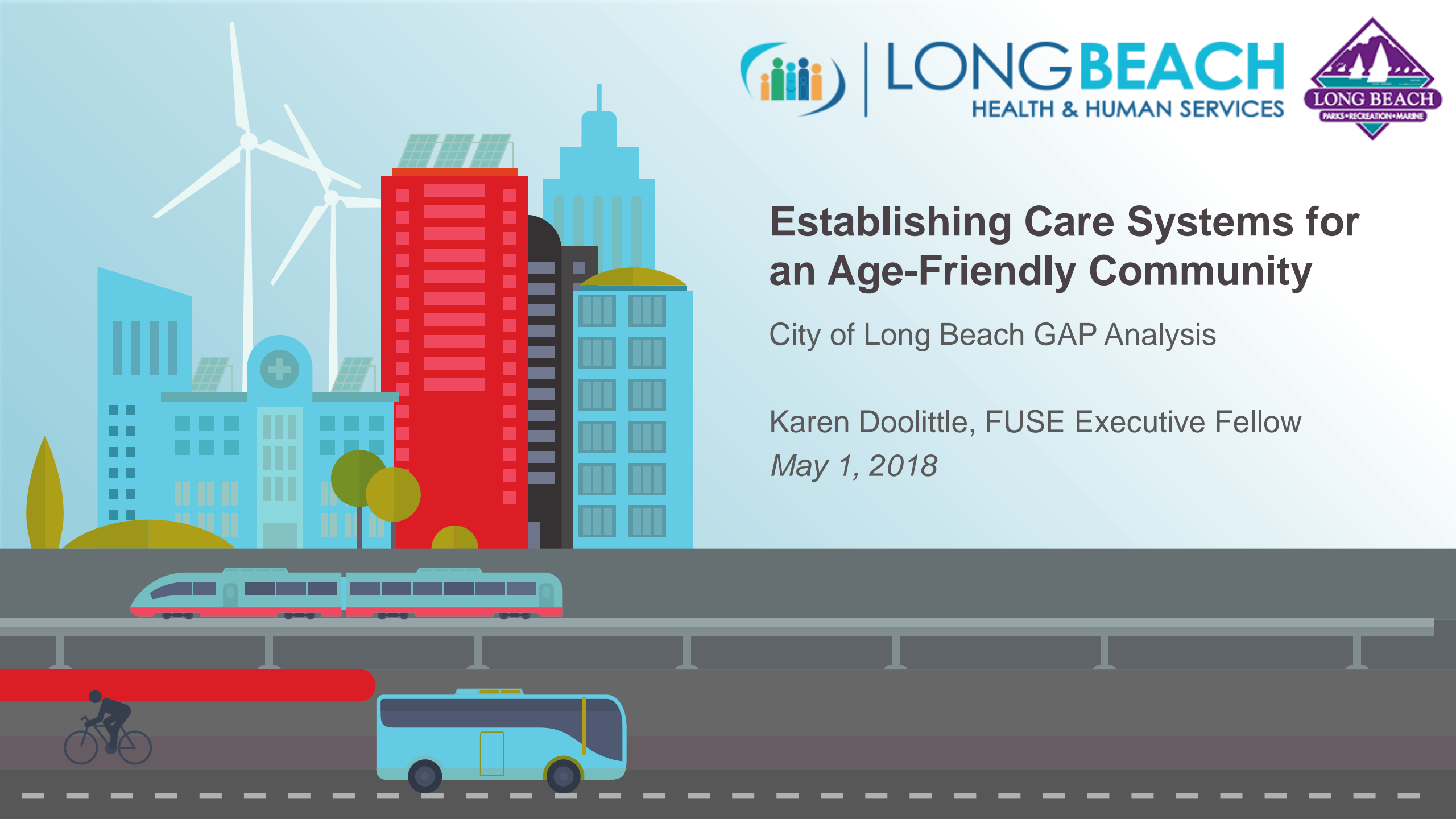# Establishing Care Systems for an Age-Friendly Community

City of Long Beach GAP Analysis

Karen Doolittle, FUSE Executive Fellow
May 1, 2018

Acknowledgement

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Context & Scope

With an estimated 470,000 residents, Long Beach is the second largest city in Los Angeles County and the seventh largest city in California. One quarter of its current population is over 50 years old and 9% is over 65 years old, which forecasts a dramatic increase in the need for senior services in the areas of housing, transportation, safety, health, and quality of life. Providing quality support to the growing population of seniors is further complicated by the demographic changes underway. Long Beach's residents are expected to become not only more ethnically diverse, but also older and financially insecure. By 2025, more than 22% of Long Beach's senior residents will be living below the poverty line.

Long Beach has identified major gaps and lack of coordination in the services it currently offers its older adult residents.

The City of Long Beach is partnering with FUSE Corps to host an executive-level Fellow for one year to design a coordinated and data-driven system for delivering and financing services to seniors.
The fellow will also develop a system for measuring and communicating the economic and social value of services provided to seniors to help the city leverage potential public funding and private-sector partnerships. These efforts will help Long Beach realize its overarching goal: to improve the quality of life for the city's older adult residents by linking them to a coordinated health and social service continuum of care.

Executive Summary

Acknowledging People

Mapping the Older Adults' Journey

Evaluating the problems and multiple gaps seniors face when seeking services is a starting point for journey mapping the experience from the senior's point-of-view. **How can the city leverage inputs from the Senior Commissioners and activist groups like the Gray Panthers to help define the desired journey for older adults?**

Adoption of an Age-Friendly Mindset

How can the greater community members elevate themselves above structural and political barriers to innovate on solutions for an age-friendly city?
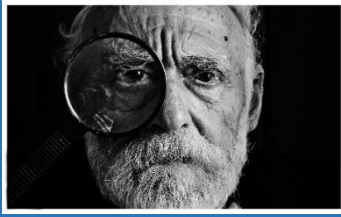
Seniors Volunteerism

Senior Police Partners and the 4th Street Senior Center are two examples of the less recognized plethora of volunteer opportunities within the city. **What opportunities exist to create structures (without over formalizing) to help seniors help themselves, create purpose and prevent isolation?**

Inclusion of Vulnerable Communities

Long Beach protects its Veterans through priority treatment at the Multi-Service Center and Housing Authority, and focus through the newly established Veterans Affairs Commission. **What can the city do to promote and enhance acceptance of its vulnerable seniors from the LGBTQ and Cambodian communities?**

Addressing the Gaps

One in three Americans is age 50 or older
Is your community a great place for people of all ages?
By 2030, one out of every five people in the United States will be 65 or older
Long Beach has committed to serve and support the older adult population as an age-friendly community!

The City of Long Beach, and its supporters, are actively pursuing ways to innovate and collaborate on ideas and approaches to close their greatest gaps in systems for the Aging Population, namely Housing and Transportation. Local organizations are securing grants and working together to create housing communities offering a safe place for one-stop access to meet needs around basic care, health, and quality of life. These early models can serve as pilots to replicate and scale services. This wraparound model typically applied to youth, can help assist caregivers and family members with an extra layer of support to navigate a continuum of care for their clients and loved ones, which relates to the third greatest need, in-home care.

Next to housing and transportation, the greatest need lies in affordable in-home care. Significant gaps exist due to the rise in demand for caregivers from increases in Alzheimer's, dementia, or milder cognitive impairment, other disabilities, and complexities associated with multiple chronic diseases (diabetes, cardiovascular, etc.). Demographic shifts and other trends that limit the availability of potential caregivers, including lack of affordable care (especially a growing need for the middle class), an increased share of employed women, and caregiving expectations weakened by divorce and alternative lifestyles. Long Beach's LGBTQ and Cambodian populations face a unique set of challenges that makes finding appropriate, affordable, safe and trustworthy caregivers yet more challenging.

Gerontological training and education on the needs of seniors, along with cultural and sensitivity training on equity and aging is needed across the community. A shared online referral system will assist with coordination, collaboration, tracking and reporting on systems of care, thus providing valuable feedback for decision making, and improved sustainability and impact. It is important to note that the online referral system will only be effective if the proper operating model and processes are thoughtfully established and continually enhanced. Innovative solutions and policies that improve housing, transportation, and long-term health and care services and supports, and reduce unmet needs, could benefit both older adults, their families and caregivers, for an age-friendly Long Beach.

2017 Key City of Long Beach Accomplishments for Seniors
- Provided 512,000 senior participant days in Parks, Recreation and Marine Department programs
- Capital improvements at the 4th Street Senior Center
- Completed four housing projects, creating 355 affordable units for seniors: Immanuel Place (3215 E. 3rd St.); Anchor Place/Villages at Cabrillo (2001 River Ave.); Long Beach Professional Building (117 E. 8th St.); and The Beacon (1201- 1235 Long Beach Blvd.)

Reviewing the Systems

Just-in-Time Systems

The Multi-Services Center (MSC) is a one-of-a-kind first point-of-contact for homelessness services. **How can the MSC and the community best address the increase in homelessness and financial abuse among older adults?**

Integration of City Social Services

How can the Police, Fire, Department of Health & Human Services (DHHS), and other agencies better share information to improve client outcomes and prevent unnecessary spending?

Coordination of Like Services

How can service agencies better coordinate and collaborate to improve health and wellness for seniors?

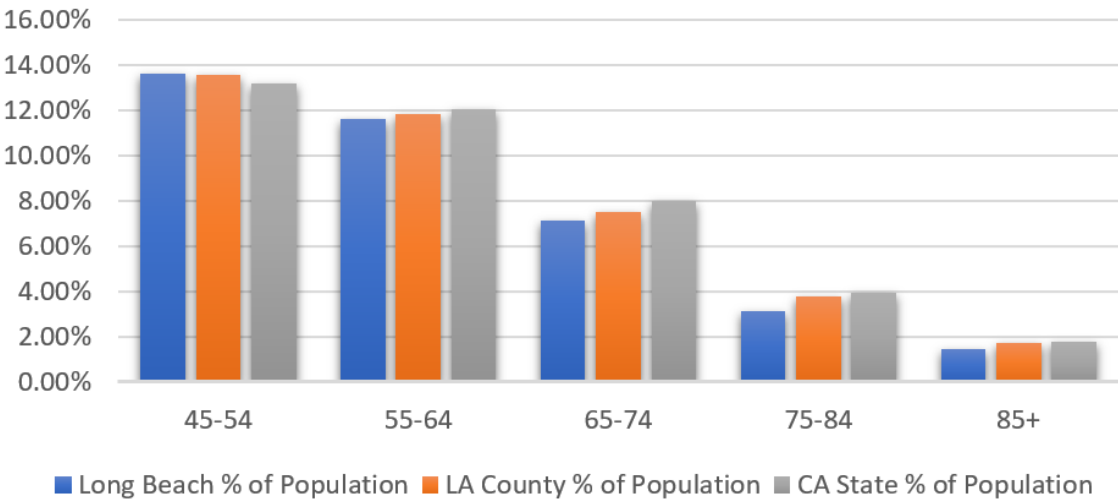### Scalability of Co-Located Services

American Gold Star Manor, Villages at Cabrillo, and LINC Housing are co-locating services to create villages of care. **How can these concepts be scaled while considering the benefits of inclusion, diversity, and intergenerational opportunities?**
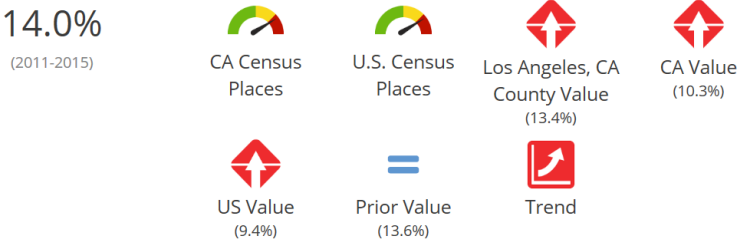
Long Beach Aging Population Demographics

Numbers of Seniors by Zip Code

	Age Range (Yrs)					
Zip Code	55-64	65-74	75-84	85+	TOTAL	Per 10,000
90805	9,616	5,434	2,187	750	17,987	1.80
90808	5,997	3,703	1,795	1,004	12,499	1.25
90803	5,464	4,155	1,755	731	12,105	1.21
90815	5,373	3,541	1,894	1,204	12,012	1.20
90807	4,615	2,981	1,320	888	9,804	0.98
90813	5,255	2,782	1,165	378	9,580	0.96
90802	4,817	2,975	1,212	489	9,493	0.95
90806	4,587	2,715	1,186	438	8,926	0.89
90810	4,088	2,622	1,357	522	8,589	0.86
90804	4,002	2,171	801	438	7,412	0.74
90814	2,465	1,556	627	276	4,924	0.49
Total	56,279	34,635	15,299	7,118	113,331	

Comparison of Percentage of Aging Population

Legend: Long Beach % of Population, LA County % of Population, CA State % of Population

People 65+ Living Below Poverty Level

14.0%
(2011-2015)

- CA Census Places
- U.S. Census Places
- Los Angeles, CA County Value (13.4%)
- CA Value (10.3%)
- US Value (9.4%)
- Prior Value (13.6%)
- Trend

People 65+ Living Alone

VALUE

28.7%
(2011-2015)

COMPARED TO:

- CA Census Places
- U.S. Census Places
- Los Angeles, CA County Value (22.5%)
- CA Value (23.3%)
- US Value (26.6%)
- Prior Value (27.6%)
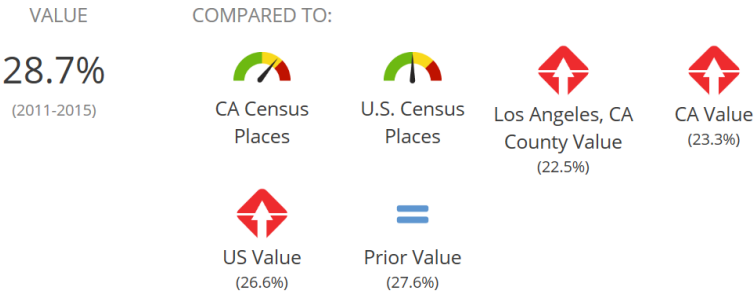
SWOT Analysis Summary of Findings
Current State Situation Facing Seniors in Long Beach

Strengths

➤ **A Caring Community**
- Stakeholders and advocates engage with the community to address and support senior issues
- Department of Health and Human Services (DHHS), Parks recreation & Marine (PRM), and affinity groups offer dozens of enriching programs, providing high levels of individual hands-on attention to seniors
- DHHS staff help seniors prepare for doctor visits, reviewing what to ask the doctor, writing down instructions, and showing seniors how to use their smart phone

➤ **Focus on Innovative Solutions**
- Existing City interdepartmental efforts work to improve livability and mobility for the community
- Agencies and affiliates are entrepreneurial and innovative, and collaborate to improve policies and processes

Weaknesses

➤ **Disjointed & Fragmented Services**
- Silos of duplicate activities exist, versus a cohesive supportive fabric to navigate program offerings
- Staffing constraints facing many providers result in not enough home visits and assessments; home visits allow for a comprehensive assessment of the senior
- Necessity for greater in-home outreach to address issues with self-care, alienation and isolation

➤ **Lack of Senior Focus Lens**
- Vulnerability of seniors requires greater attention to what and how services are offered
- Lack of cultural awareness and understanding of the needs of aging population, and special groups such as Veteran, Cambodian, Black, Hispanic, and LGBTQ seniors

Opportunities

➤ **Cultural Awareness & Sensitivity**
- Existing City plans can be revisited to specifically highlight needs of older adults to be addressed in policies

➤ **Coordination & Collaboration of Care**
- Connecting seniors with services through a technology and people solution to close the information services gap
- Community coordination and collaboration through a Warm Hand-off/Closed-Loop referral by city departments, healthcare, and senior services organizations
- Need to frame a model for operating and funding services that can be shared across systems

Threats

➤ **Lack of Housing & Transportation**
- Housing & Transportation are the foundation to support needs around health, safety and quality of life; these are not just senior related issues
- Ignoring the utility of seniors helping seniors could prevent potential progress in housing and transportation

➤ **Disparate Funding**
- Inadequate City funding for Senior Programs. City programs and non-profit providers operate heavily on fundraising and grants, which is not sustainable
- Funding that is often framed in cost-avoidance, ignores the cost-benefit of a thriving senior population

Future State Solution for Long Beach Aging Services

- On January 23, 2018, the City Long Beach was accepted into the AARP & WHO Network of Age-Friendly Communities
- Establish office focusing on older adults as a neutral convener of services and provide an Institutional Standard of Practice for Continuity
- Foster systems-change and collaboration through an Age Friendly Consortium (22+ organizations)
- Collaborate across City Departments and County Agencies on services and fundraising
- Involve line staff to help implement a stronger integration of services with both a technology and people solution

Collaboration & Technology

CITY OF LONG BEACH

Housing

Strengths

American Goldstar Manor
- Four organizations each donated $50K to improve the Quality of Life at Gold Star Manor (American Goldstar Manor, CSULB, Archstone and SCAN) for developing new assisted living facilities, a possible memory care center and a medical clinic

Villages at Cabrillo
- Co-location of 20+ organization provides support ranging from shelter and treatment, to transitional and permanent housing

LINC Housing
- Develop and construct new affordable housing for seniors and others
- Retrofits existing affordable housing to create energy savings
- Protects affordable housing supply through purchase of existing rentals

Weaknesses

Lack of Affordable Housing
- Seniors are being displaced by high rents and many move away, or become homeless. Currently there is not enough affordable Senior Housing. Point in time count rendered 3 available spots in 40+ housing centers. Market rate is ~$2000 for a 1 bedroom, or ~$1000-$1700 for a studio.
- In May 2016, Section 8 waiting list opened for the first time in years, with 17,000 individuals on the waiting list
- Section 8 does not cover utilities, one can be housed and still not afford utilities
- More vouchers than units: Of 7,398 vouchers, 87% are in leases, 480 people have unused vouchers, because they cannot find housing that accepts Section 8
- Long Beach housing assistance is 100% Federally funded, with no city support
- 648 persons experiencing homelessness over the age of 50 accessed the MSC in 2017

Opportunities

Modular Housing: Faster than construction
Seniors could **co-locate to provide support to one-another**
- Can convert living room to an additional bedroom
- Roommate locator service for seniors
- Both address isolation factor

Group homes for Seniors – Ranch Style group home and meal sharing
Intergenerational housing – Long Beach City College property includes grandparents aged 55-75 yrs. caring for their grandchildren

Threats

Lack of Senior-appropriate Housing
- Shelters not appropriate for seniors – lack easier-to-grab door handles, grab bars
- Covenants expired: multi-year senior housing contracts up for renewal

Seniors Face additional Barriers when Seeking Housing
- Seniors may lack transportation to search and interview for housing
- Hoarding is an Obsessive Compulsive Disorder that is more prevalent at age 50+ (can be related to anxiety & depression). Hoarding escalates the more isolated a senior becomes---Stage 4 hoarding is up to the ceiling. Section 8 vouchers require a fire safety inspection and hoarding can lead to eviction.
- Substance use disorder makes it difficult to find and keep housing
- LGBTQ seniors may face additional challenges: not feeling safe expressing their sexual preference in a senior housing living environment, or living with HIV/AIDS

Transportation

LB Transit launched Connected Seniors Club in October 2017
- Groups of seniors will form their own club
- *Ambussador* will lead them on a fun excursion trip
- LB Transit provides Train-the-Trainer for the *Ambussador*
- *Ambussador* gets 30 days free if they plan and lead 2 trips a month.

FAME (First African Methodist Episcopal) provides monthly Taxi coupons and Bus tokens for those with proof of income <$1500/month

City of Long Beach hosts annual place-based Livability Summit
- City is looking at ways to make Long Beach more transportation friendly
- Walkability and bikeability questionnaires evaluate transportation options

DHHS Nurses work hard to navigate the transportation systems to ensure their disabled and vulnerable clients can make multiple appointment in one day

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Weaknesses

Transportation Challenges
Positive reviews of transportation options are riddled with caveats
- **Must articulate needs properly**
- **Can be unreliable**: **Dial-a-Lift & Yellow-Cab:** *"Good to pick you up, but bad at returning you."*
- **Adult Day Care Providers**: Sometimes vehicle still needs fixed
- **Need to book well in advance**: **Access** works well, but requires 24hr. notice for reservation
- **At mercy of public transportation:** **Bus system** is good, but vulnerable to delays
  o Routes are only on major thoroughfares, otherwise required to walk
  o Timing can be tricky: Frequency changes at different times of the day and on weekends
- **Based on medical needs: Free Shuttles** may be limited to doctor's appointments
- **Ride Share scheduling can be difficult**: *"I don't want to spend 5 hours in transportation, for a 1 hour appointment."*

Opportunities

Transportation Considerations for Seniors:
- Curb-to-Curb – issues with walkers and canes
- Elbow-to-Elbow – need assistance beyond door-to-door and with Wheelchairs
- Crosswalk timers not long enough; if disabled "crossing PCH is dangerous"
- Resources and services exist in the city, but transportation remains a barrier
- "We could potentially have 20-30 more participants at the Senior Center per day if seniors had transportation"

Pilot senior transportation projects in other cities:
- Sacramento MicroTransit: For no extra fees, a shuttle will pick up and drop off passengers across the city to fill gaps in bus routes
- Laguna Beach contracts with Uber for subsidized transportation for seniors

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Threats

Long Beach Transit both faces and contributes to barriers for transportation
1. Seniors are not aware of their eligibility for discounted bus fairs
2. Seniors expressed level of fear and reluctance to ride the bus
3. LB Transit federal funding is based on paid ridership, which acts as a disincentive to provide completely free rides

First mile/last mile is the greatest challenge: People will walk a ¼ mile to get to a bus stop
- Other agencies are partnering with Uber or Lyft just to get to a bus stop
- Some vouchers are provided for short term rides to get to a transit center

Long Beach needs to stay ahead to prevent gaps in transportation
- Molina shuttle ended its transportation services in the Houghton neighborhood

Health

Strengths

Health Insurance Coverage among Older Adults
- 99.6% of persons over age 65 are insured, compared to only 88.3% of adults aged 64 and under *

Hoarding Task Force
- Long Beach hosts a monthly Hoarding Task Force to share the latest information and leading practices, and offer collaborative support on challenging, multi-faceted mental health cases

In-home Assessments
- Many non-profit organizations, such as Heart of Ida, SCAN, Meals-On-Wheels and Pathways, provide in-home assessments to address risks to health, falls, food security, social-emotional, and abuse.

