2023 Inland Empire Master Plan for Aging

Riverside & San Bernardino Counties

Inland Coalition on Aging

THE scan FOUNDATION

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Executive Summary

Background

The Inland Empire - Master Plan for Aging (IE - MPA) Advisory Committee, along with key regional partners, developed this first iteration of the IE - MPA to help Riverside and San Bernardino Counties better serve older adults, caregivers, and people with disabilities in the community. Currently, 15.4% of Inland Empire residents are aged 65 and older, and, over the next two decades, this age group will experience the highest growth rate of any other age group in the region. It is projected that between 2010 and 2060, San Bernardino County will experience a 202.4% increase in the population of individuals over age 60 and a 604.5% increase in adults over age of 85 (*California Department of Aging Facts about California's Elderly*, 2023). The IE – MPA complements the California Master Plan for Aging, a 10-year blueprint for promoting healthy aging and supporting quality of life launched in January 2021 by the Newsom Administration under Executive Order N-14-19. This report focuses primarily on the findings from a needs assessment conducted between August 2022 and April 2023 and includes key recommendations provided by community stakeholders and the IE - MPA Advisory Committee. This first phase of planning was supported by The SCAN Foundation and focused particularly on the needs in rural areas of the Inland Empire. Ongoing funding has been secured from the California Department of Aging to gather additional input and to develop an action plan based on the recommendations described in this report. The IE – MPA Advisory Committee welcomes input and engagement in these ongoing efforts to ensure the resulting action plan effectively serves the Inland Empire community.

Needs Assessment

Community input was gathered through focus groups that reflect diverse geographic locations and sub-groups and informed by local aging services providers. The IE - MPA Advisory Committee identified eight sub-populations to engage in focus groups:

- Informal Caregivers – Spanish Speakers
- Informal Caregivers – English Speakers
- LGBTQIA+
- African American
- Hispanic/Latinx
- Native American
- Veterans
- Low Income/Unhoused

Six regionally-relevant domains were explored in the focus groups:

1. Housing
2. Transportation
3. Healthcare
4. Alzheimer's and All Other Dementia
5. Behavioral Health & Social Support
6. Caregiving

Baseline data pertaining to these six domains was aggregated prior to the focus groups to build context for the community discussions.

Nine community focus groups were conducted between August 2022 and April 2023. Nearly all of the 69 focus group participants were aged 65 and older or served as caregivers for individuals of that age. In addition, responses from an aggregate of health and community surveys were used to understand the needs of adults 55 and older who are part of tribal communities in San Bernardino and Riverside Counties.

Summary of Key Findings

Housing

Participants described diverse experiences navigating housing such as challenges finding affordable housing within their budgets or that will accept Section 8 subsidies, being priced out of housing by AirBnBs, and issues navigating the costs of downsizing. Universally, there is a strong desire for more diverse housing opportunities that are affordable for those who live on a fixed income and offer social support. Participants emphasized that housing is healthcare.

Transportation

Driving or using public transit is a necessity and connects individuals from their home to necessary resources (e.g., food, healthcare, and social activities). For drivers in rural areas, dirt roads can pose an exceptional challenge to both driving and public transit access. For those who drive, there is a fairly universal fear of what happens when one loses their ability to drive, for example, due to cognitive or vision changes. Among those using public transit, most users felt the bus drivers were kind and helpful, though transit routes do not connect with necessary stops.

Healthcare

Most focus group participants agreed there is a shortage of healthcare workers, particularly specialists, and that the healthcare system is often overwhelming to navigate. Challenges to healthcare access were further encountered when dental and vision coverage needed to be purchased separately. Some participants were taking advantage of mail delivered prescriptions. And, a few wanted to make sure healthcare discussions focused on quality of life.

Alzheimer's and All Other Dementia

Many individuals had not considered what happens when and if they experience memory issues or what types of memory issues are normal versus concerning. For those who had considered it, they used diverse and varied terms to describe memory loss— lagunas (Spanish for gaps in memory), memory loss, forgetfulness, dementia, and Alzheimer's. For those who had considered memory loss, it often focused on navigating the process as a caregiver, rather than the person it is happening to.

Behavioral Health & Social Support

There was a universal reluctance to discuss behavioral health or depression. Many conversations focused more on behavioral health through the lens of social support. There is a strong desire for intergenerational friendships, transportation and money to engage in social activities, spaces to build communities, and the acknowledgement that pets play an important support role for older adults. When considering mental healthcare systems, they need to be easier to manage and 'friendlier' for older adults to navigate. Individuals who received mental healthcare often felt rushed.

Caregiving

Focus group participants acknowledged there are simply not enough caregivers—especially because there are such long wait lists for long-term care facilities. The job is viewed as deeply important, valuable, and one that should be well paid. However, many caregivers do so for friends and family. On some occasions, after the death of the care recipient, individuals described being kicked out of the home they lived in while providing care. While providing care, caregivers with connections to Caregiver Resource Centers looked to them for support, maintenance of social connections and resources, and access to respite care.

Recommendations

Based on the findings, after the presentations and during regular meetings, the Advisory Committee formulated recommendations to include in the regional Master Plan for Aging pertaining to the six domains. Recommendations are organized in two categories: recommendations for implementation (programs or activities), and recommendations for advocacy. In addition to providing recommendations related to the six domains, the committee unanimously decided to put forward recommendations related to a new, seventh domain focused on community education and awareness of resources.

Introduction

The Inland Coalition on Aging, originally named the Inland Empire Long Term Services and Supports (IE - LTSS) Coalition, began convening providers from Riverside and San Bernardino Counties in 2008. The coalition brought together diverse health care entities, community-based organizations, public officials, and stakeholders with the goal of better serving older adults, caregivers, and people with disabilities in San Bernardino and Riverside Counties, facilitating systems change across networks and developing improved integrated care and service delivery of long-term services and supports.

In November 2021, The SCAN Foundation approached the coalition's fiscal agent, Community Access Center, with an opportunity to support the development of a local, Inland Empire Master Plan for Aging (IE - MPA). The IE – MPA complements the California Master Plan for Aging, a 10-year blueprint for promoting healthy aging and supporting quality of life launched in January 2021 by the Newsom Administration under Executive Order N-14-19.

To spearhead the development of the IE - MPA, an Advisory Committee was formed, comprising representatives from the two counties, local health systems, and community-based organizations. The IE - MPA was shaped by community input gathered through focus groups, which represented diverse geographic locations and sub-groups. Additionally, the Riverside-San Bernardino County Indian Health Inc. – Morongo shared results from a 2020 health and community survey titled Identifying Our Needs: A Survey of Elders VIII – conducted in conjunction with the UND School of Medicine & Health Sciences and the National Resource Center on Native American Aging (NRCNAA).The plan's objective is to optimize the physical and behavioral health and well-being of older adults, as well as enhance access to housing, transportation, and caregiver resources.

The IE - MPA was created to be a living document. This iteration of the plan focuses primarily on findings from a needs assessment conducted between August 2022 and April 2023, and key recommendations gathered from community stakeholders and prioritized by the Advisory Committee.

Susan DeMarois, Director of the California Department of Aging, presents at the Inland Empire Master Plan for Aging 'Our Roadmap for Aging Well' event on September 29, 2023

At the time of writing this report, the IE - MPA Advisory Committee recently received additional funding through the California Department of Aging's - Local Aging and Disability Action Planning (LADAP) initiative. The Inland Caregiver Resource Center (ICRC) serves as the fiscal agent for this new phase. The new funding will facilitate additional gathering of input and further development of an Inland Empire action plan. The project will continue until March 2025, fostering collaboration to ensure older adults, caregivers and individuals with disabilities in the region can live with dignity, be engaged, feel safe, maintain good health and mobility, age in place, and have the ability to make choices. The IE – MPA Advisory Committee welcomes additional input and engagement in the next phase of planning efforts. To get involved, please visit www.icaging.org or contact info@icaging.org.

Acknowledgements

Development of this report was guided by an Advisory Committee representing key local stakeholders:

- **Carmen Estrada**, MPA, Treasurer, Inland Coalition on Aging, Executive Director, Inland Caregiver Resource Center **(Co-Chair)**
- **Anna Swartz**, MBA, Secretary, Inland Coalition on Aging ; Human Resources Specialist, Community Access Center **(Co-Chair)**
- **Ben Jáuregui**, DSW, MPA, CCM, Chair, Inland Coalition on Aging, Manager, Integrated Transitional Care, Inland Empire Health Plan; Commissioner, SB County Senior Affairs Commission
- **David Wilder**, Chair of San Bernardino County Senior Affairs Commission
- **Ha-Young Park**, Policy Program Administrator, Riverside County Office on Aging
- **Hon. Cheryl Brown**, Chair, California Commission on Aging
- **Kelly Watson**, Steering Committee Member, Planning Ahead for LGBTQ+Seniors
- **Krystle Rowe**, PhD, LMFT, MBA, Deputy Director, Department of Aging and Adult Services – Public Guardian, San Bernardino County Office on Aging
- **Nena McCullough**, Recreation Lead, The Town of Yucca Valley Senior Center
- **Renne Sanchez**, Supervising Program Specialist, Riverside County Office on Aging
- **Sondra Cradduck**, Regional Council on Aging Representative, Owner of The Living Room - Senior Home Care
- **Steve Mehlman**, Senior Senator and Member, California Senior Legislature, Founder Pass Area Senior Collaborative, member Riverside Advisory Council on Aging
- **Susan Howland**, MSG, Senior Director of Programs, Alzheimer's Association, California Southland Chapter
- **Shari Fleischman**, Founder, Inland Dementia CARE Center (Community, Advocacy, Resources and Education)
- **Tanya Torno**, MSW, Deputy Director, Continuum of Care, Riverside County Housing and Workforce Solutions

The following consultants supported data gathering, analysis, and reporting of results:

- **Elizabeth Bogumil**, MA, Independent Consultant; Doctoral Candidate, University of California, Riverside
- **Pauline DeLange Martinez**, MA, Independent Consultant; Research and Community Engagement Manager, Family Caregiving Institute, Betty Irene Moore School of Nursing, University of California, Davis
- **Samuel Leale**, BS, Master's in Gerontology Student, San Francisco State University

We would like to thank The SCAN Foundation for their generous support of this initiative. Specifically, we would like to recognize Kali Peterson, MS, MPA, Program Officer, for her ongoing guidance and support throughout the formation of this first iteration of the IE - MPA.

Finally, we want to thank our partners at the California Department of Aging who met with project leaders quarterly throughout this first phase and provided invaluable support and guidance to the initiative: **Amanda Lawrence**, MPH, Project Director, Master Plan for Aging; **Jackie Siukola Tompkins**, PhD, MPH, CPH, MCHES, Senior Strategist, CA Master Plan for Aging; and **Mariya Kalina**, Executive Director of the California Collaborative for Long Term Services and Supports. We are also grateful for grant funding from the California Department of Aging to continue IE – MPA planning efforts through March 2025.

The Inland Empire – Master Plan for Aging Advisory Committee poses for a photo at the 'Our Roadmap for Aging Well' event on September 29, 2023, hosted at the Inland Empire Health Plan in Rancho Cucamonga.

Regional Background & Context

San Bernardino and Riverside Counties make up the geographic area historically named "the Inland Empire" due to the region's rich diversity and agricultural history. The Inland Empire of San Bernardino and Riverside Counties encompasses an area of 27,277 square miles. Situated approximately 60 miles east from the Los Angeles metropolitan area and the Pacific Ocean, the Inland Empire is home to over 4.5 million people and is the 3rd most populous metropolitan area in the State of California and the 13th most populous metropolitan area in the United States (Daly & Somaiya, 2019). Additionally, the Inland Empire region continues to be home to 13 Native American nations.

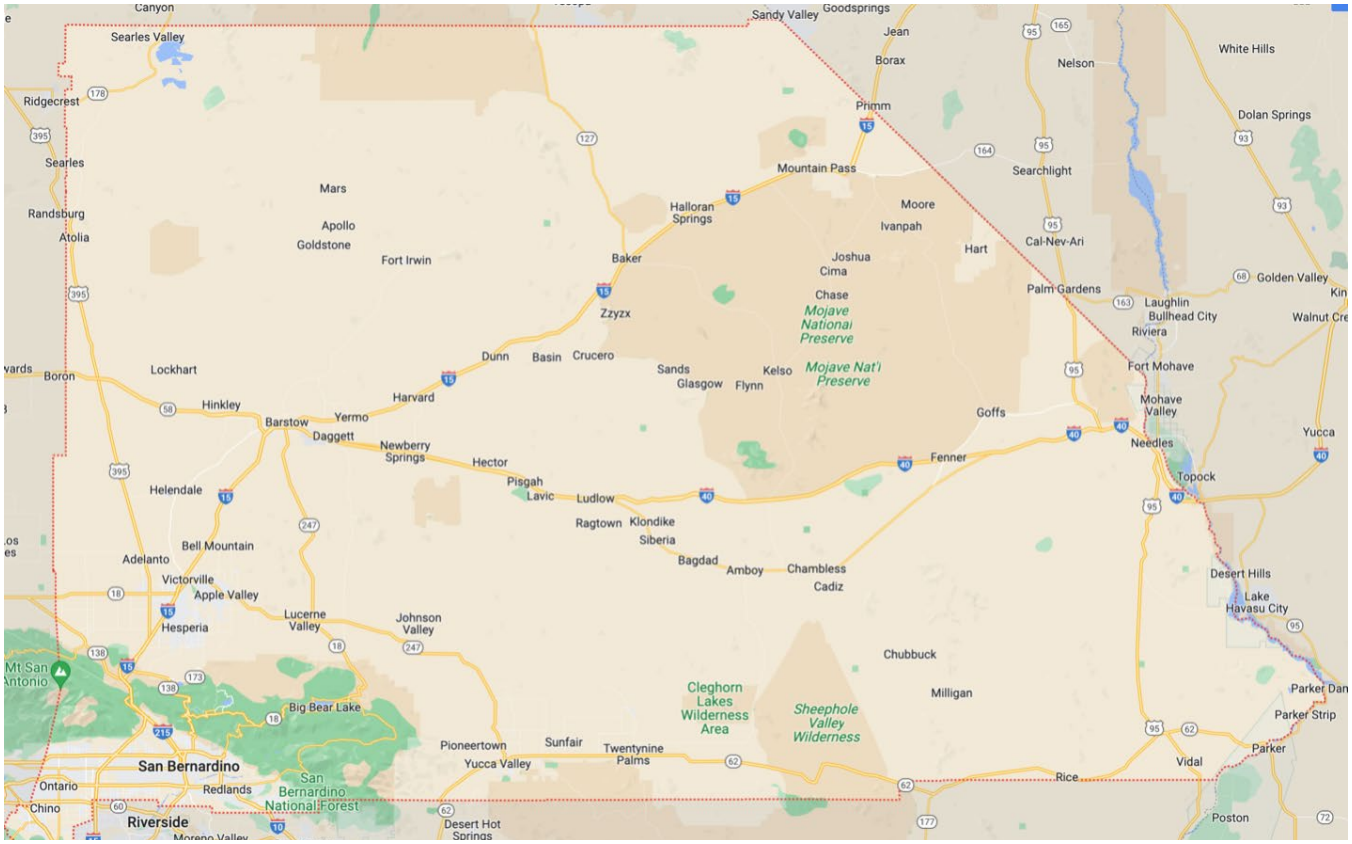
Hispanic populations represent the majority of the population within the region. While the population growth has experienced some of the highest rates in the nation over the past decade, a report by the United States Conference of Mayors found that this trend will continue: the Riverside-San Bernardino-Ontario metro area is expected to grow from 4.5 million to 7.2 million people in the next 30 years, making it one of the top 10 largest metro areas by 2046 (Daly & Somaiya, 2019, p. 14). With this growth, older adults make up 12% of those living in poverty in the IE, and of all age groups, are the only age group that is experiencing an increase in poverty (Daly & Somaiya, 2019).

