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"Connecting communities and improving the lives of all generations"

July 26, 2018

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Cynthia D. Banks, Director

SUBJECT: **PURPOSEFUL AGING LOS ANGELES: AGE-FRIENDLY ACTION
PLAN FOR THE LOS ANGELES REGION 2018-2021**

On August 16, 2016, your Board directed Workforce Development, Aging and Community Services (WDACS) and the Chief Executive Office (CEO), to collaborate with more than 20 County of Los Angeles (County) departments and entities to develop Purposeful Aging Los Angeles (PALA), which seeks to prepare the Los Angeles Region for a rapidly aging population through an innovative, sustained initiative that unites public and private leadership, resources, ideas and strategies. Your Board further directed that PALA formulate a 3-year Age-Friendly Action Plan for the Los Angeles Region through a robust, countywide planning and stakeholder engagement effort.

During the past two years, the County and City (City) of Los Angeles launched a series of efforts to engage communities and stakeholders in developing an Age-Friendly Action Plan for our region that covers eight (8) domains of livability: civic participation and employment, communication and information, community support and health services, emergency preparedness and resilience, housing, social participation, transportation and outdoor spaces and buildings. These efforts included developing and disseminating a countywide survey in ten (10) languages to identify community priorities to enhance age-friendliness; establishing a team of research scientists from local universities to analyze the survey data; convening community leaders to provide feedback and develop age-friendly recommendations; conducting listening sessions in communities throughout the County and launching an Annual Older Adult Summit.

Attached is the final Age-Friendly Action Plan for the Los Angeles Region, which includes 29 recommendations that cover the eight (8) domains of livability, as well as five (5) cross-

Each Supervisor
July 26, 2018
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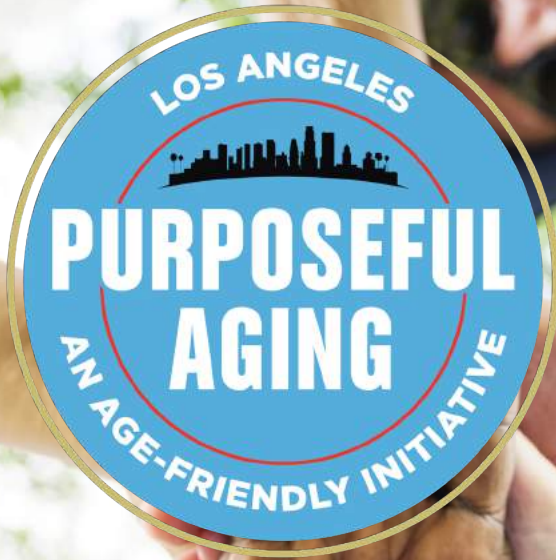
cutting recommendations to establish infrastructure and systems that will support an age-friendly future for our region.

Should you have any questions, please contact me directly, or your staff may contact Mr. Kevin Anderson, Special Assistant, at kanderson@wdacs.lacounty.gov.

Attachment

CDB:KA:rkl

c: Chief Executive Officer
Chief Information Officer
County Counsel
Executive Officer, Board of Supervisors
Animal Care and Control
Assessor
Beaches and Harbor
CEO, Office of Emergency Management
CEO, Service Integration Branch
Children and Family Services
Community Development Commission
Consumer and Business Affairs
Coroner
Department of Health Services
Department of Human Resources
Department of Mental Health
Department of Public Health
Department of Public Social Services
District Attorney
Fire
Homeless Initiative
Los Angeles County Arts Commission
Military and Veterans Affairs
Museum of Art
Natural History Museum
Parks and Recreation
Probation
Public Library
Public Works
Regional Planning
Sheriff
Superior Court
Treasurer and Tax Collector
Women and Girls Initiative



AGE-FRIENDLY ACTION PLAN FOR THE LOS ANGELES REGION 2018-2021 | August 7, 2018





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EXECUTIVE SUMMARY

On May 18, 2016, the County and City of Los Angeles joined the worldwide network of age-friendly cities and communities. The goal of this multi-year commitment is to become more age-friendly within very diverse cultural and socio-economic contexts, and building on our commitment to promote healthy and active aging and a good quality of life for older adults.

Purposeful Aging Los Angeles (PALA) – An Age-Friendly Initiative seeks to prepare the Los Angeles region for a rapidly aging population through an innovative, sustained initiative that unites public and private leadership, resources, ideas and strategies. Purposeful Aging Los Angeles will improve the lives of older adults and Angelinos of all ages.

From 2016-2018, the focus of PALA was Community Engagement that included convening the Steering Committee, the Action Planning Advisory Group, and City Departments working groups. Los Angeles County Directors met as needed. Annual updates are being provided at the regional meeting of the Los Angeles Advocacy Coalition.

Community needs were assessed by conducting a survey in 9 languages that received 14,105 responses. Data from the survey was analyzed and reported by a selected group of researchers specializing in aging. Recruited from major universities in the region, the researchers expertise is captured in the identified livability domains, in this report. In addition, in person listening sessions were led by AARP.

Development of Action Plan Recommendations was a multi-stage process. Results from the survey were presented to more than 100 stakeholders, advocates and professionals working with older adults who participated in developing recommendations. A selection of the top recommendations was

presented, and over 300 older adults assisted in prioritizing the recommendations most important to them. The Action Planning Advisory Group, Steering Committee, City and County management, and policy staff were presented draft recommendations for their input and approval. Extensive work was also taking place within the City and County Departments in response to the call to action. New activities and programs have been launched to engage older adults. County and City actions to adopt PALA and updates presented to Mayor and Council, and the Board of Supervisors, are also included in the appendix section of the report.

The vision to make the Los Angeles region the most age-friendly in the world is well underway.



INTRODUCTION

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The Purposeful Aging Los Angeles Initiative (PALA) is a groundbreaking initiative and partnership, between the County and the City of Los Angeles, other cities, AARP, the private sector, and universities. The partnership was formed to help the Los Angeles region prepare for a dramatic demographic shift in the older adult population that will occur by 2030. PALA's ultimate goal is to make the Los Angeles region the most age-friendly in the world.

PALA's planning and implementation was designed as a 5-year process, which included a County wide assessment of livability domains. With input obtained from a series of planned listening sessions, a County-wide needs assessment survey of City and County Employees, and community surveys of adults age 18 and older, was developed with the purpose of developing a series of recommendations that will be included in the region's Age-Friendly Action Plan. The Plan is scheduled to be presented to the Los Angeles County Board of Supervisors and the Los Angeles City Council for action in 2018. Recommendations adopted by the Los Angeles County Board of Supervisors and the Los Angeles City Council will be initiated shortly thereafter, and are expected to take approximately three years to implement.

The focus of the current report is to provide a summary of the findings of the Purposeful Aging Los Angeles (PALA) needs assessment survey and the implications for policy and programs serving older adults in the region. The PALA survey is one of the first steps in the 5-year planning process. The eight domains of purposeful aging included in the survey were first established by The World Health Organization (WHO) as part of the Age-Friendly Initiative in 2006.

WHO's eight areas or domains, influence the quality of life of older adults and include the following: Outdoor Spaces and Buildings; Transportation; Housing; Social Participation, Respect and Social Inclusion; Civic Participation and Employment; Communication and Information; and Community and Health Services. Each of these domains, as well as, Emergency Preparedness and Resilience, are included in the PALA needs assessment survey.

The results of the PALA needs assessment survey are outlined in the 8 issue briefs included in this report. Social Participation and Respect and Social Isolation domains were combined for the purpose of reporting and analysis given their relatedness. Following the issue briefs are the policy and program implications related to the findings of the PALA survey. The report concludes with future directions for research, program and policy activities related to the Age-Friendly Action Plan.

PALA BACKGROUND

The Los Angeles region's older adult population is already larger than the older adult population of 41 states, and is expected to nearly double to over 2 million by 2030. This rapidly growing and very diverse population presents new challenges and opportunities for our communities and the region as a whole. Preparing for this demographic change requires significant planning and collaboration among various government, business, educational institutions and community-based entities in the region. Helping to prepare for this change is the role of Purposeful Aging Los Angeles. AARP, serving as the national coordinating entity for this worldwide initiative, commissioned its Research section to develop a survey instrument that captures WHO's eight areas of an age-friendly community to help

communities: (1) establish a baseline with regard to older adults being able to age in place; and (2) conduct a community needs assessment to identify and prioritize areas of focus. The survey findings reflect individual preferences and can assist policymakers, planners and others to better understand the needs of an aging population in order to begin to brainstorm steps and policies that can be taken to improve livability for all.

Since its launch in 2016, the Purposeful Aging LA initiative has already launched several noteworthy actions, including:

LOS ANGELES COUNTY STRATEGIC PLAN

On November 15, 2016, the County of Los Angeles approved its 2016-2021 Strategic Plan: Creating Connections: People, Communities, Government. The new Strategic Plan incorporates PALA through objective I.2.7 "Plan for Age-Friendly Communities for Older Adults: Complete a comprehensive assessment of the gaps in services for the County's older adult population."

MAYOR'S EXECUTIVE DIRECTIVE 17

Purposeful Aging LA provides the framework for leading an innovative, multi-year effort in the City of Los Angeles to improve the lives of today's older adults, and to create a better tomorrow for future generations. Naming the Department of Aging as lead agency, calls for action were made to the Departments of City Planning, Disability, Economic and Workforce Development, Emergency Management, Engineering, Fire, Housing and Community Investment, Library, Neighborhood Empowerment, Recreation and Parks, Street Services, Transportation and Water and Power, and Los Angeles Homeless Services Authority, to respond in their specific areas.

LISTENING SESSIONS

AARP in collaboration with City and County, hosted listening sessions throughout the region to assess the needs and priorities of residents of various ages. Suggestions derived from these sessions will be used to inform the implementation of the recommendation included in this Action Plan.

OLDER ADULT SUMMITS

The County, City and other partners collaborated on April 12, 2017 and April 5, 2018, to host Older Adult Summits. The events brought together more than 1,300 older adults connecting them to services, information, and resources available to them in the City and County of Los Angeles. Workshops were offered on topics such as: protecting yourself from elder abuse and financial exploitation, aging gracefully in Los Angeles, caregiving, advocacy, and transportation.

In addition, at the 2018 Summit, older adults were invited to rank draft recommendations. More than 300 responses were provided representing residents from throughout the region.

NCOA'S AGING MASTERY PROGRAM

In search of a signature program that can directly engage older adults in our communities with PALA, the City in collaboration with County, the National Council on Aging (NCOA) and the UCLA Los Angeles Academic Partnership for Research in Aging, launched the Aging Mastery Program in 2017. The Aging Mastery Program (AMP) empowers older adults to make and maintain small but impactful changes in their behaviors. The program includes core and elective classes that combine evidence-informed materials, expert speakers, group discussions, levels of mastery and achievement, and small rewards.

To date, 180 older adults enrolled in AMP. Participants are rating AMP as excellent (65%) and fun (78%). They also report that it helped to deal more effectively with health (88%) and finances (77%). Most (78%) would recommend it to a friend. This program has changed the lives of older adults by empowering them to have positive and proactive behaviors that enable them to age in place.

DEMENTIA FRIENDLY

Our work on PALA to enhance the age-friendliness of our communities includes becoming a dementia friendly region. With our partners at Alzheimer's Greater Los Angeles, we have adopted and launched in April 2018, the Dementia Friends USA program. Our regional campaign is designed to

spread awareness of Dementia within the public at large by becoming a "Dementia Friend." Becoming a Dementia Friend requires completion of a brief online or in-person training that empowers participants to support those with Dementia in their communities and to reduce the stigma associated with this illness. As part of the campaign, we have released video messages from Mayor Garcetti, and a joint video featuring the five Supervisors providing a call to action to become Dementia Friends. Currently all 15 City Council members are in process of joining this call to action.

BRINGING OUR LOVED ONES HOME INITIATIVE

On February 28, 2017, the Board of Supervisors instructed LA County Workforce Development, Aging and Community Services (WDACS) to launch the Bringing Our Loved Ones Home (BOLOH) Task Force, comprised of WDACS, the CEO, the Los Angeles County Sheriff's Department, the Department of Public Social Services, the Office of Public Guardian, the Commission on Disabilities, the Los Angeles County Commission on Local Government Services, the Los Angeles County Commission for Older Adults, the Countywide Criminal Justice Coordination Committee and Alzheimer's Greater Los Angeles and City of Los Angeles Department of Aging.

The BOLOH Task Force met to develop recommendations to prevent and respond to the problem of wandering among at-risk individuals suffering from Alzheimer's, Dementia, Autism, and other memory-related impairments. BOLOH directly supports PALA, in particular, through the following livability domains: Emergency Preparedness and Resilience; Community and Health Services; and Communication and Information. On February 20, 2018, the Board of Supervisors unanimously adopted a motion approving the BOLOH Initiative, which includes 17 strategies in four areas: Enhanced Coordination; Technology Solutions; Prevention, Education and Training; and Social Engagement.



OTHER NOTABLES

- Conducted presentations that reached more than 1,000 professionals and key stakeholders, informing them of PALA.
- Time Magazine identified PALA in its July 2016 issue as one of “240 Reasons to Celebrate America - #43 Cities that Embrace all Generations” highlighting Purposeful Aging L.A.
- Next Avenue’s 2016 Influencers in Aging named Mayor Eric Garcetti among the top 50 advocates, researchers, thought leaders, innovators, writers and experts that push beyond traditional boundaries and change our understanding of what it means to grow older.
- “Los Angeles Ages into Excellence” an article by Mayor Eric Garcetti published in AARP International The Journal (February 2017).
- May 2018, the University of Southern California becomes the first university in the State of California to join the network of Age-Friendly Universities. Among their contributions to date:
 - Dr. Caroline Cicero led the Age-Friendly Los Angeles: Wicked Problem Practicum co-sponsored by USC Provost Office bringing together the USC Leonard Davis School of Gerontology, USC Keck School of Medicine, USC Price School of Public Policy, USC Dornsife Spatial Sciences Institute. During this semester long class, students were challenged to create applications to help people age well in the communities in which they live.
 - Dr. Kate Wilber led a group of graduate students at the USC Leonard Davis School of Gerontology to evaluate emergency preparedness policies and programs nationally, culminating in recommendations presented to the Los Angeles Department of Aging regarding actionable priority areas. Students also prepared and had published:
 - Haley B Gallo, Bijan Karimi, Maya Abdulridha, Jessica L Howard, Hanna Kiani, Japheth R Maico, Mackensie V Peace, Breana S Sicley, Jonathan Yoo & Kathleen Wilber (2018) Social workers can help older adults prepare for and respond to natural and man-made emergencies, Journal of Gerontological Social Work, DOI: 10.1080/01634372.2018.1432737
 - Professor Aaron Hagedorn’s GeroTechnology class at the USC Leonard Davis School of Gerontology hosted a contest titled, Purposeful Aging L.A. Gerotechnology Competition. Graduate and undergraduate level students were asked to submit technological solutions to decrease social isolation for the residents of Los Angeles County.

An aerial photograph of Los Angeles, California, showing the city skyline with numerous skyscrapers in the background and the Griffith Observatory on a hillside in the foreground. The image is overlaid with a semi-transparent blue rectangle containing white text.

THE LOS ANGELES REGION

*EXCERPTS FROM CITY AND
COUNTY 2016-2020 AREA
PLANS ON AGING**

GOVERNMENT STRUCTURE

The five-member Board of Supervisors is the governing body of the County of Los Angeles having executive, legislative, and quasi-judicial roles. The County government is comprised of 37 departments and approximately 200 committees and commissions. The County has an annual budget of over \$26 billion, and more than 107,000 budgeted positions to serve its diverse population.

The City of Los Angeles is a Mayor-Council Commission form of government. The Mayor serves as the executive branch and the Council as the legislative. Members of the Commission are appointed by the Mayor, subject to confirmation by the City Council. The City Council consists of 15 Council members representing 15 districts. The City government consists of 43 departments and bureaus headed by General Managers or controlling Boards or Commissions, some of which are advisory in nature. The City's annual budget is \$9.8 billion with 49,500 budgeted positions to serve its residents.

GEOGRAPHY

There are 88 cities within Los Angeles County. The Board of Supervisors and County Departments provide the municipal services to approximately 140 unincorporated areas. More than 65 percent of the County – 2,649 square miles – is unincorporated. The County encompasses an area of 4,084 square miles, roughly the size of Jamaica. The County of Los Angeles includes the islands of San Clemente and Santa Catalina.

The City of Los Angeles is the second most populous city in the United States and the largest municipality in the State of California. Los Angeles spans 472.08 square miles and can easily contain the combined areas of Boston, Cleveland, St. Louis, Pittsburgh, Minneapolis, Milwaukee, San Francisco, and Manhattan. The City is a port of immigration that has transformed it into a multi-cultural mecca.

POPULATION PROJECTIONS

The County of Los Angeles is one of the largest, most populous, and ethnically diverse counties in the entire nation. Older adults currently make up roughly 11% (or approximately 1.6 million) of the County's population (US Census, 2010). The County of Los Angeles older adult population is expected to double from 9.7% in 2000 to 18.2% in 2030 (USC Sol Price, 2013).

Caregivers in Los Angeles County play a significant role in providing unpaid care for frail adults.

In 2007, 1.2 million adults in Los Angeles County cared for an older family member, friend, or neighbor who needed help to live independently (UCLA Public Health, 2011). More than two-thirds of caregivers in the County reported caring for someone 65 years of age or older. As the aging

population increases, this number is only going to significantly increase as well. Grandparent caregivers also represent a vulnerable segment of the older adult population, as they are the primary caregiver of a child who's biological or adoptive parents are no longer able to provide care. According to the 2013 American Community Survey, 1.8% of the County's 60 years and over population, is responsible for at least one grandchild.

The chart below illustrates 2016 population demographic projections prepared by the California Department of Aging.

The County of Los Angeles is home to a significant portion of the State's most vulnerable older adult population. A study completed by the U.S. Government Accountability Office (GAO) found that many older adults with low-incomes experience food insecurity, reporting skipping meals because they did not have enough money for food. When comparing data from 2013, to data in 2008, the GAO found that there was an increase in low-income older adults who are food insecure (about 19% in 2008 compared to 24% in 2013 even though a substantially larger percentage of this population is receiving meal services (11% in 2008 compared to 17% in 2013) (US GAO, 2015). The GAO estimates 27% (about 16 million) of people age 60 and older likely need home-based care services.

Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Geographic Isolation 60+	Population 75+	Lives Alone 60+	Non-English Speaking 60+
County of Los Angeles (Excludes City of LA)							
1,187,331	470,341	718,302	148,165	10,719	352,936	188,080	98,750
	40%	60%	13%	0.9%	30%	16%	8%
City of Los Angeles							
701,725	288,295	412,218	122,000	723	213,907	138,985	64,710
	41%	59%	17%	0.1%	31%	20%	9%

RACIAL/ETHNIC COMPOSITION

The region's racial and ethnic composition is evolving in ways that will transform future needs of the growing older adult population. Unique to the Los Angeles region, the aging population is becoming more racially and ethnically diverse than any other in the United States. The Hispanic and Asian older adult population has grown by over 40% since 2000, while the African American older adult population grew by about 9% (USC Social Work, 2010). By 2050, it is projected that the number of African Americans age 65 or older will more than triple nationwide (AAAE, 2014).

Below is the racial and ethnic makeup of the 60 years and older population in the County of Los Angeles, according to the 2014 American Community Survey (US Census, 2014).

Los Angeles County, California (Population)	
Hispanic, Latino or Spanish Origin (of any race)	29.9%
White Alone	41.0%
One Race	
White	59.3%
Black or African American	9.2%
American Indian and Alaska Native	0.5%
Asian, Native Hawaiian, and Other Pacific Islander	18.4%
Other Race	10.4%

The City of Los Angeles' older ethnic/racial population represents 56.9% of the total older adult population. Older Latinos represent 28.4%, Blacks 11.4% and Asians 15.8%. The American Indian Alaskan Native population, the Native Hawaiian/Pacific Islander populations and those whom the census labeled as Some Other Race & 2 or more races account for about 13.2% of the total senior population.

LANGUAGE

The County of Los Angeles' large minority population presents multiple implications with regards to Limited English Proficient (LEP) speakers. LEP refers to any individual who reported speaking English "less than very well," as classified by the

U.S. Census Bureau. Nearly one out of every three individuals countywide are LEP, or face some difficulty communicating in English that impacts their ability to access critical services. Asian and Latino residents are more likely than other residents to face language barriers; 48% of Latinos and 43% of Asians in Los Angeles County are LEP (UCLA Public Health, 2011). The prevalence of individuals who reported to be LEP is consistent with the growth in the US foreign-born population (Migration Policy Institution, 2011).

It is estimated that there are at least 224 identified spoken languages in Los Angeles County. Spanish is the most widely spoken first language in Los Angeles. Other common languages in Los Angeles County include Vietnamese, Cantonese, Mandarin, Armenian, Russian, Tagalog, Korean, Farsi, Arabic, and Khmer. In the greater Los Angeles Metropolitan Area the top languages spoken in households are English, Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Farsi, Japanese and Russian.



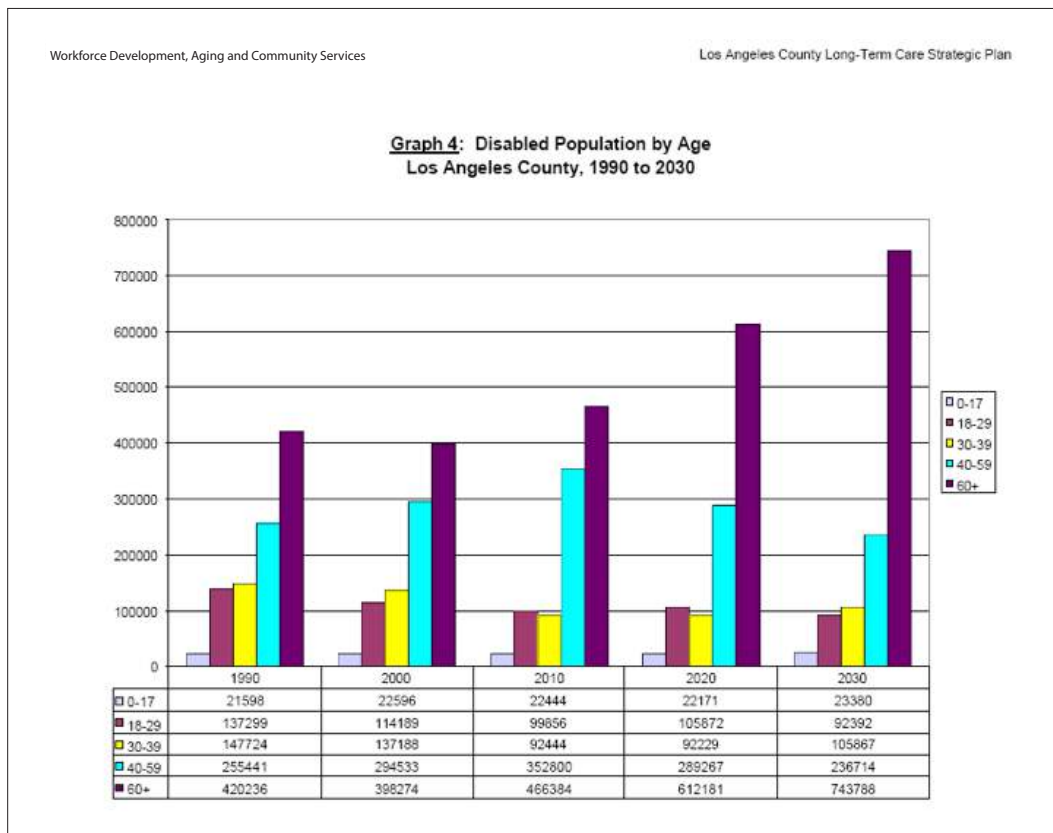
DISABILITY AND HEALTH

Older adults in Los Angeles County are experiencing increased prevalence of illness and disability rates, with age. In the County of Los Angeles, 31% of individuals 60 years and over are living with a disability (US Census, 2014), while 25% report being diabetic, 22% are classified as obese, 18% live with cardiovascular disease or have had a heart attack, and 27% report being limited in their daily activities due to physical, mental, or emotional problems (USC Social Work, 2010).

The chart below describes, from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS), the prevalence rates of diabetes, cardiovascular disease, asthma, obesity, and activity limitations, among older adults age 60 and over in the County of Los Angeles.

	Diabetes	Asthma	Cardiovascular Disease	Obesity	Activity Limitations
White	16%	9%	20%	20%	33%
Hispanic	35%	7%	19%	30%	25%
African American	30%	13%	17%	37%	39%
Asian Pacific Islander	27%	8%	16%	9%	12%

The growing prevalence of individuals with disabilities and functional limitations due to various health reasons increased.





