerships for the future. A major issue with the commercial ride-sharing services is the lack of vehicles that can accommodate wheelchair or scooter users. Their drivers are also not trained to accommodate older customers with special needs. Work is needed to create effective solutions for this gap in the near future.

Summary of Cupertino seniors’ transportation needs:

1. A city-wide shuttle like Palo Alto or Mountain View will be extremely useful to seniors in Cupertino.

2. A link from Cupertino to the Caltrain network is needed. Currently only R.Y.D.E. will provide a senior with such a link.

3. R.Y.D.E. is very limited, yet it is over-subscribed. This should convince us that the needs are there, and we need to look for ways to improve and scale up RYDE as an affordable, efficient, and dependable mode of transportation for Cupertino seniors.

4. Even with the promises of future autonomous vehicle technology being able to deliver 24/7 transportation services quickly and efficiently, some form of support will be needed to help set up rides for seniors who never had or have lost the ability to use apps on smart phones. They may also need a special introduction to help them to confidently use autonomous vehicles (analogous to VTA’s Daycation program that introduces older adults to public transit).

5. Failure to address transportation needs of seniors will contribute to the problem of isolation, which has a strong negative impact on the health and well-being of seniors and reduces their ability to contribute to community life.
V. EDUCATION FOR SENIORS

Cupertino is located in the middle of one of the most exciting places in terms of its access to educational resources, including programs specifically designed for older learners. In addition, there has been a rapid increase in online resources from libraries and universities that can be helpful for those who have a mobility problem. But online resources are not a substitute for stimulating discussions or exchange of ideas with peers and with diverse and provocative thinkers. The primary challenges are in making sure that these opportunities are accessible both in terms of transportation (especially to seniors who do not drive), and in terms of language (to seniors who don’t speak English well). But, first, we consider the importance of lifelong learning in an aging society.

The Role of Education in Later Life

According to old, and now largely outdated views of aging, later life is a period marked by pervasive decline in physical and mental capacity, the time in life when people are expected to withdraw (retire) from the normal activities of midlife and focus on enjoying the less demanding requirement of leisure and interactions with family and friends.

This dated view of the life course has been largely replaced by a new perspective based on the assumption that, as long as physical and mental health hold out, people at every age are capable of continuing to contribute to society and continuing to grow and to learn. And there is a growing body of evidence that staying engaged and taking on new challenges, including learning, in later life is beneficial in many ways, including improved health.

A UK survey of older learners (aged 50-71) found evidence of multiple benefits of later life learning:23

- Eighty per cent of learners reported a positive impact of learning on at least one of the following areas: their enjoyment of life; their self-confidence; how they felt about themselves; satisfaction with other areas of life; and their ability to cope.
- Forty-two per cent reported an improvement in their ability to stand up and be heard and/or their willingness to take responsibility.
- Twenty-eight per cent reported an increased involvement in social, community and/or voluntary activities as a result of learning.
- The most important reasons for learning were intellectual, for example, wanting to keep their brain active, enjoying the challenge of learning new things and wanting to learn about things interested in; followed by personal and instrumental reasons.

The study also found that “not every older adult was interested in continuing to learn: the most common reasons for not learning were a lack of time and a lack of interest in learning. A quarter said they had done enough learning in their life and 22 per cent felt too old to learn. Family responsibilities were also important, and non-learners were particularly likely to be spending time with their grandchildren.”

One potential – and potentially important – benefit of continuing to stay intellectually active is to provide resistance to dementia. As a diagnostic term in medicine, dementia refers to the progressive loss of cognitive function in an individual. There are various kinds of
dementing illnesses, but Alzheimer's is by far the most common. Alzheimer's disease afflicts individuals, wears down their families and taxes the social support and health care systems of our nation. It is difficult not only for the afflicted individual, but also for those who love them and provide care for them. At present, there is no treatment for the disease.

Alzheimer's is highly correlated with age. Of the estimated 5.7 million Americans who were living with Alzheimer's dementia in 2018, 5.5 million were age 65 and older. One in 10 people (10%) age 65 and older has Alzheimer's dementia. While 3% of people 65-74 had Alzheimer's, this increased to 17% of people 75-84, 32% of people 75-85, and 32% of people 85 and older. As the population ages, the number of those with Alzheimer's will continue to increase and is projected to reach 8.9 million by 2050.24

(Assuming that these numbers apply to Cupertino, the city would currently have some 300 residents with Alzheimer's—10% of the city's 3,170 65+ population—and the number can be expected to grow to more than 500 by 2025.)

But not everyone who becomes old develops Alzheimer's. Why? No one is quite sure, but there are a lot of researchers trying to find ways to prevent, cure and better help those with the disease. One of these is the epidemiologist David Snowden, the author Aging with Grace: What the Nun Study Teaches Us About Leading Longer, Healthier, and More Meaningful Lives,25 a study of a group of nuns from the School Sisters of Notre Dame in Mankato, Minnesota. These women not only tended to live very long lives, but they also had a much lower incidence of Alzheimer's disease than the general population.

One of Snowden's most striking observations is how these sisters constantly engaged in intellectually stimulating activities, such as writing journals, doing crosswords, and reading books on a wide range of topics. Their commitment to education was very strong. For example, a retired nun who already has several master's degrees decides that her convent needs more expert knowledge about nutrition and goes back to school to get another master's degree in nutrition. Snowden suggests that this pattern of lifelong educational and intellectual activity could be helping to protect them from dementia, a finding that Snowden suggests could be applicable to the broader population.