Demographics based on U.S. Census Bureau, 2020 Decennial Census and American Community Survey and AARP's 2023 Livability Index

Riverside County	San Bernardino County
Total Population: 2,418,185	**Total Population:** 2,181,654
Median Age: 36.6 years old	**Median Age:** 34.3 years old
Age 50+: 32%	**Age 50+:** 29.0%
Age 65+: 14%	**Age 65+:** 11%
Non-Hispanic White: 41%	**Non-Hispanic White:** 36%
African American: 7%	**African American:** 8%
Asian: 7%	**Asian:** 7%
Native American: 1.8%	**Native American:** 1.9%
Hispanic or Latinx: 49%	**Hispanic or Latinx:** 53%
Households' w/ Disabilities: 12%	**Households' w/ Disabilities:** 11%
Life Expectancy: 79 years old	**Life Expectancy:** 78 years old
Median Income: $74,217	**Median Income:** $69,833
Poverty: 11.6%	**Poverty:** 16 %

San Bernardino County

Figure 1: Map of San Bernardino County



Geography

San Bernardino County covers 20,068 square miles—the largest County in the contiguous United States—and has a population density of 109 persons per square mile (*National Association of Counties*, 2023). However, almost three-quarters of the County is open and underdeveloped. 90% of the county is desert, with 80% of the land owned by federal agencies—outside the governing control of the County or the local jurisdictions. As a result, a large amount of the population is gathered together in 24 incorporated cities and towns mostly centered in the southwest corner of the county (*Planning and Service Area 20 2020-2024 Area Plan*, 2020, p. 10). There is a significant number of residents located in remote desert areas. The geography of the County presents unique challenges for service delivery as access to services from outlying areas can be difficult. Specifically, there are two areas where proximity to shopping, healthcare, and business services are located in an adjacent county or state.

Within San Bernardino County there are four Native American reservations, two military bases, and two national parks.

Population

San Bernardino is the fourteenth most populous county in the United States and fifth most populous in California. Within the county there are twenty-four incorporated cities and towns – a majority of them in the southwest corner of the county. Only 14% of residents live in unincorporated areas; however, these areas tend to be small and isolated by vast stretches of desert and mountains—making access to services, resources, and support challenging (*Planning and Service Area 20 2020-2024 Area Plan*, 2020). For example, the closest shopping, healthcare, and business areas for individuals living in Trona are not in San Bernardino County but the neighboring Kern County. More dramatically, for those living along the Colorado River (Needles and Lake Havasu City), resources in Arizona are closer than those within the county.

San Bernardino County is a racially diverse community with large Hispanic/Latinx and African American populations. Nearly sixty percent (57.8%) of the population identifies as female, 41.6% of the population as male, and 0.8% as either gender queer/non-binary or transgender. Furthermore, 1.8% of individuals identify as bisexual and 1.6% of individuals identify as gay/ lesbian/ same gender loving (*Planning and Service Area 20 2020-2024 Area Plan*, 2020).

Older Adults

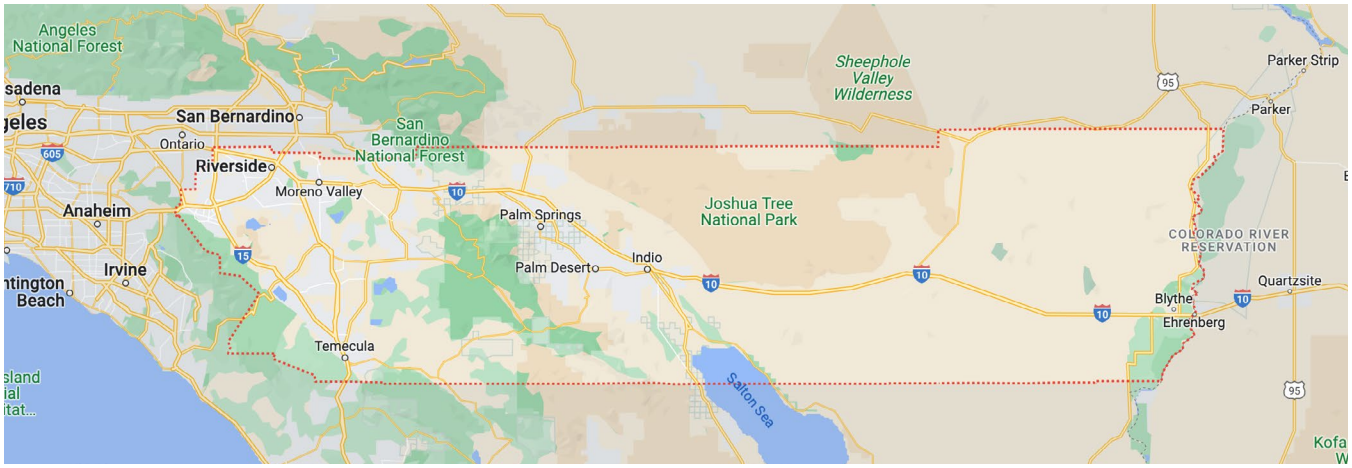
From 2016 to 2019, the population of individuals 60 years and older in San Bernardino County increased by 15.8% (*Planning and Service Area 20 2020-2024 Area Plan*, 2020, p. 10). In terms of long-term population dynamics, it is projected that between 2010 and 2060, San Bernardino County will experience a **202.4% increase** in the population of individuals over age 60 and a **604.5% increase** in adults over age of 85 (*California Department of Aging Facts about California's Elderly*, 2023). These growth rates are higher than the state averages.

According to a San Bernardino survey, 59.1% of aging adults found it challenging to access information via current technology, 54.6% of individuals were not sure where to turn for information on benefits and services for seniors, and 49.9% did not feel prepared to deal with an emergency or natural disaster (*Planning and Service Area 20 2020-2024 Area Plan*, 2020).

Based on the Elder Index, a measure of cost of living that accounts for many dimensions unique to older adults, the cost of living for a single older renter in good health in San Bernardino County is approximately $28,668 per year; this is similar to the national average (Massachusetts Boston, 2022).

Riverside County

Figure 2: Map of Riverside County



Geography

Riverside County is 7,206 square miles in size (*National Association of Counties*, 2023). The County's landscape features a combination of geographical facets, including deserts, forests, and mountain regions, all with rich biological resources. Additionally, there are growing industrial and urban/suburban population centers and productive agricultural lands. The County is made up of 28 incorporated cities and 65 unincorporated communities and neighborhoods. (Lee, 2021, p. 8). There are also 10 Native American reservations and 1 military base. Most of the County is unincorporated land (89%), and the population density remains low at 335 persons per square mile (*National Association of Counties*, 2023).

Population

Riverside County is the fourth most populated county in California and is experiencing the third fastest population growth of any county in the nation (Daly & Somaiya, 2019). Only the counties of Los Angeles, Orange, and San Diego have larger populations. Within Riverside County, the City of Riverside itself is the most populated city with 330,063 residents. The City of Indian Wells is the least populated city with 5,440 residents (Lee, 2021, p. 10).

Minority groups make up a key aspect of Riverside County's population. In 2010, Riverside County's LGBTQIA+ population was approximately 4.5%, making it one of the largest LGBT+ communities in the nation (Lee, 2021, p. 13). Ten percent of Riverside County's population lives below the federal poverty line (2019 Community Health Needs Assessment, 2019, p. 6).

Older Adults

In terms of population dynamics, it is projected that between 2010 and 2060, Riverside County will experience a 248.2% increase in the population of individuals over age 60 and a 711.5% increase in adults over age 85 (*California Department of Aging Facts about California's Elderly*, 2023). This is higher than the state averages and such an increase would place Riverside County in the top 5 counties with the largest older adult population in California (*2019 Community Health Needs Assessment*, 2019, p. 6).

Ten percent (10%) of Riverside County's older adults live below the federal poverty line. However, according to the Elder Index, the cost of living for a single older adult renter in good health in Riverside County is approximately $28,908 a year—and 24.2% of older adults in the county live below the Elder Index poverty level. Those who make up the 17.2% discrepancy between the Elder Index and Federal Poverty level are referred to as the "Hidden Poor." This group of older adults has substantially more health problems and less access to care than those with higher incomes, but they cannot afford to pay privately for assistance and often do not qualify for subsidized assistance (*2019 Community Health Needs Assessment*, 2019, p. 6). The 2021 Community Assessment Survey indicates that 35% of those 65 and older earn less than $15,000 per year (Riverside County Office On Aging, 2022).

According to a survey conducted by the Riverside County Office on Aging, in the past 6 months in Riverside County, 26% of older adults surveyed had to choose between their basic needs (housing, food, medication) because they did not have enough money to pay for it all (Riverside County Office On Aging, 2022).

Methods

Research Design

To inform the IE-MPA, a needs assessment was conducted engaging a purposive sample of older adults in San Bernardino and Riverside Counties. The Advisory Committee identified eight sub-populations to engage in focus groups, including:

- Informal Caregivers – Spanish Speakers
- Informal Caregivers – English Speakers
- LGBTQIA+
- African American
- Hispanic/Latinx
- Native American
- Veterans
- Low Income/Unhoused

An interview guide was developed focusing on six domains, soliciting input on unmet needs and recommendations for improvement related to:

1. Housing
2. Transportation
3. Healthcare
4. Alzheimer's and All Other Dementia
5. Behavioral Health and Social Support
6. Caregiving

Data Collection

Building Upon Existing Data

Existing data pertaining to each of the six domains was curated, summarized, and presented to the Advisory Committee. Data sources included the most recent Area Plan reports put together by local Area Agencies on Aging, Community Health Assessments, and the AARP Livability Index. These data summaries were presented to the Advisory Committee to inform planning activities and recommendations. In this report, existing data is summarized to provide context related to each of the six domains.

Community Focus Groups

Based on the identified subpopulations, the IE – MPA Advisory Committee established a recruitment plan, identifying key partner agencies throughout the Inland Empire region.

Nine community focus groups were conducted between August 2022 and April 2023. The sessions were held on Zoom and in-person. Additionally, a small number of individual phone interviews were conducted with individuals who could not attend the focus groups. In-person interviews were conducted with unhoused individuals due to timing and accessibility through the community partner social worker.

The focus groups were non-experimental and utilized a cross-sectional approach. The samples were non-representative and based on availability sampling. The outreach and organization of the participants was conducted with help from community partners and the focus groups were conducted by Elizabeth Bogumil and Carmen Estrada.

Each session lasted approximately 1.5 hours; participants consented to their participation and the audio recording and/or detailed notetaking of their session. Participation in the focus groups was voluntary and all those who participated were given a $50 gift card in appreciation for their time.

Surveys

The Riverside-San Bernardino County Indian Health Inc. – Morongo shared an aggregate of health and community survey responses that were used to examine the needs of adults 55 and older who are part of tribal communities in San Bernardino and Riverside Counties. The survey, titled *Identifying Our Needs: A Survey of Elders VIII*, was conducted as of April 1, 2020 in conjunction with the UND School of Medicine & Health Sciences and the National Resource Center on Native American Aging (NRCNAA). The reports included frequency tables of data representing Soboba Torrez-Martinez (28 participants); Morongo Agua Caliente (30 participants); Pechanga, Cahuilla, and Santa Rosa (20 participants) communities in San Bernardino and Riverside Counties. No codebook was included.

We did not collect the data and do not know the sampling method. However, all reports provided were considered when aggregating these results for our report. Additionally, responses were fit into the six guiding themes, shaped by the IE - MPA Advisory Committee and informed by statewide Master Plan for Aging.

Participants

Nearly all participants were 65 and older. Those who were younger than 65 years old either worked closely with individuals 65 and older or were caregivers for them. The age threshold for participants was lowered to 55 years old for unhoused individuals due to availability of participants at the time of the interviews, though this is not thought to impact the results because many of them were eligible for city, state, and federal social supports.

A total of 69 individuals participated in the focus groups and 78 individuals participated in the surveys.

Table 2: Needs Assessment Participants

Recruiting Group	County	Population	# Participants
Community Focus Groups			
Yucca Valley Senior Center	San Bernardino	Rural	9
DAP Health	Riverside & San Bernardino	Low Income	7
DAP Health & The LGBTQ Center of the Desert	Riverside County	LGBTQIA+	8
Inland Caregiver Resource Center	Riverside & San Bernardino	Informal Caregivers – Spanish Speakers	10
Inland Caregiver Resource Center	Riverside & San Bernardino	Informal Caregivers – English Speakers	4
St. Paul AME Church	San Bernardino	African American	8
Mecca Family & Farmworker's Service Center	Riverside	Hispanic/Latinx, Rural	11
Menifee Veterans of Foreign Wars (VFW)	Riverside	Veterans	5
Path of Life Ministries – Community Shelter	Riverside	Unhoused	7
External Surveys			
Riverside-San Bernardino County Indian Health Inc. – Morongo & National Resource Center on Native American Aging	San Bernardino & Riverside	Native American	78

Process for Formulating Recommendations

Findings from the community focus groups and surveys were presented to the IE - MPA Advisory Committee. The committee identified multiple recommendations to address unmet needs related to each domain. These were informed by community members' input, sample programs and policies from other communities across the US, and committee members' own expertise.

