

CONSENT CALENDAR May 7, 2024

To: Honorable Mayor and Members of the City Council

From: Commission on Aging

Submitted by: Margot Smith, Chair, Commission on Aging

Subject: Achieving Goals of 2018 Berkeley Age-Friendly Action Plan

RECOMMENDATION

Refer to the City Manager steps to revisit and act on the recommendations of the Berkeley Age-Friendly Action Plan by building on what is already occurring in the community, expanding the Plan's impact, and addressing gaps by increasing funding for personnel and other services currently being offered, as well as others identified in the Age-Friendly Plan.

While recommendations are too numerous to list here, the Aging Commission identified as first steps four (4) priority areas and goals for the Action Plan:

- 1. HOUSING AND ECONOMIC SECURITY: Develop a continuum of affordable, accessible housing options for older adults to age in their community regardless of their health or financial status.
- 2. TRANSPORTATION AND MOBILITY: Advance a network of public and private transportation (including transit, assistive devices, e-bikes and e-scooters and bicycling and walking) that equitably serves residents and connects them to services, social activities, and employment opportunities.
- 3. HEALTH AND WELLNESS: Develop a more integrated system of services and supports that is person-centered and ensures that all residents have the opportunity to engage in health promoting activities.
- 4. SOCIAL PARTICIPATION AND CIVIC ENGAGEMENT: Enhance neighborhood cohesion and social connectedness of all Berkeley residents with community events and activities that are inclusive, affordable, and accessible.

In the short term, the Commission recommends that these plans should include a budget referral to the City Manager for consideration in the biennial budget process.

These plans should at a *minimum* take into account and address the following:

1. It is important that we continue to track Berkeley's aging population (the original plan was based on earlier data that should be re-evaluated based on the 2020 United States Census, and later American Community Surveys). Berkeley must consider how to increase funding for aging services while our population continues to age (See Attachment 9 Highlights of Census Data on Aging in Berkeley). Also compare the rate of expenditure on services for this population in the Department of Health, Housing and Community Services to the overall size of the City's budget during the same period and to its growth or lack of growth in relation to the growth in the aging population (See Attachment 2 City Departmental Budgets; Attachment 3 HHCS Departmental Summary; Attachment 4 HHCS Division Summary and Attachment 9 Highlights of Census Data on Aging in Berkeley).

2. An examination and evaluation of staffing challenges and key needs in the Division of Aging Services as shown in the agency budget line items and staffing levels, as well as Berkeley's unique way of structuring aging services under the mantle of the Health, Housing and Community Services (one of only three cities in the state to do so), rather than the way most cities do, which is to put it under Parks and Recreation (See Attachment 5 Berkeley's Unique Structure for Aging Services).

There is an immediate need to expand the division from its current level of 21 full-time, and 5 part-time, career positions and 15 hourly positions by making 2 of the part-time positions full-time and adding 1 part-time, bringing the total to 23 full-time and 4 part-time. (The hourly workers assist with many of the face-to-face services offered at the two senior centers, including lunch service, front desk operations, Meals on Wheels deliveries, and facility rentals on nights and weekends. They supplement the work of 5 permanent staff, only 1 of whom is full-time; the Meals on Wheels program currently has no full-time program manager or case manager; they are currently 80% and 75% respectively. The program also needs another full-time senior center staff person; currently it is budgeted for a 50% position, but that is vacant; in order to fulfill the responsibilities of the position and to attract qualified candidates, this position, ideally, would be 100% and permanent.)

3. The dire need for increased outreach. Berkeley residents over 60 currently number approximately 20,000– or 1 in 5 residents. This number doubled in the decade from 2010 to 2020 and is projected to increase at a similar rate well into the future. Given this explosive growth, it is important that all Berkeley households and residences are made aware of the breadth of services available to individuals, their families, and their caregivers. At this time only a very small fraction of those over 60 years of age are receiving materials from the Berkeley

Senior Centers and the Division of Aging Services, due to staff and budgetary shortages that have made it difficult to upgrade outreach: for instance, the main communication is via a print newsletter that is mailed to several hundred people, with no way of tracking whether it has been received. We recommend that the City invest in outreach to this growing demographic group.

This could include:

- a city-wide mailing, similar to the citywide mailings by the City Parks and Recreation Department about activities,
- updating and keeping relevant websites current,
- investing in collecting email addresses and disseminating information by email,
- reaching out to civic institutions and groups to seek their help with outreach to the aging community and their families.

