

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



ITEM  
2.10  
(ID # 4259)

**MEETING DATE:**

Tuesday, June 13, 2017

**FROM :** OFFICE ON AGING:

**SUBJECT:** OFFICE ON AGING: Approval of the 2017/18 Update of the Riverside County Office on Aging's 2016-2020 Area Plan on Aging (Area Plan), "The Changing Face of Aging", All Districts. [\$0]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the attached 2017/18 Update to the 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.

**ACTION:** Consent

  
Anna L. Martinez

6/1/2017

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**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley  
Nays: None  
Absent: None  
Date: June 13, 2017  
xc: ROV

Kecia Harper-Ihem  
Clerk of the Board

By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: N/A</b>			<b>Budget Adjustment: No</b>	
			<b>2017/2018</b>	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

Every year 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 update the previously approved Area Plan to reflect any changes in the consecutive years. FY 2017/18 is the second year of the 2016-2020 Area Plan on Aging, titled "The Changing Face of Aging". The Area Plan was updated based on needs assessment activities throughout Riverside County on issues impacting older adults. This process to develop the initial 2016-2020 Area Plan on Aging 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 2017/18 Update includes new survey assessment data and feedback from recent public hearings. The demographic and focus group data remains unchanged.

The 2016-2020 Area Plan included four priority goals, which are unchanged in the 2017/18 Update:

- 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 continue to serve as a roadmap to 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 Residents and Businesses:**

The 2017/18 Update to the 2016-2020 Area Plan on Aging re-affirms 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 Update continues to focus on specific populations, which

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

include frail elderly, people with disabilities, low income individuals, minorities, and residents of rural or isolated areas, caregivers, and grandparents raising grandchildren. Additional specific populations include Boomers, limited English speakers, and Lesbian, Gay, Bisexual and Transgendered (LGBT) individuals.

**ATTACHMENTS:**

- A. **2017/18 Update to the 2016-2020 RIVERSIDE COUNTY AREA PLAN ON AGING:  
"The Changing Face of Aging"**

  
Lani Sioson 6/6/2017

**TRANSMITTAL LETTER**

2016-2020 Four Year Area Plan/ Annual Update

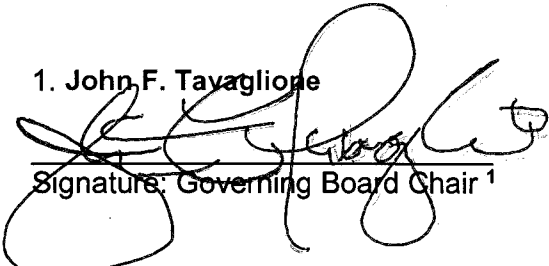
Check one:  FY 16-20  FY 17-18  FY 18-19  FY 19-20

AAA Name: RIVERSIDE COUNTY OFFICE ON AGING

PSA 21

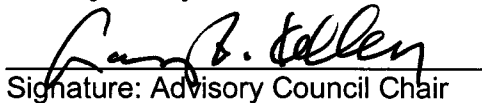
This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director 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. John F. Tavaglione

  
Signature: Governing Board Chair <sup>1</sup>

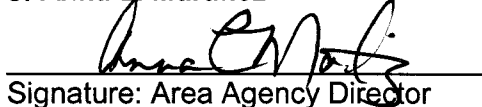
6/13/17  
Date

2. Gary Kelley

  
Signature: Advisory Council Chair

4-12-17  
Date

3. Anna L. Martinez

  
Signature: Area Agency Director

5/3/17  
Date

ATTEST:  
KECIA HARPER-JHEM, Clerk  
By   
DERUTY

<sup>1</sup> Original signatures or official signature stamps are required.





2016-2020  
**Area Plan**  
**on Aging**  
2017/2018 Update

# ***The Changing Face of Aging***



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



Revised: 5.3.17

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❖ Sections of the 2016-2020 Area Plan updated for FY 2017/2018 are identified in blue.

## MESSAGE FROM THE DIRECTOR

I am pleased to present the 2017-2018 Update to 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 and shows how the face of aging in America is changing dramatically. Americans are living longer and striving to remain physically and socially active as they age.

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 by the year 2020. As Boomers age, their vibrancy and unique approach to growing older is changing the way America thinks about aging and older adulthood. This new attitude about aging makes it necessary for the Office on Aging to alter its approach to providing services to the older population.

In recent years, there has been a national push to provide services at the local level, in communities where older adults live. In order to meet this need, service providers must focus on working together, developing new programs, integrating existing services and innovation. As they age, Boomers and their families will seek long term care options that allow them to remain active and engaged, while continuing to reside in their homes and communities for as long as possible. Service providers will be challenged to find new ways to support the growing aging population and the lifestyles they will choose.

This Area Plan illustrates how the Office on Aging is preparing to adapt to the impending changes through the development of specific goals and objectives that focus on providing older adults with access to the services they need now and will need in the future in order to live strong and healthy lives full of options and choices about how, when and where they receive services. The Area Plan also serves as a roadmap to ensure that the Office on Aging is initiating and participating in the critical conversations that are part of integrating and improving services overall. 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 and to inform service providers about how to adapt their services as well.

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.

A handwritten signature in black ink, appearing to read "Anna L. Martinez". The signature is fluid and cursive, with a large loop at the end of the last name.

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*

Please use the following citation when referencing this report:  
Riverside County Office on Aging. 2017-2018 Update of the 2016-2020 Riverside County Area Plan, "The Changing Face of Aging". County of Riverside, CA. May 2017.

**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

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ Update/Submit <b>A) through I) ANNUALLY:</b>		
n/a	<b>A) Transmittal Letter-</b> (requires <i>hard copy with original ink signatures or official signature stamp-no photocopies</i> )	<input type="checkbox"/>	
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	<b>D) Public Hearings-</b> that will be conducted	<input checked="" type="checkbox"/>	
n/a	<b>E) Annual Budget</b>	<input type="checkbox"/>	
9	<b>F) Title IIIB/VII A Long-Term Care Ombudsman Objectives</b>	<input checked="" type="checkbox"/>	
9	<b>G) Title VII Elder Abuse Prevention Objectives</b>	<input checked="" type="checkbox"/>	
10	<b>H) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>	
18	<b>I) Legal Assistance</b>	<input checked="" type="checkbox"/>	
	➤ Update/Submit the following only if there has been a <b>CHANGE</b> or the section was not included in the 2016-2020 Area Plan:	Mark Changed/Not Changed (C or N/C)	
		<b>C</b>	<b>N/C</b>
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	AP Narrative Objectives:		
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title V-SCSEP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**TRANSMITTAL LETTER**  
**2016-2020 Four Year Area Plan/ Annual Update**  
**Check one:  FY 16-20  FY 17-18  FY 18-19  FY 19-20**

**AAA Name: RIVERSIDE COUNTY OFFICE ON AGING**

**PSA 21**

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. John F. Tavaglione**

\_\_\_\_\_  
Signature: Governing Board Chair <sup>1</sup>

\_\_\_\_\_  
Date

**2. Gary Kelley**

\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

**3. Anna L. Martinez**

\_\_\_\_\_  
Signature: Area Agency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>1</sup> 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:**

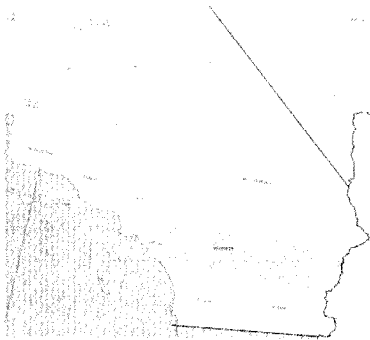
To enhance quality of life across generations through innovation and partnerships.

**Our Promise:**

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

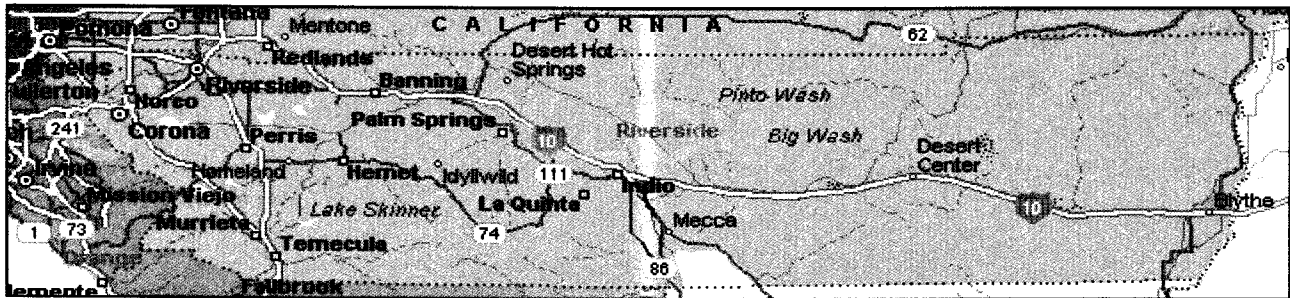
## SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA) 21

### A. Physical Characteristics

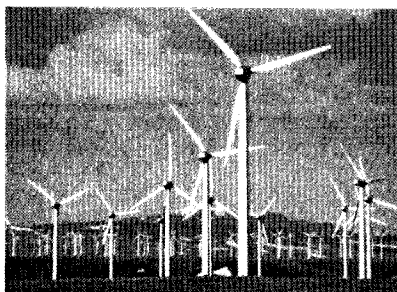


Riverside County, founded in 1893, is one of 58 counties in the state of California. It covers 7,206 square miles (*excluding bodies of water*) in the southern part of the state.<sup>2</sup> Riverside County lies inland from Los Angeles County and is bordered by Orange County to the west, San Bernardino 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<sup>3</sup>



### B. Riverside at a Glance



Desert Windmills



Salton Sea



Orange Groves

<sup>2</sup> "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]

<sup>3</sup> Retrieved from: [http://www.californiacountymaps.com/riverside\\_county.shtml](http://www.californiacountymaps.com/riverside_county.shtml) [accessed March 12, 2016]



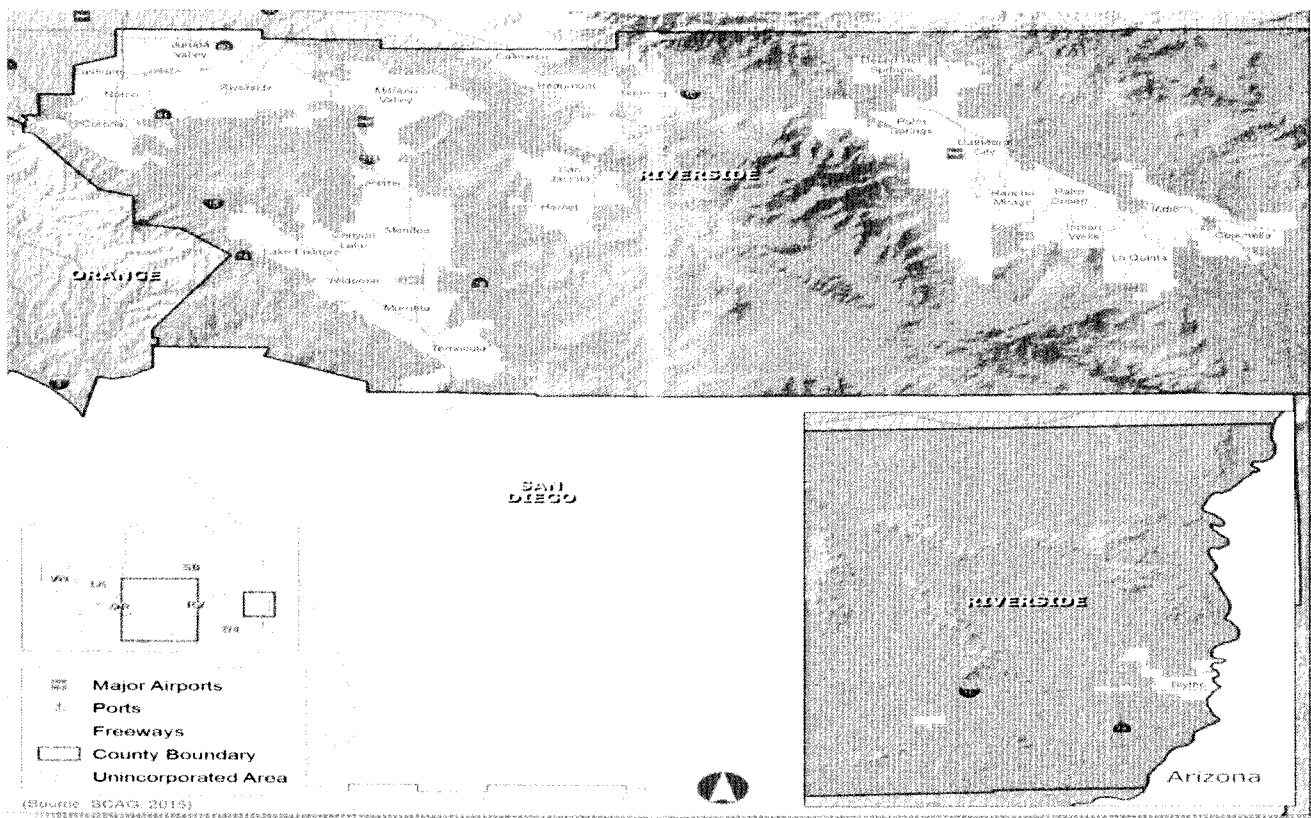
### C. Land Usage

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.<sup>4</sup> In addition<sup>5</sup>:

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:<sup>6</sup> 6%

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

**Figure 2: Riverside County, California Incorporated and Unincorporated Areas<sup>7</sup>**



<sup>4</sup> "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]

<sup>5</sup> Riverside County Transportation and Land Management Agency, August 2011 [accessed January 2016]

<sup>6</sup> Riverside County Transportation and Land Management Agency, August 2011 [accessed January 2016]

<sup>7</sup> 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.<sup>8</sup> 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 10<sup>th</sup> largest county in the nation, with more residents than 16 of the country's states<sup>9</sup>. 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.<sup>10</sup>

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

<sup>8</sup> 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]

<sup>9</sup> U.S. Census Bureau, Preliminary Annual Estimates of the Resident Population for Counties: April 1, 2000 to July 1, 2010, CO-PEST2010-TOTALS

<sup>10</sup> U.S. Census Bureau. American Fact Finder. 2014 American Community Survey 5 year estimates. [accessed January 2016].

<sup>11</sup> U.S. Census Bureau. American Fact Finder. 2014 American Community Survey 5 year estimates. [accessed January 2016]

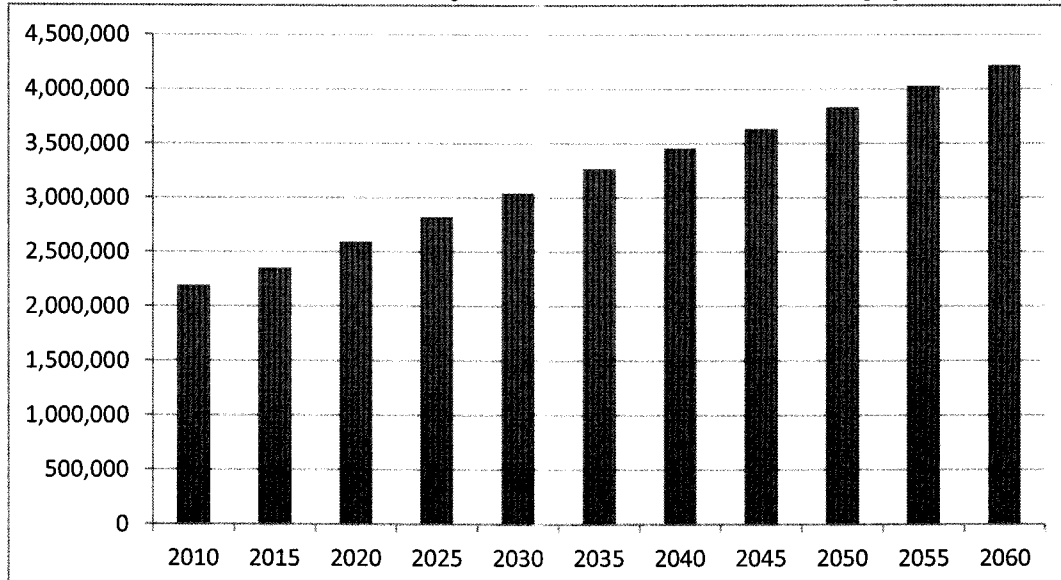
Desert Palms CDP	6,776	2.7	2,510
East Hemet CDP	18,188	5.2	3,498
Eastvale (City of)	55,298	13.1	4,221
El Cerrito CDP	5,551	2.6	2,135
El Sobrante CDP	14,855	7.2	2,063
French Valley CDP	26,753	10.9	2,454
Garnet CDP	6,380	11.3	565
Good Hope CDP	8,911	11.2	796
Green Acres CDP	2,330	1.4	1,664
Hemet (City 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%<sup>12</sup> and is expected to reach approximately 4 million by 2060.<sup>13</sup> 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.<sup>14</sup>

**Figure 3: Total Population Projections for Riverside County (2015-2060)<sup>15</sup>**



<sup>12</sup> 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]

<sup>13</sup> State of California, Department of Finance, New Population Projections: California to Surpass 50 Million in 2049.

<sup>14</sup> 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).

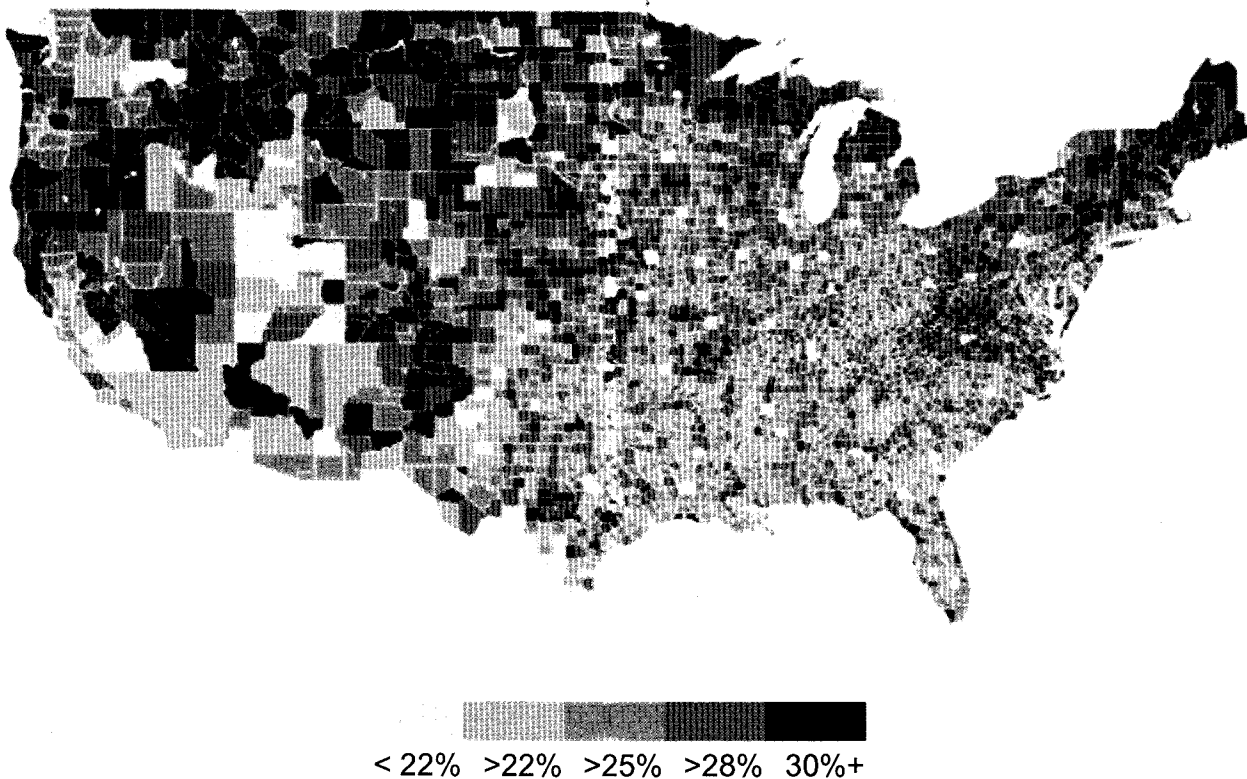
<sup>15</sup> Source Table: Total Population Projections for California and Counties: July 1, 2015 to 2060 in 5 Year Increments Demographic Research Unit, California Department of Finance, December 2014.

