AGENDA
Planning Committee
Wednesday, January 20, 2016
1:30 – 4:00 pm
6955 Foothill Blvd. Suite 300
Oakland, California 94605
Big Sur Conference Room

Public participation at Committee meetings is encouraged. We request that individuals limit their comments on any single item on the agenda to three minutes. The chosen spokesperson for a group may speak for five minutes.

1. Call to Order/Welcome 1:30

2. Consent Calendar – 1:30 – 1:35
   • Approve Minutes

3. Public Comment for items not on the Agenda 1:35 – 1:40

4. AAA Director’s Report 1:40 – 1:50

5. Draft Goals & Objectives 1:50 – 2:35

6. Sustaining Momentum
   How Do We Keep The Work Alive After The Plan? 2:35 – 3:20

7. Data Report: Community Supports & Health Services 3:20 – 3:40
   Angela Ball, Director, Alameda County Public Health Nursing
   Wendy Peterson, Director, Senior Services Coalition of Alameda County

8. Report from Focus Groups Committee 3:40 – 3:45


10. Next Steps 3:50 – 4:00
    • Next Meeting: February 17, 2016 – Host Location Needed
MINUTES
Planning Committee
Wednesday, December 16, 2015
1:30 – 4:00 pm
6955 Foothill Blvd. Suite 300
Oakland, California

Staff: Tracy Murray, Jose Villaflor, Mary Louise Zernicke

Committee Members: Wendy Petersen, Ruben Briones, Lillian Schaechner, Carol Sugimura, Angela Ball, Karen Grimsich, Lara Calvert, Phil Altman, Irene Yen, Dana Bailey, Geri Tablit, Scott Means, Lillian Schaechner, Jaime Almanza

Community: Jessica Cutter, Richard Calhoun, Linda Kincaid

I. Consent Calendar

Motion to accept Minutes
(M) Wendy Peterson
(S) Lara Calvert
Carried

II. Public Comment for Items not on Agenda:

Linda Kinkaid from Coalition for Elder & Dependent Adults Rights (CEDAR) read the Committee’s vision statement before referring to a case related to Conservatee’s rights which was filed in 2014 in Alameda County. She asked the Committee to seek recommendations on how she can assist the Conservatee as she feels the Conservator is abusing the Conservatee.

Richard Calhoun addressed the Committee to look into law enforcement and the rights of seniors. Mr. Calhoun continued with a discussion on elder abuse and how there is no protection to elders until after they are deceased.

III. AAA Director’s Report

Tracy Murray began the report by saying that she is sorry to have missed the Senior Service Coalition (SSC) Conference held on November 12, 2015. She thanked Wendy for the conference and for putting materials from the conference on her website. Tracy reported that John Garvey has accepted a position outside of Alameda County. She let the committee know that John appreciated working with them. Tracy has identified a person that is available to continue the work on data analysis and is working with Human Resources to bring them on in a project capacity.

IV. Presentation: Elder Abuse
Alicia Morales, Director of Adult Protection

Alicia Morales provided an overview of Adult Protection. There are four areas of Adult Protection: Adult Protective Services, Public Guardian, Public Conservator, and Public Administrator. Adult Protective Services are voluntary and Public Guardian and Public Conservator services are involuntary. A Powerpoint of the presentation is attached.
V. **Report from Focus Groups Committee**
Tracy Murray provided a copy of the draft focus group questions. The committee reviewed and offered the following suggestions/comments:

- Recommended targeting the following particular groups: LGBT, Long Term Care, Men, Caregivers, People with Disabilities, Housing and Homeless and Senior Services Providers
- Allow community based organizations who host public forums/focus groups, to alter format as appropriate

VI. **Consumer Survey Update**
Tracy Murray reported the current survey results. Approximately 3,800 responses have been completed and input in the database. Below are some percentages of survey representation by city:

- Oakland 20%
- Fremont 19%
- Hayward 7%
- Alameda 9%
- Berkeley 13%

VII. **Draft Goals & Objectives**
Tracy presented a draft of the goals followed by group discussion and input which Tracy will incorporate into the next draft. The following were suggestions related to the Draft Goals & Objectives:

**Goal #1**
- Plan only, promote/support only.
- Engage departments throughout Alameda County

**Goal #2**
- Make available across departments.
- Staff is defined as “Workgroup” as in bullet #2.
- Continuity of services placed in Goal #2.
- Revise bullet #4 to add existing county employees.
- What data is needed to compile? This is key issue for seniors, and must be appropriate data.