<u>SUMMARY</u>

The Commission on Aging recommends that City Council refer to the City Manager steps to revisit and act on the recommendations of the Berkeley Age-Friendly Action Plan by building on what is already occurring in the community, expanding the Plan's impact, and addressing gaps by increasing funding for personnel and other services currently being offered, as well as others identified in the Age-Friendly Plan.

The Aging Commission identified as first steps four (4) priority areas and goals for the Action Plan:

- 1. HOUSING AND ECONOMIC SECURITY: Develop a continuum of affordable, accessible housing options for older adults to age in their community regardless of their health or financial status.
- 2. TRANSPORTATION AND MOBILITY: Advance a network of public and private transportation (including transit, assistive devices, e-bikes and e-scooters and bicycling and walking) that equitably serves residents and connects them to services, social activities, and employment opportunities.
- 3. HEALTH AND WELLNESS: Develop a more integrated system of services and supports that is person-centered and ensures that all residents have the opportunity to engage in health promoting activities.
- 4. SOCIAL PARTICIPATION AND CIVIC ENGAGEMENT: Enhance neighborhood cohesion and social connectedness of all Berkeley residents with community events and activities that are inclusive, affordable, and accessible.

The Commission recommends that these plans should include a budget referral to the City Manager for consideration in the biennial budget process.

FISCAL IMPACTS OF RECOMMENDATION

Increased General Fund for to meet staffing needs of the Aging Services Division due to increased community need.

CURRENT SITUATION AND ITS EFFECTS

In December 2018, the Mayor presented the Age-Friendly Berkeley Action Plan. This three-year plan was the result of two years of extensive outreach and engagement. It sought to ensure that older adults remain at the heart of our community and recognized them as a vital part of the fabric of our neighborhoods and civic life.

Among the motivations for the plan was the recognition of our city's rapidly changing demographics: at the time it was written–2017–it projected that by 2030 over 1 in 5 people in Berkeley would be over 65 years of age. (For the purposes of the City of Berkeley's Aging Services programs, the generally accepted age cut-off for determining that someone is a senior is 60 and above. That is the figure used in the rest of this report.) The number of older Berkeley residents was expected to double from 2018, when the plan was finalized. Those numbers have since been validated and expanded on by the 2020 Census and subsequent American Community Surveys. Berkeley residents over 60 currently number approximately 20,000–or 1 in 5 residents. This number doubled in the decade from 2010 to 2020 and is projected to increase at a similar rate well into the future. On behalf of the Commission on Aging, we would call on the Mayor, City Council and all agencies to consider how our aging city should ensure that residents 60 and older can remain a vital and active part of our community. (See Attachment 10 Understanding California's Middle-Income Older Adult Population and Attachment 11 Percent of Households with Seniors Age 65+, 2000 & 2021)

We would be remiss if we didn't seek to build on the investment that the city made in the Age-Friendly Berkeley Report, and allowed the Action Plan to languish. We call on our city's leadership to consider how we move forward and implement the many recommendations in the plan.

The issues of concern identified in the report–high cost of living, lack of affordable housing, limited reliability, coordination, and options for transportation, problems with sidewalks, poor lighting, lack of benches and limited parking, crime, widespread homelessness, insufficient number of affordable, desirable settings for out-of-home assisted living, limited options for subsidized services for moderate-income individuals, and lack of "human touch" for information, referral and system navigation assistance– are recognizable to many of us who live in Berkeley, and we need to ask ourselves whether we have made progress in addressing these issues.

BACKGROUND

At a regular Commission meeting on February 21, 2024, the Commission on Aging voted as follows:

Approve Council report that recommends Council refer to the City Manager steps to develop plans to revisit and act on the recommendations in the Berkeley Age-Friendly Action Plan by building on what is already occurring in the community, expanding the Plan's impact, and addressing gaps, by increasing funding for personnel and other services currently being offered as well as others identified in the Age-Friendly Plan.

M/S/C: Chisholm, Cochran, Collins, Evans, Lavault, Orrick, Porter, Smith, Yamaguchi Noes: None Abstain: None Absent: None

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There are no identifiable environmental effects, climate impacts, or sustainability opportunities associated with the subject of this report.

RATIONALE FOR RECOMMENDATION

In December 2018, the Mayor presented the Age-Friendly Berkeley Action Plan. This three-year plan was the result of two years of extensive outreach and engagement. It sought to ensure that older adults remain at the heart of our community and recognized them as a vital part of the fabric of our neighborhoods and civic life.

