SONOMA COUNTY

LOCAL AGING AND DISABILITY ACTION PLAN (LADAP)

A plan to promote healthy aging and ensure inclusion for underserved communities in **Santa Rosa** and **Sonoma Valley**

Human Services
Department

JUNE 2025

EXECUTIVE SUMMARY

The Sonoma County Local Aging and Disability Action Plan (LADAP) outlines a series of goals and strategies designed to support healthy aging for members of historically underserved populations in Santa Rosa and Sonoma Valley.

Aligned with both the statewide *California Master Plan for Aging* and Sonoma County's *Master Plan for Aging*, the LADAP provides a geographic focus on regions with high concentrations of equity priority communities—populations that have been neglected by past planning, policy, and programming efforts, and which suffer from greater health disparities as a result.

The LADAP seeks to rectify these inequities. Through a community-driven, transparent, and inclusive process, the plan identifies the needs and challenges faced by older adults, adults with disabilities, and caregivers who identify as American Indian or Alaska Native, Asian, Black, Latino, Native Hawaiian or Pacific Islander (collectively referred to as communities of color), as well as immigrants, refugees, and all people with low incomes.

The LADAP's place-based, equity-centered approach ensures that Sonoma County is not only responding to demographic change, but actively shaping a future where all residents—especially those in underserved communities—can live and age with dignity, security, and opportunity.
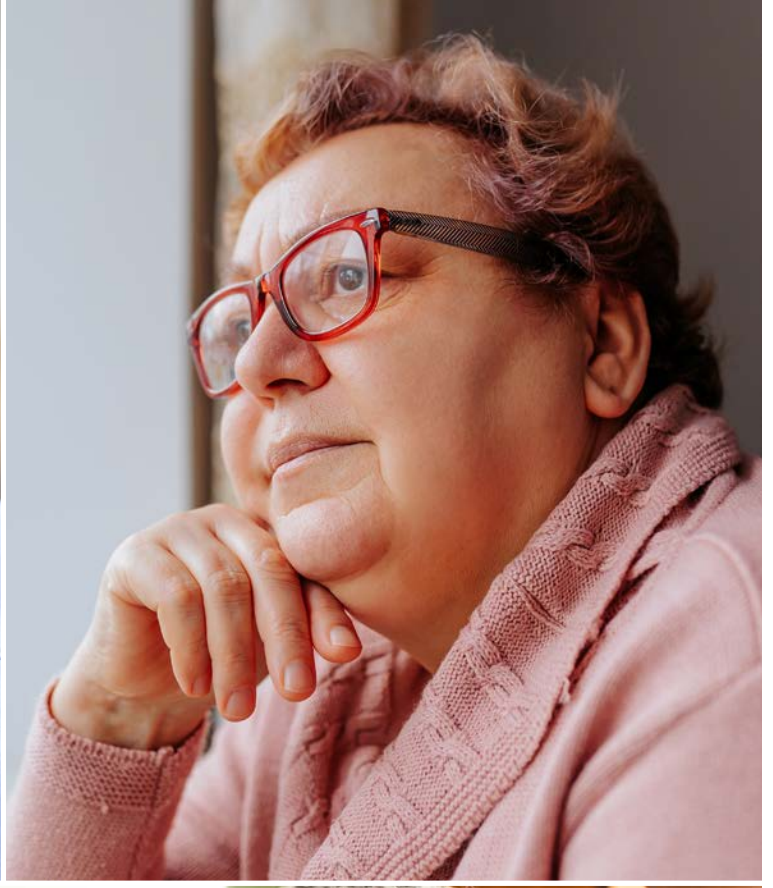
MISSION

People in our community live freely chosen lives up to their full potential throughout their lifespan.
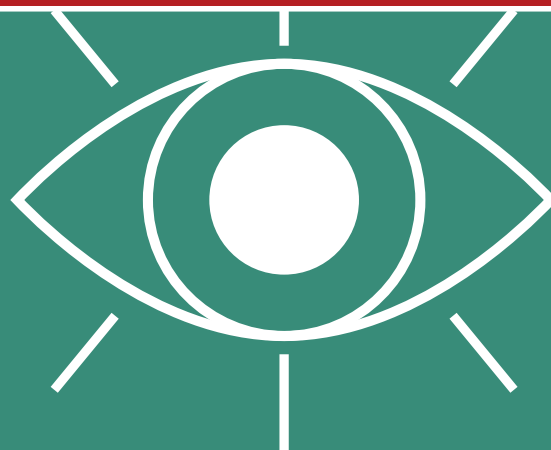
VISION

We help ensure the safety and well-being of vulnerable adults, provide protective and supportive social services as well as community training and coordination, and strive to achieve the goals of safety, health, dignity, and independence for older adults, veterans, and people with disabilities.

VALUES

PARTNERSHIP

- We demonstrate an inherent responsibility to others by building relationships and seek mutual understanding of the needs of those with whom we collaborate.
- We exhibit a commitment to shared goals

DIGNITY

- We demonstrate genuine curiosity and interest in an individual's situation and circumstances through listening with intent to understand and without judgment.
- Interactions reflect a positive regard and an acceptance of people as they are.

BELONGING

- We create an environment in which people can be authentic, express their needs and perspectives safely, and feel connected.
- We are proactively inclusive, recognize the uniqueness and strengths of others, and value all contributions.
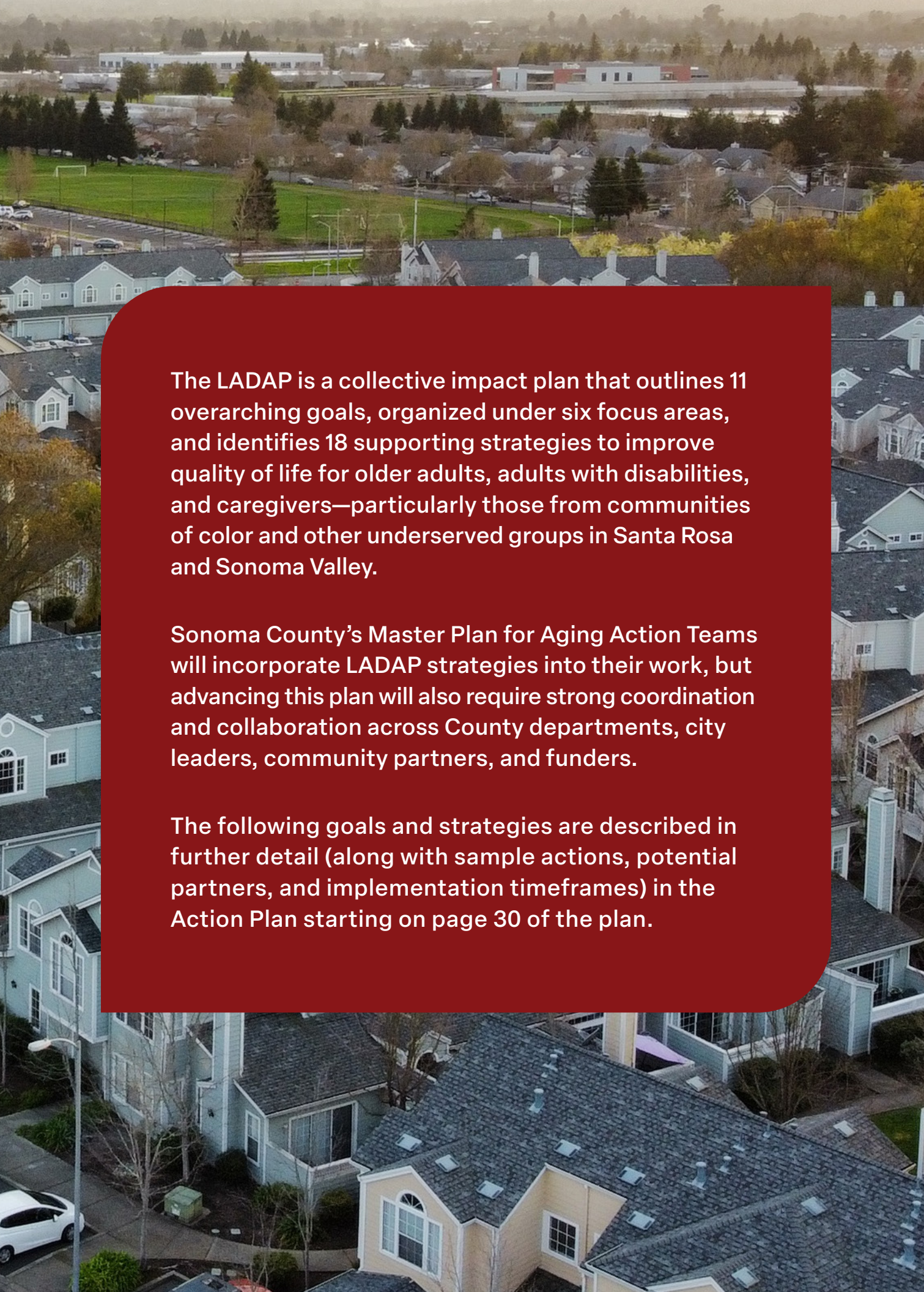
RESPONSIVENESS

- We are purposeful in getting feedback and meaningfully incorporate information to improve services and outcomes.
- We demonstrate a willingness to implement change to improve quality.

HUMILITY

- We demonstrate a desire to learn from others and a commitment to incorporating diverse ideas and perspectives.
- We recognize when we make a mistake and course correct accordingly.
- We reflect an awareness of power and privilege and strive to be inclusive and transparent with each other and those we serve.

INTEGRITY

- Our words and actions are in alignment with adopted values.
- We are dependable, work to maintain public trust, and carry out our work consistent with requirements and expectations.

The LADAP is a collective impact plan that outlines 11 overarching goals, organized under six focus areas, and identifies 18 supporting strategies to improve quality of life for older adults, adults with disabilities, and caregivers—particularly those from communities of color and other underserved groups in Santa Rosa and Sonoma Valley.

Sonoma County's Master Plan for Aging Action Teams will incorporate LADAP strategies into their work, but advancing this plan will also require strong coordination and collaboration across County departments, city leaders, community partners, and funders.

The following goals and strategies are described in further detail (along with sample actions, potential partners, and implementation timeframes) in the Action Plan starting on page 30 of the plan.

Community open house at Salvation Army Senior Activities Center in Santa Rosa
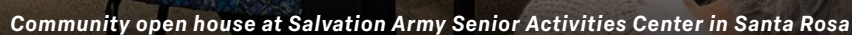
GOAL AREA

HOUSING

The LADAP's vision for Housing is one in which older adults and adults with disabilities—particularly those from underserved groups—can remain in their homes with the support and services of their community. This vision can be achieved through the following goals:

Housing Without Barriers

- Advocate for anti-displacement policies

Aging in Place

- Improve access to home modifications and in-home services

Age-Friendly Communities

- Create inclusive, accessible, and supportive communities

TRANSPORTATION

The LADAP's vision for Transportation is one in which older adults and adults with disabilities—particularly those from underserved groups—can travel safely and easily throughout the county, without fear of disruption. This vision can be achieved through the following goals:

Connected Mobility

- Expand and improve transportation options in rural areas

Safe Public Transit

- Address incidents of age-based discrimination on public transit

GOAL AREA

HEALTH

The LADAP's vision for Health is one in which older adults and adults with disabilities—particularly those from underserved groups—have access to affordable healthcare services that respond to their needs and are attuned to their cultural backgrounds. This vision can be achieved through the following goals:

Welcoming Health Systems

- Incorporate language support, culturally appropriate care, and care navigators to improve access to services
- Design age-friendly health care systems for communities of color and other underserved groups
- Invest in workforce development programs that support aspiring health care professionals from communities of color and other underserved groups

Equitable Healthcare Access

- Collaborate with cultural and faith-based organizations to expand access to healthcare services
- Develop hospice and palliative care programs for unhoused individuals

WELLNESS, EQUITY, AND INCLUSION

The LADAP's vision for Wellness, Equity, and Inclusion is one that centers planning and implementation around those communities directly affected—particularly historically marginalized populations—to ensure that they are properly served and supported. This vision can be achieved through the following goals:
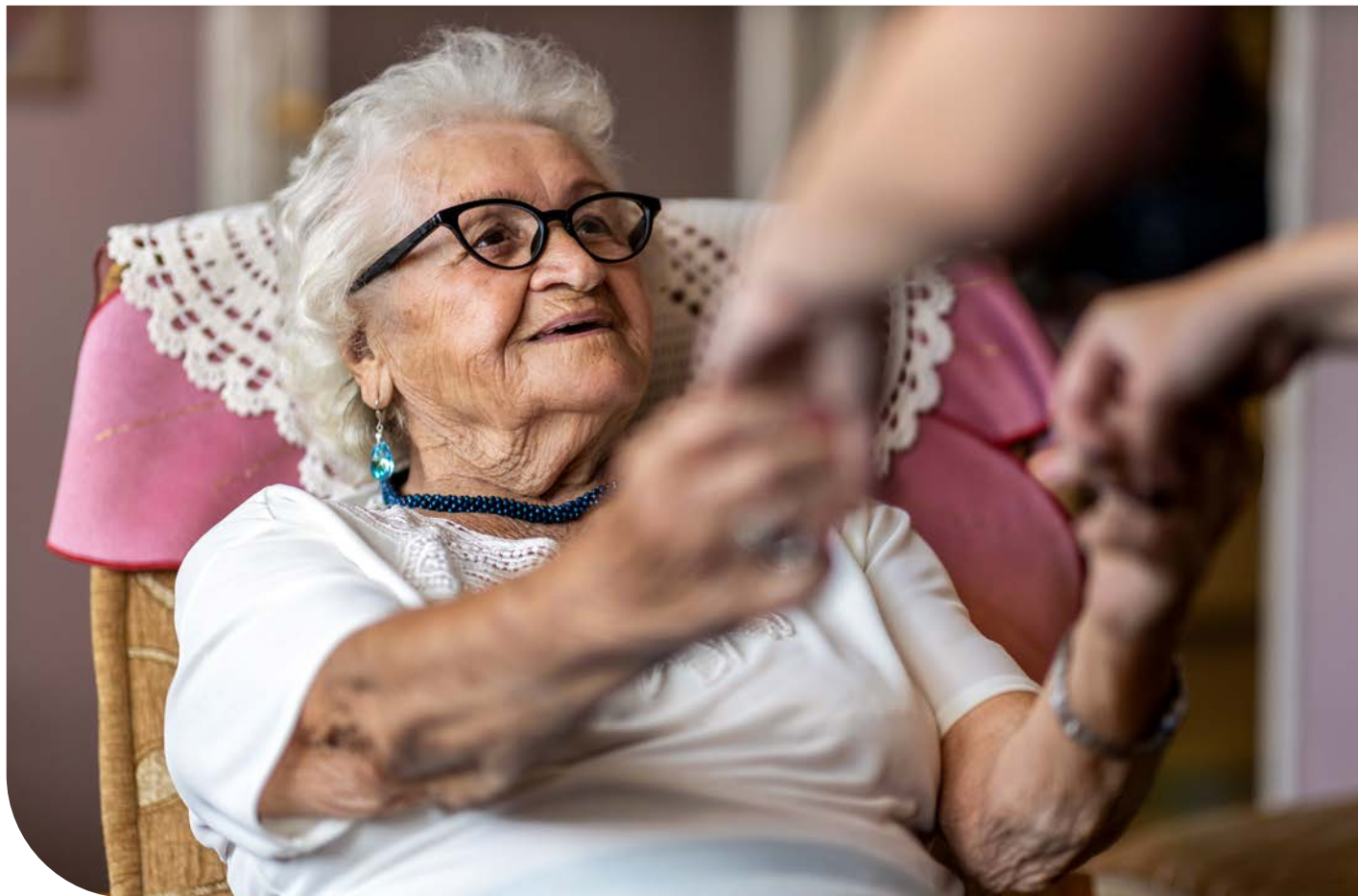
Centering Community Voices

- Develop community leaders, enhance community capacity, and establish formal collaboration structures to meet the unique needs of local communities

Culturally-Responsive Services and Information

- Support grassroots and community-based organizations to provide culturally responsive and in-language outreach

GOAL AREA

CAREGIVING

The LADAP's vision for Caregiving is one in which older adults and adults with disabilities—particularly those from underserved groups—have access to culturally responsive caregiver support tailored to their unique needs and circumstances. This vision can be achieved through the following goals:

Culturally Rooted Care

- Develop and maintain a comprehensive caregiver resource directory; invest in services and programs through community cultural hubs
- Ensure fair compensation, benefits, and quality standards for caregivers

ECONOMIC SECURITY

The LADAP's vision for Economic Security is one in which older adults and adults with disabilities—particularly those from underserved groups—can afford their essential needs while being protected from financial exploitation. This vision can be achieved through the following goals:

Economic Security for All

- Improve access to public benefits while increasing protection from scams and financial abuse

- Support training programs and employment services for older adults

- Explore programs such as basic income or supplemental retirement funds

LOCAL AGING AND DISABILITY ACTION PLAN

ACKNOWLEDGMENTS

> **The LADAP is a collective impact plan that reflects the wisdom and insights of these individuals, organizations, and the more than 135 community members who contributed throughout the process.**

LADAP Advisory Council

- Ana Horta, *City of Santa Rosa*
- Angela Conte, *Community Advocate*
- Brooke Brand, *Providence Health*
- Chris Ryan, *Providence Health*
- Erick Larson, *Village of Sonoma Valley*
- Evette Minor, *EFZM Engage*
- Grace Cheung-Schulman, *Asian American Pacific Islander Coalition of North Bay*
- Liz DeRouen, *Indian Child and Family Preservation Program*
- Lizette Vergara, *La Plaza*
- Maricarmen Reyes, *Sonoma Valley Community Health Center*
- Mario Castillo, *Comida Para Todos*
- Martha Almeida-Masson, *Together for Moorland*
- Melissa Slama, *North Bay Regional Center*
- Nelly Schuler, *Vietnam Veteran & Keller Williams Realty*
- Rubin Scott, *Community Equity Foundation*
- Stacie Morales, *Vintage House Senior Center*
- Stephanie Rodriguez, *Becoming Independent*

Additional Community and Organizational Partners

- Adriana Arrizon, *Health Action Together*
- California Indian Museum and Cultural Center
- Community Baptist Church
- Disability Services and Legal Center
- Kati Aho, *LightHouse of the Blind and Visually Impaired*
- Kirstyne Lange, *NAACP Santa Rosa–Sonoma Branch*
- Kurt Peterson, *Catholic Charities of the Diocese of Santa Rosa*
- Lee Rocchio, *Catholic Charities of the Diocese of Santa Rosa*

The LADAP would not have been possible without the dedication of these extraordinary public servants, community advocates, cultural centers, and organizations.

- Lindsay Franco, *Sonoma County Office of Equity*
- Margaret DeMatteo, *Legal Aid of Sonoma County*
- Matthew Verscheure, *Catholic Charities of the Diocese of Santa Rosa*
- NAACP Santa Rosa–Sonoma Branch
- New Beginnings Ministry of Love
- Nicole Myers-Lim, *California Indian Museum and Cultural Center*
- Patricia Galindo, *La Luz Center*
- Rubyd Olvera, *Sonoma County Office of Equity*
- Salvation Army Senior Activities Center
- Sonoma United Methodist Church
- Stephanie Merrida, *Catholic Charities of the Diocese of Santa Rosa*
- Sunny Noh, *Legal Aid of Sonoma County*
- Wat Meangkolvorn

Over 135 Sonoma County residents

Sonoma County Human Services Department Staff

- Angela Struckmann
- Paul Dunaway
- Gary Fonteno
- Joni Huntsperger
- Kathleen Cortez
- Paul Dunaway
- Sara Avery

MIG Consultant Team

- Danyel Cisneros
- Gina Huang
- Itzel Peña
- Kate Welty
- Madeleine Salem
- Maria Mayer
- Noé Noyola
- Rachel Bennett
- Ramona McCabe
- Tim Carroll
- Zora Whitfield

Advisory Council members and project staff developing the LADAP goals and strategies

TABLE OF CONTENTS

PLANNING FOR AN AGING POPULATION

California is aging rapidly. Projections estimate that by 2030 a quarter of the state's population will be aged 60 or over. In Sonoma County we have already reached that milestone, with 28% of residents within that age range. As this demographic shift continues, we must plan thoughtfully to ensure that Sonoma County communities are equipped to support healthy aging and promote well-being for people of all ages and abilities.

California has been planning for the state's aging population for several years. In 2020, Governor Gavin Newsom released the California Master Plan for Aging, a comprehensive blueprint to help communities respond to these demographic changes. The statewide plan calls on government, nonprofit, and private sector partners to work together to create communities where people of all ages and abilities can live with dignity, connection, and opportunity. The plan focuses on equity and inclusion—addressing systemic barriers and ensuring that support is tailored to individual needs to achieve fair and just outcomes for all. After release of the statewide plan, counties across the state have followed suit, creating their own county Master Plans for Aging to address specific community needs.

In Sonoma County, the Human Services Department (HSD) is a key leader in this effort, supporting the well-being of more than 150,000 residents each day. Within HSD, the Adult and Aging Division and its Area Agency on Aging lead initiatives to promote dignity, independence, and quality of life for older adults, adults with disabilities, and caregivers. This work includes assessing community needs, developing responsive plans, delivering essential services, and advancing collective action to ensure all residents can age well in Sonoma County.

Community open house at La Luz in Sonoma

SONOMA COUNTY'S MASTER PLAN FOR AGING

In 2024, Sonoma County released its local *Master Plan for Aging (MPA)*, available in English and Spanish. This 10-year plan outlines the county's top priorities and strategies for improving the health and well-being of older adults, adults with disabilities, and caregivers. While aligned with the state's overarching vision, Sonoma County's MPA is grounded in local realities and shaped by community engagement, research, and input from a diverse Steering Committee. The plan includes strategies related to advocacy, program expansion, community outreach, and new service development, and is intended to evolve over time in response to changing community needs.

Even with the success of the MPA, HSD's Adult and Aging Division and Area Agency on Aging acknowledge that some historically underserved populations continue to face challenges in planning, outreach, and service delivery. Older adults, adults with disabilities, and caregivers who identify as American Indian or Alaska Native, Asian, Black, Latino, Native Hawaiian or Pacific Islander (collectively referred to as communities of color), as well as immigrants, refugees, and people with low incomes are consistently under-represented in countywide surveys and other engagement activities—highlighting a disconnect between formal research and lived experiences. Gaps in resources are especially pronounced in Santa Rosa and across Sonoma Valley, where services are often fragmented or harder to access.
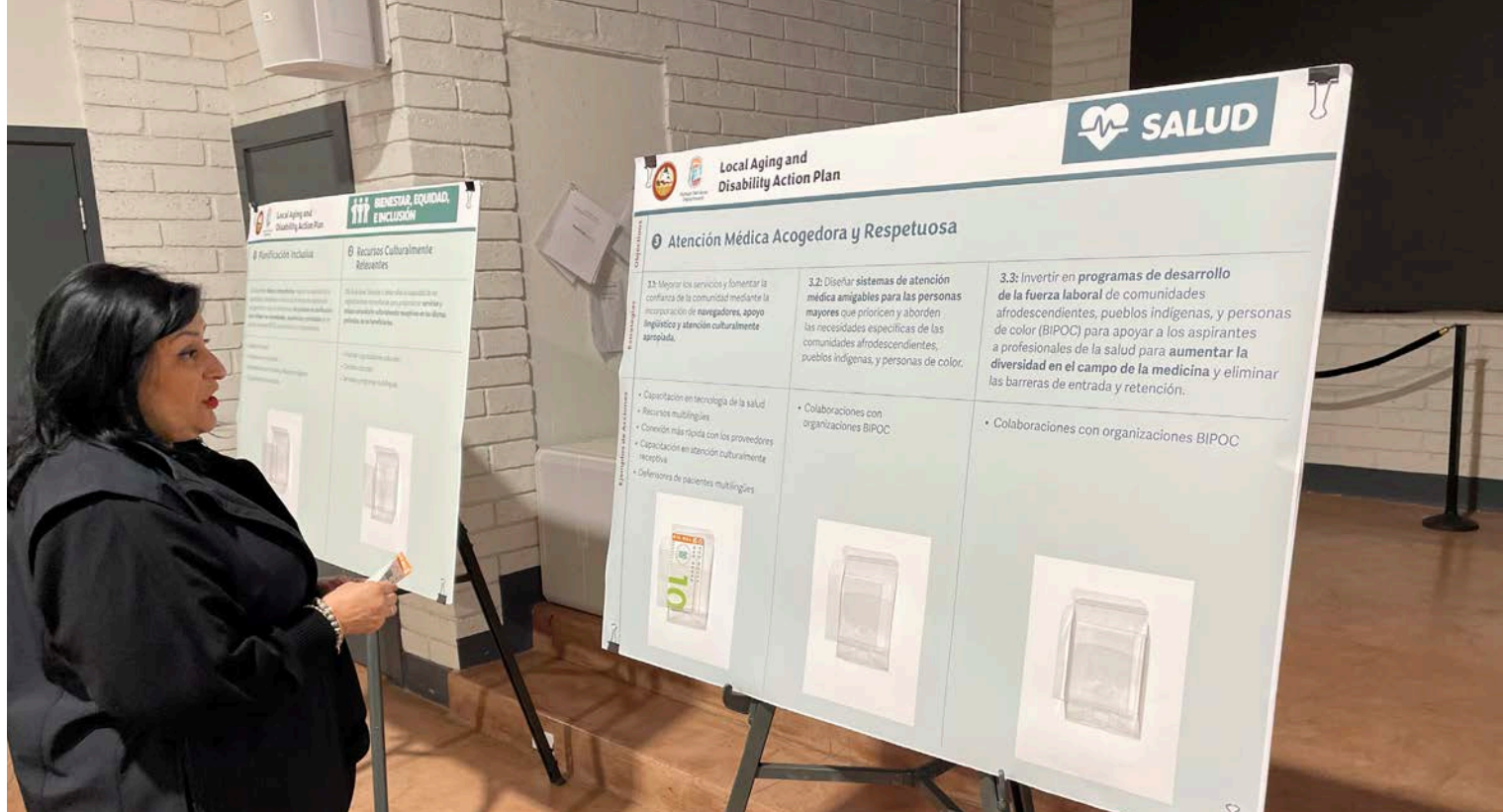
A FOCUS ON EQUITY AND INCLUSION

The historic and systemic inequities faced by communities of color and other underserved populations have a profound impact on the ability of these communities to support and care for their aging residents. Racially-based exclusionary policies like redlining created generational economic insecurity, displacement, and adverse health impacts.

Older adults who are immigrants often face a unique set of challenges when accessing care, including deep mistrust of public systems due to past experiences with discrimination or immigration enforcement. Eligibility barriers—such as unclear documentation requirements or limited access to programs—combine with a lack of linguistically and culturally responsive services, making it difficult to navigate health and social support systems with confidence or consistency.

Sonoma County's Local Aging and Disability Action Plan (LADAP) was developed to directly address these disparities. In 2023, the Sonoma County Board of Supervisors declared racism a public health crisis and committed to embedding racial justice into all countywide planning efforts. In line with this commitment, the HSD's Adult and Aging Division secured funding from the California Department of Aging to develop the LADAP.

LADAP Priority Populations

The LADAP focuses particularly on the needs of:

- Older adults, adults with disabilities, and caregivers who identify as American Indian or Alaska Native, Asian, Black, Latino, Native Hawaiian or Pacific Islander (collectively referred to as communities of color), as well as immigrants, refugees, and all people with low incomes.

Community open house at Salvation Army Senior Activities Center in Santa Rosa

Throughout this plan, these groups may also be referred to using the following terms:

- "Older adults, adults with disabilities, and caregivers from communities of color and other underserved groups in Santa Rosa and Sonoma Valley," or
- "LADAP priority populations."

Centered on Santa Rosa and Sonoma Valley—two areas with some of the highest concentrations of LADAP priority populations—the plan offers a community-driven, equity-focused roadmap to advance aging and disability policy. At the time of initiation, neither area had an age-friendly plan in place, though both expressed strong interest in collaborating with the county. The LADAP also positions both cities to pursue AARP's "Age-Friendly" designation, opening the door to additional grant opportunities and national visibility.

The LADAP prioritizes underserved communities as a way to lift up all community members and to ensure that access, investment, and opportunity are guided by racial equity, consistent with the direction set by the County Board of Supervisors.

While the specific needs of LGBTQ+ older adults did not emerge as a prominent theme in the community engagement process, our analysis suggests there may be underlying challenges and unmet needs that were not fully explored. This plan is not intended to be all-encompassing, and future efforts should intentionally engage LGBTQ+ older adults to better understand and address their unique experiences and priorities.

The LADAP's place-based, equity-centered approach ensures that Sonoma County is not only responding to demographic change, but actively shaping a future where all residents—especially those in underserved communities—can live and age with dignity, security, and opportunity.

KEY DIFFERENCES BETWEEN THE MASTER PLAN FOR AGING AND LADAP

While both the *Master Plan for Aging (MPA)* and this *Local Aging and Disability Action Plan (LADAP)* are community-wide collective impact initiatives with backbone support from the Human Services Department's Adult and Aging Division to support older adults, adults with disabilities, and caregivers, the LADAP places a distinct emphasis on equity— focusing on underserved priority populations.

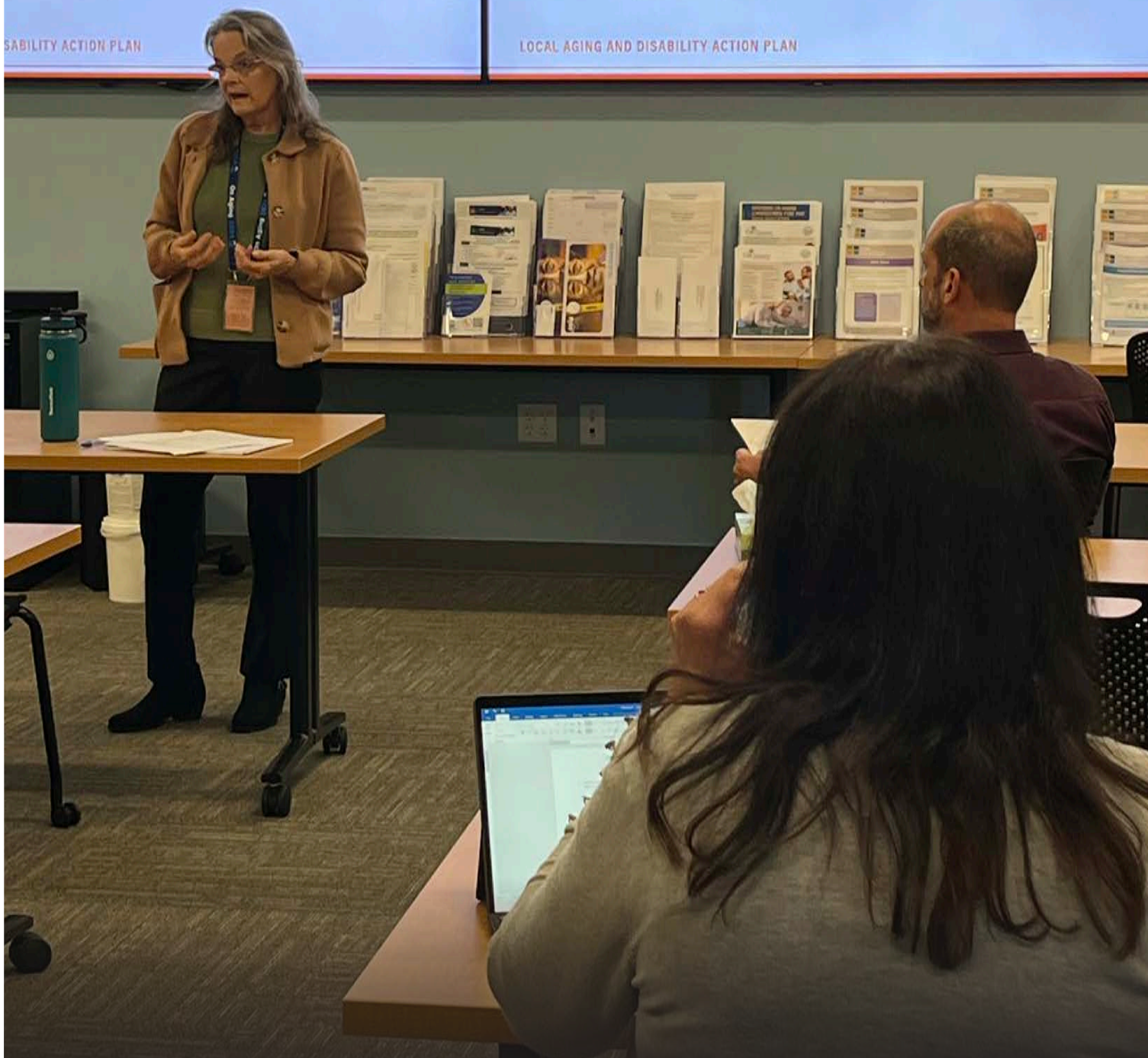| MPA Guiding Questions	LADAP Guiding Questions
What are the needs and desires of older adults, people with disabilities, and caregivers?	What are the needs and desires of older adults, **adults** with disabilities, and caregivers **in Santa Rosa and Sonoma Valley? How do these vary by different dimensions of diversity, including race and ethnicity and language spoken?**
What are the strengths, opportunities, and gaps in services and supports for older adults, people with disabilities, and caregivers?	What are the strengths, opportunities, and gaps in services and supports for older adults, **adults** with disabilities, and caregivers **in Santa Rosa and Sonoma Valley? What racial inequities exist in these areas?**
What efforts exist today?	What efforts exist today **in Santa Rosa and Sonoma Valley? What efforts exist to advance racial equity?**
How have other steering committees approached developing and implementing strategic plans for aging, and what lessons were learned?	How have other steering committees approached developing and implementing strategic plans for aging, and what lessons were learned **about supporting underserved communities?**
What are emerging as the greatest areas of need and opportunity that should be considered when identifying priorities for the Local MPA?	What are emerging as the greatest areas of need and opportunity that should be considered when identifying priorities **for the LADAP in Santa Rosa and Sonoma Valley? Which priorities will have a positive impact on improving equitable outcomes for older adults, adults with disabilities, and caregivers from communities of color and other underserved groups?**

