part 4

Appendix

APPENDIX A

SURVEY OF CAREGIVING NEEDS AMONG COUNTY OF ORANGE EMPLOYEES

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EXECUTIVE SUMMARY

A caregiving assistance needs assessment was conducted in Spring 2002 with County of Orange employees. The needs assessment was sponsored by the Office on Aging and the County Executive Office, Office of Human Resources and was prepared and conducted by the County of Orange Health Care Agency, Office of Quality Management. Below is a summary of the major findings of this study.

- Thirty percent of employees who responded to the survey reported providing assistance or care to at least one elderly person (primarily parents or parents-in-law)

The following summary points are based on responses provided by caregivers of older adults only:

- Respondents reported providing an average of 5-9 hours per week of assistance, with almost half being the primary caregiver for the elderly person

- The most common forms of assistance provided to elderly care recipients were transportation, social visits, and assistance with shopping. Over one-third of caregivers also reported paying for medications for their elderly care recipient

- More than 7 out of 10 employees reported being unfamiliar with the Office on Aging and 4 out of 10 were not familiar with the County's Employee Assistance Program

- Almost 60% of employees who provide care to elderly individuals indicated losing some time while at work in the past month due to caregiving and approximately 20% reported that providing care or assistance interferes "somewhat, very much, or completely" with their work performance, productivity, or advancement

- Approximately 74% reported taking some vacation or sick time annually for caregiving reasons, with 11% taking over 40 hours of sick or vacation time annually

- Over one-third said they would use an elder care program at their workplace if one were available and over 20% were interested in participating in support groups or a caregiver mentoring program at work

SURVEY RESPONDENTS

Approximately 20,250 surveys were distributed to County employees. Of those, 4,290 surveys were returned (21% response rate). Of the 4,290 respondents, 30% (N=1,277) reported that they currently provide care or assistance to at least one elderly person. Additionally, 5% of the respondents reported that they currently provide care or assistance to a disabled adult and 8% provide care or assistance to at least one child under age 18 that was not theirs. Of those who provide care to a child that is not theirs, 43% are caring for a grandchild.

Overall, 43% of respondents indicated that they anticipated providing care or assistance to someone (either elderly, disabled adult, or child) within the next 5 years and 98% of those who currently provide care to at least one elderly person plan to continue providing care in the next 5 years.

This report will focus on those respondents who provide care to at least one elderly person.

For a description of procedures, please see Appendix.

RESULTS

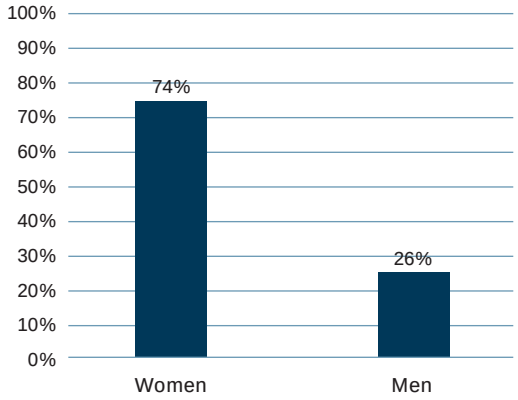
Caregivers of Elderly Individuals.

For County employees who reported providing care or assistance to at least one elderly person (N=1,277 or 30%), 68% provided care to one elderly person, 26% provided care to two elderly individuals, and 6% provide care or assistance to three or more elderly people (see graph on next page). Almost half (46%) reported that they are the primary caregiver for their care recipient.

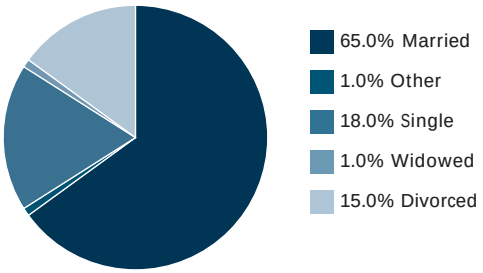
Characteristics of Caregivers.

Care providers for older adults were primarily women (74%). By comparison, 26% of care providers were men. The majority of caregivers were married (65%), followed by 18% single, 15% divorced, 1% widowed, and 1% other.

Gender of Caregivers

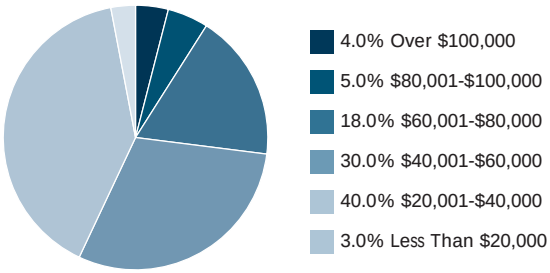


Marital Status of Caregivers

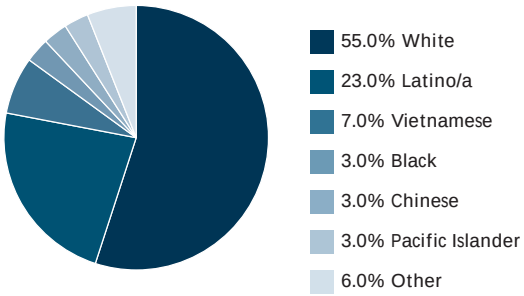


The mean age of care providers was 46.3 years and the median annual personal income was $40,001-$60,000. The overall majority of care providers (73%) reported making less than $60,000 annually. Most of the care providers were White (56%) or Latino/a (23%), followed by Vietnamese (7%), Black (3%), Chinese (3%), Pacific Islander (3%), or other (6%).

Annual Personal Salary of Caregivers



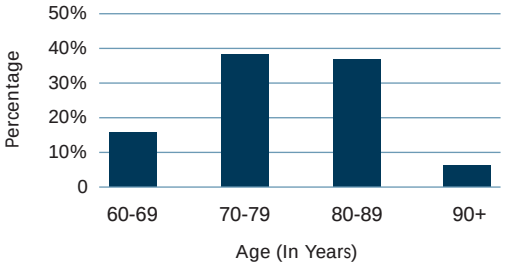
Race / Ethnicity of Care Providers



Characteristics of Primary Care Recipient

The majority of primary care recipients were women (73%), while 29% were men. The average age of elderly care recipients was 77.8 years. The mean age for female care recipients was 78.09 years (N=763; 95% CI: 77.52 – 78.67 years), and for male care recipients was 77.14 years (N=300; 95% CI: 76.24 – 78.04).

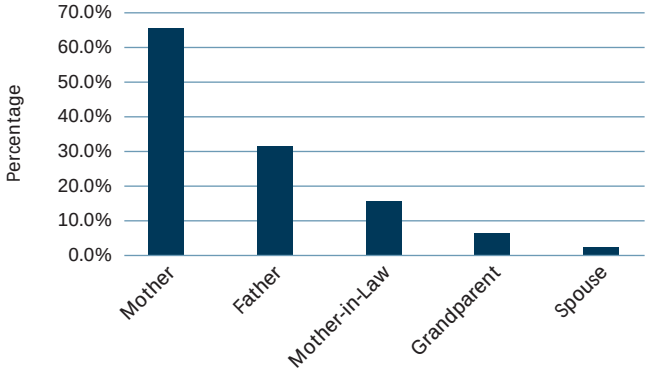
Age of Care Recipients



Primary care recipients were mostly parents (66% mothers, 31% fathers) and parents-in-law (16% mothers-in-law, 8% fathers-in-law). Another 6% provided care mostly to their grandparents and 2% provided care mostly to their spouse.

Approximately 71% of care recipients live in Orange County, with 30% living with the respondent. Another 23% live in other counties in California, 4% live in other states, and 1% of care recipients live in other countries.

Relationship of Care Recipient to Caregiver



The primary physical problem experienced by primary care recipients was a long-term illness (51%). Other conditions included dementia or Alzheimer's Disease (14%), injury (6%), old age (5%), acute illness (4%), visual or auditory impairments including blindness and deafness (3%), and emotional concerns such as depression (2%).

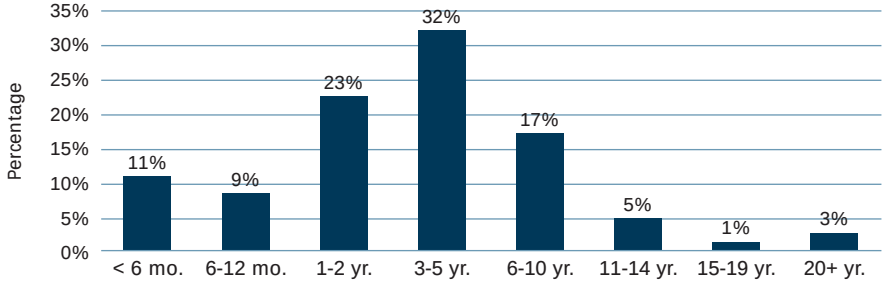
Multiple Caregiving Roles.

Of those who provided care for at least one elderly person, 9% also provide care to a mentally or physically disabled adult, and 9% also provided care for a child under the age of 18 who was not their child.

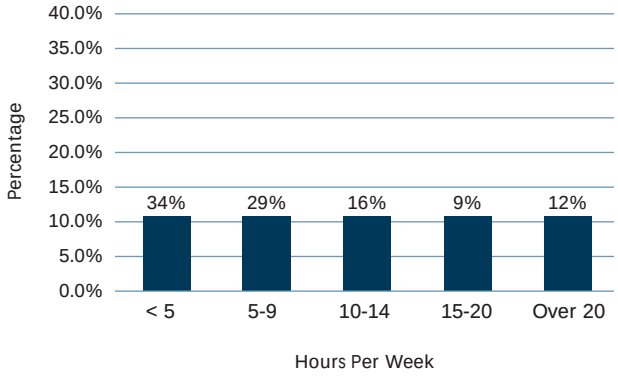
Duration and Amount of Time Spent on Caregiving.

On average, employees had provided 3-5 years of caregiving assistance to their primary care recipient, with 9% providing care for more than 10 years. Caregivers provided an average of 5 to 9 hours of caregiving assistance per week, with 25% providing 10 to 20 hours and 12% reporting that they provide more than 20 hours of care per week.

Length of Time Spent Caregiving



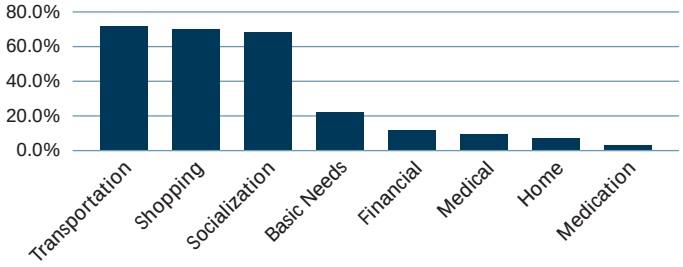
Average Weekly Time Spent Caregiving



Type of Care or Assistance.

