



# **CITY OF OAKLAND MAYOR'S COMMISSION ON AGING**

**Wednesday, March 3, 2021**

**10:00 a.m. – 1:00 p.m.**

**Teleconference**

**Please see the agenda to participate in the  
meeting**

**CITY OF OAKLAND**  
**MAYOR'S COMMISSION ON AGING – SPECIAL MEETING**

**Teleconference**  
**Wednesday, March 3, 2021**  
**10:00 a.m. – 1:00 p.m.**

Pursuant to the Governor's Executive Order N-29-20, all members of the Commission on Aging and City Staff will join the meeting via phone/video conference and no teleconference locations are required.

**PUBLIC PARTICIPATION**

The public may observe and/or participate in this meeting many ways.

**OBSERVE:**

**To observe the meeting by video conference**, please click on this link: <https://zoom.us/j/91661011924> at the noticed meeting time.

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<https://support.zoom.us/hc/en-us/articles/201362193-joining-a-Meeting>

**To listen to the meeting by phone**, please call the numbers below at the noticed meeting time:

Or iPhone one-tap:

US: +16699009128, 91661011924# or +12532158782 ,91661011924#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 900 9128 or +1 253 215 8782 or +1 346 248 7799 or +1 646 558 8656 or +1 301 715 8592 or  
+1 312 626 6799

Webinar ID: 916 6101 1924

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**COMMENT:**

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Instructions on how to “Raise Your Hand” is available at:

<https://support.zoom.us/hc/en-us/articles/205566129-Raising-your-hand-in-a-webinar>

**To comment by phone**, please call on one of the above listed phone numbers. You will be prompted to “Raise Your Hand” by pressing “\*9” to request to speak when Public Comment is being taken on the eligible Agenda Item. You will then be unmuted, during your turn, and allowed to make public comments. After the allotted time, you will then be re-muted.

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If you have any questions, please email Hayde Mazariego at [Hmazariego@oaklandca.gov](mailto:Hmazariego@oaklandca.gov).



**MAYOR'S COMMISSION ON AGING**  
City of Oakland • Human Services Department  
Lionel J. Wilson Building  
150 Frank H. Ogawa Plaza, Suite 4340 • Oakland, CA 94612  
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**City of Oakland Mayor's Commission on Aging**  
**Wednesday, March 3, 2021**  
**10:00 a.m. - 1:00 p.m.**

***Teleconference***

*Issues that the public wishes to address that **are not** published on the agenda will be heard during the Public Forum section. Raise your hand if you are viewing by video or dial \*9 if you are joining by phone. You will have 2-minutes to speak on the item.*

**SPECIAL MEETING AGENDA**

1. Call to Order
2. Roll Call
3. Adoption of Agenda
4. Approval of Minutes: February 3, 2021
5. Public Forum (Limit to 3 minutes)
6. FY2020-21 Budget Priorities  
*Scott Means, Aging & Adult Services Manager*
7. Report/Announcements  
*MCOA Commissioners*
8. **Beginning of the 2021 Commission on Aging Retreat**
  - a. Procedural Overview and Introductions  
*Scott Means, Aging & Adult Services Manager*
  - b. Retreat Facilitator  
*Valerie Coleman*
9. Historic Overview & Progress
  - a. California Master Plan for Aging  
*Wendy Peterson, Director, Senior Services Coalition of Alameda County*

## 10. MCOA Action Plan

### Livable Oakland Domains

Health & Wellness / Food Insecurity

Housing

Open Spaces

Communication & Information

## 11. Livable Oakland Implementation

Developing Next Steps

## 12. Closing Remarks & Adjourn

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### **NOTE: THE COMMISSION MAY TAKE ACTION ON ANY ITEM ON THE AGENDA**

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## Mayor's Commission on Aging

City of Oakland – Human Services Department

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150 Frank H. Ogawa Plaza, Suite 4340

Oakland, CA 94612

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**Wednesday, February 3, 2021**

**Held via Teleconference**

### **MINUTES**

#### **1. Call to Order**

Chair Bryan Ricks called the meeting to order at 10:07 a.m. The meeting was held via teleconference.

#### **2. Roll Call and Determination of Quorum**

**Present:** Bryan Ricks, Martha Scott, Michael Coleman, Diana Garrett, Tomye Neal Madison, Shannon McDonnell, Jennifer Seibert

**Excused Absent:** Asha Beene-Clark, Jacqueline Phillips

**Absent:** Cheryl Moore

**Resignation:** Toni Gomez (effective January 28, 2021)

*A quorum was established.*

**Staff:** Scott Means, Aging & Adult Services Manager, Sara Bedford, Human Services Director, Hayde Mazariago, Acting Clerk

#### **3. Agenda Modification and Approval**

The agenda was approved with no modifications.

- M/S/Carried: Shannon McDonnell/Michael Coleman/ Motion carried unanimously.

#### **4. Approval of Prior Meeting Minutes:**

The January 6, 2020 minutes were approved.

- M/S/Carried: Jennifer Seibert/Michael Coleman/Motion carried unanimously.

#### **5. Public Forum**

There was 1 speaker in public forum. Howard Kirsch, Chairperson for Alameda County's Advisory Commission on Aging greeted the commission.

#### **6. City of Oakland 2021-2023 Policy Budget-Sara Bedford, Human Services Department Director**

Sara Bedford provided an overview of the City's budget projections for the next two years. She spoke in detail regarding the impacts to the Human Services Department and Aging Services Division. She stated that as a result of the pandemic, the City is facing a \$62,000,000 deficit. Additionally, the City Administrator has implemented a hiring freeze. All non-essential part-time staff were temporarily released.

Unrepresented staff have had to take 10 furlough days. Current reductions have had a substantial impact on Senior Centers due to 2 existing Senior Center Director vacancies. Senior Centers relied on Assets workers who have since been released and programs that relied on General Funds have experienced the most reductions. She presented a vision in which the department would streamline the Senior Companion program for increased efficiency and support to Senior Centers. Additionally, she spoke of plans to hire case managers to support the Senior Companion and Assets Programs. There are no proposed changes to MSSP.

Chair Ricks stressed that Senior Services ability to pivot during the pandemic provides great value to the community. He asked if SSB funds can be used for Aging and Adult Services and Commission on Aging initiatives that have seen the most reductions. Sara stated that SSB funds have not been affected and that reductions taken from General Funds will lead to a better program model between Assets, Senior Companion, and Senior Centers. She added that Program staff are screening low income, vulnerable seniors and that the work they are doing can potentially be claimable by the county.

## **7. Commission on Aging & Council Report**

**MCOA Retreat:** Chair Ricks stated that the Commission Retreat is planned for Wednesday March 3, 2021 via Zoom. He emphasized that the State's Masterplan for Aging would be a critical topic of discussion.

**Council Report:** Chair Ricks stated that the focus of the report will be Assets, MSSP, and Senior Centers.

## **8. Age-Friendly Oakland**

Chair Ricks stated that the committee plans to tie age-friendly goals to address prevalent needs of Oakland Seniors during these challenging times.

## **9. COVID-19 Update**

Scott Means stated that there has been no further discussion on reopening Senior Centers. The division is looking at potentially opening Rental Programs prior to Senior Centers as the rental program takes place outside of regular operations and typically requires one City Staff. Chair Ricks asked how COVID vaccines would affect reopening of Senior Centers? Scott stated that a certain number of the population would have to be vaccinated to open and that the ability to trace and track is important. He announced that the Oakland Airport is the first in the nation to offer a COVID-19 test vending machine. Each test ranges from \$130-\$150 and provides results within 24 to 48 hours. Commissioner Diana Garrett stated Center for Elder Independence (CEI) vaccinated 70% of clients and will begin reopening centers. A discussion was held regarding COVID vaccination manufacturers and effectiveness. Dianna shared a CEI YouTube link that stresses the importance of senior vaccinations. The link is as follows: <https://www.youtube.com/watch?v=Cc3JndkzS-c>

## **10. HSD Aging & Adult Services – Scott Means, Adult Services Manager**

### **MSSP**

The MSSP program has a monthly meeting called "Forum." Commissioners are encouraged to attend.

### **MySeniorCenter**

Staff has attended trainings and is beginning data transfer to the system.

### **Sugar Sweetened Beverage (SSB) Funds**

During the pandemic, Aging Services has used SSB funds for improvements to Senior Centers and has launched an initiative focusing on Technology. Additionally, the division purchased basic household items for seniors. To address disparities among seniors and communities of color, SSB monies would fund 2 case management positions, food programs and technology. Commissioner Neal Madison asked if there are statistical reports of senior appliance and equipment needs. There are not, but Scott will review the purchases made by MSSP for clients (not including durable medical equipment). Commissioner McDonnell asked if durable medical equipment could be donated. Commissioner Garrett referred her to the ReCARES Organization website at <https://www.homecares.org/> for donations.

### **11. Announcements**

Chair Ricks announced an upcoming Meals on Wheels Fundraiser and will provide more information at a later date.

Commissioner McDonnell announced Stagebridge's Lunch Time Story Telling on February 18<sup>th</sup>.

### **12. Adjournment**

There being no further business, the meeting was adjourned at 11:59 a.m.

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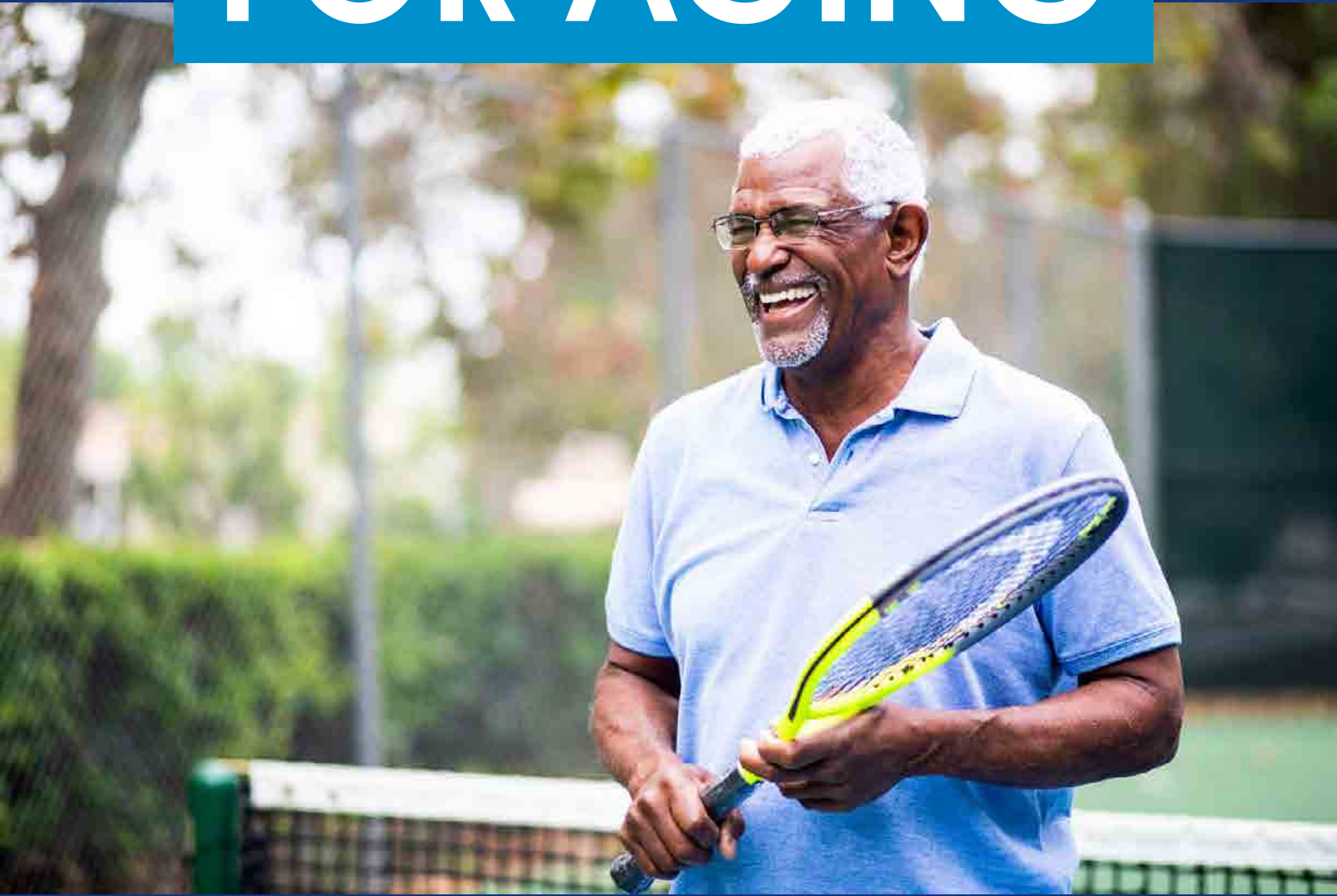
### **Date and Time of Next Meeting**

The next meeting will be held on Wednesday, March 3, 2021 at 10:00 a.m. via teleconference.