**Goal #3**
- The County needs to invest in the infrastructure, it is essential.
- Build services here.
- Revise language

**Goal #4**
- Arrive annually with new objectives.
- Recommend bullet #4 be revised to expand the availability and awareness of Mental Health Services.
- How to capture “hotspot” idea, Wendy Peterson and Karen Grimsich to come up with plan.
• Recommend stand alone for those in mental health and dementia, these are different.
• Lillian Schaechner to go to BHCS Leadership to help revise bullet points in Goal #4.
• Need for training and technical assistance here.
• This area is broader in scope.
• The use of the word “disabilities” in Goal #4. Recommend a change.

Goal #5
• This is critical in assisting elder abuse.
• Overall there is an agreement with Goal #5.
• Will Goal #5 include training? Yes, with additional funding.
• There needs to be coordination of services between Goal #3 and #5.

Goal #6
• Community Development Agency (CDA) to partner with other organizations.
• Partner with the cities, there needs to be a "buy in".
• Ruben Briones to go back to CDA Leadership to help revise bullet points in Goal #6.

Other Comments:
• Transportation should be included in Goal #1, as a separate bullet?
• Work with the 8 domains each year.
• Have a yearly plan that’s addresses transportation.
• Transportation does not show up yet, but will in the future.
• Bring a Transportation Agency to the “table”.

VIII. **Next Steps**
Next Meeting Date: January 20, 2016 from 1:30 – 4:00 pm
Email thoughts or ideas to Tracy Murray
Reminder of the Joint Committee meeting with SSA and HCSA

Motion to Adjourn at 3:56 p.m.
(M)
(S)
All Approved
Alameda County,
Where Aging Is All About Living.

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 people with disabilities have access to a comprehensive system of services, supports and opportunities that foster aging with dignity and a good quality of life.

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

- Promoting and Facilitating 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.¹
- Allocating a Project Management or Staff resource to assist in WHO activities

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

- Expand the number of Departments across the County working to develop common age-friendly programs, goals and approaches
- Establish a Leadership Team to monitor progress and results of the County-Wide Plan for Seniors
- Develop a unified report that includes data on the number of seniors and services provided across County Departments, including services provided through community partners
- Develop an “Understanding Aging” training curriculum for county employees and make it available for community partners

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 people with disabilities in community settings:

¹ WHO Age Friendly communities engage in a four step process: 1) establish a mechanism for involving older adults; 2) conduct a baseline assessment; 3) develop a three year plan; 4) identify measures.
• Invest in and leverage an infrastructure of community based providers that will meet the needs of the aging and disabled population

• Through the Area Agency on Aging, fund, deliver and monitor a wide array community and home based services for seniors (see appendix X for a detailed description of services and objectives)

• Support advocacy efforts on a local, state and federal level

• Provide capacity building support for senior service providers

• Support the Alameda County Aging and Disability Connection (ADRC), which includes a core partnership between the Area Agency on Aging, Community Resources for Independent Living (CRIL), and the Center for Independent Living (CIL) as a platform by which community partners can work toward access to a seamless system of LTSS for older adults and people with disabilities

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

• Measure A: allocate additional resources in order to expand senior injury prevention programs and respond to elder nutrition insecurity

• Expand home based visits through Public Health Nursing

• Determine “hotspot” areas of County where high utilizers of services reside in order to offer targeted interventions

• Expand the availability of Behavioral Health Services

• Increase awareness of behavioral health and dementia issues with older adults

**Goal 5:** Enhance programming to prevent and respond to neglect and abuse of older and dependent gadults.

• Increase awareness of elder neglect and abuse through a media campaign

• Increase the rate of response to calls to Adult Protective Services

• Coordinate a county-wide response to elder abuse by expanding partnerships with legal and law enforcement partners.

