

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



ITEM
2.8
(ID # 9673)

MEETING DATE:
Tuesday, May 21, 2019

FROM : OFFICE ON AGING:

SUBJECT: OFFICE ON AGING: Approve the 2019/20 Update to the 2016-2020 Area Plan on Aging, "The Changing Face of Aging." All Districts; [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:


1. Approve the attached 2019/20 update to the Riverside County Office on Aging's 2016-2020 Area Plan on Aging, "The Changing Face of Aging";
2. Authorize the Board Chair to sign four (4) original transmittal letters; and
3. Direct the Clerk of the Board to return three (3) original transmittal letters to the Office on Aging after approval by the Board of Supervisors.

ACTION:Consent

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: May 21, 2019
xc: Office on Aging

Kecia Harper
Clerk of the Board
By: 
Deputy

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STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment: N/A	
			Fiscal Year: 19/20	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In coordination with the Advisory Council on Aging and the community Office, the Office on Aging is mandated by the Older Americans Act and the Older Californians Act to annually update the previously approved four-year Area Plan to reflect any changes in the consecutive years. Fiscal Year 2019/20 is the fourth year of the 2016-2020 Area Plan on Aging, titled "The Changing Face of Aging." The 2016-2020 Area Plan was updated to incorporate needs assessment activities impacting older adults. A process utilizing in-depth analysis of US Census data and other data sources related to population projections was used to develop the initial 2016-2020 Area Plan, which also included focus groups with key stakeholders, surveys (in person, phone and mail), a public hearing and a thorough review of current reports and assessments from a variety of Riverside County sources. The 2019/20 annual update includes no substantive changes resulting from the recent public hearings.

The 2016-2020 Area Plan included four priority goals, which are unchanged in the 2019/20 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 2016-2020 Area Plan continue to serve as a roadmap for Office on Aging to initiate and participate in the necessary critical conversations which are part of integrating and improving the services older adults will need in the future.

Impact on Residents and Businesses:

The 2019/20 annual update to the 2016-2020 Area Plan: re-affirms the four-year goals and objectives of the Office on Aging; establishes the rationale for development, expansion and delivery of community-based services for older adults in Riverside County; and assures 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, including: frail elderly, disabled, low-income individuals, minorities, residents of rural or isolated

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

areas, caregivers and grandparents raising grandchildren. Additional specific target populations include: baby boomers, limited English speakers and Lesbian/Gay/Bisexual/Transgender (LGBT) individuals.

ATTACHMENTS:

**A. 2019/20 Update to the 2016-2020 RIVERSIDE COUNTY AREA PLAN ON AGING:
“The Changing Face of Aging”**

B. 2019/20 update to the 2016-2020 Area Plan on Aging Transmittal Letter to CDA

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. Kevin Jeffries

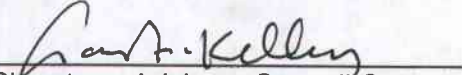


Signature: Governing Board Chair¹

MAY 21 2019

Date

2. Gary Kelley



Signature: Advisory Council Chair

3-13-19

Date

3. Jewel M. Lee



Signature: Area Agency Director

3/13/19
Date

¹ Original signatures or official signature stamps are required.



**2016-2020
Area Plan
on Aging**
2018/19
2019-2020 Update

The Changing Face of Aging



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



DRAFT: Revised 2.4.19

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MESSAGE FROM THE DIRECTOR

I am pleased to present the 20198-202019 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.



Jewel M. Lee, 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. 20198-202019 Update of the 2016-2020 Riverside County Area Plan, "The Changing Face of Aging". County of Riverside, CA. May 201948

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

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1. **Kevin Jeffries**

Signature: Governing Board Chair ¹

Date

2. **Gary Kelley**



Signature: Advisory Council Chair

3-13-19

Date

3. **Jewel M. Lee**



Signature: Area Agency Director

3/13/19

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

All Area Agencies on Aging:

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



Riverside County Office on Aging's Philosophy

Our Mission:

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

Our Vision:

The Riverside County Office on Aging will be recognized locally, statewide and nationally as *the* innovative leader of support services, coordination and advocacy to improve the lives of the aging population and persons with disabilities.

Our Core Values:

Older adults and Persons with disabilities live with dignity
Respect for all
Collaboration
Honesty and Integrity
Innovation
Professionalism
Excellence

Our Purpose:

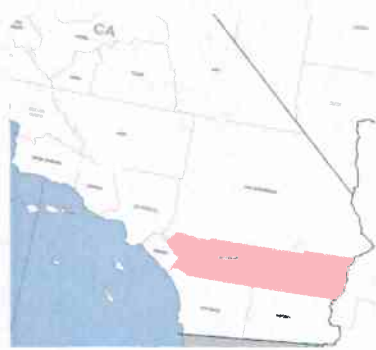
To enhance quality of life across generations through innovation and partnerships.

Our Promise:

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

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

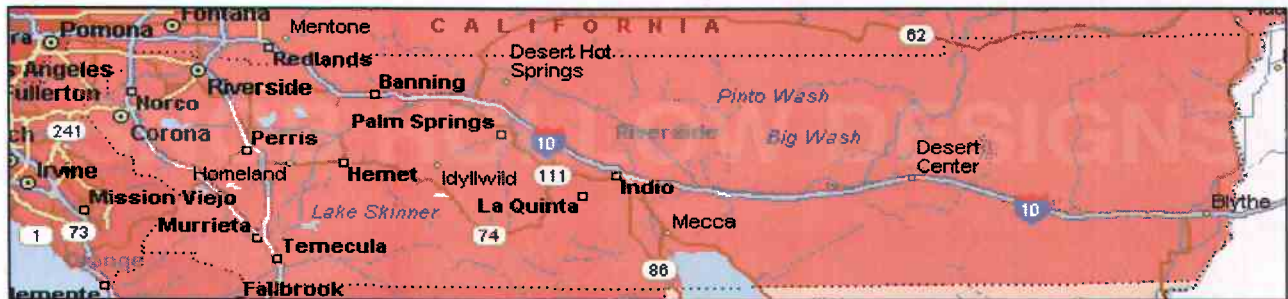
A. Physical Characteristics



Riverside County, founded in 1893, is one of 58 counties in the state of California. It covers 7,206 square miles (*excluding bodies of water*) in the southern part of the state.² Riverside County lies inland from Los Angeles County and is bordered by Orange County to the west, San Bernardino County to the north, San Diego and Imperial Counties to the south, and the Colorado River and the state of Arizona to the east. The County is approximately 180 miles from east to west and 40 miles from north to south; roughly the size of the state of New Jersey in total land area. The Colorado River town of Blythe is a three-hour drive from the county seat

in the City of Riverside. With altitudes ranging from 200 feet below sea level at the Salton Sea to 10,084 feet above sea level at the top of Mt. San Jacinto, the County's landscape features a combination of geographical facets, including deserts, forests, and mountain regions, all with rich biological resources. Additionally, there are growing industrial and urban/suburban population centers and productive agricultural lands.

Figure 1: Riverside County, California³



B. Riverside at a Glance



Desert Windmills



Salton Sea



Orange Groves

² "Population Estimates, July 1, 2015, (V2015). Riverside County California QuickFacts from the US Census Bureau" United States Census Bureau, 2015. <http://quickfacts.census.gov/qfd/states/06/06065.html>. [accessed March 16, 2016]

³ Retrieved from: http://www.californiacountymaps.com/riverside_county.shtml [accessed March 12, 2016]

C. Land Usage

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

1. Residential uses : 58%
2. Open space: 28%
3. Agricultural use: 5%
4. Industrial/commercial uses: 2%
5. Mining/recreation and public uses: 1% each
6. Development, water, freeways, and other uses: 6%⁵

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

Figure 2: Riverside County, California Incorporated and Unincorporated Areas⁶



⁴ "List of Cities And Unincorporated Communities Of Riverside County | Open Data | Socrata." Riverside County Economic Development. County of Riverside, 25 June 2014. <https://data.countyofriverside.us/Economic-Development/List-Of-Cities-And-Unincorporated-Communities-Of-R/ssez-u6vr> [accessed February 16, 2016]

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

⁶ 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 2016, the total population of Riverside County was 2,387,741, which is an increase of 9% since 2010.⁷ Riverside County is the fourth most populated county in California. Only the counties of Los Angeles, Orange, and San Diego have larger populations. Riverside County is the 10th largest county in the nation, with more residents than 16 of the country's states.⁸ The City of Riverside is the most populated city with 324,722 residents. The City of Indian Wells is the least populated city with 5,345 residents.

Table 1 demonstrates the total population and population per square mile subdivided by incorporated cities and census designated places (CDP) as of July 1, 2016.

Geography	Total Population	Land Area in Square Miles	Population Per Square Mile (Land Area)
California	39,250,017	155,779.2	252
Riverside County	2,387,741	7,206.5	331
Aguanga CDP	673	13.6	49
Anza CDP	2,507	27.6	91
Banning (City of)	31,026	23.1	1,343
Beaumont (City of)	45,349	30.9	1,468
Bermuda Dunes CDP	7,339	2.9	2,531
Blythe (City of)	19,675	26.2	751
Cabazon CDP	4,054	4.9	827
Calimesa (City of)	8,616	14.8	582
Canyon Lake (City of)	11,137	3.9	2,856
Cathedral City	54,056	21.5	2,514
Cherry Valley CDP	7,424	8.1	917
Coachella (City of)	44,953	29	1,550
Corona (City of)	166,785	38.8	4,299
Coronita CDP	3,172	0.7	4,531
Crestmore Heights CDP (2010)	384	0.3	1,280
Desert Center CDP	189	30.4	6
Desert Edge CDP	3,848	2.3	1,673
Desert Hot Springs (City of)	28,492	23.6	1,207
Desert Palms CDP	6,940	2.7	2,570
East Hemet CDP	18,764	5.2	3,608

⁷ Population Estimates, July 1, 2016, (V2016). "Riverside County California QuickFacts from the US Census Bureau" United States Census Bureau, 2016. <https://www.census.gov/quickfacts/fact/table/riversidecounty/california/PST045216#viewtop> [accessed December 2017]

⁸ U.S. Census Bureau, Preliminary Annual Estimates of the Resident Population for Counties: April 1, 2000 to July 1, 2010, CO-PEST2010-TOTALS

⁹ U.S. Census Bureau. Annual Estimates of the Resident Population; April 1, 2010 to July 1, 2016. 2016 population Estimates [accessed December 2017]

¹⁰ U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates [accessed December 2017]

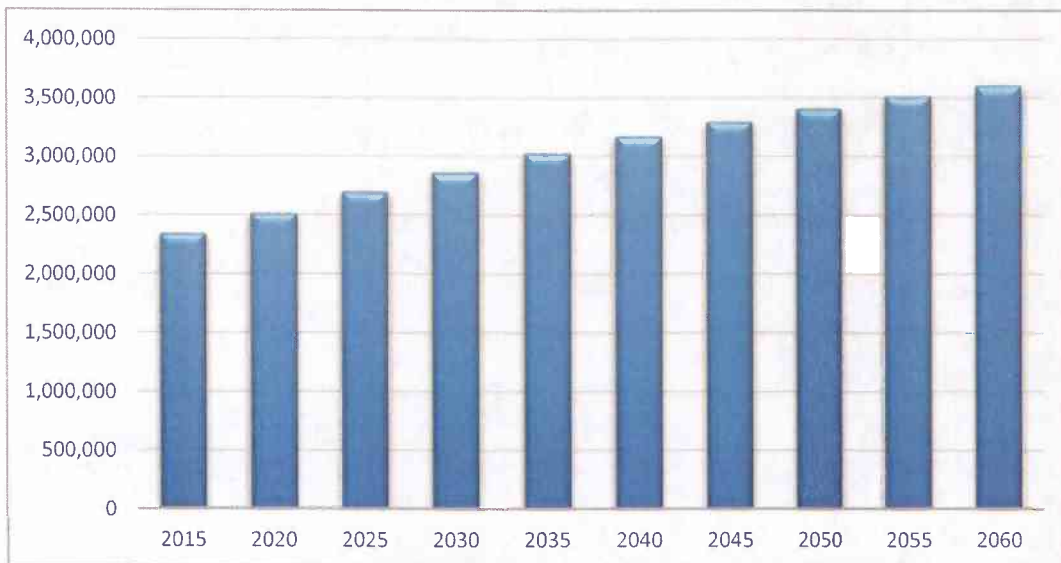
Eastvale (City of)	61,151	13.1	4,668
El Cerrito CDP	5,699	2.6	2,192
El Sobrante CDP	15,374	7.2	2,135
French Valley CDP	27,949	10.9	2,564
Garnet CDP	6,297	11.3	557
Good Hope CDP	9,471	11.2	846
Green Acres CDP	2,560	1.4	1,829
Hemet (City of)	84,281	27.8	3,032
Highgrove CDP	4,537	3.2	1,418
Home Gardens CDP	11,383	1.6	7,114
Homeland CDP	6,628	4.3	1,541
Idyllwild-Pine Cove CDP	2,548	13.7	186
Indian Wells (City of)	5,345	14.3	374
Indio (City of)	88,488	29.2	3,030
Indio Hills CDP	1,119	21.5	52
Jurupa Valley (City of)	103,541	44	2,353
Lake Elsinore (City of)	64,205	36.2	1,774
Lakeland Village CDP	11,698	8.7	1,345
Lake Mathews CDP	5,956	15.9	375
Lake Riverside CDP	1,069	7.2	148
Lakeview CDP	2,149	3.3	651
La Quinta (City of)	40,956	35.1	1167
March ARB CDP	1,145	12	95
Meadowbrook CDP	2,782	6.9	403
Mead Valley CDP	19,468	19.2	1,014
Mecca CDP	8,863	7	1,266
Menifee (City of)	88,531	46.5	1,904
Mesa Verde CDP	715	4.3	166
Moreno Valley (City of)	205,499	51.3	4,006
Mountain Center CDP	80	1.9	42
Murrieta (City of)	111,674	33.6	3,324
Norco (City of)	26,714	14	1,908
North Shore CDP	3,199	11.2	286
Nuevo CDP	7,634	6.8	1,123
Oasis CDP	4,374	19.6	223
Palm Desert (City of)	52,231	26.8	1,949
Palm Springs (City of)	47,689	94.1	507
Perris (City of)	76,331	31.4	2,431
Rancho Mirage (City of)	18,194	24.4	746
Ripley CDP	546	1.7	321
Riverside (City of)	324,722	81.1	4,004
Romoland CDP	1,769	2.6	680
San Jacinto (City of)	47,413	25.7	1,845

Sky Valley CDP	2,574	24.3	106
Temecula (City of)	113,054	30.2	3,744
Temescal Valley CDP	24,797	19.3	1,285
Thermal CDP	2,396	9.5	252
Thousand Palms CDP	7,875	23.6	334
Valle Vista CDP	16,244	6.9	2,354
Vista Santa Rosa CDP	3,775	16.1	234
Warm Springs CDP	1,709	2	855
Whitewater CDP	821	9.9	83
Wildomar (City of)	36,042	23.7	1,521
Winchester CDP	2,407	7.7	313
Woodcrest CDP	16,296	11.4	1,429

E. Population Projections

Between 2010 and 2016, Riverside County's population increased by 9%¹¹ and is expected to reach approximately 4 million by 2060.¹² 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.¹³

Figure 3: Total Population Projections for Riverside County (2015-2060)¹⁴



¹¹ American Fact Finder Riverside County, California Census 2010 Total Population vs. 2016 Population Estimate (as of July 1, 2016)

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml# [accessed December 18, 2017]

¹² State of California, Department of Finance, New Population Projections: California to Surpass 50 Million in 2049.

¹³ 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).

¹⁴ 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, February 2017.

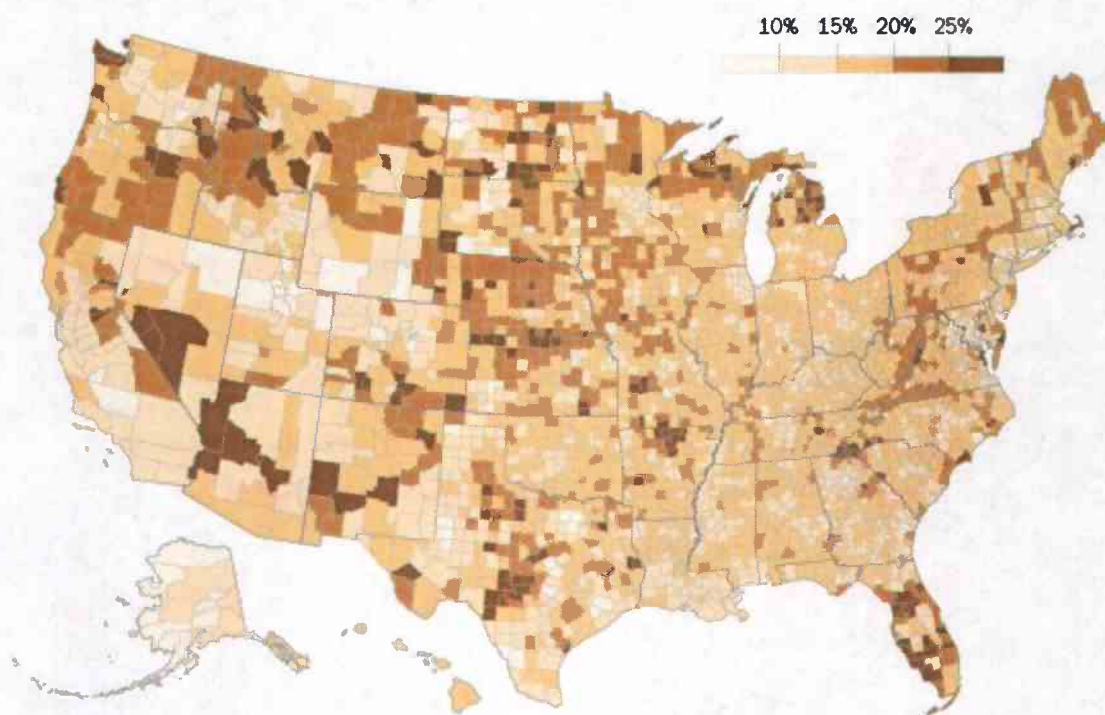
F. Boomers and Beyond

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 65.¹⁵ 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 Seniors in the United States, 2014¹⁶

% of county population ages 65+



Source: U.S. Census Bureau 2014 population estimates

PEW RESEARCH CENTER

¹⁵ 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]

¹⁶ Kent, Laura. "Where do the oldest Americans live?" *Counties With Largest, Smallest Shares of Seniors*. Pew Research Center. <http://www.pewresearch.org/fact-tank/2015/07/09/where-do-the-oldest-americans-live/> [accessed December 2017]

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 2060.²⁰ By the year 2060, one million adults over age 65 will make up approximately 25% of the total projected population in Riverside County.²¹

Table 2 shows the total population over the age of 50 in California and Riverside County in 2014 and 2016.