Weaknesses

Caregiving is becoming increasingly challenging, and particularly for the Middle Class

Chronic Illnesses & Complexities Impacting Seniors
- Nationally 77% of older adults live with at least 2 chronic conditions, such as: Diabetes, Thyroid Conditions, Heart Disease, and Mental Illness *
- Nationally 23.5% of persons over age 65 are obese *
- Senior may be on 15-25 medications, breathing machine, electric wheelchair, plus special bed
- Falls and hip issues, addictions to pain medications, and bed bugs exacerbate conditions

Senior Mental Health Issues
- Dementia & Alzheimer's – Late to diagnose and difficult to treat
- Many Long Beach CBOs interviewed noted that hoarding is pervasive, and they see many clients with schizophrenia and bi-polar disorder
- Experiencing homelessness and substance use disorder

Opportunities

Elders need patient advocates & outreach to follow-up after medical appointments
- Quick discharge via taxi, then what do next?
- Medication distribution - Did not get medication because there was no one to assist

Seniors need Wellness Checks via Home Visits
- Home environment can be more revealing than a physician visit: can see how the senior moves in the home, observe medication usage, assess food security, identify social isolation and hoarding, to determine level of support required.
- Similar to Life Alerts and Panic Buttons, use telehealth or telephones to check-up on seniors to avert a crisis.

Improved Coordination will use resources more effectively
- Opportunities exist for referrals from state of crisis to treatment and prevention:
  - Fire Department could refer assist-up/falls calls to on-going case management
  - Hospital ERs could refer non-emergency cases to primary care or case management
  - Expand training opportunities for students to gain experience with senior clients

Threats

Challenges with Qualifying for Support Programs
- Must demonstrate need to qualify, need to re-apply every year, may need assistance to complete forms, requires continuous follow-up

Greatest Need is for Affordable Non-Clinical In-Home Care
- If Medi-Cal can get IHSS homeworker; otherwise cost is $25/hour to hire a caregiver. If just over Medi-Cal income threshold, but not wealthy, cannot afford it.
- Medicare does not pay for assisted living, only for skilled nursing. This leaves a large need for seniors who do not have severe medical issues, but need someone to assist them in Activities of Daily Living (ADL), such as bathing, laundry, counting pills.
- Agencies receive lots of calls from adult children living out of state who need help for their parents, requesting an assessment to see if their parent can live by themselves. Agencies can only do so many free assessments.

Safety

"We owe Seniors safe housing, safe neighbors, and places to go and be themselves."

Strengths

Holistic Elder Abuse Response Team (HEART)

HEART is a Program of WISE & Healthy Aging that is operating on a grant to provide elder abuse case management to LA County, including Long Beach: Long Term Care Ombudsman, Licensed Clinical Social Worker, Core Support Group (therapy), and coordination with Adult Protective Services (APS)

Long Beach Elder Abuse Prevention Team

Group of abuse and neglect focused professionals and volunteers who meet quarterly to stay abreast of financial scams, case conference, and inter-refer

Long Beach Police Department Retired & Senior Volunteer Program served roughly 85-100 seniors in 2017 across all zip codes while engaging persons 55+ in enriching community service.

- 38% of visits resulted in referrals to APS
- Majority (65%) served were ages 65-79, 29% were 80+; 6% were 50-64
- 10% served were Veterans

Weaknesses

Seniors are vulnerable in active daily living to:

- Scams
- Fraud
- Physical abuse
- Neglect

"In one case, the daughter was addicted to drugs and was stealing money from her elder mother and physically abusing her when she could not get enough money."

Significant Gaps Exist across LA County for Elder Abuse Social Workers *

Adult Protective Services (APS)	Department of Children & Family Services (DCFS)
40,000 cases for 200 social workers*	50,000 cases. for 5,000 social workers
Ratio: 200 to 1	Ratio: 10 to 1

*Same ratio at the state level for 2016/17, APS closed 159,782 investigations (based on numbers to be reported to the National Adult Maltreatment Reporting System). Therefore, APS workers handled, on average, 200 investigations per year l

Opportunities

"Parks are safer when seniors are out walking and there is activity going on"

Parks are a Catch-22 when it comes to safety

- Seniors need a safe way to walk and navigate the park; while at the same time, having seniors out walking acts as a watch-dog to help reduce crime
- Ramona Park is improving its "Livability" through fixes to sidewalks and lighting to improve its safety. Next lies opportunities to offer programming and draw attendance from three surrounding senior housing facilities.

Many opportunities exist to teach the Older Adults about Safety:

- How to access services
- How to speak up for themselves
- Self Determination as long as not impacting the welfare of others
- To call APS to investigate senior abuse for themselves or for others
- How to double check references to be wise to financial scams

Threats

People do not want to talk about Elder Abuse

- Financial abuse is highest among seniors, scams change constantly so people can't keep up
- Need Older Adult Shelters for those evicted or fleeing Domestic Violence
- Need public guardians office and more staffing to step in and remove someone when they cannot defend themselves. Support groups, case management, and therapy are needed
- Care taker may be neglecting them or taking advantage
- Senior may not understand how to keep themselves out of the hospital
- Those aged 80+ are from a generation that still sweeps things under the rug, and not report
- Senior Centers not funded to purvey case management

Safe Community Spaces

- Growing homelessness in parks and public spaces, deters frail elders from attending because they fear for their safety

"Long Beach has a Village of Health philosophy in that health encompassing Physically, Spiritually, Mentally and Emotionally equals true health."

Quality of Life

Strengths

LGBTQ and United Cambodian Centers (UCC) focus to improve the quality of life of the population they serve and continuously evolve to address the most pressing issues and strive to promote community awareness of vulnerabilities

PRM Programming and Intergenerational Events – Long Beach PRM offers social and wellness programs for seniors. Senior Center hosted a Thanksgiving Lunch with 200+ attendees where teens spoke with seniors to understand how they grew up, played games, mingled, and entertained, while seniors served as role models.

CSULB implements programs for **peer to peer support** and for **pairing younger generations with seniors**

Successful Aging Expo: In October 2017, seniors were offered a resource fair to explore available options to support and enrich their quality of life

Weaknesses

Lack of funding and delayed focus on issues for seniors prevents continuity and depth of services to address the needs of the aging population

Complexity and interdependency of housing, transportation, health and safety issues creates barriers to gain traction on holistic solutions

Senior Economic Drivers are currently Cost Avoidance
- Economic benefit of seniors can no longer be ignored
- There is an economic benefit from seniors continuing to work from age 50-75
- Seniors who want to work is around 30%, and reality is that about 70% of seniors work because they have to!

"People are working until their last breath!"

Opportunities

Sharing Economy "Time Banking" Time is exchanged hour for hour to leverage the richness of one another's talents and assets. Services may include driving, banking and taxes, or even making tamales. We need to encourage the use among seniors.

Restaurants can serve as gathering place where seniors own the dining room during the day, and the facility serves as a restaurant at night

Opportunity exists to make Senior Centers more physically appealing
PRM Senior Centers offer quality programming and information, but how can leading practices be shared and replicated across organizations?
- How should programs be better structured?
- El Dorado leads popular Tech Talk sessions with groups of 15 seniors that lead to spin-off topics in smaller breakouts session
- Services are currently facility centric with ethnic clusters
- Should programs be offered across all sites and on the weekends?

Threats

Attacking the Digital Divide – Even though the digital divide remains prevalent, on demand access is becoming increasingly important for seniors
- Considering technology access vs. Knowledge of how to use technology
- The "senior" population encompasses many generations that have varying degrees of tech savviness
- Technology can become overwhelming for some seniors; however, it can be leveraged to help seniors to live more independently and age in place

Expo Center offers well received programming, but its existence is threatened and needs financial support to provide structure for volunteers and to expand programs
- Currently have word-of-mouth marketing and weekly email to 409 seniors from a socio-economic diverse group from Del Amo Gardens to Carmelitos

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Trends

The number of people in need of **in-home care** in the United States is expected to reach 117 million by 2020, according to AARP. While families provide the vast majority of the informal care received by older adults, geographic mobility often demands caregiving at a distance. As the disproportionately large baby boom generation ages, the gap between elder care needs and available caregivers will widen dramatically. In 2010, there were seven potential caregivers ages 45 to 64 (the age group of the average family caregiver) for every person age 80 and older (the age group most likely to have a disability) (Redfoot, Feinberg, and Houser 2013). That ratio is projected to drop to 4 to 1 by 2030 and bottom out at 3 to 1 in 2050 when the entire baby boom generation passes the age 80 milestone.

In many parts of the country, seniors are "**aging in place**" because disproportionate shares of young people have moved elsewhere. Older adults can remain safely in their own homes and communities, regardless of mobility, ability, age, or income through updates to existing homes to meet age-friendly universal design standards, and using smart technologies to assist with personal care. For example, Oregon's Rogue Valley in collaboration with AARP Oregon, developed a Lifelong Housing Certification program that provides an age-friendly livability checklist to assist buyers and renters and boosts benefits for property owners.

According to AARP's 2016 **Longevity Economy** Report, the 50-plus age group generates $7.6 trillion in economic activity, including $5 trillion in consumer spending by people 50-plus combined with the further economic activity this spending generates (i.e. $1.8 trillion in federal, state and local taxes). Older adults are working longer because they are living longer and may benefit from additional income and activity. In 2014, 23 percent of men and about 15 percent of women ages 65 and older were in the labor force, and these levels are projected to rise further by 2022, to 27 percent for men and 20 percent for women. People over 50 are also critical in driving entrepreneurship and investment, and account for the majority of volunteering and philanthropic activities.
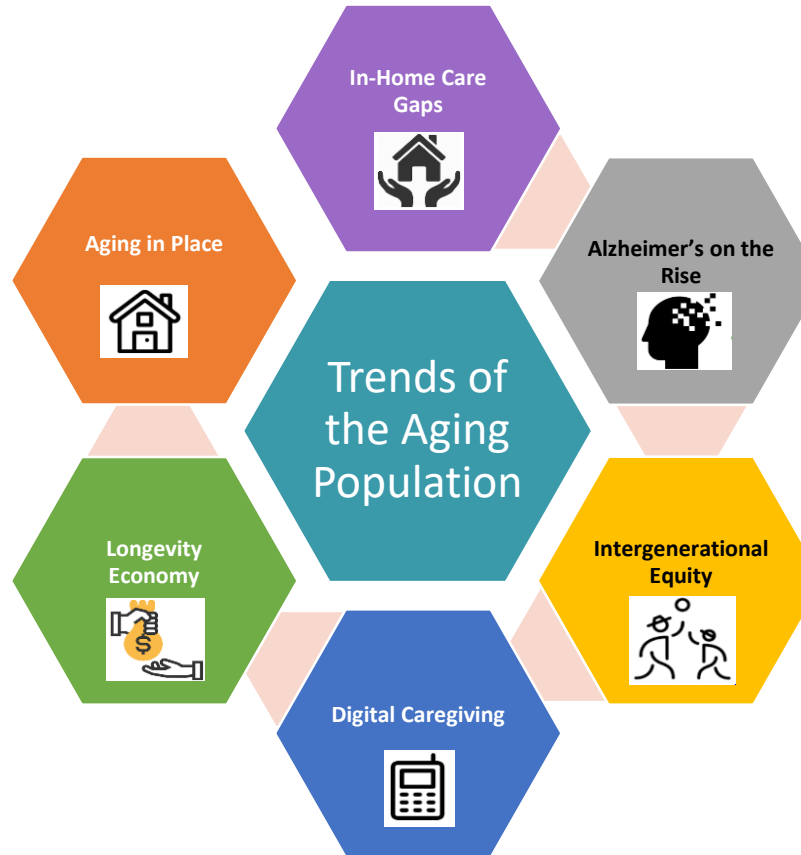
The number of Americans living with **Alzheimer's disease** could nearly triple by 2050 to 14 million, from 5 million in 2013, increasing the demand for elder care. The Alzheimer's Association says, "Someone in the United States develops Alzheimer's dementia every 66 seconds." An estimated 5.5 million Americans are living with Alzheimer's disease, and one in 10 people age 65 and older (10 percent) has Alzheimer's dementia. (AARP Nov 2017)

Intergenerational equity is the concept or idea of fairness or justice in relationships between children, youth, adults and seniors, particularly in relation to treatment and interactions. Intergenerational conflict describes a more abstract conflict based on prejudices, and also cultural, social, or economic discrepancies between generations, which may be caused by shifts in values or conflicts of interest between younger and older generations. Intergenerational housing in cities allows for children to stay close to their aging relatives and to nourish relationships in real time. Many seniors are taking care of their grandchildren well into their 60's, 70's, and even 80's, while their adult children are working. Senior centers are hosting inter-generational events to prevent older adult isolation, mentor today's youth, and preserve cultural traditions.

Caregiving is going digital with over half (53 percent) of projected market revenues expected to be from digital solutions in 2017-2021, up from just 28 percent in 2016. Just as consumers are increasingly able to manage life's many details from a smartphone or tablet, so too will caregivers. Innovators are building intelligence into existing caregiving products such as voice-activated home assistants, virtual nurse avatars for routine checkups, and even sophisticated robotic home companions. (AARP June 2017)

Trends of the Aging Population

- In-Home Care Gaps
- Alzheimer's on the Rise
- Aging in Place
- Intergenerational Equity
- Longevity Economy
- Digital Caregiving

Source: The Population Reference Bureau report, "Aging in the United States", (Jan 2016); AARP; Alzheimer's Association, Population Reference Bureau

Hassle Maps

- A Hassle Map is a detailed study of problems, large and small, that people experience whenever they use their products or services. Hassle Maps are from Adrian Slywotsky's book, "Demand".

- A similar tool is the Customer Journey Map where you view the customer service process flow from the perspective of the client or customer, and includes the customer emotions experienced at each touchpoint.

- The Hassle Maps on the following slides illustrate the compounding effects of multiple gaps within the aging population. These gaps identify the opportunity where demand is hiding.

- The Hassle Maps synthesize interview findings and research. Each map reflects actual case situations supported by research articles.

- The maps serve as tools for analysis and planning of programs and services to support the aging population.

- The LGBTQ and Cambodian Snapshots describe in detail the barrier overlays to the existing hassles.

Veteran at risk of homelessness

For veterans at risk of homelessness, the tipping point can be as trivial as a jaywalking ticket.

The veteran may not be able to pay the fee for that ticket, and then could not get to court to explain the circumstances — perhaps because of a lack of access to transportation, an inability to miss a day of work, or crippling depression. Late-payment fines are tacked on to the original fine. A court warrant, a revoked driver's license and a ruined credit history follow.

What might have seemed like a trivial citation has spiraled into a serious obstacle to being approved for housing, finding employment, driving to doctor's appointments and reintegrating into civilian life.

Court warrant, revoked driver's license, and ruined credit history could lead to homelessness

Late-payment fines

Cannot get to court to explain circumstances (Lack of transportation, cannot miss work, or crippling depression)

Cannot afford to pay for ticket

Veteran receives a jaywalking ticket

Escalating Hassle Map
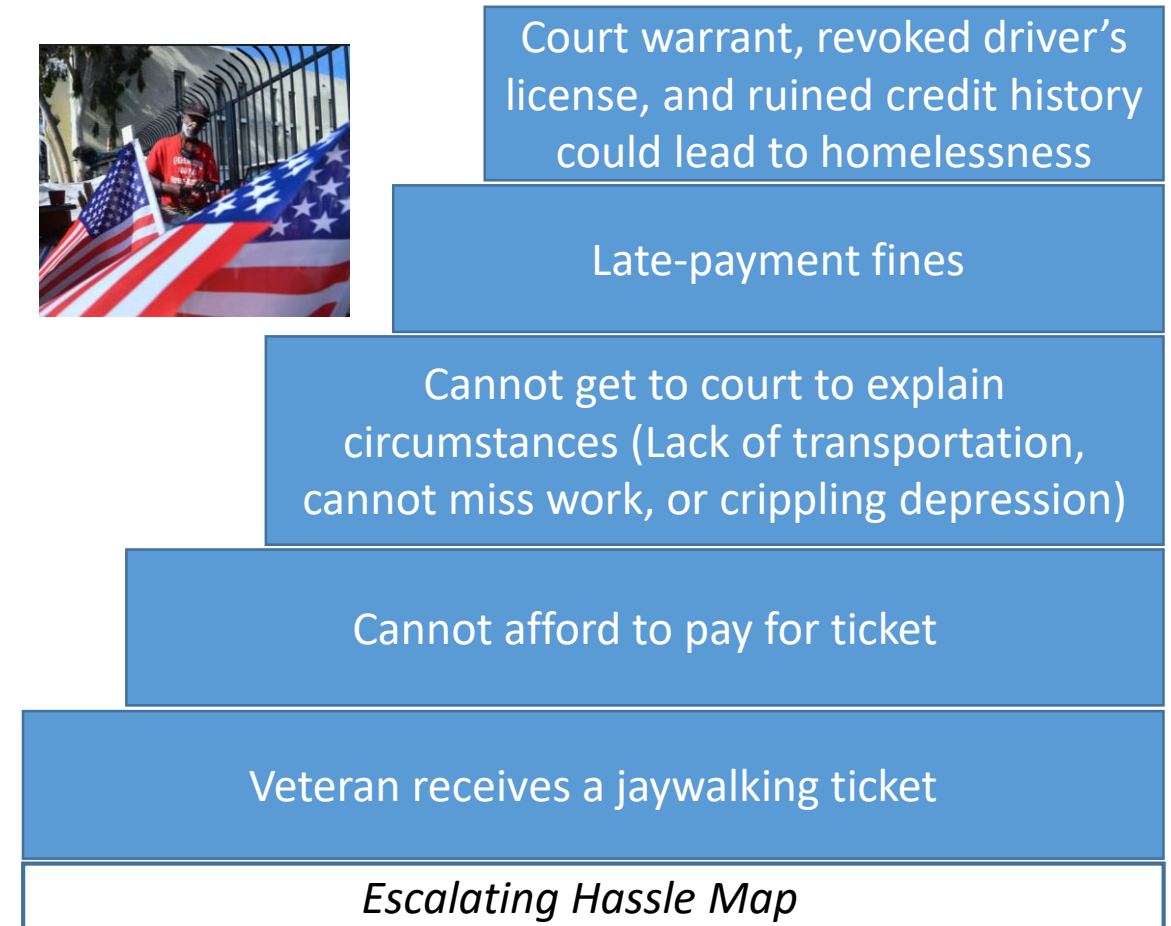
Homeless senior with substance use disorder

Substance use disorder is much more common among persons experiencing homelessness than in the general population. Since substance use can be both a cause and a result of homelessness, both issues need to be addressed simultaneously.

Breaking an addiction is difficult for anyone, especially for someone experiencing homelessness. Motivation to stop using may be poor, because day-to-day survival takes priority. Many persons experiencing homelessness and substance use disorder have also become estranged from their families and friends and lack a social support network.

Sometimes people with untreated mental illnesses use illicit drugs as an inappropriate form of self-medication. Few programs for individuals experiencing homelessness also treat co-occurring issues of both mental illness and substance use disorder, and a person experiencing both could remain unsheltered.

Mental illness and homelessness leads to increased risk of violence and victimization, and high utilization of health and justice systems

Cannot find a shelter that treats both mental illness and substance use disorder. Thus remains unsheltered.