• Increase the capacity of Ombudsman to respond to abuse claims in long-term care facilities

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

• Increase the number of housing units available and affordable for seniors

• Expand the rehabilitation of existing units to allow for safe and healthy aging in place

• Explore shared housing programs

• Introduce and enforce regulations that protect older tenants from displacement
Chapter 6: Aging and Quality of Life

For many Americans, opinions on end-of-life treatment issues are closely linked with views on aging and quality-of-life issues. A 2009 Pew Research report illustrates the sometimes surprising ways in which society's expectations of aging do not always match up with the experiences of older adults. The new Pew Research survey examines generational differences in people's evaluations of their personal lives and explores public attitudes about what it means to have a good quality of life in older age.

Age, Life Cycle and Evaluations of Personal Life

While 81% of U.S. adults, including 76% of people ages 75 and older, say they are satisfied with their lives today, there are strong age differences when it comes to forward- and backward-looking evaluations.

Older adults are considerably less optimistic about the future. Fully 71% of those under age 50 expect their lives to be better in 10 years than they are today, as do 46% of those ages 50-64. By contrast, only about a fifth of adults ages 75 and older (19%) expect their lives to be better in the future than they are today.

By the same token, older adults are more inclined to see their current lives less positively than their past. About two-thirds of adults ages 18-49 say their lives

More Older Adults See Better Years Behind, Not Ahead

% who say their lives in 10 years will be better, the same or worse compared with today

<table>
<thead>
<tr>
<th>Will be better</th>
<th>Same as now</th>
<th>Will be worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>71</td>
<td>20</td>
</tr>
<tr>
<td>50-64</td>
<td>46</td>
<td>14</td>
</tr>
<tr>
<td>65-74</td>
<td>25</td>
<td>43</td>
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<tr>
<td>75+</td>
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<td>18-49</td>
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<td>26</td>
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<tr>
<td>65-74</td>
<td>43</td>
<td>30</td>
</tr>
<tr>
<td>75+</td>
<td>30</td>
<td>40</td>
</tr>
</tbody>
</table>

% who say their lives are better, the same or worse today compared with 10 years ago

<table>
<thead>
<tr>
<th>Better today</th>
<th>Same as it was</th>
<th>Worse today</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>66</td>
<td>20</td>
</tr>
<tr>
<td>50-64</td>
<td>50</td>
<td>26</td>
</tr>
<tr>
<td>65-74</td>
<td>43</td>
<td>30</td>
</tr>
<tr>
<td>75+</td>
<td>30</td>
<td>40</td>
</tr>
</tbody>
</table>

Source: Pew Research Center survey March 21-April 9, 2013. Those saying "Don't know" are not shown.

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today are better than they were 10 years ago. But the share of adults who share this perspective drops with age. At the other end of the spectrum, just three-in-ten adults ages 75 and older consider their lives today to be better than they were 10 years ago.

But when it comes to evaluations of their lives today, strong majorities of all age groups say they are satisfied with their lives overall.

The Pew Research survey also asked respondents to evaluate a number of specific life domains, including financial status, personal health and social relationships. Differences by age in these evaluations are particularly strong in just one domain — health status.

There are sizable differences by age in personal health. For instance, a third of adults under age 50 say their health is excellent, but about half as many adults ages 65 and older (16%) say the same.

By comparison, evaluations of social relationships are more modestly related to age. There are no or only modest differences among age groups when it comes to rating the number of friends in their lives. Overall, 36% of U.S. adults consider the number of friends they have to be excellent.

Of course, many younger adults have not yet had children. But, among those rating the relationship with their children, most tend to give it high marks; 64% of adults ages 18-49 say they have an excellent relationship with their children. Middle-aged and older adults also tend to see their relationship with their children, or now adult children, in positive terms. Roughly half of those ages 75 and older say their relationship with their children is excellent (47%). A roughly similar (i.e., not statistically different) share of adults age 50-64 and 65-74 also say their relationship with their children is excellent (54% and 55%, respectively).

Marital status tends to vary with the adult life cycle, but a majority of those who are married — whether older or younger — tend to say their relationship with their spouse is excellent. Overall, about six-in-ten married adults say their spousal relationship is excellent, 32% say it is good, and only 7% say their relationship with their marriage partner is either fair or poor.

Americans’ ratings of their personal financial situation are not strongly associated with age; 17% of adults ages 75 and older consider their personal financial situation to be excellent, as do 11% of adults ages 18-49 and 13% of those ages 50-64.