Among the motivations for the plan was the recognition of our city's rapidly changing demographics: Berkeley residents over 60 currently number approximately 20,000–or 1 in 5 residents. This number doubled in the decade from 2010 to 2020 and is projected to increase at a similar rate well into the future. On behalf of the Commission on Aging, we would call on. We have identified a handful of small steps in increasing staffing and spending, but these are only the start of this long march toward fulfilling what was promised in the 2018 Plan.

We would be remiss if we didn't seek to build on the investment that the city made in the Age-Friendly Berkeley Report, and allowed the Action Plan to languish. We call on our city's leadership to consider how we move forward and implement the many recommendations in the plan.

ALTERNATIVE ACTIONS CONSIDERED

To leave the situation as is would not provide needed services in support of Berkeley's rapidly expanding over-60 population and fall short of the commitment it made when applying for and being awarded the designation of an Age-Friendly City in 2018.

CITY MANAGER

The City Manager refers to the budget process, the content and recommendations of the Commission's Report. See companion report.

CONTACT PERSON

Darlene Bronson, Commission Secretary, HHCS, 510-981-5194

Attachments:

Attachment 1 2018 Berkeley Age-Friendly Action Plan

Attachment 2 City Departmental Budgets

Attachment 3 HHCS Departmental Summary

Attachment 4 HHCS Division Summary

Attachment 5 Berkeley's Unique Structure for Aging Services & Division Activities Summary

Attachment 6 Aging in Alameda County: A Changing Landscape July 2022

Attachment 7 Breakdown of Alameda Area on Aging Funds for Berkeley

Attachment 8 Highlights of Census Data on Aging in Berkeley

Attachment 9 Understanding California's Middle-Income Older Adult Population

Attachment 10 Percent of Households with Seniors Age 65+, 2000 & 2021

Attachment 1

Age-Friendly Berkeley Action Plan



Berkeley, California • December 2018

Attachment 1

Page 8 of 85

Mayor's Letter

n behalf of Berkeley, California and its residents, I am proud to present this three-year Age-Friendly Berkeley Action Plan. This roadmap, developed by residents, community organizations, and the city, demonstrates our commitment to a livable community where all generations are included and are able to thrive.

Older adults are at the heart of our community and a vital part of the fabric of our neighborhoods and civic life. Rapidly changing demographics drive the timing of this effort, with the number of residents 65 and older expected to more than double by 2030 to over 1 in 5 people in the city

In 2016 under former Mayor Tom Bates, Berkeley was accepted into the World Health Organization and AARP's network of Age-Friendly Communities, which now includes over 300 US cities and 37 countries. This Action Plan addresses several areas identified by the World Health Organization as key to ensuring an aging-friendly environment.

Planning was driven by the community through surveys, focus groups and discussions with community non profits and city departments. Three objectives emerged from this work that inform the recommendations. The action plan is designed to:

- Enable people to remain in their homes and communities as they navigate the transitions of aging
- Maintain and enhance the ethnic and economic diversity of Berkeley
- Ensure that people of all ages and abilities can enjoy the social and cultural assets Berkeley has to offer.

We look forward to forming broad partnerships across all sectors of our community including residents, nonprofit organizations, business leaders, faith communities and others as we move forward with these recommendations. Because services and supports cross city and regional boundaries, we will continue to work with neighboring cities and counties to address common goals.

Berkeley is uniquely positioned to address the needs of our rapidly growing older adult population and maximize the benefits of creating a more inclusive, equitable and accessible city. An extensive 2 year planning process has engaged residents, city officials and staff, nonprofits and community partners. Continued collaboration will be vital as we move forward with our next steps.

Age-Friendly communities benefit all of us and this Action Plan is part of an evolving community process for generations to come. For questions or additional information see <u>agefriendlyberkeley.org</u> or contact Aging Services at (510) 981-5200.