Caregivers reported providing primarily transportation assistance (72%), shopping assistance (69%), and socialization (68%) to their primary care recipient. Many also provided assistance with basic needs (such as bathing and feeding), financial management (including managing finances, bookkeeping, and paying bills), assistance with doctor visits and coordinating medical care, help with home repairs and housework (including cleaning, cooking, and laundry), and medication assistance.

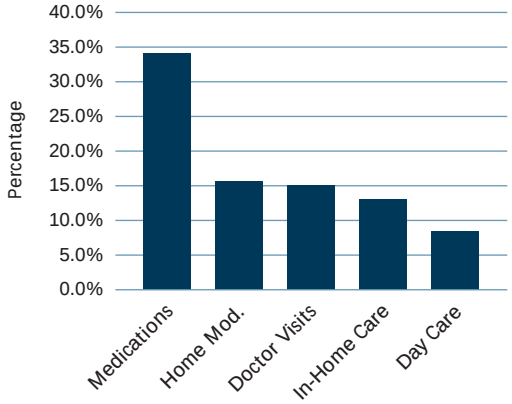
Type of Assistance Provided



Financial Impact of Caregiving.

Caregivers reported paying primarily for medications (34%), home modifications (16%), doctor visits (15%), in-home care (13%), and day care (8%).

Expenses Paid By Caregiver

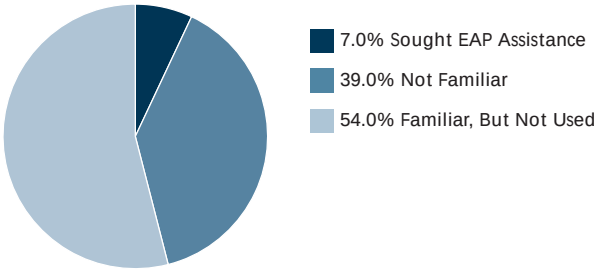


Seeking Assistance.

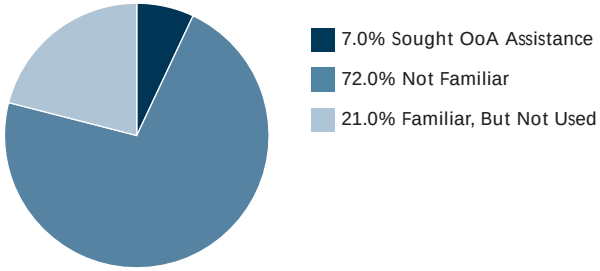
Half (50%) of all care providers reported that they had sought assistance with their caregiving duties, and of those, 75% turned to family or friends, 14% sought help from Community Services Agency (CSA), 9% from a counselor or therapist, 7% from adult day care, 5% from assisted living or board & care facilities, 4% from support groups, 3% from hospice, and 2% sought assistance from respite care.

Importantly, only 7% had sought assistance from the Office on Aging, 6% sought information from the County's Employee Assistance Program (EAP), and only 2% had set up an account through the Dependent Care Reimbursement Program (DCRP). Approximately 73% of County employees who responded were not familiar with the Office on Aging, 40% were not familiar with the EAP program, and 75% were not familiar with DCRP.

Familiarity With and Use of EAP



Familiarity With and Use of Office on Aging

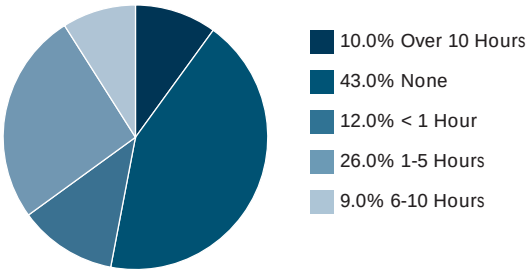


Impacts on Work.

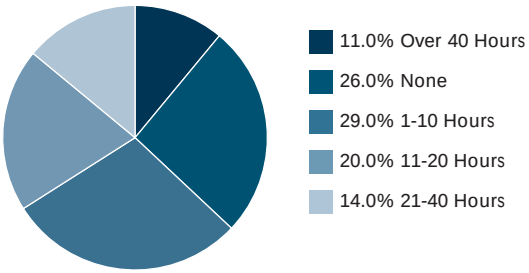
Approximately 15% had reduced the number of hours they work due to caregiving duties and 10% had lost over 10 hours of work in the past month due to caregiving responsibilities (median = less than one hour lost in past month).

Additionally, 16% had taken an extended leave in the past for caregiving purposes and 74% reported taking at least some sick or vacation time annually to provide caregiving assistance. In fact, 11% reported taking over 40 hours of sick or vacation time annually for caregiving activities.

Number of Hours Lost While at Work in Past Month Due to Caregiving

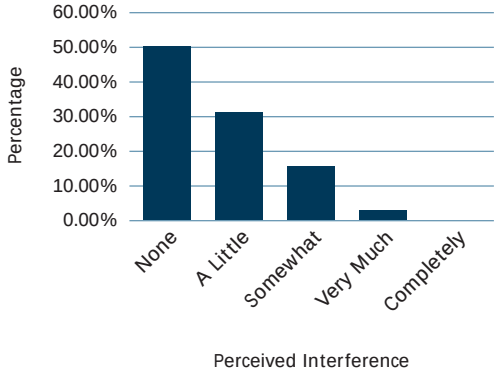


Amount of Sick or Vacation Time Annually for Caregiving



One in five employees who provide care to an elderly person reported that it interferes "somewhat, very much, or completely" with their work performance, productivity, and/or advancement.

Amount of Interference with Work Productivity, Performance, or Advancement

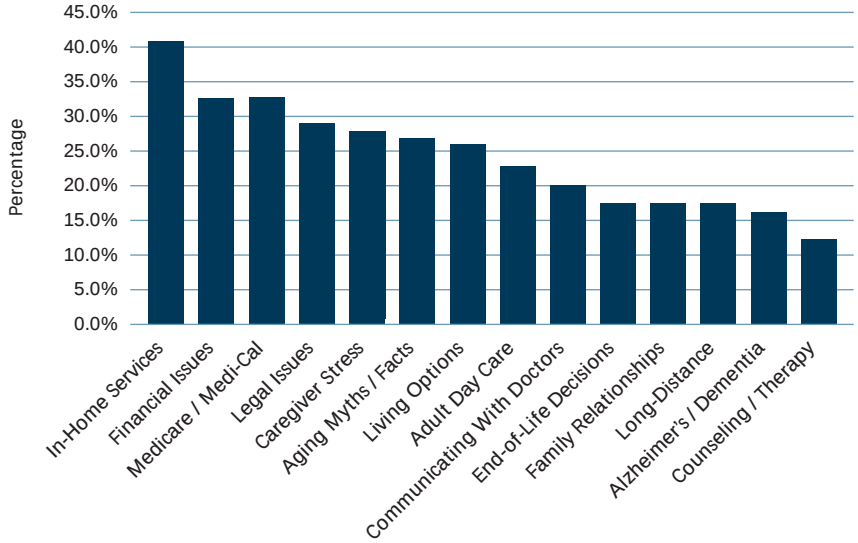


Over one-third (35%) said that they would use an elder care program at their workplace if one were available.

Desired Information and Services.

Most elder-care providers reported that they would like to receive information on a variety of topics related to elder care issues. The most common topic respondents were interested in learning about was in-home services. Furthermore, more than one-quarter of respondents were interested in receiving information about financial issues, Medicare/Medi-Cal, legal issues, caregiver stress, myths and facts about aging, and living options (see graph below).

Topics of Interest



Most respondents preferred receiving the information through the mail (65%), with an additional 36% preferring emailed information, 25% desiring lunchtime seminars, 11% after work seminars, 9% weekend seminars, and 6% preferring that information be provided during seminars on flex days.

Many caregivers reported that they were interested in receiving counseling or therapy (17%), that they would participate in support groups at work (21%), or would participate in a caregiver mentoring program at work (22%).

Most caregivers were interested in receiving information on long-term care (LTC) insurance (70%), with 30% willing to pay for LTC insurance. Additionally, 61% were interested in purchasing health insurance for their parents, and 31% were willing to pay for such insurance.

Gender Differences in Caregiving Impacts on Work.
Women had lost significantly more hours than men in the previous month while at work due to caregiving responsibilities. They also reported taking significantly more sick or vacation time annually than men for caregiving reasons. Furthermore, women believed that their caregiving responsibilities interfered more with their productivity, performance, or advancement at work. Indeed, 80% of women reported caregiving-related interference with work, whereas 53% of men reported such interference.
Women were significantly more likely than men to report that they would utilize an elder care program (i.e., adult day care center) if one were available at work (37% of women vs. 28% of men). Although the percentages were small, women were significantly more likely than men to have contacted EAP (9% vs. 4%) or the Office on Aging (6% vs. 2%) for assistance.

Effects of Time Spent Caregiving on Work.
The more time caregivers spent providing assistance to their care recipient, the more they believed their caregiving interfered with their work performance, productivity, or advancement. Furthermore, those who spent more time providing care had lost more time while at work in the past month due to caregiving responsibilities and reported taking more sick or vacation time annually to provide caregiving assistance.

Primary Caregivers vs. Non-primary Caregivers.
Primary caregivers reported losing more hours while at work in the past month than non-primary caregivers and they reported experiencing greater interference with their work productivity, performance, or advancement at work.

Primary caregivers also reported having to take more sick or vacation time for caregiving activities. Compared with non-primary caregivers, primary caregivers were more likely to reduce their number of work hours due to caregiving duties (19% vs. 13%) and were more likely to have taken extended personal leave for caregiving reasons (20% vs. 12%). Furthermore, primary caregivers were more interested in having an elder care program available in the workplace than were non-primary caregivers (40% vs. 30%).

Additional Comments.
The majority of additional comments provided by respondents focused on the idea that many employees expect an increase in their caregiving responsibilities in the future, that many had been caregivers in the past (even though they no longer provide caregiving assistance), that having flexible schedules (e.g., flex days) assists greatly with caregiving responsibilities, and that they appreciated the survey.

APPENDIX – CAREGIVER SURVEY

Procedures.
Surveys were distributed to all County of Orange employees with their paychecks on February 15, 2002. Employees were encouraged to return them by March 1, 2002. In order to improve the response rate, an email was sent to all employees several days before the return due date to remind them to complete and return their survey.

The survey was modeled after a caregiving needs survey that was administered to City of Los Angeles employees. A definition of "caregiving" was provided on the instructions page. The following definition was provided, "Caregiving includes a wide range of activities, from providing assistance with shopping and transportation to full responsibility for bathing, feeding, and other essential activities. Caregiving may include providing assistance to persons living at a distance."

Employees were asked to complete the survey whether or not they currently provide caregiving or assistance to an elderly adult, disabled adult, or grandchild. All employees responded to questions inquiring about 1) the number of elderly individuals to whom they currently provide care or assistance, 2) the number of children under 18 years (who are not their own children) to whom they currently provide care or assistance, 3) whether they currently provide care or assistance to a physically or mentally disabled adult, and 4) whether they expect to provide caregiving in the next 5 years (whether or not they currently provide caregiving assistance).

