ALAMEDA COUNTY, WHERE AGING IS ALL ABOUT LIVING

FOUR-YEAR AREA PLAN ON AGING

Submitted to the California Department of Aging

JULY 1, 2016 TO JUNE 30, 2020

In the spring of 2015, Alameda County launched an initiative to develop a comprehensive plan for older adults. With the support and encouragement of the Alameda County Board of Supervisors, the Social Services Agency, in partnership with Health Care Services Agency, designed a process in which consumers, community based organizations, cities and staff could work together to offer input into the plan. A Planning Committee, Chaired by Advisory Commission on Aging member Donna Griggs-Murphy, was formed and the following pages outline their approach, findings and recommendations.

An effort of this magnitude would not be possible without the commitment, passion and involvement of people deeply concerned about older adults. We were very fortunate to have a team of community experts, staff and consumers to guide the process. We thank all those who offered their time and commitment to making Alameda County an age-friendly community where "Aging is all about living." We would particularly like to acknowledge the 4,000 older adults who offered their input by responding to surveys or participating in public forums.

Planning Committee Members:

Chair: Donna Griggs-Murphy, Allen Temple Arms
Jamie Almanza, Bay Area Community Services
Phil Altman, Mercy Retirement Center
Dana Bailey, City of Hayward
Tighe Boyle, Senior Helpline
Lara Calvert, Spectrum Community Services
Sister Ansar El Muhammad, United Seniors of Oakland and Alameda County
Karen Grimsich, City of Fremont
Brenda Jackson, SEIU
Steve Lustig, Ashby Village
Scott Means, City of Oakland
Sylvia Stadmire, Community Activist
Carol Sugimura, Eden Area Village
Marlene Petersen, Senior Support Program of the Tri-Valley
Wendy Peterson, Senior Services Coalition
Dr. Irene Yen, UCSF

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Special Appreciation goes to the Alameda County Community Assessment Planning & Evaluation (CAPE) team, led by Chuck McKetney, who provided great assistance by creating many of the charts seen in the plan and appendices.

March 30, 2016

EXECUTIVE SUMMARY:

In 2020, Alameda County will be home to more than 260,000 adults over the age of 65. By 2030, 1 in 5 Alameda County residents will be in the 65 plus age group, and by 2040, the number of older adults will substantially outstrip the number of children under the age of eighteen. By 2050, Alameda County will have almost 100,000 elders over the age of 85 *(Figure 1, page 4)*. The demographic growth of older adults in number and percentage of population, and increasing number of older seniors represents a profound shift in community, a shift requiring acknowledgement, thoughtful reflection and changes in public policy.

Fifty-one years ago, when congress enacted Medicare, which provides health insurance for the elderly, and the Older Americans Act (OAA), which provides a safety net of nutrition and supportive services for older adults administered through local Area Agencies on Aging, the average life expectancy was 67. Medicare was seen as a critical and short term solution for meeting health needs of older adults, and OAA funds provided essential services, including home-delivered meals and other supportive services. Older adults now have a life expectancy of 79 and represent a greater percentage of the population. Nationally the number of older adults has increased by 60 percent since 1980. In contrast, OAA allocations, adjusted by inflation, have dropped by 34 percent.[1] Simply stated, the service delivery system constructed for older adults is inadequate to meet current and projected need.

Alameda County older adults are particularly challenged by economic insecurity. With rental costs for a one-bedroom apartment averaging $1,974, and annual prescription costs averaging $11,000, many older adults lack the financial resources to meet basic needs, an assertion evidenced by the fact that almost 20% of food provided through the Alameda County Food Bank is distributed to older adults. According to the 2011 Elder Economic Security Index, which takes into account costs for housing, food, out-of-pocket medical expense and other necessary spending, half of Alameda County older adults do not have enough income to cover their basic needs.

Although the demographics and income status of older adults presents significant challenges, it would be a mistake to view the trends as insurmountable, because Alameda County has tremendous assets, including committed leadership at the County and City level, an informed and passionate network of senior service providers, and most importantly, older adults themselves who can and are organizing at a local level. As a County, our overarching challenge is to reframe the context in which we view services and community in a way that incorporates the views and distinct requirements that are associated with aging. As a community, we have shared responsibility for shaping what will be a transformative change.

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[1] Beamish, Rita. "Older Americans Limps Along at 50..." *Stateline-Pew Charitable Trust.* March 4, 2015

We are fortunate that a model exists for creating an age-friendly community. The World Health Organization (WHO) global Age-Friendly Cities and Community program, established in 2006, develops a framework for "livability" along 8 domains:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and Social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

Communities seeking participation and designation as an age-friendly community work with WHO, or a regional affiliate such as AARP, to submit a letter of intent, followed by a community needs assessment and action plan. The WHO framework is an engagement of community members, organizations, cities and government. The involvement is one of community inclusion and is not "top down." The County has an important role of support and facilitation, but must be mindful that this is a project of the people.

The following pages outline the process, findings and recommendations of a Planning Committee specifically formed to develop an Alameda County plan for older adults. Their work, which includes a year of dialogue, surveys, public forums and focus groups, incorporates feedback from thousands of Alameda County residents. The resulting goals and objectives reflect a commitment for shared involvement, responsibility for change and passion for making Alameda County a place where aging is about living.

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3	DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)	☒
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8	IDENTIFICATION OF PRIORITIES	☒
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TRANSMITTAL LETTER

2016-2020 Four Year Area Plan/ Annual Update

☒ FY 16-20 ☐ FY 17-18 ☐ FY 18-19 ☐ FY 19-20

AAA Name: Alameda County

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Scott Haggerty

_____ _____

Signature: Governing Board Chair Date

2. Bernie Nillo

_____ _____

Signature: Advisory Council Chair Date

3. Tracy Murray

_____ _____

Signature: Area Agency Director Date

SECTION 1: MISSION STATEMENT

Vision Statement: In Alameda County, older adults are valued, respected, and engaged in a community that is committed to healthy aging, inclusion, well-being and safety. Older adults, family caregivers, and seniors with disabilities have access to a comprehensive system of services, supports and opportunities that foster aging with dignity, a high quality of life and personal fulfillment.

The vision statement, created in 2016 by members of a committee formed to advise Alameda County on how best to develop a comprehensive plan to serve older adults, articulates an ideal and represents a desired state where all people are valued, safe and empowered. In order to achieve that vision, a number of community partners, government and older adults will work together to achieve agreed upon goals.

The Alameda County Area Agency on Aging (AAA), mandated by the Older Americans Act to develop community plans for older adults, recognizes both its obligations and the opportunities to engage with others in order to develop a more age-friendly community, and to engage in dialogue, advocacy and service. The AAA is one of 33 Area Agencies in California, all of which support the following mission:

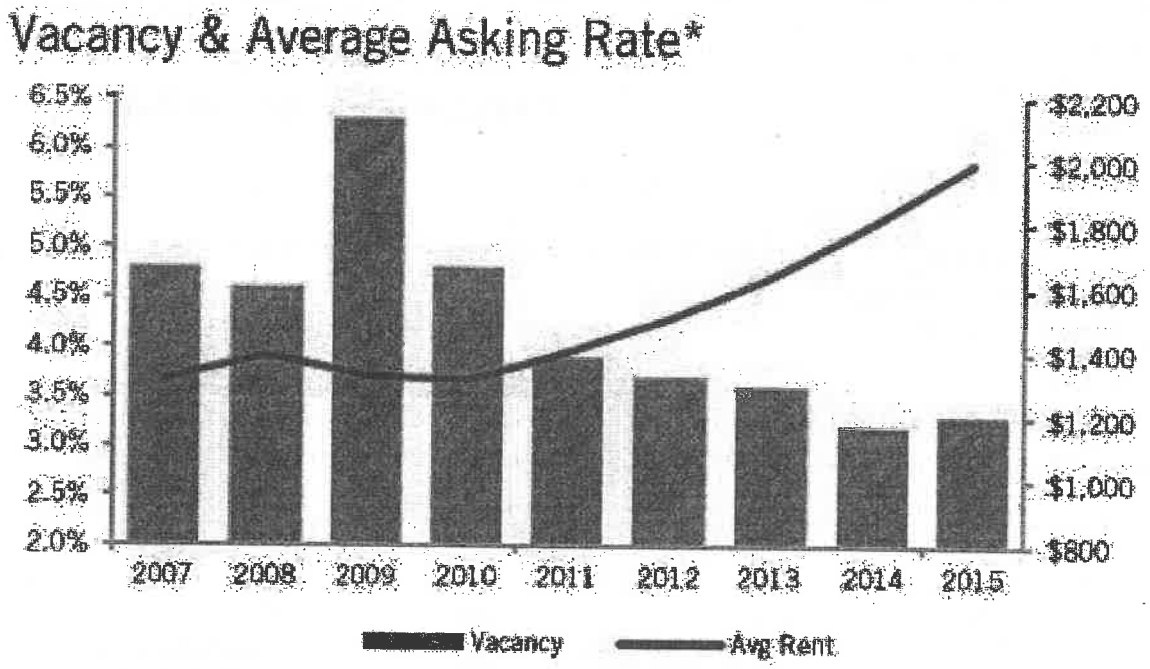
To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA

Alameda County, located on the east side of the San Francisco Bay, is the seventh most populous county in California with a 2010 census population of 1,510,271 residents. The County is widespread geographically, consisting of 821 square miles, fourteen cities and several unincorporated communities. The County enjoys a temperate climate and varied geography ranging from urban marinas to rolling open spaces to hillside lakes and streams.

Oakland is the seat of county government, and its neighbor Berkeley is home to the University of California Berkeley, one of the largest and most prestigious research colleges in the world. The South County cities of Fremont, Union City and Newark, offer a well-coordinated and acclaimed approach to aging services. The county includes 13 college campuses and 18 school districts. Citizens enjoy access to more than 350 parks and diverse recreational opportunities varying from wine tasting in Livermore Valley, strolling and shopping in the charming town of Pleasanton, and fine dining opportunities throughout the region. In Hayward, visitors are able to visit the first Japanese garden developed in California, and San Leandro residents have access to a wide public marina and park.

Rich in resources and increasingly home to technology innovation and industry, Alameda County also faces a housing crisis, with vacancy rates of rentals decreasing and market rates increasing exponentially. Home ownership is increasingly out of reach, with double-digit increases of median home prices from 2014 to 2015, with an astounding increase of 65% in the city of Hayward (see appendix B – Housing)



The County is currently home to 270,507 adults aged 60 and over. Census projections based on the definition of senior as 65 or older predict a substantial increase in the number of seniors in the coming decades. By 2050, seniors will account for 22% of the total population, and almost 100,000 older adults will be 85 years or older.

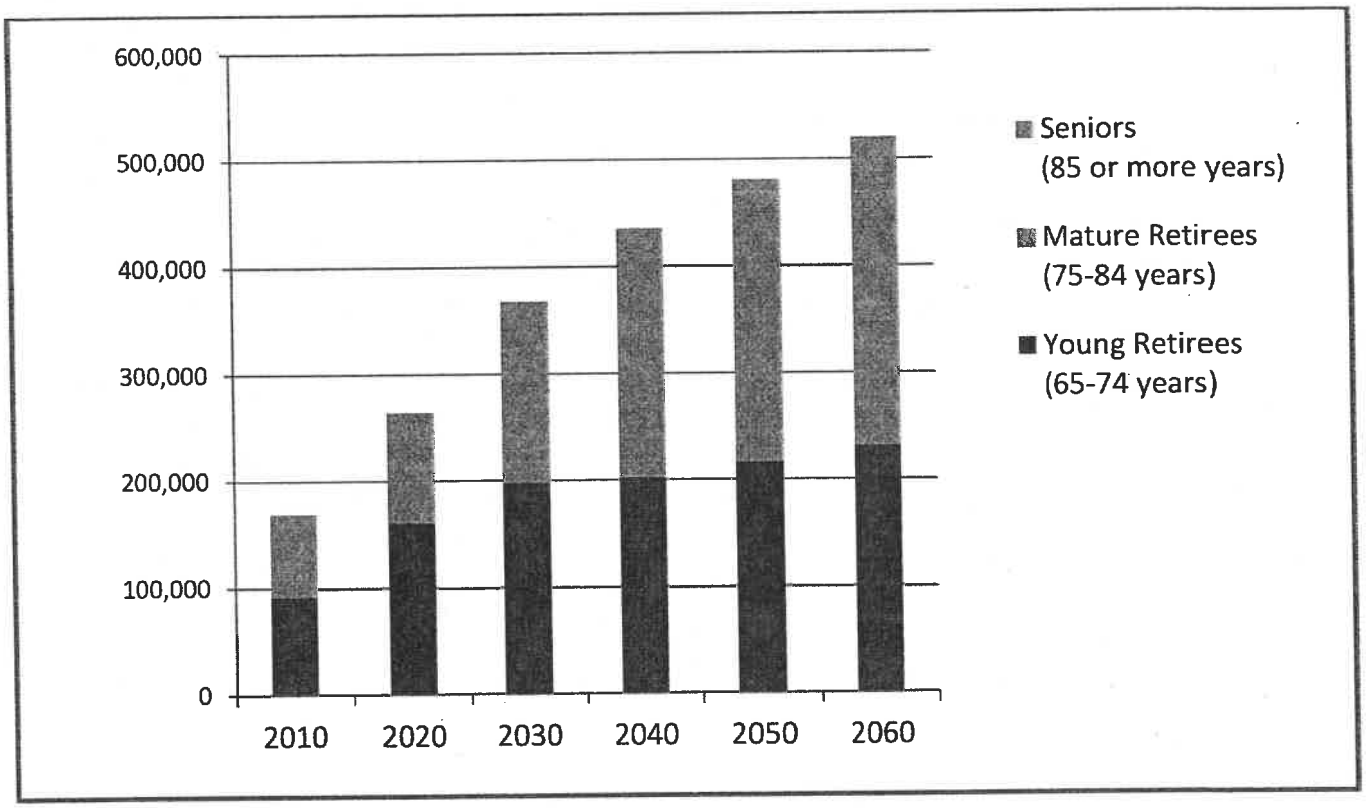
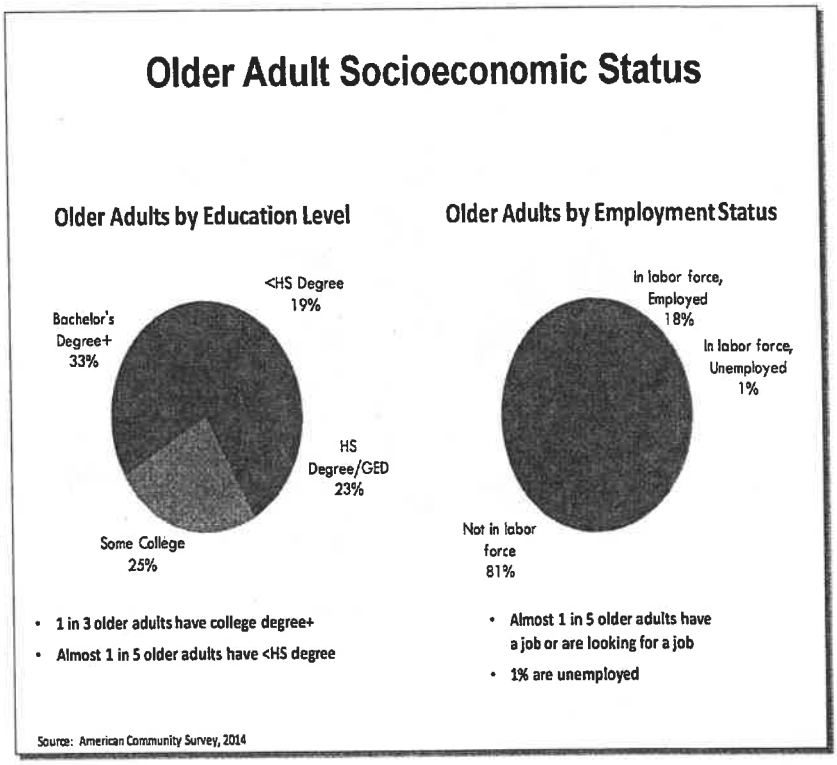


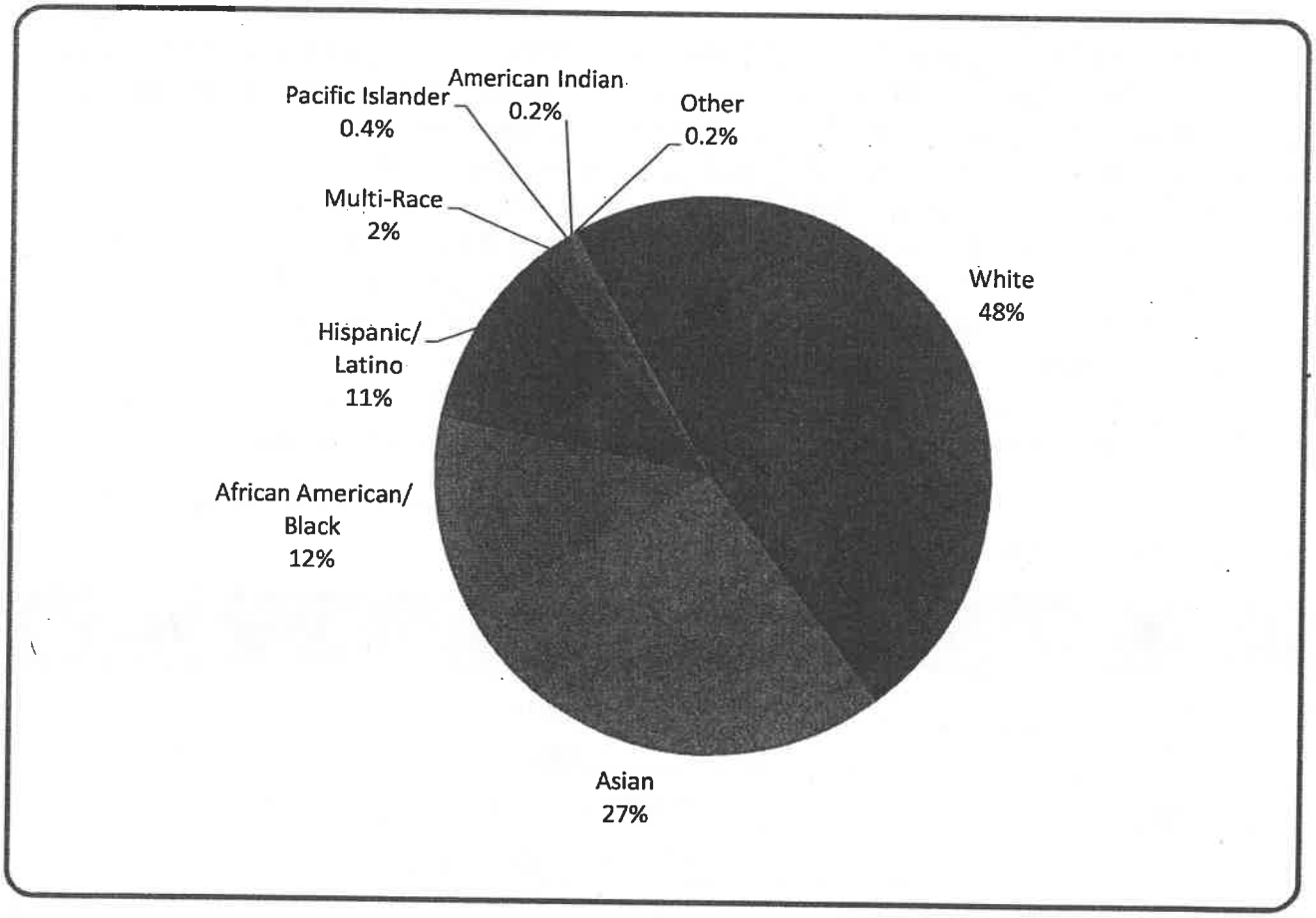
Figure 1: Senior Population Projections: California Department of Finance; Demographic Research Unit

- One in three older adults has a college degree, and 57% have some college education.
- Approximately one-fifth are still in the workplace.



The County is ranked as the fourth most diverse county in the United States[2] and is characterized by rich diversity and culture. For the general population, the racial/ethnic population is 34.1% White, 25.9% Asian, 22.5% Latino, 12.2% African American, 4.0% Multi-race, 0.8% Pacific Islander, 0.3% Native American, and 0.5% other.

The older adult population is diverse as well, with no one race as a majority and 40% of older adults speaking a language other than English at home. 38% of elders are foreign born, and 1 in 10 are not US citizens. There is no majority race; the largest percentage of population is white, followed by Asian and then African American.



Alameda Age 65+ Race/Ethnic breakdown: Alameda County HCSA;CAPE Unit, ESRI Data, 2015

[2] Narula, Svati. "The Five US Counties Where Racial Diversity is Highest-and Lowest." *The Atlantic.* April 29, 2014.

SECTION 3: DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

Area Agencies on Aging (AAA's) were established under the OAA in 1973 to respond to the needs of Americans 60 and over in every community. As the local component of the Aging Network administered by the federal Administration of Community Living, AAAs plan for, develop, coordinate, and deliver aging services. By providing a range of options that allow older adults to have access to the home and community-based services and living arrangements that suit them best, AAAs make it possible for older adults to "age in place" in their homes and communities. When viewing the service system for older adults, the AAA is one of many assets within the county. As outlined below, the AAA funds and coordinates a variety of services, provides management of direct programs, and works in partnership with other systems and collaboratives within the county.

AAA Services:

The Alameda County AAA is a department within the Adult & Aging Services division of the Alameda County Social Services Agency. The AAA is governed by a five-member Board of Supervisors and advised by the Alameda County Commission on Aging, a 21-person commission whose members are appointed by the Alameda County Board of Supervisors and the Mayor's Conference. The AAA's partners include a robust network of senior services providers, which include community-based organizations (CBO's), cities, and in support of nutrition programs, a hospital and a private sector caterer. The AAA administers 72 contracts for services, and serves approximately 65,000 older adults a year. Funding for these contracts is provided through the OAA, California State funding, County General Funds and Measure A tax dollars administered the Alameda County Health Care Services Agency. Where possible and appropriate, the AAA "braids" funding from multiple sources in order to develop streamlined contracts and reporting requirements for its subcontracted providers.

The AAA fulfills its mission of planning, coordinating, and delivering services through a network of approximately 40 providers.

Program	Type of Provider	Number of Service Providers
Adult Day Care	CBO	3
Case Management	CBO	4
Home Delivered Meals	CBO/City/Private Sector	7
Congregate Meals	CBO/City/Private Sector	7
Legal Assistance	CBO	1
Elder Abuse	CBO	1
Information & Assistance	CBO/County	7
Family Caregiver Support	CBO	10
Senior Employment Services	CBO	1
Friendly Visiting	CBO	6
Health Promotion	CBO	5

Senior Center Activities	CBO/City	7
Disease Prevention	CBO	3
SNAP Ed/Community Garden	County	1
Ombudsman	County	1
Senior Injury Prevention	CBO	6

In addition to its contracted programs, the AAA administers two programs as a direct service:

Information & Assistance: the AAA participates in a statewide information and assistance number, 1-800-510-2020, that directs callers from anywhere in the state to their local AAA. Alameda County staff respond to an average of 500 calls a month from older adults and their caregivers and provide information about and referrals to appropriate programs. Staff also participate in outreach events throughout the county, providing information about a variety of programs. Staff also coordinate bi-monthly roundtables that bring in expert speakers to provide information on a variety of senior focused topics. In addition, the AAA publishes an extensive library of resource guides in hard copy and electronic format, and also posted on its website, covering a variety of topics including but not limited to the following:

- Housing
- Nutrition Programs
- Long-Term Care Facilities

Long-Term Care Ombudsman: AAA staff and volunteers advocate for residents of long-term care facilities in Alameda County. Ombudsmen, who are certified by the State after completing 36 hours of in-house training and supervised field work, respond to a variety of complaints, including allegations of abuse, requests for assistance with untimely discharge, and mediation of conflicts. The Ombudsmen coordinate with the State Licensing agencies, APS, and where appropriate cross report to law enforcement and other agencies.

The AAA also partners with departments within the County on programs, including the following:

Community Gardens: the AAA and the Alameda County Public Health Nutrition Services department worked together to develop community gardens at low-income senior housing sites. The project includes providing technical assistance to the housing sites, building gardens, and providing nutrition education to the residents.

Senior Injury Prevention Program (SIPP): a collaborative partnership between the Area Agency on Aging, Emergency Medical Services, Department of Public Health, and other government, nonprofit and private sector organizations designed to reduce preventable injuries among the older population, raise awareness around the need for injury prevention programs for older adults, and enhance service delivery for senior injury prevention programs

County Systems of Care: Alameda County's systems of care for older adults include the following:

Alameda County Behavioral Health Older Adult System of Care (OA-SOC): in 2007, BHCS used Mental Health Services Act funds to develop an OA-SOC resulting in a small number of specialized services, to address the needs of older adults with serious mental illness in its hospitals and emergency

rooms, and throughout the continuum of care. Moreover, OA-SOC provides some of the infrastructure to broker organizational relationships to increase the system's capacity in addressing physical health, mental health and substance use in elderly individuals.

In-Home Supportive Services (IHSS): a federal, state, and locally funded program designed to provide assistance to those eligible aged, blind, and disabled individuals who, without this care, would be unable to remain safely in their own homes. As of December 2015, the program has 21,244 recipients, 12,109 of whom are aged 65 and older.

Adult Protective Services: a program that is mandated to investigate reports of abuse or neglect of elders and dependent adults.

Public Guardian/Conservator: manages probate and mental health (Lanterman-Petris-Short, known as LPS) conservatorships for Alameda County residents who have been adjudicated by the Superior Court either to lack capacity to manage finances and/or health care, or to be gravely disabled by mental illness or substance abuse. The Public Guardian-Conservator works in partnership with APS to protect elders and dependent adults who are victims of financial abuse or exploitation and who are unable to protect themselves.

Community Partnerships & Collaborations: Alameda County is known for its collaborative culture and multiple partnerships and coalitions have formed whose mission is to improve and enrich the lives of older adults. Collaboratives include the following:

Senior Services Coalition (SSC): represents nonprofit and public providers of health and supportive services for seniors. Its members understand that meaningful improvements to the system of senior services can only happen when providers unite with other stakeholders to speak with one voice. The Senior Services Coalition is committed to establishing a coordinated system of medical, social and supportive care that will enable vulnerable Alameda County elders to maintain a high quality of life in the least restrictive environment possible.

The Public Authority (PA) for In-Home Supportive Services: a public agency committed to promoting the independence of consumers and supporting quality homecare services, training, and advocacy services for IHSS consumers and providers/workers. Several significant roles the PA fulfills is to assist consumers with access to providers/workers, provide consumer and provider/worker training, administer the health plan for eligible providers/workers, and support the work of a community focused Advisory Board. The PA participates in many state-wide and local coalitions and initiatives that develop and support public policy to improve system and administrative access to seniors and people with disabilities. The Alameda County Board of Supervisors serves as the Governing Body of the PA.

Alameda County Aging, Disability & Resource Connection (ADRC): established in 2013, the ADRC's mission is to promote and provide access to a broad array of services and support for seniors and persons with disabilities.

Center for Independent Living (CIL): provides services, support, and advocacy to enhance the rights and abilities of people with disabilities to actively participate in their communities and to live self-determined lives.

Community Resource for Independent Living (CRIL): organized as a self-help organization in 1979 by a small group of persons with disabilities (consumers). This group is committed to improving the range of choices and support for consumers in southern and eastern Alameda County.

Tri-City Elder Coalition (TCEC): an affiliation of over sixty-five organizations, including senior service providers, cultural and faith groups, hospitals, long-term care facilities, and businesses — all with one goal — to provide programs, services, and opportunities for older adults living in Fremont, Newark, and Union City, CA.

Getting the Most out of Life (GMOL): offers culturally relevant education and support to communities who need advance care planning resources, especially those who are dealing with illness at end-of-life. GMOL and its community partners teach Alameda County caregivers and residents at all levels of health, how to initiate "The Conversation" that results in appointing medical decision-makers and all members of the health care team learning about health care and end of life wishes/values. Advance Health Care Directive and POLST trainings prepare the community to legally document medical preferences.

Ashby Village: is part of a national movement of older Americans who are taking charge of our future as we age. The first (Beacon Hill) Village was established in 2001. Research has shown that the great majority of Americans want to remain in their own homes as they age, but there are currently few resources to make that possible for most people. The Village concept is that a community of people can pool resources by paying membership dues and volunteering their skills and time to support the Village infrastructure and to assist one another.

Eden Area Village: part of a fast growing movement of neighborhood Villages sweeping the nation with the mission of helping our neighbors remain in their homes as they age. As a developing Village, it covers Hawyard, Castro Valley, and San Lorenzo. It is a membership-based, non-profit organization that provides assistance and services, which may include rides to the doctor, minor home maintenance, social activities and daily check-in calls, utilizing volunteers, contractors, and maybe a small staff.

SECTION 4: PLANNING PROCESS / ESTABLISHING PRIORITIES

In 2015, the Alameda County Departments of Social Services Agency (SSA) and Health Care Services Agency (HCSA) began a partnership to develop a comprehensive plan for older adults. With the AAA taking on a coordinating role, and with the ample support of HCSA senior staff, a planning committee was established which included 25 of people. By intention, the committee included representatives from community-based organizations, academia, cities, senior housing, village housing, organized labor, a long-term care facility and community members. Senior staff members from the Alameda County Behavioral Health Care Services Agency (BHCS), Public Health Department, and the Alameda County Health Homes Department, served on the planning committee.

Planning Meetings were public, and agendas and meeting minutes were posted online at https://alamedasocialservices.org/public/services/elders_and_disabled_adults/aaa_planning.cfm. As outlined below, subject experts were brought in to discuss topics related to aging at monthly meetings.

The AAA Countywide Plan for Older adults Planning Committee Meetings Presentations

March	Kick-Off Meeting - Committee/Recruiting Update; *The Ralph M. Brown Act* presented by Miruni Soosaipillai, Office of the County Counsel
April	Planning Committee Retreat
May	*HUNGER 2014: Alameda County Uncovered* - Presented by Alameda County Food Bank
June	*Seniors and Dental Health* - Presented by Bahar Amanzadeh, DDS, MPH, Dental Health Administrator, Alameda County Public Health Department
July	*Health Status Report Older Adults in Alameda County* - Presented by Angela Ball, Director, Public Health Nursing
August	*Older Adults System of Care* - Presented by Lillian Schaechner, Older Adult System of Care Director Behavioral Health Care Services Agency
September	*Client-Directed Service: The Importance Many Seniors Place on Consumer Choice in the Delivery of Services* - Presented by Thomas Gregory, Deputy Director
October	*Listening Session: Measure A* - Presented by James Nguyen, Measure A Coordinator, Alameda County Health Care Services Agency and *Coordinating Solutions for Optimal Living* - Presented by Marciela Narvarez-Foster, Director, Alameda County Healthy Homes Department and Linda Gardener, Director, Alameda County Housing & Community Development Department
December	*Elder Abuse* - Presented by Alicia Morales, Director of Division of Adult Protection
January	*Data Report – Community Supports & Health Services,* Presented by Wendy Peterson, Director, Seniors Services Coalition of Alameda County

The committee organized into subcommittees with responsibility to work on three needs assessment areas: consumer surveys, focus groups, and data analysis. The committee's findings, recommendations, and this plan were discussed in public meetings with the Advisory Commission on Aging and Board of Supervisors.

SECTION 5: NEEDS ASSESSMENT

The Older American's Act requires that AAA's develop Area Plans every four years that reflect a local needs assessment. The plans consider demographics, services, gaps in services, and priority focus areas. Of utmost importance in planning efforts is incorporating the viewpoints of older adults themselves, so that the effort is planning with, rather than for, people to be served. With that in mind, the committee planned and organized outreach in three ways: through a consumer survey, through public forums, and through focus groups:

Consumer Survey Methodology: The Planning Committee developed a 24-question survey which was made available in 8 languages. Surveys were distributed via hard copy, email, and links to a web-based survey on a wide variety of websites. Community partners offered assistance to older adults that needed help completing the questionnaire. In one of many creative approaches for reaching older adults, United Seniors of Oakland and Alameda County, a nonprofit organization, created a station with computers at its annual healthy aging festival at the Oakland Zoo, with County EMS trainees volunteering to provide assistance.

37% of seniors responded via Survey Monkey

Demographics of Survey Respondents: 3,725 Alameda County residents aged 55 and older responded to the survey (see Appendix E for survey results). Respondents were overwhelmingly female, with a response rate of 71% as compared to the county population of 56%. The median age was 72, with 12% of respondents in the 85+ age bracket. 43% of respondents did not provide a response to the question concerning sexual identify, but of the 57% who did, 14% identified as homosexual, bisexual or other. Race mirrored County demographics, with slight variances:

Race/Ethnicity	Survey %	County%
White	51%	49%
Asian	24%	25%
Black	14%	12%
Hispanic/Latino	9%	11%
Native American	2%	.2%

Respondents spanned a full spectrum of reported income, with 52% reporting income of $26,000 or less, 27% reporting $26,001 to $60,000, and 21% reporting incomes over $60,000.

The survey received a strong response from all areas of the county, with totals comparable to the percentage population in each city. In absolute numbers, the cities of Oakland and Fremont had the highest number of respondents:

SURVEY RESPONSE BY CITY

City	60+ Pop.	# Survey Responses	% of Survey	% of 60+ Pop.	% over/under
Oakland	69,837	785	21%	26%	-5%
Fremont	35,135	764	21%	13%	8%
Berkeley	21,351	498	13%	8%	5%
Hayward	22,862	278	7%	8%	-1%
San Leandro	17,975	227	6%	7%	-1%
Pleasanton	12,438	189	5%	5%	0%
Alameda	15,445	183	5%	6%	-1%
Castro Valley	12,929	173	5%	5%	0%
Union City	13,270	161	4%	5%	-1%
Livermore	14,350	123	3%	5%	-2%
Newark	7,255	110	3%	3%	0%
other	27,660	234	6%	10%	-4%
County total	270,507	3725	100%	100%	

Source: Census table S0102 ACS 5-year 2010-2014

Findings of the Consumer Survey: respondents were asked to rate a list of 16 possible concerns from low to high. Ratings were scored on a scale from "1" for low through "5" for high. Across all demographics, the highest rated concerns were about income, housing, being able to make decisions affecting lifestyle, and falling. While the order of concerns remained the same, lower income respondents were often more concerned than the higher income respondents, by half a point. For example, the average rating was 3.9 vs. 3.1 regarding *having enough income to meet all basic needs.* Both groups were equally concerned about being included in decisions.

Highest rated Concerns	Ave Rating
Having enough income to meet all your basic needs	3.5
Having enough income to save and plan for the future	3.4
Being able to stay in your current home	3.4
Having the ability to maintain your home	3.4
Being included in making decisions that affect your lifestyle	3.3
Being able to afford housing as you age	3.3
Falling (being at risk for falls)	3.2

Public Forum Methodology: 22 public forums were held at a variety of sites, including senior centers, low-income housing sites, and a long-term care facility. Forums were held in each of the County's 4 geographic service areas and Board of Supervisor's districts. A total of 266 people participated, with attendance ranging from 2 to 39 people per site. Facilitators at the forums used a standard set of questions, which asked older adults to share and comment on vision and values, key strengths, significant challenges and concerns, and critical or most important services. When asked to participate in visioning and values dialogue, participants consistently identified the concepts of appreciation and respect, social inclusion and participation, civic participation, and community diversity, understanding, and support as core values for the vision of an ideal age-friendly community. Safety emerged as an issue, with comments about public safety, level sidewalks, public rest areas, rest rooms, and walkable neighborhoods.

Findings of the Public Forums: Financial support and sustainability permeated throughout each individual public forum as a critical service in need of expansion. There was engaged discussion over the debate surrounding who is poor enough for aid and assistance and how this continues to leave economically challenged older adults fighting and struggling to "barely keep a roof over their heads," often at the expense of food or medication. These "nearly poor" older adults face income restrictions for no or low cost services, disposable income to pay for supportive services and living expenses, personal and home security and safety, employment, and isolation. Suggestions included the provision of emergency cash assistance/vouchers, implementation of senior-friendly retail prices, free or affordable medic alert services, and increased free food distribution days and locations. Participants also suggested increased Visiting, Adult Day Care, In-Home Healthcare, Fraud and Safety Awareness, Senior Center Activity, Transportation, Nutrition, Housing, and Homeless Program services.