### What Contributes to a Good Quality of Life?

The Pew Research survey asked respondents for their perceptions of the characteristics and functions that influence quality of life in older age. About half of adults (49%) say being able to talk or communicate is extremely important for a good quality of life in older age. Similar shares of adults say that being able to feed oneself (45%), getting enjoyment out of life (44%) and living without severe, long-lasting pain (43%) are extremely important for a good quality of life. Fewer respondents rate other characteristics as extremely important, including having long-term memory about important people and experiences (37%), feeling what one does is worthwhile (37%), being able to dress oneself (36%) and having short-term memory for events that happened today (30%).

The older generation differs somewhat in its assessments of what contributes to a good quality of life, perhaps related to the higher likelihood that older adults have personal experience with some of these issues in their everyday lives. Older adults, especially those ages 75 and older, are less inclined than younger generations, especially those under age 50, to rate all but one of these characteristics as extremely important for a good quality of life. (The exception is being able to dress oneself; roughly a third of all age groups see this as extremely important for a good quality of life.) However, when it comes to the relative order of these ratings, all age groups rate being able to talk or communicate with others higher than the other characteristics considered.

Gender differences also are apparent on some of these ratings. Women are more inclined than men to say that being able to talk or communicate with others is extremely important for a good quality of life in older age (51%).

<table>
<thead>
<tr>
<th>Life Cycle and Marital Status</th>
<th>% in each age group that is married</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>50-64</td>
</tr>
<tr>
<td>Married</td>
<td>65-74</td>
</tr>
<tr>
<td>41</td>
<td>57</td>
</tr>
<tr>
<td>43</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Relationship Ratings, by Respondent Age</th>
<th>% of married adults in each age group saying their relationship with their spouse is excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>50-64</td>
</tr>
<tr>
<td>Relationship with their spouse</td>
<td>65-74</td>
</tr>
<tr>
<td>62</td>
<td>57</td>
</tr>
<tr>
<td>61</td>
<td>64</td>
</tr>
</tbody>
</table>


Quality of Life in Older Age

% of U.S. adults who say each of these is ... important for a good quality of life in older age

<table>
<thead>
<tr>
<th>Extremely</th>
<th>Very</th>
<th>Somewhat/not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being able to talk/communicate</td>
<td>49</td>
<td>44</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being able to feed oneself</td>
<td>45</td>
<td>44</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting enjoyment out of life</td>
<td>44</td>
<td>46</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living without severe, lasting pain</td>
<td>43</td>
<td>44</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term memory</td>
<td>37</td>
<td>46</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling what one does is worthwhile</td>
<td>37</td>
<td>46</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being able to dress oneself</td>
<td>36</td>
<td>45</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term memory for events today</td>
<td>30</td>
<td>41</td>
</tr>
<tr>
<td>27</td>
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</tbody>
</table>

Source: Pew Research Center survey March 21-April 8, 2013. Q18a-h. Those saying don’t know are not shown.
vs. 46%). However, this difference is concentrated among adults ages 50 and older; about half of both men (51%) and women (54%) ages 18-49 consider being able to communicate with others extremely important for a good quality of life.

More women than men also say that living without severe, long-lasting pain is extremely important for a good quality of life in older age (46% vs. 38%).

There also are modest gender differences in the importance of getting enjoyment out of life and feeling that what one does in life is worthwhile. Women are more inclined than men to consider each characteristic extremely important for a good quality of life in older age.

However, men and women are about equally likely to see each of the following characteristics as extremely important for a good quality of life in older age: being able to feed and dress oneself, having long-term memory about important people and experiences in one’s life, and having short-term memory about events happening on any given day.

Views about some of the characteristics necessary for a good quality of life in older age are modestly related to views about end-of-life treatment. For instance, those who consider the ability to communicate to be important for a good quality of life are more inclined to say there are circumstances in which a patient should be allowed to die compared with those who consider being able to talk or communicate less important (70% vs. 53%). Ratings for several other characteristics are not related to general views about end-of-life treatment, including the importance of being able to feed oneself; living without severe, long-lasting pain; and getting enjoyment out of life.