Individuals who reported that they did not currently provide caregiving assistance and that they do not plan to within the next 5 years, were asked to stop answering the survey questions and return the survey. In contrast, those who indicated that they currently provide care or plan to within the next 5 years were asked to respond to the remainder of the survey questions. The remainder of the questions inquired about their relationship to the individual(s) to whom they provide care or assistance, as well as the average number of hours per week they spend on caregiving activities.

Respondents were also asked to answer a series of questions referring to the person to whom they provide the most assistance, including the care recipient's gender, age, place of residence, whether the person lives with the employee, what type of care or assistance they provide, whether they are the primary caregiver, for how long they have provided assistance to this person, what the primary health condition is of this person (if any), and what caregiving expenses they have covered.

Respondents were then asked whether (and from whom) they have sought assistance with their caregiving duties, whether their caregiving responsibilities have affected their work (i.e., interference with job productivity or advancement, number of hours lost due to caregiving responsibilities, whether they have taken extended personal leave, sick leave, or vacation time for caregiving purposes), and whether they would use an elder care program if one were available at work.

They were asked what types of information they would be interested in receiving (and in what format), whether they would be interested in receiving counseling/therapy, whether they would participate in support groups or a caregiver mentoring program at their workplace. Questions also inquired about their familiarity with and use of the County's Employee Assistance Program (EAP), the County's Dependent Care Reimbursement Program (DCRP), and the Office on Aging's services. They were asked whether they would be interested in receiving information on long-term care insurance and whether they would be interested in purchasing health care insurance for their parents if it were available.

Finally, they provided personal demographic information, including their gender, age, marital status, personal annual salary, and racial/ethnic background. (See Appendix for copy of actual survey).

Surveys were printed in a scannable format using Scantron's FLIPS software program that allowed all closed-ended items to be scanned and coded automatically. Upon their return, surveys were checked to ensure that answers were clearly marked and any stray marks were removed. Surveys were then scanned using a ScanMark scanning machine and ScanBook software for coding purposes. This scanning process resulted in a text file which was converted into SPSS (Statistical Package for the Social Sciences), version 11.0. All statistical analyses were conducted using SPSS software.

APPENDIX B

DISTRIBUTION OF ORANGE COUNTY 55+ POPULATION

BY CITY AND UNINCORPORATED AREA

City or Place	Total Pop.	% 55 yrs Plus	Age Category 55 - 59	60-64	65-74	75-84	85 & over	Median Age (years)
ALISO VIEJO	40,166	8.3%	1,249	732	895	375	80	32.7
ANAHEIM	328,014	14.8%	12,436	9,443	14,383	9,177	3,213	30.3
BREA	35,410	20.6%	1,852	1,425	2,275	1,351	397	36.4
BUENA PARK	78,282	16.6%	3,161	2,567	4,331	2,335	639	32.0
COSTA MESA	108,724	15.0%	4,060	3,052	4,957	3,150	1,075	32.0
COTO DE CAZA	13,057	11.0%	603	352	341	114	23	34.9
CYPRESS	46,229	20.7%	2,630	2,050	3,049	1,480	350	36.7
DANA POINT	35,110	23.8%	2,142	1,650	2,583	1,582	403	39.8
FOOTHILL RANCH	10,899	6.2%	260	167	167	65	17	32.5
FOUNTAIN VALLEY	54,978	23.8%	3,815	3,028	3,642	1,838	756	38.1
FULLERTON	126,003	19.1%	5,410	4,332	7,390	5,145	1,739	32.9
GARDEN GROVE	165,196	17.2%	7,051	5,674	9,121	5,106	1,538	32.3
HUNTINGTON BEACH	189,594	20.2%	10,662	7,967	11,125	6,578	1,953	36.0
IRVINE	143,072	14.9%	6,635	4,330	5,580	3,618	1,104	33.1
LA HABRA	58,974	17.8%	2,296	1,823	3,199	2,363	804	31.5
LA PALMA	15,408	23.4%	1,175	862	1,078	414	83	38.1
LAGUNA BEACH	23,727	26.9%	2,006	1,235	1,644	1,138	364	43.4
LAGUNA HILLS	31,178	21.2%	1,715	1,120	1,517	1,325	946	37.7
LAGUNA NIGUEL	61,891	17.7%	3,302	2,166	3,130	1,845	520	37.5
LAGUNA WOODS	16,507	94.7%	506	863	3,983	6,785	3,500	78.0
LAKE FOREST	58,707	16.7%	2,880	1,876	2,332	1,686	1,033	35.1
LAS FLORES	5,625	5.7%	105	75	101	39	3	30.4
LOS ALAMITOS	11,536	22.5%	501	385	846	549	309	37.3
MISSION VIEJO	93,102	20.3%	5,158	3,610	5,153	3,641	1,345	37.5
NEWPORT BEACH	70,032	29.6%	4,674	3,734	6,128	4,684	1,483	41.6
NEWPORT COAST	2,671	19.9%	202	142	140	39	8	40.1
ORANGE	128,821	17.6%	5,833	4,373	6,906	4,122	1,381	33.2
PLACENTIA	46,488	18.3%	2,472	1,817	2,512	1,326	375	33.3
PORTOLA HILLS	6,391	7.2%	193	79	125	45	15	33.0
RANCHO SANTA MARGARITA	47,214	7.6%	1,266	728	990	504	97	31.9
ROSSMOOR	10,298	28.5%	578	454	1,011	747	147	42.4
SAN CLEMENTE	49,936	21.7%	2,420	1,893	3,427	2,411	696	38.0
SAN JOAQUIN HILLS	2,959	13.5%	129	103	107	54	6	37.0
SAN JUAN CAPISTRANO	33,826	22.2%	1,790	1,305	2,096	1,660	659	36.4
SANTA ANA	337,977	10.3%	9,286	7,047	10,408	6,117	2,040	26.5
SEAL BEACH	24,157	49.0%	1,427	1,340	3,160	4,068	1,840	54.1
STANTON	37,403	16.1%	1,306	1,142	1,837	1,147	597	30.0
TUSTIN	67,504	14.2%	2,690	2,086	2,745	1,576	483	31.8
TUSTIN FOOTHILLS	24,044	29.4%	1,682	1,332	2,372	1,353	318	42.1
VILLA PARK	5,999	31.1%	518	461	629	201	58	43.6
WESTMINISTER	88,207	20.3%	4,411	3,664	5,841	3,135	867	34.1
YORBA LINDA	58,918	16.9%	3,260	2,179	2,653	1,499	374	37.4
ORANGE COUNTY	2,846,289	17.8%	128,152	96,422	148,702	97,967	34,094	33.3

Source: OC Workforce Investment Board. Data from U.S. Census 2000, Demographic Prof les (SF-1), May 23, 2001

APPENDIX C
SURVEY OF SERVICE PROVIDERS TO LATINO SENIORS

Name of Organization	What do they do for the seniors?	What are the outstanding problems? *Biggest problems
Chapman Medical Center/ Senior Mental Health Unit		Mental Health Issues
Health Care Agency (Older Adult Program)	Case Management Counseling Crisis Intervention	Being respected Employment Getting information about services/benefit Health Care Housing Legal affairs/immigration Money to live on *Transportation *Insurance Coverage
County of Orange, Health Care Agency	Information and Assistance Transportation Language Assistance Elder Abuse Nutrition Education Outreach Case Management Public Health Services	*Energy/Utilities *Health Care Housing Legal affairs/immigration Loneliness Taking care of another person Transportation
Alzheimer's Association of O.C.		Being respected Employment Energy/Utilities Getting information about services/benefit Health Care Housing *Legal affairs/immigration Loneliness Money to live on Taking care of another person
Orange County Health Care Agency "Healthy Aging for All Campaign"		Getting information about services/benefit *Health Care Language Access Legal affairs/immigration Money to live on *Transportation
Council on Aging - Orange County	Information and Assistance Long Term Care Ombudsman Language Assistance Senior Community Service Elder Abuse Outreach Case Management	Being respected Getting information about services/benefit Taking care of another person Transportation *Medical needs
CHEC Family Resource Center	Information and Assistance Language Assistance Nutrition Education Outreach Case Management	Employment Health Care Housing *Language Access *Legal affairs/immigration Money to live on Nutrition/Food Transportation
Rehabilitation Institute of Southern California - Fullerton	Adult Day Health Care	
Maple Senior Multi Service Center	Information and Assistance Transportation Congregate Meals Language Assistance Nutrition Education Outreach	*Health Care Loneliness *Money to live on Nutrition/Food *Transportation Health Insurance Problem Solving Elder Abuse

APPENDIX C
SURVEY OF SERVICE PROVIDERS TO LATINO SENIORS

Name of Organization	What do they do for the seniors?	What are the outstanding problems? *Biggest problems
Adult Protective Services	Investigation, Case Mgmt, Emergency Shelter, Transportation	Money to live on Housing
Feedback Foundation, Inc.	Information and Assistance Adult Day Health Care Home Delivered Meals Congregate Meals Nutrition Education Outreach Case Management Homemaker/Chore Services Personal Care	Legal affairs/immigration Health Education Lack of Cultural Competency
Legal Aid Society of Orange County	Information and Assistance Elder Abuse Legal Services	Health Care *Housing Legal affairs/immigration *Being respected
Adult Day Services of Orange County		*Health Care Loneliness *Legal affairs/immigration
City of San Juan Capistrano Community Services Department	Long Term Care Ombudsman Senior Community Service Nutrition Education Outreach Case Management Homemaker/Chore Services	*Getting information about services/benefit Health Care *Housing Legal affairs/immigration Money to live on Taking care of another person *Transportation
Orange County Housing Authority	Information and Assistance Case Management	
Western Transit System	Transportation	*Housing Money to live on *Loneliness
Normah P. Murray Community & Senior Center		Language Barrier Getting Information about services/benefit
South County Senior Services	Information and Assistance Transportation Adult Day Health Care Home Delivered Meals Congregate Meals RSVP Nutrition Education Outreach Case Management Homemaker/Chore Services Personal Care	*Crime Getting information about services/benefit Housing *Legal Affairs/immigration Money to live on
SSA/Multipurpose Senior Services Program (MSSP)	Information and Assistance Transportation Adult Day Health Care Home Delivered Meals Congregate Meals Language Assistance Nutrition Education Case Management Homemaker/Chore Services Personal Care	Being respected Crime Getting information about services/benefit Housing Loneliness *Language Access *Legal affairs/immigration Money to live on Nutrition/Food Taking care of another person Transportation
HCA - Preventive Health Care for the Aging Program	Information and Assistance Nutrition Education Outreach Case Management	
Brown Bag Program of 2nd Harvest Food Bank	Home Delivered Meals	Language Access

APPENDIX C
SURVEY OF SERVICE PROVIDERS TO LATINO SENIORS

Name of Organization	What do they do for the seniors?	What are the outstanding problems? *Biggest problems
Volunteer Center Orange County	Senior Community Service RSVP	Transportation Housing
Fish of Fullerton	Information and Assistance Transportation	Energy/Utilities Transportation
Sally's Fund	Transportation Outreach	
City of Santa Ana	Information and Assistance Transportation Congregate Meals Nutrition Education	Getting information about services/benefit *Health Care Loneliness *Transportation
Cypress Senior Center	Information and Assistance Transportation Home Delivered Meals Congregate Meals RSVP Outreach	Language Barrier Transportation Money to live on
In-Home Supportive Services		*Housing Money to live on *Transportation Illiteracy Loneliness
Senior Meals and Services, Inc.	Home Delivered Meals Congregate Meals Nutrition Education Case Management Homemaker/Chore Services Personal Care	Loneliness Transportation *Language Access *Getting information about services/benef ts
Latino Health Access; Cuidar Puerta a Puerta program (Care, Door to Door)	Door-to-door mental & physical health assessments;home safety checks; information, education, assistance, direct links to home & community based services for low-income Latino older adults & persons with disabilities.	Language, cultural, f nancial barriers to mainstream services. Underinsured & uninsured. No prescription drug cover-age. Inadequate food. Undiagnosed chronic disease & dementias. Isolation.