Participants were asked to identify their 3 most important service priorities for supporting older adults living independently in the community. 226 attendees cast a total of 533 votes to prioritize services. Results of the service priority exercise are included below indicating the percentage of total votes

received by the particular service category in parenthesis: Housing (43%), Health and Safety (38%), Senior Centers (35%), Transportation (34%), Information (25%), Financial Assistance (23%), Nutrition (19%), Visiting (11%), Employment (4%), Case Management (2%), Adult Day Care (2%), and Elder Abuse Prevention (1%).

Focus Group Methodology: 6 focus groups lasting from 45 minutes to two hours were conducted with residents of long-term facilities, participants in mental health programs, formerly homeless seniors, lesbian/gay/bisexual/transgender (LGBT) seniors, family caregivers, and senior men. The sessions were professionally facilitated, recorded and transcribed.

Findings of the Focus Groups: every group raised the concern of transportation. While many mentioned paratransit as a valuable service, they noted it must be reserved a week in advance and often involves long rides, with multiple pickups and drop offs, which caused some to avoid using it. Another prominent concern was affordable housing. Most groups expressed a desire for housing that integrated age groups, with some Section 8 units reserved for older adults. Some older adults in low income areas were concerned with safety almost to the exclusion of anything else and wanted housing in dedicated senior housing developments, where they believed they would be safer. Safety was a general theme especially among those who did not drive and used foot or public transit. Family caregivers identified a need for reasonably priced respite care, such as adult day care, once or twice a week; mobility and home health equipment; and classes on caring for older adults, especially those with a physical, mental, or cognitive disability. Some identified isolation as a problem, especially the LGBT group participants, who lived in a suburban community and found it hard to make connections with peers. Participants most often mentioned senior centers, churches, and local governmental agencies as community strengths.

One prominent issue raised in nearly every group was the need for a central source of information on available services. While a senior information and assistance line exists, no one except some of the mental health providers was aware of it. Senior centers were most often mentioned as a resource for information, although some found them of limited use due to staffing by volunteers, not all of whom were well informed. Many group members expressed a desire for a social worker, service coordinator, or navigator to connect them with needed services with a warm hand-off rather than just being given the name of an agency. Most focus group participants were not comfortable computer users and would prefer to get informational in print, such as by flyers, pamphlets, brochures, advertisements on buses and BART, and posters at grocery stores and malls.

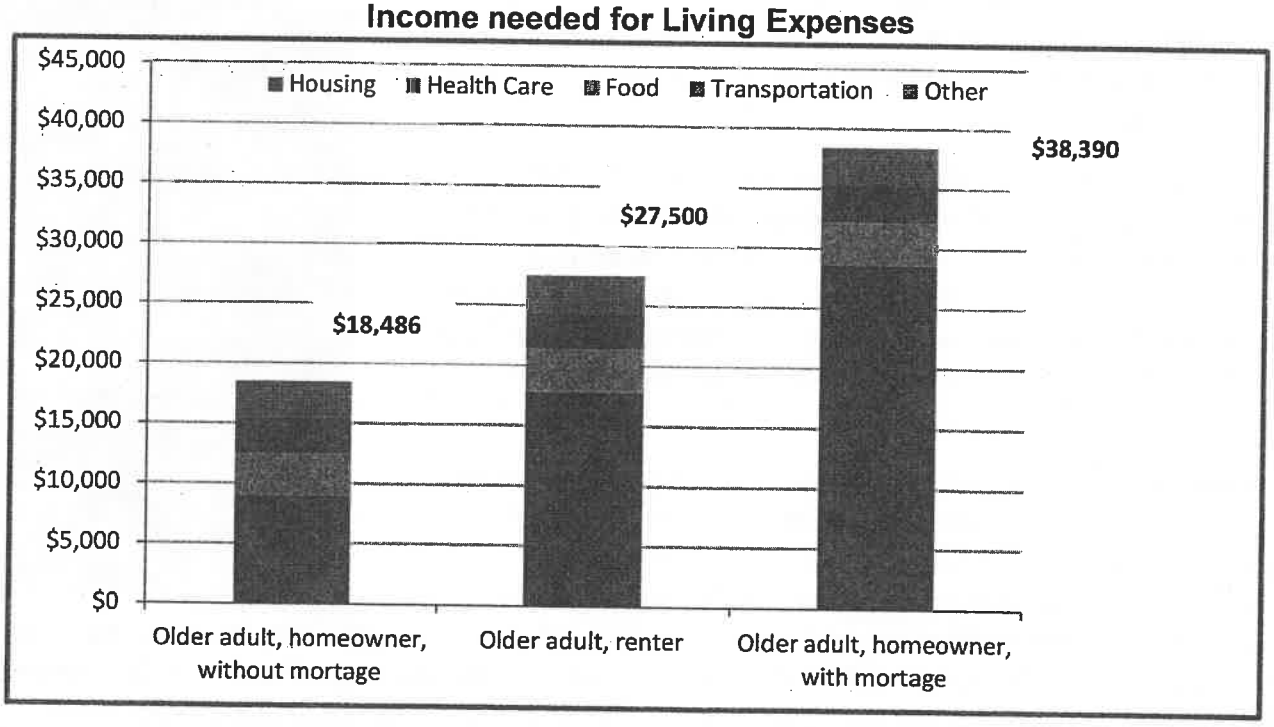
In total, almost 4,000 adults aged 55 years or older participated in surveys or discussion groups. Their concerns were remarkably consistent, with primary worries about the connected issues of economics, housing, health, safety, access to information, and self-determination. These concerns, coupled with information presented throughout the planning process, prompted a further investigation of information and data, as outlined in the following section.

Data Findings:

Poverty

The Federal Poverty Level (FPL) in 2015 for a single person was $11,770. FPL, an income level determined nationally, is important because of its function as a gateway for eligibility for many federally funded programs, including Medi-Cal, Cal Fresh, General Assistance and Community Health Systems. According to the definition, 11% of Alameda older adults aged 65 years and older are below poverty, and 1 in 4 older adults have an income of less than 200% of poverty (see appendix A, figures 7 & 8).

Although used commonly to describe economic demographics, the FPL is a poor indicator of economic security in Alameda County. In 2011, The UCLA Center for Health Policy Research, in collaboration with the Insight Center for Economic Development, calculated the real cost of living for elders by examining expenses for housing, healthcare, food, transportation and other items. The resulting Elder Economic Security Standard Index (Elder Index) provided information by County that showed the number of "hidden poor," adults whose incomes were higher than the FPL, but below what is required for a minimum standard of living. Using that index as a standard, a single adult, renting a house, needs an income of $27,500 and an older adult with a mortgage requires $38,390.



Source: CAPE, with 2014 1-year American Community Survey PUMS data.

The Elder Index estimates that almost half (or 49%) of single older adult households (where one 65+ person lives alone) and over one-fifth (or 21%) of older adult couple households (where one or both are

65+ and live in a 2-person household) do not have enough money (or annual income) to cover basic living expenses. According to the UCLA Center for Health Policy and Research[3], economic insecurity affects females more than males (52% and 43% respectively) and Latinos most among communities of color (69%). The hidden poor may have a house, may have lived a middle-class lifestyle, and may be desperately unable to cover all their expenses. Without access to government assistance programs, this population is without any resources and frequently forgotten in public policy dialogue.

Housing

Alameda County is in the midst of a housing crisis. The median price of a home in Alameda County is now substantially higher than in the pre-recession highs of 2006, with some cities, notably Berkeley, Oakland, Dublin, & Albany reporting increases in the 30% to 50% range. The rental market is one of the highest in the nation, with the median price of a one-bedroom apartment now $1,974. In 2009, vacancy rates for the county hovered at over 6% -- and rents averaged $1,200. The vacancy rate is now less than 3.5% and rents are at an all-time high.

HOUSING IN ALAMEDA COUNTY

- *The median price of a one-bedroom apartment is $1,974.*
- *There are fewer than 4,000 units of subsidized housing for older adults.*
- *There are more than 30,000 extremely low income elderly or disabled households.*

In Alameda County, 70 percent of older adults are owners and 30% are renters. Elder's concerns regarding having the ability to stay in their own homes are well-founded, with 30% of owners and 62% of renters "cost burdened," meaning they are paying over 30% of their income for housing.

The County is home to 60,906 extremely low-income households, 50% of which are elderly or disabled households.[4] With only 3,543 subsidized senior housing units, housing options are woefully inadequate. Low-income renters are unable to secure housing, and in many cases, elders with homes face the prospect of their children and family members moving out of the region because of prohibitive housing costs.

Not surprisingly, elders who are home owners frequently live in older homes. About 30% of households headed by older adults live in housing built before 1950, with Piedmont having the highest percentage at 86% and Dublin the lowest at 2%. Older housing requires some maintenance or upkeep. Among homes owned by older persons, 4% reported moderate to severe problems with plumbing, heating, kitchen, electric, and/or upkeep. The percentage jumped to 11% if the household was under the poverty rate. Older adults that need assistance living in their

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[3] Padilla-Frausto, Imelda and Steven P. Wallage. The Hidden Poor: Over Three-Quarters of a Million Older Californians Overlooked by Official Poverty Line. *UCLA Center for Health Policy Research. Health Policy Brief.* August, 2015.

[4] How Alameda County's Housing Market is Failing to meet the Needs of Low-Income Families. *California Housing Partnership Corporation*. May, 2014

homes because of health conditions, or who require the fuller support of assisted living or skilled nursing accommodations bear tremendous expense, with the annual cost of a one-bedroom assisted living facility averaging $45,000 and skilled nursing facility costing $86,815. The availability of beds in these facilities, currently 14,555, is not sufficient to meet the need of the increasing population.

Increasingly, older adults face the prospect of homelessness. According to Margot Kushel, MD, a professor of medicine at the University of California, San Francisco, in the 1990s slightly more than 10 percent of the homeless population was over 50. By 2003, that number had risen to one in three. "What is true now is about half the homeless population is 50 and older," she said.[5] In 2015, Ms. Kushel led a study of 350 homeless seniors in the city of Oakland. She reported that 43% of the participants had been housed until very recently. "Something happened to them late in life," she said. "It's never one thing. It's often complicated. Someone loses a job. A spouse dies. They lose the family home after a parent dies."

Health: Access and Economic Insecurity

An older adult's ability to access health and supportive services is directly tied to the cost of the services, the individual's economic status and the options covered by their health coverage. 98% of Alameda County older adults have health insurance. 52,567 older adults are Medi-Cal eligible, 41,721 older adults have Medi-Cal and Medicare, and 10,846 have Medi-Cal only.

Medicare coverage typically covers about 50% of the cost of health care and some short term nursing services, but does not cover the cost of long term supports and services. According to the California Health Interview Survey 48.5% of Alameda County adults age 60+ have had to forgo needed medical care due to cost. [6]

Older adults with Medi-Cal have access to long term care options, and protection from out-of-pocket medical costs that are not available to seniors of modest means and those with higher incomes. Medi-Cal beneficiaries may be eligible to receive in-home care through In Home Supportive Services, which currently serves 12,109 seniors. Other services available to Medi-Cal beneficiaries include Adult Day Health Care services and MSSP Case Management, although both programs serve a limited amount of people. Beneficiaries may also receive long-term care at a skilled nursing facility, but access is limited because of the small number of beds available.

Health: Chronic Disease and Conditions

As older adults age, they acquire disabilities, suffer from more chronic disease, and have a higher chance of unintentional visits to hospital emergency rooms. Among older adults, the leading causes of death include Cancer, Heart Disease, Stroke, Alzheimer's disease and Chronic Lower Respiratory disease. These five conditions account for 64% of deaths, and heart disease accounts for 19,604 hospitalizations a year. Chronic diseases are the leading cause of death county-wide and are the most common and costly and yet frequently preventable and manageable through early detection and treatment. Chronic diseases account for $3 out of $4 spent on healthcare.

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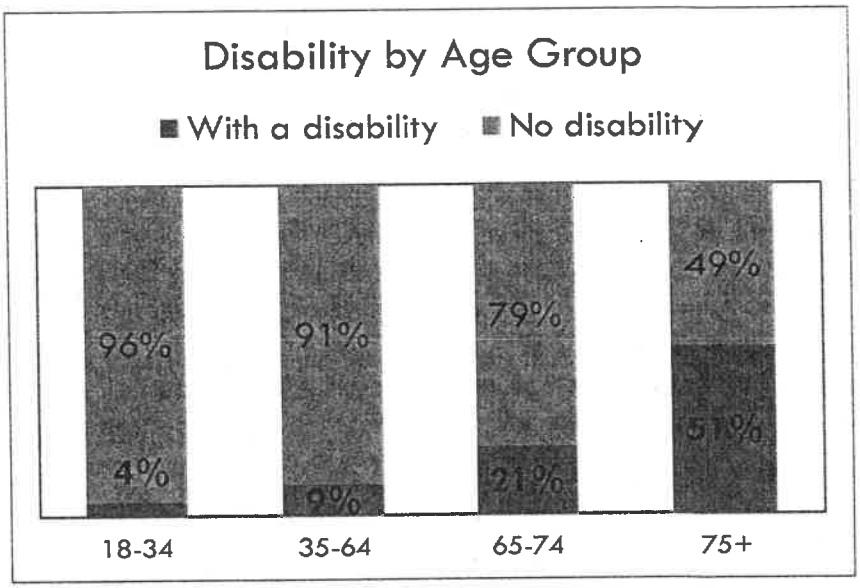
[5] Kushel, MD, Margot. "Growing Older, Getting Poor." *New American Media. April 2015*

[6] CHIS data. *UCLA Center for Health Policy Research.* 2014

With increasing age comes the likelihood of disability or restrictions to perform activities of daily living. Older adults 65 year or older account for 42% of all people with disabilities. Issues with ambulation ranks as the highest percent of disability, following by independent living and hearing difficulty. Because of the expense of hearing aids, many older adults delay acquiring assistive technology, with a resulting loss of efficacy of devises. Seniors who acquire disabilities may experience depression or frustration over their loss of function.



At the nexus of some of the older adults dealing with complex health issues is housing that is expensive, overcrowded, in poor physical condition or located in unsafe neighborhood environments. It is widely accepted that the link between health and housing predetermines the health of many older adults in certain neighborhoods; For example, respiratory conditions such as COPD and asthma are associated with the conditions of the indoor air quality of many older adults' homes in low income communities with deferred maintenance. In addition the data on older adults' fall prevention is reflective of not having homes that are prepared to age in place.

Dental Health

An often overlooked issue for older adults is dental health and care. Access to care may be compromised by lack of insurance, poverty and low oral health literacy. Vitamin deficiencies, dry mouth and diabetes are all contributing factors to oral disease. Patients with periodontal disease are twice as likely to develop diabetes. Treatment of periodontal disease can result in a 10-20% improvement in glycemic control. Bahar Amanzadeh, DDS, MPH, Dental Health Administrator for the Alameda County Public Health Department, recommends to key strategies for improving dental health: 1) integration of preventative dental health services to Nursing Home and Senior Center Activities; and 2) reducing access to dental care barriers: as an example, developing a Virtual Dental Home Model.

Falls

In California, falls are the leading cause of injury related death for seniors 65 years and older and account for over $2 million in medical costs a year.[7] Locally, falls account for 50% of emergency room visits, and are the leading cause of fatal and non-fatal injuries. Older adults that fall more than once in a year are at greater risk of injury and repeat falls. A number of conditions contribute to repeat falls, including chronic health conditions, disabilities, and mental health issues. According to UCLA's CHIS data for 2014, 47.4% of the Alameda County older adults who fell more than once in a 12-month period received medical care for the fall. Of those who did receive care, only 27% had a health professional

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[7] Wallace, PhD., Steven. More than Half a Million Older California Fell Repeatedly in the Past Year. *UCLA Center for Health Policy Research. Health Policy Brief.* November, 2014.

talk with them about how to avoid falls, and only 12.1% had a health professional review their medications. A number of measures can help reduce falls, including gait and balance training programs, medication management, home modification, exercise programs that increase strength and flexibility, and the use of assistive devices.

Mental Health

Mental Health is also an aging issue, with 20% of adults 55 years and older experiencing depression and/or anxiety disorders. Research shows that as adult's age, they may experience predisposing factors that contribute to a need for mental health and substance use services. These factors include loss of loved ones, loss of vocation and independence, major financial problems and poverty, dislocation and homelessness, complex medical problems, misuse and abuse of multiple medications, reduced mobility, cognitive impairment, social isolation and social demoralization due to ageism (1998 data from the US Department of Health and Human Services).

Due to a broad range of issues, mental health related hospitalizations soar with aging (see appendix C, figures 28-29), with depression related hospitalization highest among Caucasians and lowest among Asians and Pacific Islanders. Compounding the issue is the dismissal of mental health issues through assumptions that symptoms are a natural part of aging. Because some symptoms may be similar, depression and dementia can be misidentified by both professionals and loved ones.

Nutrition Insecurity

Without basic nutrition, no individual remains healthy for long and frail older adults, or elders recovering from a recent injury or illness, are particularly at risk. Quality nutrition serves as an important component of prevention, risk reduction and treatment for chronic health conditions. Nutrition insecure older adults are:[8]

- 50% more likely to have diabetes
- 14% more likely to be hypertensive
- 60% more likely to have congestive heart failure or heart attack
- Twice as likely to report fair/poor general health
- Three times more likely to suffer depression
- Twice as likely to report gum disease and prevention

[8] Lloyd, Jean L. and Nancy Wellman, PhD, RD. "Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home." *Journal of Nutrition in Gerontology and Geriatrics.* (2015)

In the fiscal year ending June, 2015, the AAA, working with a network of providers, provided 529,690 home-delivered meals to 3,384 older adults, and 185,477 meals to 6,391 older adults at congregate meal sites in cities and nonprofit agencies. The purpose of the home-delivered meal program is to provide nutrition to people who have significant health conditions, including recent discharge from hospitals, that do not allow them to go outside the home to acquire food and then prepare it at home. With current funding levels, AAA providers are able to provide meals to older adults who are prioritized based on the severity of their health conditions. Because of funding constraints, the network is not able to serve meals to all who request them.

The network also provides meals at congregate sites. The OAA regulates that these congregate meals are to be considered nutritious, but are also a means for socialization. The assumption is that older adults receiving meals at sites, primarily senior centers, will also have access to supportive programming. OAA funds are not allowed to be used at low-income senior complexes, unless that complex has programming available for community members outside of the facility. A gap exists for people who are not able to receive home-delivered meals because they do not meet the health requirements, but who are reluctant to attend senior centers. Community partners like the Alameda County Food Bank and Mercy Brown Bag, which provides grocery bags for seniors, help fill the gap, but are sorely pressed and underfunded.

NUTRITION INSECURITY

- *1 in 5 calls to the Alameda County Food Bank Emergency food line are from older adults.*
- *Older adults without adequate nutrition food are three times more likely to suffer depression*

Transportation

Alameda County benefits from the services of the Alameda-Contra Costa (A-C) Transit Bus Service, the third-largest public bus system in California, and Bay Area Rapid Transit (BART), a 107-mile fixed rail train system serving the entire San Francisco Bay Area, as major public transportation providers. A-C Transit offers a discounted Senior (Age 65+) and Disabled Pass and BART offers a 62.5% discount to persons 65 years and older, persons with disabilities, and Medicare cardholders. East Bay Paratransit is a public transit service for people with a physical impairment or disabling health condition which prevents them from using AC Transit and BART. East Bay Paratransit was established by AC Transit and BART to meet the requirements of the Americans with Disabilities Act (ADA), observes the hours of AC Transit's bus and BART's rail operations, and limits service provision to areas within ¾ mile of an operating bus route or BART station.

Although many transportation options exist, the systems lack flexibility and older adults frequently must wait for long periods of time for drivers to arrive, or may not be comfortable waiting for or boarding busses. Although 67% of consumer survey respondents noted that they utilize public transportation, the lack of frequency and location of routes is a deterrent to some.

Elder Abuse & Safety

According to the National Center on Elder Abuse, it is believed that only 1 in 14 incidences of abuse actually comes to the attention of officials.[9] Females are more likely to be abused than males, and abuse occurs more frequently as one ages.[10] Alameda County Adult Protective Services receives approximately 400 reports of abuse per month with self-neglect as the highest reported abuse, followed by financial abuse. In the County, approximately 70% of alleged abusers are family members or trusted caregivers. The prospect and prevalence of interpersonal violence against older adults with disabilities increases substantially,[11] with women more at risk than men.

> ***"Elder abuse is a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair."***
> ***World Health Organization.***

The Ombudsman program, which deploys trained volunteers and staff to advocate for residents in long-term care facilities, witnesses extreme cases of abuse, with facilities failing to meet basic health, wellness, and social standards. State licensing agencies, which have responsibility for citing and revoking the licenses of substandard agencies, have been understaffed and under-resourced, with devastating consequence, as grimly displayed in an Alameda County facility where residents were left without care or food when the owner/operator abandoned the premises. With over 400 facilities and 14,555 beds in the County, Ombudsman staff are challenged to fulfill their mission advocating for residents, many of whom are without any family members to oversee their care. Dementia patients are most at risk and can easily suffer at the hands of others.

End of Life Decision Making

Older adults in our survey responded with a high degree of concern about "being included in decisions that affect your lifestyle." Every person that lives will ultimately die, and older adults are statistically closer to that inevitability. According to a Pew Research Center study, nearly four-in-ten U.S. adults (37%) say they have given a great deal of thought to their wishes for medical treatment at the end of their lives, and an additional 35% have given some thought to these issues. But fully a quarter of adults (27%) say they have not given very much thought or have given no thought at all to how they would like doctors and other medical professionals to handle their medical treatment at the end of their lives.

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[9] Elder mistreatment: Abuse, neglect and exploitation in an aging America. *National Research Council. The National Academies Press.* 2003.

[10] National Center on Elder Abuse, Westat, Inc.. The national elder abuse incidence study: Final report. Washington D.C.. 1988.

[11] Hughes, R., Lund, E., Gabrielli, J., Powers, L, & Curry, M. Prevalence of interpersonal violence against community-living adults with disabilities: A literature review. *Rehabilitation Psychology*, 56(4), 302-319. 2011

"I have no children to care for me as I age and I will eventually need someone to make decisions."
Consumer survey

Even among Americans ages 75 and older, one-in-four say they have not given very much or any thought to their end-of-life wishes. Further, one-in-five Americans ages 75 and older (22%) say they have neither written down nor talked with someone about their wishes for medical treatment at the end of their lives. And three-in-ten of those who describe their health as fair or poor have neither written down nor talked about their wishes with anyone, according to the Pew Research survey.[12]

According to a 2012 survey released by the California HealthCare Foundation, a disparity exists between what people say they want at the end of life and what actually occurs. The survey finds patients' wishes regarding treatment are not always honored. Only 44% of Californians who have lost a loved one in the last 12 months say their loved one's end-of-life preferences were completely followed and honored by medical providers. These numbers drop to 26% for those whose loved ones experiencing a language barrier and 25% for those who were uninsured at the time of death. Similarly, most Californians would prefer to die at home, but they typically don't. Seventy percent of those surveyed say their home is their preferred place of death, but only 32% passed away in their homes, according to death records data from the California Department of Public Health.

[12] "End of Life Decisions." Pew Research Center. August, 2009.

SECTION 6: TARGETING

The Older Americans Act mandates that services are available to older adults with the greatest need, with an emphasis on reaching older adults who have the greatest economic need, particularly minority older adults, who have the greatest social needs, including social and language isolation, who have severe functional limitations, and who have Alzheimer's or related disorders with neurological and organic dysfunction.

As referenced in the description of the AAA's planning service area and outlined in appendix D, Alameda County's diverse population of older adults exceeds 288,500 and includes 27% who have incomes below 200% of the Federal Poverty Level. Four out of every ten older adults speak a language other than English at home. Approximately one-fourth of older adults live alone and there are more than 30,000 extremely low-income elderly or disabled households in Alameda County. These conditions of poverty and financial insecurity, homelessness and housing, and disability present formidable challenges to people in all phases of life. They are even more daunting when faced by an ever-increasing population of older adults spanning from young retirees to mature retirees to seniors 85 years of age and older.

In order to reach those populations, the Alameda County AAA targets outreach and information efforts to minority and language isolated older adults by funding information and assistance programs that serve monolingual seniors whose primary language is not English. All of the AAA's service contracts include language requiring services be targeted to older residents of Alameda County with a special emphasis on low-income minority residents. Contract specifications require services be targeted to persons who are 75 years of age and older, experiencing the greatest economic need, living with functional impairments, and minorities. AAA service contractors are required to have an outreach strategy in place in order to reach the targeted populations, to inform the community about the agency and services provided, and to increase participation in the program. The AAA also supports its obligation to use the Elder Index as a barometer of poverty, and will continue to advocate that programs reach older adults who are part of the "hidden poor."

SECTION 7: PUBLIC HEARINGS

Fiscal Year	Date	Location	Number of people	Presented in languages other than English? Yes or No	Was hearing held at a Long-Term Care Facility? Yes or No
2016-17	3/23/2016	6955 Foothill Boulevard,	26	N	N
2016/17	4/11/2016	6955 Foothill Boulevard	28	N	N

The following must be discussed at each Public Hearing conducted during the planning cycle:

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. The planning process for the Area Plan, which included the needs assessment, was public, involved a large committee of community members, and was published via the Alameda County website. Members of the public were invited to contribute at meetings through the year, as well as the meetings where the plan was discussed and adopted.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

   ☒ Yes. Go to question #3

   ☐ Not applicable, PD and/or C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C
   Members of the audience had questions about the use of funds, and the budget streams.

4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services

   ☒Yes. Go to question #5

   ☐No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services. No substantial comments were received.

6. List any other issues discussed or raised at the public hearing. Planning Committee members were very interested in future steps and wanted to ensure that the good was both continued and monitored.

7. Note any changes to the Area Plan which were a result of input by attendees. There were several minor edits enacted after the first review.

SECTION 8: IDENTIFICATIONS OF PRIORITIES

As a result of an intensive community planning process, feedback from thousands of older adults, engaged dialogue with partners including non-profit organizations, government, and citizen groups, the Planning Committee recommends six priorities for creating an age-friendly community in Alameda County. The recommendations offer guidance for addressing both a conceptual framework for creating community well as specific and targeted approaches. With an understanding that transformative change is a long-term endeavor, the Planning Committee also understands that work on the objectives must begin at once. The guiding assumption for these goals and objectives is that success will arise only through shared responsibility and partnership between public and private sectors, and that the conversations, programming and service delivery must be older adult centric.

The priorities reflect the data surfaced through the consumer survey results (see Appendix E,) as well as the analysis of information presented to the Planning Committee by multiple subject matter experts. The presentations focused on vital areas of interest essential to developing and maintaining an age-friendly community which supports community dwelling older adults. A partial representation of presentations which contributed to the identification of priorities include adult protection and elder justice, hunger and nutrition insecurity, mental health and related disorders, oral health and its link to systemic health, healthy homes and coordinated solutions for optimal living, and physical health focused on disability, unintentional injury, and preventable hospitalizations.

The Planning Ccommittee considered information advanced through committee meetings, data committee research reports, and educational presentations on older adult challenges (see page 9). The resulting evaluation and analysis of this data highlighted the interconnected issues of economics, housing, health, safety, social isolation, access to information, and self-determination. The interconnectivity of these pertinent issues, pressing concerns, and potential solutions further supports our guiding assumption of achieving success through collaboration and partnerships. With that in mind, we offer the following goals, which reference an integrated approach to age-friendly community design:

Goals 1: Engage older adults, community partners and cities in planning for and developing a community framework for older adults

Goal 2: Throughout Alameda County Departments, develop a coordinated approach to designing, delivering and measuring effectiveness of programs for older adults:

Goal 3: Working with community partners, address the growing need of services for older adults by supporting a comprehensive network of providers to provide long-term services and supports (LTSS) that engage older adults and seniors with disabilities in community settings:

Goal 4: Enhance the health, safety and well-being of older adults by offering coordinated services that promote health and wellness, with an emphasis on prevention and early access to behavioral health services.

Goal 5: Enhance programming to create safe communities for older adults by preventing and responding to neglect and abuse of older and dependent adults.

Goal 6: Enhance and increase support for housing and augment the sustainability of housing programs.

Many of the following goals and objectives will be accomplished through work and commitment of agencies and organizations outside of the AAA, including county departments and cities. In many cases, funding for community-based organizations will be blended, with funds from both the AAA and county general funds. The AAA is grateful for the substantial support that it receives from county departments to support the needs of older adults. Because the funding stream is fluid, the AAA intentionally sets the minimum percentage of funds for supportive services (see section 13) at low levels to allow for the greatest flexibility in support.

SECTION 9: AREA PLAN NARRATIVE GOALS AND OBJECTIVES

GOAL 1: ENGAGE OLDER ADULTS, COMMUNITY PARTNERS AND CITIES IN PLANNING FOR AND DEVELOPING A COMMUNITY FRAMEWORK FOR OLDER ADULTS.

Rational: Developing an Age Friendly Community creates an opportunity for dialogue and involvement with older adults. Through their contribution, along with CBOS, Cities and County departments, Alameda County can become a County where "Aging is all about Living."

Objective	Program Start & End Date	Title IIIB PD or C	Status
1.1 - AAA Director and staff will work with cities, citizens and community stakeholders to promote and facilitate a County-wide initiative regarding the possibility of becoming a World Health Organization (WHO) designated Age-Friendly County. WHO designated communities incorporate age-friendly design in the following domains: Outdoor Spaces & Building, Transportation, Housing, Social Participation, Respect & Social Inclusion, Civic Participation & Employment, Communication & Information, and Community Support & Health Services.	7/1/16-6/30/17	PD	New
1.2 - Allocate a Project Management or Staff resource to assist in WHO activities, which include the following activities: 1) establish a mechanism for involving older adults; 2) conduct a baseline assessment; 3) develop a three-year plan; 4) identify measures.	" "	Admin	New

GOAL 2: THROUGHOUT ALAMEDA COUNTY DEPARTMENTS, DEVELOP A COORDINATED APPROACH TO DESIGNING, DELIVERING AND MEASURING EFFECTIVENESS OF PROGRAMS FOR OLDER ADULTS:

Rational: The County has a leadership role in developing policy, infrastructure, and measurements that track the effectiveness of programs for older adults.

Objective	Program Start & End Date	Title IIIB PD or C	Status
2.1 – The AAA will work in partnership with the Adult & Aging Department and Health Care Services Agency to focus attention on expanding the number of Departments throughout the County that are working to develop and embrace common age-friendly programs, goals and approaches.	7/1/16-6/30/17	C	New
2.2 – The Area Agency will work in partnership with the Healthcare Services Agency, Community Development Agency and other public and nonprofit organizations to establish a Leadership Team to monitor progress and results of the County-Wide Plan for older adults.	" "	Admin	New

2.3 – The AAA will develop a unified report that includes data on the number of older adults and services provided across County Departments, including services provided through community partners.	7/1/16-6/30/17	Admin	New
2.4 - AAA Staff will work with non-profit agenicies, municipalities, training departments and community stakeholders to develop an "Embracing Aging" training curriculum for county employees and make it available for community partners.	" "	PD	New
2.5 – The AAA Director and staff will meet regularly with other Alameda County Departments to develop, plan, and participate in county-wide projects in order to integrate, coordinate and enhance services for older adults.	" "	C	New
2.6 – The AAA will strengthen its collaboration with groups serving veterans and will focus attention on assisting veterans that are older adults with accessing benefits.	" "	C	New
2.7 – The AAA will work in partnership with local and regional disaster planning and response agencies in order to ensure that the needs of older adults and seniors with disabilities are considered and included in planning and response efforts.	" "	Admin	New

GOAL 3: WORKING WITH COMMUNITY PARTNERS, ADDRESS THE GROWING NEED OF SERVICES FOR OLDER ADULTS BY SUPPORTING A COMPREHENSIVE NETWORK OF PROVIDERS TO PROVIDE LONG-TERM SERVICES AND SUPPORTS (LTSS) THAT ENGAGE OLDER ADULTS AND SENIORS WITH DISABILITIES IN COMMUNITY SETTINGS:

Rational: The exponential growth of older adults requires that community partners work together to strengthen and expand support for programs.

Objective	Program Start & End Date	Title IIIB PD or C	Status
3.1 – Alameda County will invest in and leverage an infrastructure of community based providers that will meet the needs of the aging and disabled population.	7/1/16-6/30/17	Admin	New
3.2 - Through the Area Agency on Aging, fund, deliver and monitor a wide array community and home based services for older adults.	" "	Admin	New
3.3 – In collaboration with the County, the AAA Director and staff will regional coalitions, funded agencies and other organizations to develop, implement, and support advocacy efforts, positions, and strategies on a local, state and federal level for issues affecting older adults.	" "	C	New

3.4 - The AAA will provide capacity building support for senior service providers.	7/1/16-6/30/17	Admin	New
3.5 AAA Director and Staff will work in core partnership with Center for Independent Living (CIL) and Community Resources for Independent Living (CRIL) to support the Alameda County Aging and Disability Resource Connection (ADRC). This work is purposed to provide a collaborative platform by which community partners can work toward access to a seamless system of LTSS for older adults and people with disabilities.	" "	C	New
3.6 - The AAA will coordinate Information & Assistance Roundtables by bringing together subject matter experts to present information regarding senior programs, trends and data. Roundtables will be open to senior service providers, consumers and other parties interested in expanding their knowledge.	" "	Direct	New
3.7 – The AAA will publish information resources, available in print and electronic medium, on a variety of topics, to assist older adults and caregivers in accessing services.	" "	Direct	New
3.8 – In order to address the needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) community, the AAA will work in partnership with community providers to fund, support, and share LGBT friendly programs. The AAA will incorporate LGBT cultural education provided by one of it's funded CBO's in its training for the Ombudsman program.	" "	Admin	New
3.9 – The AAA will participate in regional collaboratives, including the SCAN funded coalition led by the Senior Services Coalition, in order to help build an effective, statewide social movement toward transforming the State's long-term services and supports (LTSS) system.	" "	C	New
3.10 – AAA staff, commissioners and community volunteers will organize, solicit and coordinate an annual holiday drive that will provide baskets of nutritious food and gift items to 25 low-income older adults. Referrals for the program will come from social workers in county departments and Indepdenent Living Centers. Staff will coordinate donations from local food banks, corporations and service providers.	" "	C	New
3.11 – AAA staff will collaborate with commissioners, community volunteers, and interested public agencies and community organizations to write, collect, edit, and publish a quarterly newsletter to be distributed via 2,400 print copies and electronic medium to older adults, service providers, and community partners.	" "	C	New
3.12 – To improve transportation services for Alameda County older adults, the AAA will support efforts that identify transportation issues, advocate for improvements, and involve older adults and systems in designing age-friendly transportation services.	" "	C	New

GOAL 4: ENHANCE THE HEALTH, SAFETY AND WELL-BEING OF OLDER ADULTS BY OFFERING COORDINATED SERVICES THAT PROMOTE HEALTH AND WELLNESS, WITH AN EMPHASIS ON PREVENTION AND EARLY ACCESS TO BEHAVIORAL HEALTH SERVICES.

Rational: The top five chronic conditions leading to hospitalization can be significantly improved through early detection and treatment. Falls, which account for 50% of ER room visits, can be substantially reduced through prevention programs.