**Educational Opportunities in Cupertino**

Senior education resources in and around Cupertino, described below, include:

1. Cupertino Senior Center
2. YMCA programs for active and older adults
3. FUHSD Adult School programs
4. DeAnza College Adult Education
5. The Cupertino Library and the Library Foundation programs
6. Santa Clara University
7. Stanford University
1. Cupertino Senior Center
21251 Stevens Creek Blvd.
408-777-3150

The Cupertino Senior Center is operated by the city’s Department of Parks and Recreation. It is open from 8 am to 9 pm Monday-Thursday, 8 am to 5 pm on Friday and 8:30 am to 4:30 pm on Saturdays. Most programs are offered during the daytime, but there is also a program of evening classes, with an emphasis on fitness programs. Much of its programming is bilingual, in English and Mandarin.

Programs and classes offered at the center include:

- Education classes such as Brain Fitness, Bridge, Contemporary Issues, Cooking, Citizenship, Creative Writing, Humanities Lecture Series, Memoir Writing, Nutrition, Poetry, and U.S. History
- Arts activities such as Beading, Chinese Brush Painting, Chinese Calligraphy, Kumihimo (Bracelets), Oil and Acrylic Painting, Watercolor Painting
- Dance & Music instruction including Accordion, Hula, Line Dancing, Guitar, Harmonica, Ukulele, Yuan Chih Dance
- Fitness classes such as Chair Exercise, Feldenkrais Method, Aerobics, Yoga, Balance, Pilates, Strength Training/Conditioning, Tai Chi, Qigong, VivAsia Lotus, VivAsia Chair Lotus, Zumba
- Language programs including Conversational English, Mandarin, ESL
- Technology support programs such as Apple Assistance, iPad, Facebook and general tech time for members

The Senior Center also offers recreational and social activities including karaoke, bingo, mah jongg, open bridge and cribbage. More active programs include 50+ golf, tennis, softball and ballroom dancing.

The Senior Center has an extensive Travel Program, which offers day trips and extended trips to shows, sights, and activities of interest in the Bay Area and beyond. There are two social workers at the Senior Center to help residents with social service needs, and the Senior Center organizes twice-a-year senior health and wellness fairs that bring together a variety of senior resources. A bimonthly newsletter, *The 50+ Scene*, lists all programs.

Membership which is available to all residents 50 and older is $28, which includes a parking permit and a subscription to the center’s newsletter. A day pass for access to various programs is $5.
2. The Northwest YMCA
20803 Alves Drive
408-257-7160
www.ymcasv.org/northwest

The Y has a program targeted toward active older adults, which includes:

- A monthly Lunch Lecture series where experts in the field of aging, emergency preparedness, nutrition, exercise and overall wellness share useful information.

- A quarterly Senior Fitness Assessment, offering seniors an opportunity to learn of their current fitness level compared to that of others in their age group (upper and lower body strength and flexibility, aerobic endurance, balance and agility), talk with a fitness professional, and plan their fitness program.

- Classes include Aqua Arthritis, Aqua Aerobics, Aqua Zumba, Ballroom Dance, Cycling, Yoga, Feldenkrais, Line Dance, Meditation, Nia, Pilates, Stretch & Balance, Qigong, Strength and Conditioning Class for Seniors, Tai Chi, Stretch and Flex, Ygilates and Zumba.

3. Fremont Union High School District Adult School
10123 North Wolfe Road, Suite 2085
408-522-2700
www.fuhsdadultschool.com/

FUHSD has an Active Adult Program, targeted toward people 50 years and older. These classes take place at various places within the community (Sunnyvale Senior Center, Sunnyvale Community Center, Cupertino Senior Center and the Adult School location at Vallco). Classes include:

- Fine Arts such as Chinese Brush Painting, Clay Arts, Creative Drawing and Water-Media, Painting with Oil and Acrylic, Painting with One Stroke, Painting with Watercolor.

- Health and Fitness such as Aerobic Rhythms, Chair Volleyball, Yoga, Hike for Health, Low Impact Exercise, Meditation and Visualization, Strength Training and Conditioning, Tai Chi

- Home Arts such as Knitting

- Language such as Spanish

- Music and Dance such as Line Dancing

- Special Interests such as Book Reading/Discussion, Creative Writing

Some of these programs are offered in partnership with the Senior Center, at the Senior Center. A quarterly catalog is online at www.fuhsdadultschool.com/apps/pages/index.jsp?uREC_ID=625551&type=d&pREC_ID=1505523.
4. DeAnza College
   Learning Center, Room LC-141
   21250 Stevens Creek Boulevard
   408-864-8817
   www.deanja.edu/shortcourses/

DeAnza College offers a Community Education program consisting of a series of short courses in the following areas:

- Arts & Music
- Astronomy & Science
- Enrichment
- Finance & Real Estate
- Health & Wellness

A sample of short courses being offered in May-June 2019 include: Belly Dancing for Beginners, Birding and Nature Basics of Santa Clara County, Hiking the Parks and Trails of the Santa Cruz Mountain, Cooking: Springtime in Italy, Discover Your Personality Type, Business Chinese for Beginners, Astronomy for Everyone, Astrophysics for Everyone, All About Reverse Mortgage etc.

5. Cupertino Library
   10800 Torre Avenue
   408-446-1677
   www.sccl.org/cupertino

The Cupertino Library, which is part of the Santa Clara County Library District, is an important resource for seniors. In fact, after children and teens, older adults are the group that uses the library the most.

A free library card, available to county residents at any of the system’s branches, entitles holders to check out up to 100 books and up to 30 DVDs at a time, and to access the library’s extensive online resources. Cardholders age 65 and older are exempt from fines for items that are overdue for up to six weeks.

