



**Inland Coalition
on Aging**

The Inland Empire Master Plan for Aging

Our Roadmap for Aging Well

September 29, 2023

Schedule of Events

10:00 am - Welcome and Opening Remarks

10:15 am - Statewide Context for the Local MPA

10:30 am - Supporting State and Local Efforts

10:35 am - Findings from Needs Assessment

11:00 am - Assemblymember Eloise Gómez Reyes

11:05 am - IE-MPA Report and Action Items

11:15 am - Lunch

11:45 am - Panel Discussion

1:00 pm - Closing

Welcome and Opening Remarks

Dr. Gary Robbins, DMFT, Deputy Director for Administration,
Riverside County Office on Aging

Dr. Ben Jauregui, DSW, Manager, Integrated Transitional Care, Inland
Empire Health Plan, Commissioner, SB County Senior Affairs
Commission

Jarrold McNaughton, MBA, FACHE, Chief Executive Officer, Inland
Empire Health Plan

Sharon Nevins, LCSW, MP-PPM, Director-Public Guardian, San
Bernardino County Department of Aging and Adult Services/Public
Guardian

IE-MPA Advisory Committee

Anna Swartz, Community Access Independent Living Center, Chair

Carmen Estrada, Inland Caregiver Resource Center, Chair

Hon. Cheryl Brown, Chair, California Commission on Aging

Sondra Craddock, San Bernardino Regional Council on Aging

Dr. Ben Jauregui, Inland Empire Health Plan

Dr. Krystal Rowe, San Bernardino County Department of Aging

Renne Sanchez, Riverside County Office on Aging

Tanya Torno, Riverside County Housing and Workforce Solutions

Kelly Watson, Planning Ahead for LGBT+ Seniors

Shari Fleishman, Former Member, City Riverside Commission on Aging

David Wilder, Chair, San Bernardino County Senior Affairs Commission

Steve Mehlman, Member, Riverside County Advisory Council on Aging

Susan Howland, Alzheimer's Association, California Southland

Nena McCulough, Town of Yucca Valley Senior Center

Statewide Context for the Local MPA

Hon. Cheryl Brown, Chair, California
Commission on Aging

Susan DeMarois, Director, California
Department of Aging



The Inland Empire Master Plan for Aging

Statewide Context for the Local MPA

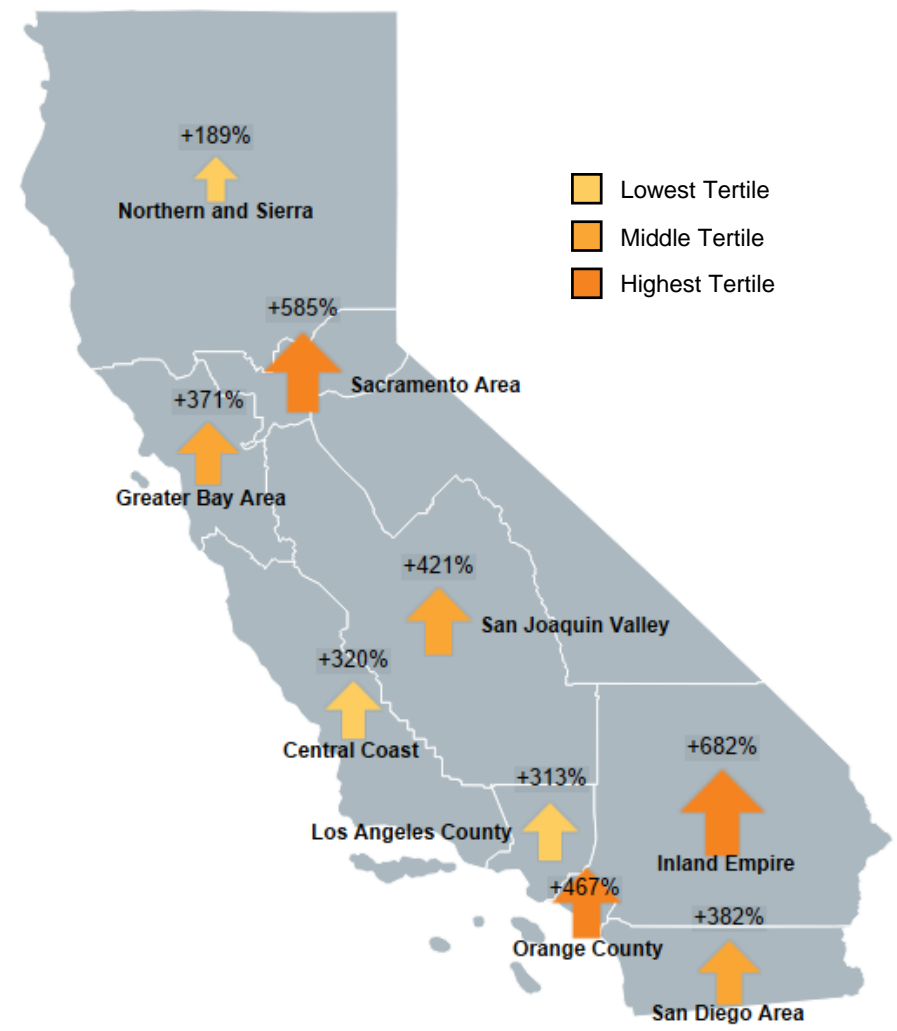
Susan DeMarois, Director

Celebrating 15 Years of Collaboration & Integration in the Inland Empire!



