City of Long Beach Department of Health & Human Services
2525 Grand Avenue, Long Beach, CA 90815
Tel (562) 570-4000
Fax (562) 570-4049
www.LongBeach.gov/Health

CITY OF LONG BEACH STRATEGIC PLAN FOR OLDER ADULTS

REVISED 2016

TABLE OF CONTENTS

Contents

INTRODUCTION 2

OLDER ADULT DEMOGRAPHICS 3

RESULTS OF PREVIOUS NEEDS ASSESSMENTS 5

2016 Framework 9

SERVICES 10

Areas identified for Service Needs 10

Current Services Provided by the City of Long Beach 11

Public Funding for Older Adult Services in Long Beach 13

IMPLEMENTING A COORDINATED SYSTEM OF SERVICES 14

Development of Services to Meet Needs 16

NEXT STEPS 17

FEASIBILITY OF AN OFFICE OF AGING 18

ROLEs of the OFFICE 18

STAFFING AND RESOURCES 19

APPENDIX A: 2005 OLDER ADULT STRATEGIC PLAN 20

APPENDIX B: 2012 BEACH VILLAGE OLDER ADULT COMMUNITY NEEDS ASSESSMENT; SUMMARY OF NEEDS ASSESSMENT 44

APPENDIX C: REPORT ON THE 2015 CASE MANAGEMENT SUMMIT 67

APPENDIX D: INITIAL LIST OF SERVICES PROVIDED WITH IN LONG BEACH 92

APPENDIX E: NUTRITION PROGRAMS/MEALS 99

INTRODUCTION

In June 2005, the Long Beach Department of Health and Human Services (DHHS) released a comprehensive strategic plan for older adults that was the product of a broad-based community-driven process. City departments, older adult service providers and community members participated in the planning process. This document serves as an update to the 2005 plan. It is not intended to replace the findings of the previous plan, but to build on previous findings and provide updates as needed. This update leverages the 2005 strategic plan as well as a 2012 study of older adults in Central Long Beach, a 2012 assessment of the St. Mary Medical Center service area, and a 2015 Older Adult Case Management Summit. A comprehensive data collection and interview process was not conducted for this update as study activities in 2012 and 2015 included data collection from over 800 older adults and organizations serving older adults. Findings across the years are similar in terms of areas of service need. Additional data collection is recommended as part of this plan to determine the full array of existing resources and to identify specific gaps to complete a full continuum of care for older adults. This update provides results from the previous studies and outlines next steps to improve services for older adults in the City of Long Beach.

Underlying Philosophy

The City of Long Beach is the second most diverse city in the Country. Our older adult population is a vibrant, engaged, and important piece of our City's fabric, and also reflects our great diversity. This Strategic Plan Update acknowledges and celebrates this diversity in our older adult population in culture, race, language, community, ability, interests, veteran status, income, education, and sexual orientation. The City's efforts, as outlined in this report, seek to achieve equity in access to services and support across the City, prioritizing underserved communities (economic, demographic and cultural) to reduce disparities in social and health outcomes, while empowering our active and engaged older adults to help us steer the course of future services and programs.

Assumptions

In updating this Strategic Plan, the City operated from the following assumptions:

- Key outreach, marketing and educational materials will be provided in multiple languages specific to the core languages spoken in the communities served (e.g., Spanish, Khmer, Tagalog).

- Materials and services will be provided through multiple mediums including print, telephone, television and technology options such as smart phone apps and computer.
- Community engagement and intergenerational opportunities are core to the planning and service provision in the City.
- Ongoing fund and resource development is essential to build the integrated continuum of service discussed in this report.

DATA ON OLDER ADULTS

Demographics

The City of Long Beach (CLB) is the 2nd largest city in the County of Los Angeles and the 7th largest city in California with a population size of 465,424, covering 52-square miles. According to the 2010 US Census, approximately:

- 25% of the City's population, (about 119,000) are adults ages 50 and over
- 9.3% are 65 years and over (over 43,000)

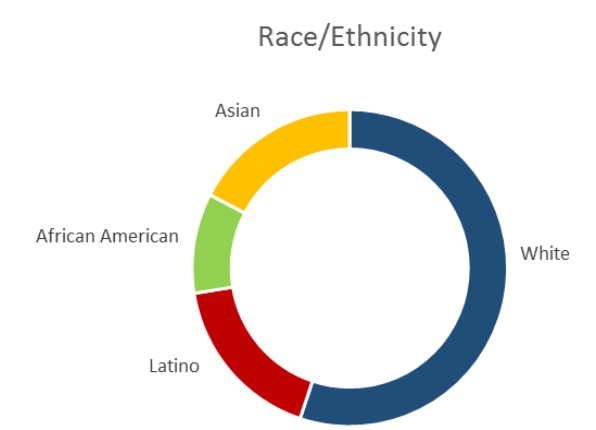
The median age is 73.5.

A comparison of data for Long Beach from the 2000 and 2010 census shows that while the population of 5-17 year olds has decreased nearly 14%, the population of adults age 65 and over has increased by nearly 2%. Projections for 2020 and longer term show similar increases.

The older adult population is diverse in its race/ethnicity and is becoming more diverse over the years. The current race/ethnic landscape shows:

- White/non-Hispanic or Latino.....54%
- Latino 17%
- African Americans.....10%
- Asian.....17%

(American Community Survey, 2013)



However, these numbers are shifting, as we see increasing percentages of Latino, African and Asian older adults and decreasing percentages of whites. (See chart on page 6 below)

Long Beach older adults face a myriad of social issues including social and linguistic isolation, limited income/poverty, disability and language barriers. Of the population of Long Beach residents who are 65 years and over:

- 47% live alone
- 40% of people 65 and older in Long Beach live with at least one disability
- 13.3% live below 100 percent of the poverty level ($11,770 for one person household; $15,930 for two person household)
- 84.1% receive Social Security benefits
- 44.3% have retirement income at their disposal
- 25.1% have less than a high school degree
- 27.4% have a bachelor's degree or higher level of education
- 35% of older adult residents speak a language other than English, with 24% speaking English less than "very well."

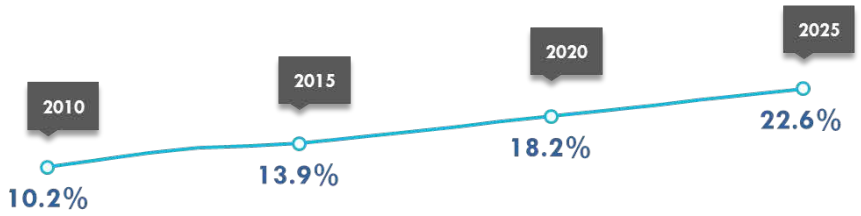
Concerns regarding safety are increasing. From 2010-2012, the CLB saw an increase in Adult Protective Services older adult abuse referrals, including a 44% rise in physical, sexual, and neglect investigations, from 458 to 662 (APS Investigations). CLB's Violence Prevention Plan data identified older adult concerns including the need to address abuse in nursing homes, domestic violence, family cohesion, financial abuse, neglect, hate crimes, and sexual and verbal abuse. There are also safety concerns related to fall risk. It is estimated that one-third of Long Beach older adults, approximately 14,000 individuals, are at risk for falls. Of those who fall, 20-30% suffer moderate to severe injuries, and 95% of all hip fractures are due to falls. The non-fatal hospitalizations due to falls of Long Beach residents age 65 and over is 12.3% higher than the rate in Los Angeles County. In Long Beach 689 older adults were hospitalized due to falls in 2012 and 787 in 2013.

As the older adult population grows and becomes more diverse in Long Beach, it is imperative to develop and implement strategies to meet the growing interests and needs of this population in Long Beach.

LOOKING AHEAD: CHANGING SENIOR DEMOGRAPHICS IN LONG BEACH

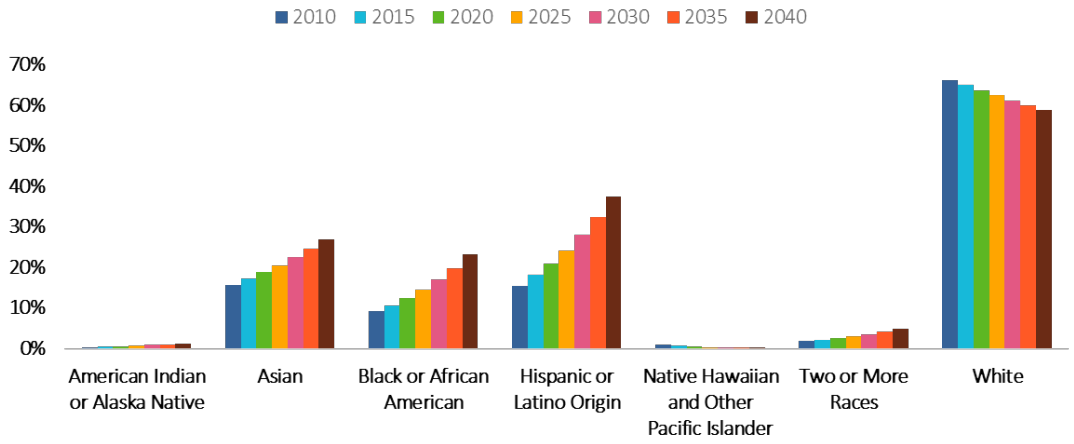
Over the next decade, the proportion of seniors living in Long Beach is expected to increase. Here is what our senior population might look like by 2040.

ESTIMATED PERCENTAGE OF SENIORS OVER AGE 65 LIVING BELOW THE POVERTY LEVEL – LONG BEACH, 2010-2025



HOUSEHOLD, DISABILITY, AND EMPLOYMENT ESTIMATES FOR SENIORS OVER AGE 65 – LONG BEACH, 2014

ESTIMATED PERCENTAGE OF SENIORS OVER AGE 65 BY RACE/ETHNICITY – LONG BEACH, 2000 - 2040



Interpret with caution as these are not fitted models and predicted trends assume an exponential rate of increase based on the estimated percentage of seniors age 65 and older living below poverty in Long Beach, California from 2010 through 2014 from the U.S. Census Bureau's American Community Survey. Source: U.S. Census Bureau; American Community Survey, 2010-2015 American Community Survey Estimates of Demographic Changes Among Seniors in Long Beach, California; generated by the City of Long Beach Department of Health and Human Services; using American Fact Finder; <http://factfinder2.census.gov/>; (12 May 2016).

RESULTS OF PREVIOUS NEEDS ASSESSMENTS

Four studies have been conducted in the past 10 years assessing needs of older adults, collecting data from over 800 individuals and older adult serving organizations in Long Beach. The findings align across the studies and focus on some core areas of need. These studies are listed below and the specific findings are provided in the Appendix.

1. Long Beach Strategic Plan for Older Adults (June 2005)

In June 2005, DHHS released the Long Beach Strategic Plan for Older Adults, the result of a collaboration between the community and DHHS. It was the outcome of a broad-based, community-driven process that involved a partnership with the Strategic Plan for Older Adults task force, comprised of other city departments, older adult service providers, and community members. The data collection process included multicultural panel discussions, focus groups, key information interviews, stakeholder meetings and a community survey. Focus groups included the African American, Cambodian, and Latino persons with disabilities, frail and at-risk older adults, gay and lesbian older adults and the Senior Police Partners. Nearly 500 individuals and organizations participated in the process. Five categories emerged from the process, around which goals and action steps were developed. The categories were:

- Safety
- Transportation
- Housing
- Health
- Quality of Life

The following three "Imperatives for Systems Improvement" were identified:

- Overcoming fragmentation of services by improving coordination and evaluation of services to ensure a well-organized and efficient system of services, and to address service gaps and minimize duplication
- Augmenting local data collection to provide an ongoing way to assess needs, to facilitate the development and quality of services, and to support and strengthen grant applications for funding services and systems improvement
- Decreasing cultural and linguistic isolation by emphasizing the need for age-sensitive, culturally appropriate, and linguistically relevant services in order to minimize discrimination and barriers. (See Appendix A for the 2005 Strategic Plan goals and action steps.)

Subsequent to the 2005 Strategic Plan, three additional assessments of the needs of older adults were conducted which identified similar themes.

Determining Needs in the Creation of a Long Beach Village for Older Adults (September 2012)

The first was the 2012 assessment conducted by California State University Long Beach (CSULB) Gerontology Department in preparation for the implementation of an Older Adult Village model to address the needs of high-risk older adults residing within the boundaries of Central Long Beach. It was the result of 200 face-to-face interviews, 6 focus groups (including one in Spanish and one in Khmer), and interviews with 21 key informants. The objective of the assessment was to identify services, activities and supports for older adults that are needed to facilitate "aging in place". (See Executive Summary, Appendix B.) The following five core supports for aging in place were identified:

- Transportation
- Social/Educational Activities
- Support Groups/Caregiver Support
- Household Support
- Assistance with Navigating the Health Care System

St. Mary Medical Center Community Benefit Reports (2012-2015)

St. Mary Medical Center conducts regular health needs analyses of Long Beach through surveys and interviews. The top identified health related needs for older adults in Long Beach:

- Transportation
- Nutritious Food
- Assisted Living
- Exercise
- Access to Health Care

About 14% of all survey respondents needed medical care, but did not receive it. Common barriers to medical care were lack of information about where to get care and transportation services to obtain care.

Older Adults Case Management Summit (October 2015)

The Older Adults Case Management Summit, funded by The Archstone Foundation, and held in October 2015 by DHHS at the Expo Arts Center in Council District 8. The target audience was service providers and experts and advocates in the area of older adults. Approximately 70 individuals participated in the summit with representation from DHHS, social service agencies,

non-profit older adult service providers, local hospitals, senior centers, older adult advocates, senior housing programs and CSULB Gerontology faculty and students.

The goal of the Older Adult Case Management Summit was to develop a vision of a "model" system for the City of Long Beach, gather information about existing services and opportunities, and identify gaps and barriers to services that would need to be addressed in order to achieve the vision. (The Report on the 2015 Case Management Summit can be found in Appendix C.)

This is the vision statement generated from the Case Management Summit:

A coordinated health and social service continuum of care that effectively links older adults to the care they need, when they need it, to support quality of life.

The focus of each assessment was slightly different, but themes in the 2012 and 2015 efforts align and support the 2005 Strategic Plan. ***Transportation emerges as an issue in all assessments.***

2016 FRAMEWORK

The groundbreaking work done for the 2005 Strategic Plan for Older Adults provided a firm, robust basis for the development of future plans. The five categories it identified have resonated through all of the subsequent assessment and planning efforts. Action steps were proposed as part of 2005 plan, but were not implemented due to lack of funding. These goals and action steps are the basis for this 2016 update and will continue to be relevant in future planning efforts.

The Strategic Plan for Older Adults 2016 Update is divided into two areas of approach:

- Services: identifying gaps in service levels within a continuum of care and working to identify resources and providers to provide these services.
- Systems: developing an integrated, coordinated system of services for older adults.

In addition to building service capacity throughout the City, the need to effectively coordinate existing efforts serving older adults in Long Beach was highlighted as essential to improving access to services. Below, we identify services provided by the City of Long Beach and those funded by LA County. Other services available in Long Beach are included in Appendix D. The remainder of the report focuses on developing and implementing a coordinated system of services to more effectively meet the needs of older adults while additional service resources are identified and implemented.

SERVICES

The vision, "A coordinated health and social service continuum of care that effectively links older adults to the care they need, when they need it, to support quality of life" requires creating and expanding services in the City of Long Beach. A full continuum of services for older adults is not currently available. Gaps exist that keep older adults and their families from finding appropriate services to meet their needs. The more diverse the needs, the more difficult it is to find the appropriate mix of service. Broad categories of service need have been identified and are discussed below, however, a study of exactly what levels of service within each category, capacity needed to meet the needs in the city, and strategies and resources needed to implement the service levels has not been conducted and is beyond the scope of this document but could be conducted with additional technical support and funding resources.

AREAS IDENTIFIED FOR SERVICE NEEDS

Service needs for older adults from the previous and current assessments primarily fall into the following five categories:

- Housing – To advocate for, promote, and increase access to safe and affordable housing as housing becomes more difficult to access
- Transportation – To advocate for additional services, and improve and enhance information about and access to reliable and affordable transportation.
- Safety – To improve the overall safety of older adults at home and in their community.
- Health – To increase access to services, such as quality physical and mental health care, access to nutritious foods, and fall prevention programs to improve or maintain physical health, mental health and well-being.
- Quality of Life – To strengthen, promote, enhance and expand programs and services that contribute to an exceptional quality of life for older adults, including caregiver support and resources.

Services would be developed and provided to effectively address the needs of all segments of the City's diverse population of older adults (including monolingual non-English speaking, low income, disabled, Veteran, and LGBTQ populations).

During the case management summit in 2015, participants were asked to identify gaps in services. The input they provided was very consistent with the themes identified above. Specific suggestions beyond what is listed above include:

- Services to promote social cohesion and relationship building, in order to reduce isolation and provide opportunities to "give back".
- Case management in order to link older adults with other services that can allow them to stay in their own homes as long as possible.
- Education and outreach to older adults and their families and caregivers on senior-specific topics and services.
- Caregiver support services
- Employment opportunities

Services offered by the City and its partners address these priority areas but not comprehensively or sufficiently to meet the needs within the community.

CURRENT SERVICES PROVIDED BY THE CITY OF LONG BEACH

The majority of City services aimed specifically at older adults are provided by the Department of Parks, Recreation and Marine (PRM), with a budget of approximately $850,000. Nearly $600,000 funds the 4th Street Senior Center in downtown Long Beach. The remainder provides activities in senior centers at five additional locations:

- California Recreation Center at McBride Park
- Cesar Chavez Park Community Center
- Houghton Park Community Center
- El Dorado Park West Community Center
- Silverado Park Community Center

Activities include exercise, games, arts and crafts, dancing, activities based on common interests (gardening, crocheting, cooking, book club, lapidary, wood carving, sewing), educational programs, and health screenings (by Red Cross volunteers). Congregate meals are provided in the Senior Center, California Recreation Center, Houghton Park and El Dorado Park.

The City's I&R at the 4th Street Senior Center responds to questions and provides information on service providers within Long Beach. On average, over 1,200 calls are received monthly, requesting information primarily on assistance with utility bills, housing, shelters, disabled resources, homeless services and transportation.

The City's Senior Citizen Advisory Commission is staffed by Parks, Recreation and Marine. The Commission acts in an advisory role for the City, reviewing existing services and issues and making recommendations for improved senior supports.