## 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.<sup>16</sup> 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<sup>17</sup>



<sup>16</sup> 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]

<sup>17</sup> 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.html>. [accessed March 16, 2016]

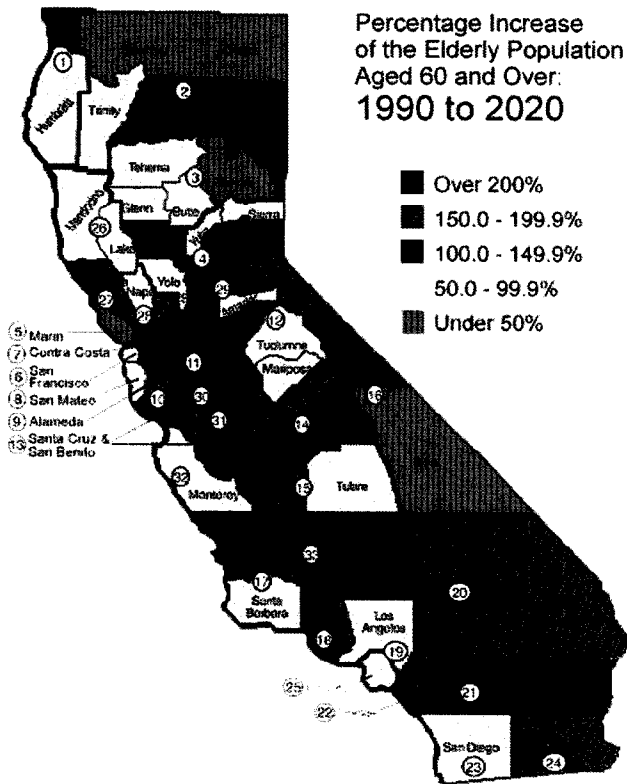
**G. California Booming**

As of 2016, California’s 60 and over population is 7,605,654 people.<sup>18</sup> 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.<sup>19</sup>

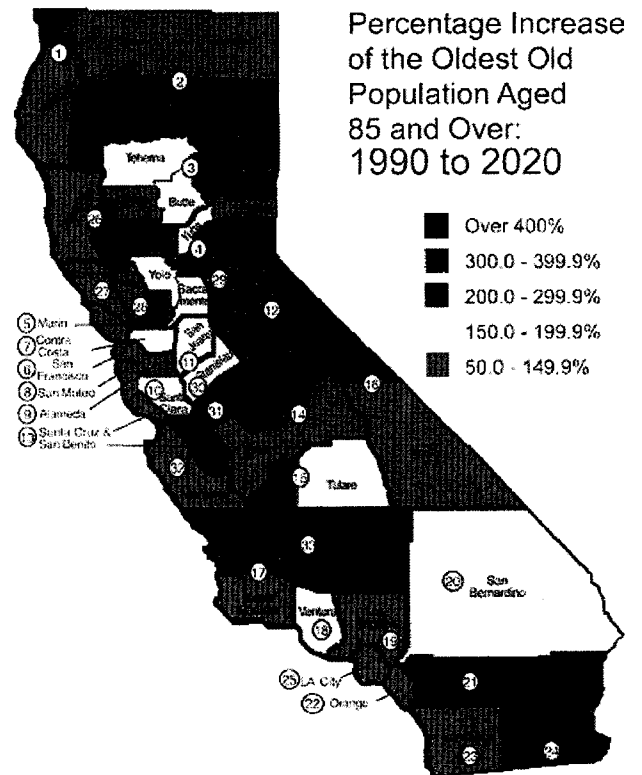
In addition, California has the highest number of Centenarians, persons aged 100 or older, than any other state. This population, which makes up less than 1% of the total population, both in California and nationwide, is expected to increase as the overall population of the state increases.<sup>20</sup>

Figures 5 and 6 highlight the percentage increase of older adults by county in California.<sup>21</sup>

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



**Figure 6: Map of Percentage Increase of Oldest Old Population Aged 85 and Over, Years 1990 - 2020**



<sup>18</sup> "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](http://www.aging.ca.gov/docs/DataAndStatistics/Statistics/IFF/2016_Population_Demographic_Projections.pdf) [accessed February 18, 2016]

<sup>19</sup> "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/](http://www.aging.ca.gov/data_and_statistics/Facts_About_Elderly/). [accessed February 18, 2016]

<sup>20</sup> 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.<sup>21</sup> By the year 2060, one million adults over age 65 will make up approximately 25% of the total projected population in Riverside County.<sup>22</sup>

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<sup>23</sup>  
2014 American Community Survey by Age Group (Ages 50 and Above)**

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

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<sup>24</sup>  
Riverside County Population Projections 2010-2060**

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

<sup>21</sup> "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]

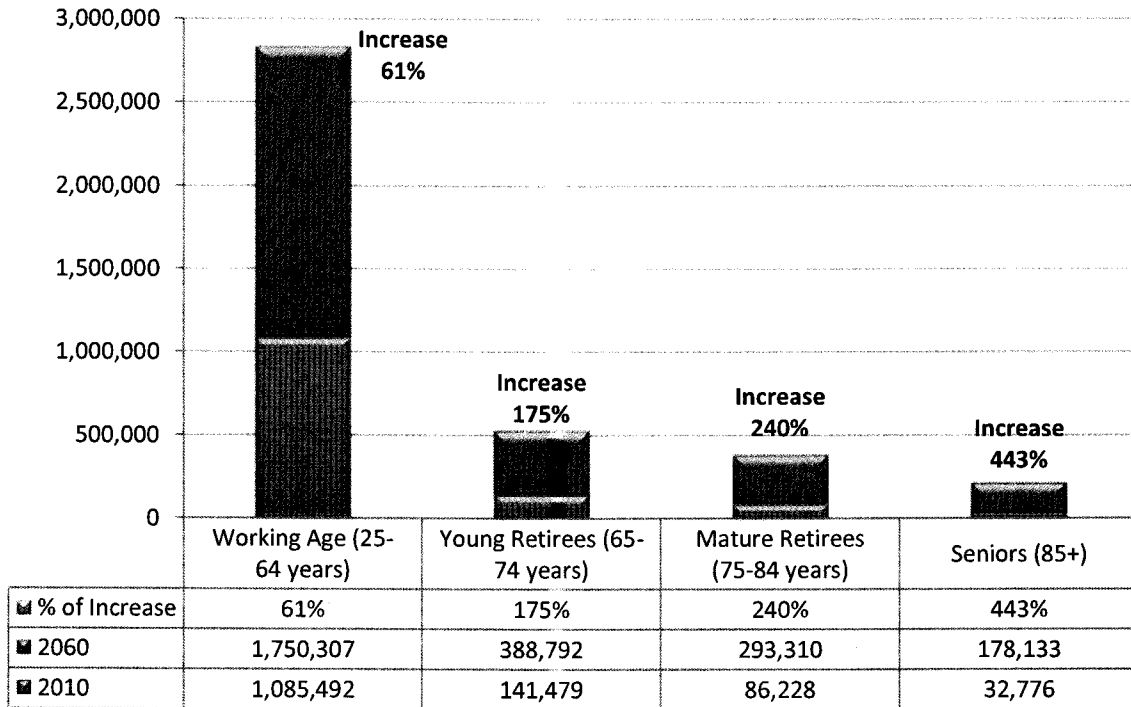
<sup>22</sup> P-1 (Age) State and County Population Projections by Major Age Group (Numeric and Percent Change 2010 to 2060 By Age Group) California Department of Finance, Demographic Research Unit (December 2014)

<sup>23</sup> 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

<sup>24</sup> 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 increase in the Riverside County older adult population.

**Figure 7: Riverside County Population Projections by Age Group (60+)<sup>25</sup>**



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.<sup>26</sup>

## 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%.<sup>27</sup>

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

<sup>26</sup> 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]

<sup>27</sup> 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 Characteristics for Riverside County <sup>28</sup>**

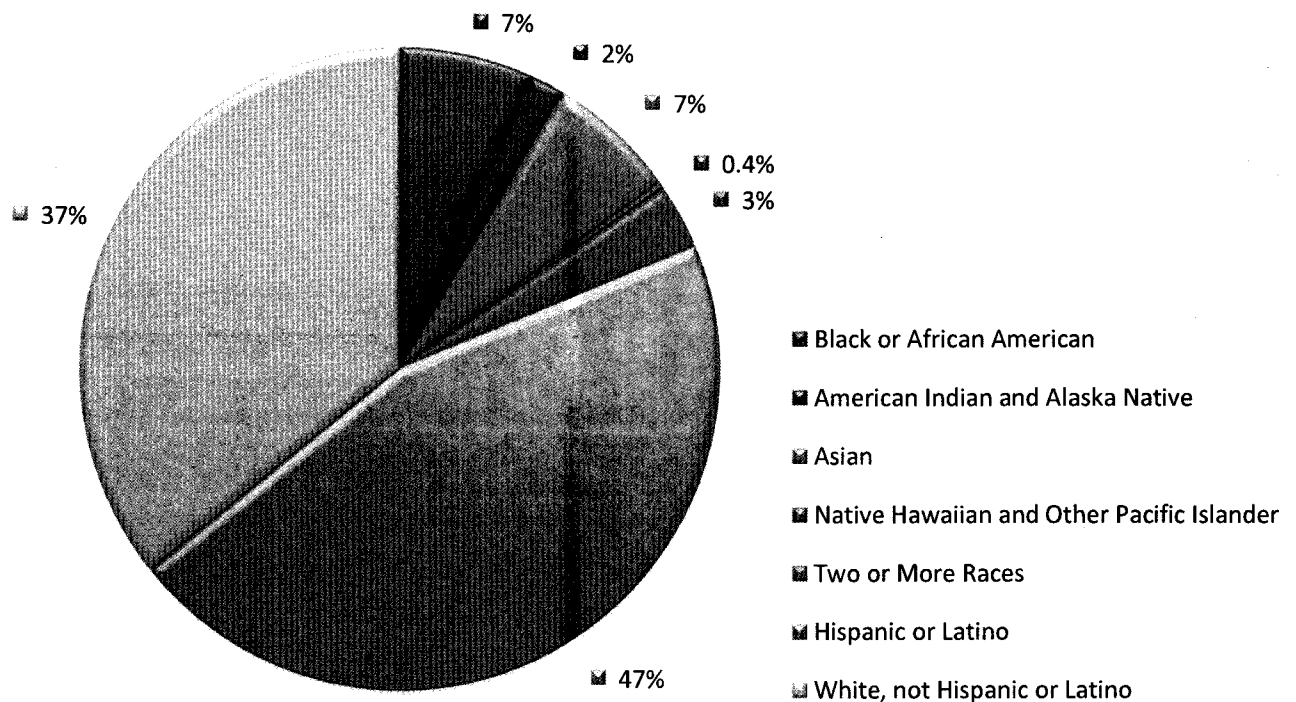
Subject	Riverside County, California		
	Total	With a Disability	Percent with a Disability
	Estimate	Estimate	Estimate
Total civilian noninstitutionalized population	2,243,885	242,737	11%
Population under 5 years	160,006	1,184	0.7%
With a hearing difficulty	-	875	0.5%
With a vision difficulty	-	714	0.4%
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%

<sup>28</sup> 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<sup>29</sup>**

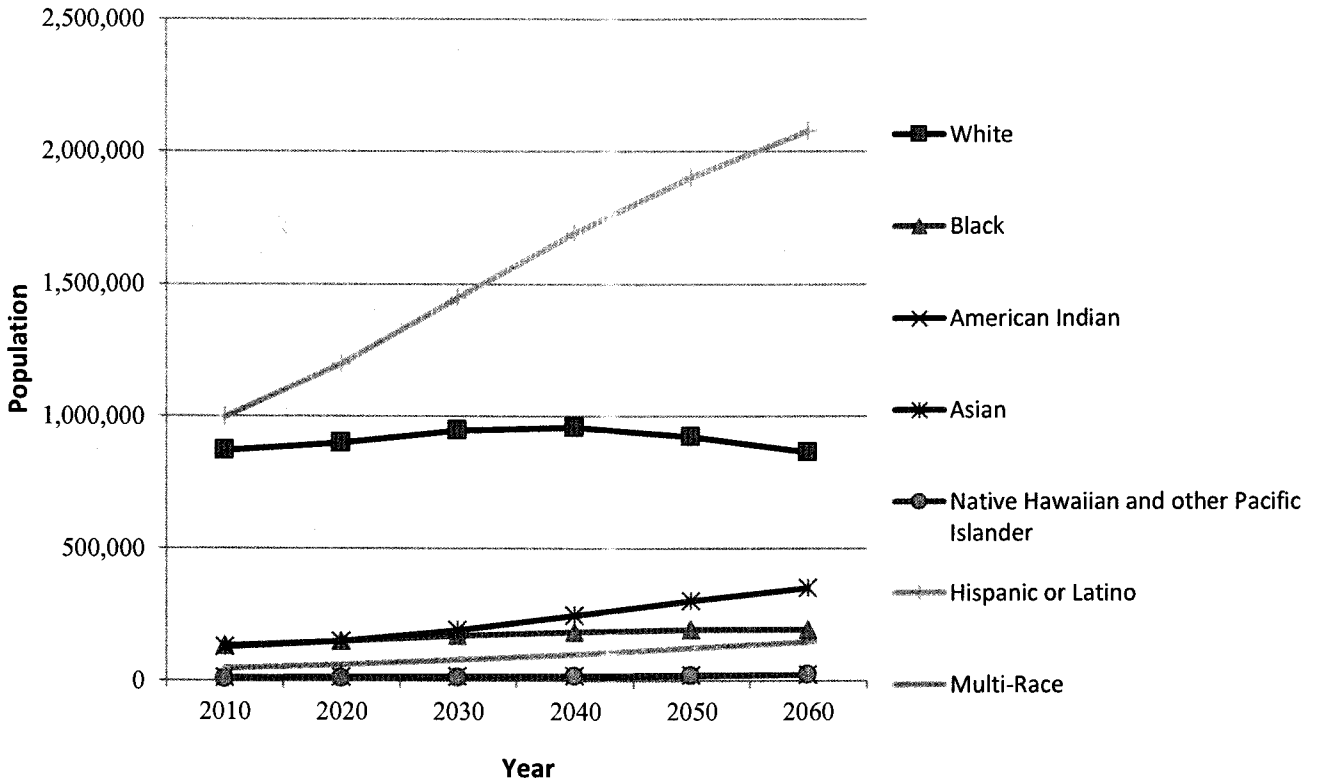


The number of ethnic minorities continues to grow in Riverside County; with the population self-identifying as Hispanic or Latino increasing the fastest. All ethnic groups will continue to increase as more people migrate into the County. As ethnic populations increase, the varying ethnicities and cultures 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.

<sup>29</sup> 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 <sup>30</sup>**



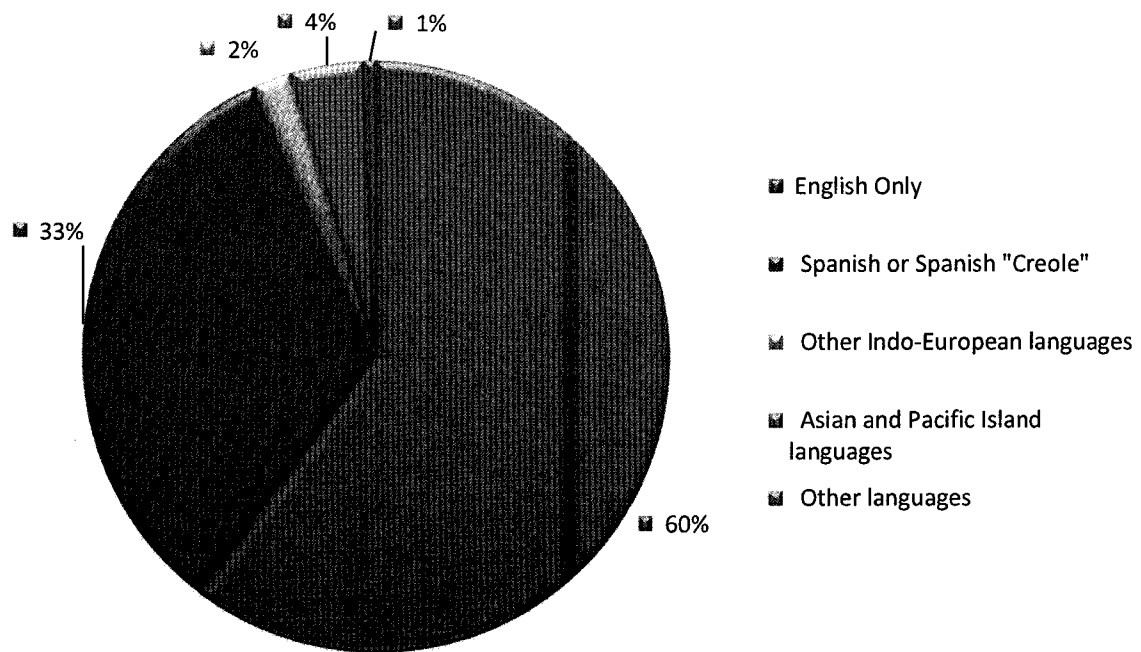
### K. Languages Spoken at Home and English Language Ability

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”.

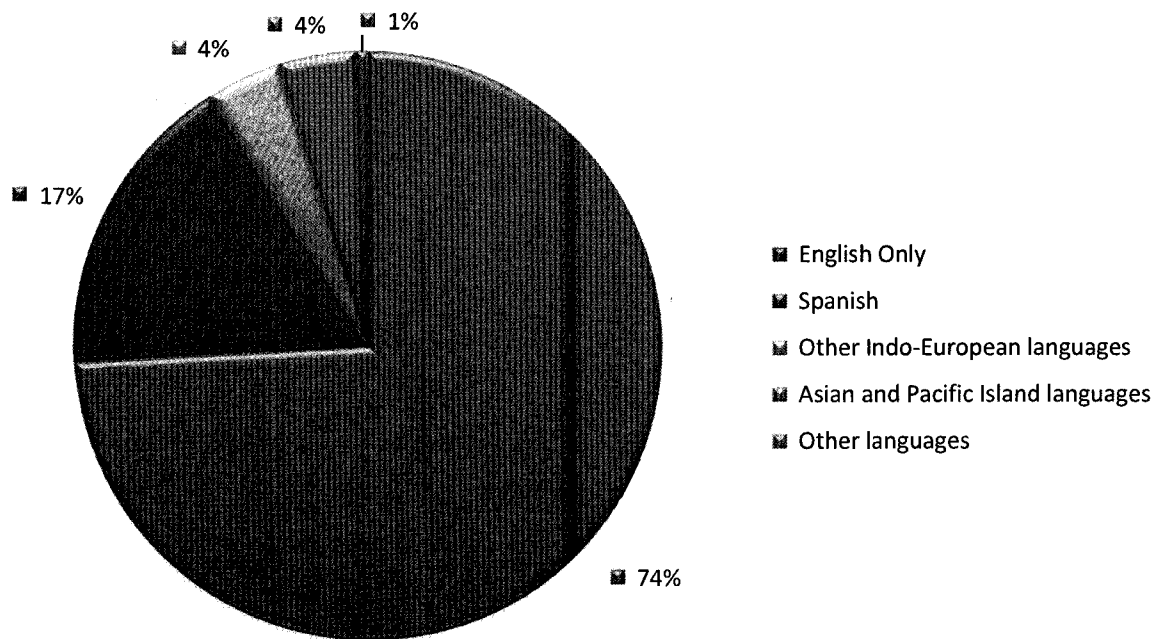
Figures 10 and 11 display the types of languages spoken in the County. English is the primary language spoken, followed by Spanish or Spanish “Creole” (*different dialects of Spanish*), other Indo-European languages and Asian/Pacific Island languages.

<sup>30</sup> State of California, Department of Finance, *Population Projections for California and Its Counties 2010-2060, by Age, Gender and Race/Ethnicity*, Sacramento, California, December 2014. [accessed February 2016].

**Figure 10: Riverside County – Languages Spoken at Home (Total Population)<sup>31</sup>**



**Figure 11: Riverside County – Languages Spoken at Home (Over 65)<sup>31</sup>**



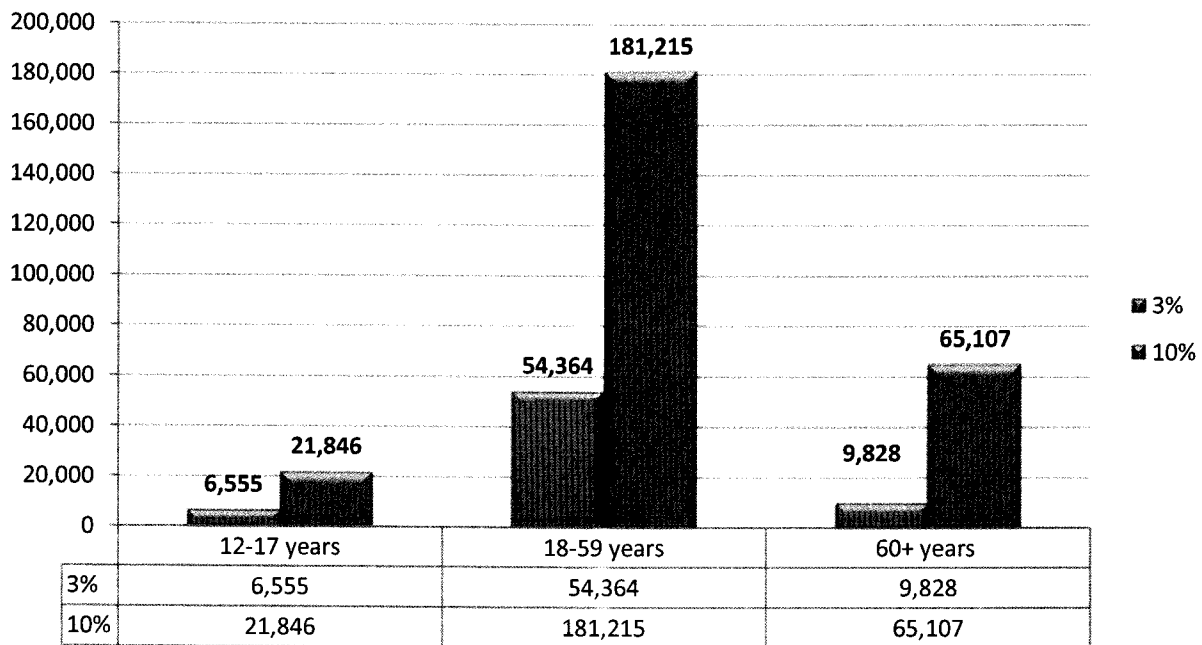
<sup>31</sup> US Census Bureau: American Fact Finder. 2014 American Community Survey 1-Year Estimates Age by Language Spoken at Home in Riverside County. [accessed January 2016].

## 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.<sup>32</sup> 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 programming 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<sup>33</sup>**



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

<sup>33</sup> 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](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)<sup>34</sup>**

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.