Perceptions of what contributes to a good quality of life in older age tend to be more closely related to opinions about doctor-assisted suicide. For example, those who consider being able to communicate with

Perspectives on Quality of Life Differ by Respondent Age

<table>
<thead>
<tr>
<th></th>
<th>18-49</th>
<th>50-64</th>
<th>65-74</th>
<th>75+</th>
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<tbody>
<tr>
<td>Being able to talk or</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>communicate</td>
<td>52</td>
<td>46</td>
<td>45</td>
<td>46</td>
</tr>
<tr>
<td>Being able to feed oneself</td>
<td></td>
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<td></td>
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<td></td>
<td>50</td>
<td>46</td>
<td>43</td>
<td>43</td>
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<tr>
<td>Getting enjoyment out of life</td>
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<tr>
<td></td>
<td>49</td>
<td>42</td>
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<tr>
<td>Living without severe, lasting pain</td>
<td></td>
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<tr>
<td></td>
<td>45</td>
<td>43</td>
<td>33</td>
<td>35</td>
</tr>
<tr>
<td>Having long-term memory</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>43</td>
<td>33</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Feeling what one does is worthwhile</td>
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<tr>
<td></td>
<td>42</td>
<td>33</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Being able to dress oneself</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>36</td>
<td>37</td>
<td>37</td>
<td>36</td>
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<tr>
<td>Having short-term memory</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>32</td>
<td>29</td>
<td>28</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: Pew Research Center survey March 21-April 8, 2013. 916+ interviews. Other responses are not shown.

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others or living without severe long-term pain to be extremely important for a good quality of life are more inclined to approve of laws to allow doctor-assisted suicide compared with those who see such characteristics as less critical to a good quality of life.

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being able to talk or communicate</td>
<td>51</td>
</tr>
<tr>
<td>Getting enjoyment out of life</td>
<td>47</td>
</tr>
<tr>
<td>Living without severe, lasting pain</td>
<td>46</td>
</tr>
<tr>
<td>Feeling what one does is worthwhile</td>
<td>40</td>
</tr>
</tbody>
</table>

**Women and Men Differ on Value Placed on Some Qualities ...**

**% in each group who say that each characteristic is extremely important for a good quality of life in older age**

**... But Not on Other Qualities**

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being able to feed oneself</td>
<td>44</td>
</tr>
<tr>
<td>Having long-term memory</td>
<td>38</td>
</tr>
<tr>
<td>Being able to dress oneself</td>
<td>37</td>
</tr>
<tr>
<td>Having short-term memory</td>
<td>29</td>
</tr>
</tbody>
</table>

Source: Pew Research Center survey, March 21-April 8, 2013. Q19a-h. Other responses are not shown.

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**Opinion on Laws to Allow Doctor-Assisted Suicide, by Importance of Characteristics for a Good Quality of Life in Older Age**

% who say they approve or disapprove of laws to allow doctor-assisted suicide for terminally ill patients

<table>
<thead>
<tr>
<th>Approve</th>
<th>Disapprove</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>All adults</td>
<td>47</td>
<td>49</td>
</tr>
</tbody>
</table>
### Being able to talk or communicate

<table>
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<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
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</thead>
<tbody>
<tr>
<td>Extremely important</td>
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<td>45</td>
<td>3</td>
<td>-100</td>
</tr>
<tr>
<td>Very important</td>
<td>44</td>
<td>53</td>
<td>3</td>
<td>-100</td>
</tr>
<tr>
<td>Somewhat/not important</td>
<td>39</td>
<td>55</td>
<td>6</td>
<td>-100</td>
</tr>
</tbody>
</table>

### Living without severe, long-lasting pain

<table>
<thead>
<tr>
<th>Importance</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely important</td>
<td>49</td>
<td>47</td>
<td>4</td>
<td>-100</td>
</tr>
<tr>
<td>Very important</td>
<td>49</td>
<td>49</td>
<td>3</td>
<td>-100</td>
</tr>
<tr>
<td>Somewhat/not important</td>
<td>36</td>
<td>61</td>
<td>3</td>
<td>-100</td>
</tr>
</tbody>
</table>

### Getting enjoyment out of life

<table>
<thead>
<tr>
<th>Importance</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely important</td>
<td>49</td>
<td>47</td>
<td>4</td>
<td>-100</td>
</tr>
<tr>
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<td>3</td>
<td>-100</td>
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<td>2</td>
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</tr>
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Source: Pew Research Center survey March 21-April 8, 2013. Q26 Figures may not add to 100% due to rounding.