Limitations

Unless indicated as part of the specific population being reached out to, gender and sexuality, income, and racial data were not collected. While the committee did their best to capture diverse input on this iteration of the IE – MPA, over the next year and a half, ICRC plans to engage additional stakeholders throughout the Inland Empire Region to develop an action plan that builds upon this seminal work.

Findings

The findings section is segmented by the six domains:

1. Housing
2. Transportation
3. Healthcare
4. Alzheimer's and All Other Dementia
5. Behavioral Health & Social Support
6. Caregiving

Each section includes a summary of existing data and focus group findings.

Needs Assessment: Housing

Housing

Existing Data

Table 3: Housing Statistics (AARP Livability Index, 2023)

San Bernardino County	Riverside County
— San Bernardino County scores 55% for housing policies promoting affordability, availability, and accessibility . — There are 77 subsidized housing units per 10,000 people . — There is limited access to libraries within a half mile of neighborhoods but the national average of park accessibility. — More than eight in ten residents (84.3%) have access to exercise opportunities (parks and recreational facilities) within 1 to 3 miles of their homes. Though, this does not account for the often-hot, low shade outdoor environment.	— Riverside County scores 52% for housing policies promoting affordability, availability, and accessibility. — There are 84 subsidized housing units per 10,000 people. — There is limited access to libraries within a half mile of neighborhoods but greater accessibility to parks than the national average. — Nearly nine in ten residents (89.9%) have access to exercise opportunities (parks and recreational facilities) within 1 to 3 miles of their homes. Though, this does not account for the often-hot, low shade outdoor environment.

Other Housing-Related Statistics in San Bernardino County

- According to a San Bernardino County survey of residents aged 60 and older, 55.8% indicated maintaining their home was challenging, 43.5% indicated doing house work was a challenge, and 48.0% experienced challenges finding reliable help with these tasks (Planning and Service Area 20 2020-2024 Area Plan, 2020).
- Rent for two-bedroom apartments increased 16% from 2011 to 2020 in San Bernardino County ("Community Indicators Report," 2020).
- As of 2019, the median cost of a basic single-family home in San Bernardino County is $236,720, more favorable than other counties in California. The annual income needed to afford a median-priced one bedroom apartment is approximately $40,120—higher than the $511 national average amount of Supplemental Security Income (SSI) individuals receive (Daly & Somaiya, 2019; "Get the Facts on Economic Security for Seniors," 2023).

Focus Group Findings

Common Themes from Focus Groups

Participants representing diverse geographic and demographic characteristics shared common feedback related to housing, including:

- A desire for multi-generational homes or the opportunity to live with a roommate.
- A need to downsize (or "right-size") their housing to enable upkeep and be closer to resources such as groceries and medical care.
- A feeling that "housing is healthcare." It is essential to have stable and proper housing to facilitate other aspects of health and wellbeing.
- Each sub-population faced varied challenges related to homelessness. Some sub-populations voiced concerns about seeing an increase in homeless senior adults within their communities. Furthermore, individuals from the unhoused, low income, and rural sub-populations were actively homeless or felt they were precariously close to it. For more nuanced discussion, please see the following section of focus group findings for housing organized by sub-population.
- Costs are increasing and this can be especially difficult to navigate on a fixed income. These costs include:
  - Rent
  - HOA fees
  - Insurance and utilities (heat/gas, water)
  - Home upkeep
- Rent controlled senior housing is still too expensive for those on fixed income and there are unreasonably long wait lists (including private care facilities, public care facilities, and Section 8).
- Challenges finding affordable and trustworthy contractors or handymen to support home upkeep and retrofitting.
- In addition, participants emphasized that low-income older adults in extremely rural areas face challenges that are different from those who live in suburban areas.

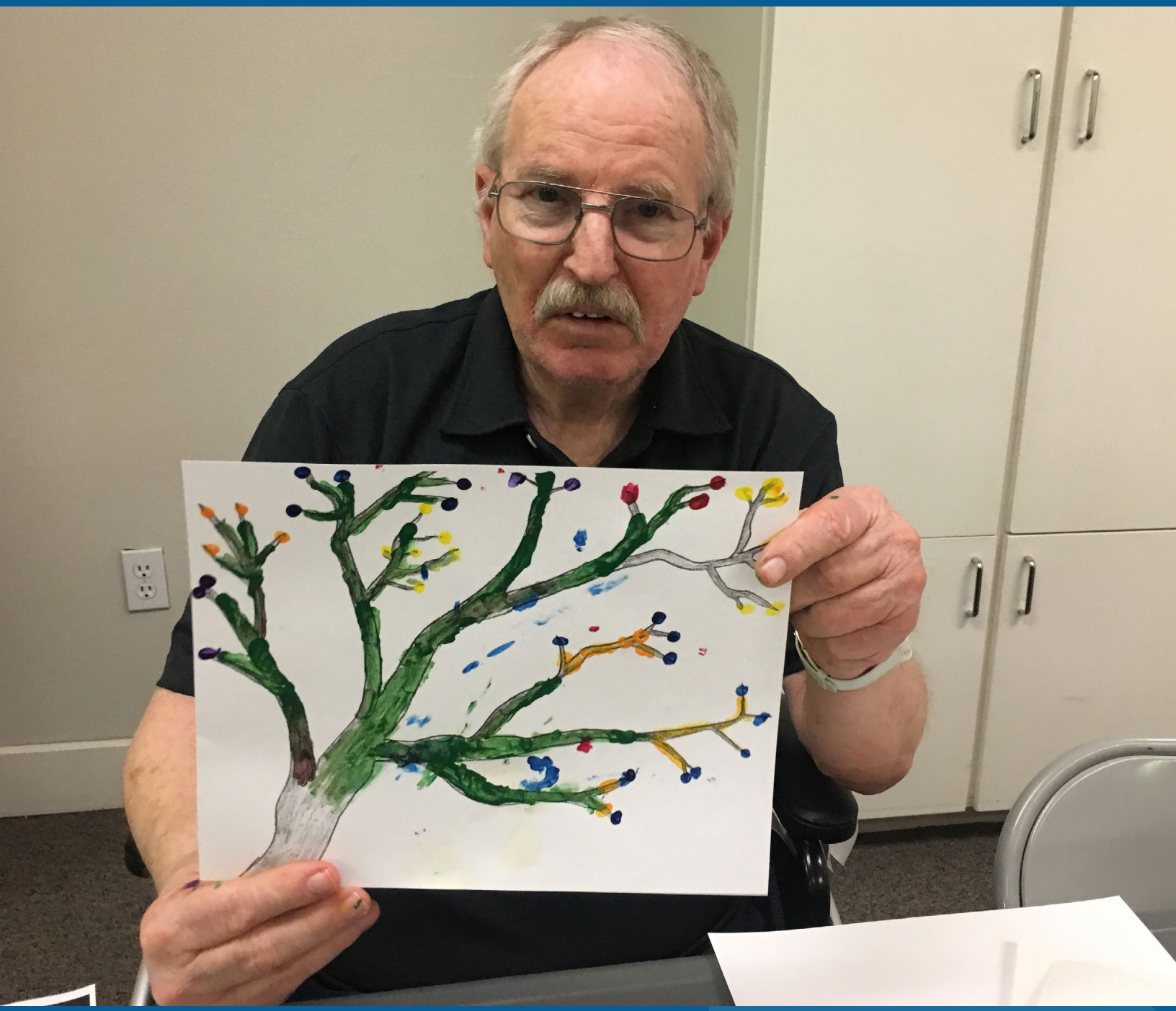
Other Focus Group Findings, Organized by Sub-Population

Participants representing the various sub-populations shared diverse housing-related challenges, including:

Housing- Related Challenges	Sub-Population
Slumlords/lack of rental upkeep	Informal Caregivers – English Speakers, Rural, Native American
Need for further restrictions on AirBnBs (driving up costs of food, home repairs, rent)	Low-Income, LGBTQIA +, Rural
Neighbors are not always close, accessible, or able to check-in/provide support	Rural
Challenges securing home loans and loans for homes on Indian Lease Land	Rural, Low-Income
Evicted or released from rental units when they are sold	Rural
Unsure about how reverse mortgages work	African American, Informal Caregivers – Spanish Speaking
Costs of downsizing	African American, LGBTQIA+
Pushy developers	African American
Issues finding affordable housing that will accept Section 8	Unhoused, Informal Caregivers – English Speaking
Unique challenges navigating bureaucracy to find long term housing or care facilities	Unhoused

"She got booted out of her house where she lived for several years because the owner wanted to make some money and retire…and you're used to paying $800 a month rent and you try to find something similar and you're paying at least double. It's really hard especially when you're in your 80s."

"We need an advocate for healthcare and housing. Regarding the housing, they make you go through hoops for the application, deposit, clearance for finances…these poor people when they go for senior housing, they are overwhelmed."



Needs Assessment: Transportation

Transportation

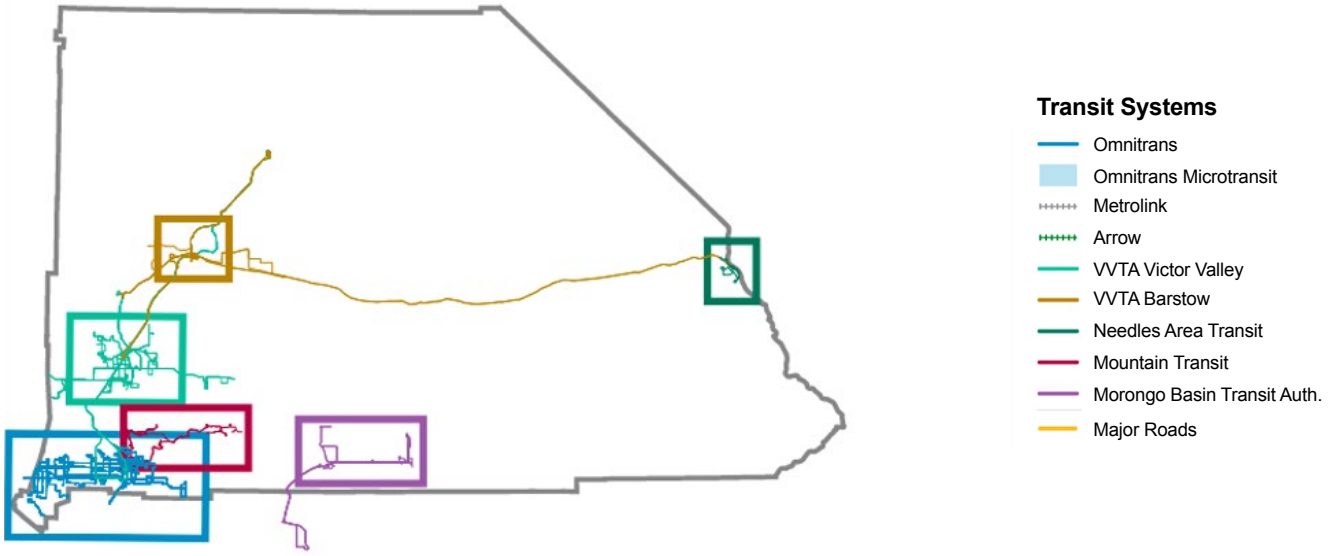
Existing Data

- There is no state or local Transit Oriented Development (TOD) Program (*AARP Livability Index, 2023*).
- The state of California promotes Complete Streets policies and volunteer driver programs within both San Bernardino and Riverside Counties (*AARP Livability Index, 2023*).

San Bernardino County

- The average household transportation costs per year are $15,440. This accounts for a significant financial burden to individuals on fixed incomes (*AARP Livability Index, 2023*).
- About three-quarters (74%) of transportation funding for San Bernardino County is locally sourced ("Community Indicators Report," 2020).
- Based on a San Bernardino County survey of adults aged 60 and older, 48% of individuals indicated paying for car expenses were a financial burden (Planning and Service Area 20 2020-2024 Area Plan, 2020).

Figure 3: Map of San Bernardino County Transit Areas
(Public Transit – Human Services Transportation Coordination Plan for San Bernardino County 2021-2025, 2021)