Advisory Council members and project staff developing the LADAP goals and strategies

Santa Rosa and Sonoma Valley Profiles

SANTA ROSA

Santa Rosa encompasses the City of Santa Rosa and the unincorporated towns of Fulton and Larkfield/Wikiup. As the county seat and largest city in Sonoma County, Santa Rosa had a population of 178,221 as of the 2020 Census. Governed by its own City Council, it serves as the regional hub for health and social services. The nearby towns of Fulton and Larkfield/Wikiup fall under the jurisdiction of the County Board of Supervisors.

Spanning 44 square miles, Santa Rosa features a diverse mix of neighborhoods, from a dense downtown core to semi-rural areas surrounded by farmland. Major employers include health care providers, educational institutions, and technology companies. As the northwestern gateway to the Sonoma and Napa Valleys, Santa Rosa also benefits from a strong tourism economy.

Older adults make up a significant share of the population:

- **24%** of Santa Rosa residents are aged **60** or older, compared to the state average of **18%**.
- In Fulton, older adults represent **32.9%** of the population; in Larkfield/Wikiup, **12.2%**.
- About **7%** of Santa Rosa's population is aged **75** or older, and the city ranks sixth nationally for cities with the highest population of residents aged **85+**.

The community is also racially and ethnically diverse:

- **60%** identify as White alone.
- **19%** identify as "some other race" and 11% as two or more races.

- About **34%** of the population is Hispanic or Latino, primarily of Mexican origin.
- The Asian population is predominantly Filipino or Chinese.
- **One-third** of residents speak a language other than English at home, with Spanish being the most common.

Among residents aged 60+:

- **12.7%** identify as Hispanic or Latino.
- **35.1%** are non-U.S. citizens.
- **18%** speak a language other than English at home.
- **8.5%** live below the poverty level.
- Black, American Indian/Alaska Native, Asian, Native Hawaiian, and Pacific Islander residents collectively make up **7.1%** of the older adult population.
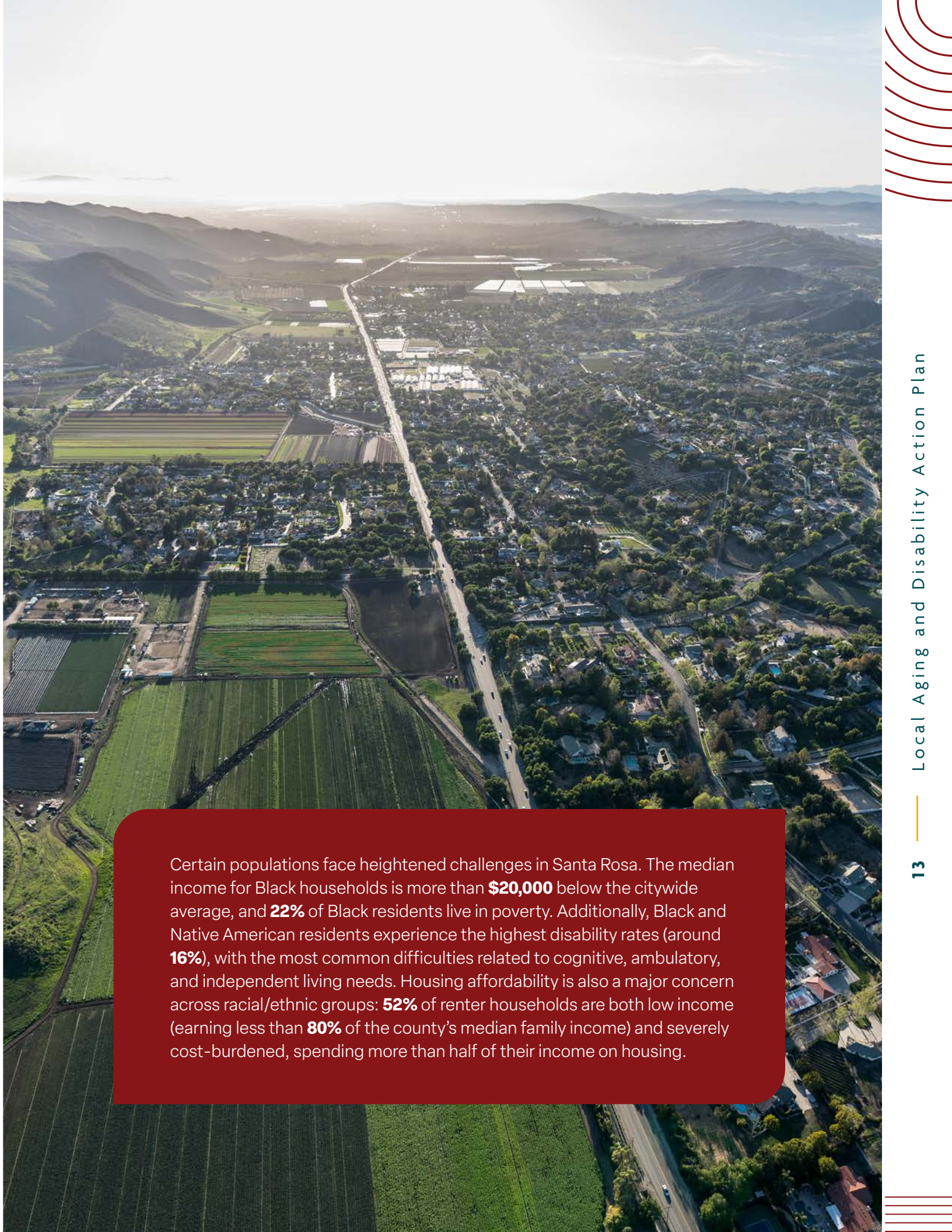
Certain populations face heightened challenges in Santa Rosa. The median income for Black households is more than **$20,000** below the citywide average, and **22%** of Black residents live in poverty. Additionally, Black and Native American residents experience the highest disability rates (around **16%**), with the most common difficulties related to cognitive, ambulatory, and independent living needs. Housing affordability is also a major concern across racial/ethnic groups: **52%** of renter households are both low income (earning less than **80%** of the county's median family income) and severely cost-burdened, spending more than half of their income on housing.

SONOMA VALLEY

Located southeast of Santa Rosa, Sonoma Valley stretches 17 miles along State Route 12 and includes the City of Sonoma and the surrounding unincorporated towns of Boyes Hot Springs, El Verano, Eldridge, Fetters Hot Springs–Agua Caliente, Glen Ellen, Kenwood, and Temelec. While the City of Sonoma is governed by its own City Council, the smaller unincorporated towns and rural areas fall under the jurisdiction of the Sonoma County Board of Supervisors.

Nestled between the Mayacamas and Sonoma Mountains, the valley is characterized by clusters of residential development surrounded by vineyards and open space. Its primary industries are winemaking and tourism.

Sonoma Valley has a total population of approximately 50,975. Over 40% of residents are age 60 or older—more than one in three. Because many of these towns are small, population data must be interpreted with caution; census tracts were used for more accurate estimates, though margins of error remain high.

Demographic highlights include:

- **76%** of the population identifies as White, **12%** as two or more races, and **24%** as Hispanic or Latino (primarily of Mexican descent).
- **79%** of households primarily speak English, while **15%** speak Spanish.
- Adults aged **60+** represent a significant share across the valley:
  - » **26.6%** in Boyes Hot Springs.
  - » **28.9%** in El Verano.
  - » **20.2%** in Eldridge.
  - » **23.4%** in Fetters Hot Springs–Agua Caliente.
  - » **18.3%** in Glen Ellen.
  - » **47.2%** in Kenwood.
  - » **40.5%** in Sonoma.
  - » **94.4%** in Temelec.
- Within the 60+ population:
  - » **9%** identify as Latino or Hispanic.
  - » **24.4%** are non-U.S. citizens.
  - » **3.8%** identify as Black, American Indian/Alaska Native, Asian, Native Hawaiian, or Pacific Islander.
  - » About **18%** speak a language other than English at home.
  - » **5.3%** live below the poverty level.
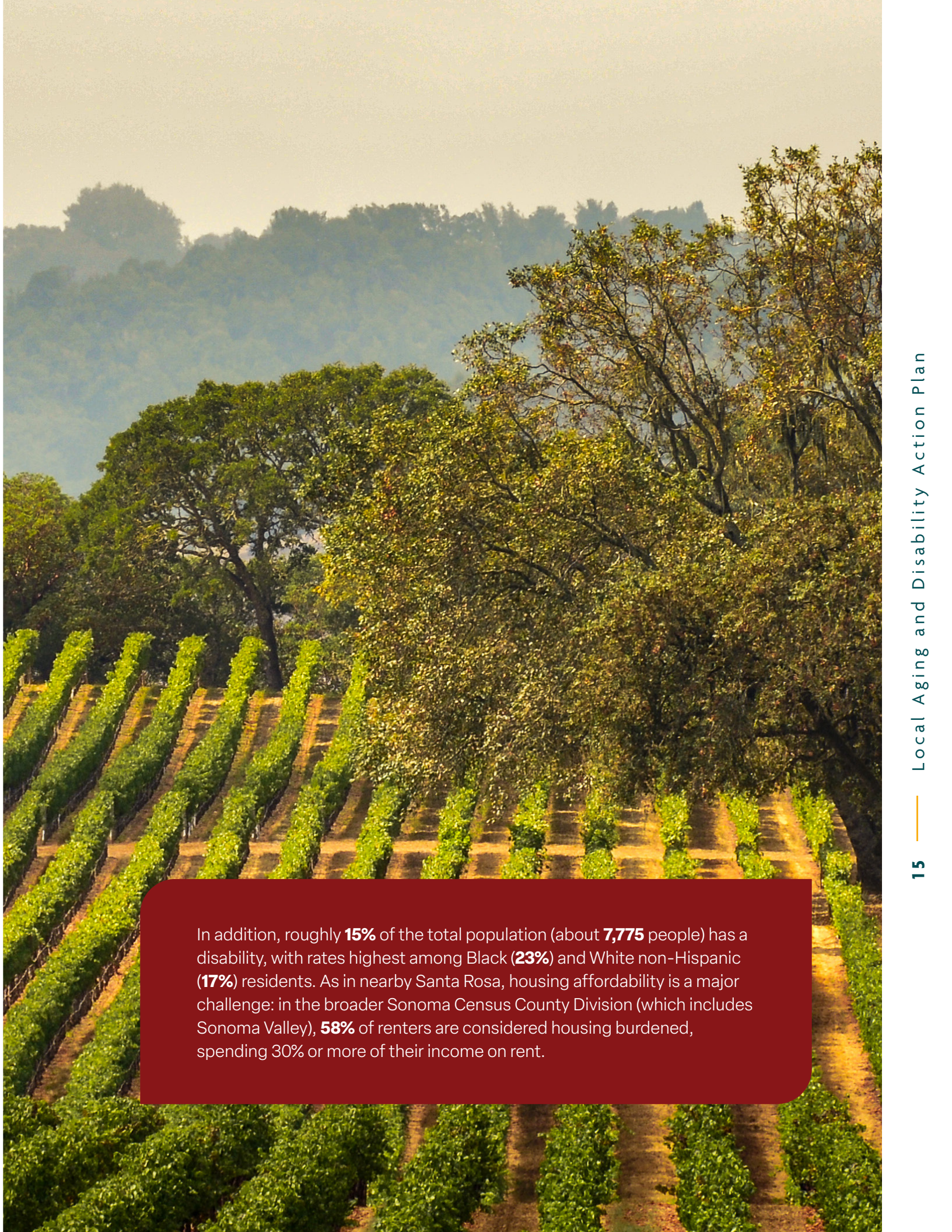
In addition, roughly **15%** of the total population (about **7,775** people) has a disability, with rates highest among Black (**23%**) and White non-Hispanic (**17%**) residents. As in nearby Santa Rosa, housing affordability is a major challenge: in the broader Sonoma Census County Division (which includes Sonoma Valley), **58%** of renters are considered housing burdened, spending 30% or more of their income on rent.

PLANNING PROCESS

The Path to an Inclusive Action Plan

PROJECT TEAM AND ADVISORY COUNCIL

After receiving a grant from the California Department of Aging in 2023, Sonoma County's Human Services Department (HSD) launched a competitive process to select a consultant to support development of the Local Aging and Disability Action Plan (LADAP). MIG, a mission-driven firm with expertise in community planning and equity-centered engagement, was selected to partner with HSD's Adult and Aging Division. Together, the project team led a collaborative planning process, conducting a community needs assessment and engaging local residents, service providers, and community-based organizations to inform the plan.

A key early step in the LADAP process was establishing an Advisory Council to help guide the plan's development and ensure inclusive, community-driven engagement. Members were selected for their expertise in aging and disability issues, deep connections to underserved communities across the county, and strong commitment to sustained involvement throughout the planning process. The County prioritized recruiting individuals who could bring lived experience—particularly those from communities of color

or representing organizations that serve LADAP priority populations. The Advisory Council helped shape every stage of the plan by providing input on:

- Project activities and timeline
- Community needs and local context
- Engagement and outreach strategies
- Culturally responsive planning approaches
- Strategic priorities and directions
- Draft plan elements

Members also helped develop and publicize community engagement events and connected the project team with potential local partners and trusted meeting hosts. To support participation, HSD provided stipends to member organizations serving LADAP priority populations in Santa Rosa and Sonoma Valley. The Advisory Council met, typically on a monthly basis, from January 2024 through June 2025. Members were recruited through an open call for nominations shared on County social media channels and through partner networks.

Community open house at New Beginnings Ministry of Love church in Santa Rosa

LADAP Advisory Council members:

Ana Horta, *Community Engagement Manager, City of Santa Rosa*

Ana is a bilingual, bicultural social worker and program manager with over a decade of experience serving vulnerable populations in Sonoma County and across Latin America. She brings strong leadership in public health, social equity, and cross-cultural collaboration, with a focus on advancing equity through inclusive, community-centered approaches. Ana is deeply committed to reducing disparities and building bridges across diverse communities.