ALZHEIMER'S AND OTHER DEMENTIAS

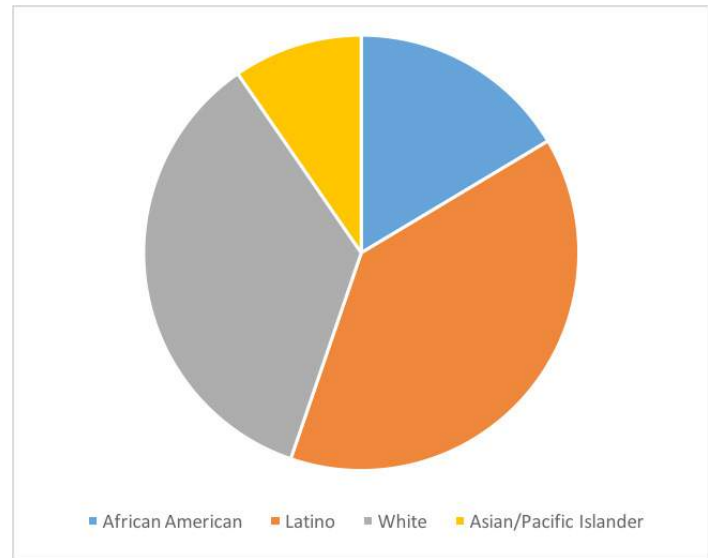
The Alzheimer's Association states that there are "currently 147,140 Angelenos living with Alzheimer's disease. By 2030, this number will nearly double; growing to over 278,806. Prevalence of Alzheimer's Disease in Los Angeles, one of the most ethnically and culturally diverse counties in California, will change the face of Alzheimer's disease in the next three decades. Due to a rapidly aging population, the number of Los Angeles's Latinos and Asians living with Alzheimer's disease will nearly triple by 2030. The number of African-Americans living with Alzheimer's disease will nearly double in this timeframe.

It is estimated that among baby boomers in Los Angeles County who reach age 55: One in eight will develop Alzheimer's disease and one in six will develop a dementia.

FAMILY CAREGIVERS

The racial and ethnic breakdown for caregivers and non-caregivers was similar to the general ethnic and racial breakdown in 2007 (UCLA Public Health, 2011). The below chart illustrates the racial and ethnic breakdown of Caregivers in the County of Los Angeles.

The health of caregivers is just as important as the health of the older family members or friends they support. Older caregivers (65 years and above) in the County of Los Angeles reported having the highest rates of fair or poor health status (27.6%), a disability (41.1%), minimal to no physical activity (41.9%), and more average number of days of poor physical health (6.2). Furthermore, a higher



percentage of caregivers compared to non-caregivers were obese, had higher average number of days of poor mental health during a given month, and have been diagnosed with high blood pressure (UCLA Public Health, 2011).

INCOME

According to the U.S. Department of Health and Human Services the major sources of income as reported by older persons in 2012 were Social Security (86%), income from assets (51%), private pensions (27%), government employee pensions (14%), and earnings (28%).

The Elder Index

The table displays the basic costs of living for those 65 years and older living in the County of Los Angeles. It is arranged to provide the annual total by number of older adults for each housing type with annual comparisons to the Federal Poverty



INCOME (CONTINUED)

Level (FPL), Supplemental Security Income (SSI/SSP), and Median Social Security payments, followed by the monthly cost components breakdown for housing, healthcare, food, transportation and miscellaneous. As the chart indicates in 2013, the income gap between the FPL and Elder Index ranges between 35% for a single older adult without a mortgage to over 150% for an older couple with a mortgage.

The economic security of family caregivers must also be given recognition. The value of the “free” services family caregivers provide is estimated in 2007 to be \$375 billion a year (Caregiver Action Network). That is almost twice as much as what is actually spent on homecare and nursing home services combined (\$158 billion). During the 2009 economic downturn, 1 in 5 family caregivers had to move into the same home with their loved ones to cut expenses. The average family caregiver for someone 50 years or older spends \$5,531 per year on out of pocket caregiving expenses in 2007, which was more than 10% of the median income for a family caregiver that same year.

The **Elder Index** is a measure of the income that older adults need to meet their basic needs and age in place with dignity.

California, Los Angeles County						
Expenses/Monthly & Yearly Total	Single Elder			Elder Couple		
	Owner w/o Mortgage	Renter, 1 Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, 1 Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	\$417	\$1,171	\$1,889	\$417	\$1,171	\$1,889
Food	\$264	\$264	\$264	\$490	\$490	\$490
Transportation	\$233	\$233	\$233	\$326	\$326	\$326
Health Care (Good)	\$166	\$166	\$166	\$332	\$332	\$332
Miscellaneous	\$216	\$216	\$216	\$313	\$313	\$313
Elder Index Per Month	\$1,296	\$2,050	\$2,768	\$1,878	\$2,632	\$3,350
Index Per Year	\$15,552	\$24,600	\$33,216	\$22,536	\$31,584	\$40,200

(Source: Wider Opportunities for Women (WOW), Economic Security Database)



1. 2010 U.S. Census Report
2. USC Sol Price School of Public Policy, 2013, The Generational Future of Los Angeles: Projections to 2030 and Comparisons to Recent Decades
3. UCLA School of Public Health, 2011, Informal Caregiving in Los Angeles County
4. U.S. Government Accountability Office, 2015, Older Americans Act: Updated Information on Unmet Need for Services
5. USC School of Social Work, 2010, Health Policy Brief: Los Angeles Population Change and Healthy Aging (Data from U.S. Census)
6. Advocates for African American Elders (AAAE), 2014, Understanding the Service Needs of African American Seniors in Los Angeles County: Findings from the AAAE Community Survey
7. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates
8. UCLA School of Public Health, 2011, Informal Caregiving in Los Angeles County
9. Migration Policy Institute National Center on Immigrant Integration Policy, 2011, LEP Data Brief
10. U.S. Census, 2014 American Community Survey 1-Year Estimates
11. USC School of Social Work, 2010, Health Policy Brief: Los Angeles Population Change and Healthy Aging
12. UCLA School of Public Health, 2011, Informal Caregiving in Los Angeles County
13. Caregiver Action Network, Caregiver Statistics



DATA & METHODOLOGY

RESPONDENTS & DATA COLLECTION





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Respondents living in the City of Los Angeles and Los Angeles County (herein Los Angeles region) were queried on information that mapped on domains of purposeful aging, which were first established by The World Health Organization as part of the Age-Friendly Initiative in 2006. The eight areas, or domains include the following: Outdoor Spaces and Buildings; Housing; Transportation; Social Participation; Civic Participation and Employment; Communication and Information; and Community Support and Health Services. Each of these domains, as well as Emergency Preparedness and Resilience, are included in the PALA needs assessment survey.

- Civic Participation and Employment
- Communication and Information
- Community Support and Health Services
- Emergency Preparedness and Resilience
- Housing
- Social Participation
- Transportation
- Outdoor Spaces and Buildings

AARP, serving as the national coordinating entity for this worldwide initiative, commissioned their AARP Research division to develop a needs assessment survey that captures the WHO's eight areas of an age-friendly community to help communities: (1) establish a baseline in regard to older adults ability to age in place; and (2) conduct a community needs assessment to identify and prioritize areas of focus.

The survey findings reflect individual preferences and can assist policymakers, planners and others to better understand the needs of an aging population and policies that improve livability for all.

The Purposeful Aging Los Angeles Steering committee reviewed the AARP survey instrument and adapted it for its use, adding the Emergency Preparedness and Resilience domains. Another section to the report addresses Dementia-Friendly services which is not a domain per se, but identifies respondents' reports on existing services. (See Appendix)

Respondents are described as residents of the Los Angeles region who are 18 years and older. Two approaches were adopted for the data collection: (1) An online survey was sent electronically to all city and county employees age 18 and older, herein called the "employee survey;" and (2) Community-based agencies were selected to recruit community residents who either took the survey online, or completed paper copies, which were collected and

submitted by the community-based agencies to the PALA data managers for data entry. All surveys were identical and available in ten languages: English, Spanish (USA), Armenian, Cambodian/ Khmer, Chinese (Simplified), Farsi, Korean, Russian, Tagalog, and Vietnamese. Expert translation was provided by the Los Angeles County's Chief Executive Office and Department of Social Services. The Farsi-language survey was not available online due to survey formatting considerations. Community surveys were disseminated through press releases, and engagement of City and County departmental Public Information Officers, Aging Network community-based organizations, and members of the Purposeful Aging Los Angeles Action Planning Advisory group. The distribution of completed questionnaires by language of administration for the Employee and Community surveys is described in Table 1.

Eight focus groups were held by domain topic areas to discuss survey findings with community stakeholders who were invited to propose action oriented recommendations. Participants were identified and invited to participate at regularly scheduled community level meetings and events held throughout the region during 2018. City and County departments were also invited to send representatives to the group most closely aligned with their service area.



Recommendations offered by stakeholders were compiled, reviewed, prioritized and those selected for inclusion by the PALA steering committee were provided to the evaluation team for inclusion in the final report.

In total, 9,330 employee and 4,775 community surveys were completed (Table 1).

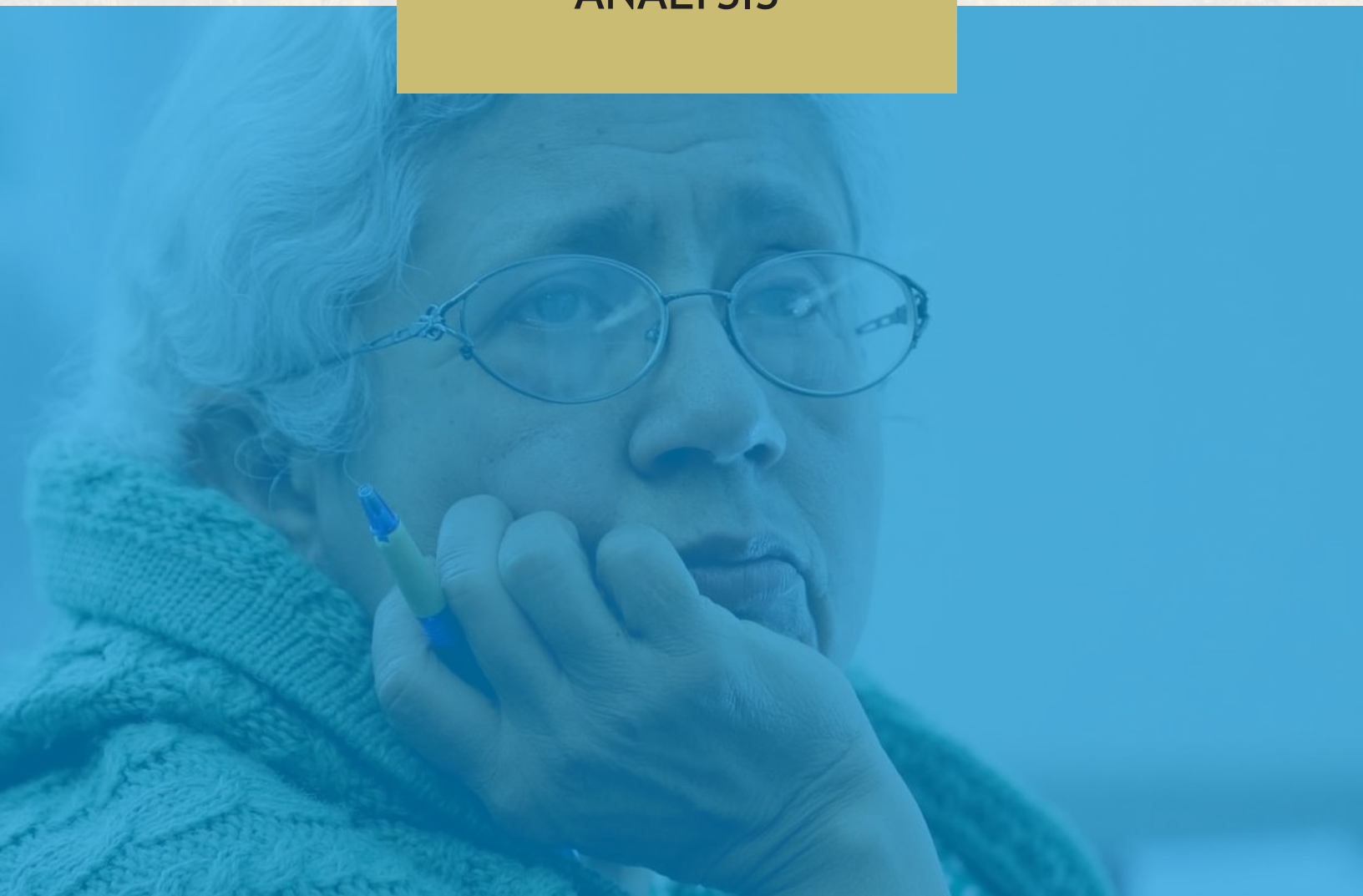
Table 1. Survey Completion by Population and Language of Administration

City and County Employees		Community Residents	
English	9,330	English	3,875
		Korean	153
		Spanish	464
		Mandarin	184
		Tagalog	38
		Russian	37
		Cambodian	3
		Armenian	39
		Thai	5
		Farsi	0
TOTAL	9,330	TOTAL	4,775



DATA & METHODOLOGY

DATA
ANALYSIS





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Anonymized survey data was obtained from the City of Los Angeles for analysis by the PALA Survey Evaluation Team. The City/County Employee survey dataset was delivered as a single file, while the Community dataset was assembled from language-specific files. A set of weights for each survey dataset was developed to bring the demographic profile of the survey data into conformity with its target population. Tables provided by the City and County formed the joint race/ethnicity by age by sex target distribution for the Employee data, while a corresponding table was obtained from the 2016 Public Use Microdata file for Los Angeles County from the US Census Bureau for the target Community Resident distribution. The sampling strategy for the Community survey emphasized venues frequented by older adults, so its weights were constructed separately for ages 18-59 and ages 60 and older. The univariate and bivariate data tables produced in our analysis reflect the application of appropriate weights using the Stata statistical package (version 15.1). Although weights were developed and applied on the basis of age, sex, and race/ethnicity, weighting influences the distribution of other variables, such as marital status and duration of residence to the extent that they are correlated with those three characteristics. The raw and weighted distribution of selected variables is shown in Tables 2a (unweighted) and 2b (weighted) for the Employee survey, and in Table 3 (unweighted and weighted) for the Community survey.

VARIABLE	CITY %	COUNTY %	COMBINED %
SEX			
Female	56.7	69.9	66.8
Male	41.0	28.3	31.3
Prefer not to state	2.3	1.8	1.9
RACE/ETHNICITY (60 MISSING)			
Hispanic, Spanish, or Latino	28.0	38.7	36.2
Non-Hispanic White	31.6	21.9	24.2
African American	11.3	16.8	15.5
American Indian	0.7	0.3	0.4
Asian (including Filipino)	21.8	18.2	19.1
Native Hawaiian/Pacific Islander	1.5	1.2	1.3
Other	5.1	2.9	3.4
MARITAL STATUS			
Married	54.0	53.0	53.2
Not married, living w/partner	7.7	8.3	8.2
Separated	1.8	2.5	2.4
Divorced	11.3	12.7	12.4
Widowed	2.0	2.9	2.7
Never Married	23.2	20.6	21.2
EDUCATIONAL ATTAINMENT			
K-12th Grade, no diploma	0.8	1.4	1.2
High School Graduate (including GED)	5.7	7.9	7.4
Post High School (no degree)	13.2	10.7	11.3
2-Year College Degree	9.4	13.8	12.7
4-Year College Degree	36.4	32.2	33.2
Post Graduate Study (no degree)	6.1	5.0	5.3
Graduate or Professional Degree	28.6	29.1	29.0
TIME IN PRESENT CITY/TOWN			
Less than 5 years	14.7	15.9	15.6
5 years but less than 15 years	22.7	23.1	23.0
15 years but less than 25 years	24.4	25.0	24.9
25 years or more	38.2	36.0	36.5
EMPLOYER			
City of Los Angeles	100.0	0.0	23.8
Los Angeles County	0.0	100.0	76.2
MEAN AGE (S.D.) (42 MISSING)			
	50.0 (12.4)	49.6 (11.2)	49.7 (11.5)

VARIABLE	CITY %	COUNTY %	COMBINED %
SEX			
Female	37.2	51.8	48.2
Male	60.7	46.3	49.9
Prefer not to state	2.2	1.8	1.9
RACE/ETHNICITY (60 MISSING)			
Hispanic, Spanish, or Latino	30.2	39.8	37.4
Non-Hispanic White	33.2	21.5	24.4
African American	14.3	20.2	18.7
American Indian	0.1	0.1	0.1
Asian (including Filipino)	20.9	17.6	18.4
Native Hawaiian/Pacific Islander	0.2	0.3	0.3
Other	1.0	0.6	0.7
MARITAL STATUS			
Married	54.4	53.4	54.0
Not married, living w/partner	8.7	8.8	8.8
Separated	1.4	2.3	2.0
Divorced	7.9	10.1	9.6
Widowed	1.1	1.9	1.7
Never Married	26.5	23.0	23.9
EDUCATIONAL ATTAINMENT			
K-12th Grade, no diploma	0.6	1.1	1.0
High School Graduate (including GED)	5.0	6.9	6.4
Post High School (no degree)	13.0	10.6	11.2
2-Year College Degree	9.1	12.1	11.4
4-Year College Degree	38.7	34.7	35.7
Post Graduate Study (no degree)	5.3	4.9	5.0
Graduate or Professional Degree	28.1	29.8	29.4
TIME IN PRESENT CITY/TOWN			
Less than 5 years	17.1	18.9	18.4
5 years but less than 15 years	26.3	25.0	25.3
15 years but less than 25 years	23.3	24.0	23.9
25 years or more	33.3	32.2	32.5
EMPLOYER			
City of Los Angeles	100.0	-	25.1
Los Angeles County	-	100.0	74.9
MEAN AGE (S.D.) (42 MISSING)			
	45.8	46.4	46.3

VARIABLE	UNWEIGHTED %	WEIGHTED %
SEX (165 MISSING)		
Female	70.3	53.8
Male	28.4	44.6
Prefer not to state	1.4	1.6
RACE/ETHNICITY (171 MISSING)		
Hispanic, Spanish, or Latino	28.5	39.5
Non-Hispanic White	40.7	32.5
African American	11.5	8.9
American Indian	0.4	0.3
Asian (including Filipino)	16.4	17.1
Native Hawaiian/Pacific Islander	0.4	0.3
Other	2.2	1.6
MARITAL STATUS (196 MISSING)		
Married	43.9	43.8
Not married, living w/partner	6.5	7.7
Separated	3.3	3.3
Divorced	15.4	13.1
Widowed	13.4	11.7
Never Married	17.5	20.4
EDUCATIONAL ATTAINMENT (314 MISSING)		
K-12th Grade, no diploma	12.0	13.4
High School Graduate (including GED)	11.3	13.0
Post High School (no degree)	11.1	10.6
2-Year College Degree	12.2	12.0
4-Year College Degree	21.8	22.1
Post Graduate Study (no degree)	6.0	5.9
Graduate or Professional Degree	25.5	23.0
TIME IN PRESENT CITY/TOWN (94 MISSING)		
Less than 5 years	13.2	14.3
5 years but less than 15 years	17.1	17.8
15 years but less than 25 years	22.1	22.0
25 years or more	47.6	45.9
MEAN AGE (S.D.) (363 MISSING)		
	61.2 (15.9)	58.2 (18.3)



Since the City and County employees represent distinct groups, their demographic distributions are shown separately as well as combined in Tables 2a and 2b. City employees constitute 23.8% (unweighted) and 25.1% (weighted) in the combined Employee dataset. Only the combined weighted data results are presented in the report.

The “combined” column of Table 2b shows the Employees are nearly half female, with about 2% declining to state their sex. The largest ethnic group is Latino, at 37.4%, followed by non-Hispanic white at 24.4%; African American and Asian are each about 18.5%, with American Indian and Native Hawaiian/Pacific Islander constituting less than 0.5%. Just over half are married, and the majority (70%) have at least 4-year college degree. The average age is 46.3 years, and nearly a third have lived in their community 25 years or more.

In contrast, the weighted average age is a decade older in the Community survey at 58.2 years. Although Latino is the largest ethnic group, the Community sample has proportionally larger non-Hispanic white representation than in the Employee sample at about one-third. The Community Asian group is nearly twice the size of the African American group (17.1% and 8.9%, respectively). Under half are married, and 51.0% have at least a 4-year college degree. Nearly half (45.9%) have lived in their city or town for 25 years or more.



SURVEY RESULTS

ISSUE BRIEFS

- 
- CIVIC PARTICIPATION AND EMPLOYMENT
 - COMMUNICATION AND INFORMATION
 - COMMUNITY SUPPORT AND HEALTH SERVICES
 - EMERGENCY PREPAREDNESS AND RESILIENCE
 - HOUSING
 - SOCIAL PARTICIPATION
 - TRANSPORTATION
 - OUTDOOR SPACES AND BUILDINGS



CIVIC PARTICIPATION AND EMPLOYMENT

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INTRODUCTION

Over the next few decades the US population will witness an unprecedented growth in the population age 65 and older. The aging of the Baby Boom population i.e., the cohort born between 1946 and 1964, relatively low levels of fertility since the 1970s, and improvements in life expectancy are responsible for population aging. Because of population aging, the US workforce has undergone significant changes with respect to age. By 2020 the US will witness a decrease in the relative proportion of labor force participation of young people and prime age working people, and a significant increase in older workers (US Bureau of Labor statistics, 2012). It is estimated that by 2020 one in four workers will be age 55 and older with the most significant increase in labor force participation among the oldest old (Hayutine, Beals, and Borges, 2013). Also, as federal entitlement programs e.g., Social Security and Medicare are cut back and restructured, access to pensions continues to decrease, and savings and assets are utilized to meet daily expenses for food, rent, and out of pocket costs for health care; working for many older adults will increasingly become a necessity. An older adult's



INTRODUCTION (CONTINUED)

income has traditionally been viewed as consisting of three income streams: Social Security, Pensions, and Assets/Savings; often referred to as a three legged stool of income in retirement where each leg represents roughly a third of an older adult's income. However, increases in the age of eligibility for Social Security, reducing and holding back cost of living increases in Social Security benefits, a sluggish economy, as well as sharp economic downturns have eroded the three legs of incomes among the older adult population. Therefore, we can expect for many older adults working will increasingly be the fourth leg of income that they will come to rely upon as they age.

PALA SURVEY: LABOR FORCE PARTICIPATION, VIEWS ON RETIREMENT, AND PERCEIVED EMPLOYMENT OPPORTUNITIES

The Purposeful Aging Los Angeles (PALA) survey was administered electronically to Los Angeles City and County employees as well as a community sample of individuals living in the City/County of Los Angeles (please see Data and Methods section of this report for details on sampling and survey). The PALA survey included three questions on employment: 1) Which of the following best describes your employment status? 2) If employed, how likely is it that you will retire? and 3) Does the City or town where you live have the following: job opportunities for older adults, job opportunities for older adults who want to learn more job skills, and jobs that are adapted to meet the needs of people with disabilities? For this issue brief we selected survey participants that reported being age 60 or older.

The results find that the majority of City and County employees age 60 and over are employed full time. Community participants age 60+, on the other hand, were more likely to be retired, less likely to be employed full time, and more likely to be employed part time compared to their City and County employee counterparts, (Please see figure 1). When asked about retirement, the majority of City and County employees report that they plan to retire (37% said extremely likely, and 28% said very likely), and nearly 18% report that they are not very likely, not likely or not sure they will ever retire. While nearly a third of community participants report that it is extremely likely they will retire (33%); a greater proportion of community participants compared to the City and County employee participants report that they are not very likely (9%), not at all likely (13%) or not sure (21%) if they will retire, (Please see figure 2).

Lastly, the results regarding knowledge of employment for older workers finds that the majority of City and County employees i.e., 72%, and Community participants (59%) were not sure if there were job opportunities for older adults. The same was true regarding City and County employees knowledge of job opportunities for older adults who want to learn more job skills, and whether there were jobs that are adapted to meet the needs of people with disabilities.

The majority, 74% and 77% respectively, reported that they were not sure these opportunities existed. The same pattern was observed among the Community participants. Nearly, 62% report that they were unsure if job opportunities for older adults who want to learn more job skills existed and 65% were not sure if there were jobs that are adapted to meet the needs of people with disabilities (Please see figure 3).