Objective	Project Start & End Date	Title IIIB PD or C	Status
4.1 - Through Measure A, the Board of Supervisors will allocate additional resources in order to expand senior injury prevention programs and respond to elder nutrition insecurity.	7/1/16-6/30/17	Admin	New
4.2 – The Alameda County Public Health Department will expand home based visits through Public Health Nursing.	" "	Admin	New
4.3 - Determine "hotspot" areas of County where high utilizers of services reside in order to offer targeted interventions.	" "	Admin	New
4.4 - Expand the availability of Behavioral Health Services.	" "	Admin	New
4.5 - Increase awareness of behavioral health and dementia issues with older adults.	" "	Admin	New
4.6 – The AAA will partner with community based organizations to provide Evidence-Based Health Promotion Programs via delivery of services in community clinic settings such as senior centers, community centers, and senior housing communities. OAA III-D funded Evidence-Based Programs include Flinders Chronic Condition Management Program and HomeMeds Medication Management Program. OAA III-D funded programs have been approved by the U. S. Department of Health and Human Services (DHHS) as Disease Prevention and Health Promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based.	" "	Admin	New
4.7 – The AAA Director will participate as a member of the Mental Health Services Act (MHSA) stakeholder group in order to facilitate inclusion of older adults in developing and implementing mental health programs.	" "	C	New

GOAL 5: ENHANCE PROGRAMMING TO CREATE SAFE COMMUNITIES FOR SENIORS BY PREVENTING AND RESPONDING TO NEGLECT AND ABUSE OF OLDER AND DEPENDENT ADULTS.			
Rational: Our elders deserve respect, safety and protection against abuse.			
Objective	**Project Start & End Date**	**Title IIIB PD or C**	**Status**
5.1 –Adult Protective Services will increase awareness of elder neglect and abuse through a media campaign.	7/1/16-6/30/17	Admin	New
5.2 - Increase the rate of response to calls to Adult Protective Services.	" "	Admin	New
5.3 – The AAA will participate in an effort to coordinate a county-wide response to elder abuse by expanding partnerships with legal and law enforcement partners.	" "	C	New
5.4 – In order to increase the capacity of the Ombudsman program to respond to abuse claims in long-term care facilities, the AAA will recruit 10 additional volunteers creating a force of 32 certified LTC Ombudsman volunteers.	" "	Direct	New
5.5 – In order to address the issues of Elder Abuse, the AAA will provide 12 sessions of community education sessions related to the topic.	" "	Admin	New

GOAL 6: ENHANCE AND INCREASE SUPPORT FOR HOUSING AND AUGMENT THE SUSTAINABILITY OF HOUSING PROGRAMS.			
Rational: Alameda County is in a state of housing crisis with one-bedroom rents averaging almost $2,000 a month.			
Objective	**Project Start & End Date**	**Title IIIB PD or C**	**Status**
6.1 – Community Development Agency will work with other County departments and cities to increase the number of housing units available and affordable for older adults through all feasible approaches, including deeply affordable units to serve the needs of seniors on SSI-level incomes and homeless older adults.	7/1/16 – 6/30/17	Admin	New
6.2 - Community Development Agency will work with other County departments and cities improve the habitability and preservation of existing units to allow for safe and healthy aging in place.	" "	Admin	New
6.3 - Community Development Agency will work with other County departments and cities and community groups to support regulations that protect older occupants from displacement.	" "	Admin	New

6.4 - Explore alternative housing options including shared housing programs.	" "	Admin	New

SECTION 10: SERVICE UNIT PLAN (SUP) OBJECTIVES

TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

1. Personal Care (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	NA		
2017-2018			
2018-2019			
2019-2020			

2. Homemaker (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	NA		
2017-2018			
2018-2019			
2019-2020			

3. Chore (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	NA		
2017-2018			
2018-2019			
2019-2020			

4. Home-Delivered Meal **Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	486,824	3	
2017-2018			
2018-2019			
2019-2020			

5. Adult Day/ Health Care (In-Home) **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	24,730	3	
2017-2018			
2018-2019			
2019-2020			

6. Case Management (Access) **Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,184	3	
2017-2018			
2018-2019			
2019-2020			

7. Assisted Transportation (Access) **Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	NA		
2017-2018			
2018-2019			
2019-2020			

8. Congregate Meals **Unit of Service = 1 meal**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	241,567	3	
2017-2018			
2018-2019			
2019-2020			

9. Nutrition Counseling **Unit of Service = 1 session per participant**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	NA		
2017-2018			
2018-2019			
2019-2020			

10. Transportation (Access) **Unit of Service = 1 one-way trip**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	NA		
2017-2018			
2018-2019			
2019-2020			

11. Legal Assistance **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	7,393	3	
2017-2018			
2018-2019			
2019-2020			

12. Nutrition Education **Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	25,444	3	
2017-2018			
2018-2019			
2019-2020			

13. Information and Assistance (Access) **Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	17,133	3	
2017-2018			
2018-2019			
2019-2020			

14. Outreach (Access) **Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	2,481	3	
2017-2018			
2018-2019			
2019-2020			

15. NAPIS Service Category – "Other" Title III Services

- Each **Title IIIB** "Other" service must be an approved NAPIS Program 15 service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.

- Identify **Title IIIB** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the "Units of Service" line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB "Other" Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

- Other **Priority Supportive Services include**: Alzheimer's Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

- Other **Non-Priority Supportive Services include**: Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

All "Other" services must be listed separately. Duplicate the table below as needed.

Other Supportive Service Category: Health **Unit of Service: Hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2016-2017	2,144	3	
2017-2018			
2018-2019			
2019-2020			

Other Supportive Service Category: Visiting **Unit of Service: Hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2016-2017	7,299	3	
2017-2018			
2018-2019			
2019-2020			

Other Supportive Service Category: Senior Center Activities **Unit of Service: Hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2016-2017	13,646	3	
2017-2018			
2018-2019			
2019-2020			

16. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Unit of Service = 1 contact

Service Activities: Evidenced based group exercise programs including: A Matter of Balance; Enhance Fitness, & Tai Chi for Arthritis & Home-Meds.

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	1900	4	4.1 & 4.6
2017-2018			
2018-2019			
2019-2020			

TITLE IIIB and Title VIIA:

LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2016–2020 Four-Year Planning Cycle

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I.E, Actions on Complaints)

The average California complaint resolution rate for FY 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved **108** + Number of partially resolved complaints **799** divided by the Total Number of Complaints Received **1312** = Baseline Resolution Rate **70**% FY 2016-17 Target Resolution Rate **75**%
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2017-18 Target Resolution Rate _____%
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints_____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%
Program Goals and Objective Numbers: _____

B. Work with Resident Councils (AoA Report, Part III.D.8)

1. FY 2014-2015 Baseline: number of Resident Council meetings attended **1** FY 2016-2017 Target: **10**
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **5.4**

C. Work with Family Councils (AoA Report, Part III.D.9)

1. FY 2014-2015 Baseline number of Family Council meetings attended **1** FY 2016-2017 Target: **10**
2. FY 2015-2016 Baseline number of Family Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **5.4**

D. Consultation to Facilities (AoA Report, Part III.D.4) Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations **78** FY 2016-2017 Target: **100**
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **5.4**

E. Information and Consultation to Individuals (AoA Report, Part III.D.5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations **866** FY 2016-2017 Target: **950**
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **5.4**

F. Community Education (AoA Report, Part III.D.10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

1. FY 2014-2015 Baseline: number of sessions **2** FY 2016-2017 Target: **10**
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: **5.4**

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to promote person-centered care and reduce the use of anti-psychotics, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.

Enter information in the box below.

The Ombudsman program will partner with other agencies, including Adult Protective Services, Public Guardian/Conservator, and the Alameda County District Attorney's Office to advocate for and improve the lives of residents of long-term care facilities. The Ombudsman program will incorporate LGBT cultural education training, delivered by an AAA provider, in its volunteer training program.

Outcome 2. Residents have regular access to an Ombudsman.

Measures and Targets:

A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III.D.6)

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA.

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **2** divided by the total number of Nursing Facilities **76** = Baseline **2.6**% FY 2016-2017 Target: **25**%
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline % FY 2017-2018 Target: %
3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: **5.4**

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III.D.6)

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA.

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint **0** divided by the total number of RCFEs **310** = Baseline **10**% FY 2016-2017 Target: _____%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2017-2018 Target: _____%
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____%
Program Goals and Objective Numbers: **5.4**

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

1. FY 2014-2015 Baseline: **3.14** FTEs FY 2016-2017 Target: **4.20** FTEs
2. FY 2015-2016 Baseline: _____ FTEs FY 2017-2018 Target: _____ FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: **5.4**

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers)

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers **22** FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers **32**
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: **5.4**

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]

Measures and Targets:

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Ombudsman staff and volunteers will regularly attend NORS Consistency Training offered by the OSLTCO. The Regional Coordinator, with the assistance of clerical staff, will track participation of each volunteer's progress through all modules of the National NORS Consistency training.

TITLE VIIA ELDER ABUSE PREVENTION

SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is Legal Assistance for Seniors

Fiscal Year	Total # of Public Education Sessions
2016-2017	12
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2016-2017	
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	1,920	
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	
2017-2018	
2018-2019	
2019-2020	

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	*Proposed* Units of Service	*Required* Goal #(s)	*Optional* Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 102 Total est. audience for above: 3060	3	
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	2,510	3	
2017-2018			
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017	5,578	3	
2017-2018			
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	5,973	3	
2017-2018			
2018-2019			
2019-2020			

Supplemental Services	Total occurrences	*Required* Goal #(s)	
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted IIIE Services Grandparent Services

Grand parent Services Caring for Children	*Proposed* Units of Service	*Required* Goal #(s)	*Optional* Objective #(s)
Information Services	**# of activities and Total est. audience for above**		
2016-2017	# of activities: Total est. audience for above:		
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

Grand parent Services Caring for Children	***Proposed*** **Units of Service**	***Required*** **Goal #(s)**	***Optional*** **Objective #(s)**
Access Assistance	**Total contacts**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Support Services	**Total hours**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

Respite Care	Total hours	*Required* Goal #(s)	
2016-2017	2,522	3	
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	**Total occurrences**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

List all SCSEP monitor sites (contract or direct) where the AAA provides SCSEP enrollment services within the PSA (Do not list host agencies)

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): Eden Area One Stop Career Center
Street Address: 21400 Amador, Third Floor, Hayward, CA 94544
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): Francis Trujillo, Project Coordinator
Number of paid staff: 1 Number of participant staff: 1
How many participants are served at this site? 3

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

Section 1. State Performance Measures

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	2,095	3
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	173	3
2017-2018		
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	9,991	3
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	**PM 2.2 Persons Reached at PAM Events (Estimated)**	**Goal Numbers**
2016-2017	10,705	3
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	**PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)**	**Goal Numbers**
2016-2017	1,028	3
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	**PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)**	**Goal Numbers**
2016-2017	6,325	3
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	9,002	3
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	**PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)**	**Goal Numbers**
2016-2017	3,655	3
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	**PM 2.7 Total Counseling Hours (Estimated)**	**Goal Numbers**
2016-2017	4,791	3
2017-2018		
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable) [13]

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017	100	3
2017-2018		
2018-2019		
2019-2020		

13 Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	1,000	3
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	**3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)**	**Goal Numbers**
2016-2017	1,600	3
2017-2018		
2018-2019		
2019-2020		

SECTION 11: FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
Albany Senior Center	846 Masonic, Albany, CA 94706
Oakland Department on Aging	200 Grand, Oakland, CA 94610
J-Sei, Inc.	1700 Carlton, Berkeley, CA 94704
North Berkeley Senior Center	1901 Hearst Street, Berkeley, CA 94710
City of Berkeley Senior Programs	2939 Ellis St., Berkeley, CA 94703
Emeryville Senior Center	4321 Salem St., Emeryville, CA 94608
Fruitvale San Antonio Senior Center	3301 E. 12th Street, Suite 201, Oakland, CA 94601
Mastick Senior Center	1155 Santa Clara Ave., Alameda, CA 94501
Hayward Senior Center	22325 N. Main St., Hayward, CA 94541
Kenneth C. Aitken Senior Center	17800 Redwood Rd., Castro Valley, CA 94546
Fremont Senior Center	40086 Paseo Padre Parkway, Fremont 94538
Dublin Senior Center	7600 Amador Valley Blvd., Dublin, CA 94568
Pleasanton Parks and Community Services	5353 Sunol Blvd., Pleasanton, CA 94566
Livermore Senior Services Center	4444 East Avenue, Livermore, CA 94550
Vietnamese American Community Center of the East Bay	655 International Boulevard, Oakland, CA 94606

SECTION 12: DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2016-2020 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:

   The AAA is part of the Alameda County structure and therefore conforms to the County's overall plan for disaster response and preparedness. One element of the County's plan enforces the requirement of County staff, including AAA staff, to serve as OFFICIAL DISASTER SERVICE WORKERS in accordance with Section 3100 of the California Government Code. The AAA participates fully in the Social Service Agency's (SSA) Health & Safety and Disaster Preparedness & Emergency Response planning and coordination protocols. These protocols include identifying onsite physical areas of responsibility during an emergency, performing preparedness resource readiness evaluations, participating in announced evacuation drills as well as unannounced timed evacuation drills administered by the City of Oakland Fire Department.

   The AAA works in coordination with several community preparedness agencies including the American Red Cross, Alameda County Volunteer Organizations Active in Disaster (VOAD), and Community Emergency Response Teams (CERT) from various cities in Alameda County. Collaborating Agencies Responding to Disaster (CARD) has been a major collaborative partner for the past twenty-five years until the unfortunate closure of their agency in November 2015. The AAA regularly receives and disseminates safety information briefings, advisories, and updates from Scott Crackel, CDA-AAA Disaster Assistance Coordinator.

2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Sylvia Soublet	Director, Public Affairs	Office: (510) 267-9434 Cell:	ssoublet@acgov.org

3. Identify the Disaster Response Coordinator within the AAA:

Delbert W. Walker	AAA Sr. Planner / Supervising Program Specialist	Office: 510-577-1943 Cell: 510-821-1364	Dwalker2@acgov.org

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Services	How Delivered?

a. Communication with subcontractors	a. The AAA maintains electronic and hard copies of contact information to ensure adequate avenues of communication with subcontractors regardless of circumstance.
b. Access to information regarding senior services	b. The AAA will work to establish communication with service providers, verify provider operational status, confirm provider level of functionality, and inform consumers of available in operation.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

   The AAA is part of the Social Services Agency of Alameda County and, as a result, has a countywide agreement with the Office of Emergency Management. SSA is responsible for coordinating and managing countywide Care and Shelter Operations through the Alameda County OES in the event of a disaster or emergency situation. The AAA performs vital functions in fulfilling SSA's broad coordination and management role, particularly as it relates to the County's older adult residents.

   The AAA requires its Community Based Organization (CBO) service providers to develop and implement a written Agency Emergency Operations Plan at the onset of each four year funding cycle. The plan must ensure provision of critical services to meet the emergency needs of consumers they are charged to serve during medical or natural disasters, such as earthquakes or floods. The plan must include assurances that preparations have been made in the following areas: 1) preparation of the facility, 2) training for all staff, volunteers, and participants in the Agency's emergency operations plan, and 3) fire safety preparations. The template for the plan is provided to the contract CBO by the AAA.

6. Describe how the AAA will:

   - Identify vulnerable populations: The AAA will work with the County-wide disaster planning team to identify vulnerable older adults and establish effective means of communication. Furthermore, the AAA collaborates with Alameda County Public Health and My Family Circle Senior Center for the implementation a voluntary Countywide Registry of Community Dwelling Older Adults. Initial conceptual and developmental efforts were supported and financed through grant funding from the National Association of County and City Health Officials (NACCHO).

   - Follow-up with these vulnerable populations after a disaster event: The AAA maintains a database contains information regarding ADL's and IADL's representing the level of functional ability of individuals; however, the AAA database does not cross reference this data with telephone contact information. The AAA will first work to establish adequate communication with service providers and subsequently, to coordinate appropriate follow up through contract service providers. The AAA Senior Info Hotline, Senior Info Email distribution, and SSA's Office of Public Information provide additional avenues for communication and follow-up with vulnerable populations.

SECTION 13: PRIORITY SERVICES

2016-2020 Four-Year Planning Cycle

Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds[14] listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2016-17 through FY 2019-20

Access:

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information

2016-17 15% 17-18 _____% 18-19 _____% 19-20 _____%

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

2016-17 15% 17-18 _____% 18-19 _____% 19-20 _____%

Legal Assistance Required Activities:[15]

Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

2016-17 10% 17-18 _____% 18-19 _____% 19-20 _____%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. As a baseline, we have established minimum percentages for Access and In-Home services at 15% and 10% for legal services. Setting the percentages at these rates establishes a minimum floor for provision of services which is adequate to meet the basic needs in addition to allowing the most flexibility in responding to the increasing expansion of service needs of the older adults in our community.

[14] Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each "Priority Service" category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

[15] Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14: NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

Check applicable direct services	Check each applicable Fiscal Year			
Title IIIB	**16-17**	**17-18**	**18-19**	**19-20**
☒ **Information and Assistance**	☒	☐	☐	☐
☐ Case Management	☐	☐	☐	☐
☒ **Outreach**	☒	☐	☐	☐
☒ **Program Development**	☒	☐	☐	☐
☒ **Coordination**	☒	☐	☐	☐
☒ **Long-Term Care Ombudsman**	☐	☐	☐	☐
Title IIID	**16-17**	**17-18**	**18-19**	**19-20**
☐ Disease Prevention and Health Promo.	☐	☐	☐	☐
Title IIIE [16]	**16-17**	**17-18**	**18-19**	**19-20**
☐ Information Services	☐	☐	☐	☐
☐ Access Assistance	☐	☐	☐	☐
☐ Support Services	☐	☐	☐	☐
Title VIIA	**16-17**	**17-18**	**18-19**	**19-20**
☒ **Long-Term Care Ombudsman**	☐	☐	☐	☐
Title VII	**16-17**	**17-18**	**18-19**	**19-20**
☐ Prevention of Elder Abuse, Neglect and Exploitation	☐	☐	☐	☐

Describe methods to be used to ensure target populations will be served throughout the PSA. _____

SECTION 15: REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14.

☒ **Check box if not requesting approval to provide any direct services.**

Identify Service Category: _____

Check applicable funding source:

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

☐ More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

☐ 2016-17 ☐ 2017-18 ☐ 2018-19 ☐ 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service: _____

SECTION 16: GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP

2016-2020 Four-Year Area Plan Cycle

CCR Article 3, Section 7302(a)(11)

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Scott Haggerty, President	2016
Wilma Chan	2018
Nate Miley	2016
Keith Carson	2016
Richard Valle	2018

SECTION 17: ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP

2016-2020 Four-Year Planning Cycle

Total Council Membership (include vacancies)	21
Number of Council Members over age 60	____

	% of PSA's 60+Population	% on Advisory Council
Race/Ethnic Composition		
White	47.5	20
Hispanic	11.1	7
Black	11.8	33
Asian/Pacific Islander	26.8	40
Native American/Alaskan Native	.3	____
Other	.2	____

Name and Title of Officers:	Office Term Expires:
Bernie Nillo, **Chair**	2018
Sandra John Simon, **Vice-Chair**	2016
Karen Anderson	2018
Dana Bailey	2018
Donna Ireland	2018
Donna Griggs Murphy	2018
Francis Sue Taylor	2016
Dom Filardo	2017
Raj Paul Singh	2018
Harbhajan "Harvey" Dosanjh	2016
Ashok Desai	2017
Diane Lewis	2017
Shelley Zak	2019
Tighe Boyle	2018
Sara Kim-Lee	2019

Indicate which member(s) represent each of the "Other Representation" categories listed below.

	Yes	No
Low Income Representative	☒	☐
Disabled Representative	☐	☐
Supportive Services Provider Representative	☒	☐
Health Care Provider Representative	☒	☐
Family Caregiver Representative	☐	☐
Local Elected Officials	☐	☒
Individuals with Leadership Experience in Private and Voluntary Sectors	☒	☐

Explain any **"No"** answer(s): _____

Briefly describe the local governing board's process to appoint Advisory Council members: Commission members are appointed either by the Board of Supervisors, or the Mayor's Conference, which holds eight seats. Three of the 21 positions are "at-large" and are recommended by the Commission, and then forwarded to the Board of Supervisors for approval. We currently have several openings and will work with elected officials and their represenstatives to fill the vacancies.

SECTION 18: LEGAL ASSISTANCE

This section must be completed and submitted with the Four-Year Area Plan.

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.[17]

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: The AAA's adherence to the State's Mission statement, pertains to legal services. The mission statement is as follows: ***To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services***

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 10%

3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). There has not been a significant change in service.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? Yes.

5. Does the AAA collaborate with the Legal Services Providers(s) to jointly establish specific priority issues for legal services? If so, what are the top four (4) priority legal issues in your PSA? Yes, combating elder abuse has remained a top priority, along with health law through both legal services and the Health Insurance Counseling and Advocacy Program (HICAP). Guardianship of minor children and public benefits are also priority issues; all of these areas keep older adults, and others including children, safe and stable in their homes, thus preventing the need for future services.

6. Specific to Legal Services, does the AAA collaborate with Legal Services Providers to jointly identify the target population? If so, what is the targeted population in your PSA and what mechanism is used for reaching the target population? Yes, the AAA collaborates with the Legal Service Provider, Legal Assistance for Seniors (LAS) to provide services to targeted population. Please see below.

7. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: LAS targets older adults who are non-English speaking, older adults who are isolated, and older adults with disabilities, to make sure these vulnerable

groups are able to access needed legal services. LAS reaches these older adults by maintaining a multi-lingual staff, giving community presentations in multiple languages, and using a phone interpreter service to communicate with clients when needed. LAS also reaches older adults in more isolated areas by traveling to hundreds of locations throughout the county to give presentations on topics of interest to older adults, including at senior centers, senior living facilities, and community centers. LAS also holds office hours each month at several senior centers throughout the county to meet with clients who may find it difficult to travel to LAS' Oakland office. LAS attorneys also make home visits to older adults who cannot travel due to health or financial concerns.

8. How many legal assistance service providers are in your PSA? Complete table below.

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	1

9. Does your PSA have a hotline for legal services? No

10. What methods of outreach are Legal Services providers using? Discuss: LAS provides several different methods of outreach to ensure that the senior community is aware of the services available and are able to access them. First, LAS holds office hours each month at senior centers throughout Alameda County, including Fremont Senior Center, Pleasanton Senior Center, Hayward Senior Center, and Alameda Senior Center. LAS also provides free community education presentations at locations throughout Alameda County on topics of interest to older adults, including How to Prevent Medicare Fraud and Abuse, An Overview of Long Term Care, and How to Get Help with Healthcare Costs, among others. Through these free presentations, older adults are also able to learn about the free services offered by LAS. In addition to providing community education presentations, LAS staff and volunteers also conduct outreach at health and community fairs; between LAS' outreach efforts and community education presentations, LAS is able to reach thousands of Alameda County older adults each year.

11. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	a. Legal Assistance for Seniors	a. Entire County

12. Discuss how older adults access Legal Services in your PSA: Older adults access LAS' services through several different means; many clients are referred by Adult Protective Services, the Department of Children and Family Services, and other community partners. In addition to referrals, older adults also contact LAS' office directly, either by phone or through LAS' website. Finally, older adults who attend LAS' various community education presentations are often able to ask individual questions after the presentation, and if they have an issue that falls within LAS' practice areas, an LAS staff member will follow up with them after the presentation to provide additional information or assistance.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in

your PSA. Discuss (please include new trends of legal problems in your area): The major types of legal issues that LAS handles are:

(1) elder abuse, including restraining orders and "kick-out" orders to remove abusers living in older adults' homes;
(2) health law, including Medicare, Medi-Cal, and private insurance issues;
(3) naturalization, including assisting older adults in applying for fee waivers and disability waivers for the language and testing component of the citizenship interview;
(4) public benefits, including Social Security and SSI eligibility, reductions, and overpayment issues; and
(5) legal guardianship, for adults 50 and older who are caring for minor children.

The increase in elder abuse cases is an emerging trend; in 2015, LAS assisted over 400 older adults with elder abuse issues, which is a 190% increase over five years ago. LAS has responded to this increased need by shifting resources to allow an additional attorney to carry and elder abuse caseload. In addition to the increase in elder abuse cases, there has been an emerging need for assistance with housing, which is discussed in more detail below.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? Discuss: In the past four years, there has not been a dramatic change in the types of cases that LAS handles.

15. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: For many of the older adults that LAS serves, a major barrier in access to services is transportation and mobility issues. LAS has made home visits available to older adults who, for economic reasons or physical limitations, cannot easily travel from their home. Without someone going to their home or to a meeting place close to their home, many older people would not be able to access the services they need to stay in their home and thrive in the community. For many of our elder abuse clients, they have been living in unsafe and dangerous situations for many years and have had difficulty finding help. Being able to sit down with an attorney and connect face-to-face often is the difference in the senior's confidence to move forward and take the steps to seek protection. Often during a home visit, the LAS attorney is also able to identify several other needs of the senior. The attorneys help the senior address these other issues even though it may not have been the initial reason the senior requested assistance or legal in nature. Being able to meet with a senior in a safe place, one-on-one, is by far the most effective way to assist a senior with their needs.

16. What other organizations or groups does your legal service provider coordinate services with? Discuss: LAS works closely with many community collaborators to ensure that we are providing the strongest possible services to indigent older adults throughout Alameda County. LAS has direct contracts with the county of Alameda to provide legal services in elder abuse, guardianship, immigration, public benefits and health law. LAS is also appointed by the Alameda County probate court to represent proposed conservatees. LAS holds a contract with Alameda County Adult Protective Services (APS). LAS also has working partnerships with many agencies in Alameda County. LAS currently works closely with the Alameda County Bar Association to provide a pro per guardianship workshop; Family Support Services of the Bay Area (FSSBA) to provide ongoing support for guardianship clients; the Alameda County Kinship Collaborative, a group of service providers focused on families headed by kin caregivers that hosts an annual educational conference for caregivers and the youth in their care; the Court Bench Bar meeting, run by the court

aimed at providing better services to the community; the Community Projects Committee, a group of nonprofit legal service providers that provide information and trainings in order to better serve the indigent population; the District Attorney's Office, to create a collaborative approach to victim's rights; and the Senior Services Coalition, to coordinate services and support among senior service providers. LAS maintains a strong network of community partners through our work. LAS works closely with many of the cities in the County, partnering with existing city services to create a comprehensive service network for seniors. Also, LAS works closely with senior housing facilities, senior centers and community centers. LAS is always searching for new and innovative community partners to ensure the highest quality services to older adults in Alameda County.

SECTION 19: MULTIPURPOSE SENIOR CENTER ACQUISTION OR CONSTRUCTION COMPLIANCE REVIEW

20-year tracking requirement

☒ **No. Title IIIB funds not used for Acquisition or Construction.**

☐ Yes. Title IIIB funds used for Acquisition or Construction.

Complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% of Total Cost	Recapture Period MM/DD/Y Begin	Ends	Compliance Verification (State Use Only)

SECTION 20: FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services

Check YES or NO for each of the services* identified below and indicate if the service will be provided directly or contracted. If the AAA will not provide a service, a justification for each service is required in the space below.

FAMILY CAREGIVER SERVICES

Category	2016-2017	2017-2018	2018-2019	2019-2020
Information Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Access Assistance	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Support Services	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Respite Care	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Supplemental Services	☒Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract

Grandparent Services

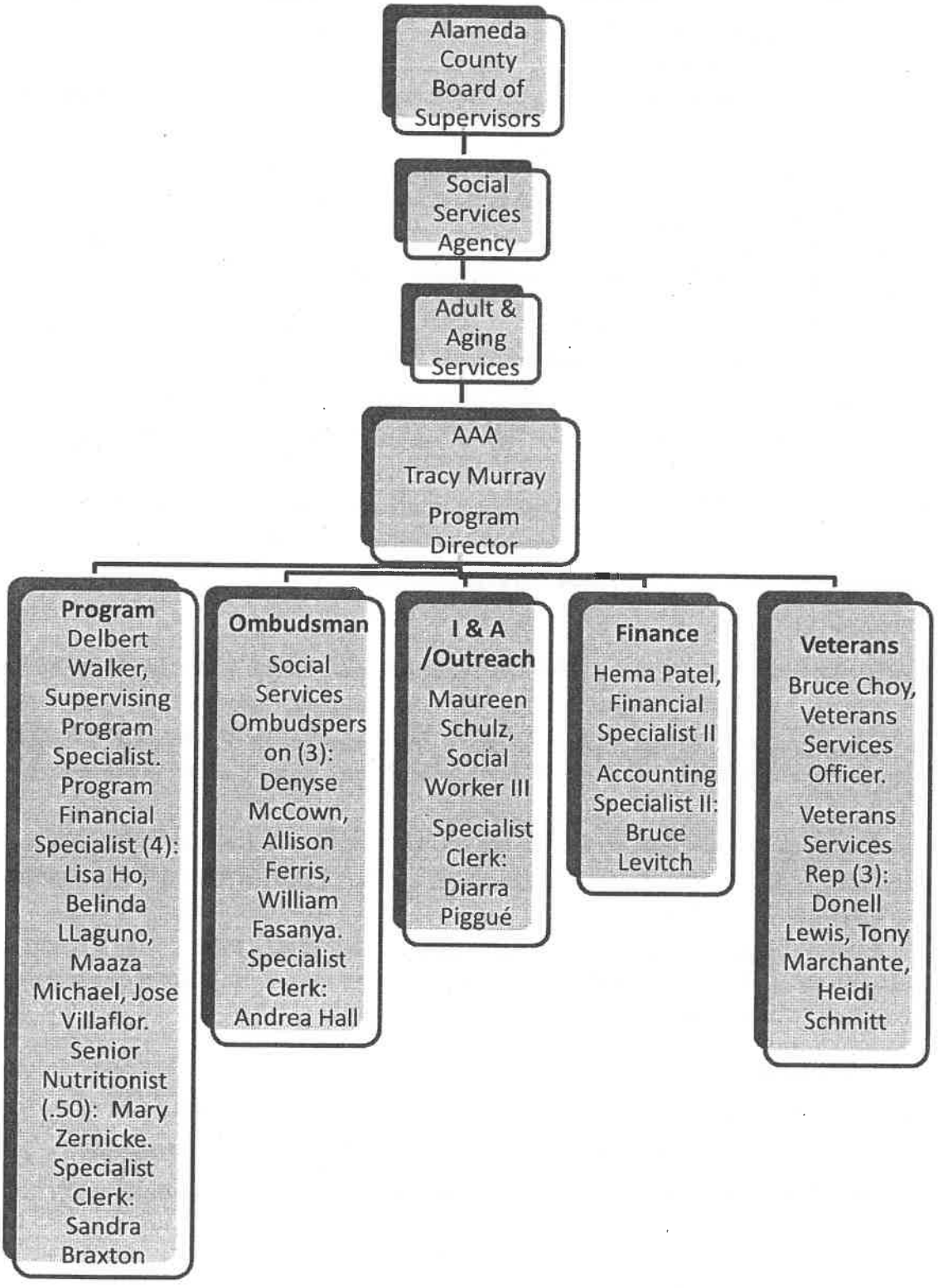
Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Access Assistance	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Support Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Respite Care	☒Yes ☐No ☐Direct ☒Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract
Grandparent Supplemental Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract	☐Yes ☐No ☐Direct ☐Contract

Justification: For <u>each</u> service category checked "no", explain how it is being addressed within the PSA. The AAA funds just one FCSP provider for the grandparent program. The provider offers all services, but only uses OAA funds for Respite Care.

SECTION 21 - ORGANIZATION CHART

Department of Adult & Aging Services

Alameda County Area Agency on Aging



SECTION 22: ASSURANCES

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

   Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

   (A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

   (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

   (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

2. OAA 306(a)(4)(A)(i)(I-II)

   (I) provide assurances that the area agency on aging will -

      (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

      (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

   (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

3. OAA 306(a)(4)(A)(ii)

   Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

   (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

   (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

   (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;

4. OAA 306(a)(4)(A)(iii)

   With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

   (I) identify the number of low-income minority older individuals in the planning and service area;

   (II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

C. Code of Federal Regulations (CFR), Title 45 Requirements:

CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]j

No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

CFR [1321.69(a)]

Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

Appendix A: Demographics of Older Adults

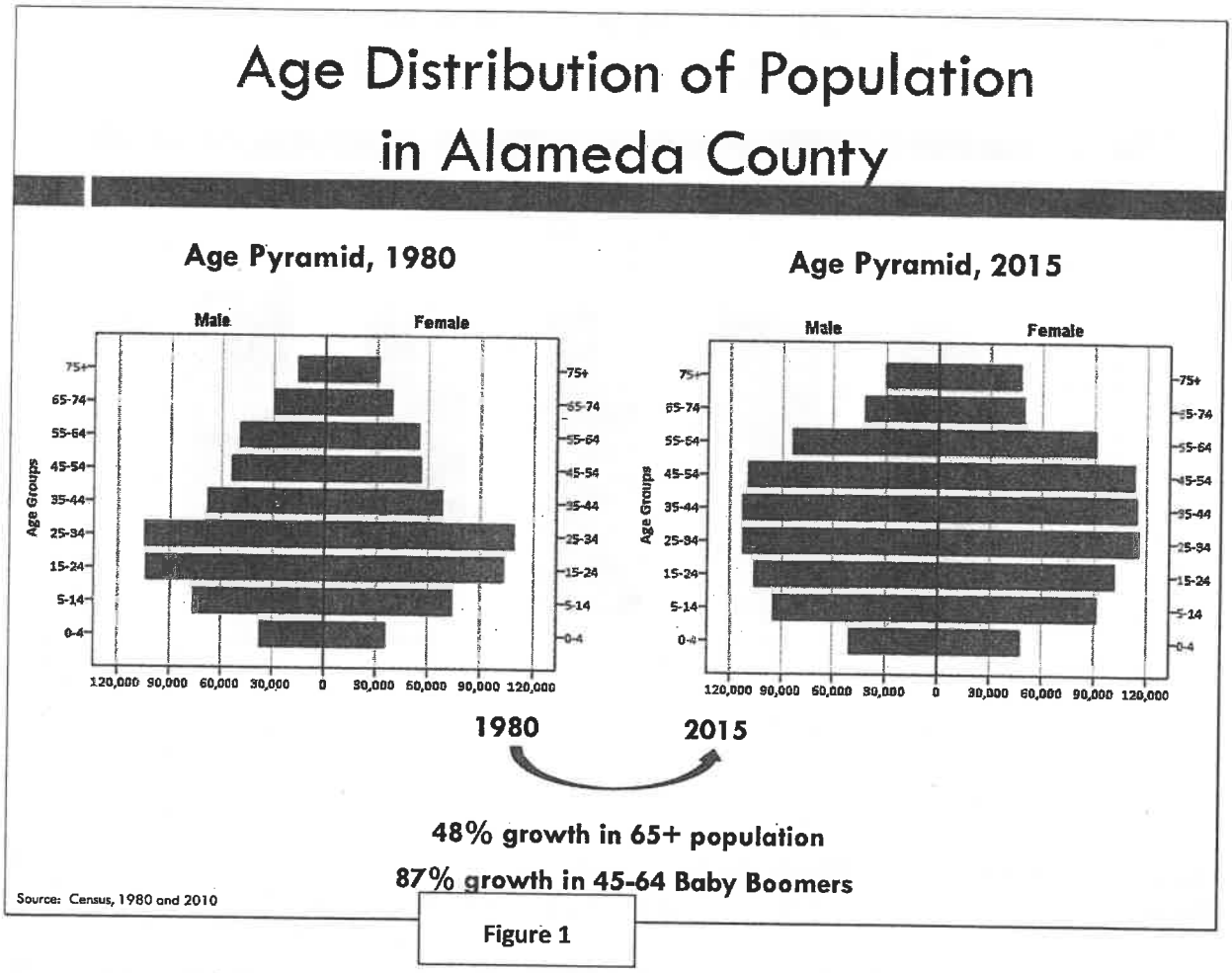


Figure 1

- The population in Alameda County is rapidly aging, as illustrated by the upwards shift toward older age groups between the 1980 and 2010 population age pyramids.

- Between 1980 and 2015, the older adult (65+) population grew by 48% and the number of adults between ages 45-64 (the fast-growing Baby Boomer segment that will reach 65 over the next two decades) increased by 87%.

- Between 1970 to 2010, the older adult (65+) population grew by 70% and the number of adults between ages 55-64 (the fast-growing Baby Boomer segment that will reach 65 in the next decade) increased by 89%.