**Table 2: Total Population by Age Category for California and Riverside County 2014²³ and 2016²²
American Community Survey by Age Group (Ages 55 and Above)**

AGE	CALIFORNIA	RIVERSIDE COUNTY (2014)	RIVERSIDE COUNTY (2016)
55 to 59 years	2,435,215	136,841	132,462
60 to 64 years	2,087,327	112,492	116,195
65 to 69 years	1,662,131	98,446	99,927
70 to 74 years	1,159,626	75,220	72,041
75 to 79 years	850,393	55,732	55,773
80 to 84 years	618,467	39,756	39,506
85 years and over	695,776	38,117	37,182
Total 55years and over	9,508,935	419,763	553,086

²⁰ "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]

²¹ 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)

²² U.S. Census Bureau, American Fact Finder AGE AND SEX 2012-2016 American Community Survey 5-Year Estimates

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

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

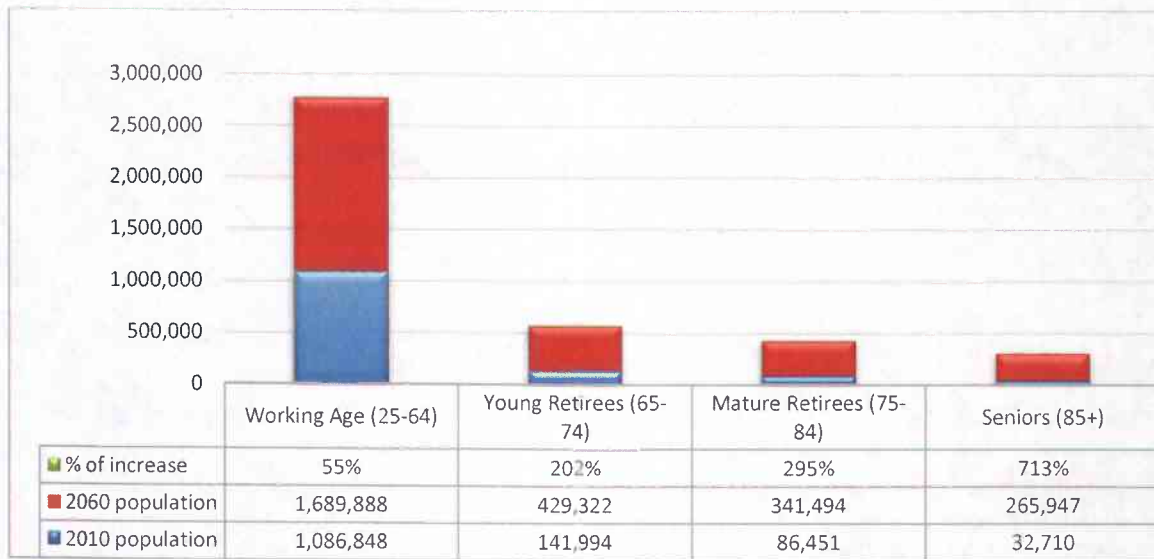
Table 3: Riverside County Population Projections and Percentage Increase²⁴
Riverside County Population Projections 2010-2060

Age Group	2010	2060	% of Increase
ALL Age Group (Total Population)	2,196,137	3,602,352	64%
Working Age (25-49 years)	729,179	1,030,421	41%
Pre-Retirement (50-64 Years)	357,669	659,467	84%
Young Retirees (65-74 years)	141,994	429,322	202%
Mature Retirees (75-84 years)	86,451	341,494	295%
Seniors (85 to 99 years)	32,463	253,107	680%
Centenarians (100+)	247	12,840	5,098%

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

²⁴ Total Estimated and Projected Population for California Counties: July 2010 to July 1, 2060 in 5 Year Increments. California Department of Finance, Demographic Research Unit (2016). <http://www.dof.ca.gov/Forecasting/Demographics/Projections/> (Retrieved January 2018)

Figure 7: Riverside County Population Projections by Age Group (25+)²⁴



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 50 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.^{25 26}

I. Disabled Population

The Riverside County Office on Aging is also designated as an Aging and Disability Resource Connection (ADRC), which serves the County's disabled population, regardless of age. In 2014, the U.S. Census estimated that the total civilian, non-institutionalized disabled population within Riverside County was 260,228, or 11% of the total population. This is higher than the overall percentage for the State of California, which is 10.6%.²⁷

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

²⁵ U.S. Census Bureau. "Millennials Outnumber Baby Boomers and Are Far More Diverse, Census Bureau Reports." June 25, 2015. Release number: CB15-113. <https://www.census.gov/newsroom/press-releases/2015/cb15-113.html> [accessed May 2018].

²⁶ Fry, Richard. "Millennials projects to overtake Baby Boomers as America's largest generation". Pew Research Center. March 1, 2018. <http://www.pewresearch.org/fact-tank/2018/03/01/millennials-overtake-baby-boomers/> [accessed May 2018].

²⁷ U.S. Census Bureau, American Fact Finder. DISABILITY CHARACTERISTICS 2012-2016 American Community Survey 5-Year estimates [accessed December 2017].

Table 4: Disability Characteristics for Riverside County ²⁸

Subject	Riverside County, California		
	Total	With a disability	Percent with a disability
	Estimate	Estimate	Estimate
Total civilian noninstitutionalized population	2,301,893	260,228	11.30%
AGE			
Under 5 years	157,554	976	0.60%
5 to 17 years	454,989	20,084	4.40%
18 to 34 years	547,161	30,235	5.50%
35 to 64 years	838,979	99,989	11.90%
65 to 74 years	171,973	44,363	25.80%
75 years and over	131,237	64,581	49.20%
With a hearing difficulty	(X)	74,005	3.20%
Population under 18 years	612,543	3,587	0.60%
Population under 5 years	157,554	607	0.40%
Population 5 to 17 years	454,989	2,980	0.70%
Population 18 to 64 years	1,386,140	24,650	1.80%
Population 18 to 34 years	547,161	4,400	0.80%
Population 35 to 64 years	838,979	20,250	2.40%
Population 65 years and over	303,210	45,768	15.10%
Population 65 to 74 years	171,973	15,768	9.20%
Population 75 years and over	131,237	30,000	22.90%
With a vision difficulty	(X)	50,739	2.20%
Population under 18 years	612,543	4,814	0.80%
Population under 5 years	157,554	620	0.40%
Population 5 to 17 years	454,989	4,194	0.90%
Population 18 to 64 years	1,386,140	24,489	1.80%
Population 18 to 34 years	547,161	5,400	1.00%
Population 35 to 64 years	838,979	19,089	2.30%
Population 65 years and over	303,210	21,436	7.10%
Population 65 to 74 years	171,973	8,085	4.70%
Population 75 years and over	131,237	13,351	10.20%
With a cognitive difficulty	(X)	95,206	4.40%
Population under 18 years	454,989	13,857	3.00%
Population 18 to 64 years	1,386,140	53,670	3.90%
Population 18 to 34 years	547,161	18,088	3.30%
Population 35 to 64 years	838,979	35,582	4.20%
Population 65 years and over	303,210	27,679	9.10%
Population 65 to 74 years	171,973	9,874	5.70%
Population 75 years and over	131,237	17,805	13.60%
With an ambulatory difficulty	(X)	138,311	6.50%
Population under 18 years	454,989	2,880	0.60%
Population 18 to 64 years	1,386,140	64,312	4.60%
Population 18 to 34 years	547,161	7,522	1.40%
Population 35 to 64 years	838,979	56,790	6.80%

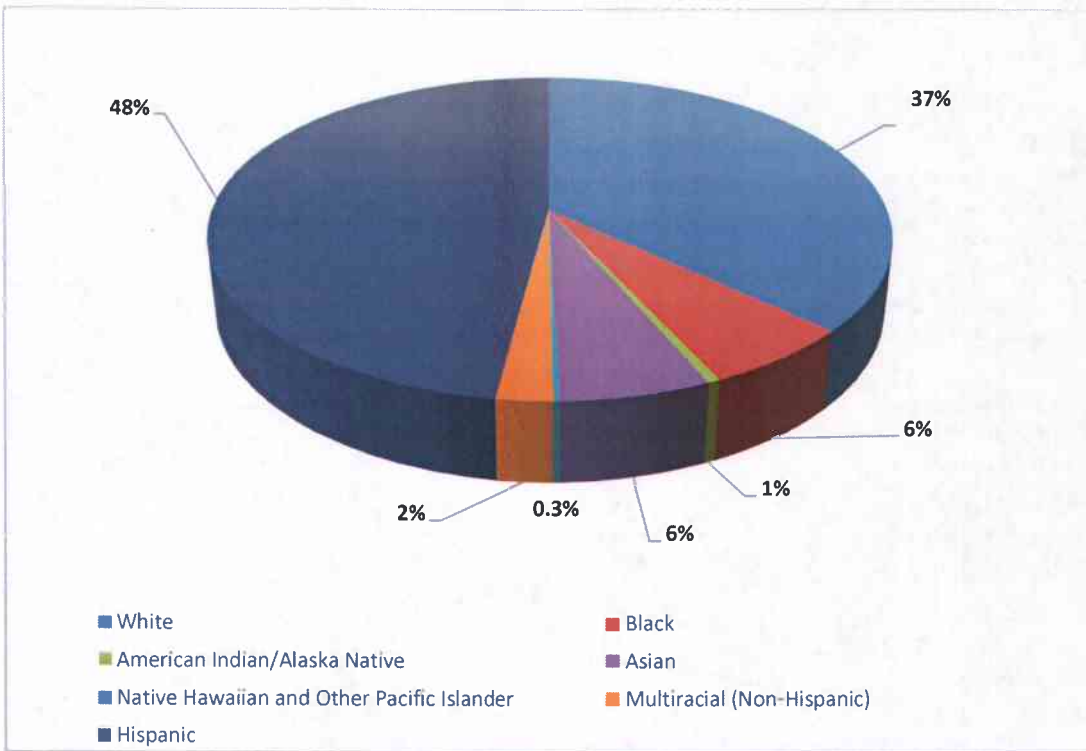
²⁸ U.S. Census Bureau, American Fact Finder. DISABILITY CHARACTERISTICS. 2012-2016 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1810&prodType=table [accessed December 2017].

Population 65 years and over	303,210	71,119	23.50%
Population 65 to 74 years	171,973	27,818	16.20%
Population 75 years and over	131,237	43,301	33.00%
With a self-care difficulty	(X)	56,906	2.70%
Population under 18 years	454,989	4,485	1.00%
Population 18 to 64 years	1,386,140	25,274	1.80%
Population 18 to 34 years	547,161	5,412	1.00%
Population 35 to 64 years	838,979	19,862	2.40%
Population 65 years and over	303,210	27,147	9.00%
Population 65 to 74 years	171,973	8,442	4.90%
Population 75 years and over	131,237	18,705	14.30%
With an independent living difficulty	(X)	96,236	5.70%
Population 18 to 64 years	1,386,140	48,207	3.50%
Population 18 to 34 years	547,161	12,167	2.20%
Population 35 to 64 years	838,979	36,040	4.30%
Population 65 years and over	303,210	48,029	15.80%
Population 65 to 74 years	171,973	14,924	8.70%
Population 75 years and over	131,237	33,105	25.20%

J. Ethnic and Cultural Diversity

When the population of Riverside County is divided into specified racial subgroups, the demographics are as follows: 48% Hispanic or Latino origin; 37% White (non-Hispanic or Latino); 6% African American; 6% Asian; 1% Native American and Alaskan Native; 0.3% Hawaiian Native or other Pacific Islander; and 2% reported multiracial (including two or more races- not Hispanic or Latino). Although Figure 8 lists seven ethnicities, it is actually comprised of more than 27 sub-ethnicities and/or nationalities.²⁹

Figure 8: 2018 Riverside County Population by Ethnicity²⁹

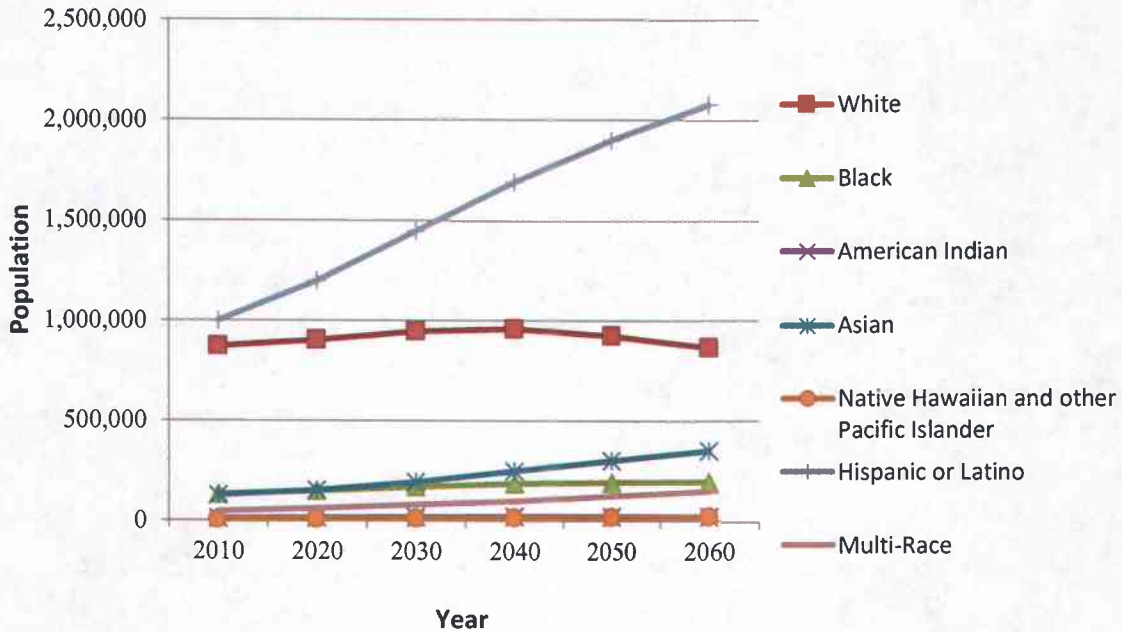


The number of ethnic minorities continues to grow in Riverside County; with the population self-identifying as Hispanic or Latino increasing the fastest. All ethnic groups will continue to increase as more people migrate into the County. As ethnic populations increase, the varying ethnicities and cultures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

²⁹ California Department of Finance: *Estimated and Projected Population for California and Counties: July 1, 2010 to July 1, 2060 in 1-year Increments* <http://www.dof.ca.gov/Forecasting/Demographics/Projections/> [accessed January 2018]

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

Figure 9: 2010-2060 Projected Population Trend of Riverside County By Racial/Ethnic Groups 2010-2060 ³⁰



K. Languages Spoken at Home and English Language Ability

In 2016, 60% of Riverside County residents spoke only English. Of the 40% of residents that spoke a language other than English, only 15% reported speaking English less than “very well”. ³¹

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.

³⁰ 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].

³¹ U.S. Census Bureau. *American Fact Finder. SELECTED POPULATION PROFILE IN THE UNITED STATES. 2016 American Community Survey 1-Year Estimates. Riverside County, California.* [accessed December 2017]

Figure 10: Riverside County – Languages Spoken at Home (Total Population)³²

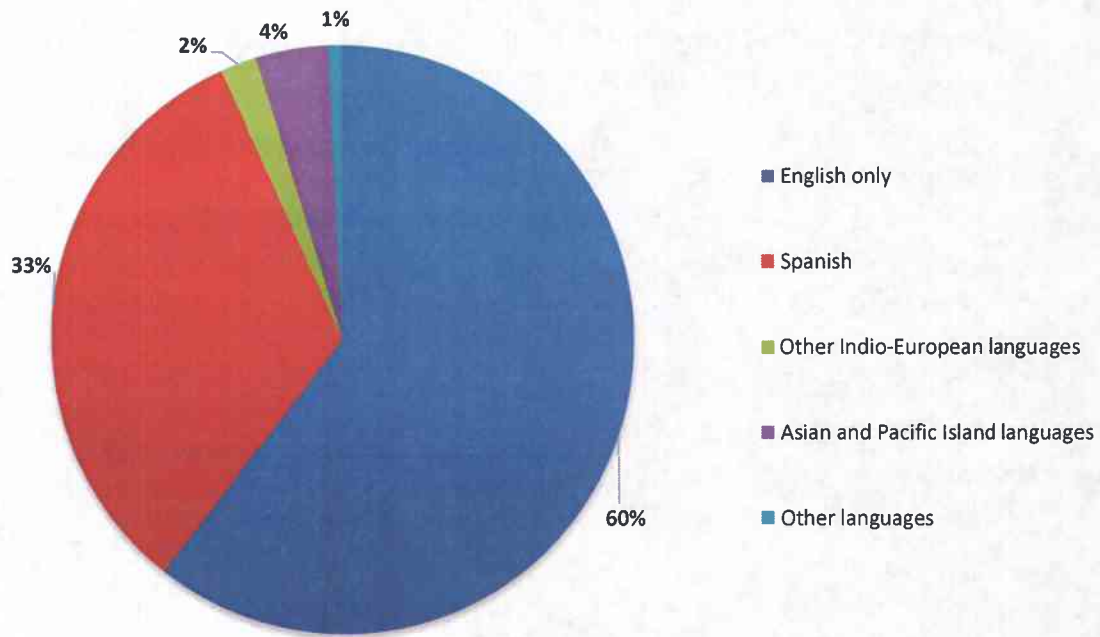
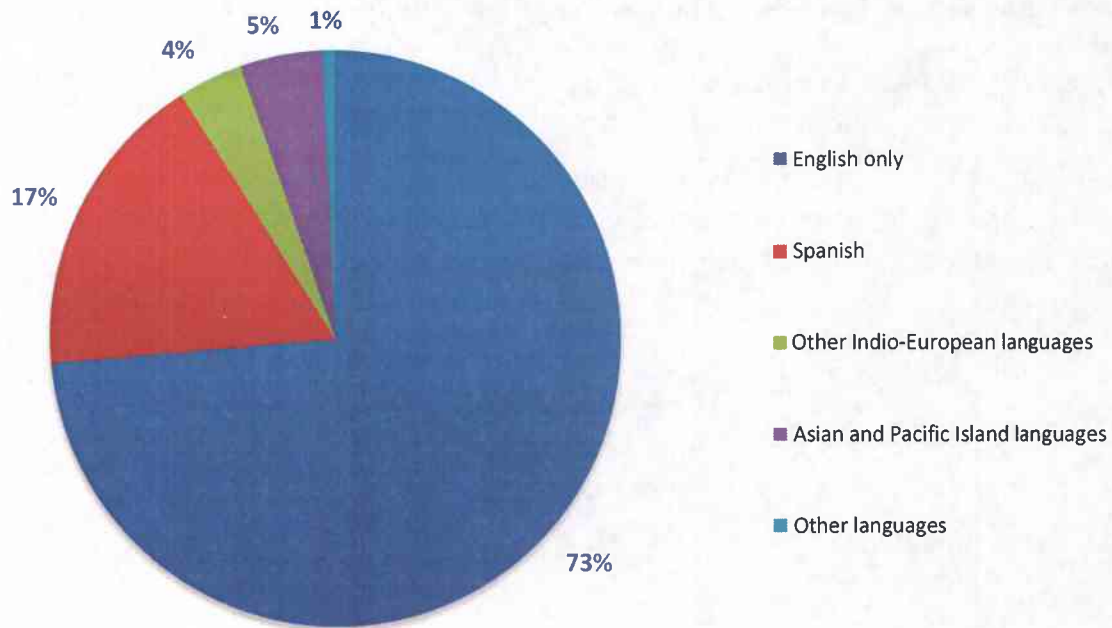