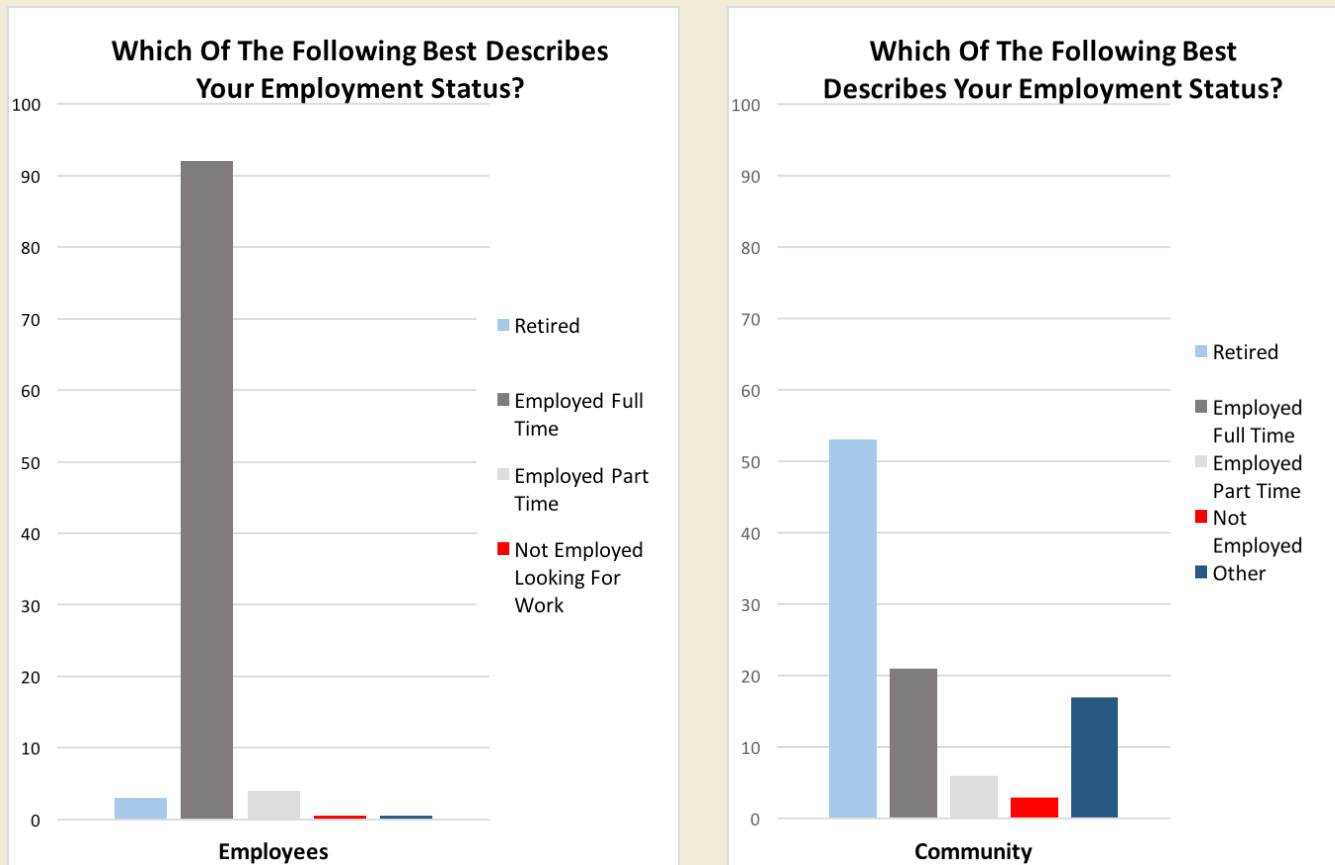
CONCLUSION

Improving older adult’s opportunities for employment will continue to be important as the age structure of the US shifts, and entitlement programs continue to be cutback and restructured. Policies that offer retraining, training and counseling for older workers such as the Workforce Investment Act and the Senior Community Service Program (Title V under the Older Americans Act) will be critical in providing access to employment for those age 60+. Programs only work, however, if people know about them. Data from the PALA survey demonstrates that nearly three-fourths of the population do not know of job opportunities for older adults, programs to provide training for older adults, or of jobs that are adapted to meet the needs of people with disabilities. Therefore, outreach and education campaigns that bring awareness of the employment and training opportunities available for older adults is imperative.

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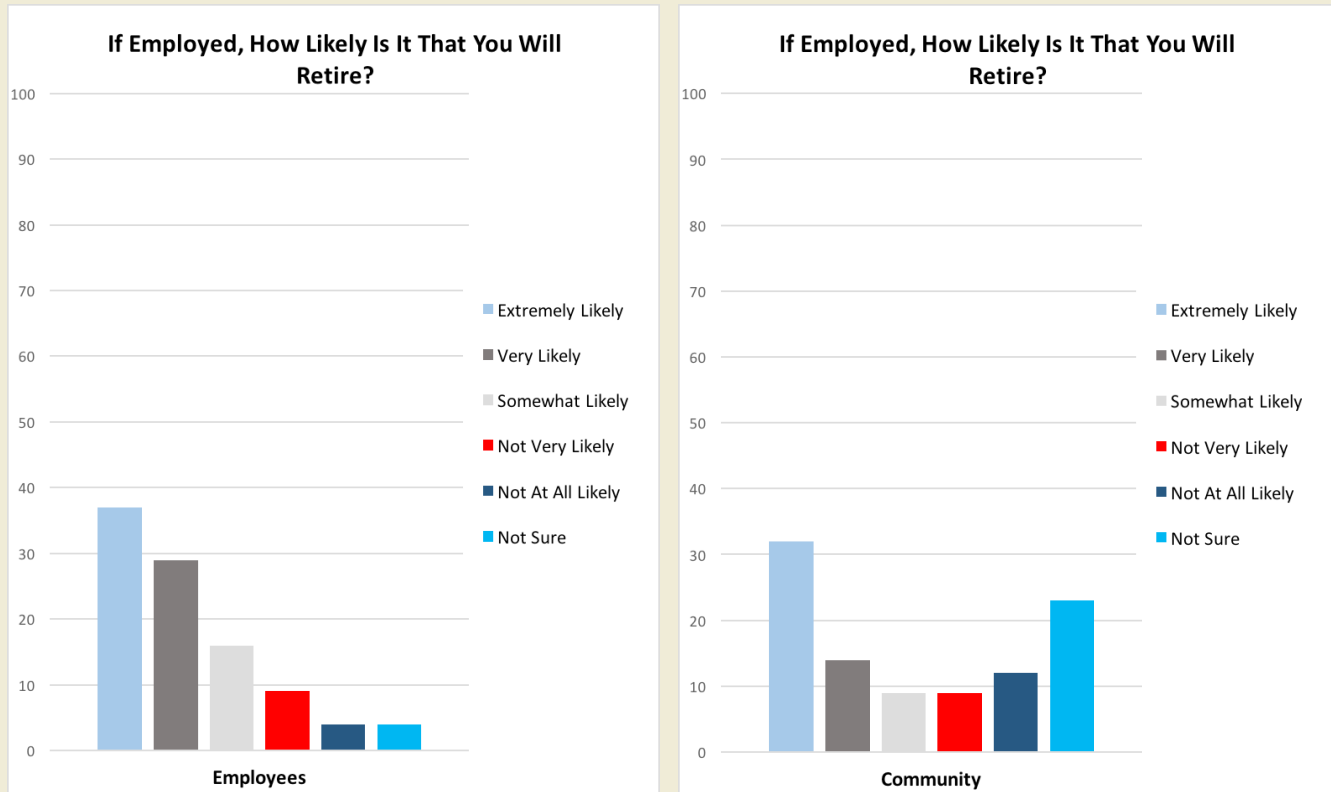
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Figure 1



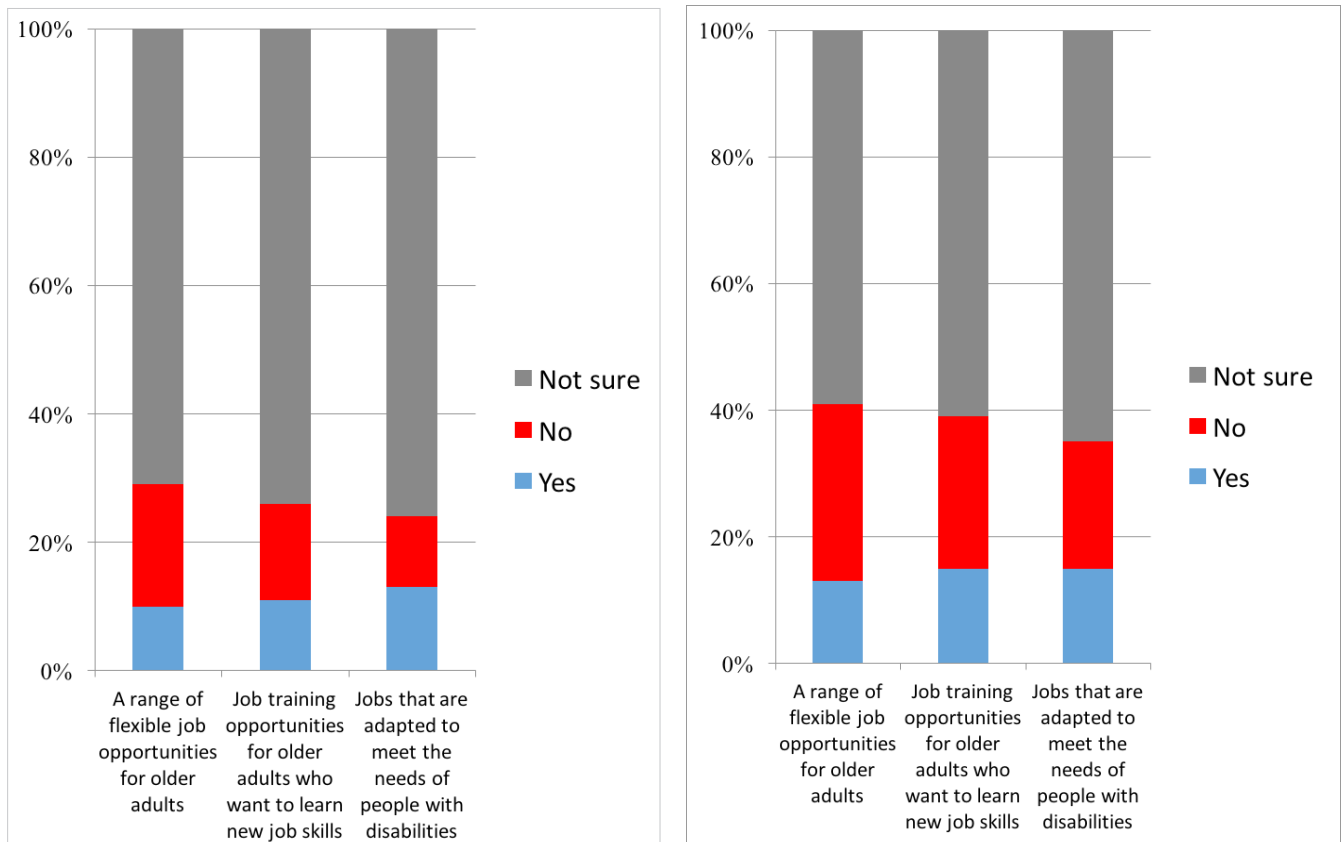
Data: Employee and Community Sample Age 60+
 (Number of Employees Participants = 1,975; Number of Community Participants = 1,583)

Figure 2



Data: Employee and Community Sample Age 60+
 (Number of Employees Participants = 1,975; Number of Community Participants = 1,583)

Figure 3: Does The City/Town You Live In Have The Following Employment Opportunities?



Data: Employee and Community Sample Age 60+
 (Number of Employees Participants = 1,975; Number of Community Participants = 1,583)



COMMUNICATION AND INFORMATION

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INTRODUCTION

Over the next 20 years, the proportion of adults aged 65 and above is projected to grow from 14% (in 2016) to 23% in 2036. (California Department of Finance, 2017) To adjust to the needs of the population, services for older adults provided by local public and private institutions, such as caregiving services, home-delivered meals, social activities, and transportation, are crucial as they enable older adults to age in place while maintaining quality of life. Equally important to the availability of such services is the awareness within the community that such services exist. Hence, promotion and access to information about available community services are critical to the success of aging in place efforts. Understanding community members' preferred sources of information provides the insights needed to optimize the promotion of community information and, thereby, services. It also helps to identify opportunities for the development and implementation of technological solutions in the delivery of important community services.

RESULTS

PALA survey participants were asked to indicate sources of information about services for older adults such as caregiving services, home-delivered meals, home repair, medical transport or social activities. Response options included public resources (local government offices and libraries); not-for-profit or faith-based organizations (local senior centers, local not-for-profit organizations; AARP; Area Agency on Aging; and faith-based organizations). In addition, respondents answered questions about the availability of accessible community information in their city or town. The questions covered the following types of information: community information in one central source; clearly displayed printed community information; automated community information (e.g., toll-free telephone number); free access to computers and the Internet; home delivery of community information; and information in different languages.

SOURCE OF INFORMATION

Among community members, 79% indicated they would turn to not-for-profit organizations (Figure 1), driven in particular by local senior centers. Friends and family members were mentioned by 68% of community members followed by public resources (62%). LA County and City employees followed a similar pattern, albeit with slightly higher rates for friends or family (78%) and public resources (69%). In both groups, females were more likely than men to mention public resources as a potential source of information. The Internet was mentioned as an information resource 61% of community members and 77% of employees.

Across all racial/ethnic groups, not-for-profit or faith-based organizations were mentioned most frequently (Figure 2). Whereas 74% of non-Hispanic White community members indicated they would use the Internet to find information about services for older adults, the percentage was lower for respondents who identified as African American (60%), Asian (49%), and Latino (55%). On the other hand, African American community members were more likely than other groups to state not-for-profit organizations, public resources,

and doctors or other healthcare professionals as sources of information. (Figure 2) Compared to the other groups, respondents who identified as Asian were least likely to turn to a specific source for information. Among employees, differences across racial/ethnic groups were less pronounced.

AVAILABILITY OF COMMUNITY INFORMATION

Almost half of respondents were not sure whether the listed types of community information exist in their city or town, with exception free access to computers and the Internet (Figure 3). Among employees, the proportion of “not sure” was twelve percentage points higher on average compared to community members.

In both samples, the majority of respondents did not know whether their city or town had community information that is delivered in person to people who may have difficulty leaving their home or may not be able to do so. Over 60% of community members and three quarters of employees were unsure about the existence of this service. At the same time, roughly two thirds of community members and employees indicated that their city or town offers free access to computers and the Internet, whereas a quarter of community respondents and under a fifth of the employees asserted the availability of automated community information.

Across most types of community information (except for free access to computers), men had a greater tendency to answer “yes” than women. The availability of community information also differed by the race/ethnicity of the respondent (Figure 4).

The data show that African Americans were most likely to positively answer whether they had access to a certain type of community information, followed by Hispanic respondents. African Americans and Hispanics were also least likely to be unsure about the availability of community information. Individuals who identified as Asian were least likely to indicate the presence of available community information in their city/town. Overall, the employee data showed similar patterns, but no differences between racial/ethnic groups were observed.

CONCLUSION

To gather information about services for older adults, the majority of community members and LA County and City employees would turn to not-for-profit or faith-based organizations, family members or friends, or the Internet. These patterns are consistent across racial/ethnic groups. However, there is a knowledge gap with regards to the availability of community information, demonstrated by the large proportion of respondents who were unsure whether specific types of community information existed in their city or town. Members of the African American and Hispanic populations tend to be better informed. A better understanding of these differences can inform and improve the dissemination of important information about services for older adults.

REFERENCES:

1. California Department of Finance (2017). Department of finance releases new state population projections.

Figure 1

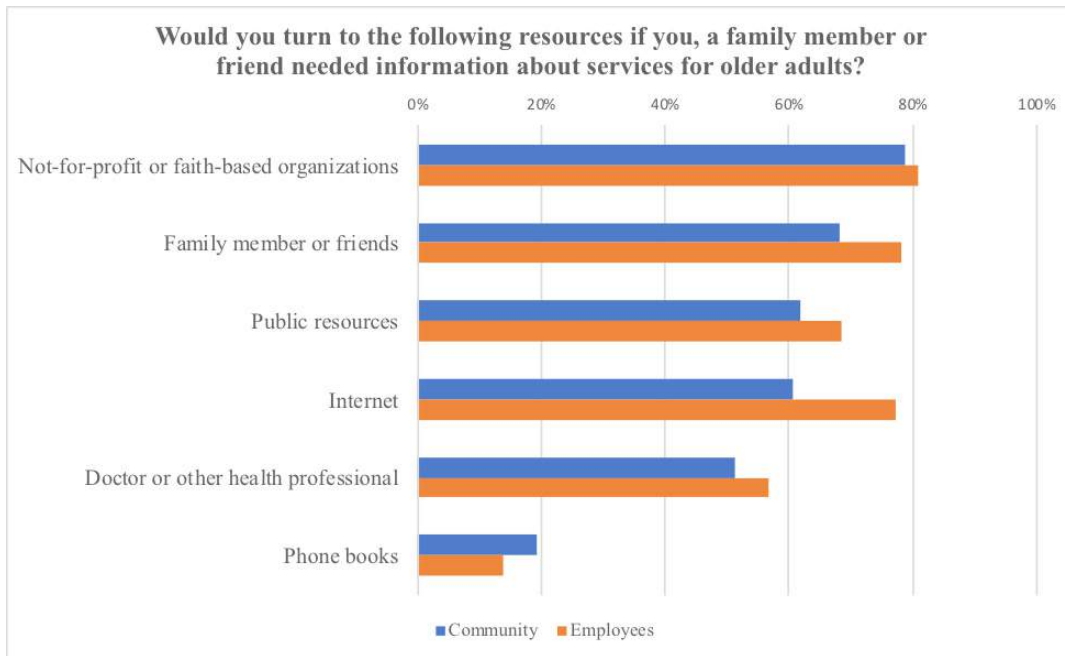


Figure 2

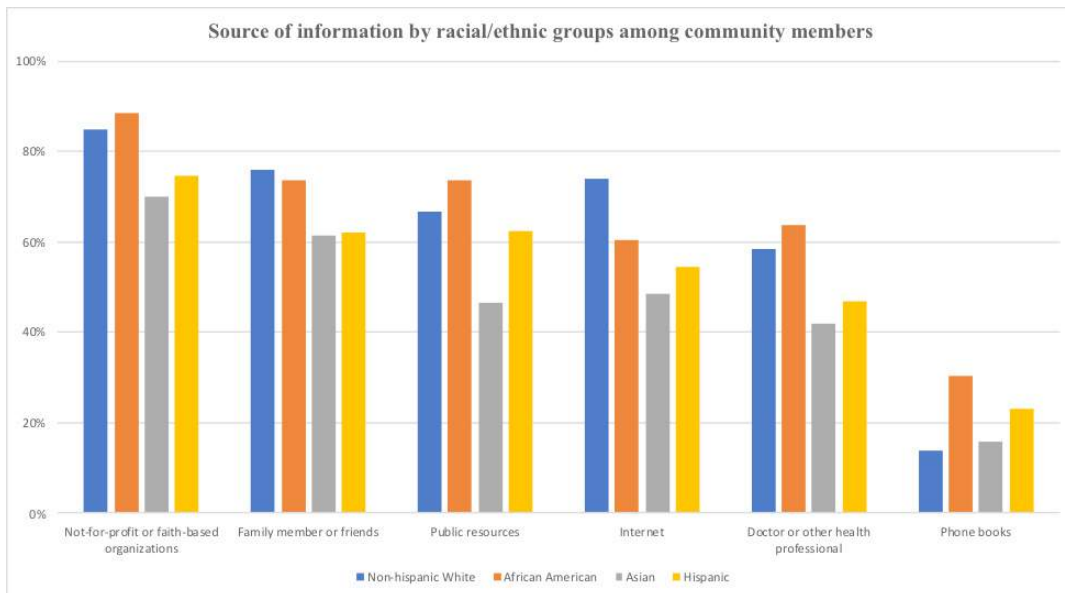




Figure 3

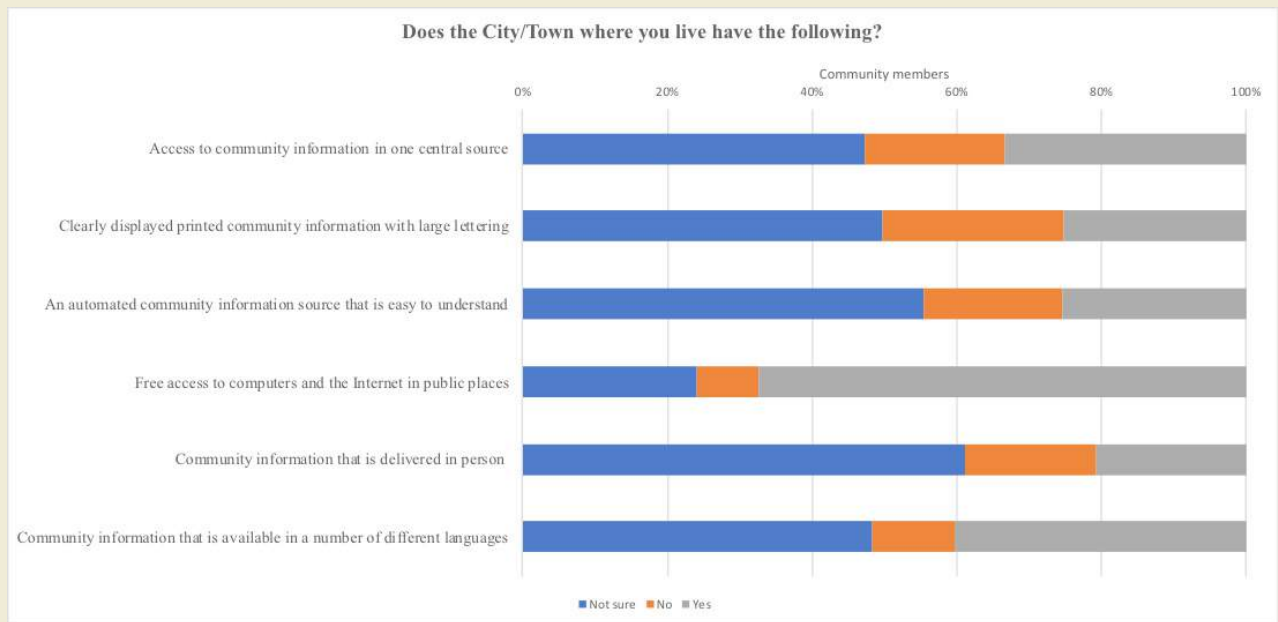
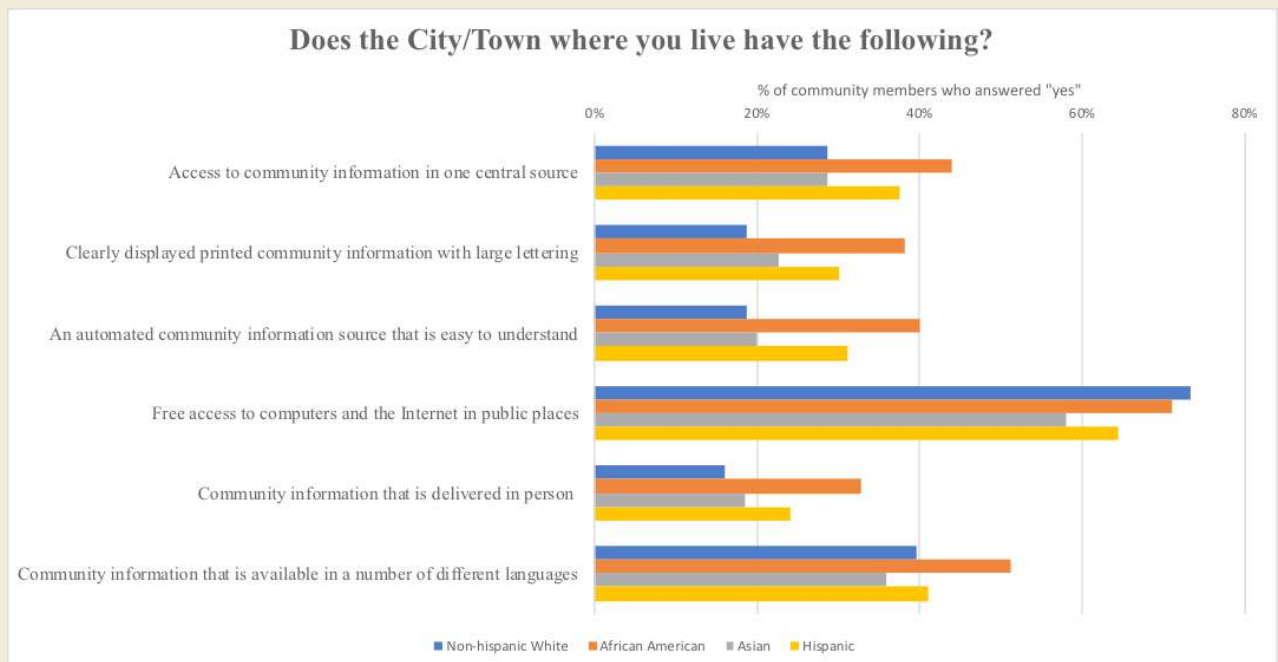


Figure 4





COMMUNITY SUPPORT & HEALTH SERVICES

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INTRODUCTION

Over the next few decades the US will witness unprecedented growth in the population age 65 and over. Currently, the population age 65+ numbers 34 million individuals or 14% of the total population. By 2050 when the Baby Boom population will comprise the vast majority of older adults there will be 80 million adults over the age of 65, representing 20% of the US population (U.S Bureau of the Census, 2014). Furthermore, the US population is living longer. Advances in public health and medicine, in particular prevention, over the past several decades have led to decreases in mortality and increases in life expectancy across race, ethnicity and gender. However, while the population is living longer, for some it means living longer in poor health. For example, while Latino life expectancy is equivalent and in the case of women, better than that of Non-Latino whites, middle aged and older Latinos have higher rates of obesity, diabetes, and functional difficulties (Villa et al, 2012). So too the burden of disease is often higher for racial/ethnic populations compared to whites. African Americans with high blood pressure are more likely than other populations to also have cardiovascular disease and renal failure (Clark and Gibson, 1997; Saab et al., 2014). Therefore, when examining markers for health status, it is important to disaggregate the population by race/ethnicity in order

INTRODUCTION (CONTINUED)

to garner a more precise picture of the level of health of the population. Meeting the needs of older adults with health issues, as well as enabling those with good health to maintain their health requires that the population have access to programs and services that support health.