The DHHS also provides services that specifically target older adults, including:

- **Senior Links Program:** Senior Links is a home visitation program that provides case management to help connect older adults with services designed to enable them to continue to live safely in their own homes, such as medical care, home-delivered meals, transportation, personal care, house cleaning, financial management, and mental health. New cases for those at least 55 years old are initiated by visiting the office of the Senior Services Public Health Nurse (PHN) located at the 4th Street Senior Center, or by referrals from family members, neighbors, landlords, service providers and community agencies. Case management services are provided by DHHS PHNs, CSULB student PHNs (through an agreement with the DHHS), and a part-time Medical Social Worker. There is no ongoing source of dedicated funding to support this program.
- **Falls Risk Assessment and Prevention Education Classes:** The Falls Prevention Program, coordinated by the Senior Services Public Health Nurse (PHN), seeks to increase community awareness of the risk of falls among older adults, and works with community partners to implement evidence-based interventions. The DHHS partners with the Heart of Ida to train other providers in how to assess fall risk and implement intervention strategies based on recommendations from the Centers for Disease Control and Prevention (CDC). The DHHS also conducts "Stepping On" classes, a CDC fall prevention best practice, at various locations in the community. The State Department of Public Health Older Adult Injury Prevention Program provides a small amount funding for these efforts.
- **The Multi-Service Center for the Homeless (MSC):** The MSC provides services for older adults who are homeless or at-risk of becoming homeless, such as case management, connection to financial resources and government benefits, temporary emergency housing, linkage to permanent housing, and employment services.
- **The Housing Authority of the City of Long Beach (HACLB):** Administers the City's Rental Housing Assistance Programs. These Assistance Programs are designed to provide financial and technical assistance services to low-income, elderly, and disabled residents of Long Beach so they can live with dignity in decent, safe, and sanitary housing conditions. The City recently issued project-based vouchers to Brethren Manor, American Goldstar Manor, and 21st and Long Beach to ensure over 600 housing units in these sites remain available to low-income older adults.

PUBLIC FUNDING FOR OLDER ADULT SERVICES IN LONG BEACH

As discussed above, the City of Long Beach provides approximately $850,000 through PRM for services at its senior centers. Although the City does not fund the DHHS to provide services, the DHHS provides one Public Health Nurse for its Senior Links program located at the Senior Center. This was originally a grant funded program however funding for this grant was discontinued. The DHHS continued the program through is Health Fund due to need in the community.

Los Angeles County also provides services to support older adults in Long Beach through its Area Agency on Aging (AAA). As background for understanding funding for older adults services, funds originate at the federal level via the Older Americans Act. This funding is then allocated to local AAAs as the units to administer programs. Distribution of funds is based on county or regional populations of older adults with the greatest social needs, defined as low-income, minority, limited English proficiency, and geographic isolation. AAAs are tasked with identifying unmet needs, engaging in systems development activities, and funding specific services. The Los Angeles County Department of Community and Senior Services is the agency that directs AAA efforts in all of LA County, except for the City of Los Angeles (which has its own AAA), including Long Beach. LA County's AAA receives $21 million from the state's $162.2 million in funding for the California Association of Area Agencies on Aging. Approximately 7% of those age 65 and older within the LA County AAA service area reside in the City of Long Beach. The City is working to determine if a similar percentage of AAA funding is provided in services and programs to our older adult population.

AAA-funded services are primarily provided by contracted non-profit agencies that may also receive funding from other sources. LA County does not have a budget specific to the City of Long Beach, but instead funds non-profit agencies to serve Long Beach and surrounding cities.

In the first half of FY 2015-16, 1,903 of the 43,000 Long Beach older adults received AAA services. The table below outlines the services funded by the county's Department of Community and Senior Services, and the number of Long Beach residents who received these services:

- Congregate Meals 1,533
- Home Delivered Meals 132
- Family Caregiver Support 107
- Health Promotion 49
- Linkages 50
- Nutritional Counseling..... 49
- Support Services 102

Many cities and counties supplement AAA-funded services with dedicated general funds. Long Beach provides $850,000 to Parks, Recreation and Marine for the Senior Centers and programming. Many of the AAA-funded agencies, as well as other non-profit agencies located in or serving Long Beach, provide services beyond those funded by the AAA. These additional services are funded through grants. Private foundations, such as The Archstone Foundation and others, also support planning and services.

IMPLEMENTING A COORDINATED SYSTEM OF SERVICES

An important focus of the Strategic Plan for Older Adults 2016 Update is to undertake an interagency strategy to develop and implement a coordinated system of services aimed at increasing linkage to services to improve the quality of life of older adults, particularly those who are at risk of needing a higher level of care and have inconsistent social support, and those who are isolated with little or no social support and are in need of assistance to provide for their basic needs.

There is general agreement that existing services are not well-coordinated, leading to fragmentation, duplication, and service gaps. This perception has shaped the imperatives of this plan. During the 2015 case management summit, key priority areas were identified for both the short-term and long-term. The three actions outlined below were identified as having the greatest possibility for coordinating and increasing access to services for older adults. This plan seeks to leverage and align existing resources wherever possible to minimize duplication of what may already be in place, and to identify service gaps and strategies to address them.

1. Develop an Older Adult Task Force

A number of interest groups, task forces, committees and commissions currently exist, or have existed, within the City with varying areas of emphasis related to older adults (including Agencies and Programs on Aging, the Elder Abuse Prevention Team, the Hoarding Task Force, the Older Adult Transportation Task Force, and the Senior Citizen Advisory Commission). Summit participants highlighted the need for an overall coordinating Older Adult Task Force that would identify common goals across existing efforts and leverage existing and previous efforts to strengthen the capacity of the City and its partners to meet the needs of older adults. Focus areas for the task force would include:

- Networking among providers and City systems,
- Convening and coordinating efforts across the City,
- Strengthening planning efforts and actions, including supporting additional data collection efforts.

The Older Adult Taskforce Membership would be comprehensive representation of County and City staff, community and non-profit providers, neighborhood associations, hospitals, insurance plans, housing, transportation, higher education, emergency services (police and fire) and funders as well as many other stakeholders.

2. Establish a One-Stop Older Adult Resource Network

The Older Adult Resource Network would include:

- A comprehensive resource list for older adults and their families, provided in multiple languages, that can be accessed through various print and technology options,
- A single point of contact, such as an Office of Aging, within the city to coordinate services, connect service providers to support successful referrals, answer questions, and connect individuals and families to the services they need,
- Increased education of providers and communities to build understanding of services available and how to access them.

Previous and current assessments highlighted the importance of developing a comprehensive database of existing resources for older adults in and around Long Beach, leveraging directories that already exist. While no comprehensive list exists, there are a number of existing information sources such as the Senior Center Information and Referral line, 211, SCAN toll-free line, and others that could be aggregated into a single, comprehensive resource. In addition, a survey of partners currently serving older adults would round out the list by identifying additional resources.

Previous and current recommendations also include creating a single point of contact within the City to provide information on services, and supporting coordination and connection to these services. Currently, the City offers an Information, Referral and Assistance Center (I&R) at the 4th Street Senior Center. The I&R is managed by one part-time staff member, and utilizes Title V senior employees[1] and college volunteers. Staff and volunteers respond to questions and provide information on service providers within Long Beach. In addition, a Public Health Nurse is located at the Senior Center to provide initial linkage to services. Funding for both the I&R and Public Health Nurse was reduced in previous years due to cuts in the City's budget and loss of grant funds. These services provide an initial infrastructure for connecting individuals and families to services, but do not meet the full array of opportunity discussed in the needs assessments. These efforts could be leveraged for a more comprehensive approach to connect older adults to

[1] Title V is a work program for older adults funded by Los Angeles County. It provides work skills training and income to older adults seeking employment.

services. Other, non-City information and referral resources and case management services also exist to serve the City's older adults. The coordination and leveraging of these resources are essential to a comprehensive approach.

The use of technology platforms to support linkage to services was recommended in addition to existing support systems. These platforms could include an smartphone App organized by service type, geography and eligibility; a referral system that supports a "warm hand-off[2]" or direct connection of individuals between providers to ensure referrals are made and connected; GIS mapping of services, as well as other innovative solutions.

Finally, effective marketing of existing resources, and future resources as they are implemented, was highlighted as essential to ensure individuals, family members, community members and providers are aware of how to connect to services. Core marketing materials would be provided in multiple languages to reflect communities being served.

3. Enhance Community Engagement

Community engagement, a theme that was repeated throughout each of the assessments and the 2005 plan, was identified as a way to connect families and community members to opportunities to support older adults in the community using a culturally and ethnically appropriate approach. Specific examples that emerged from the case management summit include social activities, neighborhood watch, multi-generational activities, caregiver support meetings, neighbor and community support possibilities and community education on issues affecting older adults.

DEVELOPMENT OF FUNDING AND SERVICES TO MEET NEEDS

The City of Long Beach and its partners acknowledge the need for developing a full continuum of services in the City to meet the needs of older adults, ranging from quality of life activities for more active older adults to ensuring quality skilled nursing facilities for the most frail. This is not possible without additional funding and staffing resources. The City and its partners will work to identify innovative funding options through Medi-Cal and Medicare; various sources of federal, state, and local government funding; private foundation funding; and non-profit partnerships to begin to meet the need. However, these efforts take resources to research and develop. Developing the comprehensive resource list discussed in the early portions of this plan will

[2] A "warm hand-off" between providers is a term used to indicate that providers contact each other in the referral process either verbally or through technology to ensure the person being referred is actually connected to the service. This includes determining if the individual qualifies for the service and if the provider has current capacity to provide the service. In many situations, referrals are given to an individual seeking services, but there may be long waitlists for services and the individual does not make the connection.

provide a clearer picture of existing service resources available in the City, allow for identifying service gaps and provide a roadmap for developing additional services in the City.

NEXT STEPS

A number of steps can be taken without significant additional resource. These include:

- Researching funding formulas and priorities at the LA County Area Agency on Aging to determine how funding and services are distributed across the County. Determine potential for increased service through the County.
- Reconvene Senior Case Management Summit participants and other partners to discuss possibility of leveraging existing services to increase connection to services.
- Determine feasibility and cost of partnering with CSULB students to support a complete a service gap analysis, identifying specific level of need and capacity within the identified categories.

The following would require additional support:

- Developing the comprehensive list of services available to older adults in Long Beach. These would include services provided by hospitals, health plans, non-profit service providers and communities.
- Increase marketing and communication regarding existing services within the City, including programs offered in the senior centers, the I&R Office and the Senior Links program. However, the I&R and Senior Links program are at maximum capacity and would need additional resource to meet increased demand.
- Conduct comprehensive services gap analysis to provide detailed information regarding needs within health care, housing, transportation, and other key areas of focus.
- Implement additional coordination and technology recommendations discussed in the Systems section of this report.

FEASIBILITY OF AN OFFICE OF AGING

In October, 2015, the Long Beach City Council requested a report on the feasibility of an Office of Aging. This Office of Aging would be an important component of the plan discussed above to lead efforts to implement the recommendations and to oversee and coordinate services across the City. At this time, the Office would not provide direct services, but would work closely with other community providers, hospitals, transportation and other City resources to strengthen the City's capacity to meeting the needs of Older Adults.

ROLES OF THE OFFICE

Potential roles include:

- Identifying and coordinating resources available to older adults in Long Beach, including a more comprehensive analysis of existing services and gaps specific to each service level and service capacity within the City.
- Conducting an ongoing assessment of community needs, status of existing services, and changing gaps in services, in order to more effectively develop strategies for connecting people to services and addressing identified gaps. This would include engaging community residents and stakeholders as well as older adult-serving agencies in the assessment process.
- Supporting community members in advocating for the needs of older adults.
- Researching and seeking resources to build a technology platform to assist individuals and agencies who provide services to more easily identify and connect to needed services, including supported service connection (warm hand-off referrals).
- Leveraging existing referral systems such as the Parks, Recreation and Marine Department's Information and Referral line, SCAN's referral information line, and the Los Angeles County 211 System to build a clearinghouse of current information on available services and supporting mechanisms to ensure information is available through different mediums.
- Marketing the availability of the resource clearinghouse.
- Partnering to identify additional resources and funding to develop new services and to build the capacity of existing services to address the service gaps and better meet the needs of older adults.

STAFFING AND RESOURCES

To effectively address these roles, the Office would require, at a minimum and in addition to the existing staff, the following positions:

- Program Coordinator – Responsible for managing and supervising the office, convening the Older Adult Task Force, and leading collaborative efforts in the City to support improved services and identifying and pursuing funding opportunities in collaboration with community agencies.
- Public Health Nurse – Responsible for building and supporting linkages to care for low income individuals and families and supporting the Program Coordinator.
- Research Analyst – Responsible for conducting the initial in-depth needs assessment and providing ongoing data collection to ensure the ever-changing landscape of services and gaps are identified.
- Technology Specialist - Coordinate the development and maintenance of on-line resource and the "warm-hand-off" referral system. Assist in developing technology training for older adults.

It is estimated that the creation of a City of Long Beach Office on Aging will cost $493,088 annually to provide the staff and technological needs to lead efforts to implement the recommendations of the Plan and to oversee and coordinate services across the City. This estimate does not include the costs of providing additional direct services or office space, as the location of a future office is currently unknown. Sufficient funds are not available in the Health Fund (SR130) to provide these services and additional General Fund (GF) appropriation would be required.

APPENDIX A: 2005 OLDER ADULT STRATEGIC PLAN

GOALS and ACTION STEPS

For the Five Categories of Safety, Transportation, Housing, Health, and Quality of Life

The Strategic Plan for Older Adults calls for examining the goals and implementing the action steps in the five categories of safety, transportation, housing, health, and quality of life. A phase of the planning process for creating the action steps included collaborative meetings with key stakeholders from within City-funded agencies and departments, including Long Beach Transit, the Long Beach Police Department, the Long Beach Housing Authority, and the Department of Parks, Recreation, and Marine, who discussed methods for adopting and implementing the Plan's action items that were within their purview.

CATEGORY 1: SAFETY

Safety is a major concern of older adults in Long Beach. Focus groups and key informant interviews revealed that many older adults fear for their personal safety both in their homes and in their communities. Some of the sources of fear that were reported included crime and reporting crime, frauds and scams, elder abuse, pedestrian, home, and public transportation safety, and lack of disaster preparedness. Some reported that these fears result in older adults remaining isolated in their homes, leading to or exacerbating feelings of depression, anxiety, or loneliness, and, at times, isolation and neglect.

Violent Crime

Older adults in focus groups indicated fear of violent crimes, harassment, and retribution in their homes due to their reporting crimes. Many older adults also reported that they felt walking in some areas of Long Beach to be very dangerous because of perceived criminal activities. Older adults limit their walking to daytime hours with virtually no evening outings, thereby compromising their quality of life by limiting their participation in volunteer and educational opportunities and meaningful recreational programs and activities.

In addition, Hispanics indicated fear of deportation of family members or themselves, and Cambodians voiced fear of authority. Older gay and lesbian adults reported harassment and hate crimes.

Fraud and Scams

Perpetrators of fraud, scams, and identity theft as well as persistent telemarketers target frail and isolated older adults, especially those with good credit. Based on community and Task Force input and data on elder abuse and fiduciary abuse, these types of crime are multiplying, particularly among vulnerable, lonely older adults eager for conversation.

Elder Abuse

Quality personal care is the foundation of long-term care. The need for safe and affordable personal care attendants for older adults is growing rapidly. Elder abuse by family members, caregivers, and service providers with access to older adults' homes and finances is a growing concern. Information on where and how to hire trustworthy, bonded caregivers or personal care attendants is lacking. Key informant interview participants called for ways to ensure that low-cost background checks are available for older adults and their families when hiring prospective caregivers.

Pedestrian Safety

Community and Task Force input identified poor street lighting, un-maintained sidewalks, and the absence of marked crosswalks as pedestrian fall and safety hazards. The short duration of crosswalk lights, speeding cars, as well as inconsiderate bicyclists and skateboarders exacerbate our older adults' fear of injury.

Data from the Traffic and Transportation Bureau for Long Beach showed that the majority of pedestrian accidents and fatalities do not occur at intersections or traffic signals, rather, they occur at mid-block. Their data also indicate a lack of evidence that increasing the duration of traffic light walk signals improves pedestrian safety, considering that this type of accident occurs infrequently.

A recent study in the Journal of the American Medical Association (JAMA) examined the relationship of marked crosswalks to pedestrian motor-vehicle collisions in older adults. The study found that marked crosswalks with no signals or stop signs are associated with a 3.6 times greater risk to older pedestrians of being struck by a motor vehicle. Focus group participants shared a public perception that marked crosswalks ensure pedestrian safety, which is not the case per the findings of the JAMA study. The JAMA study reinforces the importance of the need to educate older adults about pedestrian safety.

Public Transportation

Older adults indicated a fear of falling due to difficulties of stepping into buses and finding a seat before the driver departs. Additionally, ethnic populations reported difficulty in accessing printed bus information in their languages. They expressed a fear of taking buses because of the possibility of becoming stranded after traveling by bus away from home and not being able to access information to return home.

Home Safety

Unsafe conditions in the home, lack of routine maintenance, and overcrowded housing were highlighted by focus groups and Task Force members as frequently jeopardizing the physical safety of older adults and creating preventable hazards such as fires and falls. Poor exterior lighting, the absence of sturdy hand railings, and unsafe steps in residential housing were also reported as potential home safety hazards. Fall related injuries are the leading cause of preventable injury and death among older adults, and over 60 percent of deaths from falls occur in the 75 and older age group.

Disaster Preparedness and Emergency Alert Devices

Older adult respondents viewed access to disaster preparedness as essential to meeting the special requirements of vulnerable older adults in Long Beach, especially the 18,565 persons age 65 and older with disabilities.

Task Force members recognized that emergency alert devices are important for ensuring the wellbeing of older adults if they experience crisis situations such as falls, medical problems, and other various safety concerns. Emergency alert devices are worn around the neck or wrist and provide older adults with push-button access to assistance 24-hours a day. These services can be offered privately or through insurance plans for a monthly fee. A lower-cost alternative to these services includes devices that emit alarms to alert nearby persons or neighbors that an older person is in need of immediate assistance.

SAFETY GOAL: *To improve the overall safety of older adults at home and in the community.*

Safety Action Steps

1. Create collaborations between Police, Neighborhood Associations, older adult groups, and other community groups that will work to design and implement methods to reduce the number of violent crimes perpetrated against older adults, elder abuse, frauds and scams,

and neglect.

2. Advocate for higher prioritization for community policing (i.e. increase foot, bicycle, or vehicle patrols) as a safety net for older adults who reside in high- crime neighborhoods.
3. Ensure that crime reports are taken from older adult informants at neutral locations such as community centers, senior centers, churches, etc. and ensure that informant addresses are not broadcasted over police radios in order to minimize older adults' fear of retribution against them.
4. Advocate for age sensitivity training and communication skills in the Police Academy curriculum for cadets and in continuing education and training for veteran officers.
5. Engage media and community networks to inform residents about immigration law and ways to minimize crime underreporting by immigrant older adults due to fear of deportation.
6. Advocate for increased public awareness and access to appropriate City services for the reporting and repair of unsafe rental housing, streets, sidewalks, and crosswalks.
7. Promote and provide community education and increase awareness among older adults regarding pedestrian safety in order to reduce the fatality rate among older adult pedestrians.
8. Promote and support the City's Police Department and Community Development Department's Traffic and Transportation Bureau's pedestrian safety awareness campaigns and technology enhancement programs that focus on pedestrian environment, connectivity, and reducing the pedestrian accident rate.
9. Promote elder abuse prevention community-wide.
10. Advocate for increased partnering of Adult Protective Services (APS) staff with Police Department personnel similar to the Mental Evaluation Teams (MET).
11. Identify ways for families and older adults to access low-cost background checks on prospective caregivers and encourage consumers to take advantage of this technique.
12. Develop resources to enhance recruitment efforts in order to expand Senior Police Partners' and Fire Ambassadors' ability to increase access for diverse older adults to critical safety services.
13. Advocate for aggressive prosecution of offenders who perpetrate fraud, scams, and identity theft on older adults. Enhance education and outreach to the community about the prevention of and access to information and resources about these crimes.
14. Promote education and training about access to low or no-cost comprehensive home safety assessments and modifications, including home safety equipment and assistive devices

that help to prevent falls and other hazards.