<sup>34</sup> 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](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...](http://www.census.gov/hhes/samesex/.../ss-report.d...)>. [accessed February 2016]

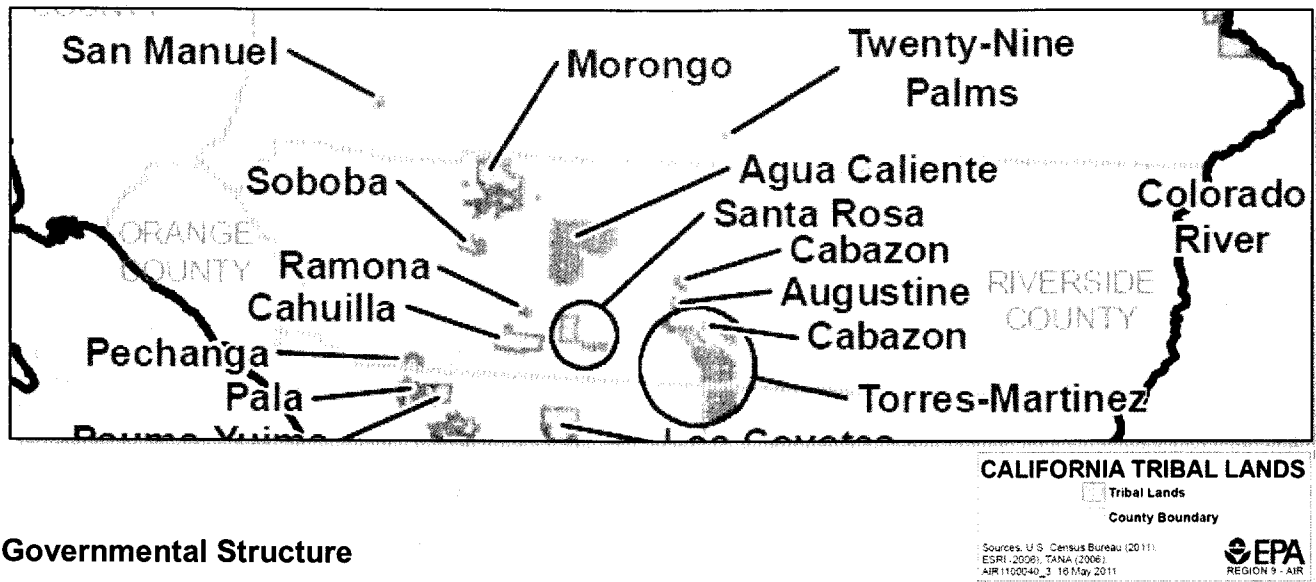
**Table 6: Federally Recognized Native American Reservations in Riverside County**<sup>35 36</sup>

<b>Reservation</b>	<b>Size</b>	<b>Population</b>	<b>Other Information</b>
<b>Agua Caliente Band of Mission Indians of the Agua Caliente Indian Reservation</b>	31,610 acres	21,358	6,700 acres of the reservation lands spread across the city of Palm Springs, making the Band the city's largest landowner.
<b>Augustine Reservation (Cahuilla Indians)</b>	500 acres (one sq. mile)	1	Established by congress December 29, 1891. In 1996, the Chairperson of the Band became the first member to establish residency on the reservation since the mid-1950's.
<b>Cabazon Reservation (of the Mission Indian)</b>	1,610 acres	806	Defined as three parcels of raw desert totaling 2,400 acres. Southern Pacific Railroad later claimed 700 acres to create a railroad interstate right-of-way.
<b>Cahuilla Band of Indians</b>	Approx. 20,000 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.
<b>Morongongo Reservation (of the Mission Indians)</b>	+35,000 acres	954	Set at the foot of the San Geronio and San Jacinto Mountains
<b>Pechanga Band of Luiseno Indians</b>	4,394 acres	467	An additional 305 tribal members reside in the adjacent communities.
<b>Ramona Band of Cahuilla Indians</b>	560 acres	Unknown	Located at the base of the Thomas Mountains, in Anza, California.
<b>Soboba Band of Luiseno Indians</b>	5,915 acres	522	Tribal lands of the Luiseño Indians in eastern Riverside County, near the town of San Jacinto.
<b>Santa Rosa Band of Cahuilla Indians</b>	11,021 acres	65	Comprised of 4 non-contiguous parcels between the cities of Palm Springs and Anza.
<b>Torres-Martinez Desert Cahuilla Indians</b>	24,024 acres	4,146	Tribal lands of the Torres-Martinez Band of Mission Indians (Cahuilla) in Imperial and Riverside counties.
<b>Colorado River Indian Tribes</b>	286,691 acres in both Arizona and in California	4,277	Tribal lands of the Mohave, Chemehuevi, Hopi and Navajo tribes. Land encompasses three counties along the Colorado River.
<b>Twenty-Nine Palms Band of Mission Indians</b>	640 acres	More than 1000	Tribal lands of the Chemehuevi people. Reservation is in both Riverside and San Bernardino counties.

<sup>35</sup> 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]

<sup>36</sup> "About Us." Twenty-Nine Palms Band of Mission Indians. The Official Tribal Government Website. <<http://29palmstribes.com/history.html>>. [accessed March 2016].

Figure 13: Map of Tribal Lands in Riverside County<sup>37</sup>



## 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.<sup>38</sup> 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.<sup>39</sup> 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.<sup>40 41 42 43</sup>

<sup>37</sup> "California Tribal Lands." Environmental Protection Agency. 2011. <[https://www3.epa.gov/region9/air/maps/pdfs/air1100040\\_3.pdf](https://www3.epa.gov/region9/air/maps/pdfs/air1100040_3.pdf)> [accessed February 2016]

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

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

<sup>40</sup> 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]

<sup>41</sup> 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]

<sup>42</sup> 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]

<sup>43</sup> 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 Grandchildren)**

Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Population Disabled	% of 65+ Population Disabled	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren*
2,228,070	13%	9%	11%	36%	12%	4%

*\*As of 2014, over 5.5 million children across America were being raised by their grandparents. Unlike foster parenting, most grandparents informally assume the responsibility for raising their grandchildren in an effort to keep their families together. As a result of this informal arrangement, the number of grandparents raising grandchildren is most likely underreported. These informal arrangements prevent grandparents from receiving financial support to meet the children's needs.<sup>44</sup>*

**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
91752	Mira Loma/Eastvale	28,649	10%	12%	11%	40%	8%	4%
92503	Home Gardens	92,959	8%	12%	9%	37%	18%	4%
92860	Norco	27,304	11%	6%	9%	40%	7%	3%
92879	Corona/El Cerrito/Home Gardens	48,654	8%	10%	8%	38%	14%	4%
92880	Corona/Coronita/Norco/Eastvale	61,187	7%	6%	7%	35%	11%	5%
92881	Corona/El Cerrito/Home Gardens/Temescal Valley/El Sobrante	32,817	10%	6%	7%	31%	5%	3%
92882	Corona/Coronita	70,188	8%	10%	7%	34%	11%	3%
92883	Corona/El Cerrito/Temescal Valley	31,940	11%	11%	8%	29%	8%	4%

<sup>44</sup> US Census Bureau: American Fact Finder. "American Community Survey – 5 Year Estimates 2014- Grandchildren Under 18 Years Living With A Grandparent Householder By Age Of Grandchild [accessed January 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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
91752	Jurupa Valley	28,649	10%	12%	11%	40%	8%	4%
91761	Jurupa Valley	59,892	7%	8%	8%	34%	9%	6%
92316	Jurupa Valley	31,720	8%	13%	11%	51%	8%	7%
92324	Riverside/Jurupa Valley	58,013	7%	15%	9%	42%	13%	5%
92337	Jurupa Valley	37,844	6%	4%	10%	46%	2%	5%
92501	Riverside /Jurupa Valley	22,216	8%	12%	11%	41%	13%	6%
92503	Riverside/El Sobrante/ Lake Mathews	92,959	8%	12%	9%	37%	18%	4%
92504	Riverside/Jurupa Valley/Lake Mathews	53,960	13%	7%	10%	34%	9%	4%
92505	Riverside/Jurupa Valley	49,064	9%	9%	8%	38%	10%	4%
92506	Riverside	45,993	14%	5%	10%	30%	9%	2%
92507	Riverside/Highgrove	55,156	8%	16%	8%	36%	16%	3%
92508	Riverside/Lake Mathews	36,583	8%	11%	7%	34%	27%	5%
92509	Riverside/Glen Avon/ Pedley/Rubidoux/Jurupa Valley	78,221	8%	12%	10%	37%	13%	5%
92518	Riverside	1,129	48%	8%	26%	32%	6%	3%
92553	Riverside	73,803	7%	16%	10%	46%	19%	5%
92557	Riverside	51,871	8%	10%	10%	35%	12%	5%
92570	Lake Mathews	56,766	8%	15%	11%	43%	16%	6%
92860	Riverside/Jurupa Valley	27,304	11%	6%	9%	40%	7%	3%
92879	Riverside	48,654	8%	10%	8%	38%	14%	4%

**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
92570	Lake Mathews/Good Hope	56,766	8%	15%	11%	43%	16%	6%
92324	Moreno Valley	58,013	7%	15%	9%	42%	13%	5%
92507	Moreno Valley	55,156	8%	16%	8%	36%	16%	3%
92508	Moreno Valley/ March ARB/Mead Valley	36,583	8%	11%	7%	34%	27%	5%
92518	Moreno Valley/Perris/ March ARB/Mead Valley	1,129	48%	8%	26%	32%	6%	3%
92545	Green Acres	41,078	26%	12%	20%	41%	11%	3%
92548	Green Acres	7,020	16%	9%	16%	35%	9%	5%
92551	Moreno Valley/Perris/ March ARB	33,050	6%	14%	9%	51%	23%	5%
92553	Moreno Valley/March ARB	73,803	7%	16%	10%	46%	19%	5%
92555	Moreno Valley/Perris/Lakeview	40,419	8%	9%	8%	41%	17%	5%
92557	Moreno Valley	51,871	8%	10%	10%	35%	12%	5%
92567	Nuevo/Lakeview	9,469	10%	8%	10%	36%	6%	5%
92570	Perris/March ARB/ Mead Valley	56,766	8%	15%	11%	43%	16%	6%
92571	Moreno Valley/Perris/ March ARB/ Mead Valley/Nuevo/ Lake View	54,825	5%	10%	9%	41%	15%	5%
92585	Perris/Nuevo	20,148	12%	5%	11%	29%	10%	3%
92586	Perris	19,384	43%	9%	23%	38%	10%	2%
92587	Perris	16,787	14%	11%	9%	28%	18%	3%
92596	Green Acres	26,044	7%	3%	9%	33%	4%	3%

**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
92530	Lake Elsinore/ Lakeland Village	51,816	7%	12%	11%	47%	19%	5%
92532	Menifee/Warm Springs/ Lake Elsinore/ Canyon Lake	21,260	8%	11%	6%	27%	3%	4%
92545	Winchester/Homeland	41,078	26%	12%	20%	41%	11%	3%
92548	Menifee/Homeland /Romoland	7,020	16%	9%	16%	35%	9%	5%
92562	Menifee	63,293	12%	4%	9%	34%	8%	3%
92563	Menifee	57,605	9%	6%	7%	32%	7%	4%
92567	Romoland	9,469	10%	8%	10%	36%	6%	5%
92570	Menifee/Warm Springs/Lake Elsinore/Canyon Lake	56,766	8%	15%	11%	43%	16%	6%
92584	Menifee/Winchester/ Lake Elsinore	46,346	10%	4%	10%	37%	5%	4%
92585	Menifee/Romoland /Homeland/Sun City	20,148	12%	5%	11%	29%	10%	3%
92586	Menifee/Sun City	19,384	43%	9%	23%	38%	10%	2%
92587	Menifee/Lake Elsinore/Canyon Lake/ Sun City/Quail Valley	16,787	14%	11%	9%	28%	18%	3%
92595	Menifee/Lake Elsinore/Lakeland Village	31,139	10%	11%	11%	42%	14%	3%
92596	Menifee/Winchester	26,044	7%	3%	9%	33%	4%	3%
92883	Lake Elsinore	31,940	11%	11%	8%	29%	8%	4%

**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
92028	Temecula	48,335	18%	8%	12%	37%	10%	2%
92060	Aguanga	61	69%	-	-	-	-	--
92086	Aguanga	1,335	29%	9%	20%	26%	14%	2%
92536	Aguanga/Anza/ Lake Riverside	2,750	24%	5%	10%	21%	4%	4%
92539	Anza/Lake Riverside	3,890	23%	5%	20%	46%	10%	2%
92544	Anza	47,136	14%	10%	11%	41%	10%	4%
92561	Anza	1,600	30%	10%	11%	24%	--	1%
92562	Murrieta/Temecula	63,293	12%	4%	9%	34%	8%	3%
92563	Murrieta/Temecula/ French Valley	57,605	9%	6%	7%	32%	7%	4%
92584	Murrieta/French Valley	46,346	10%	4%	10%	37%	5%	4%
92590	Murrieta/Temecula	3,841	15%	13%	12%	29%	38%	2%
92591	Murrieta/Temecula	39,767	10%	7%	8%	32%	4%	2%
92592	Temecula	74,558	9%	6%	8%	34%	8%	3%
92595	Murrieta	31,139	10%	9%	11%	42%	14%	3%
92596	Murrieta/Temecula/ French Valley	26,044	7%	3%	9%	33%	4%	3%

**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
92220	Banning/Beaumont/Cabazon	32,793	27%	9%	18%	39%	8%	3%
92223	Banning/Beaumont/Calimesa/Cherry Valley	46,719	14%	7%	10%	28%	8%	3%
92230	Banning/Cabazon	3,297	5%	14%	8%	49%	29%	4%
92320	Beaumont/Calimesa/Cherry Valley	8,097	29%	9%	19%	39%	7%	2%
92373	Beaumont/Calimesa	34,017	15%	9%	11%	34%	16%	1%
92399	Banning/Calimesa/Cherry Valley	54,056	14%	12%	12%	37%	17%	3%
92555	Beaumont	40,419	8%	9%	8%	41%	17%	5%
92583	Beaumont	31,107	13%	10%	16%	54%	10%	3%

**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
92543	Hemet/East Hemet/ San Jacinto	34,680	20%	15%	19%	44%	15%	2%
92544	Hemet/East Hemet/ San Jacinto/Valle Vista	47,136	14%	10%	17%	41%	10%	4%
92545	San Jacinto	41,078	26%	12%	20%	41%	11%	3%
92548	Hemet	7,020	16%	9%	16%	35%	9%	5%
92549	Idyllwild-Pine Cove/Mountain Center	2,652	26%	6%	13%	21%	8%	1%
92555	San Jacinto	40,419	8%	9%	8%	41%	17%	5%
92561	Idyllwild-Pine Cove/Mountain Center	1,600	30%	10%	11%	24%	--	1%
92567	San Jacinto	9,469	10%	8%	10%	36%	6%	5%
92582	Hemet/San Jacinto	16,200	11%	3%	13%	33%	4%	5%
92583	Hemet/San Jacinto/ Valle Vista	31,167	13%	10%	16%	54%	10%	5%
92596	Hemet	26,044	7%	3%	9%	33%	4%	3%

**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
92211	Thousand Palms	24,564	47%	7%	17%	27%	4%	1%
92220	Whitewater	32,793	27%	9%	18%	39%	8%	3%
92230	Whitewater	3,297	5%	14%	8%	49%	29%	4%
92234	Palm Springs/ Cathedral City	52,534	14%	14%	12%	34%	14%	3%
92240	Desert Hot Springs / Palm Springs/Cathedral City/Desert Edge/Garnet	35,878	11%	12%	13%	43%	13%	3%
92241	Desert Hot Springs/ Palm Springs/ Cathedral City/Desert Edge/ Garnet/Sky valley/ Thousand Palms	9,156	31%	11%	18%	31%	18%	3%
92258	Desert Hot Springs/ Palm Springs	520	19%	10%	23%	15%	67%	--
92260	Palm Springs	32,855	32%	8%	14%	28%	10%	1%
92262	Palm Springs/ Cathedral City	26,693	21%	9%	16%	34%	11%	1%
92264	Palm Springs/ Cathedral City	19,754	35%	8%	20%	36%	12%	1%
92270	Palm Springs/Cathedral City/Thousand Palms	17,634	45%	4%	15%	26%	4%	--
92276	Cathedral City/ Sky Valley/ Thousand Palms	7,921	22%	6%	19%	44%	8%	3%
92282	Desert Hot Springs/ Palm Springs/Whitewater	783	19%	4%	21%	32%	13%	--
92561	Palm Springs	1,600	30%	10%	11%	24%	--	1%



**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
92203	Palm Desert/ Desert Palms	27,466	18%	9%	10%	34%	16%	3%
92210	Palm Desert/Indian Wells	4,839	61%	4%	17%	27%	3%	--
92211	Rancho Mirage/ Palm Desert/ Indian Wells/ Desert Palms	24,564	47%	7%	17%	27%	4%	1%
92234	Rancho Mirage	52,534	14%	14%	12%	34%	14%	3%
92241	Desert Palms	9,156	31%	11%	18%	31%	18%	3%
92253	Palm Desert/Indian Wells	38,462	24%	7%	12%	24%	14%	1%
92260	Rancho Mirage/ Palm Desert/Indian Wells	32,855	32%	8%	14%	18%	15%	1%
92264	Rancho Mirage	19,754	35%	8%	20%	36%	12%	1%
92270	Rancho Mirage/ Palm Desert	17,634	45%	4%	15%	26%	4%	--
92276	Rancho Mirage/ Palm Desert/ Desert Palms	7,921	22%	6%	19%	44%	8%	3%
92561	Palm Desert	1,600	30%	10%	11%	24%	--	1%

**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	% 65+ Disabled Population Living in Poverty	% of Total Population Grandparents Raising Grandchildren
92201	La Quinta/Indio/Coachella/ Bermuda Dunes/ Vista Santa Rosa	63,915	12%	16%	12%	40%	21%	3%
92203	La Quinta/Indio/Coachella/ Bermuda Dunes	27,466	18%	9%	10%	34%	16%	3%
92210	La Quinta	4,839	61%	4%	17%	27%	3%	--
92211	La Quinta/Indio/ Bermuda Dunes	24,564	47%	7%	17%	27%	4%	1%
92236	La Quinta/Indio/ Coachella/ Thermal/ Vista Santa Rosa	43,037	5%	19%	9%	52%	19%	5%
92241	Indio/Coachella	9,156	31%	11%	18%	31%	18%	3%
92253	La Quinta/Indio/Bermuda Dunes/Vista Santa Rosa	38,462	24%	7%	12%	24%	14%	1%
92254	Mecca/North Shore/Oasis	12,300	5%	21%	9%	37%	21%	5%
92274	La Quinta/Coachella/ Mecca/Oasis/Thermal/ Vista Santa Rosa	18,937	6%	19%	10%	41%	24%	2%
92276	Indio	7,921	22%	6%	19%	44%	8%	3%

**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	% 65+ Disabled Population Living in Poverty	% of Population Grandparents Raising Grandchildren
92225	Blythe/Ripley/Mesa Verde	23,509	9%	15%	11%	46%	22%	3%
92239	Desert Center	428	9%	--	12%	26%	--	2%

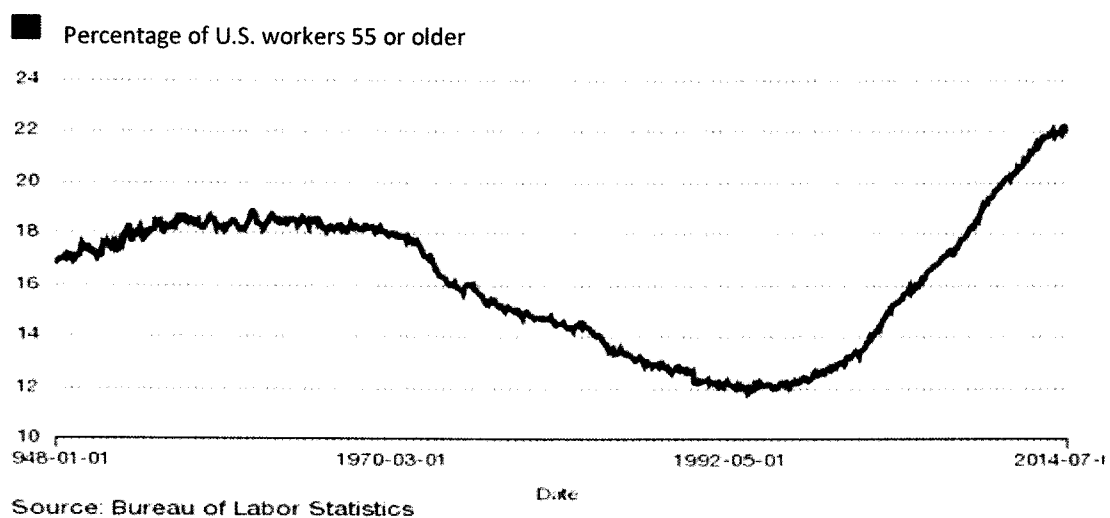
## R. Workforce

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.<sup>45</sup> 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.<sup>46</sup>

1. *Nationally, approximately 80% of Boomers who are eligible for retirement are still active in the workforce.*<sup>47</sup>
2. *51% of those over age 65 work full-time, while 28% work part-time.*<sup>48</sup>

In 2012, older adult workers made up almost a quarter (or 21%) of the national workforce.<sup>49</sup>

**Figure 14: Boomers – A Force in the Workforce<sup>50</sup>**



<sup>45</sup> "The Baby Boomer Generation [Born 1946–1964]." Beacon Health Options. 2014. <[http://www.valueoptions.com/spotlight\\_YIW/baby\\_boomers.htm](http://www.valueoptions.com/spotlight_YIW/baby_boomers.htm)>. [accessed March. 2016]

<sup>46</sup> 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]

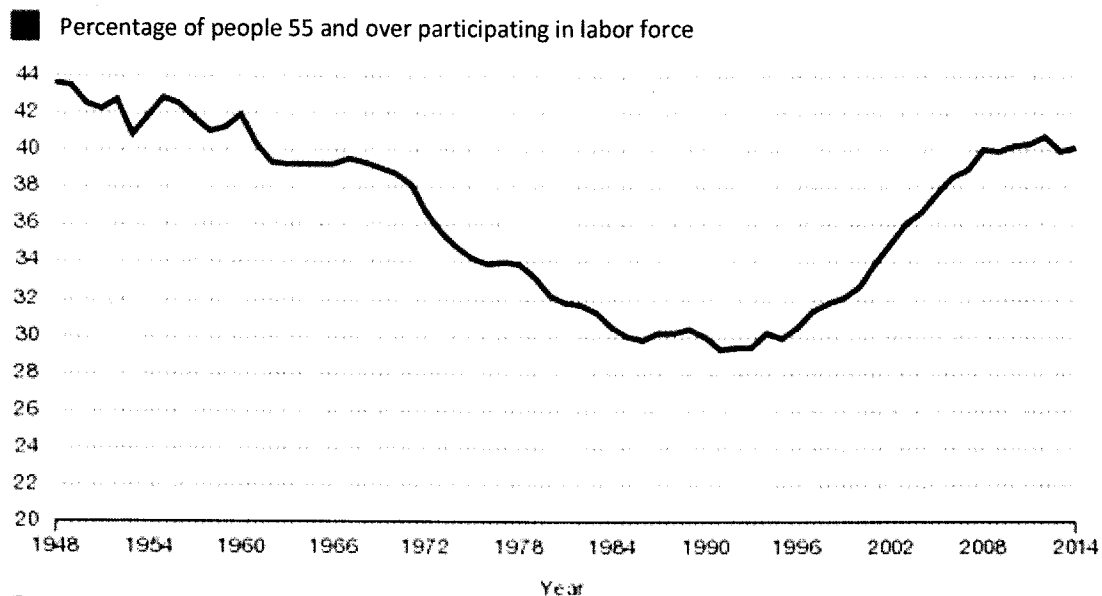
<sup>47</sup> Ruffenach, Glenn. "Why Mortgage Debt Threatens Boomers' Retirements." MarketWatch, 2 Feb. 2015. [accessed February 2016] <<http://www.marketwatch.com/story/why-mortgage-debt-threatens-boomers-retirements-2015-02-02>>.

<sup>48</sup> 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]

<sup>49</sup> 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-u-dot-s-dot-workers-are-55-or-older>>.