Jene aregum

Jesse Arreguin Mayor, City of Berkeley

Page 9 of 85

Executive Summary

Background and Context

he population of older adults in Berkeley will double in the next 10 years, resulting in 1 in 5 adults being over 65 years of age. According to a study by AARP and the Age-Friendly Berkeley community survey, the vast majority of older adults want to age in their homes and communities.¹ With this shift in demographics and the desire of people to stay and thrive in their communities, policy makers need to look at how our neighborhoods are designed, including the affordability of places to live, the inclusivity of social activities, the accessibility of infrastructure, and the availability of jobs for older people. This Action Plan builds on the work of the World Health Organization's (WHO) Age-Friendly Cities and Communities Initiative, launched in 2005 in partnership with AARP in the United States. This network has expanded to over 37 countries around the world and to over 300 cities in the United States.

The Age-Friendly Berkeley initiative helps prepare Berkeley for its rapidly aging population by gathering input from the community and pulling together public and private leaders, resources, ideas, and strategies to address the issues raised. Age-Friendly Berkeley is a collective effort whose goal is to ensure that all Berkeley residents are connected, healthy, and engaged in their environments. Planning for Age-Friendly Berkeley was guided by a Leadership Team of individuals and organization representatives who have been key voices in community conversations about aging. It has members from the city, the health sector, and the nonprofit sector (See Appendix A) who worked together to ensure that the recommendations are relevant and feasible. The Age-Friendly Communities movement focuses largely on collaborations with city and county governments to anticipate the wants and needs of their older populations, as well as on the growing demand for and cost of medical and social services. With Berkeley anticipating a doubling of its older adult population and with the support of former Mayor Tom Bates in 2016, the City of Berkeley completed an initial assessment, applied to and was accepted into the World Health Organization (WHO) and AARP's Global Network of Age-Friendly Cities and Communities.

Needs Assessment

Thus began a needs assessment and a 2- year process using the WHO framework to support Age-Friendly planning. The needs assessment included a review of related research and plans from other cities, a survey of over 1400 Berkeley seniors, 5 focus groups, and interviews with 18 city staff and numerous community partners. The findings are summarized in Appendix B and indicate that the needs of older adults in Berkeley are representative of findings across international, national and local studies and surveys. The community responses indicate that residents appreciate the service/activity rich environment of Berkeley, as well its walkability and its diverse people. Strikingly, residents' feelings on whether Berkeley is a good place to age varied significantly depending on income. Those earning less than \$32,000 annually were more than twice as likely to rate Berkeley poorly when compared to top earners.

¹ AARP, 2012 and Age-Friendly Community Survey 2018



Rating of Berkeley as a place to age by income group

Common issues raised by community responses included:

- The high cost of living
- Lack of affordable housing, including affordable home modification and in-home supports
- Limited reliability, coordination, and options of transportation
- Problems with sidewalks, poor lighting, lack of benches, and limited parking
- Crime
- Widespread homelessness
- Insufficient number of affordable, desirable settings for out-of-home assisted living
- Limited options for subsidized services for moderate income individuals
- Lack of "human touch" for information, referral and system navigation assistance.

The Age-Friendly planning process also leveraged and incorporated community feedback gathered as part of the city's strategic planning process and the 2018 Health Status Report. The City's strategic planning process includes a focus on affordable housing, improving ADA compatibility, investing in infrastructure and improving access to information. The Health Status Report found many strengths in Berkeley related to life expectancy, but troubling disparities for African Americans and other people of color. This Age-Friendly Plan is presented as a complementary, consistent and collaborative set of recommendations focused on creating a city that is inclusive, equitable, and accessible for people of all ages.

Approach

Several themes cut across the plan's recommendations and actions. These include the need to:

- create complete neighborhoods that have a mix of housing types and land uses, affordable housing and transportation options, and access to healthy foods, schools, retail, employment, community services, parks and recreation options
- foster ongoing collaborations within large organizations, such as municipal entities, and across sectors and community organizations, as these are key to implementing policy and programs
- **leverage existing resources** to support, expand and coordinate a system of services and supports for aging in community
- capture emergent opportunities and leverage innovations in both technology and care/service delivery to support community-based living
- strengthen intergenerational relationships because while programs abound, they are mostly age-specific
- work with other regional jurisdictions and Age-Friendly cities to address overlapping issues and services and to find solutions to common challenges.

"Housing is not affordable." "It is a lively city with active people." "Does not have a welcoming downtown."

Recommendations

The recommendations in this Action Plan are designed to build on what is already occurring in the community, improve impact, and address gaps. While recommendations are too numerous to list in the executive summary (see Appendix B), the leadership team reviewed local results using the 8 domains in the WHO framework and identified 4 priority areas and goals for the Action Plan: ²

HOUSING AND ECONOMIC SECURITY:

Develop a continuum of affordable, accessible housing options for older adults to age in their community regardless of their health or financial status.