15. Provide awareness of and access to information about emergency alert devices and lower cost alternatives such as alarm devices for helping older adults in need of immediate emergency assistance.
16. Ensure that the concerns of frail, homebound, and disabled persons of all ages are addressed in all phases of the City's disaster preparedness programs, as well as in the programs of other volunteer crises response agencies.
17. Work in collaboration with providers, police and fire departments, hospitals, and gatekeepers to create a registry of vulnerable, frail, homebound, and disabled older adults who will be cared for and evacuated in the event of an emergency or disaster.

CATEGORY 2: TRANSPORTATION

The availability of safe, affordable, and reliable transportation was reported as a major factor necessary for achieving a good quality of life. When quality modes of transportation are lacking, older adults are restricted from accessing or receiving vital services related to food and nutrition, health care, social activities, and community involvement.

Access to Services

Data from Long Beach Transit show that older adults comprise 15 percent of their 28 million annual riders. While Long Beach Transit provides older adults with a variety of good, elder-friendly transportation options, many older adults and their families are not aware of the services available to them or may be unable to access these services. In some areas, older adults who are able to ride the bus cannot walk to the bus stops because the distances from their homes to the bus stops are too great. They reported needing additional bus routes to outlying areas in Long Beach (especially outside of the downtown area) in order to make the bus system more accessible for older adults who have reduced mobility.

Many ethnic older adults reported a need to better understand the various transportation services available to them and how to use them safely. They reported a desire to learn how to use the bus system as a means to break patterns of isolation and create opportunities for community participation, health care needs, and social activities. Ethnic older adults also reported that another barrier to using existing services was the limited information on transportation services available in other languages.

Older Drivers and Alternative Options

The issues surrounding older adults and driving was illuminated by Task Force members as a vital concern for the community. Many older adults feel that driving is central to their independence and freedom. When older adults choose to stop driving or are encouraged by family members or physicians to limit or cease driving, many view the period of adjustment that follows as very difficult, often leading to depression and social isolation. A study by AARP found that non-drivers leave the house fewer than three times per week, even if it is just to take a walk. It is crucial for older adults who no longer drive to have a number of affordable alternative transportation options available in order to remain independent, safe, and socially active.

Long Beach Yellow Cab offers discounted taxi services for older adults upon request. Many of the cab drivers provide older adults with door-to-door assistance upon request. Several service providers for older adults utilize Long Beach Yellow Cab's taxi voucher program for transporting their clients to medical and social appointments. However, some older adults who participated in the taxi voucher program reported very long waiting lists for obtaining vouchers.

Older adults also reported needing more available and accessible short-distance transportation to banks, senior centers, markets, and health care appointments. Several older adult focus group participants reported needing clarification on the eligibility requirements for para-transit services such as Access and Dial-A-Lift, which serve disabled persons, including older adults with disabilities. Older adults who were eligible for para-transit services reported experiencing unreliable service, difficulty making reservations and arrangements, and excessive waiting periods for the services to pick up and return them to their destinations. Additionally, many frail older adults reported needing door-to-door services but most para-transit, van, and rideshare type services are limited to curb-to-curb pick up and drop off.

TRANSPORTATION GOAL: *To improve and enhance information about, access to, reliability, and affordability of transportation services for older adults.*

Transportation Action Steps

1. Review and enhance transportation systems' driver and customer service training focusing on sensitivity in the areas of aging, ethnicity, culture, and language.
2. Involve older adult service providers and community advocates in providing information and assistance about the use of the various transportation services available to older adults, especially diverse older adults, to decrease their fear and frustration about the use of services and to decrease barriers to accessing transportation.

3. Disseminate information about the eligibility criteria for various para-transit services and ridesharing type services (i.e., Dial-A-Lift, Dial-A-Ride, and Access) to ensure access for those eligible to receive the services.
4. Advocate for para-transit and ride-sharing type services to include door-to-door assistance for frail older adults.
5. Advocate for an ambassador program for transportation similar to the Long Beach Fire Ambassadors or the Senior Police Partners to assist older adults and persons with mobility limitations in accessing and using existing transportation services.
6. Enhance local community efforts to secure funding for vans to provide alternative transportation for frail adults who are unable to use available transportation services.
7. Advocate for the establishment of a centralized, coordinated volunteer driver program for local transportation to banks, stores, senior centers, social activities and non-emergency medical needs. Volunteers could assist with the pick-up and delivery of prescriptions, personal items, and groceries.
8. Advocate for higher readability and well-lit signage at bus stop locations.
9. Encourage older adult advocates to participate on various transportation committees and in public hearings to ensure that older adult issues are included in discussions and planning.
10. Advocate for additional funding to enhance and expand the taxi voucher programs utilized by providers of older adult services.
11. Advocate for additional programs and resources to promote education about safe driving programs (i.e., AARP's "Alive at 55", AAA Safety Foundation) including physical and mental assessments for older adult drivers.

CATEGORY 3: HOUSING

Housing was identified as a fundamental issue for older adults during the planning process. Task Force members and focus group participants repeatedly cited the current and increasing shortage of safe, affordable housing. This input validated the findings in other City housing assessments. The Long Beach Housing Element for 2000-2005 paralleled the data collected for the Plan, stating that many of older adults have disabilities and limited incomes (45 percent of older adult households earn very low income), and that one-third of older adults overpay for housing. These and other housing concerns have become increasingly critical over time, because public policy advocates for and older adults prefer to remain independent in their homes.

Maintenance and Affordability

Task Force members and focus group and key informant interview participants indicated that numerous housing issues affect older adults, especially low-income, ethnic sub-populations. Additionally, data from the U.S. Census 2000 for Long Beach illuminate the growing issue of overcrowded conditions, finding that the number of persons per household has increased from 2.61 in 1990 to 2.77 in 2000. This Census data for Long Beach also stated that in the year 2000, 18.3 percent of households included individuals 65 years and over. Some focus group participants noted that many older adults living in overcrowded conditions sleep on sofas or cots in non-bedroom living areas of households.

Lack of proper housing maintenance was also expressed as a major concern for older adults living in their homes, especially for those living alone. Most older adults desire to stay independent and age in place in their homes. Maintenance costs, taxes, repairs, and distance from essential services are barriers faced by older adults who age in place. Many low and middle-income older adults are unable to properly maintain their homes, leading to structural deterioration and the development of hazardous living conditions. Some older adults were reported as living in "pack-rat," cluttered conditions, potentially leading to fires and falls, and the inability to exit safely in emergencies.

The issue of housing affordability was widely reported as the major barrier to quality living among older adults. The Federal Housing and Urban Development (HUD) congregate living housing contracts signed by multi-unit facility developers thirty years ago are ending and these owners are opting to sell their properties, or are choosing not to renew with HUD but instead open their housing to higher paying, non-senior residents. Additionally, high rents together with the lack of nearby family have forced many older adults to be placed unnecessarily into assisted living and skilled nursing facilities.

An analysis of U.S. Census 2000 Summary File 3 sample data for Long Beach show that 44.5 percent of those 65 and older who rent (3,873 households) spend 35 percent or more of their household income on rent, while 17.8 percent of those 65 and older who own their homes (2,346 households) spend 35 percent or more of their income on monthly owner costs. That is, more than twice as many older adult renters spend greater than 35 percent of their monthly income on housing costs compared to older adult homeowners.

Section 8 Housing

The Housing Authority of the City Long Beach has provided data showing the number and percent of assisted households that are elderly, categorized by zip code. Further statistics from the Long

Beach Housing Authority show that the average gross income for older adults in Section 8 housing is $12,940 annually, and that the average subsidy payments Section 8 housing provides towards rental costs are $516 monthly for elderly households.

Homeless Older Adults

Statistics are unavailable on the number of homeless older adults in Long Beach, but homeless shelters, the Veteran's Administration, and the Long Beach Department of Parks, Recreation, and Marine's Senior Center reported that numerous homeless older adults seek services on an on-going basis. As people age, the incidence of disability and frailty increases, making homeless older adults an extremely vulnerable population that requires temporary shelter and help with transitioning to safe, affordable housing.

Universal Design and Home Modifications

The concept of universal design is important for assisting older adults to remain independent. The Center for Universal Design describes the concept as the "design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design." Universal design creates a more accessible environment for not only those with vision, hearing, or mobility impairments, but also for people of all ages, statures, and abilities. Families with young children, for example, especially benefit from curb cuts, ramps, and elevators. Some examples of universal design in homes include installing lever door handles instead of doorknobs, installing handrails and grab bars, widening doorways and hallways, lowering cabinets and countertops, and installing ramps in and around the home.

Home modification for older adults includes adapting or remodeling an existing environment to increase safety, feasibility, and independence. Home modifications and repairs lower risks of falls and injury, increase comfort, and improve quality of life. Many home modifications, such as installing lever door handles and grab bars, parallel the universal design, but are made to existing homes as opposed to new homes. Home modifications are already utilized by Baby Boomers, assisting their parents and themselves.

HOUSING GOAL: *To advocate for, promote, and increase access to safe, affordable housing for older adults.*

Housing Action Steps

1. Advocate to retain and/or increase subsidized housing, including the monitoring of older adult housing units with covenants or use restrictions.
2. Advocate to increase the availability of shelters and temporary housing for the homeless

and older adults, including victims of elder abuse. Educate the community on the availability of existing homeless shelters, neighborhood centers, churches, and senior centers that serve these populations.

3. Provide education for families and caregivers regarding housing resources and housing modifications to accommodate aging residents and promote registries for shared housing.
4. Provide education and age sensitivity training to housing authorities and providers regarding older adult and disabled adult occupants.
5. Advocate for improved communication and collaboration between public, private and non-profit providers and faith-based communities for assisting older adults in crisis housing situations.
6. Work with the City, State, and the larger community to ensure that older adult issues are included in the Housing Element and other strategic planning reports for housing programs and management.
7. Advocate to increase the availability of safe, affordable housing for low to middle- income older adults who do not qualify for subsidized housing.
8. Enhance and promote existing home maintenance programs and City home improvement grants available to older adults.
9. Advocate for and promote universal design in future housing and upgrades in existing homes. Educate the community on how universal design benefits all age groups.
10. Advocate for the enhancement and expansion of affordable assisted-living services for older adults and persons with disabilities.
11. Advocate that Section 8 rentals and housing for older adults permit pets as companions to assist older adults in remaining independent and in good physical and mental health.
12. Advocate to increase interdepartmental and interagency communication and cooperation to assist at-risk older adults facing the loss of their current housing, including HUD, Section 8, or other government assisted housing.
13. Provide older adults, their families and caregivers with education and resources for reporting scams and frauds that target mortgages, maintenance, and repairs of older adult's homes.

CATEGORY 4: HEALTH

Good health was another priority issue reported by older adults as a principal component to quality living. Participants from focus groups, key informant interviews, and members of the Task Force highlighted good physical and mental health as being crucial to sustaining quality of life. The dynamics of the aging of Baby Boomers and the increase in life expectancy will result in the older adult population placing a growing demand on the need for quality health services and health promotion.

Health Care

Access to good health care is the touchstone for increasing the longevity and improving the quality of life for everyone, especially older adults. The physical, mental, emotional, and spiritual aspects associated with good health rely on the availability and accessibility of preventive and primary health care. Some participants from focus groups have no health care insurance or inadequate coverage, particularly in the undocumented ethnic communities. Although Medicare covers most older adults, not all older adults have Medigap or Long-Term Care insurance that act as safety nets for adequate health care coverage. Several immigrant older adults in focus groups reported having no health care insurance coverage, and instead rely on herbs, vitamins, cultural remedies, and similar practices to remain healthy.

A large number of focus group participants expressed that they were frustrated and displeased with the quality of care they receive from their physicians, many of whom are not trained in geriatric medicine. The older adult participants indicated that their health care providers were not seeing them often enough, and that doctors spent too little time with them during office visits and displayed a general lack of respect and interest. This type of treatment by doctors can result in older adult patients becoming confused, receiving insufficient or improper medical treatment, and/or being misdiagnosed.

Many older adults also reported not being able to afford prescription drugs. Additionally, medication mismanagement and complications surrounding drug interactions were highlighted by Task Force members and focus group participants as critical concerns for older adults. Focus group participants also noted the need for physicians, pharmacists, and health and social service providers to better educate older adults, their families, and caregivers on the importance of the proper use of medications.

Chronic Disease

Chronic disease is not only a growing challenge for health care providers, but also for individuals as they age and as the population's life expectancy increases. One example of a disabling chronic disease is diabetes. Diabetes has been identified as a Healthy People 2010 risk factor. The incidence of diabetes increases with age and its incidence is growing rapidly in the United States. Controlling diabetes can reduce blindness, amputations, and the need for dialysis. Additionally, several recent studies have indicated a direct correlation of untreated diabetes with higher incidences of cardiovascular and Alzheimer's disease.

The incidence of other chronic diseases, such as hypertension and arthritis, also increases with age. According to the Los Angeles County Health Survey of more than 8,000 households in the County, the prevalence of hypertension increases with age from 4 percent among persons age 18-29 to 35 percent in persons age 50 or older. Hypertension rates are highest among African-Americans at 28 percent. The survey also revealed that 40 percent of adults age 50 and older have arthritis. For all ages, Caucasians and African-Americans have the highest prevalence at 22 percent.

Chronic diseases can be debilitating and may result in premature dependency and death. Many chronic conditions can be successfully detected, prevented, treated, and managed by practicing healthy behaviors, good nutrition, moderate exercise, and proper medication management. Health promotion, proper disease prevention and management, access to quality health care coverage, and education about disease and self-care all greatly influence quality of life for older adults living with chronic disease.

Additionally, collecting and monitoring baseline data on chronic diseases are important and necessary for examining methods to lower the incidence of chronic diseases among older adults in Long Beach.

Disability

Census 2000 data for Long Beach have shown that 36.6 percent of persons 65 and older (18,565 individuals) have a disability. Disabilities can affect a person's capacity to perform activities of daily living such as bathing, dressing, and walking, and can require the older adult to seek some level of home modification and supportive services. Sensory and other physical losses can also affect the functional mobility of older adults.

With life expectancies at an all-time high and increasing, the number and percent of persons with disabilities is also increasing. One projection claims a possible 350 percent growth in the number

of moderately or severely disabled persons of all ages, from 5.1 million in 1986 to 22.6 million in 2040.

Mental Health

Many older adults in focus groups reported concerns about mental health issues, including depression and anxiety, which can lead to being isolated and disenfranchised. Depression can compound the effects of and exacerbate other existing disabilities, and in some cases can lead older adults to commit suicide. In 1998, the 65 and older age group had the highest rate of suicide in the nation, making up 20 percent of all reported suicides. Nationally, men comprised 84 percent of suicides among persons 65 and older in 2001. Data from the AARP in 2003 showed that 70 percent of older adults who commit suicide have seen their physicians sometime in the past month, and 39 percent have seen their physicians within a week of committing suicide.

During the planning process, several mental health professionals reported that mental health problems among older adults are rising and that many conditions are undiagnosed and/or untreated. Many focus group participants reported the need for improvements in access to mental health services, especially for depression. Focus group participants also highlighted concerns regarding the stigma associated with seeking assistance for mental health problems. Cambodian older adults in focus groups voiced the concern that some members of their community may need assistance with and information about mental health treatment for Post-Traumatic Stress Disorder due to their experiences with the Khmer Rouge.

Alzheimer's disease is another growing mental health concern for older adults, especially as the Baby Boomers age. The prevention of Alzheimer's disease is a high priority of the National Institute on Aging. One study on Alzheimer's disease from the National Institutes of Health indicated that in the year 2000, 7 percent of those with the disease were ages 65-74, 53 percent were ages 75-84, and 40 percent were ages 85 and older. Another study published in the Journal of the American Medical Association found that participation in cognitively stimulating activities was associated with a reduced risk of incident Alzheimer's disease. The study concluded that a person reporting frequent cognitive activity was 47 percent less likely to develop Alzheimer's disease than a person with infrequent cognitive activity. Early detection and diagnosis of Alzheimer's disease is important in order to manage and/or delay the rapid progression, deterioration, and premature death of people with the disease.

Wellness Promotion

Health education and promotion is vital for assuring that older adults live healthy and independent lives for as long as possible. Educating the community about practicing healthy

lifestyle and wellness behaviors is important for preventing the use of emergency and high-cost treatment services and benefits older adults and the entire community. Wellness includes the opportunity to contribute and participate in meaningful activities that promote optimum health. Focus group participants and Task Force members expressed the need to promote affordable recreation programs, activities, and services that offer physical fitness and nutrition education to older adults, especially in ethnic communities.

Additionally, focus group participants expressed inhibitions about receiving influenza and pneumonia vaccinations. Promoting the benefits of annual vaccinations contributes to the health and wellness of older adults and their families.

HEALTH GOAL: *To maintain and improve the physical and mental health and wellbeing of older adults.*

Health Action Steps

1. Educate older adults on the benefits of physical activity, strength and balance training, and other preventive health and wellness activities.
2. Advocate for physicians, pharmacists, and social service providers to provide enhanced education for older adults, their families and caregivers regarding proper medication management.
3. Provide information about changes in Medicare's prescription drug insurance programs and lower-cost alternatives.
4. Improve access to information about mental health programs and advocate for improved outreach, education, and screenings for mental health services for older adults in mental health, health care, and social and recreational settings, especially among ethnic communities.
5. Advocate for health care providers to expand preventive health and age appropriate screenings, especially mammograms and prostate exams.
6. Advocate for information and access to health care services for uninsured and underinsured older adults.
7. Provide education to older adults, their families, and their caregivers on how to become better health care consumers.
8. Provide information to social services and health care providers, older adults, and their families and caregivers about Hospice and palliative care services.

9. Expand access to information about home health care and personal assistance to older adults, families, and caregivers at all income levels.
10. Advocate for the expansion of cultural competency training for medical providers and the expansion of translation services in medical settings to ensure access to services for ethnic older adults.
11. Advocate for and encourage an increase in the provision of age sensitivity and geriatric training for providers of health care of all kinds.
12. Advocate for the increased availability of affordable dental, vision, hearing, foot care, and other services for older adults.
13. Advocate for the expansion of nutrition information programs and congregate and home-delivered meals for older adults, especially in ethnic communities.
14. Advocate for an increase in volunteers, especially from ethnic communities, to become skilled nursing ombudsmen.
15. Increase education and information among older adults, families, and caregivers about the importance of influenza and pneumonia vaccines.
16. Advocate for funding to conduct a citywide older adult health needs assessment that will provide baseline data for monitoring chronic diseases and the Healthy People 2010 health promotion objectives.