PALA SURVEY: HEALTH STATUS, HEALTH PROMOTION, KNOWLEDGE OF HEALTH AND SOCIAL SERVICES

The Purposeful Aging Los Angeles (PALA) survey was administered electronically to Los Angeles City and County employees as well as a community sample of individuals living in the City/County of Los Angeles (please see Data and Methods section of this report for details on sampling and survey). The PALA survey included three domains of questions including health status, health promotion activities, and knowledge of health and social services. The results find that the majority of City and County employees age 60 and over rate their health status as very good. There are differences however by race/ethnicity. Non-Latino whites are much more likely to rate their health as excellent or very good when compared to African Americans, Latinos, Asian/Pacific Islanders and those of other races. Conversely, Latinos, African Americans, Asian Pacific Islanders and other races are more likely to report their health as fair. Those of other race are more likely than all other racial ethnic groups to report their health status as poor (please see Figure 1). Examination of health status among the Community sample of participants age 60 and over finds that those who identify as Non-Hispanic white are more likely than African Americans, Latinos and Asian Pacific Islanders to report that they are in excellent health. Asian Pacific Islanders and Latinos age 60+ in the community sample are more likely than the other racial ethnic groups to report their health as fair or poor (Figure 1).

Participants were then asked a number of questions about health promotion including: How often do you engage in some form of physical activity (such as walking)? Have you had a dental exam in the past year? Have you had a flu shot in the past year? The majority of City and County employees age 60 and

older report that they engage in physical activity several times a week or every day, 44% and 22%

respectively. The same is true among the Community sample where 44% report that they engage in physical activity several times a week and 32% report they engage in physical activity every day (please see Figure 2). In terms of use of health promoting services, the majority of County and City Employees (92%) report that they have seen a dentist in the past year and 67% report that they have had a flu shot in the past year. Among the Community sample of adults age 60 and over, 80% report having a dental exam in the past year, and 72% report having had a flu shot in the past year (Figure 2).

Lastly, the participants were asked if they were aware of a number of services in their town including health and wellness programs, fitness activities for older adults, conveniently located health and social services, a service that helps older adults find and access health and supportive services, conveniently located emergency care centers, easy to find information on local health and supportive services, home care services including personal care and housekeeping, well trained certified home health care providers, affordable home health care providers, well maintained hospital and health care facilities, a variety of health care professional including specialists, health care professionals who speak different languages, easily understandable and helpful local hospital or clinic answering services, and respectful and helpful hospital clinical staff. Among County and City Employees age 60 and older, the services that they are “not sure” of are primarily related to supportive services and home care for older adults.

The following services had the highest percentage of County and City employee participants reporting they were “not sure” the service exists including: a service that helps adults find access to health and supportive services (60%); easy to find information on local health and supportive services (53%); home care services including health, personal care and housekeeping (61%); well-trained certified home health providers (71%); and affordable home health care providers (72%) (Figure 3).

The Community sample of adults age 60 and over, on the other hand, were relatively better informed about health and social services than their County and City Employee counterparts. Among the community sample there were two areas of service they were not sure of related to home health. These include not being sure of well-trained certified home health providers (51%); and affordable home health care providers (53%) (Figure 3).

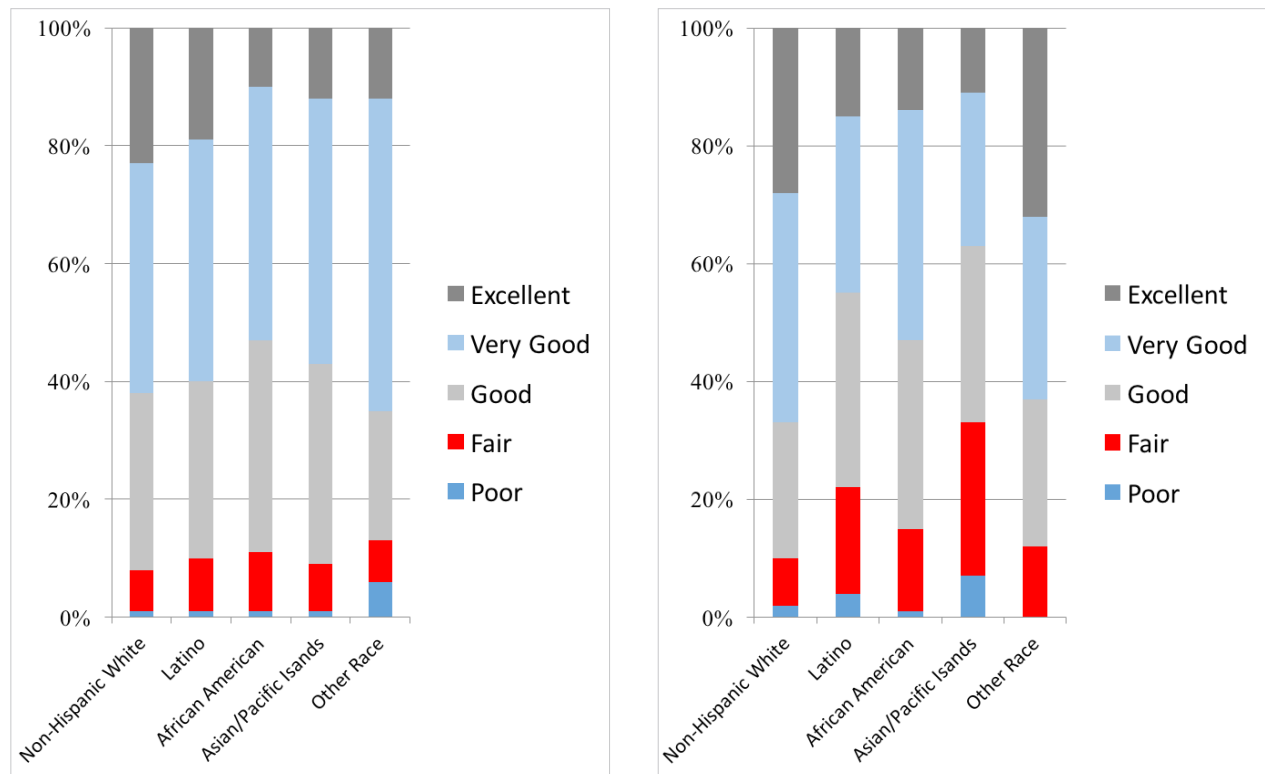
CONCLUSION

Despite overall gains in life expectancy, there are populations that continue to experience health disparities as they age. Improving health and maintaining health for a population that is living longer requires improved access to health and social services that promote and protect health. The above data find that Los Angeles City and County employees age 60 and over are “not sure” if a number of health and social services exist. Access to services can be vastly improved by better outreach and information about the services and programs that exist in the community.

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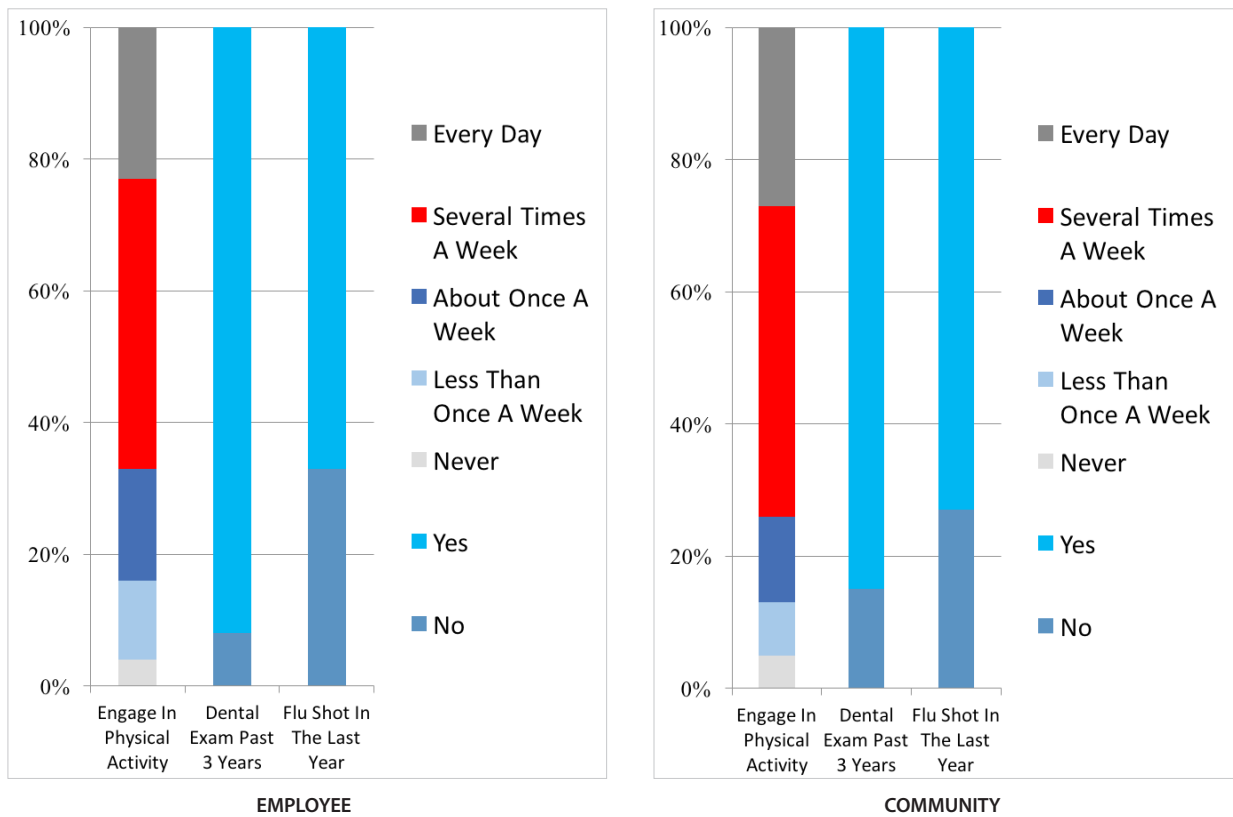
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Figure 1: When Compared to Most People Your Age, How Would You Rate Your Health?



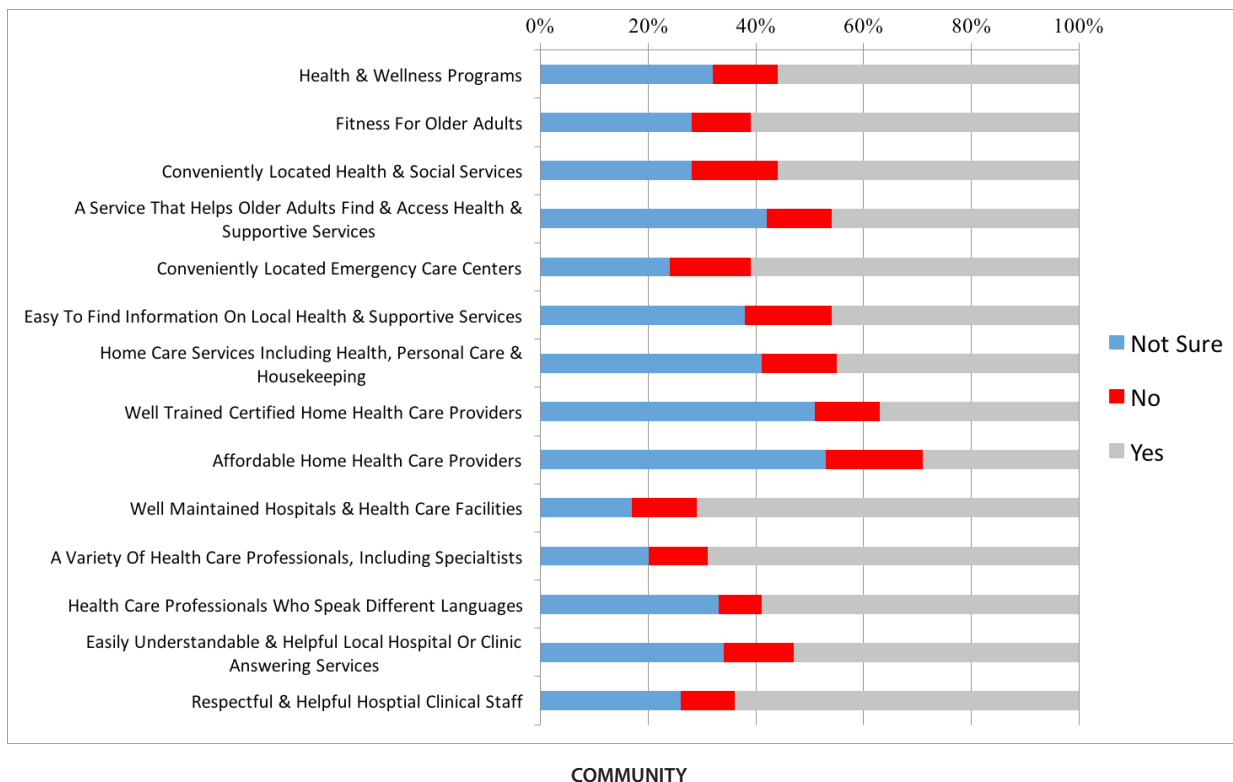
Data: Employee and Community Sample Age 60+
(Number of Employees Participants = 1,975; Number of Community Participants = 1,583)

Figure 2: Health Promotion Activities



Data: Employee and Community Sample Age 60+ (Number of Employees Participants = 1,975; Number of Community Participants = 1,583)

Figure 3: Are You Aware Of The Following Health/Social Services In Your Town?



Data: Employee and Community Sample Age 60+ (Number of Employees Participants = 1,975; Number of Community Participants = 1,583)



EMERGENCY PREPAREDNESS & RESILIENCE

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INTRODUCTION

The single biggest death toll from Hurricane Irma hitting Florida in September 2017 was the 12 residents of a nursing home who died from heat exposure afterwards when the home lost its air-conditioning in the sweltering heat. This illustrates what scientists who study disasters have known for awhile: older adults are often vulnerable during disasters. Compared to younger persons in disasters, older adults are considered at-risk of increased death, hospitalization and the effects of chronic health problems such as heart disease, kidney disease, lung disease and diabetes (Glass, 2006). When people are displaced from their homes after a disaster it is frequently older adults who suffer health problems. For example, older adults displaced after Hurricane Katrina had greater odds of a hip fracture one year later (Uscher-Pines). Improved preparedness may have reduced the injury risk since factors that contributed to the injuries included being displaced from one's home without important personal health aids (e.g., glasses, hearing aids).

INTRODUCTION (CONTINUED)

Resilient communities begin with prepared individuals and families, yet the public remains largely unprepared. In the first days after a large earthquake electricity, gas, water and telephones may not be working. Police and fire departments will be busy handling serious crises. To be prepared for a disaster, individuals are advised to be prepared to live without running water, electricity, gas and telephones for seven days, and to have the supplies to be self-sufficient (e.g., 7 days of nonperishable food, water, prescription medicines, etc.). Medication supply is particularly important for disaster preparedness. Major disasters can interrupt the infrastructure and services required to get medicines into pharmacies, so getting refills may be difficult for days afterwards. Even though older adults are disproportionately affected by disasters does not mean that they are in general more vulnerable. Indeed older persons with their years of experience can be models of resilience. They may be resources for their communities and families during crises: providing useful knowledge and assistance, looking after neighbors older and frailer than them, and participating in community recovery (Howard, 2017). The goal of improved preparedness is both to minimize harm and help older adults maintain their health and functional capacities so they can contribute to community resilience.

PALA SURVEY: EVACUATION PLAN, BASIC SUPPLIES, AND PRESCRIPTION MEDICATIONS.

The Purposeful Aging Los Angeles (PALA) survey was administered electronically to Los Angeles City and County employees as well as a community sample of individuals living in the City/County of Los Angeles (please see Data and Methods section of this report for details on sampling and survey). The PALA survey included five questions on

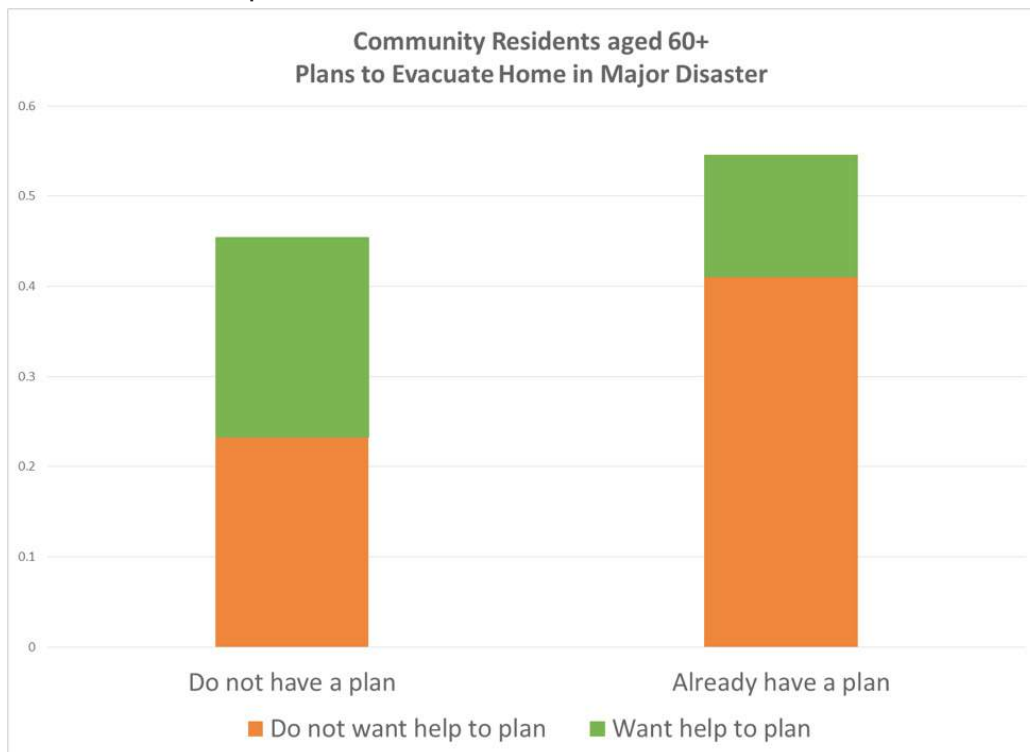
preparedness: 1) In case of an emergency, do you have a plan to evacuate? 2) Would you like help in creating a plan? 3) In case of a major disaster, do you have a plan, including basic supplies, water, contact information, etc? 4) Would you like help in creating a plan? and 5) Have you prepared a supply of prescription medications to have on hand in the event of a disaster? For this issue brief we selected survey participants that reported being age 60 or older. The results indicate that the majority of community participants and city/county employees age 60+ have a plan to evacuate though almost 44% of the community and 34% of employees report they do not have a plan.

About equal proportions of both respondent groups who said they do not have a plan would like help creating a plan (48% community, 51% employees). Interestingly, some people who already have a plan would also like this help (22% community, 19% employee). 58% of community residents and 64% of employees have basic supplies, leaving over 42% and 36% respectively who do not have basic disaster supplies. More than half of people who do not have basic supplies would like help in this arena (54% of community; 55% of employees). Again, some respondents who already have supplies would still like this help (24% community, 21% employees). Among the employees, persons identifying as Asian Pacific Islanders are the most likely to want any kind of help compared to non-Hispanic Whites, African Americans and Latinos. In contrast, Latinos are the most likely race/ethnic group among community residents. 52% of community residents and 47% city/county employees say that they have prepared a supply of prescriptions to have on hand leaving close to half of both groups who have not prepared a supply of prescription medications.



CONCLUSION

Los Angeles is ranked as the top city in North and South America for the number of people potentially affected by a natural disaster, since both the San Andreas and San Jacinto earthquake faults run through it and it faces constant risks from wildfires, heat waves, floods, debris flows, drought, tsunami and coastal storms (Sundermann). Improving older adult's disaster preparedness grows more important in the face of a changing climate that will bring more frequent and severe heat waves, forest fires and droughts to the region. Programs to improve disaster preparedness are vital to the safety, wellness and resilience of those age 60+ living in Los Angeles. Yet, after decades of national and local campaigns and even in the aftermath of highly publicized disasters only 30%-45% of older adults are disaster prepared, and these rates have been unchanged for decades (Eisenman). Even respondents who said they are prepared, want to learn more about this topic. Improvements are possible. Evidence-based education programs for older adults to be prepared are available. Older adults can participate in neighborhood resilience planning thereby making communities aware of both their potential needs and contributions to a disaster resilient Los Angeles.



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HOUSING

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INTRODUCTION

Los Angeles is one of the most expensive housing locations in the United States. Clearly, this places a major fraction of the Los Angeles population in a very challenging situation to find and maintain an adequate residence. California has the highest percentage of cost-burdened households in the US, nearly three-fifths spend more than one-third of their income on rent (Padilla-Frausto and Wallace, 2015). High housing costs imposed by insufficient housing supply requires trade-offs for many older adults in meeting their personal needs for food sufficiency, medical care, in-home assistance and recreational choices (Joint Center for Housing Studies, 2015). The problem is most acute for lower income older adults in Los Angeles, especially minorities, because housing is in short supply, and pressure for housing fosters gentrification and displaces lower income people. Heightening this dilemma, many older adults rely almost wholly on social security for income yet the amount received is not adjusted for cost of living, a big disadvantage for lower income people residing in a very high cost region such as Los Angeles. (American Community Survey, 2013)

PALA SURVEY: HOUSING PREFERENCES IN OLDER ADULTHOOD, DISTRIBUTION BY INCOME, CONDITION AND IMPROVEMENTS

The survey asked the question, “How important is it for you to live in your own home as you age? As elsewhere in the nation, our survey found that upwards of 80 percent of both community residents over 60 and county and city staff responding to our survey reported it was “highly or very important,” for them to age in their residence. This is consistent with a widely held belief that older adults want stability of residence and prefer independence of lifestyle that housing provides.

Of course, income is always a fundamental determinant of housing selection, and in the PALA survey, fully half of community survey respondents had incomes under 50K annual income. In looking at the distribution of housing in Los Angeles by income among our community respondents over 60 we find that income distinguishes who will have a house as their primary residence as contrasted with other alternatives. We found that about three-quarters of respondents with incomes over \$75,000 annual income were living in houses compared with about half of respondents with lower incomes. In contrast, as shown in the illustration, respondents with less than \$75,000 annual income were much more likely, about two-fifths, to live in apartments or mobile homes. Given the competition and minimal supply of low cost apartments in Los Angeles, this places substantial pressure on people to make do with substandard housing. The qualitative information we received, highlights vast differences in frustration or success experienced by people relying on management companies or landlords to adequately maintain their rental dwellings. “Landlord would rather I died than make improvements ” vs. “Management must know reasonable accommodation laws- senior features built-in.”

In contrast, city and county staff, 60 years and over, responding to the survey have greater access to residence in houses at moderate and lower income levels, perhaps due to the advantages of current employment status for loan qualification, and possibly having acquired homes when prices were more affordable. Contrasting statements show a range of differences in renter experiences.

We examined types of improvements made to dwellings in order to make them more age-friendly. The adequacy and degree of improvement and maintenance activity in dwellings was difficult to

carefully sort out due to the complexity of home improvement and in part due to the wording of the survey questions that made it difficult to distinguish between upgrades made prior to their residence, older versus recent improvements, scale of improvements, or identifying which improvements were pertinent to the questions. We found mostly similarities in the proportions of respondents in the community and county-city staff surveys reporting specific modifications, with the greatest activity for both groups occurring in improved lighting, about one-third. Also about 28% of respondents in both groups reported first floor bedrooms as changes, however it is not clear whether all reports were recent changes or simply an original design of their dwelling. Importantly only about one in six respondents in both survey groups indicated having emergency alarm access. About one-fifth of community residents reported having assistive devices in the home such as ramps, chair lifts, or elevators, and 29% reported bathroom modifications such grab bars. Overall, we could not detect any obvious income trend in likelihood of modifications. Any differences in degree or quality of modifications by income cannot be inferred from our results.

CONCLUSION

Lower income people devote a disproportionate income for housing, and with the housing scarcity in Los Angeles, the situation is truly of crisis proportions. This is underscored the slice of our respondents that were very low income, about 36% with less than 25K annual income in the PALA survey. Whereas older adults usually desire independence and want to live in their own residence, declining resources and increasing functional limitations may force alternative living arrangements.