Resources of interest to older adults provided by the library include:

- Accessibility: Bookmobile Service (bringing library items to the community in various locations), Home Library Service (free delivery of library items to homebound residents), Library Services for People with Print Disabilities (large type books, free Braille and audio books and playback equipment),
- Citizenship Resources: online materials including a guide to naturalization, practice materials for citizenship exam, and other resources that can be helpful with the naturalization process. There is a Passport Office in the library that provides assistance in applying for or renewing a passport.
- ESL Resources: ESL conversations clubs at most library locations to improve English skills, plus reading material collections designed to help ESL learners. Many online resources to help learners of English, plus a free Rosetta Stone immersion language learning for 30 languages including English.

- Computers, software and printers available to everyone, including seniors and disabled residents.

The Cupertino Library Foundation works with the Library to provide seminars on education, wellness and a film series followed by guest-speaker-led discussion. Recently the CLF has been offering the film series in partnership with the Senior Center, and these events have been very well attended, showing that there is interest in such activities in the community.

6. Osher Lifelong Learning Institute at Santa Clara University (SCU)
   500 El Camino Real
   Santa Clara, CA 95053
   (408) 554-4000
   www.scu.edu/osh

SCU is within a short drive from Cupertino and is a valuable source of academic and intellectual resources for seniors.

The Osher Lifelong Learning Institute at Santa Clara University is a community of learners 50 and older. (The OLLI at SCU is one of 119 OLLIs that have been established at colleges and universities around the U.S. with support from the Bernard Osher Foundation. Other OLLIs in the Bay Area are at San Francisco State University, Cal State-East Bay and UC-Berkeley.)

Course instruction is at university level, but no particular educational background is required. There are no tests, grades or papers, but the classes may require some reading or other preparation. Membership costs $45 per academic year per person, and there is a fee for each class (typically $95 for “long” courses and $50 for “short courses.”)

The OLLI course catalog is online at https://www.scu.edu/osh/catalog--e-bulletin/course-catalog. Spring 2019 listings include the following courses:

- Islamic Art in the Age of Empire
- The Beauty of the Dismal Science: Fundamentals of Economics
- Making Medical Decisions: Thinking Critically about Your Health
- Genghis Khan: Universal Ruler or Scourge of the Earth?
- Introduction to Hinduism: History, Religion, Philosophy and Culture
- How Today’s Languages Illuminate the Human Past
- The Baha’i Faith
- Vines to Wines in the Santa Cruz Mountains
- Recent Trends in Silicon Valley and Bay Area Architecture
- Making Babies and New Bioscience
- Income Inequality in the United States
- Armchair Traveler: A Journey Through Modern Germany
- The Saint John Bible: A Marriage of Modern Art, Medieval Technique, and Technology
- Art and Entertainment in the Paris of the Late 19th Century
- Opening the Vault: Meet the de Saisset Museum
- Behind the Scenes: Romeo and Juliet: From Page to Stage

SCU also offers speeches and seminars with world-class speakers and instructors. For example, the SCU Law School (https://law.scu.edu) holds a series of conferences on Conflict Resolution and Mediation, and the Markkula Center for Applied Ethics offers many talks, workshops and panel discussions (www.scu.edu/ethics/events).

6. Stanford University

Stanford is 30 minutes away from Cupertino by car and offers an extensive and varied educational resources for seniors:

Stanford’s Continuing Studies (https://continuingstudies.stanford.edu) offers non-credit, non-graded classes online and on-campus for pleasure, personal enrichment, or professional development. Some classes meet for 1-5 weeks, others run 6-10 weeks, and workshops run 1-4 days.

The Spring 2019 Continuing Study catalogue includes the following courses:

- Planning for 21st-Century Retirement
- Artificial Intelligence for Healthcare and Longevity
- First Ladies: A History
- Visual Storytelling: Creating a Photographic Narrative
- The Science of Being Memorable and Influencing Decisions
- How to Think Like a Futurist: Improve Your Powers of Imagination, Invention, and Capacity for Change
- How to Plot Your Novel
- Women Leaders: Mastering Organizational Strategy
- Memorable Storytelling: Mastering a Powerful Business Tool
- Buddhism: An Experiential and Practical Introduction
- The Creative Habit: Cultivating a Daily Writing Practice
- Mindfulness for Writers
- Overcoming Writing Blocks and Procrastination
- Social Media Marketing
- Icon and Enigma: The Art of Andy Warhol
- Exploring Creative Mindfulness
- Intimate Portraits
- Effective Nonprofit Board Governance
- An Introduction to Neurological Disorders: ALS, Epilepsy, Stroke, and More

In addition to Continuing Studies, Stanford offers a number of other education resources and programs:

- Stanford Online (https://online.stanford.edu) offers more than 100 free online courses or MOOCs (massively open online courses) for the public. Many are rigorous college-level academic courses, but some are of general interest. Offerings for the 2018-19 academic year include courses from the Medical School on Locating and Using Medical Information
in the Digital Age, E-Cigarettes: Harmful or Harm-Reducing, and Molecular Foundations of Medicine; Engineering School courses include Cybersecurity Fundamentals, Blockchain and Cryptocurrency: What You Need to Know, and Economics of Clean Energy Transition; humanities courses include Defining the String Quartet: Beethoven, and Adventures in Writing. Catalog of online courses is at https://online.stanford.edu/courses.

- Stanford on iTunes U (https://itunes.stanford.edu) makes available more than 3,000 Stanford audio and video programs including lectures, faculty presentations and campus event. Stanford on Youtube (https://www.youtube.com/channel/UC-EnprmCZ3OXyAoG7vjVNCA) is an archive of videos from schools, departments, and programs across the university highlighting faculty lectures and research.