JANUARY 2021

*Master Plan*  
**FOR AGING**





## *A Message from Governor Gavin Newsom*

**Ten years from now, California will be home to 10.8 million people age 60 and over—nearly twice as many as in 2010. One out of every four Californians will be older adults, a seismic demographic shift that will change every aspect of our lives, from the structures of our families and communities to the drivers of our state's economy.**

The next generation of older Californians will be significantly more diverse, will live longer, and will contribute in untold new ways to making our state a more vibrant place. As our state ages, we will also share new challenges across the decades—with more people staying in the workforce, more of our neighbors living alone, and too many of us enjoying less economic security than in decades past.

Each of these trends presents their own unique opportunities—and each one requires a significant response to ensure all people in California are engaged, valued, and afforded equitable opportunities to thrive as we go through different ages and stages of life. This is the purpose of the Master Plan for Aging.

In June of 2019, I called for the development of a comprehensive new framework for supporting Californians as we age. Only a unified, coordinated effort can provide a response on the necessary scale—combining a bold vision, detailed strategies, and the partnerships necessary to promote healthy and equitable aging for all Californians. The urgency behind this initiative has been magnified by the onset of COVID-19, which has disproportionately impacted older Californians, people with disabilities, and communities of color. The pandemic has exposed persistent and systemic inequities, while also serving as a reminder of how much we can do to keep the most vulnerable among us safe and healthy.

The Master Plan incorporates the hard lessons we have learned into a 10-year strategy that will help every community to build back better—with bold goals and targeted policies that can transform the way aging is experienced in California. The proposals outlined on the pages that follow, on issues from housing to health care, have been shaped by more than a year of outreach to stakeholders and the public, as well as coordination with complementary initiatives like the Task Force on Alzheimer's Disease Prevention & Preparedness.

The final result is a call to action, with accountability. For the Master Plan to succeed, each of us—in state government, local communities, private organizations, and philanthropy—will have a role to play. Our engagement will harness our state's innovative spirit, channel resources where they are needed most, and open up new opportunities for working together to create inclusive, equitable communities for Californians of all ages.

This plan is intended to be a living document for years to come. We will measure our success against a series of key indicators, and my Administration will share an annual report with updates and improvements to the strategies the state needs to pursue. Public engagement will continue to guide us, and I encourage you to get involved through [mpa.aging.ca.gov](https://mpa.aging.ca.gov).

Together, I believe we can build the age-friendly California every one of us deserves. This new Master Plan gives us a way to get there.

Sincerely,



Gavin Newsom, Governor of California

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## California for All Ages:

# WHY A MASTER PLAN?

**Aging is changing and it's changing California. California's over-60 population is projected to diversify and grow faster than any other age group. Increasing from 16 percent in 2010 to one quarter of the population by 2030, when there will be 10.8 million older adults in California.**

Recognizing this, Governor Gavin Newsom issued an executive order in June 2019 calling for the creation of a Master Plan for Aging (Master Plan) ([Executive Order N-14-19](#)). The Executive Order affirmed the priority of the health and well-being of older Californians and the need for policies that promote healthy aging. It also called for a “blueprint” for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and to continue California's leadership in aging, disability, and equity.

After work began on the Master Plan, the COVID-19 pandemic reached California. The virus disproportionately harmed older and other at-risk adults, and it strained aging and disability services like never before. Older adults have

experienced unprecedented death rates – particularly among Latino, Black and Asian Pacific Islander communities and those living in nursing homes. Intensified social isolation and ageism have been especially burdensome. The suffering, resilience, and leadership of older adults, people with disabilities, caregivers, service providers, and advocates during this time have made the Governor's Master Plan for Aging even more urgent.

This is not a plan simply for today's older adults. Instead, the Master Plan is a blueprint for aging across the lifespan. The Master Plan calls on all California communities to build a California for All Ages: for older Californians currently living through the many different stages of the second half of life; for younger generations who can expect to live longer lives than their elders; for communities of all ages – family, friends, neighbors, coworkers, and caregivers –surrounding older adults. As Californians, we can create communities where people of all ages and abilities are engaged, valued, and afforded equitable opportunities to thrive as we age, how and where we choose.

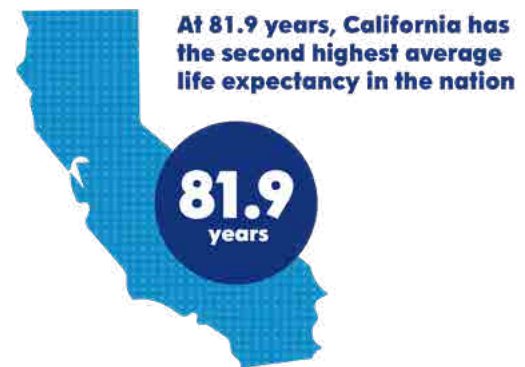
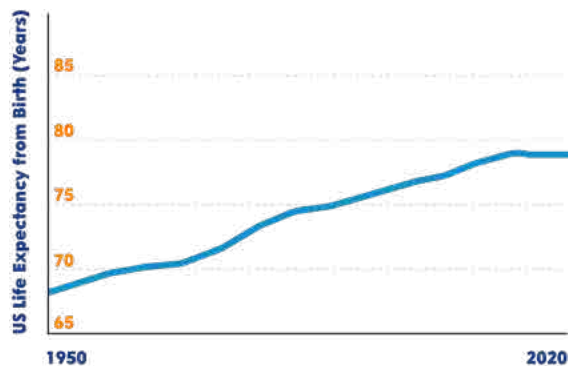
*The Master Plan for Aging outlines five bold goals and twenty-three strategies to build a California for All Ages by 2030. It also includes a Data Dashboard for Aging to measure our progress and a Local Playbook to drive partnerships that help us meet these goals together.*

# *Aging is changing and*

## IT'S CHANGING CALIFORNIA

**California's demographics are shifting. We will be prepared to ensure that all residents have the opportunities needed to thrive as we age in the Golden State.**

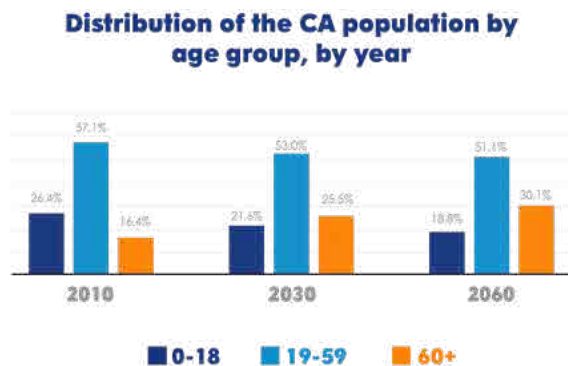
### Californians are living longer than ever before



Source: [www.macrotrends.net](http://www.macrotrends.net)

### California's overall population is rapidly becoming older

By 2030 adults 60 and over will make up 30% of California's population.

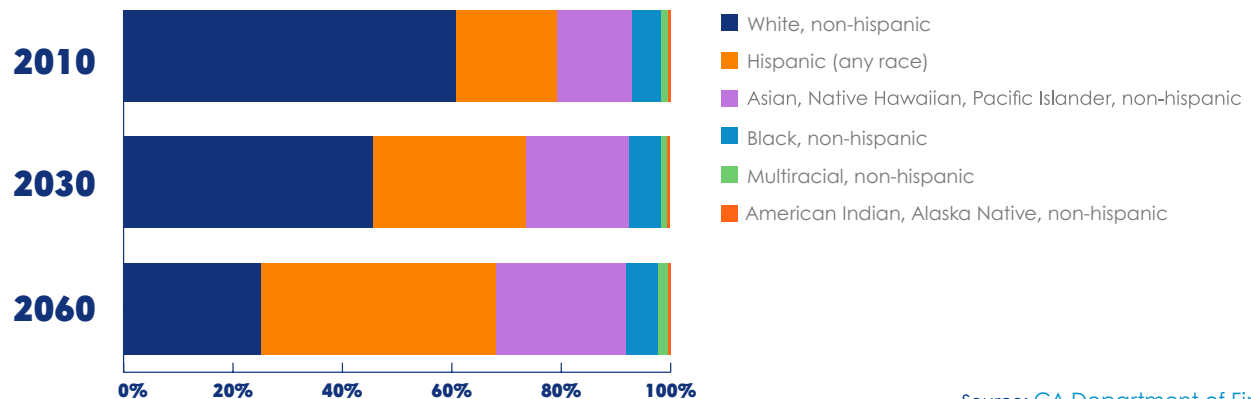


Source: [CA Department of Finance](http://CA Department of Finance)

## California's older population is becoming more racially and ethnically diverse

By 2030, white, non-Hispanic older adults will no longer represent the majority of older adults.

### California's 60+ population by race/ethnicity, by year



Source: [CA Department of Finance](#)

## California's households are changing

**1.8M**

### Californians 60 and over live alone<sup>1</sup>

The number of people aging alone is increasing

**746,000**

### California households consist of three or more generations<sup>2</sup>

California has more multigenerational households than any other state. Reasons why include housing costs and other financial constraints, care needs, and cultural preferences.

**95,000**

### Californians live in nursing homes<sup>3</sup>

Nursing homes offer an important, and sometimes necessary, option for individuals needing LTSS.

**300,000**

### The number of people that Long-term care and Residential Care Facilities for the Elderly are licensed to serve in California.

**1,079**

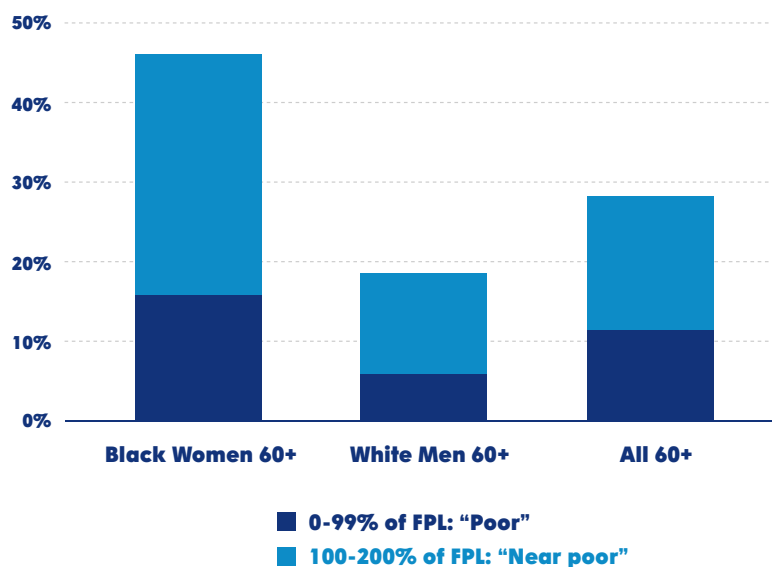
### Homeless adults aged 50 or over in Sacramento alone<sup>5</sup>

Older Californians are the fastest growing age group experiencing homelessness. Sacramento County's 2019 Point-in-Time Count identified 1,079 homeless adults aged 50 or over.

## Affordable aging is becoming harder

Over 2 million Californians aged 60 and over are economically insecure, struggling to afford the rising costs of housing, health, and care.<sup>1</sup> Saving for retirement is becoming more difficult and private pensions are declining, leaving people overly reliant on Social Security benefits\*. Almost 30% of older Californians are considered poor or near poor, but dramatic economic disparities exist.<sup>2</sup>

### Percent of poor and near-poor Californians aged 60 and over



**What is considered the Federal Poverty Level (FPL)?** 100% of the FPL is an income of \$12,760/year for a single-person household and \$17,240 for a two-person household.

\*Social Security benefits average \$1,500/month for retired workers and \$1,250/month for disabled workers. California's fair market rent for a one-bedroom apartment is \$1,522, leaving little money for health, care, food and other needs.

[1] [U.S. Census](#)

[2] [2019 California Health Interview Survey](#)



*Together we engage:*

## HOW WE GOT HERE

**Partnerships: 2019-2020:** Building a California for All Ages requires the engagement and expertise of residents from across the state, in a range of inclusive and interactive ways. The Master Plan's development reflected this same approach, including more than a year of public engagement, stakeholder outreach, community roundtables, and alignment with the Governor's Task Force on Alzheimer's Prevention, Preparedness & Path Forward.

### Public Engagement

Between September 2019 and October 2020, the Department of Aging oversaw the Together We Engage Campaign, which collected input from the public, stakeholders, and partners through pledges, surveys, meetings, webinars, and community roundtables. Public opportunities included the Together We Engage pledge and survey to identify Master Plan priorities (summer 2019); Webinar Wednesdays to hear from experts and gather community input on specific topics (winter 2020); and an Equity in Aging Town Hall to address ageism (summer 2020).

### Stakeholder Engagement

As called for in the Governor's Executive Order, a Stakeholder Advisory Committee (SAC), a Long-Term Services and Supports Subcommittee, and a Research Subcommittee were formed in August 2020 comprised of seventy-eight members from local government, healthcare providers, health plans, employers, community-based organizations, academia, researchers, and consumers.