CATEGORY 5: QUALITY OF LIFE

Social, leisure, recreational, and educational activities were identified by community and Task Force members as important factors that contribute to longevity, well-being, an active lifestyle, and quality of life for older adults. Quality of life is influenced by many variables, including socio-economic conditions and the availability of social and leisure services. There is a distinct socio-economic divide among older adults living in the City's nine districts. Comprehensive needs assessments are vital in prioritizing the City's older adult resources. For example, there may be greater demand for assistance in areas populated by low-income families that care for older adult family members. Additionally, it is important to remember that many younger minority families living in several districts of the City may be caregivers for older adults who are disenfranchised by language and socio-economic conditions. Older adults living alone and families caring for older adults tend to have the greatest need for information and supportive services.

Another factor influencing quality of life is the current increase of grandparents as caregivers. Information from the U.S. Census 2000 provides some insight into the quality of life of thousands of older adult residents. U.S. Census 2000 data for Long Beach revealed that 12,372 older adults

are grandparents (age unknown) living in households with one or more grandchildren under 18 years, and 4,099 of these grandparents are responsible for their grandchildren. Also, analysis by the AARP of national Census 2000 data has shown that the number of children being raised by grandparents has increased by 30 percent in ten years. Given the responsibility, finances, and energy that raising a child requires, these older adults have a heavy burden to carry at a time in life when aging can diminish limited resources. Older adult social service and recreation providers should consider and plan for childcare and intergenerational opportunities to ensure that older adult grandparents are given the chance to participate in a variety of meaningful programs, activities, and services.

Caregiver Challenges

Caregiving for older adults affects quality of life and independence, and presents distinct challenges to older adults, family, and friends. Recent national statistics on family caregiving have shown that family caregivers provide approximately 80 percent of home care services. Another national study has shown that 61 percent of those who provide "intense" family caregiving (at least 21 hours a week) have suffered from depression. Additionally, national statistics from the AARP showed that in the year 1960, 24 percent of people in their sixties had one parent alive, and by the year 2000, the number jumped to 44 percent.

The physical and emotional responsibilities of those caring for older adults can be difficult for both family and professional caregivers. Many families are juggling the responsibilities of caring for children and older adults living in the same household. It will become increasingly necessary for older adults and their families to rely on mechanisms of support for caregiver responsibilities such as training and respite to maintain or improve quality of life.

Additionally, Task Force members highlighted the need for more adult day care and adult day health care services and programs, along with transportation to these services. These community-based programs, which generally operate during daytime hours, provide various health, social, and other supportive services to older adults who have functional or cognitive difficulties. Adult day services offer assistance to and respite for caregivers and family members who provide 24-hour care to older adults. Task Force members also observed that adult day services should be made available on a sliding cost scale to increase access by older adults at various income levels.

Social Opportunities and Employment

Long Beach has an established tradition of providing older adults with social and recreational activities through the City's Department of Parks, Recreation, and Marine, and a network of

community providers, including the faith-based community. The City partners with older adult service providers at the Long Beach Senior Center and at other satellite senior centers in strategic locations throughout the City. These centers provide essential services including health screenings, congregate meals, nutrition information, physical fitness activities, information and assistance, recreational, educational, leisure, volunteer, and social opportunities. These services and activities are vital for promoting self-sufficiency, self-esteem, and sustained independence and wellbeing for older adults.

Older adults in Long Beach felt that their quality of life improves with socialization, recreational, educational, leisure, and volunteer opportunities. They also felt that they needed more information about these services and that they required transportation to and from these activities. Additionally, many low-income older adult focus group participants requested more affordable opportunities for recreation and socialization. There are numerous vital, active older adults seeking ways to contribute their skills and talents to the community. Older adults do not want to feel excluded; they want to participate, and desire more community involvement through volunteerism, employment, and intergenerational program opportunities. Older adults in focus groups expressed the desire to feel a sense of purpose and a belief that they are valued because of their experience and wisdom.

Many older adults in focus groups desire to participate in learning opportunities. Studies have shown that intellectual stimulation prevents mental decline. In 2002, the Journal of the American Medical Association published a study conducted by the Advanced Cognitive Training for Independent and Vital Elderly on healthy and independent older adults 65 and older who participated in cognitive training sessions for 2 hours a week for 5 weeks. The study showed improvement in participant's cognitive abilities such as memory, concentration and problem solving skills, as well as a continuance of this improvement for two years after the training. This study reinforces the well-known phrase and advice common to older adults, "Use it or lose it."

Task Force members, focus groups, and key informant interview participants also expressed the need for more intergenerational programs to ensure that older adults are included in community activities for all ages. They suggested utilizing existing facilities and groups such as schools, community and senior centers, and community and faith- based organizations to promote and implement intergenerational programs.

Many older adults in focus groups voiced a desire to continue working beyond retirement. The traditional view of retirement involves freedom, choice, enjoyment, and rest from a lifetime of work and employment. However, not all Long Beach residents age 65 and older live the traditional retirement life. Participants from older adult focus groups voiced the opinion that

older adults desire to remain active, contributing members of society through participation in meaningful opportunities. Furthermore, while many desire to work past the traditional retirement age of 65, some are forced to continue to work because of economic reasons.

Some older adults in focus groups also commented that, when seeking employment, they experienced age discrimination and were stereotyped as unproductive, incompetent, or inefficient. Research on older adults and employment has shown that older workers are generally valued as more reliable, loyal, and more experienced for certain jobs. Employers should be sensitized to the importance of retaining and valuing older workers for their skills and experience, versus hiring a disproportionately younger workforce.

In addition, Task Force Members advocated for employers to provide more information to their employees about financial planning, retirement planning, family leave, and the possibility of transitioning into part-time work or volunteer opportunities upon retirement.

Volunteerism

Long Beach has a rich history of engaging its older adult population by providing volunteer opportunities through public, private, non-profit, and faith-based sectors. Compared to other age populations, the older adult population currently contributes the largest number of volunteer hours to the community. Older adult volunteers serve as vital resources for all programs, activities, services, and organizations throughout the City.

Focus group and key informant interview participants and Task Force members expressed that older adults provide a large number of volunteer hours to the City. Key informants called for an increase in volunteer recognition as well as increased outreach into the older adult community to recruit additional volunteers.

Older adult volunteers improve their own quality of life because they are engaging their skills, assets, and experience and are valued as an integral part of the community. A recent study from the University of Florida found that older adult volunteers, in comparison to those who did not volunteer, showed improvements in three measures of well-being: functional status, self-rated health, and depression. The study also cited that the number of hours or the type of organizations involved were not important, but that the act of volunteering itself is the key to improving mental and physical health.26 Possible volunteer and intergenerational opportunities that exist for older adults include mentoring and sharing their skills in community centers, senior centers, schools, and resource centers, and providing assistance to non-profit and faith-based organizations. The increasing involvement of older adults in community networks and services provides a large untapped resource for the City and for the community.

Gatekeeper and Reassurance Programs

Focus groups, key informant interview participants and Task Force members observed that telephone reassurance and friendly visitor programs that currently exist in Long Beach were significant for keeping older adults connected to the resources they require to remain safely in their homes; this is so with homebound, isolated, frail, or lonely older adults. Friendly visitor programs provide regular visits to older adults who have limited contact with others, and telephone reassurance programs provide daily phone calls to isolated older adults, offering companionship and socialization for those who may have no other friends or whose family members live at a distance.

Task Force members also noted the important role that gatekeepers have in helping isolated older adults in the community. During the course of their day, gatekeepers have some form of daily contact with older adults, and include postal carriers, police officers, newspaper carriers, utility workers, emergency response workers, grocery store clerks, and food delivery and other business employees, as well as nearby neighbors. Gatekeeper programs train these workers and individuals to recognize the signs that may indicate that an older adult may be ill or require assistance. The programs provide gatekeepers with a list of agencies that can offer assistance for these older adults. Gatekeeper programs contribute life-saving assistance and support to many older adults in the community, thereby increasing their safety, wellbeing, and quality of life.

End-of-Life Care and Planning

Task Force members recognized another set of quality of life factors regarding end-of- life decisions. Older adults often need encouragement and assistance to complete advanced directives such as Durable Power of Attorney for Health Care, Living Wills, and funeral arrangements, as well as financial and legal agreements such as wills, trusts, and asset and estate management. Members emphasized the importance for older adults and their families to be informed about planning options for end-of-life preparations to ensure that older adults can live the rest of their lives with the knowledge that they are legally, medically, and financially, as well as spiritually and emotionally, prepared to die with dignity.

QUALITY OF LIFE GOAL: To strengthen, promote, enhance, and expand programs and services that contribute to an exceptional quality of life for older adults.

Quality of Life Action Steps

1. Work with local public and community-based providers of essential programs, activities,

and services for older adults to promote and increase access to senior and community centers that provide social, educational, nutritional, recreational, and leisure programs, and information and assistance services.

2. Promote, enhance, and expand existing telephone reassurance, friendly visitor, home delivered meals, and chore assistance programs to provide a safety net for frail, isolated, and homebound older adults.

3. Educate the community about the importance of culturally appropriate gatekeeper programs for frail, isolated, and homebound older adults to remain safe and independent in their homes. Enhance and expand existing gatekeeper and emergency response networks through appropriate City departments, community- based and social service agencies, the faith-based community, neighborhood associations, businesses, and schools.

4. Expand resources and access for caregiver training and respite programs for use by professional and family caregivers. Provide information to the community about caregiving programs and services.

5. Expand and promote employment and retraining opportunities for older adults through public, private, educational, faith and community-based sectors, the media, community and senior centers, and resource centers.

6. Encourage City Departments to involve older adult volunteers in the design and delivery of services targeting older adults.

7. Enhance existing volunteer opportunities and recruit older adults to volunteer in programs throughout the community, especially in self-help and peer-to-peer programs.

8. Promote the importance of and increase access to educational opportunities for older adults including lifelong learning, technology training, and university and community college programs.

9. Promote, enhance, and expand existing intergenerational programs and advocate for additional programs that involve persons of all ages, especially older adults.

10. Provide education and information to public and private business sectors and the community about the value of hiring and retaining older workers in order to discourage age discrimination against older adults seeking employment.

11. Develop resources to enhance existing information and assistance services for older adults. Promote the use of and provide access to other regional information and assistance services that provide multi-language, database management of services, and 24/7 availability.

12. Advocate for policies requiring that home care agencies carefully screen, require background checks on, and provide age sensitivity training to personnel who provide at-home services for older adults.
13. Provide information about and promote the availability of congregate and home delivered meal programs for older adults, and increase access to these services for ethnic older adults.
14. Promote and enhance access to and information about adult day care services and advocate for sliding cost scales for low-income older adults.
15. Provide information to older adults and their families about resources for end-of-life care and planning information such as advance directives, will preparation, funeral arrangements, obtaining legal and financial assistance, and asset and estate management.
16. Advocate for public, private and community-based social services to provide information about or create support group activities for older widows and widowers and elders living alone or at a distance from family members.
17. Encourage public and private business sectors, and the service sector to provide discounts to older adults when appropriate.

PART 2: IMPLEMENTATION

Part Two contains the overall recommendations that address the action steps for the comprehensive improvement of programs and service delivery systems and implementation of the Plan in Long Beach.

IMPERATIVES FOR SYSTEMS IMPROVEMENT

The following overarching imperatives and actions steps for improving service systems were consistently articulated throughout the Strategic Planning Process as necessary for the successful implementation of the Plan:

Imperative 1: Enhance the coordination and evaluation of programs, activities, and services and promote the inclusion of older adult interests in city and community planning in order to ensure a well-organized and efficient system for older adults, while minimizing the gaps, fragmentation, and duplication of services.

Action Steps

1. Develop resources to establish the position of "Older Adult Services Coordinator" who will:
   - Implement and monitor the results of strategic planning for older adults.
   - Facilitate the coordination of information about and promotion of older adult programs, activities, and services.
   - Develop and continually update an inventory of older adult programs, activities, services, and resources in Long Beach to identify service gaps and duplications.
   - Link City and community provided services for older adult programs, activities, and services in order to leverage and maximize limited public and private resources.
2. Establish and promote an effective, centralized Internet information system to connect existing and new communication networks, and to provide electronic access to updated and comprehensive information on older adult programs, activities, and services for use by service providers, older adults, and their caregivers.
3. Advocate to enhance existing local Information and Assistance (I&A) services, and to promote the use of County, State, and private information services that will provide families, older adults, and caregivers with information on older adult programs, activities, and services.

Imperative 2: Collect and utilize pertinent local data and information on older adults in order to appropriately assess the needs and gaps in older adult programs, activities, and services, and to facilitate and develop resources and grants for identified services and program needs.

Action Steps

1. Establish a system for collecting, maintaining, and monitoring baseline data and information specific to aging adults in Long Beach.
2. Research the possible causes for and implications of the decrease in percentages and numbers of older adults in Long Beach.
3. Conduct on-going analysis of information.
4. Monitor the progress of research initiated for the Strategic Plan.

Imperative 3: Ensure that older adult programs provide age-sensitive, culturally, and linguistically relevant services in order to minimize the age discrimination and cultural and literacy barriers faced by diverse older adults.

Action Steps

1. Encourage service providers to offer programs, activities, services, and printed materials in the languages of the City's residents.
2. Promote sensitivity training for and provide resources and information to providers, volunteers, and the community about culturally and linguistically appropriate and age-sensitive programs, activities, and services.
3. Encourage the practice of hiring bilingual and bicultural staff throughout older adult programs, activities, and services.

RECOMMENDATIONS FOR IMPLEMENTATION

As recommended from the Plan's goals and action steps in Part One and the systems improvement section in Part Two, the following priority action steps are paramount for the implementation process:

1. Strengthen decision-making for evidence-based policy and planning by establishing, maintaining, and utilizing solid data and evaluation.
2. Promote, strengthen, and mobilize interdepartmental planning with collaboration from public and private partnerships.
3. Develop and enhance communication strategies to link older adults and their families to resources.
4. Develop funding to conduct a resource mapping and gaps analysis of services and resources for older adults, and to develop a plan to close the gaps and to eliminate duplication of services.
5. Develop partnerships and collaborations to pursue funding, training, and incentives to implement the Plan's strategies.

Ad-Hoc Implementation Committee

It is recommended that an ad-hoc implementation committee be established to:

- Ensure the implementation of the Long Beach Strategic Plan for Older Adults.

- Strengthen the voice for older adult advocacy.
- Develop and organize advocacy strategies.
- Monitor, review, evaluate, and, when appropriate, enhance the Plan's action steps.

It is recommended that the ad-hoc implementation committee be comprised of:

- Interested older adults including members of the Older Adult Strategic Planning Task Force and members of the Long Beach Senior Citizen Advisory Commission.
- Representatives from local community colleges and universities.
- Representatives from City Departments, and other agencies and organizations.
- Representatives of providers of older adult services.

APPENDIX B: 2012 BEACH VILLAGE OLDER ADULT COMMUNITY NEEDS ASSESSMENT--SUMMARY OF NEEDS ASSESSMENT

Intentionally Left Blank

See Next Page

DETERMINING NEEDS IN THE CREATION OF A LONG BEACH VILLAGE FOR OLDER ADULTS

FINAL EVALUATION REPORT TO THE ARCHSTONE FOUNDATION

Section 2

Summary of Needs Assessment

15

COMPREHENSIVE NEEDS ASSESSMENT FOR THE CREATION OF THE BEACH VILLAGE

METHODS

Census Tract Demographic Analysis within the catchment area of The Beach Village

A compilation of 34 Census tracts revealed the clusters of neighborhoods by race-ethnic composition. In addition, characteristics such as poverty level and numbers of persons over 50 years of age are identified.

Asset Mapping

Asset mapping was conducted to compile an updated listing of community resources that are available to older adults in the City of Long Beach, and the Beach Village catchment area in particular. The database was organized and searchable by type of organization and type of services offered: Transportation, Food Distribution and Grocery Delivery, Home Maintenance & Home Improvement, Social Activities, Classes in Health, Classes in Exercise, Free/Low Cost Health Screenings and Preventive Health Services, Other.

Contact information (contact person, address, phone/fax/e-mail, organizational website, eligibility criteria, as well as cultural and language competencies of organization offering the service (i.e. Bi-lingual/Bi-cultural staff) provide insight not only for what services are available but also whether the services are accessible to all segments of the population.

Key Informants

Within the Greater Long Beach Area, stakeholders with significant knowledge regarding issues pertaining to older adults and their ability to age in place with a quality of life were identified by The Beach Village Advisory Board as well as by recommendations from members of public agencies and community-based organizations serving Long Beach. A series of questions (see Appendix XXX) were constructed under the guidance of The Beach Village Advisory Board. Twenty-one interviews were conducted in person as well as by telephone. With permission of the key-informants, all interviews were recorded and transcribed. The key informants represented a

broad array of individuals from diverse cultural communities, public agencies, healthcare providers, faith-based organizations and university officials.

List of Key-Informants and their Affiliation:

Name of Key Informant	Title of Key Informant	Affiliation of Key Informant
Bruce Chernoff	Executive Director	The SCAN Foundation
Richard Chambers	President	Molina Healthcare California
Jenny Cheung,	Project Director, Building Healthy Communities	California Endowment Foundation
Drew Gagner	President	St. Mary Medical Center Foundation
Tom Salerno	CEO	St. Mary Medical Center
Rev Michael W Eagle, Sr.	Community Activist and Pastor	Long Beach Grant AME Church
Jeannetta McAlpin	Consultant	Families in Good Health
Maria E. Becerra	Coordinator Latino Age Wave Program	Centro C.H.A.
Kit Katz	Senior Services Coordinator	St. Mary Medical Center
Kimthai Kuoch	Executive Director	Cambodian Association of America
Bruce Hackman	Executive Director	Catholic Charities Long Beach
David Dowell	Provost	California State University Long Beach

Head Monk	Head Monk	Cambodian Khemara Buddhikarama Temple on Willow
Peggy Preacely	Retired Director of Tobacco Education Program City of Long Beach DHHS	Knowledgeable of African American Community in Greater Long Beach Area
Darryl Simpson	Director	Long Beach Community Action Partnership
Ted Gott	Coordinator	The Center Long Beach
Lola Santos	Executive Director	Guam Communications Network
Kelly Colopy	Director	City of Long Beach Department of Health and Human Services
Pam Shaw	Director of Nursing	City of Long Beach Department of Health and Human Services
Alan Lowenthal	US Congressional Representative 47th District	

Crucial knowledge in the development and administration of a Village was gained from all Village directors and administrators during the Village Convenings in Los Angeles and Oakland, as well as the bi-monthly calls and the resources on the Village-to-Village Network website.

Focus Groups

With consultation from Advisory Board members, we drafted, pilot-tested, translated and back-translated (Spanish, Khmer) focus group discussion questions and obtained University Internal Review Board (IRB) approval.