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15. For more, see the Pew Research Center's June 2009 report "Growing Old in America: Expectations vs. Reality."
Data Committee Report –

Community Supports and Health Services for Seniors in Alameda County

WHO includes in its Community Supports and Health Services category the following:

- Access to Health Care, “Aging Well” Services and In-Home Care
- Accessible Care (defined broadly in terms of transportation to and from, aging-sensitive practitioners, language, culture, physical accessibility, etc.)
- A Network of Community Services (defined broadly in terms of navigation assistance, coordination of services and/or one-stop-shop)
- Strong volunteer networks to fill in gaps for service organizations/institutions and in the community to help older adults stay connected and supported.

Access and Economic Insecurity

An individual senior’s ability to access to health and supportive services is directly tied to the cost of the services, the senior’s economic status and the options covered by her health coverage. According to the California Health Interview Survey 48.5% of Alameda County seniors age 60+ have had to forgo needed medical care due to cost.

In Alameda County, over 156,000 seniors age 65+ have Medicare coverage, which 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. Over 32,000 of those with Medicare also have Medi-Cal coverage. About 7,012 seniors age 65+ have Medi-Cal only.

Seniors 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 IHSS (the Medi-Cal funded In-Home Supportive Services), Adult Day Health Care services (through Medi-Cal’s CBAS program), Case Management (very limited enrollment through Medi-Cal’s Multi-Purpose Senior Services Program), and long term care in a Skilled Nursing Facility.

For the more than 33,000 low-income Alameda County seniors with Medicare only, out-of-pocket health care costs can be prohibitive. According to the California Health Interview Survey 48.5% of Alameda County seniors have had to forgo needed medical care due to cost. Medicare’s benefit structure is poorly suited for individuals with complex care needs. Economic insecurity of senior households increases with age, as seniors are more likely to need supportive interventions they are less able to afford them. Economically insecure seniors with substantial physical or cognitive impairment or serious health problems are at high risk for repeat hospitalizations or nursing home placement.

In addition to economic and coverage issues, not all seniors have a connection to a health care provider. While the majority of seniors do have a provider to turn to for health care services (private practitioners, Kaiser, community clinics or the county hospital), 9.1% do not have a usual place to go when sick.
Gaps in Availability and Supportive Service Provision
The diverse data sources reviewed point to eligibility and geographic gaps in the availability of key preventive and stabilizing services for seniors in Alameda County; as well as gaps in the provision of services. Identified gaps include case management services, fall prevention interventions in medical settings, and care solutions such as adult day services.

Case Management Services  - A survey was conducted in 2013 of nonprofit and public organizations that provide short and/or long term case management to mostly low-income individuals over 65 years of age in Alameda County. The survey found that 2% of the county’s low income seniors (at or below 200% FPL) were receiving case management services. This is significantly lower than the 17% of the 65+ Medicare population that has complex care needs. Because most of the case management “slots” are dictated by limited funding streams and many respondents report waiting lists, it is reasonable to conclude that case management capacity in the county is not adequate to meet current or future need.

Fall Prevention Interventions in Medical Settings  - According to UCLA’s CHIS data for 2014, 47.4% of the Alameda County seniors 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 talk with them about how to avoid falls, and only 12.1% had a health professional review their medications.

Adult Day Care  - Over the last 8 years state budget cuts and the economic recession have reduced the number of Adult Day Health Care and Adult Day Care/Social Day Centers in the county from 15 to 12. Geographic access to Adult Day – the private pay option for individuals without Medi-Cal – is now an issue in central and eastern Alameda County. Geographic access to Adult Day Health Care – covered by Medi-Cal’s CBAS program – is now an issue in eastern and southern Alameda County. Both Adult Day models are cost-effective community programs that can stabilize and help maintain the health of individuals who might otherwise need acute or institutional care.