<sup>50</sup> 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-u-dot-s-dot-workers-are-55-or-older>>

**Figure 15: Boomers – Not Ready to Quit Working<sup>51</sup>**



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.<sup>52</sup> 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.<sup>53</sup> 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.<sup>54</sup>

<sup>51</sup> 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]

<sup>52</sup> California Employment Development Department, *Employment by Industry Data for Riverside County 2015*. <[labormarketinfo.edd.ca.gov](http://labormarketinfo.edd.ca.gov)> [accessed February 2016]

<sup>53</sup> 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]

<sup>54</sup> 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]

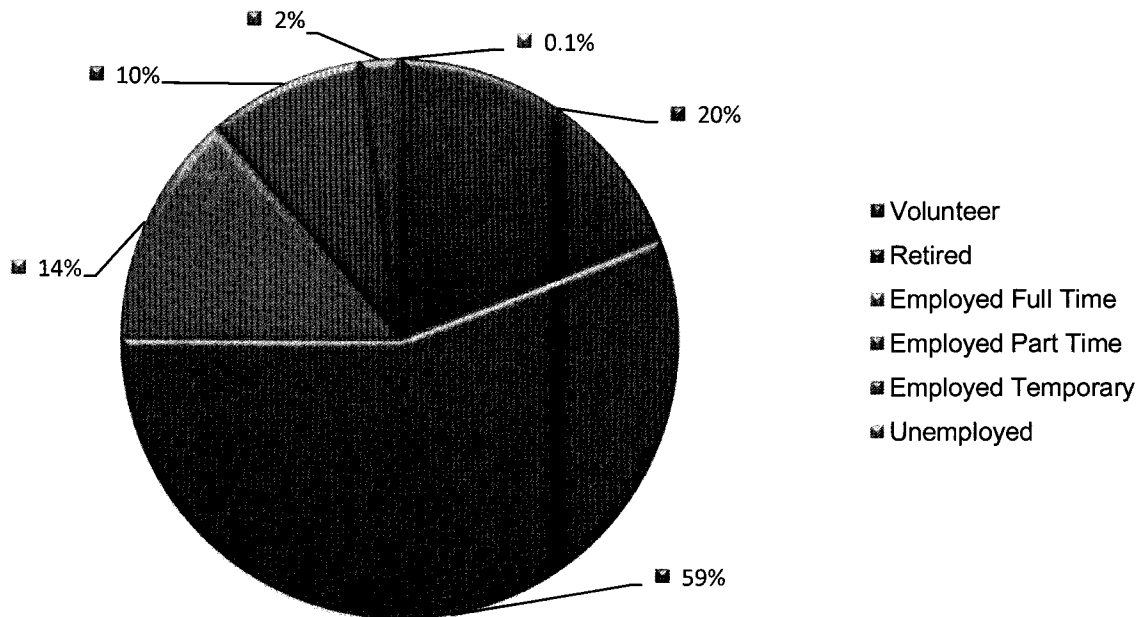
3. *Employment opportunities in the transportation, warehousing and utilities and construction sectors may not be conducive to older adult employment.*
4. *The growing educational sector and health services industry may provide more opportunities for retirees who wish to remain in the workforce.*

## 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.<sup>55</sup> 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<sup>56</sup>**



<sup>55</sup>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](http://www.nationalservice.gov/pdf/07_0307_boomer_report.pdf)>. [accessed February 2016].

<sup>56</sup> 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.<sup>57</sup>

For single and coupled older adults, the FPL is \$11,880 and \$16,020 respectively.<sup>58</sup> 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.<sup>59</sup>

Table 19 below highlights the 2016 Federal Poverty Guidelines.

**Table 19: Federal Poverty Guidelines for 2016<sup>60</sup>**

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
<b>For family units more than 8 members, add \$4,160 for each additional member.</b>						

<sup>57</sup> 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.

<sup>58</sup> "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].

<sup>59</sup> 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].

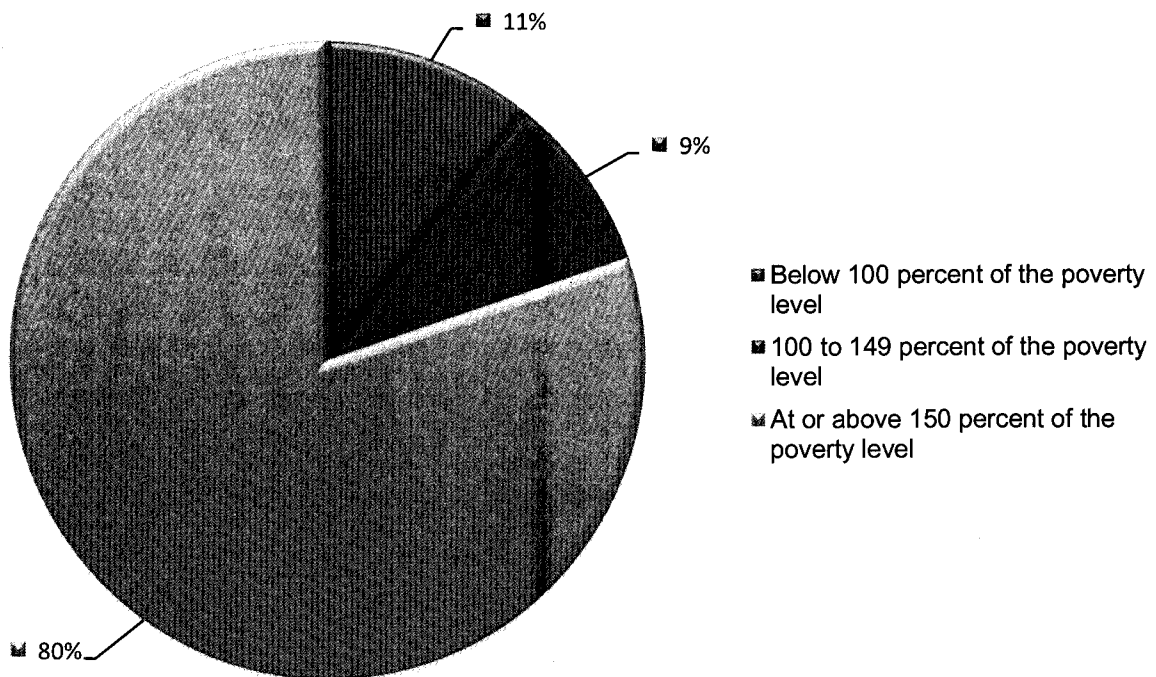
<sup>60</sup> Federal Register/Vol 81, No. 15/Monday, January 25, 2016/Notices. <<https://www.gpo.gov/fdsys/pkg/FR-2016-01-25/pdf/2016-01450.pdf>> [accessed February, 2016].

## 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.<sup>61</sup> 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<sup>62</sup>**



<sup>61</sup> 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]

<sup>62</sup> 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 generation 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.<sup>63</sup> 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.*<sup>64</sup>
2. *The average monthly payments for retired workers receiving Social Security in 2015 totaled \$1,335, or \$16,020/annually.*<sup>65</sup>

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.<sup>66</sup>

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

**Table 20: Income and Benefit Earnings of Riverside County Population 60+<sup>67</sup>**

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

<sup>63</sup> 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]

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

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

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

<sup>67</sup> 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.<sup>68</sup>

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.<sup>69</sup>

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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<sup>68</sup> 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](http://scholarworks.umb.edu/gerontologyinstitute_pubs/75)> [accessed February 2016]

<sup>69</sup> "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<sup>70</sup>**

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.<sup>71 72</sup>

<sup>70</sup> "UCLA Center for Health Policy Research." *El 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}>>.

<sup>71</sup> "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/>>.

<sup>72</sup> 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](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%)<sup>73</sup> 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).<sup>74</sup>

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

## 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.<sup>77</sup>

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

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<sup>73</sup> Riverside County QuickFacts from the US Census. Retrieved from: <http://quickfacts.census.gov/qfd/states/06/06065.html> [accessed February 2016].

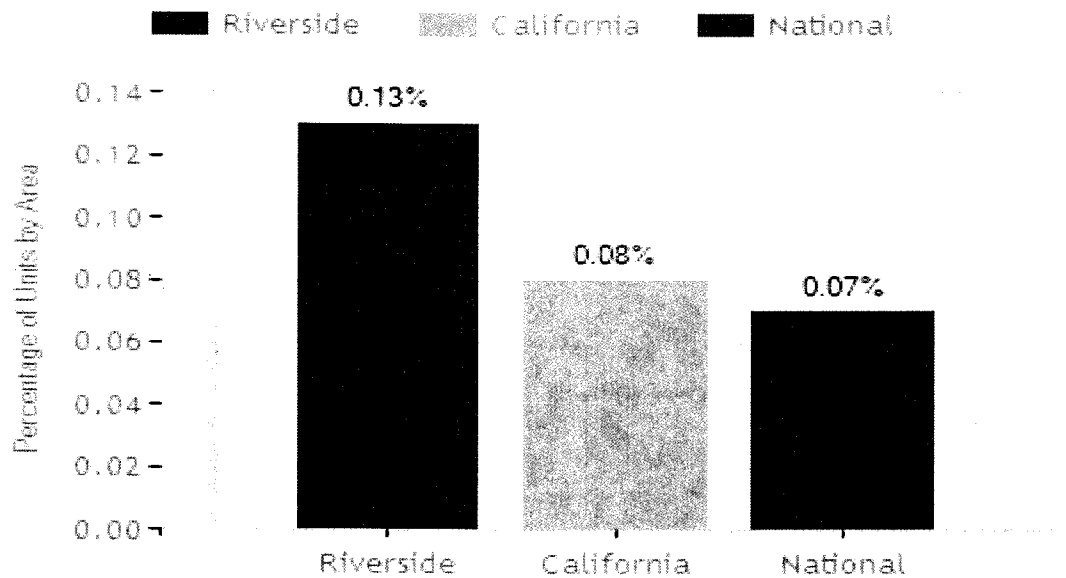
<sup>74</sup> California Department of Finance, Demographic Research Unit, State Census Data Center, Demographic Program Summary File, Table 1: Population, Age, and Sex Characteristics, April 1, 2010.

<sup>75</sup> 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].

<sup>76</sup> 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>>.

<sup>77</sup> "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<sup>78</sup>**



#### **AA. Reverse Mortgages**

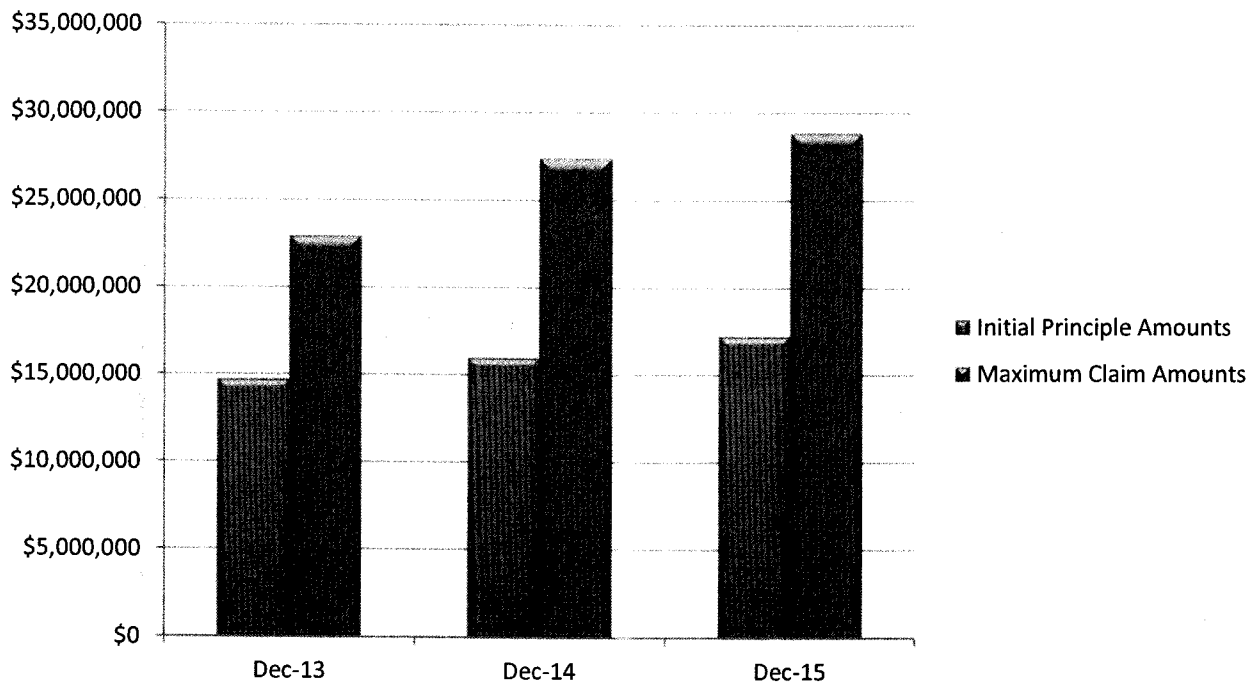
“Reverse mortgages” are a type of loan wherein a bank allows a homeowner to cash out the equity available in his or her home. The homeowner receives a monthly payment from the lender, which reduces the amount of equity available in the home. Homeowners usually enter into these mortgages for short term 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*).<sup>79</sup>

<sup>78</sup> 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/foreclosures/ca/riverside-county>>.

<sup>79</sup> 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](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<sup>80</sup>**



## **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.

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

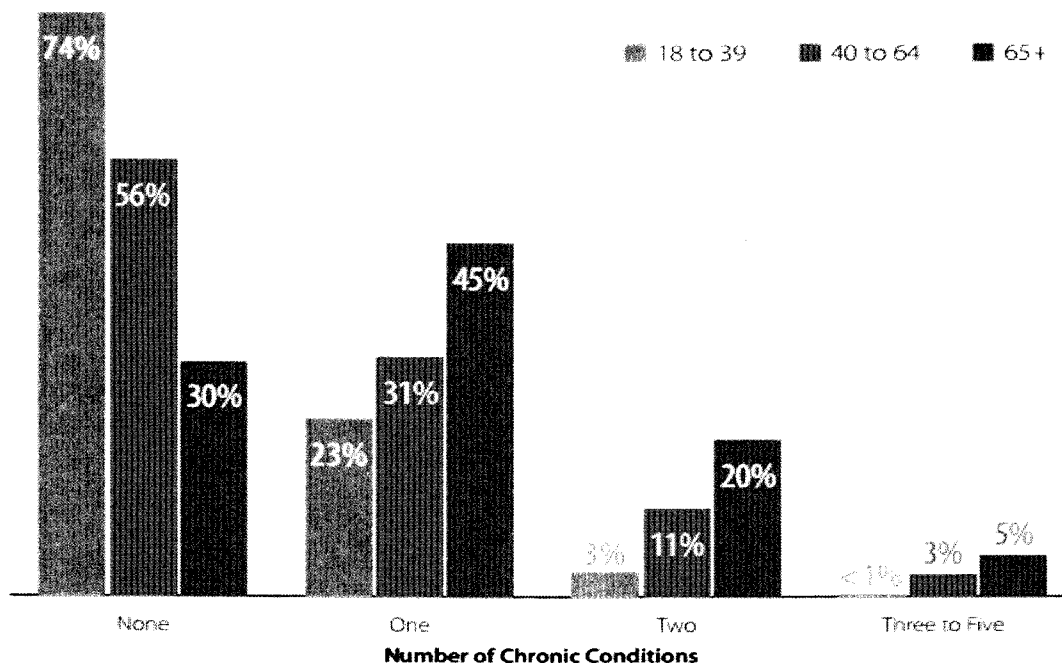
By 2030, 6 of every 10 Boomers in the U.S. will be living with multiple chronic conditions:

- 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<sup>81</sup>

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.<sup>82</sup>

In 2012, the national estimated direct cost for diagnosed diabetes alone was \$176 billion.<sup>83</sup> 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<sup>84</sup>**



<sup>81</sup> "When I'm 64: How Boomers Will Change Health Care." 24. Healthydesign.org. American Hospital Association. [accessed January 2016].

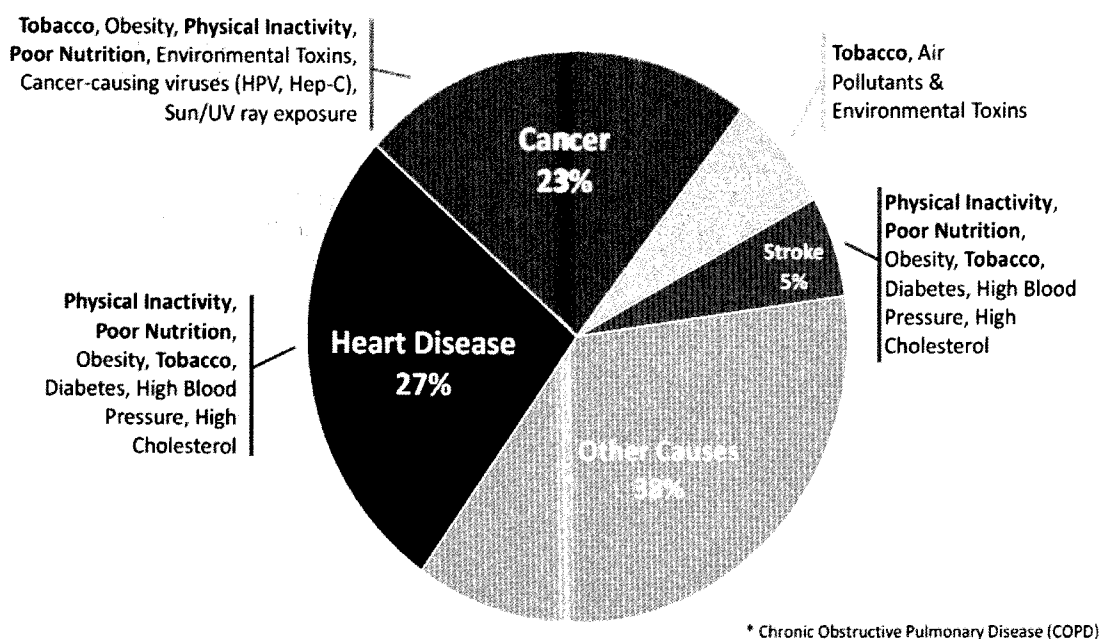
<sup>82</sup> National Council on Aging, Healthy Aging Fact Sheet, January 2014. <<https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>> [accessed January 2016].

<sup>83</sup> "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].

<sup>84</sup> 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](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<sup>85</sup>**



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.<sup>86</sup>

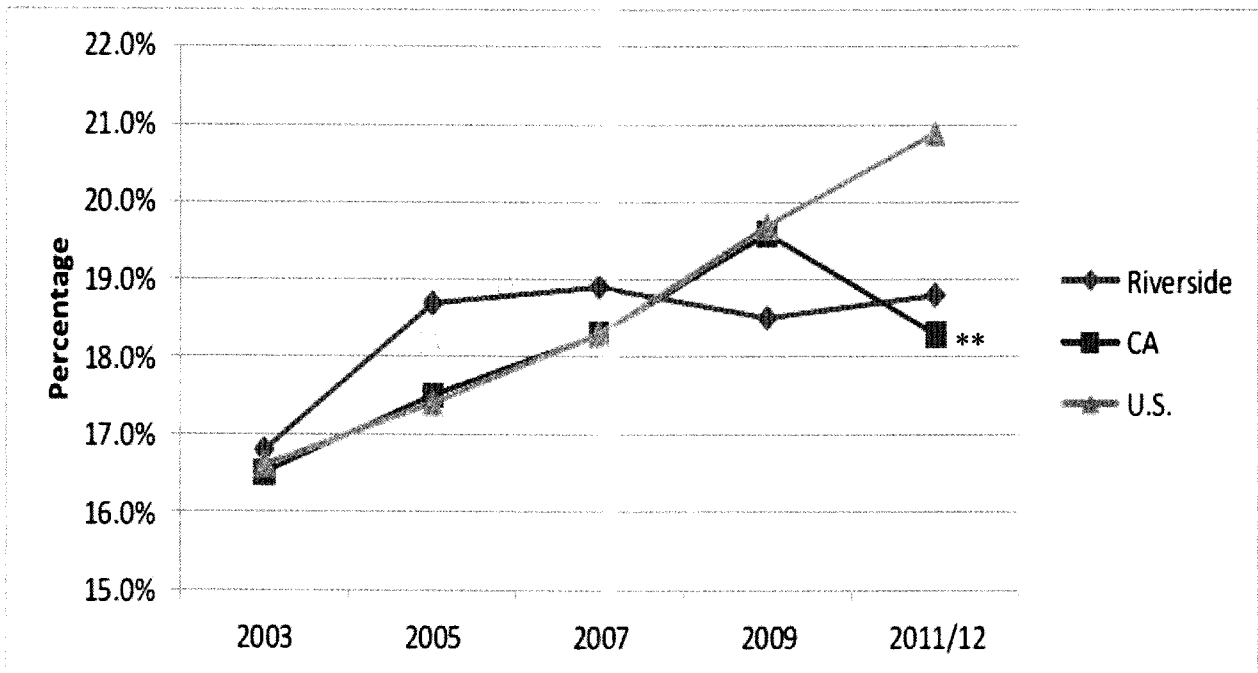
<sup>85</sup> Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. Web. <[http://www.rivcoph.org/Portals/0/LGBT\\_Health\\_Wellness\\_2014.pdf](http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf)>. [accessed February 2016].

<sup>86</sup> 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](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 <sup>87</sup>

**Figure 22: Diabetes Prevalence among Older Adults (65+), Riverside County, CA, & U.S., 2003-2011/12 (Calendar Year)<sup>88</sup>**



**\*\* 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.<sup>89</sup>

<sup>87</sup> 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](http://diabetescoalitionofcalifornia.org/wp-content/uploads/2013/11/FINAL-Rpt-1877-DM-burden-2014_8-6-14.pdf)> [accessed February 2016]

<sup>88</sup> 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](http://www.rivcoph.org/Portals/0/Diabetes_2015_rev7_1_2015.pdf)> [accessed February 2016]

<sup>89</sup> 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<sup>90</sup>**

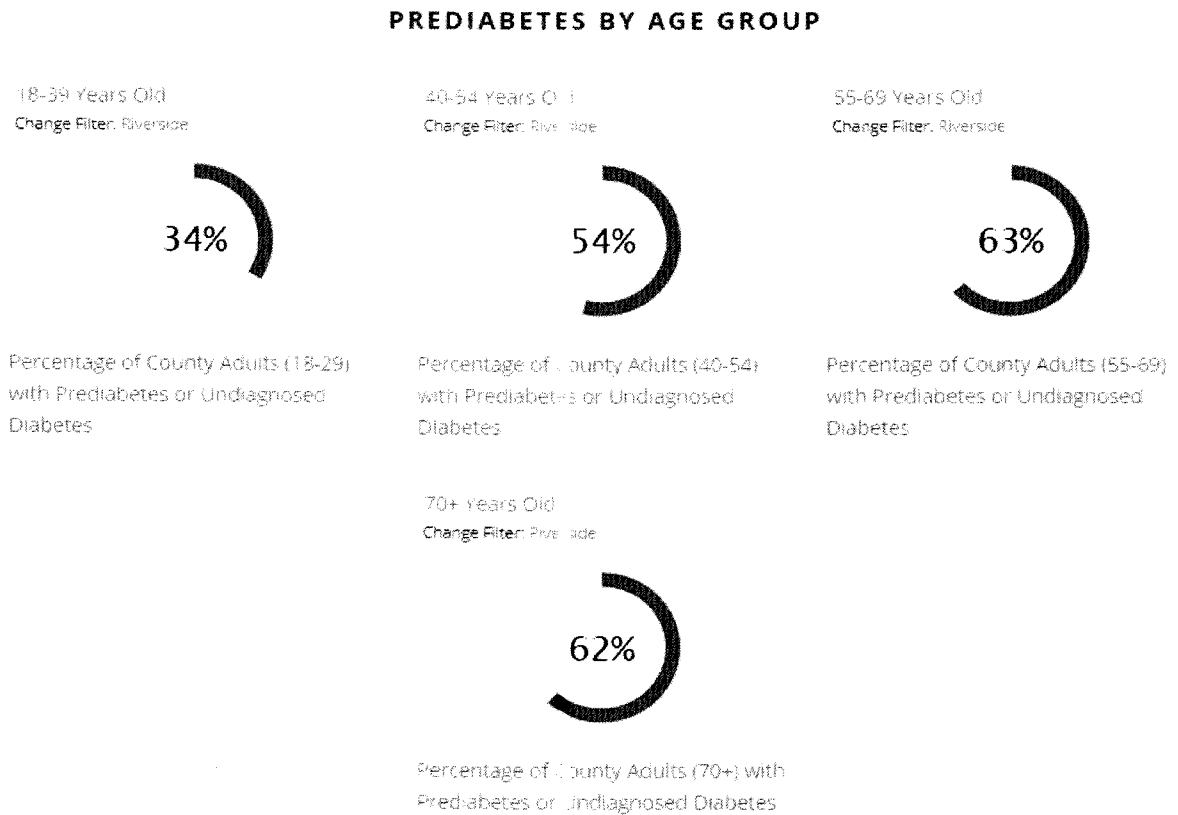


Figure 23 identifies that 30% of those identified with prediabetes will develop Type 2 diabetes within five years, and as many as 70% will develop the disease in their lifetime. Diabetes prevalence increased by 12% among older adults over age 65 between 2003 and 2012 in Riverside County. Approximately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

<sup>90</sup> 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].