Figure 11: Riverside County – Languages Spoken at Home (Over 65)³²



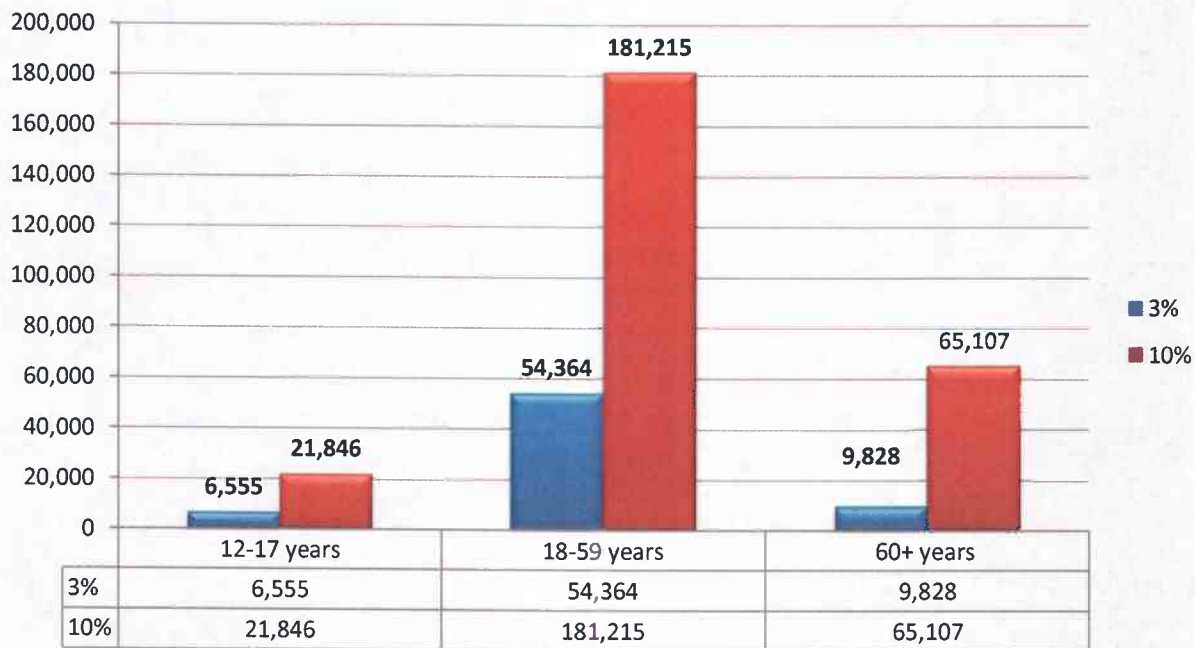
³² US Census Bureau: American Fact Finder. AGE BY LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER. 2012-2016 American Community 5-Year estimates. [accessed December 2017].

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.³³ 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, 2011³⁴



³³ Meyer, I. H., & Northridge, M. E. (2007). *The health of sexual minorities, public health perspectives on lesbian, gay, bisexual, and transgender populations*. Springer Verlag.

³⁴ Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." *Riverside County Public Health. County of Riverside, 2014.* <http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf> [accessed February 2016]

Table 5: Riverside County Cities Ranked by Same-Sex Couples per 1,000 Households, Cities with 50+ Same-Sex Couples (2010 Census)³⁵

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.

³⁵ Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. <http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf>. [accessed Feb 2016]; O'Connell, Martin, and Sarah Feliz. Same-sex Couple Household Statistics from the 2010 Census. Working paper no. 2011-26. US Census Bureau, 27 Sept. 2011. <www.census.gov/hhes/samesex/.../ss-report.d...>. [assessed February 2016]

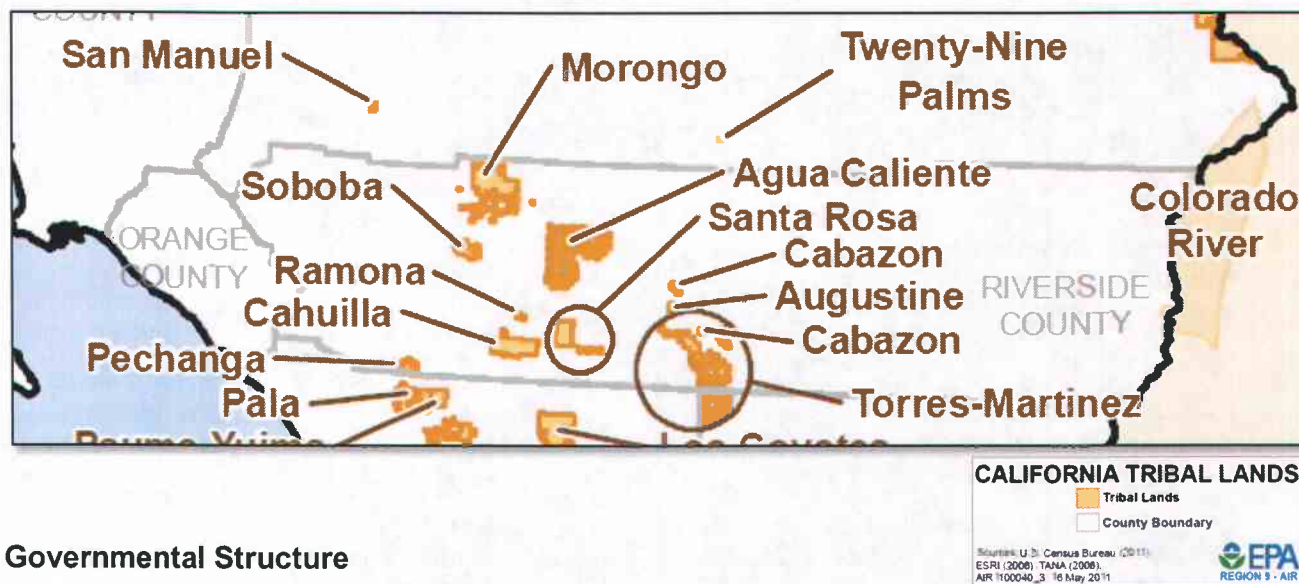
Table 6: Federally Recognized Native American Reservations in Riverside County^{36 37}

Reservation	Size	Population	Other Information
<i>Agua Caliente Band of Mission Indians of the Agua Caliente Indian Reservation</i>	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.
<i>Augustine Reservation (Cahuilla Indians)</i>	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.
<i>Cabazon Reservation (of the Mission Indian)</i>	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.
<i>Cahuilla Band of Indians</i>	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.
<i>Morongo Reservation (of the Mission Indians)</i>	+35,000 acres	954	Set at the foot of the San Gorgonio and San Jacinto Mountains
<i>Pechanga Band of Luiseno Indians</i>	4,394 acres	467	An additional 305 tribal members reside in the adjacent communities.
<i>Ramona Band of Cahuilla Indians</i>	560 acres	Unknown	Located at the base of the Thomas Mountains, in Anza, California.
<i>Soboba Band of Luiseno Indians</i>	5,915 acres	522	Tribal lands of the Luiseño Indians in eastern Riverside County, near the town of San Jacinto.
<i>Santa Rosa Band of Cahuilla Indians</i>	11,021 acres	65	Comprised of 4 non-contiguous parcels between the cities of Palm Springs and Anza.
<i>Torres-Martinez Desert Cahuilla Indians</i>	24,024 acres	4,146	Tribal lands of the Torres-Martinez Band of Mission Indians (Cahuilla) in Imperial and Riverside counties.
<i>Colorado River Indian Tribes</i>	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.
<i>Twenty-Nine Palms Band of Mission Indians</i>	640 acres	More than 1000	Tribal lands of the Chemehuevi people. Reservation is in both Riverside and San Bernardino counties.

³⁶ 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]

³⁷ "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 County³⁸



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.³⁹ 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.⁴⁰ 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.^{41 42 43 44}

³⁸ "California Tribal Lands." Environmental Protection Agency. 2011. <https://www3.epa.gov/region9/air/maps/pdfs/air1100040_3.pdf>. [accessed February 2016]

³⁹ Riverside County QuickFacts from the US Census. <<http://quickfacts.census.gov/qfd/states/06/06065.html>> [accessed February 2016]

⁴⁰ County of Riverside, Department of Public Health. Community Health Profile, 2013. pg 6-8. [accessed February 2016]

⁴¹ 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]

⁴² 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]

⁴³ 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]

⁴⁴ 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*
2,387,741	14%	11%	12%	38%	13%	6%

**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.⁴⁵*

Q. Service Areas of PSA 21

**Table 8: AAA Service Area 1 – Corona/Norco/Eastvale
(Coronita, El Cerrito, Home Gardens, Mira Loma, Temescal 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
91752	Norco/Eastvale	28,649	10%	12%	11%	40%	8%	4%
92503	Home Gardens	92,959	8%	12%	9%	37%	18%	4%
92860	Norco/Eastvale	27,304	11%	6%	9%	40%	7%	3%
92879	Corona/ Home Gardens	48,654	8%	10%	8%	38%	14%	4%
92880	Corona/Eastvale	61,187	7%	6%	7%	35%	11%	5%
92881	Corona/El Cerrito	32,817	10%	6%	7%	31%	5%	3%
92882	Corona	70,188	8%	10%	7%	34%	11%	3%
92883	Corona/Temescal Valley	31,940	11%	11%	8%	29%	8%	4%

⁴⁵ US Census Bureau: "American Community Survey - Age By Disability Status by Poverty Status, 2016 One (1) year estimates" [accessed May 2018] and "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)

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%
92337	Jurupa Valley	37,844	6%	4%	10%	46%	2%	5%
92501	Riverside	22,216	8%	12%	11%	41%	13%	6%
92503	Riverside	92,959	8%	12%	9%	37%	18%	4%
92504	Riverside/Woodcrest	53,960	13%	7%	10%	34%	9%	4%
92505	Riverside/Jurupa Valley	49,064	9%	9%	8%	38%	10%	4%
92506	Riverside/Woodcrest	45,993	14%	5%	10%	30%	9%	2%
92507	Riverside/Highgrove	55,156	8%	16%	8%	36%	16%	3%
92508	Riverside/Woodcrest	36,583	8%	11%	7%	34%	27%	5%
92509	Jurupa Valley	78,221	8%	12%	10%	37%	13%	5%

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	Perris/ Mead Valley	56,766	8%	15%	11%	43%	16%	6%
92508	March ARB	36,583	8%	11%	7%	34%	27%	5%
92518	March ARB	1,129	48%	8%	26%	32%	6%	3%
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	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/Mead Valley	56,766	8%	15%	11%	43%	16%	6%
92571	Perris/March ARB	54,825	5%	10%	9%	41%	15%	5%
92587	Perris	16,787	14%	11%	9%	28%	18%	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	Lake Elsinore	21,260	8%	11%	6%	27%	3%	4%
92545	Winchester/ Homeland/ Green Acers	41,078	26%	12%	20%	41%	11%	3%
92548	Homeland/Juniper Springs	7,020	16%	9%	16%	35%	9%	5%
92584	Menifee/Lake Elsinore	46,346	10%	4%	10%	37%	5%	4%
92585	Menifee	20,148	12%	5%	11%	29%	10%	3%
92586	Menifee	19,384	43%	9%	23%	38%	10%	2%
92587	Lake Elsinore/ Menifee/Canyon Lake	16,787	14%	11%	9%	28%	18%	3%
92595	Lake Elsinore	31,139	10%	11%	11%	42%	14%	3%
92596	Winchester/Menifee/ Indian Oaks/Dutch Village	26,044	7%	3%	9%	33%	4%	3%

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
92536	Aguanga	2,750	24%	5%	10%	21%	4%	4%
92539	Anza/Cahuilla	3,890	23%	5%	20%	46%	10%	2%
92562	Murrieta	63,293	12%	4%	9%	34%	8%	3%
92563	Murrieta	57,605	9%	6%	7%	32%	7%	4%
92584	Wildomar	46,346	10%	4%	10%	37%	5%	4%
92590	Temecula	3,841	15%	13%	12%	29%	38%	2%
92591	Temecula	39,767	10%	7%	8%	32%	4%	2%
92592	Temecula	74,558	9%	6%	8%	34%	8%	3%
92595	Wildomar	31,139	10%	9%	11%	42%	14%	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	32,793	27%	9%	18%	39%	8%	3%
92223	Banning/Beaumont/ Calimesa/ Cherry Valley	46,719	14%	7%	10%	28%	8%	3%
92230	Cabazon	3,297	5%	14%	8%	49%	29%	4%
92320	Calimesa	8,097	29%	9%	19%	39%	7%	2%
92373	Calimesa	34,017	15%	9%	11%	34%	16%	1%
92399	Cherry Valley	54,056	14%	12%	12%	37%	17%	3%
92583	Beaumont	31,167	13%	10%	16%	54%	10%	5%

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	34,680	20%	15%	19%	44%	15%	2%
92544	Hemet	47,136	14%	10%	17%	41%	10%	4%
92545	San Jacinto/Hemet	41,078	26%	12%	20%	41%	11%	3%
92549	Idyllwild	2,652	26%	6%	13%	21%	8%	1%
92561	Mountain Center	1,600	30%	10%	11%	24%	—	1%
92582	San Jacinto	16,200	11%	3%	13%	33%	4%	5%
92583	San Jacinto/Gilman Hot Springs	31,167	13%	10%	16%	54%	10%	5%

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
92234	Cathedral City	52,534	14%	14%	12%	34%	14%	3%
92240	Desert Hot Springs/ Palm Springs/ Cathedral City	35,878	11%	12%	13%	43%	13%	3%
92241	Cathedral City/Sky Valley	9,156	31%	11%	18%	31%	18%	3%
92258	Palm Springs	520	19%	10%	23%	15%	67%	--
92262	Palm Springs	26,693	21%	9%	16%	34%	11%	1%
92264	Palm Springs	19,754	35%	8%	20%	36%	12%	1%
92276	Thousand Palms	7,921	22%	6%	19%	44%	8%	3%
92282	Desert Hot Springs/ Palm Springs/Whitewater	783	19%	4%	21%	32%	13%	--

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
92210	Indian Wells	4,839	61%	4%	17%	27%	3%	--
92211	Palm Desert/ Indian Wells/	24,564	47%	7%	17%	27%	4%	1%
92260	Palm Desert	32,855	32%	8%	14%	18%	15%	1%
92270	Rancho Mirage	17,634	45%	4%	15%	26%	4%	--

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	Indio	63,915	12%	16%	12%	40%	21%	3%
92203	Indio/ Coachella/ Bermuda Dunes	27,466	18%	9%	10%	34%	16%	3%
92210	La Quinta	4,839	61%	4%	17%	27%	3%	--
92211	Palm Desert	24,564	47%	7%	17%	27%	4%	1%
92236	Coachella	43,037	5%	19%	9%	52%	19%	5%
92241	Indio Hills/Hidden Palms	9,156	31%	11%	18%	31%	18%	3%
92253	La Quinta	38,462	24%	7%	12%	24%	14%	1%
92254	Mecca/North Shore	12,300	5%	21%	9%	37%	21%	5%
92274	Salton Sea/Desert Shores/Thermal/Martinez/Oasis	18,937	6%	19%	10%	41%	24%	2%
92276	Thousand Palms	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%

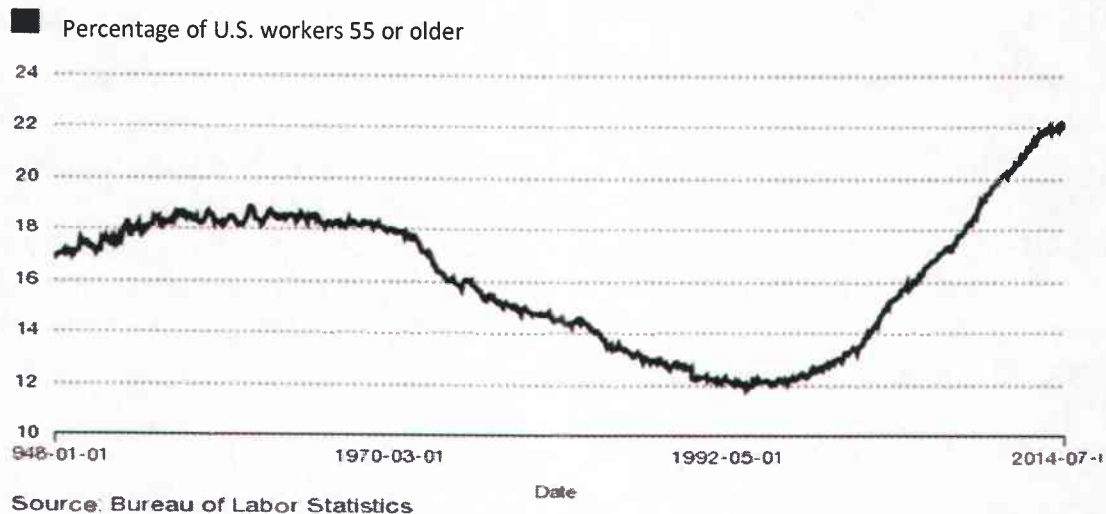
R. Workforce

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.⁴⁶ 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.⁴⁷

1. Nationally, approximately 80% of Boomers who are eligible for retirement are still active in the workforce.⁴⁸
2. 51% of those over age 65 work full-time, while 28% work part-time.⁴⁹

In 2012, older adult workers made up almost a quarter (or 21%) of the national workforce.⁵⁰

Figure 14: Boomers – A Force in the Workforce⁵¹



⁴⁶ "The Baby Boomer Generation [Born 1946–1964]." Beacon Health Options. 2014. <http://www.valueoptions.com/spotlight_YIW/baby_boomers.htm>. [accessed March 2016]

⁴⁷ 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]

⁴⁸ 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>>.