Age 65+ Population Growth by Region 1980 - 2060

Age 65+ Population Growth by Region



Region	1980 Population Age 65+	2060 Population Age 65+	Percent Change
Inland Empire	188,724	1,476,126	+682%
Sacramento Area	106,426	728,994	+585%
Orange County	161,348	914,839	+467%
San Joaquin Valley	211,468	1,101,413	+421%
San Diego Area	200,662	967,858	+382%
Greater Bay Area	533,805	2,516,355	+371%
Central Coast	153,082	642,540	+320%
Los Angeles County	742,478	3,064,289	+313%
Northern and Sierra	121,071	350,083	+189%

Source: California Department of Finance

Supporting State and Local Efforts

Dr. Sarita A. Mohanty, MD, MPH, MBA,
President and CEO, The SCAN Foundation

Rural MPA Project

In January 2022, The SCAN Foundation provided support to 3 coalitions to focus on developing local MPAs that address the unique challenges of aging in rural communities.

- Diversability Action Network (DAN) – Shasta/Butte/Glenn Counties
- Central Valley LTSS Coalition – Kings/Tulare Counties
- Inland Empire LTSS Coalition (Now Inland Coalition on Aging) – Riverside/San Bernardino Counties

The ICA has been funded by the California Department on Aging to extend these efforts through March 31, 2025

Scope of Work

- Form a Local Advisory Committee
- Review Existing Data
- Hold Listening Sessions
- Brainstorm Action Items & Identify Resources
- Draft a Local MPA, Gaining input from Key Leaders
- Build Public Awareness and Support
- Form Implementation Workgroups
- Hold Public Release Event for Local MPA – Due March 31, 2025



Following the MPA Local Playbook

State Master Plan on Aging

- Goal 1: Housing for All Stages & Ages
- Goal 2: Health Reimagined
- Goal 3: Inclusion & Equity, Not Isolation
- Goal 4: Caregiving That Works
- Goal 5: Affording Aging

IE-MPA Areas of Focus

- Housing
- Transportation
- Healthcare
- Alzheimer's and Related Dementias
- Mental Health and Social Support
- Caregiving

Findings from Needs Assessment

- **Methodology**
- **Findings**
 - Housing
 - Transportation
 - Healthcare
 - Alzheimer's & Related Dementias
 - Mental Health & Social Support
 - Caregiving



“When discussing extending life, it’s
important to discuss quality of life”
(Low Income Individual)