Angela Conte, *Community Advocate and Sustainable Community Designer*

Angela Conte is a sustainable community designer, developer, and advocate for affordable housing, committed to creating micro-regenerative communities that foster both social connection and environmental responsibility. She advocates for innovative and inclusive approaches to housing that emphasize shared living models, mutual-aid systems, and long-term resilience through her consulting company, Axis4Group. Angela currently serves as a Commissioner for the City of Santa Rosa Housing Authority and Chair of Sonoma County's Transit Paratransit Coordinating Committee, where she champions accessible, community-rooted solutions for housing, mobility, and economic equity.

Brooke Brand, *Injury Prevention Coordinator, Providence Santa Rosa Memorial Hospital*

Brooke leads age-friendly hospital efforts and provides community outreach on injury prevention and care for older adults. With training in nursing, she has led educational programming across Sonoma County, including for schools, families, and healthcare professionals.

Chris Ryan, *Area Director of Rehabilitation Services, Providence St. Joseph Health*

Chris is a physical therapist and healthcare leader who oversees physical, occupational, and speech therapy services at Santa Rosa Memorial and Petaluma Valley Hospitals. He is recognized for his commitment to community health and has received multiple honors, including the Values in Action Award for Justice and the Celebration of Dreams Award for Health and Wellness

Erick Larson, *Founding Executive Director, Village of Sonoma Valley*

Erick brings extensive experience in aging services, including leadership in senior residential communities and home care across Marin, Sonoma, and Napa Counties. He serves on the Board of Village Movement California, the Sonoma County Master Plan for Aging Steering Committee, and the Sonoma County Aging and Disability Commission.

Evette Minor, *Community Advocate and Founder, EFZM Engage*

Evette is a longtime resident of Santa Rosa with a background in business administration from Sonoma State University. She serves on numerous boards and committees, including the Santa Rosa Health Action Chapter, the Chief's Community Advisory Team, and the Santa Rosa City Measure O Oversight Committee. She brings a strong commitment to equity, civic engagement, and elevating underrepresented voices.

Grace Cheung-Schulman, *Co-Founder and Vice President, Asian American Pacific Islander Coalition of the North Bay*

Grace is a community activist, artist, and longtime leader in education, nonprofit work, and the arts. As Co-Founder and Vice President of the Asian American Pacific Islander Coalition of the North Bay, she helps lead efforts to celebrate culture, empower the community, and promote positive change for AAPI residents. Through

creative expression and grassroots advocacy, Grace builds bridges across communities and advances equity throughout the region.

Liz Elgin DeRouen, *Executive Director, Indian Child and Family Preservation Program*

Liz has served as an Indian Child Welfare Act (ICWA) advocate for over 30 years and holds several leadership roles in tribal and restorative justice organizations. She served on the Sonoma County Master Plan for Aging Steering Committee.

Lizette Vergara, *Program Director, La Plaza (On the Move)*

Lizette leads a Latino-created and -led healing program in Santa Rosa. She brings a deep commitment to social equity, empowerment, and family well-being, and works to foster safe, inclusive community spaces.

Maricarmen Reyes, *Outreach & Event Coordinator, Sonoma Valley Community Health Center*

Maricarmen is a first-generation college graduate and daughter of Mexican immigrants. With a background in education and advocacy, she has served with the Sonoma Valley Unified School District, La Luz Center, and now also serves on the Springs Municipal Advisory Council.

Mario Castillo, *Family Engagement Coordinator and Community Advocate*

Mario has nearly 30 years of experience advocating for the Latino community in Sonoma Valley. He is active in local nonprofit work and deeply engaged in issues including housing, education, and food security through his involvement with Comida Para Todos.

Melissa Slama, *Senior Companion Program Supervisor, North Bay Regional Center*

Melissa supports adults with developmental disabilities and previously worked in adult

therapy programs and autism support services. She holds degrees from the University of Idaho and Boise State University.

Nelly Schuler, *Vietnam Veteran and Realtor, Keller Williams Realty*

Nelly is a bilingual (English/Spanish) realtor and veteran with over 30 years of experience in Northern California's real estate sector. She has extensive knowledge of nonprofit business models and previously served on the Sonoma County Master Plan for Aging Steering Committee.

Rubin Scott, *Executive Director, Community Equity Foundation*

Rubin is the former President of the Santa Rosa–Sonoma County NAACP. A longtime advocate for racial justice and youth services, he is widely recognized for his leadership in addressing systemic racism and served on the Sonoma County Master Plan for Aging Steering Committee.

Stacie Morales, *Executive Director, Vintage House Senior Center*

Stacie previously served as CEO of MOVE Stanislaus Transportation and was named a "Rising Star" by the California Association for Coordinated Transportation. She is dedicated to enriching the lives of seniors through programming that fosters connection, learning, and wellness.

Stephanie Rodriguez, *Service Director, Becoming Independent*

Stephanie has nearly 15 years of experience at Becoming Independent, supporting adults with intellectual and developmental disabilities. She is a graduate of Sonoma State and the National Leadership Consortium on Developmental Disabilities through the University of Delaware.

COMMUNITY NEEDS ASSESSMENT

Guided by the Advisory Council, the project team conducted a comprehensive community needs assessment to understand the strengths, challenges, and unmet needs of LADAP priority populations: older adults, adults with disabilities, and caregivers who identify as American Indian or Alaska Native, Asian, Black, Latino, Native Hawaiian or Pacific Islander (collectively referred to as communities of color), as well as immigrants, refugees, and people with low incomes.

The needs assessment emphasized qualitative methods to center lived experiences often left out of conventional data sources like the U.S. Census. Such methods included:

- Five targeted community-based focus groups
- Sixteen key informant interviews with community leaders and service providers
- A review of local data and relevant reports, including the Sonoma County Master Plan for Aging, Portrait of Sonoma County (2021), and AAA Area Plan Surveys from 2019 and 2023

COMMUNITY FOCUS GROUPS

The LADAP project team conducted focus groups with individuals who share common identities, experiences, or cultural backgrounds to gain deeper insight into their specific needs and priorities. Topics were developed in consultation with the Advisory Council, drawing on themes identified in earlier interviews and secondary research.

A total of five focus groups were held with the following groups:

- Adults with disabilities (8 participants; online for accessibility)
- Black and African American older adults, adults with disabilities, and caregivers (6 participants)
- Cambodian older adults, adults with disabilities, and caregivers (13 participants)
- Native American older adults, adults with disabilities, and caregivers (6 participants)
- Spanish-speaking older adults, adults with disabilities, and caregivers (15 participants)

Outreach and recruitment efforts were led by trusted community-based organizations, with meetings held in accessible, culturally-responsive spaces, including the California Indian Museum and Cultural Center, Community Baptist Church, Sonoma United Methodist Church, and Wat Meangkolvorn Temple. All participants received a stipend in recognition of their time and expertise.

COMMUNITY LEADER INTERVIEWS

To supplement the focus groups, the project team also conducted interviews with 16 individuals representing a range of community organizations and lived experiences. Interviewees shared insights about the strengths, barriers, and needs of the communities they work with. Their input shaped focus group topics and informed outreach efforts. Many also supported the project team by connecting them to broader networks or potential participants.

Interviewees:

- Adriana Arrizon, *Health Action Together*
- Grace Cheung-Schulman, *Asian American Pacific Islander Coalition of North Bay*
- Kati Aho, *LightHouse for the Blind and Visually Impaired*
- Kirstyne Lange, *NAACP Santa Rosa– Sonoma Branch*
- Lindsay Franco & Rubyd Olvera, *Sonoma County Office of Equity*
- Margaret DeMatteo & Sunny Noh, *Legal Aid of Sonoma County*
- Maricarmen Reyes, *Sonoma Valley Community Health Center*
- Kurt Petersen, *Lee Rocchio, Matthew Verscheure & Stephanie Merrida, Catholic Charities of the Diocese of Santa Rosa*
- Nicole Myers-Lim, *California Indian Museum and Cultural Center*
- Patricia Galindo, *La Luz Center*
- Stacie Morales, *Vintage House Senior Center*

Bilingual outreach for the LADAP community open houses

FROM INPUT TO PRIORITIES

The Advisory Council and project team met regularly to review and reflect on findings from the needs assessment. Through thoughtful discussion, the group translated community feedback into a draft set of goals and strategies which were in turn refined and prioritized, with consideration given to implementation approaches, feasibility, potential partners, and funding opportunities.

COMMUNITY PRIORITIZATION MEETINGS

To ensure the LADAP reflected the voices and priorities of those most impacted, the project team returned to the community for an additional round of engagement. In partnership with four trusted organizations—Becoming Independent, La Luz Center, New Beginnings Ministry of Love, and Salvation Army Senior Activities Center—the team hosted community meetings designed to reach Spanish-speaking residents, Black community members, and adults with disabilities in particular, though all Sonoma County residents were welcome. All attendees, along with host organizations, received stipends for their participation.

Local Aging and Disability Action Plan

CUIDADO DE PERSONAS

Objectivos

⑪ **Cuidado Culturalmente Relevante**

Estrategias

11.1: Ampliar el acceso a recursos de **cuidado culturalmente relevantes mediante** el desarrollo y mantenimiento de **un directorio integral de recursos para cuidadores**, e invirtiendo en servicios y programas a través de **centros culturales comunitarios.**

11.2: Fortalecer la fuerza **laboral de cuidado** asegurando una **compensación, beneficios y estándares de calidad** justos para los cuidadores.

Ejemplos de Acciones

- Cambio en la política de salud
- Directorio de recursos para cuidadores
- Centros comunitarios

- Salarios y beneficios para cuidadores
- Educación familiar
- Salarios para cuidadores indocumentados
- Supervisión e informes multilingües para cuidadores

Poster boards displaying LADAP goals and strategies, with white spaces for envelopes where community members "spent" their play money

The meetings were held in an open-house format, with food provided by local vendors and opportunities for participants to engage in friendly conversations. Community members were guided through a series of posters presenting LADAP goals and strategies. Using $200 in play money (in $10 denominations), participants indicated their priorities by placing bills into envelopes on the posterboards indicating which strategies they found most meaningful. Project team members facilitated dialogue to better understand why participants chose certain strategies and what challenges and opportunities they foresaw in their communities.

While common themes emerged across the meetings, the diversity of responses reflected the distinct lived experiences of each community. These insights were essential in refining and validating the LADAP's goals and strategies.

Finalizing the Plan

With feedback from community members and the Advisory Council, the project team finalized the LADAP goals and strategies, which are presented later in this plan. Each strategy includes sample actions to help guide implementation over time.

The LADAP is a collective impact plan—its success depends on ongoing collaboration among government agencies, nonprofit organizations, community groups, and residents. By centering equity and inclusion, it serves as a call to action to make Sonoma County a more supportive and inclusive place to grow older and live with a disability.

KEY FINDINGS

Community Priorities and Challenges

Throughout the LADAP process, community members and the Advisory Council identified a range of challenges and priorities for the plan to address. While some of these challenges align with those outlined in Sonoma County's Master Plan for Aging, many reflect the unique experiences, strengths, and barriers specific to LADAP priority populations. This section summarizes the key issues that emerged during the planning process, organized into six goal areas corresponding to the Master Plan for Aging framework. Additional detail is provided in Appendix C.

GOAL AREAS:

Housing	Wellness, Equity, and Inclusion
Transportation	Caregiving
Health	Economic Security

HOUSING

Urgent Need for Affordable Housing:

High housing costs, limited affordable options, and long waitlists contribute to displacement, substandard living conditions, and rising homelessness among older adults and adults with disabilities—particularly those from communities of color and immigrant backgrounds.

Racial and Economic Disparities:

Historic discrimination has left Black households disproportionately affected by eviction, homelessness, and low homeownership rates. Many low-income older adults live in rental housing unsuitable for aging in place.

Strains of Multigenerational Living:

Asian, Black, and Latino households often care for aging relatives at home, reflecting cultural values but also leading to overcrowding and financial stress without adequate support.

Heightened Vulnerability for Undocumented Individuals:

Fear of retaliation prevents reporting unsafe housing conditions; many face ineligibility for housing programs due to immigration status.

Barriers for Non-English Speakers:

Language barriers and lack of culturally appropriate services make it harder for families, particularly Spanish-speaking and Asian immigrant households, to secure safe housing.

Rising Homelessness Among Older Adults:

Older adults are increasingly experiencing homelessness for the first time, often due to economic factors rather than personal challenges. Homelessness accelerates health decline among aging populations.

Impact of Climate Disasters:

Wildfires and floods have worsened housing instability by damaging affordable housing stock and increasing demand.

Addressing these challenges requires culturally responsive, equity-driven solutions that expand affordable housing, remove systemic barriers, and support safe aging in place.

TRANSPORTATION

Essential for Health, Safety, and Independence:

Reliable transportation is critical for older adults and adults with disabilities to access medical care, basic needs, and social connection.

Limited Options, Especially in Rural Areas:

Public transit is sparse in rural regions like Sonoma Valley, and long travel distances make access difficult. Paratransit only serves those within ¾-mile of bus routes, leaving many isolated.

Emergency Preparedness Gaps:

There is a critical need for reliable evacuation and emergency transportation plans during disasters like wildfires to protect vulnerable residents.

Heavy Reliance on Family Caregivers:

Many older adults depend on family and friends for transportation, placing added burdens on caregivers—especially for those whose work schedules are inflexible.

Barriers for Non-English Speakers and Immigrants:

Limited language support on transit systems makes navigating public transportation difficult for non-English-speaking residents.

Accessibility and Affordability Challenges:

Private transportation options are often unaffordable and lack accommodations for mobility devices. Poor pedestrian infrastructure further limits safe access.

Community-Identified Solutions Are Under-Resourced:

Volunteer driver programs provide some relief but cannot meet growing demand. Residents expressed a need for expanded services, including bilingual drivers and weekday shuttles.

Transportation is a lifeline for health, safety, and well-being. Expanding affordable, accessible, and culturally responsive transportation options is critical to supporting Sonoma County's aging and disabled residents.

HEALTH

Persistent Health Disparities:

Older adults and adults with disabilities—especially from communities of color, immigrant backgrounds, and non-English-speaking households—face ongoing barriers to quality care and experience worse health outcomes due to structural racism, language barriers, and culturally unresponsive care.

Racial Health Inequities:

Black residents report significantly poorer health outcomes and life expectancy, often citing experiences of medical neglect and misdiagnosis. Native American participants shared similar experiences of medical racism and cultural insensitivity in health care settings.

Limited Culturally Responsive Services:

Trusted organizations like the Sonoma County Indian Health Project (SCIHP) and Nueva Esperanza offer culturally grounded care, but such services are limited in availability and reach.

Immigrant and Undocumented Community Needs:

Many older immigrants—particularly Latino residents—lack health insurance and face significant barriers accessing specialty care, mental health services, and linguistically appropriate support. Undocumented residents, in particular, encounter fear, eligibility restrictions, and deep mistrust that limit their engagement with health systems. Trust-building, clear communication about available services, and culturally competent navigation support are essential.

Challenges for Adults with Disabilities:

Long appointment wait times, poor care coordination, and limited vision care contribute to increased isolation, unmet health needs, and mental health challenges.

Gaps in Mental Health Care:

Mental health services—especially those addressing grief, trauma, neurodivergence, and intergenerational healing—are in short supply. Cultural stigma, generational divides, and language barriers further restrict access, particularly among Asian elders, veterans, and immigrant families. There is a critical need for trauma-informed, culturally rooted mental health care across the county.

Critical Shortage of Care Coordination:

Participants described difficulties navigating complex systems like Medi-Cal and Social Security, often due to misinformation and lack of culturally appropriate assistance.

Urgent Need for Dental Care:

Few providers accept Medi-Cal, leaving many without essential oral health care, which negatively affects overall health and quality of life.

Addressing these challenges requires investing in affordable, linguistically accessible, and culturally responsive health care. Sonoma County must improve provider training, expand care navigation, and build a diverse health workforce that reflects the communities it serves.

WELLNESS, EQUITY, AND INCLUSION

Trust Is Foundational:

Communities of color, immigrants, and LGBTQ+ residents emphasized that rebuilding trust—after histories of exclusion and harm—is essential. Investment in grassroots organizations with established community relationships is critical for meaningful engagement.

Lack of Accurate Data:

Current data systems often obscure community needs by using broad racial categories, leaving groups like Black, Native American, multiracial, and LGBTQ+ older adults underrepresented. This limits effective planning and services.