- The museums at Stanford (https://museum.stanford.edu) are free and open to the public. The largest of these is the Iris & Gerald Cantor Center for Visual Arts that offers exhibits, regular docent-led tours, and educational programming.

- A large number of concerts, plays and other performing arts are offered on campus. Stanford Live (https://live.stanford.edu) provides a full program of live performances ranging from symphony orchestras to string quartets each year at the Bing Concert Hall and other venues. In the summer of 2019, Stanford’s Frost Amphitheater will re-open to host live outdoor performances, including the San Francisco Symphony.
VI. CAREGIVING

As people reach later life, they are more prone to develop chronic diseases and to become frail (see Section I, Demographics). Over time, many of them may experience increasing difficulty in performing what are known as “activities of daily living” (ADLs) such as eating, bathing, dressing and performing personal hygiene without assistance from others. They may also need help with activities like home maintenance, bill paying, shopping or scheduling and keeping medical appointments (known as “instrumental activities of daily living or IADLs). Although paid caregivers provide some support for such activities, the great majority of care comes from informal caregivers—unpaid help from a relative or friend.

This kind of informal caregiving is very widespread even if it is not always recognized. According to a 2015 national survey, approximately 34.2 million Americans—more than 10% of the U.S. population—were providing care to someone age 50 or older.26 Those providing care to recipients 50 and older represent 79% of all caregivers.

This section summarizes key facts about the nature and extent of caregiving for older adults.

Who are Care Recipients?
The average age of care recipients is 69.4 years old. Nearly half of all care recipients (47%) are age 75 or older. Two-thirds (66%) are female while one-third are male (35%). More than one-third (37%) of care recipients over age 65 live alone.

In terms of reasons for needing care, the most common reason is a long-term physical condition, followed by a short-term physical condition and memory problems (see Figure 6.1).

When caregivers are asked to name the “main problem or illness” that is requiring them to provide care, the most frequent response is “old age or frailty” (20%), followed by

“Alzheimer’s, dementia or forgetfulness” (12%), “mobility” (7%) and “surgery or wounds,” “heart disease,” and “cancer” (6%). (See Figure 6.2) The prevalence of memory problems is higher for care recipients over age 60 (24%) than for younger recipients (9%). The average age of a recipient of care for Alzheimer’s is approximately 70 years.

**Figure 6.2**

*Main Problem or Illness Requiring Caregiving*

Who are Caregivers?
The majority of caregivers (60%) are female, while 40% are male. More than four-fifths of caregivers (85%) take care of a relative, while just 15% provide care for a friend or a neighbor.

The most common type of caregiving (42%) is for a parent, with an additional 7% caring for a parent-in-law and 12% caring for a spouse or partner. Among caregivers aged 65-74, 34% provide care for a parent or parent-in-law, and 24% care for a spouse. For caregivers age 75 and older, 46% care for a spouse, with just 8% caring for a parent.

Asian-Americans who serve as caregivers are, on average younger (46.6 years) than White caregivers (52.5 years). And while 62% of White caregivers are age 50 or above, Asian-American caregivers are more evenly distributed in age (see Figure 6.3).

**Figure 6.3**

*Caregiver Age by Ethnicity*

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Asian-American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Caregiver Age</td>
<td>52.5 years</td>
<td>46.6 years</td>
</tr>
<tr>
<td>Caregiver age 18–34</td>
<td>17%</td>
<td>30%</td>
</tr>
<tr>
<td>Caregiver age 35–49</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>Caregiver age 50+</td>
<td>62%</td>
<td>44%</td>
</tr>
</tbody>
</table>
What Do Caregivers Do?
Caregivers mainly help recipients to carry out activities of daily living (ADLs, e.g., getting in and out of bed, getting dressed, feeding, dealing with incontinence) or instrumental activities of daily living (IADLs, e.g., transportation, shopping, housework, managing finances). However, more than half of all caregivers perform medical or nursing tasks such as injections, tube feedings, or catheter or colostomy care. One-fifth of these caregivers indicate that they have difficulty performing these tasks.

Caregivers spend an average of 24.4 hours per week performing their caregiving tasks, while a quarter of caregivers devote more than 40 hours a week to their tasks. Three-quarters of caregivers live within 20 minutes of their care recipient, while approximately 15% of caregivers are “long distance caregivers” who reside an average of 450 miles from their care recipient.

The scarcity and cost of housing in Cupertino may make the number of remote caregivers higher in this community. Many caregivers, whether informal (unpaid family members) or formal (paid services) may not be able to afford to live in Cupertino, making access to needed caregiving support more difficult.

Six in 10 caregivers were employed while acting as caregivers, and of this group 60% reported having to make accommodations at work, such as cutting back on working hours or taking a leave of absence from work, as a result of their caregiving responsibilities.

Value of Caregiving
According to AARP, in 2013, the free services provided by informal caregivers had an estimated economic value of $470 billion, almost the same as the sales of Wal-Mart, the world’s largest retailer ($477 billion).27
VII. SENIORS AND TECHNOLOGY

In the past, older adults were largely seen as non-users of technology and were considered to be “technophobic.” This has changed over time, as seniors have adopted new technologies such as PCs, tablets and cellphones. However, the rates of adoption and use of technology by older adults generally lag behind those of younger people, resulting in a persistent “digital divide” based on age.

Figure 7.1 shows ownership of various technology devices—PCs, cellphones, smartphones and tablets—by Americans of different ages in 2015.\textsuperscript{28} In every case, the level of ownership is highest among those aged 18 to 49 and lowest among those 65 and above. For PCs, seniors’ ownership level (55\%) is just over half the rate for those under age 49 (80\%). And in the case of a newer technology such as the smartphone, seniors ownership (30\%) is just over one-third that of younger people (80+\%).