APPENDIX D

SENIOR CENTERS AND CLUBS SERVING ORANGE COUNTY

The Clubs and Centers are facilities where senior citizens go for social activities and needed services. These may include information and referral, limited transportation, congregate meals, outreach, tax assistance, employment, and shared housing.

ANAHEIM

ANAHEIM INDEPENDENCIA
10841 Garza
Anaheim, CA 92804
(714) 821-0460

ANAHEIM SENIOR CITIZENS CENTER
250 East Center Street
Anaheim, CA 92805
(714) 765-4510

WEST ANAHEIM SENIOR CENTER
2271 West Crescent
Anaheim, CA 92801
(714) 765-3415

ANAHEIM HILLS

ORANGE COUNTY JAPANESE-AMERICAN ASSOCIATION
505 South Villa Real #103
Anaheim Hills, CA 92807
(714) 283-3551

BREA

BREA SENIOR CITIZENS CENTER
500 South Sievers Street
Brea, CA 92821
(714) 990-7750

BUENA PARK

BUENA PARK SENIOR CITIZENS CENTER
8150 KNOTT AVENUE
Buena Park, CA 90620
(714) 562-3898

COSTA MESA

COSTA MESA SENIOR CITIZENS CLUB
695 West 19th Street
Costa Mesa, CA 92627
(949) 645-2356

JEWISH COMMUNITY CENTER
250 East Baker Street
Costa Mesa, CA 92626
(714) 755-0340

CYPRESS

CYPRESS SENIOR CITIZENS COMMUNITY CENTER
9031 Grindlay
Cypress, CA 90630
(714) 229-2005

DANA POINT

DANA POINT MULTIPURPOSE SENIOR CENTER
34052 Del Obispo Road
Dana Point, CA 92629
(949) 496-4251

FOUNTAIN VALLEY

HUMAN SERVICES DEPARTMENT SENIOR CITIZENS CLUB
16400 Brookhurst
Fountain Valley, CA 92708
(714) 775-2400

SOUTHERN CALIFORNIA INDIAN CENTER, INC.
10175 Slater Avenue
Suite 150
Fountain Valley, CA 92708
(714) 962-6673

FULLERTON

FULLERTON SENIOR MULTI-SERVICE CENTER
340 West Commonwealth
Fullerton, CA 92832
(714) 738-6305

MAPLE SENIOR CITIZENS CENTER
701 South Lemon
Fullerton, CA 92832
(714) 738-3161

GARDEN GROVE
SAINT ANSELM'S CROSS-CULTURAL COMMUNITY CENTER SERVICES FOR ELDERLY REFUGEES
13091 Galway Street
Garden Grove, CA 92844
(714) 537-0608

H. LOUIS LAKE SENIOR CITIZENS CENTER
11300 Stanford Avenue
Garden Grove, CA 92840
Fifty-Plus Club
(714) 741-5253

ORANGE COUNTY
KOREAN-AMERICAN ASSOCIATION
9888 Garden Grove Boulevard
Garden Grove, CA 92844
(714) 530-6419

HUNTINGTON BEACH
MICHAEL E. RODGERS SENIOR CITIZENS RECREATION CENTER
1706 Orange Avenue
Huntington Beach, CA 92648
(714) 536-9387

HUNTINGTON BEACH SENIOR OUTREACH CENTER
1718 Orange
Huntington Beach, CA 92648
(714) 960-2478

IRVINE
IRVINE COMMUNITY SERVICES LAKEVIEW SENIOR CENTER
20 Lake
Irvine, CA 92604
(949) 724-6900

RANCHO SENIOR CENTER
3 Sandburg Way
Irvine, CA 92612
(949) 724-6800

LAGUNA BEACH
LAGUNA BEACH ASSISTANCE LEAGUE SENIOR FRIENDSHIP CLUB
547 Catalina
Laguna Beach, CA 92651
(949) 494-6097

LAGUNA BEACH SENIOR CENTER
384 Legion Street
Laguna Beach, CA 92651
(949) 497-2441

LAGUNA HILLS
FLORENCE SYLVESTER MEMORIAL SENIOR CENTER
23721 Moulton Parkway
Laguna Hills, CA 92653
(949) 380-0155

LAGUNA NIGUEL
SEA COUNTRY SENIOR AND COMMUNITY CENTER
24602 Aliso Creek Road
Laguna Niguel, CA 92677
(949) 362-2937 = Senior Club
(949) 425-5151

LA HABRA
LA HABRA COMMUNITY CENTER
101 West La Habra Boulevard
La Habra, CA 90631
(562) 905-9708

LA PALMA
LA PALMA RECREATION DEPARTMENT SENIOR CITIZENS CLUB
7821 Walker Street
La Palma, CA 90623
(714) 522-6740

LOS ALAMITOS
LOS ALAMITOS RECREATION DEPARTMENT SENIOR CITIZENS CLUB
10911 Oak Street
Los Alamitos, CA 90720
(562) 430-1073

MIDWAY CITY
MIDWAY CITY COMMUNITY AND FAMILY RESOURCE CENTER
14900 Park Lane
Midway City, CA 92655
(714) 898-0203

MISSION VIEJO
NORMAN P. MURRAY COMMUNITY SENIOR CENTER
24932 Veterans Way
Mission Viejo, CA 92692
(949) 470-3062

NEWPORT BEACH
NEWPORT BEACH OASIS SENIOR CENTER
800 Marguerite Avenue
Corona del Mar, CA 92625
(949) 644-3244

ORANGE
NORTH ORANGE SENIOR CENTER
1001 East Lincoln Avenue
Orange, CA 92865
(714) 998-4010

FRIENDLY CENTER KILLEFER PARK
147 West Rose Avenue
Orange, CA 92867
(714) 771-5300

ORANGE SENIOR CITIZENS COMMUNITY CENTER
170 South Olive Street
Orange, CA 92866
Senior Club Headquarters
(714) 538-9633

PLACENTIA
PLACENTIA SENIOR CITIZENS CENTER
143 South Bradford
Placentia, CA 92870
Young-at-Heart Club Headquarters
(714) 986-2332

SAN CLEMENTE
SAN CLEMENTE SENIOR CENTER
242 Avenida Del Mar
San Clemente, CA 92672
(949) 498-3322

SAN JUAN CAPISTRANO
SENIOR CITIZENS CLUB
25925 Camino Del Avion
San Juan Capistrano, CA 92675
(949) 443-6358

SANTA ANA
ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER
301 West Civic Center Drive
Santa Ana, CA 92701
(714) 560-8877

FIFTIES PLUS CLUB SANTA ANA COLLEGE NEW HORIZONS DEPARTMENT
1530 West 17th Street
Santa Ana, CA 92706
(714) 564-6153

SANTA ANA SENIOR CENTER
424 West 3rd Street
Santa Ana, CA 92701
(714) 647-6540

SOUTHWEST SENIOR CENTER
2201 West McFadden
Santa Ana, CA 92704
(714) 647-5306

VIETNAMESE SENIOR CLUB
1618 West 1st Street
Santa Ana, CA 92703
(714) 558-6009

VIETNAMESE
HOPE COMMUNITY CENTER
1538 Century Boulevard
Santa Ana, CA 92703
(714) 554-4211

SEAL BEACH
SEAL BEACH (CITY) RECREATION DEPARTMENT SENIOR CENTER
211 8th Street
Seal Beach, CA 90740
(562) 431-2527

STANTON
STANTON SENIOR CITIZENS CLUB AND RECREATION CENTER
7800 Katella Avenue
Stanton, CA 90680
(714) 379-9222 Extension 270

TUSTIN
TUSTIN DEPARTMENT OF COMMUNITY SERVICES
SENIOR CITIZENS CENTER
200 South "C" Street
Tustin, CA 92780
(714) 573-3340

WESTMINSTER
ABRAZAR SENIOR CENTER
7101 Wyoming
Westminster, CA 92683
(714) 893-3581

WESTMINSTER SENIOR CITIZENS MULTI-PURPOSE CENTER
8200 Westminster Boulevard
Westminster, CA 92683
(714) 895-2878

YORBA LINDA
YORBA LINDA RECREATION DEPARTMENT
SENIOR CITIZENS CENTER
4501 Casa Loma Avenue
Yorba Linda, CA 92886
(714) 961-7185