Finding food and shelter takes priority over substance use disorder treatment, and perhaps they refuse help

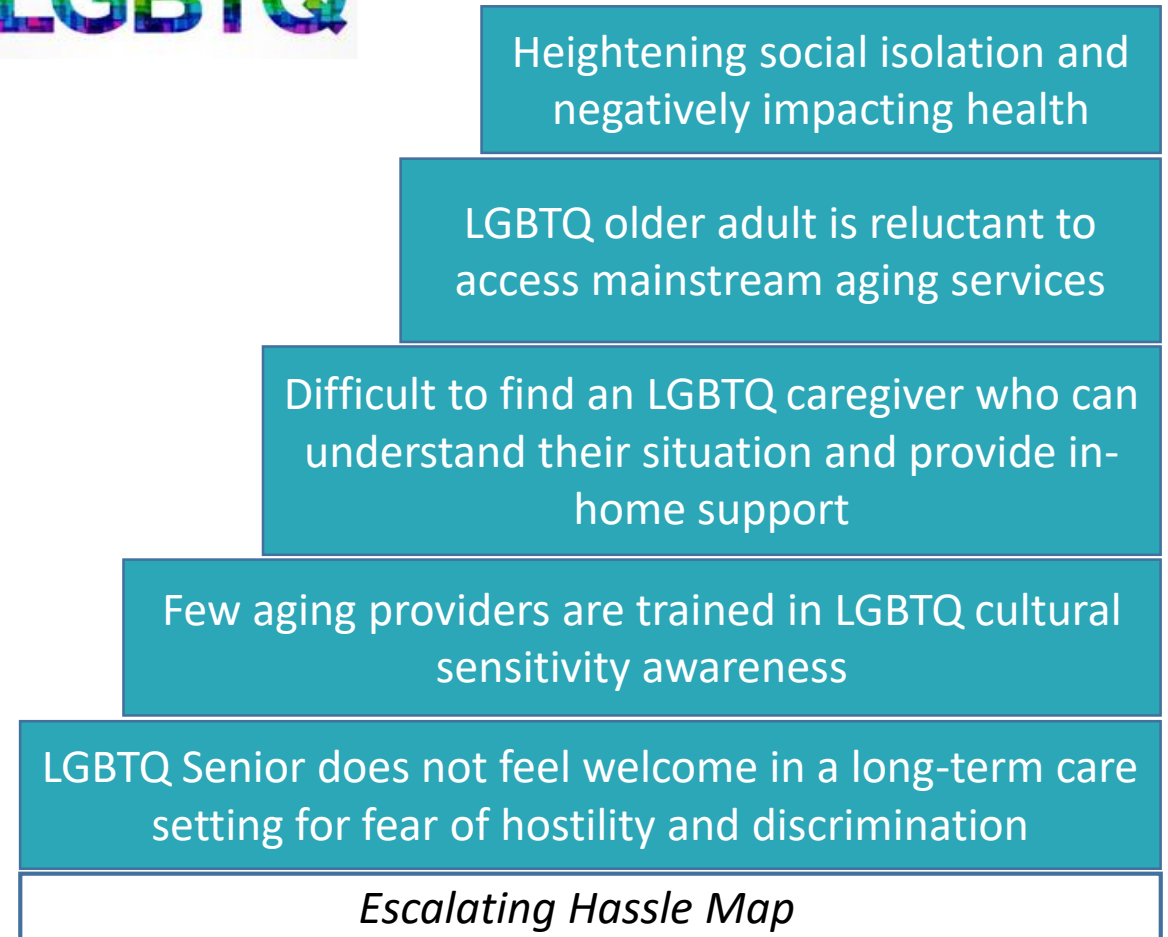Turn to drugs and alcohol to cope with their situation or self-medicate for mental illness

Person experiencing homelessness and increased stress of living on the street

Escalating Hassle Map

LGBTQ senior seeking housing

Many LGBTQ older adults encounter long-term care settings that are not welcoming to their LGBTQ identities—and many report encountering hostility and discrimination. Moreover, the available research shows that few aging providers are trained in LGBTQ cultural competency, few conduct outreach to the LGBTQ community, and few are prepared to address acts of discrimination aimed at LGBTQ seniors by staff or other residents. This makes many LGBTQ older adults reluctant to access mainstream aging services, which can heighten their social isolation and negatively impact their physical and mental health.

LGBTQ seniors face difficulty finding an LGBTQ-identified or LGBTQ-competent caregiver who can understand their situation and provide in-home support. Transgender individuals feel even more isolated and rejected than their other LGBQ peers.

Heightening social isolation and negatively impacting health

LGBTQ older adult is reluctant to access mainstream aging services

Difficult to find an LGBTQ caregiver who can understand their situation and provide in-home support

Few aging providers are trained in LGBTQ cultural sensitivity awareness

LGBTQ Senior does not feel welcome in a long-term care setting for fear of hostility and discrimination

Escalating Hassle Map

Dementia client in abusive living condition

Due to lack of insight and cognitive changes, a person with Alzheimer's disease may be unable to safely and adequately provide for their day-to-day needs, and may be at risk for falls, wandering, malnutrition, and abuse.

People with dementia are especially vulnerable because the disease may prevent them from reporting the abuse or recognizing it. They also may fall prey to family, caregivers, and strangers who take advantage of their cognitive impairment.

Willfully denying a person's access to medication, medical care, food, shelter or physical assistance, can expose the individual with Alzheimer's to further risk of physical, mental or emotional harm.

Some scientists are researching whether repeated physical abuse to the head could actually lead to dementia itself.

Lack of shelters catering to the senior population prohibits immediate removal and attention

Shortage of Adult Protective Service case workers delays intervention

Awkward to seek help when seniors do not feel comfortable sharing personal details with strangers and ignore problems

Abuse from daughter escalates to physical abuse when mother cannot provide her daughter enough money to support her addiction

Elderly woman with dementia experiences verbal abuse by her adult daughter

Escalating Hassle Map

Middle-income couple experiencing food insecurity

Lack of in-home care support can lead to medication mismanagement. It is important that seniors get the right medicine, at the right dose, at the right time. For seniors with multiple medicines, or with memory loss, this benefit alone can be a lifesaver. Even when taking the correct medications, drug interactions and side effects often mimic the symptoms of age-related cognitive disorders.

A growing group of middle-class and working-class individuals are food insecure, meaning they have difficulty feeding one or more of their household members at some point because of a lack of money. Do they use their income -- if they have one -- to pay their mortgage or feed themselves? Do they pay for a hospital visit or put dinner on the table?

When someone struggles to feed their family, they experience psychological and emotional consequences and often face stigmas. These struggles can exacerbate or lead to depression, which creates another barrier to receiving financial support and recovering from the situation.

Overwhelming shame for middle-income retirees now facing food insecurity for the first time, prevents couple from seeking help

Combined Social Security & Pension income does not meet qualification for food stamps

Cannot afford in-home care provider for help with everyday life skills

Unable to get replacement medication due to lacking transportation to physician and pharmacy

A couple accidentally take one another's medications and are unable to replace due to difficulty with memory

Escalating Hassle Map

LGBTQ Community Snapshot

~3100 Same Sex Couples in Long Beach

Currently: An estimated 2.7 million adults ages 50 and older self-identify as lesbian, gay, bisexual, or transgender in the U.S. including 1.1 million age 65 and older. Estimates more than double based on same-sex behavior and romantic relationships.

By 2060: The number of LGBTQ older adults will exceed 5 million

LGBTQ Seniors' Health Statistics - Nationally (Source: SAGE)

40% Do not disclose their sexual orientation to their healthcare provider	**42%** Fear they will outlive their retirement savings	**34%** Live Alone

Current Challenges	Potential Solutions
LGBTQ older adults are 20% less likely to have access to government services such as housing assistance, meal programs, and senior centers	The LGBTQ Center of Long Beach serves as a hub of support for the LGBTQ community and initiating collaborations with Long Beach government and social sector organizations.
Lifetime discrimination and victimization leads to weakened immune system and mental distress. Surviving these experiences has strengthened resilience in some LGBTQ seniors.	Cultural competency training through groups like SAGE is in its infancy to train service and care providers. GRIOT Circle is a pioneer as the country's only service provider focused on LGBTQ seniors of color. LGBTQ-friendly older person services must be geographically and equitably accessible.
Elevated risk of poor general health and disability due to delayed and limited access to care, due to lower income, or not feeling comfortable disclosing their sexual orientation to their medical provider	Senior equity focused groups like DHHS Office of Equity, Gray Panthers, Senior Commission are taking the lead to ensure services provided to the senior and LGBTQ community align with policies, research, community input, and best practices.
Elevated risk of isolation and lack of caregiving since less likely partnered or married, often live alone and have much fewer children than heterosexual seniors	Innovative approaches are being explored to reach hidden or potentially isolated seniors such as targeted community events and partnerships with Meals on Wheels and Hospice

Key Disparities among LGBTQ Sub-groups

- *Lesbian and bisexual women*: Higher rates of disability, cardiovascular disease, overweight, and poor general health
- *Gay and bisexual men*: Twice as likely to live alone; higher risk of cancer, and HIV
- *Transgender older adults*: Higher rates of discrimination, victimization, mental distress, poor health, and less support
- *Bisexual older adults*: Higher stigma, less likely to disclose sexual orientation, lower income, and have less support
- *Older adults of color, and those with lower income and education*: Elevated risk of health disparities and limited access to aging, health, and support services

Social Isolation in LGBTQ Older Adults

Transgender Adults	62.5%
Bisexual Men	66.2%
Gay Men	53.9%
Bisexual Women	55.3%
Lesbians	48.7%
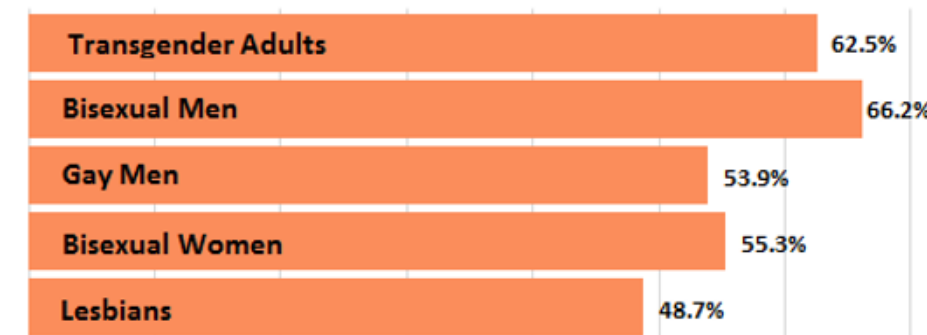
Cambodian Community Snapshot

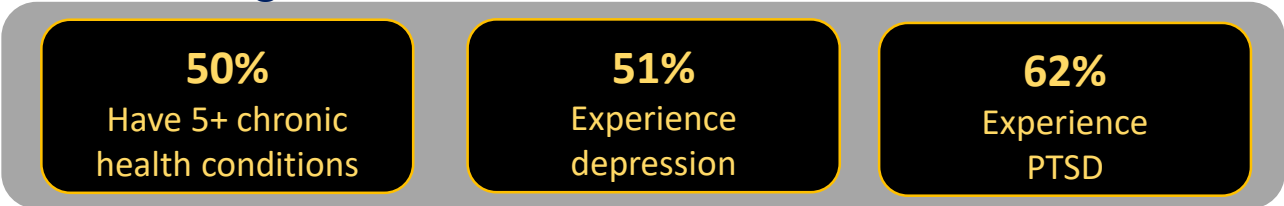**In the beginning**: Khmer, Lao, and Chinese refugees from Cambodia began settling in Long Beach in 1975, and increased dramatically in the 1980's. In addition to the trauma of fleeing violence, refugees experienced cultural isolation in a foreign country. Social support institutions, such as United Cambodian Community (UCC) have been providing culturally-appropriate services for 40 years.

Today: The Cambodian community of Long Beach is multi-generational, with children born in the US, and multi-racial. Cambodian seniors still face cultural isolation, trauma, and language barriers.

Long Beach Cambodian Seniors' Health Statistics

50% Have 5+ chronic health conditions	**51%** Experience depression	**62%** Experience PTSD

Current Challenges	Potential Solutions
Half of Long Beach Cambodian seniors live with 5 or more chronic health conditions, including mental health and diabetes	Assist seniors with benefits enrollment through National Council on Aging (NCOA) to discover benefits like Medicare/Medicaid, CalFresh, etc. DHHS Partnering with PRM to co-locate trained enrollers.
Older adults need intensive case management and one-on-one support	Certified Nursing Assistants training: Support for caregivers through National Asian Pacific Center for Aging provides senior care training. McBride Park Senior Center serves Cambodian meals, Dream Beyond Foundation
Older adults silently internalize their experiences – headaches, stomach aches, nightmares, stigma for labeling as mental health	Address emotional needs through Buddhist Mind, Body & Spirit approach. Social networks are better than therapy.
Lack of affordable housing	Seniors are beginning to co-rent studio apartments (for example, $500/month for rent, with only $200 left for living)
Fear of deportation	Utilize trusted Cambodian serving organizations to provide services and reassure seniors they can access services without fear of deportation.
Transportation is a barrier for many	Helping clients apply for Access for free transportation
Many are unfamiliar with technology and smart devices	Adapting to use of Facebook and YouTube; training on filtering SPAM mail
74% of Cambodian Seniors are Monolingual	Offer translation in Khmer and Lao

United Cambodian Community

សមាគមខ្មែរនៅទឹបអាមេរិក
CAMBODIAN ASSOCIATION OF AMERICA
A NONPROFIT HUMAN SERVICES ORGANIZATION

Many older Cambodians prefer to reach out to historically Cambodian organizations, such as United Cambodian Community, Cambodian Association of America, and Khmer Parents Association, rather than the city, due to distrust of government.

Long Beach's Digital Divide

Even though the digital divide remains prevalent, access is becoming increasingly important for seniors

Even if no longer working, online access for seniors is becoming increasingly important since information for banking, social security and medicine is more often being dispensed online
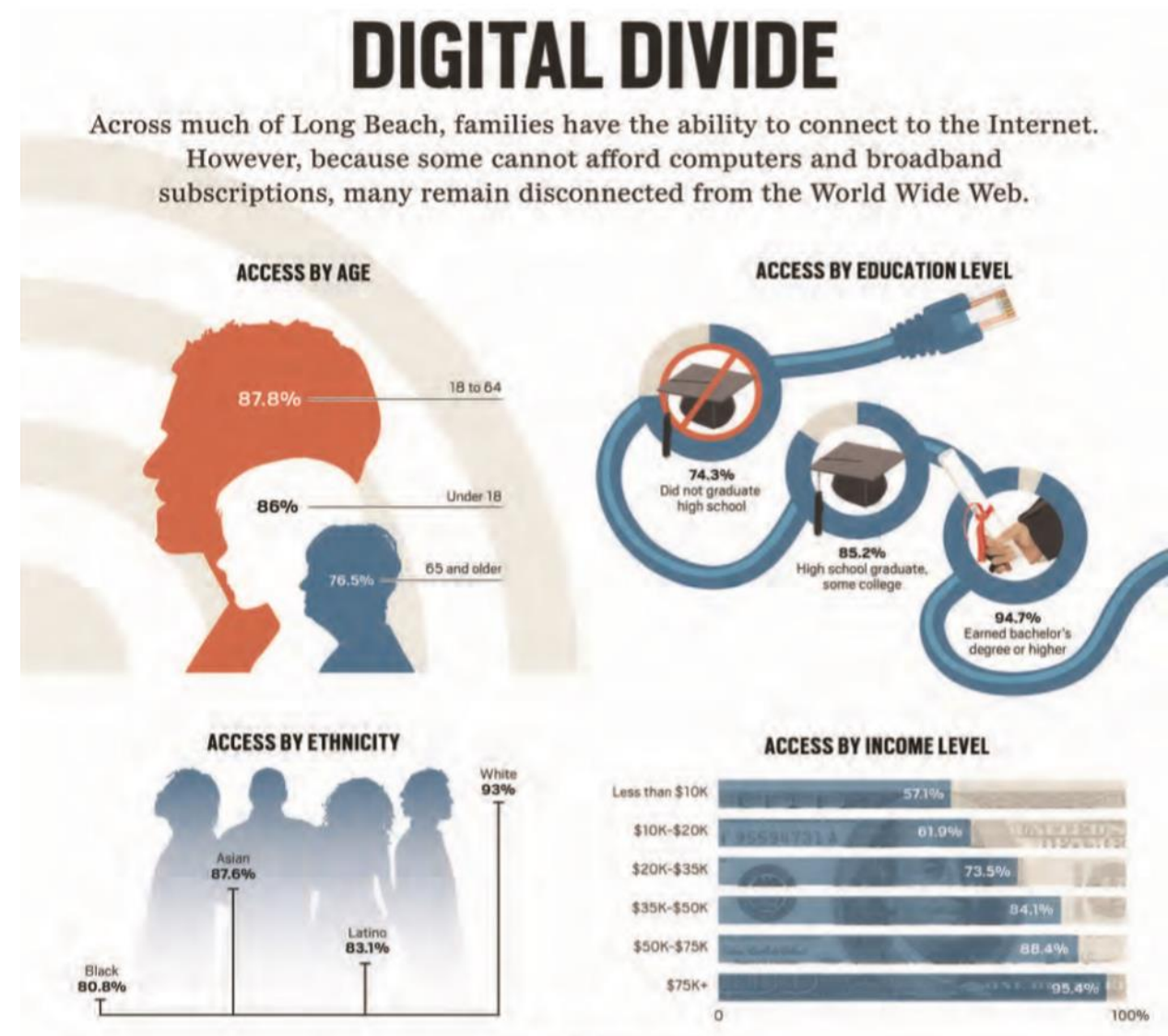
"24% of people 65+ do not subscribe to broadband, and 17% don't even own a computer of any kind."

Barriers to access can include cost, lack of skills, lack of trust

"Close to half of households subsisting on $10,000 or less per year – 42.9% – don't have Internet access of any kind at home."

Lack of online access compounds existing inequalities in income, education level, and race

"While just 7% of whites living in Long Beach lack an Internet connection, the percentage rises to 12.4% for Asian-American residents, 16.9% for Latinos and 19.2% for Blacks."

DIGITAL DIVIDE

Across much of Long Beach, families have the ability to connect to the Internet. However, because some cannot afford computers and broadband subscriptions, many remain disconnected from the World Wide Web.

ACCESS BY AGE
- 87.8% — 18 to 64
- 86% — Under 18
- 76.5% — 65 and older

ACCESS BY EDUCATION LEVEL
- 74.3% Did not graduate high school
- 85.2% High school graduate, some college
- 94.7% Earned bachelor's degree or higher

ACCESS BY ETHNICITY
- White 93%
- Asian 87.6%
- Latino 83.1%
- Black 80.8%

ACCESS BY INCOME LEVEL
- Less than $10K — 57.1%
- $10K–$20K — 61.9%
- $20K–$35K — 73.5%
- $35K–$50K — 84.1%
- $50K–$75K — 88.4%
- $75K+ — 95.4%

Inputs to Resources Mapping

416 Total Resources Compiled

Senior Resources Matrix was compiled from:
1. One Degree www.1degree.org
2. Aunt Bertha www.auntbertha.com
3. AgeWell Magazine www.heartofida.org/agewell-long-beach/
4. LGBTQ Center Guide https://goo.gl/gh6UWH
5. Mental Health Guide https://goo.gl/SpctV3
6. SAFE Long Beach Guide http://www.lbds.info/civica/filebank/blobdload.asp?BlobID=5507
7. Research discoveries

Categories for Mapping Services

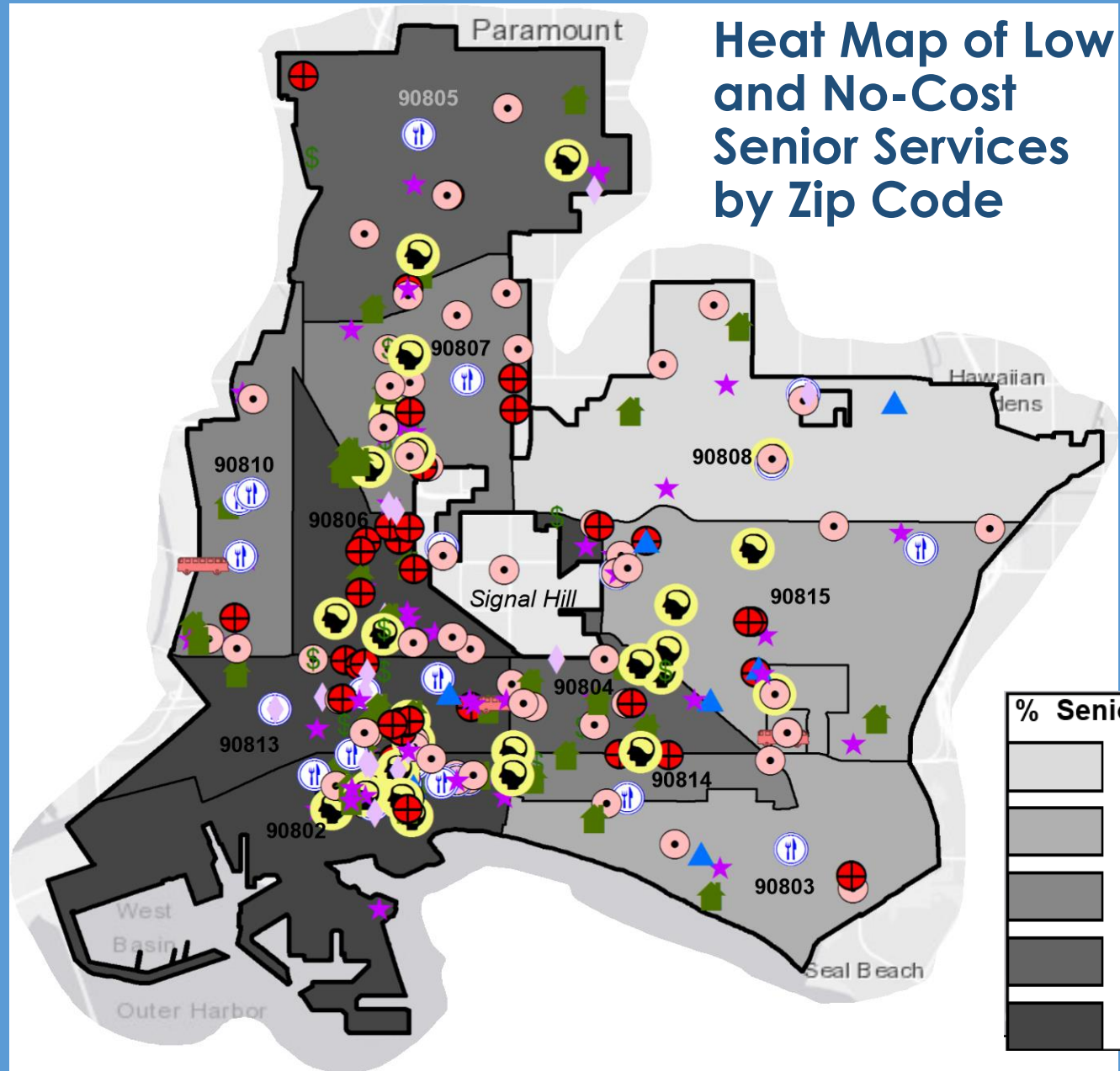| Category	Description
Support & Safety	Support groups, case management, programs for crisis, addiction, grief, and family, cultural & life issues
Volunteer/Activities	Volunteer programs, activities, classes, museums, libraries,
Health & Wellness	Hospitals, clinics, medical offices, and medical equipment
Housing	Senior housing, convelesecent and nursing homes, and assisted living
Basics	Miscellaneous category providing 3 or more basic needs such as housing, food, clothing and clinic type services
Mental Health	Counsleing, therapy and support for mental health diagnosed conditions and disabilities
Financial	Career, legal and tax advisory services, and financial support, such as payment assistance for facilities
Food	Congregate meals, food programs and pantries
In-Home Care	In-Home caregiver referrals including skilled medical and nursing, personal care and housekeeping support
Transportation	Dial-a-Lift, Transit Bus and Yellow Cab

Heat Map Assumptions & Observations

- Mapped only those services with Long Beach and Signal Hill zip codes

- Mapped only low or no-cost services

- Listed organizations more than once to include multiple locations

- Many Federal and State resources are not included in this map that can be accessed virtually.