### Equity at the Center

Recognizing the diversity of California's population – both the strong and varied cultural traditions around aging as well as the need to address life-long disparities and inequities faced by Black, Indigenous, and People of Color (BIPOC) and Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+), and other Californians – the SAC formed an Equity Work Group in December 2020 tasked with ensuring that equity is fully “baked in” to the Master Plan.

### Building the Master Plan during COVID-19

**In March 2020, the first COVID-19 stay-at-home orders was issued.**

The pandemic highlighted the cracks and dire inequities in our systems, as well as the prevalence of ageism. Subsequently, stakeholders active in the Master Plan process pivoted to rapid response activities, including virtual and home-delivery of aging and disability services; new check-in calls, postcards, and warmlines; caregiving support; and digital divide resources. Lessons learned along the way were flagged for incorporation into the Master Plan. After the Master Plan process resumed in May 2020, a COVID-19 Impacts & Recommendations Survey was conducted in July 2020 to assess the breadth of pandemic impacts on older Californians.



## Stakeholder Recommendations

Throughout the stakeholder engagement process, these committees and the Administration received over 240 policy recommendation letters that were submitted by stakeholder organizations and over 1,000 public comments. This engagement process culminated in the SAC's submission of an Equity Tool and Glossary, a Long-Term Services & Supports Stakeholder Report, a Livable Community and Purpose Stakeholder Report, a Health and Well-being Stakeholder Report, and an Economic Security, Safety, and Emergency Preparedness Stakeholder Report. In all, over 800 SAC Stakeholder Advisory Committee recommendations were provided to the Administration to inform the creation of the final Master Plan for Aging. Their input is summarized in the SAC's final report, which lifts up five core priorities: Fix the Long-Term Services and Support System; Assure that California has Housing that is Affordable to All; End Poverty; Uphold the Core Value of Equity; and Strong State Leadership.

## Community Roundtables with Electeds

State legislative and local elected leaders convened community roundtables with California Health and Human Services Agency Secretary Mark Ghaly, from September 2019 to September 2020. The first virtual roundtable focused on housing and health, was hosted by Assemblymember Jim Wood (D-Santa Rosa), representing Northern California coastal counties.

## Task Force on Alzheimer's

In early 2020, the Governor's Task Force on Alzheimer's Prevention, Preparedness & Path Forward (Task Force on Alzheimer's) aligned its efforts with the Master Plan for Aging to build mutually beneficial plans for California, including a dementia-friendly workforce, culturally responsive diagnoses and treatments, affordable care, and targeted research. The Task Force submitted a report, *Our Path Forward*, with recommendations to the Governor in November 2020.

## Cabinet Work Group

The Cabinet Work Group, representing all ten Cabinet departments and other Executive offices, met throughout the Master Plan process to consider public and stakeholder input and also to provide expertise and strategic direction to the Governor. The Master Plan spans multiple policy areas requiring coordination and integration across the government to improve the delivery of programs and services that are centered on the needs of older Californians.

## Knowing Our History, Listening to our Elders: 1900-2020

**The Master Plan for Aging would not have been devised without the preceding decades of advocacy from aging and disability leaders across California.** As part of the Master Plan, a history of aging in California chronicles the development of aging and disability services, from the early 1900s to today. This document was based on interviews with retired and long-serving leaders of California's aging network, as well as data related to the history of independent living. This account is available on the Master Plan webpage.

**For a list of stakeholder and public engagement activities, [click here](#).**



# *The Master Plan for Aging:*

# FIVE BOLD GOALS FOR 2030

**The Master Plan for Aging presents a comprehensive approach for every Californian to help build a California for All Ages by 2030.**

The Plan identifies five bold goals and twenty-three innovative and flexible strategies for state and local leaders in government, business, philanthropic, and community-based organizations to collaborate. Each of these goals is in alignment with Governor Gavin Newsom's California for ALL vision.

The Master Plan for Aging for 2030 is to be considered a living document for the long-term. Just as California pivoted to ensure the safety and well-being of older adults in new and different ways during COVID-19 pandemic, the Master Plan will be nimble and responsive to shifting social and economic realities.

Beginning in 2021, the five bold goals will be powered by over 100 action-ready initiatives in the short-term that have already been adopted by state agencies for implementation, in partnership with stakeholders and the Legislature. ([See page 22 for a detailed list of these proposals.](#)) These initiatives will be continually informed by the publicly accessible, user-friendly, and routinely updated Data Dashboard for Aging, which will track the Master Plan's targets over ten years. Progress, updates, and new initiatives will be addressed in an annual report produced by the Administration.

# *The Master Plan for Aging's Five Bold Goals for 2030*

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## **GOAL 1: Housing for All Ages and Stages**

We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.

**TARGET: Millions of New Housing Options to Age Well**



## **GOAL 2: Health Reimagined**

We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.

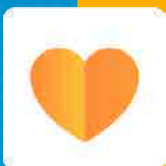
**TARGET: Close the Equity Gap in and Increase Life Expectancy**



## **GOAL 3: Inclusion & Equity, Not Isolation**

We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.

**TARGET: Keep Increasing Life Satisfaction as We Age**



## **GOAL 4: Caregiving That Works**

We will be prepared for and supported through the rewards and challenges of caring for aging loved ones.

**TARGET: One Million High-Quality Caregiving Jobs**



## **GOAL 5: Affording Aging**

We will have economic security for as long as we live.

**TARGET: Close the Equity Gap in and Increase Elder Economic Sufficiency**



## GOAL ONE

# HOUSING FOR ALL AGES & STAGES

We will live where we choose as we age, in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.

### TARGET: Millions of New Housing Options to Age Well

**Older adults, like people of all ages, need housing options that meet changing needs across the decades.** Housing that allows for different household sizes, with accessible transportation options, welcoming parks and public spaces, and strong climate and disaster readiness, are foundational to well-being and continued engagement in civic, economic, and social life.

A wider range of housing models are emerging for the second half of life -- such as duplexes and accessory dwelling units to support multi-generational families and caregivers, and new models of residential communities with a range of services -- and these models can be scaled. California's most well-known housing policy for older homeowners, Proposition 13, has limited property taxes to support affordability as people age; Proposition 13 may also have discouraged moving. The recently enacted Proposition 19 may encourage more older adults to consider moving into different homes and communities for the different stages of aging. While most older Californians are homeowners, older adults who rent homes are facing rising affordability challenges. Sharp gaps in home ownership

rates by race and ethnicity, due to the legacy of housing discrimination, means Latino and Black elders are more likely to be renters than White older Californians. Housing policies grounded in equity -- for owners and renters, for all races and all ages, for living alone and all household sizes -- can begin to remedy discrimination and advance more housing options for all.

Transportation choices beyond cars both help slow climate change and help adults live in homes of choice, especially after experiencing a decline in the physical mobility or the ability to safely drive. The future of transportation includes more choices for people of all ages ("multi-modal"). Some older adults and people with disabilities need specialized transportation services, such as door-to-door paratransit and escorts to physician's offices. Accessible transportation networks of buses and additional options keep people of all ages and abilities connected to services, social opportunities, and community activities.

California's climate and natural landscape offer some of the country's most beautiful parks and public lands. These spaces are integral to both mental and physical health, playing a critical role in promoting



Housing is essential to our ability to age where and how we choose with dignity. We must ensure that all Californians have access to safe and affordable housing options that meet our needs at every stage of life.

– **Lourdes Castro Ramirez**  
CA Business, Consumer Services,  
and Housing Agency Secretary

### **Local Model:** Age Well San Diego

social inclusion. While adults aged 60 and over account for 20 percent of the population, older adults only represent approximately 4 percent of total park users (although, at same time, they are the majority of State Park volunteers).<sup>1</sup>

California's increasing wildfires and the COVID-19 pandemic have highlighted the pressing need for community design that improves our ability to remain safe during climate and human-made disasters, while also taking measures to prevent and prepare for them. While all Californians are impacted by climate change, some populations, including older adults, are more vulnerable than others to its dangers and health consequences.<sup>2</sup>

## *California will pursue Housing for All Ages and Stages through five strategies:*

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### **More Housing Options**

California communities are increasingly developing more affordable housing options to meet the needs of all stages of life for all people, regardless of age, race, income, ability, or household size. The production, protection, and preservation of affordable housing, including Accessory Dwelling Units and Residential Care Facilities of all sizes, will support older adults, caregivers, and their families.



### **Emergency Preparedness & Response**

Preparation and planning with and for older adults and people with disabilities is especially important to prioritize, given the higher risk of death or harm due to emergencies and disasters. Improving technologies and communications that address the access and functional needs of residents during disasters can also improve preparedness and response to these growing populations.



### **Transportation Beyond Cars**

Age- and disability-friendly transportation networks can be strengthened through improved community walkability and expansion of bus and transit stops, transit rider education and subsidies, seamless paratransit across transit district lines, and driver safety education.



### **Climate-Friendly Aging**

Age-friendly communities are naturally in alignment with environmentally friendly initiatives, including low-emissions transportation systems; walkable and low vehicle-miles-traveled (VMT) neighborhoods and cities; and in-home energy-saving modifications. Community planning can factor in climate impact and safety, including disaster resiliency, in new, updated, and rebuilt housing and transportation.



### **Outdoor & Community Spaces for All Ages**

All Californians can benefit from more convenient park access within a ten-minute walk or less, co-location of parks with community centers offering programming for all ages, and incorporation of smart park technologies.

**For a full list of each strategies' 2021-2022 Initiatives, see the next section or visit the [MPA website](#). To find out how we are tracking our progress, visit the [Data Dashboard for Aging](#).**





## GOAL TWO

# HEALTH REIMAGINED

We will have access to the care and services we need to optimize our health and quality of life and to continue to live where we choose.

### TARGET: Close the Equity Gap and Increase Life Expectancy

**Health is a lifelong journey.** To age well, from birth to 100-plus years old, all Californians need access to both health care and healthy communities across the lifespan. Tragically, the COVID-19 pandemic is laying bare the health impacts of systemic racism over a lifetime, with disproportionate deaths by Latino, Black, and Native Hawaiian and other Pacific Islander adults who are 60 and over. More than 7,700 people in these categories died of COVID-19 in 2020. Vaccine distribution centered on equity by age and by race, among other factors, is key to California's response to the pandemic.

As we age, many adults find that the need to focus on health increases. Nearly half of all Californians will acquire one or more chronic illnesses. Nearly nine in ten older adults take at least one prescription drug, with one in four finding their costs to be unaffordable, even with insurance coverage.<sup>3</sup> Older adults are also at particular risk for mental health issues, like depression. Access to health care at all ages is the foundation for healthy living and aging, and California leads the nation in health care coverage for older adults – most recently through the expansions of Medi-Cal and Covered California, California's health insurance exchange. Those still most at risk for not having access to comprehensive health care coverage include people with lower incomes, those living in rural areas, and those without citizenship status.

At the same time, services beyond health care are increasingly understood as essential to maintaining health and to aging well at home and in the community. For example, over half of older adults, especially women, will eventually need home care or adult day health care to assist with daily activities such as meal preparation, physical activity, and bathing. California's In-Home Supportive Services is a national leader in this model of care.

As more Californians live longer lives, more people will seek home or community care to support optimal health and to continue to live well within homes and communities of choice. Critically, these services are often unaffordable for individuals, particularly for middle income older adults covered by Medicare only, which still largely does not cover these home and community services. To provide the care needed for optimal health and choice as we age, medical services and non-medical supports



Aging is a universal process throughout the lifespan and health shapes this experience, across physical, emotional, social, spiritual, and functional dimensions. Individuals age in the context of their multiple identities, influenced by our communities of belonging and the challenges and opportunities of our social and political world.

– **Fernando Torres-Gil**  
UCLA Luskin School of Public  
Affairs; MPA SAC Member

**Local Models:**  
[Inland Empire Health Plan](#)  
[Partners in Care Foundation](#)

can be integrated and made accessible to people living both in home and in community. Ultimately, coordinated care between health plans and community organizations serving older adults and people with disabilities can improve lifelong health outcomes and life satisfaction.

Another byproduct of more Californians living longer is the need for more health care informed by geriatric expertise – yet only about 5 percent of providers have this training.<sup>4</sup> California will need a larger health care workforce that is trained in geriatrics, including Alzheimer's and all dementias, and is more representative of the diversity within California. Dementia's growing impact requires urgent focus. The Governor's Task Force on Alzheimer's Prevention, Preparedness & Path Forward, led by the state's former First Lady Maria Shriver, spotlighted the 690,000 Californians aged 65 and older living with Alzheimer's Disease, a devastating illness with physical, emotional, and financial tolls that impacts not just those individuals, but also friends, families, caregivers, communities, and health systems.

For those adults requiring full-time health care, the COVID-19 pandemic has been a stark reminder of the vulnerability of Californians living and working in skilled nursing facilities (SNFs). While only 2 percent of our state's population live in these facilities, they account for over a third of the pandemic death toll.<sup>5</sup> Preliminary data suggest a significant minority of long-term care residents who died of COVID-19 in 2020 had dementia. California's nursing homes can be national leaders in applying lessons learned and innovating new models of care for this most vulnerable population.