⁴⁹ 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]

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

⁵¹ Coy, Peter. "American Workers Are Older Than Ever." Bloomberg.com. Bloomberg, 4 Aug. 2014. Web. [accessed February 2016]. Retrieved from: <<http://www.bloomberg.com/bw/articles/2014-08-04/a-record-22-dot-2-percent-of-of-u-dot-s-dot-workers-are-55-or-older>>

Figure 15: Boomers – Not Ready to Quit Working⁵²



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.⁵³ 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.⁵⁴ 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.⁵⁵

⁵² 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-u-dot-s-dot-workers-are-55-or-older> [accessed February 2016]

⁵³ California Employment Development Department, Employment by Industry Data for Riverside County 2015. <labormarketinfo.edd.ca.gov> [accessed February 2016]

⁵⁴ 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]

⁵⁵ 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]

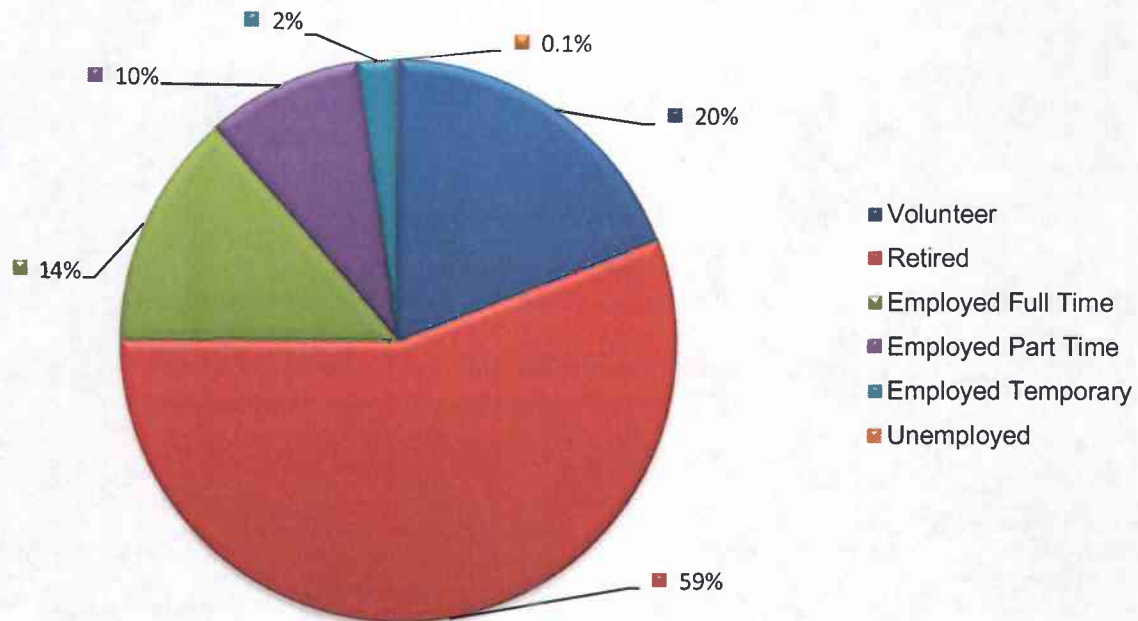
3. *Employment opportunities in the transportation, warehousing and utilities and construction sectors may not be conducive to older adult employment.*
4. *The growing educational sector and health services industry may provide more opportunities for retirees who wish to remain in the workforce.*

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 2020.⁵⁶ 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: Employment Status of OoA Surveyed Population for Riverside County 2015⁵⁷



⁵⁶ Foster-Bey, John, Robert Grimm, Jr., and Nathan Dietz. "Keeping Baby Boomers Volunteering." *Nationalservice.gov. Corporation for National & Community Service*, Mar. 2007. <http://www.nationalservice.gov/pdf/07_0307_boomer_report.pdf>. [accessed February 2016].

⁵⁷ 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.⁵⁸

For single and coupled older adults, the FPL is \$12,140~~060~~ and \$16,460~~240~~ respectively.⁵⁹ 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.⁶⁰

Table 19 below highlights the 2019~~7~~ Federal Poverty Guidelines.

Table 19: Federal Poverty Guidelines for 2019~~7~~⁶¹

2019 7 POVERTY GUIDELINES						
ANNUAL GUIDELINES						
FAMILY SIZE	PERCENT OF POVERTY GUIDELINE					
	100%	138%	200%	250%	300%	400%
1	\$12,140	\$16,753	\$24,280	\$30,350	\$36,420	\$48,560
2	\$16,460	\$22,715	\$32,920	\$41,150	\$49,380	\$65,840
3	\$20,780	\$28,676	\$41,560	\$51,950	\$62,340	\$83,120
4	\$25,100	\$34,638	\$50,200	\$62,750	\$75,300	\$100,400
5	\$29,420	\$40,600	\$58,840	\$73,550	\$88,260	\$117,680
6	\$33,740	\$46,561	\$67,480	\$84,350	\$101,220	\$134,960
7	\$38,060	\$52,523	\$76,120	\$95,150	\$114,180	\$152,240
8	\$42,380	\$58,484	\$84,760	\$105,950	\$127,140	\$169,520

For households with more than 8 persons, add \$4,320~~180~~ for each additional person.

⁵⁸ 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.

⁵⁹ "Federal Poverty Level (FPL)." HealthCare.gov. U.S. Centers for Medicare & Medicaid Services, 2017. <<https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>>. [assessed December 2017].

⁶⁰ 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].

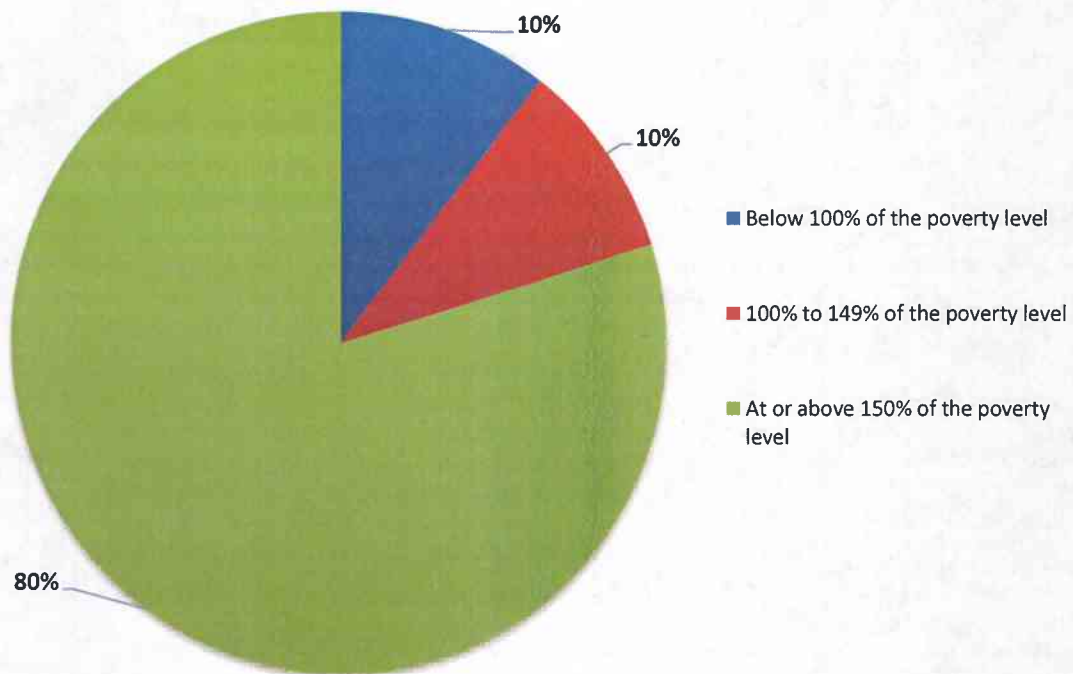
⁶¹ "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs evel for 2019". January 10, 2018. U.S. Department of Health and Human Services. <https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines> [assessed 11/28/18]. U.S. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs. <https://aspe.hhs.gov/poverty-guidelines> [assessed December 2017].

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 (10%) or live below the poverty line (10%).

Figure 17 shows the 2016 poverty status of those over the age of 60. Utilizing the FPL, it appears that 80% of Riverside County's older adults have enough household income to consider them to be living well above the line of poverty.

Figure 17: Poverty Status of Riverside County Population Over 60, 2016⁶²



⁶² US Census Bureau: American Fact Finder. Population 60 Years and Over in the United States (Riverside County, California) 2012-2016 American Community Survey Annual Estimates. [accessed December 2017]

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.⁶³ Approximately 49% of all U.S. adults over 65 do not have enough income to meet their most basic needs and this percentage will increase as the population continues to age.

1. The average monthly Supplemental Security Income (SSI) payment for people over 65 in December 2015 was \$435.47 per single person, or \$5,225.64 annually.⁶⁴
2. The average monthly payments for retired workers receiving Social Security in 2015 totaled \$1,335, or \$16,020/annually.⁶⁵

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

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

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

Occupied Households Units With...	Percent Estimate	Mean Income/ Benefits Annually
Earnings	45%	\$63,629
Social Security Income	78%	\$19,310
Supplemental Security Income	8%	\$9,963
Cash Public Assistance Income	2%	\$4,660
Retirement Income	41%	\$30,359
Food Stamps/SNAP benefits	6%	-----

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

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

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

⁶⁶ "UCLA Center for Health Policy Research." *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]

⁶⁷ US Census Bureau: American Fact Finder. POPULATION 60 YEARS AND OVER IN THE UNITED STATES 2012-2016 American Community Survey 5-Year Estimates. Riverside County, California. [accessed December 2017].

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

X. The Hidden Poor in Riverside County

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

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

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

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

⁶⁸ Gerontology Institute, University of Massachusetts Boston, "The National Economic Security Standard Index" (2012). Gerontology Institute Publications. Paper 75. <<http://www.wowonline.org/wp-content/uploads/2013/09/Elder-Economic-Security-Standard-Index-2012.pdf>><http://scholarworks.umb.edu/gerontologyinstitute_pubs/75> [accessed February 2016]

⁶⁹ "UCLA Center for Health Policy Research." *EI Research & Data*. UCLA, 2012. Web. [accessed March 2016] <<http://healthpolicy.ucla.edu/publications/Documents/PDF/2015/HiddenPoor-brief-aug2015.pdf>>

Table 21: Riverside County 2015 Elder Cost of Living

Status	Housing Type	Annual Total Cost of Living ⁷⁰	Annual Maximum SSI/SSP ⁷¹	Annual SSI/SSP Income Gap	Annual Average Social Security ⁷²	Annual Social Security Income Gap
Single	<i>Owner w/ a Mortgage</i>	\$29,448	\$8,831	(\$20,617)	\$16,101	(\$13,347)
Couple	<i>Owner w/ a Mortgage</i>	\$36,516	\$13,245	(\$23,271)	\$26,990	(\$9,526)

Status	Housing Type	Annual Total Cost of Living	Annual Maximum SSI/SSP	Annual SSI/SSP Income Gap	Annual Average Social Security	Annual Social Security Income Gap
Single	Renter	\$21,792	\$8,831	(\$12,961)	\$16,101	(\$5,691)
Couple	Renter	\$28,860	\$13,245	(\$15,615)	\$26,990	(\$1,870)

Status	Housing Type	Annual Total Cost of Living	Annual Maximum SSI/SSP	Annual SSI/SSP Income Gap	Annual Average Social Security	Annual Social Security Income Gap
Single	<i>Owner w/o a Mortgage</i>	\$16,620	\$8,831	(\$7,789)	\$16,101	(\$519)
Couple	<i>Owner w/o a Mortgage</i>	\$23,688	\$13,245	(\$10,443)	\$26,990	\$3,302

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.^{73 74}

⁷⁰ "UCLA Center for Health Policy Research." *EI Research & Data*. UCLA, 2015. <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index-data/Pages/CostOfLiving.aspx> [accessed December 2017].

⁷¹ Social Security Administration. *SSI Federal Payment Amounts for 2018*. <https://www.ssa.gov/OACT/COLA/SSI.html>. [accessed December 2017]

⁷² Pension Rights Center. *Income from Social Security. Average Social Security Benefits, 2015*. <http://www.pensionrights.org/publications/statistic/income-social-security> [accessed December 2017].

⁷³ "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/>.

⁷⁴ 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.harcddata.org/documents/HARC_SeniorReport.pdf.

Y. Housing/Household

A majority of the total housing units in Riverside County are owner occupied (64%) compared to renter occupied (36%)⁷⁵ and Riverside County has the sixth largest household size in California, averaging 3.25 persons, which is higher than both California (2.95) and the United States (2.64).⁷⁶

Older adults occupy 232,059 housing units in Riverside County. Of these, 80% are owner-occupied and 20% are renter-occupied.⁷⁷ Forty-two percent of householders age 65 to 74 still had housing debt in 2013, compared with just 18% in 1992.⁷⁸

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 October 2017, 1 in 1,178 housing units in Riverside County were in foreclosure. Areas such as Cabazon are still experiencing high rates of foreclosure with 1 in every 306 homes in foreclosure. The county's overall percentage of foreclosed units is still higher than the state and national levels.⁷⁹

⁷⁵ U.S. Census Bureau. American Fact Finder. SELECTED POPULATION PROFILE IN THE UNITED STATES. 2016 American Community Survey 1-Year Estimates. [accessed December 2017].

⁷⁶ US Census Bureau: Quick Facts: United States, California, Riverside County. Persons Per Household 2012-2016. https://www.census.gov/quickfacts/fact/table/US_riversidecountycalifornia_CA/PST045217 [accessed May 2018].

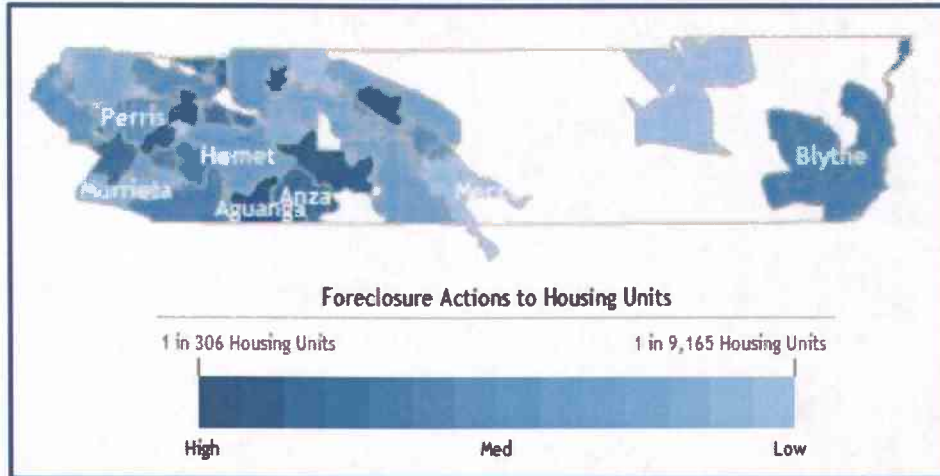
⁷⁷ US Census Bureau: American Fact Finder. POPULATION 60 YEARS AND OVER IN THE UNITED STATES. 2012-2016 American Community Survey 5 Year Estimates. [accessed December 2017].

⁷⁸ 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>>.

⁷⁹ "Riverside County Real Estate Trends & Market Info." Riverside County Real Estate Statistics and Foreclosure Trends Summary – RealtyTrac Real Estate. Realty Trac, 2017. Web. [accessed December 2017]. <http://www.realtytrac.com/statsandtrends/ca/riverside-county>

Figure 18 shows the percentage of foreclosures in Riverside County in October 2017.

Figure 18: Level of Foreclosures in Riverside County 2017⁸⁰



AA. Reverse Mortgages

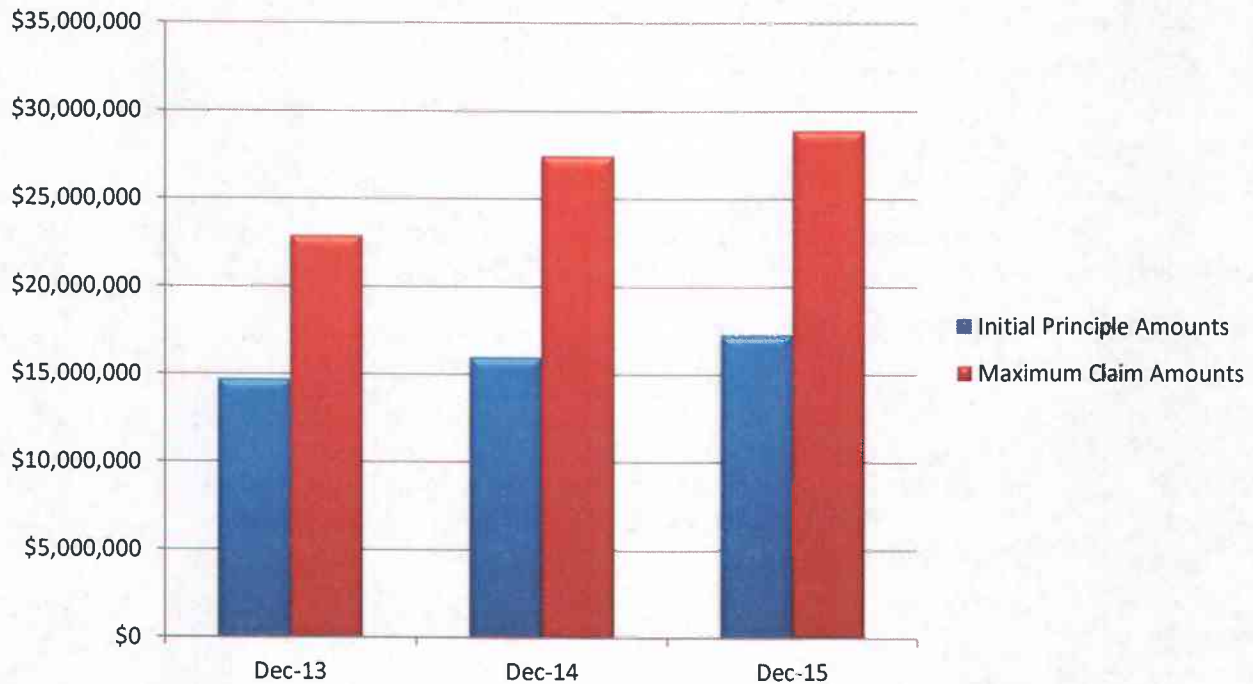
“Reverse mortgages” are a type of loan wherein a bank allows a homeowner to cash out the equity available in his or her home. The homeowner receives a monthly payment from the lender, which reduces the amount of equity available in the home. Homeowners usually enter into these mortgages for short term 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*).⁸¹

⁸⁰ 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>>.