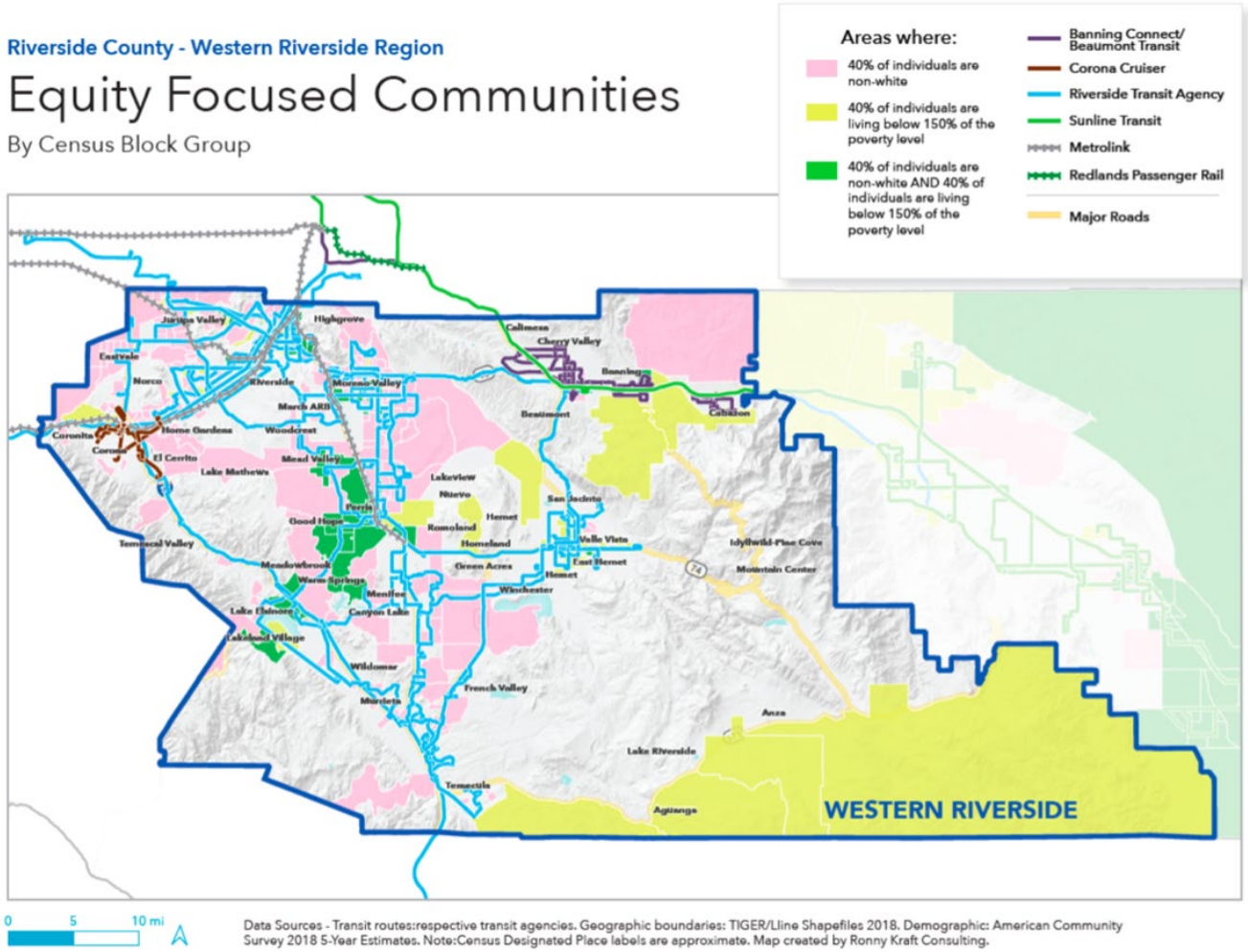
- Omnitrans, San Bernardino County's fixed-route bus system, offers $6 day passes or $2.75 reduced fare rides for seniors, disabled individuals, and veterans. There are also reduced-price 7-day passes for $9 and 31-day passes for $30. These passes offer free transfer to Foothill Transit, Riverside Transit Agency, Victor Valley Transportation Authority, Mountain Transit and Pass Transit. Local fixed-routes vary but generally offer reduced fares at $0.75 per ride with 7- and 31-day passes available at half-price for seniors. Through Omnitrans, Special Transportation Services (STS) are available for specialized transit services for seniors and persons with disabilities. Some regional transit operators also offer Dial-a-ride (*Public Transit – Human Services Transportation Coordination Plan for San Bernardino County 2021-2025, 2021)*

Riverside County

- The average household transportation costs per year are $15,913. This accounts for a significant financial burden to individuals on fixed incomes (AARP Livability Index, 2023).
- Of the caregiving support older adults receive in Riverside County, 21% receive transportation support (Lee, 2021).
- One in five (20%) adults aged 60 and older surveyed by the Area Agency on Aging did not have transportation to get to medical appointments or treatments (Riverside County Office On Aging, 2022).

— About four in ten meal program recipients do not drive themselves to access food support; 9% use public transit or paratransit to get to the meals; 12% walk, use a wheelchair or bike; 7% get a ride in a senior center van; and 13% are driven by another community member (Riverside County Office On Aging, 2022).

Figure 4: Map of Riverside County Transit Areas
(Coordinated Public Transit - Human Services Transportation Plan for Riverside County 2021-2025, 2021)



— Riverside Transit Authority's (RTA) fixed-route bus system offers $0.75 reduced-fare rides for seniors, disabled individuals, Medicare card holders, and veterans. Smaller regional transit operators offer assorted discount fares for seniors as well, ranging from $0.50 to $0.85 per ride. RTA and some regional transit operators also offer Dial-a-ride (Coordinated Public Transit - Human Services Transportation Plan for Riverside County 2021-2025, 2021).

Focus Group Findings

Common Themes from Focus Groups

Participants representing diverse geographic and demographic characteristics shared common feedback related to transportation, including:

- Public transit drivers, such as those on the bus, are kind.
- Currently, public transit options are not sufficient to bring participants where they want or need to go, at the days and times they need to get there (e.g. healthcare facilities, senior centers, social activities, pharmacies, low-income food distribution locations).
- Dial-a-ride is challenging (e.g. no shows/late, restricted/limited places they will drive to). Also, if a patient can get in to see a provider last minute, it may not be possible to schedule transportation.
- Caregivers (formal and informal), friends, or neighbors often provide driving support.
- There is a strong fear of losing one's vision—participants described feeling anxious about what happens when one is not able to drive and how that can cause the loss of social and resource connections.

Other Focus Group Findings, Organized by Sub-Population

Participants representing the various sub-populations shared diverse transportation-related challenges, including:

Transportation- Related Challenges	Sub-Population
Public Transit:	
Accessibility	Rural, Low-Income, LGBTQIA+, Native American
Frequency of pick up/drop off	Rural, Low-Income
Challenges carrying groceries on the bus	Rural
Cost	Unhoused, African American

Transportation- Related Challenges	Sub-Population
Transportation to access prescriptions, physical therapy, etc. is not always offered, in particular if not on the same day as a medical appointment. Transportation benefits are not consistent, and/or patients are misinformed about what is covered.	Informal Caregivers - English Speaking, Rural, Native American, Unhoused
Lyft/ Uber rides were covered in some cases, but some older adults had accessibility challenges with using the app (e.g., vision or digital literacy challenges)	Low Income
Driving	
Difficulty on dirt roads	Rural
Distance one must drive to get to necessary resources (e.g. specialists, healthcare, groceries, food distribution)	Rural, LGBTQIA+, Informal Caregivers – English Speaking, Low Income, Native American
Road safety (e.g. navigating communities made for golf carts now having traffic, speeding, need for street lights)	Veterans

"I don't drive no more...I have the bus passes but can only ride the bus to the store 1 day or I can come here [Senior Center] two days. Shopping is hard because you can only take so many bags and I can't carry that much because I have to use my walker."

"It's scary not being able to drive or the idea of not being able to leave your house freely."

"If we stay in California, it won't be this area because it's too difficult with lack of transportation."

Needs Assessment: Healthcare

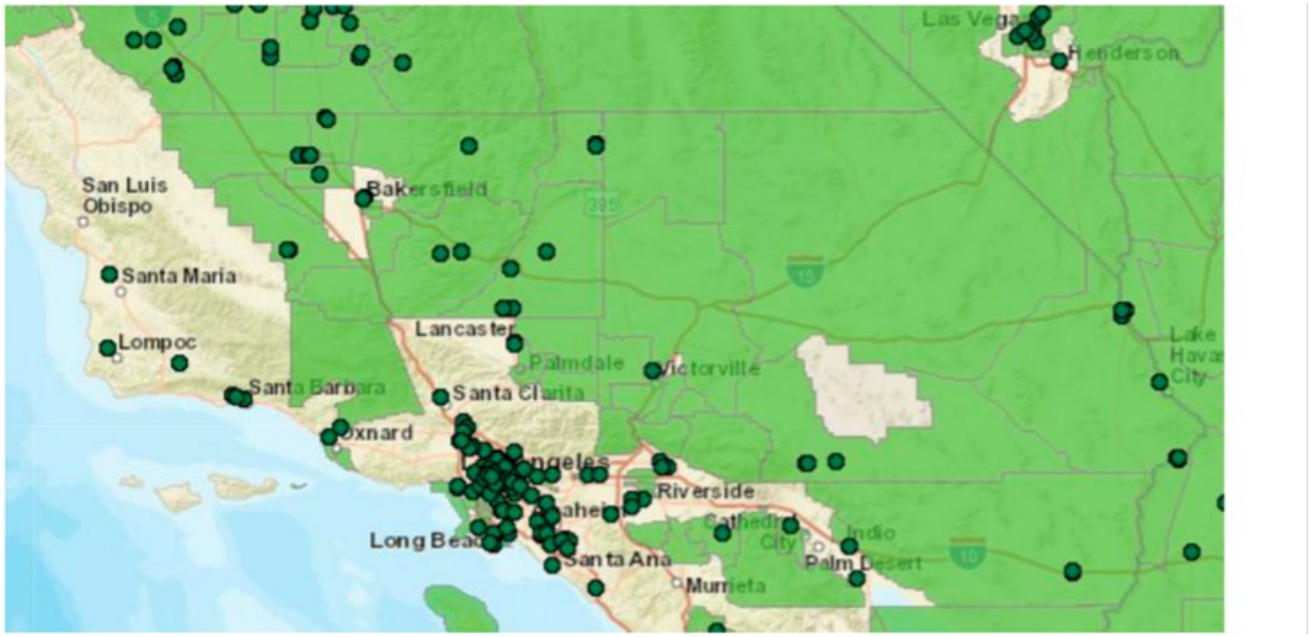
Healthcare

Existing Data

- For both Riverside and San Bernardino Counties, 23.7 to 28.4% of individuals aged 65 and over self-reported fair or poor health (Dooley & Connolly, 2017, p. 92).
- Since 2012, the State of California has been actively involved in implementing innovative managed care approaches—better coordinating and funding a full range of health and long term services and supports—first through Cal MediConnect and now through CalAIM (Dooley & Connolly, 2017, p. 17).
- In many regions of San Bernardino and Riverside Counties, residents face a shortage of professional healthcare and have to drive 45+ miles for care – indicated in green (Daly & Somaiya, 2019).
- In San Bernardino and Riverside Counties there are also healthcare provider shortages based on the population density – indicated in purple (Daly & Somaiya, 2019).

Map of Health Professional Shortage Areas

Regions in green represent shortage areas where people are required to drive 45+ miles for care



Map of Medically Underserved Areas/Populations

The areas in purple represent the region of the country with provider shortages by population density

When considering hospitalizations in the Inland Empire, those 65 and older account for the following: (Porter, 2019):

- 52% of the Hi-Desert Medical Center and 47% of the Mountains Community Hospital hospitalizations.
- 38% of hospitalizations for alcohol/drug abuse or dependency at the Hi-Desert Medical Center.
- 50% of asthma hospitalizations at Redlands Community Hospital
- 40% of hospitalizations due to breast cancer at Desert Regional Medical Center.
- 2 in 3 hospitalizations for heart failure at Desert Regional Medical Center, Hi-Desert Medical Center, Redlands Community Hospital, San Antonio Regional Hospital, and Southwest Healthcare System-Murietta.
- Have the highest proportion of hospitalizations in 2017 due to cancer than any other age group.

San Bernardino County

- As of 2019 in San Bernardino County, there was a decrease in adults diagnosed with diabetes and high blood pressure, a decrease in hospitalization rates for cardiovascular disease, and a decrease in adult obesity (Daly & Somaiya, 2019).
- According to a survey of individuals 65 and older in San Bernardino County, 50.1% were paying for healthcare and not covered by MediCare and 49.5% were paying out of pocket for dental care (Planning and Service Area 20 2020-2024 Area Plan, 2020).

Riverside County

- In Riverside County, for the years of 2015 through 2017, the top four causes of death were all cancers (3,676), coronary heart disease (2,796), chronic lower respiratory disease (1,053), and Alzheimer's Disease (1,003) (Lee, 2021).

Focus Group Findings

Common Themes from Focus Groups

Participants representing diverse geographic and demographic characteristics shared common feedback related to navigating healthcare, including medical care, specialists, dentists, hospital and pharmacy access, and insurance providers.

- There is a shortage of healthcare workers. This can translate to long waits (even for urgent situations).
- Care within a reasonable proximity can be difficult to find, especially for primary care and specialists. The time, resources, and transportation needed to access healthcare present considerable barriers to care.
- Everyone generally has access to healthcare, though the quality of care, cost of copays, and accessibility vary greatly. The exception to this situation is unhoused individuals, who frequently have to defer healthcare until it is an emergency and have a challenging time maintaining continuity of care.
- There are long waits to access specialists.
- As previously noted, many older adults viewed housing as healthcare.
- Local Veterans Affairs offices offer good medical healthcare support to those eligible; however, waits can be long and scheduling can be sporadic.
- There needs to be more geriatricians or training for doctors who work with older adults on what their unique health needs are and how to engage in appropriate bedside manner.
- The healthcare system needs to be easier to manage and 'friendlier' for older adults to navigate. There are many acronyms, programs, and services; but it is unclear where to start or how to follow through on accessing the healthcare needed.
- Many describe the frustration of falling just over or relief for falling just under the qualifying line for healthcare and social services.

Other Focus Group Findings, Organized by Sub-Population

The following differences represent variation of perspective or opinion across the various sub-populations. For the sub-populations identified, the indicated theme was particularly strong.

Theme	Sub-Population
Context	
Prescription drugs can be easily mailed to patients — Accessing medical services for AIDS is challenging but medication can be sent to one's house	LGBTQIA+, Veterans, Rural
Dependent on partner/spouse for insurance benefits	African American, Veterans
Participants described delaying care until a crisis; sometimes due to being unable to see their regular doctor.	LGBTQIA+, Rural
Reasons such as transportation access or proximity of care can impact whether an older adult decides to go to a doctor, clinic, urgent care, or the hospital.	Informal Caregivers – Spanish Speakers, Rural, Native American, Hispanic/Latinx
It can be a challenge determining what level of care is appropriate or needed for a health issue. For example, individuals with diagnosed or undiagnosed chronic health issues may not be clear if a health situation warrants waiting for a doctors visit or going to the hospital.	Rural
Lyft/ Uber rides were covered in some cases, but some older adults had accessibility challenges with using the app (e.g., vision or digital literacy challenges)	Low Income
Challenge	
Appointments (even urgent ones) will be cancelled and rescheduled months out due to healthcare worker shortages	Veterans

Theme	Sub-Population
There are challenges getting certain prescriptions for diabetes and pain medications—both due to general community misuse	Veterans, Rural
There is limited access to local pharmacies in rural areas and those that are accessible have limited hours	Hispanic/Latinx, Rural
To qualify for low-income healthcare, individuals are asked to spend down savings	Low-income, Rural
Dental and vision must be purchased separately (so sometimes they cannot be afforded or are not accessible)	Informal Caregivers – Spanish Speakers, Informal Caregivers—English Speakers, Native American
Cost of home healthcare supplies can be prohibitive	African American
It can be overwhelming to follow through on resources when already navigating challenging situations	Informal Caregivers – English Speakers, Unhoused
Access to nutritious meals can be challenging	Native American, Unhoused, Rural

“Navigating health insurance in California is a little more complicated than the other state we lived in.”