Language and Literacy Barriers:

While Spanish-language resources have improved, speakers of Chinese, Khmer, Tagalog, and other languages lack access to translated materials and professional interpretation. Low literacy and digital literacy further limit access to services.

Underrepresentation in Leadership:

Local leadership remains disproportionately White, hindering culturally responsive policymaking and reinforcing community mistrust. Increasing diversity in leadership is seen as key to advancing equity and accountability.

Social Isolation and Lack of Culturally Relevant Spaces:

There is a critical need for safe, welcoming, and culturally rooted spaces to reduce social isolation and support well-being. Successful examples include Mitote Food Park, Nueva Esperanza, and Wat Meangkolvorn Temple.

Need for Culturally Responsive Services:

Older adults want providers who share their language, culture, and lived experience. There is also a need for culturally appropriate food programs, health education, and caregiving support.

Community-Specific Priorities:

- **Adults with Disabilities:** Call for more inclusive, accessible public spaces and health-focused programming.
- **Black Residents:** Urgent need for culturally competent providers, paid advocates, and dedicated resource hubs.
- **Cambodian Residents:** Desire for more services and emergency preparedness resources delivered through Wat Meangkolvorn Temple.
- **Native American Residents:** Trust in SCIHP and the California Indian Museum; request more aging workshops and Native service providers.
- **Spanish-Speaking Residents:** Need for affordable, Spanish-language health and caregiving programs; trusted partners include La Luz Center.

Advancing wellness, equity, and inclusion requires culturally grounded systems, diverse leadership, accurate data, and community-driven solutions that reflect the values and needs of Sonoma County's diverse populations.
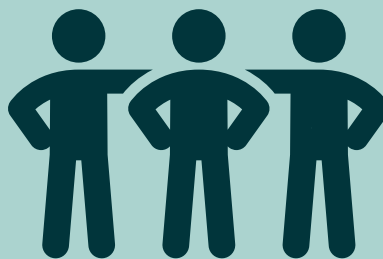
CAREGIVING

Heavy Reliance on Family Caregivers:
Caregiving is deeply rooted in cultural traditions—such as collectivist family models, intergenerational caregiving norms, and traditional healing practices. Many families, especially adult children, provide unpaid care while balancing full-time work. This leads to financial strain, emotional stress, and social isolation, especially in communities with limited access to respite services, caregiver training, or paid support.

Older Adults as Caregivers:
In Black and Native American communities, grandparents often serve as primary caregivers for grandchildren, typically without institutional support. These arrangements reflect deep cultural traditions of intergenerational care and community responsibility.

Challenges for Paid Caregivers:
Paid caregiving is unaffordable for many families. Care workers, often people of color, face low wages, difficult working conditions, and frequent racial discrimination. Native American community members expressed a greater willingness to use formal services if providers reflected their cultural values.

Barriers for Undocumented Individuals:
While undocumented individuals can now access IHSS, uncertainty about future funding and budget cuts creates ongoing concern. Many still rely solely on informal family care

Cultural Perspectives on Caregiving:

- **Black Residents:** Expressed distrust of culturally disconnected providers and called for caregivers who understand their community's values.

- **Cambodian Families:** View caregiving as a family-centered practice supported through temples.

- **Fijian Caregivers:** Play a significant role in the local caregiving economy but report frequent experiences of racial discrimination.

- **Latino Families:** Caregiving is shared across generations, often requiring family members to accompany older adults to appointments and provide additional support despite professional care. Spanish-speaking caregivers face challenges balancing work and caregiving, often staying involved even with professional caregivers due to trust and language concerns.

- **Native American Residents:** Stressed the need for culturally competent caregiver training and greater Native representation in caregiving roles.

Sonoma County must strengthen its caregiving systems by investing in accessible, culturally responsive, and linguistically appropriate support—for both paid and unpaid caregivers. This includes fair compensation for care workers, culturally competent training, and resources that reflect diverse caregiving models rooted in family, tradition, and community.

ECONOMIC SECURITY

Rising Financial Pressures:

High living costs in Sonoma County—including housing, health care, food, and utilities—are creating economic strain for older adults and adults with disabilities, particularly undocumented individuals, retired farmworkers, and the "missing middle" who earn too much for assistance but too little to cover basic needs.

Persistent Income and Wealth Inequities:

Historical policies like redlining have left lasting impacts on communities of color. Black residents in Santa Rosa face especially stark disparities, with 22% living in poverty and median incomes trailing the citywide average by over $20,000.

Food Insecurity and Limited Access to Aid:

Black, Latino, Native American, South Asian, and immigrant communities experience high rates of food insecurity and often lack access to disaster recovery and financial support programs.

Economic Impacts of Disability:

Disability can lead to sudden job loss and income insecurity. Many individuals avoid disclosing disabilities at work for fear of discrimination, and there is a need for stronger workplace accommodations and enforcement of disability rights.

Caregiving and Economic Burden:

Unpaid caregiving duties, especially among Spanish-speaking caregivers, contribute to financial hardship as family members are forced to miss work or lose income.

Barriers to Public Assistance:

Black residents reported challenges navigating Social Security and other benefit programs, citing systemic barriers and culturally unresponsive services. Middle-income older adults increasingly struggle with food insecurity but remain ineligible for traditional aid programs.

Sonoma County must adopt economic policies that close income gaps, expand financial inclusion, and ensure that older adults and adults with disabilities—particularly from underserved communities—can meet their basic needs and age with dignity and stability.

TRANSLATING CHALLENGES INTO SOLUTIONS

The community needs assessment surfaced key challenges facing older adults, adults with disabilities, and caregivers—particularly those from communities of color, immigrant backgrounds, and other underserved groups. At the same time, it helped generate momentum for a collective impact approach to address these issues through meaningful, community-led solutions.

The findings highlight an urgent need for policies and programs that are economically inclusive, culturally responsive, and aimed at closing longstanding gaps in the social safety net. These supports are essential to ensure that all residents can age with dignity, security, and connection.

The following section presents the LADAP's goals, strategies, and sample actions—designed to respond directly to the community's priorities and serve as a shared roadmap for improving the well-being of older adults, people with disabilities, and caregivers in Santa Rosa and Sonoma Valley.
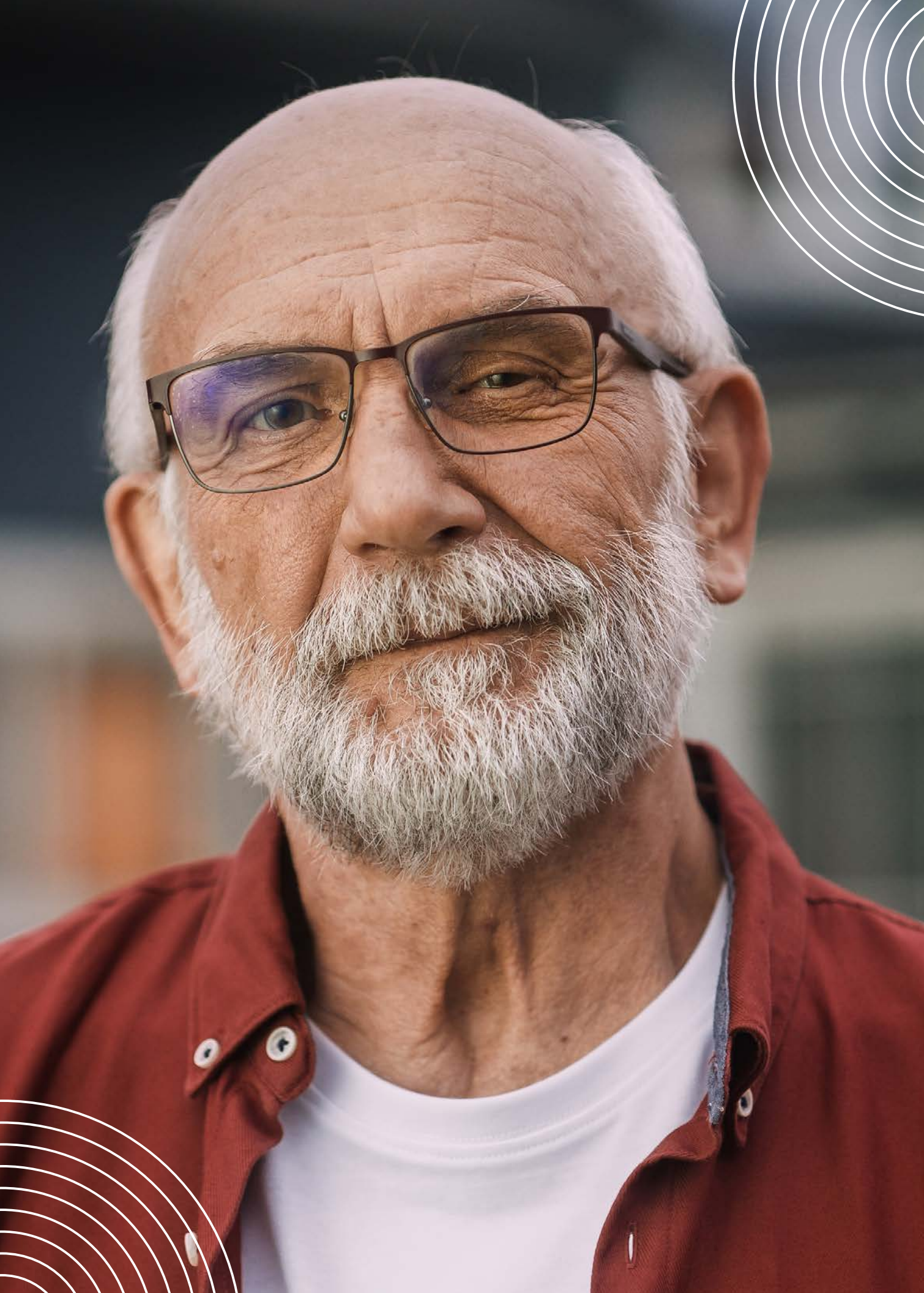
ACTION PLAN
GOALS AND STRATEGIES

The LADAP is a collective impact plan that outlines 11 overarching goals, organized under six focus areas, and identifies 18 supporting strategies to improve quality of life for older adults, adults with disabilities, and caregivers—particularly those from communities of color and other underserved groups in Santa Rosa and Sonoma Valley.

Each strategy includes examples of potential implementation actions and a preliminary feasibility assessment, noting potential partners, timelines, and available funding sources. However, this is not an implementation plan. The actions are illustrative and will need to be clarified, expanded, and supplemented through future planning.

Sonoma County's Master Plan for Aging Action Teams will incorporate LADAP strategies into their work, but advancing this plan will also require strong coordination and collaboration across County departments, city leadership, community partners, and funders.

Importantly, the absence of current funding should not be seen as a barrier—new resources may emerge in response to the priorities identified in this plan.

KEY DIFFERENCES BETWEEN THE MASTER PLAN FOR AGING AND LADAP

While both the **Master Plan for Aging (MPA)** and this **Local Aging and Disability Action Plan (LADAP)** are countywide collective impact initiatives to support older adults, adults with disabilities, and caregivers, the LADAP places a distinct emphasis on equity— focusing on historically underserved priority populations.

GOAL AREA
HOUSING

Goal 1. Housing Without Barriers

All older adults and adults with disabilities from communities of color and other underserved groups in Sonoma County will have access to affordable, stable housing—regardless of immigration status—and will not face homelessness or displacement due to housing insecurity.

Strategy	Timeframe
1.1. Advocate for culturally responsive anti-displacement policies in Santa Rosa and Sonoma Valley that support older adults and adults with disabilities from communities of color and other underserved groups, regardless of their immigration status.	Short term (1-2 years) – Advocacy Long term (5-10 years) – Systems change

Goal 2. Aging in Place

Older adults and adults with disabilities from communities of color and other underserved groups will have access to home modifications and supportive services that enable safe, independent living.

Strategy	Timeframe
2.1. Improve access to culturally responsive in-home and long-term services that meet the needs of older adults, adults with disabilities, and multigenerational households in communities of color and other underserved areas, supporting their ability to age in place	Short term (1-2 years)

Goal 3. Age-Friendly Communities

The Cities of Santa Rosa and Sonoma will demonstrate their commitment to building livable, inclusive communities for people of all ages and abilities by joining the AARP Network of Age-Friendly States and Communities or adopting policies and practices aligned with the Age-Friendly model.

Strategy	Timeframe
3.1. Create inclusive, accessible, and supportive communities for older adults and adults with disabilities from communities of color and other underserved groups.	Long term (5-10 years)

TRANSPORTATION

Goal 4. Connected Mobility

Older adults and adults with disabilities from communities of color and other underserved groups will have consistent access to affordable, accessible transportation that connects them to health care, nutritious food, and essential social services.

Strategy	Timeframe
4.1. Advocate for culturally responsive anti-displacement policies in Santa Rosa and Sonoma Valley that support older adults and adults with disabilities from communities of color and other underserved groups, regardless of their immigration status.	Short term (1-2 years) – Advocacy Long term (5-10 years) – Systems change
4.2. Improve mobility, accessibility, and access to transportation information for older adults, adults with disabilities, and their families—particularly those from communities of color and other underserved groups.	Short term (1-2 years) – Advocacy Long term (5-10 years) – Systems change

Goal 5. Safe Public Transit

Public transportation and paratransit systems will be safe, welcoming, and free from harassment, ensuring that older adults and adults with disabilities from communities of color and other underserved groups can travel with dignity and confidence.

Strategy	Timeframe
5.1. Raise awareness and build capacity to address bullying and discrimination against adults with disabilities on public transportation and paratransit.	Medium term (3-5 years)

HEALTH

Goal 6. Welcoming Health Systems

Older adults and adults with disabilities from communities of color and other underserved groups will receive respectful, culturally affirming care in all health care settings.

Strategy	Timeframe
6.1. Enhance services and build community trust by incorporating language support, culturally appropriate trauma-informed care, and care navigators—trusted individuals who guide people to access the services they need.	Short term (1-2 years) – Training and exploration Long term (5-10 years) – Systems change
6.2. Design age-friendly health care systems that prioritize and address the unique needs of communities of color and other underserved groups.	Long term (5-10 years)
6.3. Invest in workforce development programs that support aspiring health care professionals from communities of color and other underserved groups—helping to increase cultural and linguistic diversity in the medical field while addressing barriers to entry and long-term retention.	Long term (5-10 years)

Goal 7. Equitable Health Care Access

All older adults and adults with disabilities from communities of color and other underserved groups will have access to affordable, high-quality preventive and medical care tailored to their specific needs.

Strategy	Timeframe
7.1. Expand access to affordable care, provide same-day transportation and enhance preventative and wellness services in collaboration with cultural and faith-based organizations.	Short term (1-2 years) – Advocacy Long term (5-10 years) – Systems change
7.2. Develop hospice and palliative care programs tailored to meet the needs of individuals experiencing homelessness.	Medium term (3-5 years)

WELLNESS, EQUITY, AND INCLUSION

Goal 8. Centering Community Voices

Local planning and decision-making processes will reflect the lived experiences and priorities of older adults and adults with disabilities from low-income communities, communities of color, and other underserved groups.

Strategy	Timeframe
8.1. Develop community leaders, enhance community capacity, and establish formal collaboration structures that ensure decisions and local planning processes reflect the needs, experiences, and priorities of older adults and adults with disabilities from communities of color and other underserved groups.	Short term (1-2 years) – Establish structures Long term (5-10 years) – Leadership development

Goal 9. Culturally-Responsive Services and Information

Older adults and adults with disabilities from low-income communities, communities of color, and other underserved groups will have access to culturally and linguistically appropriate services, meals, and information in formats that are clear, accessible, and usable.

Strategy	Timeframe
9.1. Partner with, fund, and build the capacity of grassroots and community-based organizations to provide culturally responsive outreach and services in recipients' preferred languages.	Medium term (3-5 years)

CAREGIVING

Goal 10. Culturally Rooted Care

Older adults, adults with disabilities, and caregivers from communities of color and other underserved groups will have access to culturally responsive caregiver support tailored to their unique needs and circumstances.