## *California will pursue Health Reimagined through six strategies:*

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### **Bridging Health Care with Home**

Through innovative partnerships with the federal government, health plans, health systems, and community-based organizations, California can innovate and test new models of health care delivery that maximize access to services – and, as a result, avoid unnecessary institutionalization.



### **Health Care as We Age**

California can continue to lead the nation in pursuing strategies to increase access across the spectrum of health care services, including modernizing Medicare counseling services and developing new generic drug manufacturing partnerships, to improve access and care options.



### **Lifelong Healthy Aging**

By fostering healthy environments beginning at birth, expanding access to prevention programs, and developing culturally competent public health educational tools and services, California communities can reduce some of the greatest and most inequitable health disparities.



### **Geriatric Care Expansion**

California is home to some of the foremost geriatric experts in the country. Expanding Geriatric Emergency Department certification and increasing geriatric training opportunities will ensure our health care system is staffed by teams including geriatricians and gerontologists, as well as nurses and social workers with geriatric training.



### **Dementia in Focus**

California can lead the nation in both preventing cognitive impairment and improving the lives of Californians living with dementia through comprehensive and coordinated strategies on research, brain health awareness, public information portals and hotlines, standards of care for dementia, and dementia-friendly communities, among other forward-leaning recommendations from the Governor's Task Force on Alzheimer's.



### **Nursing Home Innovation**

California can emerge from the COVID-19 pandemic with renewed commitment to innovation in quality care, including such areas as value-based payment and architectural redesign to smaller, more home-like environments.





## GOAL THREE

# INCLUSION & EQUITY, NOT ISOLATION

We will have lifelong opportunities for work, volunteering, community engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.

### TARGET: Keep Increasing Life Satisfaction as We Age

**Older adults have many essential roles in California's communities: workers, business owners, volunteers, community leaders, mentors, lifelong learners, neighbors, friends, family members, and more.** Each of these roles can provide a vital sense of purpose at any age. A cornerstone of building a California for all ages is continuing, evolving, and creating new opportunities for meaningful engagement at 60, 70, 80, 90, and 100-plus years old.

Digital technologies are fostering new opportunities for connection and inclusion for work, play, community, culture, and commerce. However, over two million Californians do not have access to high-speed internet and approximately 34 percent of adults over 60 do not use the Internet at all.<sup>6</sup> The COVID-19 pandemic has brought these issues into greater focus and heightened the need for improved access to broadband, digital devices, and technology support for older adults.

Employment and volunteer opportunities, particularly those offering intergenerational engagement, can provide a powerful sense of purpose and connection. Over the past five years, Californians over the age of 55 accounted for 29 percent of all new employment.<sup>7</sup> Many older adults need or want to keep working – at least part time. However, two thirds of older adults seeking employment cite age discrimination as a challenge to finding work.

Older adults can also be a major source of volunteers. Many older adults, especially if paid work and caregiving responsibilities become lighter, choose to devote time and energy to their communities – for example serving at food banks, as tutors to young children, and as poll workers.

One of the greatest threats to full inclusion and equity for all ages is elder abuse, which is estimated to impact 10 percent of older adults living at home and to result in losses totaling in the billions of dollars annually. Elder abuse can take many forms, including physical, sexual, abandonment, isolation, financial, neglect, self-neglect, and mental suffering. Women are as much as 35 percent more likely than men to suffer from some form of it. Our growing aging population requires increased planning and coordination to prevent growing abuse.



Equity should be at the center of the Master Plan for Aging's implementation. Systemic racism, ageism, able-ism, and sexism can only be eliminated through intentional systemic solutions. It's time to transform our systems so that they may positively impact the lives of those most affected by historical and institutionalized discrimination and who, therefore, have disproportionately suffered during COVID-19.

– **Kiran Savage-Sangwan, MPA**  
California Pan-Ethnic Health Network

### Local Model:

**Los Angeles' Purposeful Aging LA (PALA)**

To build a California for all ages, all stakeholders and partners agree: leadership is key. California has a long tradition of extraordinary aging leadership, stretching back decades. (see [Listening to our Elders](#)). The State now has a growing and diversifying community of leaders at all levels poised to build on this foundation for the future, bringing forward the best of proven practices and new innovations to meet the needs of people we serve. Throughout this network, older adults and people with disabilities are the true leaders and essential participants in all planning, policy, programs, and advocacy.

## *California will pursue inclusion and equity, and prevent isolation, through six strategies:*

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### **Inclusion and Equity in Aging**

As the most racially, ethnically, and linguistically diverse state in the nation, California can lead in combatting ageism, ableism, racism, xenophobia, sexism, homophobia, and all prejudices and in expanding opportunities for all older adults and people with disabilities to be economically, civically, and socially engaged, without experiencing discrimination or bias. California's aging and disability leaders, providers, and partners are committed to becoming increasingly culturally responsive through strategies including trainings, data collection, public campaigns (including with partners in California's entertainment industry), and targeted equity and inclusion goals in workforce, service planning, and service delivery.

### **Opportunities to Work**

Scaling flexible work and education models, including virtual options, and preventing age discrimination in the workplace, can increase the inclusion of older adults and people with disabilities and harness all of California's talent, professionalism, knowledge, and expertise.

### **Opportunities to Volunteer and Engage Across Generations**

Volunteer programs for community priorities can intentionally and effectively recruit, support, and connect adults of all ages through volunteer centers, schools, community sites, libraries, and more.

### **Closing the Digital Divide**

In August 2020, Governor Gavin Newsom signed [Executive Order N-73-20](#) to deploy affordable and reliable broadband throughout the state. Closing the digital divide by increasing access to the internet and digital devices will improve the ability of older adults and people with disabilities to connect to family and friends, health care providers, and to access additional support during the COVID-19 pandemic and beyond.

### **Protection from Abuse, Neglect & Exploitation**

Through new statewide coordinated efforts focused on prevention and equity, California can strengthen prevention and responses to elder abuse, neglect, exploitation, and fraud with person-centered, data-driven, and culturally competent approaches.

### **California Leadership in Aging**

Strategies to advance California's leadership include establishing public information, assistance, and resource connection portals and telephone networks that serve the entire state; facilitating a nation-leading aging research collaboration with California's leading universities; participating in AARP's Age-Friendly initiative; forging international agreements; and reviewing and strengthening state and local government leadership and partnership structures, including those related to the California Department of Aging and local Areas Agencies on Aging.

**For a full list of each strategies' 2021-2022 Initiatives, see the next section or visit the [MPA website](#). To find out how we are tracking our progress, visit the [Data Dashboard for Aging](#).**



## GOAL FOUR

# CAREGIVING THAT WORKS

We will be prepared for and supported through the rewards and challenges of caring for aging and disabled loved ones.

### TARGET: One Million High-Quality Direct Care Jobs

#### **At some point in our lives, most Californians will seek care from family, friends, or paid caregivers.**

Likewise, most Californians will also have the privilege and responsibility of caring for an older loved one. The COVID-19 pandemic has meant even more of us are in one or both of those roles, in more challenging circumstances. Supporting caregiving for adults, like caregiving for children, is essential for family life, the economy, and a California for all ages.

Across California, almost five million family caregivers help their parents, spouses, and friends who need assistance with everyday tasks to live well in their homes and communities. Of these, almost 1.7 million are caring for someone with Alzheimer's Disease or dementia, usually with little support or training. This constitutes about 4 billion hours of unpaid time, valued at \$63 billion, each year. Women, particularly Black, Indigenous, Latino, and Asian-American women, are providing a disproportionately large share of this care – often while simultaneously caring for children. Households of color are more likely than white households to be multi-generational, which may indicate these families are more likely to be providing unpaid caregiving across the generations.<sup>8</sup> As rewarding as this work may be, the time needed to care for a loved one can result in financial hardship and a decrease in lifelong Social Security earnings, which can continue the cycle of poverty and debt for low-income households. The emotional and physical stress of caregiving can also lead to poor health outcomes for the family caregiver.

Paid caregiving is essential to older adults' ability to choose where to live. Caregivers provide direct care in many settings – in private homes, through community-

based services like adult day centers, or in residential care homes, such as assisted living facilities or nursing homes.

In the coming years, California will face a labor shortage up to 3.2 million paid direct care workers.<sup>9</sup> Direct care workers earn less than half of California's median annual income and one in four falls below the federal poverty line. Most caregiving jobs are held by women; many are immigrants, and they are twice as likely as other Californians to live in low-income households. Low wages, stress, and an elevated risk of job-related injury



Caregivers of family and friends too often have to choose between their own health and financial needs and caring for a loved one. Caregivers need culturally competent options that not only improve their own health and quality of life, but also those of the person for whom they are caring. Accessible and affordable long term services and supports, paid family leave, resources and training, and assistance navigating services will improve the lives of millions of caregiving families in California.

#### **– Donna Benton**

USC Leonard Davis School of Gerontology, MPA SAC Member

#### **Local Model:**

**Healthcare Career Pathways – Ombudsman of Contra Costa, Solano, and Alameda**

reduce prospects for financial stability for those employed in the caregiving workforce.

As the population age, and the need for caregiving increases, virtual caregiving and telehealth will become more vital for empowering aging adults, people with disabilities, and caregivers to age well at home. However, recent research has shown that older adults with dementia, hearing loss, and impaired vision may have a hard time using digital devices and programs designed without their needs in mind.<sup>10</sup> The lessons from COVID-19's rapid pivot to telehealth, coupled with California's global leadership in the tech sector, have the potential to drive transformative advances in virtual care.

## *California will pursue Caregiving that Works through three strategies:*

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### **Family & Friends Caregiving Support**

Family caregivers need supports – such as paid family leave, multilingual training resources, virtual care options, and respite – so that the role remains rewarding and caregivers can maintain health, well-being, and income while caring for a loved one. Given that lower-income women, particularly women of color, disproportionately provide family caregiving, resources and support should be tailored and prioritized accordingly.



### **Good Caregiving Jobs Creation**

The caregiving workforce can be grown through caregiver training and professional development opportunities, along with livable wages, job placement support, and improved job quality. Higher wages will help paid caregivers work toward financial security, alleviate economic disparities, and better reflect the true value of their work.



### **Virtual Care Expansion**

New technologies, many pioneered in California, are paving the way for innovations in personal devices, smart home and community design, telehealth and more, and have the potential to help support caregiving and aging well across the state, nation, and globe.

**For a full list of each strategies' 2021-2022 Initiatives, see the next section or visit the [MPA Website](#).  
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## GOAL FIVE

# AFFORDING AGING

We will have economic security as long as we live.

### TARGET: Close the Equity Gaps and Increase Elder Economic Security

**Economic security is essential to living and aging well, but retirement income is being outpaced by the rising costs of housing, health, and care.** Further, retirement income has traditionally relied on a combination of three sources for stability: individual savings, employer-paid pensions, and Social Security. However, individual retirement savings are lower than previous generations, and private pensions are declining. As a result, more older Americans and Californians are overly reliant on Social Security income alone and therefore more vulnerable to poverty. Women are particularly at risk because of work that did not count towards Social Security earnings (such as domestic work and unpaid family caregiving) and longer lifespans.

As a result, many middle-income Californians are experiencing downward economic mobility with age. Nearly half of all U.S. households are headed by someone aged 55 or older with no retirement savings.<sup>11</sup> One quarter of people over 65 rely almost entirely on their Social Security benefits, which average about \$1,500 per month for retired workers and \$1,250 per month for disabled workers. With California's fair market rent for a one-bedroom apartment at \$1,522, many older renters are left with little or no money for food, healthcare, and other expenses. California has the second highest rate of poverty among older adults in the country, leading to high levels of hunger and increasing homelessness. Approximately 20 percent of all people 65 and over in California live in poverty; however, the portion of Black, Indigenous, and Latino older adults living in poverty is double that.<sup>12</sup>

A particularly alarming trend is that residents over age 50 are now the fastest growing population of homeless people in many parts of the state, with the median age of the homeless expected to rise. Black men are disproportionately represented within the population of older Californians without homes, reflecting cumulative effects of decades of inequities in housing, education, employment, and criminal justice. The harsh reality of aging without a stable home includes dire health impacts: older adults without homes experience health problems that you would typically see in people who are 20 years older, including cognitive decline and decreased mobility.<sup>13</sup>



The concentration of financial assets among the wealthiest families, combined with increasing housing and health care costs, dwindling pension plans, and low savings among most households threatens the retirement security of many working Californians. CalSavers is a great start and through innovative policy options and tailored outreach, California can encourage employers and individuals to build toward a financially secure future.

– **Nari Rhee, PhD**

UC Berkeley Labor Center, MPA  
SAC Member

### Local Model:

**San Francisco's Project Homekey and Meals  
Expansion during COVID-19**

## *California will pursue Affordable Aging through three strategies:*

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### **End Homelessness for Older Adults**

California will continue to invest in innovative solutions to prevent older adult homelessness, reduce barriers to accessing housing programs and services, and promote the transition of those experiencing homelessness to affordable and accessible housing models, with supportive services.

### **Income Security as We Age**



Challenges require multiple approaches: For income, California will pursue partnerships to assess and strengthen all three sources – individual savings, employer-based retirement, and Social Security – and to expand employment opportunities and economic security at all ages. For expenses, reducing housing and health costs (as discussed in goal one and two) will increase elder economic security.