“When discussing extending life, it’s important to discuss quality of life.”

Needs Assessment:

Alzheimer's and All Other Dementia

Alzheimer's and All Other Dementia

Existing Data

- Nationally, California has the highest rates of Alzheimer's and other dementias with a prevalence of 12%. At the county level, Riverside County has a 12.2% prevalence rate of individuals with Alzheimer's and other dementias (approximately 46,000 individuals) and San Bernardino County has a 12% prevalence rate (approximately 32,200 individuals) (*Alzheimer's Rates by California County 2023*, 2023; Dhana et al., 2023).
- Alzheimer's Association California Southland Chapter provides support programs for those affected by the disease.
  - In person programs are offered on varying days and times across the southwestern region of San Bernardino and Riverside Counties.
  - Additional support programs focusing on young adult caregivers, LGBTQ+, Spanish or Mandarin speakers, young onset Alzheimer's Disease caregivers, and Lewy Body support are available across Southern California.
  - The Alzheimer's Association offers live online education programs focusing on scientific research, warning signs for memory loss, strategies for building care teams, understanding and responding dementia-related behaviors, and caregivers guides to managing money.
  - For those with Alzheimer's and their caregivers, Museum of Art and History virtual tours and engagement activities are also available online through the Alzheimer's Association California Southland Chapter.

San Bernardino County

- San Bernardino County offers a Safe Return program designed to protect and locate missing persons with special needs, including those with Alzheimer's, dementia, and other memory issues ("Community Indicators Report," 2020).

Riverside County

- In Riverside County, from the years of 2015 to 2017, Alzheimer's Disease was the fourth leading cause of death (1,003 individuals on average) (Lee, 2021).
- Additionally, 11% of those 65 and older in the county are living with Alzheimer's or other dementia (Lee, 2021).

Focus Group Findings

Common Themes from Focus Groups

In the focus groups, a few common themes emerged related to Alzheimer's and other dementia:

- Participants used assorted and interchangeable terms related to memory loss—lagunas (Spanish for gaps in memory), memory loss, forgetfulness, dementia, Alzheimer's.
- Participants had varied understanding of what causes memory loss.

- Conversations on this topic focused primarily on caregiving for someone with memory issues. There was less focus on what happens when one faces cognitive changes themselves.
- Many individuals had simply not considered what happens when and if they experience memory issues or what types of cognitive changes are normal versus concerning.
- There is a general reluctance to reach out for support and expose oneself to wanting or needing help with memory issues.
- Navigating memory issues is very individualized—everyone has their own tips, tricks, and justifications for why their memory is not as good as it used to be.
- Some participants shared that they feel comfortable speaking with their primary care physician (if they have one and can easily get a hold of them) about concerns related to changes in cognition.
- Individuals found it disturbing to think that when someone becomes cognitively impaired, the court steps in and puts a guardian in charge. There was a perception that the guardian can steal money (often without providing adequate care for the older adults).

Other Focus Group Findings, Organized by Sub-Population

The following themes represent variation of perspective or opinion across the various sub-populations. For the sub-populations identified, the indicated theme was particularly strong.

Theme	Sub-Population
What is working	
Family can be a supportive place to get additional information or support	Veterans, Informal Caregivers—English Speakers
Resource centers and senior centers can be places of support and information	Unhoused, Informal Caregivers—Spanish Speakers, Rural, LGBTQIA+, Low-income
Distributing cards at restaurants, businesses, and in social contexts notifying others that one has dementia can increase empathy and understanding. "My daughter had given me some cards to hand out to people [my wife with Alzheimer's] was interacting with saying 'my name is X and this is what's going on.'"	Informal Caregivers—English Speakers

Theme	Sub-Population
Challenges	
Older unhoused individuals are experiencing beginning stages of memory loss, dementia, or Alzheimer's with few resources available to them	Unhoused
Volunteering with youth was perceived as a way to stay cognitively engaged and to improve mental health. In rural areas, there were not as many regular opportunities for intergenerational interaction or volunteering.	Rural
Challenges finding affordable, vetted caregivers. — For example, a husband of a friend got Alzheimer's (he is a big, tall man and the wife is petite). They are in their 70s. The wife is taking care of him because of the cost of a caregiver is too much. She falls and breaks her hip. Later, he trips on her and she breaks the other hip. She could not afford to pay a vetted caregiver to take her husband while she was hospitalized. The caregiver stole valuables from their home.	Rural

"My daughter had given me some cards to hand out to people [my wife with Alzheimer's] was interacting with saying 'my name is X and this is what's going on.'"

"People are not taught you are going to age...you have to plan for aging."

Needs Assessment:

Behavioral Health & Social Support

Behavioral Health & Social Support

Existing Data

- There are no municipal LGBTQIA+ anti-discrimination laws or human rights commissions (*AARP Livability Index*, 2023).
- Both counties' Social Involvement Index is 0.64 (on a scale of 0 to 2.5 with a national average of 0.96). This scale examines the extent to which residents belong to groups, organizations, or associations; see or hear from friends and family; do favors for neighbors; or do something positive for their community (*AARP Livability Index*, 2023).

San Bernardino County

- San Bernardino County scores quite low on AARP's Livability Index for social engagement at 18% (with a national average of 50%). There are 3.4 civic organizations (church, civic, political, or business group with paid staff) per 10,000 people (national average is 1.8) and 0.1 cultural, art, or entertainment institutions per 100 people (national average is 8.01) (*AARP Livability Index*, 2023).

Riverside County

- Riverside scores quite low on AARP's Livability Index for social engagement at 22% (with a national average of 50%). There are 3 civic organizations (church, civic, political, or business group with paid staff) per 10,000 people (national average is 1.8) and 0.1 cultural, art, or entertainment institution per 100 people (national average is 8.01) (*AARP Livability Index, 2023*).

Focus Group Findings

Common Themes from Focus Groups

Participants representing diverse geographic and demographic characteristics shared common feedback related to navigating behavioral healthcare and social support:

- There was a universal resistance to discussing mental health or depression. Participants were more open to discussing questions related to available social support.
- Social groups, community groups, churches, friends, and family have helped participants with mental healthcare and social support.
- Nearly all individuals rely on some sort of community center as a social support.
- Housing is healthcare—including mental healthcare. Housing creates communities of social support.

- Individuals build relationships with mental health therapists and psychiatrists over time—sometimes insurance impedes this.
- Systems of navigating mental healthcare need to be easier to manage and 'friendlier' for older adults to navigate.
- Many older adults are experiencing unwanted isolation and loneliness—often due to mobility and transportation issues.

Other Focus Group Findings, Organized by Sub-Population

The following themes represent variation of perspective or opinion across the various sub-populations. For the sub-populations identified, the indicated theme was particularly strong.

Theme	Sub-Population
There is a shortage of mental healthcare workers and this can translate to long waits (even for urgent situations)	LGBTQIA+, Rural
There are limited therapists or psychiatrists in rural areas	LGBTQIA+, Rural, Veterans
Sometimes mental healthcare is not close enough and transportation to care can be hard to find	LGBTQIA+, Rural, Veterans
Mental healthcare can be rushed and have lack of follow-up	LGBTQIA+, Veterans
Mental healthcare needs to be offered in varied languages	Informal Caregivers—Spanish Speakers, Hispanic/Latinx
Due to shortage of psychiatrists, there is high turnover, and medication needs to be reevaluated with a new doctor	Veterans
It can be challenging to know where to go for mental healthcare and how to pay for it	LGBTQIA+, Unhoused

Theme	Sub-Population
Many communities rely on visiting free university health clinics	Spanish Speakers, Unhoused, Hispanic/Latinx, Rural
Individuals can become cut off from family and friends. For example, among LGBTQIA+ participants, they may have been cut off from family, lost friends to AIDS, and/ or have had careers that were more independent. Among caregivers, they described spending all their time caregiving and losing all other social contact.	LGBTQIA+, Informal Caregivers—English Speaking, Low-income
There is a strong desire for intergenerational friendships and fun activities	African American, Rural
Many social communities are already established and may be challenging when you are new	LGBTQIA+, Veterans, African American
Sharing about feelings/challenges can be viewed as complaining	Informal Caregivers—Spanish Speaking, Hispanic/Latinx, Rural
Pets can provide important emotional and social support but there can be challenges to having pets—financially and with finding housing	Informal Caregivers—English Speaking, Low-income

“Folks go home to heaven” and there are fewer people in social circles.

Community centers are a key gathering place, “Somos Nosotros” (we are us) and “Todos nos acoplamos” (we all get along and fit well).

“In our culture it is difficult to accept the need of a psychologist.”

Needs Assessment: Caregiving

Caregiving

Context

Caregiving is a broad topic. It includes family members or friends who are caregivers, older adults who care for those younger than them (including grandparents caring for grandchildren), and professional (paid) caregivers. Care settings include the home or an institutional setting, such as a skilled nursing facility or resident care facility for the elderly. Participants used the term 'informal' to describe family or friend caregivers who are not being paid. They also would use formal caregiver to mean both someone who was trained in caregiving and being paid for it along with those who were family, friends, or community members providing caregiving and being paid (often times in cash). The latter type of caregivers were often not vetted.

For those we spoke with from the Inland Caregiver Resource Center (ICRC), focus group participants identified themselves as caregivers and shared more about their perspective as a caregiver provider. For those focus group participants serving as caregivers but not affiliated with ICRC or the caregiving focus groups, they focused both on their complex role as a caregiver and also as the potential recipient of caregiving in the future.

Existing data that we curated in this report primarily focused on family members or friends who are caregivers. In the focus groups, participants shared a variety of perspectives – from personal experiences caring for parents, friends, spouses/partners, or grandchildren; or from the perspective of receiving care (either from a family member, friend, or a professional caregiver).

Existing Data

- Riverside County has 347,934 family / friend caregivers and San Bernardino County has 323,395 family / friend caregivers (Number of Caregivers and the Economic Value of Caregiving, by California, 58 Counties, 2023).
- In a survey of family / friend caregivers who use respite care in San Bernardino and Riverside Counties, 70.8% indicated they used respite care to make and keep appointments, 46.7% used it to stay physically active, 51.1% used it to visit friends, and 47.8% used it to enjoy time alone (Guero, 2016).
- The Inland Caregiver Resource Center (ICRC) provides caregiver support and respite care to family / friend caregivers across Riverside, San Bernardino, Inyo, and Mono Counties—a 40,512 square mile region. Resources provided through ICRC in these regions include caregiver supports/resources, supports for seniors living alone, in-home treatment for depression (PEARLS), CBT for Depression Program, and resources provided in Spanish and Chinese. Types of supports and resources available to caregivers include support groups, individual counseling, service grant vouchers (counseling, legal consultation, respite, and supplemental grants). To educate the broader community on caregiving resources available to them, ICRC staff engaged in 228 educational outreach activities from 2021 to 2022 (Young et al., 2022).

Focus Group Findings

Common Themes from Focus Groups

Throughout the needs assessment, common themes emerged, providing insight into the context in which older adults are having to navigate giving or receiving care.

- Nearly all participants in focus groups who identified as caregivers did so for family members or friends (not as a paid profession).
- Many older adults serve as informal caregivers to other older adults.
- Family and friends can guide caregivers to find support and resources.
- Respite care (when accessible) is greatly appreciated. However, it is not always easily available and often the type of care needed falls outside of what the available respite caregiver feels comfortable performing.
- Caregiving is more than physical—it can be simply spending time with someone who needs care.
- There are simply not enough caregivers for the aging population.
- Those who are caregivers and those who need care both feel caregivers need to be paid proper wages for the extensive and important services they provide.
- There is a fear that non-vetted caregivers will steal or swindle from those they are caring for.
- Supportive care facilities can be challenging to get into, have long waiting lists, and are expensive.

Other Focus Group Findings, Organized by Sub-Population

The following themes represent variation of perspective or opinion across the various sub-populations. For the sub-populations identified, the indicated theme was particularly strong.

Theme	Sub-Population
What is working	
Private funded caregivers can find information/ support wherever they need, publicly funded caregivers have to go through an approval process or work with government approved resources.	Low-income
Caregiver Resource Centers provide valuable information and support (when individuals are tapped into this group)—such as check-in calls and connections to local resources and programs.	Informal Caregivers—English Speakers, Informal Caregivers—Spanish Speakers
Planning and documenting one's own end of life has helped them feel better about next steps in the aging process (even when they are healthy). There is reassurance their family will not be stressed about what to do if they need to be cared for.	Veterans
Men can do caregiving.	Low-income, Veterans, Informal Caregivers—English Speakers
If caregiver or adult day care programs were easily available, many individuals would use them.	Native American
Challenges	
Navigating resources can be overwhelming when one is already exhausted from caregiving. It is difficult to know which caregiving groups are legitimate and trustworthy and which are dubious.	Low-income, Rural, African American, Informal Caregivers—English Speakers

Theme	Sub-Population
Access to caregiving can be challenging. Those who are mid- to low- income cannot afford to pay caregivers even if they need help, care facilities can be challenging to get into, have long wait lists, and are expensive (they may not be an option to many), and some are not disabled enough to receive caregiving support.	Rural, African American, LGBTQIA+, Rural, Native American, Informal Caregivers—English Speakers
Caregiving can fall on one person.	Informal Caregivers—Spanish Speakers, Informal Caregivers—English Speakers, Unhoused, African American
There are often language discrepancies between the person receiving care and the healthcare worker. For example, the caregiver may have limited English proficiency or a heavy accent that impedes communication with the care recipient.	LGBTQIA+
Some individuals serve as dedicated live-in caregivers to a family member. They are paid so little they cannot afford basic care themselves as they age. In addition, when the family member dies, their home is taken away.	Unhoused

"A husband of a friend got Alzheimer's (he's a big tall man and the wife is a petite woman). They're in their 70s. The wife is taking care of him because the cost of a caregiver is too much. She falls and breaks her hip. Later he trips on her and she breaks the other hip. She couldn't afford to pay a vetted caregiver to take care of her husband while she was hospitalized. The caregiver stole valuables from their home."

"Being so overwhelmed with what is going on [caregiving] and then trying to get resources – even if they are there – they're hard to navigate."

"We had a church family but lately our world is getting smaller and smaller. I used to take my wife to church but she would act up but we've gotten to the point where we didn't want to do that anymore...our world starts to shrink and then pretty soon you're not seeing anybody because you're [caregiving]."