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{technologyOwnership.png}
\caption{Technology Ownership by Age, 2015}
\end{figure}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|}
\hline
Device & 18-29 & 30-49 & 50-64 & 65+ \\
\hline
PC & 80\% & 75\% & 60\% & 55\% \\
Cellphone & 90\% & 85\% & 70\% & 65\% \\
Smartphone & 80\% & 75\% & 60\% & 30\% \\
Tablet & 50\% & 45\% & 35\% & 25\% \\
\hline
\end{tabular}
\caption{Technology Ownership by Age, 2015}
\end{table}

Data on adoption rates for a number of digital technologies over time show the persistence of a gap between age groups: even though the rate of use by older adults has steadily increased, this group has continued to lag behind younger people\textsuperscript{29} (see Figure 7.2). In the case of internet use, the gap between older adults and all adults which was 34\% in 2000 had only narrowed to 23\% by 2006. In the case of broadband adoption, the gap had actually increased from just one\% in 2000 (when broadband was first introduced) to 22\% by 2016. For social media use, the gap increased from 19\% in 2008 to 35\% in 2016.
Most surveys on tech usage by age simply report on “older adults” by combining everyone age 65 and older. However, the 2016 survey done by the Pew Research Center broke out the results into separate cohorts within this age group (Figure 7.3). The data show that the same “digital divide” that exists between those over and under age 65 also exists within the 65+ population: Internet use is nearly twice as high among those age 65-69 (82%) as among those age 80 and above (44%). In terms of smartphones, ownership is three and a half times higher among 65-69 year-olds (59%) as among those age 80+ (17%).

Digital Ageism: Myth and Reality
The persistent gap between younger and older people in technology use has been explained in terms of “digital ageism” – the assumption that older people are less interested in and less comfortable in using new technologies than younger persons. The difference between the two age groups has also been characterized in terms of younger people being “digital natives” who have grown up with technology as a normal part of their lives, and “digital immigrants” for whom technology arrived later in their lives and therefore seen as strange and unfamiliar, something like the way immigrants may learn a new language but will speak it with an accent.
The fact that millions of older adults have successfully learned to use new technologies indicates that, as a group, older adults are not “technophobic.” A more accurate explanation for the gap between age groups is that older adults are “late adopters” of digital technologies: According to the late Stanford professor Everett Rogers, how any innovation is taken up and used follows a consistent pattern: the first users are relatively small numbers of “innovators” and “early adopters,” who are followed by an “early majority” and then a “late majority” as the innovation becomes better established. The last group to adopt an innovation are the so-called “laggards.”

For the most part, older adults tend to fall into the latter two categories of people who prefer to wait until a new technology is in widespread use, its cost has declined and its benefits are clear.

![Technology Adoption Curve (Everett Rogers, 1962)](image)

Research has shown that the longer a technology is around, the more usage levels by seniors are like those of the general population. For technologies such as microwave ovens, video recorders, phone answering machines, and even cellphones, there is little difference today between different age groups in terms of usage. But in the case of digital technology, new, ever more powerful devices are being regularly developed and innovative new uses are being introduced. Thus, just as older adults began to adopt cellphones, younger people were moving to more sophisticated smartphones. And by the time that older adults got interested in social media such as Facebook, young people were switching to newer apps like Instagram and Snapchat.

**Overcoming the Digital Divide**

As more and more functions of society move into digital form, there is the danger that older adults who are not fully technology literate will be discriminated against in important social activities. For example, stores are being introduced that do not accept cash but require mobile payment. And concern has been raised about the prospects that older adults will be excluded from the 2020 Census, which for the first time, is designed to collect the responses of a majority of the population online.

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2 The underlying driver for this continuous innovation is Moore’s Law, which states that the basic power of computer chips that are at the heart of digital technology double in their power every 18 months, resulting in ever more sophisticated and inexpensive devices and applications.

One important method for helping seniors keep up with changes in technology has been the introduction of digital training programs specifically designed for older adults. Starting in the early 1990s, a nonprofit organization called SeniorNet, which was based in San Francisco, developed computer training courses for older adults and helped to launch over 250 SeniorNet Learning Centers across the country.\(^{34}\)

Many senior centers established computer labs or computer classrooms and offered instruction on their use. Seniors are one of the most frequent users of computers in the Cupertino Library. More recently, as new devices like smartphones and tablets have gained popularity, senior training programs have shifted to focus on teaching these devices and the use of “apps” such as Twitter or Facebook. Figure 7.5 shows the technology programs available at the Cupertino Senior Center in the Spring of 2019.

**Figure 7.5**
Technology Classes at Cupertino Senior Center, April 2019

<table>
<thead>
<tr>
<th>Adult Classes for Ages 50 Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technology</strong></td>
</tr>
<tr>
<td>• Apple Assistance</td>
</tr>
<tr>
<td>• Everything iPad</td>
</tr>
<tr>
<td>• Express Yourself iPad Painting</td>
</tr>
<tr>
<td>• iPad Beginning</td>
</tr>
<tr>
<td>• iPad Intermediate</td>
</tr>
<tr>
<td>• Facebook</td>
</tr>
<tr>
<td>• TechTime (Drop in, Members Only)</td>
</tr>
</tbody>
</table>

APPENDIX:

Age Friendly Survey 2016 – Cupertino Results

In 2016, as part of the process of getting all cities in Santa Clara County apply to the World Health Organization (WHO) to be designated as age-friendly communities, the County conducted a survey of residents age 50 and older to explore their current living situations and their attitudes about the importance of the various resources identified by WHO as components of age-friendly cities such as housing, outdoor spaces, social participation and inclusion, volunteering and job opportunities.