We implemented 6 focus groups in the time period of June 20, 2013 – August 27,2013:

Group	**Date**	**Location**	**# of Participants**
Caucasian	June 20, 2013	Osher Lifelong Learning Institute	2 Men 4 Women
Pacific Islander	June 27, 2013	Guam Communications Network	5 Men 5 Women
LGBT	July 9, 2013	The Center Long Beach	5 Women 5 Men
Latino	July 25, 2013	Centro C.H.A.	6 Men 11 Women
Cambodian	August 1, 2013	United Cambodian Community	5 Men 5 Women
African American	August 27, 2013	Earnest McBride Park	5 Men 5 Women

Each focus group session lasted approximately 2 hours and with permission of the participants all sessions were audio recorded. Each participant received a $20 incentive in appreciation of their time. Those focus groups which were conducted in Spanish or Khmer, took place in Centro C.H.A. and United Cambodian Community, respectively. At both sites, these community organizations supplied the translators. Student volunteers transcribed the focus group sessions (English, Spanish and Khmer speakers). A thematic matrix was developed (see Appendix XXX) to code the focus group discussions.

Face-to-Face Interviews

On the basis of focus group and Advisory Board suggestions, as well as information gained in the Village convenings, a XXX item questionnaire (see Appendix XXX) was developed, pilot-tested and translated/back translated into Spanish and Khmer through bilingual students. IRB approval was obtained on August 21, 2013. Students were trained on interviewing techniques using the questionnaire. The duration of the interview was approximately 1 hour and each respondent was compensated $10 for their time.

A sample of 200 community respondents (50+) was obtained. To ensure equal representation of our race-ethnic cultural groups (African American, Cambodian, Caucasian, Latino, Pacific Islander and LGBT) a quota of approximately 32 interview participants was recruited from each group. To accomplish this each of our organizational partners assisted in recruiting 16 respondents from their constituents for the survey. In order to include Long Beach Residents who may not be affiliated with our organizational partners, we recruited the remaining participants through other venues such as: parks, places of worship (churches and Buddhist temples), neighborhood associations, community-based organizations, LGBT Chamber of Commerce, Actor's Fund, senior housing, beauty salons/barber shops, coffee shops, LGBT bars and the students' social network.

Statistical Analysis:

Univariate analysis was conducted on all variables of the questionnaire. Percentages and frequencies, means and Standard Deviations (St.D.) – were appropriate - are tabulated (see Appendix XXX) and summarized (see Findings Section). Bivariate Analysis using chi-square as well as Fisher's Exact test where appropriate, is applied to test relationships between Participant's Willingness to Join The Beach Village and demographic as well as other select variables. For interval level variables independent sample t-tests were conducted. All bivariate analysis is conducted using a significance level of α=.05.

- NOTE: Most of Guam Communication Network constituents live outside the Village boundaries; therefore Filipinos (who live in the catchment area) were

recruited instead. However Filipinos are designated as Asian (not Pacific Islander) by the US Census.

FINDINGS

Census Tract Demographic Analysis

34 Census Tracts encompass The Beach Village catchment area with approximately N=30,819 persons 50 years of age and older.

Five census tracts with 50% or more of their population living below the federal poverty level were identified (ranked from highest to lowest poverty rate):

Census Tract	5754.02	5764.03	5758.02	5754.01	5752.01
Boundaries	PCH (N) Pine Ave (W) Anaheim St (S) Long Beach Blvd (E)	Anaheim St (N) Walnut Ave (W) 7th St (S) Cherry Ave (E)	N. Daisy Ave (W) Anaheim St (N) Del Rey Ct. (E) W 7th St (S)	PCH (N) 710 Fwy (W) Anaheim St (S) Pine Ave (E)	PCH (N) MLKJr Ave (W) Anaheim St (S) Walnut Ave (NE) Orange Ave (SE)
% below 100% federal poverty level	52%	51%	50%	50%	50%
African American	13% (511)	18% (921)	11% (564)	12% (633)	18% (859)
Asian	4% (172)	19%	3% (137)	4% (188)	28%

		(963)			(1283)
Caucasian	36% (1476)	30% (1527)	35% (184)	32% (1662)	21% (978)
Latino	77% (3132)	54% (2693)	77% (3959)	77% (3964)	49% (2283)
Pacific Islander	2% (66)	0.2% (10)	0% (0)	1% (49)	0.6% (26)
Population 50+	588	771	777	813	913
Total Population	4,065	5,033	5,167	5,155	4,667

These 5 census tracts are predominantly Latino (77% in 3 census tracts) followed by Caucasian, African American, Asian and Pacific Islander. The population of those 50 years of age and older in all 5 census tracts is 3,862.

We identified 1 census tract with less than 10% of its population living below the 100% federal poverty level. The most affluent area within The Beach Village is bounded by

Census Tract	5767
Boundaries	3rd St (N), Junipero Ave (W), Ocean Blvd (S), N Obispo (E)
% below 100% federal poverty level	7%
African American	6.0% (244)
Asian	6.3% (256)
Caucasian	74.7% (3,025)
Latino	19.4% (785)
Pacific Islander	0.2% (10)
Population 50+	1,367
Total Population	4,047

3rd St (N), Junipero Ave (W), Ocean Blvd (S), and North Obispo (E), and is predominantly Caucasian (74.7%) and older. The population over 50 years of age (1,367) is almost twice the population 50+ in either one of the poorer census tracts. After a significant gap, the next largest group is Latino, followed by almost equal numbers of Asian and African American.

It is notable over all 34 census tracts that poverty rates drop as census tract s become predominately Caucasian. Thus, we expect that Caucasian might be financially more able to pay the full membership fee than other race-ethnic groups whose membership might need to be supplemented through scholarships and other methods.

Unfortunately we were not able to obtain race-ethnic distribution specifically for populations 50+ by census tract. The GIS project manager at the City of Long Beach informed us that due to the small numbers in certain subgroups and the possible threat of identification, the information is not available.

Asset Mapping

While services for older adults are available throughout the City of Long Beach, significant gaps can be identified in regards to access to the services. For example, Fall prevention and other educational and chronic disease programs might be offered, however limited English proficiency will prevent a large segment of the population to access them. In addition, due to

budget cuts many programs serving older adults, have been cut, thus it is essential to continuously keep it updated.

Key-Informant Interviews

As part of the comprehensive assessment, twenty-one stakeholders and community leaders were interviewed to discern the feasibility of implementing a village for older adults who are characterized as low to moderate income, and culturally diverse with a substantial proportion being low English proficient. These Key Informants represented important stakeholders, providers of services and community leaders in Long Beach.

All informants expressed the difficulties in meeting the needs of low socioeconomic and culturally diverse communities. In addition, they all lamented about the "patchwork" of public agencies and private organizations which leads to gaps in serving these older adults.

The major concerns expressed among health care providers centered upon the frustration of less than adequate communications with patients involving proper medication use, management of chronic disease, and needed lifestyle change. In addition, the tendencies by older adults who have low income and are not English proficient to inappropriately seek primary care from the hospital emergency room. Furthermore, with the implementation of the Affordable Care Act and the penalties in Medicare reimbursement associated with thirty day re-admissions after discharge, hospital administrators reported need for a community based network of support to assist older adults transition from acute care to living at home.

The critical issues reported by community-based stakeholders serving Long Beach focused on the adversities associated with economic deprivation and limited English proficiency experienced by the older adults who they serve. The Key Informants revealed that their constituency of older adults remain isolated in the home even if they live with family, i.e., their children work and grandchildren are at school, then "hang out" with their friends. The loneliness eventually leads to depression and a slow but significant decline in cognitive function. The community stakeholders shared that most older adults greatly desire more contact with others (young and old) as well as activities which benefit themselves and the community. Finally, the increasing use of online benefits application procedures, "phone trees," and

multiple interagency referrals makes it extremely difficult for older adults who are unfamiliar with computers, have limited vision or are hard of hearing. Hence, there was a clear strong agreement among the community stakeholders for the need of "health navigators" to assist older adults to interpret and obtain the benefits for which they are eligible.

In conclusion, the results from the Key Informant Interviews demonstrated a significant need to establish a village in south central Long Beach on the part of the leadership of health care providers and community based organizations. Furthermore, many of them provided a Memorandum of Collaboration to promote and assist with implementing The Beach Village. The purpose of the Key Informant Interviews was threefold:

Focus Groups

The following commonalities emerged among groups:

- Transportation
- Social/Educational Activities
- Support Groups/Caregiver Support
- Household Maintenance
- Assistance with Navigating the Health Care system

Transportation:
While praising the Long Beach Transit system as one of the most efficient transportation systems compared to those available in other cities, participants in all focus groups identified barriers in access to transportation, which apply to older adults. Specifically, "[…] seniors just can't get there [bus-stop] to get on the bus system." (African American Male). Reasons for not "getting there" were long walking distances, condition of the sidewalk (fear of falling) and safety "Some people are too afraid to go out in the neighborhood because of all the stuff going on."(Afr.Am. male) Changing of bus routes can be especially challenging for persons with mobility problems "[…] they took that bus away and she [participant's neighbor] would need transportation suddenly to push her wheelchair to Walmart." (Caucasian Male). Language and communication issues, hindering their ability to use the Transit system were raised by both the Cambodian and Latino focus groups.

In addition, even if persons drive their own car, it should not be assumed that transportation is not a problem. "[…] gas is too expensive so I can't always drive too far" (Latino female).

It appears that participants would benefit not only from a transportation program (i.e. volunteer drivers or a potential "Beach Village Van") but also from education (i.e. reading bus schedules and planning routes), and a travel companion (i.e. a person who will escort them from their door to their destination using public transportation).

Social/Educational Activities

Suggestions for social activities ranged from simple outings (harbor cruise, farmer's market, strawberry festival, park, Long Beach Aquarium, theater, Dodger games, wineries), to exercise and dancing classes such as walking groups, zumba, salsa, dancing in a circle (Cambodian), and arts & crafts classes (sewing, painting, making flower arrangements, greeting cards, hats, basket-weaving etc.), as well as having days of beauty, movie nights, playing board/card games and bingo. While focus group members reported enjoying these activities, and were reminiscing on their experiences, they also pointed out that these activities are not offered on a regular basis as they used to be : "[…] we used to have trips quite often. Wonderful trips but they cut the budget and cut out a bunch of stuff. (Caucasian female).

Members of the Cambodian focus group pointed out that "Cambodian culture is based on religion, therefore, most of the time, the elderly will always be respectful.[…] our culture like to be happy and have fun, we all know that there is a time and place, to have fun, dance, friends coming together to celebrate within the village" (Cambodian male). It would be advisable to be aware of religious celebrations to facilitate Village members' participation.

In terms of educational activities focus groups suggested learning how to use technology (computers, internet, smart-phones etc.). While using a computer was not everyone's desire "I don't want anything to do with the computer, I'll let my grandkids take care of that. I don't even know how to turn it on." (Afr.Am.male), the benefits of being independent from one's children and grandchildren were also stressed: "It's marvelous for seniors. I just recently learned how to pay my bills through Wells Fargo. That's it, I

would love to know about internet and different things like that. [Otherwise] I have to depend on my kids and my sons and daughters." (Afr.Am. female).

Learning to use a smart-phone was another issue: "We need volunteers who are computer savvy to help those of us who are not so smart. This is a smart phone [holding up her smart-phone] and it's a lot smarter than I am. I'm having a real time with some of this stuff. [Group laughs]". (Caucasian female). Approximately six months after the focus group, on January 10, 2014, CSULB student interns conducting outreach for The Beach Village, volunteered at an event sponsored by SCAN and taught older adults (2hour one-one-one session) how to use their smart-phones. The event was a success based on follow-up phone calls we received from the older adults expressing their appreciation of the students' help. In fact, technology could be an effective venue to bridge generational gaps and achieve effective intergenerational interaction

Support Groups/Caregiver Support

The need for social support during the older adult years, was identified as an important service to be provided by The Beach Village by all focus groups. Whether characterized as companionship, a visitor who "[…] Spend time and read with you, watch movies, something like that as you get older, a lot of seniors don't have it." (Afr.Am. female) or formal counselling after the loss of a loved one "[…] for people who need to talk about something especially if they're ill and trying to cope with an illness or loss of family." (Caucasian male), support groups are viewed as an effective way to combat loneliness and its associated depression.

Loss in a broader sense indicates not only death of a loved one but sudden changes in one's life circumstances (i.e. divorce, separation, even retirement) and the stressors and emotional strains associated with a period of adjustment: "I use to live in Marino Valley before me and my wife split up. I came here to Long Beach and I now rent a room. It has been emotionally difficult. By coming here [the focus group] I already feel better."(Latino male). Apparently even a "focus group" can provide a sense of human connectedness by simply bringing people together, in a discussion circle, thus temporarily easing their emotional torment.

In addition, the need for caregiver support was identified as crucial by all focus groups. Caregiving is associated with temporarily putting a halt on one's life to take care of the needs of others (spouse/partner, children, grandchildren, friends etc.). "Once my daughter started having kids I had to stay home to take care of the kids. I could no longer do what I enjoyed."[Latino female]. The intensity of the caregiving task along with its prolonged emotional and financial strains may result in negative health effects on the caregiver: "I was [name of spouse] only caregiver and I didn't get much of a break. I ended up in the hospital for a while because they thought I had a heart attack and it was just exhaustion. I could have used somebody." (LGBT female). For the LGBT informal caregiver support is most likely provided by extended network of friends and acquaintances rather than family members.

Even if an entire family is involved in providing care for their loved one, the caregiver needs some respite care. The dialogue with an African American male disabled veteran focus group participant illustrates it the best:

> "Participant - […]my wife has Alzheimer's, she has been sick for 30 years, my daughters take care of her, but they need a lot of expert experience, she doesn't want go into a home, […] and I don't want to put her in a [nursing]home, want to keep her at home […] I mostly take care of my wife, but her bills and stuff are out of pocket.
> Facilitator – That's a lot
> Participant - I do the best I can.
> Facilitator – What would help you the most in taking care of your wife?
> Participant - Somebody to come in and help my daughters, because we all take part, sometime your body gets tired, I was and do all the laundry, one daughter does the cooking, and one daughter takes her to the doctor. I do all the laundry, but in a little while … ah… I'll be alright.
> G – If the village could help you with that, that would be a benefit?
> Participant - Yes ma'am, that would be good."

Finally, as straining as caregiving might be, once no longer needed (i.e. the person whom they took care of passes away) the caregiver needs the

support to adjust to their new life without caregiving responsibilities and find a purpose: "I spent a year and a half taking care of [name of partner] so after she died, I have no purpose anymore." (LGBT female). The Beach Village can provide purpose through volunteer opportunities and fellowship. The phrase "I needed someone… everyone abandoned me" has to be answered, not exclusively from the family or friend circle of that person, but from the community at large. Face-to-face interaction in a true caring and compassionate spirit, transcends barriers of cultural norms, language, and fears and allows us to experience our ultimate humanness which is universal. Thus, volunteer training in cultural sensitivity as well as role modelling of what encompasses genuine caring is necessary.

Household Maintenance

Suggestions for household maintenance services ranged from, house cleaning, laundry, assistance with meal preparation, grocery shopping, organizing and sorting things to simple home modifications such as installing grab bars in the shower. Participants appeared to be knowledgeable of the fact that paid help (through the county) is available for those who qualify. However, they pointed out that a large number of seniors do not get needed help because they do not qualify for MediCAL.

Assistance with Navigating the Health Care system

The need to understand how to navigate the healthcare system was an issue identified by all focus groups. However different levels of need emerged among different groups. Caucasians were concerned with understanding health insurance and benefits information to make informed decisions among their options. It is not uncommon even for a highly educated person to have difficulty understanding all implications of their choice: "Yes, I get stuff in the mail. I read it, I can read! I went to college. It's just that I don't understand it […] There's some that are $10 a month but then this one is $60 a month and this one has no limit, no deductible so it sounds too good to be true. I've read it and re-read it and I'm thinking I need outside advice." (Caucasian male). Common consensus in the Caucasian group was that health insurance representatives are not to be trusted because they "[…]are getting commission on what they are telling me. I just don't feel comfortable with that. [General agreement among the

group] And they come all sweet and…. [Group laughs and agrees]." (Caucasian female). There is a need for trusted, reliable and objective information regarding health insurance options.

In ethnic focus groups the emphasis was on the classical barriers to health care such as financial, language and cultural barriers: "By the nature of our culture the elders, they're shy. They don't come forward with their so-called problem, let's say cancer or diabetes, you name it.[…] We go to what we call a general freebies, if you want to call it that. And excuse me but that's the best way I can put it, but when you go there, you don't even really... You sit there, you get a number and an application and you sit there, we sit there, we sit there and then in return, what do we get? Go here, a referral. Nothing ever happens, just like the dental or vision, Medications ah...you name it." (Pacific Islander male). The frustration is echoed by Cambodian and Latino focus group participants and is accompanied with reports of delays in access to health care and consequently, worse health outcomes. Worse health outcomes in community member reinforces prevailing misconceptions in the community such is "You go to the hospital and you die" (Cambodian female).

Finally all groups expressed concern about accessing health care and benefits due to the system's increased use/dependence on technology. Phone trees, applications and information available on the internet (which the older adult cannot access) are some examples. If the older adult does not have the energy to navigate the system a sense of depression and hopelessness results. "I know two persons in my building who are contemplating suicide… they need the service and they can't get through… they get the roundabout… and they don't have the energy to do that anymore. If you are sick you don't have the energy." (Caucasian female).

Face-to-Face Interviews

Demographics

The demographic profile of the 200 persons who participated in the survey was characterized as follows: The mean age of the respondents was 66 (Std.D.=8.6) with a range from 49years to 93years old. The majority of the sample were female (59%, n=118) and 41% (n=82) were male. In regards to sexual orientation, 12.5% (n=33) of the sample identified themselves as

LGBT. Of the 33 LGBT, 60.6%(n=20) were gay men and 39.4%(n=13) were lesbians.

Of the 200 respondents, 25.5% were African American, 23.5% were Asian (25 persons or 12.5% Cambodian, 22 persons other Asians including Filipino, Chinese and Japanese) 20% were Latino, 28.5% were Caucasian and 2.5% reported mixed races. We were not able to reach Pacific Islanders in our face-to-face interview.

The median level of formal education was some college or technical school. The range of formal educational attainment among the respondents was as follows: 68.5%(n=137) have a college education, 14%(n=28) completed high school or equivalent, and 17.5%(n=45) have less than a high school education. While 65.8%(n=129) received the majority of their education in the US, 34.2% (n=67) were foreign educated. Of the persons who were foreign educated 38.8%(n=26) had a college education, 26.9%(n=18) had a high school education or equivalent and 34.4%(n=23) had less than a high school education. Of the persons who were educated in the US, 14%(n=18) had less than high school education, 7.8%(n=10) had high school or equivalent, and 86.1%(n=111) were college educated.

In regards to language spoken, 49.7% (n=99) speak English only, 9.5% (n=19) Spanish only and 8% (n=16) Khmer only. Of the 65 persons who are bilingual in English and another language, 44%(n=29) are bilingual in English/Spanish and 12.3% (n=8) are bilingual in English/Khmer.

With respect to marital status, the majority of the respondents reported being married 31.5% (n=63), followed by 24% (n=48) divorced, 19% (n=38) never married, 18.5% (n=37) widowed, 5.5% (n=11) separated. Only 1.5% (n=3) reported being a member of an unmarried couple. While 47%(n=94) of the respondents reported living alone, the majority (53%, n=106) still lives with another person including: spouse, sibling/family member, room-mate or in-home help.

The majority of respondents live in an apartment (55%, n=110) followed by persons who own their house (22.5%, n=45), those who rent their house (12%, n=24) and condominium (5.5%, n=11).