⁸¹ "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/hecmfsnap/hecmfsnap>.

Figure 19: Reverse Mortgage December Snapshot Comparison for Riverside County, 2013-2015⁸²



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.

⁸² National Reverse Mortgage Lenders Association (*Measuring HECM Volume by State, County and City*) [accessed February 2016].

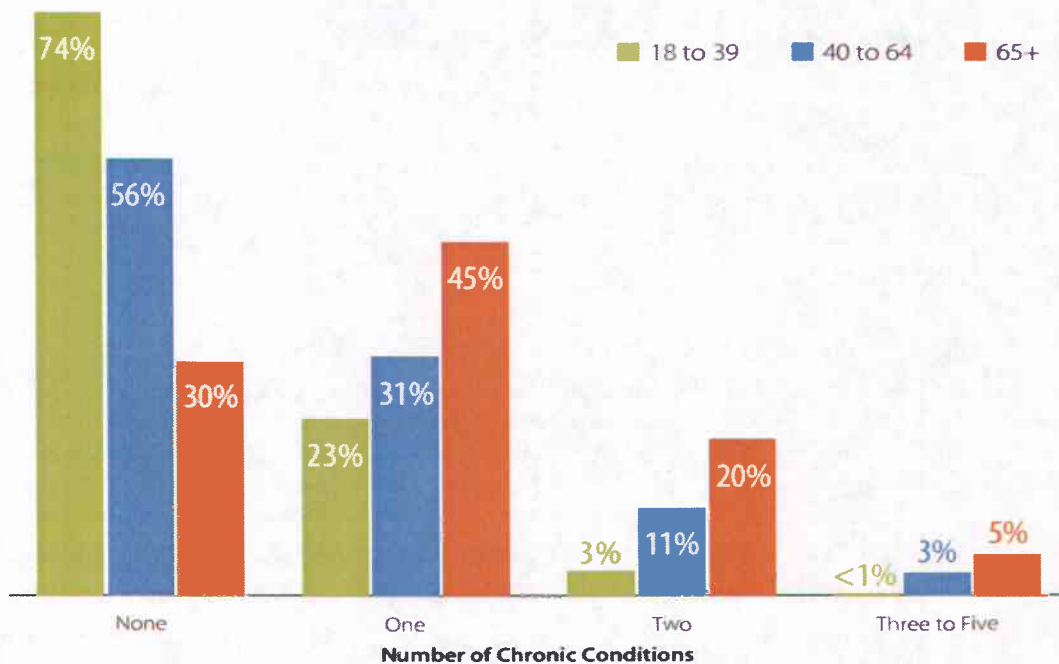
By 2030, 6 of every 10 Boomers in the U.S. will be living with multiple chronic conditions:

- 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 arthritis⁸³

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.⁸⁴

In 2012, the national estimated direct cost for diagnosed diabetes alone was \$176 billion.⁸⁵ Figure 20 shows the prevalence of chronic conditions in California.

Figure 20: Prevalence of Chronic Conditions in California on Regional and Local Level, 2011 - 2012⁸⁶



⁸³ "When I'm 64: How Boomers Will Change Health Care." 24. *Healthydesign.org*. American Hospital Association. [accessed January 2016].

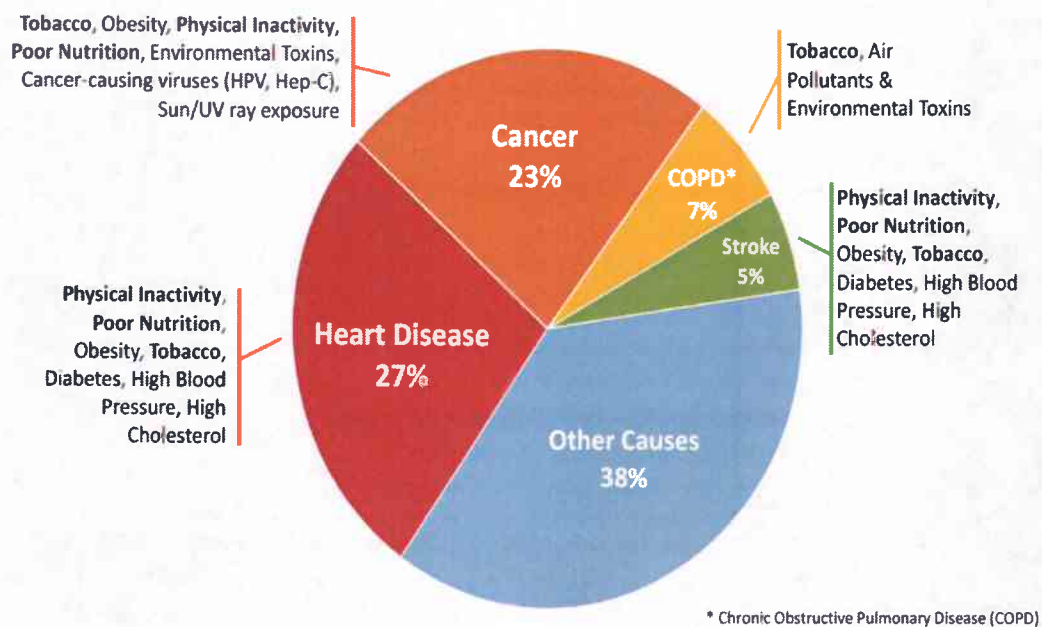
⁸⁴ National Council on Aging, *Healthy Aging Fact Sheet*, January 2014. <<https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>> [accessed January 2016].

⁸⁵ "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].

⁸⁶ Meng, Ying-Ying, DrPH, Tamanna Rahman, MPH, and Melissa C. Pickett, MPH. *Californians with the Top Chronic Conditions: 11 Million and Counting*. Publication. California Healthcare Foundation, Apr. 2015. Web. <http://www.chcf.org/~media/MEDIA_LIBRARY/Files/PDF/PDF_C/PDF_ChronicConditionsCaliforniansCHIS2015.pdf> [accessed February 2016].

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 2012⁸⁷



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.⁸⁸

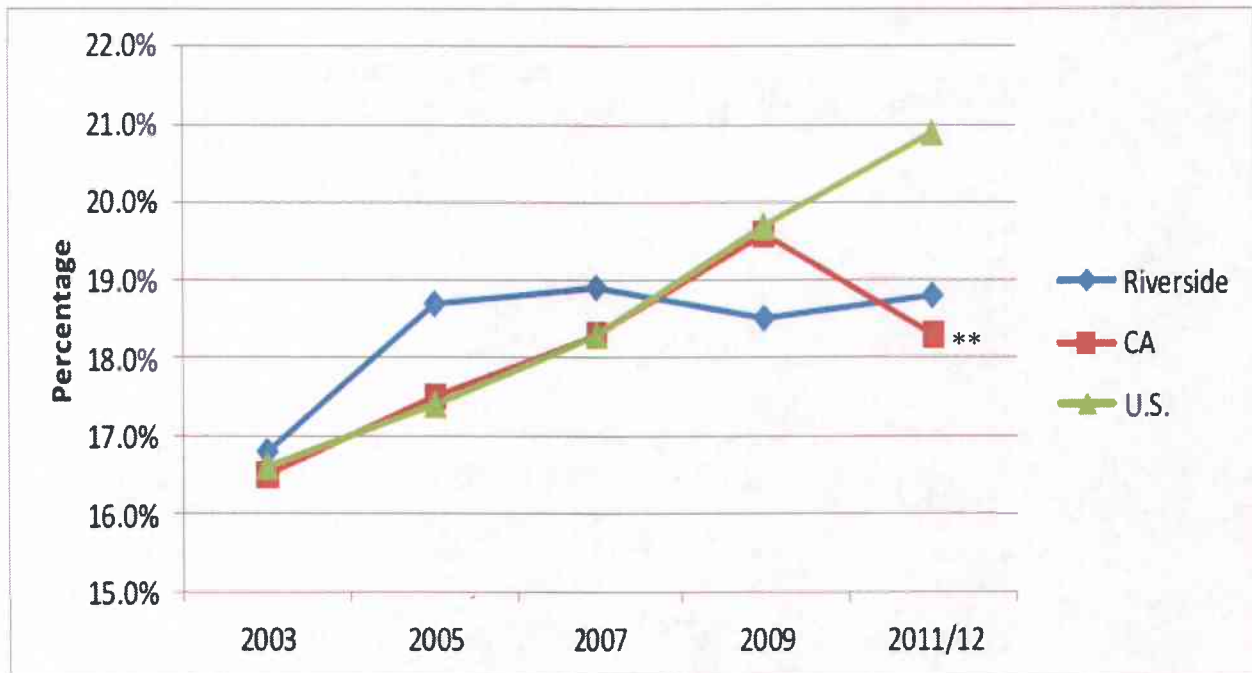
Despite the perceived drop in prevalence as a result of new data collection methods, the pervasiveness of diabetes continues to be a concern in the older adult population and the risk of diabetes increases with age; 1 out of every 6 California adults over 65

⁸⁷ Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. Web. <http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf>. [accessed February 2016].

⁸⁸ Meng, Ying-Ying, DrPH, Tamanna Rahman, MPH, and Melissa C. Pickett, MPH. Californians with the Top Chronic Conditions: 11 Million and Counting. Publication. California Healthcare Foundation, Apr. 2015. Web <http://www.chcf.org/~media/MEDIA_LIBRARY/Files/PDF/PDF_C/PDF_ChronicConditionsCaliforniansCHIS2015.pdf>. [accessed February 2016].

have Type 2 diabetes. Diabetes remains the seventh leading cause of death in California.⁸⁹

Figure 22: Diabetes Prevalence among Older Adults (65+), Riverside County, CA, & U.S., 2003-2011/12 (Calendar Year)⁹⁰



**** 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.⁹¹

⁸⁹ Conroy SM, Lee AK, Pendleton L, Bates JH. (2014). Burden of Diabetes in California. Sacramento, California: Chronic Disease Control Branch, California Department of Public Health. [accessed February 2016] <http://diabetescoalitionofcalifornia.org/wp-content/uploads/2013/11/FINAL-Rpt-1877-DM-burden-2014_8-6-14.pdf> [accessed February 2016]

⁹⁰ Napier, R. (2015). Diabetes in Older Adults, Riverside, CA: Riverside County Department of Public Health, Epidemiology and Program Evaluation. <http://www.rivcoph.org/Portals/0/Diabetes_2015_rev7_1_2015.pdf> [accessed February 2016]

⁹¹ 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 Group⁹²

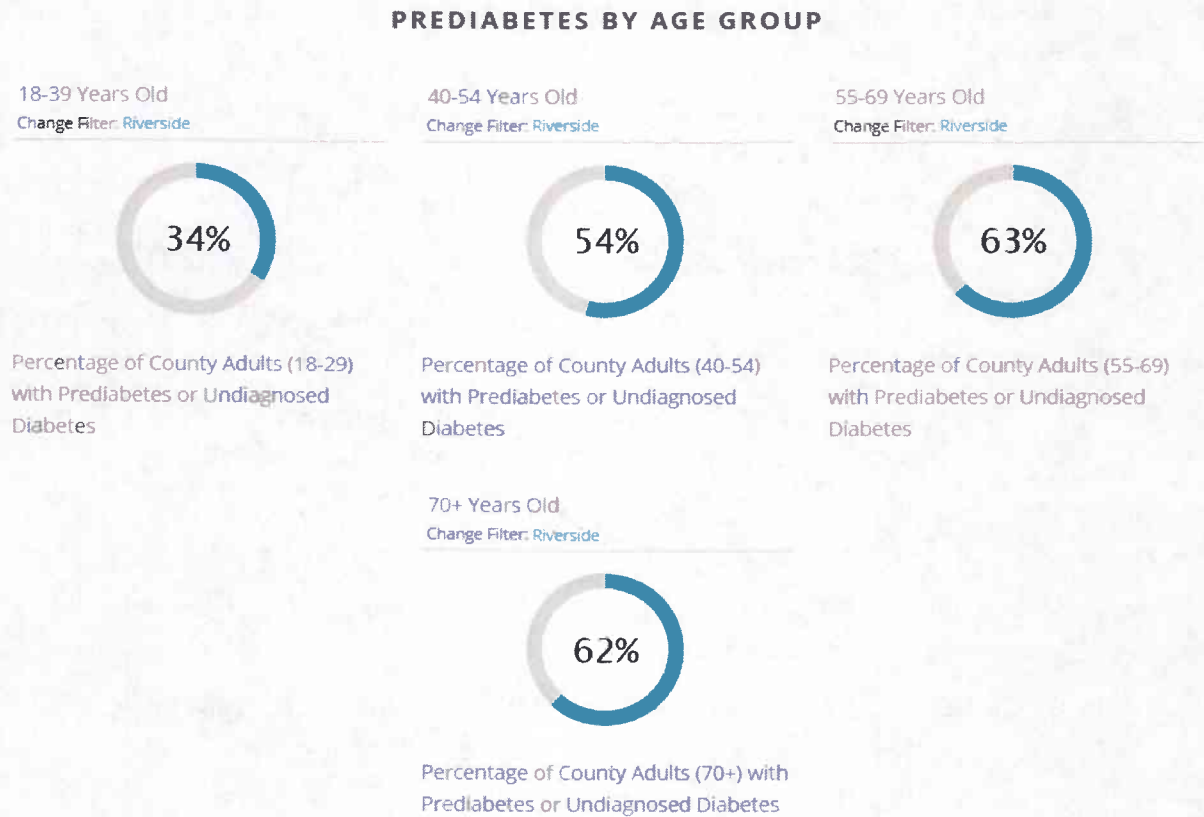


Figure 23 identifies that 30% of those identified with prediabetes will develop Type 2 diabetes within five years, and as many as 70% will develop the disease in their lifetime. Diabetes prevalence increased by 12% among older adults over age 65 between 2003 and 2012 in Riverside County. Approximately one-third (31%) of older adults over 65 in Riverside County with diabetes live below the County's cost of living thresholds⁹³ making self-management of this condition a critical element of their lifestyle.

⁹² 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].

⁹³ Napier, R. (2015). *Diabetes in Older Adults, Riverside, CA: Riverside County Department of Public Health, Epidemiology and Program Evaluation.* <http://www.rivcoph.org/Portals/0/Diabetes_2015_rev7_1_2015.pdf> [accessed February 2016]

2. Alzheimer's Disease and Other Dementias

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

- a. 1 in 9 older Americans (approximately 5.3 million) over the age of 65 has AD.
- b. Approximately 82% of people over age 75 have AD
- c. 32% of people over age 85 have been diagnosed with AD.⁹⁴

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.⁹⁵

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.⁹⁶
- b. California is expected to see a 42% increase in AD cases by 2025.
- c. California is home to approximately 10% of the people with AD in the United States.
- d. AD was the 5th leading cause of death in California in 2012.

Approximately 10% of Riverside County's older adults are living with Alzheimer's disease.⁹⁷

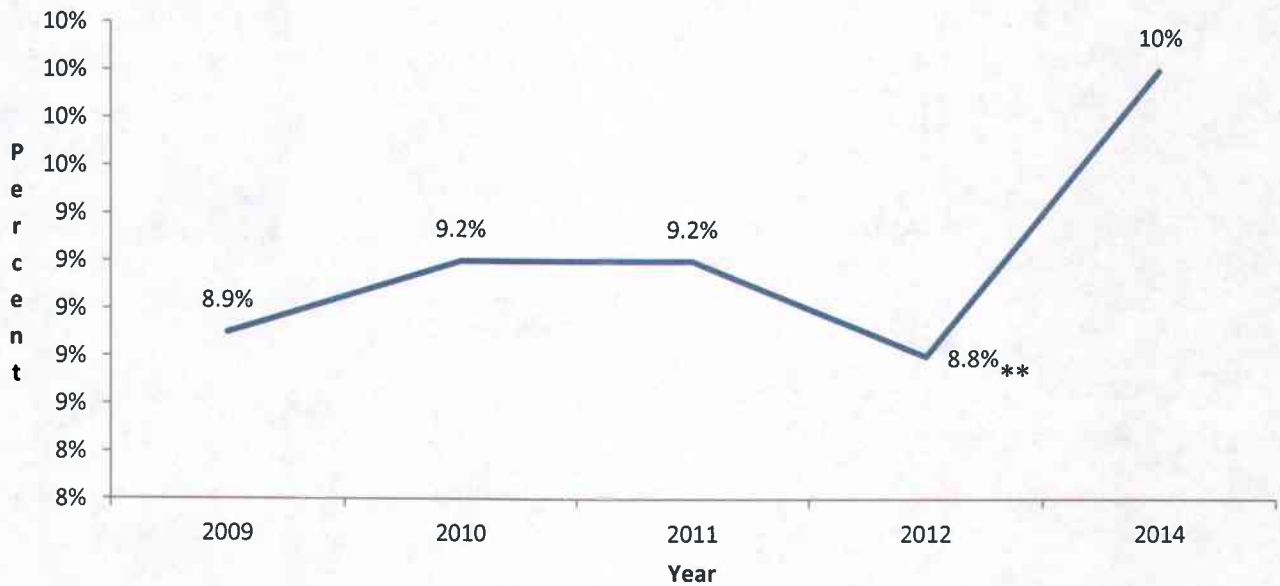
⁹⁴ Alzheimer's Association, 2015 Alzheimer's Disease Facts and Figures, Alzheimer's & Dementia, Volume 10, Issue 2.

⁹⁵ Falconi, April and Dow, William H. "Will Boomers Bust the Budget?" University of California, Berkeley's Division of Health and Policy Management, November 2013.

⁹⁶ 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].