MATRIX OF OLDER ADULT SERVICES AND PROGRAMS

Program	Age Range	Services	Specialized Staff	# Clients Served	Funding	Funding Source	Interagency Collaborations
CalOptima							
Case Management Senior Select	65+	Information and Assistance Medical and Social care coordination of frail Medi-Cal eligible seniors regardless of aide code. Assessment care and service coordination. Multi-disciplinary team.	Geriatric Specialist, Social Workers, Public Health Nurses, Community Based Oranizations, Pharmacist, Medical Director	700 + (projected) All members are eligible	Medi-Cal	DHS/MMCD Contract	SSA, HCA, Off ce on Aging Contracted network of Hospitals, Providers, Vendors, Community Clinics.
Multipurpose Senior Service Program (MSSP)	65+	Medical and Social Care Management of frail Medi-Cal eligible seniors for within specif c aide codes. Assessment care and service coordination. Multi-disciplinary team.	Geriatric Specialist, Social Workers, Public Health Nurses, Community Based Oranizations, Pharmacist, Medical Director	210	Medi-Cal	DHS/CDA	SSA, HCA, AAA, Contracted network of Hospitals, Providers, network of Hospitals, Providers, Vendors, Community Clinics.
LTC FacilityCare Management	60+	Facility based care management, utilization management, and prior authorization acitivities including assistance with discharge planning and coordintion of medical care, ancillary services and durable medical equipment.	R.N. Care Managers, Social Workers	5,000 (average monthly census)	Medi-Cal	DHS/MMCD Contract	SSA, HCA, AAA, Contracted network of Hospitals, Providers, Vendors, Community Clinics.
Community Liaison Program	Adult DD & Aged	Assisting Medi-Cal Special Needs populations including Aging and Developmentally Disabled in accessing medical care, ancillary services and durable medical equipment.	Community Liaison Specialists	10,000 (annually)	Medi-Cal	DHS/MMCD Contract	SSA, HCA, AAA, Contracted network of Hospitals, Providers,Vendors, Community Clinics.
Aged and DD+A46 New Member Orientations	Adult Aged and DD	New member orientation to all new Medi-Cal enrollees.	Customer Service and Community Liaison staff	100 (mo)	Medi-Cal	DHS/MMCD Contract	SSA and Regional Center
Authorization of LTC Daily Rate	All	On site adjudication of authorization requests based on level of care certif cation for ICF, SNF, Sub-Acute facilities.	R.N. Care Managers	5,000 (approx.)	Medi-Cal	DHS/MMCD Contract	HCA, AAA, Ombudsman, Contracted network of Hospitals, Providers, Vendors, Community Clinics.
Authorization of ADHC Daily Rate (01/01/04, tentative implementation date)	Adult DD & Aged	On site adjudication of authorization of Medi-Cal reimbursement for persons enrolling in ADHC	R.N. Care Managers, Social Workers	1,500 (estimated monthly census)	Medi-Cal	DHS/MMCD Contract	DHS, CA Dept. on Aging, Ombudsman, Contracted network of Hospitals, Providers, Vendors, Community Clinics, Adult Day Services Coalition.
Disease Management - Diabetes Disease Management Programs	Adult	Patient education on managing diabetes, care coordination with the patients primary care physician, tracking and trending and reporting improvements in patient/physician management of diabetic conditions	R.N. and physicians	150	Medi-Cal	DHS/MMCD Contract	Contracted network of Hospitals, Providers
LTC Quality Improvement Programs - Flu Shot Study	All	Quality improvement program promoting and rewarding 80% + f u immunizations for all CalOptima members residing in LTC facilities.	Program Manger (Gerontologist), R.N.Care Managers, Social Workers		Medi-Cal	DHS/MMCD Contract	HCA, AAA, Ombudsman, Contracted network of Hospitals, Providers, Vendors, Community Clinics.
LTC Qual. Improvement Prog. - Skin Integrity & Specialty Bed	60+	Quality improvement project evaluating screening, prevention and treatment of decubitus ulcers in skilled facilities.	R.N. Care Managers	9 pilot facilties	Medi-Cal	DHS/MMCD Contract	Contracted LTC facilites, DME Vendors
Education							
Health Promotion	60+	Health Promotion classes including exercise, diet, diabetes management and related wellness issues.	R.N. Health Promotion specialist, and Registered Nuntritionist	4,800	Medi-Cal	DHS/MMCD Contract	Contracted network of Hospitals, Providers, Vendors, Community Clinics, Community Based Agencies
Provider Education		Education (CEU credits) to Physicians and allied health professionals on topical issues related to health care and health promotion.	Masters in Public Health, Certified Health Educator Specialist	800 (health care providers)	Medi-Cal	DHS/MMCD Contract	UCI Medical Center, HCA, Orange County Medical Association, California Association of Health Facilities.

PROGRAMS AND SERVICES AVAILABLE TO OLDER ADULTS							
HEALTH CARE AGENCY							
Program Title	Age Range	Description of Services	Specialized Staff	# Clients (65+) Served per Mo.	Funding FY 2002-03	Funding Source	Interagency Collaborations
Multi-Purpose Programs							
Preventive Health Care for the Aging Program (PHCA)	55+	PHCA: Conducts health assessments, counseling, education, referral to medical and community resources, follow-up, outreach to high risk and underserved older adults, group health education, health fairs, special screening at PHCA sites; SENIOR DIABETES COALITION: Coordination of health screening, counseling, and referral for diabetes among Hispanics and Native Americans	Public Health Nurses, Health Educator	570	$329,000	State Grant, County General Funds, Targeted Case Management	Office on Aging, SHOPP, HCA/OAS, SSA, IHHS, MSSP, APS, Senior centers, nonprofit hospitals, community clinics, ACS, AHA, Arthritis Found., Diabetes Assoc., UCI, CSUF, CSULB, others
Senior Health Outreach Prevention Program (SHOPP)	45+	Health education and outreach to older adults and disabled with priority for frail elderly who have unmet medical needs. Services include health and nutrition screening, behavioral health assessment, crisis and problem resolution, linkage to community resources, medical case management, consultation and education.	Public Health Nurses, LCSWs with geriatric education/experience, Pharmacist	100 (duplicated)	$1,263,000	Tobacco Settlement Revenue	Community clinics, places of faith, HCA Older Adult Services, HCA/PHCA, senior centers, Adult Protective Services (APS)
Health Promotion/Disease Prevention							
Targeted Health Education Campaign for Older Adults	60+	The project has 3 major interventions: 1) administration of a senior health risk assessment; 2) coordinating and expanding health education resources to address the modif able risk factors selected (hypertension and smoking cessation); 3) developing programs to encourage long term maintenance of desired lifestyle behaviors	Health educator, epidemiologist; Contracted to St. Jude Medical Center, Community Action Partnership (CAP) of OC	310	$90,000	Tobacco Settlement Revenue Funds	
Community Action Partnership, aka: Asian Pacif c Islander Healthy Elders Project (APIHEP)	60+	Increase public awareness of health risks due to tobacco use; and promote good nutrition awareness and physical activity to reduce incidence of health behaviors such as physical inactivity, inadequate and/or unbalanced diet, lack of access to preventive health services, social isolation, and lack of civic engagement	Contracted to Asian American Senior Citizen Service Center, OC Korean American Health Information & Education Center, VNCOC Asian Health Center	175	$150,000	Tobacco Settlement Fund	
Breast Cancer Early Detection Outreach and Education Services	All Ages	Target population is women aged 50 + with emphasis on 60+. Targets hard-to-reach, underserved, low income women of various ethnic groups	Contracted to Asian American Senior Citizen Service Center, Cambodian Family, Little Tokyo Service Center, New Millenium Community Coalition, and Dora Rodriguez	1,474	$10,000	State Grant	
Breast Cancer Early Detection Program (BCEDP)	40+	Breast health community education and breast cancer early detection services for low-incom (<200FPL), medically uninsured/underinsured women	Health Education Associate and Public Health Nurses	1,000	Not available	State Breast Cancer Fund	Too many to list. Call for details
Tobacco-Free Communities	All Ages	Tobacco-Use Prevention and Cessation Education	Contracted to Orange County On Track	500	$295,000	HCA / TUPP	
Medical/Health Care							
Adult Custody Medical Services	60+	Medical services to adults in the County's detention facilities; adults ages 60+ comprise approximately 2% of the total adult custody population receiving services	Contracted to UWMC Hospital Corporation, dba Western Medical Center - Anaheim	7 (duplicated)	All ages: $6,302,230	Realignment; County; Fees/Licenses	O.C. Sheriff's Department

PROGRAMS AND SERVICES AVAILABLE TO OLDER ADULTS							
HEALTH CARE AGENCY							
Program Title	Age Range	Description of Services	Specialized Staff	# Clients (65+) Served per Mo.	Funding FY 2002-03	Funding Source	Interagency Collaborations
MSI	21+	Adminstrator of medical services to low income adults age 21 - 64	Contracted to Orange County Hospitals, Community Clinics, and physicians	5,317/year (age 55-64 years)	Total Annual Cost for ALL clients (age 21 - 64) is $47,008,210.	State, County	SSA, HCA, OCMA, HASC, COCCC
Pacific Clinics Adult	65+	MH Outpatient: case management, mental health care	Contracted to Community Providers	95	Not available	Medi-Cal, Medicare, Realignment, Fees, Insurance	
College Health IPA, Now called College Community Services	55+	MH Outpatient: case management, transportation, mental health care, social/community services, information and referral	Contracted	180 (duplicated)	$627,893	Medi-Cal, Medicare, Realignment, Fees, Insurance	
Multi-Service Center Services for the Mentally Disabled Homeless	18+	Provides clubhouse, temporary and transitional housing, outreach, counseling, and vocational services to mentally disabled homeless adults	Contracted to Mental Health Association of Orange County	2400	Not available	Federal, State	
Intensive Recovery Services for the Mentally Disable Homeless	18+	Provides clubhouse, temporary and transitional housing, outreach, counseling, and vocational services to severely mentally disabled homeless adults	Contracted to Mental Health Association of Orange County	100	Not available	Federal, State	
John Henry Fdtn.	55-64	Mental Health Vocational Services	Contracted	2 (unduplicated) age 55-64	$115,500	Realignment	
L. G. Manor	55+	Mental Health Residential Rehabilitation	Contracted	12 (undupli-cated)	$56,940 100% for elderly clients	Realignment and SAMHSA	
Wilshire Manor	55+	Mental Health Residential Rehabilitation	Contracted	6 (unduplicated)	$28,470 for 12 mos. 100% for elderly	Realignment and SAMHSA	
HIV Services	60+	General Mental Health, Latino Mental Health	Contracted to AIDS Services Fund, The Center, & Laguna Shanti	2	$395,090	Federal	
Hope House	55	Drug treatment	Contracted	1	$816	HCA	
California Hispanic Commission on Alcohol and Drug Abuse	55-64	Substance Abuse Detox, Residential treatment, Outpatient Services	Contracted	4 (duplicated)	$1,465,706 Total	SAPT funding	
California Hispanic Commission on Alcohol and Drug Abuse	55+	Community/school based primary alcohol, tobacco, and other drug prevention, primarily service Latino Community	Contracted	15 (duplicated)	$1,465,706 Total	SAPT funding	

HOUSING & COMMUNITY SERVICES									
Program	Age Range	Services	Specialized Staff	Number Clients Served	Funding	Funding Source	Interagency Collabora-tions	Contact	Contact Phone
Rental Assistance Programs									
Section 8 Housing Vouchers	Families Disabled & Elderly= 62+	Assistance with monthly rent payments for very-low income clients. Payments are made to private landlords who agree to rent a qualif ed rental unit under a Housing Assistance Payment contract with OCHA	Eligibility Staff and Field staff to perform inspections and coordinate lease-up.	9,700 = Total households 3,330 = Elderly	Approx. $79 million annu-ally (Total)	Dept of HUD	County agencies, 31 cities and unincorporated areas	John Hambuch	480-2830
Project Based Assistance									
Pacific Terrace Apartments Contract Administration - with HUD and Owner	62+	Subsidized rental complex for eligibile very-low income seniors located in Midway City	Field staff and Eligibility staff perform annual inspections and audit on-site management.	97 apartments	$30,000	Dept. of HUD	Private Management/Owner of property and HUD	Ron Roluffs	480-2743
HOUSING & NEIGHBORHOOD PRESERVATION									
Rehabilitation - Mobile Homes									
Cities in Urban County Program (Less than 50,000 population and unincorpo-rated areas)	All and Elderly =62+	Grants for rehabilitation of roof, porch, window, access.	Housing rehabilitation - co-ordinating and monitoring all phases of construction.	40 homes/yr.	$400,000	Dept.of HUD	Orange County Planning & Development Services Dept. (PDSD) - Code Enforcement	Joe Chaikin	480-2773
Rehabilitation - Owner Occupied	62+								
Seniors only portion *of owners benef t-ing from program		Loans to rehabilitate homes for seniors unable to maintain properties.	Coordinating/monitoring all phases of construction.	5 properties/yr.	$100,000	Dept. of HUD	I.D. of code enforcement	Joe Chaikin	480-2773