Appendix A: Demographics of Older Adults

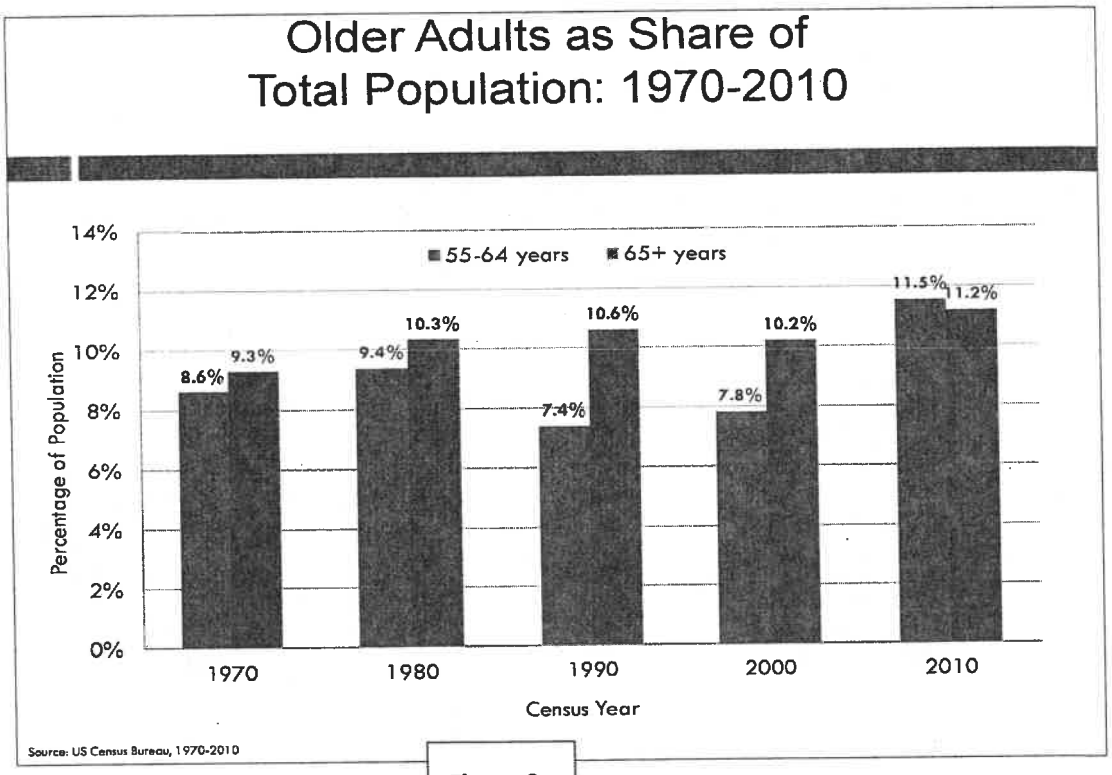


Figure 2

- Older adults represent an increasing share of the population, growing from 9% in 1970 to 11% in 2010.
- Over the next 5 decades (by 2060), the older adult population is projected to more than triple (from its size in 2010).
- While the older adult population continues to grow dramatically, the support system for older adults has remained flat or been cut.

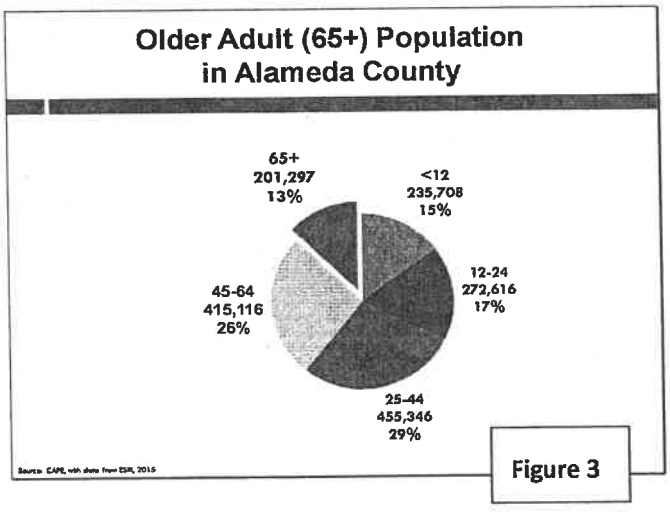


Figure 3

- In 2015, over 200,000 older adults (65+) live in Alameda County, accounting for about 13% of the County population

Appendix A: Demographics of Older Adults

ALAMEDA POPULATION PROJECTION – 65 +

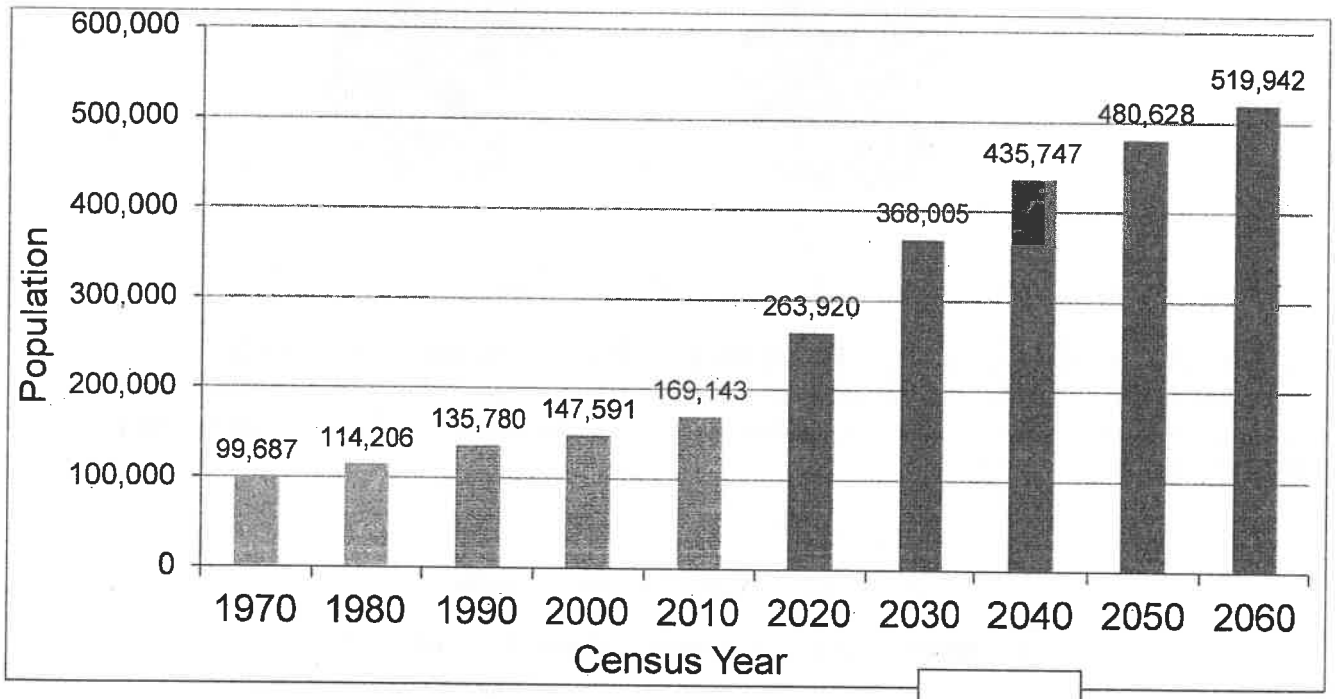


Figure 4

Source: California Department of Finance, Report P-1 (Age), State and County Population Projections by Major Age Groups, 2020-2060; US Census Bureau Data 1970-2010

- The number of older adults will grow exponentially in the next few decades

Appendix A: Demographics of Older Adults

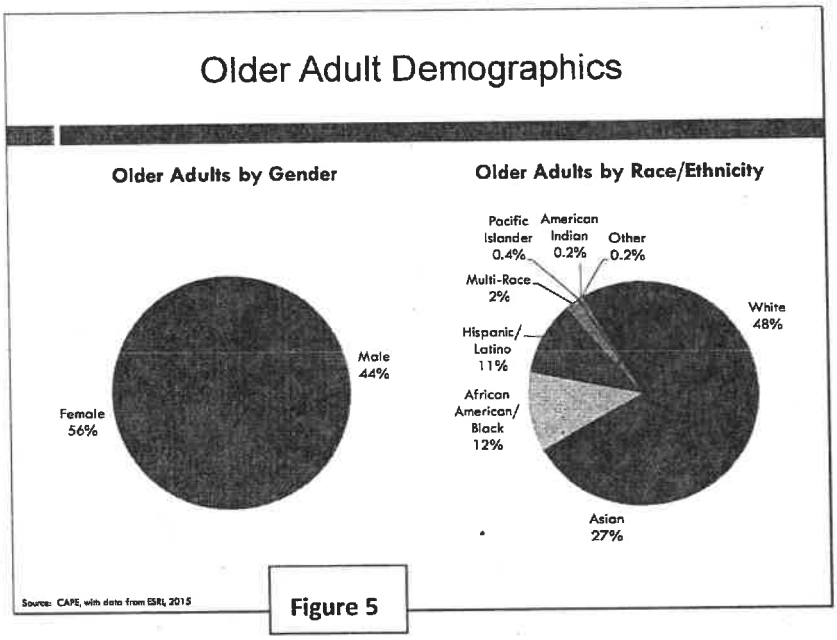


Figure 5

- The older adult population is slightly skewed toward females (56% female, 44% male).
- Almost one-half of the older adult population is White and just over one-fourth is Asian. Compared to the overall population in Alameda County, Whites are over-represented among older adults and Latinos are under-represented.

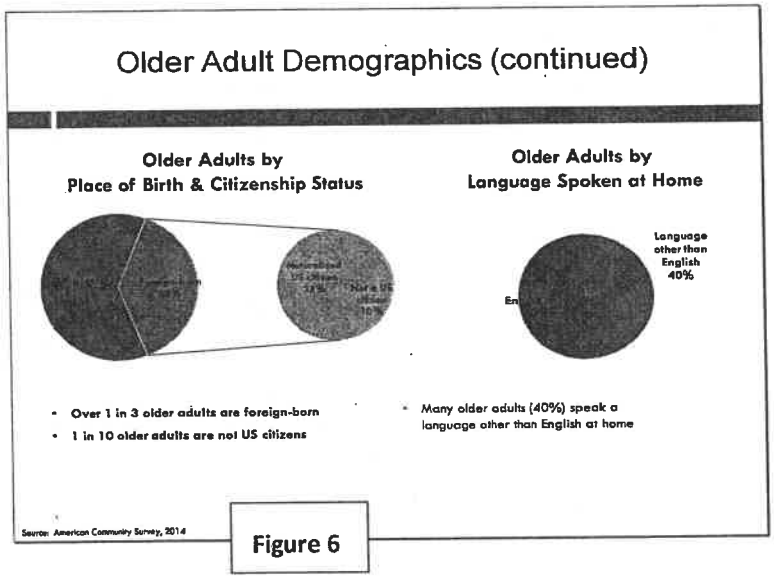


Figure 6

- 38% of older adults are foreign-born and about 10% are not US citizens.
- 40% speak a language other than English at home.
- Older adult immigrants tend to have less personal income than their native-born counterparts and to receive fewer benefits from traditional entitlement programs like Social Security and Medicare.
- As a result of their immigrant status as well as economic, linguistic, and cultural barriers, they can face multiple challenges accessing necessary healthcare and support services. [Population Reference Bureau, 2013]

Appendix A: Demographics of Older Adults

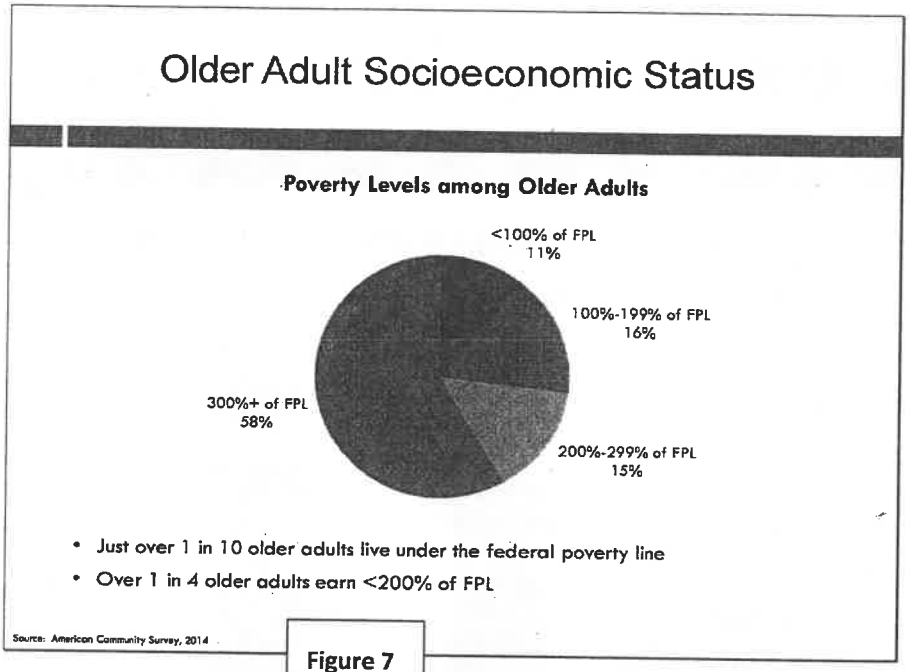


Figure 7

- 11% of older adults – or over 20,000 older adults – live in poverty (<100% of or below the federal poverty line).
- Over 1 in 4 older adults (27%) earn less than 200% of the federal poverty line – which means they are likely struggling to make ends meet given high costs of living in the Bay Area.

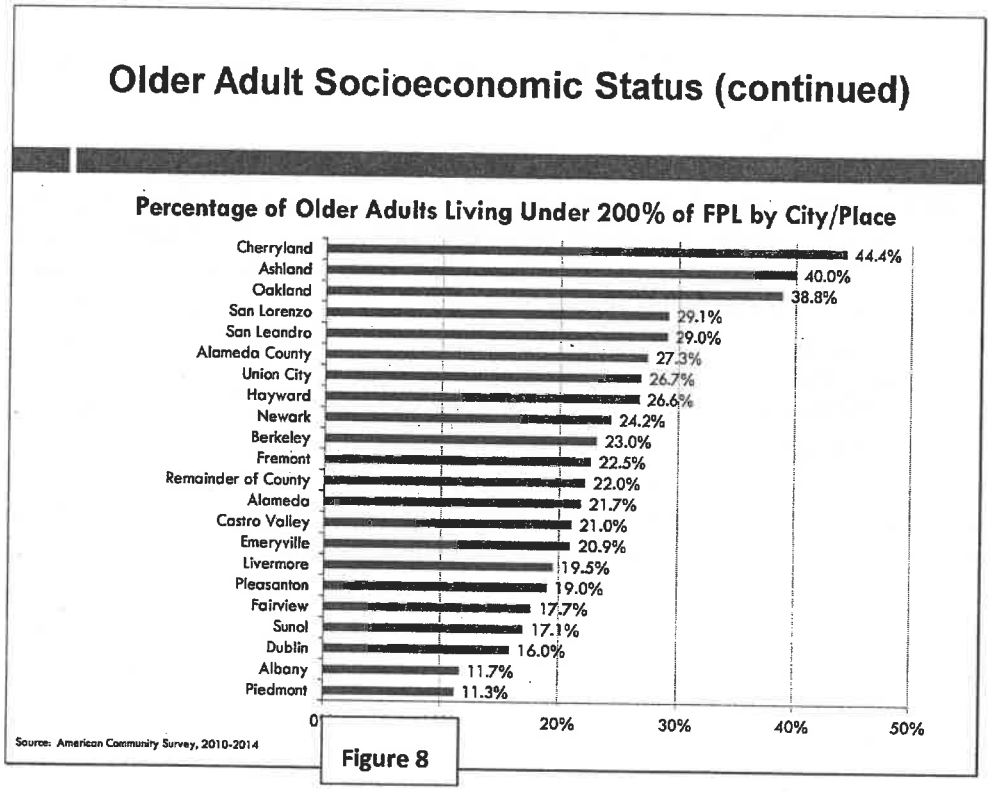


Figure 8

The greatest percentages of older adults living below 200% of the federal poverty level – and thus struggling to make ends meet – are in Cherryland, Ashland, and Oakland.

Appendix A: Demographics of Older Adults

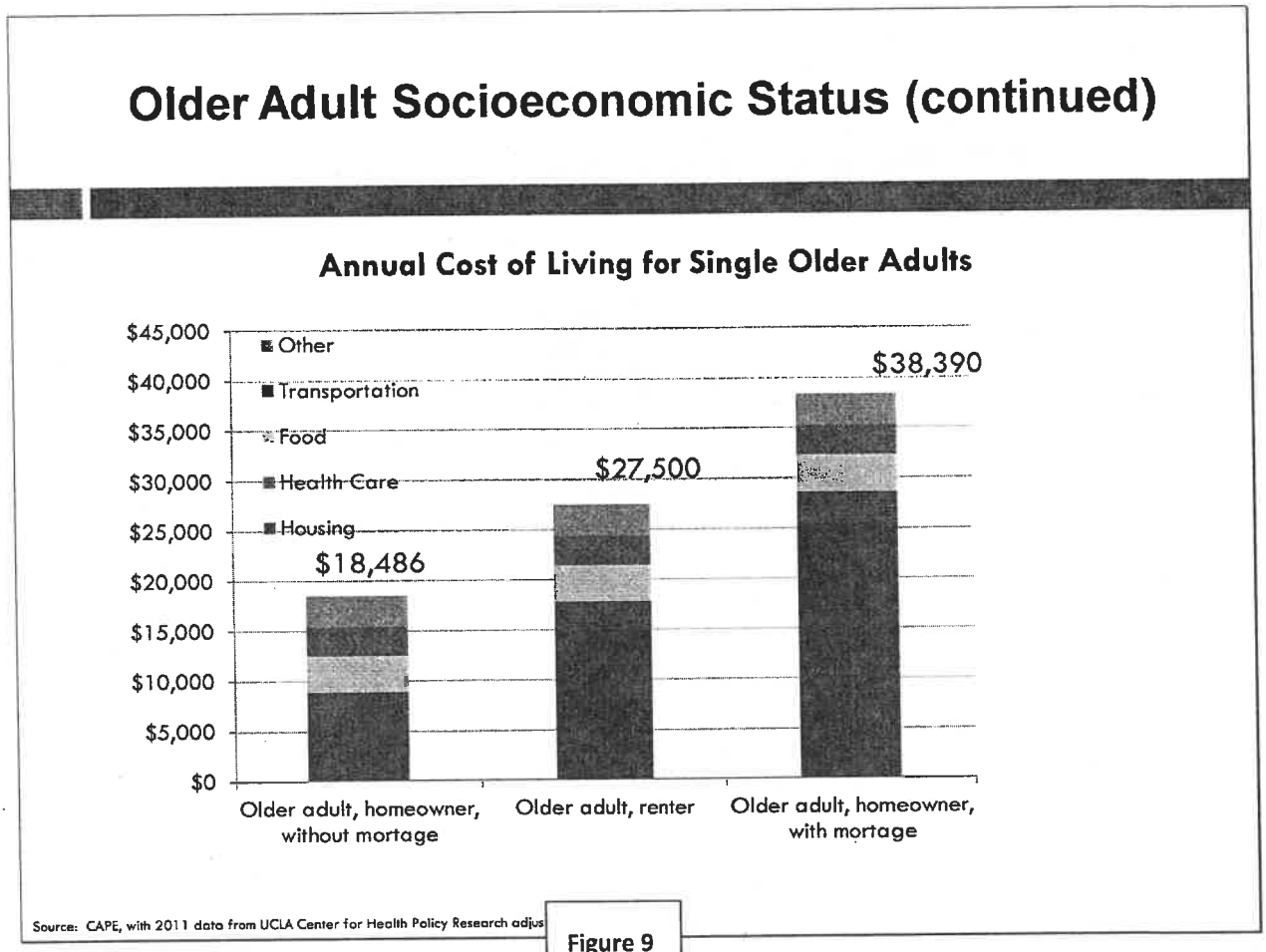


Figure 9

- The Elder Economic Security Index (developed by the UCLA Center for Health Policy Research) measures the minimum income older adults need to cover basic living expenses. For example, an older adult renter needs $27,500 per year to cover housing, health care, food, transportation, and other basic living expenses. An older adult with a mortgage needs $38,390.
- It is estimated that almost half (or 49%) of single older adult households (where one 65+ person lives alone) and over one-fifth (or 21%) of older adult couple households (where one or both are 65+ and live in a 2-person household) do have enough money (or annual income) to cover basic living expenses (CAPE, with 2014 1-year American Community Survey PUMS data).
- Older adult renters are especially hard hit and over-burdened by basic costs of living.
- In 2013, the median social security payment for a single older adult was $10,1000 and the maximum SSI/SSP payment was $10,397 – both of which are considerably lower than the basic costs of living.

Appendix A: Demographics of Older Adults

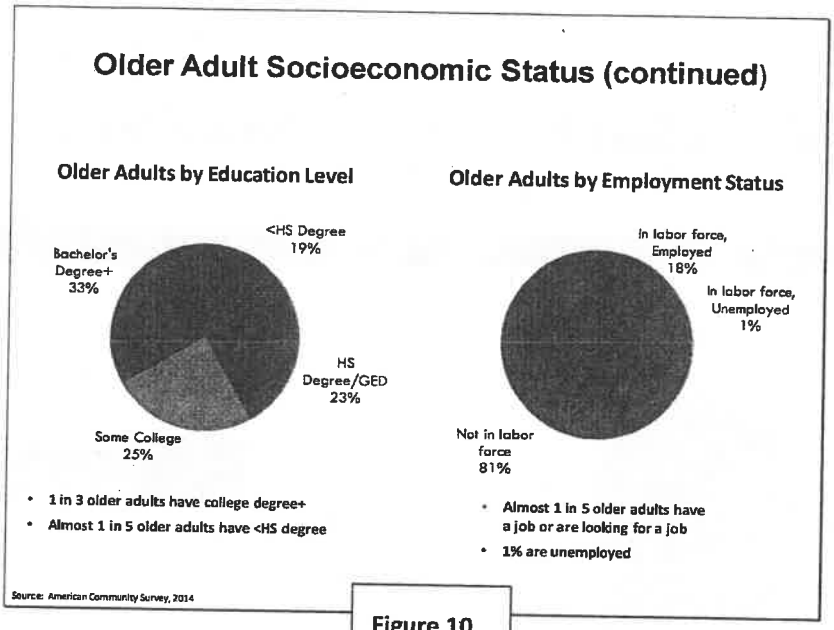


Figure 10

- Education and employment status are also important socio-economic indicators.
- 33% of older adults have a college degree or beyond. 19% have less than a high school degree.
- Almost one-fifth (or 19%) of older adults are in the labor force, with 18% being employed and 1% being unemployed.

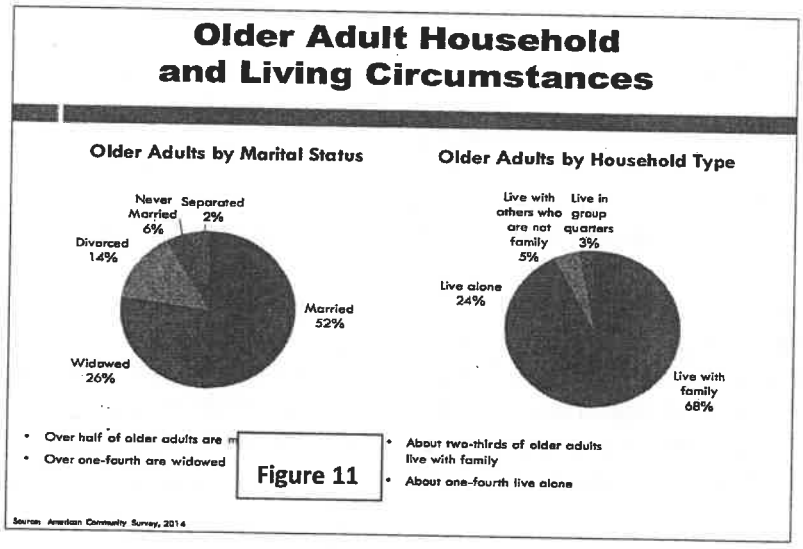


Figure 11

- Over half (52%) of older adults are married, but many older adults are widowed, divorced, separated, or have never been married. While a majority (68%) of older adults live with family, about one-fourth live alone. This increases their risk of social isolation and can affect both mental health (e.g., depression) and physical health (e.g., risk of falls).

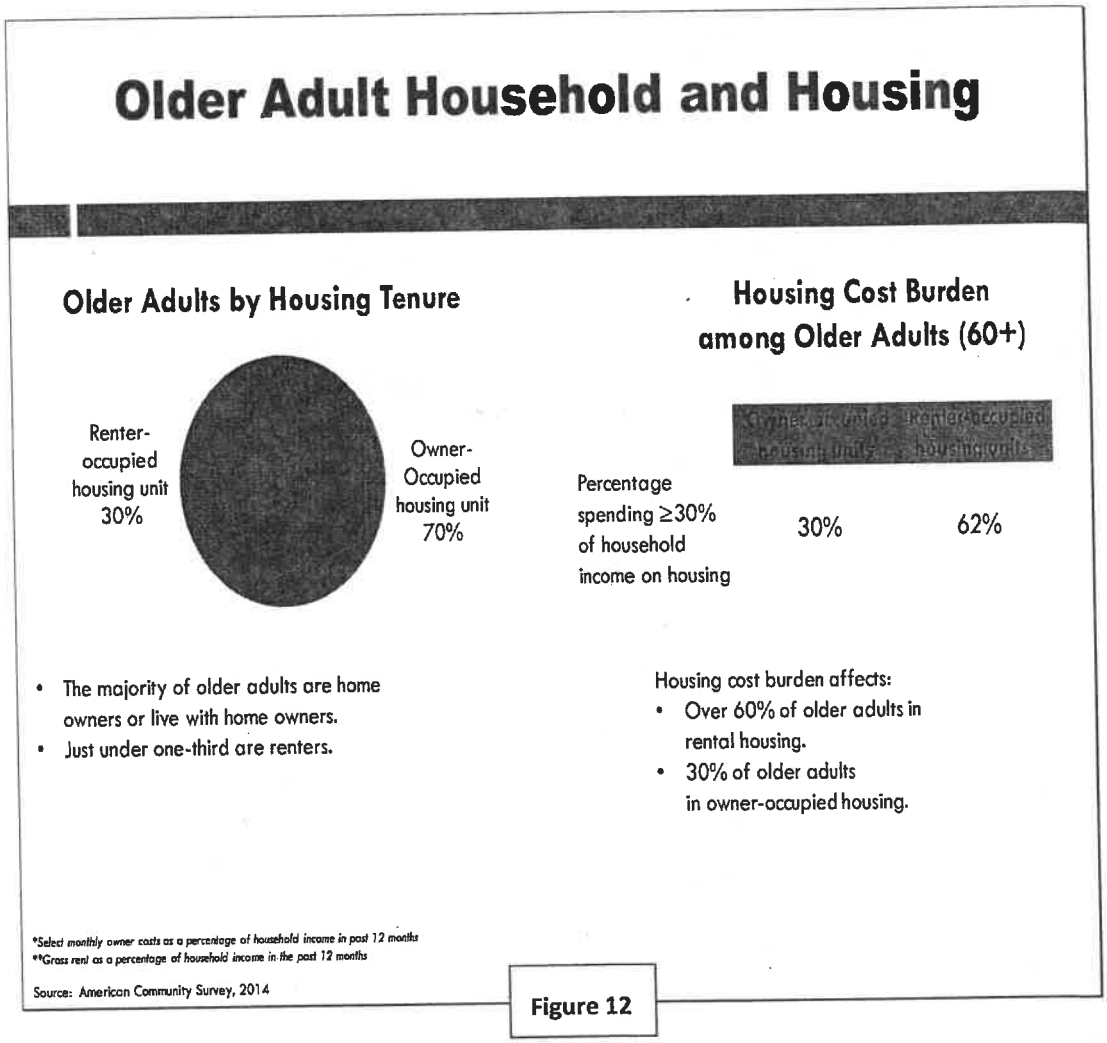


Figure 12

- 70% of older adults live in owner-occupied housing units, and 30% live in renter-occupied housing units.
- Housing cost burden is a significant problem among older adults, especially among renters. 62% of older adults in renter-occupied housing units have rental costs that are 30% or more of their household income. 30% of older adults in owner-occupied housing units have monthly owner costs that are 30% or more of their household income.
- High housing costs combined with limited income mean older adults have to make tough choices that matter for their health – like paying for housing versus healthcare versus transportation.

DTZ Cassidy Turley Real Estate

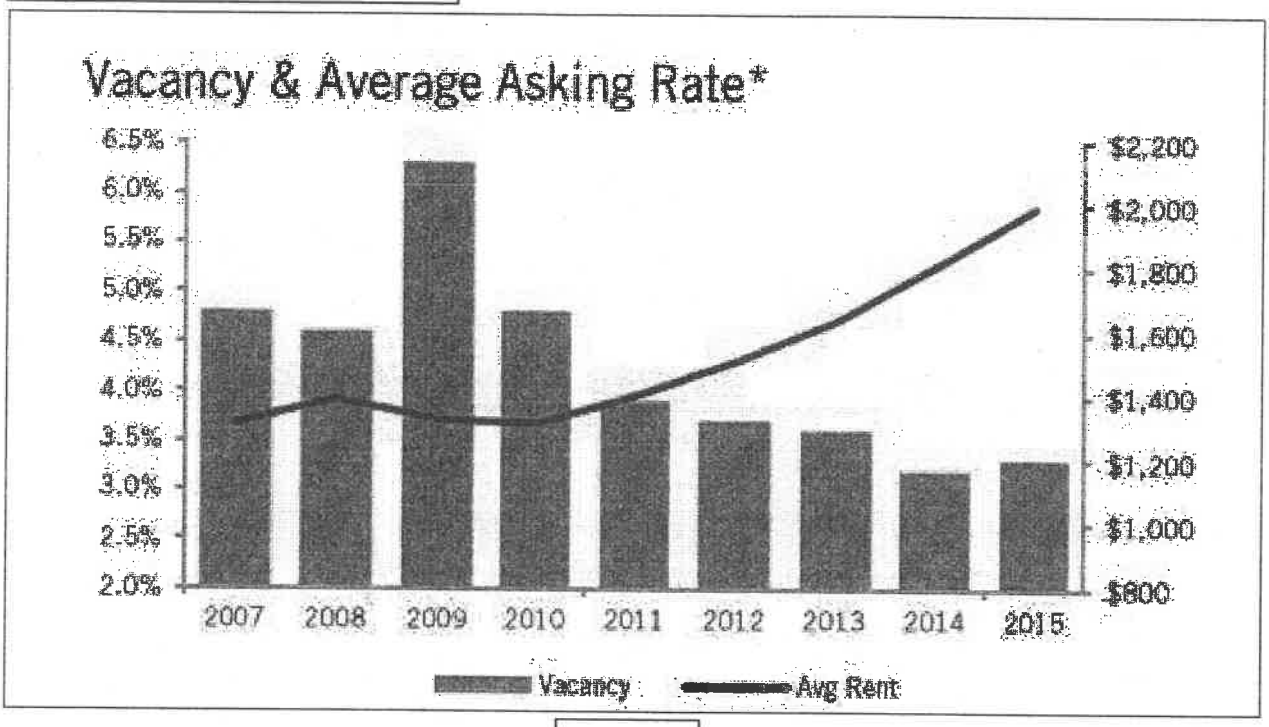


Figure 13

Median Sales Price	2014	YTD 2015 (Jan - Aug)	% Change
Alameda County-wide	$ 580	$ 711	23%
Alameda	$ 690	$ 862	25%
Albany	$ 656	$ 868	32%
Berkeley	$ 813	$ 1,000	23%
Castro Valley	$ 605	$ 667	10%
Dublin	$ 700	$ 898	28%
Emeryville	$ 390	$ 445	14%
Fremont	$ 720	$ 902	25%
Hayward	$ 425	$ 702	65%
Livermore	$ 494	$ 689	39%
Newark	$ 552	$ 702	27%
Oakland	$ 465	$ 677	46%
Piedmont *	$ 1,750	N/A	0%
Pleasanton	$ 835	$ 957	15%
San Leandro	$ 446	$ 531	19%
San Lorenzo	$ 435	$ 481	11%
Sunol *	$ 825	N/A	0%
Union City	$ 565	$ 720	27%

* No 2015 Data

Source: Multiple Listing Service

Figure 14

Alameda County Community Development Agency

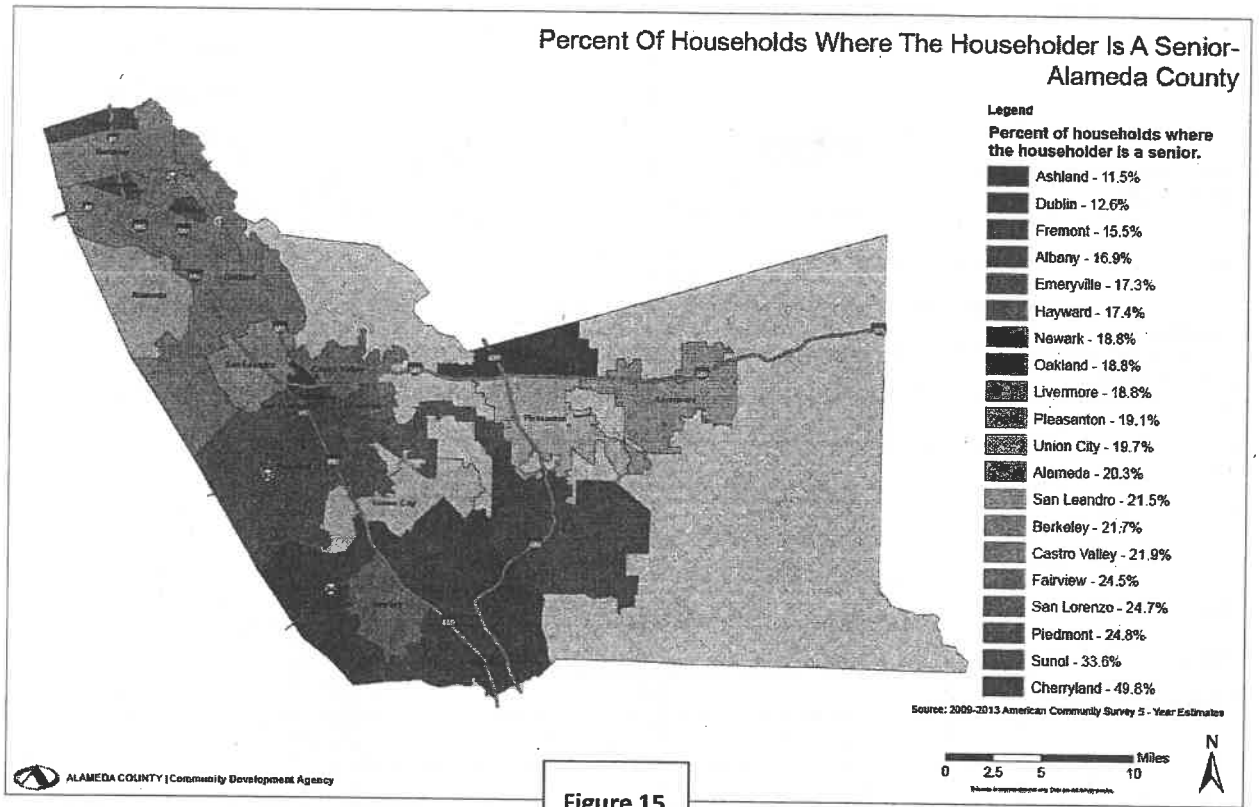


Figure 15

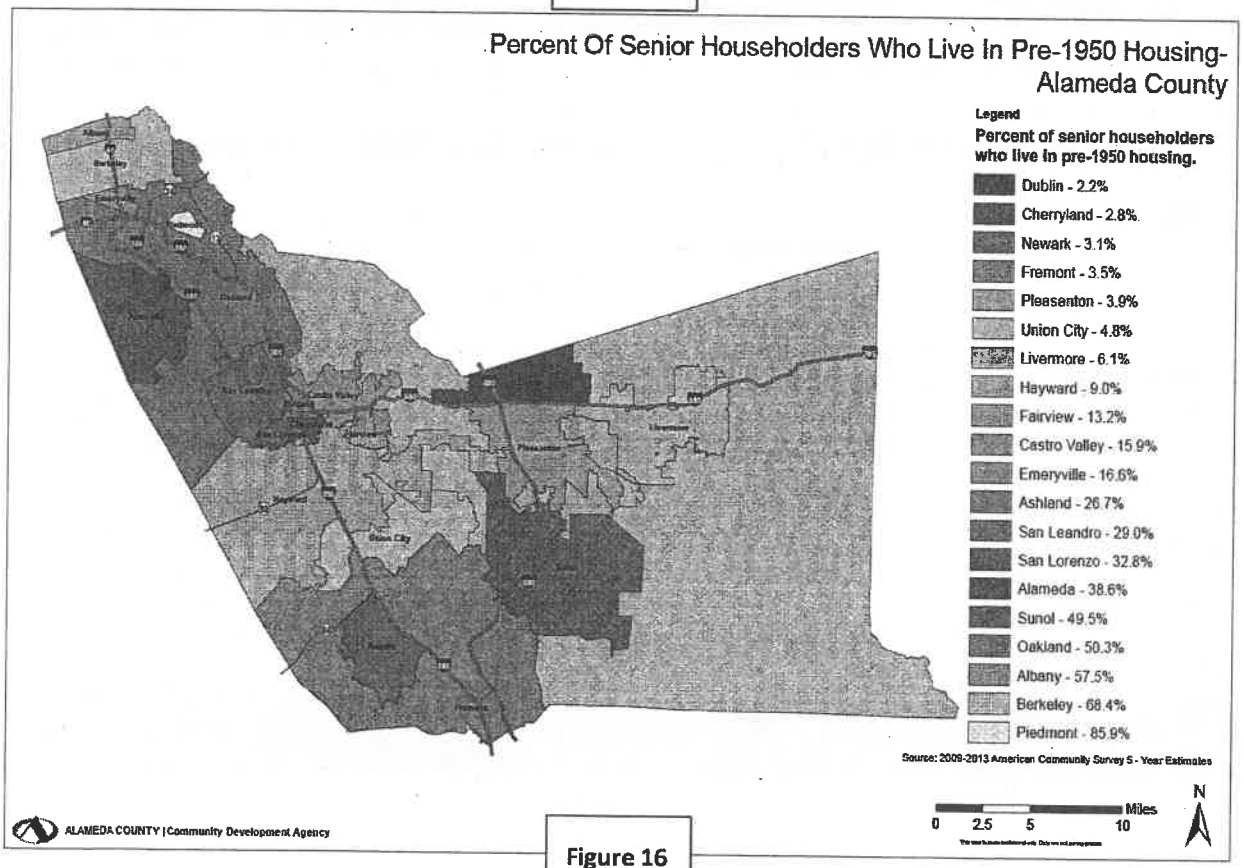


Figure 16

Subsidized Senior Housing in Alameda County			
	Total Projects	# of Affordable Housing Units	Vouchers reserved for elderly
Alameda	2	199	-
Albany	-	-	9
Berkeley	15	738	-
Dublin	3	450	28
Emeryville	2	116	27
Fremont	8	416	-
Hayward	5	416	312
Livermore	7	472	-
Newark	1	200	40
Oakland	52	4,412	2,681
Pleasanton	7	565	56
San Leandro	5	352	167
Union City	5	280	147
Unincorporated	5	473	76
Total	117	9,089	3,543

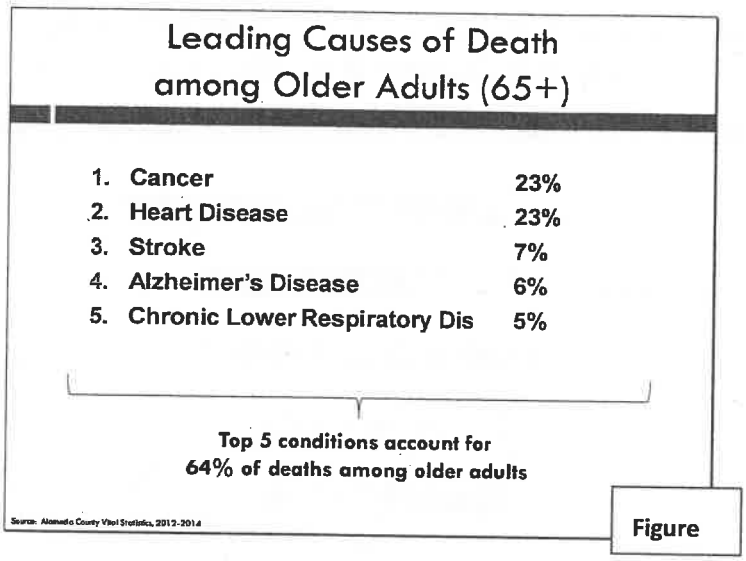
Source: Alameda County HCD Countywide Subsidized Housing Inventory

Figure 17

HCD Subsidized Senior Housing in Alameda County - Completed 2005 - 2015		
	Total Projects	# of Affordable Housing Units
Fremont	1	98
Hayward	1	22
Oakland	1	42
San Leandro	1	50
Unincorporated	1	83
Total	5	295

Figure 18

Appendix C: Health Status of Older Adults



Figure

- These 5 conditions account for 64% of deaths among older adults.
- The top 5 leading causes of death among older adults are all chronic diseases – which are largely preventable and manageable through early detection and treatment, behavioral change (increased physical activity, healthy eating, reduced drinking and tobacco use), and improvements in conditions where people live and work (to address chronic disease risk factors).