TRANSPORTATION AND MOBILITY:

Advance a network of public and private transportation that equitably serves residents and connects them to services, social activities, and employment opportunities.

HEALTH AND WELLNESS:

Develop a more integrated system of services and supports that is person-centered and ensures that all residents have the opportunity to engage in health promoting activities.

SOCIAL PARTICIPATION AND CIVIC ENGAGEMENT:

Enhance neighborhood cohesion and social connectedness of all Berkeley residents with community events and activities that are inclusive, affordable, and accessible.

2 Detailed information for all 8 domains is included in Appendix B where each domain includes relevant resources, current efforts that are in process, survey results and information from focus groups, GIS maps, and information from the 2016 Alameda County Plan for Older Adults and the Berkeley Age-Friendly Continuum needs assessment.

Implementation of the 3-year Action Plan

The prime objective of the Age-Friendly planning process was to develop a 3-year action plan to serve as a road map for collective action. Activities below are paced from Year 1 through Years 2-3, including evaluation and recommendations for continued improvement.

Year 1

- Designate Health, Housing and Community Services as the lead city department and the Aging Services division as the backbone agency to coordinate the initiatives
- Form a leadership team from relevant sectors of the community to work with the city
- Solidify action teams for the priority areas; prioritize recommendations
- Finalize budget and Identify funding opportunities
- Develop shared metrics and begin data collection
- Implement internal and external communication plans, set up a dashboard on the Age-Friendly website
- Catalogue and track efforts already in development.

Years 2-3

- Clarify desired outcomes and implement Year 2-3 recommendations
- Monitor progress and evaluate results using a Results Based Accountability framework
- Use the dashboard on the Age-Friendly website to track progress
- Integrate focus on aging into ongoing operations and partnerships
- Report back to the community on the status of all recommendations and begin to assess the next steps.

Community Profile

Berkeley is located on the east shore of the San Francisco Bay in northern Alameda County, California. The current population is estimated to be 117,385.³ Berkeley was recently named one of the most livable cities in America based on AARP's Livability Index. Health, Transportation/ Walkability, and access to activities, work and play are among the assets identified in Berkeley.

Cost of living and cost of housing present some of the greatest barriers to livability. Median home sale prices remain dramatically higher than the rest of the nation, now at \$1,200,000,⁴ fueled by spillover from the San Francisco housing shortage, a local tech boom, and population growth. Local parcel taxes, approved by voters to support important local programs like the public schools, are generous but add to pressures on low and moderate income homeowners and renters. The high cost of living in the Bay Area was raised as a major challenge by older adults in all surveys and focus groups.

Historically, Berkeley has been a city of unexpected diversity and activity in social policy, such as fair housing legislation, voluntary school desegregation, and the independent living movement. However, current challenges threaten the economic and cultural diversity that make Berkeley a vibrant city. Recent gentrification has contributed to a 37% decline in the African American population,⁵ especially in some historically African American neighborhoods in South and West Berkeley. The mortality rate for African Americans remains twice as high as the mortality rate of Whites. Berkeley has the highest per capita rate of homelessness in Alameda County.⁶ Low and moderate income individuals are finding it difficult to afford to live and work here and there is an increasing divide between income levels. Estimates in 2014 indicated that 23% of those 60+ in Berkeley were living under 200% of the Federal Poverty Level.⁷ Significant policy changes are needed locally and regionally as Berkeley continues to tackle these challenges.