⁹⁷ "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 County⁹⁸**



**** 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.⁹⁹



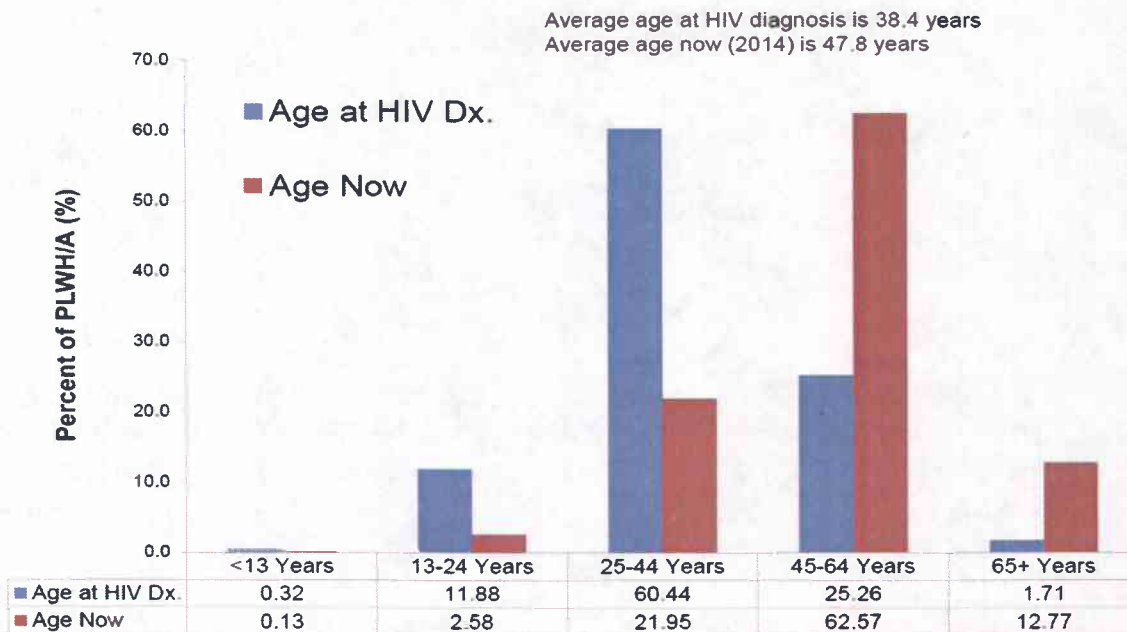
⁹⁸ "Welcome to SHAPE Riverside County." SHAPE Riverside. Riverside County Strategic Health Alliance Pursuing Equity, Feb. 2016. Web. <<http://www.shaperivco.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11329592>>. [accessed February 2016]

⁹⁹ 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.¹⁰⁰

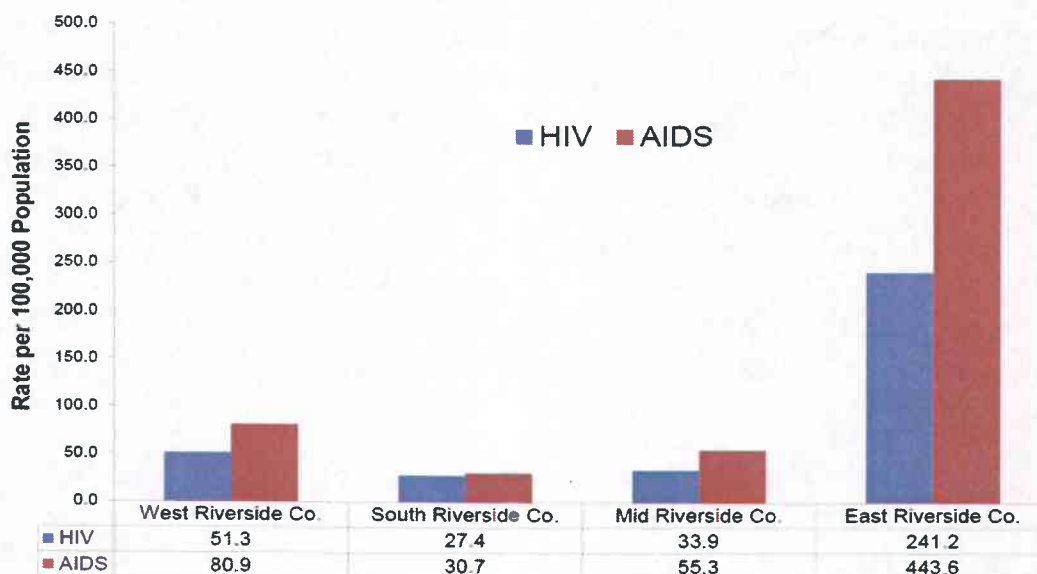
Figure 25: PLWH/A* by Age at Time of HIV Diagnosis (Dx) vs. Age Now (2014)¹⁰⁰



*People living with HIV/AIDS

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

Figure 26: HIV/AIDS Prevalence (Living) by Region, Riverside County, 2014¹⁰¹



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.¹⁰²



¹⁰¹ 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.

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

CC. Programs and Services Provided

The Office on Aging provides over 274 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.

- f. *Holistic Assessment, Resources, and Transitions for Seniors (HARTS) Program:* The HARTS program provides hospital discharge planning, short and long-term medical case management, and professional nursing services to older and vulnerable adult clients referred from the Department of Public Social Services' Adult Protective Services (DPSS APS) or In-Home Supportive Services (IHSS) units. The primary objective of the HARTS program is to utilize combined strategies and current Office on Aging programs designed for transition care, care coordination through collaboration, and caregiver support, with the goal of improving overall health outcomes for DPSS ASD and IHSS clients. HARTS nursing staff provides general support to APS and IHSS social workers, including in-home medical assessments, prevention education on medical issues for clients and caregivers, and in-person and telephone-based consultations.
- g. *Health Homes Program (HHP):* The Medi-Cal HHP is a new program, administered by the state and locally through Molina Healthcare and Inland Empire Health Plan (IEHP). The Riverside County Office on Aging has contracted with Molina Healthcare to be a Community-Based Care Management Entity (CB-CME) in Hemet, Perris, Lake Elsinore, and surrounding areas. Members are provided with a care team that coordinates their physical and behavioral health care services and connects them to community services and housing, as needed.
- h. *Hospital Liaison Program:* Via the evidence based Care Transitions Intervention (CTI) program, social workers from the Office on Aging are embedded in the Riverside University Health System (RUHS) County Hospital 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.
3. *In Home Support Services (IHSS)-Eligible Client Outreach:* The IHSS-Eligible Client Outreach program provides outreach to clients who have active Medi-Cal and meet the aged, blind, and disabled criteria for In-Home Supportive Services (IHSS). These clients are likely to benefit from IHSS, but have not applied for services. The Office on Aging provides application assistance to potential IHSS clients applying for the service in order to address barriers to enrollment and participation. The Office on Aging also assists clients with the IHSS application, necessary follow-up, and provides training and support to new IHSS recipients to better understand their role as the employer of an IHSS caregiver.
- i.

4.2. 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.

5.3. 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.

6.4. 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.

7.5. Advocacy and Coordination:

- a. Aging & 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.

8.6. 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. Although there are two (2) community based offices, all offices can be contacted by calling one telephone number:

1-800-510-2020

The specific addresses for the ~~two~~^{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
(760) 771-0501

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 ~~2019-18~~-~~2020~~¹⁹ 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.



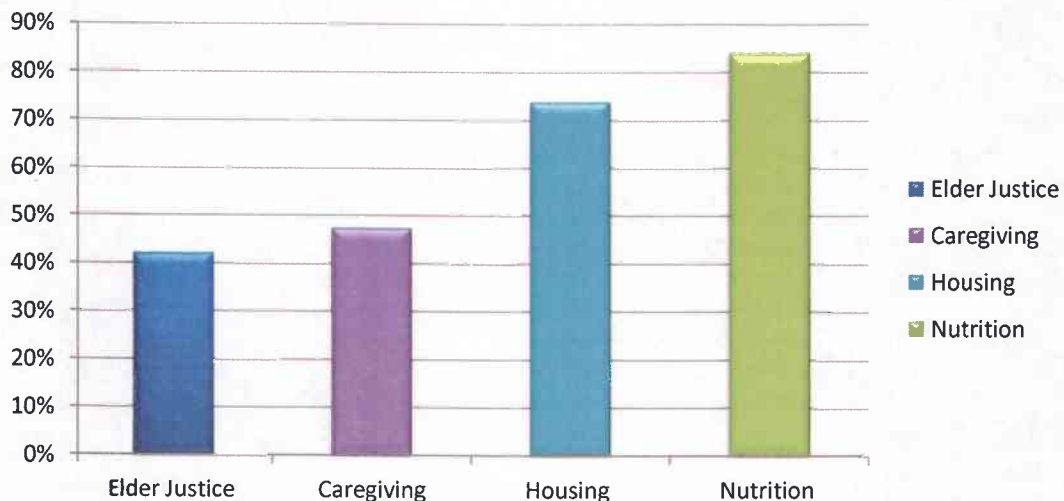
SECTION 5 - NEEDS ASSESSMENT

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 2016 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:

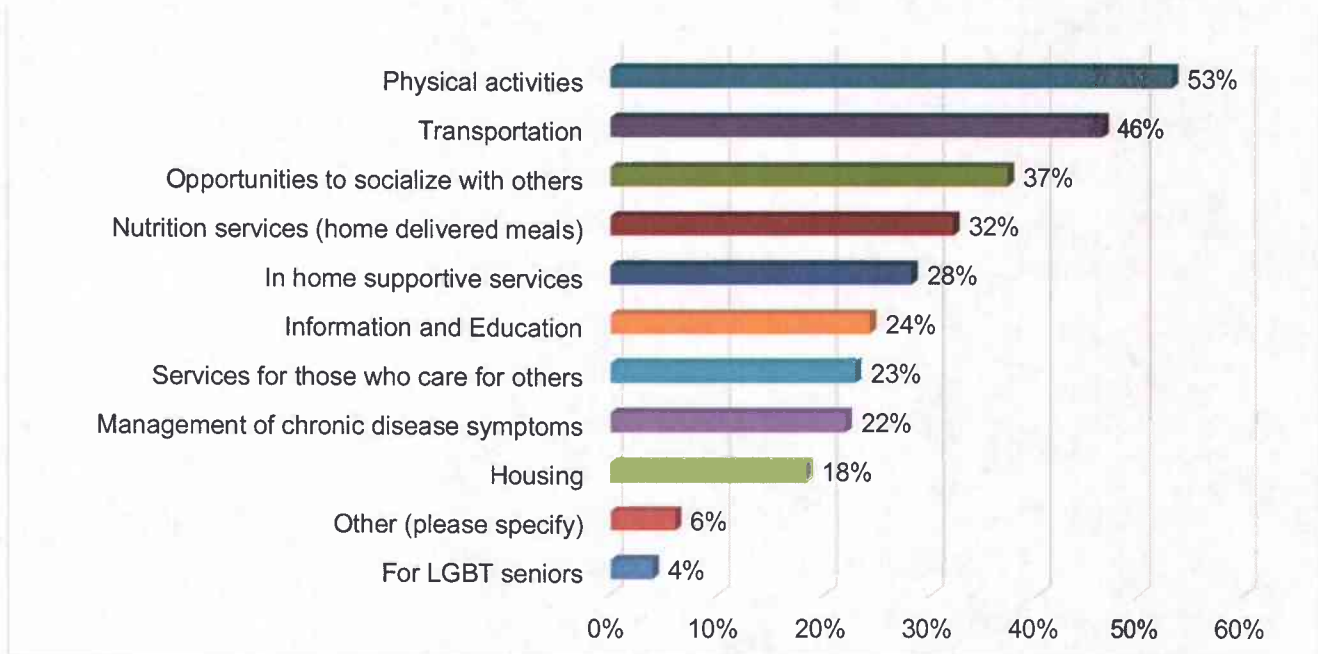
- a. 67% reported household incomes of less than \$2,000 monthly
- b. 33% reported an income of more than \$2,000 per month

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)

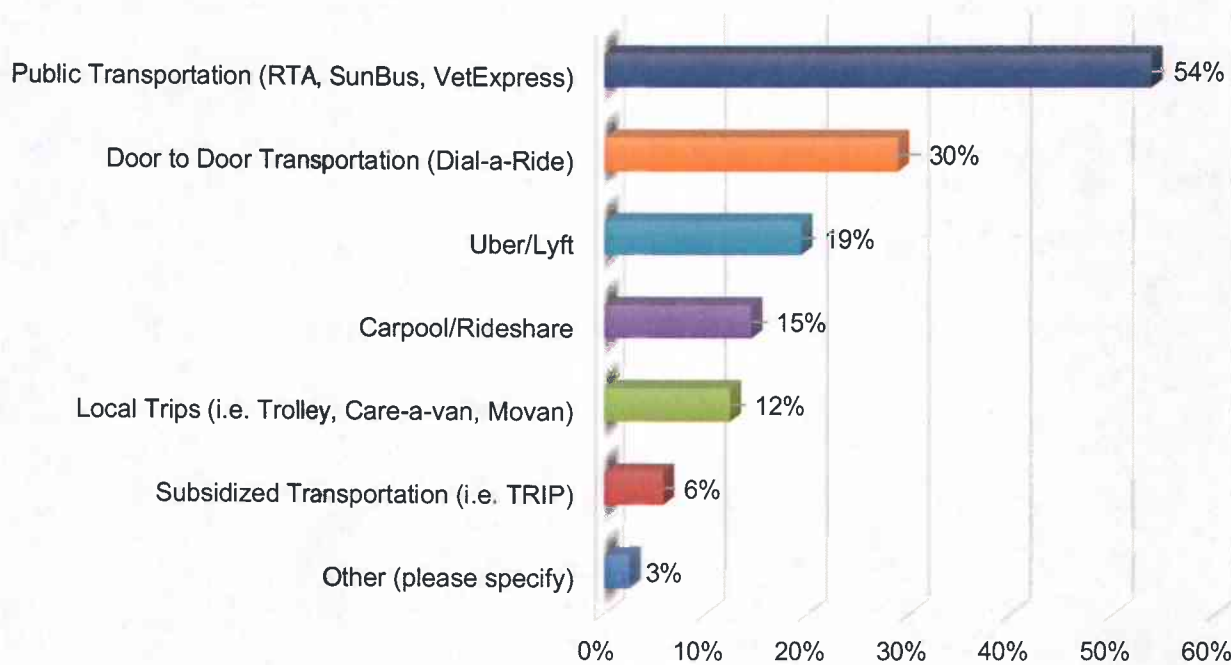


The 2016/17 Community Assessment surveys prioritized transportation, physical activities, opportunities to socialize, and nutrition services as the top four services. The **new** Community Assessment Surveys show that the community re-prioritized physical activities as the top priority (53%) followed 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.¹⁰³

¹⁰³ LeComte-Hinely, Jenna, PhD, and Teresa Segovia, MA. "Senior Health in Coachella Valley." Health Assessment and Research for Communities. HARC Inc., 2018. Web. <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.

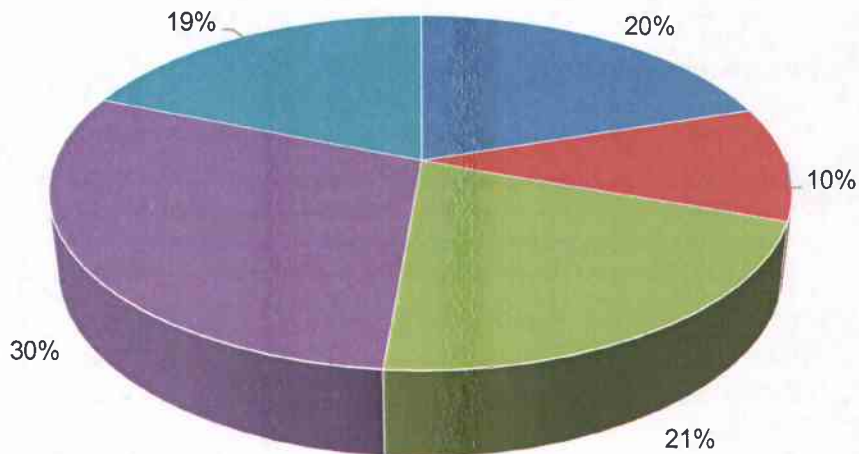
A 2016 HARC analysis of the Coachella Valley reveals:

- a. Approximately 5.7% of Coachella Valley seniors (more than 7,300 people) had to reduce the size of their meals or skip meals due to a lack of funds to purchase food. Approximately 1.8% of Coachella Valley Seniors (more than 2,300 people) went an entire day without food in the previous year due to a lack of money to purchase food.¹⁰⁴

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:

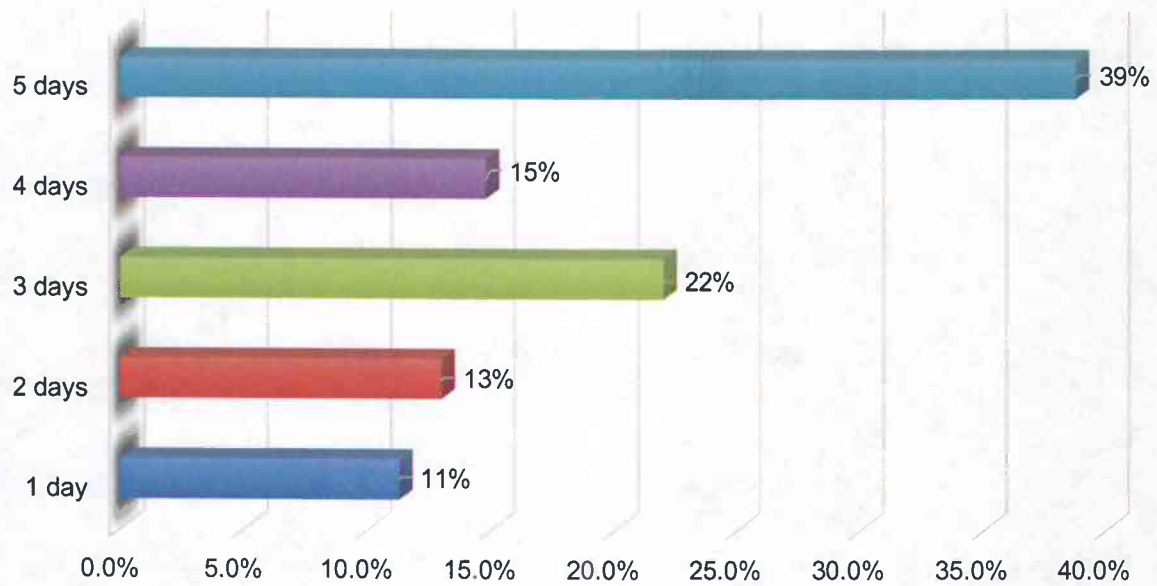
Figure 30: Question – How long have you been attending this meal site?



- 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

¹⁰⁴ Health Assessment and Research for Communities. HARC Inc., *Senior Health in the Coachella Valley: A Special Report*. 2018. Web. [file:///C:/Users/irbell/Downloads/HARC-Senior-Report_2016data%20\(2\).pdf](file:///C:/Users/irbell/Downloads/HARC-Senior-Report_2016data%20(2).pdf). [accessed April 2018].