<sup>91</sup> Napier, R. (2015). *Diabetes in Older Adults, Riverside, CA: Riverside County Department of Public Health, Epidemiology and Program Evaluation.* <[http://www.rvcoph.org/Portals/0/Diabetes\\_2015\\_rev7\\_1\\_2015.pdf](http://www.rvcoph.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.<sup>92</sup>

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.<sup>93</sup>

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.<sup>94</sup>
- 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 5<sup>th</sup> leading cause of death in California in 2012.

Approximately 10% of Riverside County's older adults are living with Alzheimer's disease.<sup>95</sup>

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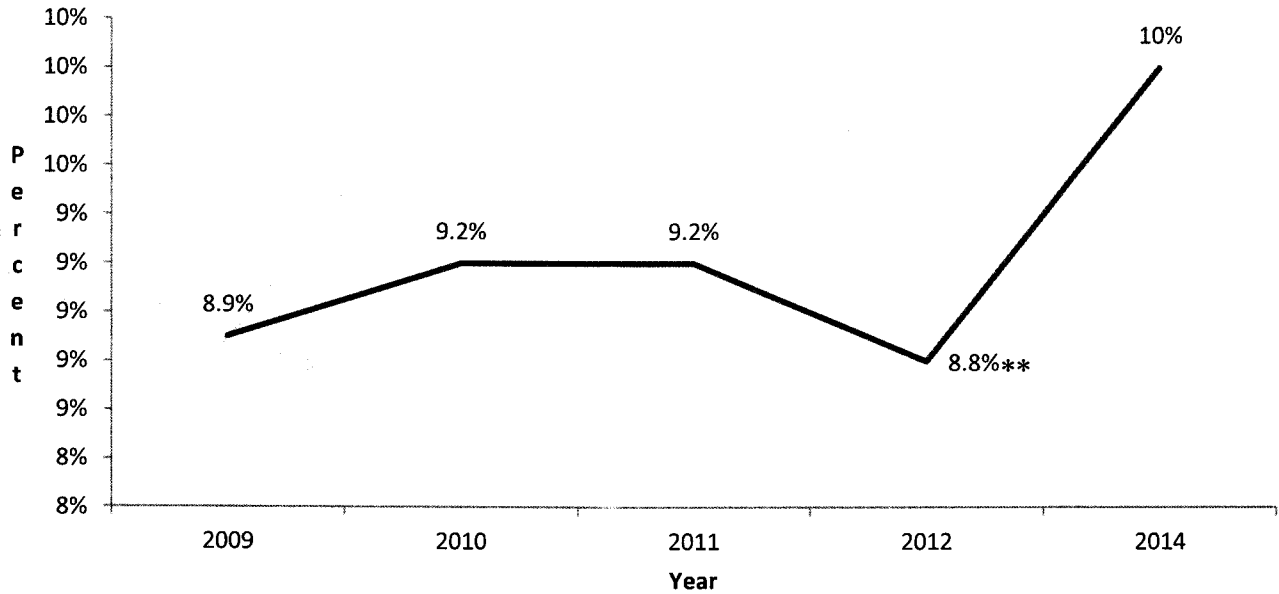
<sup>92</sup> Alzheimer's Association, 2015 Alzheimer's Disease Facts and Figures, Alzheimer's & Dementia, Volume 10, Issue 2.

<sup>93</sup> Falconi, April and Dow, William H. "Will Boomers Bust the Budget?" University of California, Berkeley's Division of Health and Policy Management, November 2013.

<sup>94</sup> 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].

<sup>95</sup> "Morbidity Alzheimer's Diseases/dementia (percent)." Community Health Status Indicators. Centers for Disease Control and Prevention, 2016. Web. <<http://www.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<sup>96</sup>**



**\*\* 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.<sup>97</sup>



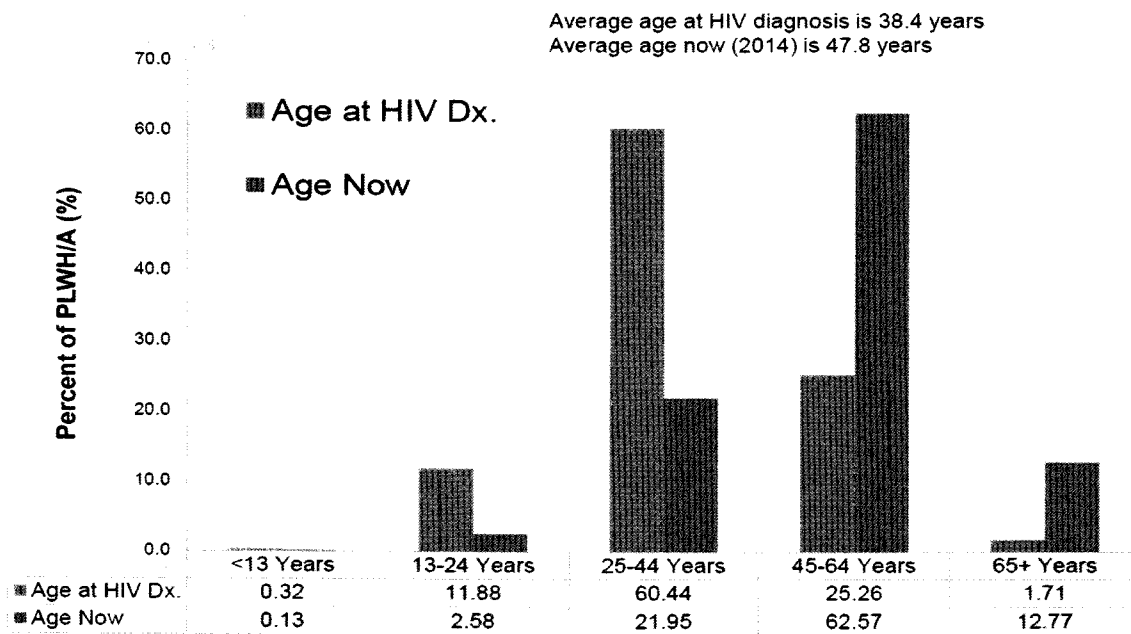
<sup>96</sup>"Welcome to SHAPE Riverside County." SHAPE Riverside. Riverside County Strategic Health Alliance Pursuing Equity, Feb. 2016. Web.. <<http://www.shaperivco.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11329592>>. [accessed February 2016]

<sup>97</sup> 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.<sup>98</sup>

**Figure 25: PLWH/A\* by Age at Time of HIV Diagnosis (Dx) vs. Age Now (2014)<sup>99</sup>**

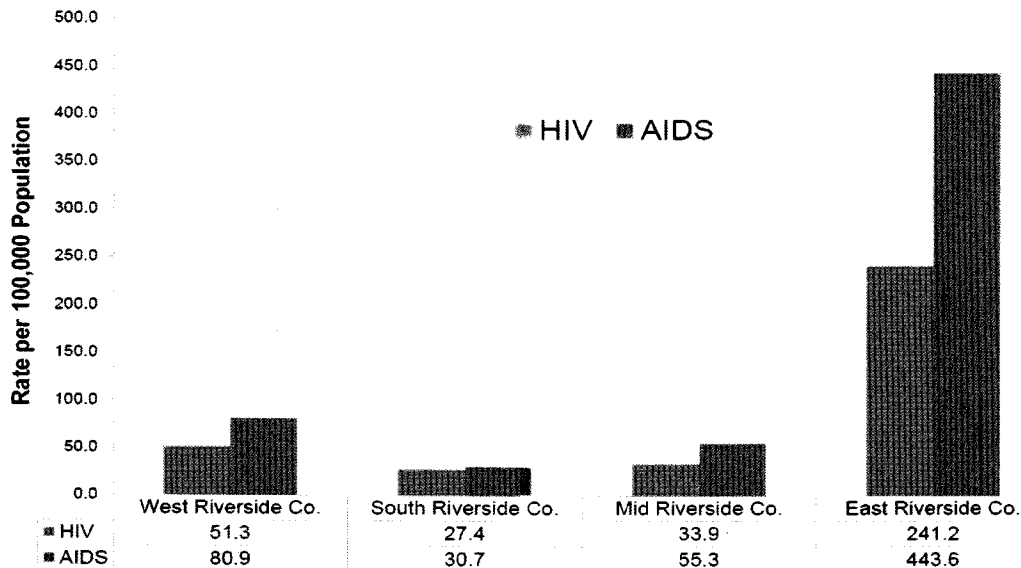


\*People living with HIV/AIDS

<sup>98</sup> 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*

<sup>99</sup> 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<sup>100</sup>



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.<sup>101</sup>



<sup>100</sup> 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

<sup>101</sup> 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.harcddata.org/documents/HARC\\_SeniorReport.pdf](http://www.harcddata.org/documents/HARC_SeniorReport.pdf)> 2013 HARC Senior Report. [accessed January 2016].

## CC. Programs and Services Provided

The Office on Aging provides over 24 different programs and services, either directly or through contracted providers, which allow older adults to remain independent and living in their homes and communities. All Office on Aging programs and services are free to those who meet the minimum qualifications for each program. Services are advertised on the department website and via flyers distributed throughout the aging network, community partners, and the Advisory Council on Aging. Program information is provided through the Information Vans, which are available at events and activities in the community, and through direct calls to the 800 number. The following is a brief summary of services and programs offered by the Office on Aging.

1. **Care Coordination:** These services offer frail and vulnerable older adults, persons with disabilities, and their caregivers an alternative to more costly institutional and nursing home care by offering a variety of options for care in the home. Trained social workers and public health nurses conduct comprehensive in-home evaluations and provide links to critical services including homemaker (*assorted housecleaning duties, cooking, etc.*), personal care (*bathing, eating, medication management, etc.*), emergency aid (*utility bills, home repairs, durable equipment such as wheelchairs, etc.*) and respite, training, and support groups for caregivers. Care coordination programs also assist older adults with care transitions from hospital to home and reduce the rate of costly readmissions. Specific programs include:
  - a. **Multipurpose Senior Services Program (MSSP):** MSSP is a Medi-Cal waiver long term case management program for eligible adults over age 65 who have complex medical and psychosocial needs, which require specialized medical and social support services in order to postpone or eliminate the need for institutional care. MSSP is an integral part of the statewide Coordinated Care Initiative (CCI) and the Riverside County pilot and is involved in state and county implementation planning.
  - b. **CareLink and Healthy Ideas Programs:** CareLink and Healthy Ideas provide case management services for older adults and persons with disabilities over the age of 18 who still live at home. There are no income requirements for the program. Both programs were selected for innovation awards by the California Association for Area Agencies on Aging and the National Association of Area Agencies on Aging in FY 2015/2016. This service is provided directly by the AAA.

- c. Access: Access is a short-term case management program for adults over age 60, regardless of income. This service is provided directly by the AAA.
  - d. Assistance at Home: Assistance at Home provides referrals to support services that assist individuals, who are not enrolled in In Home Supportive Services (IHSS), to remain in their homes. Services may include shopping, cooking, cleaning, bathing, and other services in the home. Services are available throughout the PSA and is provided by various vendors, depending on the service.
  - e. Family Caregiver Support Programs (FCSP): FCSP programs provide support and resources to caregivers, making it possible for them to provide vital care services to their loved ones. To qualify for services, the care recipient must be over age 60 and the caregiver must be over age 18. Services include: advocacy, care management, education, counseling, care assistance, respite services, in-home assistance and supplemental services. The Care Pathways program, which provides training and 12 weekly support groups for caregivers, was recently designated a "Bright Idea" program by the Harvard Ash Center for Democratic Governance and Innovation. Care management services are provided directly by the AAA and Care Pathways support group sessions are conducted by AAA staff and are conducted at various community locations throughout the PSA.
    - i. Grandparents Raising Grandchildren (GRG) Program: GRG is a unique program that provides assessment, advocacy, case management and other links to critical services for grandparents over 55 who are (formally and informally) raising their grandchildren up to age 18. Through a grant with First 5 Riverside, the GRG Program offers subsidized respite childcare for grandparents caring for children 0-5 years of age. The case management program has no income requirements, however childcare services are based on household income. The GRG program has been used as a model program for other AAAs in the United States. Case management services are provided directly by the AAA. Childcare services are provided throughout the PSA through any licensed childcare provider.
2. Hospital Liaison Program: Via the evidence based Care Transitions Intervention (CTI) program, social workers from the Office on Aging are embedded in eastern and western County area hospitals to partner with hospital social workers and discharge planners to assist older adult patients



who are returning home after an acute care admission, with issues related to that transition. The CTI program helps both patients avoid repeat hospitalizations and unnecessary institutionalization. This service is provided directly by AAA staff who are embedded in hospitals in the eastern and western part of Riverside County, including the Riverside University Health System (RUHS) County hospital.

3. **Options Counseling and Decision Support:** The Office on Aging provides interactive decision-support and option counseling to consumers, family members, and/or caregivers to assist with any decisions related to services and care options appropriate to the consumer's needs, preferences, values, and individual circumstances. Services include:
  - a. **HelpLink: Information and Assistance Call Center:** HelpLink is the entry point for consumers who need information and/or referrals to in-house, other county, and/or community based services and programs through the main 800 number for Riverside County (1-800-510-2020). Consumers are able to speak with trained and certified Information and Assistance Specialists who understand available programs and eligibility requirements, and current availability. I&A Specialists are also qualified to perform comprehensive assessments for those consumers who require more comprehensive case management services. These services are provided countywide by AAA staff.
  - b. **Network of Care:** Office on Aging oversees and maintains the Network of Care website, a comprehensive, internet-based resource for older adults, people with disabilities, their caregivers, and other service providers. Users can receive assistance with medications, search for services, use the health library, search for assistive devices, link to city, county, state and federal governments, track legislation and give feedback to legislators, complete and print a personalized emergency care card, use a password protected personal folder to keep track of medical information and store personal medical information to share with providers who use the system. The Network of Care website is maintained by AAA staff and can be accessed from anywhere in the PSA.
  - c. **Legal Assistance:** Through a contracted provider, Inland County Legal Services, the Office on Aging provides legal assistance to adults over age 60 providing them with information, advice, counseling, administrative representation and judicial representation. Legal representation is provided by a member of the California State Bar or a non-attorney under the supervision and control of a member of the California State Bar. Services are provided throughout the PSA.
  - d. **Health Insurance Counseling:** Through the Health Insurance Counseling and Advocacy Program (HICAP), the Office on Aging provides free

information and assistance with Medicare, managed care, long-term care insurance and other related health insurance issues. Trained volunteer counselors offer educational presentations and objective information to help older adults and other Medicare beneficiaries. Services are provided throughout the PSA.

- e. Long-Term Care Ombudsman Program: Through a contracted provider, Community Connect, the Office on Aging offers Ombudsman services in order to assist older adults with their effort to seek resolution to problems and to advocate for the rights of residents in long term care facilities. Services are provided throughout the PSA.
  - f. Elder Abuse Prevention Education: The Office on Aging provides ongoing public education and training sessions to older adults, professionals, and caregivers on elder justice and abuse issues. The Office on Aging also produces and distributes educational materials and participates in coordinated activities that address elder abuse prevention, investigation, and prosecution, such as the County's World Elder Abuse event held each June. Services and information are provided by AAA staff throughout the PSA.
  - g. Transportation Access: The Transportation Access Program (TAP) provides information on available transportation options and referrals to accessible transportation services. Free bus tickets are offered to qualifying individuals. Services are provided by AAA staff and are offered throughout the PSA.
  - h. Transportation Reimbursement & Information Program: Through a partnership with the Independent Living Partnership, the Transportation Reimbursement & Information Project (TRIP) provides mileage reimbursement to volunteer drivers, who are identified by an older adult, to assist the older adult with various errands such as doctor visits, grocery shopping, etc. Services are provided throughout the PSA.
4. Healthy Lifestyle and Wellness Programs: The Office on Aging provides an array of services and programs to assist older adults with maintaining their overall health and wellness as they age. Through a combination of physical fitness programs, chronic disease self-management programs, congregate and home delivered meals, nutrition education, behavioral health screenings for depression, and activities that promote social engagement and connections with others, Office on Aging assists older adults with understanding what a critical role good health plays in the quality of their lives. Specific programs include:
- a. Healthy Options Program (HOP): This evidence based, chronic disease self-management program from Stanford University is offered to older adults experiencing chronic health conditions such as hypertension, arthritis, diabetes, heart disease and/or stroke. Office

on Aging has three Stanford trained Master Trainers on staff who train and certify other community leaders with chronic diseases to conduct self-management classes with their peers in local senior centers, community centers and housing communities. The program is conducted by three (3) AAA staff who are Master Trainers and by lay leaders. Sessions are offered at community based sites throughout the PSA.

- b. Walk with Ease Walking Program: Walk with Ease is an evidence-based physical activity program from the Arthritis Foundation, which is proven to reduce the pain of arthritis and improve overall health. The program is being implemented by AAA staff and lay leaders. The program is offered at community based sites throughout the PSA.
- c. New Fit After 50: The New and Improved Fit after 50 program, updated from the Arthritis Foundation's Exercise Training Program, is an evidence based exercise program that improves strength, balance and mobility through stretching, upper and lower body resistance and core exercises. The program is proven to prevent falls, reduce injuries and mortality rates, prevent or decrease the effects of chronic illnesses, and prolong independence. Classes are offered throughout the PSA and are conducted by lay leaders trained by AAA staff.
- d. Congregate and Home Delivered Meals: Congregate and home-delivered meals are provided to persons over age 60 (and their spouses). Congregate services are available at over 30 sites throughout Riverside County and provide daily meals to over 6,000 (mostly low income) older adults. The Home Delivered Meal Program serves home bound older adults over age 60, who are considered to be at the greatest nutritional risk and who are unable to access the nutrition sites. Meals are provided directly by the Office on Aging to older adults in Blythe and through contractors (Sodexo, Mizell Senior Center, Riverside San Bernardino Indian health, Family Services Association) throughout the rest of the PSA.
- e. Health & Nutrition Education: The Office on Aging provides quarterly health and nutrition education at all congregated meal sites and along home delivered meal routes in the PSA through contracted providers and directly to the residents of Blythe. In addition, AAA staff provide general nutrition education at events, senior and community centers, and housing communities for older adults. The Registered Dietitian oversees site menus and trains meal providers about proper food

preparation and storage procedures. In 2014/2016, Office on Aging provided almost 10,000 hours of education.

- i. *SNAP Ed*: The Office on Aging participates in a county-wide SNAP Ed initiative to improve the likelihood that persons eligible for SNAP will make healthy choices within a limited budget and choose active lifestyles. The program offers nutrition classes and information to low income older adults, who may qualify for the benefit, and encourages them to apply for food assistance. SNAP Ed is provide by AAA staff at designated community sites throughout the PSA.
    - ii. *Bingosize*: Bingosize is an evidence based, SNAP-Ed approved program currently operating at the Blythe Community Center twice a week. The program combines the game of bingo with physical exercise through the use of resistance bands, walking in place and gentle stretching. The program focuses on improving cardiovascular/cardiorespiratory fitness, muscular strength, flexibility, and balance. Classes are facilitated by AAA staff in Blythe only at this time.
  - f. *Mental Health Liaison Program*: Though a partnership with Riverside University Health System – Behavioral Health, counseling staff are imbedded in the Office on Aging to assist older adults with navigating the behavioral health system and providing pre-depression screenings at community events, health fairs and other community-based locations. Services are provided by County staff and are available throughout he PSA.
5. **Social Engagement and Community Activation**: The Office on Aging provides specific programs and services designed to encourage social connections and to keep older adults active in their communities through employment, intergenerational activities, and volunteerism.
- a. *Coachella Valley RSVP Volunteer Program (formally known as the Retired Senior Volunteer Program)*: For the past 22 years, the Office on Aging has sponsored the RSVP Program in the Coachella Valley and Blythe. RSVP places adults over the age of 55 in volunteer positions in public sector and community based agencies allowing them the opportunity to continue contributing their skills and wisdom for the betterment of their communities and overall health and wellness. The program is partially grant funded by the Corporation for

National Community Service. AAA and grant funded staff facilitate the program, which is only available in the eastern part of the PSA.

- b. *Volunteer Connect Initiative*: Through a grant agreement with the Regional Access Project Foundation (RAPF), the Office on Aging participates in an intergenerational initiative that bring together younger and older volunteers. The goal of the initiative is to encourage younger volunteers to make community service a lifelong activity and to allow older adults to impart their expertise and wisdom to subsequent generations. AAA and grant funded staff facilitate the program, which is only available in the eastern part of the PSA.
- c. *Senior Community Service Employment Program (SCSEP)*: The SCSEP program is a federal community service and work based training program for older workers that provides subsidized, service-based training for low-income, unemployed adults over age 55 with low employment prospects. The program focuses on skill improvement and work readiness and serves as a bridge to unsubsidized employment opportunities. Participants must have a total household/family income of no more than 125% below the federal poverty level. The program is administered directly by the AAA and is overseen by AAA and participant staff. Services are available throughout the PSA.