### **Protection from Poverty & Hunger**

The federal/State safety net for older adults and people with disabilities, Supplemental Security Income/State Supplementary Payment (SSI/SSP), has not kept up with poverty levels. A recent state budget agreement proposes to begin to address the SSP in January 2022. The hunger and nutritional needs of older Californians need greater assessment and coordination to provide affordable and culturally appropriate foods through CalFresh (SNAP), food banks, meal delivery at home, congregate meals at day centers and long-term care facilities, farmers markets, and medically tailored meals, among others.

**For a full list of each strategies' 2021-2022 Initiatives, see the next section or visit the [MPA website](#).  
To find out how we are tracking our progress, visit the [Data Dashboard for Aging](#).**





*IMPACT:*

# FROM PLANNING TO IMPLEMENTATION

**California is committed to making sure this plan does not sit on a shelf, but rather is continually revisited and improved upon to drive action toward better lives for Californians of all ages over the next ten years. To do that, the State will:**

## **Take Action:** Initiatives for 2021-2022

California's Cabinet Work Group is kickstarting implementation of the Master Plan in the next two years with over 100 catalytic and pragmatic initiatives detailed in the following pages, in partnership with stakeholders and the Legislature. It will continue to meet in 2021-2022 to advise on and continually improve implementation. The Administration will issue an annual progress report, which will include recommended changes and new initiatives for future years.



## Support More Local Leaders: MPA Local Playbook

California succeeds when all communities succeed. Local counties and cities are leading with plans for aging, disability, and dementia. The new [MPA Local Playbook](#) shares tools and resources from leaders everywhere to help all California communities create their own master plans for aging, disability, and dementia.

## Measure Progress: Data Dashboard for Aging

California is launching a [Data Dashboard for Aging](#) to provide a transparent, comprehensive, and user-friendly information source about aging and disability trends, with a equity lens. The dashboard will also help us measure our progress as state and local communities on Master Plan goals and strategies to advance equity and well-being for all ages. This information resource will help drive decision making and be regularly updated as more data, from more sources and with more indicators, is made available.

## Continue to EngAGE Public & Partners

Public opportunities for participation will continue through a range of webinars, surveys, public comment processes, and other interactive and inclusive forums:

- **Stakeholder partnerships:** A new stakeholder committee will be named in early 2021 to advise the Administration on implementation. It will be called the Implementing Master Plan for Aging in California Together (IMPACT) Committee. The IMPACT Committee will include both continuing representatives from the Master Plan Stakeholder Advisory Committee and newly engaged voices to increase the diversity of representation and to strengthen the expertise guiding the Master Plan's implementation. New advisory committees will also be created to address Long Term Services and Supports for Aging and Disability, Equity in Aging, and Elder Abuse and Justice.
- **Legislative leadership:** As a co-equal branch of government, the Legislature remains an essential leader and partner in assessing and implementing these strategies through hearings, legislation, and budget priorities, as well as continuing community roundtables.
- **Philanthropic support:** California's philanthropic leaders provided vital support for the robust planning process; potential new strategic investments for implementation are in development.

# Public & Stakeholder Engagement Activities

## **Webinar Wednesdays\*:**

- [Housing](#)
- [Transportation](#)
- [Isolation & Inclusion](#)
- [Parks & Community Spaces](#)
- [Healthy Aging](#)
- [Work Opportunity](#)
- [Poverty, Hunger, Homelessness](#)
- [Emergency and Disaster Preparedness & Response](#)
- [Preventing and Responding to Abuse, Neglect, and Exploitation](#)

\*series ended early in March due to COVID-19

**Virtual Town Hall:** Combating Ageism & Promoting Equity in Aging

## **MPA Stakeholder Meetings:**

- 9 Stakeholder Advisory Committee meetings
- 13 Long-Term Services & Supports Subcommittee meetings
- 6 Research Subcommittee meetings
- 4 Equity Work Group meetings

## **State Legislator and Local Leader Community Roundtables:**

- Bakersfield
- San Diego
- Nevada County
- Mountain View
- Santa Barbara County
- Santa Clara County
- Sacramento County
- Humboldt County

## **MPA SAC Recommendations to the Administration:**

- [Executive Summary](#)
- [Full Stakeholder Report](#)
- [Long-Term Services & Supports](#)
- [Livable Communities & Purpose](#)
- [Health & Well-Being](#)
- [Economic Security, Safety, and Emergency Preparedness](#)
- [Research & Data](#)
- [Equity in Aging](#)
- [Climate Change](#)

## **Governor's Task Force on Alzheimer's Prevention, Preparedness & Path Forward**

- [10 Recommendations to Governor](#)

## *The next step:*

# MPA INITIATIVES FOR 2021-2022

While the Master Plan for Aging is a ten-year Blueprint for building a California for All Ages, the ten Cabinet Agencies, in strong partnership with local leaders, the private sector, the federal government, and all stakeholders, will launch over 100 initiatives within the first two years. These initiatives will be advised by a new stakeholder group for MPA implementation. Progress will be tracked by the Data Dashboard for Aging and shared via an annual report.

## GOAL ONE for 2030: Housing for All Ages and Stages

**Person Centered:** We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.

**Target:** Millions of New Housing Options to Age Well

**Local Model:** San Diego County: Age Well San Diego

### Strategy A: More Housing Options

**Data Indicators:** Number of subsidized housing units per 10,000 population, Number of new housing options to age well

Initiatives for 2021-2022:	Lead Agency
1. Identify ways to bolster production of more housing options to age well in all California sub-urban, rural, and urban communities - such as Accessory Dwelling Units that are affordable - to support aging well, caregiving, and affordable housing.	BCSHA
2. Provide tax credits and pursue other strategies to continue to prioritize the types of housing units that are not being produced by the market, especially those serving people who are Extremely Low Income (ELI), Very Low Income (VLI) and Low Income individuals (LI), and others experiencing or at risk of homelessness, including but not only older adults and people with disabilities.	BCSHA & STO
3. Further facilitate affordable housing production by using monitoring, technical assistance, and enforcement strategies of existing housing production laws.	BCSHA
4. Advance fair housing and equity by conducting outreach, education, and surveys, as well as prosecuting violations of anti-housing discrimination laws.	BCSHA

Initiatives for 2021-2022:	Lead Agency
5. Review housing planning and data indicators with Strategic Growth Council for older adult demographics and characteristics, for opportunities to update to reflect changes in aging and advance equity goals, including Statewide Housing Assessment, Regional Housing Needs Allocations and Housing Assessment, and include in Data Dashboard for Aging.	SGC & BCSHA
6. Review current housing program definitions with Strategic Growth Council for inclusion of older adults and advancement of equity, such as the Transit Oriented Housing Development Program, Multi-Family Housing Program, Accessibility and Adaptability standards, the State's Qualified Allocation Plan for Low Income Housing Tax Credit Program, and Affordable Housing and Sustainability Community Program, among others.	SGC, BCSHA & CalEPA
7. Explore increasing the Veterans Housing and Homelessness Prevention Program.	CalVet
8. Assess the feasibility of expanding the Adult Family Homes model (currently for adults with a developmental disability) to more aging adults, including with dementia.	CHHS
9. Explore opportunities to increase availability of housing options with "housing for health" strategies – for example, within the anticipated federal planning grant to develop a Medi-Cal Home and Community Based Services Roadmap, include assessments of the availability of services, providers, and residential options and within a new focus on Medicare innovation – to meet need as federally allowable funds are available.	CHHS
10. Identify innovative models and solutions to enhance technology in housing options for aging well, in alignment with State Broadband Council's new Strategy per August 2020 Exec Order, including the California Teleconnect Fund and California Advanced Services Fund, and in partnership with housing developers and UC.	GovOps, BCSHA
11. Assess need for housing modifications for aging, such as fall prevention programs, to meet growing and changing needs.	CHHS

## Strategy B: Transportation Beyond Cars

**Data Indicators:** Percent of trips made by walking, personal vehicle, transit, and other, among older adults

Initiatives for 2021-2022:	Lead Agency
12. Promote within existing resources ways to improve community walkability for older adults and people with disabilities through the California Active Transportation Program and Complete Streets projects.	SGC, CalSTA
13. Promote within existing resources safer transportation for older adults using multiple transportation modes by implementing recommendations from the Zero Traffic Fatalities Task Force, including consideration of lower speed limits in urban, suburban, and rural areas, to meet needs as funds allow.	SGC, CalSTA

Initiatives for 2021-2022:	Lead Agency
14. Promote within existing resources free bus/transit (including using digital ID solutions to streamline access) and transit rider education, both beginning at younger ages, as well as integration of fare systems to increase access in urban, suburban and rural areas, to meet needs.	CalSTA, GovOps
15. Promote expansion of bus/transit stops that are age- and disability-friendly (e.g., locations, seating, weather) to meet needs.	CalSTA
16. Establish person-centered MOU'S between transit districts to allow paratransit to cross transit district lines to meet rider needs.	CalSTA
17. Encourage innovation in flexible transit options, for example demand response, especially but not only in rural communities.	CalSTA
18. Provide older driver safety education training, including information about transportation options other than driving, to meet needs as funds allow.	CalSTA
19. Review community walkability scores and Vehicle Miles Traveled data for opportunities to analyze with aging demographics and to include in Data Dashboard for Aging.	SGC, CalSTA

## Strategy C: Outdoor & Community Spaces for All Ages

**Data Indicators:** Percent of adults age 60 or older who live within a half mile of a park, Percent of adults age 60 or older who live in communities with less than three acres of parks or open space per 1,000 residents

Initiatives for 2021-2022:	Lead Agency
20. Explore targeting public and private park funds to age- and disability-friendly activities for all ages, including models such as slow streets, SMART parks, parklets for emerging placemaking, and more, in all areas of state.	CNRA
21. Explore targeting new public and private park funds to communities that are more than a 10-minute walk from a park (currently 25%) so all Californians of all ages and abilities can access parks in all areas of state.	CNRA
22. Consider co-location of child care and adult care, youth centers and adult centers, and schools and adult centers, along with joint programming, such as arts.	CHHS
23. Promote Blue Zones for dementia-friendly communities, especially in cities and counties with higher proportions of racial groups with disparate rates of dementia.	CHHS

## Strategy D: Emergency Preparedness

**Data Indicators:** Percent of adults age 60 or older who live in a hazard area

Initiatives for 2021-2022:	Lead Agency
24. Consider improvements in online emergency tools for older, disabled, and at-risk adults and caregivers, in multiple languages, to meet needs.	ODI & CHHS
25. Develop online and other tools within existing resources to coordinate mutual aid for residents by Residential Living and Nursing Home facilities during emergencies.	CHHS
26. Continue LISTOS CA "Check in" telephone calls begun during COVID-19, as well as other disaster preparedness work, with isolated and harder to reach older adults, in multiple languages, to meet needs within existing funding.	OES
27. Conduct after-action analyses of COVID-19, including the impact on older, disabled, and at-risk adults, as one way to identify strategies to prevent future pandemic, emergency, and disaster-related deaths and disparities in deaths by age, ability, income, race, language, and other equity measures.	CHHS

## Strategy E: Climate Readiness

**Data Indicators:** Percent of all trips that are low emission trips by adults age 60 or older

Initiatives for 2021-2022:	Lead Agency
28. Gradually factor in climate impact and safety, including disaster resiliency, in new (and rebuilt) Residential Living and other age- and disability-friendly housing, by considering infill opportunities and wildland urban interface issues.	BCSHA & CDI
29. Advocate for the new federal administration to increase support for housing modifications for climate, via weatherization services reaching older adults and people with disabilities, to meet need and as funds available.	CHHS
30. Set targets and develop strategies to include older adults and people with disabilities, of all races and ethnicities, in California Climate Action Corps.	CalVols
31. Support paratransit conversion to zero emission vehicles, including new light-duty paratransit vehicles by 2035 and all other transit vehicles by 2045, within existing resources.	CalEPA & CalSTA
32. Reduce Vehicle Miles Traveled and overall climate impact by aging and disability services at state and local levels.	CHHS

## GOAL TWO for 2030: Health Reimagined

**Person Centered:** We will have access to the care and services we need to optimize our health and quality of life and to continue to live where we choose.