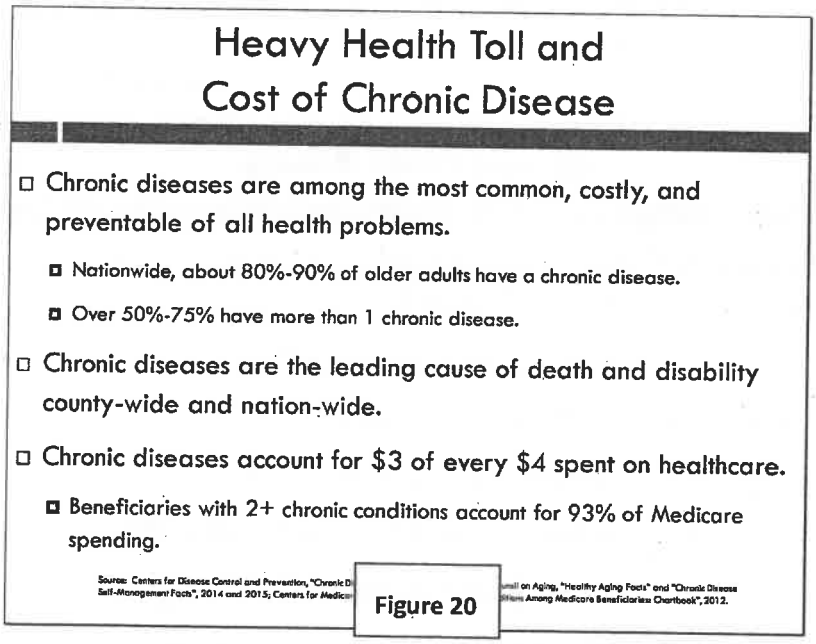


Figure 20

•The burden of chronic disease among older adults is high and results in high health, human, and economic costs.

•Nationwide, about 80%-90% of older adults have a chronic disease and 50%-75% have 2 or more chronic diseases.

•Chronic diseases are the leading cause of death and disability, and account for $3 of $4 spend on healthcare. Medicare beneficiaries with 2 or more chronic conditions account for 93% of Medicare spending.

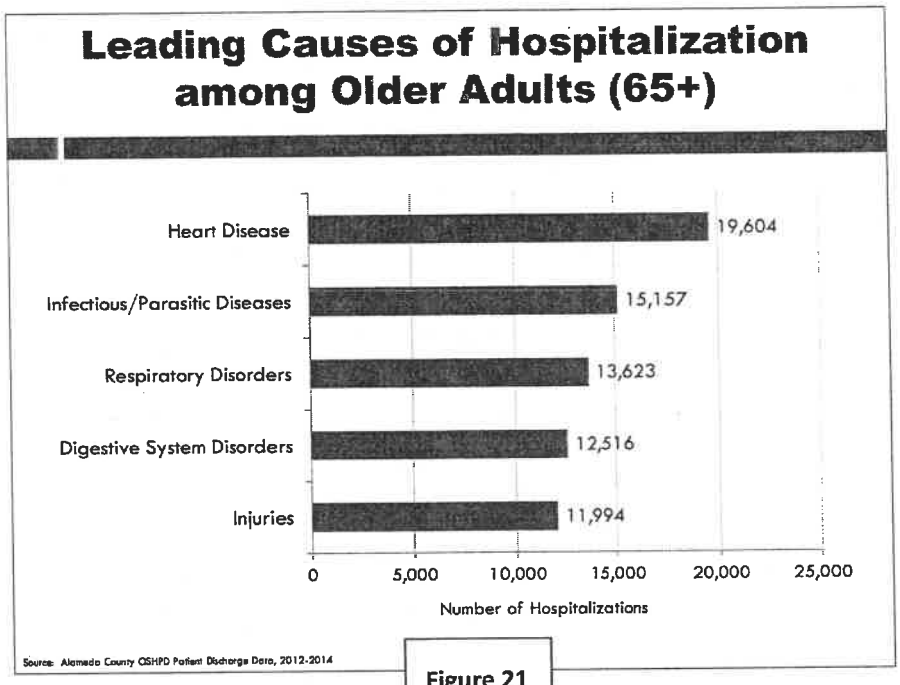


Figure 21

- The 5 leading causes of hospitalizations among older adults are heart disease, infectious/parasitic diseases, respiratory disorders, digestive system disorders, and injuries.
- Together, they account for almost 60% (57%) of all hospitalizations among older adults.

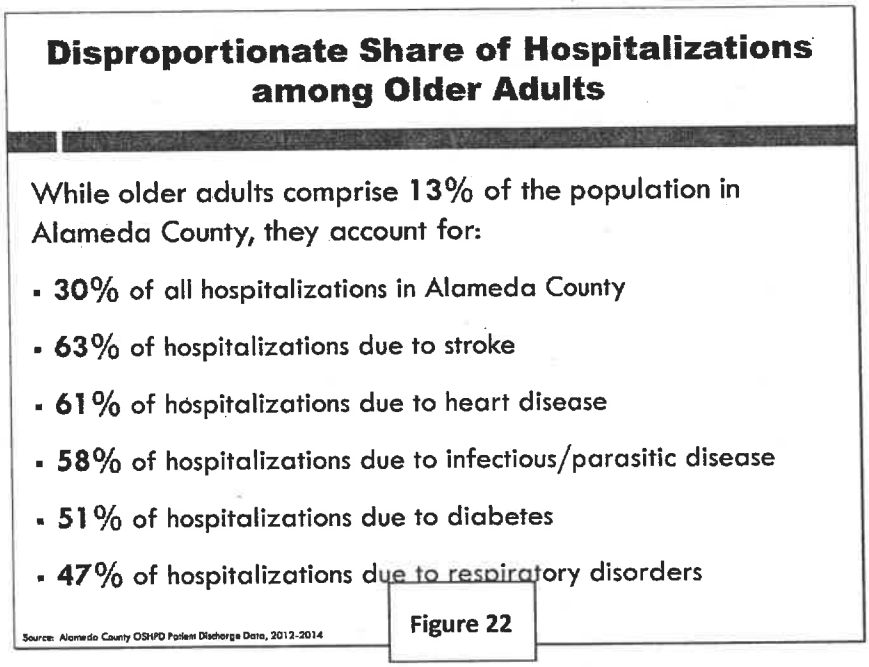


Figure 22

- Older adults represent a large and disproportionate share of hospitalizations overall and due to specific conditions.

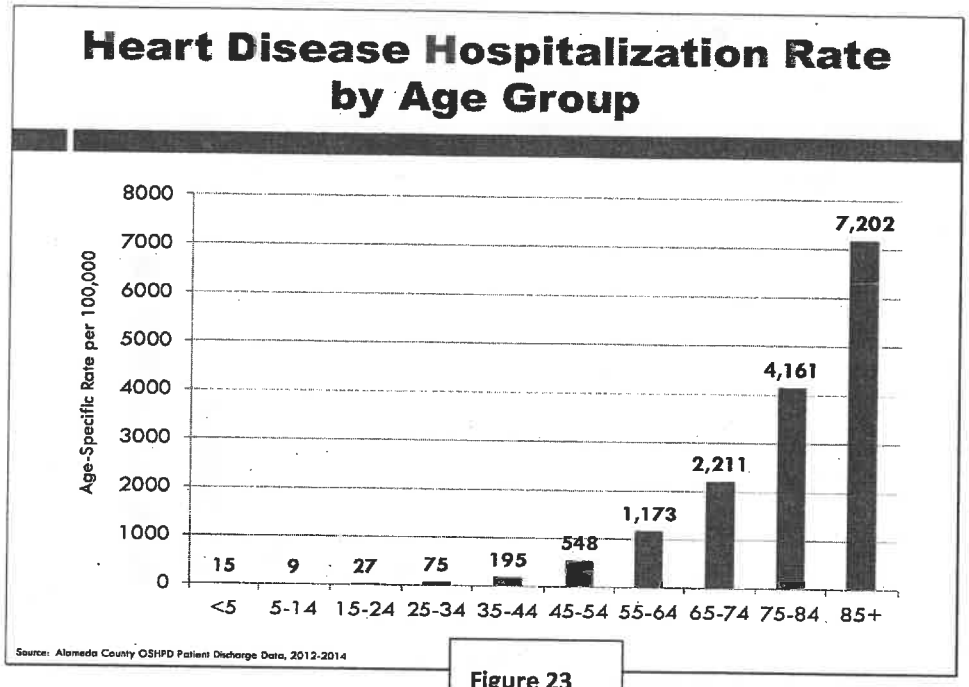


Figure 23

- Rates of hospitalization go up as people age, with high rates among older adults 65+ and especially high rates among those 85+ - whether you look at heart disease...

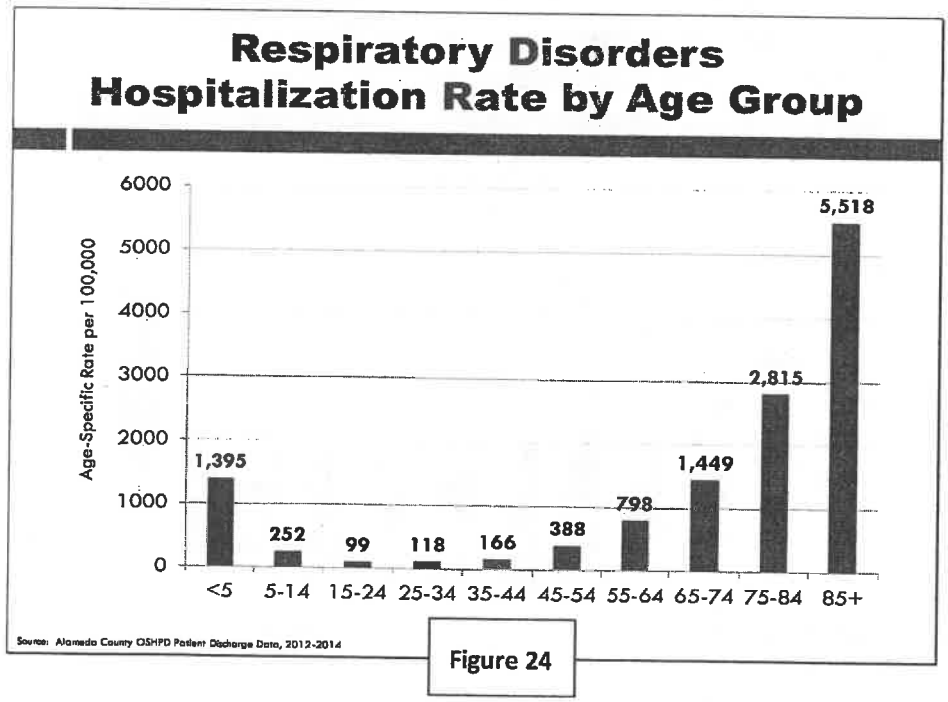


Figure 24

- .... respiratory conditions,

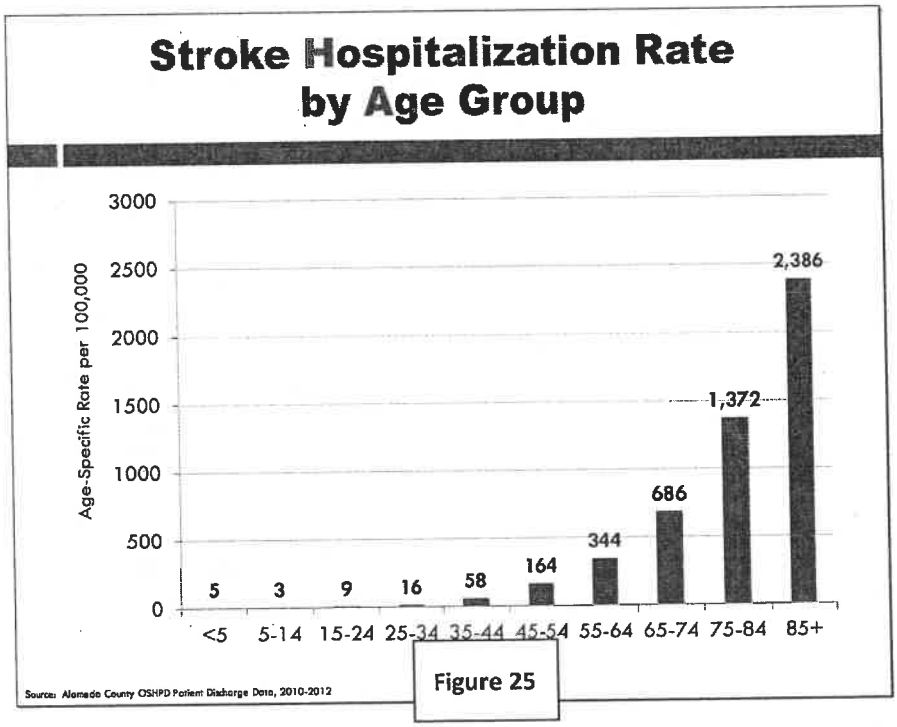


Figure 25

- .... stroke,

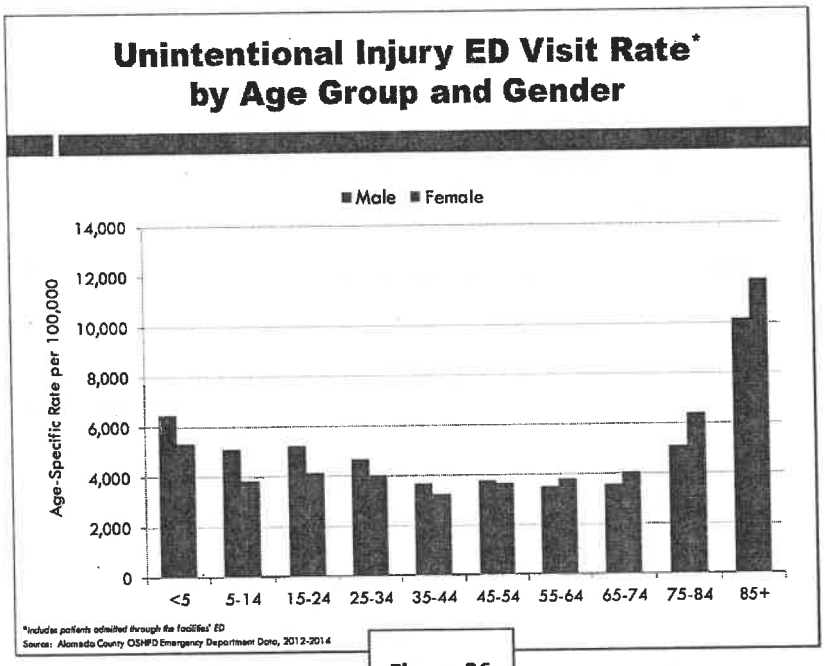


Figure 26

- .... or unintentional injuries.
- In the older adult age groups (ages 65+), females experience higher rates of unintentional injury than males – as illustrated by emergency department visit data shown here.

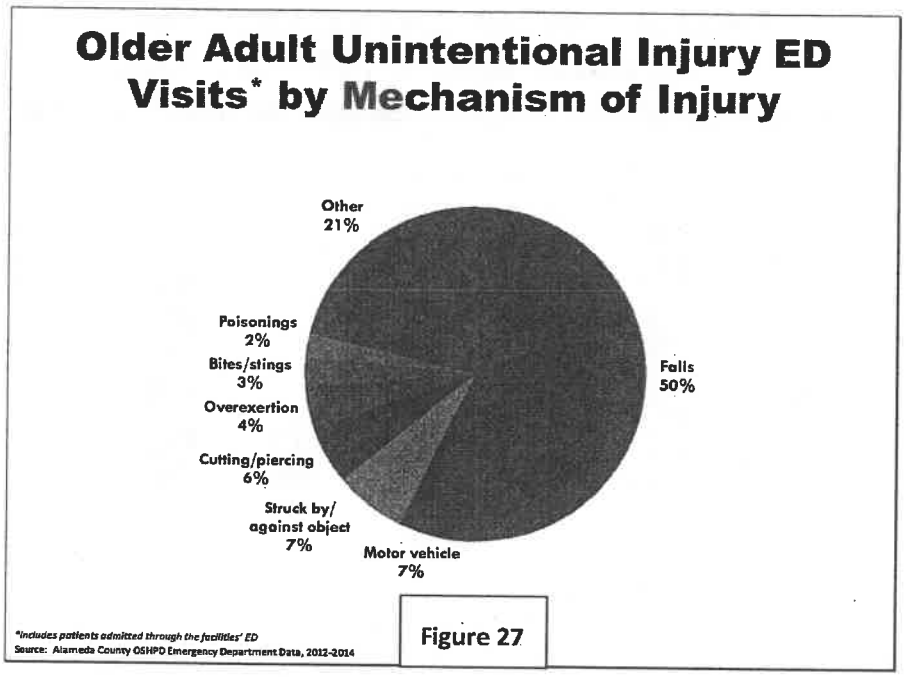


Figure 27

- Among older adults, falls are the leading cause of both fatal and nonfatal injuries.
- Falls account for half of unintentional injury visits to the emergency department.

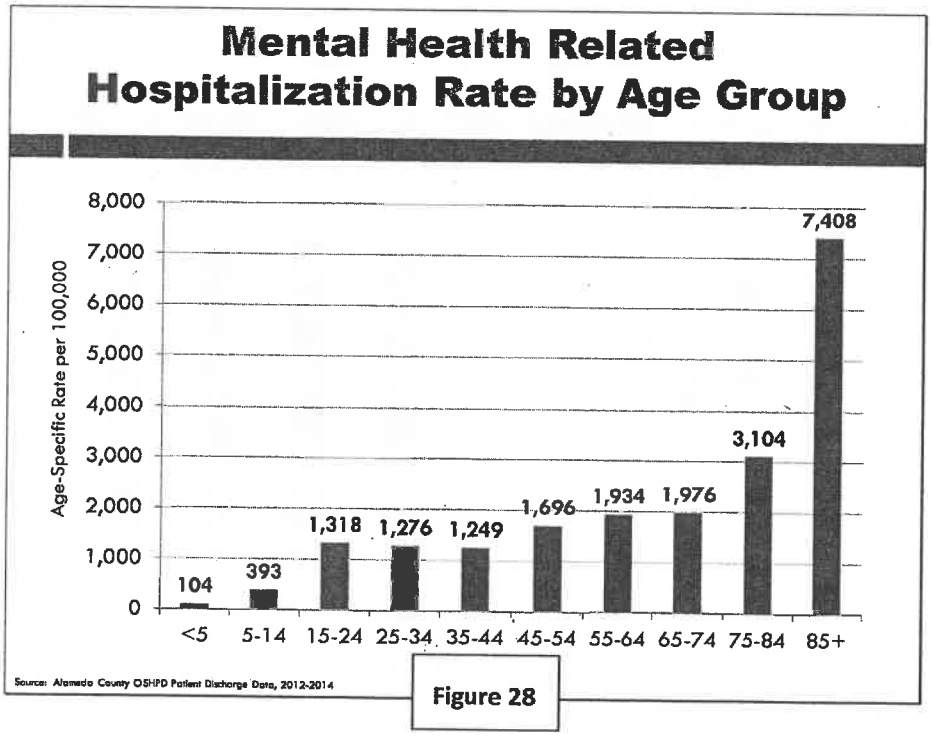


Figure 28

- Due to a broad range of issues (e.g., socioeconomic stressors, social isolation, loss of independence), mental health problems are common among older adults.
- Mental health hospitalization rates rise with increasing age, with rates soaring among older adults ages 85+.

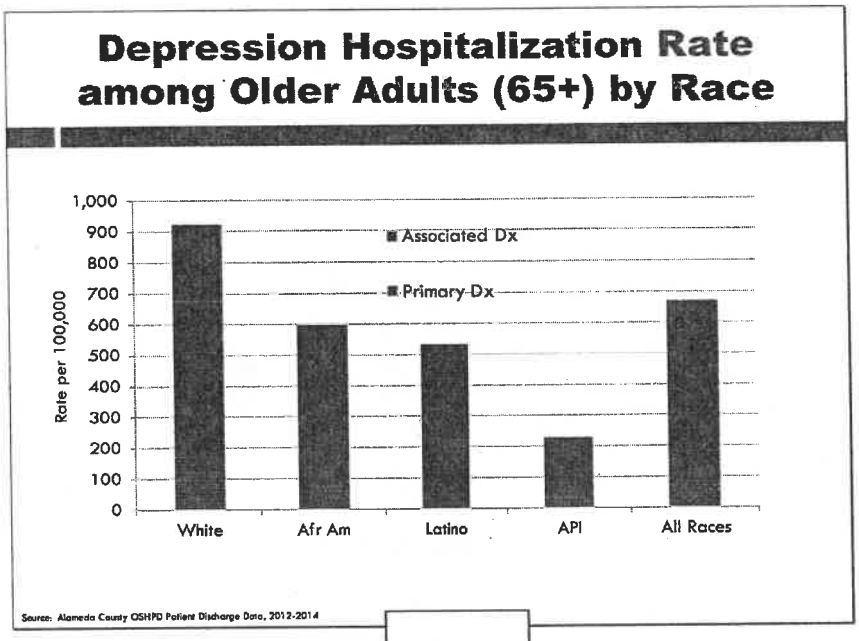


Figure 29

- Among older adults, rates of hospitalization for depression are highest Whites and lowest among Asians and Pacific Islanders.

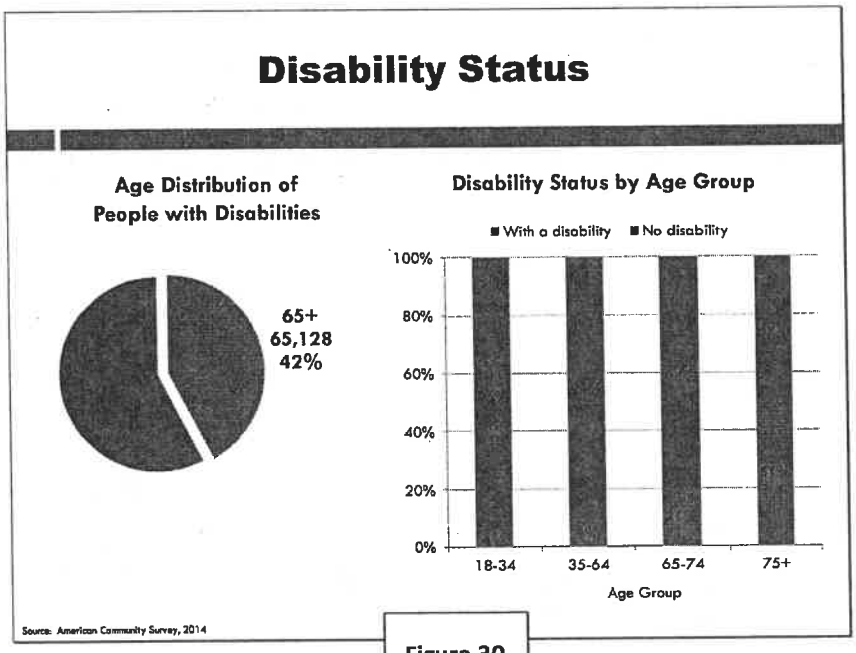


Figure 30

- With increasing age comes increased likelihood of disability – or restrictions in ability to perform activities of daily living.
- Older adults ages 65+ account for 42% of all people with disabilities in Alameda County. Countywide, there are over 65,000 older adults with 1 or more types of disability.
- 21% of older adults ages 65-74 and 51% of older adults ages 75+ have at least 1 type of disability.

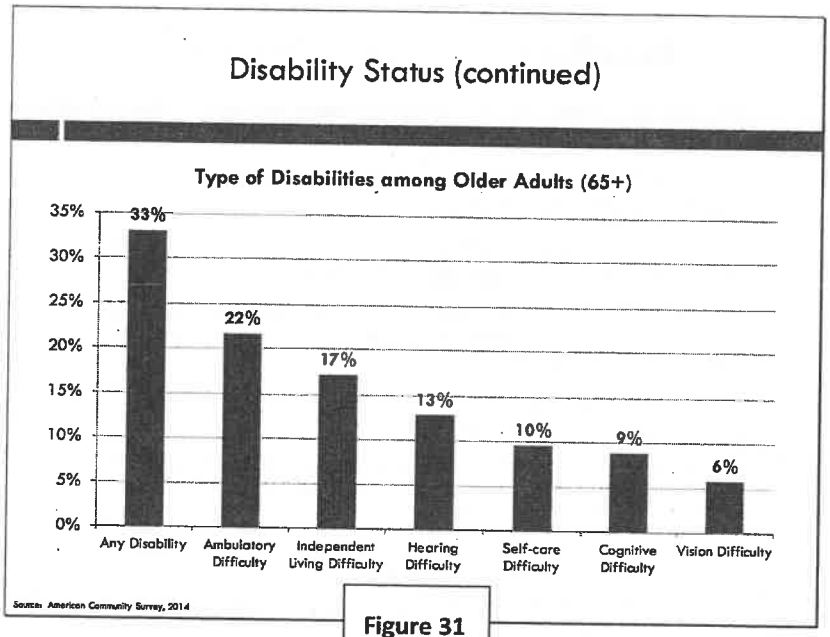


Figure 31

- 1 in 3 older adults (65+) has at least 1 type of disability.
- The most common types of disability among older adults are ambulatory and independent living difficulties, followed by hearing and self-care difficulties.

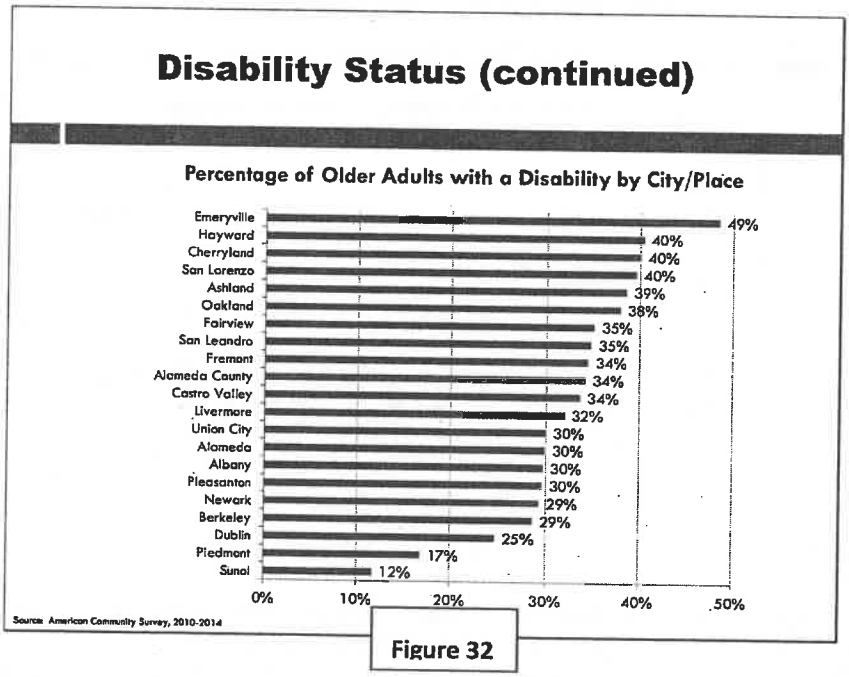


Figure 32

- The highest levels of disability in the older adult population are located in Emeryville (where about half of older adults have 1+ disabilities), followed by Hayward, Cherryland, San Lorenzo, Ashland, and Oakland.

Health Insurance Status

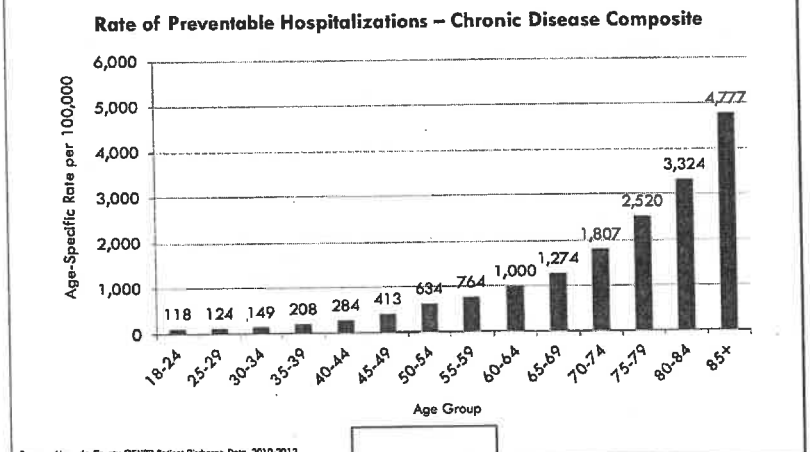
- In Alameda County, 98% of older adults (65+) have health insurance coverage.
- While Medicare pays most medical expenses for older adults, it does not cover all expenses.
  - Example services Medicare doesn't cover: long-term care, most dental care and dentures, eye exams for glasses/contacts, hearing aids and exams, routine foot care
- Medicare also has cost-sharing requirements that present barriers to care.
  - Example costs include: Premiums for Medicare (Part B for physician services and Part D for prescription drugs) and supplemental insurance, deductibles, and co-payments

Source: American Community Survey, 2010-2014; Centers for Medicare & Medicaid Services

Figure 33

- Nearly all older adults have at least some health insurance coverage through Medicare.
- But Medicare doesn't cover all necessary health care expenses and cost-sharing requirements present barriers.

Preventable Hospitalizations



Source: Alameda County OSHPD Patient Discharge Data, 2010-2012

Figure 34

- Preventable hospitalizations are inpatient hospital stays that could have been avoided with improved access to and quality of outpatient care and disease management.
- In Alameda County, most preventable hospitalizations are related to chronic disease (65%) as opposed to acute disease (35%)
- The rate of chronic disease preventable hospitalizations rises dramatically with increasing age groups. This data suggests that older adults have especially poor access to and/or quality of outpatient care and disease management.
- Over half (52%) of all preventable hospitalizations due to chronic disease are among older adults 65+.

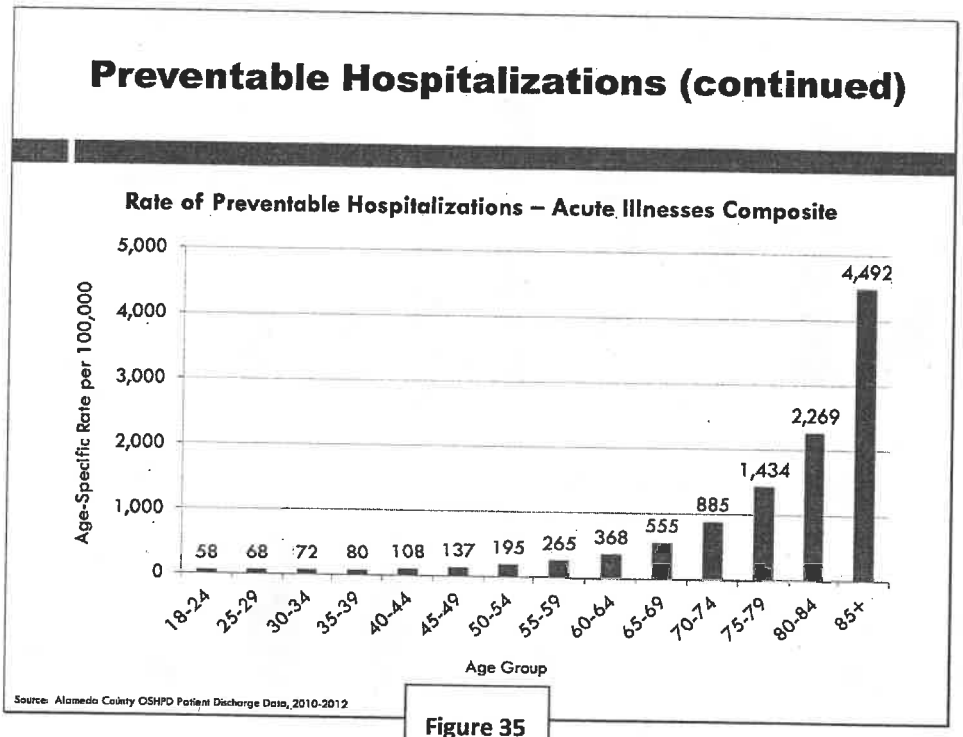
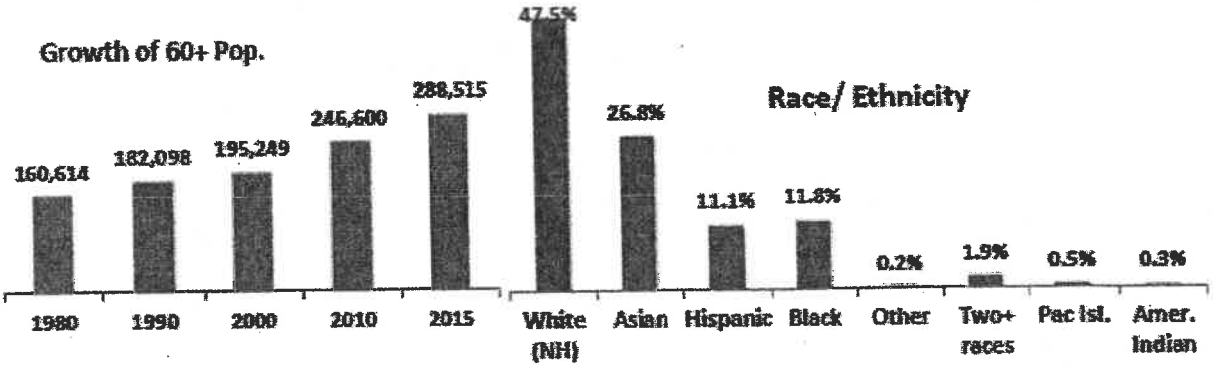
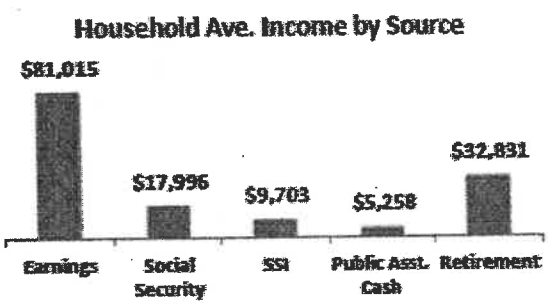


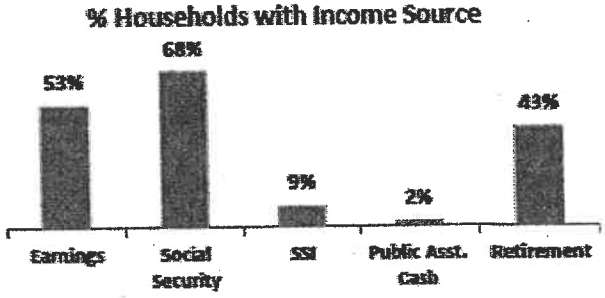
Figure 35

- The rate of acute disease preventable hospitalizations soars in older adult age groups, especially among those 85+.
- Nearly two-thirds (66%) of all preventable hospitalizations due to acute disease are among older adults 65+.

