SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FROM: Office on Aging

SUBMITTAL DATE:
May 11, 2016

SUBJECT: Approval of the Riverside County Office on Aging's 2016-2020 Area Plan on Aging (Area Plan), "The Changing Face of Aging". [Districts – All] [Total Cost: $0]

RECOMMENDED MOTION: That the Board of Supervisors:
1. Approve the attached Riverside County Office on Aging's 2016-2020 Area Plan on Aging (Area Plan), "The Changing Face of Aging";
2. Authorize the Chairman of the Board of Supervisors to sign three (3) copies (must be original signatures) of the attached Transmittal Letter; and
3. Return two (2) copies of the Transmittal Letter to the Office on Aging after approval by the Board of Supervisors. One (1) copy will be retained by the Clerk of the Board for filing.

BACKGROUND:
Summary
Every four years the Office on Aging, in coordination with the Advisory Council on Aging and the community, is mandated by the Older Americans Act and the Older Californians Act to develop an Area Plan, which is updated on an annual basis to reflect any changes in the consecutive years. FY 2016/17 is the first year of the 2016-2020 Area Plan on Aging, titled "The Changing Face of Aging". The Area Plan

(Continued on Page 2)

Anna L. Martinez
Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	$ 0	$ 0	$ 0	$ 0	Consent ☐ Policy ☒
NET COUNTY COST	$ 0	$ 0	$ 0	$ 0	

SOURCE OF FUNDS: N/A

Budget Adjustment: N/A

For Fiscal Year: 16/17–19/20

C.E.O. RECOMMENDATION:

APPROVE

BY: Lani Sioson

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Benoit, seconded by Supervisor Washington and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: May 24, 2016
xc: Office on Aging

Kecia Harper-Ihem
Clerk of the Board
By: _____
Deputy

Prev. Agn. Ref.:	District: ALL	Agenda Number:

3-12

BACKGROUND:
Summary (continued)

was developed based on needs assessment activities throughout Riverside County on issues impacting older adults. This process included an in-depth analysis of U.S. Census data and other data sources related to population projections, focus groups with key stakeholders, surveys (in person, via telephone, and by mail), a public hearing, and a thorough review of current reports and assessments from sources within the county.

The 2016-2020 Area Plan includes four priority goals:

Goal I: "Access is Key" – Enhancing Local and Community Based Services
Goal II: "Be Strong, Live Long" – Campaign for Health and Wellness
Goal III: "Aging on Your Terms" – Independence, Person-Centered Care and Caregiving
Goal IV: "Working Beyond Partnerships" – Developing True System Integration

The goals identified in the Area Plan serve as a roadmap for ensuring that Office on Aging is initiating and participating in the critical conversations that are part of integrating and improving the services older adults will need in the future.

Impact on Citizens and Businesses

The 2016-2020 Area Plan on Aging outlines the four year goals and objectives of the Office on Aging, establishes the rationale for the development, expansion and delivery of community based services for older adults in Riverside County, and ensures compliance with the Older Americans Act and the Older Californians Act. As mandated by the Older Americans Act, the Area Plan focuses on specific populations, which include frail elderly, people with disabilities, low income, minorities, rural area residents, caregivers, and grandparents raising grandchildren. Additional specific populations include Boomers, limited English speaking, and Lesbian, Gay, Bisexual and Transgendered (LGBT).
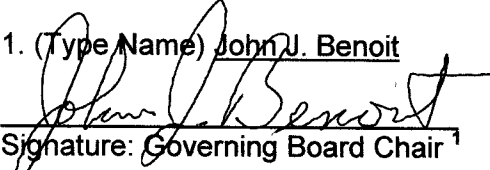
ATTACHMENTS:

A.   **2016-2020 RIVERSIDE COUNTY AREA PLAN ON AGING: "The Changing Face of Aging"**

TRANSMITTAL LETTER
2016-2020 Four Year Area Plan/ Annual Update
Check <u>one</u>: ☒ FY 16-20 ☐ FY 17-18 ☐ FY 18-19 ☐ FY 19-20
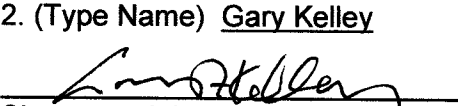
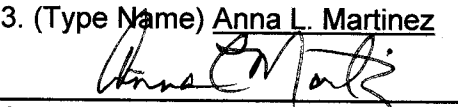**AAA Name: <u>RIVERSIDE COUNTY OFFICE ON AGING</u>**   **PSA <u>21</u>**

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

1. (Type Name) <u>John J. Benoit</u>

Signature: Governing Board Chair [1]   5-24-16
                                              Date

2. (Type Name) <u>Gary Kelley</u>

Signature: Advisory Council Chair   4-13-16
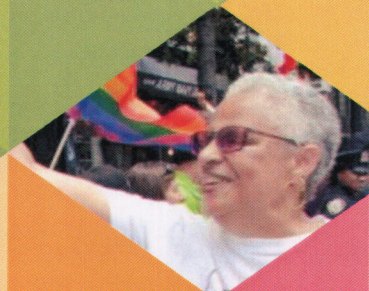   Date

3. (Type Name) <u>Anna L. Martinez</u>

Signature: Area Agency Director   5/12/16
                                         Date

ATTEST: KECIA HARPER-IHEM, Clerk
By [signature] DEPUTY

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1 Original signatures or official signature stamps are required.

MAY 2 4 2016   3-12

2016-2020

Area Plan On Aging

The Changing Face of Aging

Riverside County Office on Aging
6296 River Crest Drive, Suite K
Riverside, CA 92507
1-800-510-2020

COUNTY OF RIVERSIDE · MAY 9, 1893

OFFICE ON AGING
A
RIVERSIDE COUNTY
Aging & Disability
Resource Connection
ADRC of RIVERSIDE COUNTY

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MESSAGE FROM THE DIRECTOR

It is my pleasure to present the Riverside County Office on Aging's 2016-2020 Area Plan on Aging, titled *"The Changing Face of Aging"*. The Area Plan highlights the transformation that the new older adult will bring to society, as the face of aging in America is changing dramatically. Americans are living longer, achieving higher levels of education, and striving to remain physically and socially active as they age.

By the year 2020, Riverside County will experience a 200% increase in persons over the age of 60 and will make up approximately 25% of the County's total population. As Boomers age, they are changing the way America thinks about aging and older adulthood, making it necessary to alter the approach to service provision for the older population.

In recent years, we have begun to experience an increased need to provide services at the local level, in communities where older adults live. In order to meet the needs of the new face of aging, service providers must focus on coordination, program development, service integration and innovation. As they age, Boomers will seek long term care options that allow them to remain in their homes and communities for as long as possible. Most importantly, service providers will need to work together to integrate services in order to support the growing aging population.

The Riverside County Office on Aging engages in outreach, education and advocacy activities, and develops comprehensive strategic plans (including the Area Plan) to assist adults as they age. This Area Plan illustrates how the Office on Aging is preparing to adapt to impending changes through the development of specific goals and objectives that focus on providing older adults with access to the services they need as they age, helping them to live strong and healthy lives, to provide them with options for choices about how, when and where they receive services. The Area Plan also serves as a roadmap for ensuring that the Office on Aging is initiating and participating in the critical conversations that are part of integrating and improving the services older adults will need in the future.

I am excited about what is to come and look forward to increased collaboration with community partners, fellow advocates, providers, constituents, and staff in support of our mission to promote and support a life of dignity, well-being and independence for older adults and persons with disabilities.

Anna L. Martinez, Director
Riverside County Office on Aging

ACKNOWLEDGEMENTS

The Riverside County Office on Aging and the Advisory Council on Aging would like to acknowledge and thank the many individuals in the community who contributed to the development of the Riverside County Area Plan on Aging for 2016-2020. Your time and contributions are greatly appreciated. Thank you!

Riverside County Board of Supervisors
(The Governing Board)

Advisory Council on Aging Members

Office on Aging Staff

Our Community Partners/Consumers

Focus Group Participants

Survey Respondents

Aging and Disability Resource Connection Members

California Department of Aging

2016-2020 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST
To ensure all required components are included, "X" mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan; *submit this form with the Area Plan due 5/1/16 only*

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – *must have original, ink signatures or official signature stamps- no photocopies*	☒
1	Mission Statement	☒
2	Description of the Planning and Service Area (PSA)	☒
3	Description of the Area Agency on Aging (AAA)	☒
4	Planning Process / Establishing Priorities	☒
5	Needs Assessment	☒
6	Targeting	☒
7	Public Hearings	☒
8	Identification of Priorities	☒
9	Area Plan Narrative Goals and Objectives:	
9	Title IIIB Funded Program Development (PD) Objectives	☒
9	Title IIIB Funded Coordination (C) Objectives	☒
9	System-Building and Administrative Goals & Objectives	☒
9	Title IIIB/VII A Long-Term Care Ombudsman Objectives	☒
9	Title VII Elder Abuse Prevention Objectives	☒
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	☒
11	Focal Points	☒
12	Disaster Preparedness	☒
13	Priority Services	☒
14	Notice of Intent to Provide Direct Services	☒
15	Request for Approval to Provide Direct Services	☒
16	Governing Board	☒
17	Advisory Council	☒
18	Legal Assistance	☒
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	☒
20	Title III E Family Caregiver Support Program	☒
21	Organization Chart	☒
22	Assurances	☒

AAA Name: <u>RIVERSIDE COUNTY OFFICE ON AGING</u>   **PSA <u>21</u>**

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

1. (Type Name) <u>John J. Benoit</u>

_____   _____
Signature: Governing Board Chair [1]   Date

2. (Type Name) <u>Gary Kelley</u>

_____   _____
Signature: Advisory Council Chair   Date

3. (Type Name) <u>Anna L. Martinez</u>

_____   _____
Signature: Area Agency Director   Date

---
[1] Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

All Area Agencies on Aging:

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

Riverside County Office on Aging's Philosophy

Our Mission:

The Riverside County Office on Aging serves to promote and support a life of dignity, well-being and independence for older adults and persons with disabilities.

Our Vision:

Hope for today with expanded possibilities and choices for tomorrow.

Our Core Value:

The right to age with dignity.

Our Purpose:

To enhance quality of life across generations through innovation and partnerships.

Our Promise:

To listen with respect, to foster trust, and to serve with compassion and commitment in a timely manner.

SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA) 21

A. Physical Characteristics
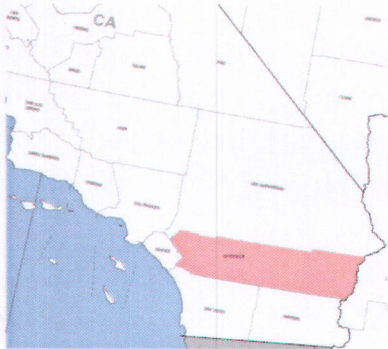
Riverside County, founded in 1893, is one of 58 counties in the state of California. It covers 7,206 square miles *(excluding bodies of water)* in the southern part of the state.[2] Riverside County lies inland from Los Angeles County and is bordered by Orange County to the west, San Bernardino County to the north, San Diego and Imperial Counties to the south, and the Colorado River and the state of Arizona to the east. The County is approximately 180 miles from east to west and 40 miles from north to south; roughly the size of the state of New Jersey in total land area. The Colorado River town of Blythe is a three-hour drive from the county seat in the City of Riverside. With altitudes ranging from 200 feet below sea level at the Salton Sea to 10,084 feet above sea level at the top of Mt. San Jacinto, the County's landscape features a combination of geographical facets, including deserts, forests, and mountain regions, all with rich biological resources. Additionally, there are growing industrial and urban/suburban population centers and productive agricultural lands.

Figure 1: Riverside County, California[3]
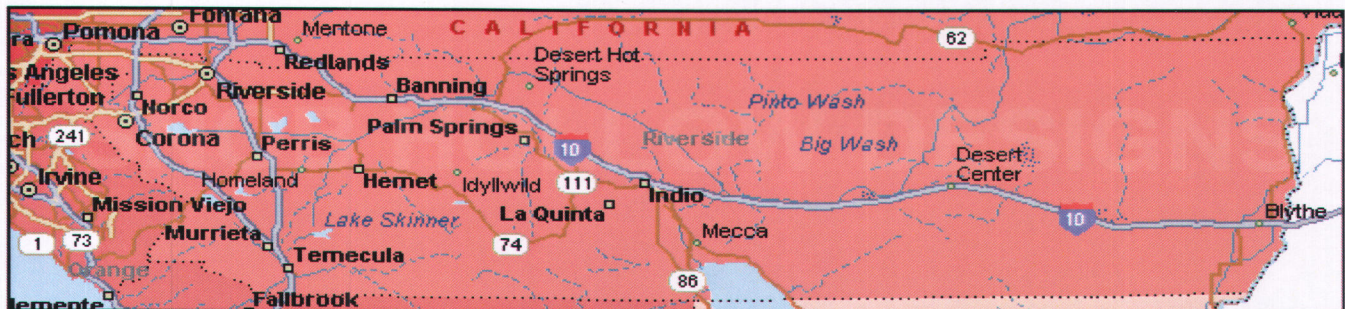
B. Riverside at a Glance

Desert Windmills

Salton Sea

Orange Groves

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[2] *"Population Estimates, July 1, 2015, (V2015). Riverside County California QuickFacts from the US Census Bureau" United States Census Bureau, 2015.* http://quickfacts.census.gov/qfd/states/06/06065.html. *[accessed March 16, 2016]*
[3] *Retrieved from:* http://www.californiacountymaps.com/riverside_county.shtml *[accessed March 12, 2016]*

C. Land Usage

Riverside County is currently comprised of 28 incorporated cities, 65 unincorporated communities and neighborhoods, and 12 federally recognized Native American reservations. Due to the vastness of the geography, over 89% of the County is unincorporated land.[4] In addition [5]:

1. *Residential uses : 58%*

2. *Open space: 28%*

3. *Agricultural use: 5%*

4. *Industrial/commercial uses: 2%*

5. *Mining/recreation and public uses: 1% each*

6. *Development, water, freeways, and other uses:[6] 6%*

Figure 2 highlights the County's unincorporated areas in brown:

Figure 2: Riverside County, California Incorporated and Unincorporated Areas[7]
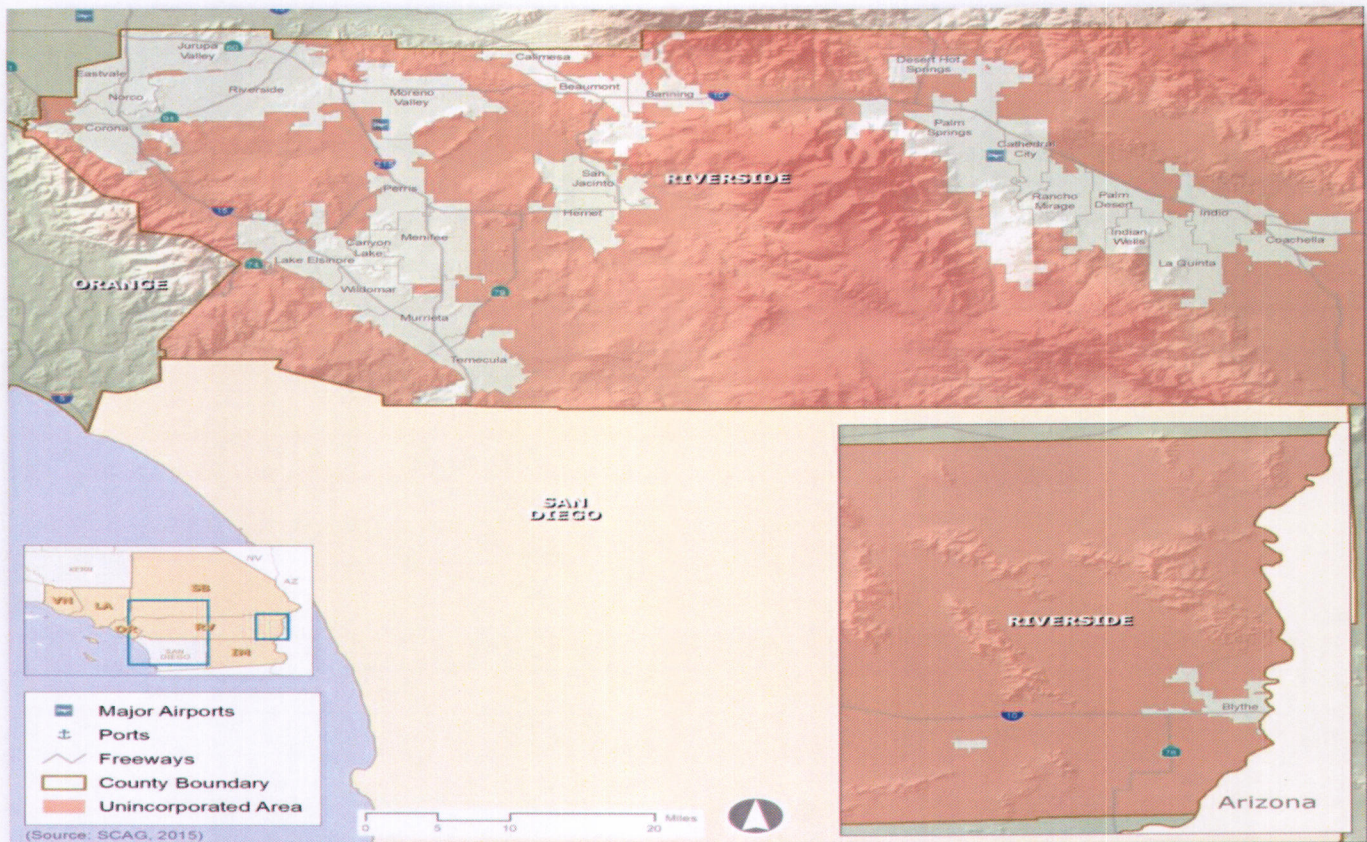
[4] *"List Of Cities And Unincorporated Communities Of Riverside County | Open Data | Socrata." Riverside County Economic Development. County of Riverside, 25 June 2014. https://data.countyofriverside.us/Economic-Development/List-Of-Cities-And-Unincorporated-Communities-Of-R/ssez-u6vr [accessed February 16, 2016]*
[5] *Riverside County Transportation and Land Management Agency, August 2011 [accessed January 2016]*
[6] *Riverside County Transportation and Land Management Agency, August 2011 [accessed January 2016]*
[7] *Profile of the Unincorporated Area of Riverside County." Southern California Association of Governments. May 2015. https://www.scag.ca.gov/Documents/UnIncAreaRiversideCounty.pdf. [accessed February 16, 2016]*

D. Riverside County Population

In 2015, the total population of Riverside County was 2,361,026.[8] Riverside County is the fourth most populated county in California. Only the counties of Los Angeles, Orange, and San Diego have larger populations. Riverside County is the 10th largest county in the nation, with more residents than 16 of the country's states[9]. The City of Riverside is the most populated city with 313,041 residents. The City of Indian Wells is the least populated city with 5,089 residents.

Table 1 demonstrates the total population and population per square mile subdivided by incorporated cities and census designated places (CDP) as of April 2014.[10]

Table 1: Land Area, Population and Population Density per Area, 2014[11]			
Geography	Total Population	Land Area in Square Miles	Population Per Square Mile (Land Area)
California	38,802,500	155,779.2	249
Riverside County	2,266,899	7,206.5	315
Aguanga CDP	897	13.6	66
Anza CDP	2,356	27.6	85
Banning (City of)	30,281	23.1	1,311
Beaumont (City of)	39,620	30.9	1,282
Bermuda Dunes CDP	7,719	2.9	2,662
Blythe (City of)	20,101	26.2	767
Cabazon CDP	3,266	4.9	667
Calimesa (City of)	8,143	14.8	550
Canyon Lake (City of)	10,810	3.9	2,772
Cathedral City	52,550	21.5	2,444
Cherry Valley CDP	6,823	8.1	842
Coachella (City of)	42,576	29	1,468
Corona (City of)	157,395	38.8	4,057
Coronita CDP	3,397	0.7	4,853
Crestmore Heights CDP (2010)	384	0.3	1,280
Desert Center CDP	208	30.4	7
Desert Edge CDP	4,244	2.3	1,845
Desert Hot Springs (City of)	27,678	23.6	1,173
Desert Palms CDP	6,776	2.7	2,510
East Hemet CDP	18,188	5.2	3,498

[8] Population Estimates, July 1, 2015, (V2015)." Riverside County California QuickFacts from the US Census Bureau" United States Census Bureau, 2015. http://quickfacts.census.gov/qfd/states/06/06065.html. [accessed March 16, 2016]
[9] U.S. Census Bureau, Preliminary Annual Estimates of the Resident Population for Counties: April 1, 2000 to July 1, 2010, CO-PEST2010-TOTALS
[10] U.S. Census Bureau. American Fact Finder. 2014 American Community Survey 5 year estimates. [accessed January 2016].
[11] U.S. Census Bureau. American Fact Finder. 2014 American Community Survey 5 year estimates. [accessed January 2016]

Eastvale (City of)	55,298	13.1	4,221
El Cerrito CDP	5,551	2.6	2,135
El Sobrante CDP	14,855	7.2	2,063
French Valley CDP	26,753	10.9	2,454
Garnet CDP	6,380	11.3	565
Good Hope CDP	8,911	11.2	796
Green Acres CDP	2,330	1.4	1,664
Hemet (City of)	81,203	27.8	2,921
Highgrove CDP	4,067	3.2	1,271
Home Gardens CDP	11,701	1.6	7,313
Homeland CDP	5,921	4.3	1,377
Idyllwild-Pine Cove CDP	2,562	13.7	187
Indian Wells (City of)	5,089	14.3	356
Indio (City of)	82,539	29.2	2,827
Indio Hills CDP	910	21.5	42
Jurupa Valley (City of)	98,842	44	2,246
Lake Elsinore (City of)	56,243	36.2	1,554
Lakeland Village CDP	11,343	8.7	1,304
Lake Mathews CDP	5,518	15.9	347
Lake Riverside CDP	858	7.2	119
Lakeview CDP	1,723	3.3	522
La Quinta (City of)	38,774	35.1	1,105
March ARB CDP	1,129	12	94
Meadowbrook CDP	3,447	6.9	500
Mead Valley CDP	19,851	19.2	1,034
Mecca CDP	8,912	7	1,273
Menifee (City of)	81,658	46.5	1,756
Mesa Verde CDP	1,004	4.3	233
Moreno Valley (City of)	198,872	51.3	3,877
Mountain Center CDP	75	1.9	39
Murrieta (City of)	106,326	33.6	3,164
Norco (City of)	27,143	14	1,939
North Shore CDP	3,184	11.2	284
Nuevo CDP	7,345	6.8	1,080
Oasis CDP	5,807	19.6	296
Palm Desert (City of)	49,953	26.8	1,864
Palm Springs (City of)	45,827	94.1	487
Perris (City of)	71,377	31.4	2,273
Rancho Mirage (City of)	17,634	24.4	723
Ripley CDP	659	1.7	388
Riverside (City of)	313,041	81.1	3,860
Romoland CDP	1,682	2.6	647
San Jacinto (City of)	45,497	25.7	1,770

Sky Valley CDP	2,493	24.3	103
Temecula (City of)	104,955	30.2	3,475
Temescal Valley CDP	24,714	19.3	1,281
Thermal CDP	3,570	9.5	376
Thousand Palms CDP	7,956	23.6	337
Valle Vista CDP	15,995	6.9	2,318
Vista Santa Rosa CDP	2,815	16.1	175
Warm Springs CDP	3,163	2	1,582
Whitewater CDP	469	9.9	47
Wildomar (City of)	33,601	23.7	1,418
Winchester CDP	2,717	7.7	353
Woodcrest CDP	15,951	11.4	1,399

E. Population Projections

Between 2000 and 2010, Riverside County's population increased by 42%[12] and is expected to reach approximately 4 million by 2060.[13] By 2060, it is estimated that Riverside County will be the third most populated county in California, surpassed only by Los Angeles County and San Diego County respectively.[14]

Figure 3: Total Population Projections for Riverside County (2015-2060)[15]

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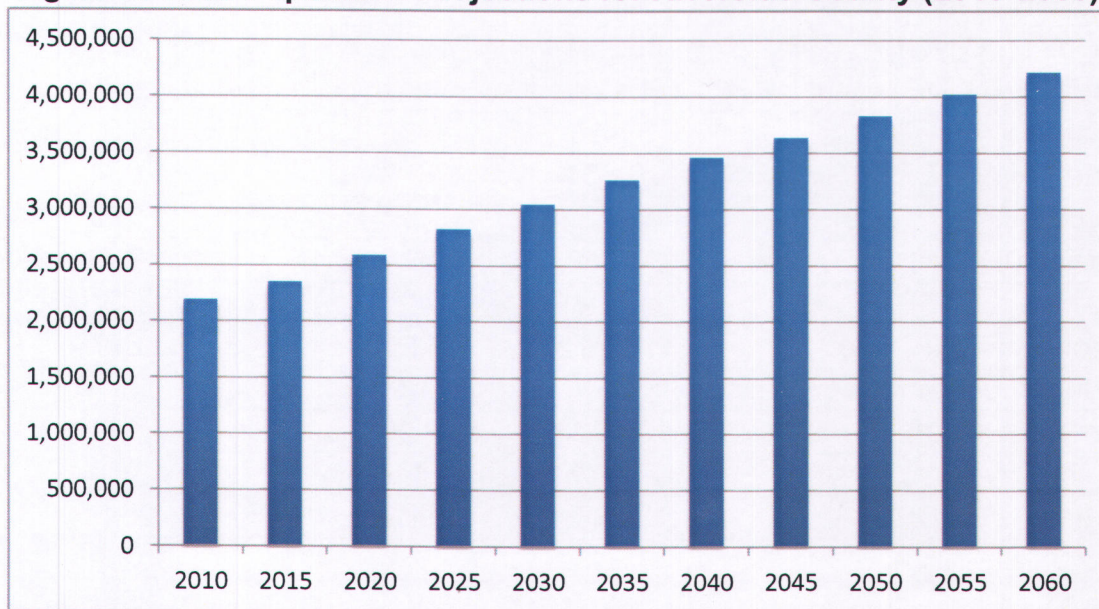
[12] Total Population Projections for California and Counties: July 1, 2015 to 2060 in 5 Year Increments, Demographic Research Unit, California Department of Finance (December 2014). [accessed February 2016]

[13] State of California, Department of Finance, New Population Projections: California to Surpass 50 Million in 2049.

[14] Total Population Projections for California and Counties: July 1, 2015 to 2060 in 5 Year Increments, Demographic Research Unit, California Department of Finance (January 2016).

[15] Source Table: Total Population Projections for California and Counties: July 1, 2015 to 2060 in 5 Year Increments Demographic Research Unit, California Department of Finance, December 2014.

F. Boomers and Beyond

The Boomer generation is made up of individuals born between 1946 and 1964. Nationally, 330 Boomers will turn 60 every hour until December 31, 2024. By the year 2029, 20% of the American population will be over the age 65.[16] Of the 78 million Boomers in the nation, more than 58% are expected to live into their nineties and beyond.

Figure 4 shows Boomers across all U.S. counties. Areas with the highest concentrations of Boomers (as a percentage of the total population) are shaded the darkest purple. More than 22% of Riverside County's population was made up of Boomers as of 2012.