Data Collected

IE-MPA Subpopulations

Black/African American

Hispanic/Latinx

LGTBQ+

Low Income

Veterans

Unhoused

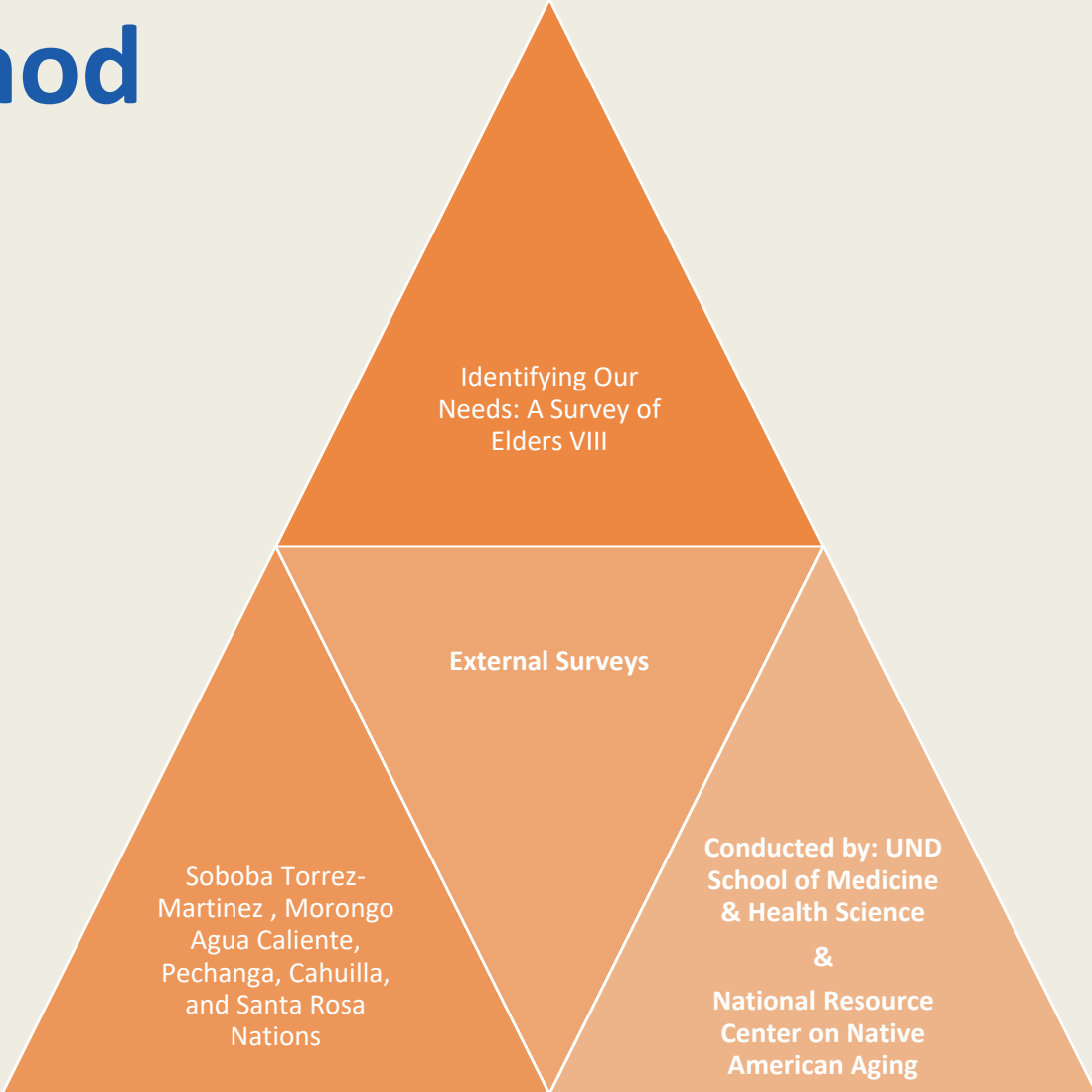
American Indian/Tribal Nations

Caregivers

Rural Areas

Recruiting Group	County	Population	# Participants
Community Listening Sessions			
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	Caregivers – Spanish Speaking	10
Inland Caregiver Resource Center	Riverside & San Bernardino	Caregivers – English Speaking	4
St. Paul AME Church	San Bernardino	African American	8
Mecca Family & Farmworker’s Service Center	Riverside	Hispanic/Latinx	11
Meniffee 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

Method



Housing

Similarities

Context

- Desire for multi-generational homes or roommates
- Homelessness
- Right-sizing/downsizing housing (upkeep/proximity to resources)
- Housing is healthcare

Challenges

- Increased costs on fixed income (rent, HOA, utilities)
- Rent controlled housing is too expensive on a fixed income; unreasonably long waitlists (Section 8 and Private)
- Issues with home upkeep or retrofitting (affording, finding, vetting)

Differences

Differences in 'low income' for extremely rural areas (e.g. Yucca Valley) versus smaller suburban centers (e.g. Palm Springs and Riverside)