The results of the survey for respondents from Cupertino appear on the following pages. Two caveats need to be made in relation to the results: first, the sample size for the survey is just 42 responses, which is a relatively small number and suggests caution in interpreting the results too broadly. Second, the question on the income of the respondents (Question D13) indicate that nearly half of the respondents had gross annual household incomes of at least $75,000 and nearly one-third (32%) had household incomes of $150,000 or more. These percentages as much higher than the distribution of income for all older residents (see Figure 1-7).

But even with these limitations, the survey does offer some suggestive results about the very high priority older residents put on having the City offer resources – such as affordable housing options, accessible and convenient public transportation, well-maintained and safe public parks, and pedestrian-friendly sidewalks.
Age-Friendly Survey 2016 Results

City: Cupertino  Sample Size: 42

YOUR COMMUNITY

1. This city is an excellent/very good place for people to live as they age  
   40.5%  41%

4. Have lived in this city:  
   Less than 5 years  2.4%  2%  
   5-14 years  19.0%  19%  
   15-24 years  19.0%  19%  
   25+ years  59.5%  60%

5. Not very likely/not at all likely to move out of this city after retirement  
   63.2%  63%

6. Factors impacting decision to move  
   a. Looking for a different home size that will need your needs  74.2%  74%  
   b. Maintaining your current home will be too expensive  37.5%  38%  
   c. Fearing for your personal safety or security concerns  29.4%  29%  
   d. Looking for a home that will help you live independently  75.7%  76%  
   e. Wanting to move to an area that has better health care facilities  22.6%  23%  
   f. Wanting to be closer to family  59.4%  59%  
   g. Needing more access to public transportation  54.1%  54%  
   h. Wanting to live in a different climate  6.1%  6%  
   i. Looking for an area that has a lower cost of living  56.7%  57%

7. Extremely/very important to remain in this city  
   59.5%  60%

HOUSING

8. Own primary residence  
   83.3%  83%

9. Primary home is:  
   Other  2.4%  2%  
   Single Family Home  81.0%  81%  
   Mobile Home  0%  0%  
   Town home/duplex  11.9%  12%  
   Apartment  2.4%  2%  
   Condominium/Co-op  2.4%  2%

10. Extremely/very important to live independently in own home  
    88.1%  88%

11. Home modifications or improvements anticipated in order to stay in own home  
    a. Easier access into or within home, such as ramp, chairlift or elevator, wider doorways  44.8%  45%  
    b. Bathroom modifications, such as grab bars, handrails, higher toilet, non-slip tiles  58.8%  59%  
    c. Putting bedroom, bathroom and kitchen on first floor  19.4%  19%  
    d. Improving lighting  38.2%  38%  
    e. Installing medical emergency response system that notifies others in case of  70.0%  70%

12. Extremely/very important for this city to have:
### OUTDOOR SPACES AND BUILDINGS

13. It is extremely/very important for this city to have:

| a. Well-maintained and safe parks that are within walking distance of home | 85.7% | 86% |
| b. Public parks with enough benches | 85.7% | 86% |
| c. Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices | 97.6% | 98% |
| d. Well-maintained public buildings and facilities that are accessible to people of different age groups | 95.1% | 95% |
| e. Separate pathways for bicyclists and pedestrians | 76.2% | 76% |
| f. Well-maintained public restrooms that are accessible for people of different physical abilities | 90.5% | 91% |
| g. Neighborhood watch programs | 78.0% | 78% |

### TRANSPORTATION AND STREETS

14. Methods of transportation used:

| a. Drive yourself | 94.9% | 95% |
| b. Have others drive you | 34.5% | 35% |
| c. Walk | 58.8% | 59% |
| d. Ride a bike | 17.2% | 17% |
| e. Use public transportation | 21.9% | 22% |
| f. Take a taxi/hire a car | 23.3% | 23% |
| g. Use special transportation service, such as one for seniors with disabilities | 14.3% | 14% |

15. It is extremely/very important for this city to have:

| a. Accessible and convenient public transportation | 97.6% | 98% |
| b. Affordable public transportation | 95.2% | 95% |
| c. Well-maintained public transportation vehicles | 95.0% | 95% |
| d. Safe and reliable public transportation | 97.6% | 98% |
| e. Safe public transportation stops or areas | 95.1% | 95% |
| f. Special transportation services for people with disabilities and older adults | 92.7% | 93% |
| g. Well-maintained streets | 92.7% | 93% |
| h. Easy to read traffic signs | 95.1% | 95% |
| i. Enforced speed limits | 87.8% | 88% |
| j. Public parking lots, spaces and areas to park | 87.5% | 88% |
| k. Affordable public parking | 76.9% | 77% |
| l. Well-lit, safe streets and intersections for all users | 92.5% | 93% |
| m. Audio/visual pedestrian crossings | 70.7% | 71% |
| n. Driver education/refresher courses | 73.7% | 74% |
### Health and Wellness

16. Health is excellent/very good, when compared to people of similar age  
- 65.0%  
- 65%

<table>
<thead>
<tr>
<th>Frequency of engaging in some form of physical exercise:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Several times a week to everyday</td>
<td>92.9%</td>
<td>93%</td>
</tr>
<tr>
<td>About once every other week to once a week</td>
<td>2.4%</td>
<td>2%</td>
</tr>
<tr>
<td>Less than once a month to about once a month</td>
<td>2.4%</td>
<td>2%</td>
</tr>
<tr>
<td>Never</td>
<td>2.4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