CONCLUSION (CONTINUED)

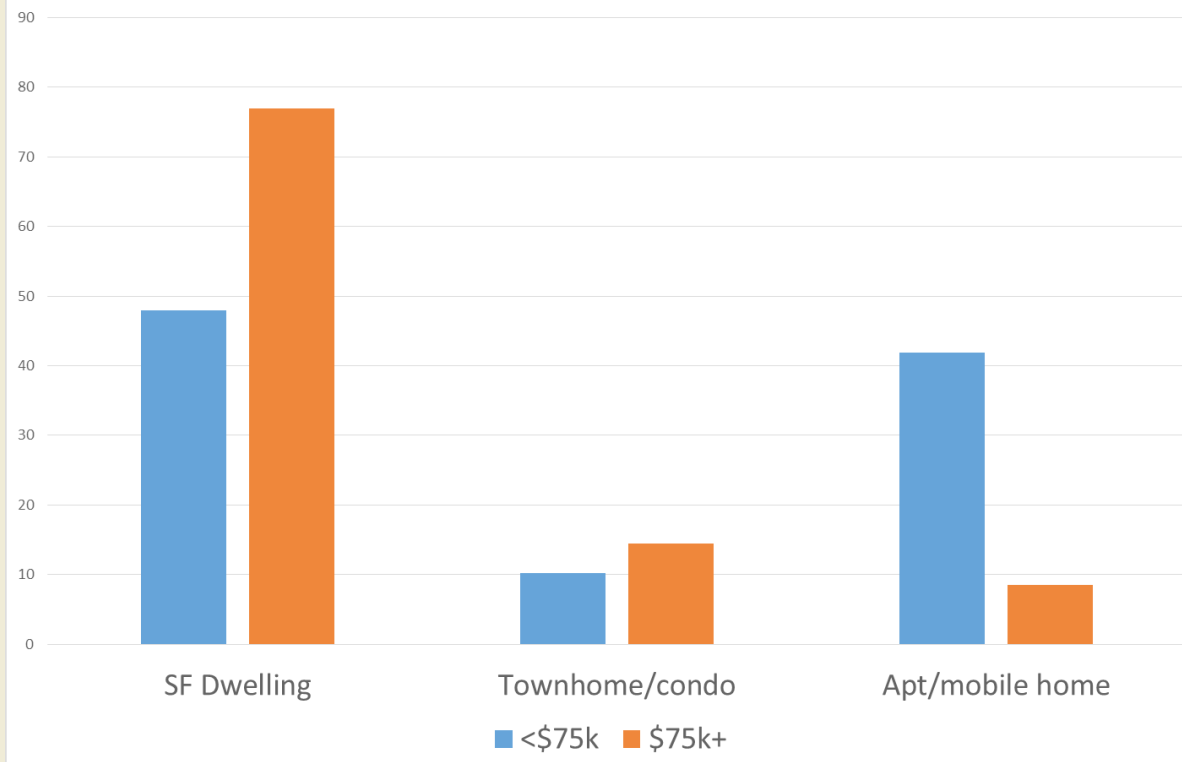
As lower income people leave the work force by choice, or due to incapacity or lack of opportunity, they may be pressured to move into substandard housing in undesirable circumstances, or seek alternatives with others such as family members, which are not always preferable, sustainable, or viable solutions.

The housing crisis for older adults is national in scope and well documented (Vega and Wallace, 2016). The integration of housing into the larger discourse of liveable communities emerges from the awareness of its essential role in promoting quality of life (Gitlin, 2017). Adequate housing creates a platform for older adults to stay socially engaged and connected, as well as offering an environment to manage health needs. According to US Census data, older adults today reaching 65 years of age are more likely than ever to survive an additional 20 years or more, yet at this time there is little attention to advancing national and state policies for increasing subsidized housing for older adults in their transition into old age that can support long and healthy life spans.

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Current Housing Type by Household Income Level, Community Residents aged 60+





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INTRODUCTION

Social participation and social networks can decline with age for a number of reasons, including children leaving home, retirement from paid employment, and the onset of physical limitations (Desrosiers, Noreau, & Rochett, 2004). However, continued engagement with others is an important factor contributing to health and well-being throughout the life course (Rowe & Kahn, 1997). Participation in community activities can help older adults stay informed about important resources, remain physically and mentally active, support and strengthen social ties, and reduce negative aging stereotypes. Thus, age-friendly communities should provide a range of purposeful opportunities that are accessible and affordable and that encourage participation across all races, ethnicities, and age groups. Older adults can help support and revitalize communities in many ways, and their active engagement may benefit them as much as it serves their communities.

FINDINGS

The Purposeful Aging Los Angeles survey found that both younger and older adults are generally satisfied with the amount of contact that they have with friends and family. The 10% who report no or infrequent contact, however, are at high risk of social isolation, and thus negative health and well-being consequences.

FINDINGS (CONTINUED)

Living in a community with opportunities for social engagement is one way that older adults can retain a sense of purpose in their daily lives and maintain critical social connections. Half or more older adults report that the town or city in which they live, provided each of six different opportunities for engagement, including entertainment, continuing education, activities specifically geared for older adults, older adult discounts, social clubs, and volunteer opportunities. For each individual activity (other than entertainment), over one-quarter of respondents do not know if their community offered the activity.

In a write-in section, several older adults report that the opportunities were available only in nearby cities. Only 14% of older adults do not report any of 14 different possible activities being available in their town or city. Asian-American older adults are the most likely to not report knowing of any of the activities (27%), non-Hispanic whites are the least likely to not report any (6%), and the other racial/ethnic groups are close to the average in their reports.

Over two-thirds (71%) of older adults report that they participate in education or self-improvement classes and workshops. The largest difference between older adults and younger adults is that older adults are more likely to report participating in this activity at senior centers (where many respondents to this survey were recruited) while younger adults report obtaining continuing education at work or in colleges.

Faith-based organizations are also important sources of classes for older adults. Asian-American older adults are slightly more likely than average to report taking classes and workshops (79%) while Latinos are less likely than average (64%), and other racial/ethnic groups are close to the average.

CONCLUSION

Though the majority of older adults in Los Angeles are generally satisfied with their levels of social engagement, the data suggest room for improvement in terms of increasing awareness and availability of opportunities for older adults to remain active and vital members of their communities. Research has shown that greater feelings of social connectedness and usefulness are related to healthier aging trajectories (Cacioppo & Cacioppo, 2014; Gruenewald, Liao, & Seeman, 2012). Thus, continued efforts to facilitate a range of opportunities for social participation are crucial to support the growing, diverse population of older adults.

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Exhibit SOC1: Percent responding that the city/town they live in has these activities, LA City and County, 2017

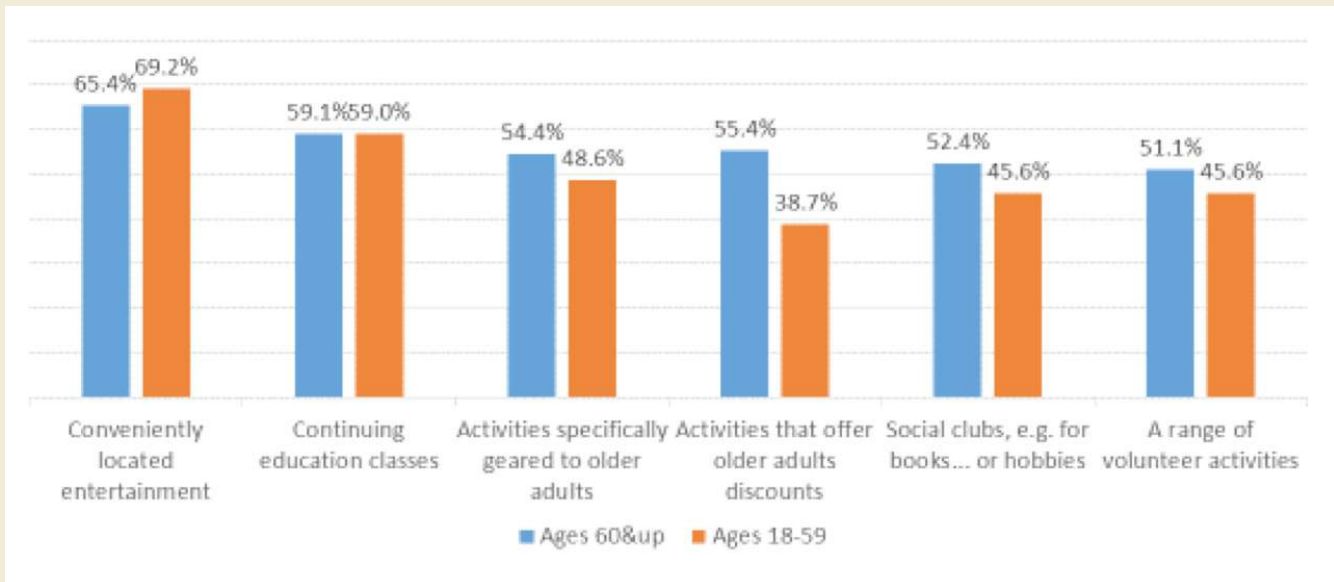
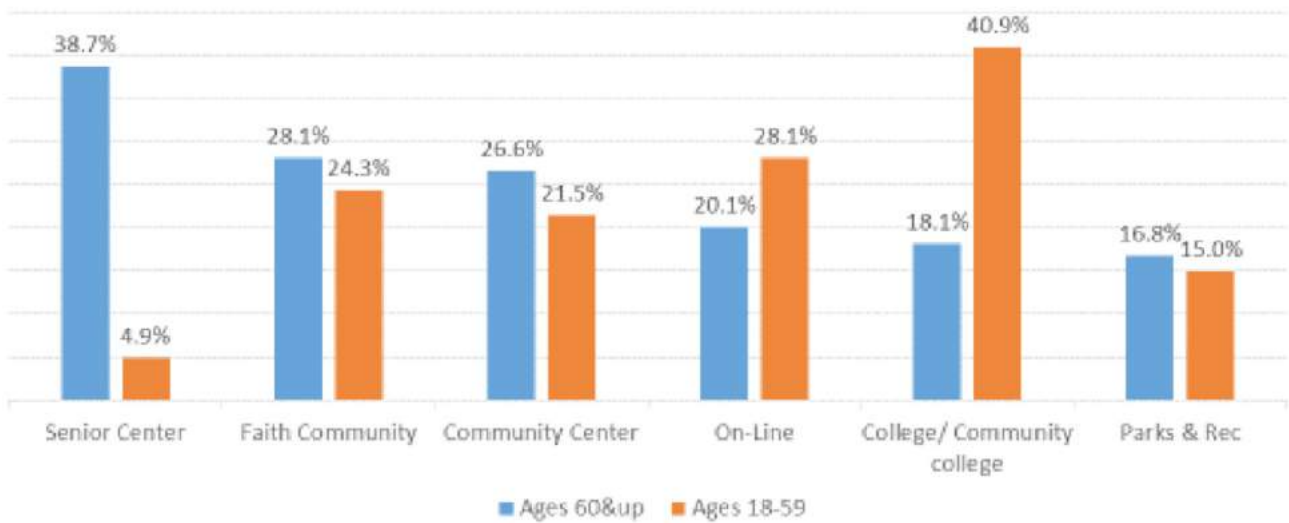


Exhibit SOC2: Location of continuing education, self-improvement classes or workshops for those reporting any type of participation, LA City and County, 2017





TRANSPORTATION

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INTRODUCTION

Mobility issues can undermine older adults' quality of life^{1,2}. At age 70, driver's license renewal policies in California change³ and driving fatalities and insurance rates tend to rise⁴. By age 85, many people discontinue driving⁵. A 2001 study of community-dwelling Medicare beneficiaries (aged 65 or older) found that 47% reported at least some difficulty walking⁶. Older adults with difficulties walking and those who do not drive are less likely to receive regular health checks-ups, are less civically engaged, and are more socially isolated compared to those without these mobility limitations⁷. Seniors miss being active members of the community, but the community also loses from the lack of involvement of its seniors. Ensuring that older adults have access to safe, reliable, affordable means of transportation will be central to Angelenos experiencing purposeful aging.

PALA SURVEY: MODES OF TRANSPORTATION USED, AND VIEWS OF LOCAL TRANSPORTATION INFRASTRUCTURE

The PALA survey included two question prompts. First, it asked, “How do you get around for things like shopping, visiting the doctor, running errands, or going to other places?” Respondents were instructed to select all the modes of transportation they used (including an option to select “other” and write in an additional response). Second, the survey asked, “To your knowledge, does your City/Town have the following?” and gave respondents a series of statements describing views of public transportation, driving, and other local travel infrastructure. Respondents were required to choose yes, no, or not sure for each statement. This issue brief describes overall transportation patterns in the community, with additional attention to respondents age 60 and over.

HOW DO PEOPLE IN LOS ANGELES GET AROUND?

Figure 1 shows the proportions of community members who reported using each mode of transportation, and differences across age groups. Across all age groups, 76% drive themselves, 32% walk, 28% use public transportation, 22% have others drive them, 17% use Uber/Lyft, 10% ride a bike, 8% call a taxi/cab, and 8% use special transportation services for older adults or people with disabilities. Overall, 52% of the community reported only one mode of transportation; the rest selected multiple.

Notably, driving and public transportation use ranged widely across older adults from different racial/ethnic groups (see Figure 2). Some of these racial/ethnic group differences varied based on the respondents’ age. For example, only 26% of Asian Angelino respondents age 60-69 said they took public transportation compared to 55% of Asian Angelino respondents age 70+; similarly, 75% of Asian Angelino respondents age 60-69 drove themselves, while only 26% age 70+ did. Meanwhile, African American respondents age 70+ took public transportation less than counterparts age 60-69 (25% vs. 38%). In addition, among African American respondents, there was minimal difference in rates of driving oneself at age 60-69 vs. age 70+ (71%

vs. 68% respectively); while differences in rates of driving oneself at age 60-69 vs. age 70+ were much larger across the other racial/ethnic groups (as evidenced by the overall differences in driving rates by age in Figure 1).

ARE PEOPLE AWARE OF, AND SATISFIED WITH LOS ANGELES TRANSPORTATION INFRASTRUCTURE?

Public transportation. The majority of community members said their city/town had public transportation that was accessible and convenient (74%), affordable (74%), reliable (62%), safe (58%), and said that the vehicles were well-maintained (61%). A minority said public transportation was not accessible and convenient (16%), affordable (11%), reliable (16%), safe (19%), or well-maintained (14%).

Sixty-one percent of community members age 60 or older said their city/town had special transportation services for older adults and people with disabilities. A slightly larger portion of people aged 85 and older said they knew about available special transportation services in their town/city (69%).

Driving and personal commuting. Overall, a majority of respondents reported that their city/town had well-maintained streets (59%), enforced speed limits (62%), safe pedestrian crossings (65%), and well-lit, safe streets and intersections for all users (pedestrians, bicyclists, and drivers; 57%). Yet, there is substantial room for improvement. Roughly a quarter of the sample did not think the streets were well-maintained (32%), that speed limits were enforced (25%), that pedestrian crossings were safe (23%), or that streets and intersections were well-lit or safe for all users (29%).

Overall, 65% of people reported available public parking lots, spaces and other areas to park in their town/city, but a smaller portion of people reported available affordable public parking (54%).

Older drivers seemed to know more about driver education/refresher courses. While 50% of people age 85 or older said their town/city had these courses, only 43% of people age 70-84 and 33% of people age 60-69 said their city/town did. Respondents’ awareness of and satisfaction with transportation infrastructure appeared to also vary

across racial/ethnic groups. For example, 71% of Non-Hispanic Whites said their city/town had public parking lots, spaces and other areas to park while only 57-65% of other racial/ethnic groups agreed. The variation in responses may reflect differences in infrastructure across neighborhoods or differences in knowledge of available services across racial ethnic groups.

CONCLUSION

Consistent with past studies in the United States, surveyed Angelenos predominantly seem to rely on personal vehicles to get from place to place⁸. However, sizeable portions of the older age groups rely on others to drive them, walk, or use public transportation, and transportation patterns appear to differ across racial/ethnic groups especially among older community members. As previous researchers have suggested, specialized transportation services for older adults and people with disabilities, do not seem to be the most common or viable driving replacement for older adults^{9,10}. Ridesharing services like Uber and Lyft are an additional alternative to traditional taxis

even among the oldest respondents. Some people even reported (when selecting “other”), that they used delivery services like Amazon to get what they needed without needing to leave their home. These new services may help meet older adults’ material needs, but additional investigation of transportation in Los Angeles would benefit from evaluating frequency of leaving one’s home (e.g., monitoring residents’ ability to meet social needs).

Overall, a majority of community members tended to have positive views of their city/town’s transportation infrastructure, but there was room for improvement, especially in views of personal commuting infrastructure. Additionally, many older community members are still not aware of local programs such as paratransit and driver education courses designed to help meet older adults’ transportation needs. Age and racial/ethnic variations in responses about transportation infrastructure suggests diversity in transportation needs across subsets of the Los Angeles community and highlights the importance of attention to local community context when prioritizing new transportation investments.

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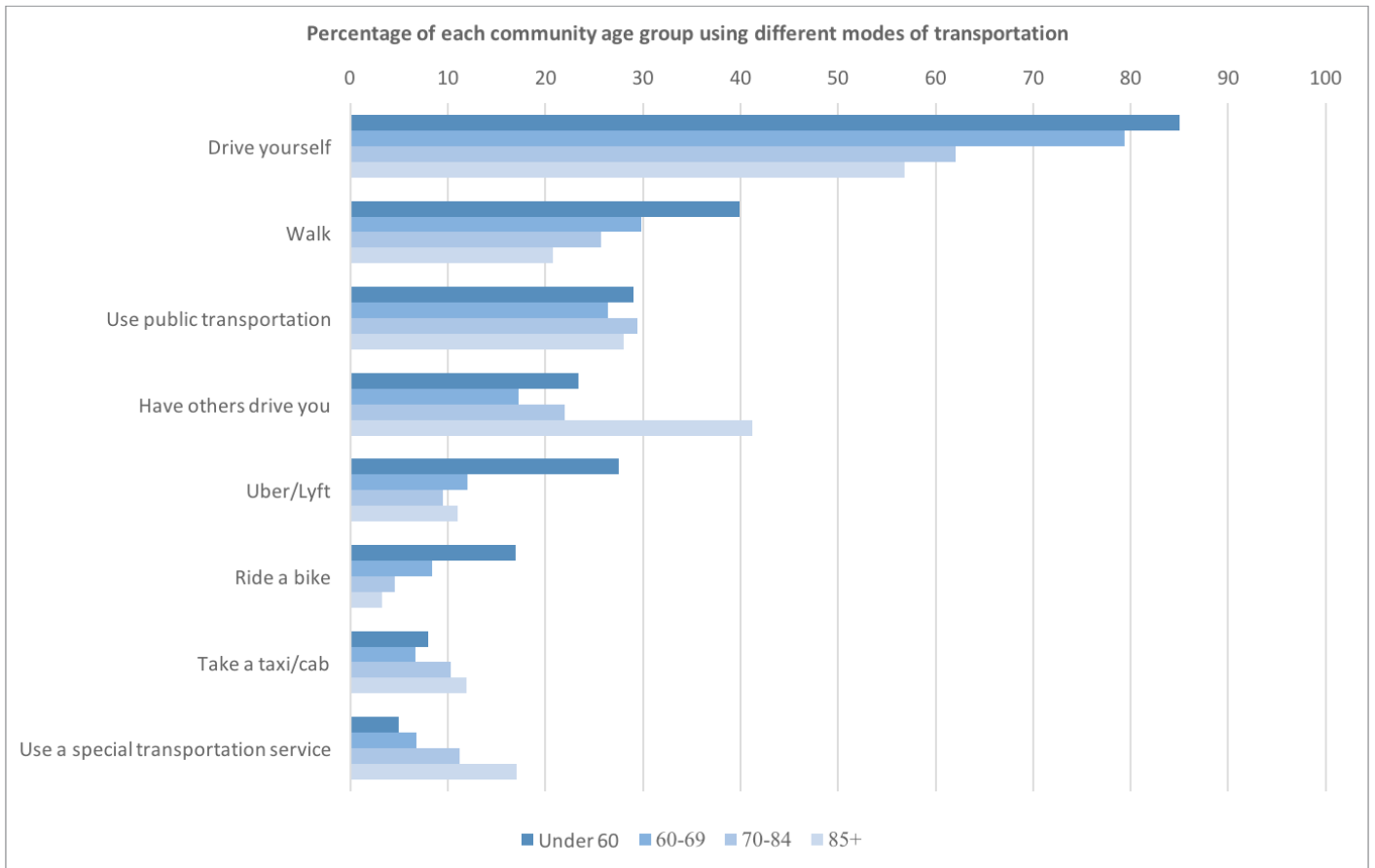
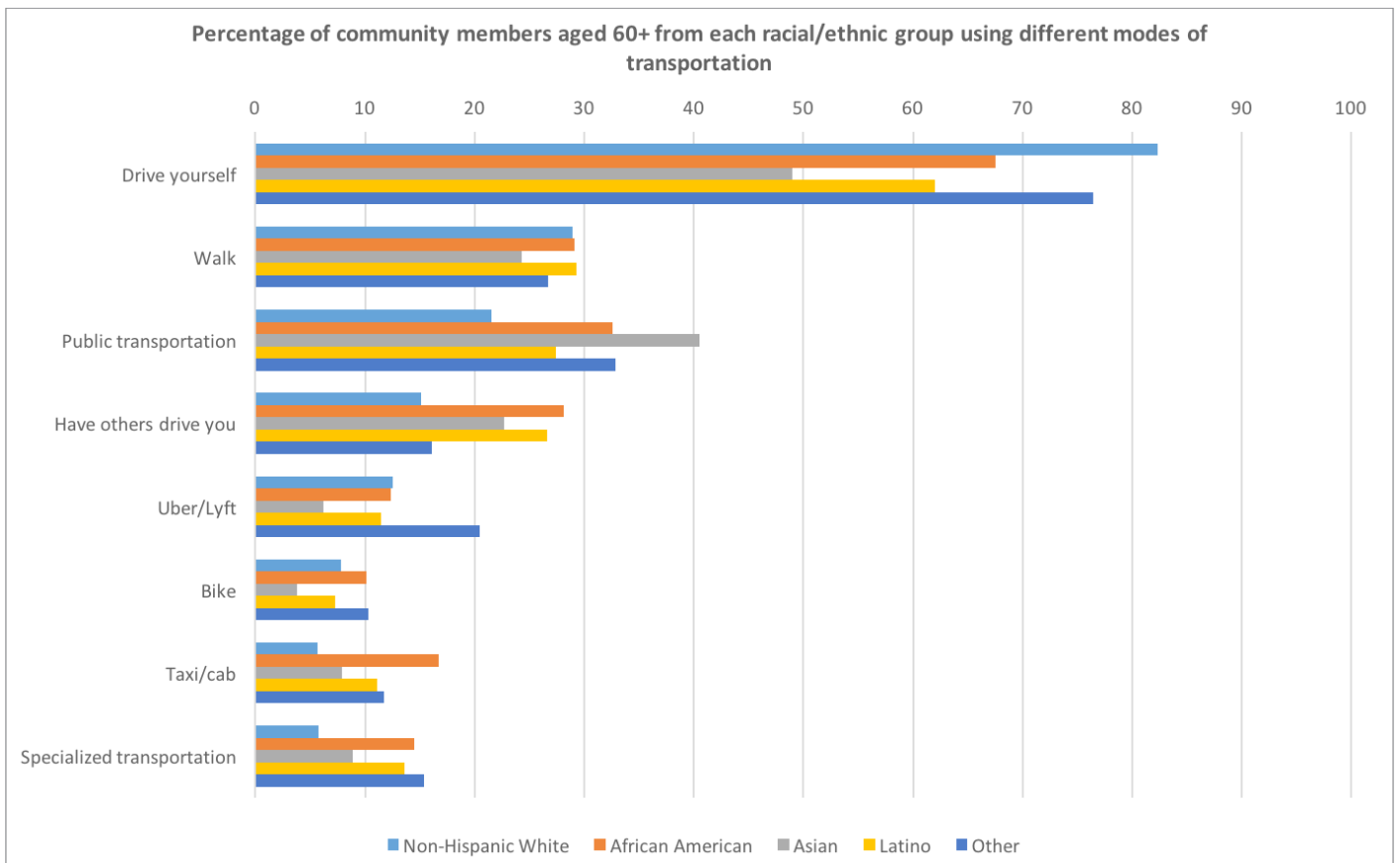


Figure 2 Data: Community Age 60+, 2948 respondents; NHW = 1071, AfAm= 280, Asian = 542, Latino = 1000, Other = 55





OUTDOOR SPACES AND BUILDINGS

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INTRODUCTION

Access to outdoor spaces and recreational facilities is a vital part of healthy living. Older adults remain healthier when they can routinely enjoy these public resources (Carlson et al. 2012; Cauwenberg et al. 2011). Unsafe sidewalks, on the other hand, impair walkability and increase risk for injury from falls (Schepers et al. 2017). Compared with other large metropolitan centers, Los Angeles has fewer parks and open air recreational spaces than most. In a 2017 list of 100 US cities, LA ranked 74th (The Trust for Public Land 2017). However, the perception of these community assets likely varies across social and economic groups in any city. In addition, many are unsure whether their communities even have these recreational assets.

Data from the Los Angeles Purposeful Aging survey provide some insight into residents' perceptions of public space access and sidewalk safety where they live within the County. The survey asked residents about the presence of nearby well-maintained and safe parks, those with sufficient benches to rest, sidewalk safety, accessible public buildings and facilities, and the presence of a neighborhood watch program. Respondents were asked whether each one of these things existed where they lived, with responses being "yes," "not sure," and "no."

Perceptions about such assets varied little across age groups, except likelihood of reporting that their cities and towns had well-maintained public buildings and facilities that are accessible increasing from 54% among those under age 45 to 63% from those aged 75 and older. However, the percentage “not sure” about parks, benches, and public facilities increased with age, while uncertainty about neighborhood watch decreased. A parallel survey of LA City and County employees yielded slightly different patterns across age groups, with perception of the presence of these assets declining with age. Nevertheless, slightly higher percentages of the employees reported their communities had parks with enough benches and safe sidewalks, across age groups, than did the general residents. Turning to the older community residents, ages 60 and above, we find some important differences in availability of, and uncertainty about, the outdoor spaces and facilities. Non-Hispanic Whites were most likely to say their communities had safe, well-maintained parks, parks with enough benches, and well-maintained accessible public buildings, while African Americans were most likely to report that their sidewalks were safe for pedestrians and wheelchairs. Asians were the most likely race/ethnic group to be unsure about all five of the assets asked about. Overall about 45% to 55% of the older respondents said, “yes” regarding parks, sidewalks (see Fig. 1), and neighborhood watch; about 60% said “yes,” their city or town had well-maintained and accessible public facilities. The percentages “not sure” were greatest for neighborhood watch, and lowest for well-maintained and safe parks nearby, for both the general public and employee samples.