    1) The **BenefitsCheckUp** (www.NCOA.org) team monitors over 2,500 federal, state, and private benefit programs that can match to individual's eligibility requirements using their comprehensive tool.
    2) Last year, the United Cambodian Community (UCC) enrolled 595 clients into benefits that resulted in over $2 million dollars in savings for the community.
    3) Aunt Bertha includes these federal and state programs in their online referral database, which is why the original search for Long Beach senior programs returned 1500 results. The search results were reduced by more than half to approximately 648 resources once the state and national providers were excluded.

- Removed Children related services, including children's health (i.e. Children's Institute), and children/youth mentorship (i.e. Centro CHA, Inc.); however, these organizations could serve as beneficial resources for the Senior population:

    1) Seniors are more often caring for their grandchildren and could benefit from having family services information at their fingertips, just as a parent or any childcare provider
    2) Several organizations that serve to mentor children and youth can serve as enriching volunteer opportunities for Seniors. The Youth/Children related organizations can provide Intergenerational opportunities for knowledge sharing, cultural enrichment, mentorship, and career counseling.

Source(s): Compilation of services from One Degree and Aunt Bertha data extracts, AgeWell Magazine, discoveries from interviews, and The LGBTQ Center of Long Beach, DHHS Mental Health, and SAFE Long Beach Resource Guides

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Heat Map of Low and No-Cost Senior Services by Zip Code

Appendix
Analysis of Service Providers

1. **Senior Links – Department of Health & Human Services (DHHS)**
2. **Parks Recreation & Marine (PRM) Senior Services**
3. **PRM 4th Street Senior Center Information & Assistance (I&A)**
4. **DHHS Multi-Service Center (MSC)**
5. **Long Beach Police Department (LBPD) – Senior Police Partners**
6. **Jewish Family & Children's Services (JFCS)**
7. **SCAN Independence at Home (IAH)**
8. **Los Angeles County Area Agency on Aging (AAA)**

DHHS Senior Links: Category of Services

- Over 88% of services provided at Senior Links were Health/Medical

- Only 6% of services were housing related

- During the data collection period, the Senior Links program operated with minimal staffing and primarily for health referrals. At full capacity, Senior Links would have more social worker time to address mental health and social services.

Cat 1	Count of Cat 1
Food	2
Health Insurance	1
Health/Medical	108
Housing	8
Mental Health	2
Other	1
	122

SERVICES CATEGORIES BAR CHART

Category	Value
Other	1
Mental Health	2
Housing	8
Health/Medical	108
Health Insurance	1
Food	2
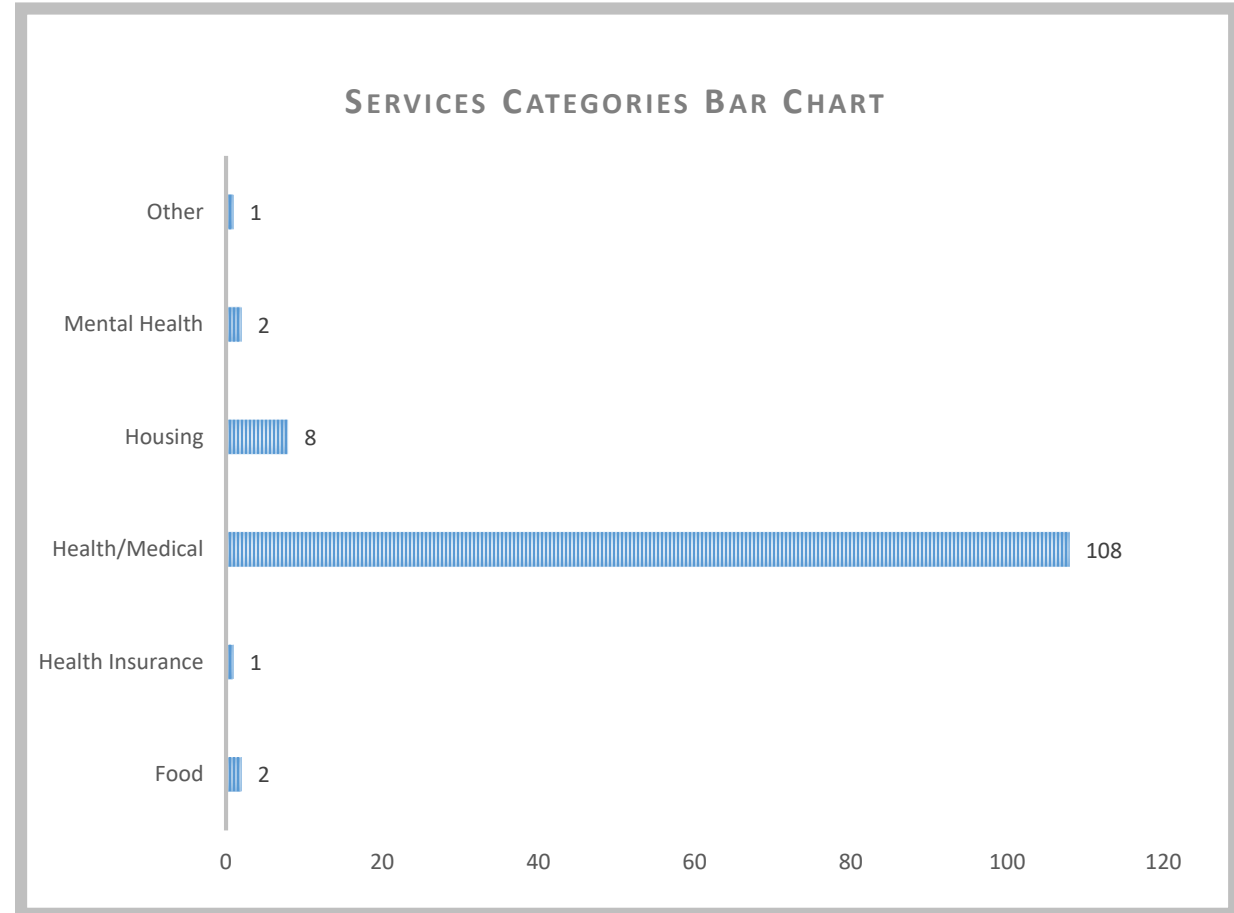
DHHS Senior Links: Type & Category of Services

- 122 Seniors were served over the period of 1 ½ months

- Overwhelming majority of clients are accessing the Senior Links program as walk-ins

Services provided by Type & Category by Sex
(Aug 31 - Oct 12, 2017) (1.5 months)
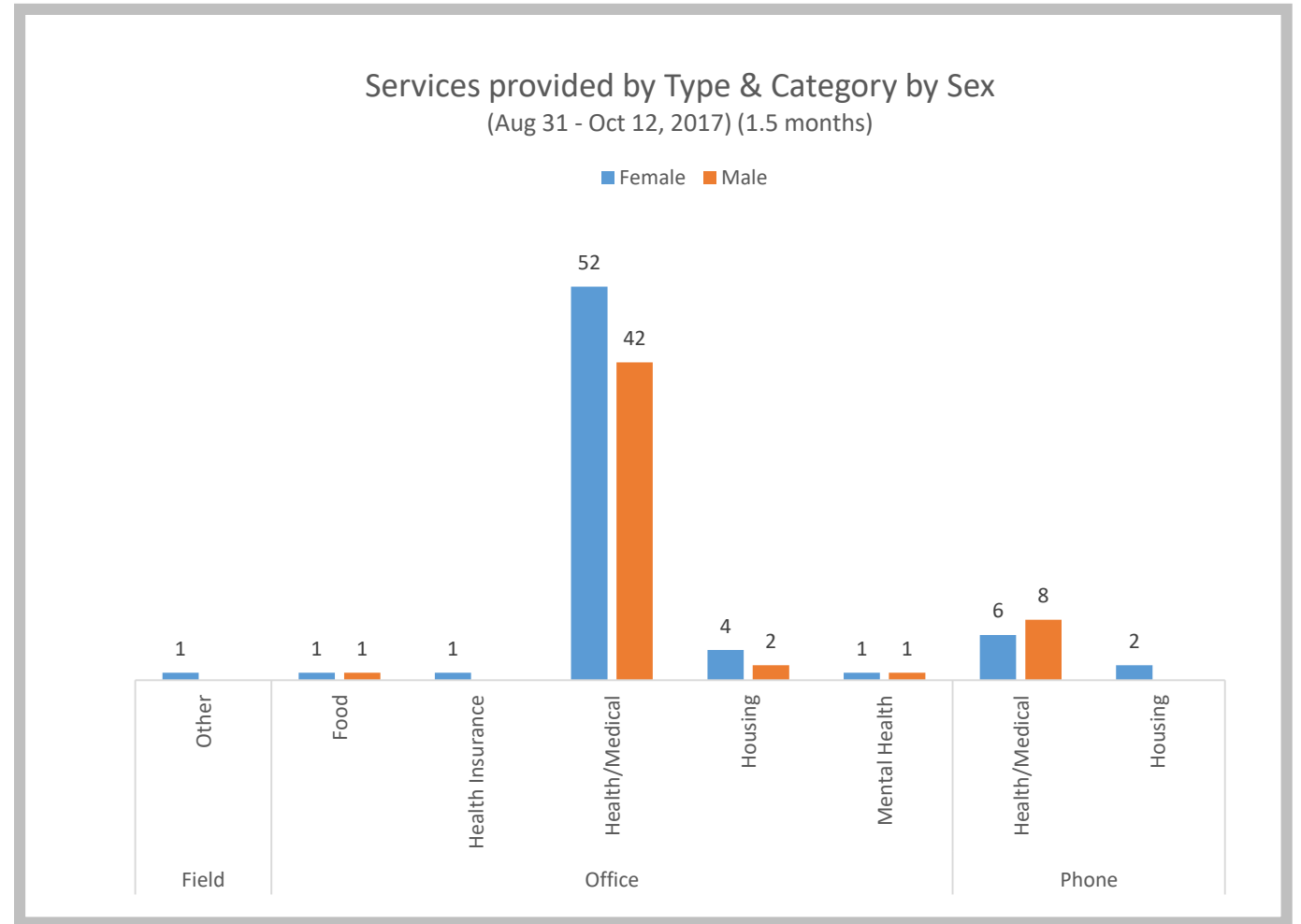
■ Female ■ Male

DHHS Senior Links: Age Ranges Served

- Diverse age ranges were equally served
  - 33% are 60-69 yrs.
  - 35% are 70-79 yrs.
  - 25% are 80+ yrs.
  - Only 8% were 50-59 yrs.

- Overall, 56% of those served were Female and 44% were male

- Females dominated each age range, with the exception of 60-69 yrs., where there were 20% more males. This is not surprising when compared with demographic trends.

Percentage Served by Age Range

Pie chart legend: 50-59, 60-69, 70-79, 80-89, 90-99

Pie values: 3%, 8%, 33%, 35%, 21%

Bar chart (Female / Male):
- 50-59: 8 / 2
- 60-69: 16 / 24
- 70-79: 27 / 15
- 80-89: 14 / 12
- 90-99: 3 / 1

Source: Department of Health and Human Services (Long Beach Health Department)
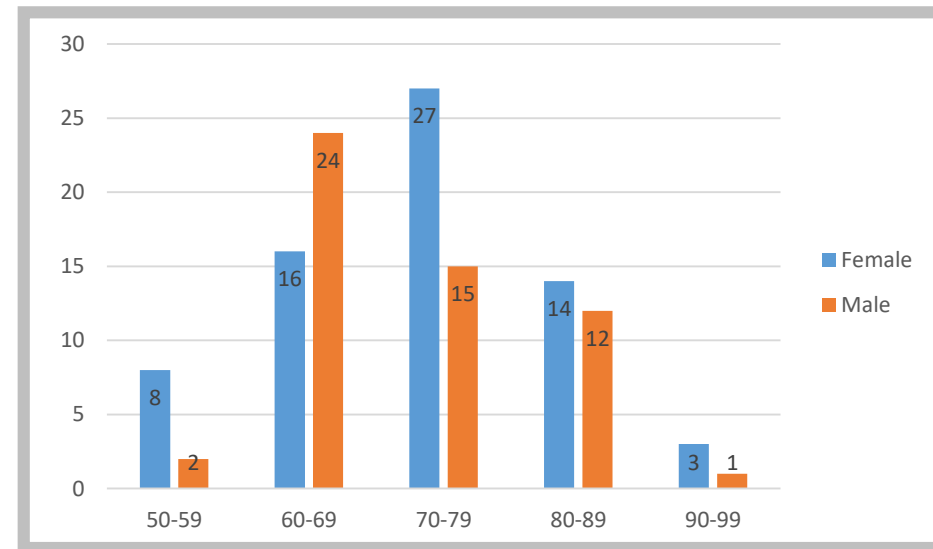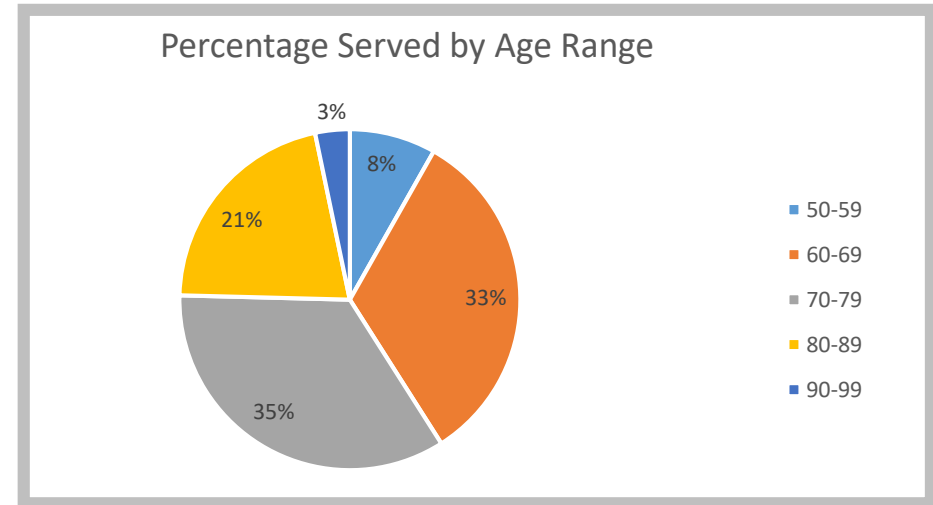
DHHS Senior Links: Zip Codes Served

Count of ID	Column Labels									
Row Labels		**90802**	**90803**	**90804**	**90805**	**90806**	**90807**	**90810**	**90813**	**90814**	**Grand Total**
50-59		7				1			1	1	10
60-69		23	1	4	1	2	1	1	5	2	40
70-79		21		8			3		9	1	42
80-89		19				2			2	3	26
90-99		3	1								4
Grand Total		**73**	**2**	**12**	**1**	**5**	**4**	**1**	**17**	**7**	**122**

- Majority served reside within the Long Beach Senior Center Zip Code 90802 (60%); Senior Links is located at the 4th Street Senior Center

- Next greatest number served come from the adjacent zip code 90813 (14%)
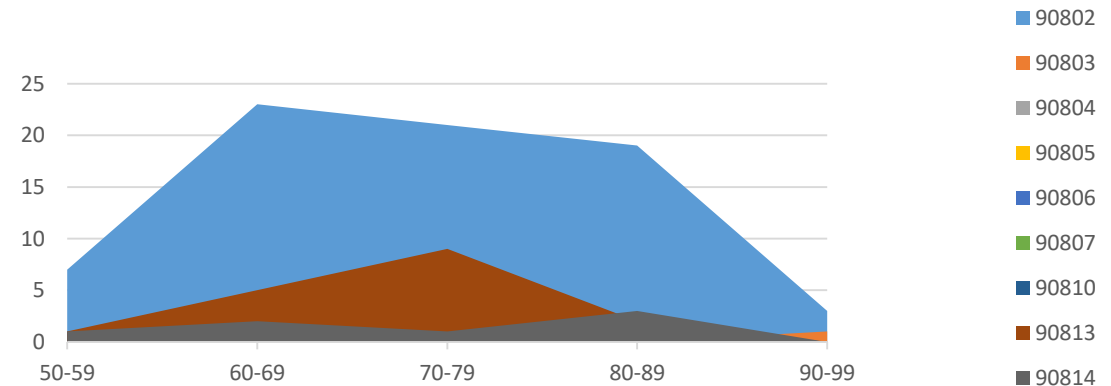
*Please note there is no representation from zip codes 90815

Parks Recreation & Marine (PRM) Senior Services Breakdown - FY17

Senior Services Breakdown - FY17
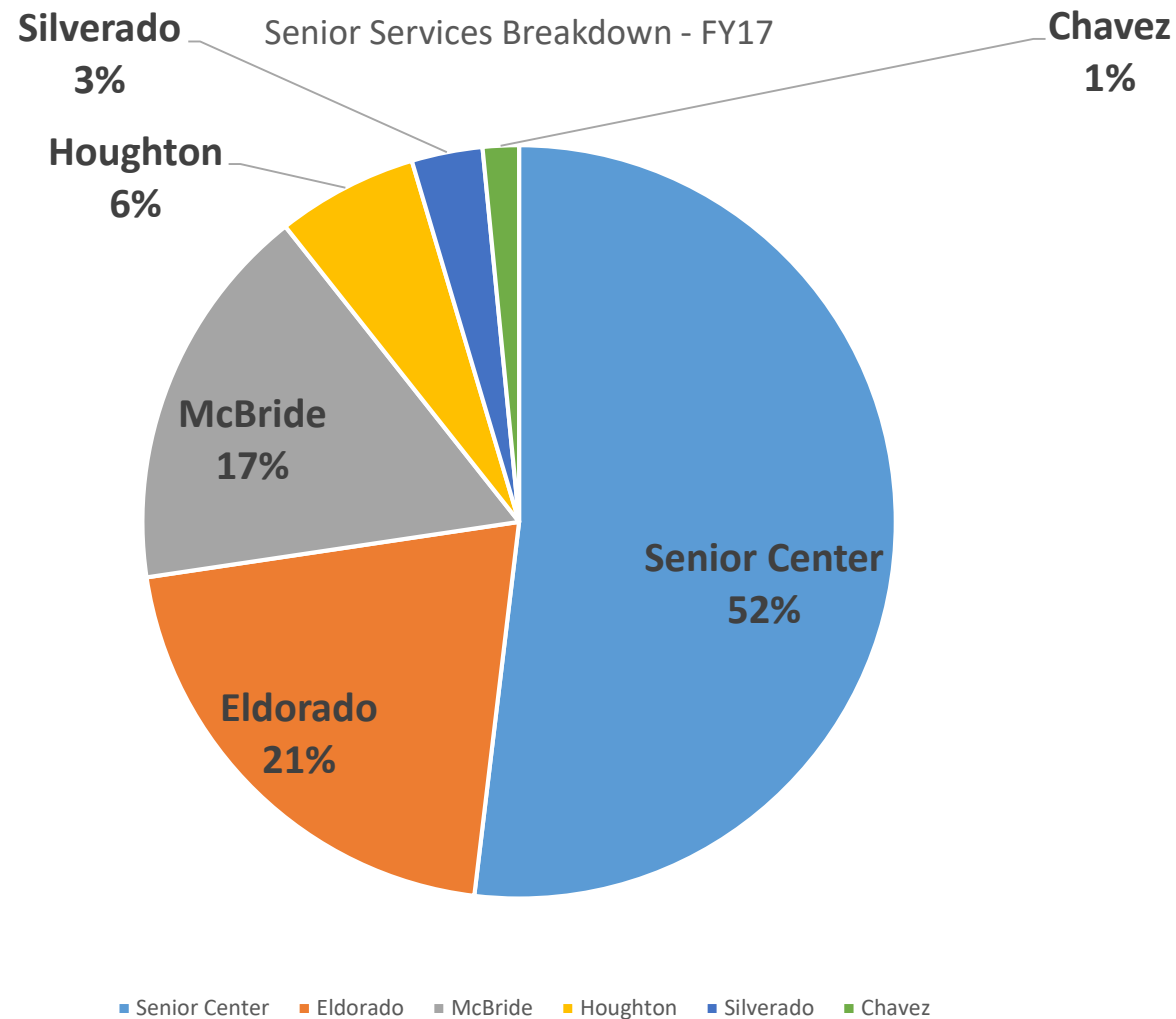
Senior Center	213,438
Eldorado	85,317
McBride	68,676
Houghton	24,910
Silverado	12,529
Chavez	6,379
Total Services	**411,249**

PRM Senior Services Breakdown - FY17

S	• Caring staff listening to and addressing the needs of each center's population • Variety of fun and entertaining programs are offered for socialization and stimulation
W	• Fragmentation of services for seniors across the centers
O	• Provide institutional standard of practice for continuity of care • How many seniors are not leaving their homes to benefit from the services?
T	• Lack of funding sources • Senior center facilities are old and need repairs, residents complain that senior centers do not have inviting facilities.