Strategy	Timeframe
10.1. Expand access to culturally relevant caregiving resources by developing and maintaining a comprehensive caregiver resource directory, and by investing in services and programs through community cultural hubs.	Short term (1-2 years) – Advocacy Long term (5-10 years) – Systems change
10.2. Strengthen the caregiving workforce by ensuring fair compensation, benefits, and quality standards for caregivers.	Short term (1-2 years) – Advocacy Long term (5-10 years) – Systems change

ECONOMIC SECURITY

Goal 11. Economic Security for All

Older adults and adults with disabilities from communities of color and other underserved groups will be able to afford essential needs—including food, housing, and health care—with safeguards in place to prevent financial exploitation, fraud, and abuse.

Strategy	Timeframe
11.1. Help older adults and adults with disabilities from communities of color and other underserved groups access public benefits while protecting them from scams and abuse.	Short term (1-2 years)
11.2. Support older adults who wish to remain in the workforce through training programs and employment services.	Medium term (3-5 years)
11.3. Explore programs such as basic income or supplemental retirement funds that support older adults and adults with disabilities from communities of color and other underserved groups to achieve economic security.	Long term (5-10 years)

A COUNTYWIDE
CALL TO ACTION

The LADAP reflects the voices, priorities, and aspirations of Sonoma County's older adults, adults with disabilities, and caregivers—particularly those from communities of color and other underserved groups in Santa Rosa and Sonoma Valley. As Sonoma County moves from planning to action, the LADAP serves as a roadmap for collective progress and impact.

In June 2025, the final LADAP will be presented to the Sonoma County Aging & Disability Commission. From there, the County's Human Services Department, with the help of the Master Plan for Aging Action Teams, will begin identifying near-term strategies to integrate into the implementation of the broader Sonoma County Master Plan for Aging. Additional strategies outlined in the LADAP will be advanced in partnership with community-based organizations, local agencies, and cities.

One major milestone will be working alongside the cities of Santa Rosa and Sonoma to pursue AARP Age-Friendly designations. This effort will bring both communities into a national network committed to building livable, inclusive, and equitable places for people of all ages. With their participation, Sonoma County will expand its number of Age-Friendly cities to four—plus the County's own designation—demonstrating a strong, countywide commitment to aging and disability inclusion.

To bring the LADAP to life, the County will develop an implementation framework that accounts for political realities, funding opportunities, and the partnerships needed to advance key priorities. The Human Services Department will also work with local and regional funders to explore new investments, capacity-building resources, and pilot initiatives that can scale over time. Recognizing that long-term progress requires shared ownership, the Human Services Department's Adult and Aging Division will revisit the LADAP over time to assess progress, celebrate wins, and update priorities in response to emerging needs.

The Human Services Department invites all Sonoma County stakeholders—public agencies, service providers, community-based organizations, philanthropic partners, and residents—to join in bringing the LADAP vision to life. For updates, resources, and opportunities to get involved, please visit: https://sonomacounty. ca.gov/health-and-human-services/human-services.

Together, we can build a Sonoma County where older adults, adults with disabilities, and caregivers from all backgrounds have the support, services, and opportunities they need to age with dignity and thrive.

APPENDICES

COMMUNITY PRIORITIES AND CHALLENGES

Throughout the LADAP process, community members and the Advisory Council identified key challenges and priorities for action. This section summarizes those issues, organized around six goal areas aligned with the Master Plan for Aging framework. This appendix provides a deeper exploration of these issues, highlighting the lived experiences of LADAP priority populations in greater detail.

GOAL AREAS:

Housing	Wellness, Equity, and Inclusion
Transportation	Caregiving
Health	Economic Security

Community open house at Salvation Army Senior Activities Center in Santa Rosa

HOUSING

Access to safe, stable, and affordable housing is one of the most urgent challenges facing older adults and adults with disabilities in Sonoma County—particularly those from communities of color and immigrant backgrounds. High housing costs, limited affordable options, and long waitlists all contribute to displacement, unsafe, or substandard living conditions and rising rates of homelessness among LADAP priority populations.

Historic and systemic discrimination continues to influence housing disparities today. Black households are disproportionately affected by eviction, homelessness, and housing insecurity, and are less likely to own homes, reflecting the long-term impacts of exclusionary policies. Many low-income older adults remain in rental housing that is not designed for aging in place, often lacking essential home modifications that support safety and independence.

To help aging family members avoid homelessness, many Latino, Black, and Asian households have welcomed older relatives into their homes—demonstrating strong cultural values of family care. Yet these **multigenerational arrangements can put strains on already limited finances, time, and space, leading to overcrowding and added stress for caregivers and families.** While deeply rooted in cultural traditions, multigenerational living can pose serious challenges in the absence of supportive services and infrastructure.

Undocumented individuals face heightened housing vulnerability. Fear of retaliation prevents many from reporting unsafe conditions—including mold, pests, and structural deterioration. Mobile home parks, which serve as vital housing for many low-income older adults, are at risk of being sold to investors and often lack basic maintenance and ADA-compliant features. In addition, closures of group homes can destabilize housing for adults with disabilities, forcing relocation away from familiar support networks.

Non-English speaking households and communities of color shared several barriers to securing stable housing. Spanish-speaking families specifically noted challenges in finding appropriate housing for aging relatives, which are further complicated by a lack of culturally and linguistically appropriate services. Additionally, many families have incomes that are too low to qualify for income-restricted housing programs, and some farmworkers lack Social Security numbers, limiting their eligibility for housing assistance. Cambodian residents described extreme overcrowding and high costs, even when housing assistance was available. Native American community

members identified high utility bills as a barrier to maintaining housing, although some cited public housing as a helpful resource.

A key issue related to housing is homelessness. **Older adults represent a growing share of the homeless population, with many experiencing homelessness for the first time due to job loss, rent increases, or eviction**—rather than issues like substance use or domestic violence. Community members emphasized that homelessness accelerates the adverse impacts of aging, with unhoused individuals in their 50s often facing health conditions that are more common among those in their 70s.

Additionally, climate-related disasters—such as wildfires and floods—have further intensified housing instability by damaging vulnerable housing stock and increasing demand for the already scarce supply of affordable units.

Together, these findings underscore the need for culturally-responsive policies and programs that support affordable and accessible housing. Addressing the housing crisis requires solutions that reflect the lived experiences of low-income households, remove racial and language-based barriers, and support the ability of older adults and adults with disabilities to age in place with dignity, safety, and stability.
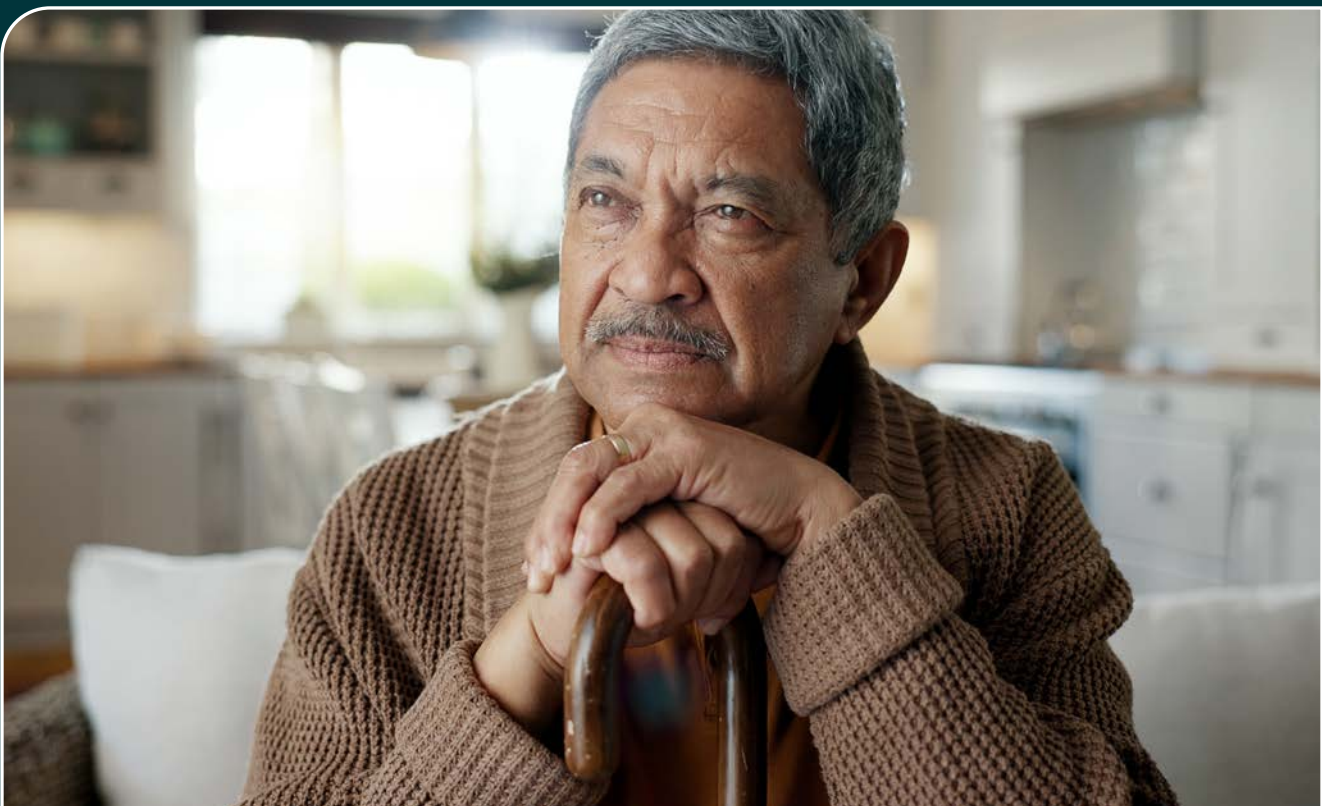
TRANSPORTATION

Reliable and accessible transportation is essential for older adults and adults with disabilities to maintain independence, access medical care, and stay socially connected. Yet in Sonoma County, **significant transportation barriers persist—especially in rural areas like Sonoma Valley,** where public transit is limited and travel distances are long. Community members across focus groups described transportation as a critical lifeline to safety, health, and connection.

Emergency transportation during major disasters, such as wildfires, is especially critical for older adults and adults with disabilities, ensuring access to shelters, medical care, and life-saving resources. Without a reliable plan in place, the lives of vulnerable residents are at risk.

Even in non-emergency situations, many **older adults depend on family and friends for rides to essential destinations,** including medical appointments, grocery stores, and social gatherings. This reliance can place a strain on caregivers—particularly in communities of color where caregivers often work in jobs with inflexible hours, such as agriculture, food service, or hospitality. Lack of transportation options can lead to missed appointments, untreated health conditions, and increased social isolation.

Public transportation is limited in reach and often lacks language support for non-English-speaking residents. Immigrant and limited-English-proficient communities frequently struggle to navigate routes and schedules without clear, accessible information. Paratransit plays an important role but only serves individuals within ¾-mile of a fixed bus route—leaving many rural residents without access. Private options like taxis or ride-share services are often unaffordable and rarely accommodate individuals using wheelchairs or other mobility devices.

Poor pedestrian infrastructure further compounds access issues. Many rural roads lack sidewalks or have narrow, obstructed paths that pose hazards to people with limited mobility, vision impairments, or assistive devices. The Area Agency on Aging has identified sidewalk improvements as a recurring need across multiple local assessments.

Community members echoed these concerns. **Spanish-speaking caregivers shared how difficult it is to transport aging relatives when services are unavailable or unreliable.** While local volunteer driver programs like Friends In Sonoma Helping (FISH) and Vintage House Senior Center offer valuable rides in Sonoma Valley, their capacity is limited and often cannot meet demand. Adults with disabilities

cited issues with wait times, shuttle schedules, and a lack of necessary accommodations.

Black residents highlighted the importance of transportation in sustaining independence and mental health. Cambodian community members stressed the need for weekday shuttle services staffed by bilingual drivers. Native American elders shared concerns about the affordability of vehicle ownership and the challenges of long-distance travel, especially at night or without adequate lighting.

Across all groups, the message was clear: **transportation is more than just a means of getting from point A to point B—it is a key factor in health, safety, and quality of life.** To meet the growing needs of its aging and disabled residents, Sonoma County must expand affordable, accessible, and culturally responsive transportation options.

HEALTH

Older adults and adults with disabilities in Sonoma County—particularly those from communities of color, immigrant backgrounds, and non-English-speaking households—face persistent disparities in access to health care, treatment quality, and outcomes. Structural racism, language barriers, and culturally unresponsive care continue to shape negative health experiences and outcomes for Black, Native American, Latino, and undocumented residents.

According to the Kaiser Permanente Sonoma Medical Center 2022 Community Health Needs Assessment, structural racism remains a public health crisis. **Black residents experience significantly worse health outcomes and shorter life expectancy than White residents.** In focus groups, Black participants shared personal experiences of medical neglect, misdiagnosis, and inadequate care. Some described being dismissed or misunderstood by providers, prescribed inappropriate medications, or left without adequate communication during hospital stays—highlighting a pattern of systemic bias in clinical settings.

Native American participants also described medical racism, including providers making disparaging comments about traditional diets or chronic conditions such as diabetes. In some cases, health care settings failed to honor end-of-life cultural practices.

The shortage of Indigenous health professionals—who make up less than 0.3% of physicians in the U.S.—further compounds this gap. Despite these challenges, the Sonoma County Indian Health Project (SCIHP) was praised as a trusted source of culturally informed care.

Spanish-speaking caregivers emphasized that many older Latino adults—especially those without legal immigration status—lack health insurance and face challenges accessing specialty care, such as neurology. Even longtime residents struggle to find services in their language. Nueva Esperanza was highlighted as a trusted hub for culturally grounded support, offering classes, social activities, and day programs for Latino older adults.

Adults with disabilities cited long waits for appointments, difficulty navigating complex health systems, and the need for support with transportation and scheduling. Vision loss was raised as a critical but often overlooked issue—strongly tied to depression and even suicidal ideation. One service provider reported multiple cases in which mental health crises were averted once vision support services were introduced. While LightHouse for the Blind (formerly Earle Baum Center) provides important services, outreach to communities of color remains limited.

Behavioral health care emerged as another major gap, especially in rural areas. Services for grief, trauma, and neurodivergence are sparse or unavailable. Cultural stigma and lack of information further reduce access—particularly for Asian elders and older veterans, who may face added cultural or generational barriers to seeking mental health care.

Many participants stressed the need for stronger care coordination and case management—especially in a person's preferred language. Participants described struggles with navigating Medi-Cal, Social Security, and other systems, often due to misinformation or lack of culturally appropriate guidance. This leads to delays in care and gaps in services.

Dental care was also flagged as an urgent concern. With few providers accepting Medi-Cal and limited dental coverage for older adults, many are forced to go without essential oral health care. This contributes to poor overall health, pain, and lower quality of life.

Despite these systemic challenges, participants identified bright spots in the health care landscape. **Sonoma Valley Health Clinic and Sonoma County Indian Health Project (SCIHP) were consistently uplifted as trusted providers** with strong community ties and culturally responsive services.

Across all focus groups and interviews, the message was clear: **Sonoma County must invest in health care systems that are affordable, linguistically accessible, culturally responsive, and rooted in community.** Achieving health equity will require improving provider training, strengthening care navigation, and building a diverse health workforce that reflects and respects the communities it serves.

WELLNESS, EQUITY, AND

Trust emerged as a foundational theme across community input in Sonoma County. Many people of color, immigrants, and LGBTQ+ residents described long histories of exclusion, underinvestment, and harm by public systems. Rebuilding trust was identified as essential for meaningful engagement in initiatives like the LADAP. Community members emphasized that lasting change must begin with meaningful investment in grassroots and community-based organizations that are already embedded in underserved neighborhoods and hold long-standing, trusted relationships with the people they serve.

Another significant concern was the lack of accurate, disaggregated data. Residents shared that current data practices often group diverse racial and ethnic populations into broad categories like "Asian" or "Other," obscuring distinct community needs. This lack of visibility in datasets contributes to inequities in planning, funding, and service delivery. Black, Native American, multiracial, and LGBTQ+ older adults are especially underrepresented—or entirely omitted— in many health and social service data systems, reinforcing disparities and limiting tailored solutions.

