### MINUTE SUMMARY

<table>
<thead>
<tr>
<th>Call to Order:</th>
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<tbody>
<tr>
<td>Chair Brilliant called the meeting to order at 1:08 p.m.</td>
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<table>
<thead>
<tr>
<th>Agenda Approval:</th>
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<tbody>
<tr>
<td>Agenda was approved as written.</td>
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<table>
<thead>
<tr>
<th>Meeting Minutes Approval:</th>
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<tr>
<td>The July 25, 2018 minutes were amended to remove &quot;Chair&quot; before Timms on Page 2.</td>
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<tr>
<th>Open Time for Public Expression:</th>
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<tbody>
<tr>
<td>N/A</td>
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<tr>
<th>Chair’s Report:</th>
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<tr>
<td>Chair Brilliant shared the 2016 Older Adult Needs Assessment questionnaire with the mayor from Mill Valley re: age friendly assessment.</td>
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<tr>
<th>Lifecare Planning Presentation:</th>
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<tr>
<td>To be further discussed at October meeting.</td>
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Area Plan Assessment:

- Staff member Dietz informed the committee that the AAA would be contracting with an outside agency to conduct a 15-18 minute randomized telephonic questionnaire to conduct the needs assessment for FY 2021-2025.
- The committee asked about what the caller ID would state on a person’s phone. Ideally, that it would come up as Marin Health and Human Services. Caller should be able to state that the survey is from Marin HHS.
- Dietz mentioned that other local sources of data include: Information and Assistance calls, Oral Health Assessment data, HE/AL focus groups of older adults, Age-Friendly cities/ community’s assessments, Community Health Needs Assessment.
- The company contracted by the AAA will provide some guidance/editing as to questions (strongly agree- strongly disagree, scale of 1-10, etc.).
- Hagerty mentioned that the Housing and Transportation Committee is specifically interested in ascertaining the number of unused rooms in the homes of older adults that could possibly be converted to JADUs. He suggested that homeowning respondents be asked how many people they live with and how many rooms they had in their homes. Members of the Planning Committee discussed that there are differing definitions of the word “room” and “bedroom.” Also, they felt that they would be personally uncomfortable if the questions were asked in this way. They recommended a specific survey and/or focus group of home owners. Hagerty will bring this recommendation back to the Housing and Transportation Committee.
- The committee reviewed the 2016 Older Adult Needs Assessment and noted the following:
  - Additional questions needed:
    - Who supports you in your daily life?
    - Transportation (Hagerty):
      - Within the last month, have you not had the transportation you needed?
      - If you could not drive, how would you get around?
      - Do you place any restrictions on your own driving such as driving at night, driving more than 15 minutes, etc.?
    - Who supports you in your daily life? Do you need more help or support than
<table>
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<tr>
<th>MINUTE SUMMARY</th>
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<tr>
<td>you currently get?</td>
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<tr>
<td>- Need questions about hearing and dental needs/ concerns.</td>
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<td>- Expand questions on mental and emotional health.</td>
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<td>- Sexual orientation/ gender identity</td>
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<tr>
<td>o Changes to existing survey (See below):</td>
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<tr>
<td>- Delete questions 1 and 2.</td>
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<td>- Keep questions 3 and 4.</td>
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<td>- Possibly delete questions 5 and 6. Decide whether ADL/ IADL needs are important and why.</td>
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<td>- Possibly delete question 7. Ask Pullen what specific data point he is interested in.</td>
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<td>- Keep question 8.</td>
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<tr>
<td>- Change question 9 (if yes to 8), “Did you go to the Emergency Department or need to be admitted to the hospital because your fall?”</td>
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<td>- Delete Question 10 Nutrition Risk questionnaire. Instead use Food Resource questions, being utilized in county surveys and by county doctors.</td>
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<td>- Change question 11: How often do you socialize with other people?</td>
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<td>- Keep question 12.</td>
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<tr>
<td>- Keep question 13. Add Hagerty questions above.</td>
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<tr>
<td>- Question 14 (concerns): On a scale of 1-10:</td>
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<td>- Separate loneliness/ social isolation from depression.</td>
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<td>- Delete “having enough food to eat” (asked previously).</td>
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<tr>
<td>- Review which of the concerns listed should be included.</td>
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<td>- Question 15: add responses 85-90; 90-100; 100+</td>
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<td>- Keep 18-28; 30.</td>
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<tr>
<td>- Delete Question 29.</td>
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<td>- Try to include open-ended questions.</td>
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**Adjourned:** The meeting adjourned at 2:30 pm. The next meeting will take place on October 3 from 1:00 – 2:30 p.m.
INSTRUCTIONS: Please respond to the following questions based on the perspective of the person checked below. Complete one survey per person.