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?**

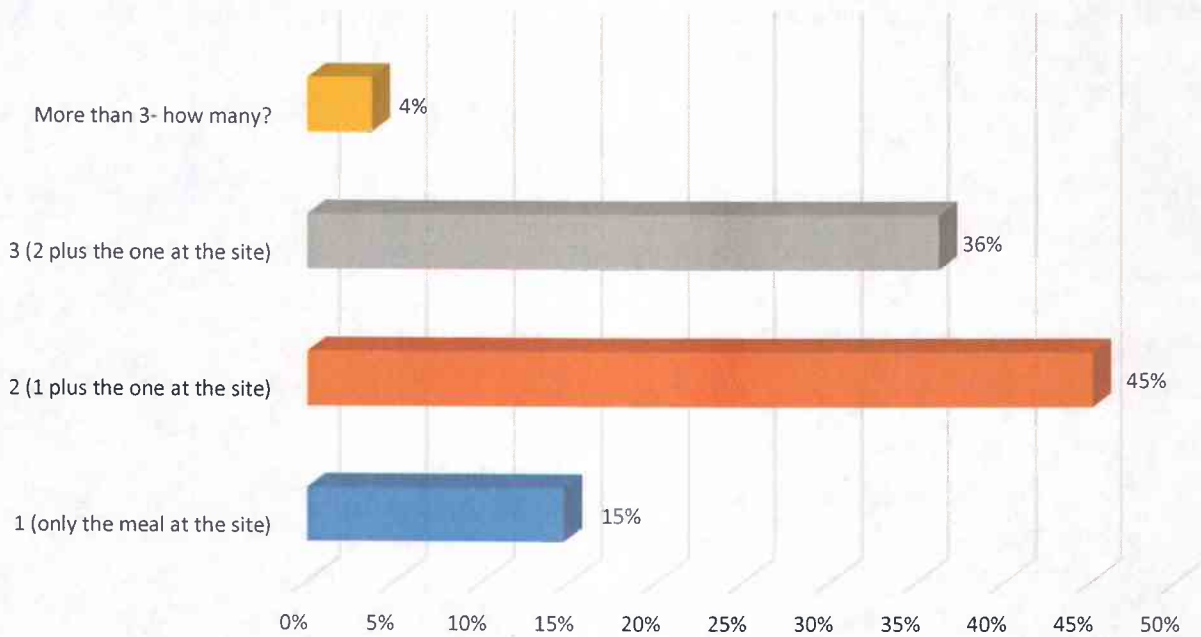
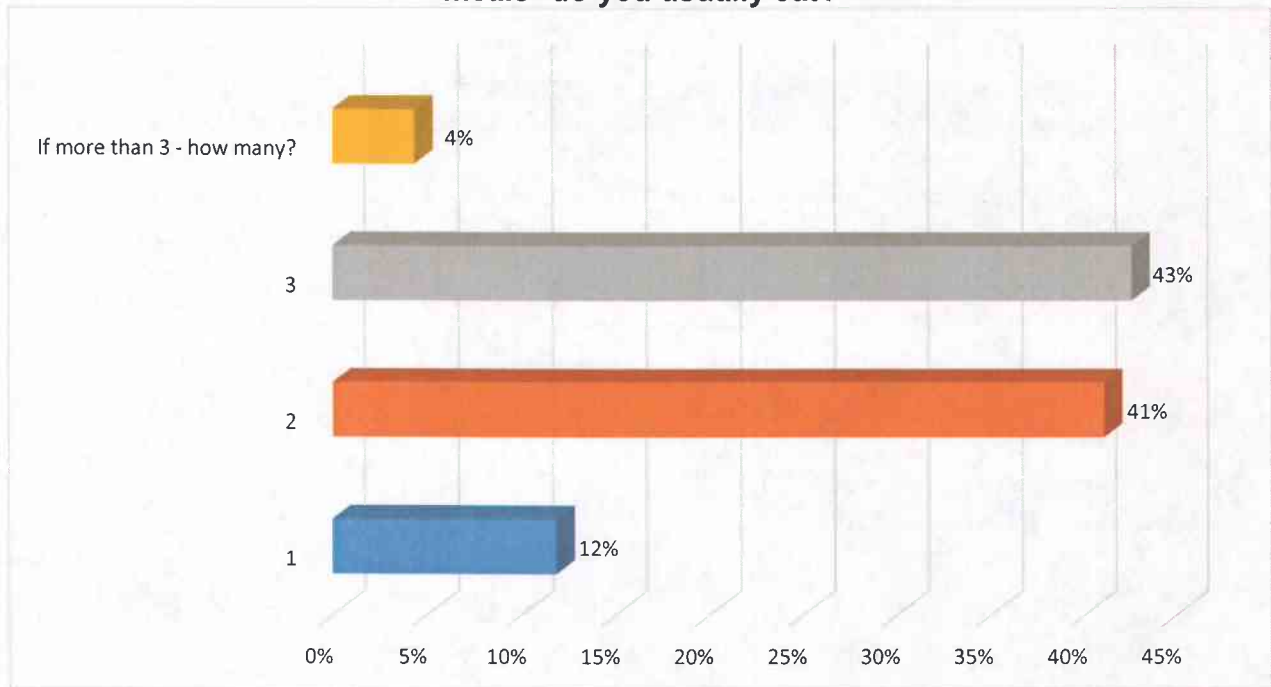
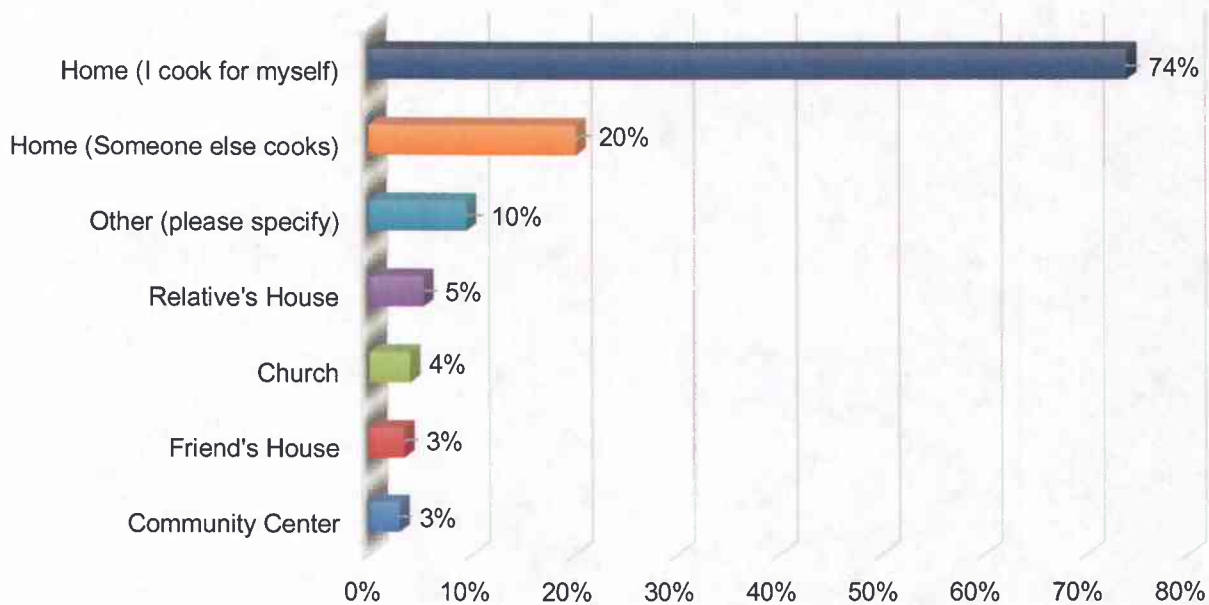


Figure 33: Question – On the days when you don't eat at this meal site, how many meals* do you usually eat?



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

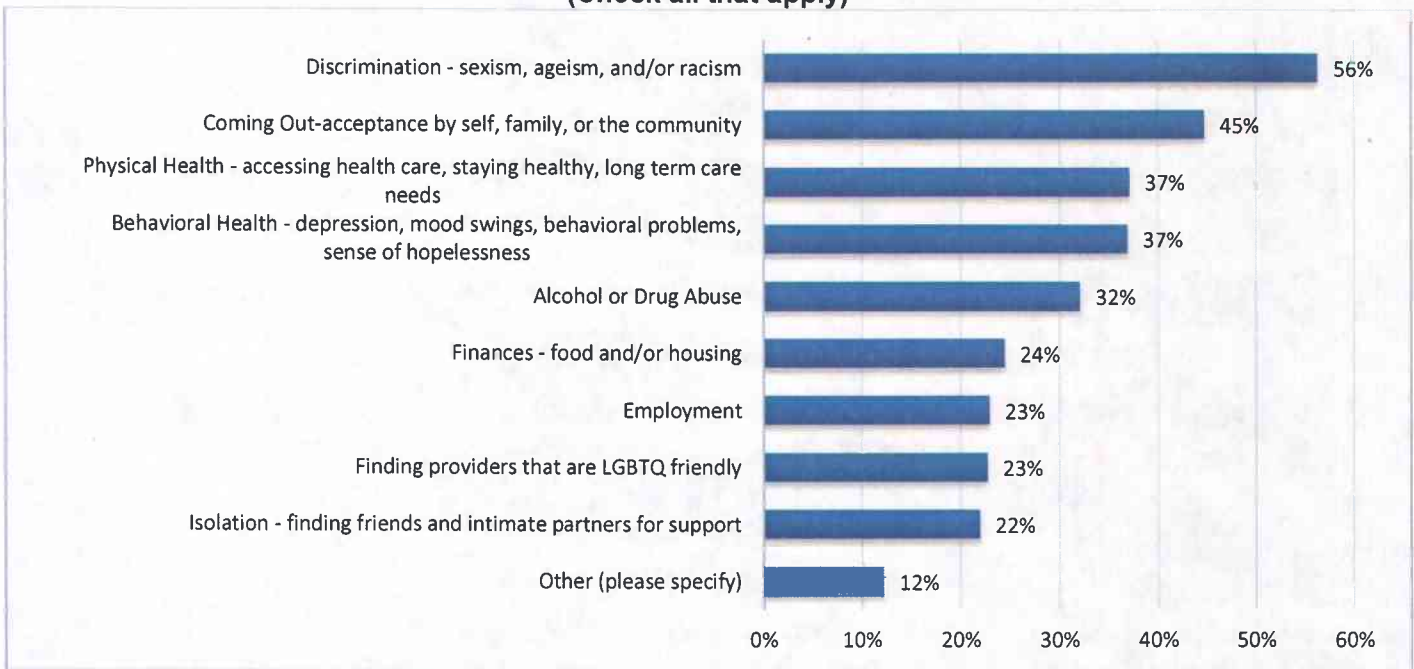


2. LGBT Priorities

In 2017/18, the Office on Aging surveyed 558 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, 56% of respondents indicated that discrimination, including sexism, ageism and/or racism, as the top priority, followed by acceptance (45%), physical health (37%), behavioral health (37%), and substance abuse (32%).



Figure 36: 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.^{105 106 107} 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.¹⁰⁸

Discrimination and stereotypes in the LGBT community continue to be a challenge; additional research found that people who encountered a threat of being judged by negative stereotypes in healthcare settings reported experiencing adverse health effects. Stereotypes, like sexual health in the LGBT community and cognitive deficits in older adults, can also impact the trust relationship between provider and patient. The study correlates factors of discrimination to physical health and mental health; indicating that those who encountered the threat of being judged were also more likely to have hypertension, to be depressed and to rate their own health more poorly.¹⁰⁹

¹⁰⁵Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. Web. <http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf>. [accessed February, 2016].

¹⁰⁶ 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)

¹⁰⁷Gross, M., & Landers, S. (2008). Sexual bigotry: Unhealthy, unremitting, ubiquitous. *Sex Roles*, 59(7-8), 605-608.

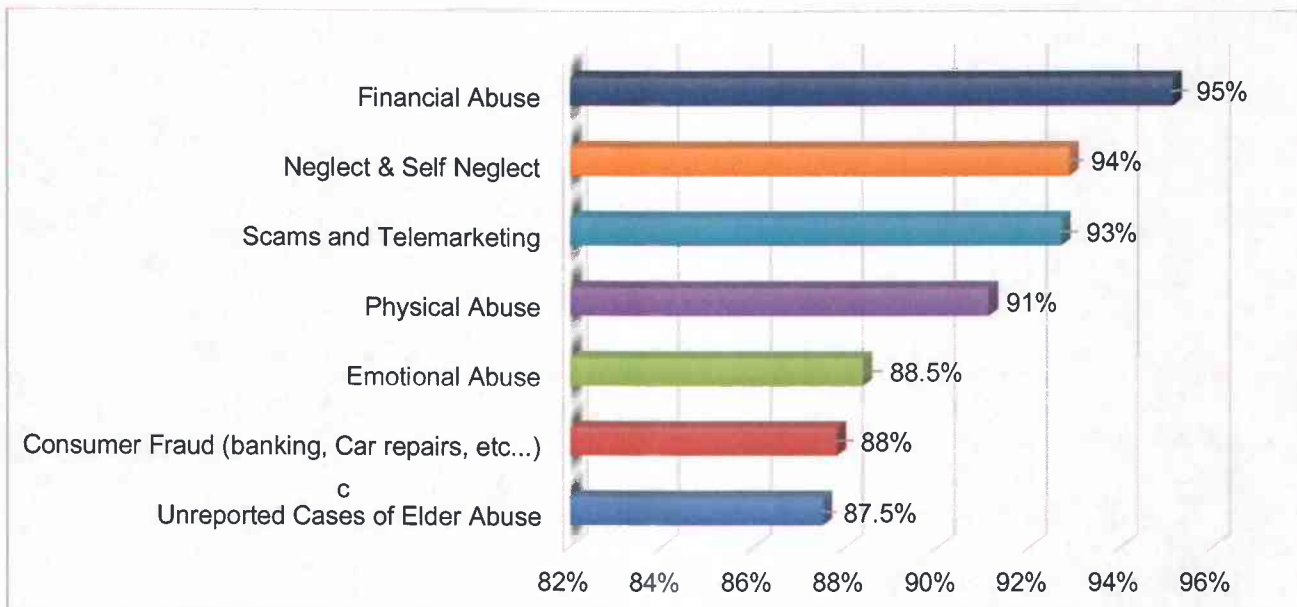
¹⁰⁸GLMA.org [accessed February 3, 2016]

¹⁰⁹Fingerhut, 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.¹¹⁰

Figure 37: 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. 94% selected neglect and self-neglect
- c. 93% selected scams and telemarketing
- d. 91% selected physical abuse

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

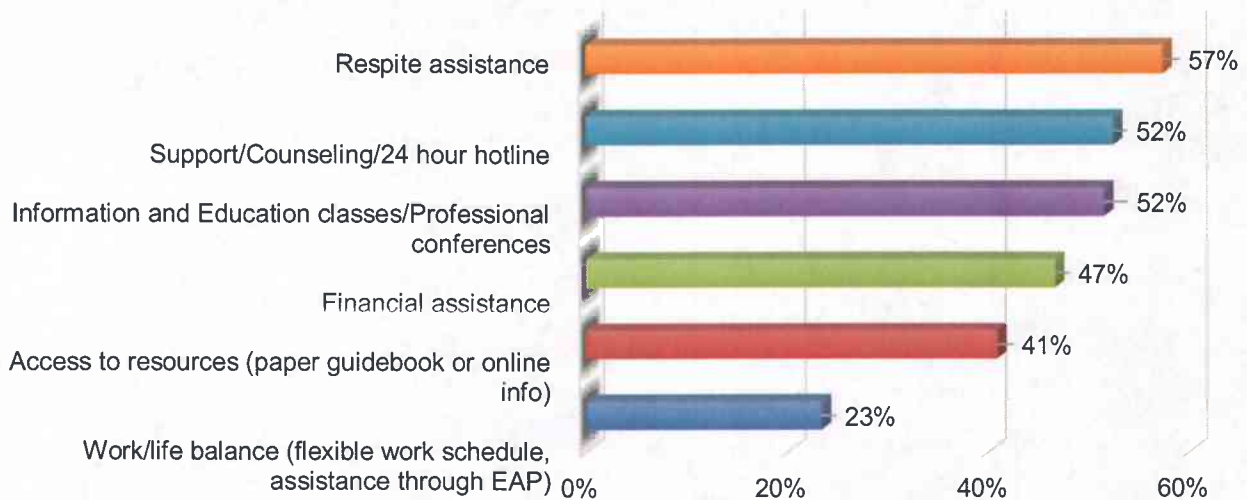
¹¹⁰ "Top 10 Scams Targeting Seniors." National Council On Aging. NCOA, 2015. Web. <<https://www.ncoa.org/economic-security/money-management/scams-security/top-10-scams-targeting-seniors/>>. [accessed January 2016].

4. Caregiving Focus

Boomers are the first generation that may spend more time caring for their parents than their own children,¹¹¹ and with 43.5 million Americans providing care to someone over the age of 50, caregiving is an issue that must be addressed.¹¹² 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.¹¹³
- b. 80% of respondents indicated that support for caregiver mental health is “very important” to address.

Figure 38: What types of services do you need now/or will you need in the future?

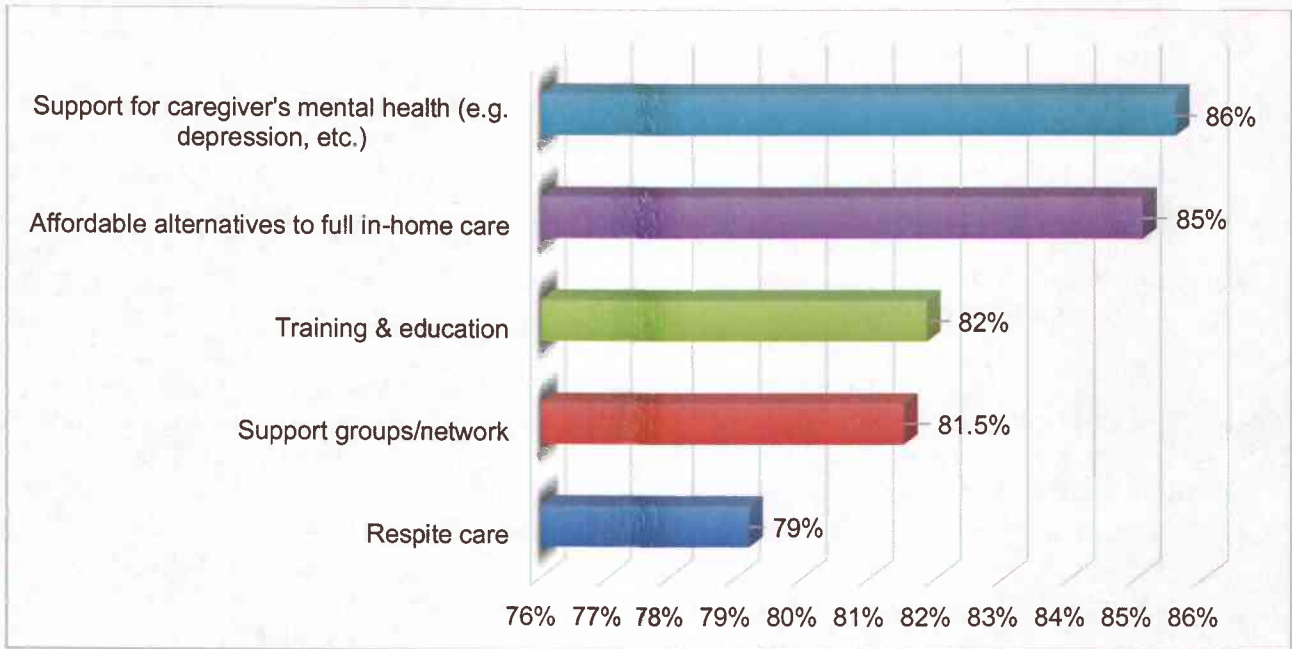


¹¹¹ Brooks, Rodney. "Retirement Reset: Sandwiched Boomers Put Plans on Hold." USA Today. Gannett, 21 Aug. 2014. Web. <<http://www.usatoday.com/story/money/columnist/brooks/2014/07/29/boomer-retire-sandwich-generation/13269027/>>. [accessed January 2016].