18. It is extremely/very important to remain physically active for as long as possible  
- 97.6%  
- 98%

19. It is extremely/very important for this city to have:  
- a) Health and wellness programs and classes in areas such as nutrition, smoking  
  - 70.0%  
  - 70%  
- b) Fitness activities specifically geared to older adults  
  - 90.5%  
  - 91%  
- c) Conveniently located health and social services  
  - 100.0%  
  - 100%  
- d) A service that helps seniors find and access health and supportive services  
  - 92.7%  
  - 93%  
- e) Conveniently located emergency care centers  
  - 83.3%  
  - 83%  
- f) Easy to find information on local health and supportive services  
  - 79.5%  
  - 80%  
- g) Home care services including health, personal care and housekeeping  
  - 95.1%  
  - 95%  
- h) Well-trained certified home health care providers  
  - 95.0%  
  - 95%  
- i) Affordable home health care providers  
  - 95.1%  
  - 95%  
- j) Well-maintained hospitals and health care facilities  
  - 97.6%  
  - 98%  
- k) A variety of health care professionals including specialists  
  - 95.1%  
  - 95%  
- l) Health care professionals who speak different languages  
  - 52.4%  
  - 52%  
- m) Easily understandable and helpful local hospital or clinic answering services  
  - 72.5%  
  - 73%  
- n) Respectful and helpful hospital and clinic staff  
  - 87.8%  
  - 88%

### Social Participation, Inclusion and Education Opportunities

20. Frequency of interaction with friends, families, neighbors (in-person, phone, email, social media)  
- About once a day to more than once a day  
  - 70.7%  
  - 71%  
- Once every 2 or 3 weeks to several times a week  
  - 26.8%  
  - 27%  
- Less than monthly to once a month  
  - 2.4%  
  - 2%  
- Never  
  - 2.4%  
  - 0%

21. Continuing education or self-improvement classes/workshops accessed through:  
- a) University/Community College  
  - 23.8%  
  - 24%  
- b) Department of Parks and Recreation  
  - 45.2%  
  - 45%  
- c) Faith Community  
  - 16.7%  
  - 17%  
- d) Local organizations or businesses  
  - 7.1%  
  - 7%  
- e) Community Center  
  - 19.0%  
  - 19%  
- f) Senior Center  
  - 54.8%  
  - 55%  
- g) Offerings through my work  
  - 7.1%  
  - 7%  
- h) Online programs  
  - 23.8%  
  - 24%  
- i) Hospitals/Clincs  
  - 14.3%  
  - 14%  
- j) Do not participate in continuing education/self-improvement classes  
  - 16.7%  
  - 17%  
- k) Other  
  - 9.5%  
  - 10%

22. It is extremely/very important for this city to have:  
- a) Conveniently located venues for entertainment  
  - 77.5%  
  - 78%  
- b) Activities specifically geared to older adults  
  - 80.5%  
  - 81%
### VOLUNTEERING AND CIVIC ENGAGEMENT

- **23.** It is extremely/very important for this city to have:
  - A range of volunteer activities to choose from: 80.0% 80%
  - Volunteer training opportunities to help people perform better in their volunteer roles: 70.0% 70%
  - Opportunities for older adults to participate in decision making bodies such as: 67.5% 68%
  - Easy to find information about local volunteer opportunities: 82.1% 82%
  - Transportation to and from volunteer activities for those who need it: 74.4% 74%

### JOB OPPORTUNITIES

24. Current employment status:
- Self-employed, part-time: 7.5% 8%
- Self-employed, full-time: 5.0% 5%
- Employed, part-time: 5.0% 5%
- Employed, full-time: 10.0% 10%
- Unemployed, but looking for work: 0% 0%
- Retired, not working at all: 70.0% 70%
- Not in labor force for other reasons: 2.5% 3%

25. Extremely/very likely to continue to work for as long as possible (if working): 75.0% 75%

26. It is extremely/very important for this city to have:
- A range of flexible job opportunities for older adults: 63.2% 63%
- Job training opportunities for older adults who want to learn new job skills within: 57.9% 58%
- Jobs that are adapted to meet the needs of people with disabilities: 57.9% 58%

### COMMUNITY INFORMATION

27. Would access these resources for information for self, family or friend:
- AARP: 61.8% 62%
- Sourcewise (Previously Council on Aging): 64.5% 65%
- Local senior centers: 97.5% 98%
- Local non-profit organizations: 76.5% 77%
- Clinic/Hospitals: 78.4% 78%
- Faith-based organizations: 48.5% 49%
- Department of Aging and Adult Services: 54.3% 54%
- 211: 12.9% 13%
- Doctor or other health care professional: 80.6% 81%
- Local government offices such as the Department of Health: 44.4% 44%
- Internet: 88.6% 89%
- Library: 68.6% 69%
It is extremely/very important for this city to have:

- Access to community information in one central source
  - 65.0% 65%
- Clearly displayed and printed community information with large lettering
  - 60.0% 60%
- Automated community information source that is easy to understand like a toll-free telephone number
  - 52.5% 53%
- Free access to computers and the internet in public places such as the library, senior centers or government buildings
  - 73.2% 73%
- Community information that is delivered in person to people who may have difficulty or may not be able to leave their home
  - 67.5% 68%
- Community information that is available in a number of different languages
  - 61.0% 61%