1. The information I'm providing in this survey is for: (Check only one):
   - Myself
   - A family member/friend aged 60+

2. Where did you hear about this survey?

3. I would describe my health as:
   - Excellent
   - Good
   - Fair
   - Poor

4. I would describe my quality of life as:
   - Excellent
   - Good
   - Fair
   - Poor

5. Do you need help performing any of the following personal activities? (Check all that apply)
   - Bathing
   - Cooking
   - Dressing
   - Driving
   - Eating
   - Exercising
   - Heavy housework
   - Shopping
   - Light housework
   - Using the toilet
   - Managing medication
   - Walking
   - Money management
   - Using a phone
   - Getting out of bed or chair
   - Using transportation
   - I do not need any help (Skip to Q7)

6. If you checked any of the daily personal activities listed above in #5, who is helping you perform those tasks? (Check all that apply)
   - No one
   - Spouse/partner
   - Family members
   - Friends
   - Paid caregiver
   - Other ________

7. In the past year, did you need caregiver services that you were unable to afford?
   - Yes
   - No

8. In the past year, how many times did you fall?
   - None
   - 1-2 times
   - 3 or more times

9. In the past year, how many times have you been admitted to the hospital due to an injury or illness?
   - None
   - 1-2 times
   - 3 or more times

10. Please answer yes or no:
    - Do you eat alone most of the time? (Y N)
    - Do you eat fewer than 2 meals a day? (Y N)
    - Do you eat fewer than 5 servings of fruits or vegetables per day or fewer than 2 servings milk/dairy products per day? (Y N)
    - Do you have tooth or mouth problems that make it hard for you to eat or chew? (Y N)
    - Do you have an illness or condition that made you change the kind/amount of food you eat? (Y N)
    - Do you run out of money for food most months? (Y N)
    - Do you take 3 or more prescribed or over-the-counter drugs per day? (Y N)
    - Without trying, have you gained or lost 10 or more pounds in the last 6 months? (Y N)
    - Are you physically unable to shop, cook, or feed yourself? (Y N)
    - Do you have 3 or more drinks of liquor, wine, or beer almost every day? (Y N)
    - Do you smoke? (Y N)

11. Which box best describes how often you socialize with other people?
    - Every day
    - 3-4 times a week
    - 3-4 times a month
    - Once a month
    - Less than once a month
    - Less than once a year

12. How often do you get at least 20 minutes of exercise (walking, golfing, gardening)?
    - Every day
    - 3-4 times a week
    - 3-4 times a month
    - Not at all

13. How do you usually get around? (Check all that apply)
    - I drive my own car
    - Public transit
    - Paratransit
    - Taxi
    - Friends/family
    - Volunteer drivers
    - Other ________

14. Instructions: Please indicate your level of concern for the following items:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Not Concerned</th>
<th>Slightly Concerned</th>
<th>Concerned</th>
<th>Very Concerned</th>
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<tr>
<td>Accidents in/out of the home (Falling)</td>
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<td>Crime, Financial abuse</td>
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<tr>
<td>Feeling isolated or depressed</td>
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<tr>
<td>Understanding my medications</td>
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<tr>
<td>Finding work (employment)</td>
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<tr>
<td>Legal affairs</td>
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<td>Knowing where to access information about benefits/services</td>
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<td>Housing</td>
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<td>Transportation</td>
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<tr>
<td>Having enough food to eat</td>
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<td>Losing my memory/ cognition</td>
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<tr>
<td>Finding a caregiver</td>
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<tr>
<td>Paying for a caregiver</td>
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<tr>
<td>Financial security</td>
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<td>How to use a cellphone, internet, or tablet</td>
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<tr>
<td>Health insurance/Medicare</td>
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<tr>
<td>Getting out of house to socialize</td>
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<tr>
<td>End of life planning and issues</td>
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Turn over to continue...
15. What is your age (or the age of person for whom answering survey)?
☐ 60-64  ☐ 65-69  ☐ 70-74
☐ 75-79  ☐ 80-84  ☐ 85+

16. City/town of residence: ________________

17. Preferred language: ________________

18. What is your race? (Check all that apply)
☐ Asian  ☐ Native Hawaiian/Pacific Islander
☐ Black/African American  ☐ Other
☐ Caucasian/White  ☐ Native American/Alaskan Native
☐ Other ________________

19. Are you Hispanic/Latino?
☐ Yes  ☐ No

20. Gender identity:
☐ Male  ☐ Female  ☐ Transgender

21. Sexual orientation:
☐ Bisexual  ☐ Gay
☐ Heterosexual  ☐ Lesbian

22. Housing situation:
☐ Own home with mortgage
☐ Own home without mortgage
☐ Rent (apartment/home)
☐ Live in assisted living/nursing home
☐ Live in independent living senior housing
☐ Live in affordable/HUD/Section 8 housing
☐ Staying with family/friends
☐ Other ________________

23. Who else is living with you in your home? (Check all that apply)
☐ No one  ☐ Spouse/partner
☐ Grandchildren  ☐ Adult children
☐ Roommate  ☐ Paid caregiver
☐ Other ________________

24. I live alone and my annual income is:
☐ $11,700 or less  ☐ $11,700-$20,000
☐ $20,001-$30,000  ☐ $30,001-$42,000
☐ $42,001-$85,000  ☐ $85,000+

25. I live with someone and our annual income is:
☐ $11,700 or less  ☐ $11,701-$28,000
☐ $28,001-$38,000  ☐ $38,001-$54,000
☐ $51,001-$85,000  ☐ $85,000+

26. Relationship status:
☐ Divorced  ☐ Married  ☐ Partnered
☐ Separated  ☐ Single  ☐ Widowed

27. Employment status (Check all that apply)
☐ Full-time  ☐ Part-time
☐ Retired  ☐ Unemployed
☐ Underemployed  ☐ Volunteer

28. Are you looking for employment?
☐ Yes  ☐ No

29. Have you served in the military?
☐ Yes  ☐ No

30. What is the highest level of education you completed?
☐ 8th grade or less  ☐ High school diploma (GED)
☐ Some college (AA)  ☐ College
☐ Advanced degree

31. What is your top concern(s)?

- Thank you for completing this questionnaire!