ORANGE COUNTY TRANSPORTATION AUTHORITY (OCTA)									
Program	Age Range	Services	Specialized Staff	Number Clients Served	Funding	Funding Source	Interagency Collaborations	Contact	Contact Phone
Fixed Route public transportation	NA	Provides regional f xed schedule, f xed route service in Orange County Senior discount fares available: $.25 per boarding; $.50 day pass; $10.00 monthly pass.	Vehicle operators, maintenance staff, scheduling staff, planning staff, administrative staff	56.5 million passengers/year; approx 2% riders are seniors, or 1.1 million trips made by seniors/ year	$96.2 million annually	Operations funded through State TDA; capital funded through Federal grants; Measure M limited to fare subsidy.	Transfer agreements in place with neighboring transit operators	For route information	714/636-7433
ACCESS Services	NA	ADA paratransit service; individuals must be certified to use this program ACCESS fare: $1.70/boarding. Service available same days/hours as f xed-route operation. 1-7 day advance reservation required.	Vehicle operators, maintenance staff, scheduling staff, planning staff, administrative staff	581,000 ADA trips/ year; in addition, approx 100,000 trips provided to AAA meal sites	$18.7 million annually	Operations funded through State TDA; capital funded through Federal grants; Measure M limited to fare subsidy; reimbursements from other agencies.	Currently have agency agreement with Regional Center of Orange County to transport consumers to day programs; act as vendor to Office on Aging (OoA) for nutrition transportation to 19 meal sites under contract - program only available to sites through OoA allocation	ADA Eligiblity department for ACCESS program	714/560-5956
Senior Mobility Program	Senior	Provided directly by cities and organizations; serves seniors attending congregate meal programs; in some cases, transportation also available to seniors for medical and shopping trips; individuals receiving service are selected by local agency. Fares range from $2.00 to no cost.	Senior center staff, vehicle operators, maintenance staff, scheduling staff, planning staff, administrative staff	211,000 annual trips provided to seniors	$1.25 million annually	Operates on an 80/20 OCTA/organization match basis. State TDA and OoA Title III B funds.	Projects are operated by the cities in cooperation with OCTA; some local agencies have also collaborated with other local partners (eg., hospitals, other private non-prof ts)	Beth McCormick	714/560-5964
Nutrition Program	Senior	Provided through contractor of OCTA. Service to and from senior nutrition programs in most cities.	Senior center staff, vehicle operators, maintenance staff, scheduling staff, planning staff, administrative staff, OCTA and their contractor, city staff.	94,000 annually	$643,000 annually; OCTA 45%, OoA 35%, city 20%	Operations funded through OCTA using State TDA; 30% operations funded through OoA using federal Older Americans Act; 20% operations funded through local agency using a variety of sources such as general funds, CDBG, AQMD.	Service operated by private contractor of OCTA with funding agreement between OCTA and OoA		

OFFICE ON AGING									
Program	Age Range	Services	Specialized Staff	Number Clients Served	Funding	Funding Source	Interagency Collaborations	Contact	Contact Phone
Information & Assistance	All	Provision of information regarding available services to seniors and caregivers.	OoA Senior Citizens Representatives	12,000 contacts/yr	$127,618	OAA/Title III B		Linda Pringle Sally Chung	714-834-6886 714-567-7500
Nutrition Services	60+	Provision of home-delivered and congregate meals meeting RDA requirements.	Contracted to community-based service providers AAA Nutitionist oversees preparation and service.	1.9 M meals/yr	$4,201,835	OAA/Title III C	HCA	Linda Pringle Bob Rivers Arlene Hoffman	714-834-6886 714-567-7127 714-834-6890
Case Management Services	60+	Provides professional assessment and care planning for frail seniors at risk of institutionalization.	Contracted to community-based service providers	8,800 hrs/yr.	$271,597	OAA/Title III B		Linda Pringle	714-834-6886
Legal Assistance	60+	Assistance with legal services for seniors.	Contracted to Legal Aid Society	7,200 hrs/yr.	$233,291	OAA/Title III B		Linda Pringle Bill Wise	714-834-6886 714-571-5244
Community Services	60+	Special ourtreach and assistance to low-income and minority 60+ through community-based providers.	Contracted to community-based service providers.	59,000 hrs/yr.	$233,869	OAA/Title III B		Linda Pringle	714-834-6886
In Home Services	60+	Assistance with activities of daily living provided in the home of seniors.	Contracted to community-based service providers.	9,500 hrs/yr.	$247,498	OAA/Title III B		Linda Pringle	714-834-6886
Alzheimer's Day Care Resource Center	60+	Provides information and referral to caregivers regarding ADC resources	Contracted to community-based service providers.		$80,000	OCA		Linda Pringle C.Dick-Muehlke	714-834-6886 714-593-9630
Health Insurance Counseling & Advocacy	60+	Provides Medicare benef ciaries with counseling and advocacy as to Medicare, private health insurance and related health care plans.	Contracted to community-based service providers.		$244,256	OCA		Linda Pringle Marilyn Lozis	714-834-6886 714-560-0424
Disease Prevention/Health Promotion/ Medication Management	60+	Provides information and materials to the community which promote healthy aging and personal safety of seniors.	Performed by OoA Health Educator		$136,021	OAA/Title III D	HCA	Maxine Marcus	714-567-7412
Senior Transportation	60+	Provides transport for seniors to and from specified senior centers and sites to enable them to participate in congregate meals and other programs	Contracted to OCTA with participation by cities.	119,000 trips/yr.	$463,430	OAA/Title III B	OCTA	Linda Pringle Beth McCormick	714-834-6886
Senior Non-emergency MedicalTransportation	60+	Senior Non-Emergency Medical Transportation provides transportation to older adults for medical appointments.	Contracted to community-based service providers and for-prof t company.	42,000	$973,620	Tobacco Settlement Revenue	OCTA, HCA		
Ombudsman Services	60+	Provides services for senior residents of licensed long-term care facilities, including advocacy, information & referral, counseling, etc.	Contracted to community-based service providers.		$484,337	OAA/Title III B OAA/Title VII A and VII B	HCA	Linda Pringle Pam McGovern	714-834-6886 714-479-0107
Linkages/ Respite Purchase of Services	18+	Services to prevent premature or innappropriate institutionalization of frail at risk elderly and functionally impaired adults, by providing case management as well as information and assistance services.	Contracted to community-based service providers.		$237,411	OCA		Linda Pringle Pam McGovern	714-834-6886 714-479-0107

OFFICE ON AGING									
Program	Age Range	Services	Specialized Staff	Number Clients Served	Funding	Funding Source	Interagency Collaborations	Contact	Contact Phone
Elder Abuse Prevention	60+	Services to prevent abuse, neglect and exploitation of older individuals through education of mandated reporters, caregivers, advocacy, etc.	Contracted to community-based service providers.		$35,724	OAA Title VII A		Linda Pringle	714-834-6886
Family Caregiver Support Program	18+	Provides invormation on caregiver support services, assistance in support services, assistance in	OoA I&A and contracted community based service providers.		$716,331	OAA Title III E			

PUBLIC GUARDIAN									
Program	Age Range	Services	Specialized Staff	Clients Served	Funding	Funding Source	Interagency Collaborations	Contact	Contact Phone
Public Guardian	All	Arranges placement, clothing, meals, personal care, housekeeping, transportation and care and treatment of the conservatee. Manages finances, locates and protects assets, collects income, makes investments, budgets and pays bills on behalf of the conservatee.	Deputy Public Guardians, Senior Social Workers	150		SB 2199, Client Fees, County General Funds	Social Services Agency: Adult Protective Services		714-567-7660
LPS Conservatorship Investigator	All	Investigates the need for conservatorship for those who are gravely disabled due to a mental disorder. Establishes temporary conservatorship to provide immediate assistance to the client while the investigation proceeds. When no viable alternative exists, provides Public Guardian services to those determined in need of conservatorship.	Deputy Public Guardians, Mental Health Staff: Service Chiefs, MH Nurses, MH Specialists, Clinical Social Workers, Senior Social Workers, MH Workers	1,100		Short-Doyle Funds, County General Funds	Health Care Agency: LPS Mental Health Services		714-567-7660

SOCIAL SERVICES AGENCY									
Program	Age Range	Services	Specialized Staff	Number Clients Served	Funding	Funding Source	Interagency Collaborations	Contact	Contact Phone
ADULT SERVICES									
In-Home Supportive Services	all ages	For low-income frail and disabled residents (primarily recipients of SSI/SSP): assessment of need and payment for in-home services, such as personal and domestic care. IHSS staff also certify eligibility for the SSI board and care rate.	Social Workers, Registered Nurses	8249 monthly average FY 02/03	Approx. $4,100,000 for admin & $71,500,000 for provider payments for FY 2002/2003	County, state & federal sources		Erik Fair	(714)825-3104
Multipurpose Senior Services Program	65+	Effective for FY 2003/2004, The Board of Supervisors approved SSA's recommendation to no longer contract to provide these services. This recommendation was made in response to the county's budget situation, since program revenue was insuff cient to cover program costs. The California Dept.of Aging is expected to contract with another provider. Orange County SSA is working closely with CDA to develop and implement a plan to transition client services to the new provider.						Jan Taraskiewicz	(714)825-3107
Adult Protective Services	18+	For elder and dependent adults residing in the community: crisis intervention; 24-hour response; investigation of abuse allegations; assessment of client strengths and concerns; case management; certain tangible services.	Senior Social Workers	Calendar Year 2000 = 4,656 (76.8% were age 65 or over)	Approximately $4,900,000 for FY 2000/2001	County, state & federal sources	MOU's with PAPG and HCA/OAS; participate on the Fiduciary Abuse Specialists Team (FAST) and the Multidisciplinary Team (MDT) with law enforcement, medical and mental health personnel, social workers, Deputy Public Guardians, Regional Center representatives, Ombudsman, the District Attorney, representatives from the banking industry, financial planners, elder law attorneys, real estate brokers, etc.	Rebecca Guider Wendy Aquin	(714)825-3132 (714)825-3133
Senior Santas and Friends	18+	For recipients of APS, IHSS, MSSP, Medi-Cal, Food Stamps, MSI or OAS: provides holiday gift items (including medical supplies and small appliances) and gift certificates for food and essential items, as available year round.	Volunteers, including County employees and private citizens	Calendar Year 2002 = approx. 1,700	Approx. $73,000 for 2002/2003 donations	Donations from County employees and private citizens	serve HCA clients through OAS social workers	Cindy Samson	(714) 825-3108
ASSISTANCE PROGRAMS									
Long Term Care				3,343					
Medicare Premium				22,973					
Medi-Cal Aged Cat.				6,311					
Medi-Cal									
Medical Services for the Indigent	all ages								
Food Stamps				2270					
Refugee Cash Assistance									
Cash Asistance Program for Immigrants				542					
General Relief				180					

APPENDIX F: SURVEY METHODOLOGIES

1. OCHNA SURVEY RESEARCH METHODS THE ORANGE COUNTY HEALTH NEEDS ASSESSMENT SURVEY: 2001

INTRODUCTION

The 2001 Orange County Health Needs Assessment (OCHNA) Household Survey was conducted over a five-month period running from June 19, 2001 to November 19, 2001. The overall Needs Assessment Survey consisted of two independent random samples of households within Orange County, California.