Alameda County Older Adult Profile

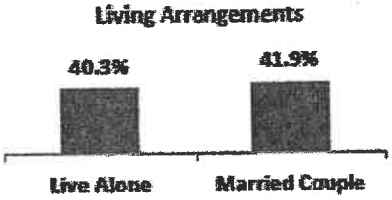


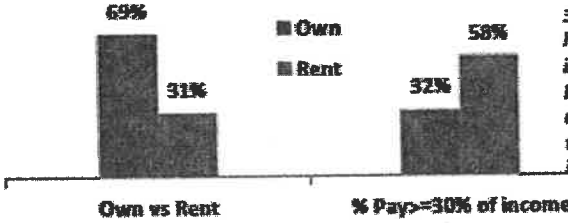




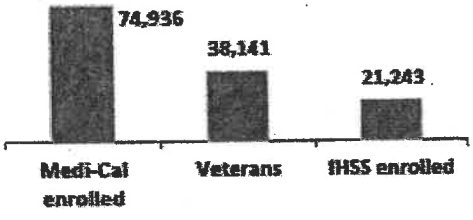
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.5
2. Income for future	3.4
3. Stay in home	3.4
4. Maintain home	3.4
5. Inclusion in decisions	3.3
6. Housing affordable	3.3
7. Falling	3.2
8. Prepare healthy food	2.9
9. Anxiety or stress	2.7
10. Confusion or memory	2.6

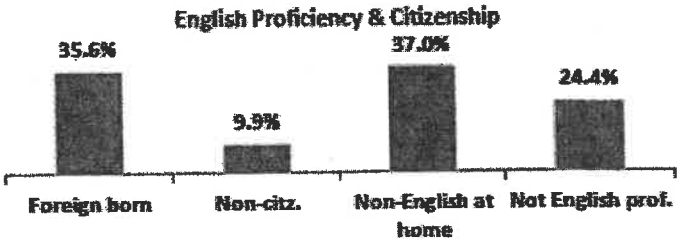
Survey Top 10 Resources lacking	% without
Job opportunities for people your age	30.1%
Affordable housing	25.9%
A computer that you feel comfortable using	18.2%
Clean and well-kept sidewalks for you to walk on	17.8%
Housing that is suited to your needs	17.3%
Safe, well-lit streets and intersections	15.6%
Opportunities to participate in community decisions	14.0%
Resources that help you to feel safe	14.0%
Free or affordable opportunities to learn	13.3%
A trusted source when you can't understand	12.5%





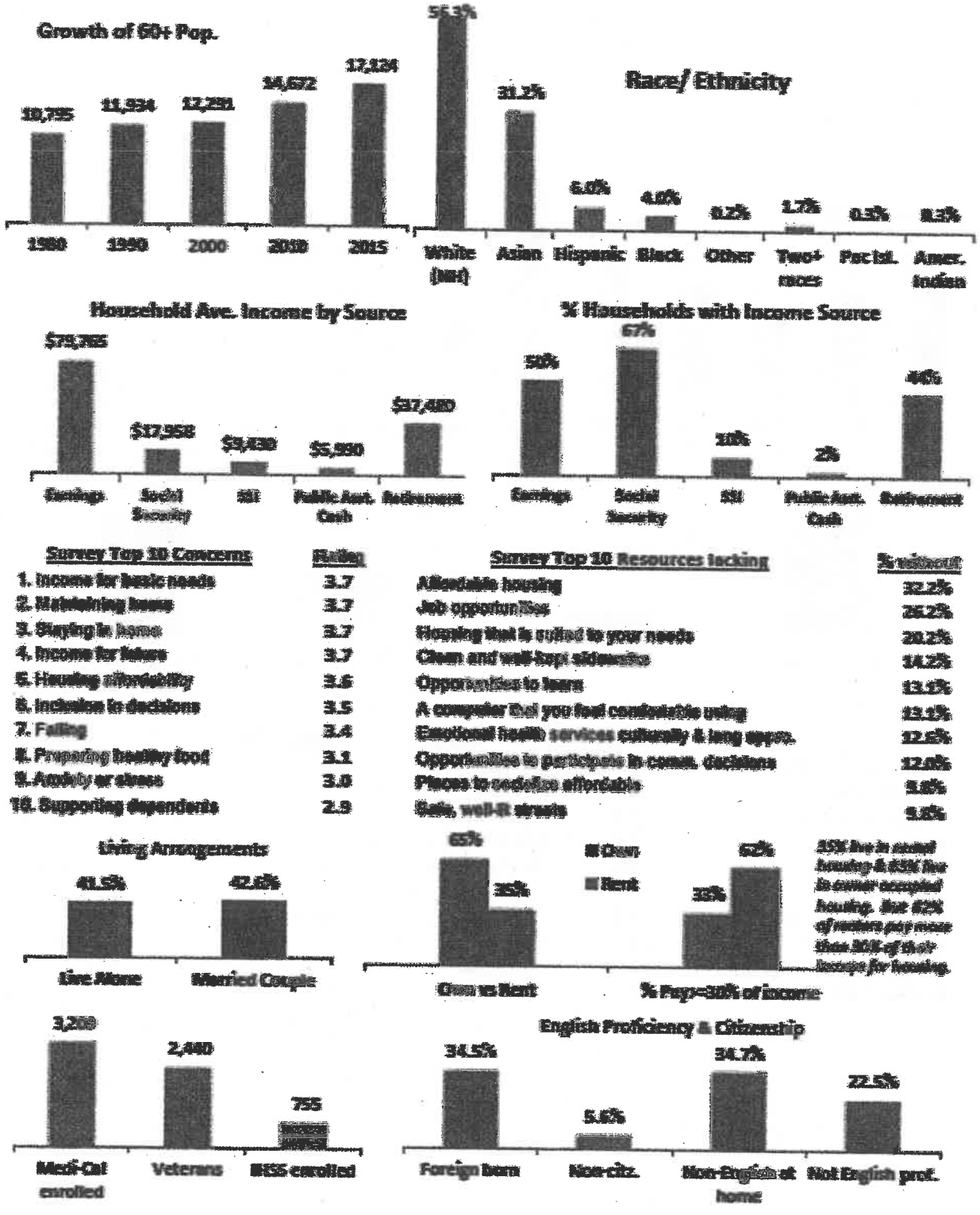
31% live in rental housing & 69% live in owner occupied housing. But 58% of renters pay more than 30% of their income for housing.





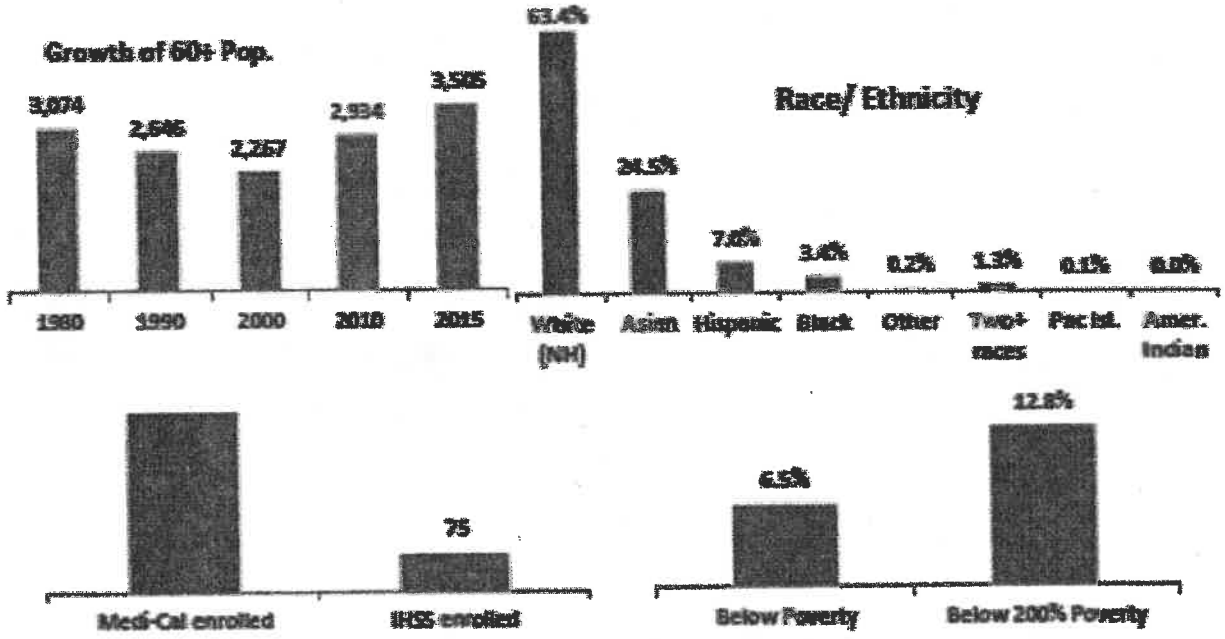
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Alameda Older Adult Profile



Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Albany Older Adult Profile

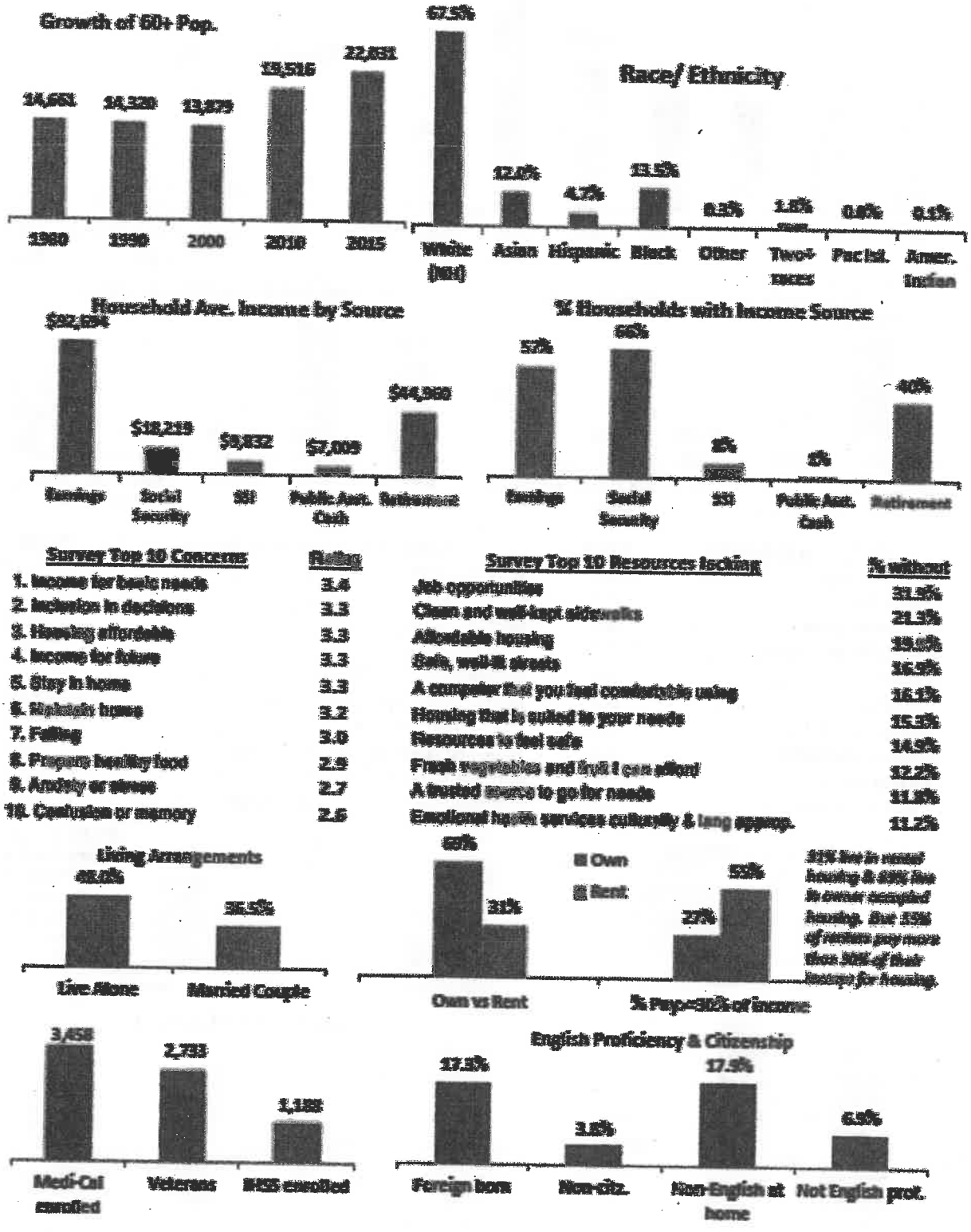


Survey Top 10 Concerns	Rating
1. Housing affordable	3.5
2. Stay in home	3.4
3. Inclusion in decisions	3.4
4. Income for basic needs	3.4
5. Falling	3.3
6. Maintain home	3.3
7. Prepare healthy food	3.2
8. Income for future	2.9
9. Support dependents	2.7
10. Ability to be a caregiver	2.6

Survey Top 10 Resources lacking	% without
Affordable housing	33.3%
Housing that is suited to your needs	25.6%
Job opportunities	23.1%
A trusted source when can't understand	23.1%
Clean and well-kept sidewalks	23.1%
Safe, well-lit streets	20.5%
Emotional health services culturally & lang approp.	17.9%
Fresh vegetables and fruit I can afford	15.4%
Transportation that is affordable	15.4%
A trusted source to go for needs	12.8%

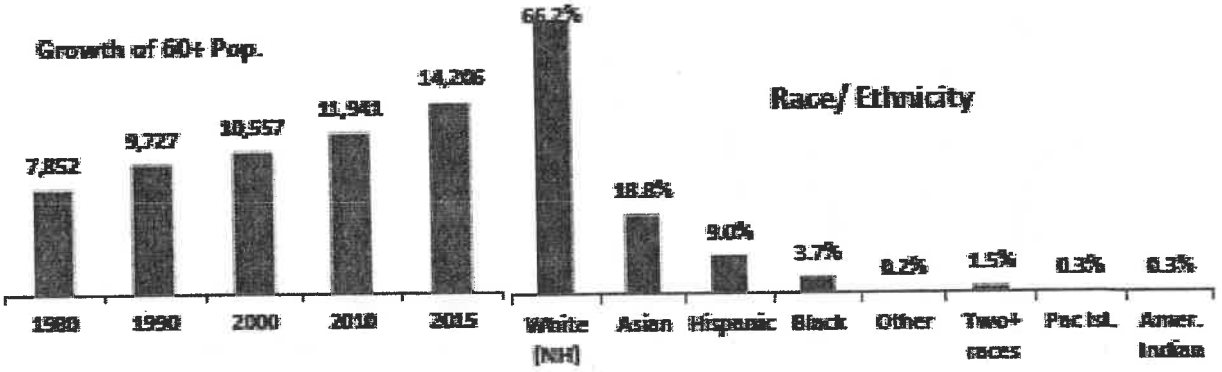
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

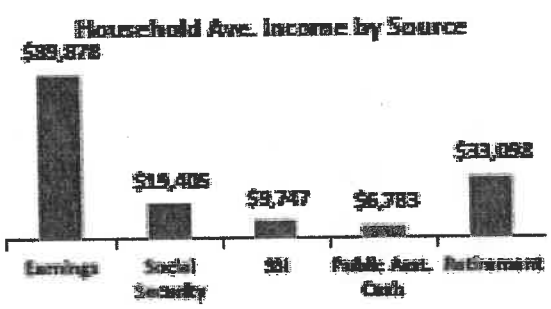
City of Berkeley Older Adult Profile

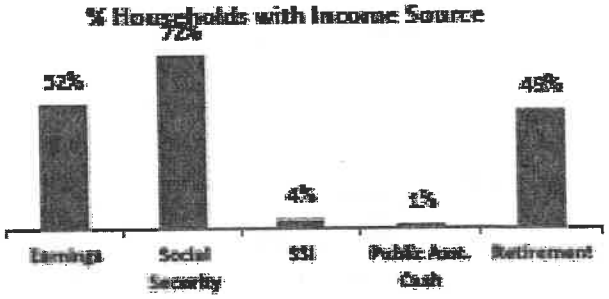


Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

Castro Valley Older Adult Profile

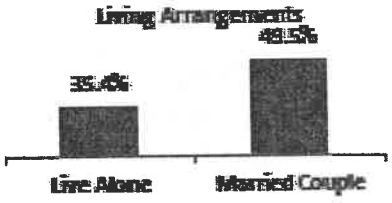


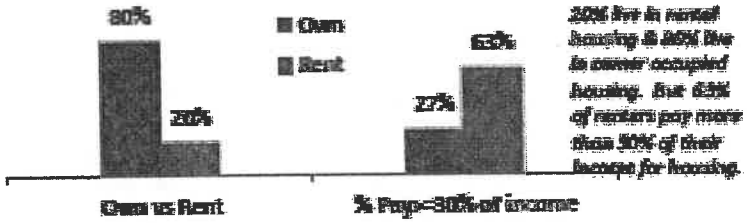




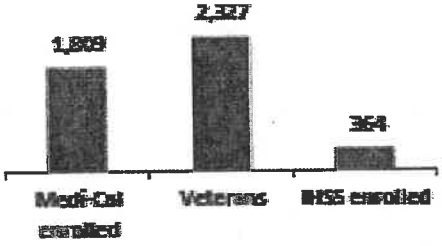
Survey Top 10 Concerns	Rating
Maintain home	3.3
Stay in home	3.3
Income for future	3.2
Income for basic needs	3.2
Falling	3.1
Inclusion in decisions	3.1
Housing affordable	3.0
Prepare healthy food	2.6
Anxiety or stress	2.5
Confusion or memory	2.4

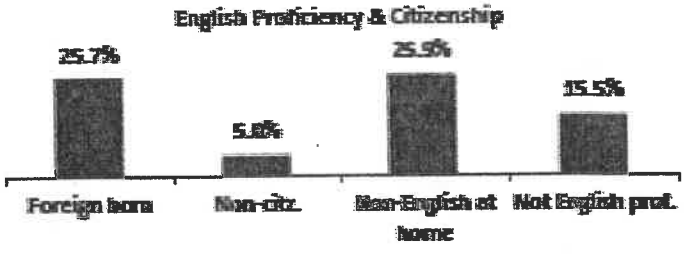
Survey Top 10 Resources lacking	% without
Job opportunities	33.5%
Clean and well-kept sidewalks	26.0%
Affordable housing	26.0%
Safe, well-lit streets	20.2%
A computer that you feel comfortable using	19.7%
Housing that is suited to your needs	18.5%
Resources to feel safe	16.8%
Fresh vegetables and fruit I can afford	16.8%
A trusted source to go for needs	16.2%
Emotional health services culturally & lang approp.	16.2%





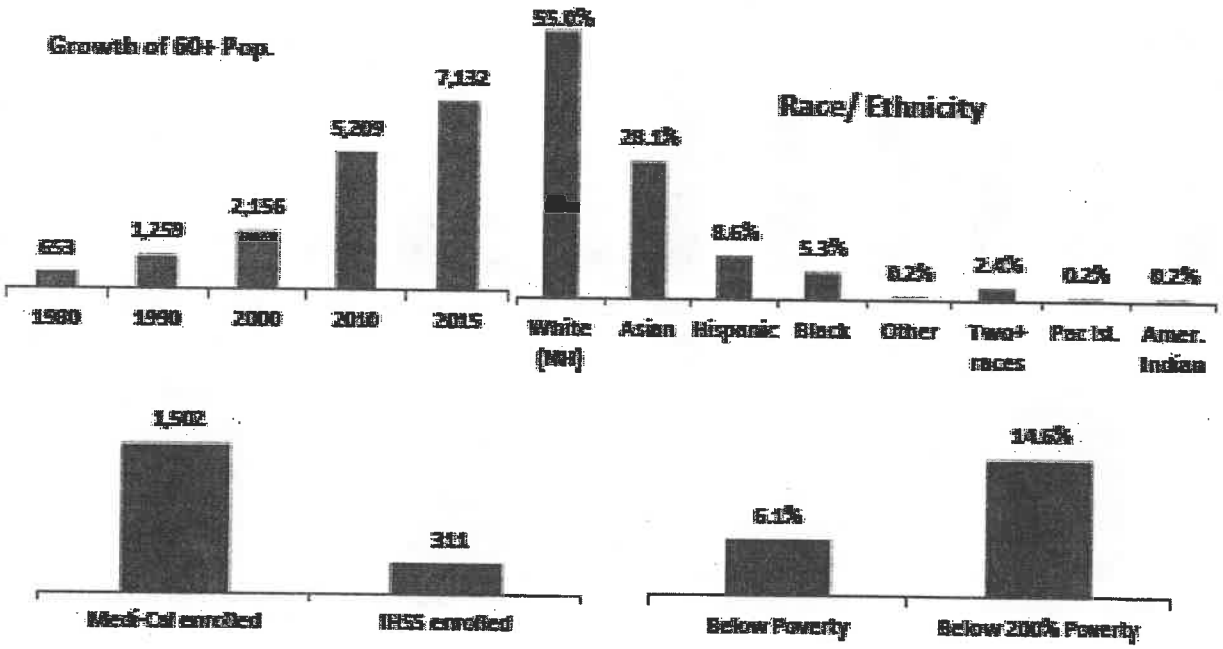
30% live in rental housing & 30% live in owner occupied housing. But 63% of renters pop more than 30% of their income for housing.





Notes: Older Adults= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Dublin Older Adult Profile

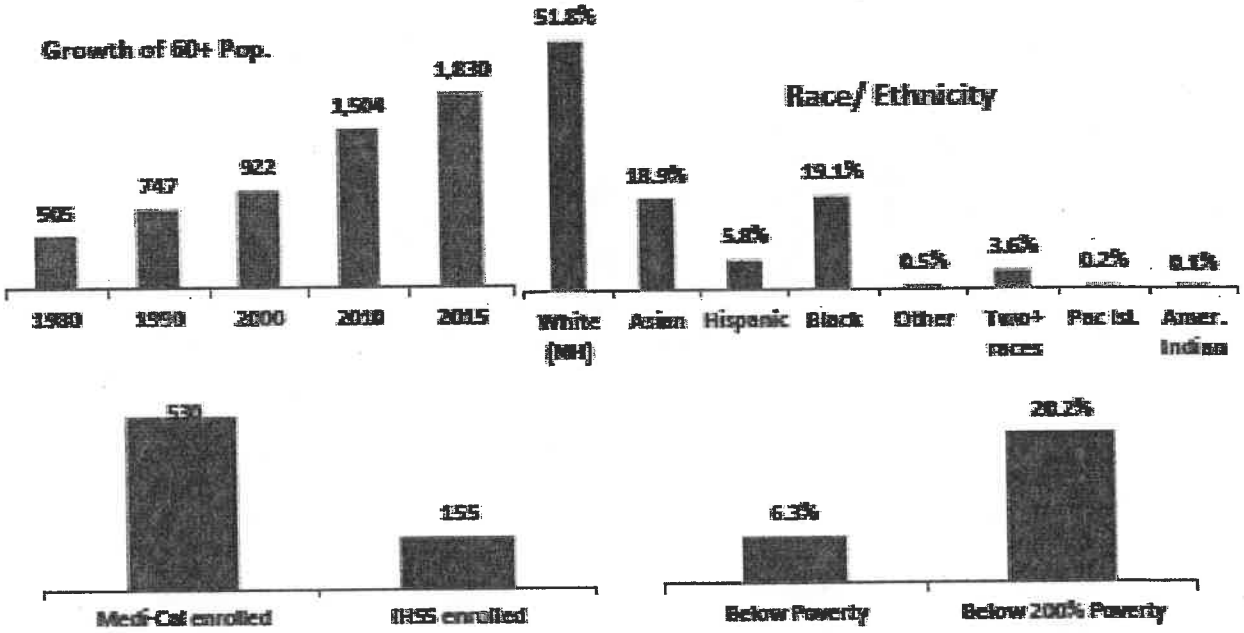


Survey Top 10 Concerns	Rating
1. Income for basic needs	3.5
2. Maintain home	3.4
3. Stay in home	3.3
4. Falling	3.2
5. Income for future	3.0
6. Inclusion in decisions	3.0
7. Anxiety or stress	2.8
8. Housing affordable	2.8
9. Prepare healthy food	2.7
10. Personal safety	2.7

Survey Top 10 Resources lacking	% without
Job opportunities	33.3%
Affordable housing	27.8%
Emotional health services culturally & lang approp.	24.1%
Housing that is suited to your needs	24.1%
A computer that you feel comfortable using	18.5%
Fresh vegetables and fruit I can afford	16.7%
Transportation that is affordable	14.8%
Opportunities to participate in comm. decisions	13.0%
A trusted source when can't understand	13.0%
A trusted source to go for needs	13.0%

Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

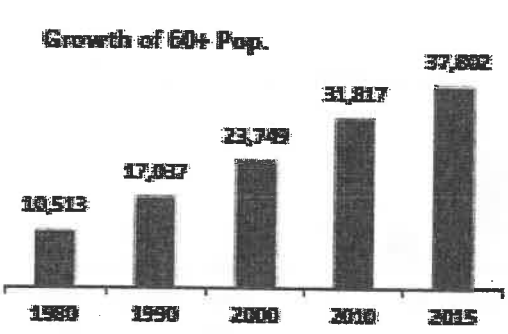
City of Emeryville Older Adult Profile

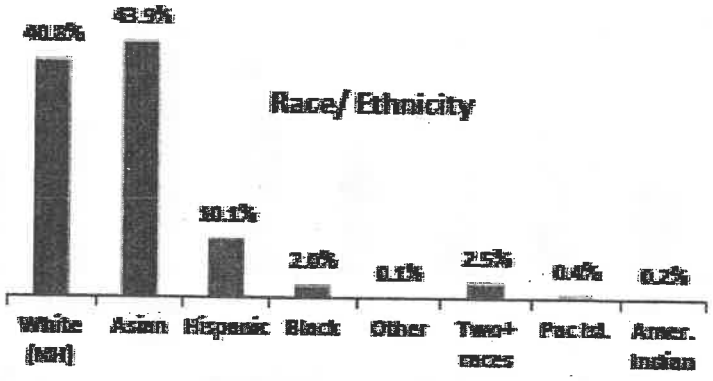


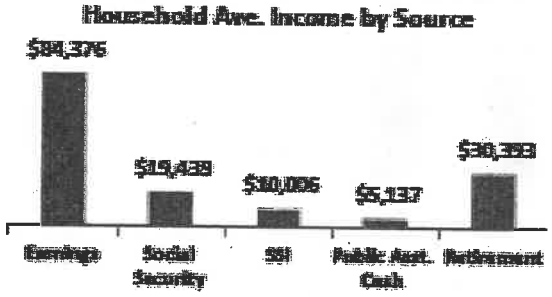
Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
1. Income for basic needs	3.5	Affordable housing	21.4%
2. Housing affordable	3.5	Housing that is suited to your needs	14.3%
3. Income for future	3.5	Resources to feel safe	14.3%
4. Stay in home	3.4	Clean and well-kept sidewalks	14.3%
5. Inclusion in decisions	3.0	A trusted source when can't understand	10.7%
6. Maintain home	3.0	Opportunities to learn	10.7%
7. Prepare healthy food	2.6	Job opportunities	7.1%
8. Falling	2.5	A trusted source to go for needs	7.1%
9. Anxiety or stress	2.4	Fitness and exercise activities	7.1%
10. Being isolated	2.2	Fresh vegetables and fruit I can afford	7.1%

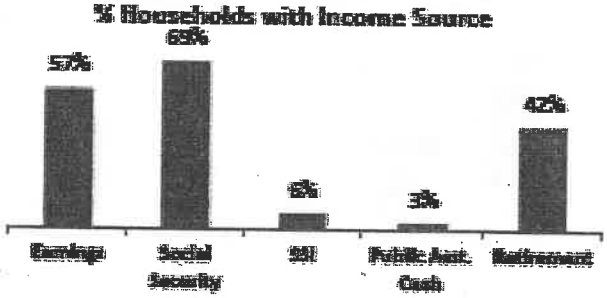
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Fremont Older Adult Profile



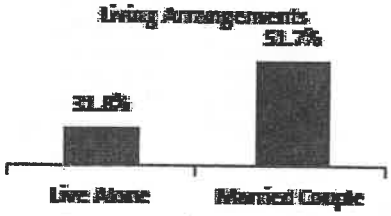


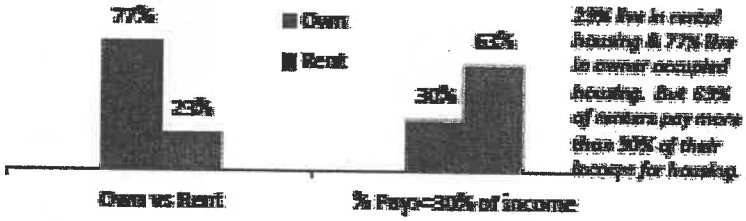




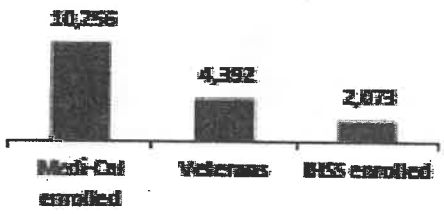
Survey Top 10 Concerns	Rating
Income for basic needs	3.4
Inclusion in decisions	3.3
Maintain home	3.3
Stay in home	3.3
Income for future	3.2
Falling	3.1
Housing affordable	3.1
Prepare healthy food	2.8
Finding a doctor	2.7
Confusion or memory	2.7

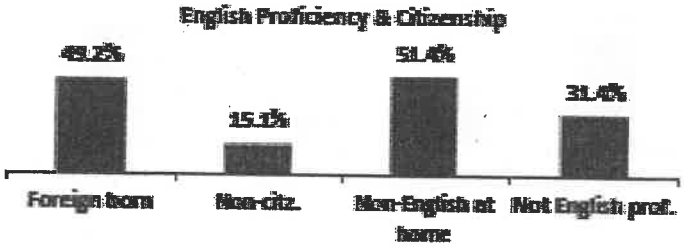
Survey Top 10 Resources lacking	% without
Job opportunities	34.3%
Affordable housing	32.1%
Housing that is suited to your needs	19.8%
A computer that you feel comfortable using	19.6%
Opportunities to participate in comm. decisions	17.1%
Clean and well-kept sidewalks	16.2%
Opportunities to learn	15.8%
Fitness and exercise activities	15.2%
Resources to feel safe	14.7%
A trusted source when can't understand	14.3%





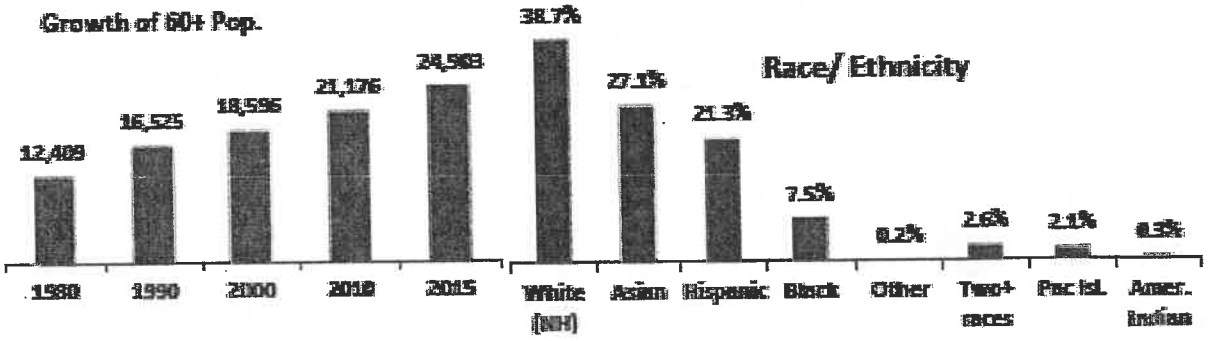
23% live in rental housing & 77% live in owner occupied housing. But 63% of renters pay more than 30% of their income for housing.