**Target:** Close the Equity Gap in and Increase Life Expectancy

**Local Models:** Inland Empire Health Plan (Health Plan); Partners in Care Foundation (CBO)

### Strategy A: Bridging Health Care with Home

**Data Indicators:** Availability of services and supports, Enrollment in Medicare plans and programs, Difficulty with Activities of Daily Living (ADLs)

Initiatives for 2021-2022:	Lead Agency
33. Advocate with the new federal Administration to create a universal Long-Term Services and Supports benefit and assess opportunities for federal/state partnership (e.g., Milliman study, Washington State model).	CHHS
34. Plan and develop innovative models to increase access to long-term services and supports for people receiving Medicare only.	CHHS
35. Plan and develop innovative models to increase access to long-term services and supports and integrated health care for people receiving both Medicare & Medi-Cal ("duals"): by implementing statewide Managed Long-Term Services and Supports (MLTSS) and Dual Eligible Special Needs Plan (D-SNP) structure, in partnership with stakeholders.	CHHS
36. Expand access to home and community-based services for people receiving Medi-Cal: via CalAIM, by implementing "In Lieu of Services" (including: Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Short-term Post Hospitalization Housing, Recuperative Care, Respite, Day Habilitation Programs, Nursing Facility Transition/Diversion to Assisted Living Facilities of Home, Personal Care and Homemaker Services, Home Modifications, Medically Tailored Meals, Sobering Centers, and Asthma Remediation) and "Enhanced Care Management."	CHHS
37. Consider home and community alternatives to short-term nursing home stays for participants in Medi-Cal managed care through utilization of combination of the home health benefit, in lieu of services, and proposed expanded telehealth benefit, including remote patient monitoring.	CHHS
38. Explore options within existing authority and new state plan authority for community health workers to conduct isolation checks/home visits for older and other adults, to meet need and as funds available.	CHHS



Initiatives for 2021-2022:	Lead Agency
39. Explore opportunities to increase stability for IHSS beneficiaries through back-up provider systems and registries.	CHHS
40. Apply for federal funding to assess and plan for home and community-based services in all counties, with diversity of providers, via the anticipated federal planning grant to develop a Medi-Cal Home and Community Based Services Roadmap, in partnership with Stakeholder process beginning 2020.	CHHS
41. Assess need and opportunities to expand community-based aging and disability networks' "business acumen" for health partnerships.	CHHS
42. Assess need and opportunities to modernize regulatory and licensing barriers for CBAS and MSSP.	CHHS
43. Reformulate an LTSS aging and disability stakeholder group to advise on long-term services and supports for all older adults and people with disabilities, drawing on stakeholders with experience on MPA LTSS Subcommittee and Olmstead Advisory, as well as new members, with increased diversity and continued participation by older adults, people with disabilities, and care providers.	CHHS

## Strategy B: Health Care as We Age

**Data Indicators:** Percent of adults age 60 or older who are uninsured, Percent of adults age 60 or older who have a usual place to go to when sick or in need of health advice, Percent of civilians who live in areas with primary care shortages

Initiatives for 2021-2022:	Lead Agency
44. Modernize Medicare counseling services (HICAP) to serve more beneficiaries, continually improving cultural competency and language access, within existing resources.	CHHS
45. Assess opportunities to modernize enrollment process for Medicare Savings programs.	CHHS
46. Consistent with AB 80 (2020) when the DOF projects that the budget can accommodate the associated costs over a multiyear period, prioritize for inclusion in the budget the expansion of Medi-Cal to older adults who are undocumented.	CHHS
47. Include older adult behavioral health needs and geri-expertise in Behavioral Health Task Force planning, beginning with CDA joining the Task Force.	CHHS
48. Implement new generic prescription drug manufacturing partnerships for production or distribution, making essential medications affordable and accessible to more consumers – including older adults who are more likely to have a chronic condition requiring prescriptions and people with disabilities with co-occurring health conditions requiring prescriptions.	CHHS
49. Highlight to Medi-Cal plans and providers the value of palliative care to improve patient outcomes and support patient and family choices for care.	CHHS

Initiatives for 2021-2022:	Lead Agency
50. Identify ways to promote care wishes – such as Advanced Planning Directives and Physician Orders for Life Sustaining Treatment – for all ages.	CHHS

## Strategy C: Lifelong Healthy Aging

**Data Indicators:** Number of hospitalizations for unintentional falls per 100,000 adults age 65 or older, Number of hospitalizations for unintentional falls per 100,000 adults age 65 or older, Percent of adults age 60 or older who experienced psychological distress in the past year, Number of adults age 60 or older who died by suicide per 100,000 people

Initiatives for 2021-2022:	Lead Agency
51. Share a series of public health/public education tools, with culturally competent and equity-targeted approaches, that promote brain health and address other healthy aging priorities (e.g., physical activity, nutrition, tobacco, oral health, mental health, substance abuse, and trauma).	CHHS
52. Continue to seek federal funding for a friendship warmline for older adults to address isolation and loneliness needs, and partner with state departments who host crisis lines and access lines.	CHHS
53. Build in older adult focus to existing Suicide Prevention Programs.	CHHS

## Strategy D: Geriatrics Care Expansion

**Data Indicators:** Percent of emergency department visits by adults age 65 or older, Number of accredited geriatric emergency departments, Percentage of 30 day all-cause Medicare hospital readmissions

Initiatives for 2021-2022:	Lead Agency
54. Diversify and align with aging demographics the pipeline of residents in clinical geriatrics, primary care, and geriatric psychiatry, including dementia care, through career incentive strategies such as workforce shortage and loan forgiveness programs.	CHHS
55. Explore including geriatric training requirements, including dementia training, as well as racial and diversity demographics, via all state health licensing boards for new and continuing licensing.	CHHS & BCSHA
56. Include geriatric training in new community paramedic initiative.	CHHS
57. Support expansion of geriatric emergency department certifications statewide.	CHHS

Initiatives for 2021-2022:	Lead Agency
58. Assess opportunities for advance practice providers trained in geriatrics to fill gaps in geriatrics and primary care.	CHHS
59. Consider opportunities for gerontologists and geriatric social workers to participate in interdisciplinary teams.	CHHS
60. Collect data on geriatric care provision to assess strengths and gaps, with equity metrics including race and disability (for example, dementia care, oral health).	CHHS
61. Continue COVID-19 ad hoc geriatrics advisory group and broaden scope and participants in 2021 to include geriatric care expansion initiatives.	CHHS

## Strategy E: Dementia in Focus

**Data Indicators:** Percent of adults age 65 or older who talked with a health care professional about cognitive decline or memory loss, Number of dementia-related deaths per 100,000 adults age 65 or older

Initiatives for 2021-2022:	Lead Agency
62. Continue California's leadership commitment to target clinical research into Alzheimer's on gender and racial disparities.	CHHS
63. Develop plan for an equity-focused dementia-prevention public health campaign, to meet needs as funds available.	CHHS
64. Promote screening, diagnosis, and care planning by health care providers for patients and families with Alzheimer's and related dementias, through hub and spoke training model of health care providers; direct caregiver training opportunities; and consideration of how dementia standards of care could be further incorporated in Medi-Cal and Medicare managed care.	CHHS
65. Seek stakeholder feedback on models of care coordination for IHSS participants with dementia or cognitive impairment.	CHHS
66. Assess options to increase Adult Day Services, especially for people with dementia	CHHS
67. Strategically plan and lead the growing number of California's pioneering Alzheimer's and all dementia initiatives with renewed leadership and partnership for the CHHS Alzheimer's Advisory Committee beginning 2021.	CHHS

## Strategy F: Nursing Home Innovation

**Data Indicators:** Percent of adults age 65 or older who live in a Skilled Nursing Facility (SNF), Number of SNF licensed beds per 100,000 adults age 65 or older, Number of safety deficiencies per bed in SNF

Initiatives for 2021-2022:	Lead Agency
68. Produce "COVID 2020" report on skilled nursing facilities and COVID-19, with California lessons learned and recommendations for national (CMS) policy reform.	CHHS
69. Continue to expand transparency on state data on nursing homes, including quality, staffing, financing, both in COVID-19 and ongoing.	CHHS & LWDA
70. Reengage stakeholders to revisit pilot for "small house" nursing homes.	CHHS & LWDA
71. Explore additional value-based payment methodology changes in skilled nursing, focused on care quality, job quality, equity, and health outcomes.	CHHS
72. Begin planning for growing skilled nursing and mental health needs in veterans' homes, per the Veterans Home Master Plan of Jan 2020.	CalVet
73. Begin planning for growing skilled nursing needs in custodial settings, including State Hospitals and correctional facilities, within existing resources.	CHHS & CDCR
74. Develop approach for patient representatives for residents of skilled nursing facilities without capacity, representatives, or written care wishes.	CHHS

## GOAL THREE for 2030: Inclusion & Equity, Not Isolation

**Person Centered:** We will have lifelong opportunities for work, volunteering, community engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.

**Target:** Keep Increasing Life Satisfaction as We Age

**Local Model:** Los Angeles: Purposeful Aging LA

### Strategy A: Inclusion & Equity in Aging

**Data Indicators:** Percent of adults age 60 or older who said people in their community are willing to help each other

Initiatives for 2021-2022:	Lead Agency
75. Continue to expand culturally and linguistically competent communications to older adults, people with disabilities, and families.	CHHS & GovOps
76. Utilize private partnerships and existing funds to implement anti-ageism and equity campaign ("California for All Ages") with public, employers, and entertainment industry, including equity by age, race, ethnicity, language, citizenship status, sex, gender identity, sexual orientation, family status, disability, dementia/cognitive status, and income.	CHHS & GovOps
77. Continue new "Equity in Aging" Provider Peer-to-Peer Training for aging networks.	CHHS
78. Produce report on CARES funding to Older American Act programs on impact and equity.	CHHS
79. Set and work towards diversity, equity, and inclusion goals for representation in aging and disability departments and related State boards, such as CDA, DOR, Commission on Aging, and more.	CHHS
80. Convene a stakeholder Equity in Aging Advisory group.	CHHS

### Strategy B: Closing the Digital Divide

**Data Indicators:** Percent of older adults with Internet access at home, Number of adults age 60 or older who participate in the California Lifeline Program

Initiatives for 2021-2022:	Lead Agency
81. Execute the State Broadband Council's new Strategic Plan, including older adults and using an equity lens, per Executive Order in August 2020, within existing resources.	GovOps & CHHS

Initiatives for 2021-2022:	Lead Agency
82. Seek private donations and use existing funds to distribute personal technology devices to OAA program participants.	GovOps & CHHS
83. Develop plan to launch digital literacy support for older adults and for providers.	GovOps & CHHS

## Strategy C: Opportunities to Work

**Data Indicators:** Percent of adults age 60 or older who are in the civilian labor force, Number of age discrimination complaints filed with State for employment investigations

Initiatives for 2021-2022:	Lead Agency
84. Consistent with the goals of the Future of Work Commission, explore ways to promote flexible work models, especially as people age, experience disability, or after retirement.	LWDA & GovOps
85. Execute State Workforce Plan's recent inclusion of older adults and CDA's employment program/Title V with local CWDBs and begin mapping job training and apprenticeship opportunities available to older adults and people with disabilities to match available jobs, through all LWDA and CHHS channels, such as Workforce Boards, CalFresh E&T, OAA Employment, Disabled Worker.	LWDA & CHHS
86. Provide assistive technology equipment and devices available to workers with disabilities, to meet need and advance equity, within existing resources.	LWDA & CHHS
87. Provide re-entry services to older adults that increase employment and engagement and address inequity, to meet need and advance equity, within existing resources.	LWDA & CDCR

## Strategy D: Opportunities to Volunteer and Engage Across Generations

**Data Indicators:** Percent of adults age 60 or older who reported having done volunteer work or community service in the past year that they had not been paid for

Initiatives for 2021-2022:	Lead Agency
88. Engage the diversity of Californians, including older adults and people with disabilities of all races and ethnicities, in #CaliforniansForAll, AmeriCorps, and all CalVols programs.	CalVols
89. Scope opportunity for new intergenerational volunteerism partnerships in schools, with philanthropic partners.	CHHS & CDE



Initiatives for 2021-2022:	Lead Agency
90. Promote and adapt "village models" for older adult volunteerism and services, building on the strengths of California's diverse communities.	CHHS
91. Launch an elder story project, in partnership with libraries and aging services, and engage the diversity of California elders.	CHHS & California State Library
92. Assess older adults' engagement in lifelong learning at Aging services, Adult Schools, and Community Colleges, including online, continually improving cultural competency and languages.	CHHS, CDE & Community Colleges

## Strategy E: Protection from Abuse, Neglect, and Exploitation

**Data Indicators:** Number of confirmed allegations of abuse and of self-neglect among Adult Protective Services (APS) clients age 65 or older, Percent of APS clients age 65 or older for whom a prior report was filed within the past 12 months, Number of complaints in Residential Care Facilities for the Elderly and Skilled Nursing Facilities

Initiatives for 2021-2022:	Lead Agency
93. Create a statewide California Elder Justice Council to increase coordination and develop recommendations to prevent and address elder abuse, neglect, exploitation, and fraud, including consideration of particular COVID-19 risks and of the 28 recommendations from the Elder Justice Coalition.	CHHS, BCSHA, OAG
94. Review roles of Licensing, Long Term Care Ombudsmen, and Adult Protective Services and the experiences in other states to prevent and address abuse and neglect in long-term care facilities.	CHHS
95. Assess Adult Protective Services' capacity, age of people served, and services provided, especially for complex cases, given growing and changing needs.	CHHS
96. Assess needs and capacities of local Public Guardians, Public Conservators and Public Advocates, given growing and changing needs.	CHHS
97. Assess needs and capacities of Legal Services for Older Adults, given growing and changing needs.	CHHS

## Strategy F: California Leadership in Aging

**Data Indicators:** Number of counties with a local plan on aging

Initiatives for 2021-2022:	Lead Agency
98. Build out No Wrong Door/"One Door" statewide for public information and assistance on aging, disability, and dementia, via upgraded web portal, statewide network of local ADRCs with shared training, tools, and technology, and continually improving cultural competency and language access.	CHHS
99. Create a Governor's Office Leadership Position on Aging, Disability, and Alzheimer's.	GO
100. Begin process for California to become an AARP-Certified Age-Friendly State within existing resources.	GO & CHHS
101. Revisit California's Area Aging on Agency local leadership structures - including local area map, funding formulas, and designations - via California's Federal Older Americans Act State Plan 2021-2024, to meet growing and changing needs and continue to advance equity.	CHHS
102. Facilitate a nation-leading research partnership on aging with California's universities.	CHHS
103. Seek opportunities to include aging in development of international partnership agreements between California and other nations engaged in planning and leading around aging.	GO
104. Launch "Implementing MPA in California Together (IMPACT)" Committee to oversee implementation 2021-2022 and produce MPA annual report, with results and recommended updates, within existing resources.	CHHS
105. Consider stakeholder recommendations and opportunities to broaden into Master Plan for Aging and Disability.	GO & CHHS
106. Continually improve Data Dashboard for Aging, to advance equity – specifically, expand data collection and quality by age, race, ethnicity, language, citizenship status, sex, gender identity, sexual orientation, family status, disability, dementia/cognitive status, income.	CHHS

## GOAL FOUR for 2030: Caregiving that Works

**Person Centered:** We will be prepared for and supported through the rewards and challenges of caring for aging and disabled loved ones.