One survey was a general random sample of Orange County households. A total of 3,044 interviews were conducted as part of this survey. The sample was a random sample created by the use of RDD methodology with the exception that Vietnamese households were over-sampled to be sure that the sample size of this sub-group of the population was sufficiently large to reach independent conclusions.

The second sample consisted of households where there was a least one child under the age of 18 living in the household. This survey consisted of 2,156 interviews. The sample was a random sample created by the use of RDD methodology with the exception that Vietnamese households were over-sampled to be sure that the sample size of this subgroup of the population was sufficiently large to reach independent conclusions.

SURVEY QUESTIONNAIRE

The 2001 Orange County Health Needs Assessment used two separate survey questionnaires. One addressed the health status of the respondent with additional supplementary questions for respondents aged 65 or older. The second survey pertained to the health needs of one of the children living in the house. A special set of questions was included in this survey for children under the age of 6.

The survey instruments were developed and approved by The Healthcare Association of Southern California (HASC) and its partner agencies using a highly consultative, democratic process. Each instrument was translated into two other languages: Spanish and Vietnamese. Copies of each of the six instruments are available upon request.

SAMPLING

Two separate surveys were conducted, for a total of 5,200 households:

- All households in Orange County (N = 3,044) in which the respondent is 18 years of age or older. This survey is designed with a set of questions for all respondents and a set of questions that will be asked only of adults age 65 and older. This sample includes a simple random sample of 2,500 households plus an over sample of 345 Vietnamese households.

- Orange County households with at least one child 17 years of age or younger (N = 2,156). The respondents will be adults with knowledge of the child. 782 of these households will include children ages five and younger.

CSUSB reports that the average interview time was between 25 and 30 minutes.

The sample frame for this study consists of households with telephone numbers located in the service areas of 24 Orange County-based hospitals. The population of inference is non-institutionalized civilians aged 18 years or older residing in households with telephones. Persons in institutions including penal facilities, hospitals, military barracks, and some college dormitories are excluded from the sample frame.

The CDC reports that 95% of households in the United States have telephones, although coverage varies from 87% to 98% across states and varies between population subgroups as well. Telephone company estimates indicate the penetration of telephones in households in Orange County to be 98%. Thus 1.5% of residential households have a zero probability in any telephone sample survey. It is known that telephone coverage among minorities and lower socioeconomic groups is lower than among those in majority racial/ethnic groups and those in higher socioeconomic categories. No direct method of compensating for non-telephone coverage is employed by the BRFFS nor in the Orange County Health Needs Assessment telephone survey. However, in both cases, poststratification weights are used that may partially correct for any bias caused by non-telephone coverage.

LANGUAGE USED FOR THE INTERVIEW

The respondent determined the language of the interview. Whichever language the respondent felt most comfortable in answering the questions was the language used for the interview. Languages available included English, Spanish, and Vietnamese.

RESPONSE RATES

The CSUSB Institute of Applied Research was unable to differentiate between the response rates for the adult/senior survey and the children's survey. The Institute used a single sampling frame in their selection of respondents to participate in the two different surveys. The response rate for this survey was 41%.

POPULATION WEIGHTING

Prior to analysis, current demographic information on Orange County residents was obtained and used to develop case weights so that unbiased population estimates can be computed from the sample data. To correct for the oversampling of Vietnamese in the sample, Census data on race was used to develop the case weights. The adjustment factors used for weighting are found in the table below.

Race Ethnicity	Adjustment Factor
Hispanic	1.030
White	1.111
Black	1.470
Other Asian	1.990
Vietnamese	.294
Other	2.350

MISSING DATA

In some cases, respondents chose not to report their race, resulting in missing data for the demographic characteristic used for forming population strata. A weight of zero was assigned to the cases missing this data leading to a slight reduction in the sample size of the children's survey of 3.2% from 2,156 to 2,086.

In some cases, respondents chose not to give an answer to one or more question throughout the survey. Percentages and calculations are made throughout this report using only the number of responses for each individual question. For this reason, although there were 5,200 respondents in total, some questions will have a varying amount of responses. No calculations or assumptions have been made from questions eliciting fewer than 100 responses.

APPENDIX F: SURVEY METHODOLOGIES

2. CSU FULLERTON AND CHAPMAN UNIVERSITY, ORANGE COUNTY LONG TERM CARE MULTILINGUAL SENIOR NEEDS ASSESSMENT TELEPHONE SURVEY, 2001

BACKGROUND

The Orange County Long Term Care Multilingual Senior Needs Assessment Telephone Survey was supported by funds received from the State of California Department of Aging Long-Term Care Innovation Grant Program.

The project was conceived and implemented by a multi-university, multi-agency collaborative including directors and senior staff from the Area Agency on Aging, Cal-OPTIMA (Orange County's Medi-Cal provider), the Orange County Chapter of the Alzheimer's Association, the Orange Caregiver Resource Center, and the Irvine Senior Foundation.

The principal investigators are Dr. Gregory Robinson, director, CSUF Social Science Research Center, and Dr. Pauline Abbott, director of the Ruby Gerontology Center (the only academic gerontology unit in Orange County) and the Research Institute of Gerontology at California State University, Fullerton.

Dr. Fred Smoller, director of the Henley Social Science Research Laboratory at Chapman University, the premiere private post-secondary institution in Orange County, partnered with the CSUF SSRC to collect the survey data.

This collaborative has committed funds to repeat this survey every two years.

METHODOLOGY

The Orange County Long Term Care Multilingual Senior Needs Assessment Survey was conducted by the Social Science Research Center at CSU Fullerton and the Henley Social Sciences Research Laboratory at Chapman University between July and September, 2001.

The survey questionnaire was developed by the collaborative. Depending upon the path through branching questions, the instrument may have included over 125 questions. The administration time ranged from nine minutes to one hour, five minutes, with an average of 23 minutes.

The survey sample was selected utilizing random digit dial (RDD) methods. Listed, unlisted, long-standing and recently established telephone numbers had an equal chance of selection into the sample.

Obtaining 1,035 interviews with qualified respondents was an arduous process. Over 14,000 individual conversations resulting from attempts to over 30,000 Orange County telephone numbers were required to obtain the final sample. It was necessary to speak with approximately 15 respondents willing to listen to a brief but fairly detailed introduction and to answer several screening questions to locate one eligible respondent.

1,035 interviews with older adults were completed; 368 with males (35.7%) and 663 (64.3%) with females. Interviewers were unable to determine the gender of four respondents by voice alone.

800 interviews were completed in English, 95 in Spanish, and 140 in Vietnamese. Crossing race/ethnicity with language results in five categories: Vietnamese speakers (N=140); Other Asians, English (N=29), Spanish speakers (N=95); Latinos, English (N=43); and "mainstream" respondents including English speaking Whites, African Americans, those of "other" race, and multi-racial respondents (N=709). The nineteen respondents that declined to report their race/ ethnicity responded to the survey in English.

Age ranges from 60 to one 102 year-old respondent. The average age is 70.26 years and the median (the point above which and below which half the values lie) is 69 years of age.

Consistent with the distribution of the general population in Orange County, the largest proportions of the survey sample reside in Santa Ana and Anaheim (10.8%, N=109 in each city). The remaining 787 respondents are distributed widely across 40 other cities and census-designated places. Just 25 respondents reside in Laguna Woods and 20 in Seal Beach. 30 respondents declined to report their city of residence. 29.0% of the interviews were completed on the first call attempt. Another 20.6% required two calls, 13.5% required three calls, 7.9% four calls, and 29.0% of the completed interviews required five or more calls. Some numbers were attempted twenty times to obtain a completed interview. This persistence paid off in a response rate (completed interviews/ eligible respondents) of 68.92%; an outstanding proportion for an RDD study of this complexity and length.

The population of inference for this study consists of adults 60 years of age and older residing in Orange County in households with telephones (The penetration of telephones in residential households in Orange County is estimated at 98.5%).

The Area Agency on Aging estimates that just 2.1% of the Orange County population resides in "group quarters", consisting of correctional institutions (N=49), Nursing homes (N=7,114) and other institutions (N=462). The Office of Strategic & Intergovernmental Affairs, County Executive Office estimates that 1,900 older adults in Orange County are homeless. By these estimates, less than 3% of older adults that speak English, Spanish, or Vietnamese are excluded from the possibility of selection into the sample.

A non-proportional stratified sampling design was employed to over-sample Latino and Vietnamese adults. Post-stratification population weights are computed and applied to the data when estimates of the total older adult population are presented.

Calculated conservatively, the confidence interval around sample statistics produced from the weighted sample is plus or minus 3.5%. This means that we are 95% confident that the true population parameter (the result we would obtain by interviewing every person in Orange County, 60 years of age and older) lies within an interval extending 3.5% above and below any proportion calculated from survey data. In fact, the confidence interval is smaller when the proportion of survey responses moves from a 50/50 split toward a 5/95 split. The confidence interval for subgroups of the sample is smaller (See Table 1).