The median number of years lived in the community was 17years with a range from less than 1year to 80years.

Social Activities

There were many social activities in which the respondents expressed an interest: tours or trips 93%(n=181), coffee or social hour 89%(n=174), concerts 88%(n=174), Social support groups 87%(n=166), movies 83%(n=163), movie nights at The Beach Village 83%(n=161), current events discussion group 80%(n=150), reading club 71%(n=134), gardening club/ community vegetable garden 68%(n=132), card & board games 59%(n=115), singing groups 53%(n=102).

It is interesting to note that the number of respondents reporting an interest in any of the above social activities is sufficient to implement them.

Educational classes:

Participants reported interest in the following educational classes: fitness/exercise 90%(n=180), computer classes 86%(n=169), healthy aging seminars and support groups 84%(n=164), healthy cooking & nutrition classes 82%(n=163), arts and crafts 75%(n=148), foreign language 70%(n=138), music 64%(n=123), drama 60%(n=114), English as a Second Language 48%(n=95)

It is interesting to note that the number of respondents reporting an interest in any of the above classes/workshops is sufficient to implement them.

Transportation

With regard to their usual mode of transportation, respondents reported the following: Walk 80%(n=159), Public bus/shuttle 62%(n= 125), drive own car 53%(n=106), train 53%(n=106), others drive 47%(n=94), ACCESS/Dial-A-Ride 30%(n=60), Taxi 28%(n=55) and biking 22%(n=45).

The majority of the respondents (50%, n=99) reported never finding themselves without a ride. Yet, 32%(n=64) of the respondents reported finding themselves sometimes without a ride, while an additional 18%(n=35) of the respondents stated that having no ride occurred often.

Women were significantly more likely to report that they found themselves without a ride than their male counterparts (65% vs. 39%, χ^2= 14.594, p=.001). Women were also less likely to drive a car than their male counterparts (46% vs 63%, χ^2=6.052, Fisher's Exact Test p=.015).

Respondents also report that they would be interested in a peer driving program (54%, n=103), mature driver classes (34%, n=64) and learn to use public transportation (27%, n=53).

Health/Health Care

When asked to rate their physical health status, the majority of the respondents described their health as excellent/good (60%, n=118), while 40% (n=81) rated their overall health status as fair/poor. When comparing their health status to a year ago, 46%(n=92) of the respondents, assessed their health status as unchanged, followed by those who reported their physical health is better (31%, n=61) and worse 24%(n=47).

When the respondents were asked where they usually go in case of sickness or medical advice the majority reported primary care physician 88%(n=175). Other places frequented in case of physical health problems were: alternative medicine 31%(n=61), hospital emergency room 25%(n=50) and public health clinic/community health center 24%(n=49)

When asked if they have been admitted to the hospital overnight or longer during the past 12 months, 38%(n=75) of the respondents were affirmative. Of the 75 respondents who had been admitted to the hospital overnight, 28%(n=21) were readmitted after 30 days of discharge.

Respondents reported using the following equipment: glasses (92%, n=183), magnifying glass (34%, n=68), cane (22%, n=45), walker (11%, n=22), wheelchair (7%, n=14) and hearing aid (8%, n=16). Thirty eight percent (n=75) of the respondents reported having someone come into their apartment to help out with household chores or personal needs. Persons who help out include paid assistance, and informal caregivers, such as grandchildren, friends, spouse, family members. While 40%(n=79) report not needing help, 23%(n=46) report needing someone to help out, but they are not able to get help

Fall Prevention

When participants were asked whether they have fallen within the last 12 months 36%(n=72) were affirmative. About 42%(n=83) have grab bars in their bathroom

Caregiver Issues

Approximately 20% of the respondents are providing care for one or more categories of persons. Participants reported providing care for the following: spouse/partner 20%(n=41), aging parents 10%(n=21), own child/children 20%(n=40), own grandchild/grandchildren 16%(n=33), children of other family members 8%(n=16),
other family members 13%(n=26), friends 23%(n=23), and Pets 32%(n=64)

SERVICE PLANNING FOR THE BEACH VILLAGE

Potential services within The Beach Village that respondents would like to see, were: discounted services 92%(n=185), meeting new friends in their neighborhood 90%(n=179), single source of referrals to services 86%(n=172), volunteer opportunities in the community 80%(n=160), and home services 72%(n=143)

Respondents also would like to have access to referrals and discounts to the following: shops/restaurants 82%(n=163), housekeeping 72 %(n=145), computer repair 62%(n=123),beauty salon/ barber 62%(n=123), handyman services 60%(n=120), electrician 56%(n=113), plumber 56%(n=113), yard maintenance 41%(n=82), house sitting 31%(n=62), pet sitting/walking/grooming 24%(n=49).

Additional services within The Beach Village respondents would be interested were:
telephone checks on wellbeing 68%(n=135), transportation to shopping/errands 66%(n=133), grocery delivery 65%(n=130), rides to medical appointments 65%(n=130), homemaker (cooking, dressing) 58%(n=117), home delivered meals 58%(n=115), medication dispensing assistance 50%(n=101).

The overwhelming majority of respondents 96%(n=193) reported wanting to be active and engaged in their community as they age.

When asked if they would consider joining The Beach Village if the membership fee is set at $5/week per person or $7/week per couple, the majority of the respondents (55%, n=110) reported they that they were definitely interested in joining. Of those responding they might consider or probably not consider joining, financial issues were quoted as the major reason for hesitation to join 83%(n=72). Only 17%(n=15) were not interested or felt they were not ready yet to join The Beach Village ("when I get older")

Analysis of demographic characteristics by interest in joining the Village:

Of the 200 respondents, 55%(n=110) expressed enthusiastic interest in joining The Beach Village at a membership fee of $5/week per person or $7/week per couple. The following bivariate analysis describes the association between interest in joining The Beach Village and demographic characteristics of the sample.

Demographic profile of those who definitely wanted to join:

- There was no significant difference in mean age between those who reported that they would definitely join (65.6 years, Standard Deviation= 7.8) vs. those who would not (66.5 years, Standard Deviation= 9.4)
- Males, 59.8% vs. Female 51.7% would join.
- LGBT 72.7% -> Gay men 85% Lesbians 51.5%
- Race-ethnicity
  - African Americans 47%
  - Cambodians 36%
  - Asian 37%
  - Latino 75%
  - Caucasian 56%
  - Mixed Races 100%
- Education
  - less than high school education 71.4%
  - high school education or equivalent 57.1%

- college education 50.3% (n=69)

- Educated in the United States, 55.8%
- Foreign Educated 52.2%

- Language spoken
  - English only 52.5%
  - Spanish only 78.9%
  - Khmer only 37.5%
  - English/Spanish 73.5%
  - Bilingual English/Khmer 37.5%
  - Bilingual English/other language 34.8%

- Marital Status
  - Never married, 52.6%
  - Married, 65.1%
  - Separated, 36.4%
  - Divorced, 54.2%
  - Widowed, 45.9%

- Living Arrangements
  - Living with another person, 63.2%
  - Living Alone 45.7%

- Living Arrangement
  - Own House 60%
  - Rent House 50%
  - Own Condominium 54.5%
  - Apartment, 52.7%

- There was no significant difference in mean number of years living in the community and reporting to definitely join the Village (21.9 years, Standard Deviation= 17.8) vs. those who would not (18.7 years, Standard Deviation= 16.7).

APPENDIX C: REPORT ON THE 2015 CASE MANAGEMENT SUMMIT

Intentionally Left Blank

See Next Page

LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

City of Long Beach Department of Health & Human Services
2525 Grand Avenue, Long Beach, CA 90815
Tel (562) 570-4000
Fax (562) 570-4049
www.longbeach.gov/health

REPORT TO THE ARCHSTONE FOUNDATION OLDER ADULT CASE MANAGEMENT SUMMIT

TABLE OF CONTENTS

Contents

BACKGROUND 1
OLDER ADULT DEMOGRAPHICS 1
EXISTING CITY SERVICES 2
PREVIOUS PLANNING EFFORTS 3
THE OLDER ADULT CASE MANAGEMENT SUMMIT 4
NEXT STEPS 7
APPENDIX A 9
APPENDIX B 11
APPENDIX C 13
APPENDIX D 14
APPENDIX E 15
APPENDIX F 21

BACKGROUND

The Long Beach Department of Health and Human Services (DHHS) has been committed to improving the lives of Long Beach residents for 110 years. It is one of three city public health jurisdictions in California. The Department recently received funding to provide fall prevention services in the City but does not otherwise receive ongoing government funding for older adult services. However, the DHHS has identified older adult services as an important, yet underserved, population within the city so it made a commitment to senior health in its 2014-2019 Strategic Plan, where senior health is identified as one of the four priority goals.

OLDER ADULT DEMOGRAPHICS

The City of Long Beach (CLB) is the 2nd largest city in the County of Los Angeles and the 7th largest city in California with a population size of 465,424, covering 52-square miles. Slightly above 25% of the City's population, approximately 119,000 (U.S. Census, 2010), are adults ages 50 and over, and 9.3% are 65 years and over (over 43,000) with a median age of 73.5. While most older adults in Long Beach are White/non-Hispanic or Latino (54%), Latinos, African Americans and Asians comprise a sizeable portion of the aging population, 17%, 10.3% and 16.9%, respectively (American Community Survey, 2013). Long Beach older adults are culturally diverse and face a myriad of social issues including being socially and linguistically isolated, having limited income, and experiencing disability.

Of the population of Long Beach residents who are 65 years and over, 47.1% live alone, only 27.4% have a bachelor's degree or higher levels of education, while 25.1% have less than a high school degree. Overall, 13.3% live below 100 percent of the poverty level, 84.1% receive Social Security benefits and 44.3% have retirement income at their disposal. Also, nearly 40% of people 65 and older in Long Beach live with at least one disability. Language challenges exist as well – 35% of older adult residents speak a language other than English, with 24% speaking English less than "very well."

A comparison of data for Long Beach from the 2000 and 2010 census shows that while the population of 5-17 year olds has decreased nearly 14%, the population of adults has increased over 6%, with a nearly 2% increase in adults age 65 and over. As the aging population grows in Long Beach, it is imperative to develop and implement strategies to meet the needs commonly identified in the various needs assessments conducted for older adults in Long Beach.

EXISTING CITY SERVICES

The majority of City services aimed specifically at older adults are provided by the Department of Parks, Recreation and Marine (PRM), with a budget of approximately $850,000. Nearly $500,000 funds the 4th Street Senior Center in downtown Long Beach. The remainder provides activities in senior centers at six parks. An Information, Referral and Assistance Center (I&R) is provided at the 4th Street Senior Center. The I&R is overseen by one part-time staff member, and utilizes Title V senior employees and college volunteers. Staff and volunteer respond to questions and provide information on service providers within Long Beach. On average, over 1200 calls are received monthly, requesting information primarily on assistance with utility bills, housing, shelters, disabled resources, homeless services and transportation. Additional services at the senior centers include many activities such as arts, computer classes, games, learning opportunities, recreational and fitness activities, and congregate meals.

The City's Senior Commission is staffed by PRM. The Commission acts in an advisory role for the City, reviewing existing services and issues and making recommendations for improved senior supports.

The DHHS also provides services that specifically target seniors, and services that benefit larger populations that include seniors. Services specific to older adults include:

- **Senior Links Program:** Senior Links is a home visitation program that provides case management to help connect seniors with services designed to enable them to continue to live safely in their own homes, such as medical care, home-delivered meals, transportation, personal care, house cleaning, financial management, and mental health. New cases for seniors - those at least 55 years old - are initiated by walk-ins to the office of the Senior Services Public Health Nurse (PHN) located at the 4th Street Senior Center, or by referrals from family members, neighbors, landlords, service providers and community agencies. Case management services are provided by DHHS PHNs, CSULB student PHNs (through an agreement with the DHHS), and a part-time Medical Social Worker. There is no ongoing source of dedicated funding to support this program.
- **Falls Risk Assessment and Prevention Education Classes:** The Falls Prevention Program, coordinated by the Senior Services Public Health Nurse (PHN), seeks to increase community awareness of the risk of falls among older adults, and works with community partners to implement evidence-based interventions. The DHHS partners with the Heart of Ida to train other providers in how to assess risks for seniors and implement intervention strategies based on recommendations from the Centers for Disease Control and Prevention (CDC). The DHHS also conducts "Stepping On" classes, a CDC fall prevention best practice, at various locations in the community. The State Department of Public Health Older Adult Injury Prevention Program provides a small amount funding for these efforts.

- **The Multi-Service Center for the Homeless:** Also provides services for senior who are homeless or at-risk of becoming homeless.

Many community-based organizations, local hospitals, health plans, and LA County contracted providers also serve older adults in Long Beach. It was beyond the scope of this project to identify all existing resources, however, that activity will take place as part of the future strategic planning efforts.

PREVIOUS PLANNING EFFORTS

The DHHS is preparing to undertake an interagency strategy to lay out the necessary steps to develop and implement a coordinated system of services aimed at increasing linkage to services to improve the quality of life of older adults, particularly frail and home-bound elderly persons living alone. The Older Adult Case Management Summit was an essential step to this process to determine priorities among service providers in Long Beach, and builds on two important needs assessment and planning processes - the Older Adult Strategic Plan, developed by the DHHS and its partners in 2005, and the California State University Long Beach (CSULB) needs assessment (2012), conducted to prepare for implementation of an Older Adult Village concept. The Older Adult Strategic Plan (Plan), a collaboration between the community and the DHHS, addressed the needs of older adults, including safety, transportation, housing, health, and quality of life. The Plan, completed in June, 2005, was the outcome of a broad-based, community-driven process that involved nearly three years of planning and research by the DHHS in partnership with the Strategic Plan for Older Adults Task Force, City departments, and older adult services providers. *(City of Long Beach Older Adult Strategic Plan, 2005)*

The CSULB Gerontology Department needs assessment for older adults in Long Beach was conducted as a guide for establishing a "Village" model to address the needs of high-risk older adults residing within the boundaries of Central Long Beach. It was the result of 200 face-to-face interviews, 6 focus groups (including one each in Spanish and Khmer), and interviews with 21 key informants. The goal of the Project, as stated in the report, "was to create a plan for a sustainable, culturally diverse Hub & Spoke, University affiliated Village For Older Adults in a Central Area of Long Beach, CA." The objectives of the project were to:

- Identify the services, activities, and supports required to facilitate aging-in-place through a comprehensive needs assessment.
- Provide counsel on a village management structure and the formation of a non-profit 501c3 status for the Village.

  (Determining Needs in the Creation of a Long Beach Village for Older Adults, Final Evaluation Report to The Archstone Foundation, September, 2014)

Both the Older Adult Strategic Plan and the Determining Needs in the Creation of a Long Beach Village for Older Adults reports contain different data information, due to the target population areas researched and the time frame conducted, yet the findings are aligned and tell the story of the needs in Long Beach. The areas identified below represent the needs and goals for older adults from both reports.

- ✓ Safety – To improve the overall safety of older adults at home and in their community.
- ✓ Transportation – To improve and enhance information about, access to, reliable and affordability of transportation services.
- ✓ Housing – To advocate for, promote and increase access to safe and affordable housing
- ✓ Health – To maintain and improve the physical and mental health and well-being.
- ✓ Quality of Life – To strengthen, promote, enhance and expand programs and services that contribute to an exceptional quality of life for older adults including caregiver support and resources.
- ✓ Cultural Competence – To provide culturally competent services for older adults that align with the current diverse population within the City of Long Beach.

The Strategic Plan also outlined the following imperatives as part of improving the existing service structure.

1. Overcoming the fragmentation of services.
2. Augmenting local data collection processes to increase information about the City's older adult population.
3. Decreasing cultural and linguistic isolation.

At the October 6, 2015 City Council Meeting, the Council directed the DHHS to update the Older Adult Strategic Plan and to present the feasibility of an Office of Aging to be housed as part of the DHHS. This work is in progress.

THE OLDER ADULT CASE MANAGEMENT SUMMIT

On October 6, 2015, the DHHS held an Older Adult Case Management Summit at the Expo Arts Center in Long Beach, funded by a grant provided by The Archstone Foundation. Approximately 70 individuals participated in the summit, with representation from the DHHS, social service agencies, non-profit older-adult service providers, local hospitals, senior centers, older-adult advocates, senior housing programs and CSULB Gerontology faculty and students. See Appendix F for a list of attendees.

The goal of the Older Adult Case Management Summit was to develop a vision of a "model" system for the City of Long Beach, gather information about existing services and opportunities,

and identify gaps and barriers to services that would need addressed to achieve the "model" system.

During the planning process of the summit, it was determined that older adults in Long Beach fall under the following three broad categories:

1. Older Adults who are active, engaged with the community and are functioning independently and have adequate social support.
2. Older Adults who are at-risk of needing a higher level of care and have inconsistent or sporadic social support. (prevention)
3. Older Adults who are in need of assistance, cannot provide for their basic needs and are isolated with little or no social support.

The Older Adult Case Management Summit population focused primarily on categories 2 and 3, however acknowledging that older adults in the first category will also have needs and through age progression and/or onset of illness and disability, eventually will need a higher level of intervention.

The summit structure began with an open forum discussion to identify a "model" system for an Older Adult Network of Care. They responded to the question: What would a system look like that effectively meets the needs of seniors in Long Beach? The purpose of this discussion was to provide a powerful picture in the minds of participants to guide the remaining conversations. The vision:

> *A coordinated health and social service continuum of care that effectively links older adults to the care they need, when they need it, to support quality of life.*

The visioning conversation included discussions of system development, specific services, data access, and technology use to build out the coordination and continuum of care. These are listed in the Appendix A.

The remainder of the Summit (process can be found in Appendix B) provided conversation and activities to identify key priority areas for the City and its partners in the short-term (6-12 months) and longer term. The short-term goals were framed as those that were actionable, without significant additional resources, and could have an impact quickly. Long-term requires system development, services and resources. Ideas were prioritized into the following four categories based on perceived greatest impact for services to seniors.

1. Older Adult Task Force:

   As a first step, the Summit highlighted the need for an ongoing task force to address the short-term and long-term priorities and to establish goals and measureable objectives for completion of these projects. During the summit conference, the planning committee solicited interest for this task force from the participants. The first task force will be held in April, 2016 and the frequency of and agenda items for each meeting will be determined at that time. The task force would also provide networking, coordination and planning opportunities.

2. A One-Stop Older Adult Resource Network

   Those attending the Summit focused clearly on the need for a comprehensive, centralized resource depository and referral system. An ongoing theme was that service providers, families and older adults are not familiar with resources available in and around the City of Long Beach, nor do they know how to access them. The information, Referral and Assistance Center at the 4th Street Senior Center was not widely known among Summit participants. This Center was more robust in earlier years, including more staffing, newsletters and marketing, and had the ability to maintain an up-to-date list of resources and provide a wider array of referrals. The I&R has lost some capacity due to resource cuts stemming from City budget constraints.

   Short-Term:

   - Identify and develop a comprehensive database of existing resources for older adults in and around the City of Long Beach. (City's I&R, 211, SCAN, and others have resource lists. This step would leverage resource directories that already exist, ensure they are comprehensive, and share with providers)
   - Identify and leverage a single phone number to provide information and referrals to identified resources. (Enhance capacities at either the Long Beach Senior Center and/or 211).
   - Market this resource through senior centers, community providers, local business, faith-based organizations and other community members.