Figure 4: Concentration of Boomers in the United States, 2012[17]

< 22%   >22%   >25%   >28%   30%+

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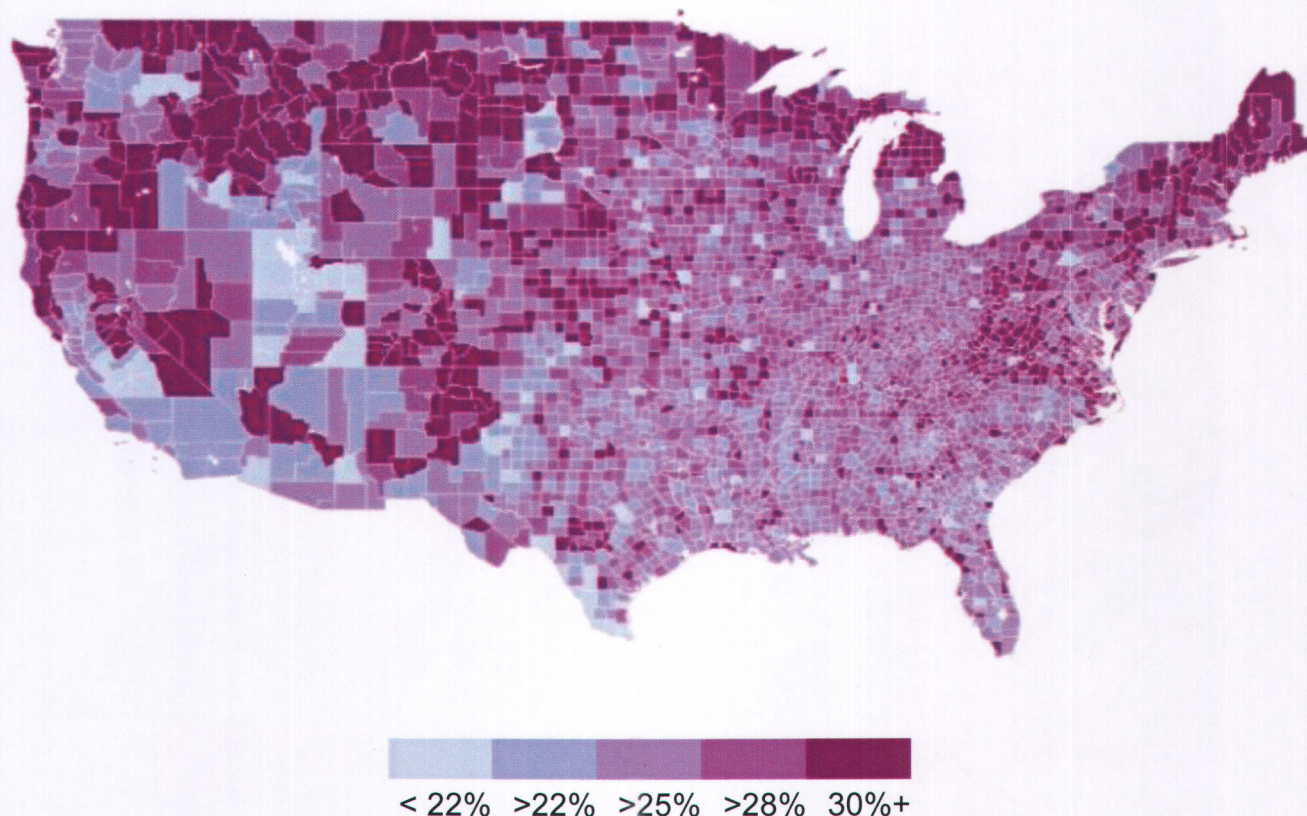
[16] U.S. Securities and Exchange Commission. (2006). Oldest Boomers Turn 60! http://www.sec.gov/news/press/extra/seniors/agingboomers.htm. [accessed March 16, 2016]

[17] Maciag, Mike. "Mapping Baby Boomers Across the U.S." Mapping Baby Boomers Across the U.S. Governing the States and Localities, Aug. 2012. http://www.governing.com/by-the-numbers/baby-boomers-population-map.htmll. [accessed March 16, 2016]

G. California Booming

As of 2016, California's 60 and over population is 7,605,654 people.[18] Across California, the 60 and older age group will increase by 112% during the period from 1990 to 2020. The "oldest old" age group (those over aged 85) will increase by 143%, even faster than the overall older adult population.[19]

In addition, California has the highest number of Centenarians, persons aged 100 or older, than any other state. This population, which makes up less than 1% of the total population, both in California and nationwide, is expected to increase as the overall population of the state increases.[20]

Figures 5 and 6 highlight the percentage increase of older adults by county in California.[21]

Figure 5: Map of Percentage Increase of Elderly Population Aged 60 and Over, Years 1990 - 2020

Percentage Increase of the Elderly Population Aged 60 and Over: 1990 to 2020

- Over 200%
- 150.0 - 199.9%
- 100.0 - 149.9%
- 50.0 - 99.9%
- Under 50%
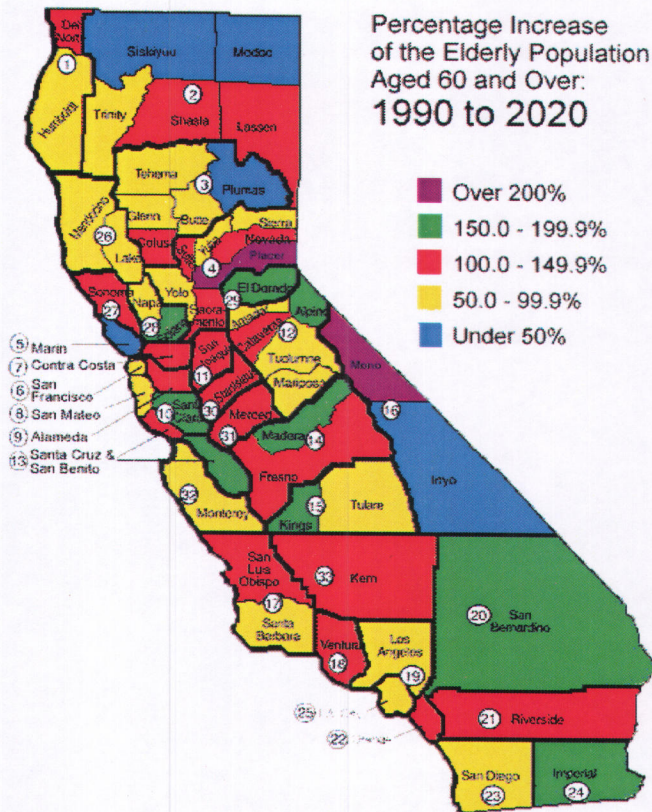
Figure 6: Map of Percentage Increase of Oldest Old Population Aged 85 and Over, Years 1990 - 2020

Percentage Increase of the Oldest Old Population Aged 85 and Over: 1990 to 2020

- Over 400%
- 300.0 - 399.9%
- 200.0 - 299.9%
- 150.0 - 199.9%
- 50.0 - 149.9%

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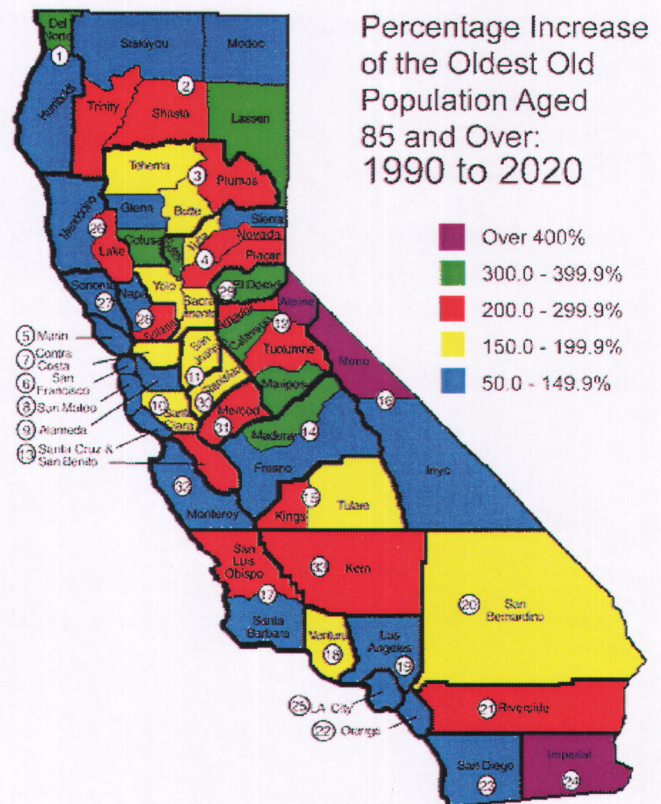
[18]"Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)." California Department of Aging. CDA, 31 Oct. 2015. http://www.aging.ca.gov/docs/DataAndStatistics/Statistics/IFF/2016_Population_Demographic_Projections.pdf [accessed February 18, 2016]
[19] "Data & Statistics - Facts About California's Elderly." Facts About California's Elderly. California Department of Aging, 2015. http://www.aging.ca.gov/data_and_statistics/Facts_About_Elderly/. [accessed February 18, 2016]
[20] US Census Bureau, 2010 Census Special Reports, Centurions: 2010, C2010SR-0, U.S. Government Office, Washington D.C., 2012.

H. Riverside County's Aging Population

Between 1990 and 2020, Riverside County will experience a 200% increase in residence over the age of 60. The fastest growing cohort proportionately is made up of those over age 75, which is projected to grow between 240% (75-84 years of age) and 443% (85+) by 2060.[21] By the year 2060, one million adults over age 65 will make up approximately 25% of the total projected population in Riverside County.[22]

Table 2 shows the total population over the age of 50 in California and Riverside County in 2014.

Table 2: Total Population by Age Category for California and Riverside County[23]
2014 American Community Survey by Age Group (Ages 50 and Above)

AGE	CALIFORNIA	RIVERSIDE COUNTY
50 to 54 years	2,660,052	152,708
55 to 59 years	2,454,446	136,841
60 to 64 years	2,065,154	112,492
65 to 69 years	1,664,207	98,446
70 to 74 years	1,170,153	75,220
75 to 79 years	847,001	55,732
80 to 84 years	623,036	39,756
85 years and over	688,650	38,117
Total 60 years and over	7,058,201	419,763

Table 3 shows the projected population growth per age group between 2010 and 2060 in Riverside County.

Table 3: Riverside County Population Projections and Percentage Increase[24]
Riverside County Population Projections 2010-2060

Age Group	2010	2060	% of Increase
ALL Age Group (Total Population)	2,194,933	3,678,439	68%
Working Age (25-64 years)	1,085,492	1,750,307	61%
Young Retirees (65-74 years)	141,479	388,792	175%
Mature Retirees (75-84 years)	86,228	293,310	240%
Seniors (85+)	32,776	178,133	443%

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[21] "P-1: Total Population Projections - Demographic Research - California Department of Finance." California Department of Finance- Demographic Research. 2013. <http://www.dof.ca.gov/research/demographic/reports/projections/P-1/>. [accessed Feb. 2016]

[22] P-1 (Age) State and County Population Projects by Major Age Group (Numeric and Percent Change 2010 to 2060 By Age Group) California Department of Finance, Demographic Research Unit (December 2014)

[23] U.S. Census Bureau, American Fact Finder Population Estimates. Table prepared by American Community Survey: Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipals: April 1, 2010 to July 1, 2014

[24] P-1 (Age): State and County Population Projections by Major Age Group: 2010-2060. Year 2010. California Department of Finance, Demographic Research Unit (December 2014)

Figure 7 further demonstrates the increae in the Riverside County older adult population.

Figure 7: Riverside County Population Projections by Age Group (60+)[25]

	Working Age (25-64 years)	Young Retirees (65-74 years)	Mature Retirees (75-84 years)	Seniors (85+)
% of Increase	61%	175%	240%	443%
2060	1,750,307	388,792	293,310	178,133
2010	1,085,492	141,479	86,228	32,776
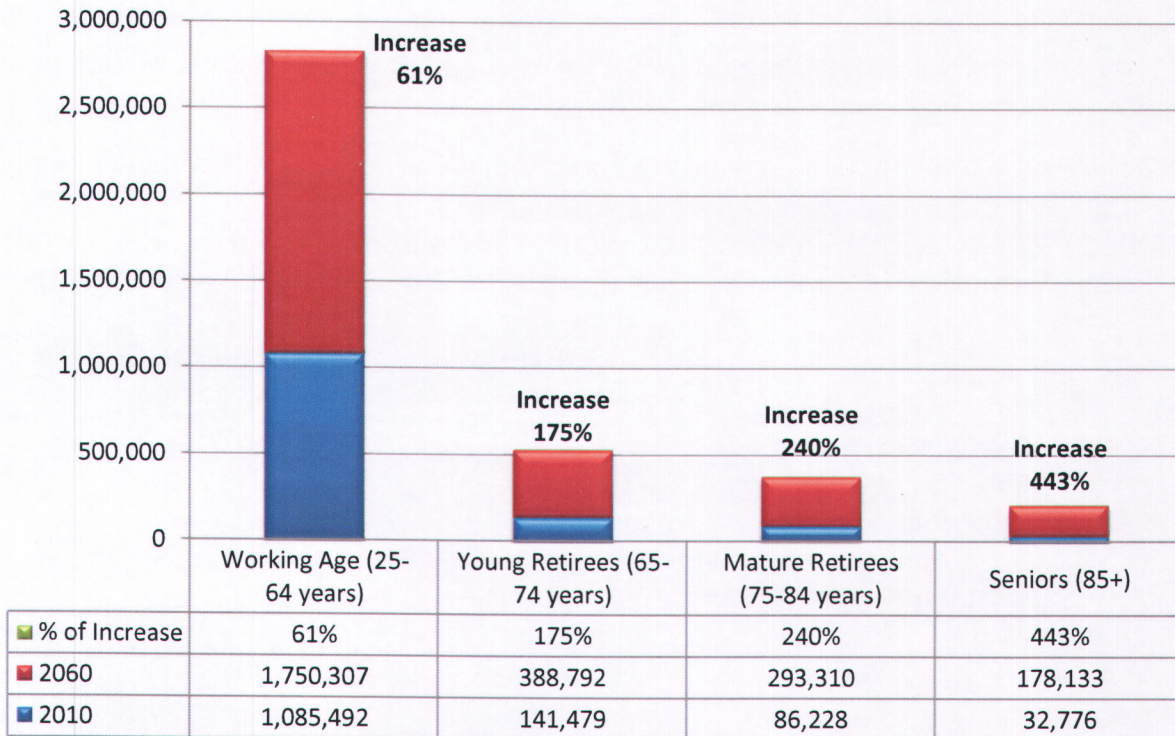
The aging of the Boomer population is only the beginning of the aging phenomenon. Beyond 2024, the nation can anticipate the aging advance of over 40 million Generation X individuals, who begin to turn 60 in 2026, followed by more than 70 million Generation Y or Millennials, who will start turning 60 in 2037.[26]

I. Disabled Population

The Riverside County Office on Aging is also designated as an Aging and Disability Resource Connection (ADRC), which serves the County's disabled population, regardless of age. In 2014, the U.S. Census estimated that the total civilian, non-institutionalized disabled population within Riverside County was 242,737 persons, or 11% of the total population. This is higher than the overall percentage for the State of California, which is 10.3%.[27]

[25] Source: P-1 (Age) State and County Population Projects by Major Age Group (Numeric and Percent Change 2010 to 2060 By Age Group) California Department of Finance, Demographic Research Unit (December 2014)

[26] P-1 (Age): State and County Population Projections by Major Age Group: 2010-2060. California Department of Finance, Demographic research Unit (December 2014) [accessed January 2016]

[27] U.S. Census Bureau, American Fact Finder. 2010-2014 4-Year American Community Survey..[accessed February 2016].

Table 4 highlights the overall disability characteristics for Riverside County across all age groups.

Table 4: Disability Characteristices for Riverside County [28]

Subject	Riverside County, California		
	Total	With a Disability	Percent with a Disability
	Estimate	Estimate	Estimate
Total civilian noninstitutionalized population	2,243,885	242,737	11%
Population under 5 years	160,006	1,184	0.7%
With a hearing difficulty	-	875	0.5%
With a vision difficulty	-	714	0.4%
Population 5 to 17 years	455,570	18,527	4.1%
With a hearing difficulty	-	2,595	0.6%
With a vision difficulty	-	3,559	0.8%
With a cognitive difficulty	-	12,692	2.8%
With an ambulatory difficulty	-	3,027	0.7%
With difficulty caring for themselves	-	4,537	1.0%
Population 18 to 64 years	1,348,814	122,414	9.1%
With a hearing difficulty	-	23,569	1.7%
With a vision difficulty	-	21,443	1.6%
With a cognitive difficulty	-	50,703	3.8%
With an ambulatory difficulty	-	60,342	4.5%
With difficulty caring for themselves	-	24,778	1.8%
With an independent living difficulty	-	46,961	3.5%
Population 65 years and over	279,495	100,612	36%
With a hearing difficulty	-	42,841	15.3%
With a vision difficulty	-	19,078	6.8%
With a cognitive difficulty	-	24,661	8.8%
With an ambulatory difficulty	-	65,145	23.3%
With difficulty caring for themselves	-	25,753	9.2%
With an independent living difficulty	-	44,137	15.8%

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[28] U.S. Census Bureau, American Fact Finder. 2010 to 2014 4-Year American Community Survey. [accessed February 2016].

J. Ethnic and Cultural Diversity

When the population of Riverside County is divided into specified racial subgroups, the demographics are as follows: 47% Hispanic or Latino origin; 37% White (non-Hispanic or Latino); 7% African American; 7% Asian; 1.9% Native American and Alaskan Native; 0.4% Hawaiian Native or other Pacific Islander; and 3% reported two or more races. Although Figure 8 lists seven ethnicities, it is actually comprised of more than 27 sub-ethnicities and/or nationalities.

Figure 8: 2014 Riverside County Population by Ethnicity[29]

- ■ Black or African American
- ■ American Indian and Alaska Native
- ■ Asian
- ■ Native Hawaiian and Other Pacific Islander
- ■ Two or More Races
- ■ Hispanic or Latino
- ■ White, not Hispanic or Latino
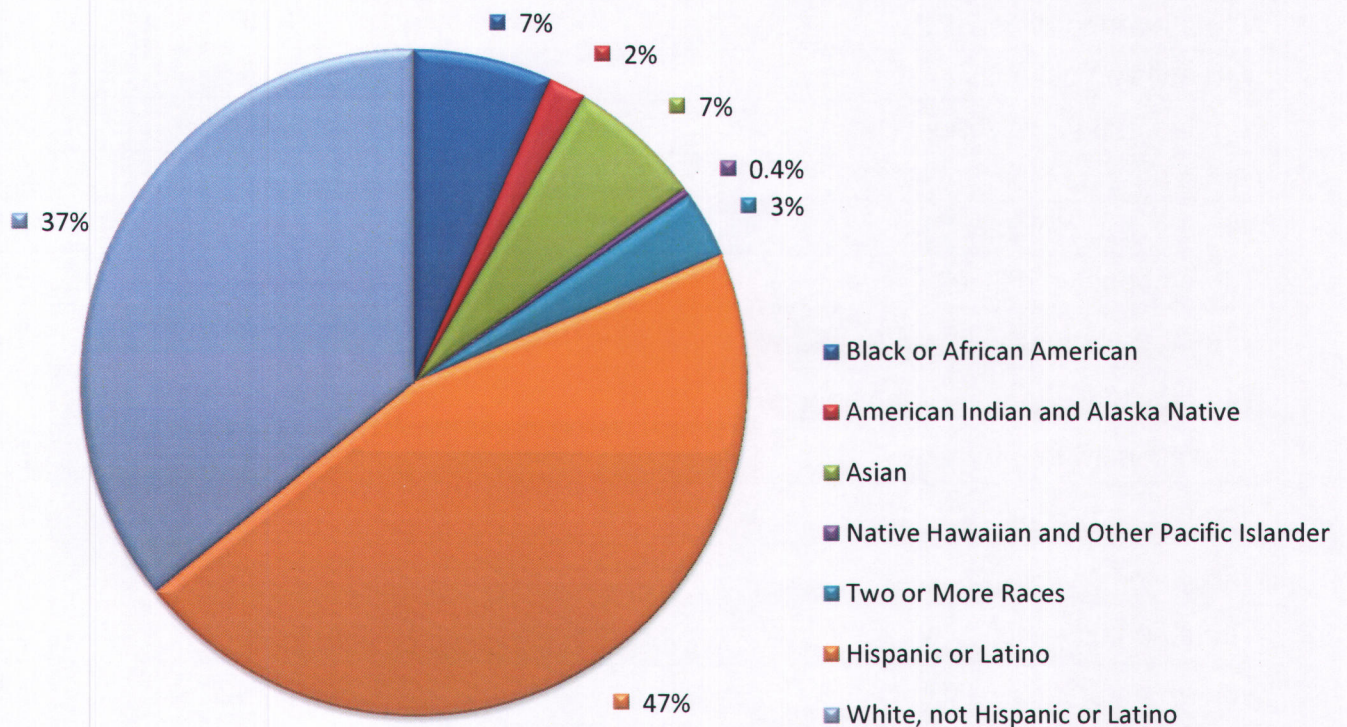
The number of ethnic minorities continues to grow in Riverside County; with the population self-identifying as Hispanic or Latino increasing the fastest. All ethnic groups will continue to increase as more people migrate into the County. As ethnic populations increase, the varying ethnicities and cultures of the population will require alternative delivery systems and require professionals, providers, and caregivers who are sensitive to cultural differences and how those differences impact care.

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[29] US Census Bureau: Riverside County QuickFacts from <http://www.census.gov/quickfacts/table/PST045215/06065,00>. [accessed February 2016]

Figure 9 shows the projected growth of the ethnic population between 2010 and 2060.

**Figure 9: 2010-2060 Projected Population Trend of Riverside County
By Racial/Ethnic Groups 2010-2060** [30]
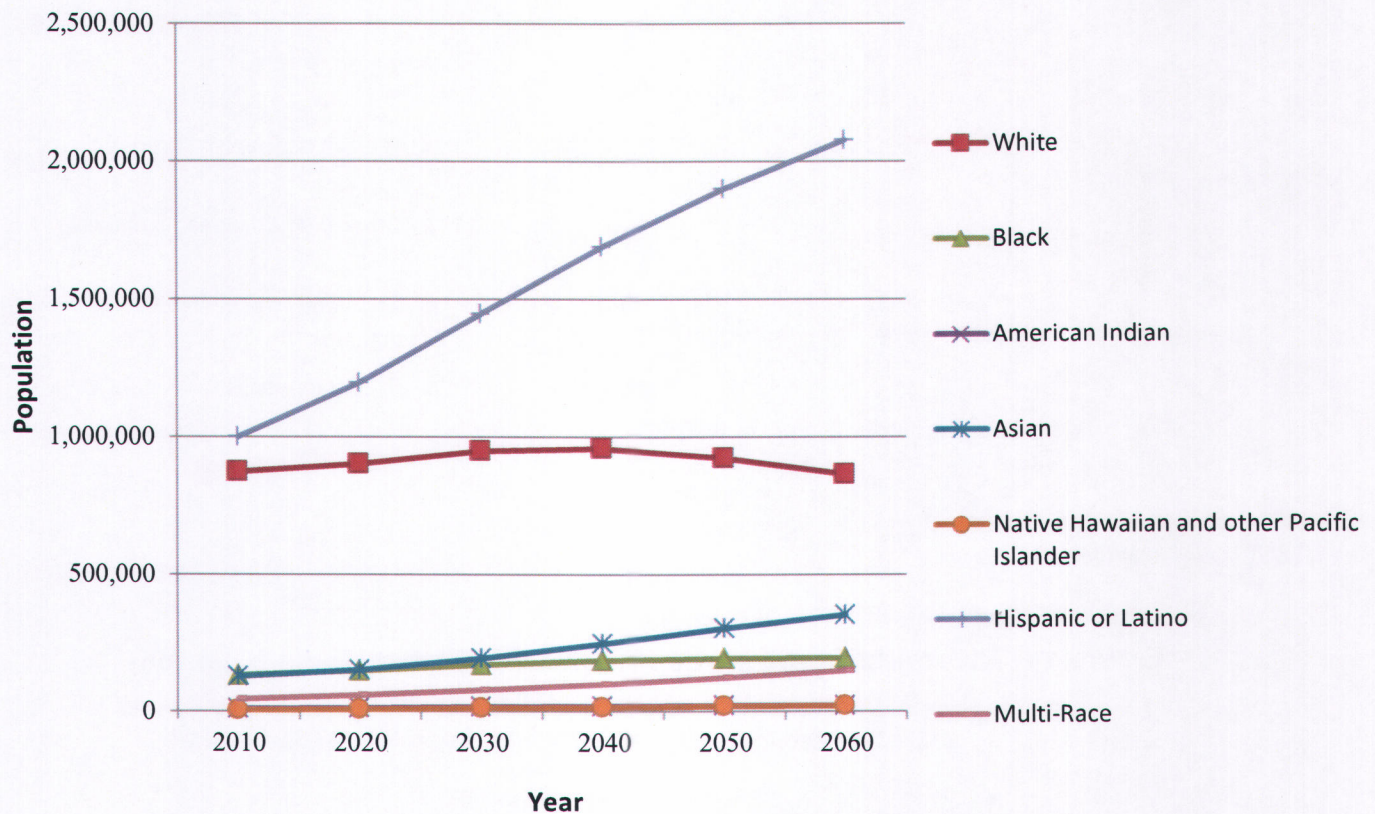
K. Languages Spoken at Home and English Language Ability

Currently, 74% of residents 65 years of age and older speak only English. Of the 26% of residents that speak a language other than English, more than half (59%) reported speaking English less than *"very well"*.

Figures 10 and 11 display the types of languages spoken in the County. English is the primary language spoken, followed by Spanish or Spanish "Creole" *(different dialects of Spanish)*, other Indo-European languages and Asian/Pacific Island languages.