Challenges

- Absentee landlords/lack of rental upkeep (*English Speaking Caregivers, Rural, Native American*)
- Need for restrictions on AirBnBs (driving up costs of food, home repairs, rent) (*Low-Income, LGBTQIA+, Rural*)
- Challenges securing home loans (*Rural*) for homes on Indian Lease Land (*Low-Income*)
- Unsure about reverse mortgages (*African American, Spanish Speaking Caregivers*)
- Costs of downsizing (*African American, LGBTQIA+*)

Transportation

Similarities

Public Transit

- Kindness of drivers
- Needs to go where people want to go and when they need to get there (e.g. healthcare facilities, senior centers, social activities, groceries, pharmacies, low-income food distribution places)

Driving

- Caregivers provide driving support
- Fear of losing vision, not being able to drive, and losing social and resource connections

Differences

Public Transit

- Accessibility (frequency, location of pick up/drop off) (*Rural, Low Income, LGBTQIA+, Native American*)
- Carrying groceries on the bus can be a challenge (*Rural*)
- Accessing occupational health, Access transportation, and dial-a-ride is challenging (e.g. timing, no-shows/late, restricted/limited places they will drive to) (*English Speaking Caregivers, Rural, Low Income, Native American, Unhoused*)

Driving

- Difficulty on dirt roads (*Rural*)
- Distance one must drive to get to necessary resources (e.g. specialists, healthcare, groceries, food distribution) (*Rural, LGBTQIA+, English Speaking Caregivers, Low Income, Native American*)

“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] 2 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”

(Rural Individual)

Individuals served as dedicated live-in caregivers to family only to have the family member die and their home be taken away or they are paid so little, they can’t afford basic care as they age themselves

(Unhoused Individual)



Healthcare

Similarities

What is Working

- Local Veterans Affairs offices offer good medical healthcare support to those eligible

Context

- Shortage of healthcare workers. This can translate to long waits (even for urgent situations)
- Distance of care and long waits to access – regular health access and specialists (related to transportation and distance)
- Everyone generally had access to healthcare (though quality of care/copays/access varied greatly). (Exception: Unhoused)
- Housing is healthcare

Challenges

- Need more physicians in older adult care
- System of navigating healthcare needs to be easier to manage/'friendly' for older adults
- People often just barely don't/do qualify for healthcare

Differences

What is Working

- Prescription drugs can be mailed to patients (LGBTQIA+, VFW)

Context

- Distance to emergency care or pharmacies (Spanish-speakers)
- Dental and vision have to be purchased separately (so sometimes they cannot be afforded or are not accessible) (Spanish-speaking Caregivers, English-speaking Caregivers, Native American)

Challenges

- Overwhelming to follow through on resources when already navigating challenging situations (English-speaking Caregivers, Unhoused)
- To qualify for low-income healthcare, they may have to spend down savings (Low-income, Rural)
- Access to nutritious meals (Native American, Unhoused, Rural)
- Challenges getting certain prescriptions for diabetes (VFW) and pain medications (Rural) due to community abuse
- Appointments (even urgent ones) will be cancelled and rescheduled months out due to healthcare worker shortages (VFW)

Alzheimer's & Related Dementias

Similarities

What is Working

- Aging adults can speak with their primary care physician (if they have one) about any concerns

Context

- Assorted, interchangeable use of terms related to memory loss – lagunas, memory loss, forgetfulness, Dementia, Alzheimer's
- Navigating memory issues is very individualized - everyone has their own tips and tricks or justifications for why their memory is not as good as it used to be

Challenges

- General reluctance to reach out for support and expose oneself to wanting or needing help
- Most individuals thought about memory loss with concerns to others, not themselves

Differences

What is Working

- Family can be a place of information or support (VFW, English Speaking Caregivers)
- Senior centers are places of support (Unhoused, Spanish Speakers, Rural, LGBTQIA, Low Income)

Context

- Varied understanding of what causes memory loss
- Aging unhoused individuals experiencing memory loss, dementia, or Alzheimer's have little resources (Unhoused)

Challenges

- Aging adults can volunteer with youth but not much discussion of the mental benefits of volunteering (Rural)

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 caretaker 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.