Senior Services Comparison

Chart categories: Lunch Program (Only), Special Events, Active Class & Self-Guided Activities, Drop-In, Self-Guided Activities, Programs

Legend: ■ Chavez ■ Eldorado ■ Houghton ■ McBride ■ Silverado ■ Senior Center
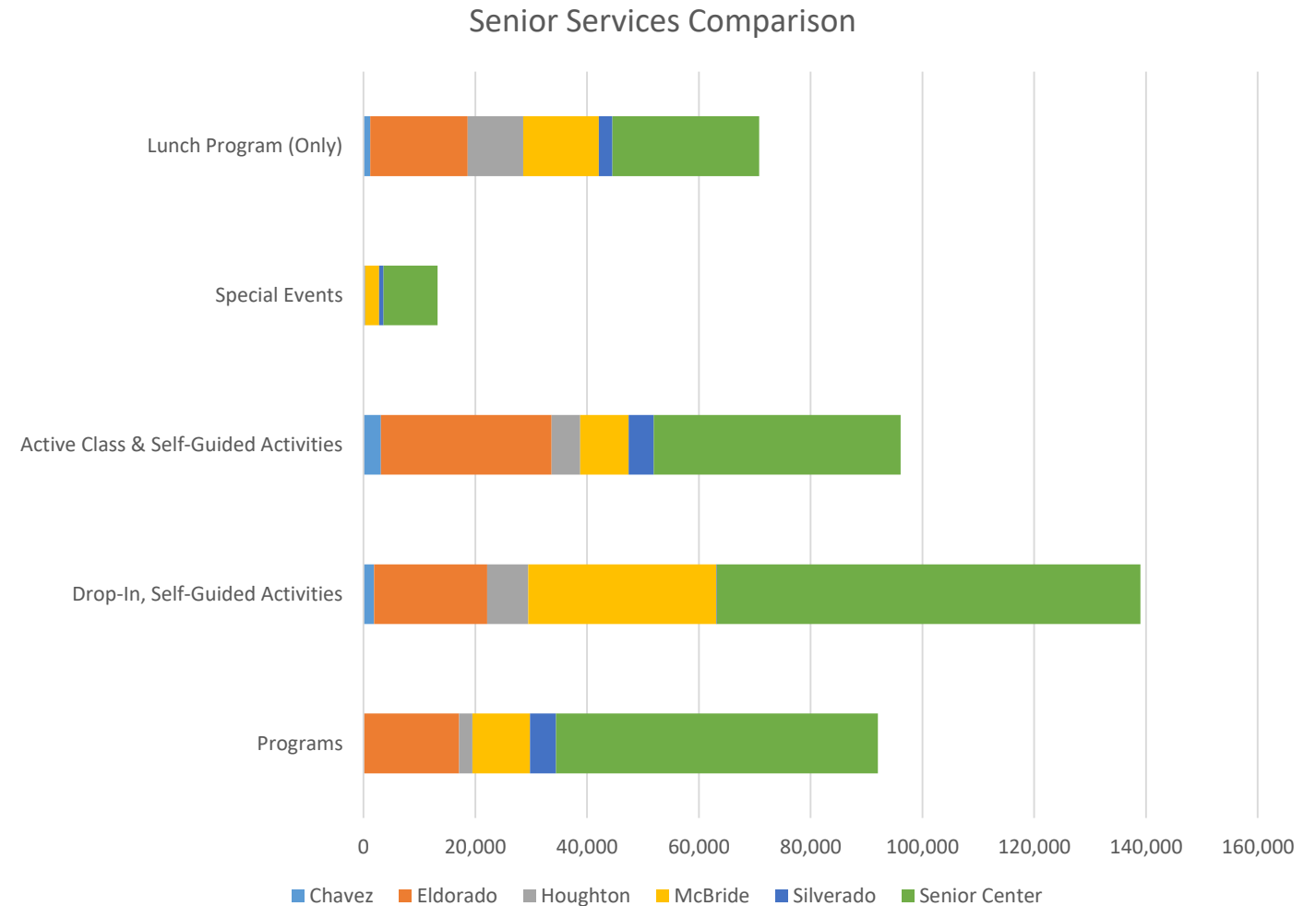
PRM Lunch Program Breakdown - FY17

S	• Human Services Assn LA (HSA) provides meals at 4 of the 6 senior centers • McBride offers both Cambodian and American menus daily
W	• Disparate information dissuades patrons • Different organizations provide meals, some organizations expect a $1 donation
O	• Congregate meals counter social isolation, improve mental health, and physical wellbeing • Houghton Park has started a Crop Swap where residents exchange left over fruits and vegetables from their home gardens • Engage Long Beach-based Food Finders organization to serve seniors
T	• Chavez currently serves around 5 meals a day --does not appear sustainable

Lunch Programs Served - FY 17

Location	Meals Served
Senior Center	26,252
Eldorado	17,459
McBride	13,506
Houghton	9,917
Silverado	2,455
Chavez	1,208
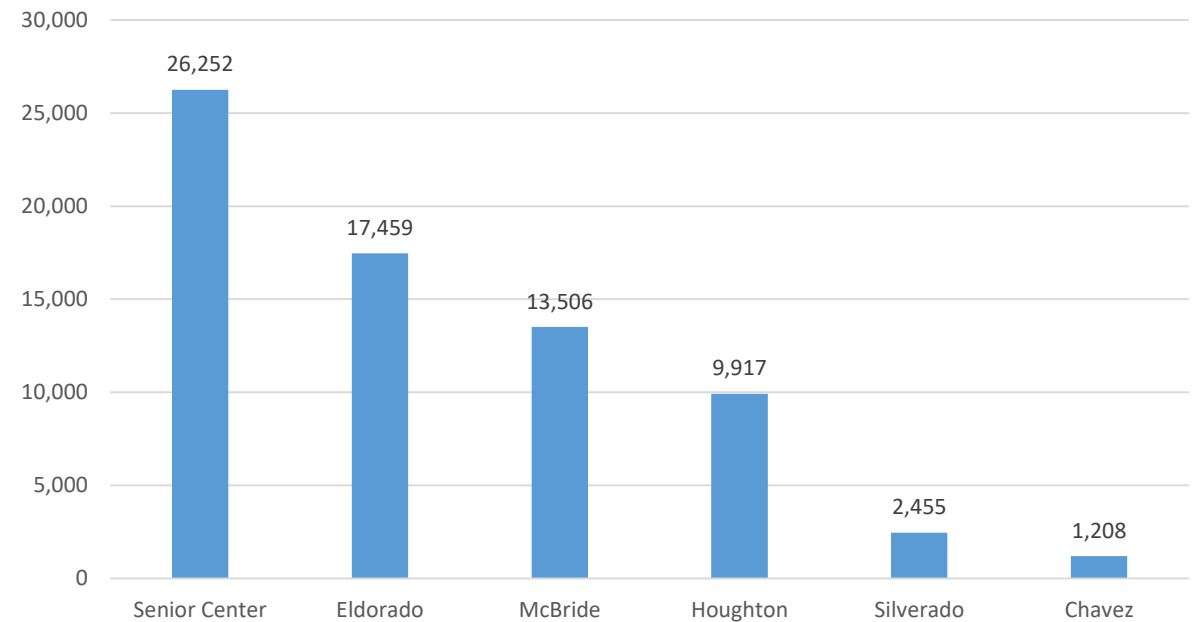
4ᵗʰ Street Senior Center Services - FY17

S	• The Resource Center, Senior Links, and diversity of program offerings
W	• Dense location offers minimal parking
O	• Establish an Office focusing on older adults
T	• Homelessness issues need to be addressed

Community Services Supervisor	Elyse Garcia
Daily Avg. Program Participants	890
Daily Avg. Meals	100

Senior Center Services - FY17	
Programs	57,598
Drop-In, Self-Guided Activities	75,768
Active Class & Self-Guided Activities	44,151
Special Events	9,669
Lunch Program (Only)	26,252
Total	**213,438**

SENIOR CENTER SERVICES BREAKDOWN - FY17

Lunch Program (Only) 12%
Special Events 5%
Active Class & Self-Guided Activities 21%
Programs 27%
Drop-In, Self-Guided Activities 35%

SENIOR CENTER SERVICES - FY17

Oct 20,600
Nov 17,050
Dec 16,231
Jan 15,370
Feb 14,654
Mar 18,926
Apr 16,094
May 17,500
Jun 17,837
Jul 17,111
Aug 19,358
Sep 22,707

Programs
Drop-In, Self-Guided Activities
Active Class & Self-Guided Activities
Special Events
Lunch Program (Only)
Total

Source: Parks, Recreation & Marine (PRM)

El Dorado Senior Services - FY17

S	• Draw crowds: 200-300 for special events, 125-150 for dance/band, 65-70 for flower arranging
W	• Location is difficult to reach via public transportation
O	• Opportunity to take best practical ideas and implement for Tech Talk classes across senior centers (how to check bus schedules, check store hours, setup online banking, pay utility bills, navigate doctors). Educate in groups based on levels of knowledge. • Nice to have day trips • Potential 10% increase in attendance if transportation provided.
T	• Digital Divide threatening independence and risking abuse from scam sites. Technology can become overpowering. Lack of knowledge in use, not access to technology. Technology can liberate seniors to live independently.
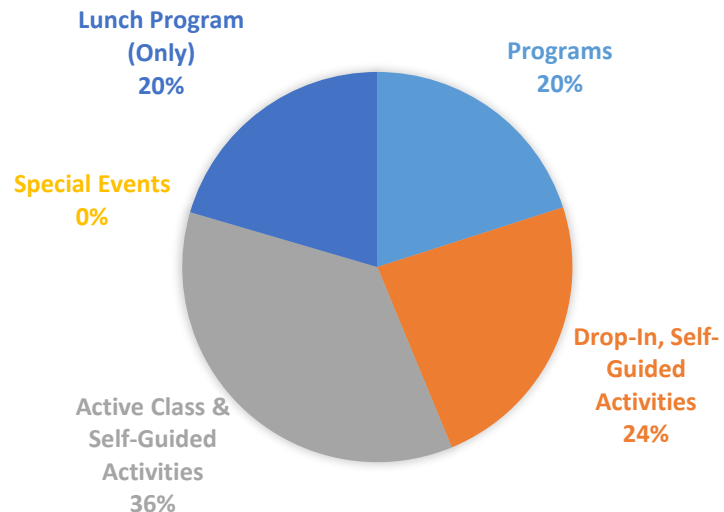
Community Services Supervisor	Sonny Seng
Daily Avg. Program Participants	100's
Daily Avg. Meals	65

Eldorado West Senior Services - FY17	
Programs	17,103
Drop-In, Self-Guided Activities	20,235
Active Class & Self-Guided Activities	30,520
Special Events	0
Lunch Program (Only)	17,459
Total	**85,317**

EL DORADO SERVICES BREAKDOWN - FY17

Lunch Program (Only) 20%
Programs 20%
Special Events 0%
Drop-In, Self-Guided Activities 24%
Active Class & Self-Guided Activities 36%

EL DORADO WEST SENIOR PROGRAMS - FY17

Oct 7,306 | Nov 7,378 | Dec 7,337 | Jan 6,817 | Feb 5,828 | Mar 7,994 | Apr 7,127 | May 7,513 | Jun 7,239 | Jul 6,632 | Aug 7,566 | Sep 6,580

Legend: Programs · Drop-In, Self-Guided Activities · Active Class & Self-Guided Activities · Special Events · Lunch Program (Only) · Total

Source: Parks, Recreation & Marine (PRM)
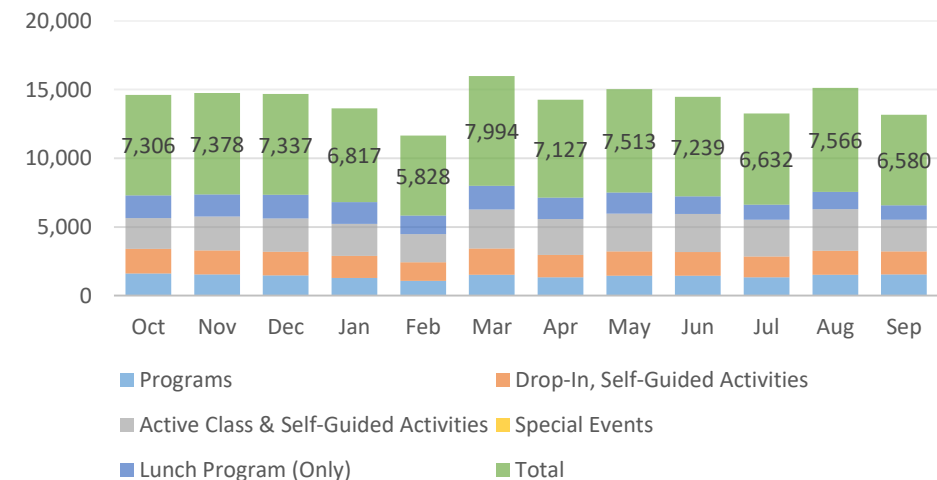
McBride Senior Services Breakdown - FY17

S	• Offer Cambodian and American lunches
W	• No transportation offered, Wi-Fi is unreliable
O	• Frequent calls requesting pickup of seniors from their homes to attend programs. Could potentially increase participation by upwards of 20-30 more guests if provided transportation. • Opportunity for better outreach and promotion
T	• Recent homeless encampment of 15 people ranging 35-60 years (smoking, trash, using bathroom outdoors, pets off leash), refused referral to MSC

Community Services Supervisor	Daveth Yoak
Daily Avg. Program Participants	25-60
Daily Avg. Meals	50-60

McBride Senior Services - FY17	
Programs	10,315
Drop-In, Self-Guided Activities	33,686
Active Class & Self-Guided Activities	8,669
Special Events	2,500
Lunch Program (Only)	13,506
Total	**68,676**

MCBRIDE SERVICES BREAKDOWN - FY17

- Programs 15%
- Drop-In, Self-Guided Activities 49%
- Active Class & Self-Guided Activities 12%
- Special Events 4%
- Lunch Program (Only) 20%

MCBRIDE SENIOR PROGRAMS - FY17

Values shown above bars: Oct 5,344; Nov 7,258; Dec 7,349; Jan 3,807; Feb 5,511; Mar 6,680; Apr 5,418; May 5,278; Jun 5,849; Jul 5,883; Aug 5,850; Sep 4,449

Legend: Programs; Drop-In, Self-Guided Activities; Active Class & Self-Guided Activities; Special Events; Lunch Program (Only); Total

Houghton Senior Services Breakdown - FY17

S	• Offer Special Programs/Field Trips: i.e. OC Fair, America's Got Talent taping • Provide Taxi vouchers and bus tokens as needed for ride home, doctor, shelter • Provide monthly Medical screenings: Healthcare Partners, CA Exchange, Caremore, SCAN
W	• Lost Free Molina Neighborhood Shuttle (lost 10-15 lunch participants) • Senior Wing was damaged by flooding (small cardio room, library and computer room)
O	• Recent groundbreaking of 5-year project to construct entire new building • Should be a curriculum for older adults shared across the senior centers • Resume Saturday and Sunday Programs
T	• 3 year waiting list for Senior Apartments • Homelessness and substance use (4-5 people loiter after 6:30 pm)

Community Services Supervisor	Kameron Talavera
Daily Avg. Program Participants	35-40
Daily Avg. Meals	20-40

Houghton Senior Services - FY17	
Programs	2,390
Drop-In, Self-Guided Activities	7,339
Active Class & Self-Guided Activities	5,119
Special Events	145
Lunch Program (Only)	9,917
Total	**24,910**

HOUGHTON SERVICES BREAKDOWN - FY17

Programs 10%
Drop-In, Self-Guided Activities 29%
Activities 20%
Special Events 1%
Lunch Program (Only) 40%
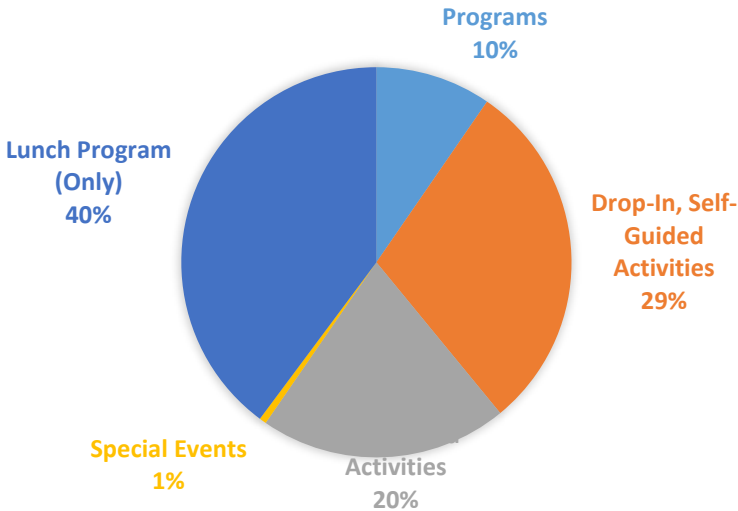
HOUGHTON SENIOR PROGRAMS - FY17

Legend: Programs; Drop-In, Self-Guided Activities; Active Class & Self-Guided Activities; Special Events; Lunch Program (Only); Total

Oct 2,511 · Nov 1,978 · Dec 1,955 · Jan 1,839 · Feb 1,585 · Mar 5,056 · Apr 1,763 · May 1,940 · Jun 1,550 · Jul 1,348 · Aug 1,709 · Sep 1,676

Source: Parks, Recreation & Marine (PRM)

Silverado Senior Services Breakdown - FY17

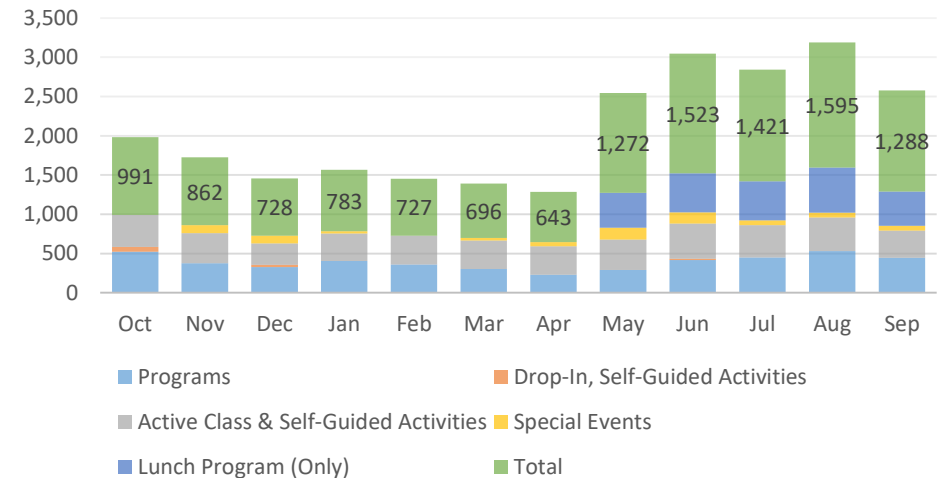|	
S	• Individualized attention. For example, writing down questions they should ask their doctor during their visit • Amenities: Olympic Pool for water aerobics, large gym, and social hall with stage for dances • Intergenerational event over Thanksgiving with games and mingling, where teens put on a show, and seniors served as role models (~ 200 attendees)
W	• Transportation: Most accessible for those who can walk, drive, or dropped off by care takers. Senior apartment across the street, yet unsure they are participating.
O	• Offer Intergenerational visits across parks as "Park Fairs" to intermingle and engage with all ages of Long Beach • Attract more men, and more programming for male population • Engage senior apartments across the street for tailored programming • Increased senior "eyes" and presence in the park would decrease unwanted activity in the park
T	• Residents express safety concerns about this park • Nearby Century Villages at Cabrillo has a waitlist for Veteran housing