Figure 10: Riverside County – Languages Spoken at Home (Total Population)[31]

- English Only — 60%
- Spanish or Spanish "Creole" — 33%
- Other Indo-European languages — 2%
- Asian and Pacific Island languages — 4%
- Other languages — 1%
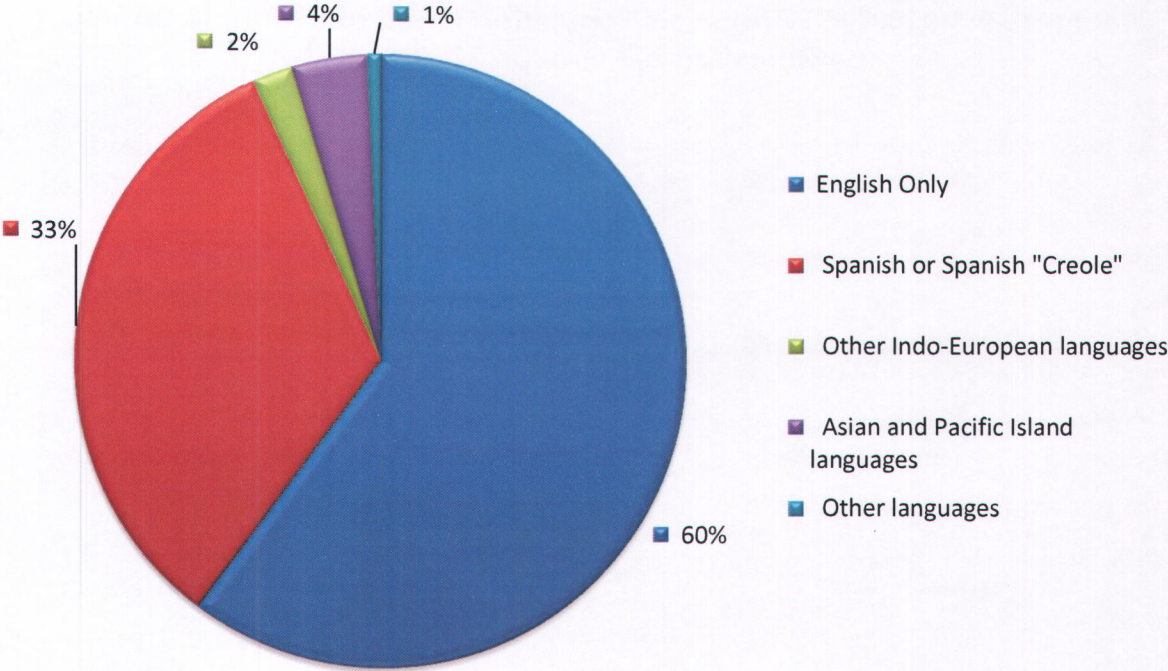
Figure 11: Riverside County – Languages Spoken at Home (Over 65)[31]

- English Only — 74%
- Spanish — 17%
- Other Indo-European languages — 4%
- Asian and Pacific Island languages — 4%
- Other languages — 1%
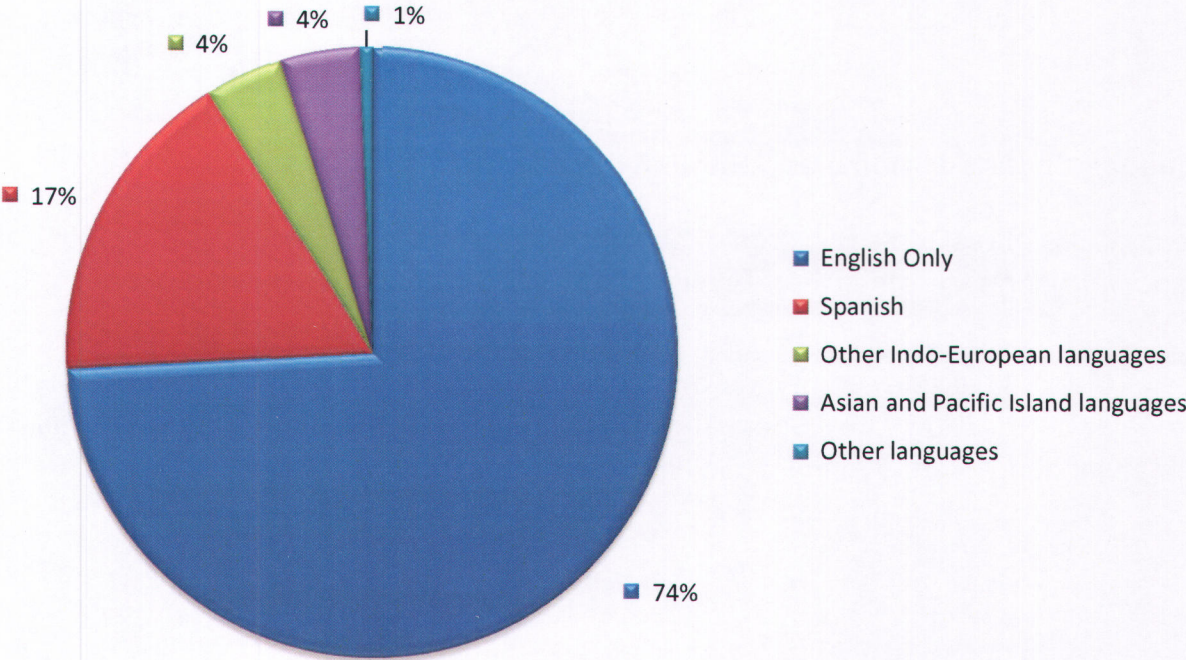
[31] US Census Bureau: American Fact Finder. 2014 American Community Survey 1-Year Estimates Age by Language Spoken at Home in Riverside County. [accessed January 2016].

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L. Lesbian, Gay, Bi-sexual and Transgender (LGBT) Population

Riverside County's current LGBT population is approximately 4.5%, making the county one of the largest LGBT communities, per capita, in the nation. Population estimates are likely to underestimate the true size of the LGBT population due to the reluctance of some individuals to identify as LGBT.[32] However, there are various studies that estimate the 2011 LGBT population to be between 3% (70,747) and 10% (235,822) in Riverside County. The transgender population of Riverside County is estimated to be between 2,358 and 7,075 individuals.

Understanding the needs of the older adult LGBT population improves the Office on Aging's ability to coordinate with outside agencies to design programing that is welcoming, culturally competent and most effective in providing services.

Figure 12: Estimated Range of LGBT Population in Riverside County by Age Group, 2011[33]

	12-17 years	18-59 years	60+ years
3%	6,555	54,364	9,828
10%	21,846	181,215	65,107

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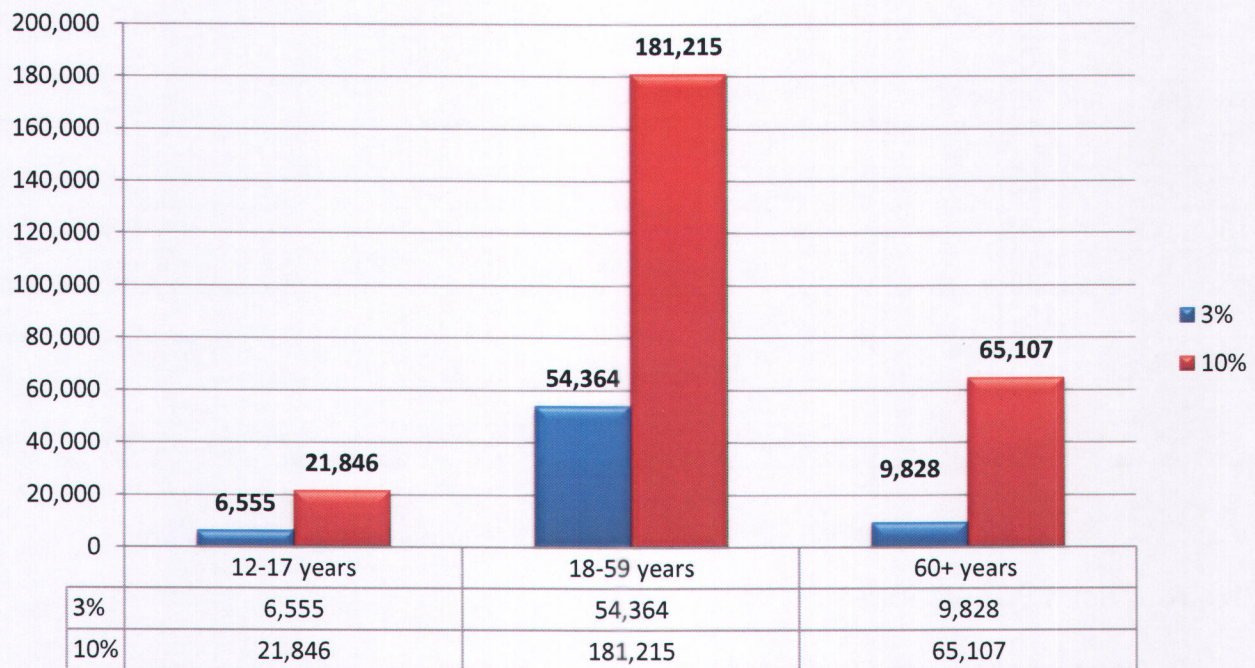
[32] Meyer, I. H., & Northridge, M. E. (2007). *The health of sexual minorities, public health perspectives on lesbian, gay, bisexual, and transgender populations.* Springer Verlag.

[33] Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." *Riverside County Public Health.* County of Riverside, 2014. <http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf>.[accessed February 2016]

Table 5: Riverside County Cities Ranked by Same-Sex Couples per 1,000 Households, Cities with 50+ Same-Sex Couples (2010 Census)[34]

State Rank	US Rank among 1,415 cities with 50+ same-sex	City	Same Sex Couples	Same-Sex Couples per 1,000 Households
1	3	Palm Springs	2,440	107.28
4	8	Rancho Mirage	462	52.29
5	11	Cathedral City	790	46.33
10	42	Desert Hot Springs	195	22.56
20	86	Palm Desert	334	14.47
43	219	La Quinta	142	9.56
86	465	Indio	165	7.05
100	557	Lake Elsinore	96	6.52
111	648	Beaumont	72	6.13
123	740	Riverside	526	5.72
155	934	Banning	53	4.86
156	937	Hemet	146	4.85
171	1,014	Eastvale	62	4.53
186	1,077	Moreno Valley	224	4.35
192	1,116	Perris	69	4.22
206	1,187	Menifee	108	3.95
230	1,306	Corona	153	3.4
250	1,394	Murrieta	86	2.64
251	1,394	Temecula	81	2.56

M. Native American Populations

Riverside County is home to 12 federally recognized Native American Reservations, which brings a thriving hospitality industry to Riverside County. Table 6 summarizes the federal Native American Reservations in Riverside County.

[34] Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. <http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf>. [accessed Feb 2016]; O'Connell, Martin, and Sarah Feliz. Same-sex Couple Household Statistics from the 2010 Census. Working paper no. 2011-26. US Census Bureau, 27 Sept. 2011. <www.census.gov/hhes/samesex/.../ss-report.d...>. [assessed February 2016]

Table 6: Federally Recognized Native American Reservations in Riverside County[35][36]

Reservation	Size	Population	Other Information
Agua Caliente Band of Mission Indians of the Agua Caliente Indian Reservation	31,610 acres	21,358	6,700 acres of the reservation lie within the city limits of Palm Springs, making the Agua Caliente Band of Mission Indians the city's largest landowner.
Augustine Reservation of Cahuilla Indians	500 acres (one sq. mile)	1	In 1996, the Chairperson of the Band became the first member to establish residency on the reservation since the mid-1950's.
Cabazon Reservation (also of the Cahuilla Indians)	1,706 acres	806	N/A
Cahuilla	18,884 acres	154	Only 2,000 acres belong to the tribe in common, the rest of the land is divided amongst the individual members of the Cahuilla Band.
Morongo Reservation	32,362 acres	954	N/A
Pechanga	4,394 acres	467	An additional 305 tribal members reside in the adjacent communities.
Ramona	560 acres	Unknown	N/A
Soboba	5,915 acres	522	Tribal lands of the Luiseño Indians in eastern Riverside County, near the town of San Jacinto. This is home to the Soboba Band of Mission Indians.
Santa Rosa (also of the Cahuilla Indians)	11,092 acres	65	N/A
Torres-Martinez	24,024 acres	4,146	Tribal lands of the Torres-Martinez Band of Mission Indians (Cahuilla) in Imperial and Riverside counties
Colorado River Indian Tribes	286,691 acres in both Arizona and in California	1,735	Tribal lands of the Mohave, Chemehuevi, Hopi and Navajo tribes. Land encompasses three counties along the Colorado River.
Twenty-Nine Palms Band of Mission Indians	640	More than 1000	Tribal lands of the Chemehuevi people. Reservation is in both Riverside and San Bernardino counties.

[35] White, Phillip. "California Indians and Their Reservations: An Online Dictionary." SDSU Library and Information Access. San Diego State University, 2015. <http://library.sdsu.edu/guides/sub2.php?id=195>. [accessed February 2016]
[36] " About Us." Twenty-Nine Palms Band of Mission Indians. The Official Tribal Government Website. <http://29palmstribe.com/history.html>. [accessed March 2016].

Figure 13: Map of Tribal Lands in Riverside County[37]
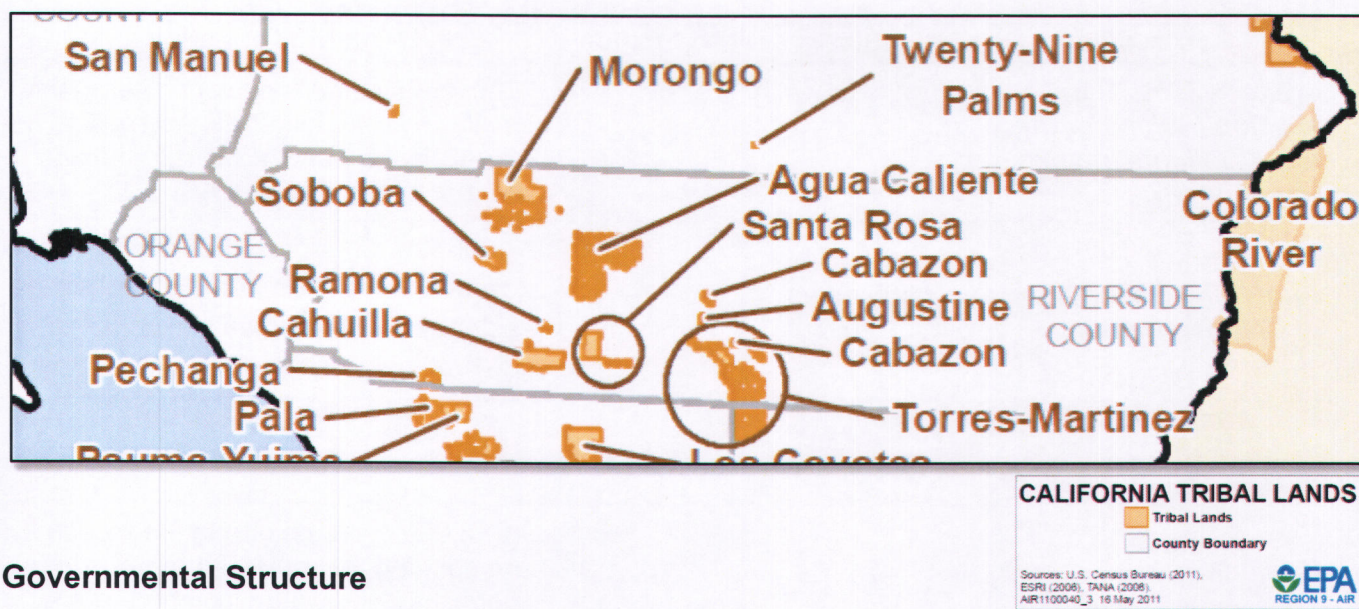
N. Governmental Structure

Planning and Service Area (PSA) 21 is comprised of Riverside County exclusively. The Area Agency on Aging (AAA) is a stand-alone county department governed by the County Board of Supervisors at the local level. The Board of Supervisors is made up of five members, each representing a different area/district within the County. (See Section 16 – Governing Board)

O. Rural or Isolated Population

Despite high population growth during the last decade, the overall population density remains low, estimated at 303.8 persons per square mile.[38] Servicing the entire county presents a unique challenge due to the distance between urban settlements and the isolated nature of some areas.

P. Demographic Spread

The demographics for PSA 21 vary drastically by city and more significantly by zip code. Identifying sub-divisions of the PSA help to identify the different levels of services needed, even within a city or unincorporated area.[39] In order to better serve the population of Riverside County, the Office on Aging grouped the County into 11 areas based on a more detailed look at each area. Based on 2014 American Community Survey Results, the tables on the following pages highlight demographic variances based on sub-areas and zip code. [40] [41] [42] [43]

[37] "California Tribal Lands." Environmental Protection Agency. 2011. <https://www3.epa.gov/region9/air/maps/pdfs/air1100040_3.pdf>. [accessed February 2016]

[38] Riverside County QuickFacts from the US Census.< http://quickfacts.census.gov/qfd/states/06/06065.html> [accessed February 2016]

[39] County of Riverside, Department of Public Health. Community Health Profile, 2013. pg 6-8. [accessed February 2016]

[40] US Census Bureau: American Fact Finder. "American Community Survey- - 5 year estimates 2014- Disability Status and Poverty Status" <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> [accessed January 2016]

[41] US Census Bureau: American Fact Finder. "American Community Survey- 5 year estimates 2014- Grandparents living with Grandchildren under 18/Responsible for own Grandchildren " <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> [accessed January 2016]

[42] US Census Bureau: American Fact Finder. "American Community Survey- 5 year estimates 2014- Poverty Status in last 12 months" <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> [accessed January 2016]

[43] US Census Bureau: American Fact Finder. " American Community Survey – 5 year estimates 2014- Demographic and Housing Estimates" <ibid>[accessed February 2016]

Table 7: Total Population for Riverside County
(Percent of Poverty, Disabled Population, and Grandparents Raising Grandchi

Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Population Disabled	% of 65+ Population Disabled	% 65+ Disabled Population Living in Poverty
2,228,070	13%	9%	11%	36%	12%

As of 2014, over 5.5 million children across America were being raised by their grandparents. Unlike foste informally assume the responsibility for raising their grandchildren in an effort to keep their families toget arrangement, the number of grandparents raising grandchildren is most likely underreported. These grandparents from receiving financial support to meet the children's needs.[44]

Q. Service Areas of PSA 21

Table 8: AAA Service Area 1 – Corona/Norco/Eastvale
(Coronita, El Cerrito, Home Gardens, Mira Loma, Temescal Valley, Lake Mathews)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled
91752	Mira Loma/Eastvale	28,649	10%	12%	11%	40%
92503	Home Gardens	92,959	8%	12%	9%	37%
92860	Norco	27,304	11%	6%	9%	40%
92879	Corona/El Cerrito/Home Gardens	48,654	8%	10%	8%	38%
92880	Corona/Coronita/Norco/ Eastvale	61,187	7%	6%	7%	35%
92881	Corona/El Cerrito/Home Gardens/Temescal Valley/ El Sobrante	32,817	10%	6%	7%	31%
92882	Corona/Coronita	70,188	8%	10%	7%	34%
92883	Corona/El Cerrito/ Temescal Valley	31,940	11%	11%	8%	29%

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[44] US Census Bureau: American Fact Finder. "American Community Survey – 5 Year Estimates 2014- Grandchildren Under 18 Years Living With A Grandparent Householde 2016]

Table 9: AAA Service Area 2 - Riverside/Jurupa Valley
(El Sobrante, Glen Avon, Highgrove, Pedley, Rubidoux, Lake Mathews)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled
91752	Jurupa Valley	28,649	10%	12%	11%	40%
91761	Jurupa Valley	59,892	7%	8%	8%	34%
92316	Jurupa Valley	31,720	8%	13%	11%	51%
92324	Riverside/Jurupa Valley	58,013	7%	15%	9%	42%
92337	Jurupa Valley	37,844	6%	4%	10%	46%
92501	Riverside /Jurupa Valley	22,216	8%	12%	11%	41%
92503	Riverside/El Sobrante/ Lake Mathews	92,959	8%	12%	9%	37%
92504	Riverside/Jurupa Valley/Lake Mathews	53,960	13%	7%	10%	34%
92505	Riverside/Jurupa Valley	49,064	9%	9%	8%	38%
92506	Riverside	45,993	14%	5%	10%	30%
92507	Riverside/Highgrove	55,156	8%	16%	8%	36%
92508	Riverside/Lake Mathews	36,583	8%	11%	7%	34%
92509	Riverside/Glen Avon/ Pedley/Rubidoux/Jurupa Valley	78,221	8%	12%	10%	37%
92518	Riverside	1,129	48%	8%	26%	32%
92553	Riverside	73,803	7%	16%	10%	46%
92557	Riverside	51,871	8%	10%	10%	35%
92570	Lake Mathews	56,766	8%	15%	11%	43%
92860	Riverside/Jurupa Valley	27,304	11%	6%	9%	40%
92879	Riverside	48,654	8%	10%	8%	38%

Table 10: AAA Service Area 3 - Moreno Valley/Perris
(Good Hope, Green Acres, March Air Reserve Base, Mead Valley, Nuevo, Lakeview, Lake Mathews)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled
92570	Lake Mathews/Good Hope	56,766	8%	15%	11%	43%
92324	Moreno Valley	58,013	7%	15%	9%	42%
92507	Moreno Valley	55,156	8%	16%	8%	36%
92508	Moreno Valley/ March ARB/Mead Valley	36,583	8%	11%	7%	34%
92518	Moreno Valley/Perris/ March ARB/Mead Valley	1,129	48%	8%	26%	32%
92545	Green Acres	41,078	26%	12%	20%	41%
92548	Green Acres	7,020	16%	9%	16%	35%
92551	Moreno Valley/Perris/ March ARB	33,050	6%	14%	9%	51%
92553	Moreno Valley/March ARB	73,803	7%	16%	10%	46%
92555	Moreno Valley/Perris/Lakeview	40,419	8%	9%	8%	41%
92557	Moreno Valley	51,871	8%	10%	10%	35%
92567	Nuevo/Lakeview	9,469	10%	8%	10%	36%
92570	Perris/March ARB/ Mead Valley	56,766	8%	15%	11%	43%
92571	Moreno Valley/Perris/ March ARB/ Mead Valley/Nuevo/ Lake View	54,825	5%	10%	9%	41%
92585	Perris/Nuevo	20,148	12%	5%	11%	29%
92586	Perris	19,384	43%	9%	23%	38%
92587	Perris	16,787	14%	11%	9%	28%
92596	Green Acres	26,044	7%	3%	9%	33%

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Table 11: AAA Service Area 4 - Menifee/Winchester/Lake Elsinore
(Homeland, Canyon Lake, Romoland, Lakeland Village, Warm Springs, Sun City, Quail Valley)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Population Disabled	% of 65+ Population Disabled
92530	Lake Elsinore/ Lakeland Village	51,816	7%	12%	11%	47%
92532	Menifee/Warm Springs/ Lake Elsinore/ Canyon Lake	21,260	8%	11%	6%	27%
92545	Winchester/Homeland	41,078	26%	12%	20%	41%
92548	Menifee/Homeland /Romoland	7,020	16%	9%	16%	35%
92562	Menifee	63,293	12%	4%	9%	34%
92563	Menifee	57,605	9%	6%	7%	32%
92567	Romoland	9,469	10%	8%	10%	36%
92570	Menifee/Warm Springs/Lake Elsinore/Canyon Lake	56,766	8%	15%	11%	43%
92584	Menifee/Winchester/ Lake Elsinore	46,346	10%	4%	10%	37%
92585	Menifee/Romoland /Homeland/Sun City	20,148	12%	5%	11%	29%
92586	Menifee/Sun City	19,384	43%	9%	23%	38%
92587	Menifee/Lake Elsinore/Canyon Lake/ Sun City/Quail Valley	16,787	14%	11%	9%	28%
92595	Menifee/Lake Elsinore/Lakeland Village	31,139	10%	11%	11%	42%
92596	Menifee/Winchester	26,044	7%	3%	9%	33%
92883	Lake Elsinore	31,940	11%	11%	8%	29%

Table 12: AAA Service Area 5 - Murrieta/Temecula/Wildomar
(Aguanga, Anza, French Valley, Lake Riverside)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled
92028	Temecula	48,335	18%	8%	12%	37%
92060	Aguanga	61	69%	-	-	-
92086	Aguanga	1,335	29%	9%	20%	26%
92536	Aguanga/Anza/ Lake Riverside	2,750	24%	5%	10%	21%
92539	Anza/Lake Riverside	3,890	23%	5%	20%	46%
92544	Anza	47,136	14%	10%	11%	41%
92561	Anza	1,600	30%	10%	11%	24%
92562	Murrieta/Temecula	63,293	12%	4%	9%	34%
92563	Murrieta/Temecula/ French Valley	57,605	9%	6%	7%	32%
92584	Murrieta/French Valley	46,346	10%	4%	10%	37%
92590	Murrieta/Temecula	3,841	15%	13%	12%	29%
92591	Murrieta/Temecula	39,767	10%	7%	8%	32%
92592	Temecula	74,558	9%	6%	8%	34%
92595	Murrieta	31,139	10%	9%	11%	42%
92596	Murrieta/Temecula/ French Valley	26,044	7%	3%	9%	33%

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Table 13: AAA Service Area 6 - Banning/Beaumont/Calimesa
(Cabazon, Cherry Valley)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled
92220	Banning/Beaumont/ Cabazon	32,793	27%	9%	18%	39%
92223	Banning/Beaumont/ Calimesa/ Cherry Valley	46,719	14%	7%	10%	28%
92230	Banning/Cabazon	3,297	5%	14%	8%	49%
92320	Beaumont/Calimesa/ Cherry Valley	8,097	29%	9%	19%	39%
92373	Beaumont/Calimesa	34,017	15%	9%	11%	34%
92399	Banning/Calimesa/ Cherry Valley	54,056	14%	12%	12%	37%
92555	Beaumont	40,419	8%	9%	8%	41%
92583	Beaumont	31,167	13%	10%	16%	54%

Table 14: AAA Service Area 7- Hemet/San Jacinto
(East Hemet, Idyllwild-Pine Cove, Mountain Center, Valle Vista)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled
92543	Hemet/East Hemet/ San Jacinto	34,680	20%	15%	19%	44%
92544	Hemet/East Hemet/ San Jacinto/Valle Vista	47,136	14%	10%	17%	41%
92545	San Jacinto	41,078	26%	12%	20%	41%
92548	Hemet	7,020	16%	9%	16%	35%
92549	Idyllwild-Pine Cove/Mountain Center	2,652	26%	6%	13%	21%
92555	San Jacinto	40,419	8%	9%	8%	41%
92561	Idyllwild-Pine Cove/Mountain Center	1,600	30%	10%	11%	24%
92567	San Jacinto	9,469	10%	8%	10%	36%
92582	Hemet/San Jacinto	16,200	11%	3%	13%	33%
92583	Hemet/San Jacinto/ Valle Vista	31,167	13%	10%	16%	54%
92596	Hemet	26,044	7%	3%	9%	33%

Table 15: AAA Service Area 8 - Desert Hot Springs/Palm Springs/Cathedral City
(Desert Edge, Garnet, Sky Valley, Thousand Palms, Whitewater)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Population Disabled	% of 65+ Population Disabled
92211	Thousand Palms	24,564	47%	7%	17%	27%
92220	Whitewater	32,793	27%	9%	18%	39%
92230	Whitewater	3,297	5%	14%	8%	49%
92234	Palm Springs/ Cathedral City	52,534	14%	14%	12%	34%
92240	Desert Hot Springs / Palm Springs/Cathedral City/Desert Edge/Garnet	35,878	11%	12%	13%	43%
92241	Desert Hot Springs/ Palm Springs/ Cathedral City/Desert Edge/ Garnet/Sky Valley/ Thousand Palms	9,156	31%	11%	18%	31%
92258	Desert Hot Springs/ Palm Springs	520	19%	10%	23%	15%
92260	Palm Springs	32,855	32%	8%	14%	28%
92262	Palm Springs/ Cathedral City	26,693	21%	9%	16%	34%
92264	Palm Springs/ Cathedral City	19,754	35%	8%	20%	36%
92270	Palm Springs/Cathedral City/Thousand Palms	17,634	45%	4%	15%	26%
92276	Cathedral City/ Sky Valley/ Thousand Palms	7,921	22%	6%	19%	44%
92282	Desert Hot Springs/ Palm Springs/Whitewater	783	19%	4%	21%	32%
92561	Palm Springs	1,600	30%	10%	11%	24%