Language access remains a significant barrier to care and services. While Spanish-language resources have expanded, older adults who speak Tagalog, Khmer, Chinese, and other languages often lack access to translated materials and qualified interpretation services. As a result, many must rely on family members to interpret during critical appointments, increasing the risk of miscommunication and poor outcomes. Community members consistently emphasized the need for professional, culturally competent language services across all public systems to ensure equitable access to care and information. Literacy challenges further compound these barriers, as some older adults are illiterate in their native language and struggle to navigate resources due to limited literacy and digital literacy skills.

Participants also raised concerns about the lack of racial and cultural diversity in local leadership. While Sonoma County has made progress in diversifying line staff, people in decision-making and executive positions remain disproportionately White. Community members expressed that when leadership does not reflect the communities being served, it reinforces mistrust and hinders the development of inclusive, culturally responsive policies. Increasing representation in leadership was seen as a key strategy for equity and accountability.

Social isolation among older adults— particularly in communities of color— was another recurring concern. Residents spoke of the urgent need for safe, welcoming, and culturally relevant gathering spaces that foster connection and well-being. These spaces may take different forms depending on the community, but they serve a shared

INCLUSION
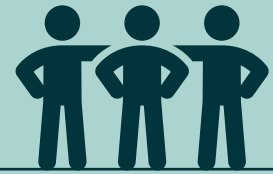
purpose: to bring people together in environments rooted in culture, identity, and belonging. Mitote Food Park, Nueva Esperanza, and the Wat Meangkolvorn Temple were named as successful examples where older adults can engage, build community, and feel seen.

Culturally responsive service delivery and outreach emerged as essential to improving access to care and rebuilding trust among underserved communities. Many older adults remain unaware of the services available to them or are hesitant to engage due to past negative experiences with public institutions. Across communities, residents emphasized the importance of seeing providers who reflect their language, culture, and lived experience—representation that not only fosters trust but leads to better outcomes. In addition to culturally aligned care, community members stressed the need for food programs that offer culturally appropriate meals, accessible and relevant health education, and caregiving support rooted in cultural values.

These broader themes were echoed in the insights shared by diverse communities. **Spanish-speaking residents highlighted the urgent need for affordable, Spanish-language programs on nutrition, health, and caregiving.** They named trusted organizations such as La Luz Center as key partners in outreach and engagement. Adults with disabilities described barriers to accessing public spaces, education, and personal care,

and called for more inclusive, accessible, and health-focused programming in their communities.

Black residents shared painful experiences of being dismissed or misdiagnosed in health care settings, pointing to a critical need for culturally competent providers, paid advocates, and dedicated resource hubs tailored to their community. They also expressed frustration with navigating complex systems such as health insurance and public benefits without appropriate support. Cambodian residents described the Wat Meangkolvorn Temple as a vital cultural and social hub and expressed a desire for more services to be delivered through the temple, particularly emergency preparedness resources in Khmer. Native American elders shared their trust in institutions like the Sonoma County Indian Health Project and the California Indian Museum and Cultural Center, and requested more workshops on aging-related conditions, along with increased Native representation among service providers.

Together, these community voices point to **a strong, unified call for systems that are not only equitable in access, but also grounded in the cultural values, languages, and trusted institutions of the communities they serve.** Addressing longstanding gaps in representation, communication, and culturally responsive care is essential to advancing wellness, trust, and inclusion for all older adults and adults with disabilities in Sonoma County.

CAREGIVING

The caregiving and health experiences of many communities of color are shaped by distinct cultural worldviews—such as collectivist family models, intergenerational caregiving norms, and traditional healing practices—that influence how care is sought, received, and provided. Across Sonoma County, older adults commonly rely on family members—especially adult children—who juggle caregiving with full-time jobs, frequently without pay, respite, or formal training. **These caregivers described high levels of emotional and financial stress, social isolation, and limited support systems.** Even those receiving In-Home Supportive Services (IHSS) payments reported that the low wages required them to take on additional jobs to stay financially afloat.

Importantly, older adults are not only care recipients—they are also caregivers. In Black and Native American communities, for example, grandparents often care for grandchildren, typically without recognition or institutional support.

Paid caregiving presents its own set of challenges. The cost of services is prohibitively high for many low- and middle-income families, and paid caregivers—many of whom are people of color—face low wages, racism, and difficult working conditions. Native American community members noted they would be more likely to use formal care services if providers reflected their cultural values and identity.

While undocumented individuals are now eligible for IHSS, **uncertainty about future funding and potential budget cuts raises concern.** Many undocumented older adults continue to rely solely on informal care from family and friends.

In Latino families, caregiving is often shared across generations. **Older adults frequently attend medical appointments with their adult children, who must navigate caregiving responsibilities while managing work demands.** Latina housekeepers are also increasingly taking on informal caregiving roles, offering companionship and assistance beyond their job descriptions.

The Fijian caregiving community plays a significant role in Sonoma County's care economy, operating several local businesses. However, Fijian and other non-White caregivers have reported frequent racial discrimination in their roles.

Community input underscored **the need for caregiving systems that are culturally responsive, accessible, and supportive of both paid and unpaid caregivers.** Spanish-speaking caregivers expressed the ongoing strain of balancing full-time work with caregiving duties and described needing to stay involved even when professional care was present due to language or trust concerns. **Adults with disabilities emphasized the value**

of fair wages and strong support for caregivers. Black participants shared a deep distrust of culturally disconnected providers and called for caregivers who reflect their community's values and lived experience. Cambodian residents described caregiving as a family-centered practice often supported through temples. Native American participants emphasized the importance of culturally competent training and representation among caregiving staff.

Across all communities, the message was consistent: **Sonoma County must strengthen caregiving systems by investing in culturally grounded, linguistically appropriate, and equitably supported caregiving—both paid and unpaid.** These improvements are essential to honoring the dignity and independence of older adults and adults with disabilities.

ECONOMIC SECURITY

Older adults and adults with disabilities in Sonoma County are experiencing growing financial pressure driven by the region's high cost of living—including rising expenses for health care, housing, food, and utilities. This economic strain is especially pronounced among undocumented older adults, retired farmworkers, and those in the "missing middle"—individuals whose incomes are too high to qualify for public assistance but too low to afford basic necessities.

Long-standing income and wealth disparities further compound these challenges. **In Santa Rosa, Black residents face stark economic disparities: 22% live in poverty, and their median household income trails the citywide average by over $20,000.** Additionally, Black, Latino, Native American, South Asian, and immigrant communities face particularly high rates of food insecurity and often lack access to disaster recovery resources and financial support systems. These inequities are rooted in historical policies such as redlining, which systematically excluded communities of color from homeownership and wealth-building opportunities. The generational impacts of these policies continue to shape economic insecurity and limit access to stable housing and financial resources today.

The onset of a disability often leads to a sudden loss of income. For example, people who lose their vision frequently lose their jobs, increasing their risk of poverty and homelessness. Many workers hesitate to disclose disabilities out of fear of being fired or reassigned to less meaningful roles. Participants in the LADAP engagement process emphasized the need for better enforcement of workplace accommodations and greater awareness of disability rights in employment settings.

Community members echoed these disparities throughout the LADAP engagement process. Adults with disabilities cited the high cost of living and the added expense of special dietary needs as barriers to accessing healthy food. Spanish-speaking caregivers emphasized the economic burden of unpaid caregiving, often requiring them to take time off work or forgo income altogether. Black residents shared challenges navigating Social Security and other public benefits, often due to systemic gatekeeping and culturally unresponsive service delivery. Service providers also reported a rise in food insecurity among middle-income older adults who fall outside the eligibility thresholds for traditional assistance programs.

Together, these insights reveal the need for economic policies and programs that close gaps in income security, promote financial inclusion, and ensure that older adults and adults with disabilities—particularly those from underserved communities—can meet their basic needs and age with stability and dignity.

TRANSLATING CHALLENGES INTO SOLUTIONS

The community needs assessment surfaced key challenges facing older adults, adults with disabilities, and caregivers— particularly those from communities of color, immigrant backgrounds, and other underserved groups. At the same time, it helped generate momentum for a collective impact approach to address these issues through meaningful, community-led solutions.

The findings highlight an urgent need for policies and programs that are economically inclusive, culturally responsive, and aimed at closing longstanding gaps in the social safety net. These supports are essential to ensure that all residents can age with dignity, security, and connection.

APPENDIX B
COMMUNITY PRIORITIZATION PROCESS

At a series of community open houses, Sonoma County residents reflected on the LADAP goals and strategies, prioritizing those they believed would have the greatest impact in their lives and communities. This section highlights key takeaways from that input process and underscores the strong support for these strategies among older adults, adults with disabilities, and caregivers from communities of color and other underserved groups in Sonoma Valley and Santa Rosa. It also signals a shared expectation for accountability and follow-through in implementation.

Many older adults and adults with disabilities are struggling to meet their basic needs and deserve greater support—stable daily income, safe and affordable housing, and reliable transportation that preserves their independence and dignity. Across the four community open houses, the following emerged as overarching priorities:

- Explore programs such as basic income or supplemental retirement funds.

- Advocate for anti-displacement policies.

- Collaborate with cultural and faith-based organizations to expand access to healthcare services.

- Improve access to public benefits while increasing protection from scams and financial abuse.

- Expand and improve transportation options in rural areas.

At La Luz Center, a trusted hub in Sonoma Valley, Latino older adults and their caregivers—many providing unpaid family care—gathered for a Spanish-language open house. While not representative of all Latino residents, participants identified the following top priorities:

- Explore programs such as basic income or supplemental retirement funds.
- Advocate for anti-displacement policies.
- Develop and maintain a comprehensive caregiver resource directory; invest in services and programs through community cultural hubs.

At Becoming Independent in Santa Rosa, adults with disabilities and service providers discussed the LADAP. While not representative of all adults with disabilities, participants emphasized that expanding services isn't enough—accessibility, quality, and meaningful inclusion are essential. Key priorities included:

- Ensure fair compensation, benefits, and quality standards for caregivers.
- Advocate for anti-displacement policies.
- Develop community leaders, enhance community capacity, and establish formal collaboration structures to meet the unique needs of local communities.

At a community meeting with a predominantly Black, faith-based group held at New Beginnings Ministry of Love Church in Santa Rosa, participants emphasized the importance of equity, care, and strengthening existing services rather than creating new ones. While not representative of all Black residents in Sonoma County, the conversation reflected common systemic concerns. Top priorities included:

- Advocate for anti-displacement policies.
- Improve access to home modifications and in-home services.
- Collaborate with cultural and faith-based organizations to expand access to healthcare services.

At the Salvation Army Senior Activities Center in Santa Rosa, older adults emphasized the importance of meeting basic needs and improving access to essential services. Top priorities included:

- Collaborate with cultural and faith-based organizations to expand access to healthcare services.
- Expand and improve transportation options in rural areas.
- Improve access to public benefits while increasing protection from scams and financial abuse.

Recognizing that these strategies reflect strong community support, urgency, and potential for impact, this input will be valuable in shaping the implementation planning process.

APPENDIX C
SAMPLE IMPLEMENTATION ACTIONS

The LADAP outlines community-identified goals and strategies but is not an implementation plan. Sonoma County's Master Plan for Aging Action Teams will incorporate LADAP strategies into their work; however, advancing this plan will also require strong coordination and collaboration across city leadership, County departments, community partners, and funders. This appendix offers example actions as a starting point for implementation. As funding, partnerships, and local conditions evolve, these examples are intended to be illustrative and will need further refinement and expansion through future planning efforts.

GOAL AREA
HOUSING

Goal 1. Housing Without Barriers

All older adults and adults with disabilities from communities of color and other underserved groups in Sonoma County will have access to affordable, stable housing—regardless of immigration status—and will not face homelessness or displacement due to housing insecurity.

Strategy

1.1. Advocate for culturally responsive anti-displacement policies in Santa Rosa and Sonoma Valley that support older adults and adults with disabilities from communities of color and other underserved groups, regardless of their immigration status.

Sample Action

To address the housing challenges facing older adults and adults with disabilities from communities of color, Sonoma County and local cities should pursue a range of policy solutions, including income-based housing models, local preference programs, and anti-displacement measures that protect vulnerable residents. Expanding the supply of affordable housing will also require innovative approaches, such as developing alternative housing models and repurposing underutilized commercial spaces for residential use. At the same time, there is an urgent need to increase culturally responsive shelter options—emergency, transitional, and permanent supportive housing—to ensure all individuals have access to safe, appropriate housing that reflects their needs. While some of these solutions will require state-level legislative action and long-term investment, Sonoma County partners can take immediate advocacy steps to protect underserved communities and build momentum for broader systems change.

Potential Partners	Time Frame
Catholic Charities, city commissions on homelessness, community-based organizations, Generation Housing, Health Action, Buckelew Programs homeless & housing organizations, North Bay Organizing Project, Sonoma County Community Development Commission, Sonoma County Homeless Coalition, Sonoma County Human Services Department, Sonoma Valley Collaborative	1-2 Years (advocacy) 5-10 Years (systems change)

Goal 2. Aging in Place

Older adults and adults with disabilities from communities of color and other underserved groups will have access to home modifications and supportive services that enable safe, independent living.

Strategy

2.1. Improve access to culturally responsive in-home and long-term services that meet the needs of older adults, adults with disabilities, and multigenerational households in communities of color and other underserved areas, supporting their ability to age in place.

Sample Action

To better support older adults and adults with disabilities from communities of color and other underserved groups, long-term services and supports must be culturally responsive and available in multiple languages. Expanding home modification programs—like the federal Older Adults Home Modification Grant Program or the city of Sausulito's Age Friendly Home Adaptation Grant Program—can also strengthen multigenerational living arrangements, which are common in many communities of color and serve as a key safety net against housing instability.

Effective outreach is essential. Information and support services should be provided in multiple languages and delivered in culturally appropriate ways. Raising awareness about existing government-funded programs, such as AgeWell PACE, is critical to improving access. Partnering with trusted community organizations can enhance outreach efforts and help individuals navigate available resources. Developing a comprehensive, user-friendly directory of services can further ensure that older adults, adults with disabilities, and their caregivers can easily find and connect with the support they need.

Potential Partners	Time Frame
AgeWell PACE, cities, community based organizations, Council on Aging, Disability Services & Legal Center, housing organizations, Sonoma County Human Services Department	1-2 Years

Goal 3. Age-Friendly Communities

The Cities of Santa Rosa and Sonoma will demonstrate their commitment to building livable, inclusive communities for people of all ages and abilities by joining the AARP Network of Age-Friendly States and Communities or adopting policies and practices aligned with the Age-Friendly model.

Strategy

3.1. Create inclusive, accessible, and supportive communities for older adults and adults with disabilities from communities of color and other underserved groups.

Sample Action

To support the health, independence, and well-being of older adults and adults with disabilities from communities of color and other underserved groups, Sonoma County partners should promote the development of accessible, walkable communities in Santa Rosa and Sonoma Valley. These environments should prioritize safety, mobility, and connection to essential services.

It is also critical to ensure that the voices and needs of older adults and adults with disabilities are reflected in city and county general plans, active transportation plans, and zoning updates. This includes advocating for age-friendly places that support inclusive, multigenerational living.

Sonoma County partners should provide resources and create opportunities that reduce social isolation and foster meaningful connections for older adults and adults with disabilities. Collaboration with community-based organization partners will be key to expanding access to indoor recreational and social activities tailored for older adults.

Potential Partners	Time Frame
AARP, active transportation advocates, City of Santa Rosa (City Manager, Planning Division, Recreation & Parks), City of Sonoma (City Manager, Parks, Recreation & Community Services, Planning Division), Sonoma County Department of Health Services, Sonoma County Transportation Authority, Sonoma Public Infrastructure, Sonoma Valley Catalyst Fund	5-10 Years

Goal 4. Connected Mobility

Older adults and adults with disabilities from communities of color and other underserved groups will have consistent access to affordable, accessible transportation that connects them to health care, nutritious food, and essential social services.

Strategy

4.1. Expand and improve transportation options for older adults and adults with disabilities in rural areas.

Sample Action

To improve mobility and independence for older adults and adults with disabilities, particularly in rural areas, Sonoma County partners should advocate for and expand specialized transportation options. This includes implementing rideshare systems tailored for aging adults, developing micro-transit and on-demand services, and supporting volunteer driver programs that can bridge critical service gaps.