Community Services Supervisor	Etnangte Roeung
Daily Avg. Program Participants	25-60
Daily Avg. Meals	20-40

Silverado Senior Services - FY17	
Programs	4,650
Drop-In, Self-Guided Activities	106
Active Class & Self-Guided Activities	4,533
Special Events	785
Lunch Program (Only)	2,455
Total	**12,529**

SILVERADO SERVICES BREAKDOWN - FY17

Lunch Program (Only) 20%
Programs 37%
Special Events 6%
Active Class & Self-Guided Activities 36%
Drop-In, Self-Guided Activities 1%
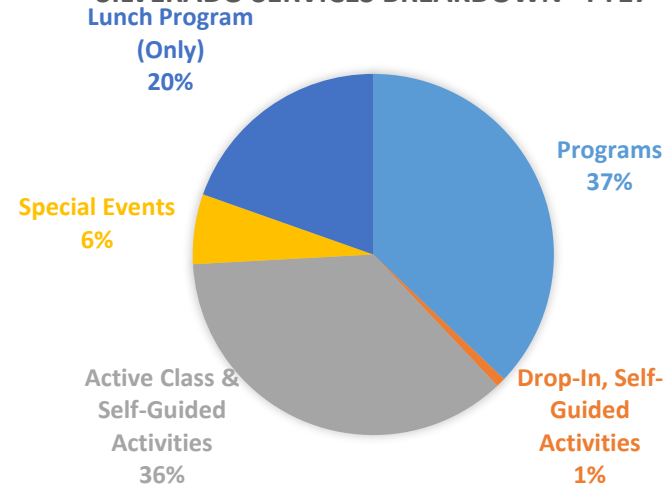
SILVERADO SENIOR PROGRAMS - FY17

Oct 991, Nov 862, Dec 728, Jan 783, Feb 727, Mar 696, Apr 643, May 1,272, Jun 1,523, Jul 1,421, Aug 1,595, Sep 1,288

Legend: Programs | Drop-In, Self-Guided Activities | Active Class & Self-Guided Activities | Special Events | Lunch Program (Only) | Total

Source: Parks, Recreation & Marine (PRM)

Chavez Senior Services Breakdown - FY17

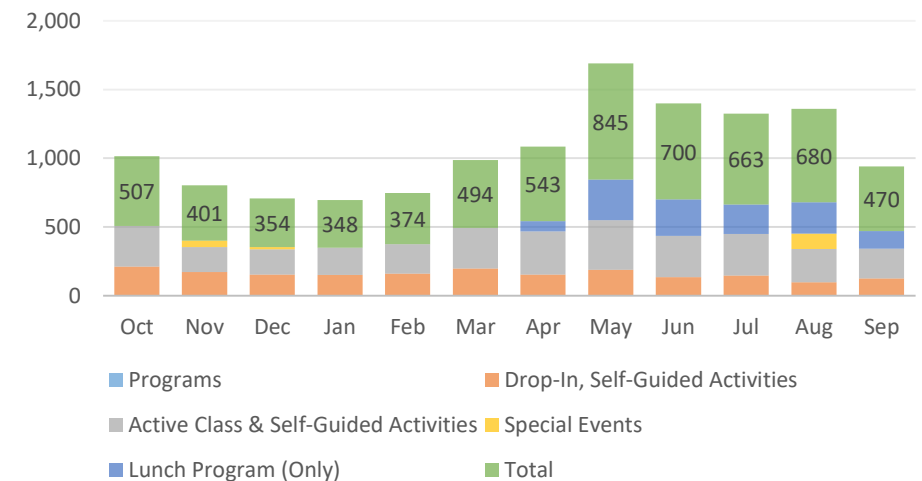|	
S	• Collaboration amongst seniors and teens to implement carnival for kids • Outdoor garden for cooking activities • Shared workout facility with dedicated time for women and seniors only • Bus stop is in close proximity
W	• Lack of senior participation overall. Programming posted in 7 senior homes in the area. However, competing proximity to 4th street Senior Center draws a greater audience
O	• Opportunity to draw more male programming since majority attendance is female • Vibrant child and teen program can address senior needs • Desire more partnerships with neighboring organizations (i.e. to provide pottery classes)
T	• Homeless population of around 50 seniors (accessing facility to charge phones), removed electrical outlets outside the building • Some homeless have vouchers, but lack of housing to accept vouchers

Community Services Supervisor	Heidi Mazas
Daily Avg. Program Participants	4-11
Daily Avg. Meals	5 (previously 15)

Cesar Chavez Senior Services - FY17	
Programs	0
Drop-In, Self-Guided Activities	1,888
Active Class & Self-Guided Activities	3,109
Special Events	174
Lunch Program (Only)	1,208
Total	**6,379**

CESAR CHAVEZ SERVICES BREAKDOWN - FY17

- Programs 0%
- Drop-In, Self-Guided Activities 29%
- Lunch Program (Only) 19%
- Special Events 3%
- Active Class & Self-Guided Activities 49%
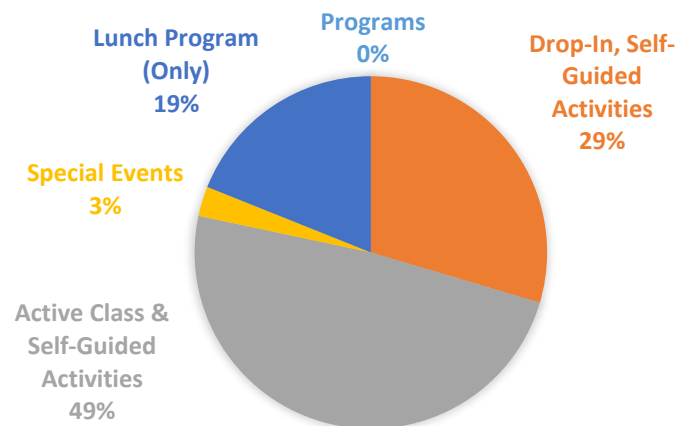
CESAR CHAVEZ SENIOR PROGRAMS - FY17

Total values by month: Oct 507, Nov 401, Dec 354, Jan 348, Feb 374, Mar 494, Apr 543, May 845, Jun 700, Jul 663, Aug 680, Sep 470

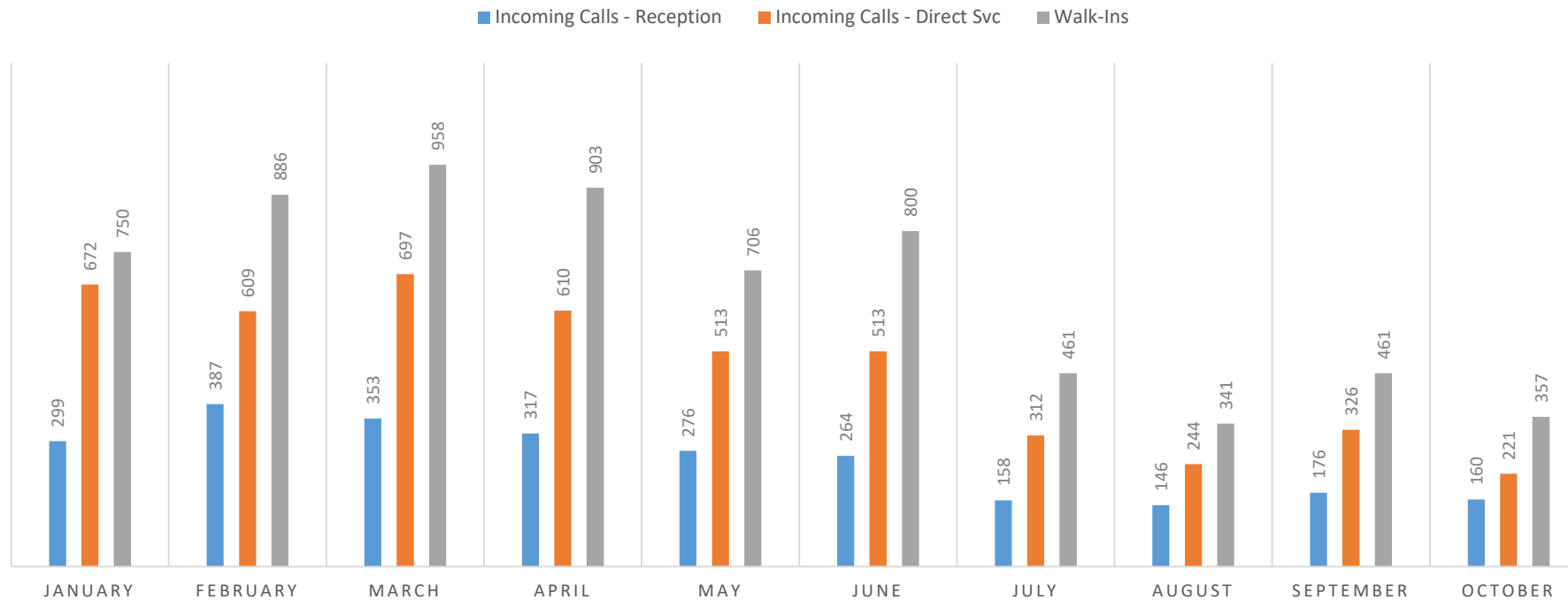Legend: Programs; Drop-In, Self-Guided Activities; Active Class & Self-Guided Activities; Special Events; Lunch Program (Only); Total

4th Street Senior Center Information & Assistance (I&A) Stats

- The next several slides share data from January through October 2017 demonstrating the extensive level of care and service provided through calls coming into the reception desk, and I&A hotline and walk-ins
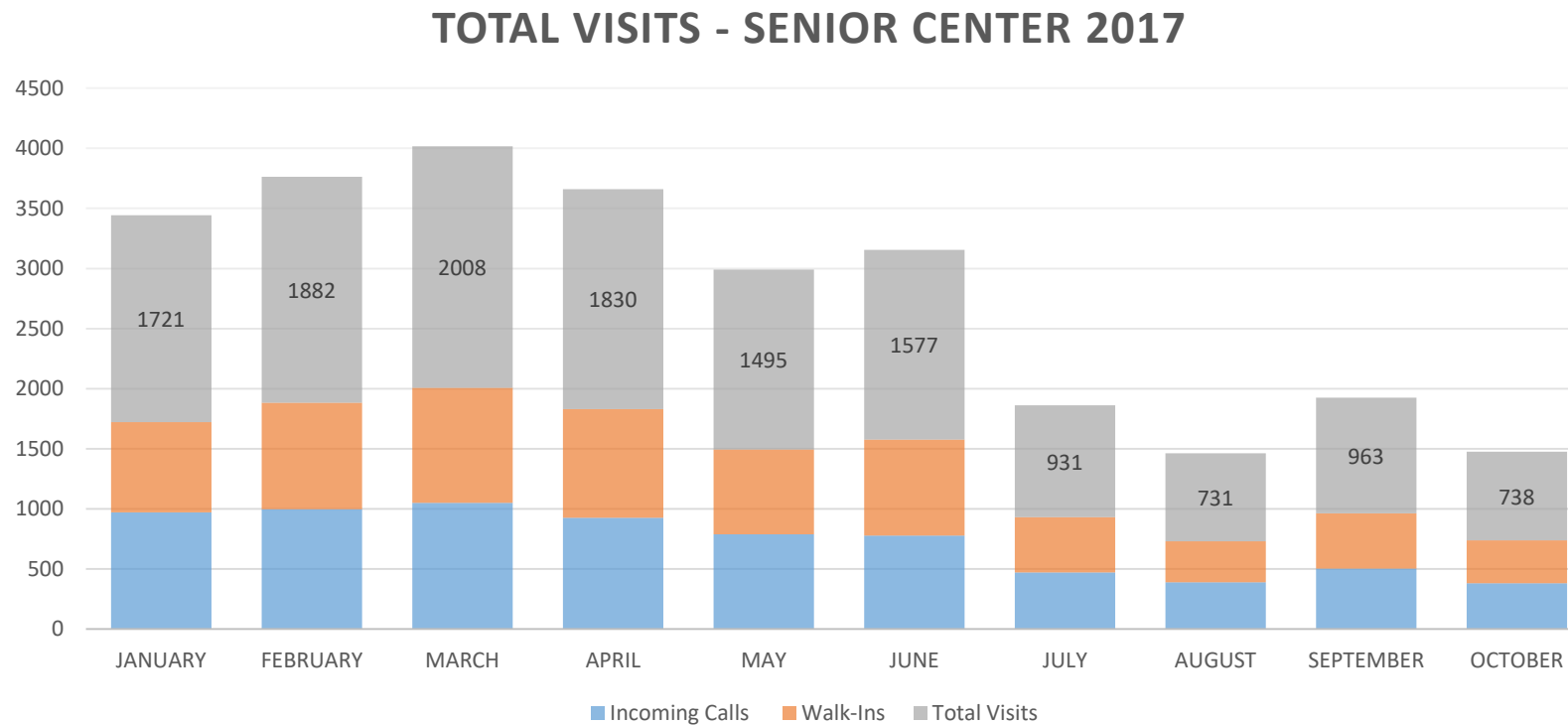
INCOMING CALLS & WALK-INS - SENIOR CENTER 2017

■ Incoming Calls - Reception   ■ Incoming Calls - Direct Svc   ■ Walk-Ins

Month	Incoming Calls - Reception	Incoming Calls - Direct Svc	Walk-Ins
JANUARY	299	672	750
FEBRUARY	387	609	886
MARCH	353	697	958
APRIL	317	610	903
MAY	276	513	706
JUNE	264	513	800
JULY	158	312	461
AUGUST	146	244	341
SEPTEMBER	176	326	461
OCTOBER	160	221	357

*Caveat that drop in numbers has to do with 1) issues with the new phone system not routing rotary dial calls and 2) volunteers not always capturing stats on a consistent basis
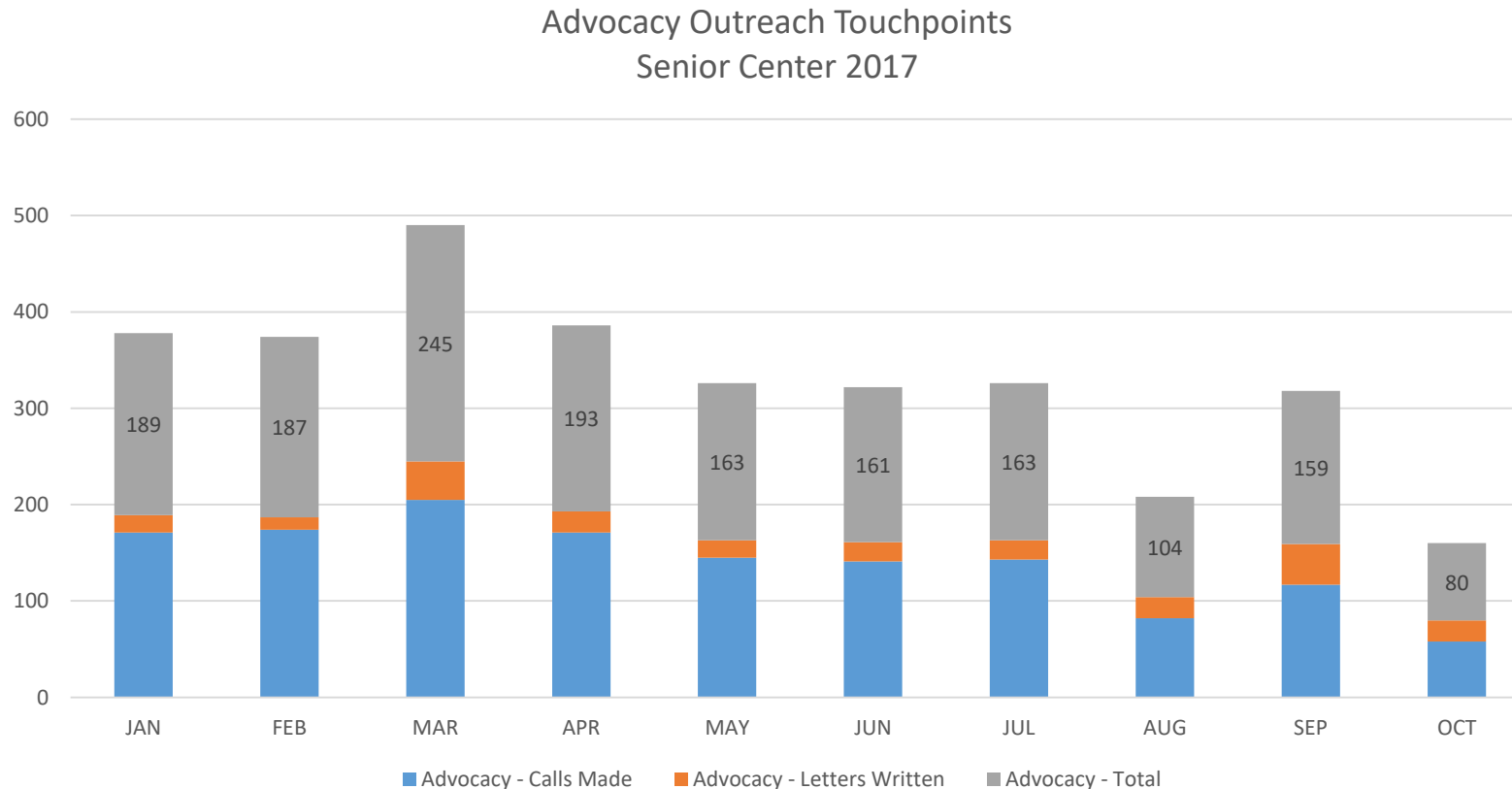
Source: Parks, Recreation & Marine (PRM)

4ᵗʰ Street Senior Center I&A Stats

- Consolidated data for all incoming calls, whether to the reception desk or I&A office
- Displays total incoming touchpoints for each month

TOTAL VISITS - SENIOR CENTER 2017

Legend: Incoming Calls, Walk-Ins, Total Visits

Total Visits values by month: January 1721, February 1882, March 2008, April 1830, May 1495, June 1577, July 931, August 731, September 963, October 738
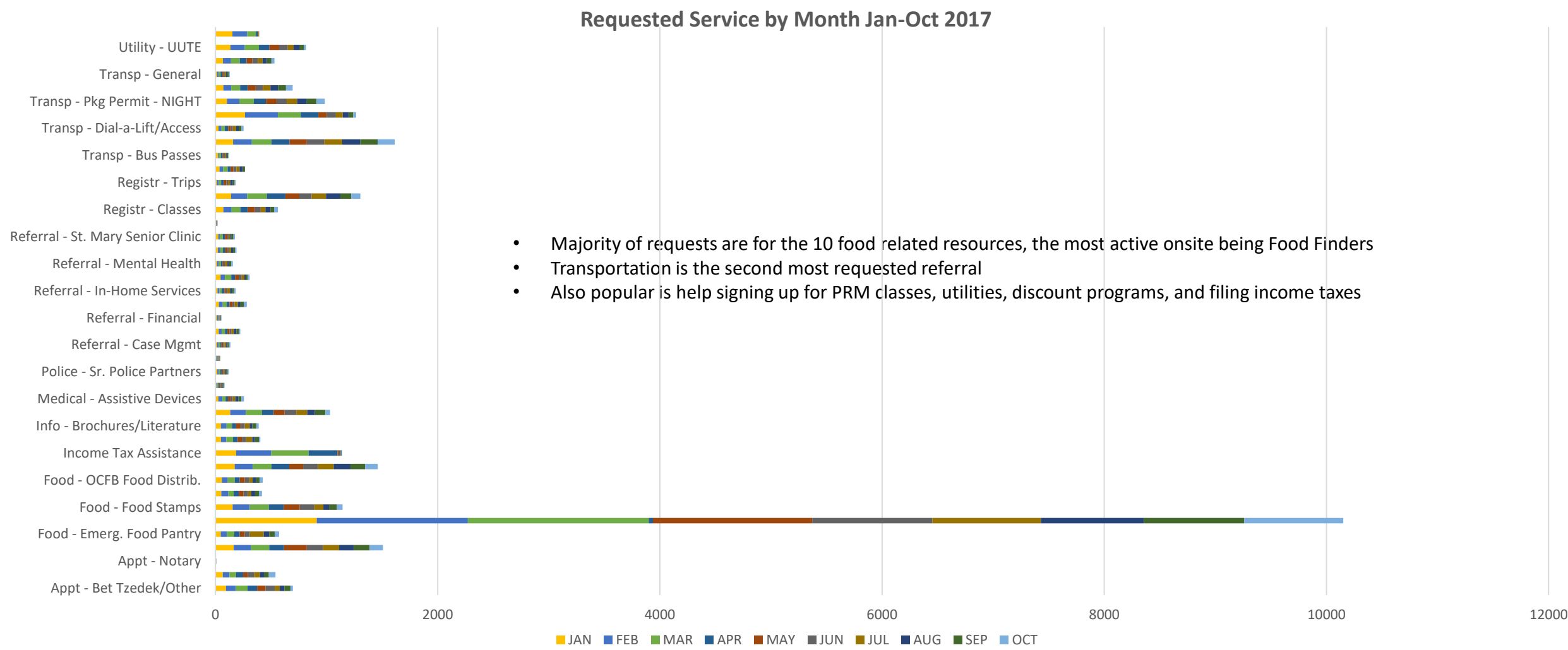
Source: Parks, Recreation & Marine (PRM)