Table 16: AAA Service Area 9 - Rancho Mirage/Palm Desert/Indian Wells
(Desert Palms)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled
92203	Palm Desert/ Desert Palms	27,466	18%	9%	10%	34%
92210	Palm Desert/Indian Wells	4,839	61%	4%	17%	27%
92211	Rancho Mirage/ Palm Desert/ Indian Wells/ Desert Palms	24,564	47%	7%	17%	27%
92234	Rancho Mirage	52,534	14%	14%	12%	34%
92241	Desert Palms	9,156	31%	11%	18%	31%
92253	Palm Desert/Indian Wells	38,462	24%	7%	12%	24%
92260	Rancho Mirage/ Palm Desert/Indian Wells	32,855	32%	8%	14%	18%
92264	Rancho Mirage	19,754	35%	8%	20%	36%
92270	Rancho Mirage/ Palm Desert	17,634	45%	4%	15%	26%
92276	Rancho Mirage/ Palm Desert/ Desert Palms	7,921	22%	6%	19%	44%
92561	Palm Desert	1,600	30%	10%	11%	24%

Table 17: AAA Service Area 10 - La Quinta/Indio/Coachella
(Bermuda Dunes, Mecca, North Shore, Oasis, Thermal, Vista Santa Rosa)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled
92201	La Quinta/Indio/ Coachella/ Bermuda Dunes/ Vista Santa Rosa	63,915	12%	16%	12%	40%
92203	La Quinta/Indio/ Coachella/ Bermuda Dunes	27,466	18%	9%	10%	34%
92210	La Quinta	4,839	61%	4%	17%	27%
92211	La Quinta/Indio/ Bermuda Dunes	24,564	47%	7%	17%	27%
92236	La Quinta/Indio/ Coachella/ Thermal/ Vista Santa Rosa	43,037	5%	19%	9%	52%
92241	Indio/Coachella	9,156	31%	11%	18%	31%
92253	La Quinta/Indio/Bermuda Dunes/Vista Santa Rosa	38,462	24%	7%	12%	24%
92254	Mecca/North Shore/Oasis	12,300	5%	21%	9%	37%
92274	La Quinta/Coachella/ Mecca/Oasis/Thermal/ Vista Santa Rosa	18,937	6%	19%	10%	41%
92276	Indio	7,921	22%	6%	19%	44%

33

Table 18: AAA Service Area 11- Blythe
Desert Center/Ripley/Mesa Verde

| Zip Code	City	Total Population	% of Total Population 65+	% of 65+ Population in Poverty	% of Population Disabled	% of 65+ Population Disabled
92225	Blythe/Ripley/Mesa Verde	23,509	9%	15%	11%	46%
92239	Desert Center	428	9%	--	12%	26%

R. Workforce

Many Boomers are not ready for the transition from work to retirement. Stock market fluctuations, the recent housing crisis, the privatization of retirement funds, and the recent debates over Social Security, have left many Boomers unsure about retirement. Boomers now find themselves with high secure and unsecured debt balances, college tuitions, elder care and medical expenses, which can have an impact on their financial futures.[45] As a result, Boomers are delaying retirement or redefining it as they use their retirement years to continue working full-time, part-time or as consultants.[46]

1. *Nationally, approximately 80% of Boomers who are eligible for retirement are still active in the workforce.[47]*

2. *51% of those over age 65 work full-time, while 28% work part-time.[48]*

In 2012, older adult workers made up almost a quarter (or 21%) of the national workforce.[49]

Figure 14: Boomers – A Force in the Workforce[50]

Source: Bureau of Labor Statistics

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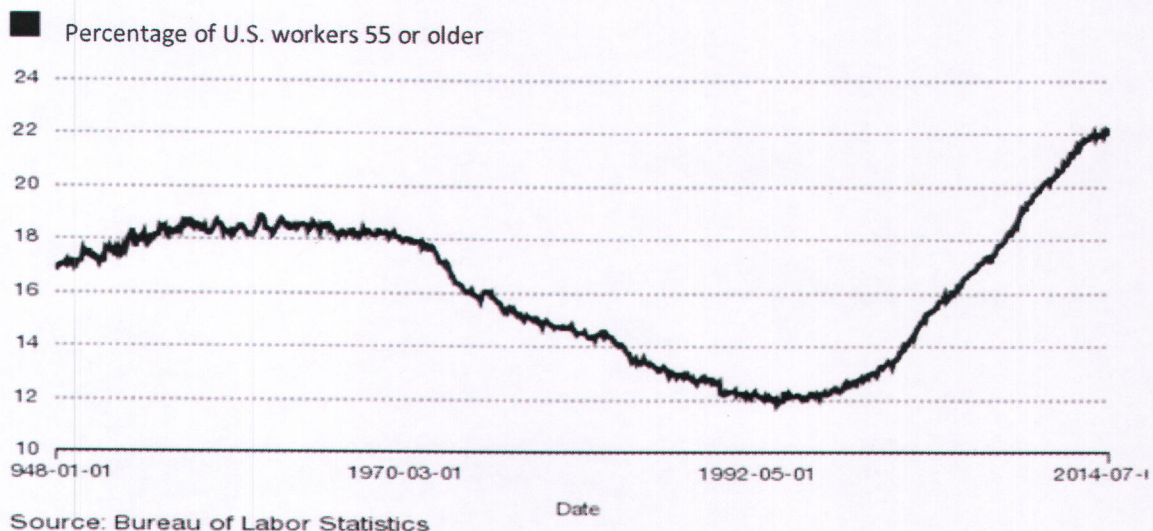
[45] *"The Baby Boomer Generation [Born 1946–1964]." Beacon Health Options. 2014. <http://www.valueoptions.com/spotlight_YIW/baby_boomers.htm>. [accessed March.2016]*

[46] *Brandon, Emily. "10 Ways Baby Boomers Will Reinvent Retirement." US News and World Report- Money. U.S. News, <http://money.usnews.com/money/retirement/slideshows/10-ways-baby-boomers-will-reinvent-retirement/3>. [accessed February 2016]*
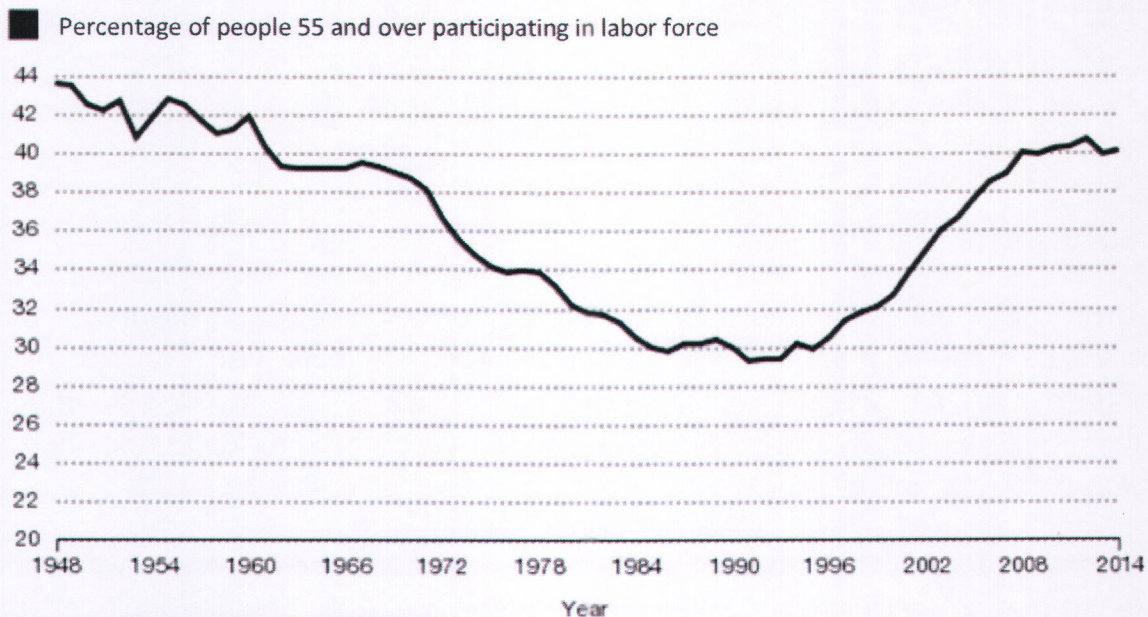
[47] *Ruffenach, Glenn. "Why Mortgage Debt Threatens Boomers' Retirements." MarketWatch. 2 Feb. 2015. [accessed February 2016] <http://www.marketwatch.com/story/why-mortgage-debt-threatens-boomers-retirements-2015-02-02>.*

[48] *Brundrick, Hal. 2015. Boomers' biggest retirement regret? They didn't work longer. CBS News. http://www.cbsnews.com/news/boomers-biggest-retirement-regret-they-didnt-work-longer/. [accessed February 2016]*

[49] *Coy, Peter. "American Workers Are Older Than Ever." Bloomberg.com. Bloomberg, 4 Aug. 2014. Web. [accessed February 2016] <http://www.bloomberg.com/bw/articles/2014-08-04/a-record-22-dot-2-percent-of-of-u-dot-s-dot-workers-are-55-or-older>.*

[50] *Coy, Peter. "American Workers Are Older Than Ever." Bloomberg.com. Bloomberg, 4 Aug. 2014. Web. [accessed February. 2016]. Retrieved from: <http://www.bloomberg.com/bw/articles/2014-08-04/a-record-22-dot-2-percent-of-of-u-dot-s-dot-workers-are-55-or-older>*

Figure 15: Boomers – Not Ready to Quit Working[51]

■ Percentage of people 55 and over participating in labor force

Source: Bureau of Labor Statistics

S. Riverside County Older Adult Workforce (60+)

Riverside County was significantly impacted by the recession and experienced a 9% increase in unemployment rates between the year 2006 and 2010, spiking at 15% in 2010. Since that time, the County's unemployment rate has improved from 15% in 2010 to 6% as of the end of 2015, a decrease of 9%. The increase was largely fueled by a 46% growth in the transportation, warehousing and utilities sectors; 34% job growth in construction; and a 31% rise in the educational and health services industry.[52] However, the increase in available employment still resulted in an unemployment rate higher than both California and the United States, which had 2015 unemployment rates of 6% and 5% respectively.[53] In Riverside County:

1. *76% of adults 60+ are not in the workforce*

2. *24% are in the workforce*

    a. Of those still in the workforce, 22% are employed and 2% are unemployed.

    b. Riverside County adults 60+ comprise 12% of the total workforce.[54]

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[51] Coy, Peter. 2014. American Workers are Older than Ever. Bloomberg.com. http://www.bloomberg.com/bw/articles/2014-08-04/a-record-22-dot-2-percent-of-of-u-dot-s-dot-workers-are-55-or-older [accessed February 2016]

[52] California Employment Development Department, Employment by Industry Data for Riverside County 2015. <labormarketinfo.edd.ca.gov> [accessed February 2016]

[53] U.S. Bureau of Labor Statistics. Local Area Unemployment Statistics. Last updated January 11, 2016. <http://www.bls.gov/web/laus/laumstrk.htm> [accessed January 2016]

[54] U.S. Census Bureau. 2014 American Community Survey 1-Year Estimates Population 60+ in U.S. and Riverside County. <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> [accessed January 2016]
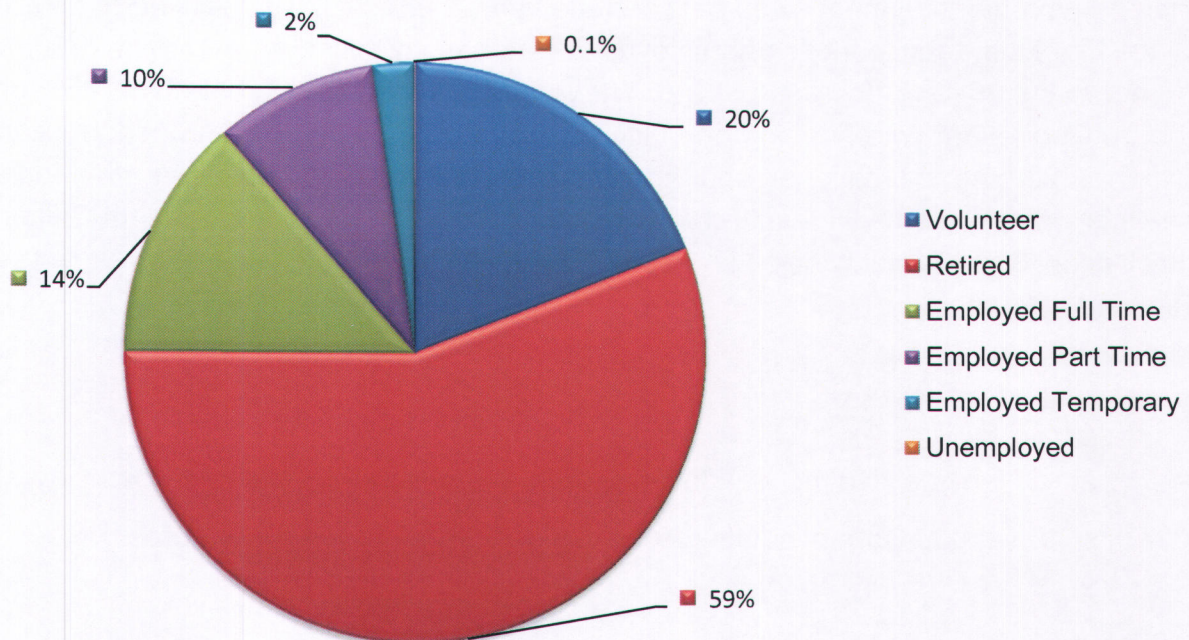
3. *Employment opportunities in the transportation, warehousing and utilities and construction sectors may not be conducive to older adult employment.*

4. *The growing educational sector and health services industry may provide more opportunities for retirees who wish to remain in the workforce.*

T. Volunteerism

Based on U.S. Census Bureau data, the number of volunteers age 65 and older in the nation will increase from approximately 9 million in 2007 to more than 13 million in 2020.[55] Retiring Boomers are one of the primary groups from which organizations and non-profits can recruit new volunteer talent. Boomers offer a wealth of knowledge, experience, and skills to organizations they join.

The Riverside County Office on Aging surveyed nearly 3,000 older adults within the PSA and found that, in addition to remaining in the workforce, 20% of older adults also remain active through volunteering.

Figure 16: Current Employment Status of OoA Surveyed Population for Riverside County 2015 [56]

Legend:
- Volunteer
- Retired
- Employed Full Time
- Employed Part Time
- Employed Temporary
- Unemployed

Pie chart values: 2%, 0.1%, 20%, 10%, 14%, 59%

[55]Foster-Bey, John, Robert Grimm, Jr., and Nathan Dietz. "Keeping Baby Boomers Volunteering." Nationalservice.gov. Corporation for National & Community Service, Mar. 2007. <http://www.nationalservice.gov/pdf/07_0307_boomer_report.pdf>. [accessed February 2016].
[56] Riverside County Office on Aging Community Assessment Survey results. January 2014- to February 2016.

U. Poverty

The Federal Poverty Level (FPL) is a *"one size fits all"* approach to evaluating poverty that uses the same dollar amount across the country (regardless of the cost of living) based on the cost of food alone. The FPL is utilized to determine income eligibility for many public programs, to allocate funding for other programs, and as an evaluation tool when determining program effectiveness.[57]

For single and coupled older adults, the FPL is $11,880 and $16,020 respectively.[58] Based on the current prevalence of older adults in poverty, it is projected that 25 million older adults nationally will live in poverty by 2050. That is an increase of 180% from today.[59]

Table 19 below highlights the 2016 Federal Poverty Guidelines.

Table 19: Federal Poverty Guidelines for 2016[60]

2016 POVERTY GUIDELINES					
ANNUAL GUIDELINES					
FAMILY SIZE	PERCENT OF POVERTY GUIDELINE				
	100%	125%	150%	175%	200%	250%
1	$11,880	$14,850	$17,820	$20,790	$23,760	$29,700
2	$16,020	$20,025	$24,030	$28,035	$32,040	$40,050
3	$20,160	$25,200	$30,240	$35,280	$40,320	$50,400
4	$24,300	$30,375	$36,450	$42,525	$48,600	$60,750
5	$28,440	$35,550	$42,660	$49,770	$56,880	$71,100
6	$32,580	$40,725	$48,870	$57,015	$65,160	$81,450
7	$36,730	$45,912.50	$55,095	$64,277.50	$73,460	$91,825
8	$40,890	$51,112.50	$61,335	$71,557.50	$81,780	$102,225
For family units more than 8 members, add $4,160 for each additional member.					

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[57] Wallace SP, Padilla-Frausto DI, Smith SE. *Older Adults Need Twice the Federal Poverty Level to Makes Ends Meet in California.* Los Angeles, CA: UCLA Center for Health Policy Research, 2010.

[58] *"Federal Poverty Level (FPL)."* HealthCare.gov. U.S. Centers for Medicare & Medicaid Services, 2016. <https://www.healthcare.gov/glossary/federal-poverty-level-FPL/>. [assessed February 2016].

[59] Ghilarducci, Teresa. (2015) *By 2050, There Could Be as Many as 25 Million Poor Elderly Americans.* The Atlantic. The Atlantic Monthly Group. December 30, 2015. <http://www.theatlantic.com/business/archive/2015/12/elderly-poverty-america/422235/> [accessed February. 2016].
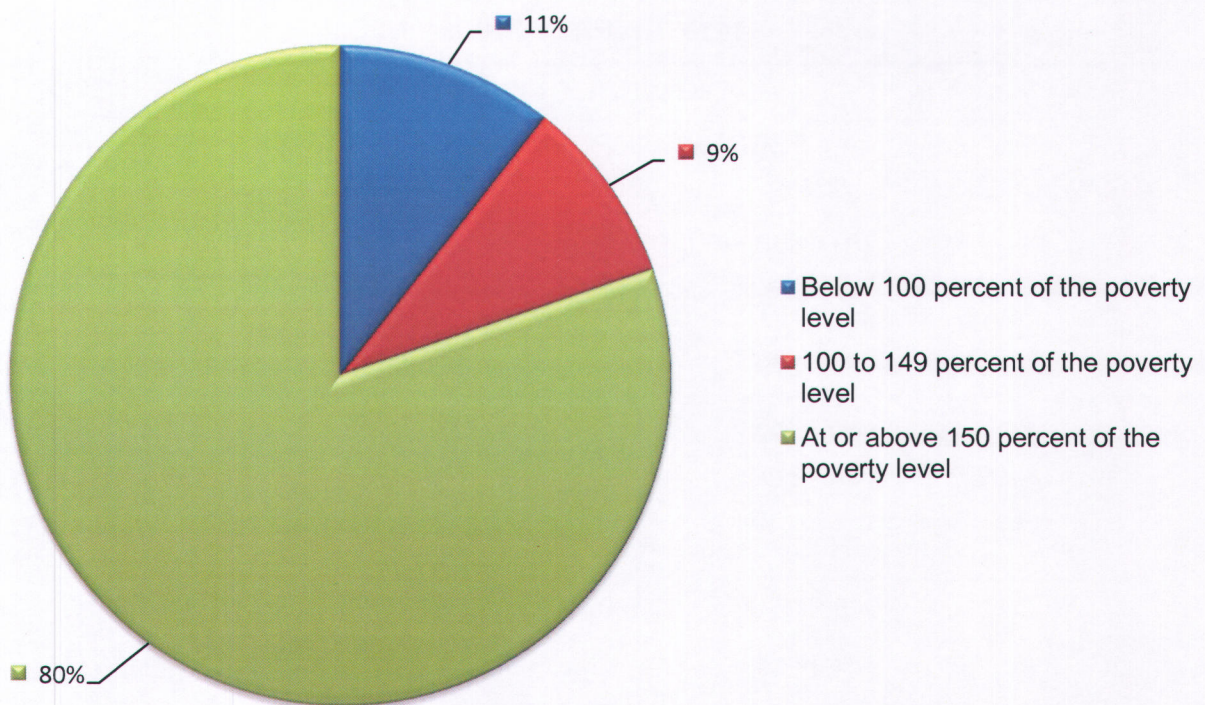
[60] *Federal Register/Vol 81, No.15/Monday, January 25, 2016/Notices.* <https://www.gpo.gov/fdsys/pkg/FR-2016-01-25/pdf/2016-01450.pdf> [accessed February.2016].

V. Older Adult Poverty in Riverside County

In Riverside County, the majority (80%) of residents over 65, for whom poverty status could be determined, have incomes 150% higher than the national poverty level. The remaining residents have incomes either right at the poverty level or 149% above it (9%) or live below the poverty line (11%).

In the last year, there has been a 2% increase in the older adult population living at or below the national poverty level.[61] Figure 17 shows the 2014 poverty status of those over the age of 65. Utilizing the FPL, it appears that 80% of Riverside County's older adults have enough household income to consider them to be well above the line of poverty.

Figure 17: Poverty Status of Riverside County Population Over 65, 2014[62]

Legend:
- Below 100 percent of the poverty level
- 100 to 149 percent of the poverty level
- At or above 150 percent of the poverty level

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[61] US Census Bureau: American Fact Finder. Population 65 Years and Over in the United States (Riverside County, California) 2010-2015 American Community Survey 5 Year Estimates. [accessed January 2016]

[62] US Census Bureau: American Fact Finder. Population 60 Years and Over in the United States (Riverside County, California) 2014 American Community Survey Annual Estimates. [accessed January 2016]

W. Income and Benefits

Boomers are the first generation that is expected to spend more time in their retirement years than in the workforce. They are also the first generatoin to feel the pressure of trying to make their retirement savings, averaging approximately $27,820 annually, stretch for 20-30 years after they formally retire.[63] Approximately 49% of all U.S. adults over 65 do not have enough income to meet their most basic needs and this percentage will increase as the population continues to age.

1. *The average monthly Supplemental Security Income (SSI) payment for people over 65 in December 2015 was $435.47 per single person, or $5,225.64 annually.*[64]

2. *The average monthly payments for retired workers receiving Social Security in 2015 totaled $1,335, or $16,020/annually.*[65]

While some older adults are eligible for more than one source of income, most are not. Only 3% of older adults receiving federal benefits qualify for both Social Security and Supplemental Security, and approximately 11% of those under age 65 who are disabled receive both.[66]

Table 20 identifies the income earnigns of Riverside County residents over the age of 60.

Table 20: Income and Benefit Earnings of Riverside County Population 60+[67]

Occupied Households Units With...	Percent Estimate	Mean Income/ Benefits Annually
Social Security Income	91.1%	$19,512
Retirement Income	45.7%	$27,820
Earnings	32.7.%	$52,122
Supplemental Security Income	7.8%	$9,512
Food Stamp/SNAP Benefits	3.9%	--
Cash Public Assistance Income	1.6%	$5,848

[63] Bundrick, Hal. "Boomers' Biggest Retirement Regret? They Didn't Work Longer." CBSNews. CBS Interactive, 15 May 2015. <http://www.cbsnews.com/news/boomers-biggest-retirement-regret-they-didnt-work-longer/>. [assessed February. 2016]

[64] "Social Security." Monthly Statistical Snapshot, January 2016. Social Security Administration, Jan. 2016. <https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/>. [assessed February 2016]

[65] "Social Security Administration": Basic Facts. Social Security Administration, 13 Oct. 2015. <https://www.ssa.gov/news/press/basicfact.html>. [assessed February 2016]

[66] "UCLA Center for Health Policy Research." El Research & Data. UCLA, 2012. Web. (accessed March 17, 2016. http://healthpolicy.ucla.edu/publications/Documents/PDF/2015/HiddenPoor-brief-aug2015.pdf [accessed January 2016]

[67] US Census Bureau: American Fact Finder. 2014 American Community Survey 1-Year Estimates Population 60+ in U.S. and Riverside County. [accessed January 2016].

California's high cost of living makes the FPL an inadequate measure of poverty for any California resident. However, when considering older adult poverty anywhere in the nation, the FPL does not allow for the inclusion of additional expenses, such as housing and health care, which many older adults have. If the poverty measure is recalculated to account for these kinds of expenses, the number of older adults actually living in poverty increases.

X. The Hidden Poor in Riverside County

The Elder Economic Security Standard™ Index (Elder Index) for California measures how much income older adults need and exposes the deficit in their budgets by calculating the actual cost of living for an older adult within the County, including the costs of housing, food, transportation, and health care.[68]

With these additional expenses added in, the Elder Index shows the true number of older adults who are struggling to make ends meet. These older adults are considered "income ineligible" for many assistance programs, but still need help on a monthly basis. These individuals are the "Hidden Poor".

Utilizing the Elder Index, 33% of Riverside County adults over 65 fall into the income eligibility gap because their income exceeds the FPL, but falls below the Elder Index threshold.[69]

Table 19 identifies the income gap (or the annual shortfall) in red. Whether the older adults are single or coupled; rent or own their homes; have mortgages or own their homes free and clear; in every category many Riverside County older adults do not have enough annual income to cover their basic expenses.

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[68] Gerontology Institute, University of Massachusetts Boston, "The National Economic Security Standard Index" (2012). Gerontology Institute Publications. Paper 75.< http://www.wowonline.org/wp-content/uploads/2013/09/Elder-Economic-Security-Standard-Index-2012.pdf><http://scholarworks.umb.edu/gerontologyinstitute_pubs/75> [accessed February 2016]
[69] "UCLA Center for Health Policy Research." EI Research & Data. UCLA, 2012. Web. [accessed March 2016] <http://healthpolicy.ucla.edu/publications/Documents/PDF/2015/HiddenPoor-brief-aug2015.pdf>

Table 21: Riverside County 2013 Elder Cost of Living[70]

Status	Housing Type	Annual Total Cost of Living	Annual Maximum SSI/SSP	Annual SSI/SSP Income Gap	Annual Median Social Security	Annual Social Security Income Gap
Single	Owner w/ a Mortgage	$30,396	$10,397	($19,999)	$11,300	($19,096)
Couple	Owner w/ a Mortgage	$37,428	$17,546	($19,882)	$20,700	($16,728)

Status	Housing Type	Annual Total Cost of Living	Annual Maximum SSI/SSP	Annual SSI/SSP Income Gap	Annual Median Social Security	Annual Social Security Income Gap
Single	Renter	$22,284	$10,397	($11,887)	$11,300	($10,984)
Couple	Renter	$29,316	$17,546	($11,770)	$20,700	($8,616)

Status	Housing Type	Annual Total Cost of Living	Annual Maximum SSI/SSP	Annual SSI/SSP Income Gap	Annual Median Social Security	Annual Social Security Income Gap
Single	Owner w/o a Mortgage	$16,344	$10,397	($5,947)	$11,300	($5,044)
Couple	Owner w/o a Mortgage	$23,376	$17,546	($5,830)	$20,700	($2,676)

Studies show that 4% of older adults in Coachella Valley were forced to reduce the size of their meals or to skip meals due to a lack of funds and the rising cost of housing and health care often result in inadequate nutrition and diminished savings.[71] [72]

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[70] "UCLA Center for Health Policy Research." EI Research & Data. UCLA, 2012. Web. [accessed March 17 2016]. <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/Cost-Of-Living.aspx?View={E1B915B2-7AC2-465B-9232-592F5046CF37}>.