¹¹² Grinberg, Emanuella. "Caregiving for Loved Ones the 'New Normal' for Boomers." CNN. Cable News Network, 9 Apr. 2012. Web. <<http://www.cnn.com/2012/04/09/living/baby-boomer-caregivers/>>. [accessed January 2016]

¹¹³ [AARP Public Policy Institute Valuing the Invaluable: 2008 Update. The Economic Value of Family Caregiving] - Updated: November 2012 by the Family Caregiver Alliance

Figure 39: How important do you think the following caregiver issue is going to be in the next four (4) years? (Check all that apply)



Eighty six percent (86%) of those surveyed identified support for caregiver mental health as the most important issue, with an additional 85% also identifying 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 findings 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)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ² <small>(CDA forms footnote)</small> Yes or No	Was hearing held at a Long-Term Care Facility? ³ <small>(CDA forma footnote)</small> Yes or No
2016-17	3/09/16	6296 River Crest Dr. Suite K Riverside, CA 92507	16	No	No
2017-18	3/16/17	44-199 Monroe Street, Suite B Indio, CA 92201	17	No	No
2018-19	2/14/18	6296 River Crest Dr. Suite K Riverside, CA 92507	15	No	No
2019-20	<u>2/13/19</u>	<u>6296 River Crest Dr.</u> <u>Suite K</u> <u>Riverside, CA 92507</u>	<u>14</u>	<u>No</u>	<u>No</u>

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 outside of the AAA offices in Riverside and Indio, at the County Administration Center’s public notice board in full view of the public, and on the Office on Aging’s website for a period of 4 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. There are no changes from the previously approved 2018-2019 Area Plan Update.

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.

Priority Services – Adequate Proportions

QUESTION FROM THE PUBLIC: What am I looking at here? What do these percentages mean?

STAFF RESPONSE: These percentages mean that of the total amount of title funding that we receive, we commit to allocating 25.9 % at a minimum, to [Access] services during the next fiscal year.

QUESTION FROM THE PUBLIC: You are presenting this information because every AAA is required to state the amount [of money] committed to these service categories, per the state contract?

STAFF RESPONSE: Yes.

QUESTION FROM THE PUBLIC: Does that mean that since 2012, the amount of money that has been allocated to these services has been sufficient to reach your goals and objectives? I see that the allocation has not increased since 2012...

STAFF RESPONSE: The percentages are based on the total funding allocation from the state, so as the funding fluctuates the amount of money will change, but this is the minimum allocation. We end up allocating more than this. This is the funding "floor".

QUESTION FROM THE PUBLIC: Who decides... made this decision... on these particular numbers?

STAFF RESPONSE: The Fiscal and Executive Teams.

QUESTION FROM THE PUBLIC: So staff and the Executive Team made the commitment of the, for example, 25.9% minimum [for Access services]?

STAFF RESPONSE: Yes.

QUESTION FROM THE PUBLIC: That allocation has not changed since 2012? That percentage?

STAFF RESPONSE: No, The minimum allocation has not changed.

QUESTION FROM THE PUBLIC: Is there a reason why it has never changed?

STAFF RESPONSE: It's a minimum allocation. As long as we don't go below this percentage, we are fine. We have allocated more funds to each of these categories in [the current and previous] fiscal years. It is all dependent on our funding, which has been very volatile over that last five years. That is why previous and the current director decided to keep the level constant.

PUBLIC COMMENT: That is why I ask the question: because the funding is volatile from year to year, it seems that there might be change from year to year. I find it unusual that the percentages are identical given the volatility of the funding.

PUBLIC COMMENT: Isn't it reflective of the fact that information that we have received over the last few years [from the California Department of Finance] has been consistent? In the next plan, we may have to consider revising these minimum allocations.

STAFF COMMENT: This is the funding floor, but every year we get a one-time funding supplement, which is distributed to fill any gaps. If we see that there are fluctuations in any of these categories, or the Fiscal team hears from our contractors that there is a need, they can request increases in specific areas.

PUBLIC COMMENT: My questions are for clarity, not to challenge anything...

7.6. 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:



a) Overview

STAFF COMMENT: This is the public hearing for the Area Plan on Aging for the County of Riverside (PSA 21). All Area Agencies on Aging (AAA) are required to develop a four-year Area Plan, which outlines our goals and objectives for the four year period. All AAAs are also required to update the four-year Area Plan every year and send it to the Board of Supervisors and the state for approval. We are required to hold a public hearing to allow the community an opportunity to provide input on those sections of the Area Plan that are discussed in the hearing. A copy of the 170 page Area Plan that being updated is in a binder on the table for members of the public to review. Much of the Area Plan document consists of forms and information required by CDA, which are not open to community feedback, however we will discuss any updates to our planning service area in the form of demographic updates, and the narrative goals, which is normally what we discuss at public hearing. The other Area Plan sections are dictated by the state, and cannot be changed via this process.

QUESTION FROM THE PUBLIC: Am I a public person now? Can I ask questions about this plan? Can I get a digital copy of the [2018/2019 Area Plan Update] and a copy of this presentation?

STAFF RESPONSE: Yes, all of the Advisory Council members and others here today are members of the public for the purposes of the Public Hearing. Yes, you can have copies of all of the documents available today.

QUESTION FROM THE PUBLIC: Is the update online?

STAFF RESPONSE: The update we are discussing today is not online because it has not been approved yet. For those of you that want a copy of the most updated approved Area Plan you will get a copy

of the 2018/19 Area Plan Update. However, the presentation is available as it is a public document, so you can have additional copies of that.

1. Older Americans Act

QUESTION FROM THE PUBLIC: How do the Native American organizations receive funding? Are they independent of this council? How does that work?

STAFF RESPONSE: Yes, they are independent. There are 12 tribal entities in our county and we partner with them to assist in providing services. We do not receive the Native American title money and we don't directly provide the services, so the [Riverside County] Advisory Council [on Aging] does not have any oversight.

2. Area Agency on Aging (AAA) & the Riverside County Office on Aging

QUESTION FROM THE PUBLIC: Why are there 56 state units on aging?

STAFF RESPONSE: Some states have more than one, for instance, Washington DC is an extra one.

QUESTION FROM THE PUBLIC: What does ADRC mean?

STAFF RESPONSE: Aging and Disability Resource Connection

1.3. Role of the Advisory Council

QUESTION FROM THE PUBLIC: Who decides what the Advisory Council's function and mission statement are?

STAFF RESPONSE: The function of all Advisory Councils is dictated by the state. The mission statement was developed by this council.

QUESTION FROM THE PUBLIC: This council determines the mission statement, and the state determines the function?

STAFF RESPONSE: Yes.

a)4. 2019/20 Area Plan on Aging Update “The Changing Face of Aging”

-Demographic Information

STAFF COMMENT: The demographic sections [Section 2: Description of the Planning and Service Area (PSA) 21] have not been updated. There is very little new information from last year's update. This is the last year of this Area Plan, so we will not be updating the demographic information, but we will review what was updated last year in this meeting today.

QUESTION FROM THE PUBLIC: These numbers are projected?

STAFF RESPONSE: Yes.

QUESTION FROM THE PUBLIC: Is this [age breakdown] nomenclature being used nationally?

STAFF RESPONSE: No. These categories are from the California Department of Finance as of last year.

QUESTION FROM THE PUBLIC: And this is just California?

STAFF RESPONSE: Yes.

QUESTION FROM THE PUBLIC: So, "all age group" means total population of the county?

STAFF RESPONSE: Yes.

PUBLIC COMMENT: It has really changed... When I turned 50, I was considered a "senior". [Are these new classifications] designed to fool people?

STAFF RESPONSE: No, it is reflective of the changing population...

COMMENT FROM THE PUBLIC: And the fact that we don't like to be called "old" anymore.

STAFF COMMENT: As we have discussed before, the Boomers are really changing what "older adulthood" looks like. They are changing it in such a way that we now have people who identify as "pre-retirement", "young retirees", "mature retirees" etc. Most people who are at "retirement age" can expect to live another 30 years, on average. That's a whole other lifetime.

PUBLIC COMMENT: In the 1970's, the Administration on Aging put out a booklet called "The Centenarians". It was a directory that listed all of the Centenarians in the country. At the time, it was a very small book. Can you image what it will look like in 2060?

QUESTION FROM THE PUBLIC: When the GRG designation was being considered, what was the question that was asked? How does someone know if they identify as a grandparent raising a grandchild? Is it the amount of time they are spending with their grandchildren?

STAFF RESPONSE: No... this is a question on the US Census, and I am not sure how the question is phrased, however the results show two categories: grandparents as the sole support for their grandchildren and those who are providing partial support (parent living in the household).

QUESTION FROM THE PUBLIC: When it says [older adult poverty has decreased from] 11%... "Down from 11%", when was it 11%?

STAFF RESPONSE: The 11% statistic was from the 2010 Census.

QUESTION FROM THE PUBLIC: Is that [older adult poverty] number for the entire state?

STAFF RESPONSE: No, this is Riverside County.

QUESTION FROM THE PUBLIC: Regarding the grandparents raising grandchildren; are all these [numbers for] all grandparents, or just those over age 55?

STAFF RESPONSE: The [Census] results say "grandparent", so this is not age-based, it's based on if someone is a grandparent, regardless of age.

STAFF COMMENT: The Census question says "enumerate people age 30 and older living in households who co-reside with their minor grandchildren under the age of 18"

QUESTION FROM THE PUBLIC: What percentage of the total population is older adults? It looks like it doubled.

STAFF RESPONSE: It was 17% according to the American Community Survey in 2016, which is a 4% increase from the 2010 Census data, so 17% of the total Riverside County population are over age 65.

PUBLIC COMMENT: The problem is that the Baby Boomers are starting to come into that age group so it's going to throw the numbers off.

STAFF RESPONSE: That's part of what [the age breakdown chart] shows. These numbers represent both Boomers and their parents.

QUESTION FROM THE PUBLIC: Some of the programs for Office on Aging begin at 50, some at age 55, so when you only look at adults over age 65, you are actually not capturing all of the individuals that you could be serving. Is there a plan to reflect the larger population of this age group?

STAFF RESPONSE: Yes and no. No because a lot of the data is from the U.S. Census, but the data that comes from California better allows us to capture the younger older adult group.

QUESTION FROM THE PUBLIC: Then shouldn't the four-year plan be reflective of that age group, not starting at 65, but starting at age 50?

STAFF RESPONSE: That's true... However, only a small portion of our funding allows us to serve those [younger older adults]. Some parts of the Area Plan can reflect that group, however if we include activities for that group across [all of our programs and services], we may not be funded. In the past, we have only been able to look at the portion of the funding that serves that population. We agree, it is a huge gap.

PUBLIC COMMENT: There is also a gap in funding. Funding is inadequate for all of the programs that you need to provide.

STAFF COMMENT: This year, the department has been looking at other funding sources that allow us to expand the program criteria so that we can serve that population. That is what a lot of AAAs are having to do. As an ADRC, we are able to assist disabled adults, regardless of age. We have maintained our ADRC status in spite of there not being any funding tied to it, but as we re-engage the state around ADRC work, there is an interest at the state level to fund it. There is nothing to report at this point, but it is a recognized gap.

1- PUBLIC COMMENT: There is an [inaudible] gap. People who are 50 or 55, don't qualify yet for social security or for Medicare and its more difficult for them to get jobs, so we recognize that there is a need and there is a gap. There is also the population aged 55-64; they don't qualify for a lot of services either.

1. Changes to Goals/Objectives

STAFF COMMENT: The section that you have is the narrative goal section. This is the last year of this Area Plan. It expires at the end of fiscal year 2020 (June 30, 2020). We are wrapping this work up

and not making any changes to this Area Plan other than those that are required by the state. There are no changes to the goals and objectives for this update.

QUESTION FROM THE PUBLIC: The reason you are not changing the goals and objectives is because they have been successful in the previous year?

STAFF RESPONSE: We're not changing them because we are in the last year of this work and we have accomplished many of these goals and objectives. Normally, the focus on the last year of a planning cycle is on finishing up any outstanding work, closing out the Area Plan and starting to develop the new one, so at this point we are only making required changes.

QUESTION FROM THE PUBLIC: The reason we haven't changed our goals and objectives is because we shouldn't change them or chose not to change them; or the Advisory Council decided not to change them...? What is the reason they have not changed?

STAFF RESPONSE: For this year? Because we just revised and updates the goals and objectives last year and we are still in the process of completing them. Also, this is the last year of this four-year plan. If we change them in the fourth year, it does not give us enough time to accomplish them.

QUESTION FROM THE PUBLIC: So, [the Advisory Council on Aging] decided not to change the goals and objectives for the fourth year?

STAFF RESPONSE: No.

QUESTION FROM THE PUBLIC: Who decided not to change the goals and objectives?

STAFF RESPONSE: It was not brought to the Advisory Council, and [staff and the Executive Team] decided to continue working on what was already approved.

QUESTION FROM THE PUBLIC: So staff decided that we should continue with the same objectives for the fourth year?

STAFF RESPONSE: Yes.

QUESTION FROM THE PUBLIC: That's not an issue? Was this brought up to the Advisory Council to review or is now the time that it is being brought up?

STAFF RESPONSE: Now is the time for comment. If you have suggestions for objective changes, this is the time to discuss it or you can submit comments in writing by the end of the day to the Planner and the AAA will take it under advisement. If it can be changed, we will do it.

QUESTION FROM THE PUBLIC: What is the reason this would not have been brought to the Advisory Council as an agenda item so that we can say, "yes, we agree. We can continue". Was it ever put on the agenda to discuss renewing this for the fourth year?

STAFF RESPONSE: This is the meeting for that review and comment.

There were no written comments submitted for the 2019/202 Update of the Area Plan on Aging.

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. [DJ1]

SECTION 8 - IDENTIFICATION OF PRIORITIES

The Riverside County Office on Aging's 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 I: “Access is Key”: Enhancing Local and 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 II: “Be Strong, Live Long”: Campaign for Health and Wellness

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: “Aging on Your Terms” Independence, Person-Centered Care and Caregiving

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: "Access is Key": Enhancing Local and 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.

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 programing 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.¹¹⁴*
- *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.¹¹⁵*
- *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.¹¹⁶*
- *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.¹¹⁷*

¹¹⁴ Grant, Jaime M. "Outing Age 2010: Discrimination and Access to Services". National Gay and Lesbian Task Force Policy Institute. Pg. 52.

¹¹⁵ 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]

¹¹⁶ "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].

¹¹⁷ 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.

Goal I. Objective A: Provide leadership and expertise to the Riverside County aging network and other key stakeholders to improve the coordination and access to services.	Projected Start and End Dates	Title IIIB Funded PD or C ³ <small>(CDA form footnote)</small>	Update Status ⁴ <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	Continued
2. Participate in existing coalitions to develop and enhance transportation and affordable housing options for older adults and persons with disabilities.	2016-2020		Continued
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		Continued
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		Continued
5. Coordinate with community partners and providers to increase options for local care in rural and isolated areas.	2016-2020		Continued
6. Host quarterly discussions with current and prospective service providers to improve and enhance the local service delivery system.	2016-2020		Continued
7. Participate in discussions and collaborations focused on creating age-friendly communities throughout Riverside County.	2016-2020		Continued
8. Convene Leadership Roundtables to educate senior/community centers and other county departments about aging issues and trends, and to develop new program innovations.	2016-2020		Continued Revised

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		Continued
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		Continued

Goal I. Objective B: Explore funding opportunities for community-based initiatives and programs that expand existing services and develop future services.	Projected Start and End Dates	Title IIIB Funded PD or C³	Update Status⁴
1. Advocate for sustained funding for existing rideshare and escort transportation programs, such as the Transportation Reimbursement and Information Project (TRIP).	2016-2020		Continued
2. Advocate for the equitable distribution of funds and local flexibility of the Older Americans Act funding to best leverage service needs.	2016-2020		Continued
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		Continued
4. Research and apply for additional funding for aging services.	2016-2020		Continued

Goal I Objective C: Actively participate in organizations, committees, and networks that are advocating for program and policy changes that improve the lives of older adults and persons with disabilities.	Projected Start and End Dates	Title IIIB Funded PD or C₃	Update Status⁴
1. Participate in local, state, and national conferences, summits, committees and networks to remain current on aging, disabled, and caregiver related programs/policies.	2016-2020		Continued
2. Collaborate with associations, such as the California Association of Area Agencies on Aging (c4a), National Association of Area Agencies on Aging (n4a), and Triple-A Council of California (TACC), and others, to develop an advocacy plan for improved services.	2016-2020		Continued
3. Keep abreast of local, state, and federal statutes and regulations and comply with reporting requirements/mandates, including but not limited to, Area Plan, financial reporting, etc.	2016-2020		Continued

Goal I Objective D: Advocate for and develop new policies, procedures, programs and initiatives that improve access to community based services for targeted populations, such as low income older adults and minorities, LGBT individuals, limited English speakers, and those residing in rural areas.	Projected Start and End Dates	Title IIIB Funded PD or C₃	Update Status⁴
1. Improve communication with senior and community centers in order to improve access to services for targeted populations.	2016-2020		Continued
2. Advocate for the needs of veterans by networking with the Riverside County Veterans Advisory Committee and other key stakeholders.	2016-2020		Continued
3. Promote the use of Network of Care (NOC) and CalCare Net with an emphasis on reaching targeted populations.	2016-2020		Continued

4. Coordinate with community partners to identify ways to increase local services in isolated communities.	2016-2020		Continued
5. Advocate for the needs of low income individuals and to bridge the gap of the "hidden poor".	2016-2020		Continued