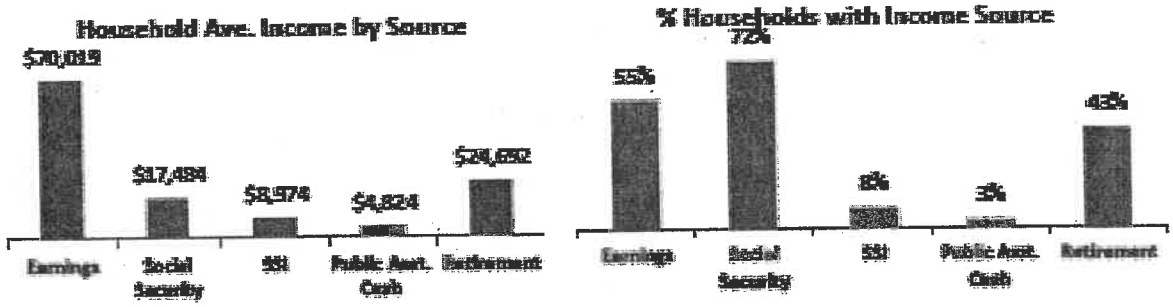




Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

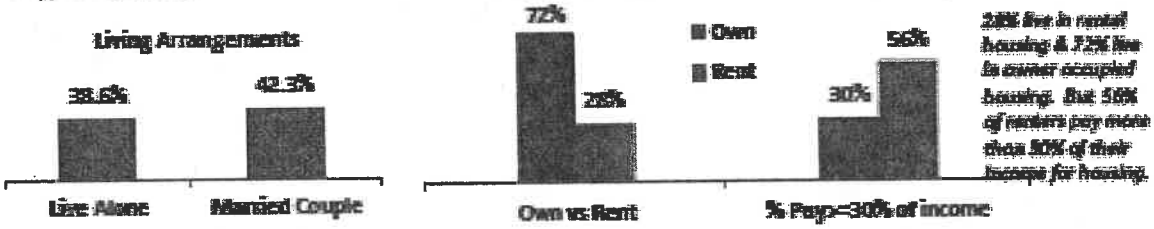
City of Hayward Older Adult Profile

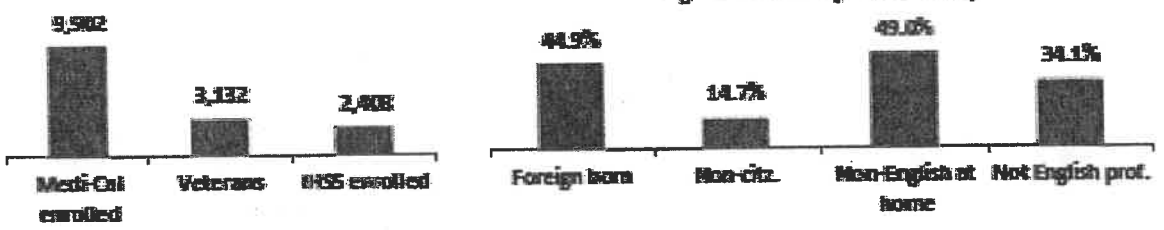




Survey Top 10 Concerns	Rating
1. Income for basic needs	3.8
2. Maintain home	3.6
3. Income for future	3.6
4. Stay in home	3.6
5. Housing affordable	3.5
6. Falling	3.3
7. Inclusion in decisions	3.2
8. Prepare healthy food	3.0
9. Anxiety or stress	2.8
10. Support dependents	2.7

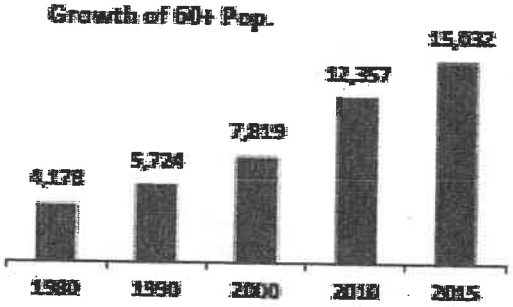
Survey Top 10 Resources lacking	% without
Job opportunities	38.9%
Affordable housing	25.2%
A computer that you feel comfortable using	18.3%
Safe, well-lit streets	17.6%
Opportunities to participate in comm. decisions	16.5%
Clean and well-kept sidewalks	16.2%
Opportunities to learn	15.8%
Housing that is suited to your needs	15.1%
A trusted source when can't understand	13.3%
Transportation that is affordable	13.3%

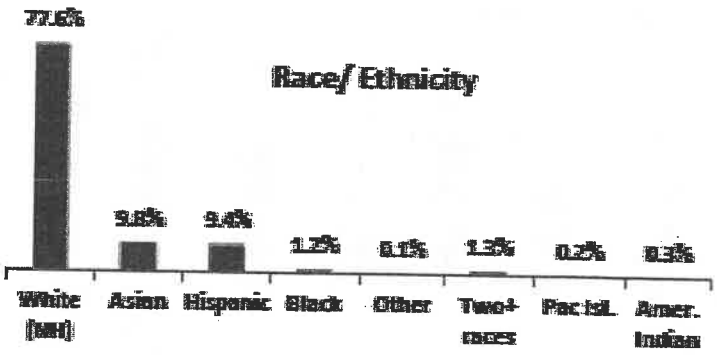


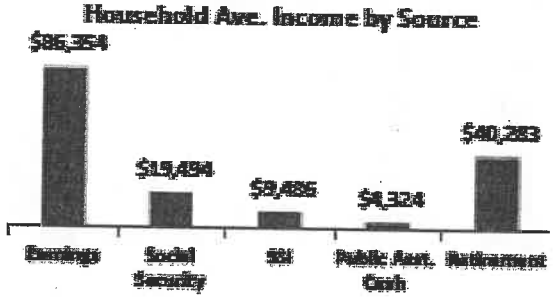


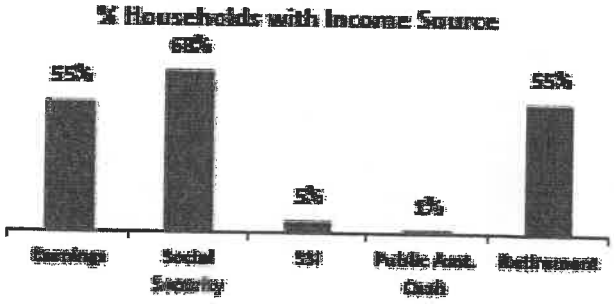
Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Livermore Older Adult Profile



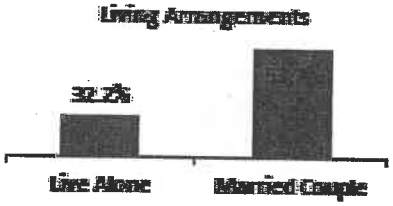


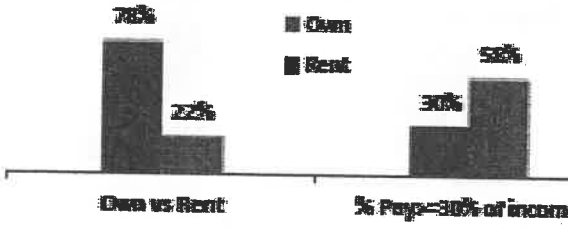




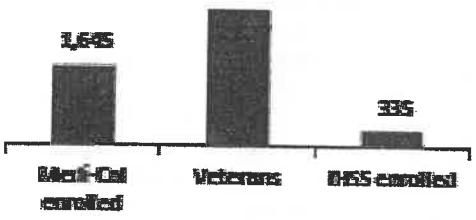
Survey Top 10 Concerns:	Rating
1. Income for basic needs	3.7
2. Housing affordable	3.6
3. Income for future	3.6
4. Stay in home	3.5
5. Falling	3.4
6. Maintain home	3.3
7. Inclusion in decisions	3.3
8. Being isolated	2.9
9. Anxiety or stress	2.9
10. Prepare healthy food	2.8

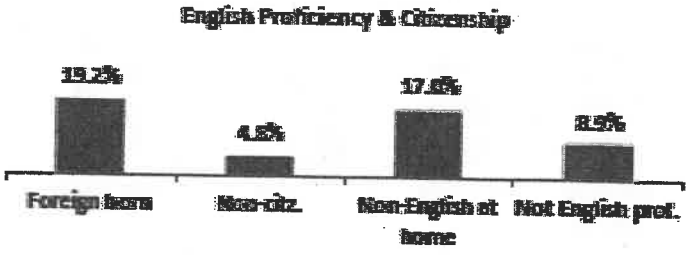
Survey Top 10 Resources lacking	% without
Affordable housing	31.7%
Job opportunities	26.0%
Housing that is suited to your needs	22.0%
A computer that you feel comfortable using	16.3%
Fresh vegetables and fruit I can afford	16.3%
Transportation that is affordable	16.3%
Opportunities to participate in comm. decisions	13.8%
A trusted source to go for needs	13.8%
Opportunities to learn	13.0%
Resources to feel safe	12.2%





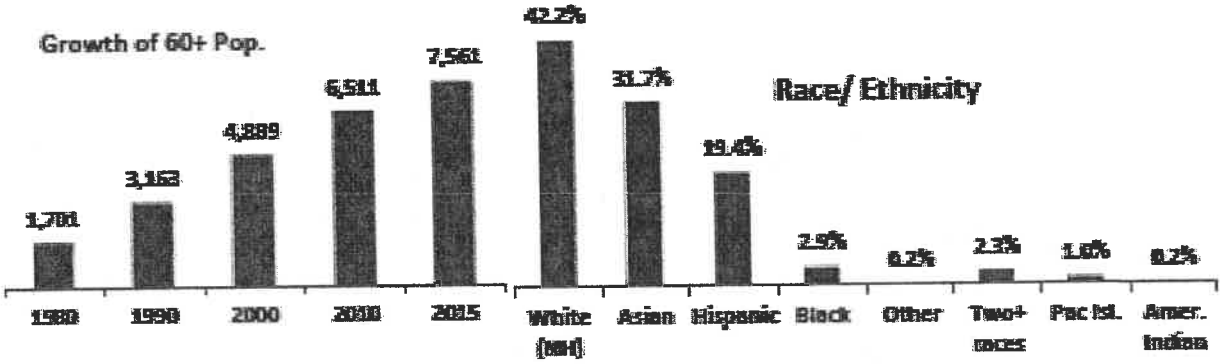
22% live in rental housing & 78% live in owner occupied housing. But 56% of renters pay more than 30% of their income for housing.

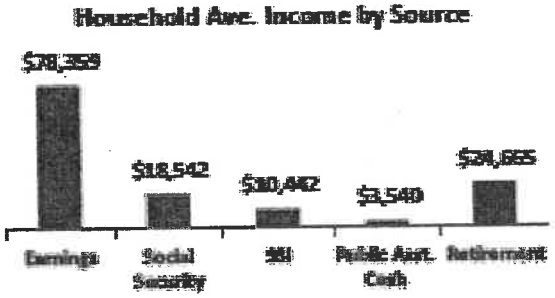


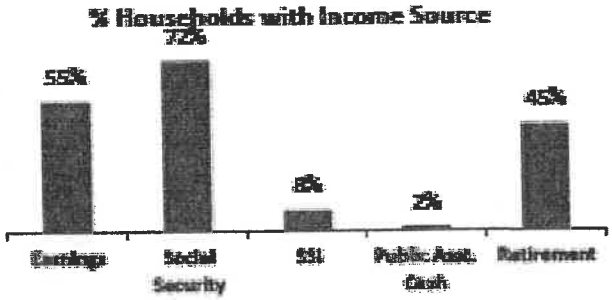


Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Newark Older Adult Profile

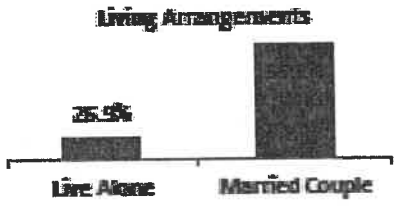


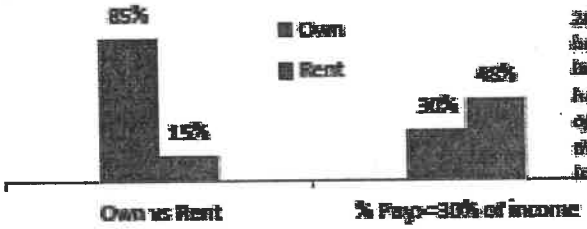




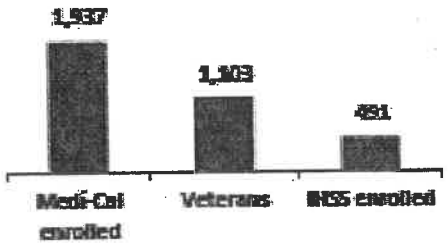
Survey Top 10 Concerns	Rating
1. Income for basic needs.	3.8
2. Stay in home	3.6
3. Falling	3.6
4. Income for future	3.6
5. Maintain home	3.5
6. Inclusion in decisions	3.3
7. Personal safety	3.2
8. Confusion or memory	3.0
9. Housing affordable	2.8
10. Prepare healthy food	2.7

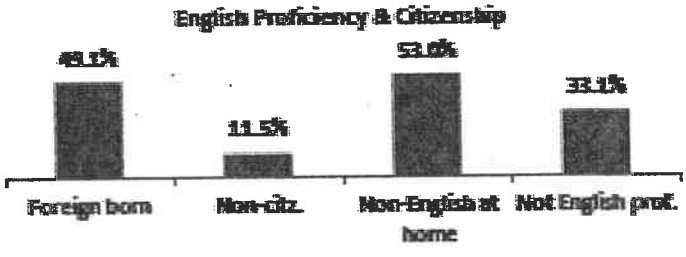
Survey Top 10 Resources lacking	% without
Job opportunities	28.2%
Affordable housing	22.7%
A computer that you feel comfortable using	20.0%
Opportunities to participate in comm. decisions	19.1%
Housing that is suited to your needs	19.1%
Volunteer opportunities	13.6%
Transportation that is affordable	13.6%
Clean and well-kept sidewalks	13.6%
Places to socialize affordable	12.7%
Safe, well-lit streets	12.7%





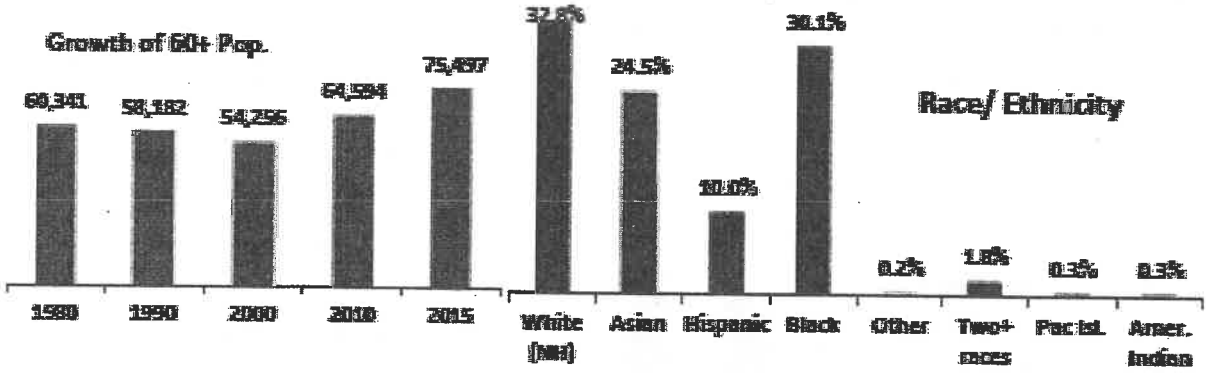
28% live in rental housing & 72% live in owner occupied housing. But 56% of renters pay more than 30% of their income for housing.

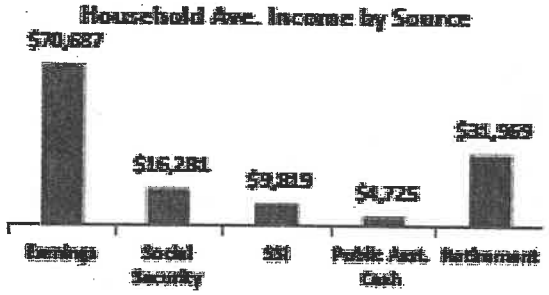


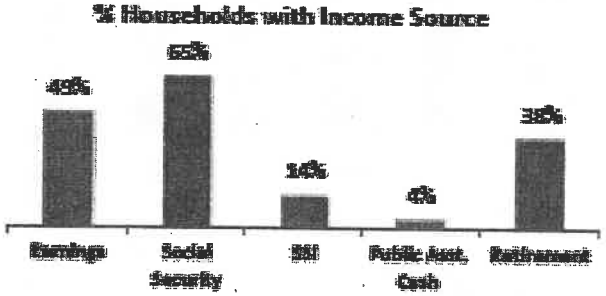


Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Oakland Older Adult Profile

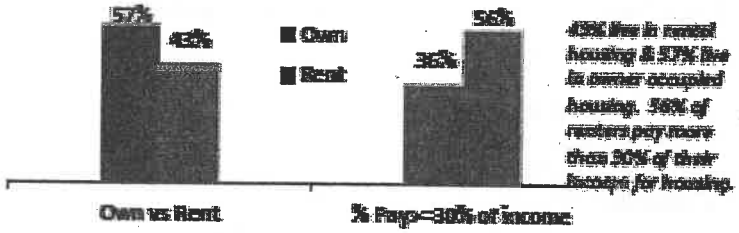




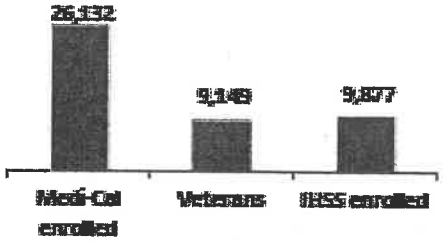


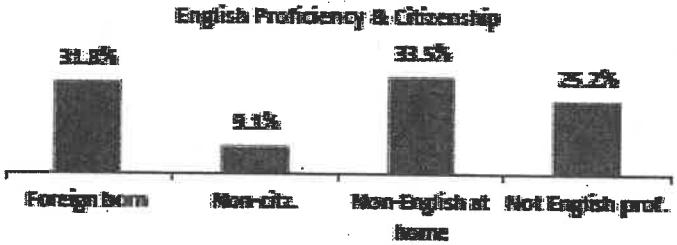
Survey Top 10 Concerns	Rating
1. Income for future	3.7
2. Income for basic needs	3.7
3. Stay in home	3.5
4. Maintain home	3.5
5. Housing affordable	3.4
6. Inclusion in decisions	3.4
7. Falling	3.3
8. Prepare healthy food	3.1
9. Anxiety or stress	2.8
10. Confusion or memory	2.7

Survey Top 10 Resources lacking	% without
Job opportunities	31.2%
Clean and well-kept sidewalks	26.2%
Affordable housing	24.7%
Safe, well-lit streets	24.7%
A computer that you feel comfortable using	21.1%
Resources to feel safe	20.3%
Housing that is suited to your needs	18.2%
Opportunities to participate in comm. decisions	15.8%
Opportunities to learn	15.5%
A trusted source when can't understand	13.9%



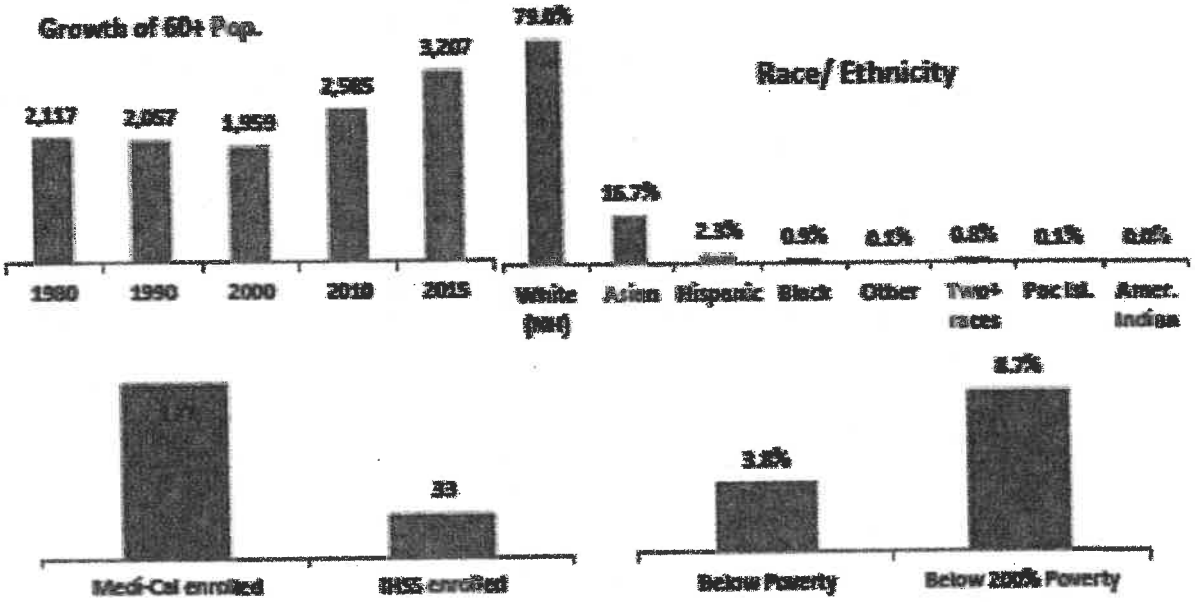
49% live in rental housing & 57% live in owner occupied housing. 56% of renters pay more than 30% of their income for housing.





Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Piedmont Older Adult Profile

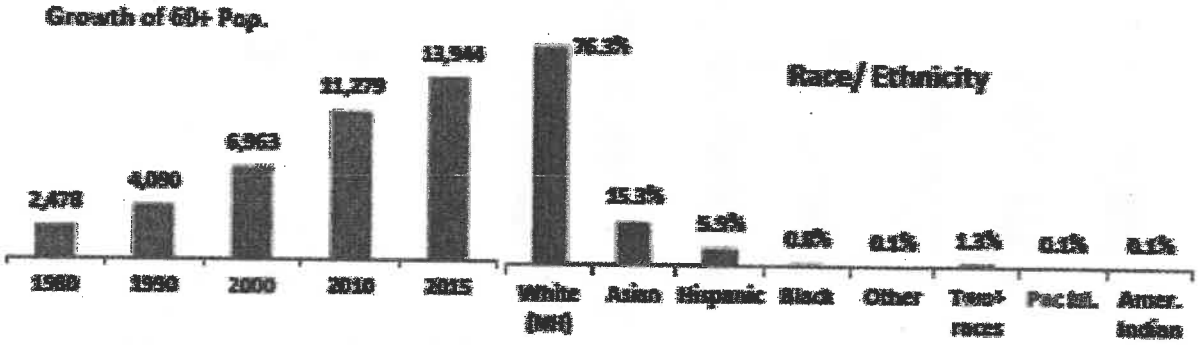


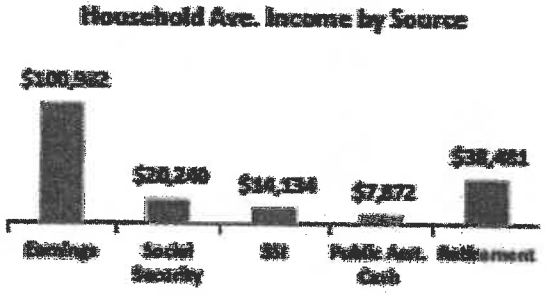
Survey Top 10 Concerns	Rating
1. Falling	3.8
2. Maintain home	3.7
3. Stay in home	3.6
4. Inclusion in decisions	3.4
5. Housing affordable	3.3
6. Anxiety or stress	3.3
7. Ability to be a caregiver	3.3
8. Income for basic needs	3.2
9. Prepare healthy food	2.7
10. Confusion or memory	2.6

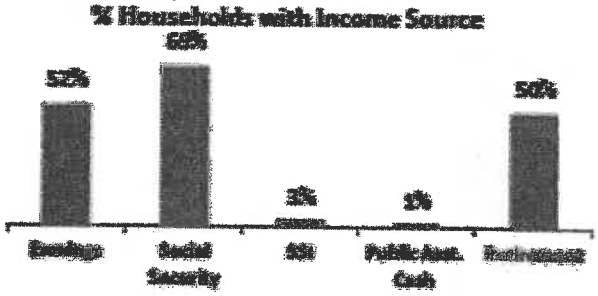
Survey Top 10 Resources lacking	% without
Job opportunities	16.7%
Safe, well-lit streets	8.3%
A computer that you feel comfortable using	8.3%
Places to socialize affordable	8.3%
Fitness and exercise activities	8.3%

Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Pleasanton Older Adult Profile

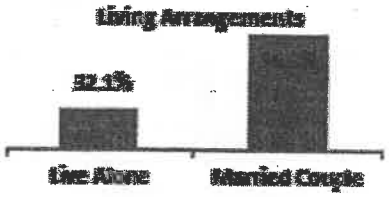


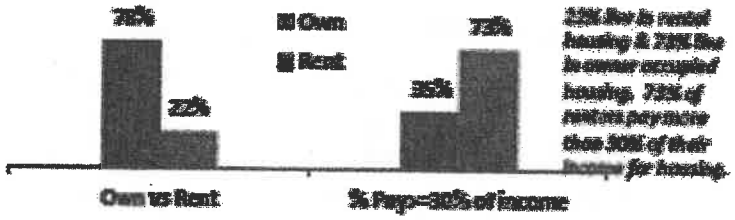


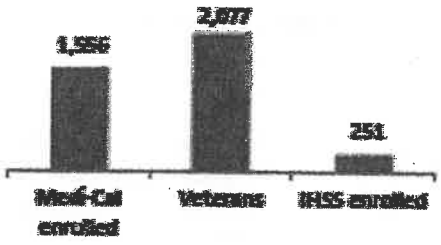


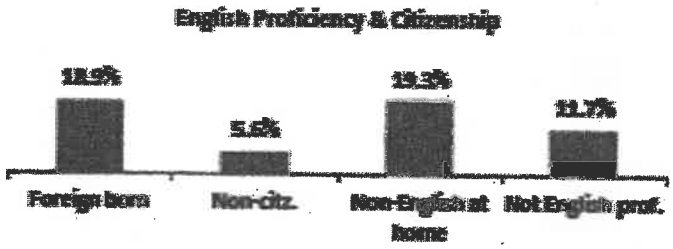
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.3
2. Falling	3.2
3. Maintain home	3.2
4. Housing affordable	3.2
5. Income for future	3.2
6. Inclusion in decisions	3.1
7. Prepare healthy food	2.7
8. Anxiety or stress	2.6
9. Confusion or memory	2.5
10. Personal safety	2.4

Survey Top 10 Resources lacking	% without
Affordable housing	28.5%
Job opportunities	19.0%
A computer that you feel comfortable using	13.8%
Housing that is suited to your needs	12.2%
Fresh vegetables and fruit I can afford	10.1%
Volunteer opportunities	9.5%
Opportunities to participate in comm. decisions	8.5%
A trusted source when can't understand	7.9%
Emotional health services culturally & lang appropr.	7.5%
Fitness and exercise activities	7.5%



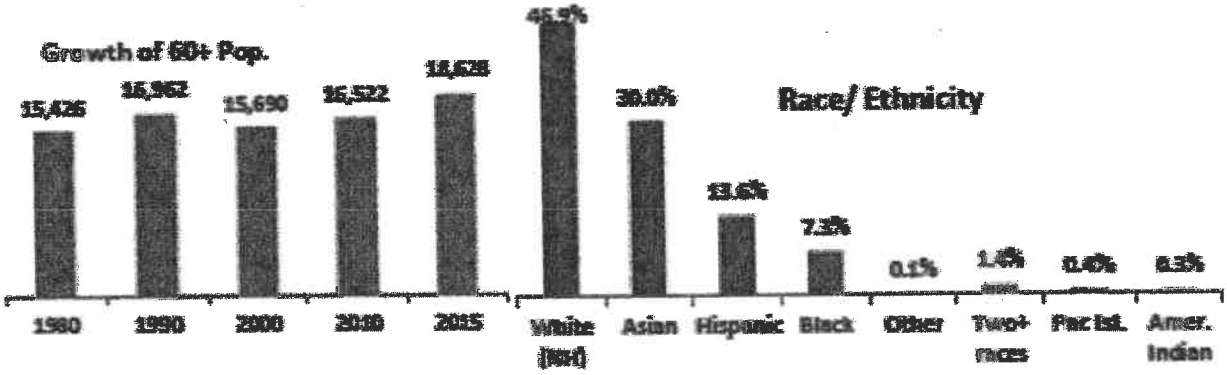


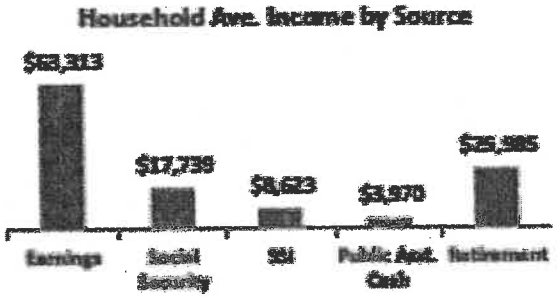


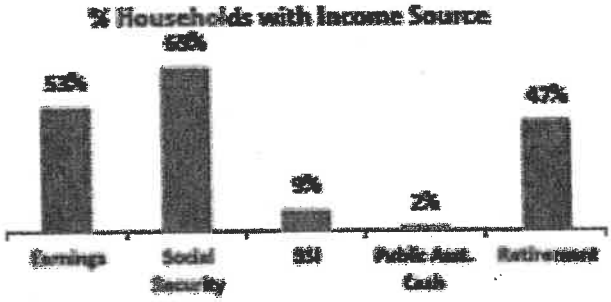


Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2013.

City of San Leandro Older Adult Profile

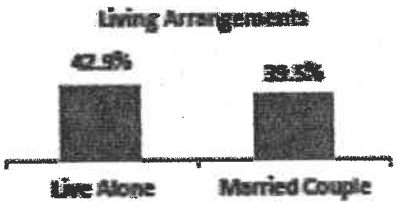


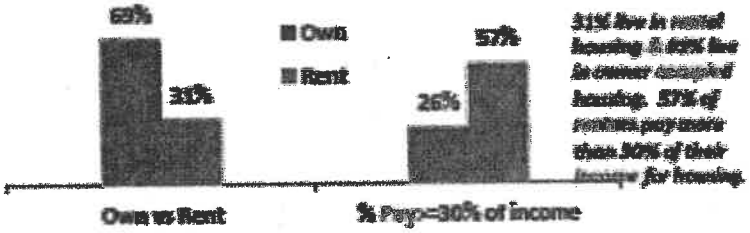




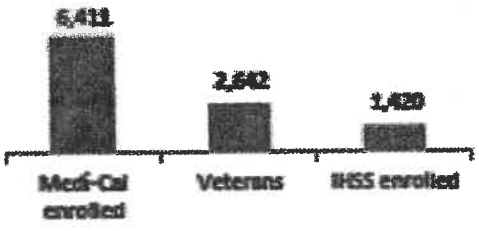
Survey Top 10 Concerns	Rating
1. Income for basic needs	3.6
2. Income for future	3.6
3. Maintain home	3.6
4. Stay in home	3.6
5. Falling	3.5
6. Housing affordable	3.5
7. Inclusion in decisions	3.4
8. Prepare healthy food	3.0
9. Anxiety or stress	2.8
10. Personal safety	2.7

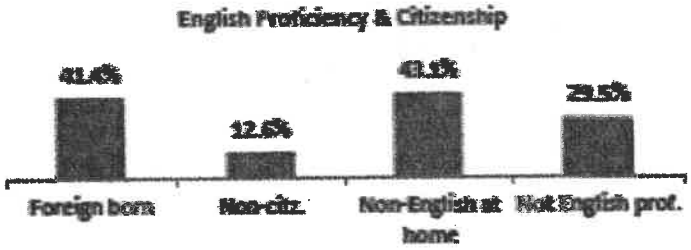
Survey Top 10 Resources lacking	% without
Job opportunities	26.0%
Affordable housing	21.6%
A computer that you feel comfortable using	21.1%
Safe, well-lit streets	15.0%
A trusted source when can't understand	14.5%
Housing that is suited to your needs	13.7%
Clean and well-kept sidewalks	13.7%
Volunteer opportunities	12.8%
Resources to feel safe	11.5%
Transportation that is affordable	11.0%





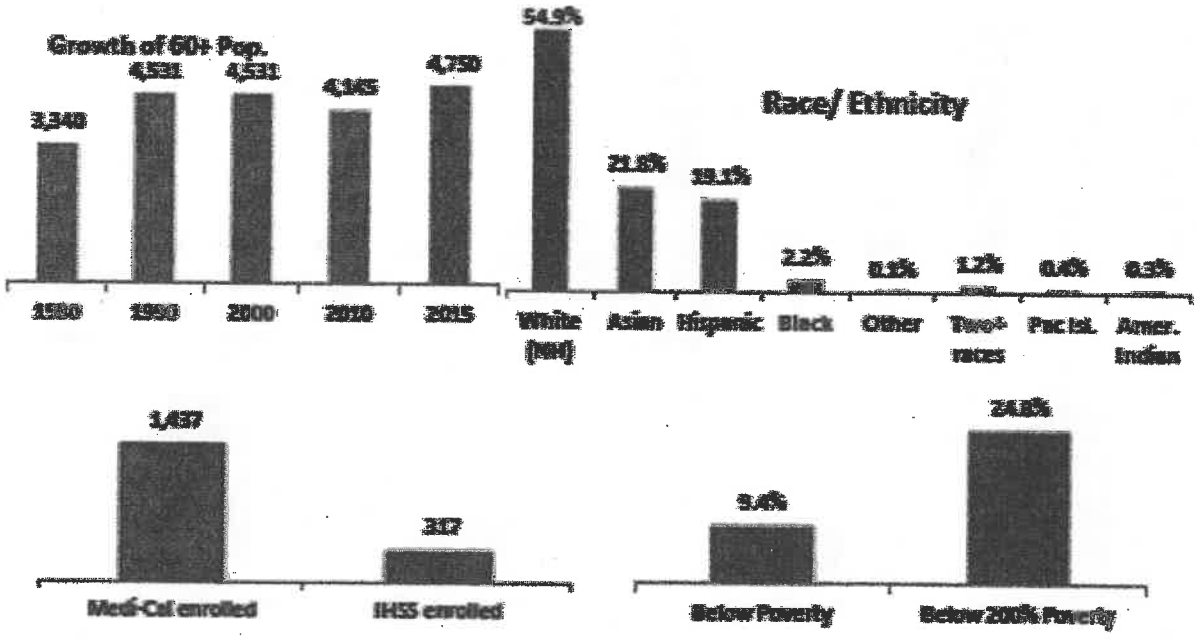
31% live in rental housing & 69% live in owner occupied housing. 57% of renters pay more than 30% of their income for housing.





Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table 50102 and ESRI 2015.