[71] "Facts About Seniors Living in Poverty | NCOA." NCOA. National Council on Aging, 2015. Web. [accessed February 2016]. . <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/economic-security-facts/>.

[72] LeComte-Hinely, Jenna, PhD, and Teresa Segovia, MA. "Coachella Valley Community Health Monitor." Health Assessment Resource Center. Nov. 2014. Web. [accessed February 2016]. <https://www.harcdata.org/documents/HARC_SeniorReport.pdf>.

Y. Housing/Household

A majority of the total housing units in Riverside County are owner occupied (66%) compared to renter occupied (34%)[73] and Riverside County has the sixth largest household size in California, averaging 3.3 persons, which is higher than both California (2.98) and the United States (2.63).[74]

Older adults occupy 160,815,881 housing units in Riverside County. Of these, 80% are owner-occupied and 20% are renter-occupied.[75] Forty-two percent of householders age 65 to 74 still had housing debt in 2013, compared with just 18% in 1992.[76]

Z. Foreclosures

The financial security of many older adults is dependent on their housing situation. Unfortunately, the recent recession has left some with upside down mortgages or without the homes they previously owned.

In December 2015, 1 in 716 housing units in Riverside County were in foreclosure. Areas such as Homeland are still experiencing high rates of foreclosure with 1 in every 261 homes in foreclosure, as of 2015. The county's overall percentage of foreclosed units is still higher than the state and national levels. [77]

Figure 18 shows the percentage of foreclosures in Riverside County compared to California and the nation.

[73] *Riverside County QuickFacts from the US Census. Retrieved from: http://quickfacts.census.gov/qfd/states/06/06065.html [accessed February 2016].*
[74] *California Department of Finance, Demographic Research Unit, State Census Data Center, Demographic Program Summary File, Table 1: Population, Age, and Sex Characteristics, April 1, 2010.*
[75] *US Census Bureau: American Fact Finder. Population 65 Years and Over in the United States (Riverside County, California) 2009-2015 American Community Survey 5 Year Estimates. [accessed January 2016].*
[76]*Ruffenach, Glenn. "Why Mortgage Debt Threatens Boomers' Retirements." MarketWatch. Feb. 2015. Web. [accessed March 2016].*
<http://www.marketwatch.com/story/why-mortgage-debt-threatens-boomers-retirements-2015-02-02>.
[77]*"Riverside County Real Estate Trends & Market Info." Riverside County Real Estate Statistics and Foreclosure Trends Summary – RealtyTrac Real Estate. Realty Trac, 2016. Web. [accessed March 2016]. <http://www.realtytrac.com/statsandtrends/foreclosuretrends/ca/riverside-county>.*

Figure 18: Percentage of Foreclosures in Riverside County vs. the California and the Nation[78]
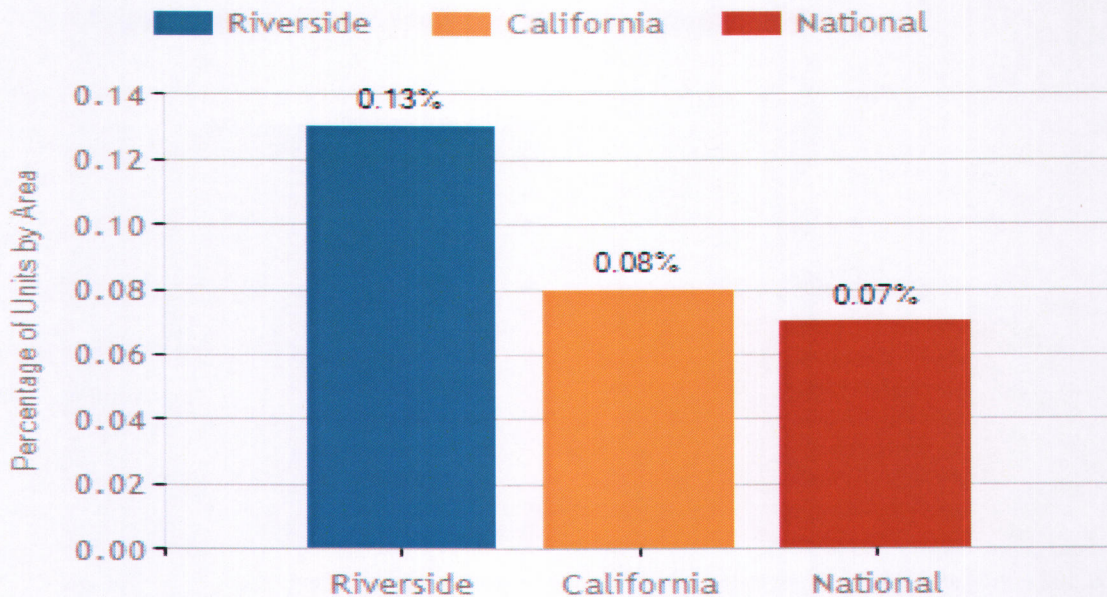

AA.   Reverse Mortgages

"Reverse mortgages" are a type of loan wherein a bank allows a homeowner to cash out the equity available in his or her home. The homeowner receives a monthly payment from the lender, which reduces the amount of equity available in the home. Homeowners usually enter into these mortgages for short term assistance with financial struggles; however, some utilize these loans as a way to supplement their retirement income for an extended period of time. Unfortunately, what many homeowners don't understand is that the agreement gives the lender partial or full claim on the home once the available equity is cashed out.

Between 2013 and 2015, the value of homes owned by older adults increased 15%, which increased the number of older adults who can qualify for reverse mortgage loans. Figure 19 shows the increase in reverse mortgages by comparing a month to month comparison from December 2013 and December 2015, in which Riverside County Home Equity Conversion Mortgages (HECM) (aka: Reverse Mortgages) amounts have increased by 18% for initial principle limits *(the amount of funds one is eligible to receive before closing costs are deducted)* and by 26% in maximum claim amounts *(the maximum loan limit that can be insured by the Federal Housing Association)*.[79]

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[78] *Riverside County Real Estate Trends & Market Info." Riverside County Real Estate Statistics and Foreclosure Trends Summary – RealtyTrac Real Estate. Realty Trac, 2016. Web. [accessed March 2016]. <http://www.realtytrac.com/statsandtrends/foreclosuretrends/ca/riverside-county>.*

[79]*"HUD FHA HECM Single Family Portfolio Snap Shot." HUD FHA HECM. US Department of Housing and Urban Development, Jan. 2016. Web. [accessed January 2016]. <http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/rmra/oe/rpts/hecmsfsnap/hecmsfsnap>.*

**Figure 19: Reverse Mortgage December Snapshot Comparison
for Riverside County, 2013-2015[80]**
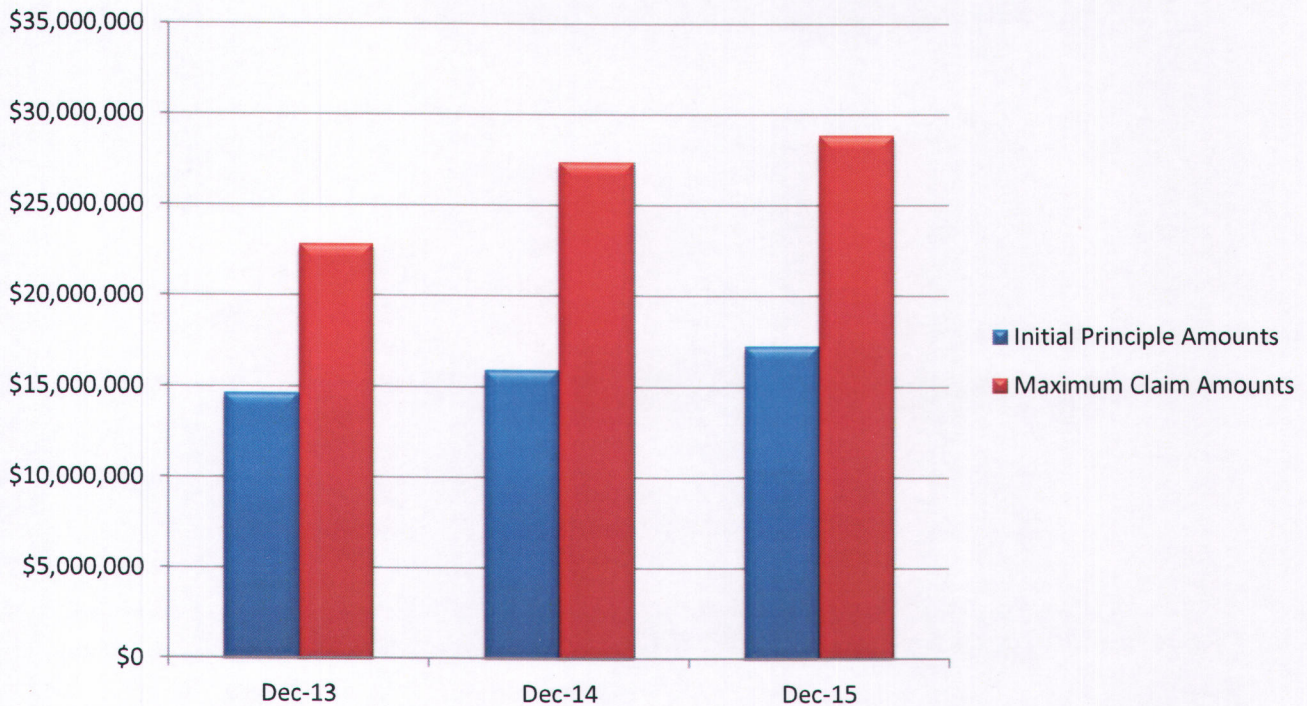
BB. Health and Wellness

1. Chronic Disease

According to the National Council on Aging, nearly 92% of older adults in the U.S. have at least one chronic condition, and 77% have at least two.

    a. Four chronic conditions—heart disease, cancer, stroke, and diabetes—are the cause of almost two thirds of all deaths each year.

    b. Diabetes affects 12.2 million (23%) of Americans over 60.

    c. 90% of Americans over 55 are at risk for hypertension, or high blood pressure. 77% of women over age 75 have this condition, as do 64% of men in the same age group.

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[80] *National Reverse Mortgage Lenders Association (Measuring HECM Volume by State, County and City) [accessed February 2016].*

By 2030, 6 of every 10 Boomers in the U.S. will be living with multiple chronic conditions:

a. Approximately 1 in 3 will have Alzheimer's disease

b. 1 in 4 will have diabetes

c. 1 in 3 will be obese

d. 1 in 2 will be living with arthritis[81]

Chronic diseases account for 75% of the money our nation spends on health care, yet only 1% of health care dollars are spent on public efforts to improve overall health.[82]

In 2012, the national estimated direct cost for diagnosed diabetes alone was $176 billion.[83] Figure 20 shows the prevalence of chronic conditions in California.

Figure 20: Prevalence of Chronic Conditions in California on Regional and Local Level, 2011 - 2012[84]
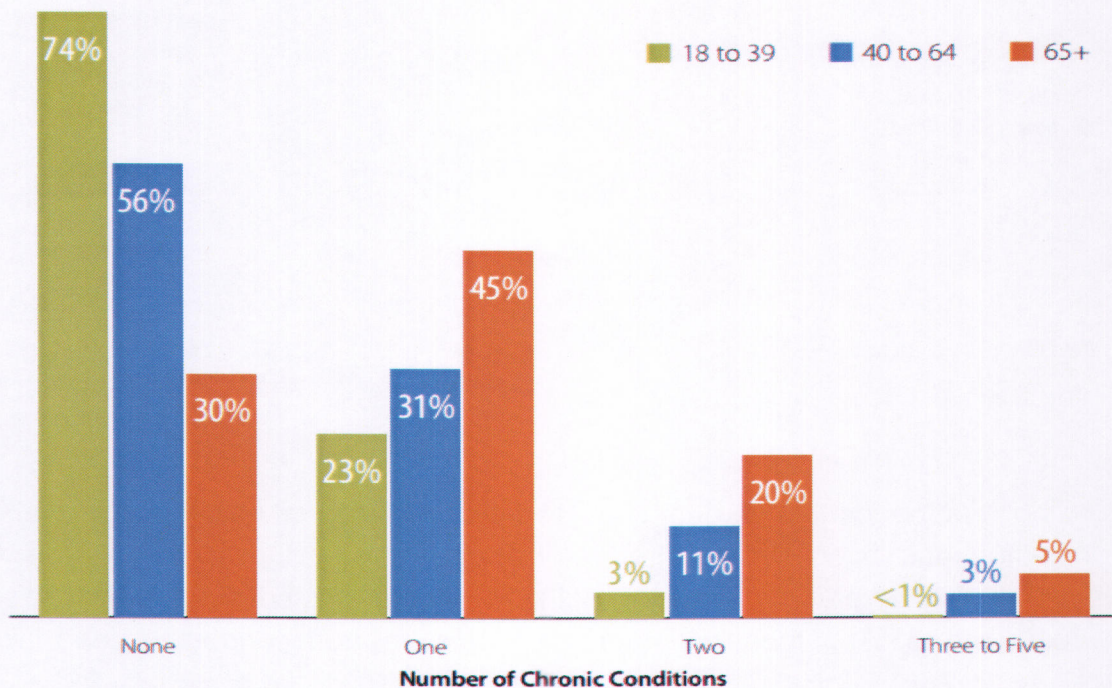
[81] "When I'm 64: How Boomers Will Change Health Care." 24. Healthydesign.org. American Hospital Association. [accessed January 2016].
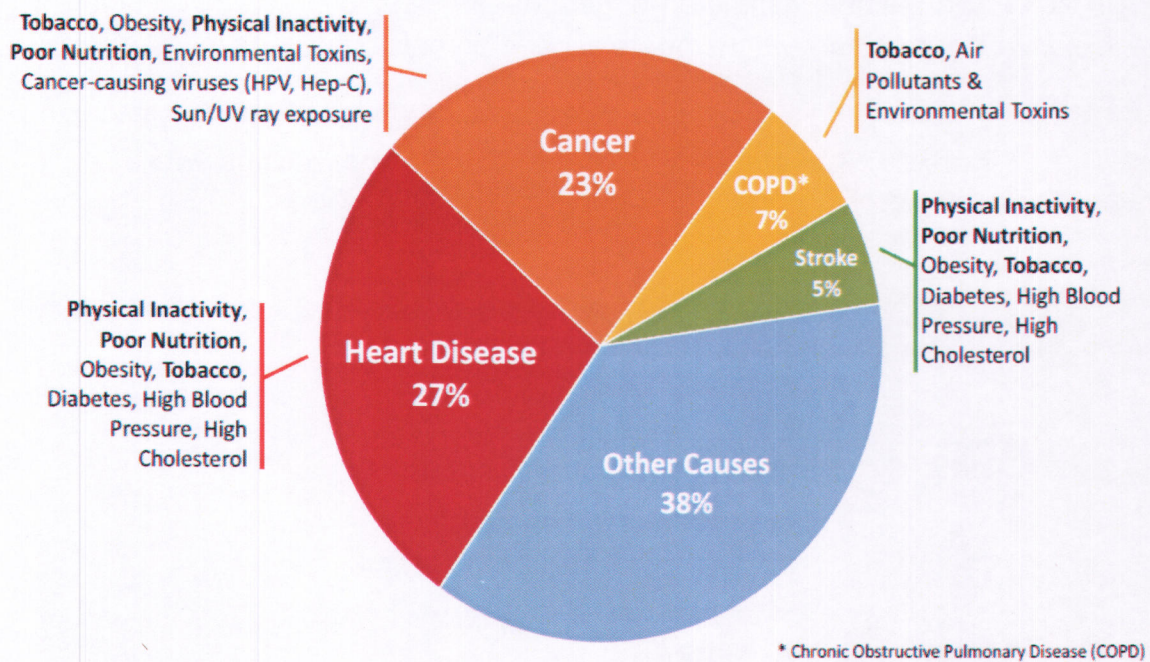[82] National Council on Aging, Healthy Aging Fact Sheet, January 2014. <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/> [accessed January 2016].
[83] "Chronic Disease Overview." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 23 Feb. 2016. Web. <http://www.cdc.gov/chronicdisease/overview/#ref19>.[accessed February 27 2016].
[84]Meng, Ying-Ying, DrPH, Tamanna Rahman, MPH, and Melissa C. Pickett, MPH. Californians with the Top Chronic Conditions: 11 Million and Counting. Publication. California Healthcare Foundation, Apr. 2015. Web. <http://www.chcf.org/~/media/MEDIA LIBRARY Files/PDF/PDF C/PDF ChronicConditionsCaliforniansCHIS2015.pdf>[accessed February 2016].

In California, approximately 70% of adults age 65+ reported having at least one chronic condition. In addition, 25% of Californians age 65 and older had multiple chronic conditions. Adults on public insurance plans were more likely to have one or more chronic conditions compared to those on private plans or the uninsured. Approximately 71% of adults on Medicare, the primary insurance of many older adults, had at least one chronic condition.

Figure 21: Leading Cause of Death and Contributing Risk Factors, General Population, Riverside County 2012[85]

Tobacco, Obesity, **Physical Inactivity**, **Poor Nutrition**, Environmental Toxins, Cancer-causing viruses (HPV, Hep-C), Sun/UV ray exposure

Tobacco, Air Pollutants & Environmental Toxins

Cancer 23%

COPD* 7%

Stroke 5%

Physical Inactivity, **Poor Nutrition**, Obesity, **Tobacco**, Diabetes, High Blood Pressure, High Cholesterol

Physical Inactivity, **Poor Nutrition**, Obesity, **Tobacco**, Diabetes, High Blood Pressure, High Cholesterol

Heart Disease 27%

Other Causes 38%

* Chronic Obstructive Pulmonary Disease (COPD)

The leading cause of death in Riverside County is heart disease and 1 in 5 Californians over 65 reported a diagnosis of heart disease. Of the California population covered by Medicare, 21% have been diagnosed with heart disease and one-third (33%) of those with heart disease suffer from congestive heart failure.[86]

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[85] Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. Web. <http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf>.[accessed February 2016].
[86] Meng, Ying-Ying, DrPH, Tamanna Rahman, MPH, and Melissa C. Pickett, MPH. Californians with the Top Chronic Conditions: 11 Million and Counting. Publication. California Healthcare Foundation, Apr. 2015. Web<http://www.chcf.org/~/media/MEDIA LIBRARY Files/PDF/PDF C/PDF ChronicConditionsCaliforniansCHIS2015.pdf>.[accessed February 2016].

Despite the perceived drop in prevalence as a result of new data collection methods, the pervasiveness of diabetes continues to be a concern in the older adult population and the risk of diabetes increases with age; 1 out of every 6 California adults over 65 have Type 2 diabetes. Diabetes remains the seventh leading cause of death in California [87]

Figure 22: Diabetes Prevalence among Older Adults (65+), Riverside County, CA, & U.S., 2003-2011/12 (Calendar Year)[88]
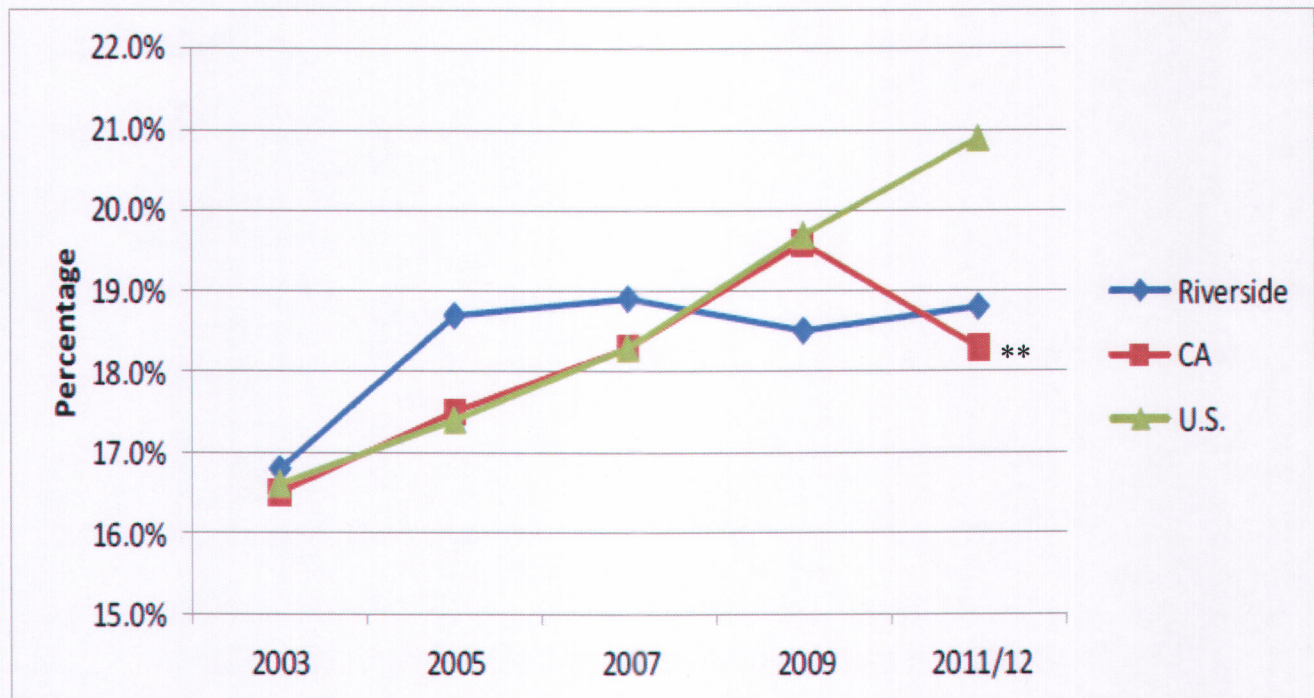
** *Note: There were a number of methodological changes implemented in the 2011-2012 UCLA Center for Health Policy's California Health Interview Survey (CHIS) cycle that impacted the comparison of estimates over time. In 2011-2012 CHIS updated their analysis based on the 2010 Census, while previous analysis was based on projections from the 2000 Census data.[89]*

[87] Conroy SM, Lee AK, Pendleton L, Bates JH. (2014). Burden of Diabetes in California. Sacramento, California: Chronic Disease Control Branch, California Department of Public Health. [accessed February 2016] <http://diabetescoalitionofcalifornia.org/wp-content/uploads/2013/11/FINAL-Rpt-1877-DM-burden-2014_8-6-14.pdf>[[accessed February 2016]
[88] Napier, R. (2015). Diabetes in Older Adults, Riverside, CA: Riverside County Department of Public Health, Epidemiology and Program Evaluation. <http://www.rivcoph.org/Portals/0/Diabetes_2015_rev7_1_2015.pdf > [accessed February 2016]
[89] California Health Interview Survey. What's New in the 2011-2012 California Health Interview Survey. Los Angeles, CA: UCLA Center for Health Policy Research, 2013.

Figure 23: Prediabetes and Diabetes Prevalence by Age Group[90]

PREDIABETES BY AGE GROUP

18-39 Years Old
Change Filter: Riverside

34%

Percentage of County Adults (18-29) with Prediabetes or Undiagnosed Diabetes

40-54 Years Old
Change Filter: Riverside

54%

Percentage of County Adults (40-54) with Prediabetes or Undiagnosed Diabetes

55-69 Years Old
Change Filter: Riverside

63%

Percentage of County Adults (55-69) with Prediabetes or Undiagnosed Diabetes

70+ Years Old
Change Filter: Riverside

62%

Percentage of County Adults (70+) with Prediabetes or Undiagnosed Diabetes
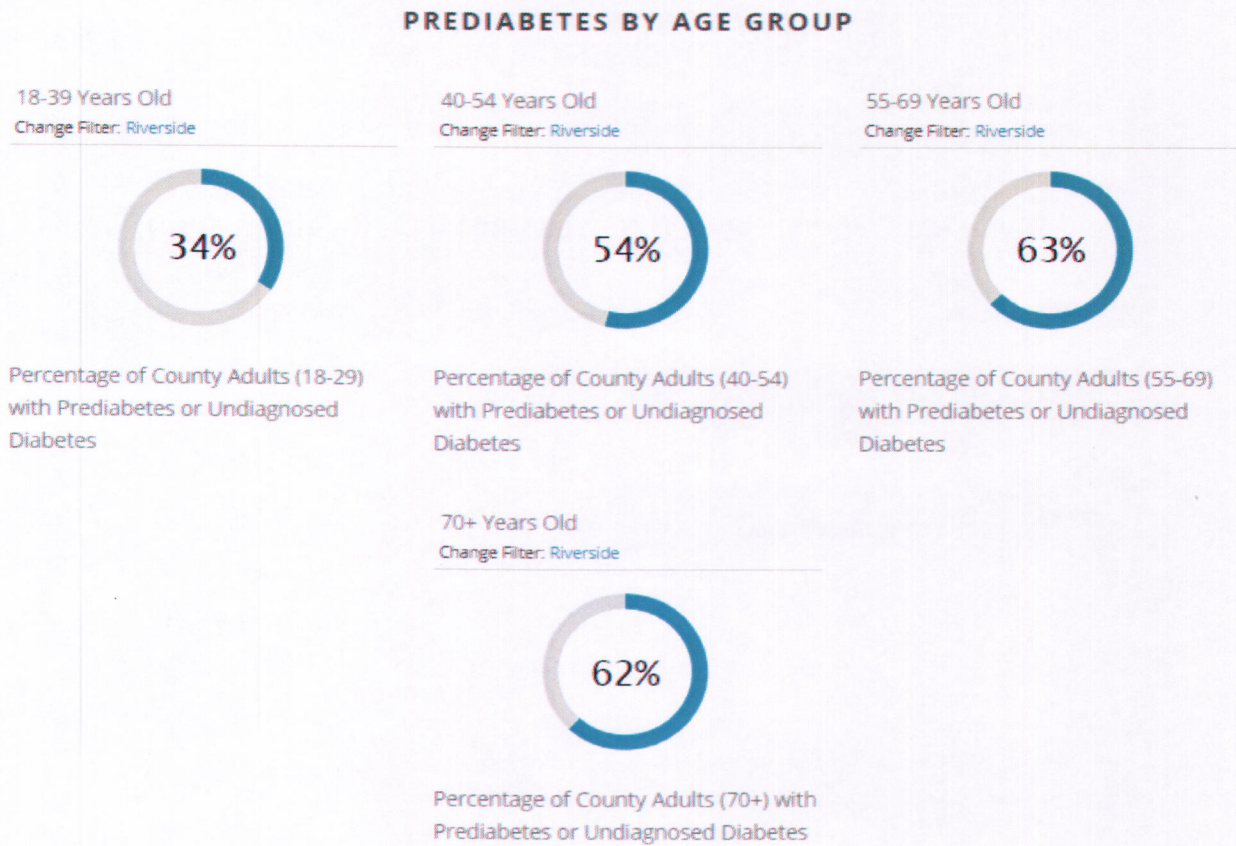
Figure 23 identifies that 30% of those identified with prediabetes will develop Type 2 diabetes within five years, and as many as 70% will develop the disease in their lifetime. Diabetes prevalence increased by 12% among older adults over age 65 between 2003 and 2012 in Riverside County. Approximately one-third (31%) of older adults over 65 in Riverside County with diabetes live below the County's cost of living thresholds[91] making self-management of this condition a critical element of their lifestyle.