Advisory Committee Recommendations

The IE – MPA Advisory Committee identified recommendations for each of the six domains explored in the needs assessment. Recommendations are organized in two categories: recommendations for implementation (programs or activities), and recommendation for advocacy. In addition to providing recommendations related to the six domains, the committee unanimously decided to put forward recommendations related to a new, seventh domain focused on community education and awareness of resources. The plan maintains a commitment to diversity, equity, inclusion, and accessibility across all domains.

Housing

Housing: Recommendations for Implementation

H1: Review affordable housing waitlists in San Bernardino County to confirm need and eligibility. *[**Context**: Participants shared that the current wait time for affordable senior housing is several years long. Riverside County checked their waitlist for affordable housing to confirm all those on the list are eligible, and approximately one-third were removed from the list. This improved efficiency.]*

H2: Educate property developers about the growing older adult demographic and encourage them to build for changing needs and abilities with age. For example, new development should include no-step entryways, hallways and restrooms that allow for wheelchair access. These design elements, sometimes called 'universal design principles,' would benefit residents of all ages.

H3: Offer workshops focused on finding affordable housing, answering frequently asked questions, and providing live assistance with housing applications. Collaborate with senior centers, Meals on Wheels, and organizations serving unhoused individuals to develop these workshops.

H4: Encourage and support the launch of a moving assistance program in the Inland Empire.

H5: Encourage and support the launch of a home sharing program in the Inland Empire.

H6: Encourage and support the launch of local Villages (especially in rural areas of the IE). [**Context**: *Website for the National Village to Village Network* https://www.vtvnetwork.org/]

H7: Expand 'The Buddy System' – This is a national program that engages volunteers to support individuals living with HIV or AIDS. There is no cost to those being cared for. These 'buddy' relationships are not long term, but they are useful to find someone to give a helping hand, for example, with cleaning, groceries, or rides to and from the doctor.

Housing: Recommendations for Advocacy

H8: Propose legislature to request federal HUD expansion of Section 8.

H9: Advocate for statewide coordination of Housing Authorities. While Housing Authorities report to HUD at the federal level, there is no statewide coordinating body.

H10: Advocate for expanded access to long term services and supports (LTSS) for older adults experiencing housing transitions. For example, home care should be available to clients in temporary housing. This could tie into state-funded Assisted Living Waiver (ALW) benefits.

H11: Advocate to provide housing support for family and friend caregivers who are in financial need.

H12: Advocate to provide caregivers with financial and housing support after their care recipient passes away.

H13: Advocate for increased state support and improved oversight of residential care facilities for the elderly (RCFE) and skilled nursing facilities at a statewide level.

H14: Advocate to support and expand local long-term care ombudsman programs.

H15: Advocate at the city and county levels for increased housing set aside for low-income older adults, particularly near services, healthcare, and groceries. Educate local governments about the importance of accessible housing (universal housing).

H16: Propose expansion of rental protections in the Inland Empire.

H17: Advocate for targeted support for those who live in their vehicle. Offer safe places to park, to shower, to receive services, food and to exercise pets.

Transportation

Transportation: Recommendations for Implementation

T18: Participate in or organize a presentation for the Public and Specialized Transportation Advisory and Coordinating Council (PASTACC) to increase partnership between transit providers and community-based organizations.

T19: Hold and/or participate in summit meetings focused on transportation. Bring transportation providers and local government representatives together to map out existing routes and services, identify overlap and/or gaps in programs, and collectively brainstorm solutions.

T20: Convene agencies that engage volunteer drivers to understand barriers, successes, gaps in services, and opportunities for expansion.

T21: Research which senior centers do not currently have a bus and connect them with funding resources.

T22: Identify if there are shuttles currently being used for other age groups/ populations that could be expanded to provide needed transportation support to older adults or adults with disabilities in underserved areas (e.g., Morongo Basin).

T23: Encourage health care facilities to promote and advertise public transportation alternatives for older and disabled adults.

T24: Train health providers to provide patients with resources when their driver's license is revoked. Promote DMV and Alzheimer's Association resources that address what to do when one's license is taken away

T25: Launch a Peer Navigators program for transit. Public transit riders from various communities could be 'champions' and help those who need it to navigate the transportation system.

T26: Address paratransit needs among the disability community in Victorville. Increase non-emergency medical transportation down to the valley. *[**Context**: SB Transportation reimbursement program (TRP) is only offered in the north desert- east of Victorville area- only 350 miles/ month. SBTA has grants but agencies have been unable to offer the needed transportation in the Victorville area since the costs are greater than the available funds. TRP*

funding is limited and community-based organizations who help coordinate services are not sufficiently reimbursed to cover program expenses.]

Transportation: Recommendations for Advocacy

T27: Advocate for improved regulation of the quality and reliability of public transit.

T28: Advocate for free or subsidized rides for older adults and adults with disabilities on public transit.

T29: Advocate for transportation to connect older adults with senior centers, meal locations, and health care facilities.

Healthcare

Healthcare: Recommendations for Implementation

HC30: Tap into existing statewide initiatives to expand geriatric training for physicians, nurses, physician assistants, and the paraprofessional healthcare workforce. *[For example, current statewide initiatives include the California Department of Aging's CalGrows and Dementia Care Aware initiatives, and the Alzheimer's Association Health Systems initiative.]*

HC31: Increase access to dental care by ensuring clinics are accessible to older adults and adults with disabilities. For example, ensure clinics are accessible to wheelchair users and explore expansion of mobile dental clinics.

HC32: Arrange for a Medicare representative to be available at local senior centers to answer questions (not just facilitate sign-ups).

HC33: Launch a patient advocacy program; a middle person to speak up for the patient, take notes on behalf of the patient. This is particularly important in hospital and skilled nursing facility settings, and for patients with cognitive decline.

HC34: Ensure Community Health Worker/ Promotora programs incorporate training on resources for older adults, adults with disabilities, and caregivers. *[**Context**: CHW/Promotora programs are currently expanding through CalAIM and other state funding sources.]*

HC35: Expand partnerships with health systems and community-based organizations to ensure warm patient hand-offs

HC36: Encourage communities to apply for federal funding to assist with emergency medical transportation

Healthcare: Recommendations for Advocacy

HC37: Advocate to expand case management, including for those who fall just above the MediCal qualifying line. Case managers would provide needed support to navigate the healthcare system, insurance changes and eligibility, and access to needed services and supports.

HC38: Advocate for expansion of availability and hours of operation of hospitals, urgent cares, and pharmacies in rural areas of the Inland Empire.

HC39: Advocate for age friendly health systems and age friendly emergency departments in the Inland Empire. [**Context**: *See https://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems]*

HC40: Connect with other coalitions and advisory committees focused on improving care transitions. Identify ways to support their efforts and expand service reach. Advocate for discharge plans to be created on the day of being admitted to a hospital or rehabilitation/ skilled nursing facility. Patients should be informed of the expected length of stay and plans for care transitions.

Alzheimer's and All Other Dementia

Dementia: Recommendations for Advocacy

AD41: Advocate for innovative long term care models to be developed in the Inland Empire, for example, dementia villages.

AD42: Advocate to improve early detection of cognitive decline and expand care planning.

Behavioral Health & Social Support

Behavioral Health & Social Support: Recommendations for Implementation

BH43: Engage with local coalitions to coordinate efforts and expand awareness of existing resources to increase access to behavioral and mental health services. Focus on expanding and integrating resources for older adults, individuals with disabilities, substance abuse disorders, and/or mental health conditions (including consideration of intersectionality).

BH44: Reduce the stigma associated with accessing mental and behavioral healthcare and social services in order to build resilient communities

BH45: Offer resources and trainings for family members and caregivers on how to recognize signs of substance misuse.

BH46: Build capacity within County and community-based organization programs and services.

BH47: Offer training through the Diverse Elders Coalition for local leaders of community-based organizations in the Inland Empire. This will increase awareness of how to ensure programs are accessible and inviting to residents with diverse abilities, cultures, languages, and social economic status as well as those who experience intersectionality of aging/ disability/ mental and substance use health conditions.

BH48: Develop referral pathways between aging service networks like senior centers and primary care to link older adults to substance use treatment providers; collaborate across aging services, healthcare and addiction treatment sectors.

BH49: Provide training and resources for case managers, social workers and other caregivers on motivational interviewing approaches to encourage treatment engagement among reluctant older adults.

BH50: Build new and innovative support systems that disrupt the inequity and disparities present amongst Black, Indigenous, People of Color (BIPOC) communities.
BH51: Expand access to counseling and other behavioral health preventative services throughout the community including but not limited to senior centers and in older adults' homes.

BH52: Ensure residents have access to care and socialization by enhancing technological infrastructure. *[**Sample Programs**: Address the Digital Divide by continuing to supply devices, technology education, internet access, and the opportunity to participate in Telehealth services.]*

BH53: Transform mental health and substance use recovery systems by approaching care through a housing first model in which collaborative efforts continue to exist and expand between behavioral health and wellness programs, and long-term supportive housing which allows those to age in their communities.

BH54: Create, support, and organize community-wide, intergenerational social events that foster positive and safe relationships, including among individuals of different ages, backgrounds, viewpoints, and life experiences in trusted community environments. *[**Sample program**: OneGeneration provides a variety of intergenerational programs and events.]*

BH55: Ensure community programs and events are marketed specifically to older adults and adults with disabilities, for example, by showcasing photos representing diverse ages and abilities on flyers or in newsletters.

BH56: Ensure community programs and events are accessible and welcoming to all. For example, ensure availability of sufficient seating, shade, restrooms, and water, and offer discounts and accessible transportation for older adults and those with disabilities. Offer language access services for individuals who are hard of hearing or limited English proficient.

BH57: Implement an Inland Empire adopt-a-senior or buddy system. *[**Sample program**: In the Crestline Mountain Area, the 'You're not alone' program offers check in calls to residents. Also, Citizens on Patrol provide referrals when they encounter isolated residents.]*

BH58: Distribute free naloxone (Narcan) nasal spray at community events and provide training sessions on its use and its importance in preventing opioid overdose.

BH59: Launch programs to support pet owners. For example, offer free or discounted pet food and veterinary care. Also, advocate for more housing that allows pets.

BH60: Create opportunities and spaces for inclusive and intergenerational social connection through the built environment, for example, via parks, parklets, or community centers.

Caregiving

Caregiving: Recommendations for Implementation

C61: Support In-Home Supportive Services (IHSS) recruitment, hiring, and training, especially in the Palm Desert area. *[**Context**: IEHP & Molina Care will begin offering respite care as of January 1, 2024 for Medi-Cal members. Members may receive up to 336 hours/ calendar year; this will be in addition to existing IHSS eligibility.]*

C62: Organize a program to offer check-in calls to family and friend caregivers.

C63: Offer a peer support program for care recipients.

C64: Help current caregivers to plan for 'life after caregiving' and offer support for after ones' caregiving role ends, for example, when the person being cared for passes away, or during major caregiving transitions. Support care recipients to maintain eligibility for Supplemental Security Income (SSI) and other programs when their caregiver passes away.

Caregiving: Recommendations for Advocacy

C65: Advocate for sustainable, increased funding for existing caregiver support programs and services. While valuable caregiver support exists in the Inland Empire, the need is greater than the current capacity.

C66: Advocate for expanded funding for In Home Supportive Services (IHSS) and Adult Protective Services (APS).

C67: Advocate to subsidize long term care and private home care at a state level, supporting families, in-home care agencies, and professional care providers.

C68: Advocate to expand access to home care or adult day services for older adults on tribal lands.

Education & Awareness

Education & Awareness: Recommendations for Implementation

EA69: Launch a campaign to expand awareness of existing resources to support older adults, persons with disabilities, and caregivers in the Inland Empire. Outreach through clinics, faith communities, community centers, radio, TV, and social media. Ensure linguistic- and cultural-specific outreach (e.g., via embassies and ethnic media outlets). Collaborate with statewide groups like AARP to spread the word.

Some resources that came up in during the IE-MPA needs assessment include:

- Aging and Disability Resource Center (ADRC)
- IE Connect
- 211
- Resources to support home modifications, e.g., Inland Empire Health Plan, Riverside County, and Habitat for Humanity.
- USDA loans that allow purchasing a home without a down payment.
- Transportation resources, e.g., Riverside County TRP- Travel Reimbursement Program, Trip Trek, Dial-a-ride, RTA, or Riverside Special Transportation.
- Medicare Advantage 24-7 phone number
- Health clinics specialized in memory care that have the capacity to assess, diagnosis and manage memory loss and cognitive decline
- Mental Health resources such as the mental health hotline; The Center LGBTQ mental health resources (free); DAP Health social workers and wellness team; Friendship Line California
- Inland Caregiver Resource Center
- Alzheimer's Association, including their 24/7 Helpline
- Adult Protective Services

EA70: Create a marketing and education campaign about aging (including age-friendly communities) targeted to people of all ages (including youth). The public would benefit from more awareness around what to expect as we age, what resources are covered or not covered, and the importance of advance care planning, including a dementia-specific plan. Increase education and awareness about planning for retirement, long term care, and financial planning, including reverse mortgages and tips for saving costs of healthcare and utilities.

EA71: Launch a media and education campaign to inform family and friend caregivers about resources for education and support. *[See an example from Santa Barbara County here: https://fsacares.org/caring-together/]*

EA72: Launch a marketing and education campaign geared towards families and professionals to increase understanding of why and how to identify a professional caregiver who is carefully vetted and screened, and to increase understanding of state licensure requirements. Additionally, educate families so they can avoid hospice and palliative care fraud, which is on the rise.

EA73: Change or reframe how existing behavioral health resources are promoted. Rather than asking 'how can we improve things when you're sad', focus on social support and getting out (e.g. dancing and social activities). Behavioral health resources need to focus on 'fun,' 'intergenerational,' 'social,' and inspire interest rather than focusing on terms like depression (or other terms that can spark stigma).

EA74: Launch a media campaign to break stigma of behavioral health with a focus on older generations.

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Appendix

Appendix A: Interview Guide for Community Focus Groups

MODERATOR INSTRUCTIONS

The goal of these focus group discussions are to produce interactive discussion among group members and capture collective narratives. Your role as the moderator is to guide the interaction, eliciting conversation through asking open, neutral questions.
Each major topic section contains a variety of **optional** probes. **It is anticipated that participants will bring up some of the probes spontaneously. Depending on time and participant engagement in a topic, you (the moderator) can choose to ask the probes to stimulate additional conversation.** However, you are welcome to skip over questions and/or go out of order to encourage 'flow' in the conversation. Please adjust and/or explore new issues as they arise, as long as the conversation focuses around the six general topics (healthcare access, mental health, dementia, caregiving, housing, and transportation) and/or general needs of older adults, adults with disabilities, and/or caregivers in the Inland Empire.

