



**PUBLIC REQUEST TO ADDRESS  
THE BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES, CALIFORNIA**

**CORRESPONDENCE RECEIVED**

MEMBERS OF THE BOARD

HILDA L. SOLIS  
HOLLY J. MITCHELL  
LINDSEY P. HORVATH  
JANICE HAHN  
KATHRYN BARGER

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
14.		Favor		
		Oppose	Monisha Parker	<p>Strengthening the Modernizing Older Californians Act (MOCA) funds for the elderly in California involves looking at issues on both the funding side and the programmatic side:</p> <p>On the Funding Side:</p> <p>Increased Funding: Advocate for increased state and federal funding for the MOCA program. This can be achieved through lobbying efforts, public awareness campaigns, and collaborating with organizations working on similar goals.</p> <p>Diversification of Funding Sources: Explore alternative funding sources beyond traditional government grants, such as private donations, philanthropy, or impact investing initiatives.</p> <p>Cost-Effectiveness Analysis: Conduct cost-effectiveness analyses to demonstrate the economic and social return on investment associated with MOCA programs. This data can be used to convince policymakers and funders of the program's value.</p> <p>On the Programmatic Side:</p> <p>Needs Assessment: Conduct regular needs assessments to understand the evolving needs of California's elderly population and tailor services accordingly. This ensures that program offerings are relevant and address the most pressing concerns.</p> <p>Data-Driven Decision Making: Utilize data and performance metrics to track program effectiveness and identify areas for improvement. This allows for evidence-based decision making when allocating resources and designing interventions.</p> <p>Collaboration and Partnerships: Foster collaboration and partnerships with various stakeholders such as community organizations, healthcare providers, and educational institutions. This fosters collective action and leverages diverse expertise to improve program delivery.</p> <p>Innovation and Technology: Explore innovative approaches and technology integration to improve service delivery and reach a broader audience. This could involve tele-health services, online education platforms, or mobile apps for accessing resources.</p>

As of: 2/29/2024 3:27:54 PM



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		<p>Volunteer Engagement: Encourage volunteerism and community engagement to support program activities. This helps reduce operational costs and fosters a sense of ownership within the community for supporting its elderly population.</p> <p>Promote Program Awareness: Increase public awareness about MOCA programs and the services they offer to seniors. This can be achieved through targeted outreach campaigns, community events, and partnerships with local media outlets.</p> <p>Additionally:</p> <p>Advocate for Equitable Distribution: Ensure equitable distribution of MOCA funds throughout the state, considering factors like geographic disparities and the needs of underserved communities.</p> <p>Streamline Application Process: Simplify and streamline the application process for grant funding to make it easier for service providers to access resources and utilize MOCA funds effectively.</p> <p>Measure and Showcase Program Impact: Regularly measure and communicate the positive impact of MOCA programs on the lives of California's elderly population. This can be through success stories, testimonials, or data-driven reports highlighting program outcomes.</p> <p>By combining these efforts to improve both funding and program delivery, California can strengthen the Modernizing Older Californians Act and ensure essential services are readily available for senior citizens across the state.</p>
	<b>Other</b>	<p>Marcia Cohen Zakai</p> <p>The Master Plan for Aging does not address infectious disease prevention for Covid-19 or any of the other airborne diseases that seniors are especially more likely to experience severe outcomes from. Like the CDC, the Master Plan focuses only on vaccination and treatment and recommends that individuals assess their own risk.</p> <p>This is unacceptable when precautions are relatively easy, cheap, and available. Why aren't these mitigations being prioritized? Older adults have terrible choices: they can stay isolated and Covid-free, or risk infection, reinfection, new or worsening disability, new or worsening chronic illness, hospitalization and death, in public spaces where ventilation is poor and most are unmasked. Even healthcare facilities, including pharmacies where they get vaccinated, have no mask or ventilation mandates. Other public spaces, including senior centers, libraries, multi-family residences, public transit, etc. pose airborne infection risks that could easily be mitigated by monitoring ventilation, and requiring clean indoor air and masking.</p> <p>The Senior Nutrition Program is crucial for reducing food insecurity, but it should not be implemented without mitigating airborne disease risk. What is</p>



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			gained by feeding an older adult at a senior center among their peers so they can avoid isolation, but at the same time increasing their risk of losing whatever health and quality of life they currently enjoy?
		Item Total	2