(Rural Individual)

“It's scary not being able to drive or the idea of not being able to leave the house freely”

(LGBTQIA+ Individual)



Mental Health & Social Support

Similarities

What is Working

- Nearly all individuals relied on some sort of community center as a social support
- Social groups, community groups, churches, friends and family have helped with mental healthcare and social support

Context

- Resistance to discussing mental health - conversations focused more on mental health through the lens of social support
- Housing is healthcare (creates communities of social support)
- Insurance can impede individuals building relationships with mental health providers over time

Challenges

- System of navigating healthcare needs to be easier to manage/'friendly' for older adults
- Unwanted isolation and loneliness (often due to mobility/transportation issues)

Differences

What is Working

- Pets provide important mental health and social support but there can be challenges to having pets – financially and with housing (English-speaking Caregivers, Low-income)
- Many communities rely on visiting free university health clinics (Spanish-speakers, Unhoused)

Context

- Rushed care (LGBTQIA+, VFW)
- Individuals can become cut off from family and friends (LGBTQIA+, English-speaking Caregivers, Low-income)
- A strong desire for intergenerational friendships (African Americans, Rural) and fun activities

Differences

- Sharing about feelings/challenges can be viewed as complaining (Spanish-speaking Caregivers)
- There are not therapists or psychiatrists in rural areas (LGBTQIA+, Rural, VFW)

Caregiving

Similarities

What is Working

- Respite care (when accessible) is greatly appreciated but it's not always available or the type of care falls outside what the respite caregiver can perform
- Family and friends can guide caregivers to support and resources (if these social networks exist and if they know of resources)

Context

- Nearly everyone who engaged in caregiving did so for family or friends (not as a career)
- Not enough caregivers for the aging population
- Caregivers need to be paid proper wages for the extensive and important services they provide

Challenges

- Fear that informal caregivers will steal or swindle
- Supportive care facilities can be challenging to get into, - expensive and long waitlists

Differences

What is Working

- Private caregivers can find information/support wherever they need, publicly funded caregivers have to work with government approved resources (Low Income)
- Caregiver resource center information (when tapped in to this group) (English Speaking Caregivers, Spanish Speaking Caregivers)

Context

- Navigating resources can be overwhelming when exhausted from caregiving (African American, English Speaking Caregivers)
- Men can do caregiving (Low Income, VFW, English Speaking Caregivers)

Challenges

- Accessibility: affordability
 - Middle/low income people can't afford to pay caregivers (Rural, African American)
 - Limited or no access to formal/informal caregivers (Native American, LGBTQIA)
- Caregiving can fall on one person (Spanish Speakers, Unhoused, African American, English Speaking Caregivers)

“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 doing on’”
(English Speaking Caregiver)

“Folks go home to heaven” and there are fewer people in social circles
(African American Individual)

Recommendations

- Focus groups and surveys
- Sample policies
- Programs best practices
- Advisory Committee



Next Steps

Inland Coalition
on Aging presents

The Inland Empire *Master Plan for Aging:* Our Roadmap for Aging Well

Please join us:

September 29, 2023 | 10 a.m. – 1 p.m.

Inland Empire Health Plan (IEHP)
10801 Sixth Street | Rancho Cucamonga, CA 91730

We look forward to seeing you.

RSVP HERE



- Continue IE-MPA Awareness
- Gain Support from Local Leaders
- Gather More Input
Town Halls, Community Presentations, etc.
- Create a Final Draft
- Work together to Implement Plan
Implementation Groups



Call to Action

- ✓ Send Feedback
- ✓ Join the ICA
- ✓ Attend Town Halls
(Feb, April, June of 2024)

Please email any comments or suggestions. Scan the QR code below to send an email now.



info@icaging.org



<https://www.icaging.org/>

RECOMMENDATIONS _____

Scan here to access
this document
online



**Inland Coalition
on Aging**

Panel Discussion



Dr. Takashi Wada, MD, MPH, Chief Medical Officer, Inland Empire Health Plan

Susan Howland, MSG, Senior Director of Programs, Alzheimer's Association Southland

Tanya Torno, MSW, Deputy Director Continuum of Care, Riverside County Housing and Workforce Solutions

Nancy Strickert, Transit Manager, San Bernardino County Transportation Authority

Toni Ortego, LMFT, Behavioral Health Services Administrator, Older Adult Integrated System of Care, Riverside University Health System – Behavioral Health

Carmen Estrada, MPA, Executive Director, Inland Caregiver Resource Center

Lauren Carden, Director, California Elder Rights, Justice in Aging



**Inland Coalition
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Thank You!

For more information, please visit: icaging.org