**6. Advocacy and Coordination:**

- a. *Ageing & Disability Resource Connection (ADRC)*: In 2008, the Riverside County Office on Aging received an Aging and Disability Resource Connection (ADRC) designation and is part of a collaborative effort of the U.S. Administration on Aging and the Centers for Medicare and Medicaid Services. The collaboration initiative is designed to streamline access to long-term services and supports by creating a “no wrong door” approach to assisting all individuals, regardless of age, ability or income. ADRC partners work together to help consumers with planning for their current and future long-term care needs and to advocate for consumers and clients. The ADRC is coordinated by AAA staff and includes partners from throughout the PSA.
- b. *Grandparents Raising Grandchildren Regional Collaborative (GRGRC)*. The goal of the GRGRC is to address the multiple and complex issues faced by grandparents who are primary caregivers of their grandchildren. The GRGRC serves to identify needs and

resources, collect data, advocate on behalf of grandparents, and educate other service providers about the special needs and concerns of the GRG population. Regional Collaborative meetings are facilitated by AAA staff and are conducted in the western, eastern and southern areas of the PSA.

7. **Outreach and Community Education:** The Office on Aging offers information and education through a variety of innovative programs and services including:

- a. **InfoVan Program:** The InfoVan Program is an outreach and community education program. The Office on Aging has two general information vans staffed by the AAA. The InfoVans travel throughout the PSA attending community events, visiting senior and community centers, and other places where older adults congregate, to provide information about Office on Aging's services and other services available throughout the County for older adults.
- b. **Healthy Lifestyle Van:** The Healthy Lifestyle Van is an Info Van dedicated to health and wellness information. Staffed by the AAA's Nutrition Educator, the van also travels throughout the County attending health related events, visiting senior and community centers, and other places where older adults congregate, providing information about Office on Aging's health and wellness programs and initiatives.
- c. **Planning Services:** The Planning team is responsible for research, legislative analysis, developing and analyzing community assessments, tracking and evaluating program performance, developing public education information (such as presentations, publications, reports, etc.), and drafting and updating the four year Riverside County Area Plan on Aging. These activities help to determine the current and future needs of older adults in the county.

### **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 an additional office in Indio and a satellite office 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

**East County Office:**

44-199 Monroe Street, Suite B.  
Indio, CA 92201

**Hemet (Mid-County) 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. To that end, the Office on Aging carries out a wide range of functions including:

- Promoting the involvement of older individuals, adults with disabilities, and their caregivers in developing community-based systems of care;
- Developing community-based systems of services to support the independence and protect the quality of life of older individuals, adults with disabilities, and their caregivers;
- Developing the service delivery system goals for:
  - The AAA service delivery system,
  - Other service delivery systems that the AAA interacts with, and
  - Any other service delivery systems providing services to older individuals, adults with disabilities, and their caregivers within the PSA.

The Office on Aging accomplishes these functions by taking the results and feedback from various community assessment surveys, focus groups, other community feedback mechanisms, as well as conversations with our clients, Advisory Council members, collaborators, and partners and translating them into actionable goals and objectives articulated in the four (4) year Area Plan. The Office on Aging also takes this information and provides valuable feedback to partners, community leaders, the Board of Supervisors, and other key decision makers in areas beyond the AAA's scope, which impact the lives of those we serve. The Office on Aging regularly participates in meetings, activities, and events, which focus on advocacy, strategic planning, coordination and interagency linkages, information sharing, program monitoring, and evaluation in order to develop or enhance the AAA delivery system, other service delivery systems that the AAA interacts with, and the delivery of other types of services that impact older adults, persons with disabilities and their caregivers.

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 2017-2018 Update to the 2016-2020 Area Plan “*The Changing Face of Aging*” began in 2016, 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 reminding them about the components that make up the Area Plan Update 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 Updated Plan during the various stages of development.

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. 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*”, and its subsequent annual updates, 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.



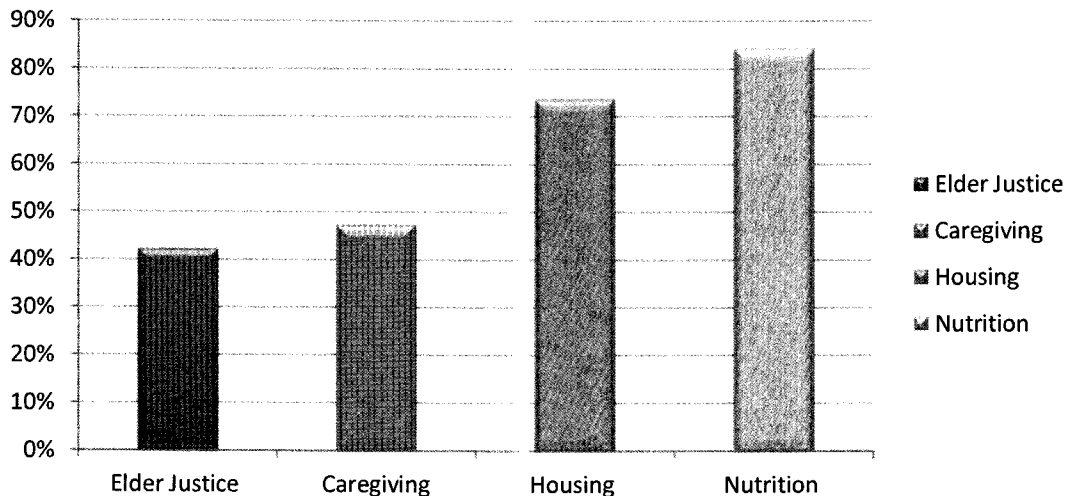
## **SECTION 5 - NEEDS ASSESSMENT**

### **A. Assessing the Needs of Riverside County**

In order to develop this update to the 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 and 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 2017/18 Update to 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 from 2016 – 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**



4. Public Hearings and Assessment Surveys – Information was gathered from Riverside County older adults and providers surveys conducted by OoA throughout the PSA, including Blythe. The nutrition surveys were conducted in person and information regarding focus group activity is described below.

## **B. Survey Collection and Respondents**

In addition to demographic analysis, OoA collected 2,138 surveys from older adults in Riverside County over the course of 12 months from March 1, 2016 to February 28, 2017. 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, with 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. Service Area 1- Corona, Norco, Eastvale	4%
b. Service Area 2- Riverside, Jurupa Valley	13%
c. Service Area 3- Moreno Valley, Perris	1%
d. Service Area 4- Menifee, Winchester, Lake Elsinore	13%
e. Service Area 5- Murrieta, Temecula, Wildomar	7%
f. Service Area 6- Banning, Beaumont, Calimesa	8%
g. Service Area 7- Hemet, San Jacinto	8%
h. Service Area 8- Desert Hot Springs, Palm Springs, Cathedral City	10%
i. Service Area 9- Rancho Mirage, Palm Desert, Indian Wells	10%
j. Service Area 10- La Quinta, Indio, Coachella	20%
k. Service Area 11- Blythe	5%
l. No Service Area Reported (no Zip Code)	1%

2. Age of participants:

- a. 33% of our respondents ranged from age 65-74
- b. 19% age 75-84
- c. 18% under age 55
- d. 13% age 60-64
- e. 10% age 55-59
- f. 7% age 85+

3. Gender:

- a. 65% Female
- b. 34% Male
- c. .03% Transgender
- d. .04% Other
- e. .03% Unreported

4. Race/Ethnicity:

- a. 41% White or Caucasian
- b. 38% Hispanic/Latino
- c. 9% Black or African American
- d. 4% Asian
- e. 3% Native American/Alaskan Native
- f. 3% Other
- g. 2% Pacific Islander

5. Household Income:

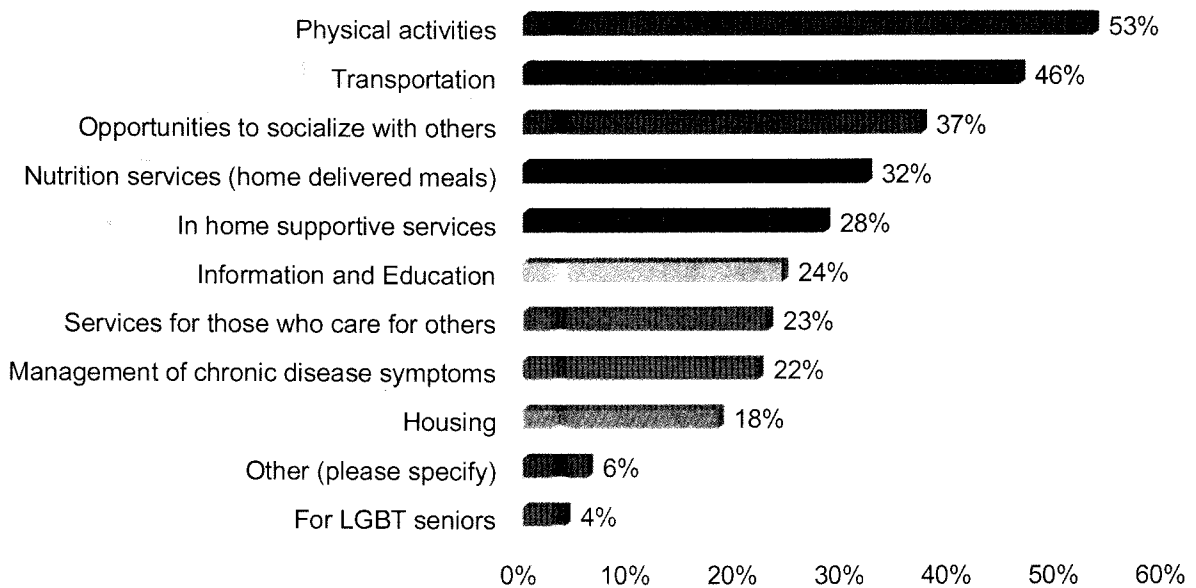
- a. 67% reported household incomes of less than \$2,000 monthly
- b. 33% reported an income of more than \$2,000 per month

### 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? (Check all that apply)**

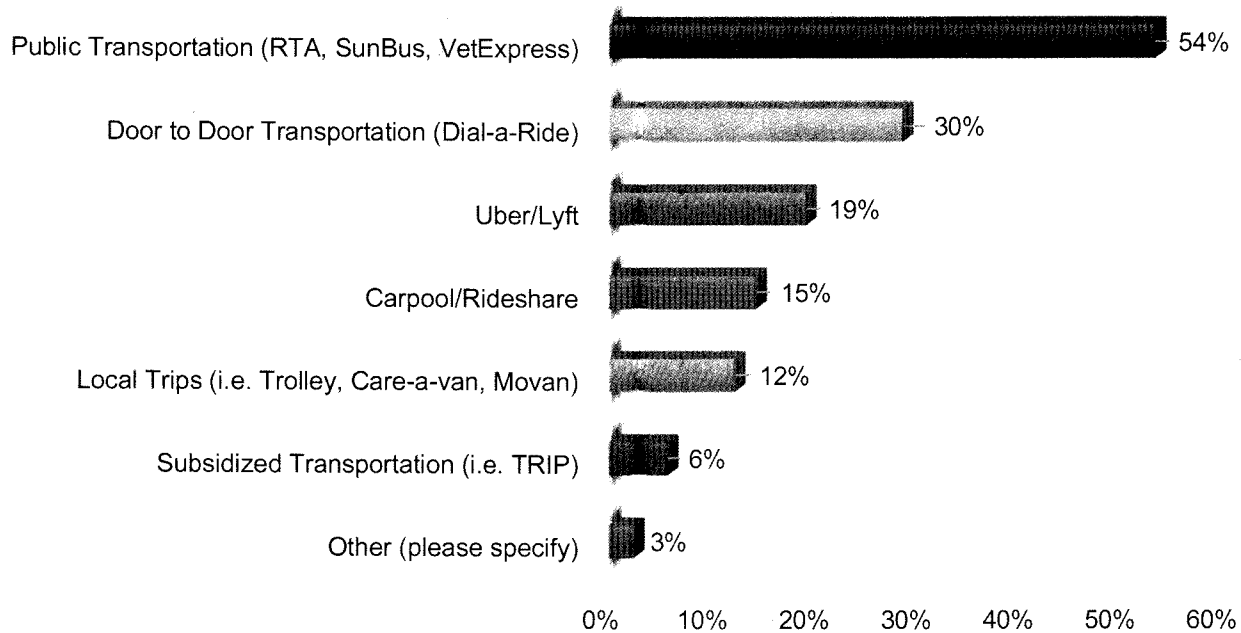


The 20116/17 Community Assessment surveys prioritized transportation (61%), physical activities (57%), opportunities to socialize (54%), and nutrition services (53%) as the top four services. The new Community Assessment Surveys show that the community re-prioritized physical activities as the top priority (53%) followed by transportation (46%), opportunities to socialize (37%), and nutrition services (32%) as the top four services needed now or in the future for older adults. Although it is now the second priority, transportation remain among the top four. 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.<sup>102</sup>

<sup>102</sup> LeCompte-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.harcddata.org/documents/HARC\\_SeniorReport.pdf](http://www.harcddata.org/documents/HARC_SeniorReport.pdf)> 2013 HARC Senior Report. [accessed January 2016].

For the 2017-2018 Area Plan Update, PSA 21 conducted a follow up transportation survey to 338 older adults to determine the types of transportation needs that older adults have now or will have in the future

**Figure 29: Question – What types of transportation services do you need now and/or do you anticipate needing in the future? (Check all that apply)**



The results show that the top five transportation needs of older adults in Riverside County are public transportation (53.7%), door-to-door transportation (28.9%), services like Uber and Lyft (19.4%), and coordinated transportation services like carpool and rideshare (14.5%).

**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 698 surveys at all of the OAA funded meal/nutrition sites during the fall of 2016.

Survey analysis revealed:

- a. Over 48% of congregate meal recipients have been receiving meals at one of the nutrition sites for more than two years.

- b. Over 38% of the meal recipients receive a meal five days a week from a meal/nutrition site.

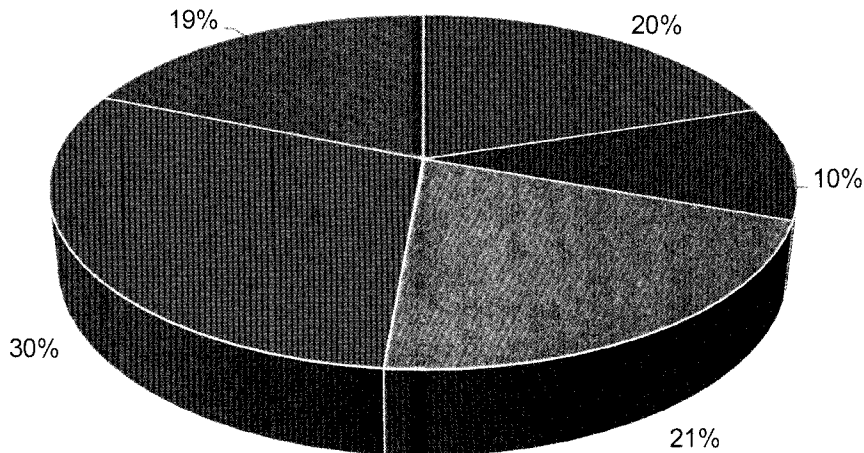
HARC analysis of the Coachella Valley reveals:

- 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.<sup>103</sup>

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:

**Figure 30: Question – How long have you been attending this meal site?**

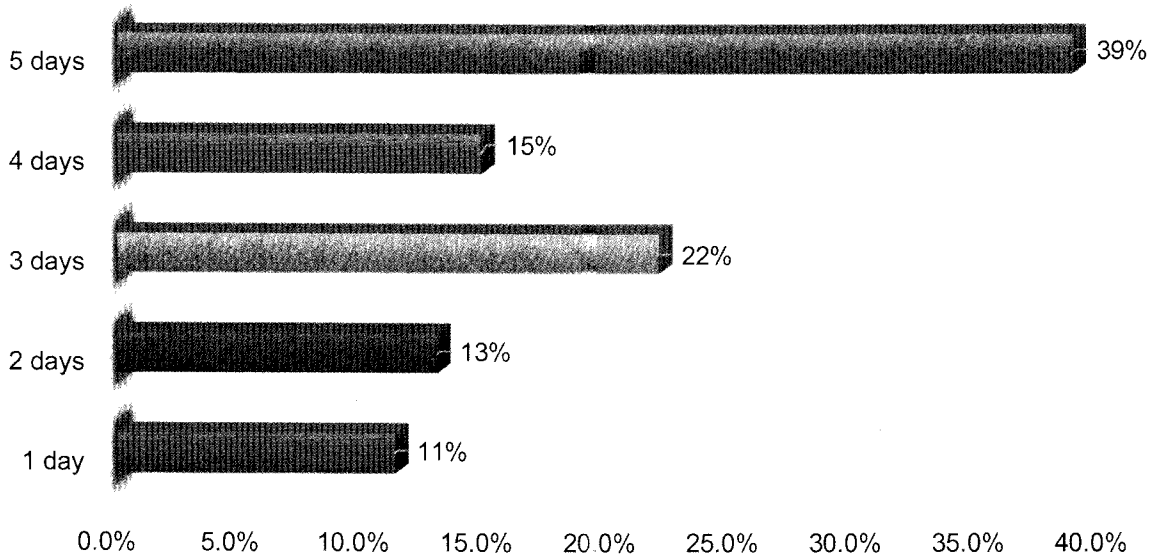


- 6 months or less
- At least 1 year, but less than 2 years
- More than 5 years
- More than 6 months but less than 1 year
- 2 to 5 years

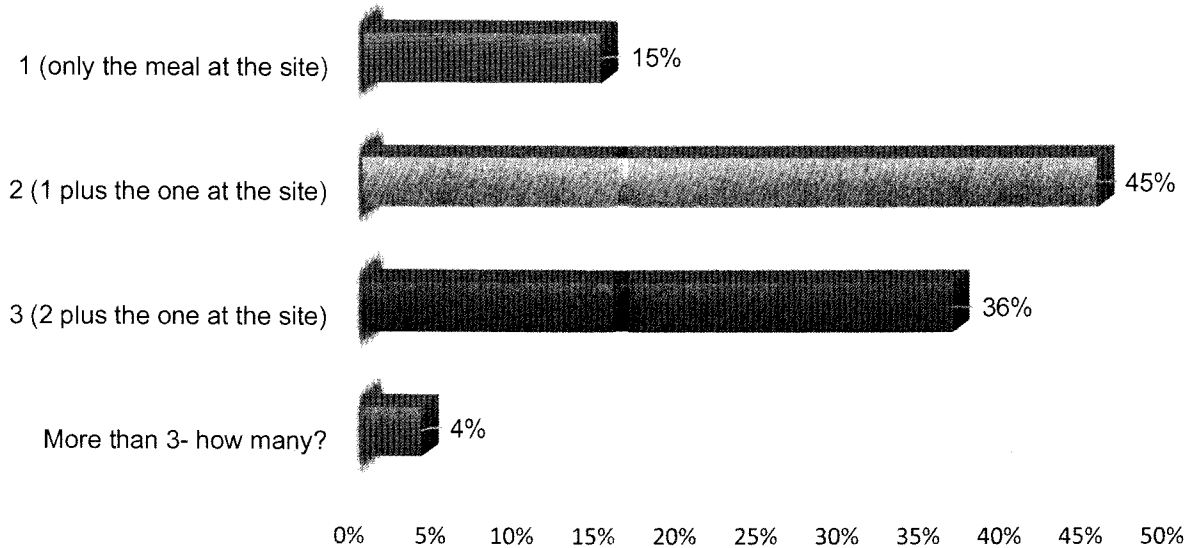
<sup>103</sup> LeComte-Hinely, Jenna, PhD, and Teresa Segovia, MA. "Senior Health in Coachella Valley." Health Assessment and Research for Communities. HARC Inc., Nov. 2014. Web. <[http://www.harcddata.org/documents/HARC\\_SeniorReport.pdf](http://www.harcddata.org/documents/HARC_SeniorReport.pdf)> 2013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



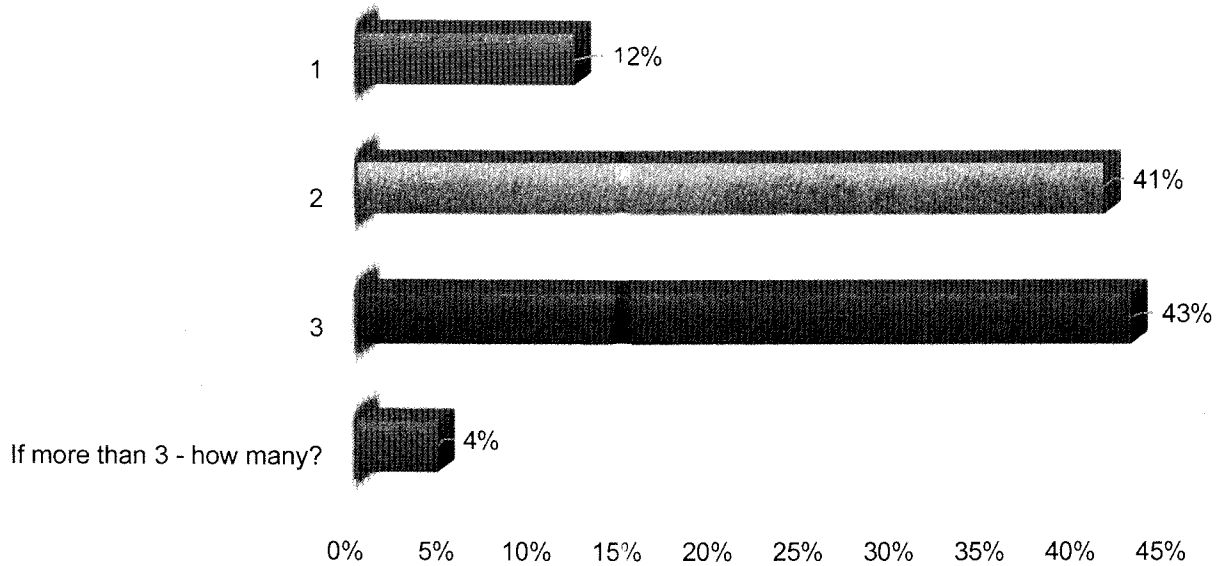
**Figure 31: Question – How many days EACH WEEK do you eat at this meal site?**