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[90] Goldstein, Harold, DrPH, Susan Babey, PhD, and Allison Diamant, M.D. "Prediabetes a Generation in Jeopardy." UCLA Center for Health and Policy Research. UCLA Center for Health and Policy Research, 2015. Web. <https://insight.livestories.com/s/prediabetes-a-generation-in-jeopardy/56d78b0659ea410013b63fb5/> [accessed February 2016].

[91] Napier, R. (2015). Diabetes in Older Adults, Riverside, CA: Riverside County Department of Public Health, Epidemiology and Program Evaluation. <http://www.rivcoph.org/Portals/0/Diabetes_2015_rev7_1_2015.pdf >[accessed February 2016]

2. *Alzheimer's Disease and Other Dementias*

New research from the Alzheimer's Association of America states that Alzheimer's disease (AD) is the most common form of dementia. There is a new AD diagnosis every 67 seconds.

a. 1 in 9 older Americans (approximately 5.3 million) over the age of 65 has AD.

b. Approximately 82% of people over age 75 have AD

c. 32% of people over age 85 have been diagnosed with AD. [92]

Alzheimer's is the most costly disease in America at this time; costing more than treatment for heart disease and direct spending for cancer.

a. In 2015, the total monetary cost of providing care for those with Alzheimer's and other dementias was approximately $226 billion.

b. By 2050, expenditures for providing care for all forms of dementia are expected to reach $1 trillion.[93]

Within the next 10 years, 19 states can expect to see a 40% or greater increase in the number of persons with AD.

a. In 2015, there were 678,446 Californians over 55 living with Alzheimer's disease; and by 2030, this number will nearly double growing to over 1.1 million.[94]

b. California is expected to see a 42% increase in AD cases by 2025.

c. California is home to approximately 10% of the people with AD in the United States.

d. AD was the 5th leading cause of death in California in 2012.

Approximately 10% of Riverside County's older adults are living with Alzheimer's disease.[95]

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[92] Alzheimer's Association, 2015 Alzheimer's Disease Facts and Figures, Alzheimer's & Dementia, Volume 10, Issue 2.

[93] Falconi, April and Dow, William H. "Will Boomers Bust the Budget?" University of California, Berkley's Division of Health and Policy Management, November 2013.

[94] Ross, Leslie K., Ph.D., Christine Brennan, B.A., Jennifer Nazareno, M.S.W., and Patrick Fox, Ph.D. "Alzheimer's Disease Facts and Figures in California: Current Status and Future Projections." Alzheimer's Association. Alzheimer's Association, Feb. 2009. Web. <http://alz.org/CAdata/FullReport2009.pdf>.[accessed February 2016].

[95] "Morbidity Alzheimer's Diseases/dementia (percent)." Community Health Status Indicators. Centers for Disease Control and Prevention, 2016. Web. <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/CA/Riverside/310029>. [accessed March 2016].

Figure 24: Alzheimer Dementia Population Percent of Medicaid Population Percent of Older Adults with Alzheimer's Dementia for Riverside County[96]
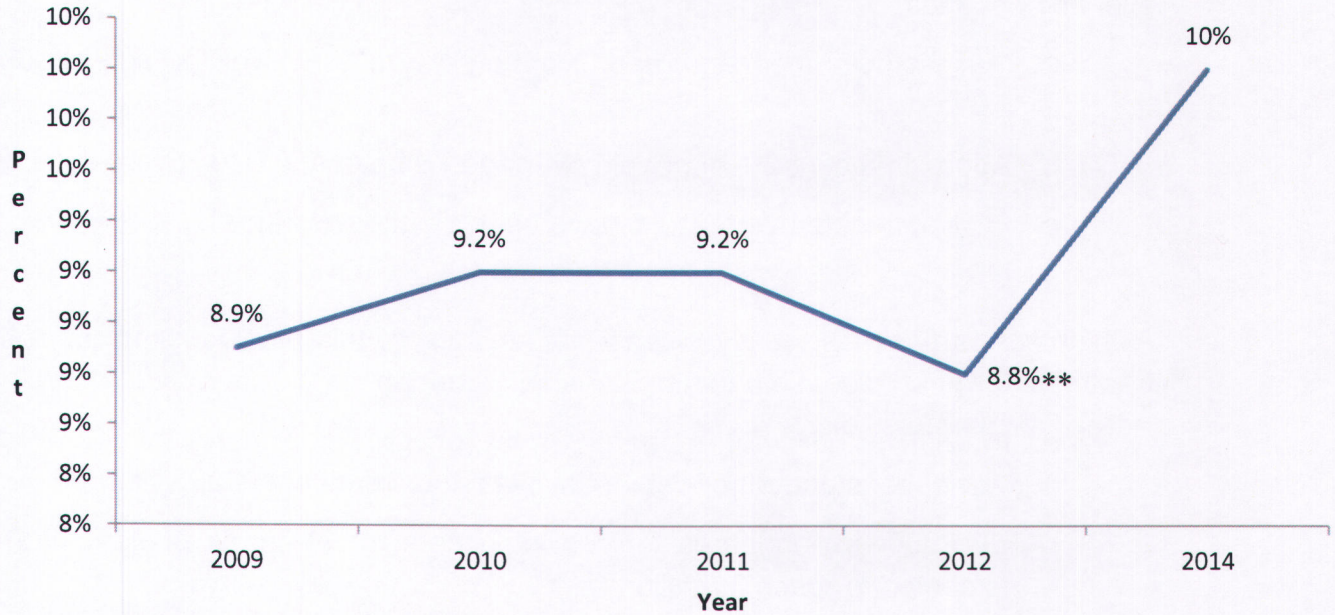
** Note: There were a number of methodological changes implemented in the 2011-2012 UCLA Center for Health Policy's California Health Interview Survey (CHIS) cycle that impact the comparison of estimates over time. In 2011-2012, CHIS also updated their analysis based on the 2010 Census while previous CHIS cycles were based on projections of the 2000 Census. [97]
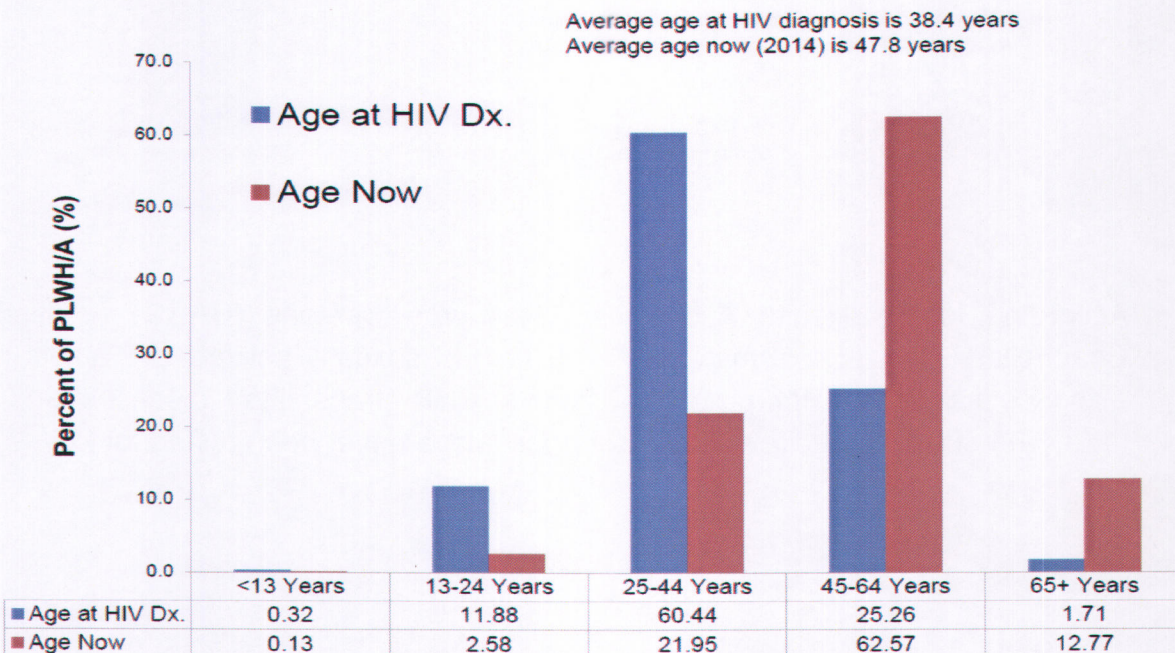
[96]"Welcome to SHAPE Riverside County." SHAPE Riverside. Riverside County Strategic Health Alliance Pursuing Equity, Feb. 2016. Web..
<http://www.shaperivco.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11329592>. [accessed February 2016]
[97] California Health Interview Survey. What's New in the 2011-2012 California Health Interview Survey. Los Angeles, CA: UCLA Center for Health Policy Research, 2013.

3. HIV/AIDS

According to a 2014 study by the Riverside County Department of Public Health, there were 3,396 people who reported living with AIDS and 1,993 people living with HIV in Riverside County. Eastern Riverside County has more than doubled the number of cases of AIDS and HIV than any other county region. Approximately 70% of people living with AIDS and 48% of people living with HIV in Riverside County are over 50 years old. Between 2012 and 2014, 30% of all new HIV cases were in people older than 50 years.[98]

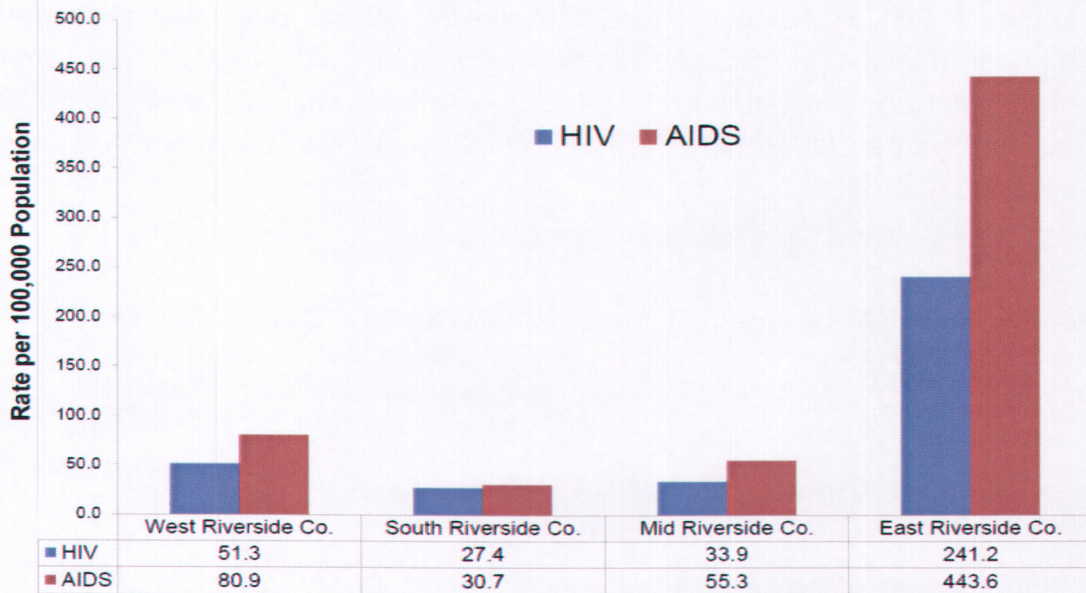**Figure 25: PLWH/A* by Age at Time of HIV Diagnosis (Dx) vs. Age Now (2014)[99]**

Average age at HIV diagnosis is 38.4 years
Average age now (2014) is 47.8 years

	<13 Years	13-24 Years	25-44 Years	45-64 Years	65+ Years
Age at HIV Dx.	0.32	11.88	60.44	25.26	1.71
Age Now	0.13	2.58	21.95	62.57	12.77

*People living with HIV/AIDS

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[98] County of Riverside Department of Public Health, Epidemiology of HIV/AIDS in Riverside County, 2014, Epidemiology & Program Evaluation, Presented in 2012 at "Think Tank" for Desert Aids Project
[99] County of Riverside Department of Public Health, Epidemiology of HIV/AIDS in Riverside County, 2014, Epidemiology & Program Evaluation, Presented in 2012 at "Think Tank" for Desert Aids Project

Figure 26: HIV/AIDS Prevalence (Living) by Region, Riverside County, 2014[100]

	West Riverside Co.	South Riverside Co.	Mid Riverside Co.	East Riverside Co.
■ HIV	51.3	27.4	33.9	241.2
■ AIDS	80.9	30.7	55.3	443.6

According to the Health Assessment Resource Center's (HARC) research for Coachella Valley, approximately 12% (9,774) of sexually active older adults report using contraceptives for protection from sexually transmitted diseases and 72% (119,497) of all Coachella Valley older adults have never been tested for HIV.[101]

[100] County of Riverside Department of Public Health, Epidemiology of HIV/AIDS in Riverside County, 2014, Epidemiology & Program Evaluation, Presented in 2012 at "Think Tank" for Desert Aids Project

[101] LeComte-Hinely, Jenna, PhD, and Teresa Segovia, MA. "Senior Health in Coachella Valley." Health Assessment and Research for Communities. HARC Inc., Nov. 2014. Web. <http://www.harcdata.org/documents/HARC_SeniorReport.pdf 2013 HARC Senior Report.>. [accessed January 2016].

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

On June 18, 1974, the Board of Supervisors designated the Riverside County Office on Aging as a County Department on Aging for the Planning and Service Area (PSA) 21. It serves as the Area Agency on Aging (AAA) for all of Riverside County and is one of 33 AAA's within the State of California.

The Office on Aging is one of fifty-five departments within the County of Riverside and is located within the city boundaries of Riverside (for its West County office), with satellite offices in La Quinta and in Hemet. Although there are three (3) community based offices, all offices can be contacted by calling one telephone number:

1-800-510-2020

The specific addresses for the three locations are:

West County Office:
6296 River Crest Drive, Suite K
Riverside, CA 92507
(951) 867-3800

La Quinta Office:
78-900 Avenue 47, Suite 200
La Quinta, CA 92253

Hemet Office:
749 North State Street
Hemet, CA 92543

The Riverside County Office on Aging, also known as PSA 21, is charged with providing leadership, relative to aging issues, on behalf of all older adults in the County. The Office on Aging carries out a wide range of functions including advocacy, strategic planning, coordination and interagency linkages, information sharing, program monitoring, and evaluation to develop or enhance community based systems. The goal is to assist older adults and adults with disabilities with leading independent and dignified lives in their own homes and communities for as long as possible.

Under the governance of the Riverside County Board of Supervisors and with the guidance of the 17 member citizen's Advisory Council on Aging, the Office on Aging provides services based on the mission articulated in this 2016-2020 Area Plan on Aging.

The strategic goals contained in the 2016-2020 Area Plan have been developed as the result of the following activities:

A. **Community Assessments**, which measured the current and future needs of local communities and various constituencies;

B. **Advocacy Efforts**, which raised the visibility of emerging issues and recommended changes in local, state, and national public policies and regulations;

C. **Educational Activities**, which addressed emerging issues and brought key stakeholders together to discuss and design system changes;

D. **Systems Coordination,** which suggested redesigning services to improve customer access and satisfaction; and

E. **Program Development**, in which new programs were piloted in order to address changing and/or emerging needs.

PSA 21 administers an annual budget comprised of public and private funds from Federal, State, County and local sources. The funding also includes voluntary contributions from older adults who receive services. All funds are used to provide home and community-based services, and all decisions are guided by this Plan, which is grounded in current demographic data, trend analysis and projections, community needs assessments, and the resources currently available within the PSA. The Plan also identifies those in greatest need and helps to develop the needs of Riverside County's older adults.

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

The planning process for developing the 2016-2020 Area Plan *"The Changing Face of Aging"* began in 2015, in order to involve as many key stakeholders and members of the general public as possible.

The first step of the planning process was to share information with the Advisory Council on Aging at their regular meetings regarding the components that make up the Area Plan and areas where community input would be needed for its development. The Advisory Council also received information regarding how the community's feedback was being processed and integrated into the Plan during the various stages of development. In addition, Advisory Council members assisted with assessing community needs by hosting community forums and roundtable discussions on various topics, which provided opportunities for the community to come together, have discussions and make recommendations for future services.

In order to identify and understand the needs of the target population and to determine any barriers to or gaps in providing services, PSA 21 utilized:

A. U.S. Census and other related demographic data;

B. Research from existing surveys and reports;

C. New surveys and assessments aimed at specific constituencies;

D. Focus groups, public hearings and program data; and

E. Research information related to demographic projections and policy trends.

The PSA 21 also considered available funding, regulatory guidelines, partnerships, and pending and existing legislation as a critical part of establishing priorities. However, the 2016-2020 Area Plan *"The Changing Face of Aging"*, is a living document that will be used as an educational tool for Riverside County's older adults, families, caregivers, adults with disabilities, legislators and the public at large.

SECTION 5 - NEEDS ASSESSMENT

A. Assessing the Needs of Riverside County

In order to develop this four-year plan, the Office on Aging assessed the needs of the community. This process included an in-depth analysis of U.S. Census data and other data sources related to population projections, focus groups with key stakeholders, surveys (in person, via phone, and/or by mail) that were developed in partnership with other agencies or by the Office on Aging alone, public hearings, and a thorough review of current reports and assessments from external sources within the County. The needs assessment for the 2016-2020 Area Plan consisted of four main areas:

1. *Demographic Data* – *Secondary data obtained from the U.S. 2010 Census, the 2014 American Community Surveys, California Department of Finance's Demographic reporting, Riverside University Health System, Public Health, California Employment Development Department, and the California Department of Aging.*

2. *Review of Existing Data* – *OoA reviewed existing data compiled by the county, state, national networks and communities related to aging. OoA also reviewed information from the National Council on Aging, AARP, Gay and Lesbian Medical Association, Center for Disease Control, UCLA Health Policy Publications, UC Berkley Health and Policy Publications, the Alzheimer's Association, and peer reviewed journals.*

3. *Advisory Council Opinion Priority Analysis* – *Through interactive discussions and survey's conducted with Advisory Council members, the following priorities were identified as those most important for older adults in Riverside County: nutrition, housing, caregiving and elder justice.*

Figure 27: Advisory Council Priorities for Riverside County Older Adults

57
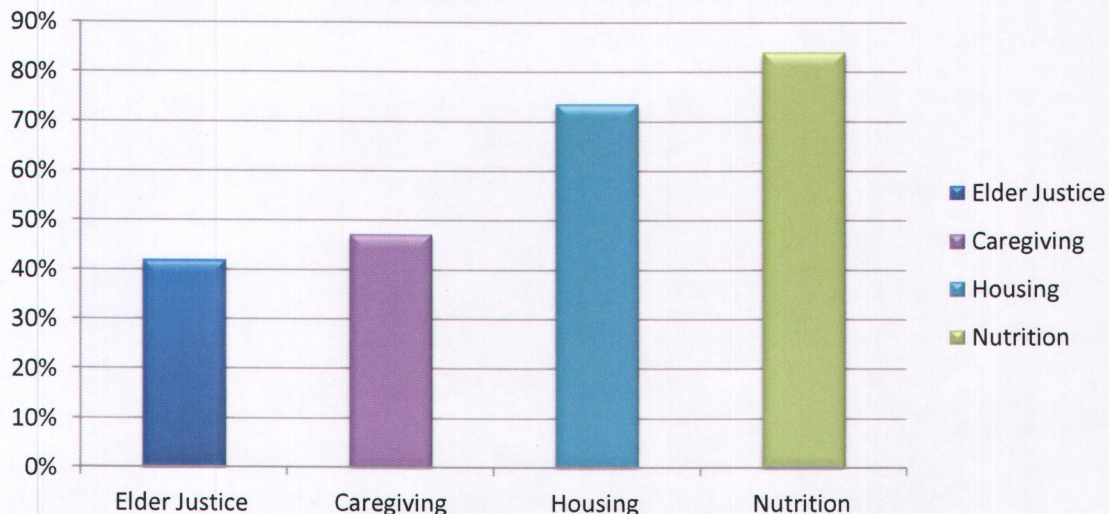
4. *Focus Groups, Public Hearings and Assessment Surveys* – Information was gathered from Riverside County older adults, providers surveys, and focus groups conducted by OoA throughout the PSA, including Blythe. The surveys were conducted in person through participation in one of 38 focus groups. Further information regarding the focus groups is described below.

B. Survey Collection and Respondents

In addition to demographic analysis, OoA collected 2,972 surveys from older adults in Riverside County over the course of 18 months from June 2014 through January 2016. The surveys were conducted in person at various community events, during support groups with caregivers, from older adults at senior and community centers throughout the county, the LGBT community, via phone through Information and Assistance calls, and by mail from those receiving services.

The demographics of the survey participants are as follows:

1. *Residency of participants:*
   a. 3.3% Service Area 1- Corona, Norco, Eastvale
   b. 25.4% Service Area 2- Riverside, Jurupa Valley
   c. 8.7% Service Area 3- Moreno Valley, Perris
   d. 7.7% Service Area 4- Menifee, Winchester, Lake Elsinore
   e. 7.6% Service Area 5- Murrieta, Temecula, Wildomar
   f. 5.9% Service Area 6- Banning, Beaumont, Calimesa
   g. 4.1% Service Area 7- Hemet, San Jacinto
   h. 15% Service Area 8- Desert Hot Springs, Palm Springs, Cathedral City
   i. 5.2% Service Area 9- Rancho Mirage, Palm Desert, Indian Wells
   j. 11.3% Service Area 10- La Quinta, Indio, Coachella
   k. 6.0% Service Area 11- Blythe

2. *Age of participants:*
   a. 33% of our respondents ranged from age 65-74
   b. 24% age 75-84
   c. 14% age 60-64
   d. 12% under age 55
   e. 9% age 55-59
   f. 8% age 85+

3. *Gender:*
   a. 68% Female
   b. 31% Male
   c. .14% Transgender
   d. .25% Other
   e. .61% Unreported

4. *Race/Ethnicity:*
   a. 51 % White or Caucasian
   b. 27% Hispanic/Latino
   c. 10% Black or African American
   d. 6% Asian
   e. 2.5% Native American/Alaskan Native
   f. 2% Other
   g. 1% Pacific Islander
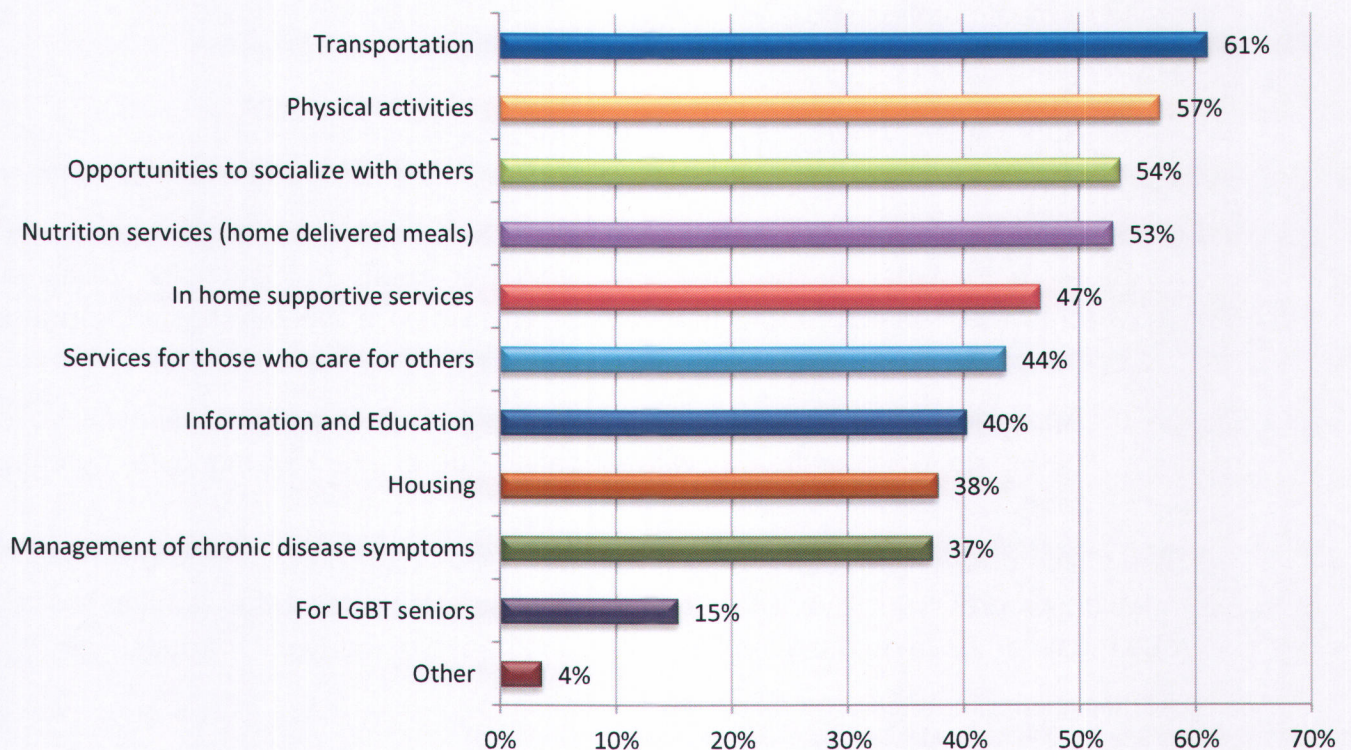   h. .5% Unreported

5. *Household Income:*
   a. 65% reported household incomes of less than $2,000 monthly
   b. 35% reported an income of more than $2,000 per month

C. Survey Results

The Office on Aging Community Assessment Survey was designed to focus on the current needs of the older adult population. The questions focused on current and future needs of the individuals surveyed.

Additional needs and their priority are noted in Figure 28:

Figure 28: Question – What types of services do you need now and/or will you need in the future?

Service	Percentage
Transportation	61%
Physical activities	57%
Opportunities to socialize with others	54%
Nutrition services (home delivered meals)	53%
In home supportive services	47%
Services for those who care for others	44%
Information and Education	40%
Housing	38%
Management of chronic disease symptoms	37%
For LGBT seniors	15%
Other	4%

The Community Assessment Surveys show that the community prioritized transportation, physical activities, opportunities to socialize and nutrition services as the top four services needed now or in the future for older adults. In addition, Health Assessment and Research for Communities' (HARC) analysis shows that in the Coachella Valley area nearly 11% of seniors who need assistance with transportation were unable to get that aid within the past year, meaning that over 1,000 seniors have unmet transportation needs.[102]

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[102] LeComte-Hinely, Jenna, PhD, and Teresa Segovia, MA. "Senior Health in Coachella Valley." Health Assessment and Research for Communities. HARC Inc., Nov. 2014. Web. <http://www.harcdata.org/documents/HARC_SeniorReport.pdf 2013 HARC Senior Report.>. [accessed January 2016].

1. *Nutrition Focus*

To gain a better understanding regarding the level of satisfaction related to the current nutrition programs operated by the Office on Aging (both direct and indirect), the Office on Aging conducted focus groups and collected over 800 surveys at all of the OAA funded meal/nutrition sites during the summer of 2015.