4ᵗʰ Street Senior Center I&A Stats

- Consolidated data for all incoming calls, whether to the reception desk or to Room 107
- Displays total incoming touchpoints for each month

Advocacy Outreach Touchpoints
Senior Center 2017

4th Street Senior Center I&A Stats

Requested Service by Month Jan-Oct 2017

- Majority of requests are for the 10 food related resources, the most active onsite being Food Finders
- Transportation is the second most requested referral
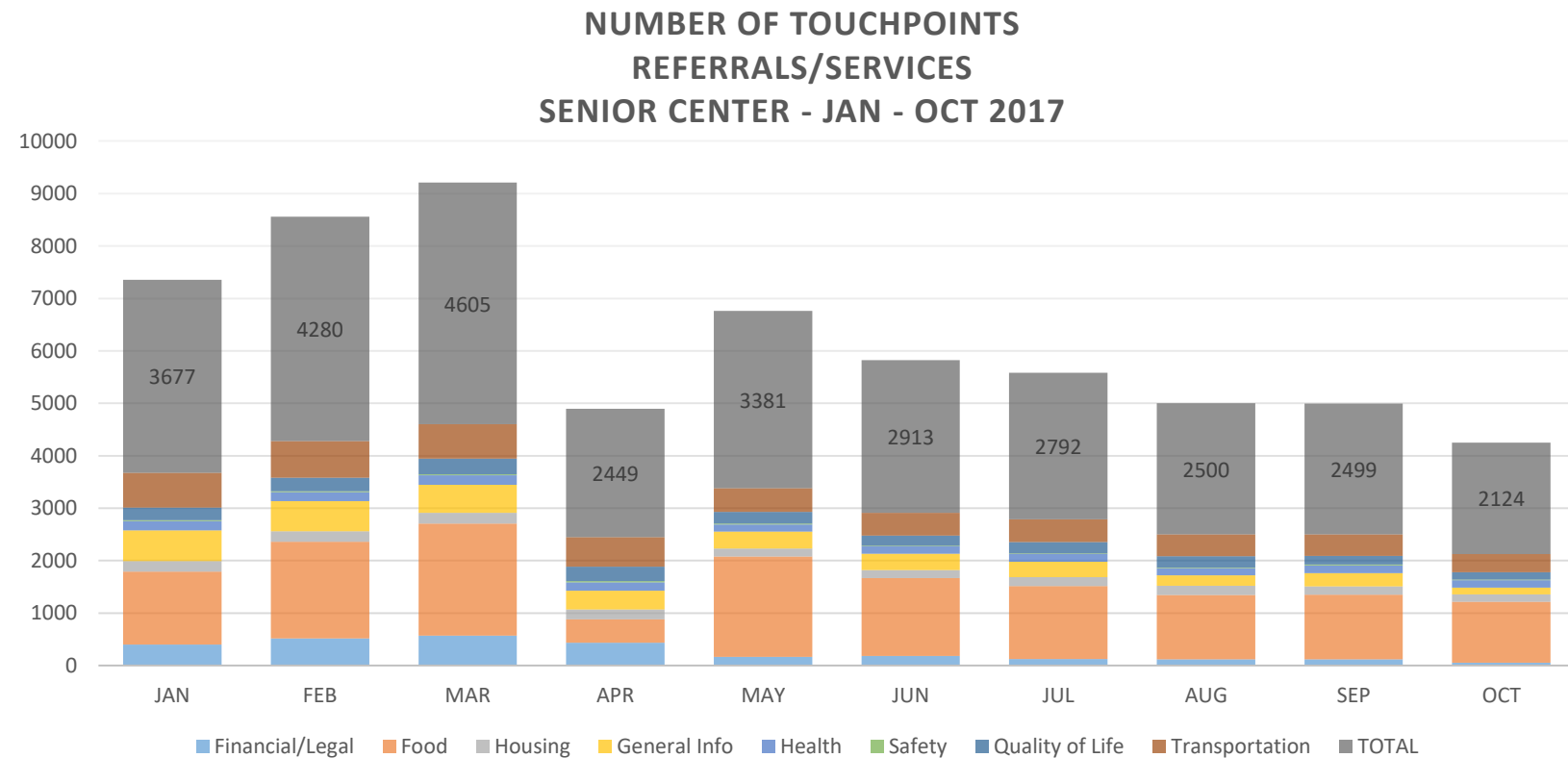- Also popular is help signing up for PRM classes, utilities, discount programs, and filing income taxes

Source: Parks, Recreation & Marine (PRM)
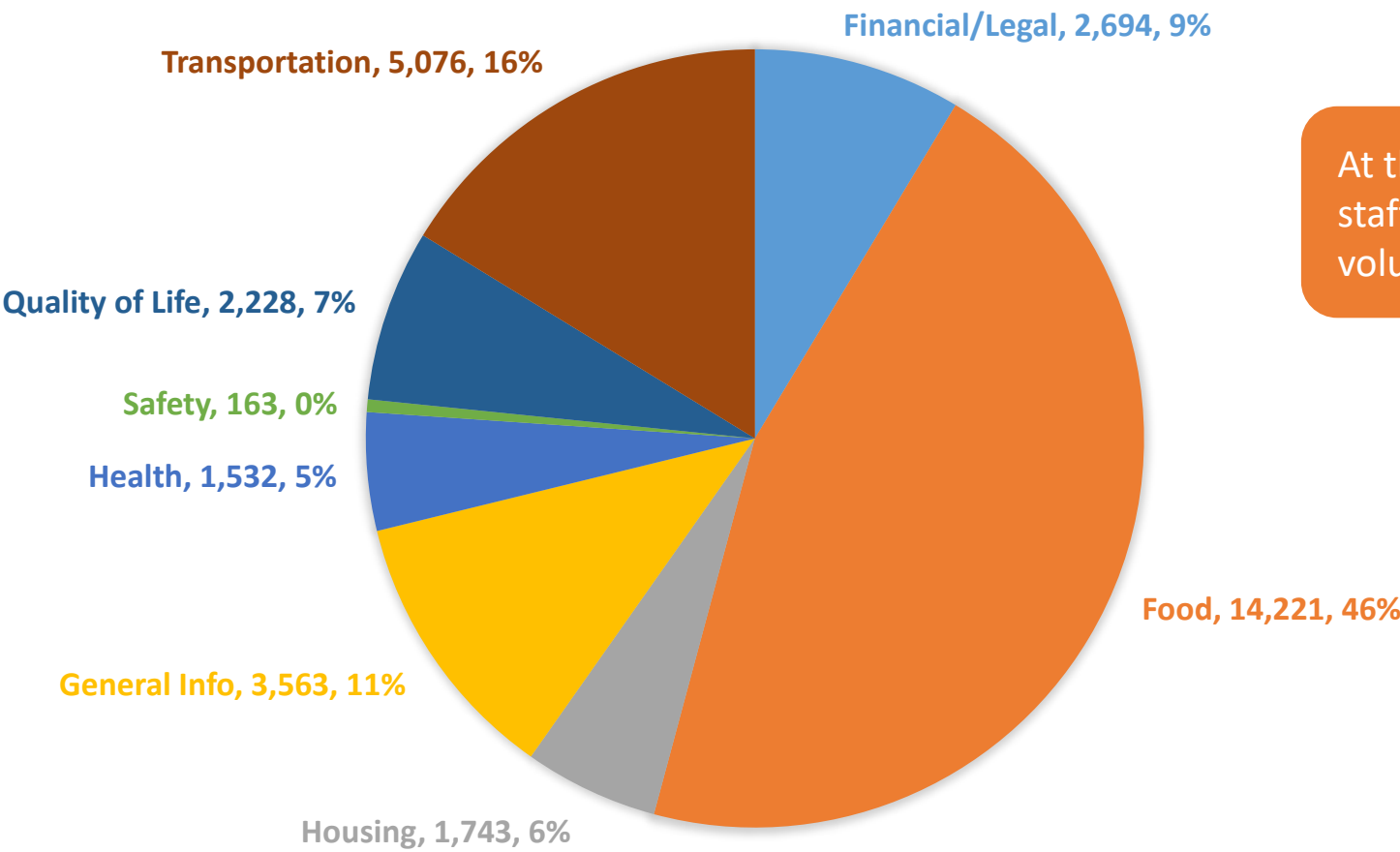
4ᵗʰ Street Senior Center I&A Stats

- Touchpoints made for Referrals/Services handled on the spot or referred out
- Recategorized the stats based on input from Staff and Clients to get a better idea of categories of service provided
- Will be refining these categories with the Office of Aging in the future

Financial/Legal	Appt - Bet Tzedek/Other
Financial/Legal	Appt - Notary
Financial/Legal	Referral - Financial
Financial/Legal	Referral - Legal
Financial/Legal	Income Tax Assistance
Financial/Legal	Referral - Employment
Financial/Legal	Social Security Issues
Food	Food - Brown Bag Distrib.
Food	Food - Emerg. Food Pantry
Food	Food - Food Finders Distrib.
Food	Food - Food Stamps
Food	Food - Human Svc Assoc
Food	Food - OCFB Food Distrib.
Housing	Housing
Housing	Referral - Homeless Issues
General Info	Info - Board Postings/Binders
General Info	Info - Brochures/Literature
General Info	Info - Sr Ctr General/Vol Info
General Info	Utility
Health	Medical - Assistive Devices
Health	Medical - Equip. Loans
Health	Appt - HICAP
Health	Referral - Mental Health
Health	Referral - Senior Links
Health	Referral - St. Mary Senior Clinic
Health	Referral - Case Mgmt
Safety	Police - Sr. Police Partners
Safety	Referral - APS/Ombudsman
Quality of Life	Referral - In-Home Services
Quality of Life	Registr - Classes
Quality of Life	Registr - Special Events
Quality of Life	Registr - Trips
Transportation	Transp - Bus Passes
Transportation	Tranp - Bus Tokens
Transportation	Transp - Dial-a-Lift/Access
Transportation	Transp - Pkg Permit - DAY
Transportation	Transp - Pkg Permit - NIGHT
Transportation	Transp - Taxi Vouchers
Transportation	Transp - General
Transportation	Registr - AARP Driving

**NUMBER OF TOUCHPOINTS
REFERRALS/SERVICES
SENIOR CENTER - JAN - OCT 2017**

Chart data labels (TOTAL): JAN 3677, FEB 4280, MAR 4605, APR 2449, MAY 3381, JUN 2913, JUL 2792, AUG 2500, SEP 2499, OCT 2124

Legend: Financial/Legal, Food, Housing, General Info, Health, Safety, Quality of Life, Transportation, TOTAL

4th Street Senior Center I&A Stats

CATEGORIES OF SERVICES

Financial/Legal, 2,694, 9%

Transportation, 5,076, 16%

Quality of Life, 2,228, 7%

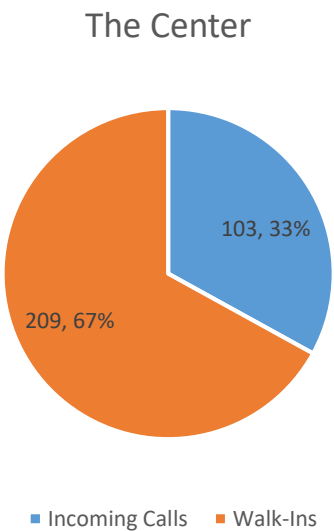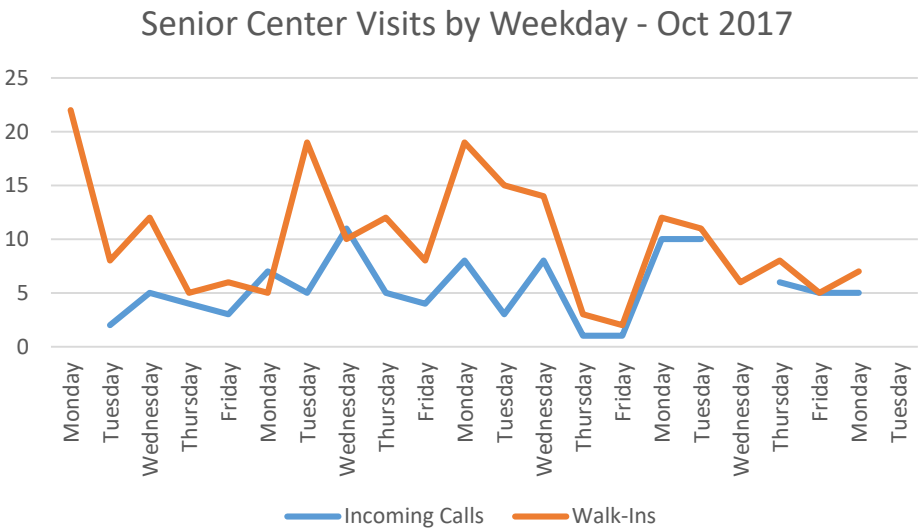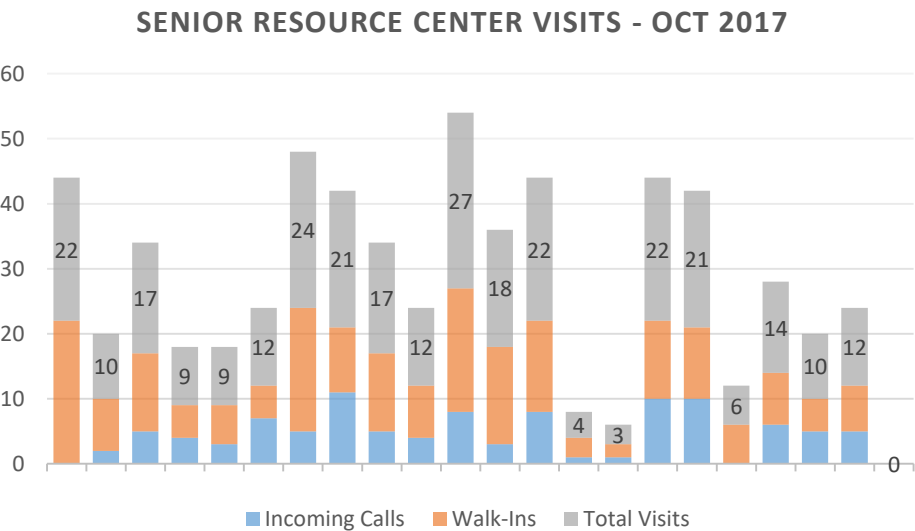Safety, 163, 0%

Health, 1,532, 5%

General Info, 3,563, 11%

Housing, 1,743, 6%

Food, 14,221, 46%

At the time of data collection, the I&A office was staffed by one fulltime employee and part-time volunteers.

Source: Parks, Recreation & Marine (PRM)

4ᵗʰ Street Senior Center I&A Stats – Oct 2017

- Snapshot of October 2017 for a drilldown on the daily data

SENIOR RESOURCE CENTER VISITS - OCT 2017

Senior Center Visits by Weekday - Oct 2017

The Center

103, 33%
209, 67%

Age 50+ Accessing the DHHS Multi-Service Center (MSC)
October 2016 - September 2017

Age	
Age 50-54	230
Age 55-59	191
Age 60-64	110
Age 65-69	65
Age 70-74	31
Age 75-79	15
Age 80+	6
Total	**648**

Gender	
Female	236
Male	409
Trans Female (MTF or Male to Female)	2
Trans Male (FTM or Female to Male)	1
Total	**648**

Race	
American Indian or Alaska Native	10
Asian	6
Black or African American	269
Multi-Racial	32
Native Hawaiian	6
Other	1
White	324
Total	**648**

Ethnicity	
Hispanic/Latino (HUD)	98
Non-Hispanic/Non-Latino (HUD)	549
Data not collected (HUD)	1
Total	**648**

The Multi-Service Center (MSC) is the homeless continuum of care for the city of Long Beach. Multiple providers serving individuals experiencing homelessness are co-located at the MSC in West Long Beach. The MSC is managed by the City of Long Beach Department of Health & Human Services.

Source: Long Beach Homeless Management Information System (HMIS)

Age 50+ Accessing the MSC
October 2016 - September 2017

Services Rendered (Duplicated)	
Basic Needs	141
Birth Certificates	1
Case/Care Management	773
Emergency Shelter	4
General Relief	7
Health Care	23
Homeless Motel Vouchers	3
Homeless Permanent Supportive Housing	5
Housing Search and Information	1
Housing Search Assistance	1
Identification Cards	3
Information and Referral	23
Life Skills Education	53
Rental Deposit Assistance	3
Street Outreach Programs	6
Transportation	2
Total	**1049**

Exit Destinations	
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher	48
Hospital or other residential non-psychiatric medical facility	2
Hotel or motel paid for without emergency shelter voucher	2
Long-term care facility or nursing home	1
Permanent housing for formerly homeless persons	2
Place not meant for habitation	7
Rental by client, no ongoing housing subsidy	11
Rental by client, with other ongoing housing subsidy	50
Rental by client, with VASH subsidy	5
Residential project or halfway house with no homeless criteria	1
Staying or living with family, permanent tenure	8
Staying or living with family, temporary tenure	1
Staying or living with friends, permanent tenure	1
Staying or living with friends, temporary tenure	5
Substance abuse treatment facility or detox center	3
Transitional housing for homeless persons	7
Unknown/Disappeared	24
Total	**178**

Source: Long Beach Homeless Management Information System (HMIS)
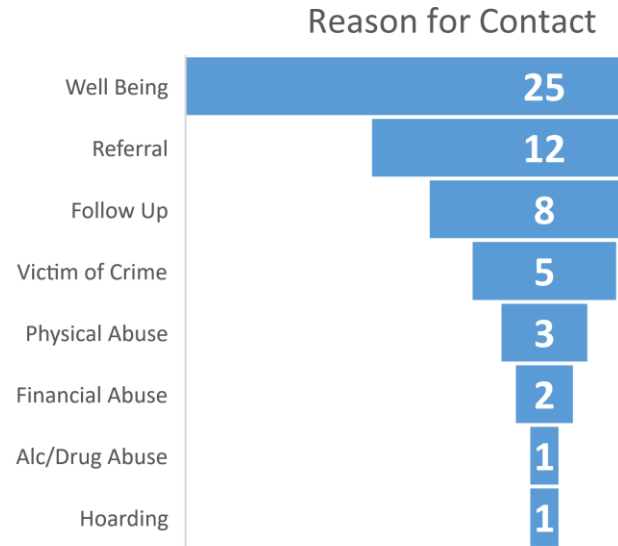
Age 50+ Accessing the MSC
October 2016 - September 2017

- Recipients of services entered from 134 known zip codes
  - Below is a breakdown of the numbers of seniors served per the 10 zip codes within Long Beach
  - Seniors access the Multi-Services Center came from 125 zip codes outside of Long Beach

Zip Code	Number Served
90813	238
90802	41
90805	32
90804	29
90810	23
90806	20
90807	10
90803	7
90814	7
90808	3

Source: Long Beach Homeless Management Information System (HMIS)

LBPD Senior Police Partners
Snapshot of January – June 2017

Reason for Contact

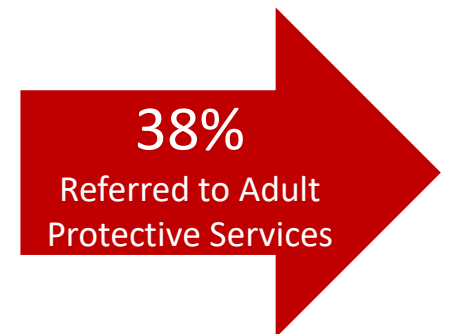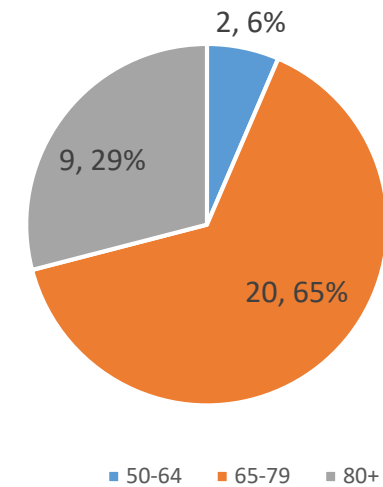| Reason	Count
Well Being	25
Referral	12
Follow Up	8
Victim of Crime	5
Physical Abuse	3
Financial Abuse	2
Alc/Drug Abuse	1
Hoarding	1