San Lorenzo Older Adult Profile

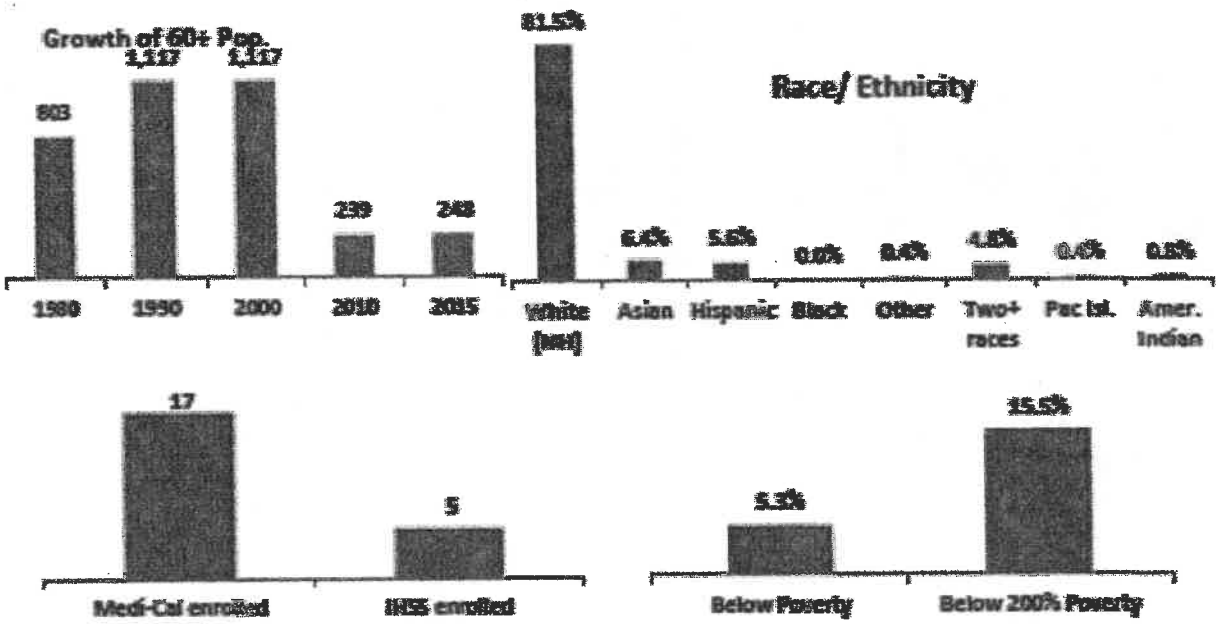


Survey Top 10 Concerns:	Rating
1. Stay in home	3.8
2. Maintain home	3.7
3. Income for future	3.6
4. Income for basic needs	3.4
5. Falling	3.3
6. Inclusion in decisions	3.3
7. Housing affordable	3.3
8. Prepare healthy food	3.2
9. Finding a doctor	2.7
10. Anxiety or stress	2.6

Survey Top 10 Resources lacking	% without
Job opportunities	22.7%
A computer that you feel comfortable using	20.5%
Clean and well-kept sidewalks	20.5%
Affordable housing	18.2%
Housing that is suited to your needs	15.9%
Opportunities to participate in comm. decisions	15.9%
Emotional health services culturally & lang appop.	11.4%
Resources to feel safe	11.4%
Information in your lang.	11.4%
Opportunities to learn	9.1%

Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

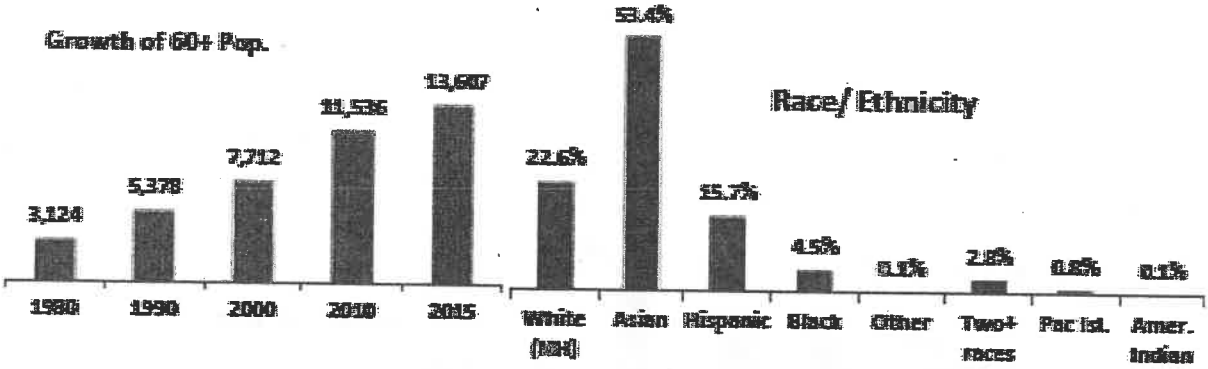
Sunol Older Adult Profile

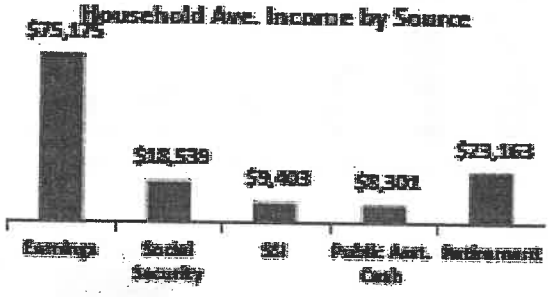


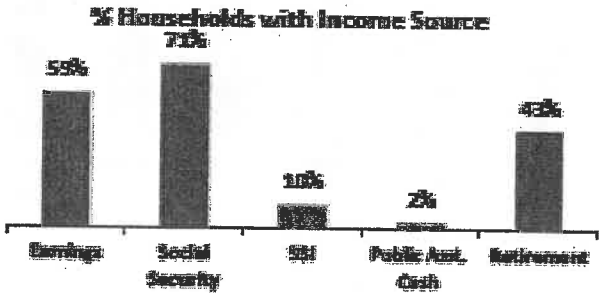
Survey Top 10 Concerns	Rating	Survey Top 10 Resources lacking	% without
1. Stay in home	3.8	Job opportunities	22.7%
2. Maintain home	3.7	A computer that you feel comfortable using	28.5%
3. Income for future	3.6	Clean and well-kept sidewalks	28.5%
4. Income for basic needs	3.4	Affordable housing	18.2%
5. Falling	3.3	Housing that is suited to your needs	15.9%
6. Inclusion in decisions	3.3	Opportunities to participate in comm. decisions	15.9%
7. Housing affordable	3.3	Emotional health services culturally & lang approp.	11.4%
8. Prepare healthy food	3.2	Resources to feel safe	11.4%
9. Finding a doctor	2.7	Information in your lang.	11.4%
10. Anxiety or stress	2.6	Opportunities to learn	9.1%

Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

City of Union City Older Adult Profile

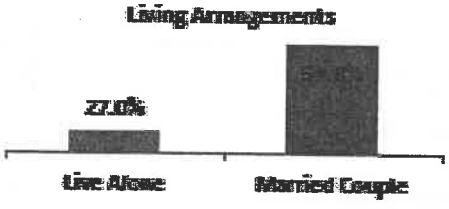


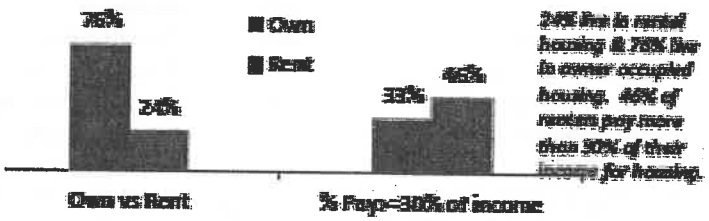


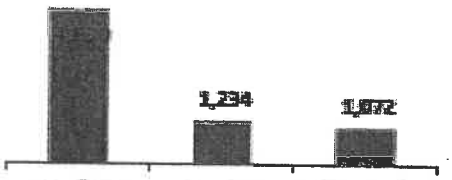


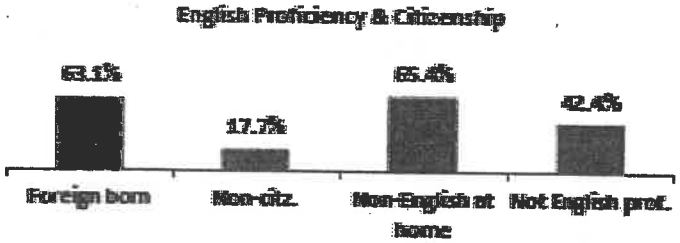
Survey Top 10 Concerns	Rating
1. Falling	3.5
2. Maintain home	3.4
3. Income for future	3.4
4. Income for basic needs	3.3
5. Housing affordable	3.3
6. Stay in home	3.2
7. Inclusion in decisions	2.9
8. Prepare healthy food	2.8
9. Confusion or memory	2.8
10. Anxiety or stress	2.8

Survey Top 10 Resources lacking	% without
Job opportunities	34.2%
Affordable housing	22.4%
A computer that you feel comfortable using	18.8%
Volunteer opportunities	14.3%
Fitness and exercise activities	13.7%
Opportunities to participate in comm. decisions	13.0%
Fresh vegetables and fruit I can afford	13.0%
Housing that is suited to your needs	11.2%
Safe, well-lit streets	11.2%
A trusted source when can't understand	10.6%



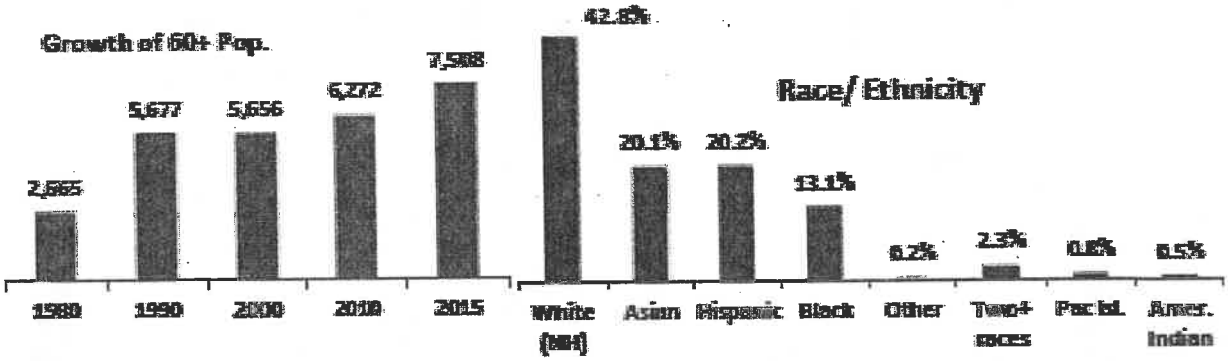


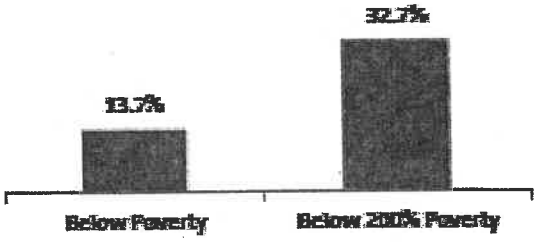




Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2015. Concerns rated from high (5) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

Unincorporated Ashland, Cherryland Fairview Older Adult Profile





Survey Top 10 Concerns	Rating
1. Maintain home	3.3
2. Stay in home	3.0
3. Income for basic needs	3.0
4. Falling	3.0
5. Income for future	3.0
6. Inclusion in decisions	3.0
7. Housing affordable	2.9
8. Prepare healthy food	2.4
9. Finding a doctor	2.4
10. Anxiety or stress	2.4

Survey Top 10 Resources lacking	% without
Affordable housing	34.4%
Job opportunities	25.0%
Housing that is suited to your needs	21.9%
Resources to feel safe	18.8%
Emotional health services culturally & lang approp.	18.8%
A trusted source when can't understand	18.8%
Safe, well-lit streets	18.8%
A trusted source to go for needs	15.6%
Information in your lang.	15.6%
Health services culturally & lang. approp.	15.6%

Notes: Older Adult= 60+. Survey results from AC Older Adults Survey 2013. Concerns rated from high (3) to low (1), with the average of all ratings shown. Bar graphs from US Census, ACS 2010-14 Table S0102 and ESRI 2015.

Appendix E: Consumer Survey Results

Table 1: Survey Participants by City compared to Senior Population

City	Total Pop. 60+	% Total Pop. 60+	# Survey	% Survey
Oakland	69754	26.8%	785	21.2%
Fremont	36210	13.9%	764	20.6%
Hayward	23041	8.9%	278	7.5%
Berkeley	20937	8.0%	498	13.4%
San Leandro	17711	6.8%	227	6.1%
Alameda	14833	5.7%	183	4.9%
Livermore	14749	5.7%	123	3.3%
Union City	13632	5.2%	161	4.3%
Pleasanton	12952	5.0%	189	5.1%
Castro Valley	12699	4.9%	173	4.7%
Newark	7704	3.0%	110	3.0%
Dublin	6265	2.4%	54	1.5%
San Lorenzo	5374	2.1%	44	1.2%
Albany	2918	1.1%	39	1.1%
Ashland	2711	1.0%	12	0.3%
Piedmont	2635	1.0%	12	0.3%
Fairview	2232	0.9%	12	0.3%
Cherryland	1793	0.7%	8	0.2%
Emeryville	1781	0.7%	28	0.8%
Sunol	323	0.1%	6	0.2%
Other/missing	1709	0.7%	19	
Grand Total	260179	100%	3725	100%

Table 2: Race/ Ethnicity: 60+ pop. compared to Survey Participants

Race/ Ethnicity	% County Total Pop. 60+	# Survey	% Survey
White	49%	1510	51%
Asian	25%	709	24%
Black	12%	426	14%
Hispanic	11%	263	9%
Native Am.	0.2%	45	2%
Other/missing	3%	772	
Total	100%	3725	100%

Table 3: Gender & Sexual Identity of Survey Participants

Male	914	29%
Female	2230	71%
Transsexual	9	.3%
Heterosexual	1832	86%
Homosexual	183	9%
Bisexual	68	3%
Other	51	2%

Appendix E: Consumer Survey Results

Table 4: Language of Survey Participants

Language	#	%
English	2439	81%
Chinese	258	9%
Spanish	83	3%
Indian	49	2%
Tagalog/Filipino	34	1.1%
Vietnamese	28	0.9%
Cambodian	23	0.8%
Dari / Farsi	19	0.6%
Other/missing	63	2.1%

Table 5: Income of Survey Participants

Income	#	%
$0 - $11,770	789	27%
$11,771 - $17,500	376	13%
$17,501 - $26,000	353	12%
$26,001 - $35,000	292	10%
$35,001 - $45,000	221	8%
$45,001 - $60,000	253	9%
$60,001 - $85,000	250	9%
$85,000 and above	348	12%
missing	843	-
Total	3725	100%

Table 6: Age of Survey Participants

Age Group	#	%
55-64	872	24%
65-74	1363	38%
75-84	908	25%
85+	437	12%
missing	145	-
Grand Total	3725	100%

Median age= 72

Table 7: How did Survey Participants hear about the survey?

Source	#	%
Senior Center	1161	31.2%
Non-Profit	360	9.7%
Meals on Wheels	140	3.8%
Faith-based	57	1.5%
Friend	43	1.2%
Asian Health Center	41	1.1%
Meals on Wheels	25	0.7%
Fremont City News	14	0.4%

Appendix E: Consumer Survey Results

Senior apartment	13	0.3%
Public Health	12	0.3%
Hayward senior center	11	0.3%
newspaper	10	0.3%
All other	1838	49.3%

Table 8: When did survey results come in?

Month	#	%
June	152	4%
July	641	17%
August	362	10%
September	677	18%
October	1695	46%
November	137	4%
December	61	2%
Total	3725	100%

Table 9: Living Situation by Age Group

Age Group	No one (Alone)	With Children	Spouse or significant other	Extended family	Friends/ acquaint	Parents
55-64	32%	13%	34%	3%	5%	2%
65-74	36%	8%	34%	4%	3%	1%
75-84	43%	11%	27%	3%	2%	0%
85+	48%	17%	18%	3%	2%	0%
missing	32%	11%	26%	1%	1%	1%
Total	37%	11%	30%	4%	3%	1%

Table 10: Living Situation by Race/Ethnicity

Race/ethnicity	No one (Alone)	With Children	Spouse or significant other	Extended family	Friends/ acquaint	Parents
Asian	27%	17%	50%	5%	3%	2%
Black	56%	15%	16%	6%	3%	1%
Latino	43%	19%	29%	6%	4%	1%
Native Am.	40%	16%	24%	2%	9%	0%
White	48%	9%	35%	3%	4%	1%
missing	11%	4%	10%	2%	1%	1%
Total	37%	11%	30%	4%	3%	1%

Appendix E: Consumer Survey Results

Table 11: Type of Residence by Living Situation and Income

Type of residence	Overall	Alone	not Alone	Income <$26K	Income >$26K	Alone & <$26K	Alone & >$26K
House	55%	41%	71%	40%	76%	24%	36%
Apartment	27%	35%	16%	44%	11%	55%	43%
Condominium/Townhouse	7%	9%	5%	5%	9%	5%	9%
Retirement Community	5%	9%	1%	7%	2%	12%	9%
Mobile Home/Trailer	2%	3%	2%	3%	1%	4%	3%

Table 12: Reported limitations by Age Group

Age	hearing	mobility	memory	vision	other
55-64	16%	29%	16%	22%	17%
65-74	23%	28%	13%	23%	13%
75-84	27%	29%	17%	20%	7%
85+	31%	29%	16%	21%	4%
missing	25%	26%	15%	24%	11%
Total	25%	28%	15%	21%	10%

Table 13: Number of limitations by Age Group

Age Group	None	One	Two	Three	Four	Five
55-64	61%	23%	9%	5%	2%	1%
65-74	53%	26%	13%	6%	2%	0%
75-84	40%	33%	16%	7%	4%	0%
85+	25%	29%	24%	14%	8%	1%
missing	56%	30%	8%	3%	2%	1%
Total	48%	27%	14%	7%	3%	0%

Table 14: Health Issues by Age Group

Age Group	Arthritis	Diabetes	Heart Disease	Obesity	Asthma	Cancer	Stroke
55-64	27%	16%	6%	17%	12%	4%	3%
65-74	33%	19%	11%	13%	10%	7%	4%
75-84	41%	20%	17%	7%	9%	8%	7%
85+	40%	16%	22%	3%	7%	6%	6%
missing	30%	19%	12%	6%	7%	3%	4%
Total	34%	18%	13%	11%	10%	6%	5%

Appendix E: Consumer Survey Results

Table 15: Elders as Caregivers by Age Group

Age Group	not a Caregiver	Caregiver to kids	Caregiver to adults 19-55	Caregiver to over 55	combo
55-64	77%	2.5%	2.3%	17.5%	1.0%
65-74	85%	1.7%	2.2%	10.6%	0.2%
75-84	89%	0.3%	1.0%	9.3%	0.4%
85+	89%	0.3%	0.8%	9.7%	0.0%

Table 16: Do Elders have Future Planning Documents

Future planning document	Have	Don't have	total	%
Will	1364	2361	3725	37%
Advanced Health Care Directive	1334	2391	3725	36%
Burial Plan	761	2964	3725	20%
Long term care insurance	448	3277	3725	12%
Power of Attorney	1000	2725	3725	27%

Table 17: Availability of Current Resources

Currently Available Resources	# Yes	% Yes	# No	% No	#missing	%missing
Job opportunities for people your age	592	16%	1123	30%	2010	54%
Affordable housing	1663	45%	966	26%	1096	29%
A computer that you feel comfortable using	1998	54%	679	18%	1048	28%
Housing that is suited to your needs	2089	56%	646	17%	990	27%
Opportunities to participate in community decisions	1836	49%	523	14%	1366	37%
Clean and well-kept sidewalks	2425	65%	664	18%	636	17%
Free or affordable opportunities for you to learn	1982	53%	497	13%	1246	33%
A trusted source to go when you can't understand	2014	54%	465	12%	1246	33%
Resources that help you to feel safe in the	2188	59%	523	14%	1014	27%
Safe, well-lit streets and intersections	2424	65%	582	16%	719	19%
Emotional health services culturally appropriate	2003	54%	452	12%	1270	34%
Opportunities for you to volunteer in the	2113	57%	421	11%	1191	32%
Fitness and exercise activities	2214	59%	437	12%	1074	29%
Fresh vegetables and fruit that you can afford	2484	67%	449	12%	792	21%
A form of transportation that is affordable for you	2500	67%	422	11%	803	22%
Places to socialize that are affordable for you	2286	61%	361	10%	1078	29%
A trusted source to go to when you have a need	2406	65%	374	10%	945	25%
Information about news and events in your	2598	70%	284	8%	843	23%
Health services culturally & language appropriate	2633	71%	266	7%	826	22%
Places to socialize that are welcoming to you	2687	72%	197	5%	841	23%

Appendix E: Consumer Survey Results

Table 18: Comparing Availability of Current Resources by Race/Ethnicity

Currently Available Resources	Total	White	Asian	Black	Latino	Nat.Am
Job opportunities for people your age	1.65	1.65	1.71	1.58	1.64	1.75
Affordable housing	1.37	1.37	1.35	1.32	1.41	1.39
A computer that you feel comfortable using	1.25	1.20	1.34	1.28	1.38	1.30
Housing that is suited to your needs	1.24	1.21	1.24	1.22	1.34	1.29
Opportunities to participate in community decisions	1.22	1.15	1.42	1.20	1.23	1.33
Clean and well-kept sidewalks	1.21	1.24	1.09	1.25	1.25	1.20
Free or affordable opportunities for you to learn	1.20	1.18	1.21	1.22	1.26	1.11
A trusted source to go when you can't understand	1.19	1.20	1.11	1.21	1.27	1.15
Resources that help you to feel safe in the community	1.19	1.16	1.20	1.25	1.21	1.12
Safe, well-lit streets and intersections	1.19	1.18	1.22	1.17	1.17	1.19
Emotional health services culturally appropriate	1.18	1.15	1.26	1.18	1.20	1.19
Opportunities for you to volunteer in the community	1.17	1.09	1.29	1.22	1.22	1.14
Fitness and exercise activities	1.16	1.14	1.18	1.18	1.25	1.23
Fresh vegetables and fruit that you can afford	1.15	1.13	1.12	1.17	1.22	1.21
A form of transportation that is affordable for you	1.14	1.14	1.13	1.12	1.18	1.14
Places to socialize that are affordable for you	1.14	1.10	1.17	1.13	1.22	1.13
A trusted source to go to when you have a need	1.13	1.14	1.13	1.14	1.10	1.14
Information about news and events in your language	1.10	1.06	1.16	1.13	1.13	1.03
Health services culturally & language appropriate	1.09	1.07	1.15	1.08	1.08	1.10
Places to socialize that are welcoming to you	1.07	1.05	1.07	1.09	1.10	1.08

**Measure of resource is of those who answered either 'yes' or 'no' only. A measure of 1.0 means that all answered "yes" and a measure of 2.0 means all answered "no".

Table 19: Future Concerns rated low (1) to high (5) County-wide, Lower and Higher Income Comparisons

Concern	Ave. Rating	Income<$26K	Income>$26K
Having enough income to meet all your basic needs	3.50	3.9	3.1
Having enough income to save and plan for the future	3.41	3.6	3.1
Being able to stay in your current home	3.41	3.6	3.2
Having the ability to maintain your home	3.40	3.6	3.5
Being included in making decisions that affect your	3.30	3.3	3.3
Being able to afford housing as you age	3.30	3.5	3.1
Falling (being at risk for falls)	3.24	3.4	3.0
Being able to prepare healthy, nutritious food	2.91	3.2	2.6
Feeling anxious or stressed	2.71	3.0	2.5
Confusion or memory loss that is happening more often or	2.65	2.9	2.4
Finding a health care provider (e.g. doctor)	2.61	2.9	2.3
Personal safety and protection from abuse	2.56	2.8	2.3
Being valued by your community for past and present	2.55	2.6	2.5
Ability to financially support dependents in your life	2.53	2.5	2.5
Being isolated from others	2.46	2.6	2.3
Ability to be a caregiver for someone else	2.44	2.3	2.5

Table 20: Future Concerns rated low (1) to high (5) by City with Countywide Comparison

City	Concern	City Rating	County Rating	# Surveys
Alameda	Income for basic needs	3.7	3.50	183
Alameda	Maintain home	3.7	3.40	183
Alameda	Stay in home	3.7	3.41	183
Alameda	Income for future	3.7	3.41	183
Alameda	Housing affordable	3.6	3.30	183
Alameda	Inclusion in decisions	3.5	3.30	183
Alameda	Falling	3.4	3.24	183
Alameda	Prepare healthy food	3.1	2.91	183
Alameda	Anxiety or stress	3.0	2.71	183
Alameda	Support dependents	2.9	2.53	183
Alameda	Being valued by comm.	2.9	2.55	183
Alameda	Personal safety	2.8	2.56	183
Alameda	Confusion or memory	2.8	2.65	183
Alameda	Ability to be a caregiver	2.8	2.44	183
Alameda	Finding a doctor	2.8	2.61	183
Alameda	Being isolated	2.6	2.46	183
Albany	Housing affordable	3.8	3.30	39
Albany	Stay in home	3.8	3.41	39
Albany	Inclusion in decisions	3.5	3.30	39
Albany	Income for basic needs	3.4	3.50	39
Albany	Falling	3.4	3.24	39
Albany	Maintain home	3.3	3.40	39
Albany	Prepare healthy food	3.3	2.91	39
Albany	Income for future	3.2	3.41	39
Albany	Support dependents	3.0	2.53	39
Albany	Ability to be a caregiver	2.7	2.44	39
Albany	Finding a doctor	2.6	2.61	39
Albany	Confusion or memory	2.5	2.65	39
Albany	Anxiety or stress	2.4	2.71	39
Albany	Being isolated	2.3	2.46	39
Albany	Being valued by comm.	2.2	2.55	39
Albany	Personal safety	2.2	2.56	39
Berkeley	Income for basic needs	3.4	3.50	498
Berkeley	Inclusion in decisions	3.3	3.30	498
Berkeley	Housing affordable	3.3	3.30	498
Berkeley	Income for future	3.3	3.41	498
Berkeley	Stay in home	3.3	3.41	498
Berkeley	Maintain home	3.2	3.40	498
Berkeley	Falling	3.0	3.24	498
Berkeley	Prepare healthy food	2.9	2.91	498
Berkeley	Anxiety or stress	2.7	2.71	498
Berkeley	Confusion or memory	2.6	2.65	498
Berkeley	Being valued by comm.	2.6	2.55	498

Berkeley	Finding a doctor	2.5	2.61	498
Berkeley	Personal safety	2.4	2.56	498
Berkeley	Being isolated	2.4	2.46	498
Berkeley	Ability to be a caregiver	2.4	2.44	498
Berkeley	Support dependents	2.3	2.53	498
Castro Valley	Maintain home	3.3	3.40	173
Castro Valley	Stay in home	3.3	3.41	173
Castro Valley	Income for future	3.2	3.41	173
Castro Valley	Income for basic needs	3.2	3.50	173
Castro Valley	Falling	3.1	3.24	173
Castro Valley	Inclusion in decisions	3.1	3.30	173
Castro Valley	Housing affordable	3.0	3.30	173
Castro Valley	Prepare healthy food	2.6	2.91	173
Castro Valley	Anxiety or stress	2.5	2.71	173
Castro Valley	Confusion or memory	2.4	2.65	173
Castro Valley	Being isolated	2.4	2.46	173
Castro Valley	Finding a doctor	2.4	2.61	173
Castro Valley	Ability to be a caregiver	2.3	2.44	173
Castro Valley	Being valued by comm.	2.3	2.55	173
Castro Valley	Personal safety	2.3	2.56	173
Castro Valley	Support dependents	2.3	2.53	173
Dublin	Income for basic needs	3.5	3.50	54
Dublin	Maintain home	3.4	3.40	54
Dublin	Stay in home	3.3	3.41	54
Dublin	Falling	3.2	3.24	54
Dublin	Income for future	3.0	3.41	54
Dublin	Inclusion in decisions	3.0	3.30	54
Dublin	Anxiety or stress	2.8	2.71	54
Dublin	Housing affordable	2.8	3.30	54
Dublin	Prepare healthy food	2.7	2.91	54
Dublin	Personal safety	2.7	2.56	54
Dublin	Confusion or memory	2.6	2.65	54
Dublin	Being isolated	2.6	2.46	54
Dublin	Finding a doctor	2.4	2.61	54
Dublin	Support dependents	2.3	2.53	54
Dublin	Ability to be a caregiver	2.3	2.44	54
Dublin	Being valued by comm.	2.2	2.55	54
Emeryville	Income for basic needs	3.5	3.50	28
Emeryville	Housing affordable	3.5	3.30	28
Emeryville	Income for future	3.5	3.41	28
Emeryville	Stay in home	3.4	3.41	28
Emeryville	Inclusion in decisions	3.0	3.30	28
Emeryville	Maintain home	3.0	3.40	28
Emeryville	Prepare healthy food	2.6	2.91	28
Emeryville	Falling	2.5	3.24	28
Emeryville	Anxiety or stress	2.4	2.71	28

Emeryville	Being isolated	2.2	2.46	28
Emeryville	Confusion or memory	2.1	2.65	28
Emeryville	Being valued by comm.	2.1	2.55	28
Emeryville	Support dependents	2.0	2.53	28
Emeryville	Personal safety	1.9	2.56	28
Emeryville	Finding a doctor	1.9	2.61	28
Emeryville	Ability to be a caregiver	1.7	2.44	28
Fremont	Income for basic needs	3.4	3.50	764
Fremont	Inclusion in decisions	3.3	3.30	764
Fremont	Maintain home	3.3	3.40	764
Fremont	Stay in home	3.3	3.41	764
Fremont	Income for future	3.2	3.41	764
Fremont	Falling	3.1	3.24	764
Fremont	Housing affordable	3.1	3.30	764
Fremont	Prepare healthy food	2.8	2.91	764
Fremont	Finding a doctor	2.7	2.61	764
Fremont	Confusion or memory	2.7	2.65	764
Fremont	Personal safety	2.6	2.56	764
Fremont	Anxiety or stress	2.6	2.71	764
Fremont	Support dependents	2.6	2.53	764
Fremont	Being valued by comm.	2.5	2.55	764
Fremont	Ability to be a caregiver	2.5	2.44	764
Fremont	Being isolated	2.4	2.46	764
Hayward	Income for basic needs	3.8	3.50	278
Hayward	Maintain home	3.6	3.40	278
Hayward	Income for future	3.6	3.41	278
Hayward	Stay in home	3.6	3.41	278
Hayward	Housing affordable	3.5	3.30	278
Hayward	Falling	3.3	3.24	278
Hayward	Inclusion in decisions	3.2	3.30	278
Hayward	Prepare healthy food	3.0	2.91	278
Hayward	Anxiety or stress	2.8	2.71	278
Hayward	Support dependents	2.7	2.53	278
Hayward	Confusion or memory	2.7	2.65	278
Hayward	Finding a doctor	2.7	2.61	278
Hayward	Being valued by comm.	2.6	2.55	278
Hayward	Being isolated	2.6	2.46	278
Hayward	Personal safety	2.6	2.56	278
Hayward	Ability to be a caregiver	2.6	2.44	278
Livermore	Income for basic needs	3.7	3.50	123
Livermore	Housing affordable	3.6	3.30	123
Livermore	Income for future	3.6	3.41	123
Livermore	Stay in home	3.5	3.41	123
Livermore	Falling	3.4	3.24	123
Livermore	Maintain home	3.3	3.40	123
Livermore	Inclusion in decisions	3.3	3.30	123

Livermore	Being isolated	2.9	2.46	123
Livermore	Anxiety or stress	2.9	2.71	123
Livermore	Prepare healthy food	2.8	2.91	123
Livermore	Confusion or memory	2.5	2.65	123
Livermore	Finding a doctor	2.4	2.61	123
Livermore	Ability to be a caregiver	2.4	2.44	123
Livermore	Support dependents	2.3	2.53	123
Livermore	Personal safety	2.2	2.56	123
Livermore	Being valued by comm.	2.1	2.55	123
Newark	Income for basic needs	3.4	3.50	110
Newark	Stay in home	3.3	3.41	110
Newark	Falling	3.2	3.24	110
Newark	Income for future	3.2	3.41	110
Newark	Maintain home	3.2	3.40	110
Newark	Inclusion in decisions	3.2	3.30	110
Newark	Personal safety	2.9	2.56	110
Newark	Confusion or memory	2.7	2.65	110
Newark	Housing affordable	2.7	3.30	110
Newark	Prepare healthy food	2.6	2.91	110
Newark	Finding a doctor	2.6	2.61	110
Newark	Anxiety or stress	2.5	2.71	110
Newark	Ability to be a caregiver	2.3	2.44	110
Newark	Being valued by comm.	2.3	2.55	110
Newark	Being isolated	2.3	2.46	110
Newark	Support dependents	2.2	2.53	110
Oakland	Income for future	3.7	3.41	785
Oakland	Income for basic needs	3.7	3.50	785
Oakland	Stay in home	3.5	3.41	785
Oakland	Maintain home	3.5	3.40	785
Oakland	Housing affordable	3.4	3.30	785
Oakland	Inclusion in decisions	3.4	3.30	785
Oakland	Falling	3.3	3.24	785
Oakland	Prepare healthy food	3.1	2.91	785
Oakland	Anxiety or stress	2.8	2.71	785
Oakland	Confusion or memory	2.7	2.65	785
Oakland	Being valued by comm.	2.7	2.55	785
Oakland	Finding a doctor	2.7	2.61	785
Oakland	Personal safety	2.6	2.56	785
Oakland	Support dependents	2.6	2.53	785
Oakland	Being isolated	2.5	2.46	785
Oakland	Ability to be a caregiver	2.4	2.44	785
Piedmont	Falling	3.6	3.24	12
Piedmont	Maintain home	3.2	3.40	12
Piedmont	Stay in home	3.0	3.41	12
Piedmont	Inclusion in decisions	3.0	3.30	12
Piedmont	Housing affordable	2.7	3.30	12

Piedmont	Anxiety or stress	2.7	2.71	12
Piedmont	Ability to be a caregiver	2.6	2.44	12
Piedmont	Income for basic needs	2.6	3.50	12
Piedmont	Prepare healthy food	2.4	2.91	12
Piedmont	Confusion or memory	2.4	2.65	12
Piedmont	Support dependents	2.4	2.53	12
Piedmont	Income for future	2.3	3.41	12
Piedmont	Being valued by comm.	2.0	2.55	12
Piedmont	Being isolated	1.8	2.46	12
Piedmont	Personal safety	1.3	2.56	12
Piedmont	Finding a doctor	1.2	2.61	12
Pleasanton	Stay in home	3.3	3.41	189
Pleasanton	Income for basic needs	3.3	3.50	189
Pleasanton	Falling	3.2	3.24	189
Pleasanton	Maintain home	3.2	3.40	189
Pleasanton	Housing affordable	3.2	3.30	189
Pleasanton	Income for future	3.2	3.41	189
Pleasanton	Inclusion in decisions	3.1	3.30	189
Pleasanton	Prepare healthy food	2.7	2.91	189
Pleasanton	Anxiety or stress	2.6	2.71	189
Pleasanton	Confusion or memory	2.5	2.65	189
Pleasanton	Personal safety	2.4	2.56	189
Pleasanton	Being valued by comm.	2.4	2.55	189
Pleasanton	Being isolated	2.4	2.46	189
Pleasanton	Support dependents	2.4	2.53	189
Pleasanton	Finding a doctor	2.4	2.61	189
Pleasanton	Ability to be a caregiver	2.3	2.44	189
San Leandro	Income for basic needs	3.6	3.50	227
San Leandro	Income for future	3.6	3.41	227
San Leandro	Maintain home	3.6	3.40	227
San Leandro	Stay in home	3.6	3.41	227
San Leandro	Falling	3.5	3.24	227
San Leandro	Housing affordable	3.5	3.30	227
San Leandro	Inclusion in decisions	3.4	3.30	227
San Leandro	Prepare healthy food	3.0	2.91	227
San Leandro	Anxiety or stress	2.8	2.71	227
San Leandro	Personal safety	2.7	2.56	227
San Leandro	Finding a doctor	2.7	2.61	227
San Leandro	Confusion or memory	2.6	2.65	227
San Leandro	Being valued by comm.	2.6	2.55	227
San Leandro	Being isolated	2.5	2.46	227
San Leandro	Support dependents	2.5	2.53	227
San Leandro	Ability to be a caregiver	2.4	2.44	227
San Lorenzo	Stay in home	3.8	3.41	44
San Lorenzo	Maintain home	3.7	3.40	44
San Lorenzo	Income for future	3.6	3.41	44

Appendix E: Consumer Survey Results

San Lorenzo	Income for basic needs	3.4	3.50	44
San Lorenzo	Falling	3.3	3.24	44
San Lorenzo	Inclusion in decisions	3.3	3.30	44
San Lorenzo	Housing affordable	3.3	3.30	44
San Lorenzo	Prepare healthy food	3.2	2.91	44
San Lorenzo	Finding a doctor	2.7	2.61	44
San Lorenzo	Anxiety or stress	2.6	2.71	44
San Lorenzo	Confusion or memory	2.6	2.65	44
San Lorenzo	Being isolated	2.6	2.46	44
San Lorenzo	Ability to be a caregiver	2.4	2.44	44
San Lorenzo	Support dependents	2.4	2.53	44
San Lorenzo	Personal safety	2.3	2.56	44
San Lorenzo	Being valued by comm.	2.2	2.55	44
Sunol	Inclusion in decisions	3.8	3.30	6
Sunol	Maintain home	3.3	3.40	6
Sunol	Falling	3.0	3.24	6
Sunol	Being valued by comm.	3.0	2.55	6
Sunol	Stay in home	2.8	3.41	6
Sunol	Housing affordable	2.8	3.30	6
Sunol	Anxiety or stress	2.8	2.71	6
Sunol	Confusion or memory	2.8	2.65	6
Sunol	Income for basic needs	2.5	3.50	6
Sunol	Income for future	2.5	3.41	6
Sunol	Finding a doctor	2.5	2.61	6
Sunol	Personal safety	2.5	2.56	6
Sunol	Support dependents	2.5	2.53	6
Sunol	Prepare healthy food	2.3	2.91	6
Sunol	Being isolated	2.3	2.46	6
Sunol	Ability to be a caregiver	2.0	2.44	6
Unincorp.	Maintain home	3.3	3.40	32
Unincorp.	Stay in home	3.0	3.41	32
Unincorp.	Income for basic needs	3.0	3.50	32
Unincorp.	Falling	3.0	3.24	32
Unincorp.	Income for future	3.0	3.41	32
Unincorp.	Inclusion in decisions	3.0	3.30	32
Unincorp.	Housing affordable	2.9	3.30	32
Unincorp.	Prepare healthy food	2.4	2.91	32
Unincorp.	Finding a doctor	2.4	2.61	32
Unincorp.	Anxiety or stress	2.4	2.71	32
Unincorp.	Personal safety	2.4	2.56	32
Unincorp.	Being valued by comm.	2.2	2.55	32
Unincorp.	Being isolated	2.2	2.46	32
Unincorp.	Confusion or memory	2.0	2.65	32
Unincorp.	Ability to be a caregiver	2.0	2.44	32
Unincorp.	Support dependents	2.0	2.53	32
Union City	Falling	3.5	3.24	161

Union City	Maintain home	3.4	3.40	161
Union City	Income for future	3.4	3.41	161
Union City	Income for basic needs	3.3	3.50	161
Union City	Housing affordable	3.3	3.30	161
Union City	Stay in home	3.2	3.41	161
Union City	Inclusion in decisions	2.9	3.30	161
Union City	Prepare healthy food	2.8	2.91	161
Union City	Confusion or memory	2.8	2.65	161
Union City	Anxiety or stress	2.8	2.71	161
Union City	Support dependents	2.8	2.53	161
Union City	Personal safety	2.6	2.56	161
Union City	Ability to be a caregiver	2.5	2.44	161
Union City	Finding a doctor	2.5	2.61	161
Union City	Being isolated	2.5	2.46	161
Union City	Stay in home	3.2	3.41	161

Table 21: Volunteer status

Currently volunteer	1254	39%
Not volunteer, and not interested	1481	46%
Not volunteer, but interested	501	15%
Total	3236	100%