   Long-Term:

   - Open an "Office of Aging" in the City of Long Beach to implement a coordinated, comprehensive network of resources within the City to improve access to services that exist, identify specific service gaps and partner with providers to fill these gaps, and identify additional resources to complete a continuum of care within the City. Participants discussed service models in other communities such as Orange County that are very comprehensive. These models will be reviewed for best practice insights.

- Design and implement a web-based resource network that provides both information on services and also availability of the services, including eligibility, immediate availability or wait-list information. Include navigational support in these efforts.
- Design and implement a "warm hand-off" solution to ensure connection from referrals occur. Similar portals exist for other social service areas. These could be leveraged.

3. Enhanced Community Engagement

   The Summit identified the need for increased community education and engagement to support older adults in Long Beach. Participants acknowledged the importance of community-based supports in addition to provider supports and prioritized strengthening this work across the City.

   Short-Term:

   - Conduct an education campaign for older adults, family members and community members highlighting access to services and caring for older adults in the community.
   - Connect families and community members to support older adults in the community (e.g. promoting social activities, multi-generational activities, neighborhood watch to specifically address older adult abuse and neglect, support for care-givers, friendly neighbor programs, fall prevention, home safety checks)

4. Building Service Capacity to Address Gaps in Service Availability

   While the Summit focused primarily on systems and community development as key areas of focus, they also highlighted key areas of need such as safe, affordable and accessible housing for seniors, senior-friendly transportation, in-home supports, appropriate and accessible health care, and other supports to allow older adults to remain independent as long as possible. These needs will be further identified and addressed as part of the action plan within the Older Adult Strategic Plan. It is the intent to identify service specific needs across the continuum and plan for addressing these services gaps.

NEXT STEPS

The Department of Health and Human Services will continue to build on the momentum of the Senior Summit and the City Council's interest to support Older Adult Services by:

- Re-convening the Summit participants and other community agencies/members who have expressed interest in working with the Department in late April, 2016 to begin planning for the short-term priority opportunities identified in the Summit and to begin to action plan around the updated Strategic Plan.

- Update the existing Older Adult Strategic Plan and Feasibility Study for a new Office on Aging (requested by the City of Long Beach City Council) and present to the Senior Commission for review and feedback. Present this plan to the City Council.
- Seek additional funding sources through Federal, state, city and foundation opportunities.
- Partner closely with other efforts within the City to coordinate and enhance services for Older Adults such as the CSULB Senior Village team, the Senior Commission, managed care plans (e.g., SCAN), Meals on Wheels, Long Beach Memorial Medical Center and St. Mary Medical Center, and other City departments such as Parks, Recreation and Marine and Library Services.
- Begin to implement short-term Summit priorities such as identifying and mapping all local Long Beach resources and providing to existing providers.

APPENDIX A

Question: What would a system look like that effectively meets the needs of seniors in Long Beach?

Systems

- No wrong door/One stop shop/one point of contact (one phone number)/Referral system
- Services coordinated and connected
- Technology solutions to better connect learn about and connect to services.
- Data sharing for services - use to understand core needs across system/providers
- Knowledge of all the providers and what they do/networking opportunities for those working within the profession
- Use strengths of an agency to tackle a service/issue
- Consistent funding
- Universal design for public spaces and buildings (include definition)
- Better information for seniors (e.g., LBTV)

Services

- Coordinated continuum of care to meet needs of seniors as they need them.
- Elbow to elbow transportation/accessible and effective (City of Carson)
- Home-visiting professional (visiting nurse/med professionals)/better home care
- Accessible health care services
- Meals available for everyone/nutritional needs met/healthy meals
- Employment opportunities for able seniors
- Activities (arts and crafts) for isolated seniors
- Counseling for seniors and family members/friends of seniors – to build a support system around themselves
- Home "fix-it" services (low-cost) and safety check programs for seniors to prevent falls
- Friendship/relationship opportunities for seniors – link orgs such as conservation corps to support
- Affordable, safe housing for all abilities/disabilities/veterans--emergency shelter opportunities.

Training

- Peer Mentoring through existing systems
- Workforce education to address at-risk and frail elderly
- College students and younger generations are educated about the senior community/participate with seniors in multi- generational activities/educated about who to call for help – connect with LBUSD
- Culturally competent (sensitive) outreach, providers, services-Cambodian (translators)

APPENDIX B

Upon completion of the visioning session, table top breakouts were convened to discuss a case study of an older adult with multiple concerns. Groups identified solutions that included existing services and identified additional needs and gaps in services. Participants reported out on the key areas of need that surfaced in the conversations and to prioritize strategies/actions that would have the greatest impact for seniors in Long Beach. Participants were given two sets of colored dots, blue and green. The colored dots represented two types of priorities, blue represented "low hanging fruit", gaps and needs that could be addressed in 6-12 months, and the green dot represented gaps and needs that fell into the longer goal category that could be addressed over a longer term.

After the summit, the planning committee reviewed the results and found that the priority interventions for older adult services were organized around two themes:

- Older Adult Resource Network
- Community Outreach and Engagement

Older Adult Resource Network needs included an "Office on Aging" in the Long Beach community, linking to existing programs, identification of an older adult continuum of care, improving the collaborative processes between agencies serving older adults, developing a web-based resource network and navigational advocates for the web-based resource network. The Community Engagement theme identified the need for caregiver support, a neighborhood watch that would specifically address suspected older adult abuse and neglect, community education and outreach strategies, and the promotion of social activities centered on the celebration of the aging process that would support education and outreach under the Older Adult Resource Network theme.

The "low hanging fruit" areas that received the highest votes from the participants were:

- Web-based Resource Network with Navigational Advocates.....43 votes
- Linkage to Existing Programs .....12 votes
- Coordination and Collaboration of Current Existing Services.....6 votes

Long-term goals that received the highest vote identified in this theme included:

- Formulation of an Older Adult System of Care.....17 votes
- Office on Aging.....16 votes

Specific needs discussed include: case management services; safe, affordable and accessible housing; caretaking resources and support; transportation including "Uber" transport services specifically for seniors, elbow to elbow transportation, and dedicated funding to address transportation needs; legal services; and volunteer opportunities for older adults and younger generations.

Under the Community Engagement theme, the following votes for short-term efforts included:

- Caregiver Support ..... 10 votes
- Community Education, Outreach and Engagement ..... 14 votes
- Fall Prevention ..... 5 votes
- Home Safety Checks..... 8 votes
- Public/Private Partnerships for Home Modifications ..... 2 votes

Long-term goals under the Community Engagement theme include:

- Neighborhood Watch for Seniors that Would Address Abuse and Neglect ..... 6 votes
- Social Activities Celebrating Aging..... 19 votes
- Dedicated Funding for Coordination of Community-Wide Efforts ..... 19 votes

APPENDIX C

Cross Training and Funding Opportunities

The following cross-training opportunities were identified during the Summit conversations:

- Convene the Older Adult taskforce to support learning about services, networking, and planning.
- Create an Asset Map of Older Adults Services for the City of Long Beach. Train all older adult serving agencies about the services, their capacities and how to connect.
- Train medical professionals to perform fall risk assessments and to identify and access appropriate follow-up services.

Possible funding streams to pursue include:

- City funding to support an Office of Aging
- Council District funding for Older Adult activities within their neighborhoods
- Partnerships with local hospitals and insurance plans to build resource capacity
- Leverage a 501c3 opportunity for fundraising opportunities to serve seniors
- Continued partnership with Los Angeles County Community and Senior Services Department to provide local services.
- Federal and County grant opportunities
- Foundation grant opportunities

APPENDIX D

Attendee Survey Results:

At the close of the summit, attendees were given a 4-question survey asking them to:

- Rate their satisfaction with the summit;
- Ask about their interest in and willingness to participate on an Older Adult Strategic Planning Group;
- Ask about any access to data that would be helpful for planning and evaluating a strategic plan;
- Ask whether they would be able to share that data.

Surveys were collected from 55 attendees, 84% of whom indicated that they were satisfied and 15% of whom indicated that they were somewhat satisfied with the summit. The rest did not respond to the question. Forty-six of the attendees indicated that yes, they would be interested in participating in the strategic planning group. The other 9 said maybe. The majority of respondents were unsure whether data was available from their agency, but were willing to check (40%), and nearly 30% of the total respondents indicated that they do have potentially useful data and were able to share it.

APPENDIX E

STATE AND COUNTY BUDGET AND RESOURCE ALLOCATION ANALYSIS REPORT ON OLDER ADULT RELATED SERVICES WITHIN SPA-8; FOCUS ON LONG BEACH

Author: Cassandra Schroeder, December 2015

Introduction

Long Beach older adults are culturally diverse and face a myriad of social issues including being socially and linguistically isolated, having limited income, and experiencing disability (Archstone Case Management Summit Proposal, 2015). The Archstone grant provided a mechanism for the Long Beach Department of Health and Human Services (LBDHHS) to undertake an interagency strategy to begin laying out the necessary steps towards increasing linkage to services to improve the quality of life of older adults, particularly frail and home-bound elderly persons living alone. An analysis of the state and county budget and resource allocation is included, as well as information on Area Agencies on Aging (AAA), and suggestions for the City of Long Beach (CLB).

Background

The LBDHHS is one of three city health jurisdictions in California and has been committed to improving the lives of City of Long Beach (CLB) residents for over 100 years. The LBDHHS' commitment to senior health is evident in its Strategic Plan 2014-2019, whereby senior health is identified as one of the four priority goals ("improve the health, function, and quality of life of older adults, especially the frail and home-bound elderly").

As the aging population grows in Long Beach, the CLB is committing to exploring avenues to improve linkage to services by addressing the multiple factors impacting access, including social-cultural indicators of health and access to services.

One of these avenues is to establish an Office of Aging for the CLB. The DHHS is reviewing funding opportunities to support this opportunity, including accessing additional support from the LA County Area Agency on Aging. The California Association of Area Agencies on Aging (C4A) was incorporated in 1979 and is a nonprofit organization representing CA's 33 AAAs. The association is an "advocate for meeting the needs of seniors and adults with disabilities, with the purpose to implement the provisions and intent of the Older Americans Act and the Older Californians Act" (California Association of Area Agencies on Aging, 2012). The C4A works closely with the Federal Administration on Aging, California Department on Aging, and the state departments of social services and rehabilitation. Of the 33 AAAs, 19 are part of a county structure and are typically integrated within the local service system. Another 8 are created by

joint power agreements when there are multiple counties involved and the remaining six are non-profit agencies (California Association of Area Agencies on Aging, 2012). The various AAAs are assigned a Planning Service Area (PSA) number. LA County's AAA is PSA-19 and the City of LA's AAA is PSA-25. The CLB does not have a AAA. Services are provided through PSA-19. The following report will provide a preliminary state and county funding structure analysis for older adult services, with a specific focus on service planning area (SPA) 8, to help inform additional services for older adults in Long Beach.

LA County Services for Older Adults in SPA-8 and Long Beach

The Department of Community and Senior Services houses the Los Angeles County AAA. The programs include: Dietary Administrative Support Services, Family Caregiver Support, Health Insurance Counseling and Advocacy, Traditional Legal Assistance, Linkages, Long Term Care Ombudsman, Elderly Nutrition (group congregate and home delivered meals), Effectual Nutritional Health Assessment and Networks of Care for the Elderly, Senior Employment Community Service, and Supportive Services programs. The County funds services with Long Beach, but often through providers located outside of Long Beach who designate an amount of time to serve Long Beach Seniors.

The City of Los Angeles Department of Aging provides services specific to the city through the use of multipurpose senior centers (MPC). There are a total of 16 MPCs throughout the city. The services that are provided at each MPC include: in-home assistance and services, care management, legal assistance, nutrition services, home delivered meals, transportation, para-transit, and health education and screening services (City of Los Angeles Department of Aging, n.d.).

State and County Budget Analysis

A state and county budget and resource allocation analysis report of older adult services within SPA 8, with specific emphasis on Long Beach was conducted as part of this report. The following is a detailed report of those findings.

Service Planning Area #8 (SPA8) encompasses the South Bay area and serves Athens, Avalon, Carson, Catalina Island, El Segundo, Gardens, Harbor City, Hawthorne, Inglewood, Lawndale, Lennox, Long Beach, Hermosa Beach, Manhattan Beach, Palos Verdes Estates, Rancho Dominguez, Rancho Palos Verdes, Redondo Beach, Rolling Hills, Rolling Hills Estates, San Pedro, Wilmington and others. Funding for AAAs originates at the federal level via the Older Americans Act. At the state level, funding comes from the Older Californian's Act; and at the local level, Proposition A provides funding for senior services such as senior centers.

Federal

At the federal level, funding comes from several sources, with the Older Americans Act (OAA) and the Administration on Aging (AoA) being the major vehicles. The OAA was passed in 1965 and was based on feedback by policymakers concerned about the lack of services for older persons. This act provided grant money to states to be used for "community planning and social services, research and development projects, and personnel training in the field of aging." The OAA also founded the AoA. The AoA administers the grants and functions as the "Federal focal point" for issues concerning older Americans. These two sources are involved with a national network of "56 State AAAs, 629 AAAs, nearly 20,000 service providers, 244 Tribal organizations, and 2 Native Hawaiian organizations representing 400 Tribes" (U.S. Department of Health and Human Services, n.d.). The OAA also includes "community service employment for low-income older Americans; training, research, and demonstration activities in the field of aging; and vulnerable elder rights protection activities" (U.S. Department of Health and Human Services, n.d.).

State

At the state level, the OAA funds California Department on Aging (CDA). The CDA plays a vital role in assisting California's 33 AAAs and the local communities they serve to develop systems of service. The CDA does not have "administrative or budgetary authority" to mandate local organizations to collaborate towards the common goal of improving the health of older adults. However, the CDA has experts on aging, disability and caregiving that can help shape programs and services for older adults. The CDA relies on federal grants and partnerships with other organizations to build and strengthen the infrastructure to address local needs. They administer funds allocated under the federal OAA, the Older Californians Act and the Medi-Cal program.

Local

At the LA county level, funding sources include AAAs, Proposition A and County General Funds, which provide the backing for older adult services. The Older Californian's Act, passed in 1996, "moved the focus for the delivery of services [for older adults] from the State to the local level" (California State Plan on Aging 2013-2017). The OCA identified AAAs as the "local units in CA to administer programs in compliance with the OAA." AAAs at the local level are meant to "fund specific services, identify unmet needs, and engage in systems development activities" within their specific planning service area (PSA) (California Association on Area Agencies on Aging, 2012). More specifically, AAAs define "systems development" as a "set of activities and processes...to envision, plan, manage, coordinate, integrate, evaluate, refine, and improve the quality of a community's constellation of services" (California Association on Area Agencies on Aging, 2012).

Proposition A was another source of local funding for LA county. Prop A, passed in 1992, is the "Safe Neighborhoods Parks Act." After it was passed, the LA County Regional Park and Open

Space District (RPOSD) was created. Over the past 23 years, the RPOSD has provided "over $1 billion in grants to cities, county departments, state and local agencies, and non-profit organizations" for various projects. These projects include improvement of parks, community facilities and senior centers (Los Angeles County Department of Parks and Recreation, n.d.).

The City of Long Beach supports senior services in the City through the Department of Parks, Recreation and Marine budget. The current budget is approximately $850,000 to operate senior centers and services in the City ($13 per older adult in Long Beach).

Resource Allocation

Resource allocation for older adult services can be traced through the California Association of Area Agencies on Aging (C4A). The C4A receives $150.1 million in federal funds and $12.1 million of state funds, for a grand total of $162.2 million. LA County's AAA receives $21 million of this total. The Intrastate Funding Formula (described in next section) is used to determine how much each AAA receives. Of the money that LA County receives, it is still unclear what percentage benefits the CLB residents as funding is not designated by City.

An Office of Aging for the CLB would initially need to utilize the city general fund as other sustainable resources have not currently been identified. An example of this process can be found in Orange County (OC). In OC, there is an Office on Aging that is funded by the County. However, they also have a "Council on Aging," which is non-profit and is based on donations from businesses, individuals and volunteer efforts. This is a model that the CLB could emulate.

Intrastate Funding Formula

The Intrastate Funding Formula (IFF) is used to determine how much each AAA receives. This formula assures that preference will be given to providing services to older individuals (aged 60+) with the greatest economic need and older individuals with the greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). The IFF is based on a combination of factors, including: age, income, geographic isolation, racial or ethnic status, social isolation, and English language proficiency.

In laymen's terms, it is used for the "distribution of funds within the State" (California State Plan on Aging 2013-2017, 2013, p. 43). The IFF takes into account the best available statistics on the geographical distribution of individuals aged 60+ in the State. Within the federal OAA, the term "greatest economic need" means the "need resulting from an income level at or below the poverty level established by the Office of Management and Budget." In CLB, 13.3% of the older adult population live below 100 percent of the poverty level. The term "greatest social need" means the "need caused by non-economic factors that include physical and mental disabilities, language barriers, and cultural, social, or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which

threatens such individuals' capacity to live independently" (California State Plan on Aging 2013-2017, 2013, p. 43). This requirement to give preferential funding to older individuals "with certain characteristics" recognizes that other older individuals with needs also are served under the OAA. Of the CLB older population, 84.1% receive Social Security benefits; nearly 40% live with one disability; and 35% speak a language other than English, with 24% speaking English less than "very well." These indicators are included in the weights when determining allocation.

The Department "employs three primary mechanisms to assure preference is given to older individuals with greatest economic and social need". The Department uses an Intrastate Funding Formula (IFF) to distribute federal and state funds to AAAs. The AAA's four-year Area Plan and annual Area Plan Update must "assess and describe the target population within the AAA's PSA". The AAA must also develop "service goals and objectives that meet the needs of targeted populations and reduce barriers to services." The CDA also assures that "every AAA targets high-risk populations through annual contract requirements stipulating that the AAA and its subcontractors must serve all eligible persons, especially targeted populations" (California State Plan on Aging 2013-2017, 2013, p. 61).

References

California Association of Area Agencies on Aging. (2012). Welcome. Retrieved from: http://www.c4a.info

California Department of Aging. (2011).Who we are. Retrieved from: https://www.aging.ca.gov

California State Plan on Aging 2013-2017. (2013). Retrieved from: https://www.aging.ca.gov/AboutCDA/docs/California_State_Plan.pdf

City of Los Angeles Department of Aging. (n.d.). Multipurpose Senior Centers. Retrieved from: http://aging.lacity.org/index.php?fetch=mpc

County of Los Angeles Public Health. (n.d). Service Planning Area 8. Retrieved from: http://publichealth.lacounty.gov/chs/SPA8/

Department of Parks and Recreation. (n.d.). Los Angeles County Regional Park and Open Space District. Retrieved from: http://parks.lacounty.gov/wps/portal/dpr/OSD/about_us

General Fund Revenue. (n.d.). General fund revenue. Retrieved from: http://www.longbeach.gov/Finance/Media-Library/Documents/City-Budget-and-Finances/

LA County PSA-19. (2015). Retrieved from: http://css.lacounty.gov/wp-content/uploads/2015/10/2012-16-Area-Plan-PSA-19.pdf

Unites States Census Bureau. (2010). State and county quick facts. Retrieved from: http://quickfacts.census.gov/qfd/states/06/06430000.html

U.S. Department of Health and Human Services. (n.d.). Administration on Aging: Older American's Act. Retrieved from: http://www.aoa.gov/AOA_programs/OAA/.