These patterns appear to be driven by income disparities, as the reported presence of all of the community assets increases with household income. The percentage saying they are not sure decreases with income for well-maintained and safe parks within walking distance, safe sidewalks, well-maintained public facilities, and neighborhood watch. There is no income difference in percent uncertain about public parks with enough benches in one’s community. Moreover, the difference in percent high-income across age groups (60+ compared with under age 60) is twice as great for Asians as for non-Hispanic Whites, with a somewhat smaller age gap for African Americans and Latinos.

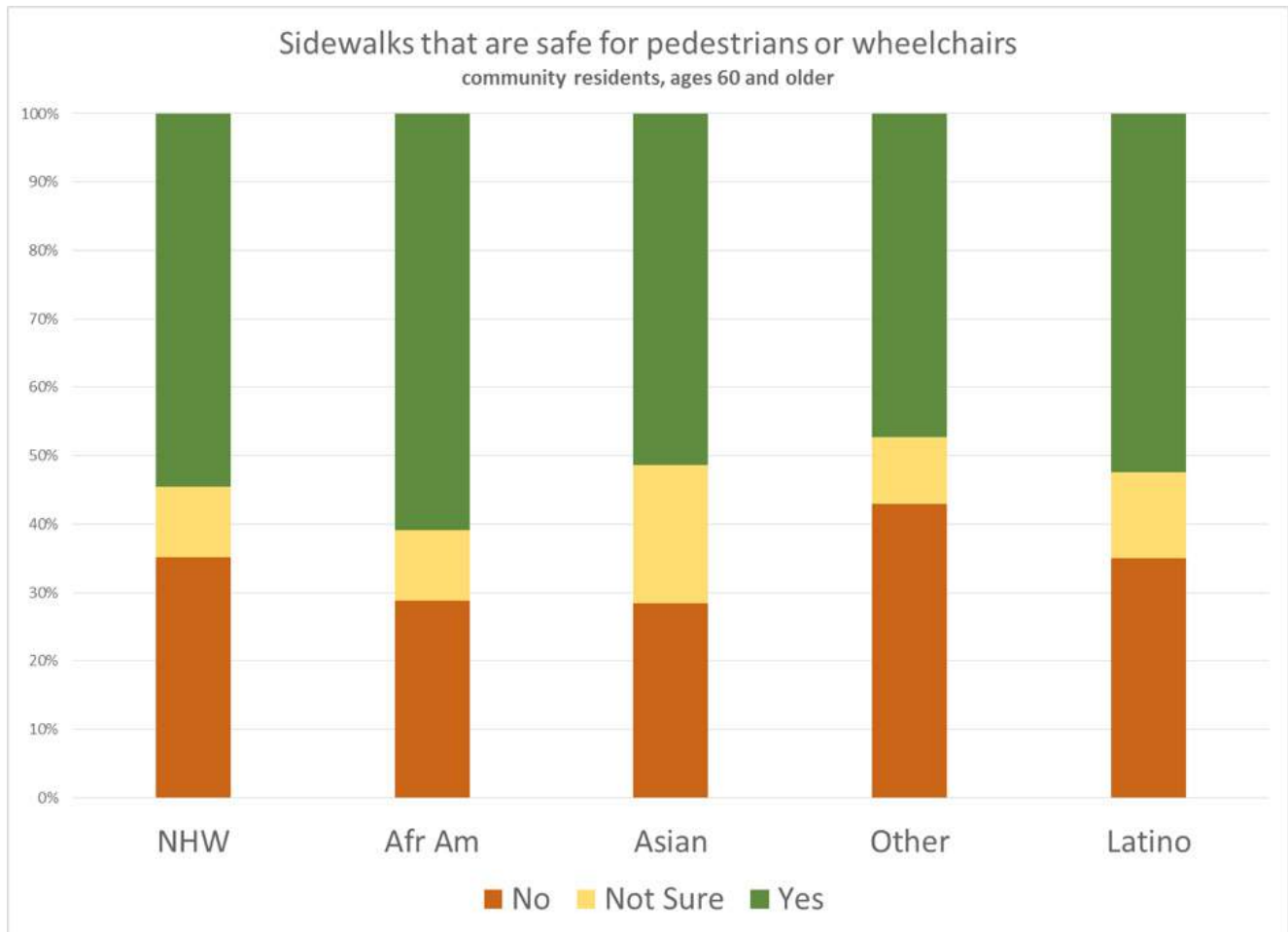
How do these perceptions compare with other cities? AARP Livable Communities (2015) reports comparable results for 14 US cities combined.

The Los Angeles findings compare favorably with the AARP figures for ages 55 and over, particularly in regard to having public parks with enough benches.

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Figure 1.



A hazy, high-angle view of the Los Angeles skyline, showing numerous skyscrapers and buildings against a light sky. The image is overlaid with a semi-transparent yellow rectangle containing text.

RECOMMENDATIONS

AGE-FRIENDLY ACTION PLAN FOR THE LOS ANGELES REGION



I. OVERVIEW

Purposeful Aging Los Angeles (PALA) seeks to prepare the Los Angeles Region for a rapidly aging population through an innovative, sustained initiative that unites public and private leadership, resources, ideas and strategies. PALA was jointly launched on May 18, 2016, by the County and City of Los Angeles and that same day, Mayor Eric Garcetti issued an Executive Directive outlining specific actions that Los Angeles City (City) Departments must take to ensure a safe, prosperous, livable and well-run City for older adults. The County Board of Supervisors approved a motion on August 16, 2016, directing more than 20 Los Angeles County (County) departments to collaborate on implementation of PALA, and on November 15, 2016, approved the County's 2016-2021 Strategic Plan, which incorporated PALA as one of nine objectives to deliver comprehensive and seamless services to those seeking assistance from the County. County of Los Angeles Department of Workforce Development, Aging and Community Services (WDACS) and the Los Angeles Department of Aging (LADOA) are the lead agencies for the development and implementation of PALA.

II. DEVELOPING THE RECOMMENDATIONS

The following section outlines 34 recommendations to the County Board of Supervisors and the Mayor of Los Angeles to enhance the age-friendliness of the Los Angeles Region across the nine livability domains examined through PALA.

The County and City developed and launched a major countywide survey to identify community priorities for enhancing age-friendliness across the nine livability domains. The survey was distributed in English to County and City employees, translated into nine languages, and then disseminated Countywide to members of the public. The County and City convened stakeholder working groups in each livability domain to develop recommendations for potential inclusion in the Age-Friendly Action Plan. Approximately 100 experts and community leaders participated in livability domain working groups, where they proposed 164 total recommendations and ranked the top three recommendations in their respective livability domain working groups. Nearly 200 older adults

attending the 2nd Annual Older Adult Summit prioritized their top three recommendations resulting from the livability domain working groups. The Draft recommendations were then presented to County and City Departments, the Action Planning Work Group and approved by the PALA Steering Committee.

While the recommendations outlined below are intended to enhance the age-friendliness of the Los Angeles Region for all older adults and multi-generational residents of Los Angeles County, the County and City will implement the recommendations in an equitable manner that would allow all residents to thrive as they age in their communities, including by prioritizing interventions to high-need communities and populations – such as LGBTQ individuals, those experiencing homelessness (or those at-risk of homelessness), and low-income populations – as well as incorporating multi-lingual/multi-ethnic services, a gender lens and other strategies intended to empower traditionally marginalized communities.



ACRONYMS

BOLOH: Bringing Our Loved Ones Home Initiative

CDC: Los Angeles County Community Development Commission

CEO: Los Angeles County Chief Executive Office

CIO: Los Angeles County Chief Information Officer

City DPW: City of Los Angeles Department of Public Works

County DPW: Los Angeles County Department of Public Works

COLAPL: Los Angeles County Public Library

DCBA: Los Angeles County Department of Consumer and Business Affairs

DCP: City of Los Angeles Planning Department

DHR: Los Angeles County Department of Human Resources

DMH: Los Angeles County Department of Mental Health

DOP: Los Angeles Department of Personnel

DPH: Los Angeles County Department of Public Health

DPR: Los Angeles County Department of Parks and Recreation

DRP: Los Angeles County Department of Regional Planning

DPSS: Los Angeles County Department of Public Social Services

DWP: City of Los Angeles Department of Water and Power

EMD: City of Los Angeles Emergency Management Department

EWDD: City of Los Angeles Economic and Workforce Development Department

HCID: City of Los Angeles Housing and Community Investment Department

ITA: City of Los Angeles Information and Technology Agency

LACMA: Los Angeles County Museum of Art

LADBS: City of Los Angeles Department of Building and Safety

LADOA: City of Los Angeles Department of Aging

LADOT: City of Los Angeles Department of Transportation

LA Metro: Los Angeles Metropolitan Transit Authority

LAPA: City of Los Angeles Public Library

OHR: Los Angeles County Department of Human Resources

OEM: Los Angeles County Office of Emergency Management

PALA: Purposeful Aging Los Angeles

RAP: City of Los Angeles Department of Recreation and Parks

WDACS: Los Angeles County Department of Workforce Development, Aging and Community Services



CROSS-CUTTING RECOMMENDATIONS

- Establish the infrastructure and systems to ensure an age-friendly future for the Los Angeles Region.

I. RECOMMENDATIONS

RECOMMENDATION:

1. Align and coordinate older adult programs in the City and County of Los Angeles to maximize efficiency, improve services for clients and establish shared goals and outcomes.
2. Contingent upon available funding, establish a joint County-City PALA Unit that will plan and lead implementation of the PALA Initiative's recommendations and strategies, as well as promote alignment of older adult programs in the County and City.
3. Direct WDACS and LADOA to establish a public sector working group for regional older adult services comprised of County, City and other public agencies.
4. Direct the PALA Unit to establish a baseline, identify sustainable goals/objectives for each recommendation and identify/track metrics to measure progress in implementing PALA
5. Direct WDACS, LADOA and the other departments collaborating on PALA, to report in writing annually to the Board of Supervisors and the Mayor of Los Angeles regarding the status of implementing the PALA recommendations.

DESCRIPTION:

While LADOA and WDACS are the lead Departments in providing aging services, more than half of County and City Departments play a role in delivering services to older adults (See Appendix for an inventory of County programs for older adults). Departments such as DPSS, DMH and DCBA operate a significant number of older adult programs, such as In-Home Supportive Services, Older Adult Systems of Care and Smarter Senior Forums. While MOUs and other mechanisms have been established to foster coordination between Departments on select programs, additional efforts

DESCRIPTION (CONTINUED):

are needed to achieve alignment across the full-range of older adult services provided by the County and City.

The establishment of a PALA Unit will ensure dedicated staffing focused on planning and leading implementation of the PALA Initiative's recommendations and strategies, as well as promoting alignment of older adult programs in the County and City. We propose the formation of a joint County-City Unit that would report to LADOA and WDACS. The City has provided funding for two FTEs beginning in FY 2018-19 (at the level of Senior Management Analyst/Management Analyst).

Currently, the County and City have each established separate interagency working groups to coordinate older adult services and implement new initiatives through PALA. While this is good start the next phase is to bring County and City agencies together in the same room, as well as other public agencies that deliver significant older adult services to County and City residents. Private sector agencies will be engaged through other recommendations outlined in this Report.

The PALA Unit will establish a baseline, identify sustainable goals/objectives for each recommendation and identify/track metrics to ensure the County and City are making measurable progress in implementing PALA's recommendations. After three years of implementation, the PALA Unit will produce an evaluation to assess the overall age-friendliness of the Los Angeles Region, and to assess age-friendliness in each of the nine domains/areas.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

WDACS, LADOA / all County and City departments with a nexus to serving older adults



CIVIC PARTICIPATION AND EMPLOYMENT

Maintain Robust Community Engagement

RECOMMENDATION:

6. Direct the PALA Unit to maintain robust engagement of community leaders and external partners during implementation of the PALA Initiative.

DESCRIPTION:

The County and City established the Action Planning Workgroup, comprised of community leaders and experts selected by the Board of Supervisors, Los Angeles City Council, and AARP, to provide input and guidance in developing the PALA Initiative. The County and City will continue to engage this Working Group and utilize other strategies to involve communities and stakeholders across the Los Angeles Region during implementation of the PALA Initiative.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS

CIVIC PARTICIPATION AND EMPLOYMENT

Develop coordinated County and City strategies for connecting older adults to meaningful and practical employment opportunities.

RECOMMENDATION:

7. Direct WDACS, LADOA, and EWDD, in coordination with the DHR and the DOP, to develop coordinated County and City strategies for connecting older adults to meaningful employment opportunities, including but not limited to the following:
 - A. Establish and implement County and City employment goals for workers over the age of 60 that contain hiring targets for all County and City Departments, based on their size and capacity to hire older workers, and to the extent possible, that incorporate specific hiring targets for low-income older workers identified through the regional network of America's Job Centers of California. In developing the older worker employment goals, departments will consider the full range of employment opportunities and classifications, including full-time, part-time, temporary and consultant positions. The implementation of departmental employment goals and targets will be phased in, according to factors such as current departmental capacity to hire older workers, and the cost and training impact on departments in hiring older workers
 - B. DHR and DOP will establish an Older Adult Internship program as a pathway to permanent County employment for older workers, including those identified through the regional network of America's Job Centers of California.
 - C. DHR and DOP will explore a partnership with the Los Angeles Encore Fellows Program, the Executive Service Corps, and other similar models that would enable County and City departments to host older adult Fellows Consultants. These partnerships would assist experienced older adult workers who would like to transition to encore careers in the social or government sector, while infusing the County and City with executive-level expertise.
 - D. WDACS and EWDD, in collaboration with the other five Workforce Development Boards in the County, will develop and implement a regional approach, with specified annual performance goals, for the public workforce system to recruit, train and place older workers in employment and career opportunities, including those available with County and City departments.
8. Direct WDACS, LADOA, and EWDD, in coordination with the DHR, DOP and other relevant County and City departments to engage chambers of commerce, economic development organizations, labor organizations, educational and training institutions and other appropriate public and private agencies in the development and implementation of strategies under recommendation 7.
9. Urge private for-profit and non-profit agencies to establish and implement older worker hiring targets as described under recommendation 7a.



CIVIC PARTICIPATION AND EMPLOYMENT

Develop coordinated City and County strategies for connecting older adults to meaningful and practical employment opportunities. (continued)

DESCRIPTION:

As older adults are healthier and living longer lives, many are working well into their sixties and even seventies. Approximately 20 percent of adults ages 65 and older are working at least part-time, which is a higher percentage than at any time in the past fifty years. Older workers are often characterized by positive qualities such as experience, dedication, attention to detail, confidence and reliability. The County and City should adopt policies and programs that maximize opportunities to hire older adults, including low-income older adults served by the County's network of America's Job Centers of California. Mentorship and coaching may be needed to help some older adults adjust to a new work environment or different type of job.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS, EWDD / DHR, DOP

CIVIC PARTICIPATION AND EMPLOYMENT

Expand opportunities and resources for older adult volunteers.

RECOMMENDATION:

10. Direct LADOA, WDACS, and other partner agencies to establish one or more one-stop centers for the recruitment and training of older adult volunteers to meet community needs throughout the Los Angeles Region.
11. Direct WDACS, LADOA, DHR, AARP, and other private stakeholders, to develop a marketing and outreach strategy to connect older adults to volunteer opportunities, which may include development and dissemination of a volunteer toolkit that includes resources for assisting older adults who would like to volunteer.
12. Incorporate specific recruitment strategies and participation targets for older adults who volunteer through the County Volunteer Program, Mayor's Volunteer Corps, and other existing City and County volunteer programs; explore a partnership with the Federal Senior Corps to host Senior Corps members at County and City Departments.
13. Build on current outreach efforts – such as the Smarter Senior Forums and Elder and Dependent Adult Abuse Awareness Month – to educate our communities on how to prevent and report elder abuse and scams targeting older adult.

DESCRIPTION:

As individuals remain active and healthy for longer, volunteerism becomes an increasing opportunity to engage older adults and improve their well-being as they age. While there are currently a wide-range of volunteer opportunities available throughout the County and City for older adults, these efforts are spread out and there is currently no one place where older adults can go to be connected to various volunteer opportunities based on their availability, interests, place of residence, etc.

Many older adults are interested in volunteering, but they don't know where to go or how to engage in volunteerism.

These recommendations are intended to establish additional resources to connect volunteers to opportunities with County and City Departments, as well as in the community. Recognizing the need to partner with private entities that engage volunteers, the City and County will collaborate with AARP and other organizations to outreach to older adults.

In addition, currently there are more than 4,000 referrals of suspected elder and dependent adult abuse each month and many more that go unreported. With the older adult population on pace to double in the Los Angeles region between 2010 and 2030, there is significant potential for elder and dependent adult abuse to increase in our communities. WDACS will work with DCBA and City and County Departments to expand efforts to educate the community on how to prevent and report abuse, and scams targeting older adults and dependent adults.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS/DHR, Mayor's Volunteer Corps, AARP, DCBA

COMMUNICATION AND INFORMATION

Develop and implement a technology plan for older adults.

RECOMMENDATION:

14. Direct LADDOA, WDACS, the County Chief Information Officer (CIO), and the General Manager of the Information and Technology Agency (ITA) to develop and implement a broad-based technology plan to address the unique needs of older adults, that includes, but is not limited to:

- A. Deployment of mobile technology labs (equipped with computers, internet and other mobile technology) to communities, particularly those that lack access to technology resources, to train older adults on how to use technology so that it is meaningful and useful to them in the daily lives.
- B. Establishment of an L.A. Aging and technology incubator, in partnership with appropriate private entities, to encourage the local and regional development of technologies that promote independence, social connections, wellness, health and management of physical and cognitive changes.
- C. Exploring partnerships with appropriate private entities to host “hackathons” and other events to bring together regional technology companies and stakeholders to develop new technologies that serve older adults.

DESCRIPTION:

Technology, from e-learning to healthcare solutions, offer significant potential to support older adults in successfully aging in place. WDACS, LADDOA, CIO and ITA will develop and implement a broad-based technology plan that addresses the unique needs of older adults. This plan will include deployment of resources to train older adults on use of technology, as well as efforts to promote the local and regional development of technologies targeted to older adults.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADDOA, WDACS/CIO and ITA



COMMUNICATION AND INFORMATION

Promote senior centers, parks, libraries and other public assets as focal points for information, education and social engagement of older adults.

RECOMMENDATION:

15. Direct LADOA, WDACS, County Department of Parks and Recreation, City Department of Recreation and Parks, County and City Public Library to: a) promote parks, community and senior centers, libraries, Bob Hope Patriotic Hall and other public facilities as focal points for information, assistance, technology, social engagement opportunities, and other age-friendly and dementia-friendly resources and services for older adults and their caregivers; and b) to identify successful approaches/practices utilized by these public facilities that could be replicated at other locations.

DESCRIPTION:

City and County Parks and Libraries seek to establish their facilities as critical community resources/spaces for delivering a wide-range of information, services and activities, to meet the needs of residents of all generations. LADOA and WDACS will partner with County and City Parks and Libraries, as well as community organizations, to expand access to information, assistance, technology, and social engagement opportunities for older adults and their caregivers.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS/County Parks and Recreation, City Recreation and Parks, County and City Public Library, Military and Veterans Affairs



COMMUNICATION AND INFORMATION

Expand engagement of private for-profit and non-profit agencies to provide new opportunities for older adults.

RECOMMENDATION:

16. Direct WDACS, LADOA to expand engagement of private agencies and service providers to establish new partnerships and provide new opportunities and resources for older adults. This will include leveraging the 2028 Olympics to establish an older adult Ambassador program, create an Aging and Fitness Council, and explore gym memberships for caregivers and older adults. It will also include engaging with the Olympic Arts Festival to ensure the needs and interests of older adults are incorporated into the planning of events and activities.

DESCRIPTION:

There are countless private agencies throughout the County and City of Los Angeles that deliver services to older adults and provide products tailored to their unique needs. The County and City contract with many of these agencies to deliver various services to older adults. However, there are opportunities to expand partnerships and engagement opportunities, especially with businesses and business associations.

There is currently no regular forum in the County or City of Los Angeles that unites public agencies that deliver aging services and the myriad private agencies that provide health, social, community and other services to older adults. We will convene these private agencies in the County and City to identify opportunities and strategies for partnerships, including but not limited to: grant partnerships to secure resources for the Los Angeles Region; integrated service delivery models and programmatic collaborations; colocation opportunities; and multi-agency training efforts.

In addition, we will capitalize on specific opportunities, such as the 2028 Olympics and Olympic Arts Festival, to expand collaboration with private agencies to provide new opportunities for older adults.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

WDACS, LADOA / County Arts Commission, LACMA, Natural History Museum, and numerous private and community-based organizations

COMMUNITY SUPPORT AND HEALTH SERVICES

Scale-up proven, community-based and evidence-informed health promotion and disease prevention initiatives.

RECOMMENDATION:

17. Direct LADOA, WDACS, and the Health Agency (especially DMH and DPH) to scale-up implementation of proven, community-based health promotion and disease prevention interventions.

DESCRIPTION:

Approximately three-fourths of healthcare costs result from chronic conditions and about 80 percent of older adults have at least one chronic condition. We spend about \$30 billion each year on treatment for older adults who have fallen and sustained injuries, while about one-fourth of older adults experience some sort of mental disorder. Health promotion programs are essential to preventing and managing a variety of chronic conditions.

However, only a small fraction of older adults in Los Angeles have access to these programs. Research demonstrates the use of evidence-based promotion and preventive practices among diverse communities falls, below the levels recommended by Healthy People 2020, while rates of chronic disease and the medical cost of treating them, continues to escalate.

Through scaling up evidence-based interventions, such as Chronic Disease Self-Management Program (developed by Stanford University) and A Matter of Balance, by ensuring equitable access and culturally responsive programming, we can help reduce the onset/worsening of chronic conditions, and assist older adults in effectively managing these conditions.

Identifying risk factors and strengthening protective factors such as addressing mental and physical health problems and increasing social connectedness are key for this population. The Health Agency will craft a protocol, in collaboration

with LADOA and WDACS, to address health and mental health risks associated with loneliness and social isolation.

Suicide prevention can also be better addressed through community-based health initiatives. Many older adults receive their physical and behavioral health care in the community-based setting which is an ideal location for suicide awareness and prevention to occur. Suicide rates are particularly high among older men, with men ages 85 and older having the highest rate of any group in the country. Factors such as careful planning, use of lethal methods, social isolation (which leads to less likelihood of being discovered), and physical frailty (which means they are less likely to recover from an attempt), all lead to higher rates of death among this population.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS, The Health Agency



COMMUNITY SUPPORT AND HEALTH SERVICES

Expand and enhance oral health services for low-income, older adults.

RECOMMENDATION:

18. Direct the Health Agency to improve equitable access to and utilization of oral health providers services, including by raising community awareness and understanding of oral health services provided under Medi-Cal.
19. Direct the Health Agency to improve access to oral health services by integrating oral health case management/referrals and/or awareness at medical sites in or nearby communities identified as “dental deserts.” Populations with chronic diseases should receive a dental referral where both dental and medical services are available.

DESCRIPTION:

An ongoing source of dental care is necessary to ensure optimal health for older adults. The challenges in improving oral health are two-fold: ensuring access to low-cost dental care and utilization of available dental benefits. Since Medicare does not cover oral health services, it is vital that older adults are connected to an accessible, ongoing dental health provider. As of 2018, the State of California had fully restored adult dental benefits (e.g., lab-processed crowns, posterior root canal therapy, periodontal services, and partial dentures) under a program called Denti-Cal for Medi-Cal beneficiaries. Given that many low-income older adults in Los Angeles qualify as dual eligible (receiving both Medicare and Medi-Cal), and public awareness of these services has been limited, many older adults are unaware of their newly re-instated dental health benefits.

The Health Agency will launch a community-oriented Denti-Cal awareness campaign and strengthen their internal capacities to provide referrals to sustainable dental homes (ongoing source of oral health care). In L.A. County, key areas are identified as “dental deserts,” which are highly populated, low-income communities with limited access to affordable and accessible dental care. To the extent funding and capacity allows, the Health Agency will integrate oral health case management/referrals and/or awareness at their medical sites situated at or nearby dental desert communities. This inter-disciplinary approach will increase the awareness of the importance of oral health as a crucial step for overall health.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS, The Health Agency





COMMUNITY SUPPORT AND HEALTH SERVICES

Support dementia-focused community engagement, programs and policies.

RECOMMENDATION:

20. Direct LADOA and WDACS to support dementia-focused community engagement, programs and policies.
21. Direct all County and City Departments to consider dementia-friendly criteria, to be defined and provided by WDACS and LADOA (in collaboration with Alzheimer's Greater Los Angeles), when implementing new programs and initiatives.