**Target:** One Million High-Quality Direct Care Jobs

**Local Model:** Contra Costa: Healthcare Career Pathways

### Strategy A: Family & Friends Caregiving Support

**Data Indicators:** Percent of adults who provided help in the past year to a family member or friend who has a serious or chronic illness or disability

Initiatives for 2021-2022:	Lead Agency
107. Promote current state paid family leave benefits to older Californians, people with disabilities, and family caregivers.	LWDA
108. Assess participation in state paid family leave, including recent legislation to expand equity, for equity, including LGBTQ, race, income, gender.	LWDA
109. Develop options to include family caregivers in home and community assessments.	CHHS
110. Consistent with CalAIM, expand respite care for family caregivers.	CHHS

### Strategy B: Direct Care Job Creation

**Data Indicators:** Number of paid caregivers per 1,000 adults age 65 or older

Initiatives for 2021-2022:	Lead Agency
111. Convene a Direct Care Workforce Solutions Table to address workforce supply challenges and opportunities in skilled nursing facilities.	CHHS & LWDA
112. Consider expanding online training platforms for direct care workers – including opportunities for dementia training for IHSS family caregivers seeking a career ladder and more - to meet need as funding available.	CHHS, LWDA & Community Colleges
113. Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows.	CHHS, LWDA, CDE & Community Colleges

## Strategy C: Virtual Care Expansion

**Data Indicators:** Percent of Medicare primary care visits delivered via telehealth

Initiatives for 2021-2022:	Lead Agency
114. Identify innovative models and solutions to enhance telehealth access for Californians of all ages, races, and ethnicities, in alignment with State Broadband Council's new Strategy per August 2020 Exec Order, within existing resources.	CHHS & GovOps
115. Expand telehealth access to multiple Medi-Cal delivery systems, incorporating lessons from COVID-19 and including virtual communication, remote patient monitoring, provider education, beneficiary education, family caregivers, and language access considerations, within existing resources.	CHHS & GovOps
116. Consider opportunities to access personal and home technologies that promotes healthy aging, to meet need and advance health equity, as funds available.	CHHS & GovOps

## GOAL FIVE for 2030: Affording Aging

**Person Centered:** We will have economic security as long as we live.

**Target:** Close the Equity Gap in and Increase Elder Economic Security

**Local Model:** San Francisco COVID-19 Response: Project Homekey & Meals Expansion

### Strategy A: End Homelessness for Older Adults

**Data Indicators:** Percent of adults age 60 or older who are experiencing homelessness or at risk for homelessness

Initiatives for 2021-2022:	Lead Agency
117. Building on the success of Homekey, further develop the network of housing needed to end homelessness, prevent older and other at-risk individuals from falling into homelessness, and provide expanded supports at housing placements.	CHHS & BCSHA
118. Expand older homelessness programs, such as HomeSafe (APS) and Housing and Disability Advocacy Program (HDAP/SSI), to meet needs as funds allow.	CHHS
119. Assess IHSS plus Housing models.	CHHS

### Strategy B: Income Security as We Age

**Data Indicators:** Percent of adults age 60 or older who have access to workplace retirement benefits

Initiatives for 2021-2022:	Lead Agency
120. In State Planning for Affordability, include aging, disabled, and caregiving populations and life course considerations.	LWDA
121. Advocate for new federal Administration to assess Social Security gaps for California's diverse workforce, including caregivers, farmworkers, and more.	LWDA
122. Assess and propose pension data indicators – such as availability and adequacy to aging and older adults – to include in Data Dashboard for Aging.	GovOps, CHHS, SCO & STO
123. Continue to promote CalSavers.	STO
124. Review CalSavers participation data for equity and consider CalSavers reforms to expand access and impact.	STO
125. Continue to promote CalABLE.	STO

Initiatives for 2021-2022:	Lead Agency
126. Review CalABLE participation data for equity and consider reforms to expand access and impact, such as expanded eligibility.	STO
127. Continue to promote the California Earned Income Tax Credit (EITC), the only EITC in nation available to people 65 and over.	CHHS
128. Review CalEITC participation data by older adults for equity and consider reforms to expand access and impact.	CHHS & FTB

## Strategy C: Protection from Poverty & Hunger

**Data Indicators:** Percent of basic cost of living covered by SSI/SSP for older adults age 65 or older living alone or as a couple; Percent of low-income older adults age 60 or older who are food insecure and who are enrolled in CalFresh

Initiatives for 2021-2022:	Lead Agency
129. Consistent with the Budget Act of 2018, begin to bring older adult basic income (Supplemental Security Income/State Supplementary Payment and Cash Assistance Program for Immigrants) up to meet Elder Economic Index and Federal Poverty Level, to meet need as funding available.	CHHS
130. Map and identify opportunities – at federal, state, and local level - to address older Californians' needs for nutrition, with lessons learned from COVID-19 Food CBO work group, across CalFresh, Older Californians' Home and Congregate Meals, Food Banks, Senior Farmers' Market Nutrition, Adult Care Meals, Medically Tailored Meals, Residential Facility Meals, Great Plates, and more.	CHHS, CDFA, OES & CDE
131. Continue to streamline older and disabled adult enrollment, renewal, and online shopping in CalFresh, as allowable.	CHHS
132. Seek federal funds to expand the senior food box program (Commodity Supplemental Food Program) statewide.	CHHS



## Lead Agency Acronyms

BCSHA	Business, Consumer Services & Housing Agency
CalEPA	CA Environmental Protection Agency
CalSTA	CA State Transportation Agency
CalVet	CA Department of Veteran Affairs
CalVols	CA Volunteers
CDCR	CA Department of Corrections & Rehabilitation
CDE	CA Department of Education
CDI	CA Department of Insurance
CDFA	CA Department of Food & Agriculture
CHHS	CA Health & Human Services Agency
CNRA	CA Natural Resources Agency
FTB	Franchise Tax Board
GO	Governor's Office
GovOps	Government Operations Agency
LWDA	Labor & Workforce Development Agency
OAG	Office of the Attorney General
ODI	Office of Digital Innovation
OES	Office of Emergency Services
SCO	State Controller's Office
SGC	Strategic Growth Council
STO	State Treasurer's Office

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## **Stakeholders:**

[MPA Stakeholder Advisory Committee Members](#); [MPA Long-Term Services & Supports Subcommittee Members](#); [MPA Research Subcommittee Members](#); [MPA Equity Work Group Members](#); [Webinar Wednesday Expert Presenters](#); [Governor's Task Force on Alzheimer's Prevention, Preparedness & Path Forward](#)

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[West Health Institute](#); [California Department of Public Health's Let's Get Healthy California Team](#)

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[California Business, Consumer Services and Housing Agency](#); [California Department of Finance](#); [California Department of Veterans Affairs](#); [California Government Operations Agency](#); [California Governor's Office of Emergency Services](#); [California Health and Human Services Agency](#); [California Labor and Workforce Development Agency](#); [California Natural Resources Agency](#); [California State Transportation Agency](#); [California Strategic Growth Council](#); [California Volunteers](#); [Governor's Office of Planning and Research](#); [Office of California Surgeon General](#)

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# City of Oakland

## Age-Friendly Action Plan



*Livable communities for people of all ages.*



## OVERVIEW

The Livable Oakland initiative is based on the “Global Age Friendly Cities and Communities”, a planning framework to create age friendly communities developed by the World Health Organization (WHO) in 2007. This effort was developed as a response to national and international trends: an anticipated growth in older adults, people living much longer, an overall prioritization of community based living, and increasing urbanization. Initially piloted in 33 cities around the world, this approach has been extremely successful, as evidenced by the growing membership.

At the time of this report, the Global Age Friendly Cities membership includes 830 communities in 41 countries, with 478 age friendly communities in the United States alone. In 2012, AARP (formerly the American Association of Retired Persons) partnered with the WHO, becoming the United States affiliate of the “Global Age Friendly Cities and Communities”, which then became the AARP “Network of Age Friendly Communities.” AARP continues to support the designated age friendly cities and communities and their efforts through a variety of resources including regional meetings, online templates, and materials. Currently, Alameda County and the City of Fremont also have active Age Friendly initiatives.

## AGE FRIENDLY PLAN & PROCESS

WHO offers a framework for assessing local conditions and identifying areas for improvement based on eight key urban realms, or domains, which guide cities through the planning process. A highly collaborative and community based process, the goal is to update and reevaluate the plan every four years, thereby ensuring that the efforts are reflective of the community they represent.

The **baseline assessment** is conducted in the initial year of the effort and aims to identify the assets and gaps within the identified domains, often by working closely with older adults, community providers, and various data sources. Based on those results, the **Action Plan**

**Image 1:** Livable Communities Timeline





identifies key areas for improvement and develops recommendations that the initiative can focus on in the coming three years to improve conditions in those domains. Ideally all recommendations would incorporate SMART (specific, measurable, attainable, relevant, time-bound) goals, or guidelines that help ensure the recommendations are addressing gaps, that the work is measurable, is time limited, readily actionable, and other critical considerations (see **Image 1** for livable communities timeline prior to implementation). The **Implementation phase** is generally a three-year timeline in which the group executes the identified recommendations, followed by a year of evaluation and assessment and publicly sharing those results. Based on the successes and any newly identified gaps, the Action Plan would be updated and implemented for an additional three years.

One of the many strengths of this initiative lies in its dynamic and iterative approach; it allows communities to develop a deeper and more profound understanding of the needs, barriers, and challenges facing complex issues, while also prioritizing long-term collaborative partnerships focused on ensuring Oakland is inclusive and accessible 5, 10, and 20 years down the road.

## BACKGROUND

Below is some history and context about the Livable Oakland process, including Mayoral recommendations and baseline assessment process.

## THE LIVABLE OAKLAND EFFORT

In 2017, the Mayor's Commission on Aging made the following recommendation to the Oakland City Council:

Active Aging: The Council should consider submitting a letter of intent seeking participation and designation as World Health Organization (WHO) age-friendly community, followed by a funded community needs assessment and action plan. Requirements for new development should include the creation and preservation of aging-friendly neighborhood amenities.

The Commission made this recommendation based on its recognition that the eight domains identified by the WHO mirrored many of the urgent concerns facing Oakland, including senior hunger and the effects of gentrification on the housing needs of seniors. Multiple agencies, public and private, provide a myriad of services to Oakland's elders, and the Commission believes that the WHO framework could lead to greater coordination of services and help identify gaps and unmet needs.



**BASELINE ASSESSMENT**

Based on group work during a day-long 2018 planning retreat, the Commission on Aging identified an ad hoc **Age Friendly Cities** committee to coordinate a process of grassroots engagement, using guidelines created by the World Health Organization. Using this methodology, the Commission convened seven listening sessions, one in each Council District, to develop a framework from WHO guidelines, and conducted surveys, using both the AARP survey format and, subsequently, a simplified version to obtain additional data from all areas of the city. Commissioners worked with the Oakland City Council, the City's Human Services Department, Aging and Adult Services Division, Alameda County Area on Aging, other City Departments, and community-based, non-profit organizations whose services benefit older adults and persons with disabilities. The Commission also used this opportunity to forge relationships with a variety of individual Oaklanders, recognizing that the perceptions and wisdom of the community was necessary to formulate a plan that benefits those who are aging while contributing to the well-being of all ages.

When Oakland made the commitment to become an Age Friendly City, AARP provided support through community partner Center for Elders' Independence (CEI) to implement a community engagement survey for Oakland seniors. The survey questions were pre-set by AARP, so nothing needed to be created. However, the Commission was required to provide 500 responses by December 31, 2018. Facilitated by CEI, Littleton Consulting Group administered the surveys achieving this time-sensitive goal. The Commission observed that the initial segment of the population who replied to the survey did not adequately represent the demographics of Oakland. Therefore, the Commission recognized the need for direct contact with communities would be realized through a series of listening sessions.