INTRODUCTION

Thank you so much for participating in this focus group.
[Introduce yourself (the moderator) and the notetaker].

Today, I'll be asking you several questions to evaluate your community – with a focus of understanding unmet needs and potential solutions.

We want to hear about your experiences and your insights into the needs of other older adults

in **[the Inland Empire/ name of their community]**. While people have different definitions of who qualifies as an 'older adult,' when I use that term today, I'm referring to anyone aged 65 or older, since this is the qualifying age for many government programs and services.

Your input today will inform a 'Master Plan for Aging' in the Inland Empire. The Master Plan will initiate new policies and programs to support older adults, adults with disabilities, and caregivers in our region.

Everything you share today will be kept confidential and your feedback will remain anonymous. Your views are important to us; we value and welcome diverse perspectives.
Please know you do not have to answer any questions you don't feel comfortable with.
Today's discussion will be recorded for note-taking purposes only.

We will be summarizing what you share today into an anonymous report that will be shared with the Master Plan for Aging advisory committee.

During the next 90 minutes, we're going to discuss six topics, including: healthcare, mental health, dementia, caregiving, housing, and transportation. This means we will have about 10-15 minutes discussion time per topic.

Ask for consent.

QUESTIONS

HOUSING

We all need a secure, safe, and comfortable home environment. Housing must be affordable and may need to be modified for our changing needs as we get older. Common needs related to housing include (but are not limited to): home maintenance and repair, help to find new housing, or help affording housing-related costs.

1. **In your experience, what are gaps in services or supports that help older adults to find and maintain housing?**

Probes:

a. Tell me about your current housing situation. Do you own or rent your primary home, or do you have some other type of living arrangement like living with a family member or friend?

b. **Where would you go if you needed help** to find housing or support to remain in your own home?

c. What are the barriers to accessing affordable housing in your community? (e.g., low supply, waiting lists, difficult online forms)

d. If you rent, are there sufficient **protections for renters**? (e.g., protection from dramatic increases in rent or eviction)

e. If you live in your own home,

   i. Does your current residence need any **major repairs, modifications** (e.g., grab rails, ramps), or changes to better supporting your changing needs?

   ii. Do you have working air-conditioning?

   iii. Can you access affordable **home and yard maintenance**?

f. If your income is fixed (due to retirement or social security), how do you navigate increases in housing costs?

   i. At the end of each month, and **after paying for your housing costs, do you have enough money to purchase medications and food for balanced meals?**

g. Was your housing impacted by the recent fires in our area? Or, have the PG&E **rolling blackouts** impacted your health or wellbeing?

   i. Did you try to receive housing support for disaster recovery, but you were **denied**?

h. Who would you turn to **if you needed support in your home, for example, help with personal care, grocery shopping, home delivered meals, or housekeeping?**

   i. What are **barriers to receiving support**? (e.g., cost, language/ cultural barriers, finding someone you can trust, transport, internet/phone access)

   ii. How do you access information about services in your community? (E.g., online, through mailings, through religious or voluntary organizations, neighbors, etc.)

i. What are barriers to accessing information? Do you wish you could access information in other ways?

Brainstorming potential solutions:

j. What can be done to improve housing for older adults in the Inland Empire?

TRANSPORTATION

Transportation is so important for us to stay socially connected, access groceries, healthcare, and other services. Transportation can include driving, getting rides from friends or community volunteers, or accessing public transit such as buses, shuttles, or taxi services. In order to help us maintain our independence, transportation should be affordable, accessible, and convenient.

2. **What transportation resources exist in your community and what transportation support is needed?**

Probes:

a. In general, when you need to get somewhere, how do you get there?

b. What can be done to improve existing transportation options?

   i. Do the current transportation services get you where you need to go in a **reasonable time frame**?
   ii. Are they **affordable**?
   iii. How do you **access information** about fares, routes, and schedules?
   iv. What is your experience **getting on or off** the bus?
   v. Are **bus stops** accessible, shaded, and safe?

c. Are you interested in on-demand transportation services, like Lyft or Uber? Why or why not?

d. What form of transportation would you use in case of emergency?

   i. How reliable is this source?
   ii. Where would you go/ want to be transported in case of emergency?
   iii. What would make you feel safer?

HEALTHCARE

We'll begin by discussing unmet needs related to healthcare, and your suggestions to improve care in the Inland Empire. To age well, all Californians need access to health care, including primary and specialty care, urgent care, medications, labs and screening, vision and dental care, and home health care.

3. **Can you access the healthcare and related help that you need to meet your current or anticipated future healthcare needs?**

Probes:

a. Tell me about how you access ___ care.

b. What challenges make it difficult to access the healthcare you need?

   i. Is primary care **accessible** and **affordable**?
   ii. **Emergency care**?
   iii. **Labs and screening**?
   iv. **Specialty care**?
   v. **Medications**?
   vi. What about **Dental care**?
   vii. **Vision care**?
   viii. Well trained, certified **home health care providers**?
   ix. **Veterans' services**?

c. Do you have trouble finding providers who will **accept your insurance**?

d. How do you **access** these services? (For example, does someone give you a ride?) Would you be open to connecting with your healthcare provider by phone or video from home? (telehealth)

e. Overall, are services in your community available in your **preferred language**? Are the services you access culturally appropriate and respectful?

Brainstorming potential solutions:

f. What do you believe could be done to improve healthcare access for older adults in the Inland Empire?

BEHAVIORAL HEALTH

Health does not just include our body; it includes our brain.

4. **In your experience, what can be done to encourage mental, emotional, and social well-being for older adults in the Inland Empire?**

Probes:

a. Do you have people or friends that you hang out with or meet up with regularly (maybe an exercise group or friends that meet for lunch)?

b. Do you have a religious group you regularly attend?

c. Do you have family that lives near by or that you talk to online or on the phone regularly?

d. Do you have neighbors you see or talk to regularly?

e. Do you feel that there is **someone you can talk to** when you are feeling anxious or sad?

f. What **challenges and factors** should our community consider to **improve** mental health?

g. In [this community], is there **access to services for individuals who are experiencing:**

   i. Loneliness?
   ii. Sadness or Depression?
   iii. Grief or loss of a loved one?
   iv. Addictions or substance abuse?
   v. Self-neglect, or no longer caring for oneself?
   vi. Hoarding?
   vii. Post-traumatic stress disorder?

Brainstorming potential solutions:

h. During COVID, many of us become more socially isolated than ever before. What suggestions would you have to **improve social connections** within your community? (For example, events, classes, opportunities to volunteer, opportunities to connect older adults and youth, or cultural events).

COGNITIVE IMPAIRMENT, ALZHEIMER'S, AND OTHER TYPES OF DEMENTIA

Next, we'll talk about changes in memory.

5. **Who would you talk to if you, or someone you loved, experienced changes in their memory or an increase in confusion?**

Probes:

a. Would you feel comfortable talking to your doctor about changes in your memory?

b. Where can someone go to get a cognitive screening and/or receive a **diagnosis** of Alzheimer's or dementia?

   i. Are there specific doctors or healthcare systems that are known for being knowledgeable about cognitive health and dementia in your community?

c. Where can someone go to **access information** about Alzheimer's or dementia? (e.g., internet, doctor, family or friend, community service organization, county health department, senior center, church, synagogue, or temple.)

d. What do you think are the **top three barriers that prevent people from seeking help with Alzheimer's or dementia**? (e.g., lack of awareness of services, fear, stigma, overwhelmed, don't understand what is normal or not normal aging, afraid of the costs, other access issues)

e. What resources exist in your community to support people with Alzheimer's disease or a related dementia? (**e.g., adult day center, home care, memory café, support groups)**

Brainstorming potential solutions:

f. Do you have any suggestions on what could change or be improved to better support those experiencing cognitive changes and/or dementia?

CAREGIVING

Many will do whatever it takes to care for an ill relative or friend, and this has been especially challenging during COVID. Caregivers need support – so that the role remains rewarding, and so they can maintain health, well-being, and economic stability.

6. **Do you provide regular care or assistance to a friend or family member who has a health problem or disability? (Or, do you receive regular care or assistance from a friend or family member?)**

Probes:

a. What are the greatest **challenges you face in the care you provide**?

b. In your experience, what are the greatest **unmet needs** in your community to support caregivers?

c. Are you aware of **resources for caregivers in your community**?

   i. adult day care,
   ii. financial support,
   iii. support from employers, e.g., paid time off
   iv. education and training
   v. home care services including health, personal care, and housekeeping
   vi. other support from faith communities, non-profit organizations

d. Do you practice **self-care**? In other words, do you take time to care for or do things for yourself? Why or why not? What do you do to take care of yourself?

Brainstorming potential solutions:

e. What resources or support would help make caregiving easier, less challenging, or more manageable for you?

CONCLUSION

Reflecting on our conversation today, are there any other key issues or thoughts that come to mind?

Appendix

Appendix B: Community Recommendations for Action

To ensure a person-centered approach in our research and recommendations, we wanted to call out recommendations that were brought forward by participants in our community focus groups. These are incorporated into the final recommendations within the report, but we thought it would be valuable to call out specifically which came from community members (versus the IE - MPA Advisory Committee).

Housing Recommendations

- Expansion of Section 8.
- Create more multi-generational housing or shared housing (help with vetting of roommates).
- Build more senior housing closer to resources and activities.
- Better support for unhoused older adults (including single caseworker contact to help navigate).
- Promotion of USDA loans that allow for purchasing a home without a down payment.

Transportation Recommendations

- Free or low-cost public transit for older adults.
- Local governments need to encourage better transit—public and private—through promoting more transit enterprises and better regulation of the quality/reliability.
- Doctors can communicate a clearer process, next steps, or resources for someone who has their license taken away.
- Expansion of Medicare Part D, which allows for medical transportation.

Healthcare Recommendations

- Develop a wrap-around care system (ombudsperson): Integrating mental and physical health, family, education and other supports. A centralized location and/or person to provide connections to necessary resources.
- Stabilize insurance and Medicare, including what insurance healthcare providers accept and the eligibility thresholds. Medical groups need less fluctuation to enable continuity of mental and physical healthcare.
- The healthcare system needs to be easier to navigate.
- A safety net for people who fall just barely above the qualifying line for coverage for healthcare and long-term services and supports is needed.
- Promote the Medicare Advantage 24-7 phone number and have a Medicare representative at local senior centers to answer questions (not just facilitate sign ups).
- Rural areas need doctors, specialists, local hospitals, pharmacies, and urgent cares that do not have limited hours.

Alzheimer's and Related Dementias Recommendations

- Ensure resources are available in multiple languages to match local language diversity, including Spanish.
- More support is needed from adult protective services.
- Advocate for more state and federal funding.
- Increase staffing and funding for APS.
- Increase vetting and follow-up on caregivers.
- More senior advocate programs.
- Trusted resource—to screen guardians and caregivers and allow older adults to accept or decline care support from them.
- Information on how to put a memory loss, dementia, and Alzheimer's care-plan in place.
- Medical support for dementia.
- Increase research on pain management and cognitive impairment drugs—are there side effects worse than not taking the medicine?
- Special clinics for those with memory issues (memory loss, Alzheimer's, and dementia).
- Intergenerational Supports

- Increase awareness about aging among youth. Build intergenerational relationships.
- Collaborative events with daycares and high schools
- Urban Planning/Design
- Scandinavian countries have Alzheimer's towns, "It sounds like a life…I don't know why we don't have that here."

Mental Health & Social Support Recommendations

- Develop a wrap-around care system (ombudsperson) integrating mental and physical health, family, education and other supports. A centralized location and/or person to provide connections to necessary resources.
- Insurance and Medicare need to be stabilized: What insurance healthcare providers accept, the eligibility thresholds, and medical groups need less fluctuation to enable continuity of mental and physical healthcare (e.g. Medicare Part D allows for medical transportation and should be available to all those who need it).
- Create a process or space to build intergenerational friendships.
- Fund and use community centers for programming that builds community: outreach, activities, engagement, and meals.
- Adopt-a-senior or buddy system.
- The mental health hotline could be better promoted.

Caregiving Recommendations

- Develop a wrap-around care system (ombudsperson) integrating mental and physical health, family, education and other supports. A centralized location and/or person to provide connections to necessary resources
- More awareness
  - Of resources (e.g. caregiver resources and 211)
  - Of who/ what a caregiver is (some individuals did not see themselves as caregivers but simply just doing their responsibility for family)
- Expand resources already existing in different spheres of caregiving:
  - The Buddy System— started with HIV/AIDS caregiving programs. Volunteers and no cost to those being cared for. Not long term but useful if someone is needed to give a

hand (cleaning, groceries, rides to/from the doctor).

  - Care.org—offers resources to public and private caregivers but requires a background check. However, it can be confusing who can access this resource, who pays for it and how/when/if insurance is looped in.

- Churches and community centers should be made aware of existing caregiver resources.
- More assisted living facilities need to be built in rural areas.
- Support for caregivers in the form of check-in calls and grants for respite relief.
- Support after caregiving is needed (e.g. when the person being cared for passes away).

Appendix

Appendix C: Advisory Committee Focus Group Findings

Prior to conducting focus groups with community members, two focus groups were held with members of the IE – MPA Advisory Committee in the Summer of 2022. The focus groups were moderated by a consultant from The SCAN Foundation and utilized an adapted version of the interview guide that was later used for the community focus groups (see Appendix A; questions were adapted to apply to service providers' observations of their constituents). While many of these themes also came up during the community focus groups and are described in the body of the IE – MPA report, this summary is included separately as an appendix to inform future workgroup discussions and action planning.

Zoom Focus Group

July 12, 2022, 2-3:30pm

Total # of Participants: 4

Facilitator: Pauline Martinez

Zoom Focus Group

August 2, 2022, 2:30-3:30pm

Total # of Participants: 3

Facilitator: Pauline Martinez

THEME: LACK OF AWARENESS OF RESOURCES

- The need to increase awareness about resources was a theme that came up throughout all other sections. Many are unaware of what services are available to them and some key services are not being utilized in the way they should or could be, (e.g., County ADRC, Alzheimer's Association Helpline, IHSS, IEHP transportation and housing resources).