DESCRIPTION:

The number of older adults in California living with Alzheimer's Disease will roughly double from 2010 to 2030. Through PALA, the County and City launched the Dementia Friends Program, which empowers residents in the Los Angeles Region to learn more about these conditions and the small steps they can take to promote Dementia

Friendly Communities. WDACS and LADOA will build on Dementia Friends through new initiatives, programs and policies that address the needs of intergenerational populations with Dementia, Alzheimer's and Autism. A key component of these efforts is implementation of the Bringing Our Loved Ones Home Initiative (BOLOH), which will enhance preventative measures in the Los Angeles Region to reduce wandering among individuals with Alzheimer's/Dementia/Autism, while ensuring a comprehensive and coordinated response to wandering incidents when they occur.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS/Alzheimer's Greater Los Angeles, DPH

EMERGENCY PREPAREDNESS AND RESILIENCE

Implement emergency preparedness strategies that engage older adults and individuals with functional/access needs.

RECOMMENDATION:

22. LADOA and WDACS, in collaboration with the OEM, the City EMD and County and City First Responder agencies, will develop and implement emergency preparedness strategies that engage older adults and others with functional/ access needs, in preparing and responding to community emergencies, including but not limited to:

- A. Incorporating older adults and others with access/functional needs into all County and City emergency response protocols, practice drills, and local planning processes;
- B. Implementing focused outreach efforts to register older adults in Alert LA County, NotifyLA, Alert Long Beach and other local, voluntary mass notification systems so they receive timely warning and information during a disaster;
- C. Promoting and scaling up implementation of neighborhood emergency readiness programs which include, but are not limited to the County's 5-Step Neighborhood Action Kit, the City's Ready Your LA Neighborhood (RYLAN), the American Red Cross's Map Your Neighborhood and ensuring delivery of these programs incorporates tailored resources and tools for older adults, and individuals with access/functional needs;
- D. Provide training and assistance to households in developing Family Emergency Plans that address the needs of older adults, and individuals with access/functional needs;

- E. Partnering with the private sector to identify funding to purchase and disseminate emergency preparedness kits targeting older adults who are low-income, and reside in communities at highest risk of emergencies;
- F. Engaging community organizations to develop a partnership model that provides alternatives for older adults currently using 911 to report non-medical emergencies.

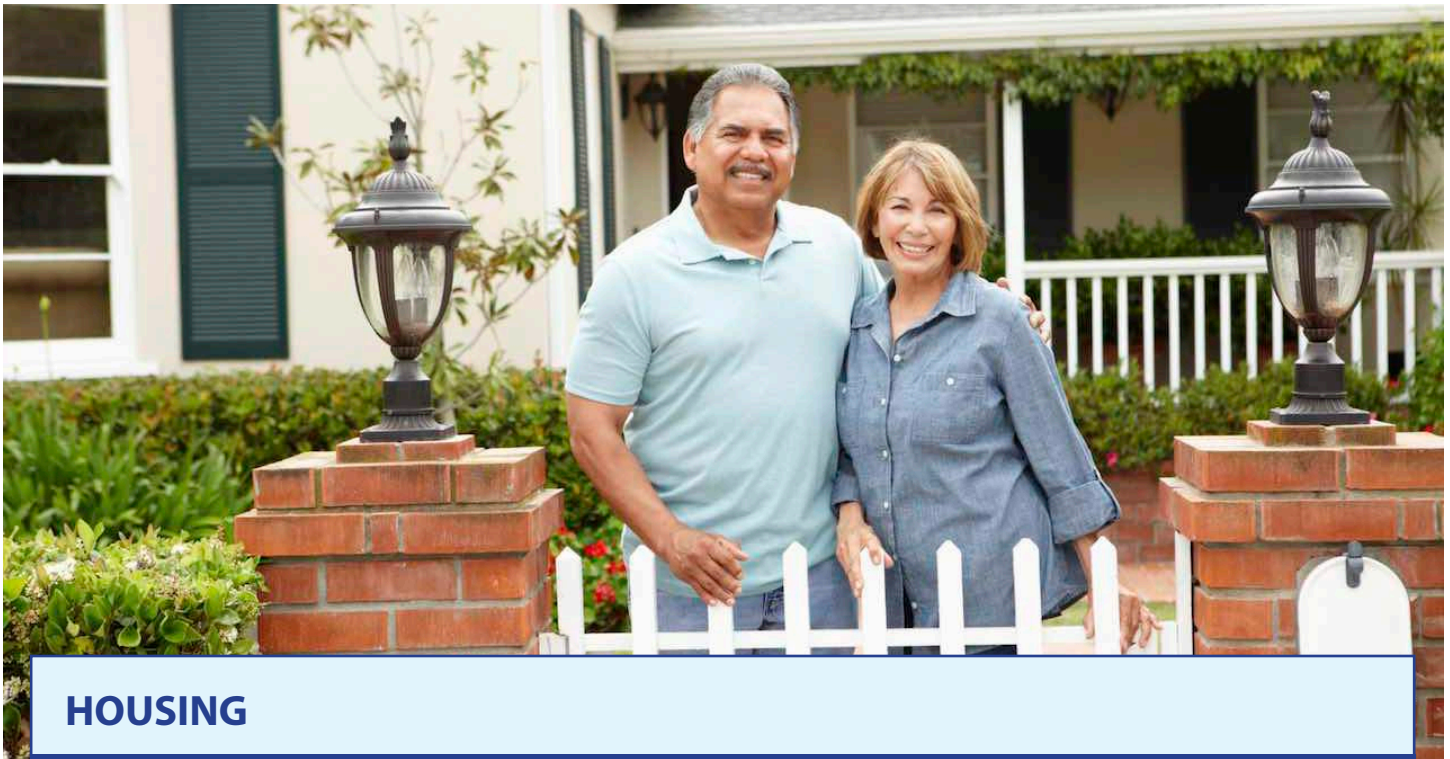
DESCRIPTION:

There are legal, financial and moral obligations for local jurisdictions to implement inclusive emergency management planning efforts that engage older adults, and in individuals with functional impairments. These vulnerable populations are disproportionately at-risk during emergencies and, therefore, require targeted interventions and resources. The strategies outlined above will help ensure that older and functionally impaired adults are incorporated into emergency planning and response efforts at the regional, neighborhood and household levels, while identifying alternatives for older adults using 911 to report non-medical emergencies.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS/OEM, EMD, County and City First Responder agencies





HOUSING

Assess and enhance current efforts to prevent and address homelessness among older adults as part of County and City Homeless Initiatives.

RECOMMENDATION:

23. Direct the Chief Executive Officer (CEO) and Chief Administrative Officer (CAO), in collaboration with LAHSA, CDC, WDACS, and LADOA to assess efforts to date under the County and City's Homeless Initiatives to prevent and address homelessness among older adults, and to identify strategies to expand inclusion of the older adult population as part of these Initiatives, including through implementation of the ordinance authorizing Accessory Dwelling Units (also known as "Granny Flats"), by targeting additional resources to serve older adults who are homeless (or at risk of homelessness), and by examining new and innovative strategies that may benefit older adults, such as how the County and City could develop or encourage development of alternative housing types such as co-op housing, co-housing, or other multi-generational living arrangements that could also help reduce housing costs, and mitigate social isolation as residents age.

DESCRIPTION:

The County and City have both adopted major, multi-year Homeless Initiatives to address homelessness throughout the region. More than 20% of homeless individuals in the County of Los Angeles are older adults. Consistent with the Motion adopted by the Board of Supervisors on May 15, 2018, the County and City should examine current efforts to address homelessness through their respective initiatives, and where gaps are discovered, identify and implement new strategies to expand inclusion of the older adult population.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS/CEO Homeless Initiative, City Homeless Initiative



HOUSING

Develop a Rent “Gap Assistance” Program for medium and low-income older adults.

RECOMMENDATION:

24. Develop a Housing Assistance Program – building off existing County and City Home Improvement Programs, such as the County Housing Authority’s Handyworker Program – focused on medium and low-income older adults that would provide various services, such as rent gap assistance, housing repairs/upgrades, retrofitting/assistive devices, and other housing-related supports intended to help prevent homelessness, and assist older adults who wish to age in place in their homes.

DESCRIPTION:

Older adults in Los Angeles County have among the lowest median incomes in California, with roughly one-third living below 200% of the federal poverty line, making it difficult for them to afford rent, repairs, and other housing expenses in the regional housing market, which is one of the most expensive in the nation. In addition, older adults may need retrofitting and assistive devices to remain safely in their homes as they age. About one-fifth of community respondents to the PALA Survey reported having assistive devices, such as ramps, chair lifts or elevators installed in their places of residence.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS / Housing Authorities of the County and City of Los Angeles and HCID



HOUSING

Promote land use policies to support aging in place.

RECOMMENDATION:

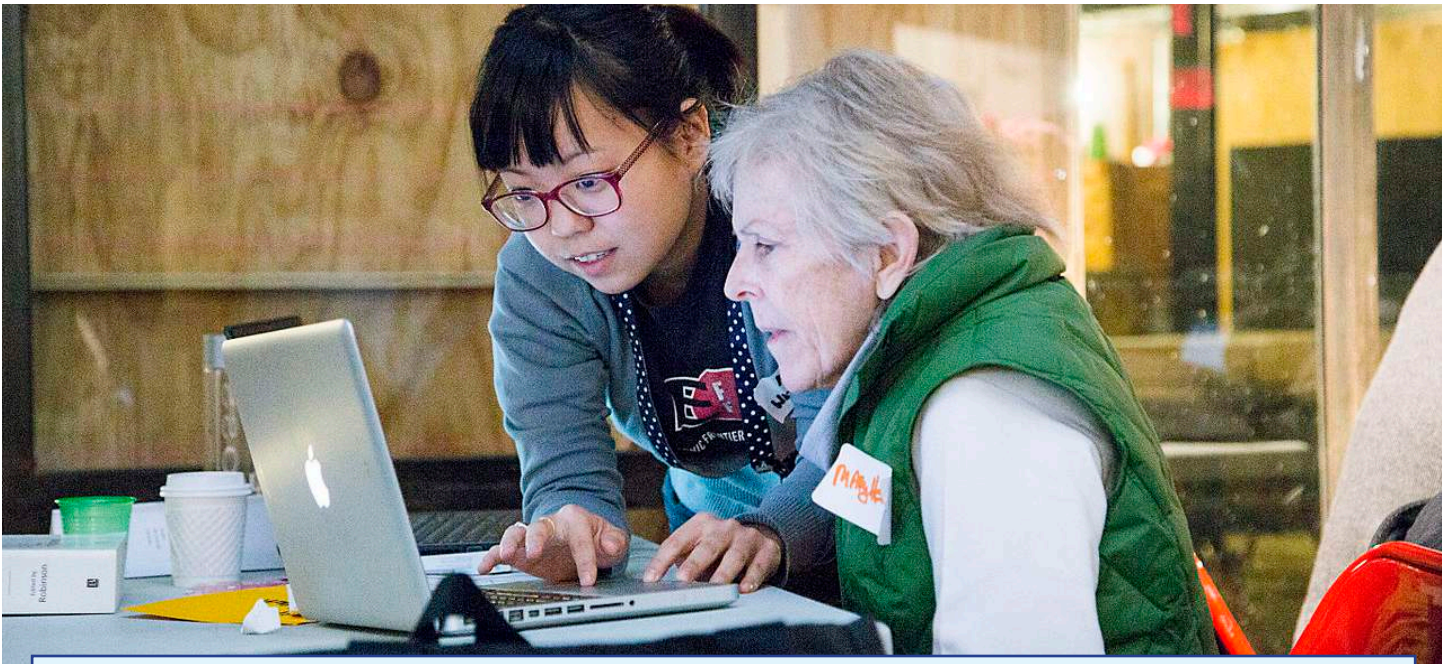
25. Promote land use policies to support aging in place and ensure the needs of older adults are prioritized through County and City general/specific plans and zoning regulations and establish Building Codes that incorporate universal design and multigenerational urban planning, including accessibility for individuals with physical and cognitive challenges.

DESCRIPTION:

It is critical that the needs of older adults are prioritized as the County develops and updates land use policies and requirements. This may include use of form-based codes, which focus on the desired physical form of a community, rather than the separation of uses, and can be used to promote livable, age-friendly communities that integrate diverse housing types and mixed-use developments; universal design, which ensures housing can be used by people throughout their lifespan; and multigenerational urban planning, which incorporates an age-friendly approach into community development, so that communities have the features and resources to support aging in place.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS/DRP, DCP, City DPW, County DPW and LADBS



SOCIAL PARTICIPATION AND RESPECT/SOCIAL INCLUSION

Expand intergenerational social opportunities.

RECOMMENDATION:

26. Expand intergenerational social opportunities throughout the Los Angeles Region to achieve multiple beneficial outcomes, including a reduction in social isolation among older adults, and expanded beneficial mentorship opportunities for youth. Include a focus on older veterans and transition aged-youth, as part of these efforts.

DESCRIPTION:

About 43% of older adults experience loneliness/isolation. According to the Stanford Center on Longevity, intergenerational programming achieves positive outcomes for both older adults and youth. Youth obtain positive mentors and role models, which can improve self-esteem, knowledge and emotional stability among youth. Older adults can experience reduced social isolation, a greater sense of purpose, and improved cognitive/physical health. LADOA and WDACS, will work with relevant County and City departments to expand intergenerational

programming in settings such as parks, libraries, museums and other nonprofit arts organizations, community and senior centers, and other facilities. We will also partner with the Osher Lifelong Learning Institutes at UCLA, CSULB and CSULA; ONEgeneration; and other organizations to expand intergenerational programming (arts, recreational, tutoring/education etc.) throughout the County and City. The County and City will explore a partnership with YouthCare, an intergenerational respite care social enterprise for Alzheimer's and Dementia caregivers that was launched through a partnership between the USC School of Gerontology and the Youth Movement Against Alzheimer's.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

LADOA, WDACS/County Arts Commission, County Parks and Recreation, City Recreation and Parks, County and City Libraries, Museum of Natural History, LACMA, L.A. County Arts Commission and other Cultural Institutions



SOCIAL PARTICIPATION AND RESPECT/SOCIAL INCLUSION

Expand innovative programming to decrease social isolation among older adults.

RECOMMENDATION:

27. Create and expand innovative, collaborative programming to decrease social isolation among older adults.

DESCRIPTION:

WDACS and LADOA will identify and implement innovative partnerships to decrease social isolation among older adults. This will include expanding pet adoption/fostering among older adults, including by exploring additional fee waivers/reductions of pet adoption/licensing costs for older adults; piloting a cyber-buddies program for older adults; and identifying/securing media partnerships to engage older adults. The Motion Picture and Television Fund has created an innovative program model – the Daily Call Sheet – which decreases isolations by arranging for volunteers to call isolated older adults and dependent adults.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

WDACS, LADOA / County Animal Care and Control, City Animal Services, Motion Picture and Television Fund, LACMA, City and County Public Libraries, and Cultural/Recreational Institutions



SOCIAL PARTICIPATION AND RESPECT/SOCIAL INCLUSION

Expand social participation and reduce social isolation through participation in the arts.

RECOMMENDATION:

28. Explore working with creative strategist through L.A. County Arts Commission's Creative Strategist – Artist in Residency Program (CS-AIR).
29. Explore the expansion of participatory arts and cultural programs for older adults led by professional artists to increase quality of life, address social isolation, increase mastery and positive effects on cognitive and physical health.

DESCRIPTION:

In June 2017, the LA County Board of Supervisors unanimously approved a motion to fund the placement of artists, arts administrators or other creative workers, who are representative of diverse constituencies in paid positions as creative strategists in County departments to develop innovative solutions to social challenges. An artist as a Creative Strategist is someone who can bring artistic methods to help County departments achieve comprehensive and articulated goals. This Initiative is a three-year plan with two County departments hosting two artists in Year One; Year Two includes three County departments hosting three artists and in Year Three five County

departments will host five artists. In 2017 the initiative launched with artists embedded in the Los Angeles County Public Library and the Registrar-Recorder's Office. The Arts Commission will be accepting applications for awards to three County Departments in Year Two.

Recent research suggests "there are a variety of benefits for health and functioning from participatory creative and performing arts programs for older adults". Benefits include "positive effects on general health, medication use, and the occurrence of falls" as well as positive effects "on age-related cognitive functioning, improvement in balance, decrease in anxiety and hostility, decrease in depression, increase in mastery, and increase in well-being," according to the Journal of Aging, Humanities, and the Arts.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

WDACS, LADOA / L.A. County Arts Commission, L.A. Dept of Cultural Affairs City Animal Services, Motion Picture and Television Fund, LACMA



TRANSPORTATION

Ensure that regional transportation systems reflect the needs of older adults.

RECOMMENDATION:

30. Ensure that current and new public transportation systems reflect the needs of a growing older adult population (including individuals with physical and cognitive needs) through strategies that include, but are not limited to:
- A. Increasing regional alignment among the current menu of transportation services available for older adults and dependent adults (i.e., Access Services, Dial-A-Ride, City Ride, City Door-to-Door Transportation Program, and County New Freedom Program) and expanding transportation options that cross jurisdictional lines.
 - B. Exploring innovative collaborations with transportation network companies (TNC) such as GoGoGrandparent, which connect individuals seeking transportation services with available drivers, frequently using mobile applications or websites.
 - C. Providing outreach to older adults regarding available transportation options and providing training to older adults in using public transportation.

DESCRIPTION:

Public transportation is a critical component of healthy, purposeful aging. Research indicates (Transit Center, 2017) that public transportation can reduce social isolation, enable older adults to more easily access health care, and is safer than alternative modes of transport. However, many older adults are not familiar with the available transportation options, and may need assistance in learning how to use public transportation. And while there are a variety of transportation options for older adults in Los Angeles County (i.e., Access Services, Dial-A-Ride, City Ride, City Door-to-Door Transportation Program, County New Freedom Program etc.), there are gaps in coverage based on geographic location and level of services. At the same time, there are emerging ride-sharing options tailored for older adults, such as GoGoGrandparent.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

WDACS, LADOA / LA Metro, City Department of Transportation, County DPW, and Regional Transportation Providers

TRANSPORTATION

Ensure that older adults can walk safely in their communities.

RECOMMENDATION:

31. Support the ability of older adults to safely walk in their communities as a means of transportation, through infrastructure enhancements in areas with a high-density of older adults, that may include:
- A. Increasing pedestrian crossing times at signalized intersections;
 - B. Adding leading pedestrian intervals to provide individuals a head start when crossing intersections;
 - C. Creating pedestrian safety islands in wide streets to reduce crossing distances;
 - D. Adding curb extensions to shorten crossing distances, and slow vehicles before turning;
 - E. Ensuring intersections incorporate pedestrian ramps;
 - F. Adding raised cross walks to intersections with a high volume of pedestrian traffic;
 - G. Adding accessible pedestrian signals at signalized intersections to help older adults with vision impairment;
 - H. Proactively inspect and repair sidewalks in areas with a high-density of older adults, older adult housing or older adult serving land uses;
 - I. Placing benches at strategic locations to provide a space for older adults to rest while walking, such as near senior centers, libraries, parks, and other public facilities utilized by older adults.

DESCRIPTION:

Along with public transportation, walkable communities are a critical component of healthy, purposeful aging. Older adults wish to “age in place”, however the aging process often diminishes the ability to drive, making it more difficult for older adults to remain in their homes. A walkable community improves access to transit and vital services. However, fifty-six percent of all older adults 65 and older injured or killed while walking in California, were crossing the street in a crosswalk at the time of the collisions, according to 2015 data from the Statewide Integrated Traffic Records System. Furthermore, while many areas may have sidewalks, the condition of sidewalks or lack of age-friendly design features (i.e., curb ramps, raised cross walks etc.) often present obstacles to older adults and people with disabilities.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

WDACS, LADOA / LA Metro, LADOT, County DPW, and City DPW





OUTDOOR SPACES AND BUILDINGS

Ensure County and City Parks, beaches and other public spaces are age-friendly and culturally-relevant.

RECOMMENDATION:

32. Ensure County and City parks, beaches, marinas and other public spaces incorporate age-friendly and culturally-relevant design guidelines and expand older adult programming, with a focus on communities with the greatest number of older adults and highest need.

DESCRIPTION:

The UCLA Luskin School of Public Affairs outlines age-friendly design guidelines for age-friendly parks in the report: "Placemaking for an Aging Population: Guidelines for Senior-Friendly Parks." These guidelines, such as accessibility, social support, choice, safety and security, physical activity and comfort, should be incorporated into the initial design and upgrading of all parks. County and City Parks, which are already collocated with some community and senior centers, should be

positioned as focal points for recreational and social activities for older adults. Many of the same age-friendly concepts can also be applied to beaches, marinas and other public spaces. In addition, it is critical that parks and other public spaces incorporate culturally-relevant features to help ensure their relevancy and utilization by the communities they are intended to serve.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

WDACS, LADOA/ RAP, and DPR



OUTDOOR SPACES AND BUILDINGS

Make tourist attractions and buildings in the Los Angeles Region age-friendly.

RECOMMENDATION:

33. Build and modify buildings to create welcoming, functional environments for all generations (including intergenerational play areas, improved access for those with physical and cognitive challenges, and pet-friendly policies).
34. Partner with museums, stadiums, studios, convention centers and other tourist attractions in the Los Angeles Region to enhance age-friendly building features, and generate awareness of and attention around tourist facilities that have taken steps to become age-friendly.

DESCRIPTION:

As new building construction occurs (and buildings are updated over time), it is critical that they provide welcoming, functional environments for all generations. This is especially important for stadiums, museums, studios, convention centers, major public facilities, and other tourist attractions that draw a high-volume of visitors, including older adults. The County and City will partner with these institutions/facilities, as well as the Los Angeles Tourism and Convention Board, USC School of Gerontology, and other partners to develop a ranking system for major regional tourist attractions. We anticipate generating awareness of, and attention around tourist facilities that have taken steps to become age-friendly.

LEAD AGENCY (IES)/SUPPORTING AGENCY (IES)

WDACS, LADOA / County DPW, CDC, LADBS, City DPW, RAP, DRP, Los Angeles Tourism and Convention Board, and USC School of Gerontology

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APPENDIX

- **ASSESSMENT SURVEY**
 - **MAYOR GARCETTI EXECUTIVE DIRECTIVE #17**
 - **LA CITY COUNCIL MOTION**
 - **LA COUNTY BOARD OF SUPERVISOR
AGE-FRIENDLY MOTION**
- 



PURPOSEFUL AGING LOS ANGELES

We thank you for participating in the Purposeful Aging Survey. Your responses and comments are greatly appreciated.

1. What is the name of the City or Town in which your home is located?

2. How long have you lived in this City/Town?

- ₄ Less than 5 years
- ₃ 5 years but less than 15 years
- ₂ 15 years but less than 25 years
- ₁ 25 years or more

3. What is your 5-digit ZIP code?

4. How would you rate your City/Town as a place for people to live as they age?

- ₅ Excellent
- ₄ Very Good
- ₃ Good
- ₂ Fair
- ₁ Poor

5. How important is it for you to remain in your City/Town as you age?

- ₅ Extremely important
- ₄ Very important
- ₃ Somewhat important

- ₂ Not very important
- ₁ Not at all important
- ₀ Not sure

6. As you age, how likely is it that you will move to a different home in your City/Town?

- ₅ Extremely likely
- ₄ Very likely
- ₃ Somewhat likely
- ₂ Not very likely
- ₁ Not at all likely
- ₀ Not sure

7. As you age, how likely is it that you will move to a different City/Town?

- ₅ Extremely likely
- ₄ Very likely
- ₃ Somewhat likely
- ₂ Not very likely
- ₁ Not at all likely
- ₀ Not sure

8. If you were to consider moving, why would you do so?

	Yes	No	Not Sure
a. Looking for a different home size that meets your needs.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Maintaining your current home will be too expensive.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Fearing for your personal safety or security concerns.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Looking for a home that will help you live independently as you age.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Wanting to move to an area that has better health care facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Wanting to be closer to family.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Needing more access to public transportation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Wanting to live in a different climate.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Looking for an area that has a lower cost of living.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
j. Other, please specify: _____			

9. What best describes your living arrangement?

- ₁ Live alone
- ₂ Live with a spouse/partner

- ₃ Live with family member(s)
 - ₄ Live with friend(s)/roommates(s)
 - ₅ Group
 - ₆ Other, please specify: _____
-

10. What type of home is your primary home?

- ₁ Single family home
 - ₂ Mobile home
 - ₃ Townhome or duplex
 - ₄ Apartment
 - ₅ Condominium or co-op
 - ₆ Temporary Housing/Shelter
 - ₇ Homeless
 - ₈ Other, please specify: _____
-

11. How important is it for you to be able to live in your own home as you age?

- ₁ Extremely important
- ₂ Very important
- ₃ Somewhat important
- ₄ Not very important
- ₅ Not at all important
- ₆ Not sure

12. Have the following types of modifications or improvements been made to your home to enable you to stay there?

	Yes	No	Not Sure
a. Easier access into or within your home such as a ramp, chairlift or elevator, or wider doorways.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Putting a bedroom, bathroom, or kitchen on the first floor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Improved lighting.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Installing a medical emergency response system that notifies others in case of emergency.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Other, please specify _____			

13. Does the City/Town where you live have the following?

	Yes	No	Not Sure
a. Home repair contractors who are trustworthy, do quality work, and are affordable.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. A home repair service for low-income and older adults	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Seasonal services such as lawn work or snow removal for low-income and older adults.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Affordable housing options for adults of varying income levels, such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Well-maintained and safe parks that are within walking distance of your home.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Public parks with enough benches.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Sidewalks that are safe for pedestrians or wheelchairs.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Well-maintained public buildings and facilities that are accessible to people of different physical abilities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Neighborhood watch program.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

14. How do you get around for things like shopping, visiting the doctor, running errands, or going to other places?

	Yes	No
a. Drive yourself.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Have others drive you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Walk.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Ride a bike.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Use public transportation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Take a taxi/cab.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Uber/Lyft.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Use a special transportation service, such as one for older adults or persons with disabilities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Other, please specify: _____		

15. To your knowledge, does your City/Town have the following?

	Yes	No	Not Sure
a. Accessible and convenient public transportation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Affordable public transportation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

- c. Well-maintained public transportation vehicles.....
- d. Reliable public transportation..... ₁ ₂ ₀
- e. Safe public transportation stops or areas..... ₁ ₂ ₀
- f. Special transportation services for people with disabilities and older adults..... ₁ ₂ ₀
- g. Well-maintained streets..... ₁ ₂ ₀
- h. Easy to read traffic signs..... ₁ ₂ ₀
- i. Enforced speed limits..... ₁ ₂ ₀
- j. Public parking lots, spaces and other areas to park..... ₁ ₂ ₀
- k. Affordable public parking..... ₁ ₂ ₀
- l. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)..... ₁ ₂ ₀
- m. Safe pedestrian crossings..... ₁ ₂ ₀
- n. Driver education/refresher courses..... ₁ ₂ ₀

16. When compared to most people your age, how would you rate your health?

- ₅ Excellent
- ₄ Very good
- ₃ Good
- ₂ Fair
- ₁ Poor

17. How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?

- ₅ Every day
- ₄ Several times a week, but not every day
- ₃ About once a week
- ₂ Less than once a week
- ₁ Never

18. Does the City/Town where you live have any of the following?

- | | Yes | No | Not Sure |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| b. Fitness activities specifically geared to older adults..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| c. Conveniently located health and social services..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| d. A service that helps older adults find and access health and supportive services..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| e. Conveniently located emergency care centers..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| f. Easy-to-find information on local health and supportive | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |

- | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| services..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| g. Home care services, including health, personal care and housekeeping..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| h. Well-trained certified home health care providers..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| i. Affordable home health care providers..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| j. Well-maintained hospitals and health care facilities..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| k. A variety of health care professionals, including specialists..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| l. Health care professionals who speak different languages..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| m. Easily understandable and helpful local hospital or clinic answering services..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| n. Respectful and helpful hospital clinical staff..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |

19. About how frequently do you have contact with your friends, family, or neighbors? This interaction could be by phone, in person, e-mail, or social media (such as Facebook).