**Figure 32:**  
**Question – On the days when you eat at this meal site, how many do you usually eat?**

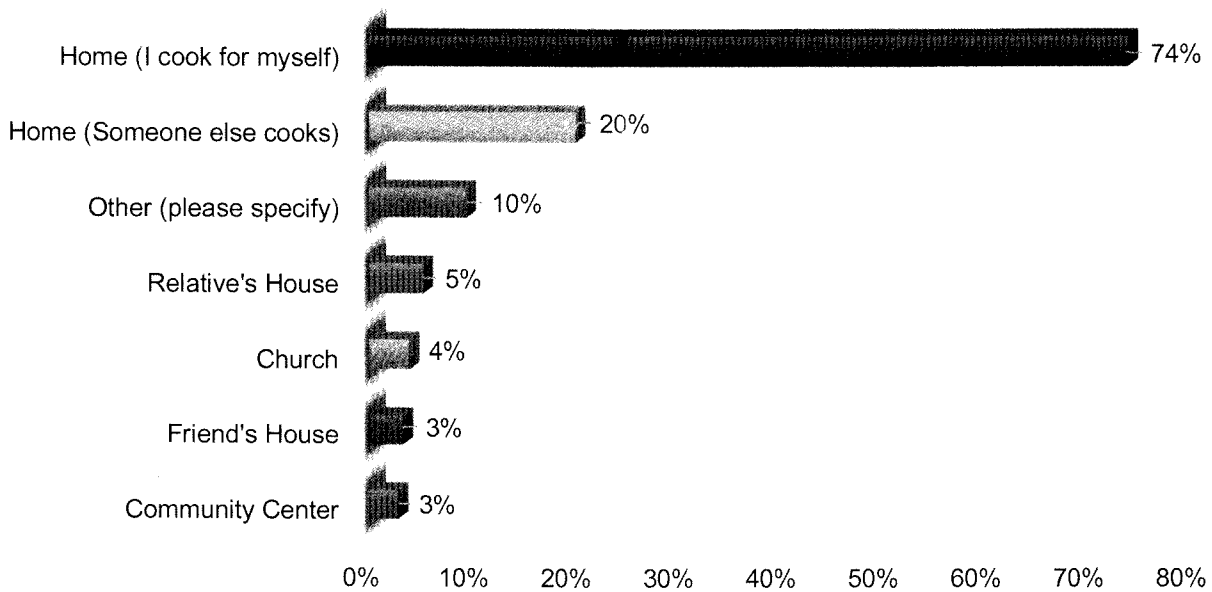


**Figure 33: Question – On the days when you don't eat at this meal site, how many meals\* do you usually eat?**

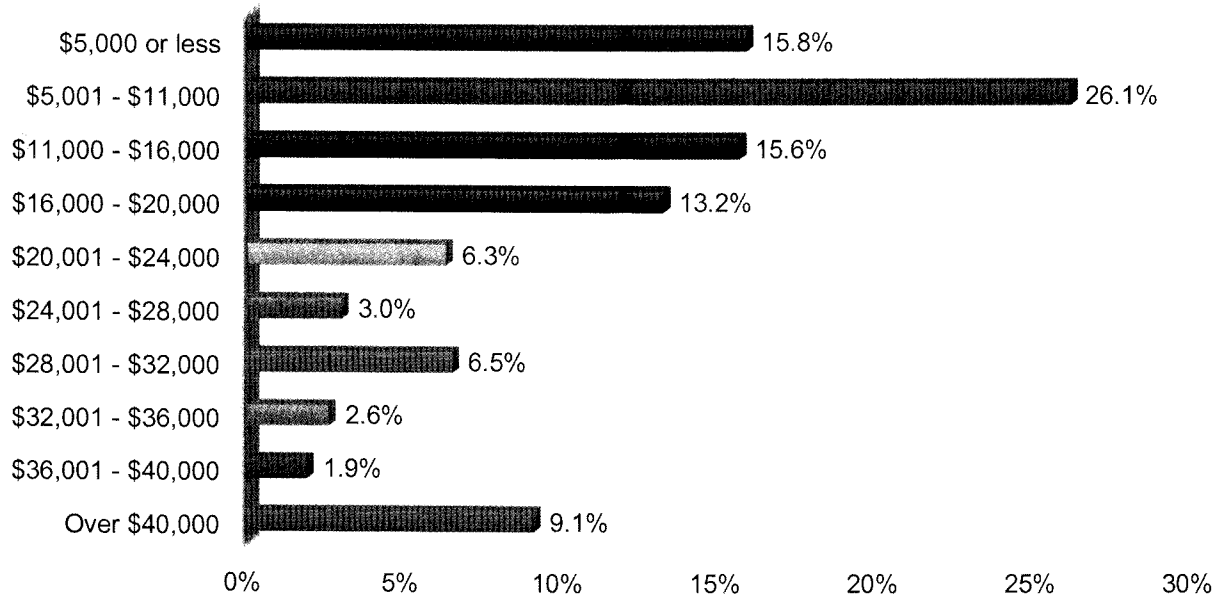


\*A "meal" was defined as, "containing at least one selection from at least four of the five food groups" including fruits, vegetables, grains, proteins, and dairy.

**Figure 34: Question – On the days the Nutrition Site is closed, where do you eat meals? (Check all that apply)**



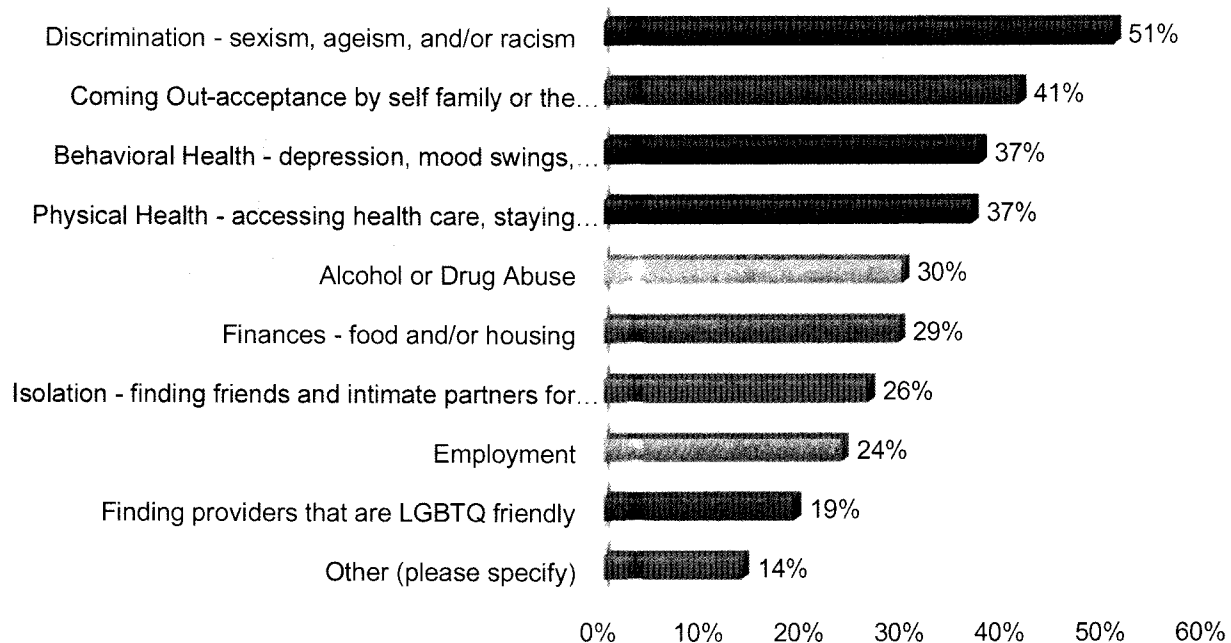
**Figure 34: Question (for nutrition survey only) –  
What is your total household income during the last calendar year?**



**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, 50.6% of respondents indicated that discrimination, including sexism, ageism and/or racism, as the top priority, followed by acceptance (41.2%), behavioral health (37.3), physical health (36.5%), and substance abuse (29.6%).

**Figure 35: Question – Please indicate the top three things that are currently most important for you and the LGBT community? (Check all that apply)**



Discrimination and 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.<sup>104 105 106</sup> 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.<sup>107</sup>

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.

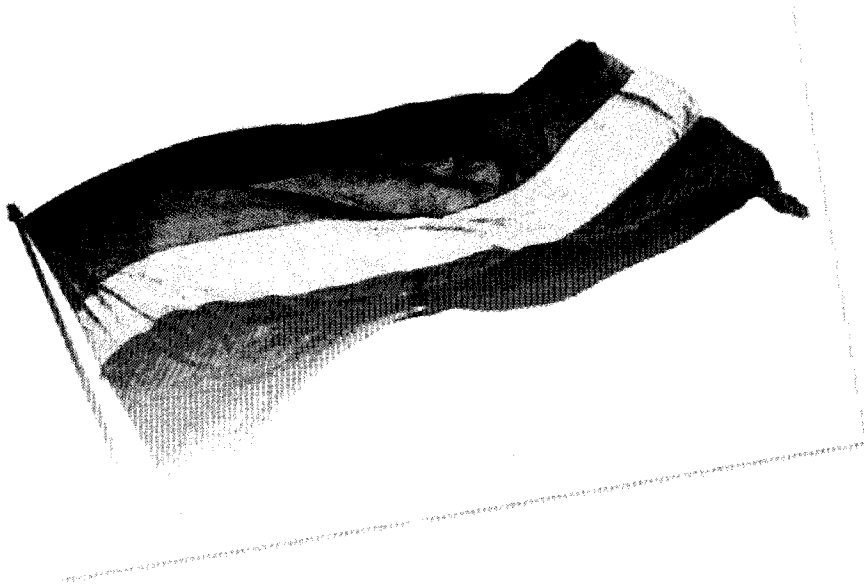
<sup>104</sup> Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. Web. <[http://www.rivcoph.org/Portals/0/LGBT\\_Health\\_Wellness\\_2014.pdf](http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf)>. [accessed February, 2016].

<sup>105</sup> 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)

<sup>106</sup> Gross, M., & Landers, S. (2008). Sexual bigotry: Unhealthy, unremitting, ubiquitous. *Sex Roles*, 59(7-8), 605-608.

<sup>107</sup> GLMA.org [accessed February 3, 2016]

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.<sup>108</sup>



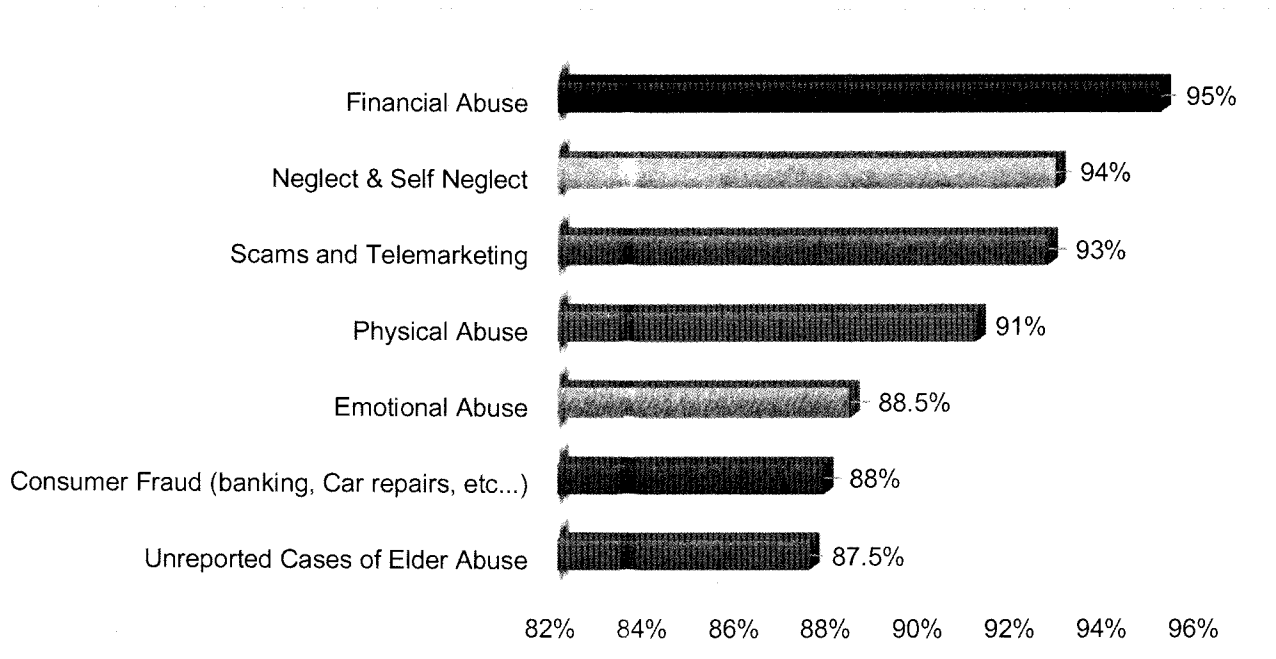
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<sup>108</sup> Fingerhut, Adam; Jackson, James; Wheaton Felicia. "How Stereotypes Hurt". USC Davis Leonard Davis School of Gerontology: Vitality Spring 2016. Pg. 24-25. study originally published October 20, 2015: American Journal of Preventative Medicine.

### 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.<sup>109</sup>

**Figure 36: How important do you think the following Elder Abuse issue is going to be for adults as they age? (Check all that apply)**



The top four elder abuse issues selected by the survey participants are as follows:

- a. 95% selected financial abuse
- b. 93% selected neglect and self-neglect
- c. 93% selected scams and telemarketing
- d. 91% selected physical abuse

<sup>109</sup> "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].

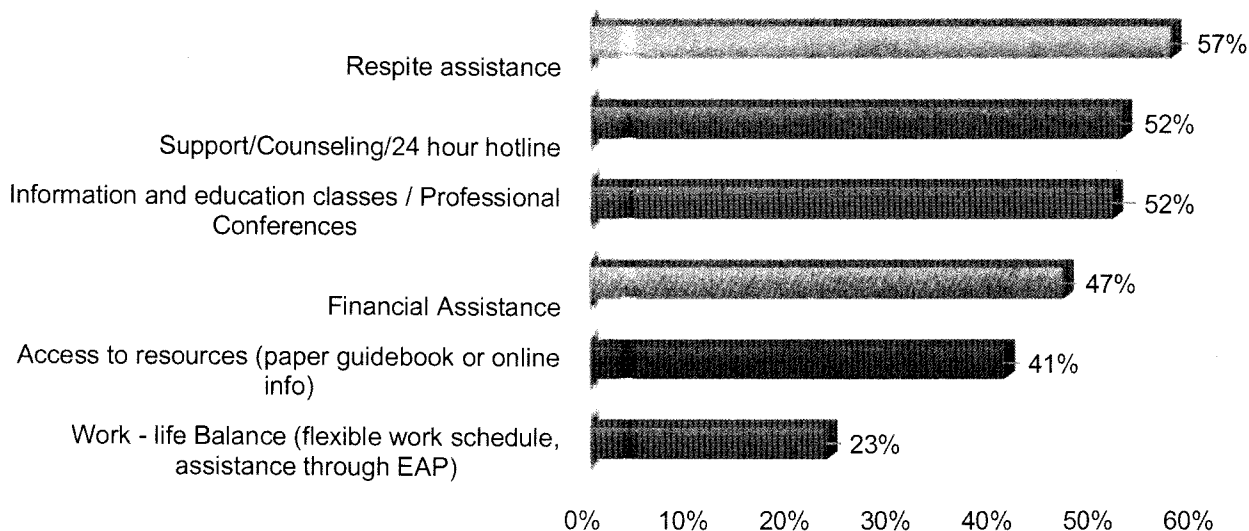
These results represent a slight shift in focus from the prior year's surveys, wherein respondents chose scams and telemarketing as the top priority.

#### 4. Caregiving Focus

Boomers are the first generation that may spend more time caring for their parents than their own children,<sup>110</sup> and with 43.5 million Americans providing care to someone over the age of 50, caregiving is an issue that must be addressed.<sup>111</sup> 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.<sup>112</sup>
- b. 80% of respondents indicated that support for caregiver mental health is "very important" to address.

**Figure 37: What types of services do you need now/or will you need in the future?**

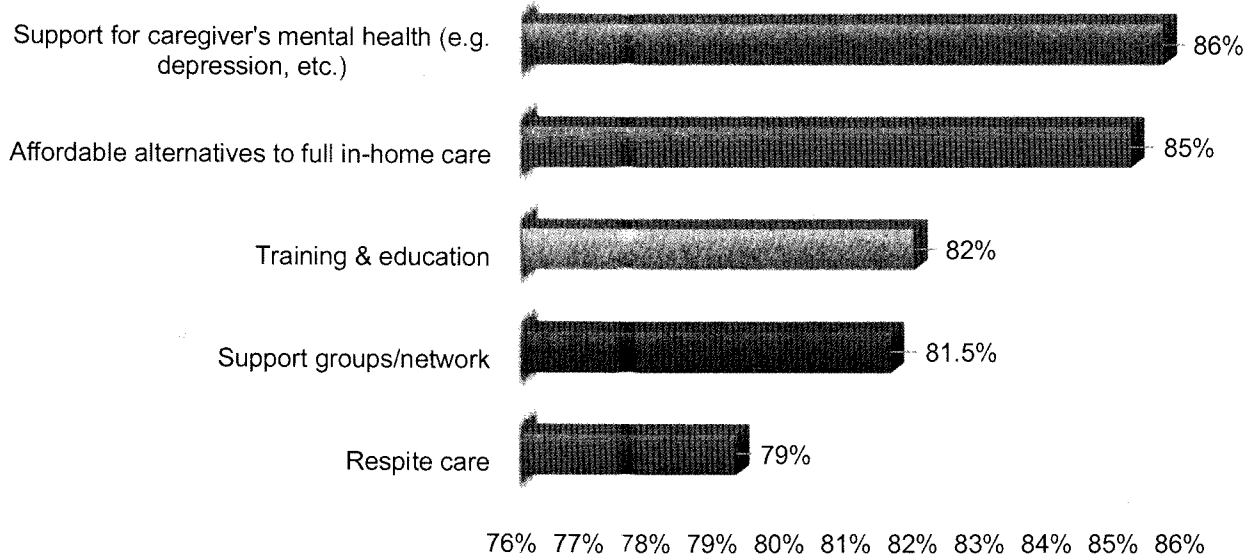


<sup>110</sup> Brooks, Rodney. "Retirement Reset: Sandwiched Boomers Put Plans on Hold." USA Today. Gannett, 21 Aug. 2014. Web. <<http://www.usatoday.com/story/money/columnist/brooks/2014/07/29/boomer-retire-sandwich-generation/13269027/>>. [accessed January 2016].

<sup>111</sup> Grinberg, Emanuela. "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]

<sup>112</sup>[AARP Public Policy Institute Valuing the Invaluable: 2008 Update. The Economic Value of Family Caregiving] - Updated: November 2012 by the Family Caregiver Alliance

**Figure 38: How important do you think the following caregiver issue is going to be in the next four (4) years? (Check all that apply)**



In addition to support for caregiver mental health, 85% of those surveyed identified support for caregiver mental health as the most important issue and an additional 85% also identified affordable alternatives to expensive full in-home care as the most important issues for caregivers.





#### **D. Bilingual and Linguistic Needs Assessment**

PSA 21 conducted a cultural and linguistic group needs assessment of the eligible client population within the service area to assess the language needs of the population and determine what reasonable steps are necessary to ensure meaningful access to services and activities to eligible individuals.

Riverside County Population by Ethnicity (Figure 8) shows that the county's largest ethnic minority are those of Hispanic or Latino origin, and the Projected Population Trend of Riverside County by Racial/Ethnic Groups 2010-2060 (Figure 9) shows that this same population is expected to increase from approximately 1 million to more than 2 million people during the 50 year time period.

Currently, 74% of residents 65 years of age and older speak only English, however 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 show that Spanish is the second most predominate language spoken in the County with 33% of the County's total population and 17% of adults over age 65 speaking Spanish in the home. These finding are consistent with the 2012 Medi-Cal Threshold Language Summary which indicates that Spanish is the language that has been identified as the primary language of approximately 5% of the total beneficiary population in Riverside County.

In order to better reach and serve the monolingual Spanish speaking population, PSA 21 utilizes fulltime bilingual staff in every program or activity, all program and enrollment information materials are translated either by qualified bilingual staff or by a professional translation service, the call center employs bilingual staff for clients who prefer to communicate in Spanish, all Community Assessment Surveys are available in Spanish, and PSA 21 seeks to develop and add culturally and linguistically appropriate services and to make appropriate referrals.