Priorities gathered at the listening sessions and survey varied from district to district, and participants volunteered scores of suggestions and concerns across the eight Domains of Livability established by the WHO. During the listening sessions, elders in all areas of Oakland identified major common issues affecting their lives, including the availability of healthy, fresh food; a strong desire for effective communication; and the need for well maintained and accessible parks, community centers, and other gathering places. Many issues cut across multiple domains; for instance, issues concerning transportation turned out to be centered on the need for more effective communication regarding the many transportation options currently available to seniors.

At their February 2019 retreat, Commissioners and City staff reviewed the results of the listening sessions as well as the information to date from the ongoing survey process, and set as priorities for 2019 communication, food security and access, secure housing and health, open space and

recreation. The Commission also looked at its own effectiveness in bringing forward policy issues and advocating for funding necessary programs, engaging community-based organizations to help seniors, and ensuring that the voices of seniors are heard as an integral part of City planning decisions.

At the Commission's February 2020 retreat, in which members of the community as well as representatives of community-based organizations were active participants, we discussed the continued relevance of these issues and added housing, especially the effect of homelessness on seniors, to our priority issues for 2020. With an expanded stakeholders group, including eleven commissioners representing all City Council Districts, and nine community-based organizations providing essential services for seniors and other volunteers, we established four dedicated subcommittees for housing, parks and recreation, health and wellness, and communications. Fueled by this community engagement, the Commission has established goals, recommendations and action items in a three-year plan to submit to the WHO and AARP to monitor progress moving forward.

The onset of the COVID-19 pandemic in 2020 has highlighted the need for flexibility to respond to the needs of seniors that could not have been foreseen earlier. Accordingly, to enable Oakland's elders to participate in the November 2020 general election, we have added the domain of civic engagement to the action plan.

## **ACTION PLAN**

### **DOMAIN: Health & Wellness/Food Insecurity**

**DESCRIPTION:** Prioritize community aspects that promote healthy living standards for Oakland seniors (and all community members). Understand barriers and challenges and recommend ways to alleviate their impact on Oakland seniors. Identify resource gaps and opportunities

**DOMAIN GOAL:** Optimize a healthy life span for all Oaklanders and enable them to thrive.

1. **Recommendation:** Advocate for increasing healthcare workers that specialize in working with older adults.

#### **Action Items:**

- a. Collaborate with community partners and professionals to identify the gaps and challenges older adults experience within the healthcare system; and
- b. Identify and develop recommendations that would increase the quality of care for older adults within the healthcare system.

2. **Recommendation:** Ensure consistent access to nutritious food for seniors and their families/caregivers who need it.

**Action Items:**

- a. Collaborate with providers and stakeholders to develop a gaps and assets analysis;
  - b. Based on gaps, identify existing and additional funding sources to address those gaps. (e.g. Measure AA funding, parking fee fund); and
  - c. Research the feasibility of creating innovative funding options to support hunger organizations.
- 
3. **Recommendation:** Ensure that senior/community centers support and reflect the diversity and range of needs experienced by Oakland seniors and their families.

**Action Items:**

- a. Utilize senior centers as a healthcare navigation portal for people at higher risk of becoming homeless;
  - b. Support senior centers becoming community-based resource hubs particularly for marginalized populations;
  - c. Explore/support rebranding senior centers as “community centers” to reach all Oaklanders (led by what is right for seniors); and
  - d. Support the Mayor’s initiative to identify seniors at risk for homelessness.
- 
4. **Recommendation:** Identify and develop recommendations for food deserts. Solve for gap areas in which residents have no access to fresh foods, fruits and vegetables.

**Action Items:**

- a. Expand the capacity of current food delivery programs to add routes in areas with high concentration of low-income seniors;
- b. Research and develop recommendations regarding creative and innovative partnership opportunities between the city and local home delivery food providers.

**WORKGROUP DETAILS.**

**Chair:** Commissioner Ricks

**Members:** Mattie Scott, Shannon McDonnell, Michael Coleman, Blake Spears, Lenore McDonald

**DOMAIN: HOUSING**

**DESCRIPTION:** Provide information and services to assist seniors in maintaining existing housing, to make shelter available for homeless seniors, to allow seniors to have choices of housing design and location as their needs change, and to support physical and financial programs to ensure adequate resources for housing.

**DOMAIN GOAL:** Keep seniors in housing.

1. **Recommendation:** Develop and implement a shared housing rental program that matches potential roommates and seniors.

**Action Items:**

- a. Develop and release a request for proposals (RFP) for a 15-month pilot program;
  - b. Support chosen community partners with outreach and implementation; and
  - c. Based on pilot program results, advocate for continued funding.
2. **Recommendation:** Seniors have access to information about vetted home repair services and supports for safety modifications to their homes.

**Action Items:**

- a. Develop an asset and gaps analysis of current resources by June 2020, best practices, or models of home repairs and modifications;
  - b. Partner with identified organizations, City Departments, and volunteer groups that support affordable or free home repairs;
  - c. Identify gaps and develop policy or program recommendations based on those results, and develop a white paper based on the analysis; and
  - d. Advocate for an online directory of critical housing-related resources for seniors.

**DOMAIN GOAL:** Seniors have a voice in the decisions around housing in Oakland.

1. **Recommendation:** Ensure that seniors' needs, challenges, and unique experiences are incorporated within Oakland's housing policies, planning, and services.

**Action Items:**

- a. Identify and partner with key housing organizations and decision-makers to

- ensure that advocacy for senior needs and challenges are incorporated;
  - b. Identify and engage with key decision-making bodies by providing expertise, recommendations, and lived experiences, such as Commissions, community and advocacy groups and other venues;
  - c. Identify opportunities where seniors can share/engage directly and encourage participation; and
  - d. Recruit stakeholders, advocates, and continue to engage seniors.
2. **Recommendation:** Support the Mayor's mandate on homelessness in relation to seniors and their families and caregivers.

**Action Items:**

- a. Host a listening session specific to the mandate on homelessness;
- b. Inform and update seniors regarding final recommendations; and
- c. Collect and share community feedback with critical decision-makers.

**WORKGROUP DETAILS.**

**Chair:** Commissioner Asha Benne-Clarke

**Members:** Lenore McDonald, Scott Means, Dennis Yee, Toni Gomes, Tracy Jensen, Cheryl Moore, and Lena Owens

**DOMAIN: OPEN SPACES**

**DESCRIPTION:** It is important for elders to have access to parks and open spaces to encourage social interactions, which leads to more physical activity. Maintaining regular physical activity can help prevent common ailments, such as heart disease and diabetes. The social benefits of elders participating in outdoor activities include improved brain health and reduced isolation. Exercise improves overall immune function, which is important for seniors as their immune systems are often compromised.

**DOMAIN GOAL:** To ensure that Oakland public spaces are open, welcoming, engaging, and safe for all ages.

1. **Recommendation:** Support efforts to ensure that parks are available for people of all ages, including enhancing park accessibility, engagement, and safety.

**Actions:**

- a. Identify and develop collaboration with relevant City departments that have jurisdiction over the key priority areas;
- b. Prioritize park safety, including adequate lighting and wayfinding; and

- c. Review and assess current park gaps analysis and develop recommendations.
- 2. **Recommendation:** Advocate for opportunities for residents of all ages to actively participate within public parks.

**Action Items:**

- a. Bring together the many City departments that have jurisdiction over the multiple areas of concern;
  - b. Advocate and partner with stakeholders to create an intergenerational park pilot;
  - c. Work with seniors and/or community members of all ages, identify and share park best practices, advocate to address gaps and share resources; and
  - d. Develop policy and/or programmatic recommendations that will advocate for increased park engagement that builds off community feedback and needs.
- 3. **Recommendation:** Advocate for and support efforts that will increase the accessibility and livability of public spaces.

**Action Items:**

- a. Identify and develop partnerships with key organizations and advocates;
  - b. Interact with the City agencies such as the Americans with Disabilities Act (ADA) Division to review new Capital Improvement Projects (CIP) for accessibility of outdoor and public spaces that provide opportunities for physical fitness;
  - c. Develop and share recommendations around key public space concerns including bathrooms, sidewalks, curb cuts, and benches; and
  - d. Support and leverage existing Capital Improvement Projects to include efforts and initiatives that improve access and participation of seniors in open space programming.

**WORKGROUP DETAILS.**

**Chair:** Commissioner Coleman

**Members:** Commissioner Neal-Madison, Wendy Peterson, Chonita Chew, Bill Sadler, Madlynn Johnson



**DOMAIN: COMMUNICATION AND INFORMATION**

**DESCRIPTION:** Ensure Oakland residents receive timely, practical information to manage their lives, attend events, and stay connected and informed.

**DOMAIN GOAL:** Every Oakland resident can access robust and needed information about services in a format that works for them.

1. **Recommendation:** Create a central hub of broad and diverse resources that seniors and their families or caregivers can access. Ensure that the information distribution is accessible and inclusive, including formatting and language translation.

**Action Items:**

- a. Identify and collaborate with resource information stakeholders;
  - b. Identify and research best practices regarding information referral systems; and
  - c. Develop and share a recommendation to the City of Oakland in October 2020.
2. **Recommendation:** Support an outreach campaign (sharing Information and Referral Hub) for Oakland residents.

**Action Items:**

- a. Identify potential key stakeholders for future Oakland outreach campaign.

**WORKGROUP DETAILS.**

**Chair:** Commissioner Garrett

**Members:** Commissioner Siebert, Lisa LaMagna, Susan Pierpoint, Howard Kirsch, Antoinette Warren, Commissioner Moore, Commissioner Coleman, Wendy Peterson

**NEXT STEPS**

In early March 2020, COVID-19 upended every aspect of life in Oakland, for public agencies as well as private citizens. The City, together with community organizations and other agencies, mobilized promptly to make sure that nutrition programs continued, that food could be delivered to those who depend on these programs, and that homebound seniors would continue to receive necessary services.

The Commission, working with its public, community, and nonprofit partners, is committed to continuing to promote the goals, recommendations, and action items in this report, while

attempting to ensure that Oakland's elders, insofar as possible, are protected from the physical, social, and economic ravages of the coronavirus. As an example of the flexibility called for by the pandemic, the WHO domain of Civic Engagement has become a priority, and we are taking immediate steps to preserve the right of every Oakland senior to vote in the November 2020 election.

### ADDITIONAL INITIATIVES

Additionally, while our intention is to develop and follow a transparent three-year plan based on community feedback, we also recognize the importance of being able to respond to needs and challenges as they arise. Therefore, Livable Oakland will also support critical initiatives as they arise and will continue to use the framework developed over the past year, including addressing existing gaps, and ensuring that goals are measurable and time sensitive. One such initiative is ensuring that all seniors in Oakland are registered to vote and to provide the opportunity to exercise that privilege. Voting is at the heart of democracy. Within Oakland, there are senior populations who either through lack of computer access or due to other factors are not currently registered to vote. The lack of voter registration by seniors inhibits their ability to choose their elected officials, diminishing their influence on the decisions their elected officials make relative to issues of importance to them (e.g., housing, food security and access, open space).

Therefore, our goals are as follows:

1. Develop and implement a program to increase senior voter registration in Oakland:
  - a. Obtain voter registration forms and develop a flyer instructing seniors how to fill out and return the forms; and
  - b. Work with community partners to distribute the voter registration forms and instructions to seniors in Oakland.
2. Develop a program to increase voter participation among registered seniors in Oakland:
  - a. Work with community groups to encourage seniors to fill out their ballots in a timely fashion so their votes are counted; and
  - b. Provide seniors with instructions on how to complete the ballot and distribute the instructions with other community groups.

Among other upcoming activities for 2020, as part of our gaps and analysis assets analysis in the area of Food and Nutrition we will obtain detailed information about the availability of fresh food throughout Oakland, to better understand exactly the location and extent of the city's food deserts. We have also applied for a grant from AARP for the construction of a senior playground

and are actively collaborating with the City and civic groups on the upcoming revitalization of Mosswood Park, in hopes of creating a space that is welcoming and functional for all ages. We stand ready to collaborate actively with planning and advisory groups as they move ahead on charting Oakland's future. We are prepared to assist the Commission on Homelessness as it deliberates on priorities for expenditure of revenue from the Measure W vacant property tax, to ensure that the needs of seniors are addressed. We will also participate in future meetings of any Equity Working Group considering future neighborhood planning, and we hope to be included in decisions implementing the Downtown Specific Plan which potentially affects seniors.

Finally, we have been reaching out to other WHO-designated Age-Friendly cities and counties around the Bay Area, to share successes and challenges and bring back information that will help us achieve our goal: to make Oakland a Livable City for All Ages.

Respectfully submitted,

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Bryan Ricks BRYAN RICKS  
Chair, Commission on Aging

Reviewed by Sara Bedford, Director, Human Services and Scott Means, Adult and Aging Services Manager. For questions, please contact Scott Means at (510) 238-6137.