- People who are most isolated need the most help (e.g., with behavioral health services). If we outreach at a senior center, health center, or food pantry, etc., we are only reaching those who are already connected.
- Many older adults/ families lack awareness of resources until a hospital social worker notifies them post-discharge. Improved care management and support at home could reduce hospitalizations.
- We need new and creative messaging/ approaches.
    - For example, we could target families more, e.g., parents of young kids (who have aging parents), grandchildren. Younger generations have more connection to the internet. Many families wait to reach out until the needs become acute and they are burned out, e.g., calling in to ask, "Where can I place my mom?"
    - How do we get everyone of all ages to care about aging? We're planning for OUR OWN future.
    - Do people identify as a 'caregiver'? Many think that the term 'caregiver' means someone who is paid. People don't identify as caregivers, so they don't access services/ reach out for help.
- Promising practices:
    - The Riverside County Office on Aging is making efforts to increase awareness. For example, they are revamping their website, working on expanding social media, and hoping to launch a quarterly newsletter.
    - IEHP staff in all departments are trained to recognize key words during incoming calls, e.g., "I live alone," "I need help," "I don't have a ride," "Alzheimer's," "dementia/memory changes," and then they refer to patient to the Integrated Transitional Care team.

HEALTHCARE / MENTAL HEALTH

Affording care

- Many medications are unaffordable for older adults on a fixed income.
- In addition, people who fall just above the MediCal qualifying line are falling between the cracks; the out-of-pocket share is too much.

- Provider Shortage/ Need to travel long distances for specialty care
  - There is a severe lack of providers in very rural areas. People need to travel long distances to access specialized care. In rural areas, providers are limited in their practice scope. They can provide basic urgent care, but specialized care is not available.
- Providers need training on dementia and age-related health conditions.
  - PCPs need training on dementia and age-related health conditions. This would be especially valuable among providers in rural areas.
  - Note: a recent article highlighted the disparity in dementia diagnoses in rural vs. urban areas. (https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794959)
- Transportation is the biggest barrier to accessing healthcare
  - Most older adults have a provider; they know where to go but transportation limits them.
  - People don't know about telehealth availability and/or many don't have internet access. Telehealth could help in some ways, but some health care must be in person, e.g., labs, specialty care, treatments.
- Eligibility restrictions
  - Eligibility for some benefits is restricted to patients who have been discharged after a hospital stay. The health system needs to take more of a preventative approach.
- There is a need for health systems to recognize and address social determinants of health and improve partnerships/ referrals with CBO's.
  - Currently referrals are informal, e.g., a provider tells the constituent to call so-and-so, but no one follows through to see if the connection is ever made.
  - Promising practices:
    - The Connect IE- Community Resource database is a start, but we need more.
    - The Alzheimer's Association formed the Latino Action Network to improve referrals among Latinxs; this model could be expanded to improve referrals for all older adults/ underserved populations.

    - **Potential Action Item:**
        - Formalize the referral process. Provide cross training- CBO's need to understand the language and context of health plans and vice versa.

- Key underserved populations
    - Unsheltered populations are not connected to the healthcare system. Even if they have a physician assigned to them, they do not access care regularly and can't stabilize their health.
    - Veterans don't feel comfortable/ don't trust government systems. Some have a mistrust of physicians and hospitals.
    - Older adult caregivers do not prioritize their own health; they focus all of their energy on their care recipient. The health system is cumbersome and time consuming, so they give up on maintaining their own health. Also, during COVID, many older adult caregivers were not comfortable with virtual services/ care. The ICRC has seen a reduction in utilization since COVID, especially among the Hispanic community.
- Dental care is inaccessible/ too expensive.
- Need for culturally/ linguistically appropriate care
    - A lack of culturally appropriate providers can deter people from accessing services; even when services are free, they might not accept. It is best to match providers and patients culturally/ linguistically, or at least ensure providers have received training to be culturally informed. Conditions such as depression, suicide, and dementia are seen different ways by different cultures. Many of our programs/ best practices were developed among homogenous populations and need to be adapted for the diverse ethnic groups in the Inland Empire.
- Bringing care to the home
    - More services need to be offered at the person's home (e.g., healthcare, behavioral health services, home assessments).
    - Promising practices:
        - CalAIM is coordinating more mobile reach – meeting people where they're at.
        - The County of San Bernardino AgeWise provides behavioral health and care management in the home, but it's unclear how many they are serving. It would be interesting to hear from them. Do they have enough funding?

- Common mental health challenges observed among older adults:
  - Aging anxiety/ Negativity around aging
  - Fear around COVID – is it safe to go out?
  - Social isolation
    - (Note that Riverside County is currently conducting a survey on this topic.)
  - Substance abuse may be an issue- this came up in the city of Menifee.
    - **FOLLOW UP NEEDED:** substance abuse hasn't been part of Riverside's Area Plan focus but it would be good to check in with other partners (e.g., NAMI?) to see if they have more data
- Behavioral health outreach strategies
  - Some older adults have emotional barriers to being willing to reach out to help after being isolated for so long. Many have a stigma about mental health and/or do not want to admit they have challenges.
  - Service providers may need to change their communication strategies. Sadness, loneliness, feeling blue, memory, or cognition may be better language. Health = body and brain. Reassure older adults, "this is a normal part of the aging process, it's ok to seek help."
- Key populations to target for behavioral health interventions
  - Among unsheltered individuals, many have been disconnected from friends/ family for a long time. They may experience guilt about past decisions, (e.g., substance abuse), grief about losing loved ones, depression.
  - Veterans- many experience PTSD. There is a need to let them know they have other options for healthcare besides the VA.

DEMENTIA

Providers need dementia-specific training on how to screen for and detect cognitive changes, rule out reversible causes, and diagnose Alzheimer's or related dementias.

- Promising practice

        - IEHP sends letters to providers after patients are screened if they are determined 'at risk for cognitive decline.'
        - **FOLLOW UP NEEDED:** Does IEHP follow through with providers to ensure they go through a diagnostic process?

- There's a need for health systems to increase referrals to provide ongoing support (e.g., to Alzheimer's Association, IHSS, adult day services).
- Need for community education around dementia.
    - We need to normalize dementia, like all other health conditions.
    - People don't plan ahead for aging/ dementia. Need to help people plan for what they want/ need if they do develop dementia or if their loved one develops it. Today, the ICRC sees caregivers when they are burned out and they have missed out on accessing many existing resources.
    - The general public needs to understand that not all memory loss is Alzheimer's, and dementia is not normal aging. Need more awareness of the warning signs. Ageism is an issue- being forgetful is seen as normal. People don't reach out for help since they think "this is just the way things are." Older adults need to know the benefits of early detection and what resources exist.
    - Patients need to be encouraged to bring up cognitive concerns with their healthcare provider.
        - The Alzheimer's Association conducted a survey a few years ago and found that providers are waiting for patients to bring up cognitive concerns, and patients are waiting for providers to bring it up. So, it never gets discussed.
    - Communities also need education on how to be dementia friendly; how to communicate with those who have dementia.
- Example of challenges that individuals with dementia and their families face:
    - Family members often struggle to check up on loved ones who are aging and living alone. They don't realize how bad things are until it's too late.
    - Many with dementia become isolated. Including the caregivers.
    - Challenges of people with dementia wanting to drive- how do you take the keys away?
    - Unaffordability of long term care / assisted living is another key issue.

- **Potential Action Items**
  - Idea to plan a dementia-focused education event in partnership with multiple organizations in the IE.
  - Or, focus on provider education – can we develop a 1-pager geared towards providers with key topics/ issues related to older adults in the IE/ recommendations, e.g., need for earlier diagnosis and improved referrals.
  - Another idea is to launch intergenerational projects/ activities. Engaging younger people to think about aging.

CAREGIVING

- Older adults in the IE (especially those in rural areas) face many challenges accessing respite care.
  - Adult day health care is lacking. There is only one in Palm Springs and one in Hesperia, and they only provide services to clients that live within a 45-minute radius.
  - The public has a lack of awareness about what services exist, including ICRC / Public Authority IHSS.
- Caregiver workforce shortage
  - Shortage is worse in rural areas; caregivers may need to drive up to two hours to reach clients' homes.
  - Those who qualify to receive IHSS support can't find providers. IEHP tells them to recruit friends, neighbors, family, but still many are left unserved.
  - Not just IHSS, but in home care providers in general are underpaid. Wages, training, and background checks need to be improved.
  - It's hard to find trustworthy caregivers, e.g., theft happens, vulnerability to elder abuse.
- **Potential Action Items**
  - Advocate for increased funding for respite, mental health services, and care planning. More funds are being allocated for caregiver support but it's still not enough.
  - Educate families. Emphasize self-care. Make sure families know they're in for the long haul and they can provide better care if they care for themselves.

- Workforce enhancement initiatives, e.g., increase IHSS rate.
- Ensure caregivers are included in all assessments. Many assessments for services are only conducted with the older adult. The caregivers are providing medications, services and are essential partners in care.
- Expand caregiver training both for formal and informal caregivers.
    - After a discharge, family members don't understand the medications, diagnosis, etc. A lack of training increases caregiver stress/ burden. All this gets compounded when the caregiver is an older adult, too. They're taking care of each other.

HOUSING & SUPPORT TO STAY AT HOME

- There is an overall lack of affordable housing; waiting lists are years long.
    - During COVID, there was an increase in rental subsidies that were given to older adults, but the housing stock was not there. It's difficult for older adults to find housing that meets their care standards- this often takes more than 6 months. Even still, many clients can't use their housing vouchers due to an overall lack of housing stock.
    - There needs to be greater flexibility (e.g., land use regulations), to allow quick rezoning from commercial retail to affordable housing. Also, the California Environmental Quality Act (CEQA) limits areas where housing could be developed.
    - **Some progress:** Homekey allowed Riverside County to work with developers to create affordable housing. However, this takes time. The new housing won't be ready till next year, and the demand keeps growing.
- Housing costs are rising; adults on fixed incomes need to decide about how to budget for medications, housing, and food. People need financial help- temporary, one-time help, e.g., to pay a deposit, make ends meet during a transition.
    - **Best practice**: IEHP pays housing and utility deposits, provides funds to CBO's to provide case management to help those in need find housing.
- Overall, housing stock is not age friendly / there is a lack of universal design. New single-family homes are often two stories. Overall, there is a lack of awareness among community planners and developers about the growing aging population.

- Another issue is poor housing conditions in mobile home parks in rural areas (e.g., Oasis Community Park). They frequently lose power and access to water. The County only has resources to provide temporary fixes, e.g., pass out water to residents.
- **Existing resources for home modifications:** IEHP, Riverside County, and Habitat for Humanity provide help to install home modifications such as ramps, grab bars.
- **Items for Follow Up:**
  - It would be great to get a better understanding if older adults know how to get on waiting lists, and if older adults are accessing supportive services related to housing.
  - We could gather more data from 211 coordinated entry, who receive many calls related to housing needs.
  - The Advisory Committee was also unsure of what renter protections exist and if they are being enforced, e.g., against rapid increase in rent, evictions.
  - Now that COVID protections are ending, how will this impact housing? (e.g., for those who delayed paying rent).
- Homelessness and transitional housing.
  - Eligibility criteria for housing support should take a more preventative approach. Currently, transitional housing programs/ many supportive services are only for a select, high need population, e.g., for those who are already homeless. Some chronic conditions qualify, and/or behavioral health conditions. However, for older adults, there is a need to intervene earlier/ the qualifying restrictions should be less strict.
  - When unsheltered individuals access temporary housing, Riverside County Housing is unable to provide home care until they move into permanent housing. (Can this be addressed via collaboration between ICRC and DAAS?)
  - **Promising practice:** Riverside County Adult Services division is working with homeless continuum of care and received an award so that designated social workers can respond to seniors experiencing homelessness. These social workers can meet homeless seniors where they are, and they stay on the case until they find permanent housing. They partner with the Riverside County Office on Aging for aftercare for 6-12 months. However, there is no state funding to allow this program to continue so they are worried about the sustainability of this program.

- Food insecurity
  - With inflation/ housing costs going up, food insecurity is an increasing issue. There are many food pantries but delivering food door-to-door is much more logistically challenging. Older adults (especially those in rural areas) have a hard time accessing food pantries due to a lack of transportation and lack of awareness of resources.
  - The ICRC had more flexibility to use their funds during COVID. Since they couldn't provide in home care, they used their funding to buy groceries for family caregivers. However, this flexibility has ended, and food insecurity is still a big issue.
  - Caregivers/ older adults are still vulnerable to COVID and feel fearful about going to public places to access food. Some of the emergency response food resources have ended and also the 'senior hours' at grocery stores have stopped. These programs were very successful and are sorely missed.
- Disaster Preparedness
  - There is a need to ensure older adults are being addressed in disaster preparedness plans. E.g., Older adults frequently lose prescriptions, hearing aids, glasses, etc. in an evacuation.
  - IEHP dropped off food and water to their patients early in the pandemic, but they only reached a small percentage. If another disaster happens (e.g., fire, heat wave), IEHP and others would be strapped to reach those who are vulnerable.
  - **FOLLOW UP NEEDED**: Ask counties about aging and emergency preparedness plans.
  - **Potential Action Item:**
    - Ben is certified to assess shelters to ensure accessibility for seniors/ people with disabilities. He is one of two people that are certified in the entire County; it would be good to expand this training to others.

TRANSPORTATION

- Transportation options are limited in rural areas. For those who need to go to Riverside/ San Bernardino, there are often only a few bus options per day. The VA also offers a few bus lines, e.g., Palm Springs to Loma Linda, Victorville to Loma Linda.
- In addition, paratransit only goes out ¾ mile from RTA lines/ main roads, so rural older adults are left out. (What about those who don't live on a bus line?)

- **Existing Resources:** Riverside Office on Aging offers:
  - TRP- Travel Reimbursement Program- OOA reimburses family/ friends/ neighbors that give rides to eligible older adults. They provide funds per mile. However, most don't have access to handicap-accessible vehicles.
  - Trip Trek- transportation access program for 60+ or disabled. 6 tickets per month. Dial-a-ride, RTA, or Riverside Special Transportation. But these providers don't serve rural areas.
- **Potential Action Item:**
  - Create a monthly flat fee for ride share services for adults 60 and older.