APPENDIX F

PARTICIPANT LIST FOR SUMMIT

Agency	Name	Email address	Attended?
AgingPro Care Management	Cheryl Mathieu	Cheryl@AgingPro.com	Yes
Alzheimers Organization	Debra Johnson Gorman	djgorman33@gmail.com	Yes
American Gold Star Manor	Terry Geiling	tgeiling@goldstarmanor.org	Yes
Archstone	Mary Ellen Kullman	mekullman@archstone.org	Yes
Arthritis Foundation	Mireya Chaffee	mchaffee@arthritis.org	Yes
Arthritis Foundation	Paola Mira	pmira@arthritis.org	Yes
be.group - Covenant Manor	Martha Miranda	Martha.Miranda@thebegroup.org	Yes
Beach Village	Randy Zarn	zpeoplebuilder@hotmail.com	Yes
CareMore	Cynthia Nimmo	Cynthia.Nimmo@caremore.com	Yes
CareMore	Raenisha Danyeil Brown	Raenisha.Brown@caremore.com	Yes
Community Development Code Enforcement	Craig Wong	craig.wong@longbeach.gov	Yes
Community Member	Donna Griggs		Yes
CSULB	Gail Farmer	Gail.Farmer@csulb.edu	No
CSULB	Marissa Hansen	Marissa.Hansen@csulb.edu	Yes
CSULB	Patti LaPlace	patti.laplace@csulb.edu	Yes
CSULB	Terry Robertson	Terry.Robertson@csulb.edu	Yes
CSULB - Gerontology	Montserrat R. Salvat	montsesalvat@sbcglobal.net	Yes
CSULB - Nursing	Ann Kim	ann.kim@csulb.edu	Yes
CSULB - Nursing	Debra Windle	debra.windle@csulb.edu	Yes
CSULB Center for International Trade and Transportation	Tyler Reeb	Tyler.Reeb@csulb.edu	Yes
CSULB Chair of Nursing	Loucine Huckabay	Lucy.Huckabay@csulb.edu	Yes
CSULB Coordinator The Beach Village	Casey Goeller, M.S., M.A.	casey.goeller@csulb.edu	Yes
CSULB Dean of HHS	James Koval	James.Koval@csulb.edu	Yes
CSULB -Gerontology	Elena Ionescu	elena.ionescu@csulb.edu	Yes
CSULB LifeFit Center, OLLI	Ayla Donlin	Ayla.Donlin@csulb.edu	Yes
CSULB student	Cassandra Schroeder	cassandrapro@yahoo.com	Yes
Dr. Paigne's office	Sompia Paigne, LCSw	spaigne1@yahoo.com	Yes
Former LB Parks and Rec Sr Commissioner	Rita Ellner		Yes
Heart of Ida	Dina Berg	dbheartofida@gmail.com	Yes
Heart of Ida	Gretchen Swanson	gretchen.swanson3@gmail.com	Yes
Heart of Ida	Joy Yakura	jsyakura@gmail.com	Yes
Heritage Clinic	Jennifer Porter	jennifer.a.porter@gmail.com	Yes
Home Instead	Tracie Daugaard	tdaugaard@homeinstead.com	Yes
JCC - Older Adult Services	Christina Goldman	cgoldman@jfcslongbeach.org	No
LB City Council - Dee Andrews	Tonya Martin	tonya.martin@longbeach.gov	Yes
LB City Council Al Austin	Al Austin		Yes
LB City Council Al Austin	Melody Ngaue-Tuuholoaki		Yes
LB City Council Al Austin	Monique San		Yes
LB Fire EMS Captain	Dwayne Preston	dwayne.preston@longbeach.gov	Yes
LB Parks and Rec	Matthew Stevens	matthew.stevens@longbeach.gov	Yes
LB Parks and Rec	Pat Gallagher		Yes
LB Parks and Rec Senior Commission Chair	Mary Alice Sedillo		Yes
LB Parks and Rec Senior Commissioner	Dianne McGinnis	diannemcginnis@gmail.com	Yes
LB Parks and Rec Senior Commissioner	Jane Galloway	zjaneg@gmail.com	Yes
LB Parks and Rec Senior Commissioner	Rondii Colson	rondiicolson@gmail.com	Yes
LB Parks Rec & Marine Senior Center	Eileen Ludlam	eileen.ludlam@longbeach.gov	Yes
LB Parks Rec and Marine	Barbara Loeffler	barbara.loeffler@longbeach.gov	Yes
LB PD Senior Police Partners	Tom Leary	tom.leary@longbeach.gov	Yes
LB VA	Adriana Payton	adriana.payton@va.gov	Yes
LB VA	Byron Washington	Byron.Washington@va.gov	Yes
LB VA	Cynthia Howell	Cynthia.Howell2@va.gov	Yes
LB VA	Dana Fry		Yes

PARTICIPANT LIST FOR SUMMIT (CONTINUED)

Agency	Name	Email address	Attended?
LBDHHS	Ana Lopez	ana.lopez@longbeach.gov	Yes
LBDHHS	Angie Benton		Yes
LBDHHS	Cheryl Barrit	cheryl.barrit@longbeach.gov	Yes
LBDHHS	Eileen Margolis	eileen.margolis@longbeach.gov	Yes
LBDHHS	Janine O'Hara	janine.ohara@longbeach.gov	Yes
LBDHHS	JoAnn Smith	joann.smith@longbeach.gov	Yes
LBDHHS	Kelly Colopy	kelly.colopy@longbeach.gov	Yes
LBDHHS	Pam Shaw	Pamela.shaw@longbeach.gov	Yes
LBDHHS Admin Intern	Alison Spindler	alison.spindler@longbeach.gov	Yes
LBDHHS CDC Public Health Associate	Amber Herald		Yes
LBDHHS EH	Judeth Luong	judeth.luong@longbeach.gov	Yes
LBDHHS EH	Lamar Rush	lamar.rush@longbeach.gov	Yes
LBDHHS MSC	Lucinda Hayes	lucinda.hayes@longbeach.gov	Yes
LBDHHS MSC	Mary Jo Foresta	maryjo.foresta@longbeach.gov	Yes
LBDHHS PHN	Carol Blackmon	carol.blackmon@longbeach.gov	Yes
LBDHHS PHN	Nate Khem	chamnaneth.khem@longbeach.gov	Yes
LBDHHS Social Worker	Cynthia Brayboy	cynthia.brayboy@longbeach.gov	Yes
LBMMC Senior Plus Program Coordinator	Norma Frias	nofrias@memorialcare.org	Yes
LBPD	Karen Black		Yes
Long Beach Cares	Theresa Marino	surfsidejo@gmail.com	Yes
Long Term Care Ombudsman	Linda Zimmerman	lzimmerman@wiseandhealthyaging.org	Yes
MOW Board President	Rosemary Lewallen	rsmrywrrn@hotmail.com	Yes
Patient-Family Advisory Council - CHLB/LBMMC	Nancy Blair	nc.blair@me.com	Yes
SCAN Independence at Home	Lynn Stewart	lstewart@scanhealthplan.com	Yes
SCAN Independence at Home	Minerva Ruiz		Yes
SMMC Wellness Center	Kit Katz	Kit.Katz@DignityHealth.org	Yes
UniversalCare/Brand New Day	Maly Thach	mthach@universalcare.com	Yes
YMCA - Fairfield	Astrid Bashmakian	astrid.bashmakian@lbymca.org	Yes

APPENDIX D: INITIAL LIST OF SERVICES PROVIDED WITH IN LONG BEACH

Community-based organizations, local hospitals, health plans, and LA County contracted providers serve Long Beach. A comprehensive analysis of existing services and gaps was not conducted for this Strategic Plan update process. A more detailed analysis of existing services as well as service gaps will be undertaken to support building the resource directory and to identify areas where additional services are needed. Below is a partial listing, organized according to the identified themes. (See table below)

Older Adult Services in Long Beach

Agency	Services Provided	Contact	Phone
Access Transportation Services	Operating seven days a week, 24 hours a day in most areas of Los Angeles County, it is a shared ride service that is curb-to-curb and utilizes a fleet of small buses, mini-vans and taxis to provide transportation for ADA paratransit eligible individuals for any purpose and to or from any location within ¾ of a mile of any fixed route bus operated by the Los Angeles County public fixed route bus operators and within ¾ of a mile around METRO Rail stations during the hours that the systems are operational.		1-800-883-1295 1-800-826-7280 (tdd)
Arthritis Foundation	Referral to providers, support groups, educational opportunities, fitness programs and community events.		(323) 854-5750
Centro CHA	Centro CHA has a Promotora project focusing on the Latino Senior - Spanish speaking community to provide resource, information and education to Latino Seniors.	Maria E. Becerra	(562) 822-0984
City of Long Beach Department of Health & Human Services – Multi-Service Center	Case management/referral services for homeless individuals.	Elsa Ramos	(562) 570-4588
City of Long Beach Department of Health & Human Services – Public Health Nursing	Public Health Nursing Case Management and referral services.	Eileen Margolis	(562) 570-4272
City of Long Beach Department of Health & Human Services, Senior Links Program	Social workers and Public Health Nurses provide case management services to seniors 55 and older in the City of Long Beach. Coordinated case management includes referrals to home delivered meals, transportation, personal care, house cleaning, and mental health services.	Cynthia Brayboy	(562) 570-3555
City of Long Beach Parks, Recreation & Marine, El Dorado Senior Center	Recreational Services, Nutrition Services/Congregate Meals, Information and Referral Services.	Pat Gallager	(562) 570-3227

Older Adult Services in Long Beach

Agency	Services Provided	Contact	Phone
CSULB	Chronic Disease, Stroke Management	Jamie Tran	(562) 896-2303
CSULB OSHER Lifelong Institute	A multifactorial (Cognitive, Physical, Educational) Training. Evidence-based fall prevention exercise classes.	Barbara White	(562) 985-8237
Fairfield Family YMCA	Exercise, Aqua Classes, Group Exercise Classes for Older Adults, Diabetes Prevention Program, Chronic Disease Management.	Astrid Bashmakian	(562) 423-0491
Fuller Center for Housing of Los Angeles	Home Remodeling and Adaptation.		
Groundwork Ferraro	Exercise, fitness, health, nutrition, recreational fitness, outdoor movement. Balance stabilization and flexibility workshops.	Giovanna Ferraro	(562) 624-0900
Habitat for Humanity	Home Repairs	Renne Sanchez	(424) 246-3640
Help Me Help You	Health insurance enrollment assistance, food pantry services, CalFresh & Social Security Benefits Assistance.	Zina Washington	(562) 612-5001
Heritage Clinic	Mental Health Services, supportive case management, individual counseling.	Cynthia Jackson Kelartinia	(626) 577-8480
Housing Authority of the City of Long Beach	Rental Assistance Programs. Homeless individuals or those interested in living at certain senior project-based developments.	Mechell Roberts	(562) 570-6117
Jewish Family and Children's Service of Long Beach & West Orange County	Case management and referral is offered to seniors who are in need of assistance in a variety of areas including accessing and understanding government benefits, locating assisted living facilities, or securing in-home care, food/groceries. Mental Health Counseling, Bereavement Support, Caregiver Support, Emergency Financial Assistance (once a year).	Kathryn Miles	(562) 427-7916

Older Adult Services in Long Beach

Agency	Services Provided	Contact	Phone
L.A. Care Health Plan	Free Physical Activity and Health Education Classes. Medical Care, Chronic Disease Management and Coordination of Healthcare Services. Food/Nutrition, Transportation, Recreational and Case Management Referral Services.	Jovita Murillo	(231) 294-2838
LA County Adult Protective Services	Links clients to supportive services that will reduce elder abuse and self-neglect. Food/Nutrition, Case Management Referral Services, In-Home Services. Elder Abuse Investigation / Crisis Intervention.	Arturo Torres	(310) 603-3384
LifeFit Center @ The Beach	Fitness and wellness classes (Stepping On), nutrition counseling, recreational services.	Ayla Donlin	(562) 985-2005
Long Beach Memorial	Health education, flu shots, fitness classes (balance, tai-chi), fall-prevention classes. Transportation to medical appointments at LB Memorial or the surrounding medical offices.	Norma Frias	(562) 933-1650
Long Beach Police Department	Crime Victim Assistance, Vacation Checks, Peer Support/Resource Referral, Limited Safety Patrol, Education and Awareness Programs, Community Group Presentations	Tom Leary	(562) 570-5299
Long Beach Senior Center	Recreation drop-in building, open 6-days a week, calendar of activities available online. HSA congregate site, distribution site for Brown Bag, Food Finders, OCFB, emergency food pantry, Cal Fresh representative Tuesdays, classes. Applications for Access Paratrasit and Dial-a Lift bus guides FAME bus tokens and taxi coupons.	Barbara Loeffler	(562) 570-3506
Long Beach Transit – Dial-A-Lift	Curb to curb, shared ride transit service exclusively for persons who are unable to use the Long Beach Transit fixed route bus system. Members must reside in and travel through the cities of Long Beach, Lakewood and Signal Hill.		(562) 591-8753

Older Adult Services in Long Beach

Agency	Services Provided	Contact	Phone
Los Angeles County Community & Senior Services	Nutrition congregate & home-delivered meals. In-home services, case management/referral services.	Anna Avdalyan	(213) 738-4749
Meals on Wheels of Long Beach, Inc.	Home delivered, nutritious meals are available at a low cost from Meals on Wheels, L.B. and from Human Services Association (HSA). Four PRM senior centers offer very low cost congregate meals provided by HSA. They provide over 64,000 meals annually (or an average of 257 per day). However, due to budget cuts, these meals are not provided in all senior centers. Participant are asked to make a donation of $2.25 per meal but many choose not to donate.	Bill Cruikshank	(562) 439-5000
Molina Healthcare	Offers a shuttle route to assist people to get to their medical facilities and to other stops on their route. It is subsidized, fixed route, unrestricted destination and offers curb service.	Rochelle Rodriguez	(562) 941-0107 extension 6146
Retired & Senior Volunteer Program	A federally funded and locally sponsored program that utilizes the life experiences and skills of the older adult to meet local community needs. In addition to the actual act of volunteering, these volunteers are one of our community's greatest resources in an era of dwindling resources. Not only is the community served, older adults have the ability to stay active and involved in their community, preventing depression, early institutionalization and staying connected to the local community; enhancing the quality of life for both volunteer and residents.	Gayle Ehrenberg	(562) 506-2801

Older Adult Services in Long Beach

Agency	Services Provided	Contact	Phone
Senior Police Partners (SPP)	A program of the LBPD. These older adult volunteers are trained in social services, referrals, counseling, elder abuse or neglect recognition and prevention. They work with the LBPD to facilitate the reporting of suspicious situations to alleviate issues resulting in crime against older adult or as a resource for the sworn officers that cannot spend as much time as the individual may need. The SPP's also investigate frequent 911 calls originating from older adults.	Tom Leary	(562) 570-5299
SCAN's Independence at Home	Case Managers provide advocacy/assistance with obtaining medical care, referrals for recreational services; IAH's VAA program offers Friendly Visitor Program. Some IAH programs provide home delivered meals (free of cost); IAH provides home delivered meals to isolated older adults on Thanksgiving. Some IAH programs provide Taxi vouchers / Access coupons. Multiple Case Management Programs including Health & Wellness, MSSP, Innerlinks Advantage (in-home mental health), FCSP, CCT, SSP. Health Education Classes, Health Screenings (i.e. Stroke Screenings, Bone Density Screenings, etc.); Case Managers provide education in the home; Community Medication Safety Program provides medication management assistance.	Nancy Longaza	(562) 637-7125 (866) 421-1964

Older Adult Services in Long Beach

Agency	Services Provided	Contact	Phone
St. Mary Medical Center Bazzeni Wellness Center	Provides a place for older adults to socialize, participate in educational programs, obtain referral services and enjoy recreational activities. Designed to meet the needs of those age 50 and older, the Bazzeni Wellness Center provides adults with the tools to manage and maintain optimum health. Free services include: lectures and seminars with physicians, health living courses, health screenings, monthly newsletter, resource library and transportation. Additionally they offer small fee services such as exercise and Tai Chi classes, and a smart driver course.	Anissa Jaramillo	(562) 491-9187
The Children's Clinic	Health Care / Medical Services		(562) 933-4623 (562) 264-3997
The Heart of Ida	Reading groups and in home visit (preventing social isolation), Exercise –Tai Chi, Fall Risk Screenings, Pet Care, Referrals. In home safety repairs/upgrades (grab bars, etc.) Recreational Services, evidence-based fall prevention exercise classes.	Dina Berg	(562) 570-3548
The LGBTQ Center of Long Beach	Yoga, social groups, mental health case management, recreational services, case management/referral services.	Porter Gilbert	(562) 434-4455
Volunteer Action for Aging	Friendly Visitor and Socialization Events. Recreational services.	Teri Hershberg	(562) 637-7175
Wise and Healthy Aging LTC Ombudsman	Complaints regarding long-term care facilities, case management/referral services.	Linda Zimmerman	(562) 925-2346

APPENDIX E: NUTRITION PROGRAMS/MEALS

Human Services Association (HSA) began working with the City of Long Beach in July of 2005. Prior to 2005 the City worked with Volunteers of America who was also funded by the County to provide lunches to various sites in Long Beach. When Volunteers of America closed their doors the County called HSA and asked them to pick up the Long Beach sites. HSA has had a contract with the County since the 1970's to provide congregate meals programs to different areas.

HSA is a non-profit entity contracted to serve the Los Angeles County areas of Commerce, Bell Gardens, Bellflower, Downey, Paramount, Lynwood, Cerritos, Lakewood, Los Angeles, Hawaiian Gardens and Long Beach. HSA's partnership with Long Beach is unique. Unlike in other cities where HSA's service footprint is limited to one or two sites per agency, Long Beach hosts four sites, including: Houghton Park, McBride Center, El Dorado Park West and the 4th Street Senior Center.

The main sources of funding for HSA comes from the Federal Older American's Act through LA County. Participants are asked for a donation of $2.25 per meal, however it is considered a donation and cannot be mandatory. While many participants pay the suggested donation amount for their meals, several pay less and many pay nothing.

The average daily congregate meals served in Long Beach are as follows*:

- Houghton Park - 41 meals per day average (10,250 yearly average)
- McBride Park - 51 meals per day average (12,750 yearly average, both standard and Cambodian lunches are served at this location)
- El Dorado Park West - 49 meals per day average (12,250 yearly average)
- 4th Street Senior Center - 116 meals per day average (29,000 yearly average)

* These numbers are based on 5 days a week of service minus holidays and facility closures.

In addition to the congregate lunch program served at the four Long Beach facilities, HSA also operates a Meals On Wheels- Home Delivered Program that provides 29,400 meals a year to homebound seniors with a daily hot meal and a reassuring friendly visit.