## **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
- Provide reasonable alternative communication services at key points of contact (telephone, office visits, and in-home visits) to non-English speaking individuals or those with limited English proficiency in order to meet the linguistic needs of those populations

**SECTION 7. PUBLIC HEARINGS**

**PSA 21**

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)

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented in languages other than English? <sup>2</sup></b> <small>(CDA forms footnote)</small> <b>Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility? <sup>3</sup></b> <small>(CDA forms footnote)</small> <b>Yes or No</b>
<b>2016-17</b>	3/09/16	6296 River Crest Dr. Suite K. Riverside, CA 92507	16	No	No
<b>2017-18</b>	3/16/17	44-199 Monroe Street, Suite B. Indio, CA 92201	17	No	No
<b>2018-19</b>					
<b>2019-20</b>					

**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 in full view of the public and on the Office on Aging website 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/or C 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:**

<b>KEY</b> ❖ <b>Main Items Discussed</b> ○ Sub-Item Discussed ▪ <i>Sub-Item Discussed</i> <i>Public Hearing Discussion</i>
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- ❖ **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**
  - 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”.*
  - Current Advisory Council Committees
- ❖ **Review of Section 2 – DESCRIPTION OF THE PLAN SERVICE AREA (Riverside County General Information)**

**COMMENT:** *“Since the 2016-2020 Area Plan has not yet been approved by CDA, there are no changes to Section 2 of the Area Plan in this Update. A full copy of the 2016-2020 Area plan is available for review in the back of the room.”*

- ❖ **Review of Office on Aging Program and Services**
  - Healthy Lifestyle and Wellness Programs
    - *Bingosize*
    - *Fit After 50*
    - *Walk with Ease*
    - *Nutrition and Meal Service*

- *Health and Nutrition Education*
- *Healthy Options Program (HOP) (Chronic disease self-management)*
- *Mental Health Liaisons*
  
- **Outreach and Community Education**
  - *Healthy Lifestyle Van*
  - *Information Van (Info Van)*
  - *Planning*
  
- **Social Engagement and Community Activity**
  - *Senior Community Services Employment Program (SCSEP)*
  - *Coachella Valley RSVP program*
  - *Volunteer Connect Initiative*
  
- **Advocacy and Coordination**
  - *Aging and Disability Resource Center (ADRC)*
  - *Grandparents Raising Grandchildren (GRG) Regional Collaborative*
  
- **Options Counseling and Decision Support**
  - *Elder abuse Prevention Education*
  - *Health Insurance Counseling and Advocacy Program (HICAP)*
  - *HelpLink Information and Assistance*
  
- ❖ **QUESTION:** *"Who would be the HelpLink, contact?"*
  
- ❖ **RESPONSE:** *"Send it to [the Planner] and she will forward it on to the Helplink staff."*
  - *Legal Assistance*
  - *Network of Care*
  
- ❖ **QUESTION:** *"Can I say something on that? Many of us attend different meetings during the month and when I do, I specifically say, 'You should be part of the Network of Care' and I always give the 800 number. But, what I also say is, 'If you want to give me your card, I will give it to [the staff] to add. [The staff] sends them a form to fill out. We need to keep that Network of Care updated. I always tell people, 'No matter where you are, you can log on and find out what's going on.' So, that is really important. I encourage you to do that if you go out into the field."*
  
- ❖ **COMMENT:** *"And, remember the Network of Care is only as good as the information we are able to keep updated and current in that system. So, even if you're on Network of Care yourself and you find information that is outdated, or that phone numbers have changed or that an agency has changed its location, you need to make sure that we get information to [staff] so they can change it."*
  - *Long Term Care Ombudsman Program*
  - *Transportation Access – Bus Tickets*
  
- ❖ **COMMENT:** *"There is an organization, I don't really know much about it, but they are going around exploring transportation options for seniors and they work, I believe, under the County Department of Transportation. It just seems like a natural link between them and us. I don't know if we've ever had contact with them or a meeting or anything of that sort?"*

- ❖ **RESPONSE:** "Hold that point. In a few more slides we get there because I think your question is related to goals and objectives for the plan."
  - *Transportation Reimbursement & Information Project (TRIP)*
  - Care Coordination
    - Access
    - Carelink/Healthy IDEAS
    - Multipurpose Senior Service Program (MSSP)
    - Care Pathways
    - Family Caregiver Support Program (FCSP)
    - Grandparents Raising grandchildren (GRG)
    - Care Transitions Intervention (CTI)
- ❖ **QUESTION:** "Is that doing anything right now? Which hospitals are still being serviced?"
- ❖ **RESPONSE:** "We are no longer providing the service at JFK Hospital; however, we are still providing it at Desert Regional and Riverside University Health System (County hospital). We still have a dedicated case manager at both of those sites providing that service. We see a lot of folks and we have potential savings in the millions of dollars for re-admittance between Desert Regional and RUHS. At JFK, obviously we were doing great work over there, too, but we just no longer provide the service.
- ❖ **QUESTION:** "Did somebody else take it over or is it just abandoned at JFK?"
- ❖ **RESPONSE:** "JFK Hospital did some restructuring within their own departments to try to realize some cost savings and they are going to try to take on some of the same tasks we were doing with CTI."
- ❖ **QUESTION:** "Have we not, at some point, approached Eisenhower Hospital about this?"
- ❖ **RESPONSE:** "We actually were in Eisenhower in the past and recently they reached out to us again to ask for more information, so we are definitely exploring the option. We would be willing to talk to any hospital that would like that service."
- ❖ **QUESTION:** "Have we talked to [Riverside] Community [Hospital] in Riverside?"
- ❖ **RESPONSE:** "I'm not sure if we have or not."
- ❖ **QUESTION:** "Do you reach out to the hospitals or do you wait for them to come to you?"
- ❖ **RESPONSE:** "We have not reached out to the hospitals as of late. In the beginning of the program, a lot of the hospitals had supplemental funding through a federal grant in order to implement this. When that went away, a lot of desire for the service then went away, even though we were still showing really good outcomes. It's definitely something we have been looking at how we can market our services and what we can provide as a County Department, which we provide really, really well and being able to market that. Going forward, I think we do have a strategy for approaching different hospitals, but, no, I can't say as of yet we do that."
- ❖ **COMMENT:** "I suggest you do an asterisk to show when services are available. Otherwise, it appears that they're available everywhere when, in fact, it is limited to certain hospitals."

- ❖ **COMMENT:** "It actually was originally funded by the healthcare district to provide a grant to put it into [the Coachella Valley] and to JFK."
- ❖ **COMMENT:** "I think one of the reasons it came into fruition is because of the Affordable Care Act. Hospitals were to be penalized if discharged patients were re-admitted within 30 days, then there's a penalty to the hospital. That may change under the new Administration."
- ❖ **RESPONSE:** "That actually was written into the ACA. It hadn't been scheduled to take effect until, I believe, just recently. It hadn't actually been sanctioned. It had been reported to us that the hospitals had not actually received the impact of those seniors being readmitted within 30 days. We are talking about potential millions of dollars. We don't really know what the actual numbers are."

- **Assistance at Home**

- ❖ **QUESTION:** "I love this. It's very well done, especially for somebody who is not as updated on this. I assume that all of these things are delineated online, but do we have anything like a small booklet or something that we can give somebody? 'Here's all the cool stuff that Aging's working on.' I'd love to have this in something I can give when somebody asks what's going on and I can say, 'Well, here's all the free programs.' It will be cool to give people. I was surprised by how wide this is."
- ❖ **RESPONSE:** "Yes, there is a draft in progress."
- ❖ **COMMENT:** "I just call 1- 800 to make sure everything is current."
- ❖ **RESPONSE:** "On the booklet that is coming, it does sort of move everyone to 'Here's what the programs and services are and here are the qualifiers, but call the 1-800 number anyway.' Just because you don't see something here that you think might you qualify for through our services, we have an entire network of services that we can refer folks to that may be more appropriate for them than even the services we offer."
- ❖ **QUESTION:** "Is that the number that's on here?"
- ❖ **RESPONSE:** "800-510-2020, yes."

- ❖ **Review of Needs Assessment**

- Demographic Data
- Review of existing data and secondary data analysis
- Specific Constituencies
  - Nutrition Focus
  - LGBT Focus
  - Elder Justice Focus
  - Caregiver Focus
- Community Assessment Surveys- Top 4 Identified Needs

- Transportation
  - Physical Activities
  - Opportunities to socialize
  - Nutrition services
- ❖ **QUESTION:** *“Do you have some designation for, not transgender, but, do we have LGBT? Is there a specific question that ask if they identify as LGBT.”*
- ❖ **RESPONSE:** *“We have an entire survey for the LGBT community.”*
- ❖ **COMMENT:** *“No, I meant on every survey that you release.”*
- ❖ **RESPONSE:** *“No, what the planners in California are trying to do is, and we talk about this at the Planning conference that we go to at C4A in November, is we are trying to standardize our data collection, as a group. And, so one of the things we sort of all committed to doing is: ‘Male; Female; Transgender; Other.’ It’s fairly easy to do in our county because of the Coachella Valley and our LGBT community.”*
- ❖ **QUESTION:** *“Why is it specific just to transgender? Was there a reason? Obviously there was a reason. May I ask why?”*
- ❖ **RESPONSE:** *“[Staff] participate in annual webinars just to stay up-to-date about how we should address and communicate with the LGBT community. Identifying ourselves as LGBT friendly, as an organization is an important part. So for now, those are the four categories they have listed on the surveys that LGBT advocates are putting out. We update our surveys annually based on the new information they give us every year. It’s still a conversation and we are a part of a larger collective conversation. And, it’s not just our county.”*
- ❖ **RESPONSE:** *“I think it’s important, though, to remember that the questions are about how people are self-reporting their gender, not how they are self-reporting their sexual preference. When we are talking about those two different things, we are talking about our service provision, as it relates to you and how you identify as your gender, not you and how you relate to your sexual preference. I think that’s the distinction.”*
- ❖ **COMMENT:** *“I wanted to go back and look at my notes, but I think they are separate.”*
- ❖ **QUESTION:** *“Isn’t there like ten genders or something you can be on Facebook? There’s all sorts gender fluidity going on right now.”*
- ❖ **RESPONSE:** *“Yeah, there’s a lot of fluidity to gender identity right now and we are trying to help, not only our community, but other counties and California move in a direction of acceptance and acknowledgment.”*
- ❖ **RESPONSE:** *“One of the long-standing debates when it gets into ethnicity, is that you could have a questionnaire a hundred pages long just with ethnicity. So, it starts to become, at some point, how*



*you start to lump people in classifications so that you can have a wider array of service delivery and still try to target populations that you should be serving."*

- ❖ **RESPONSE:** *"Ethnicity is a really good one. Even in the plan, we say that Latino now represents approximately 25 sub-groups. I mean you get to the point where the data is so spread out that it's really no data at all."*
- ❖ **COMMENT:** *"One of the things, too, is when you look at the federal designation of ethnicity, Hispanic and Latino are in different categories."*
- ❖ **RESPONSE:** *"Speaking about the ethnicity comment, at some point in time, the state and, even the feds, take our data and roll it up. And, I think us being responsible to the community, as much as we possibly can be, is to say that, 'we already know that you're going to be put into these broader categories', so let us guide you into the broader category now, so that we are not doing it later on without some sort of effective knowledge "*
- ❖ **COMMENT:** *"The California Department of Aging has a whole section on LGBT as one of their target groups, so I was just asking how are they attempting to capture that information, so that we can provide that information to the state."*
- ❖ **RESPONSE:** *"There's a survey that we provide that collects that information."*
- ❖ **COMMENT:** *"There's a shift coming when it comes to housing. A lot of seniors ask me, 'Where do I go? I can't maintain my home. What is available out there for me?' It becomes extremely important for low-income and senior housing. We're going to see a lot of our seniors homeless because they can't afford to stay in their homes. So, the homeless is something else we need to focus on. We need to start going out in our area because it is here. You don't know what people's arrangements are. I just want to bring that up because [Advisory Council members] agree that it is extremely important."*
- ❖ **COMMENT:** *"I think if we were going out to the senior centers, they would understand the surveys better."*
- ❖ **COMMENT:** *"Is it fair to say though, and again, I am not being critical on it at all, but, because you're surveying people who are using the services, meaning they come to the van or they come to the senior citizens, you're sort of biased on people who are already involved in the programs. Is there a way for us to get to the people who are not at the senior citizens or not already receiving services, not able to come to the van, not able to come here? It feels like it's biased toward people who are already somehow engaged. Is that fair? I m not sure how to do that."*
- ❖ **COMMENT:** *"I am. We need to go to the senior housing communities. We need to go where they live and, for the most part, I think we should be pretty welcomed."*
- ❖ **COMMENT:** *"Well, I agree and I get your point. If you're already in the exercise program, you're going to say a lot more, but if you're not even able to get to the senior center or if you don't have enough money, we're not touching those people. We've got to figure out a way. Again, not being critical on the survey, but I think there's a gap and that we're biased. I don't agree with some of [these*

results]. I'm seeing that the total number of surveys is 2,100 which seems like a small number for a county this big."

- ❖ **RESPONSE:** "Last year [PSA 21] collected 2,979 surveys over 18 months. That is a really good sample size given our County's population."
- ❖ **COMMENT:** "And, just to let you know the California Health Interview for Riverside County collected 1,600 and they extrapolate the numbers. do their extrapolation to represent the community and it's a telephone survey. This is different from the planning survey."
- ❖ **COMMENT:** "From where this is going, it looks like the population of the survey is people who are sort of already a little bit knowledgeable about what's going on. What I am concerned about is the outliers. Those people who live by themselves that don't necessarily go to the senior centers. They have problems. They can't afford their house. They have medical problems, whatever. And, how do we capture those people in the survey?"
- ❖ **RESPONSE:** "We do send out surveys to all nutrition sites and home delivered meal clients. We don't always get them back from the home delivered meal clients, but we do go to every nutrition site and we have people who go to the congregate sites. This is how we get a lot of our surveys. Our Health Promotion Coordinator went to every nutrition site and they got over 800, almost 900 nutrition surveys back this year. About housing, I can check with the Housing Authority to see what percentile of seniors are requesting housing. Maybe they can tell me what percent of those asking for Section 8 are seniors and are asking for housing."
- ❖ **QUESTION:** "Isn't the question really about how to get rid of the bias of the people who are already in the system? I think that's what you' guys are asking about. I think that's accurate. I mean, I know if we gave this survey to our [community], the answers would be significantly different because they're disabled. And, that would be a different story and I think that's what we're trying to figure out. Is that what we want to do, or are we just directing our services to those people that are already in the system? Do we want to try to capture those people who are not in the system? I don't have an answer to that."
- ❖ **QUESTION:** "I agree with trying to capture everybody aside from those who are engaged in the services, but, shy of going door-to-door, the data is always going to fluctuate. But, my question to [staff] is, 'Just because of the survey results, the services of the Office on aging are not going to be put on the back burner just because of these results, right?'"
- ❖ **RESPONSE:** "No, of course not. What this does is gives us a sense of....it tracks our direction. Your point is well taken. On a whole, we might want to engage those people outside of our service delivery, per se. But, how we do that is more of the \$64,000 question because short of going door-to-door, maybe it's something we can ask the Council to help us with."
- ❖ **RESPONSE:** "I know that our Outreach team actually goes out to different cultural events and activities that are not senior-specific. That's why you'll see survey responses from people who are under 60? We are trying to get information from every event that we are invited to, whether it is senior-focused or not. The Outreach team is reaching out to people aren't necessarily in our system already. But, we do not go door-to-door. We do not do that."

❖ **COMMENT:** “This might be totally off the lawn, but it just seems to me that the little I know about people who have been polling for a living, could micro-target down to age or maybe... I don’t necessarily mean to hire them; I know that’s not feasible, but at least talk to them. Maybe we can get some ideas about how we might be able to reach the population we haven’t been able to reach up to now. It can’t hurt.”

❖ **COMMENT:** “I’ve been doing a survey in our area on senior housing. I am actually going out and talking to landlords and owners and, what I’d like to ask is, if it’s possible to go into these multi-family communities? Some of them are high rent and some of them are affordable, income-based rent. If they will allow us to do that and allow us to bring our surveys to them ...as long as we don’t talk about rent control. I think if it’s more of a ‘educate your residents’ because we still are sort of a well-kept secret. When I get done with the surveys, maybe we can talk a little bit more. It’s just easier this way because we can’t go door-to-door. If we can get these landlords to let us educate their residents, we can educate ourselves.”

❖ **Review of Target Populations**

❖ **Review of Plan Goals**

❖ **COMMENT:** “Since the 2016-2020 Area Plan has not yet been approved by CDA, there are only minimal changes to this section of the Area Plan Update. A full copy of the 2016-2020 Area plan is available for review in the back of the room.”

❖ **Review of Adequate Proportions**

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

- None.

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.

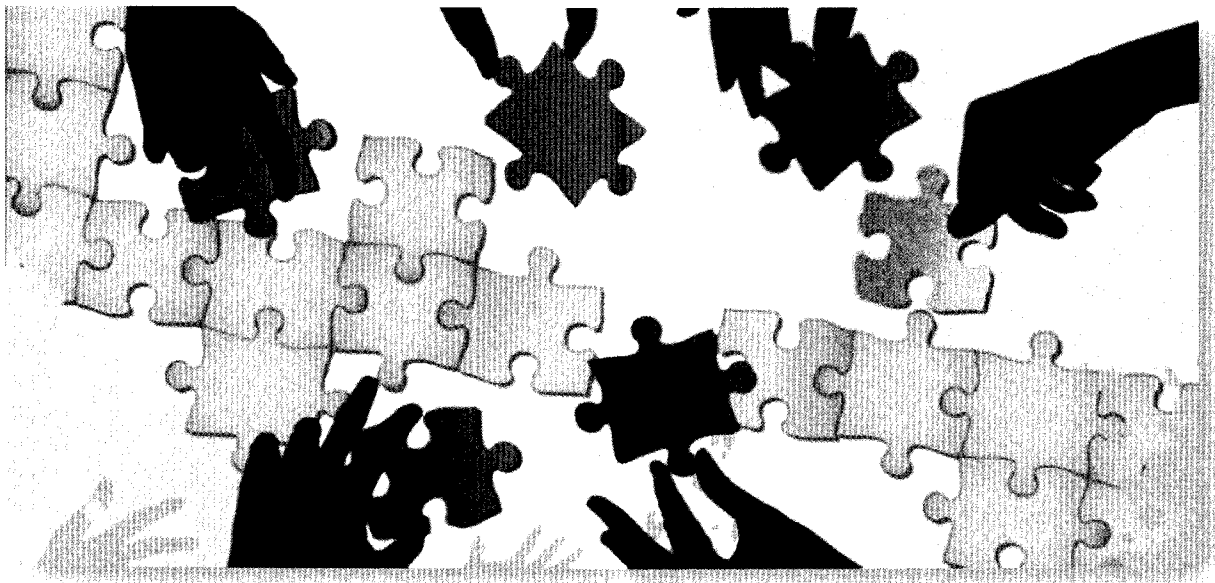
**SECTION 8 - IDENTIFICATION OF PRIORITIES**

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.



**Goal III: "Accessible Key Community-Based Services"**

Develop programs and participate in efforts that provide opportunities for older adults, persons with disabilities and target populations to access local and community based services; Advocate for policies and legislation, and coordinate with community partners to address systemic issues affecting older adults and persons with disabilities such as transportation and affordable housing.

**Goal III: "Accessible Key Community-Based Services"**

Empower older adults and those with disabilities to improve their health and quality of life through community-based activities and initiatives that focus on preventative services, health and wellness, chronic disease self-management, behavioral health, social activation and engagement, employment, nutrition, and lifelong learning.

**Goal III: "Accessible Key Community-Based Services"**

Provide options for long-term services and supports (LTSS) and focus on disaster preparedness and elder justice issues, which allow older adults and persons with disabilities to preserve their independence and remain in their homes and communities for as long as possible; Provide essential support services, education and respite to caregivers; Advocate for caregivers, including grandparents raising grandchildren, who are a vital source for long term care and family and community stability.

**Goal IV: "Working Beyond Partnerships": Developing True System Integration**

Work with existing and new community-based partners to strengthen infrastructure and service delivery system for older adults and persons with disabilities by increasing awareness, providing information and assistance and integrating access to services; Initiate or engage in collaborations and activities that increase the number of geriatric professionals and paraprofessionals in Riverside County and to educate current providers about issues concerning older adults and persons with disabilities.

**Goal I:**

Develop programs and participate in efforts that provide opportunities for older adults, persons with disabilities and target populations to access local and community based services; Advocate for policies and legislation, and coordinate with community partners to address systemic issues affecting older adults and persons with disabilities such as transportation and affordable housing.

**Rationale:**

- *Focus Group survey results indicated there was a need for focused services and programs to enhance transportation methods, provide additional options for physical activities and socialization, and expand nutrition efforts within the community.*
- *Sustainable funding for programs and services continues to be a concern within the older adult and disabled community.*
- *Coordination and communication to streamline efforts and reduce duplicative and fragmented programming is essential to reducing cost and improving efficiencies.*
- *Due to the geographic spread of Riverside County providing services to rural and isolated areas proves to be a challenge that partnerships and expansion will help eliminate.*
- *Access to localized care in the eastern Riverside County area is limited and LGBT friendly providers are scarce throughout Riverside County. In addition, LGBT older adults are at a higher risk of self-neglect, as they may refuse to obtain help in order to protect themselves from judgement.<sup>113</sup>*
- *A call to action for increased funding, legislation and public awareness, which encourages policy makers to review and revise the Federal Poverty Level guidelines is necessary for the population that falls into the 'hidden poor'. The 'hidden poor' have substantially more health problems and less access to care. They cannot afford to pay privately for assistance and often do not qualify for public programs that could help them manage their health problems.<sup>114</sup>*
- *As the US population ages and people stay healthy and active longer, communities must prepare to address the population needs by establishing age-friendly communities. Adopting features such as safe, walkable streets; better housing and transportation options; access to key services; and, opportunities for residents to participate in community activities.<sup>115</sup>*
- *The desire of older adults living in rural areas to remain independent is often hindered by isolation, distance, income and access to services.*
- *Rural seniors feel that more affordable housing is needed across the different levels of care, from independent living options to full care options.*
- *Rural communities do not have well developed transportation systems, so older adults mobility often depends on one's ability to drive. As a result, the older adult population often equates losing their ability to drive with losing their independence.<sup>116</sup>*

<sup>113</sup> Grant, Jaime M. "Outing Age 2010: Discrimination and Access to Services". National Gay and Lesbian Task Force Policy Institute. Pg. 52.

<sup>114</sup> Paul Kleyman. "Study Exposes Health Struggles for 'Hidden Poor' California Elders" New America Media. March 11, 2016. Web. <http://newamericamedia.org/2016/03/study-exposes-health-struggles-for-hidden-poor-california-elders.php> [accessed April 5, 2016]

<sup>115</sup> "The AARP Network of Age-Friendly Communities: An Introduction. AARP. 2015. Web. <<http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>> [accessed April 6, 2016].

<sup>116</sup> Bacsu, Juanita R., MA, PhD student; Jeffery, Bonnie, PhD.; Johnson, Shanthi, PhD; Martz, Diane, PhD; Novik, Nuelle, PhD; Abonyi, Sylvia, PhD. "Healthy Aging in Place: Supporting Rural Seniors' Health Needs" Online Journal of Rural Nursing and Health Care, Volume 12 No. 2 20012. Pg. 77.

<b>Goal I. Objective A:</b>  <b>Provide leadership and expertise</b> to the Riverside County aging network and other key stakeholders to improve the coordination and access to services.	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C</b> <sup>3</sup> <small>(CDA form footnote)</small>	<b>Update Status</b> <sup>4</sup> <small>(CDA form footnote)</small>
1. Coordinate with local managed care providers to implement a system of person-centered care, such as the Coordinated Care Initiative (CCI) in Riverside County.	2016-2017	C	
2. Participate in existing coalitions to develop and enhance transportation and affordable housing options for older adults and persons with disabilities.	2016-2020		
3. Work with and provide support to non-profit and for-profit organizations that are exploring alternative and innovative transportation options for older adults and persons with disabilities.	2016-2020		
4. Provide information to individuals related to the kinds of services and supports available within the local community through the Network of Care information platform.	2016-2020		
5. Coordinate with community partners and providers to increase options for local care in rural and isolated areas.	2016-2020		
6. Host quarterly discussions with current and prospective service providers to improve and enhance the local service delivery system.	2016-2020		
7. Participate in discussions and collaborations focused on creating age-friendly communities throughout Riverside County.	2016-2020		
8. Convene Leadership Roundtables to educate senior/community centers and other community partners about aging issues and trends, and to develop new program innovations.	2016-2020		

9. Through the Ombudsman contractor, develop collaboration with CCL, APS, DPH, and law enforcement to meet on a quarterly basis to maximize the services and resources available to residents in the long term care setting.	2016-2020		
10. Through the Ombudsman contractor, assist with the development of Family Councils in long term care facilities in order to assist residents with voicing concerns, requesting improvements, supporting new family members, and supporting facility efforts to make care and life in the facility better.	2016-2020		

<b>Goal I. Objective B:</b>  Explore funding opportunities for community-based initiatives and programs that expand existing services and develop future services.	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C <sup>3</sup></b>	<b>Update Status <sup>4</sup></b>
1. Advocate for sustained funding for existing rideshare and escort transportation programs, such as the Transportation Reimbursement and Information Project (TRIP).	2016-2020		
2. Advocate for the equitable distribution of funds and local flexibility of the Older Americans Act funding to best leverage service needs.	2016-2020		
3. Advocate for restored and increased funding for aging services by working through legislative and collaborative networks, such as National Association of Area Agencies on Aging (n4a) and the California Association of Agencies on Aging (c4a).	2016-2020		
4. Research and apply for additional funding for aging services.	2016-2020		