Survey analysis revealed:

  a. Over 50% of congregate meal recipients have been receiving meals at one of the nutrition sites for more than two years.

  b. Over 40% of the meal recipients receive their only meal five days a week from a meal/nutrition site.

HARC analysis of the Coachella Valley reveals:

  a. Approximately 4.1% of older adults are food insecure and had reduced the size of their meals or skipped meals in the past year due to a lack of money to purchase food.

  b. More than half of the food insecure older adults in Coachella Valley are chronically insecure and have to miss meals on a monthly basis throughout the year.

  c. Approximately 1.5% (more than 2,600) older adults in the Coachella Valley had to go for an entire day without eating due to a lack of money to purchase food.[103]

The Office on Aging's survey results and the HARC data demonstrate the need for nutrition programs in Riverside County. The data also shows the significance that one meal can have on the overall nutrition and health of many older adults.

Additional findings were as follows:

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[103] LeComte-Hinely, Jenna, PhD, and Teresa Segovia, MA. "Senior Health in Coachella Valley." Health Assessment and Research for Communities. HARC Inc., Nov. 2014. Web. <http://www.harcdata.org/documents/HARC_SeniorReport.pdf 2013 HARC Senior Report.>. [accessed January 2016].

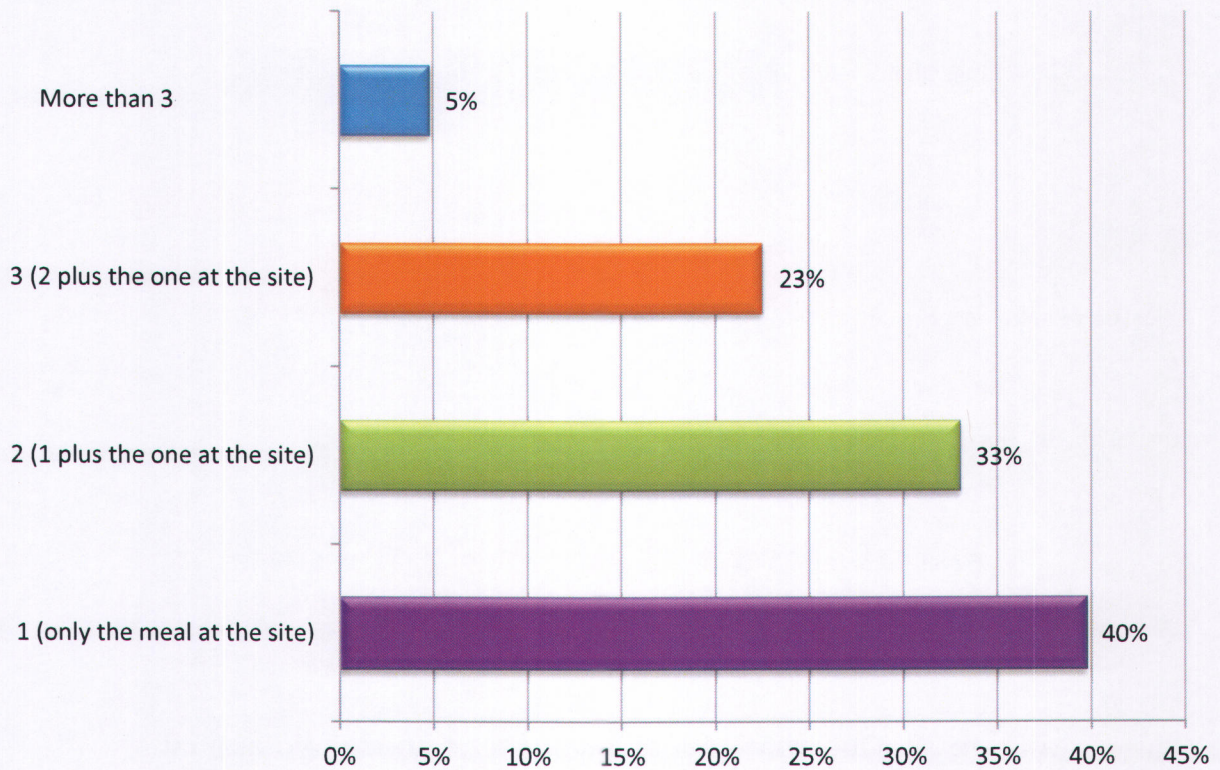**Figure 29: Question – On the days when you eat at this meal site, how many meals do you usually eat?**

Category	Percentage
More than 3	5%
3 (2 plus the one at the site)	23%
2 (1 plus the one at the site)	33%
1 (only the meal at the site)	40%

Figure 30: Question – How many days EACH WEEK do you eat at this meal site?

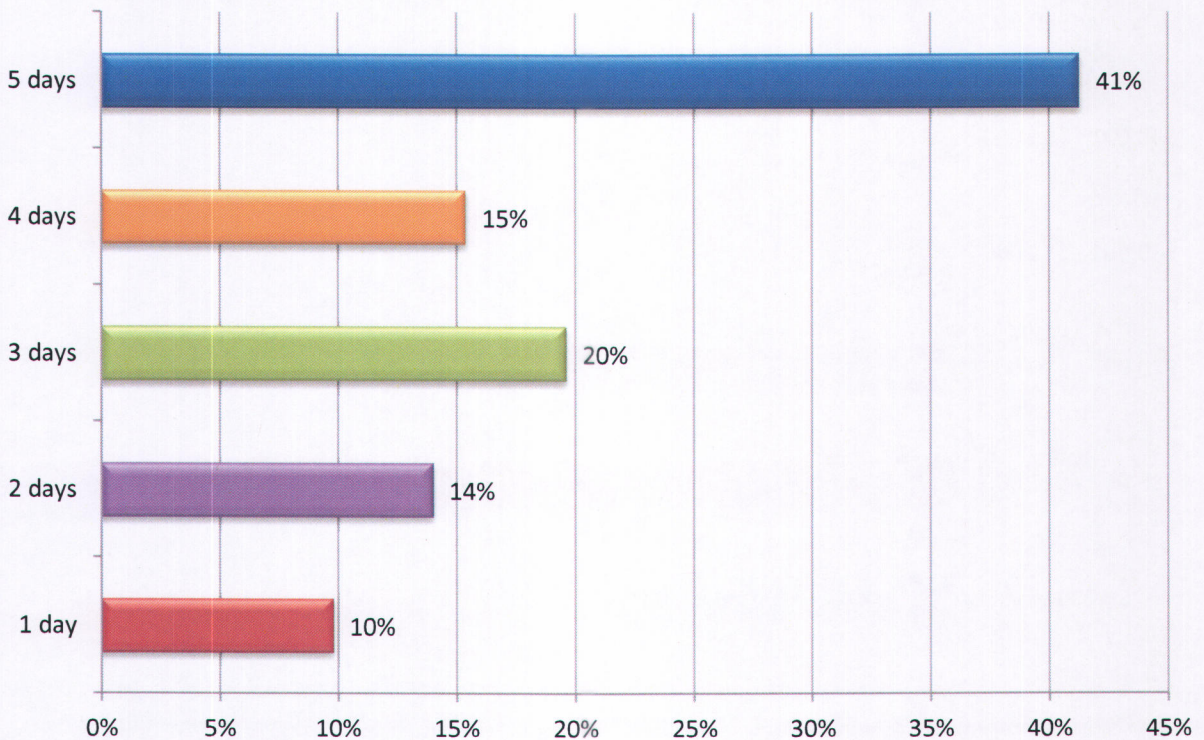| Category	Percentage
5 days	41%
4 days	15%
3 days	20%
2 days	14%
1 day	10%

Figure 31: Question – How long have you been attending this meal program?

| Category	Percentage
More than 5 years	24%
2 to 5 years	29%
At least 1 year, but less than 2 years	18%
More than 6 months but less than 1 year	11%
6 months or less	18%
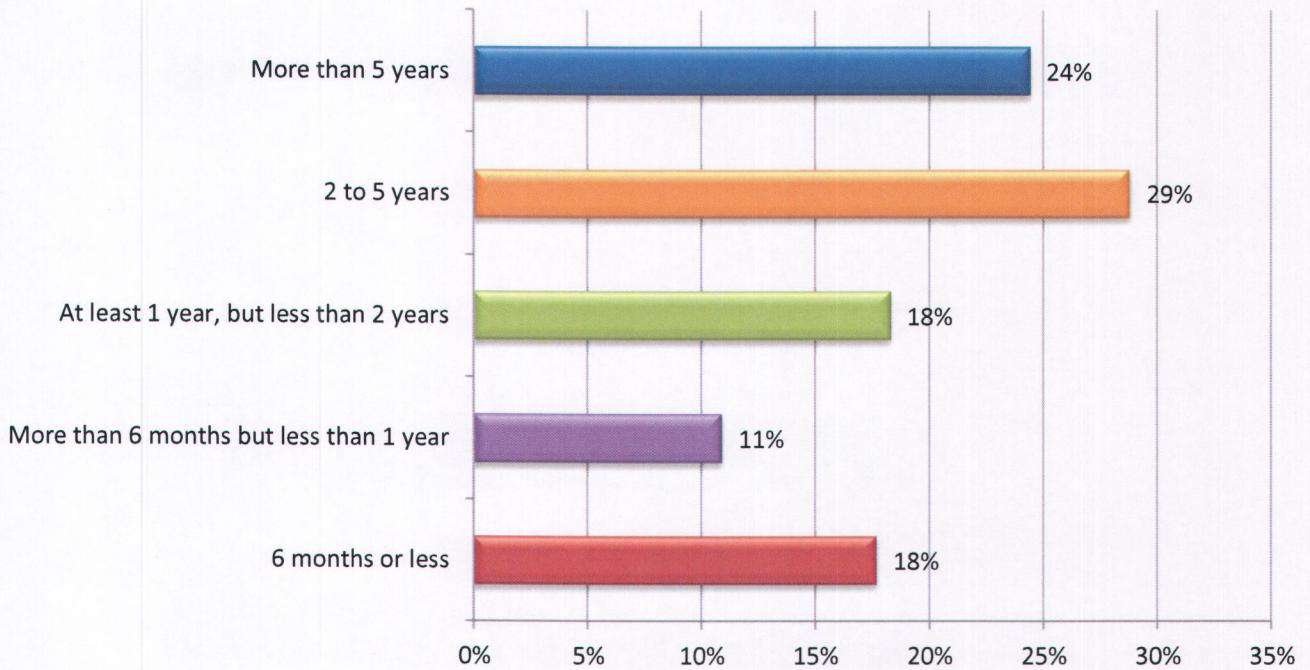
Figure 32: Question – What is your total household annual income during the last calendar year?

Category	Percentage
Over $60,000	3%
$50,001 - $60,000	2%
$35,001 - $50,000	5%
$20,001 - $35,000	24%
$5,001 - $20,000	50%
$5,000 or less	17%
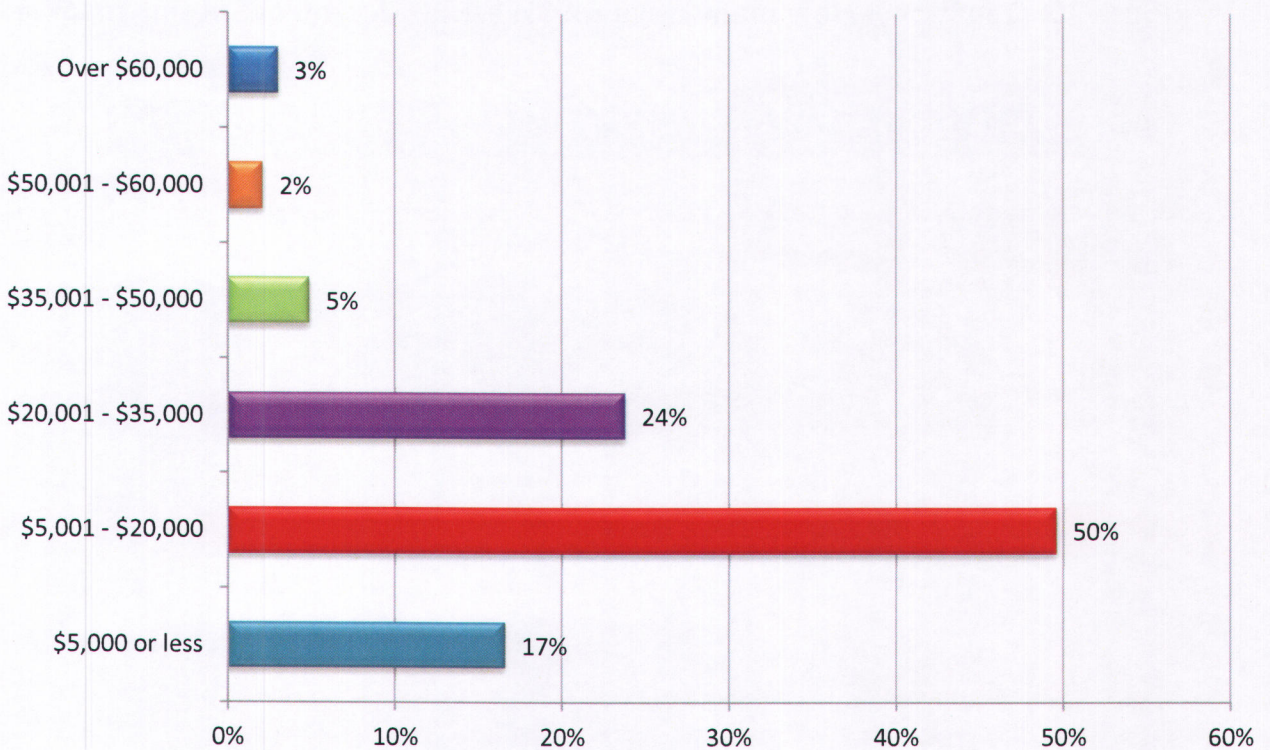
2. *LGBT Priorities*

The Office on Aging surveyed members of the LGBT community primarily in eastern Riverside County (Coachella Valley), which has the third largest concentration of LGBT individuals in the United States. When asked to comment on the current and future needs of the older adult LGBT community. 44% of respondents indicated that Physical Health, such as access to health care, long term care needs, and staying healthy were the highest concern.

**Figure 33: Question – Please indicate the top three things
that are currently most important for you and the LGBT community?**
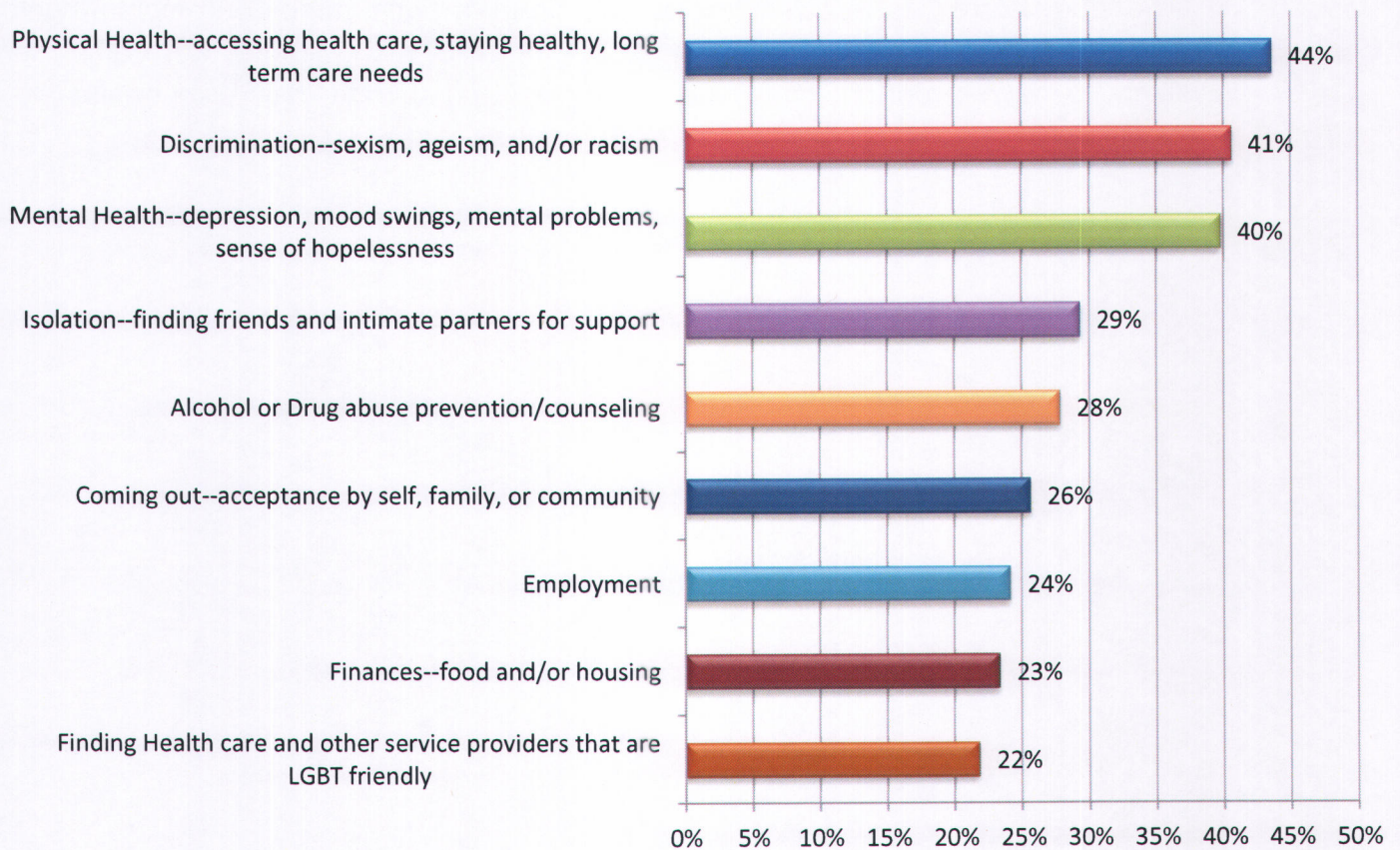
Access to quality, culturally competent healthcare accounts for a critical 10 - 15% of a community's overall health outcomes. Older gay men and lesbians still experience discomfort in their use of older adult social services with the majority reporting that they would feel more comfortable accessing provider and programs that identify as LGBT friendly.[104] [105] [106] When researching providers through the Gay and Lesbian Medical Association (GLMA), only five (5) healthcare professionals (three of which are physicians) were identified for Riverside County.[107]

Discrimination and stereotypes in the LGBT community continue to be a challenge; additional research found that people who encountered a threat of being judged by negative stereotypes in healthcare settings reported experiencing adverse health effects. Stereotypes, like sexual health in the LGBT community and cognitive deficits in older adults, can also impact the trust relationship between provider and patient. The study correlates factors of discrimination to physical health and mental health; indicating that those who encountered the threat of being judged were also more likely to have hypertension, to be depressed and to rate their own health more poorly.[108]

[104] Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. Web. <http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf>. [accessed February. 2016].
[105] Gardner, A.T., de Vries, B., Mockus, D.S. (2013). Aging out in the desert: Disclosure, acceptance, and service use among midlife and older lesbians and gay men. Journal of Homosexuality. (just accepted)
[106] Gross, M., & Landers, S. (2008). Sexual bigotry: Unhealthy, unremitting, ubiquitous. Sex Roles, 59(7-8), 605-608.
[107] GLMA.org [accessed February 3, 2016]
[108] Fingerhut, Adam; Jackson, James; Wheaton Felicia. "How Stereotypes Hurt". USC Davis Leonard Davis School of Gerontology: Vitality Spring 2016. Pg. 24-25. study originally published October 20, 2015: American Journal of Preventative Medicine.

3. *Elder Justice Focus*

Scams are prevalent in the older adult community. Financial scams targeting older adults have become so prevalent that they are now considered the crime of the 21st century. Older adults are thought to have a significant amount of liquid assets, thus making them a prime target for scam artists. For the scammer, financial scams are very low risk with high rewards because instances are rarely reported and these crimes are difficult to prosecute. It's not just wealthy older adults who are targeted; however, low-income older adults are also at risk of financial scams and abuse. Strangers are not always the perpetrators of these crimes. Over 90% of all reported elder abuse is committed by a family member or other close association.[109]

**Figure 34: What are the most important elder justice issue facing older adults? Scams and Telemarketing**
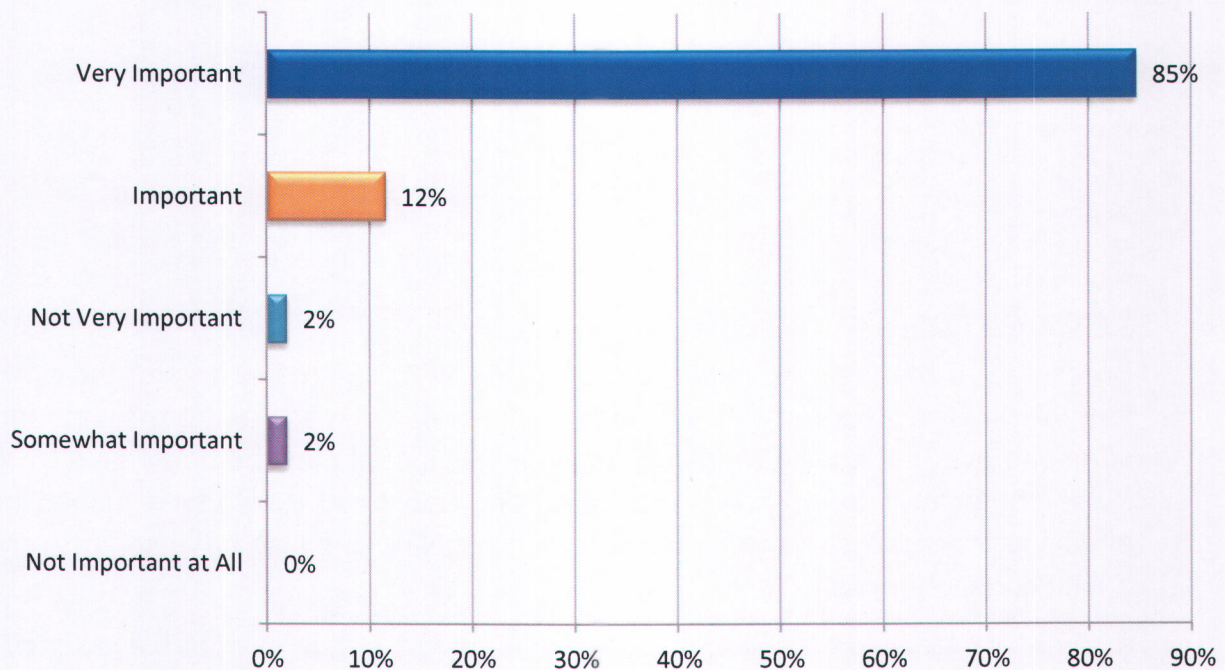
The top three elder abuse issues selected by the survey participants are as follows:

a. 85% selected scams and telemarketing

b. 81% selected consumer fraud

c. 72% selected financial abuse (by family members, etc.)

---

[109] *"Top 10 Scams Targeting Seniors." National Council On Aging. NCOA, 2015. Web. <https://www.ncoa.org/economic-security/money-management/scams-security/top-10-scams-targeting-seniors/>. [accessed January 2016].*

Figure 35: What is the most important elder justice issue facing older adults? Consumer Fraud (banking, car repairs, etc.)
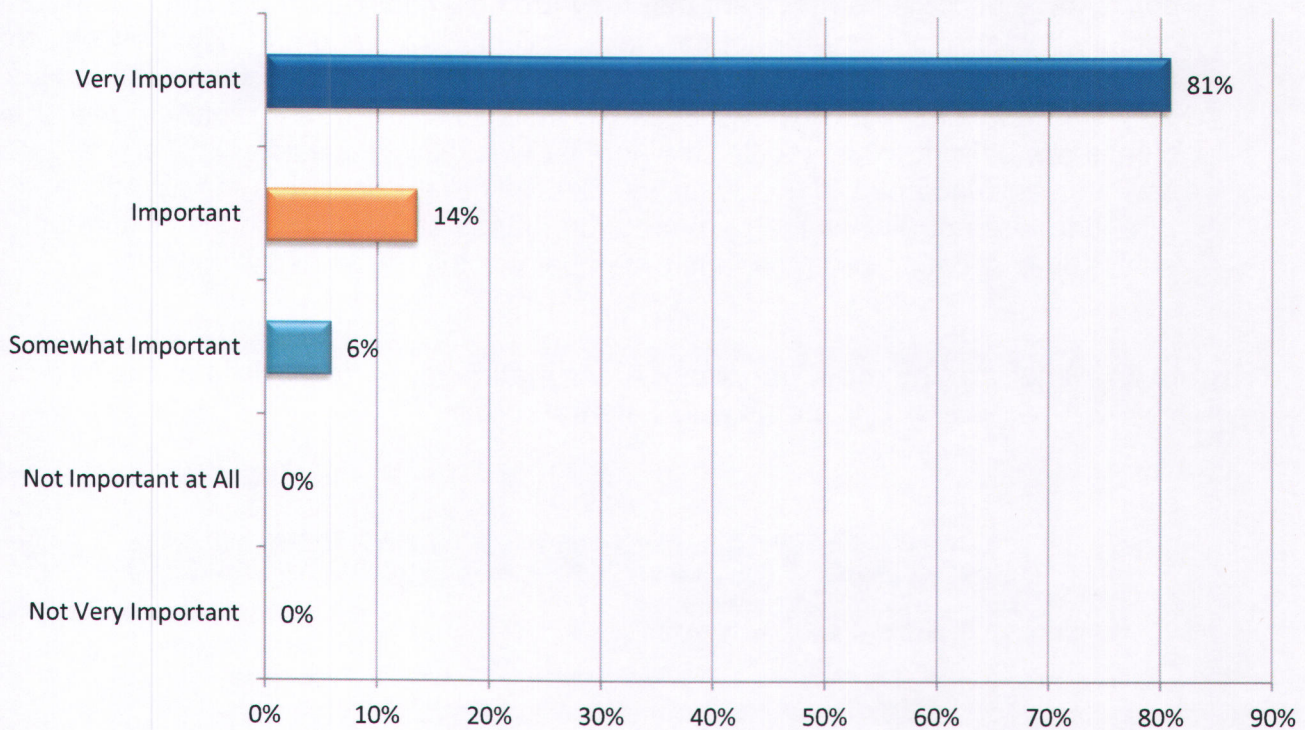
4. *Caregiving Focus*

Boomers are the first generation that may spend more time caring for their parents than their own children,[110] and with 43.5 million Americans providing care to someone over the age of 50, caregiving is an issue that must be addressed.[111] While researchers have long known that caregiving can have deleterious mental health effects for caregivers, research shows that caregiving can also have serious physical health consequences as well:
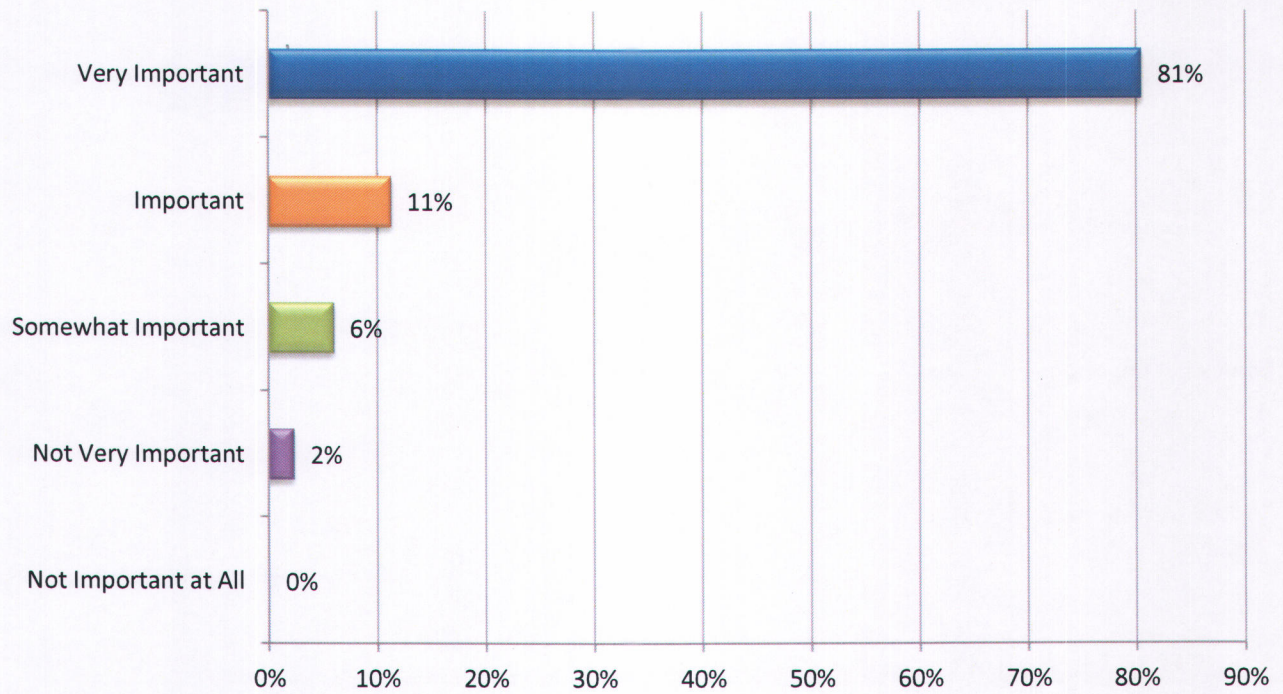
a. 17% of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities.[112]

b. 80% of respondents indicated that support for caregiver mental health is *"very important"* to address.