*Please note that a single visit may have multiple reasons for contact

42 Visits Total
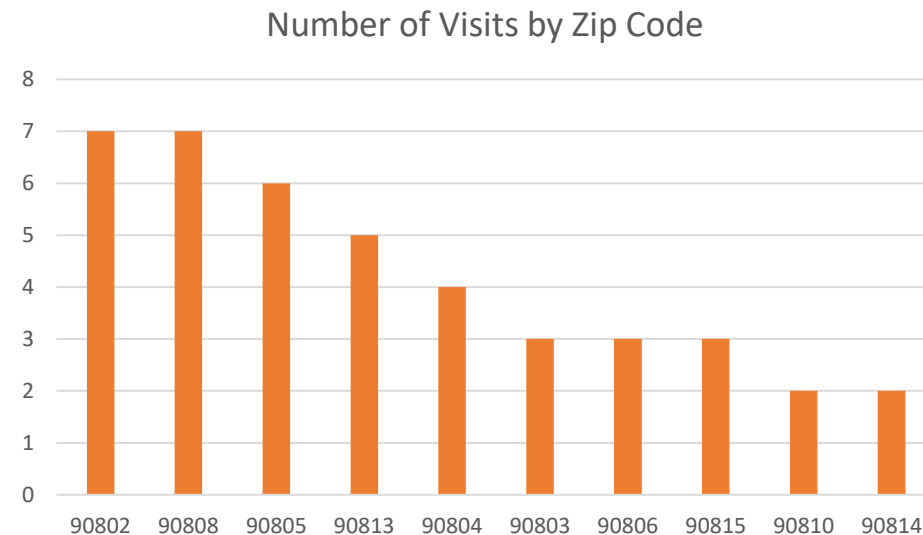
Majority of visits were for those aged 65+

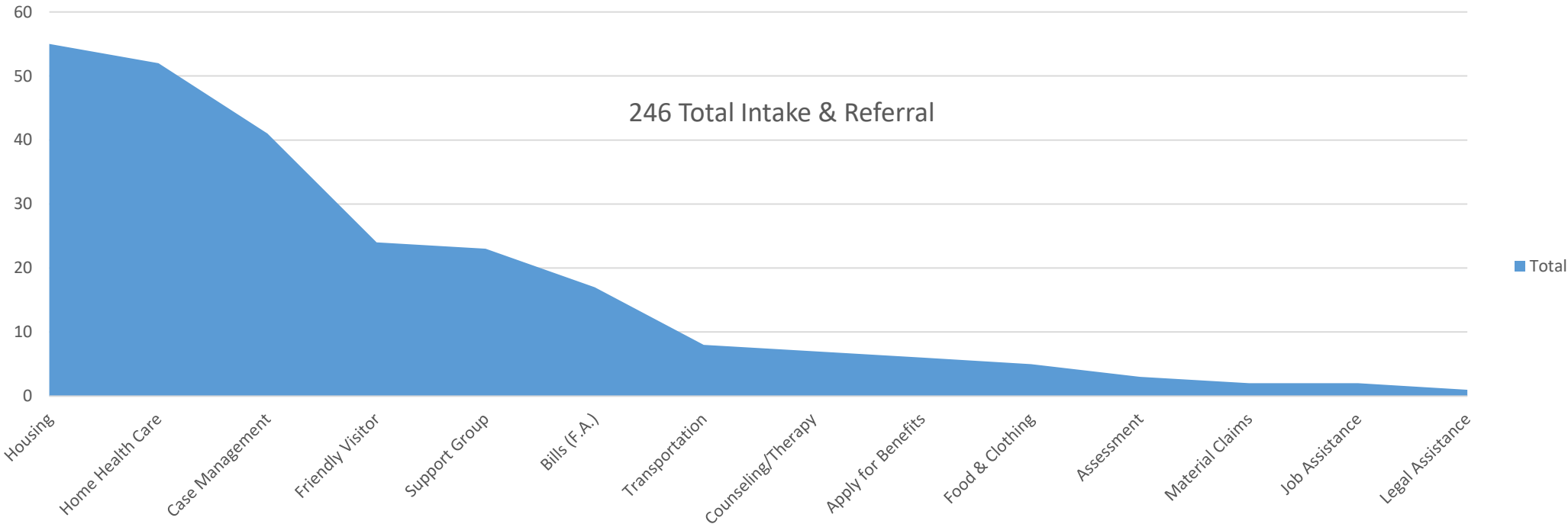- 2, 6% (50-64)
- 20, 65% (65-79)
- 9, 29% (80+)

Legend: ■ 50-64 ■ 65-79 ■ 80+

10% Veteran Status

Number of Visits by Zip Code

Zip Code	Visits
90802	7
90808	7
90805	6
90813	5
90804	4
90803	3
90806	3
90815	3
90810	2
90814	2

38% Referred to Adult Protective Services

Source: Long Beach Police Department (LBPD)

Intake & Referral Requests by Category
Sept 2016 – Dec 2017
Ages 50+

- JFCS' mission is to empower people to make positive changes through professional, affordable counseling and support services
- The Intake & Referral Hotline provides assistance, resources and tools for people who don't know where to go, or who to ask
- The goal is to help seniors to live with dignity and age safely in their homes
- JFCS Hotline received a total of 246 calls from Sept 2016-Dec 2017
- Not surprising, housing requests was at the top of the list, followed by the growing need for in-home health care assistance

246 Total Intake & Referral

Categories: Housing, Home Health Care, Case Management, Friendly Visitor, Support Group, Bills (F.A.), Transportation, Counseling/Therapy, Apply for Benefits, Food & Clothing, Assessment, Material Claims, Job Assistance, Legal Assistance

Reference: Data provided by Leslie R. Evans, LCSW, Director of Social Work and Older Adult Services

Count of Need by Age Range, Ethnicity and Religion
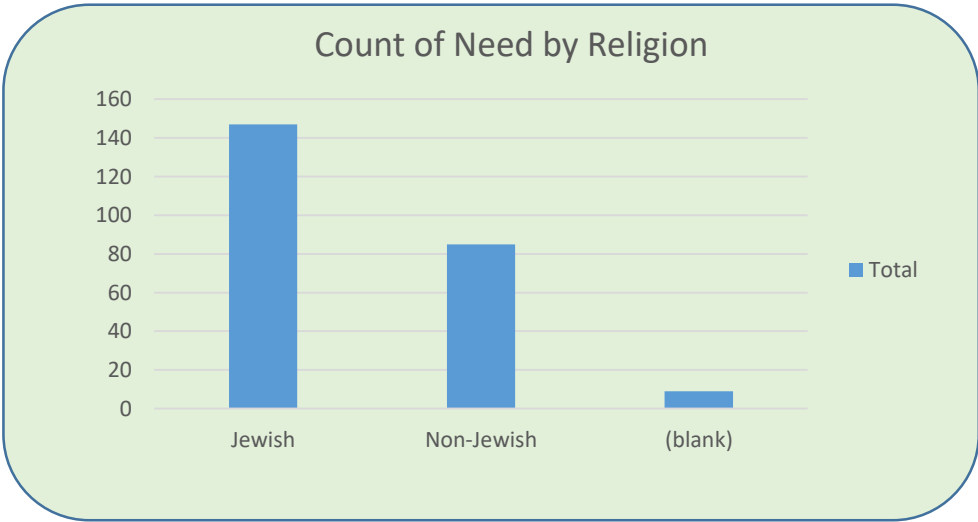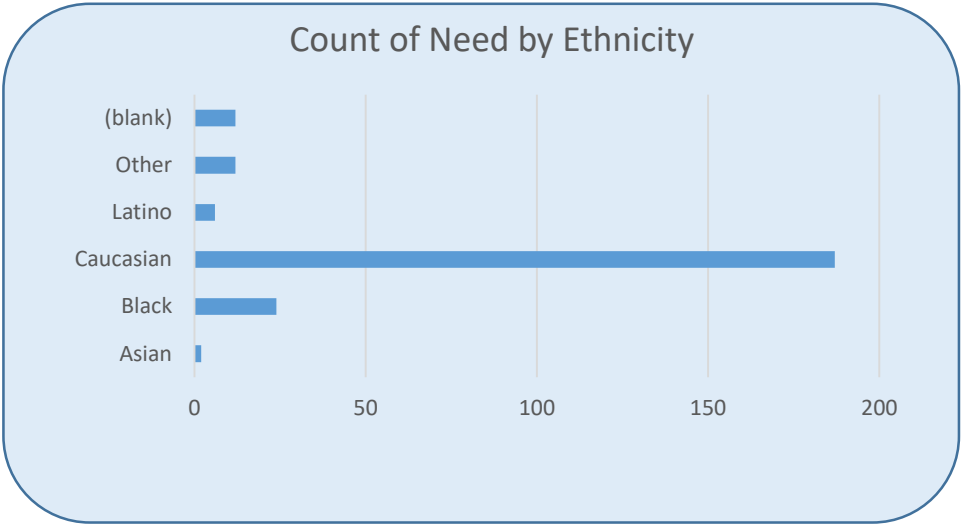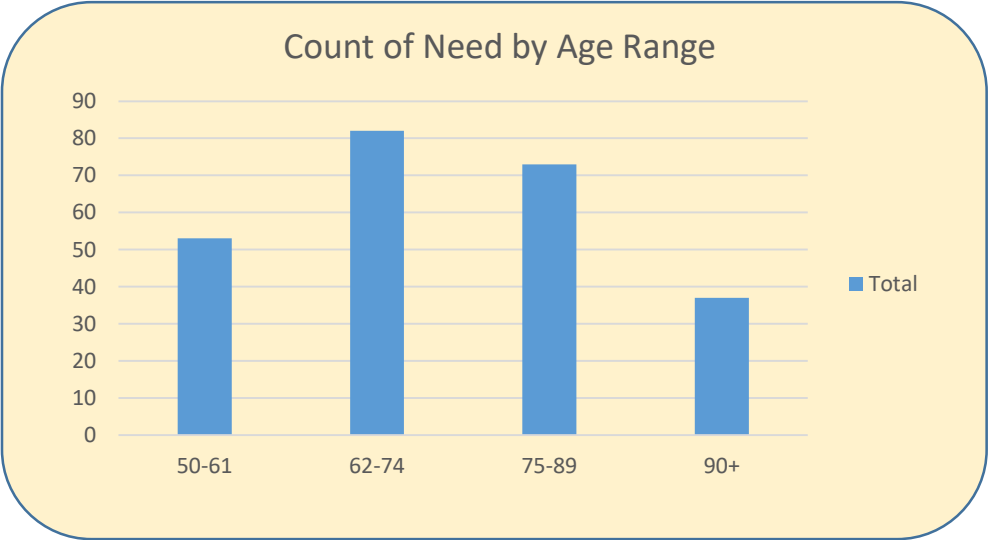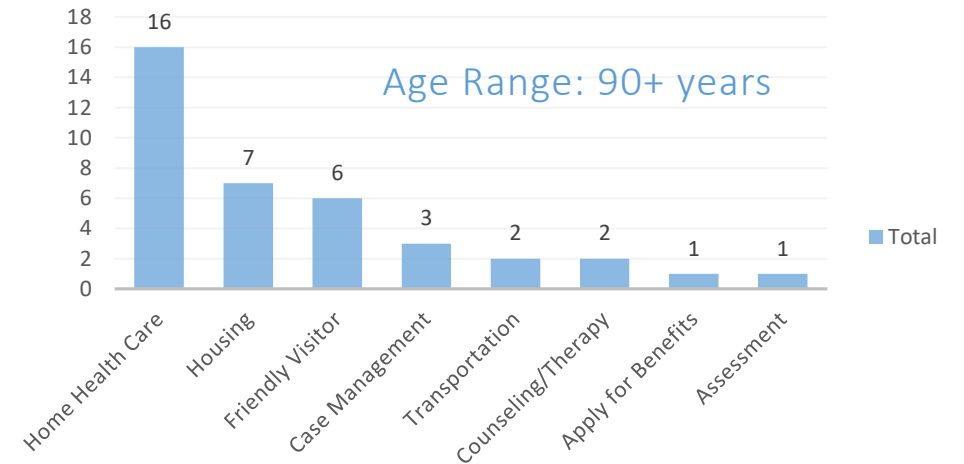Sept 2016 – Dec 2017
Ages 50+

JFCS
of Long Beach &
West Orange County

A COMMUNITY HEALED, ONE PERSON, ONE FAMILY AT A TIME

Count of Need by Ethnicity

Count of Need by Age Range

Count of Need by Religion

Needs by Age Range
Sept 2016 – Dec 2017
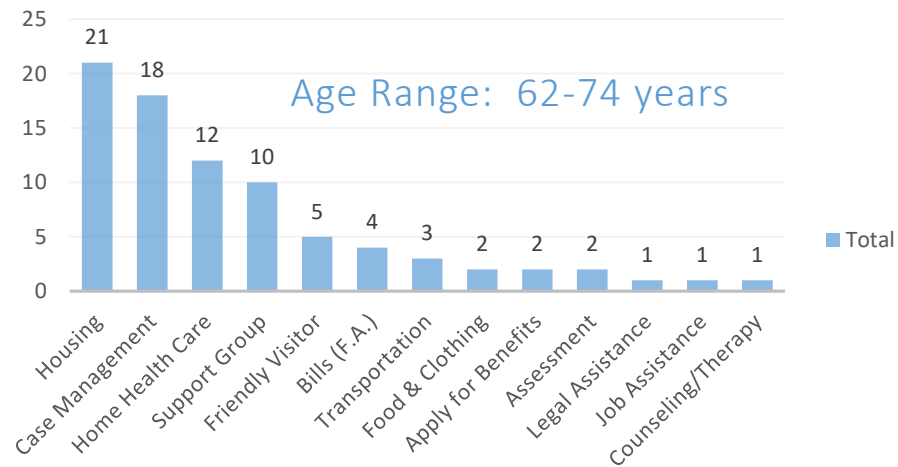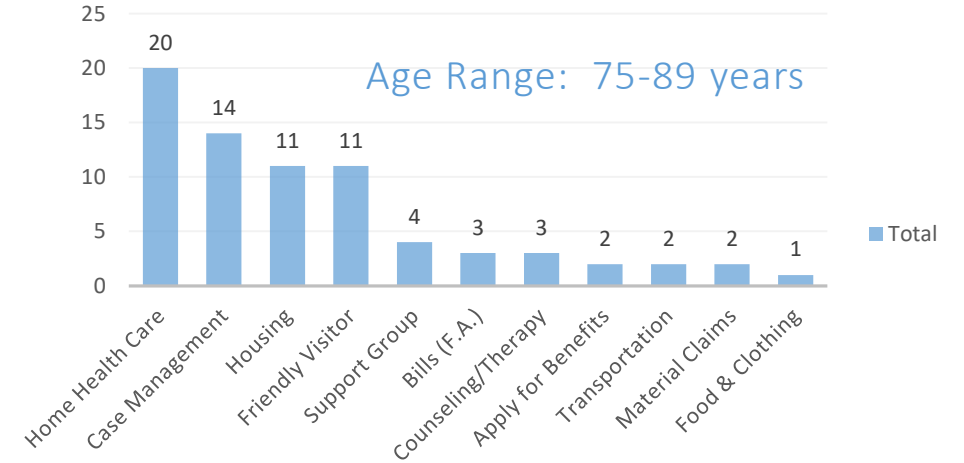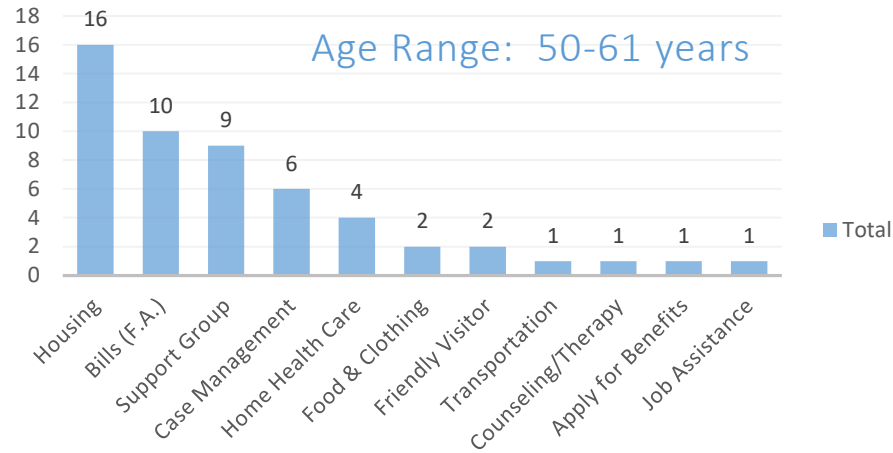
SCAN Independence at Home Program (IAH)
Jan-Nov 2017

Averaging 17 calls per day*

Categories of Calls

- ■ General questions about aging and related services (multiple issues and questions)
- ■ Follow-up on a prior call (repeat)
- ■ IAH Services (General Information)
- ■ Case Mgmt.
- ■ Case Manager/Care Planner Follow Up

- General Questions about Aging is the largest category: Unduplicated count, therefore, those with multiple needs are categorized as "General Questions" (see next slide for the categories)

- IAH Service (grey) is third largest category (after follow-up): Calls to an Independence at Home (IAH) program are handled by highly trained professionals who complete an assessment for referrals to IAH programs or other agencies as appropriate (i.e. health, safety and welfare issues).

- Data includes all of Los Angeles and Orange counties, and thus is not specific to Long Beach. It is estimated that 40% of IAH data is for Long Beach

*Assumption: 3802/220 days (20 working days/month *11 months)

Combination of IAH Calls Provided – January to November 2017 (Unduplicated Count)	
Category	**Count**
Assistive Devices/DME	15
Caregiving/In-Home Care	168
Case Management	415
Community Based Adult Services (CBAS)	3
Case Manager/Care Planner Follow Up	188
Counseling Services	84
Emergency Response System Assistance	23
Finances/Money Management	12
Follow-up on a prior call (repeat)	816
Food Services	40
Health ED	23
Health Fair	4
Health Services	3
Housing	74
IAH Services (General Information)	484
In Home Supportive Services (IHSS)	31
General questions about aging and related services (multiple issues and questions)	1,588
Legal	0
Medi-Cal/Medi-Care	8
Medication Mgmt.	9
MKT	4
Respite Care	5
SCAN Member	64
SCAN Sales	8
Socialization	7
Transportation Assistance	53
Unknown	18
Waitlist Status for IAH Programs	101
TOTAL	**3802**

SCAN Independence at Home (IAH) Categories

Many calls are directly requesting enrollment in one of IAH's community-wide free services.
IAH delivers the following direct services:

- Multipurpose Senior Services Program (MSSP): Long-term care management for nursing home certifiable community dwellers. Services provided in Southern Los Angeles County including Long Beach.

- Supportive Services Program: Los Angeles County service for short term care management of individuals 60+. Services are providing in southern Los Angeles County including Long Beach.

- Family Caregiver Support Program: Los Angeles County service for family caregivers of older adults. Services are providing in southern Los Angeles County including Long Beach.

- Insights Behavioral Health Support Services: In-home counseling for depression and anxiety. Services are provided throughout Los Angeles and Orange Counties.

- COACH: Care management program for either older adults or their caregivers. Services are provided throughout Los Angeles and Orange Counties.

- Volunteer Action for Aging: Volunteer program to decrease senior social isolation. Services are provided throughout Los Angeles and Orange Counties.

- Health & Wellness Community Services: Health education staff that go out into the community and provide group healthy living education in multiple languages utilizing an evidence-based library of more than 50 topics. Additionally, they also go out and provide free health screenings. Services are provided throughout Los Angeles, Orange, and Riverside Counties.

- C-MEDS, Medication Safety Program: In-home service to help properly understand medication administration, storage and increase medication literacy. Services are provided throughout Los Angeles and Orange Counties.

Los Angeles County AAA Data on Numbers Served

Human Services Association (HSA) is the primary, AAA-funded provider of Elderly Nutrition Program Services, Family Caregiver Support Services (FCSP) and Supportive Services operating in the Long Beach area. The nutrition funding is allocated to HSA for one of eight geographical areas, Gateway Cities, whereas FCSP and Supportive Services funding is allocated to serve District 4, both of which include Long Beach. The total funding allocated to HSA for these services is $5.46 million but please note that this allocation is not only for Long Beach but for all cities and Census Designate of Places within the geographical region that they serve. Funding by city is not available.

Additionally, LA County Workforce Development, Aging and Community Services provides the following Countywide services at an annual allocation of about $2.1 million, which includes services to Long Beach:
- Health Insurance Counseling and Advocacy Program
- Disease Prevention and Health Promotion Program
- Ombudsman Program

Area Agency on Aging
Clients Served in City of Long Beach
As of 1/25/18

Service	FY 2016-17		FY 2017-18	
	Total Clients	Total Units	Total Clients	Total Units
Congregate Meals	1,162	55,778	856	27,323
Family Caregiver Support Program	74	2,315	51	789
Family Caregiver Support Program(Grandparents)	6	370	4	144
Home Delivered Meals	108	19,591	76	9,473
Linkages Program	47	11,821	8	869
Nutrition Counseling	25	49	16	20
Support Services Program	127	5,009	86	2,382
Summary	**1,504**	**94,932**	**1,081**	**41,001**

Source: LA County Workforce Development, Aging and Community Services
Note: Counts represent information for data collected on registered participants; Client level data is not available for additional non-registered services delivered in the report period

Thank you

Karen Doolittle, FUSE Executive Fellow
Karen.Doolittle@longbeach.gov