Stories of Real People
Trace and Chandra of Oakland are caregivers for Trace’s mother, who attends BACS’s Adult Day Program in Oakland. Says Trace: “This program has proved invaluable for us in our care for my mother. She unexpectedly came to live with us last year upon a deterioration of her mental state (early onset dementia). We were expecting a baby at the time, and when we learned that she was going to need constant care, we didn’t know how we were to manage this with our newborn baby and both of us working full time. We learned about BACS just in time! Not only does this program provide care for her five days a week, they provide food and transportation, all things we needed with limited income and limited time. She loves the program and we don’t know what we would’ve done without it! Please continue to fund BACS and programs like it. It is so dearly needed in our community, as Medi-Cal does not cover assisted living and
many families like ours can’t afford to move their sick and elderly loved ones out of their homes.”

Tom lives in Union City and cares for his wife. Tom says: “As my wife’s many medical conditions got worse, we were completely at sea. No idea what to do. And my arthritis makes it impossible for me to provide some of the help she needs. A church acquaintance who is a Community Ambassador suggested that I call the Senior Help Line, and that turned out to be a lifesaver. The case manager helped get my wife on Medi-Cal and got us connected with some in-home help and a transportation program to get my wife to and from her medical appointments. We’ve got it figured out now, and we know there’s help in case we need it.”

Mrs. B is a 90 year old who lives in Oakland. Mrs. B says: “My doctor of 27 years retired several years ago, and I had a terrible time finding a replacement. Every doctor I went to kept telling me “well you’re old” as a way of explaining every single one of my troubles. Well that just isn’t so. It’s not normal to be dizzy and falling down. Finally I went to the Over 60 [Health Center] and my doctor says “this isn’t right” and he looked at my medications. It turns out that’s what was making me fall! Now I can walk just fine.”

Jerri is a volunteer for Life ElderCare’s Friendly Visiting program. She is assigned to an 87 year old lady who lives alone in Fremont. Jerri says: “Shortly before I met her she had a heart attack while driving her car. Consequently she is afraid to drive alone and can no longer get out and do the things that she was accustomed to doing before her heart attack. She was also having trouble with her feet and legs and couldn’t walk very far. I pick her up on Thursdays and spend three or four hours with her taking her where she wants to go. I always let her walk at her own pace. I noticed recently that she is able to walk at a faster pace and a little farther each time because of the exercise she gets every week... She is very excited regarding her progress, and so am I!”

Janet has an elderly aunt who lives in San Leandro. Janet says: “She seemed to be going downhill very fast – mental confusion and no energy. She had been doing her own cooking. After investigating what exactly she was eating, the family started meals on wheels for her and before long they saw that she was back to where she had been. She was just malnourished!”

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CHIS data, 2014, UCLA Center for Health Policy Research.

\(^7\) 2010 Medicare enrollment data.

\(^6\) Ibid.

\(^4\) California DHCS, Medi-Cal/Medicare Dual Eligibility by Age by County, January 2012.

\(^5\) Over 72,000 Alameda County seniors live below the Elder Economic Security Standard Index, a measure of what it costs to meet very basic living costs. But over 33,000 of them are not poor enough to qualify for Medi-Cal. 2010 EESSI for Alameda County, Insight Center and UCLA Center for Health Policy Research

\(^6\) According to UCLA Center for Health Policy Research, in 2007 the “out-of-pocket” cost to provide in-home care to an elder with low to moderate need for assistance is $659 to $1,747 a month; the cost of case management between $135 and $250 a month. Alameda County Home- and Community-Based Long-
Term Care Service Package Costs, 2007. Today’s costs for these services are significantly higher. UCLA Center for Health Policy Research and Insight Center for Community Economic Development.

The out-of-pocket cost to provide Adult Day Care or Adult Day Health Care services for an elder with moderate care needs (3 days per week) is between $850 and $1,200 a month. (Survey by DayBreak Adult Care Centers in 2014.)

CHIS data, 2014, UCLA Center for Health Policy Research.
Karen Davis, Ilene Hollin, Lauren Nicholas, Amber Willink; Bloomberg School of Public Health, Johns Hopkins University

“The Hidden Poor,” D Imelda Padilla-Frausto and Steven P. Wallace, August 2015, UCLA Center for Health Policy Research
Ibid.
Ibid.
Survey conducted by the Targeted Case Management and Older Adults Workgroup in October 2013.
Roger C. Lipitz Center for Integrated Health Care, Johns Hopkins Bloomberg School of Public Health, based on Health and Retirement Survey, 2010