- ₄ More than once a day
- ₃ About once a day
- ₂ Several times a week
- ₁ Less than once a week
- ₀ Never

20. Is the contact described above...

- ₃ Too much
- ₂ Just right
- ₁ Not enough

21. Do you participate in continuing education or self-improvement classes/workshops? (CHECK ALL THAT APPLY)

- ₁ University/Community College
- ₂ Department of Parks and Recreation
- ₃ Faith community
- ₄ Local organizations or businesses
- ₅ Community center
- ₆ Senior center
- ₇ Offerings through my work
- ₈ Online programs
- ₉ Other, please specify: _____
- ₁₀ I do NOT participate in any continuing education/self-improvement classes

22. Does the City/Town where you live have the following?

	Yes	No	Not Sure
a. Conveniently located entertainment.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Activities specifically geared to older adults.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Activities that offer older adults discounts.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Activities that are affordable to all residents.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Activities that involve both younger and older adults.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Accurate and widely publicized information about social activities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. A variety of cultural activities for diverse populations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Local schools that involve older adults in events and activities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Continuing education classes.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
j. Social clubs, such as for books, gardening, crafts or hobbies....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
k. A range of volunteer activities to choose from.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
l. Volunteer training opportunities to help people perform better in their volunteer roles.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
m. Opportunities for older adults to participate in decision making bodies, such as community councils or committees....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
n. Easy-to-find information about local volunteer opportunities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

23. Which of the following best describes your current employment status?

- ₇ Retired, not working at all
- ₆ Not in labor force for other reasons
- ₅ Self-employed, part-time
- ₄ Self-employed, full-time
- ₃ Employed, part-time
- ₂ Employed, full-time
- ₁ Unemployed, but looking for work

24. If employed, how likely is it that you will retire?

- ₅ Extremely likely
- ₄ Very likely
- ₃ Somewhat likely
- ₂ Not very likely
- ₁ Not at all likely
- ₀ Not sure

If not likely or not at all likely, why not? _____

25. Does the City/Town where you live have the following?

- | | Yes | No | Not Sure |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. A range of flexible job opportunities for older adults..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| c. Jobs that are adapted to meet the needs of people with disabilities..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |

**26. Would you turn to the following resources if you, a family member or friend needed information about services for older adults, such as caregiving services, home-delivered meals, home repair, medical transport or social activities?
(CHECK ALL THAT APPLY)**

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Local senior centers..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Local Area Agency on Aging (AAA)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Family or Friends..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Local nonprofit organizations..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. AARP..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Faith-based organizations, such as churches or synagogues... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Internet..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Phone books..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| i. Your doctor or other health care professional..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| j. Local government offices, such as the Department of Health. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| k. Library..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| l. Other, please specify: _____ | | |

27. Does the City/Town where you live have the following?

- | | Yes | No | Not Sure |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Access to community information in one central source..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| b. Clearly displayed printed community information with large lettering..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |

- c. An automated community information source that is easy to understand, such as a toll-free telephone number..... ₁ ₂ ₀
- d. Free access to computers and the Internet in public places, such as the library, senior centers or government buildings..... ₁ ₂ ₀
- e. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home..... ₁ ₂ ₀
- f. Community information that is available in a number of different languages..... ₁ ₂ ₀

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| 28. Do you have dental insurance? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 29. Have you had a dental exam in the last 3 years? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 30. Have you had a flu shot in the last year? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 31. In case of an emergency, do you have a plan to evacuate from your home? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| a. Would you like help in creating a plan?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

- | | | |
|--|---------------------------------------|---------------------------------------|
| 32. In case of a major disaster, do you have a plan, including having basic supplies, water, contact information, etc.? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| a. Would you like help in creating a plan?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| 33. Have you prepared a supply of your prescription medications to have on hand in the event of a disaster? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| 34. Are you or someone else in your home caring for a family members or friends who are experiencing problems with memory/thinking that is affecting their ability to work or live a normal life? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

If "YES," have they been diagnosed with Alzheimer's or another type of dementia by a doctor?..... ₁ ₂

If "YES" to either question above, please tell us what kind of help you feel might be useful? (**CHECK ALL THAT APPLY**):

- a. Information about Alzheimer's or dementia and/or how to manage the symptoms..... ₁ ₂

- b. Someone to talk with who knows about dementia and can help me understand and cope with the disease (for example a Care Counselor)..... ₁ ₂
- c. A low-cost or no-cost way for police or fire department to identify our person(s) if they get lost..... ₁ ₂
- d. A doctor to provide a diagnosis and help with care or treatment..... ₁ ₂
- e. Legal help in planning for care needs or with financial problems..... ₁ ₂
- f. A support group..... ₁ ₂
- g. Financial assistance to help pay for a caregiver..... ₁ ₂
- h. Help in the home so that I/someone else can work, do chores, or get away..... ₁ ₂
- i. An adult day care center..... ₁ ₂
- j. An assisted living facility or nursing home..... ₁ ₂
- k. Other, please specify: _____

ABOUT YOU...

D1. Are you male or female?

- ₁ Male
- ₂ Female
- ₃ Prefer not to answer

D2. Do you think of yourself as...(check all that apply)

- ₁ Heterosexual or Straight
- ₂ Homosexual or Gay or Lesbian
- ₃ Bisexual
- ₄ Prefer not to answer
- ₅ Something else: _____

D3. What year were you born?

D4. What is your current marital status?

- ₁ Married
- ₂ Not married, living with partner
- ₃ Separated
- ₄ Divorced
- ₅ Widowed
- ₆ Never Married

D5. Do you live alone?

- ₁ Yes
- ₂ No

If No, how many people regularly live in your household?

- ₁ 2
- ₂ 3
- ₃ 4
- ₄ More than 4

Are you currently living with... (CHECK ALL THAT APPLY)

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. Child/children under 18..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Child/children 18 or older..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Child/children away at college..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Parents..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Other adult relative or friend 18 or older..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

- | Are you a family caregiver?..... | Yes | No |
|----------------------------------|---------------------------------------|---------------------------------------|
| | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

If Yes, are you a caregiver for... (CHECK ALL THAT APPLY)

- | | | |
|--|---------------------------------------|---------------------------------------|
| a. Child/children under 18..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Child/children 18 or older..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Spouse/partner..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Parent(s)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Other adult relative or friend 18 or older..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

D6. Do you have any of the following kinds of health care coverage?

- | | Yes | No | Not Sure |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Insurance through a current or former employer of yours or your spouse..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| b. Insurance purchased directly from an insurance company (not through an employer)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| c. Medicare (for people 65 and older or people with certain health disabilities)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| d. Medicaid [Medi-Cal] or any kind of government assistance plan for those with low incomes or a disability..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| e. Veterans Administration or other military health care..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| f. Any other insurance coverage..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |

D7. Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework or other activities? (CHECK ONLY ONE)

- ₁ Yes, myself
- ₂ Yes, my spouse or partner
- ₃ Yes, both me and my spouse or partner
- ₄ No

D8. Are you of Hispanic, Spanish, Latino origin or descent?

- ₁ Yes
- ₂ No

D9. Which language do you prefer to speak at home? (CHECK ONLY ONE)

- ₁ Armenian
- ₂ Cambodian/Khmer
- ₃ Chinese
- ₄ English
- ₅ Farsi
- ₆ Korean
- ₇ Russian

Please use the space below for any additional comments

**Thank you very much for completing this survey.
Your assistance in providing this information is greatly appreciated.**



ERIC GARCETTI
MAYOR

EXECUTIVE DIRECTIVE NO. 17

Issue Date: May 18, 2016

Subject: Age-Friendly City Initiative: Purposeful Aging LA

Today, more than half a million people age 60 years old and older live in the City of Los Angeles. Over the next 20 years, this number is expected to increase by nearly 50 percent—the most rapid increase in history. The challenges of having an aging population are being experienced globally, which is why the World Health Organization has called upon cities worldwide to evaluate their age-friendliness and to implement changes to address our aging population's needs.

I am strongly committed to honoring our older adult population and to making our City a better designed and more livable community that benefits residents of all ages: I previously signed the Best Cities for Successful Aging Mayor's Pledge, and I directed that Los Angeles join the AARP Network of Age-Friendly Communities and the WHO Global Network of Age-Friendly Cities and Communities.

Now and going forward, Purposeful Aging LA, my age-friendly city initiative, will provide the framework for leading an innovative, multi-year effort in the City of Los Angeles to improve the lives of today's older adults and to create a better tomorrow for future generations.

An age-friendly city encourages active aging by optimizing opportunities for health, participation, and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities. And in all these things, an age-friendly city carefully engages older residents for their unique perspectives, ideas, and counsel.



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MAYOR.LACITY.ORG



Accordingly, I hereby order the following:

- The General Manager of the Department of Aging shall be the lead for implementation of this Executive Directive. Each General Manager or Head of Department/Office shall submit all plans, progress reports, and performance metrics required herein to the Deputy Mayor for City Services and the General Manager of the Department of Aging.
- In developing departmental strategic plans as well as any new and changing policies, each General Manager, Head of Department/Office, and Commission of City Government shall consider how having an aging population may affect City operations and the daily lives of older residents. In doing so, each General Manager, Head of Department/Office, and Commission of City Government shall solicit input directly from older adults whenever appropriate.
- Each General Manager or Head of Department/Office from the following Departments/Offices shall designate a senior manager as the Purposeful Aging Liaison for the Department/Office, and shall notify the Deputy Mayor for City Services and the General Manager of the Department of Aging of that person's name and contact information (including when there is a subsequent personnel change or change to that person's contact information):
 - City Planning
 - Disability
 - Economic and Workforce Development
 - Emergency Management
 - Engineering
 - Fire
 - Housing and Community Investment
 - Library
 - Neighborhood Empowerment
 - Recreation and Parks
 - Street Services
 - Transportation
 - Water and Power
- I request that the Executive Director of the Los Angeles Homeless Services Authority designate a Purposeful Aging Liaison, and that he notify the Deputy Mayor for City Services and the General Manager of the Department of Aging of that person's name and contact information (including when there is a subsequent personnel change or change to that person's contact information).

- I hereby create the Purposeful Aging Task Force, which shall include the departmental Purposeful Aging Liaisons as well as members from and designated by my Office. The Deputy Mayor for City Services, or her designee, and the General Manager of the Department of Aging shall co-chair the Purposeful Aging Task Force. Each General Manager or Head of Department/Office that has a Purposeful Aging Liaison shall ensure departmental Purposeful Aging Liaison representation at regular Purposeful Aging Task Force meetings.
- The Purposeful Aging Task Force shall:
 - ensure that City agencies take and are accountable for the actions needed to satisfy the goals of this Purposeful Aging LA initiative;
 - create the citywide needs assessment required of members of the AARP Network of Age-Friendly Communities and the WHO Global Network of Age-Friendly Cities and Communities;
 - develop by May 18, 2018, the strategic plan required of members of the AARP Network of Age-Friendly Communities and the WHO Global Network of Age-Friendly Cities and Communities; and
 - ensure that City agencies take and are accountable for the actions needed to implement the changes in services and infrastructure required in this strategic plan.

Ensuring a safer City for older Angelenos:

- By January 3, 2017, the General Manager of the Department of Transportation, in accordance with my Executive Directive No. 10—Vision Zero, shall report on which intersections present the highest risk for older adults and how the Department will prioritize the needs of these pedestrians.
- The General Manager of the Emergency Management Department shall ensure that his Department's 2017 Annual Emergency Management Workshop includes a session on mitigating the impact of age-associated risks (such as impaired mobility, diminished sensory awareness, multiple chronic health conditions, and social and economic limitations) in an emergency.
- The General Manager of the Emergency Management Department shall continue to sustain, review, and update emergency plans and processes to ensure that services and programs include people with disabilities and others with access and functional needs (including impaired mobility, diminished sensory awareness, multiple chronic health conditions, and social and economic limitations) in an emergency.

- The General Managers of the Emergency Management Department and the Department of Aging shall coordinate programs and activities for emergency preparedness and education.
- By January 3, 2017, the General Managers of the Emergency Management Department and the Department of Aging shall develop and update the Department of Aging's Continuity of Operations Plan to ensure critical services and programs are available to older people during disaster response and recovery.

Providing a more prosperous City for older Angelenos:

- By January 3, 2017, the General Managers of the Departments of Neighborhood Empowerment and Aging shall develop a Neighborhood Council outreach plan for convening the public meetings required of members of the AARP Network of Age-Friendly Communities and the WHO Global Network of Age-Friendly Cities and Communities.
- The City Librarian shall ensure that the Library Department provides inclusive programming and services tailored for the 50+ audience with an emphasis on outreach, social participation, and job skills by offering at least one program per quarter in these areas and by integrating seniors' needs into all services.
- The General Manager of the Housing and Community Investment Department shall identify and track public and affordable housing units available to older adults, anticipate inventory losses, and develop proactive strategies for preventing these losses. I request that the President and CEO of the Housing Authority of the City of Los Angeles collaborate in this work.
- The General Manager of the Department of Aging shall identify and track trends that may help in predicting and intervening where older adults may be most at risk of falling into homelessness or food insecurity, and shall formulate proactive strategies to support these older adults. I request that the Executive Director of the Los Angeles Homeless Services Authority collaborate in this work.
- By January 3, 2017, the General Manager of the Department of City Planning shall report on how to prioritize zoning matters that affect older adults, including encouraging multiple-unit developments, updating regulations to support affordable senior housing and care facilities, and promoting accessory dwelling units.
- By January 3, 2017, the General Manager of the Economic and Workforce Development Department shall have in place a strategy that incorporates

service-delivery metrics to prioritize part-time and full-time employment for older workers. The General Manager of the Department of Aging shall collaborate in this work. I request that the Executive Director of the Workforce Development Board collaborate in this work as well.

Creating a more livable and sustainable City for older Angelenos:

- By January 3, 2017, the General Manager of the Department of Transportation shall report on the feasibility of implementing a shuttle service or demand-responsive transport in at least three neighborhoods that she and the General Manager of the Department of Aging identify.
- By January 3, 2017, the City Librarian shall develop a plan to grow the Homebound Services Pilot Program to offer mobile library services to homebound residents by partnering with senior meal-delivery services.
- By January 3, 2017, the General Manager of the Department of Recreation and Parks shall complete a physical inventory of the Department's senior centers, and shall develop a capital campaign to improve these facilities, with a particular focus on ADA improvements and technology infrastructure upgrades.
- The General Manager of the Department of Recreation and Parks shall increase wellness classes for older adults beginning in Fiscal Year 2017–18.
- By July 31, 2017, the General Manager of the Department of Water and Power shall ensure that presentations are delivered at all City-owned senior centers on the Senior Citizen Lifeline Rate program to provide affordable services to older adults.

Running the City well for older Angelenos:

- By January 3, 2017, the General Manager of the Department of Recreation and Parks shall survey the Department's current baseline programming and services offered to older adults, and shall develop annual increased-participation targets and recommendations to hit these targets.
- By January 3, 2017, the Director of the Bureau of Street Services and the General Manager of the Department of Aging shall identify areas with high concentrations of older residents and shall create a plan to increase the amount of street furniture and shade structures in those targeted areas.
- The General Managers of the Department on Disability and the Department of Aging shall collaborate to facilitate education about the City's sidewalk-repair

program as well as the reporting of access-related requests for aging Angelenos who may experience mobility limitations.

- The General Manager of the Department of Aging shall gather data to report on the population density of older adults in Los Angeles, and shall share this data with the members of the Purposeful Aging Task Force to focus departmental efforts where they are most needed.

Executed this 18th day of May 2016.



ERIC GARCETTI
Mayor

HEALTH, MENTAL HEALTH, AND EDUCATION COMMITTEE REPORT relative to the creation of a strategic plan to enable the City of Los Angeles to become a member of the Global Network of Age-Friendly Cities and Communities.

Recommendation for Council action, as initiated by Motion (Ryu - Wesson):

INSTRUCT the Los Angeles Department of Aging (LADOA) to:

- a. Coordinate with the World Health Organization and the American Association of Retired Persons on the creation of a strategic plan to enable the City of Los Angeles to become a member of the Global Network of Age-Friendly Cities and Communities.
- b. Provide a semi-annual report to the Health, Mental Health, and Education Committee on the progress of the Purposeful Aging Los Angeles Initiative.

Fiscal Impact Statement: Neither the City Administrative Officer nor the Chief Legislative Analyst has completed a financial analysis of this report.

Community Impact Statement: None submitted.

Summary:

On May 24, 2016, the Health, Mental Health, and Education Committee considered Motion (Ryu - Wesson) relative to the creation of a strategic plan to enable the City of Los Angeles to become a member of the Global Network of Age-Friendly Cities and Communities. The Motion provides additional information on this issue. During the discussion of this item, the LADOA General Manager submitted a handout titled Purposeful Aging Los Angeles: The 21st Century Initiative for Age-Friendly Los Angeles, attached to the Council file, provided a thorough overview of said handout, and responded to related questions from the Committee members.

After providing an opportunity for public comment, the Committee recommended that Council approve the recommendation contained in the Motion. The Committee also recommended that Council instruct the LADOA to provide a semi-annual report to the Health, Mental Health, and Education Committee on the progress of the Purposeful Aging Los Angeles Initiative. This matter is now submitted to Council for its consideration.

Respectfully Submitted,

HEALTH, MENTAL HEALTH, AND EDUCATION COMMITTEE

<u>MEMBER</u>	<u>VOTE</u>
RYU:	YES
O'FARRELL:	YES
ENGLANDER:	ABSENT
BUSCAINO:	YES
FUENTES:	ABSENT

MLE
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-NOT OFFICIAL UNTIL COUNCIL ACTS-

**REVISED MOTION BY CHAIR HILDA L. SOLIS
AND SUPERVISOR SHEILA KUEHL**

MOTION TO DEVELOP PURPOSEFUL AGING LOS ANGELES INITIATIVE

The population in the County of Los Angeles (County) is aging more rapidly and living longer than ever before. According to estimates from the California Department of Finance, between 2010 and 2030, the older adult population (65+) in the County is expected to double, from 1.073 million to 2.116 million people. The 2015 Los Angeles Healthy Aging Report highlighted that life expectancy in the Los Angeles region is on the rise, increasing from 75.8 years in 1991 to 81.5 years in 2011.

In 2011, the National Institute on Aging noted that the significant increase in human longevity is one of society’s greatest achievements. However, an aging population also presents new challenges to our communities in areas such as healthcare, housing, transportation, and delivery of older adult services. Preparing for this demographic shift will require significant regional planning and collaboration among multiple systems, including government, educational institutions, community-based organizations, businesses and other stakeholders.

On May 3, 2016, our Board unanimously endorsed the Purposeful Aging Los Angeles Initiative – a countywide, multi-year effort that will unite public and private leadership, resources, ideas and strategies to improve the lives of older adults and

MOTION

RIDLEY-THOMAS _____
KUEHL _____
KNABE _____
ANTONOVICH _____
SOLIS _____

Angelenos of all ages. Purposeful Aging Los Angeles is a collaboration of the following founding partners: County of Los Angeles Community and Senior Services (CSS), the City of Los Angeles Department of Aging, AARP, the Milken Institute Center for the Future of Aging, the USC Leonard Davis School of Gerontology and the UCLA Los Angeles Community Academic Partnership for Research in Aging. This Initiative will integrate an aging framework into the activities of public and private organizations throughout the Los Angeles region.

As a critical component of the Initiative, our Board authorized CSS to apply on behalf of the County for membership in the AARP Network of Age-Friendly Communities and the World Health Organization Global Network of Age-Friendly Cities and Communities. On May 18, 2016, Supervisor Hilda Solis and Los Angeles Mayor Eric Garcetti publicly launched Purposeful Aging Los Angeles at a joint press conference and announced that the County and City of Los Angeles had joined the Network of Age-Friendly Communities, a growing network of more than 100 communities nationwide.

As a member of the Network of Age-Friendly Communities, the County will begin a two-year planning process that will include: a) significant, countywide public outreach and engagement of diverse stakeholders such as older adults, cities, County departments, philanthropic organizations, community organizations, businesses and educational institutions; b) the development of a comprehensive baseline assessment of the County's age-friendliness; c) the identification of indicators to monitor future progress; and d) the formulation of a three-year, "Age-Friendly" Action Plan for Implementation (Age-Friendly Action Plan). The Age-Friendly Action Plan will outline a comprehensive set of proposed strategies to enhance the County's age-friendliness

across eight domains of livability, including: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services.

Successful implementation of Purposeful Aging Los Angeles and the Network of Age-Friendly Communities two-year planning process will require significant collaboration among County departments and externally among the Initiative's founding partners and diverse stakeholders from across the County, as identified above. Given the scale, complexity and transformative potential of this Initiative, an appropriate mandate from our Board is critical to ensuring successful inter-agency coordination, engagement of all 88 cities within the County and of other stakeholders, careful monitoring of the Initiative's progress, and coordination of this Initiative with other overlapping Board priorities such as the Homeless Initiative, Health Integration and the development of the County's new Strategic Plan.

CSS is the County's lead agency on older adult issues. CSS operates the County's Area Agency on Aging (AAA), which serves residents of 87 of the County's 88 cities and all unincorporated areas. Services provided through AAA include congregate and home-delivered meals, nutrition education, case management, legal assistance, supportive services, health insurance counseling, personal care and caregiver support programs for older and functionally impaired adults. CSS also operates 14 Community and Senior Centers and oversees the Adult Protective Services, a 24-hour program responsible for investigating situations of elder and dependent adult abuse throughout the County. Given CSS' central role in the provision of older adult services in the

County, it is best positioned to coordinate the Purposeful Aging Los Angeles Initiative.

WE THEREFORE MOVE that the County of Los Angeles Board of Supervisors:

1. Direct CSS and the Chief Executive Office to collaborate on the issue of Purposeful Aging Los Angeles Initiative, working with senior managers from the following departments and offices: the Department of Beaches and Harbor, the Community Development Commission, the Department of Children and Family Services, the Department of Consumer and Business Affairs, the Office of the District Attorney, the Office of Emergency Management, the Fire Department, the Department of Health Services, the Department of Medical Examiner-Coroner, the Department of Mental Health, the Department of Military and Veterans Affairs, the Arts Commission, the Museum of Art, the Museum of Natural History, the Department of Parks and Recreation, the Probation Department, the Department of Public Health, the Public Library, the Department of Public Social Services, the Department of Public Works, the Department of Regional Planning and other appropriate County entities.

2. This collaboration will include a robust, countywide planning and stakeholder engagement effort leading to the formulation of a 3-year Age-Friendly Action Plan by May 18, 2018. The departments will report back to the Board every six months on the status of the Purposeful Aging Los Angeles Initiative including public outreach efforts, age-friendly assessment activities and the formulation of the Age-Friendly Action Plan.

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