Expanding the service area for paratransit is also essential to ensure that more residents—especially those living beyond the current ¾-mile limit of fixed-route transit—can access vital services and appointments. To guide these efforts, the County should conduct a comprehensive inventory of existing transportation services to identify gaps, streamline coordination, and inform future planning.

State and federal transportation grants, city general funds, and Sonoma County Transportation Authority's Go Sonoma (Measure M sales tax) are all potential sources of funding for this work.

Potential Partners	Time Frame
City transportation divisions, community-based organizations, healthcare providers (Sonoma Valley Hospital, Kaiser, Sutter, Providence), public transit agencies, Sonoma County Department of Health Services, Sonoma County Human Services Department, Sonoma County Transportation Authority, Sonoma-Marin Area Rail Transit (SMART)	5-10 Years

Strategy

4.2. Improve mobility, accessibility, and access to transportation information for older adults, adults with disabilities, and their families—particularly those from communities of color and other underserved groups.

Sample Action

To enhance transportation accessibility for older adults and adults with disabilities, Sonoma County partners should identify and promote resources that support vehicle modifications to accommodate mobility equipment. Creating a multilingual, web-based transportation guide will ensure that information about available transit options is accessible to residents, regardless of language or ability.

Outreach efforts should be strengthened by partnering with community groups and faith-based organizations, which serve as trusted messengers and can help increase awareness of available transportation services. Additionally, investments in infrastructure—such as adding shade, benches, and bus shelters—are essential to protect riders from extreme heat and inclement weather, and to make waiting for transit safer and more comfortable.

The Sonoma County Aging & Disability Resource Hub could be a source of outreach.

Potential Partners	Time Frame
211, Becoming Independent, city transportation divisions, community-based organizations, Disability Services & Legal Center, faith-based organizations, public transit agencies, Sonoma Senior Access, Sonoma County Department of Health Services, Sonoma County Human Services Department (Aging & Disability Resource Hub), Sonoma County Transportation Authority, Sonoma-Marin Area Rail Transit (SMART)	3-5 Years

Goal 5. Safe Public Transit

Public transportation and paratransit systems will be safe, welcoming, and free from harassment, ensuring that older adults and adults with disabilities from communities of color and other underserved groups can travel with dignity and confidence.

Strategy

5.1. Raise awareness and build capacity to address bullying and discrimination against adults with disabilities on public transportation and paratransit.

Sample Action

To promote safety and respect on public transit, Sonoma County and local cities should partner with law enforcement and launch public education campaigns on ageism and ableism, with targeted outreach to transit operators to address bullying of adults with disabilities and older adults. The County, cities, and transit providers should also centralize contact information for crisis response programs like InResponse and SAFE, and display it clearly at bus stops, shelters, and on public transit to ensure quick access to support.

Sonoma County Public Health Division grants could be a potential source of funding for this work.

Potential Partners	Time Frame
Becoming Independent, Disability Services & Legal Center, community-based organizations, public transit agencies, Santa Rosa and Sonoma Valley Police Departments, Sonoma County Human Services Department (Aging & Disability Resource Hub), Sonoma County Department of Health Services, Sonoma County Sheriff's Department	3-5 Years

GOAL AREA
HEALTH

Goal 6. Welcoming Health Systems

Older adults and adults with disabilities from communities of color and other underserved groups will receive respectful, culturally affirming care in all health care settings.

Strategy

6.1. Enhance services and build community trust by incorporating language support, culturally appropriate trauma-informed care, and care navigators—trusted individuals who guide people to access the services they need.

Sample Action

To improve equitable health care access and equity, Sonoma County partners should offer training and support to help patients use technology to navigate the health care system more effectively. Health resources must be available in multiple languages, and interpretation services should be expanded to ensure care is accessible to all communities.

Establishing a team-based care model in partnership with local health organizations will help triage patients efficiently and connect them to appropriate services. Health and mental health professionals should receive training in culturally responsive care, drawing on proven models such as the National Alliance on Mental Illness program in Alameda County. Finally, creating a network of culturally responsive, multilingual patient advocates will provide critical support for individuals throughout their care journey.

California Advancing and Innovating Medi-Cal (CalAIM) and the Sonoma County Department of Health Services are potential funding sources. There may also be opportunities to replicate and scale up mobile health and dental clinic services provided by Providence and Mendonoma Health.

Potential Partners	Time Frame
Community-based organizations and cultural organizations (e.g., Aliados, Health Action Together, Sonoma Connect Sonoma Unidos, and others), dental associations, Federally Qualified Health Centers, health organizations, Kaiser Permanente, Latino Service Providers, medical associations, Providence Medical Group, Santa Rosa Junior College, Sonoma County Department of Health Services, Sonoma County Human Services Department, Sonoma County Indian Health Project, Sonoma County Office of Equity, Sonoma State University, Sutter Health	1-2 Years (training & exploration) 5-10 Years (systems change)

Strategy

6.2. Design age-friendly health care systems that prioritize and address the unique needs of communities of color and other underserved groups.

Sample Action

Sonoma County partners should collaborate with the region's major health systems—Kaiser, Providence, and Sutter—along with community clinics and community-based organizations to co-design care delivery models that reflect the lived experiences and preferences of underserved populations. Through this collaborative approach, partners can streamline services, reduce duplication, and ensure that programs are responsive to the needs of older adults, adults with disabilities, and their caregivers.

Grants from local hospital systems are a potential funding source to advance this work.

Potential Partners	Time Frame
Community-based organizations, Federally Qualified Health Centers, health organizations, Kaiser Permanente, Latino Service Providers, Providence Medical Group, Sonoma County Behavioral Health Division, Sonoma County Department of Health Services, Sonoma County Human Services Department, Sonoma County Indian Health Project, Sutter Health, Sonoma Valley Hospital	5-10 Years

Strategy

6.3. Invest in workforce development programs that support aspiring health care professionals from communities of color and other underserved groups—helping to increase cultural and linguistic diversity in the medical field while addressing barriers to entry and long-term retention.

Sample Action

Sonoma County partners should collaborate with community-based organizations, medical schools, and philanthropic partners to develop a more diverse health care workforce. By investing in aspiring health care professionals from communities of color and other underserved groups, the County can help build a pipeline of providers who reflect the communities they serve and deliver culturally responsive care.

Potential Partners	Time Frame
Cultural organizations, Santa Rosa Junior College, Sonoma County Department of Health Services, Sonoma County Human Services Department, Sonoma State University	5-10 Years

Goal 7. Equitable Health Care Access

All older adults and adults with disabilities from communities of color and other underserved groups will have access to affordable, high-quality preventive and medical care tailored to their specific needs.

Strategy

7.1. Expand access to affordable care, provide same-day transportation and enhance preventative and wellness services in collaboration with cultural and faith-based organizations.

Sample Action

Improving the affordability of health, dental, and mental health care is a long-term challenge that will require coordination at the state and national levels. In the meantime, Sonoma County partners can take meaningful steps by advocating for reforms and resources that enhance access and affordability for underserved communities. Strengthening partnerships between health care providers and cultural or faith-based organizations can help ensure that services are trusted, inclusive, and rooted in the communities they serve. Local efforts should also focus on expanding access to affordable dental and medical care for older adults and adults with disabilities—key barriers to overall wellness. Additionally, collaborating with community-based and health care organizations to offer same-day transportation to appointments can reduce missed visits and improve continuity of care.

Potential Partners	Time Frame
Community-based organizations, NAACP, Petaluma Blacks for Community Development, Sonoma County Farm Bureau, Sonoma State University	1-2 Years (advocacy) 5-10 Years (systems change)

Strategy

7.2. Develop hospice and palliative care programs tailored to meet the needs of individuals experiencing homelessness.

Sample Action

Sonoma County partners should provide homeless program providers with education and training about the continuum of care and end-of-life needs specific to older adults. Such training can help ensure that supportive services are accessible and tailored to aging individuals experiencing or at risk of homelessness.

The Sonoma County Community Development Commission could be a potential source of funding for this work.

Potential Partners	Time Frame
Adult Protective Services, community-based organizations, Elder Justice Coalition, Family Justice Center Sonoma County, law enforcement, palliative care providers, Providence Health, Sonoma County District Attorney's Office	3-5 Years

GOAL AREA
WELLNESS, EQUITY, AND INCLUSION

Goal 8. Housing Without Barriers

Local planning and decision-making processes will reflect the lived experiences and priorities of older adults and adults with disabilities from low-income communities, communities of color, and other underserved groups.

Strategy

8.1. Develop community leaders, enhance community capacity, and establish formal collaboration structures that ensure decisions and local planning processes reflect the needs, experiences, and priorities of older adults and adults with disabilities from communities of color and other underserved groups.

Sample Action

To advance equity and representation, Sonoma County and local cities should strengthen diversity in leadership and decision-making by ensuring that commissions, advisory bodies, and leadership roles reflect the cultural and linguistic diversity of the communities most impacted by local policies. This includes adopting and monitoring inclusive hiring, recruitment, and retention practices to build equitable leadership across all levels of government and public service.

The County and the cities of Santa Rosa and Sonoma should also establish dedicated commissions focused on the needs of older adults, ensuring that aging-related issues receive consistent attention and advocacy. Additionally, government-to-government consultation channels should be created to strengthen collaboration with Tribal Nations in support of Native elders and adults with disabilities.

Finally, providing community training on city and county processes—grounded in anti-racist, equity-centered engagement practices—will help ensure that residents are empowered to participate meaningfully in public decision-making.

Potential funding sources could include city and county general funds or human resources budgets.

Potential Partners	Time Frame
City councils, City of Santa Rosa Human Resources Department, City of Santa Rosa Inclusion Council, City of Santa Rosa staff (Diversity, Equity, Inclusion, and Belonging position), City of Sonoma Human Resources Division, community-based organizations, cultural organizations, faith-based organizations, Santa Rosa City Manager and Mayor, Sonoma City Manager and Mayor, Sonoma County Administrator's Office, Sonoma County Area Agency on Aging, Sonoma County Board of Supervisors, Sonoma County Department of Health Services, Sonoma County Departments and Commissions, Sonoma County Human Resources, Sonoma County Human Services Department, Sonoma County Office of Equity	1-2 Years (establish structures) 5-10 Years (leadership development)

Goal 9. Culturally-Responsive Services and Information

Older adults and adults with disabilities from low-income communities, communities of color, and other underserved groups will have access to culturally and linguistically appropriate services, meals, and information in formats that are clear, accessible, and usable.

Strategy

9.1. Partner with, fund, and build the capacity of grassroots and community-based organizations to provide culturally responsive outreach and services in recipients' preferred languages.

Sample Action

To ensure equitable access to services, Sonoma County and local cities should partner with and fund grassroots and community-based organizations to lead culturally responsive outreach and service delivery. These trusted groups are best positioned to engage older adults and adults with disabilities from communities of color and other underserved groups in ways that reflect their lived experiences and community needs.

The County should also collaborate with food providers to deliver culturally responsive meals and menus through programs like Meals on Wheels, ensuring that nutritional support aligns with cultural preferences. In addition, all services must be offered in the preferred languages of the individuals served, helping to eliminate language barriers and promote inclusive, person-centered care.

Funding to support this work is available through the Older Americans Act, Older Californians Act Modernization, Nutrition Services Incentive Program, and city and county general funds.

Potential Partners	Time Frame
Community-based organizations, Health Action Together, Sonoma County Area Agency on Aging, Sonoma County Department of Health Services, Sonoma County Food System Alliance, Sonoma County Office of Equity	3-5 Years

CAREGIVING

Goal 10. Culturally Rooted Care

Older adults, adults with disabilities, and caregivers from communities of color and other underserved groups will have access to culturally responsive caregiver support tailored to their unique needs and circumstances.

Strategy

10.1. Expand access to culturally relevant caregiving resources by developing and maintaining a comprehensive caregiver resource directory, and by investing in services and programs through community cultural hubs.

Sample Action

Sonoma County partners should advocate for reforms to the In-Home Supportive Services (IHSS) program to improve access and efficiency. In addition, the County should develop and maintain a caregiver resource directory that highlights culturally relevant services for older adults, adults with disabilities, and caregivers from communities of color and other underserved groups. Expanding culturally responsive adult daycare and respite care programs through trusted community-based hubs will further ensure inclusive, accessible support for caregiving needs.

Potential Partners	Time Frame
Community-based organizations, Redwood Caregiver Resource Center, Sonoma County Department of Health Services, Sonoma County Human Services Department, Sonoma County IHSS Public Authority Advisory Committee	1-2 Years (advocacy) 5-10 Years (systems change)

Strategy

10.2. Strengthen the caregiving workforce by ensuring fair compensation, benefits, and quality standards for caregivers.

Sample Action

To support and strengthen the caregiving workforce, Sonoma County should increase the In-Home Supportive Services (IHSS) provider pay rate and explore opportunities to strengthen benefits for paid caregivers. Family caregivers should receive clear outreach and education on how to become paid providers through the IHSS program.

To advance equity and economic security, the County and local cities should establish a fund to provide stipends to undocumented family caregivers and promote inclusive caregiving policies that allow individuals of all immigration statuses to access compensation and support. Strengthening oversight and accountability is also critical—this includes implementing multilingual reporting systems to prevent mistreatment and ensure caregivers meet established standards of care.

Potential funding sources could include the Older Americans Act, Sonoma County IHSS Public Authority Advisory Committee, and city and county general funds.

Potential Partners	Time Frame
Alzheimer's Association, community-based organizations, cultural and faith-based organizations, Petaluma People Services Center, Redwood Caregiver Resource Center, Sonoma County Department of Health Services, Sonoma County Human Services Department, Sonoma County IHSS Public Authority Advisory Committee	1-2 Years (advocacy) 5-10 Years (systems change)

ECONOMIC SECURITY

Goal 11. Economic Security for All

Older adults and adults with disabilities from communities of color and other underserved groups will be able to afford essential needs—including food, housing, and health care—with safeguards in place to prevent financial exploitation, fraud, and abuse.

Strategy

11.1. Help older adults and adults with disabilities from communities of color and other underserved groups access public benefits while protecting them from scams and abuse.

Sample Action

To ensure that all residents have access to vital information and support—including how to safeguard against scams and abuse—County agencies should partner with community and faith-based organizations to deliver multilingual education and accessible prevention resources. These trusted partners play a critical role in reaching diverse populations and can help ensure that materials are culturally relevant, linguistically appropriate, and effectively distributed across communities.

Funding for such elder abuse prevention services may be available through the Older Americans Act, though it is often limited.

Potential Partners	Time Frame
Elder Justice Coalition, Family Justice Center, Legal Aid of Sonoma County, Sonoma County Human Services Department Adult Protective Services	1-2 Years

Strategy

11.2. Support older adults who wish to remain in the workforce through training programs and employment services.

Sample Action

To promote inclusive employment opportunities, Sonoma County should develop a workforce program for older adults that includes training and technical assistance for employers. The program should address common barriers such as ageism, and should provide resources to help employers create age-friendly workplaces that support older adults and adults with disabilities. By equipping employers with the tools to recognize and reduce bias, the program can help foster more equitable hiring practices and workplace cultures.

The Sonoma County Human Services Department (Employment & Training Division) is a potential source of funding for this work.

Potential Partners	Time Frame
Council on Aging, Economic Development Collaborative Sonoma County, Sonoma County Human Services Department (Employment & Training Division), Santa Rosa Junior College, Sonoma State University Older Adult Programs	3-5 Years

Strategy

11.3. Explore programs such as basic income or supplemental retirement funds that support older adults and adults with disabilities from communities of color and other underserved groups to achieve economic security.

Sample Action

To address longstanding economic inequities, Sonoma County should explore implementing a universal basic income program or a dedicated retirement fund for older adults and adults with disabilities—regardless of immigration status. Special consideration should be given to current and former farmworkers, many of whom are aging with little or no financial security, as well as Black and Native American seniors who have been historically excluded from wealth-building opportunities. In addition, the County and local cities should explore reparations initiatives for Black and Native American communities, acknowledging historic and systemic harms and investing in strategies that promote healing, justice, and long-term economic stability.

The California Department of Social Services is piloting a guaranteed income program for adults aged 60 and older, which could serve as a model for developing a similar funding source in Sonoma County in the future.

Potential Partners	Time Frame
Agricultural companies & vineyards, California Department of Social Services, financial institutions, local advocacy groups, Sonoma County Human Services Department	5-10 Years