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[110] Brooks, Rodney. "Retirement Reset: Sandwiched Boomers Put Plans on Hold." USA Today. Gannett, 21 Aug. 2014. Web. <http://www.usatoday.com/story/money/columnist/brooks/2014/07/29/boomer-retire-sandwich-generation/13269027/>.[accessed January 2016].
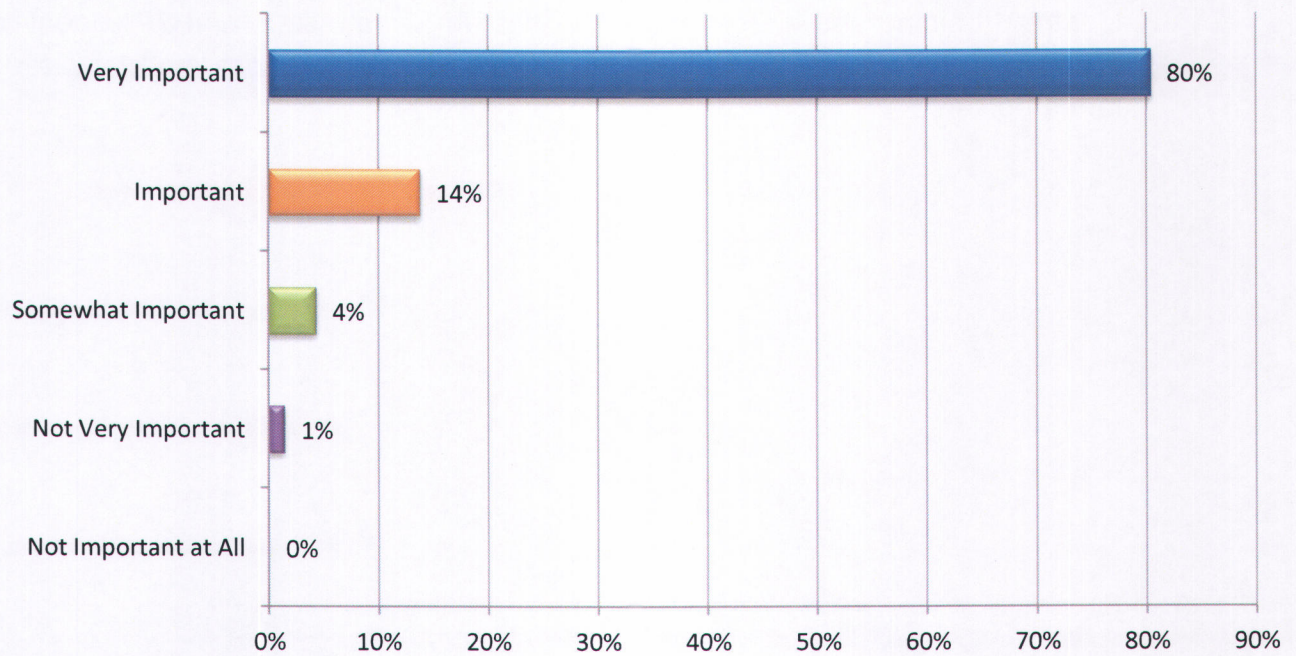[111] Grinberg, Emanuella. "Caregiving for Loved Ones the 'New Normal' for Boomers." CNN. Cable News Network, 9 Apr. 2012. Web.. <http://www.cnn.com/2012/04/09/living/baby-boomer-caregivers/>.[accessed January 2016]
[112] [AARP Public Policy Institute Valuing the Invaluable: 2008 Update. The Economic Value of Family Caregiving] - Updated: November 2012 by the Family Caregiver Alliance

Figure 36: What is the most important issue facing the caregiver? Support for caregiver mental health (e.g. depression)

Category	Value
Very Important	81%
Important	11%
Somewhat Important	6%
Not Very Important	2%
Not Important at All	0%

Figure 37: What is the most important issue facing the caregiver? Caregiver Training & Education

Category	Value
Very Important	80%
Important	14%
Somewhat Important	4%
Not Very Important	1%
Not Important at All	0%

Figure 38: What is the most important issue facing the caregiver? Affordable alternatives to full time in home care

Category	Value
Very Important	79%
Important	13%
Somewhat Important	4%
Not Very Important	2%
Not Important at All	2%

(Horizontal bar chart with axis from 0% to 90%)
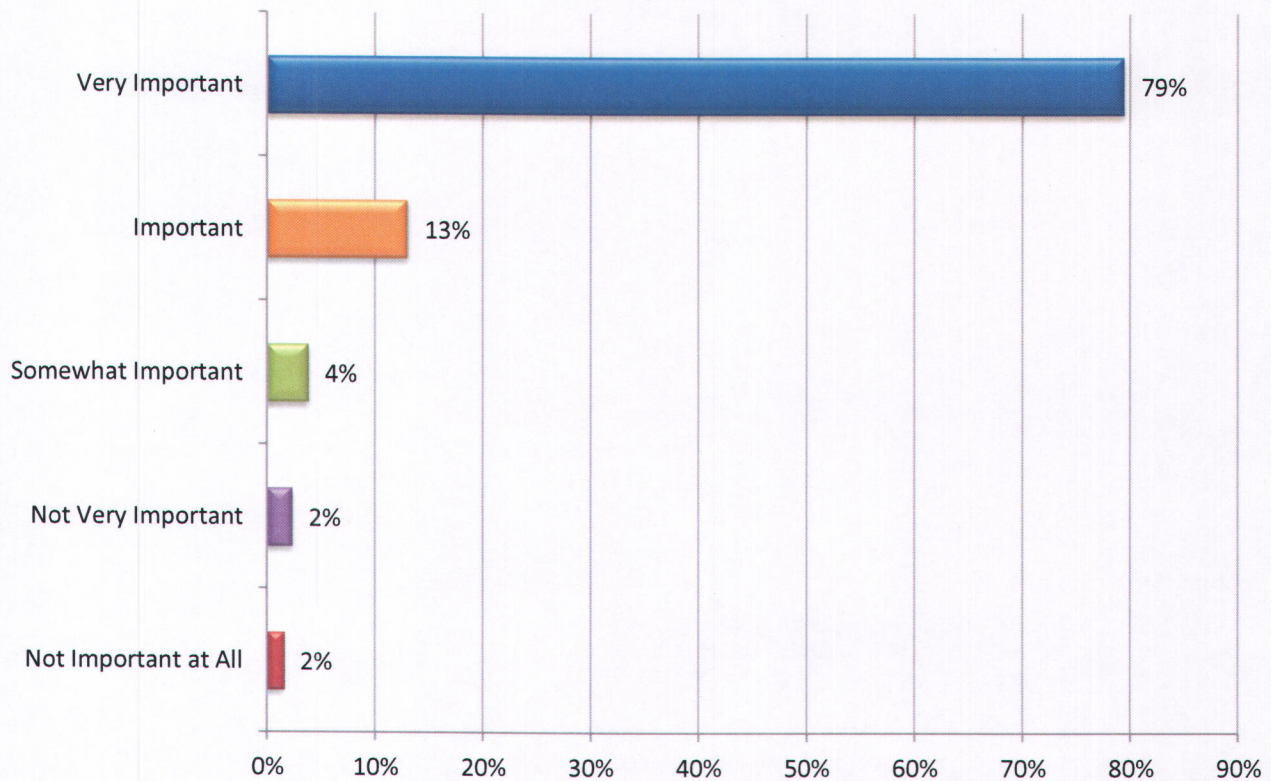
In addition to support for caregiver mental health, 80% of those surveyed identified training and education as the most important issue and 79% identified affordable alternatives to expensive in home care as the most important issues for caregivers.

SECTION 6. TARGETING

The Older Americans Act defines a number of "target populations" including:

- Low income individuals with special emphasis on those who are frail, isolated, neglected, and/or exploited
- Ethnic minorities
- Limited English speakers
- Those residing in rural areas
- Lesbian, Gay, Bisexual, Transgender (LGBT) older adults

The needs of each of these populations must be included in an evaluation of the community's needs, the PSA's advocacy efforts, and plans for coordinating services.

Ways in which PSA 21 works to meet these needs include:

- Ongoing cultural diversity training for all staff
- Outreach, educational events, support groups, focus groups and services for limited English speakers
- Presence at specific LGBT events, such as annual participation in the Palm Springs Pride event
- Direct service delivery in isolated areas, such as Blythe, where contracted providers are not available
- Ongoing educational events that identify the needs of current and future older adults
- Serving as an Aging and Disability Resource Connection to provide a one-stop resource for information, assistance and referrals throughout Riverside County
- Conducting free on-going evidence based and health promotion programming that fosters prolonged health and independence
- Conducting and participating in disaster preparedness and elder justice initiatives

At least one public hearing must be held each year of the four-year planning cycle.
CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? [2] (CDA forms footnote) **Yes or No**	Was hearing held at a Long-Term Care Facility? [3] (CDA forma footnote) **Yes or No**
2016-17	3/09/16	6296 River Crest Dr. Suite K. Riverside, CA 92507	16	No	No
2017-18					
2018-19					
2019-20					

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

A. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.

- PSA 21 posted notices in two (2) major local newspapers (covering both sides of the plan service area) on two (2) consecutive Sundays prior to the Public Hearing. The PSA also posted notices outside of the AAA office and at the County Administrative Center in full view of the public for two weeks prior to the Public Hearing.

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

☒ Yes. Go to question #3

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

3. Summarize the comments received concerning proposed expenditures for PD and/or C:

- None.

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

☒Yes. Go to question #5

☐No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion of funding for priority services.

- None.

6. List any other issues discussed or raised at the public hearing.

The key areas discussed are outlined below. Questions, responses and comments were interspersed throughout the presentation.

Main Items Discussed at the Public Hearing:

COLOR KEY
Main Items Discussed
Sub-Item Discussed
Public Hearing Discussion

- ❖ **Review of the Older Americans Act**

- ❖ **Role of the Area Agency on Aging (AAA)**

- ❖ **The Office on Aging New Mission:** *"The Riverside County Office on Aging serves to promote and support a life of dignity, well-being and independence for older adults and persons with disabilities"*

- ❖ **Role of the Advisory Council**

  - o Advisory Council Mission Statement: *"The Riverside County Advisory Council on Aging is a group of seasonal and diverse community leaders committed to each other and the process of consensus building to meet the needs of older adults, persons with disabilities, and caregivers in Riverside County".*

  - o Current Advisory Council Committees

QUESTION: "Do we have a committee for the disabled population?"

RESPONSE: "No, the disability work that the Riverside County AAA does is not through the Older Americans Act or the California Department on Aging, but through the Agency's designation as an ADRC (Aging and Disability Resource Connection). This designation is a separate set of legislation and requirements, which another manager is the coordinator for."

- ❖ **Initiatives that the Office on Aging will continue to participate in moving forward:**

  - o Coachella Valley - Clinton Foundation Health Matters Initiative

  - o Coachella Valley - "Get Tested Coachella Valley" with the Desert AIDS Project

  - o County Wide – [Supplemental Nutrition Assistance Program Education] SNAP Ed

  - o County Wide - Elder Justice Initiatives

    - ▪ World Elder Abuse Awareness Day

    - ▪ CARE Teams- (with other county agencies) to reduce and respond to instances of elder abuse and neglect.

QUESTION: *"Is there anyone designated to attend the CARE team meetings?"*

> **RESPONSE:** *"Social work managers attend the CARE team meetings to ensure that the AAA has a presence at each meeting."*

- County Wide- County of Riverside's Accountable Community for Health (ACH) Initiative
- County Wide- Evidence-Based Health Promotion Initiatives
    - *New* Fit After 50 (based on new evidence based criteria requirements)
    - Healthy Options Program (HOP)
    - "Healthy Strides"→ A New Walking Initiative

QUESTION: *"I understood that the "Fit After 50" program met requirements and that it was evidence based; based out of a hospital in orange county. Is this not accurate?"*

> **RESPONSE:** *"The "Fit After 50" program has two (2) components pending validation for an Evidence Based Criteria Classification:*
>
> 1) *The historical knowledge of this study is about 10 years old, Riverside County and a couple other counties are working with [the California Department of Aging] CDA staff to validate the process that developed "Fit After 50".*
>
> 2) *The new criteria also requires an evaluation in a peer reviewed academic journal, which may have happened 10 years ago, but AAA's have not been able to locate a journal that presents a program with the exact methodology that the "Fit After 50" program follows.*
>
> *The new "Fit After 50" program will follow a similar methodology with a few changes to meet compliance with the a program that does meet the new evidence-based requirements. Office on Aging will phase the 32+ classes to the new "Fit After 50" model; 10 per year over the next 3 years. For now, a few classes will continue to follow the old program methodology and will be labeled as a social activity in the Area Plan."*

QUESTION: *"I see this is a draft copy, so will there be a formal publication of this?"*

> **RESPONSE:** *Yes, once this document is approved by the Advisory Council and the Office on Aging Director, it will go to the Board of Supervisors for approval. Submission to the Board is tentatively scheduled the beginning of April. It is due to the California Department on Aging (CDA) by May 1st. This document remains a draft until it is approved by the state (CDA). The Board usually approves the document pending any changes CDA makes."*

❖ **Review of Section 2 – DESCRIPTION OF THE PLAN SERVICE AREA (Riverside County General Information)**

QUESTION: *"The mountain area in the desert is all unincorporated and things are different when you live in the mountain. Do you address that?"*

> **RESPONSE:** *"Yes, it is addressed in the draft given to you."*

❖ **Review of population projections**

COMMENT: *"The Administration on Aging used to publish a book called 'The Centenarians'. At that time there were one to two hundred centenarians nation-wide and now we have 6,000 in California alone."*

RESPONSE: *"Yes, Centenarians make up less than 1% of the overall population, actually 0.8% but that number is expected to increase as the older adult population increases."*

❖ **Review of demographics**

❖ **Review of chronic disease prevalence within Riverside County**

QUESTION: *"Do you know what the top diseases are?"*

RESPONSE: *"Heart disease and diabetes are the top diseases for the older adult population. Also, Alzheimer's has an increasing prevalence in the population over 65."*

COMMENT: *"If you look at it the chronic illness statistics and not diseases specifically, I think arthritis is more prevalent in the older adult age group. At some point everyone is going to get arthritis."*

RESPONSE: *"Yes, looking at chronic illnesses as a whole, arthritis is among the top ranked; also included in that is [chronic obstructive pulmonary disease], asthma, depression, cancer, HIV/AIDS, etc. Heart disease and diabetes are top ranked when associated to cause of death."*

COMMENT: *"The Alzheimer's prevalence chart is listed under dementia but they are two separate topics. Alzheimer's is a form of dementia so maybe the subheading should state Alzheimer's dementia, so there is no confusion of prevalence."*

RESPONSE: *"Alzheimer's is a form of dementia."*

QUESTION: *"What can you attribute to California's decrease in diabetes prevalence and Dementia prevalence in 2012?"*

RESPONSE: *"This is something that the planning team is looking into and will provide an explanation and citation in the final draft of the Area Plan. The current hypothesis is that the Affordable Care Act may have something to do with the change in numbers."*

QUESTION: *"If the Affordable Care Act is the cause of the drop in 2012, then what explains the spike in 2014?*

RESPONSE: *"Our hypothesis is that after the implementation of the Affordable Care Act there was an increase in diagnosis as a result of increased access to care. The planning team is still researching these numbers and the explanation behind the sudden drop and increase in prevalence.*

COMMENT: *"The chart for Diabetes Prevalence goes to 2012, but the Alzheimer's slide goes to 2014. Are you able to get 2014 information for diabetes? "*

RESPONSE: *"The planning team is still looking for additional information. The information found regarding the prevalence of each disease was extrapolated from multiple sources to generate the charts. If the team is able to find additional information for either disease, the charts will be updated to reflect the most recent information."*

COMMENT: *"If anyone is interested in staying up to date on statistics and activities surrounding HIV/AIDS prevalence in Coachella Valley and "Get Tested Coachella Valley", they can go to www.DHCD.org under 'Program Committee Updates/Packet'."*

❖ **Review of Needs Assessment**

- o Demographic Data

- o Review of existing data and secondary data analysis

- o Advisory Council Opinion Analysis- Top 4 Needs of Targeted Populations

  - ▪ Nutrition

  - ▪ Housing

  - ▪ Caregiving

  - ▪ Elder Justice

- o Focus Groups

  - ▪ Nutrition Focus

STAFF COMMENT: *"During the Advisory Council Planning Committee meeting, an Advisory Council member brought up a good question regarding the nutrition surveys. She wanted to know what constituted a meal when asking participants how many meals they eat in a day. A 'meal' was not defined in previous versions of the survey. Moving forward, the planning team will redraft the nutrition survey to define what a meal is. The new survey will also include questions regarding what participants do on the weekends for meals when the sites are closed. Additional surveys will be updated to ask follow up questions regarding transportation needs, physical activities and opportunities to socialize."*

  - ▪ LGBT Focus

QUESTION: *"Were the majority of the LGBT surveys collected in the Coachella Valley area?"*

RESPONSE: *"Yes, the majority of the LGBT surveys were collected at the [Palm Springs] Pride event in Coachella Valley. There were also surveys collected at larger LGBT meetings in Coachella Valley."*

  - ▪ Elder Justice Focus

  - ▪ Caregiver Focus

- o Community Assessment Surveys- Top 4 Identified Needs

  - ▪ Transportation

QUESTION: *"There are some older adult transportation programs underway through the Department of Transportation. Is the Office on Aging coordinating with that or can we get a briefing as to what is going on?"*

RESPONSE: *"This is discussed in further detail in the goals portion of the plan. The goal is centered on coordination for older adult services, like transportation, as a result of our needs assessment. A large amount of the population surveyed marked transportation as*

a need and transportation is beyond our bailiwick, so the Office on Aging will have to work with other agencies to advocate for some additional transportation options for older adults."

- Physical Activities
- Opportunities to socialize

COMMENT: *"Physical activity and opportunities to socialize are two of the main reasons people attend 'Fit After 50'."*

- Nutrition services

QUESTION: *"What percentage of the older adult population attends the congregate meal program?"*

> **RESPONSE:** *"Great question, the planning team will look into that."*

COMMENT: *"The AC Planning Committee also wanted to determine which sites provide meals for the weekend and which ones don't."*

> **STAFF COMMENT:** *"This evaluation will be conducted internally and separate from the plan."*

❖ **Review of Target Populations**

❖ **Review of Plan Goals**

QUESTION: *"Are these all new goals, or are some [carried] over from last year's strategic [Area] Plan?"*

> **RESPONSE:** *"Most of them are not new, but the planning team revised the goals to keep them broad and general so that the new Office on Aging Director can determine what our plan of action will be for accomplishing them.*

- o Goal 1- "Access is Key"- Enhancing Local and Community Based Services
- o Goal II- "Be Strong, Live Long" Campaign for Health and Wellness

COMMENT: *"It sounds like the Plan is talking about a holistic approach to health, but the goal [Goal II] doesn't mention Behavioral Health (Mental Health)."*

> **RESPONSE:** *"The sub-objectives mention Behavioral Health, but we will be sure to add Behavioral Health to the main goal statement."*

COMMENT: *"I read somewhere that there are five chronic conditions prevalent among the older adult population, but the plan only highlights two. I believe the top five were: Chronic Depression (Behavioral Health), Arthritis, Cancer, Diabetes and Heart Disease. Does the plan discuss the others?"*

> **RESPONSE:** *"Although not highlighted in the public hearing PowerPoint presentation, the plan articulates the other prevalent conditions in the narrative."*

- o Goal III- "Aging on Your Terms" Independence, Person-Centered Care and Caregiving
- o Goal IV- "Working Beyond Partnerships" Developing True System Integration

COMMENT: *"I want the planning team to consider broadening of the improvement of delivery of services goal. It is not just the Office on Aging; it is the other community partners that need to be a part of this. Every department has a "Strategic Plan" and it is important for the Office on Aging to be the leader to advocate in these other organizations and to ensure that they have feedback on the services they are providing to the aging population."*

> **RESPONSE:** *"This is captured in the sub-objectives of Goal I- Objective A: Provide leadership and expertise to the Riverside County aging network and other key stakeholders to improve the coordination and access to services."*

COMMENT: *"I think that when the other agencies put out their strategic plan, the Office on Aging should have to review the sections that relate to services for the aging populations."*

> **RESPONSE:** *"Office on Aging currently has a relationship with the Public Health department and they send over their pre-published documents for review to see if there is anything that needs to be changed or updated, as it relates to the older adult population. Also, other community assessments, which are produced once a year, are reviewed by Office on Aging before they are printed. Office on Aging can attempt to work with more departments and agencies to develop these kinds relationships."*

COMMENT: *"[Department of Public Social Services] DPSS, Behavioral Health and Riverside University Health System; all of these need to be included."*

> **STAFF RESPONSE:** *"The Office on Aging is included in a new initiative "Healthy Riverside County," which is partially focused on issues concerning the aging population and how we are addressing their health issues. So, we are at the table now in many different forums to discuss partnership in order to develop a more holistic approach to health."*

COMMENT: *"Based on the survey results, the Office on Aging may want to do the same with Transportation."*

> **RESPONSE:** *"The objectives under Goal I are centered around building these types of relationships, but the goal was kept broad so that [the AAA] leadership can decide how we would go about it."*

COMMENT: *"Within the Behavioral Health department there was a cultural competency group, which was a marvelous strategy. Any document that references an age group or any initiative had to be reviewed by the committee, which made the cultural changes in the document to really strengthen the cultural competency component of services to individuals."*

> **RESPONSE:** *"Office on Aging has this relationship with Public Health, Office on Aging sat in last year as part of a committee to put together a culturally competent training for their staff focused on older adults, persons with disabilities and LBGT."*

QUESTION: *"Does the Office on Aging still send someone over to the Riverside Hospital to talk to people in the physician assistant program?"*

> **RESPONSE:** *"We do, but in a different way. We now have our Care Transitions Intervention Program and a couple of other initiatives that operate in the hospitals, so we*

are not participating with that group necessarily, but we are still engaged in those conversations through different avenues."

COMMENT: *"In this coordination process, down the road, maybe the Advisory Council can bring in presenters to discuss these areas on future agendas. For example, [bring in] someone in Law Enforcement, Transportation and other departments to brief the council on what they are doing and the Council could give ideas on how we can coordinate."*

RESPONSE: *"That is certainly a way that the Council could give that feedback to the other departments. The planning team will add that to the Operational Work Plan for Advisory Council."*

❖ **Review of Adequate Proportions**

QUESTION: *"Advisory Council previously had a member and anytime there was an issue with transportation that member would work with the Riverside Transportation Commission and that need was met. Transportation for older adults was significantly improved through their efforts. Is there any way to have a connection with Riverside Transportation now?"*

RESPONSE: *"There is currently a vacancy on the Advisory Council, and that is an interesting question to bring to the Director and the Membership Committee and see if there is interest in getting members that are geographically based and issue based, so the council can have targeted conversations with specific partners on issues."*

COMMENT: *"It may be pushing too hard, but would it be feasible to say that the Riverside County Transportation Commission may want to have a liaison or someone from this council on their planning group."*

RESPONSE: *"Yes, the Council can participate in those groups. The first goal focuses on the Office on Aging cultivating those relationships and asking those questions. It may take a couple years to get that type of relationship going, if we don't already have it, but the point is that we know this is a goal and we are going to work toward it."*

QUESTION: *"Will we eventually get a final copy of this?"*

RESPONSE: *"Yes. The Plan usually isn't approved by CDA until the fall. Also, the planning team is going to put together a Popularized Area Plan once the Board of Supervisors approve the Plan, which won't include the CDA forms in the back. The Plan is a public document and once finalized can be distributed and will also be posted."*

Verbal testimony was available until 11:30 AM and written testimony was allowed until close of business (5:30 PM) on the day of the public heating, March 9, 2016.

5. Note any changes to the Area Plan which were a result of input by attendees.

Goal II was revised to include "behavioral health" as part of the overall approach to health and wellness for older adults.

2(CDA form footnote) A translator is not required unless the AAA determines a significant number of attendees require translation services.
3 (CDA form footnote) AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

SECTION 8 - IDENTIFICATION OF PRIORITIES

The Riverside County Office on Aging planning process included a needs assessment to evaluate current services and identify gaps in service. While the need for services is great and funding is limited, setting priorities is essential since all goals must be accomplished within the four years of the plan cycle.

PSA 21 has identified the following priority areas for the 2016-2020 Area Plan:

   A. Providing local and community based services for older adults;

   B. Encouraging health and wellness amongst older adults;

   C. Providing and encouraging person centered care and supporting caregivers; and

   D. Working with key partners and the Aging and Disability Recourse Connection (ADRC) collaborators to better integrate services.

After a thorough review of the needs assessment results, the Older Californian and Older American Act mandates and guidelines, the Advisory Council on Aging member opinions and antidotal community feedback, the OoA Executive Team and Leadership Team members, and the registered dietitian, the planning staff developed the following four priority goals and the associated goal statements.