Table 1 Confidence Intervals for Subgroups of the Survey Sample

Sample Subcategory	Unweighted N	Confidence Interval 50/50 Proportion	Confidence Interval 5/95 Proportion
English	800	+/- 3.54%	+/- 1.54%
Spanish	95	+/- 10.00%	+/- 4.47%
Vietnamese	140	+/- 8.45%	+/- 3.68%
Males	368	+/- 5.21%	+/- 2.27%
Females	663	+/- 3.88%	+/- 1.69%
60-64	277	+/- 6.01%	+/- 2.62%
65-69	245	+/- 6.39%	+/- 2.78%
70-74	202	+/- 7.04%	+/- 3.07%
75-79	135	+/- 8.61%	+/- 3.75%
80 and older	141	+/- 8.42%	+/- 3.67%
Total Weighted Sample	1035	+/- 3.50%	+/- 1.50%
Total Unweighted Sample	964	+/- 3.11%	+/- 1.35%

APPENDIX F: SURVEY METHODOLOGIES

3. ORANGE COUNTY TRANSPORTATION AUTHORITY (OCTA), SENIOR TRANSPORTATION ANALYSIS, JUNE 2000.

BACKGROUND

On July 10, 2000, the OCTA Board of Directors adopted a first-ever Senior Transportation Analysis to address future transportation needs of the County's growing senior population. The Plan was a result of a year-long study by Nelson/Nygaard Consulting Associates funded by the OCTA. The study was overseen by a Senior Study Task Force comprised of representatives from major "senior-oriented" services in Orange County, including senior centers, adult day health care facilities, hospitals, senior housing, AARP, and other senior advocacy organizations.

The goal of the Senior Transportation Analysis was to provide a reliable "starting point" to plan from by developing a comprehensive overview of transportation needs and issues applicable to a broad range of Orange County seniors. The study tasks examined senior travel behavior & preferences, senior services, and travel modes used, future demographic growth and related senior transportation demand. The study findings form the basis of the Senior Transportation Action Plan, which includes near term and longer term strategies for OCTA as well as recommendations for other key senior transportation "stakeholders" in the County.

METHODOLOGY

Quantitative methods of original data collection are the Senior Telephone Survey and the Senior Service and Programs Survey. Both provide a snapshot of how and why seniors travel the way they do in Orange County.

Qualitative methods of original data collection included the Senior Focus Groups and interviews with senior transportation providers. The purposes and methods of these four data collection efforts are explained in the following sections.

SENIOR SERVICES AND PROGRAMS SURVEY

The Senior Services and Programs Survey was designed to provide an overview of the service organizations that provide fundamental or primary services consumed by seniors in Orange County. The survey also provides significant insight into the clients who use these services and their travel needs in Orange County. A full range of service providers is included in the survey database without regard to whether or not they actually provide client transportation assistance. Originally estimated at less than 100 organizations, the list of service providers includes 222 organizations and 166 survey respondents (providing complete or partial information).

An added benefit of the Senior Services and Programs Survey database is that it provides the most complete list of organizations serving older adults in Orange County.

The survey form was designed by Nelson/Nygaard in conjunction with the ad hoc Senior Study Task Force and OCTA staff to provide information influencing all tasks in this study. The result was a very comprehensive survey covering every aspect of program delivery, user demographics, and transportation needs.

As a result of the length and complexity of the survey, many responding organizations found it difficult to fully complete all of the questions relevant to their particular organization. Partial information from the organizations was accepted and included in the database where appropriate. A total of 166 organizations provided complete or partial information.

The survey was designed in four parts to allow organizations to send relevant questions to the person most appropriate to answer them. The following summarizes the information gathered in each part.

Part 1 "Description of Senior Service Organization"
- Description of the Senior Service Organization
- Brief overview of when and how seniors use their services. This includes what type and the hours of service they provide

Part 2 "Senior Client Demographic Information"
- Senior client household income, age, gender, and ethnic composition

Part 3 "Senior Mobility and Travel Information"
- Information about organizations' senior client mobility and travel modes, and special needs of "frail" seniors or those with disabilities
- Land-use information regarding how far senior clients live from the service facility

Part 4 "Client Transportation Programs/Subsidies"
- Gathers information from organizations that provide some form of client transportation assistance.
- Types of service, client fares, and operational and financial data are requested

The initial survey began in March 1999 and concluded in June 1999. Organizations that did not initially respond to the survey were contacted again in December 1999. In most cases, the survey could not be completed in a single phone call. Generally, the survey was started over the phone and then mailed or faxed at the request of the organization for completion.

Senior Telephone Survey

During the month of July 1999, a random telephone survey solicited travel behavior characteristics of older adults in Orange County. The survey was conducted by Marketing Works under the supervision of Nelson/Nygaard.

The survey was completed by 203 persons age 65 and older residing in Orange County. The surveyors spoke English, Spanish and Vietnamese. Although no attempt was made to sample seniors uniformly throughout the county, all geographic areas were included in the random sample.

The objective of the survey was to develop a portrait of travel behavior among "typical" seniors who may or may not be affiliated with the many service agencies interviewed previously for this study. It should be noted that caregivers were allowed to complete the survey if there was an older adult in the household unable to complete the survey independently.

The sample of roughly 200 seniors provides a statistical reliability of roughly 95% confidence +/- 10% error rate. This level of reliability is not high enough to base all decisions upon, in and of itself, but does offer a snapshot of information about the Orange County senior population as a whole.

Senior Focus Groups and Personal Interviews

Five senior focus groups were conducted to enhance the understanding of the transportation needs of seniors. An English-speaking group, a Spanish-speaking group and three Asian-language groups (Vietnamese, Korean, and Chinese-speaking seniors). The Asian-language focus groups were conducted by a transportation sub-consultant who specializes in Asian-language outreach. Focus group participants were selected with input from the Senior Study Task Force, OCTA staff, senior service organizations, and the sub-consultant.

Each focus group provided a different ethnic perspective and requires different methods of approach which are detailed in Appendix C. The Spanish-speaking focus group was conducted as personal interviews with one or two seniors at a time in a private room at El Modena Senior Center in Orange. The English-speaking focus group was an informal discussion group held around a conference table at the Anaheim Downtown Community Center. The Vietnamese-speaking senior focus group was held with a group of 15 seniors in the Asian-American Senior Citizen Association in Westminster. The Korean-speaking focus group was held in a meeting room of the Korean-American Foundation of Orange County in Garden Grove. The Chinese-speaking senior focus group was held with the interviewers on a stage with lively discussion and individuals being interviewed personally.

On-Site Interviews with Transportation Providers

Eight interviews were conducted with prominent transportation providers in Orange County. During the interview they were also asked about senior client transportation usage and attitudes to provide additional qualitative information about seniors who use their services.

APPENDIX F: SURVEY METHODOLOGIES

4. ALCOHOL, TOBACCO, AND OTHER DRUG USE (ATOD) PREVALENCE STUDY, 2002 STUDY METHODOLOGY

To achieve the broad study goals, data for the study was based on a total of 3,104 CATI interviews (computer assisted telephone interviews). Respondent qualifications for inclusion in the study included:

- Males and females
- Aged 18 years and older
- Resident of Orange County, California

SAMPLE DESIGN

The 2002 ATOD sample was drawn from the total, non-institutionalized Orange County, California adult population residing in telephone-equipped dwelling units. This population excluded adults:

- In penal, mental, or other institutions
- Living in group quarters (dormitories, barracks, convents, boarding houses, etc.)
- Contacted at their "second" dwelling unit during a stay of less than 30 days
- Living in a dwelling unit without a telephone
- Who did not speak English, Spanish or Vietnamese well enough to be interviewed

The study sample was based on a dual-frame sample design consisting of targeted, list-assisted, disproportionate, stratified random probability sample, supplemented with Vietnamese surname list to produce a minimum of 3,000 interviews with qualified respondents. A detailed description of the sample design and sampling procedures is contained in a separate data collection processes report for the Orange County Health Care Agency by ORC Macro, the data collection vendor.

To ensure representation in the sample, race/ethnic quotas were established for self-identifying Hispanics/Latinos and Vietnamese. In addition, a target of a minimum of 300 interviews conducted in Spanish was also established. The table following shows the quota targets and actual number of completed interviews.

2002 ATOD SURVEY COMPLETED INTERVIEWS

	Target (Quota)	Actual
Hispanic/Latino	**700**	**774**
(Spanish language)	(300)	(524)
(English language)	(400)	(250)
Vietnamese	**700**	**741**
(Vietnamese language)	(No Quota)	(389)
(English language)	(No Quota)	(352)
All other Orange County residents	**1,600**	**1,589**
Total	**3,000**	**3,104**

RESPONDENT SELECTION

Within each household contacted, the computer randomly selected an adult, based on a roster of the adults residing in the household by gender. The adult that answered the telephone when the interviewer called supplied the roster. If the selected adult was unavailable during the survey period, unable or unwilling to participate, or did not speak English, Spanish, or Vietnamese well enough to be interviewed, no interview was conducted. If a randomly sampled number yielded a business, an institution or group quarters, or other strictly non-residential space, or if it was the occupant's second residence and their stay was less than 30 days, no interview was conducted.

Respondents were not screened for their race/ethnicity or their county of residence prior to the selection of the respondent to be interviewed. This was due to the concern that potential respondents might be more likely to refuse to complete the survey because of the sensitive nature of the race/ethnicity questions. Respondents also were not screened for their county of residence prior to the selection of the respondent because this could provide potential respondents a way to opt out of completing the survey by falsely stating they did not live in Orange County, California.

DATA COLLECTION

Data for the 2002 ATOD Survey were collected through 3,104 completed telephone interviews.

Interviewing was conducted by experienced and supervised personnel of ORC Macro, a Division of ORC International. MSI International staff also remotely monitored interviews as they were conducted, from its headquarters office in La Mirada, California.

Additional details relating to interviewing procedures can be summarized as follows:

- **Type of Interview:** Computer-assisted telephone interview (CATI)
- **Interview Length:** Average interview lengths by language of interview were:
- English 17.6 minutes
- Spanish: 19.1 minutes
- Vietnamese: 19.4 minutes
- **Interviewing Hours:** Interviewing was conducted during daytime and evening hours as follows:
- Monday – Friday: 9:00 A.M. – 9:00 P.M.
- Saturday – Sunday: 11:00 A.M. – 9:00 P.M.
- **Number of Attempts:** Up to 7 attempts were made at different times of day and on different days of the week.
- **Response Rate:**
- **(CASRO) response rate = 16.2%** (The rate at which interviews were produced among all identified, potentially eligible residents plus those households in which eligibility could not be determined.)
- **Upper bound rate = 48.4%** (The upper bound rate is also known as the cooperation rate, and is defined as the number of completed interviews divided by the number of completed interviews plus refusals.)

DATA WEIGHTING

Because quotas of interviews were completed among Hispanic/Latino and Vietnamese race/ethnic background, all 2002 ATOD Survey data were weighted. A two-staged weighting procedure was used as follows:

1. First, weights were computed to account for "within – household" selection probability.
2. Second, the weights were then poststratified to known population totals by age within race/ethnicity and gender.

As a result, calculations and computations based on the weighted data are reflective of Orange County's population as a whole and can also be used to estimate population totals by gender and age within a variety of race/ethnicity segments.

Additional details relating to the 2002 ATOD Survey sampling procedures and methodology are available in the 2002 ATOD Data Collection Processes Report furnished under separate cover to the County of Orange Health Care Agency by ORC Macro.

DATA ANALYSES – SIGNIFICANCE OF DIFFERENCES

All differences between population segments discussed in the ATOD study are significant at the 95% confidence level ($p < .05$).

ACKNOWLEDGEMENTS

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