**PARTICIPANT DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>D1 Gender</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>0.0%</td>
<td>0%</td>
</tr>
<tr>
<td>Male</td>
<td>31.0%</td>
<td>31%</td>
</tr>
<tr>
<td>Female</td>
<td>69.0%</td>
<td>69%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D2 Sexual Orientation</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>0.0%</td>
<td>0%</td>
</tr>
<tr>
<td>Heterosexual/Straight</td>
<td>97.5%</td>
<td>98%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>2.5%</td>
<td>3%</td>
</tr>
<tr>
<td>Gay</td>
<td>0.0%</td>
<td>0%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>0.0%</td>
<td>0%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D3 Age Range</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>50 to 64</td>
<td>26.2%</td>
<td>26%</td>
</tr>
<tr>
<td>65 to 74</td>
<td>33.3%</td>
<td>33%</td>
</tr>
<tr>
<td>75 to 84</td>
<td>38.1%</td>
<td>38%</td>
</tr>
<tr>
<td>85+</td>
<td>2.4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D4 Relationship Status</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>64.3%</td>
<td>64%</td>
</tr>
<tr>
<td>Not married, living with partner</td>
<td>7.1%</td>
<td>7%</td>
</tr>
<tr>
<td>Separated</td>
<td>0.0%</td>
<td>0%</td>
</tr>
<tr>
<td>Divorced</td>
<td>4.8%</td>
<td>5%</td>
</tr>
<tr>
<td>Widowed</td>
<td>14.3%</td>
<td>14%</td>
</tr>
<tr>
<td>Never married</td>
<td>2.4%</td>
<td>2%</td>
</tr>
<tr>
<td>Single</td>
<td>7.1%</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D5 Other Household Members</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a Child/children under 18</td>
<td>7.9%</td>
<td>8%</td>
</tr>
<tr>
<td>b Child/children 18 or older</td>
<td>17.1%</td>
<td>17%</td>
</tr>
<tr>
<td>c Child/children away at college</td>
<td>7.9%</td>
<td>8%</td>
</tr>
<tr>
<td>d Parents</td>
<td>37.5%</td>
<td>38%</td>
</tr>
<tr>
<td>e Other adult relative or friend 18 or older</td>
<td>0.5%</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D6 Health Care Coverage</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a Insurance through current or former employer of yours or your spouse</td>
<td>48.6%</td>
<td>49%</td>
</tr>
<tr>
<td>b Insurance purchased directly from an insurance company (not through and employer)</td>
<td>25.8%</td>
<td>26%</td>
</tr>
<tr>
<td>c Medicare</td>
<td>63.9%</td>
<td>64%</td>
</tr>
<tr>
<td>d</td>
<td>Medi-Cal or any kind of government assistance plan for those with low incomes or a</td>
<td>9.7%</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>e</td>
<td>Veterans Administration or other military health care</td>
<td>100.0%</td>
</tr>
<tr>
<td>f</td>
<td>Any other insurance coverage</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D7</th>
<th>Disability, handicap or chronic disease prevents full participation in work, school, housework or</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Myself</td>
</tr>
<tr>
<td></td>
<td>My spouse or partner</td>
</tr>
<tr>
<td></td>
<td>Both me and my spouse or partner</td>
</tr>
<tr>
<td></td>
<td>None</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>D11</th>
<th>Highest level of education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>K-12 (no diploma)</td>
</tr>
<tr>
<td></td>
<td>High school graduate, GED or equivalent</td>
</tr>
<tr>
<td></td>
<td>Post-high school education/training (no degree)</td>
</tr>
<tr>
<td></td>
<td>2-year college degree</td>
</tr>
<tr>
<td></td>
<td>4-year college degree</td>
</tr>
<tr>
<td></td>
<td>Post-graduate study (no degree)</td>
</tr>
<tr>
<td></td>
<td>Graduate or professional degree(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D12</th>
<th>Frequency accessing internet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Several times a day</td>
</tr>
<tr>
<td></td>
<td>About once a day</td>
</tr>
<tr>
<td></td>
<td>3 to 6 days a week</td>
</tr>
<tr>
<td></td>
<td>1 to 2 days a week</td>
</tr>
<tr>
<td></td>
<td>Once every few weeks</td>
</tr>
<tr>
<td></td>
<td>Once a month or less</td>
</tr>
<tr>
<td></td>
<td>Never go online</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D13</th>
<th>r Gross annual household income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than $30,000</td>
</tr>
<tr>
<td></td>
<td>$30,000 to $74,999</td>
</tr>
<tr>
<td></td>
<td>$75,000 to $149,000</td>
</tr>
<tr>
<td></td>
<td>$150,00 or more</td>
</tr>
</tbody>
</table>

| D14| Experienced increased confusion or memory loss in past 12 months                               | 4.9%  | 5%  |
| D15| Discussed increase in confusion or memory loss with health care professional                  | 50.0% | 50% |

| D16| Provided care or assistance to family member or friend with cognitive impairment or dementia    | 21.4% | 21% |
| D17| Person cared for (in D16) experienced changes in thinking or remembering                     | 88.9% | 89% |

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>0.0%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>26.2%</td>
</tr>
<tr>
<td>Latino</td>
<td>2.4%</td>
</tr>
<tr>
<td>White</td>
<td>57.1%</td>
</tr>
<tr>
<td>Other</td>
<td>14.3%</td>
</tr>
</tbody>
</table>
ENDNOTES


3 See, for example, Gregg Easterbrook, “What Happens When We All Live to 100?” Atlantic, October 2014, www.theatlantic.com/magazine/archive/2014/10/what-happens-when-we-all-live-to-100/379338.

4 Felicite C. Bell and Michael L. Miller, Life Tables for the United States Social Security Area 1900-2100, Actuarial Study No. 120, Social Security Administration, Publication No. 11-11536, August 2005, www.ssa.gov/oact/NOTES/pdf/studies/study120.pdf


20 Transportation Use and Options of Midlife and Older Adults, AARP, July 2010, https://assets.aarp.org/rgcenter/il/transport-options-10.pdf.

21 Foley, et al., op cit.


30 Ibid.