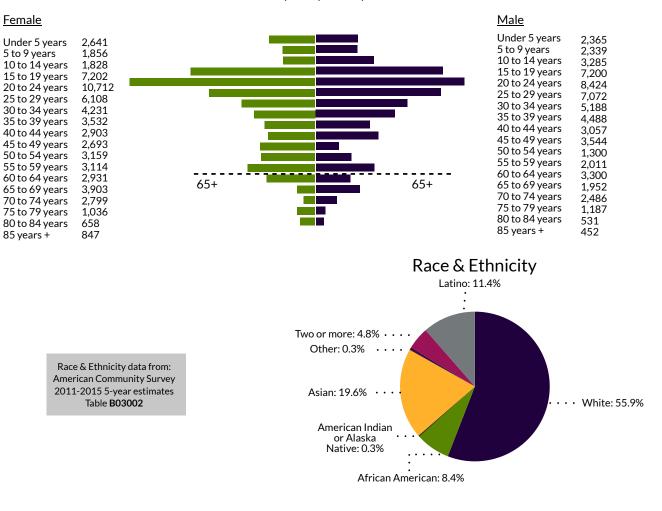
Berkeley has a number of assets to support an active, healthy and engaged community. Berkeley is one of three cities in the state of California with its own Public Health Jurisdiction. This distinction enables public health services and initiatives to be focused on and dedicated to a discrete population. Berkeley is also home to a number of educational institutions, including the University of California, Berkeley campus, the Lawrence Berkeley National Laboratory, Berkeley City College, and the Graduate Theological Union. These institutions enhance Berkeley's reputation as an intellectual mecca and are also an economic engine for the City. Thirty percent of local jobs are in education.⁸ Berkeley's international reputation plus its active arts and culture scene and a dynamic social center contribute to making it a magnet for inventive people, an incubator for business start-ups, and a science and technology hub.

³ Population number from the(the City of Berkeley based on projections from the 2010 census

- ⁴ Median housing price based on information from Zillow
- 5 Summary of Our Beloved Community Proposal: Alameda County Anti-Displacement Funding Policy Plan, January 6, 2017 (unpublished), The Dellums Institute using census analysis 2010-2015.
- ⁶ City of Berkeley Health Status Report, 2018
- ⁷ American Community Survey 2010-2014, US Census Bureau
- 8 From the City of Berkeley's Economic Profile.



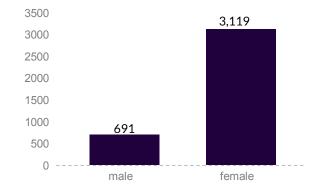
City Demographics



Gender & Age From American Community Survey 2016 5-year estimates Table S0101

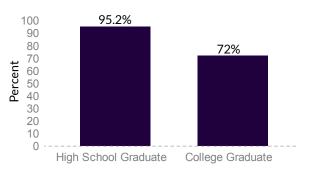
Adults Over 65 Living Alone

From American Community Survey 2017 1-year estimate Table B09020

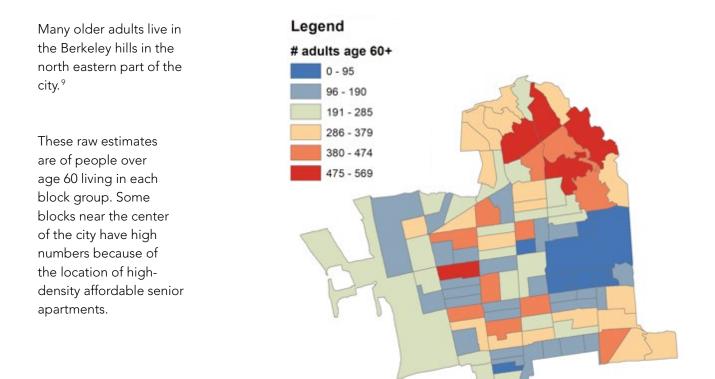


Education of Population 65+

From American Community Survey 2017 1-year estimate Table \$1501

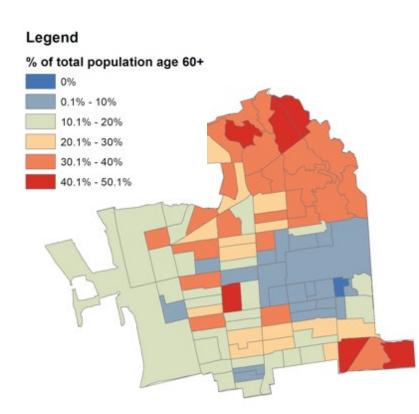


Where do older adults live?



The high concentration of older adults living in the hills becomes even more apparent when looking at the percent of people over age 60 compared to the total population living in each block group.

P Data are from the 2017 American Community Survey 5-year estimates table B01001 and were mapped using ArcGIS 10.5.1



Why Now?

he Census Bureau projects 2030 to be a transformative decade for the US population. Advancements in medicine and public health have led to more people living longer. The Census Bureau estimates that by 2035, older adults will outnumber children for the first time in US history. This rapid increase has major implications and will place un-precedented demands on cities and communities. In response, the World Health Organization's (WHO) Age-Friendly Cities and Communities Initiative was launched in 2005 in partnership with AARP in the United States. This network has expanded to over 37 countries around the world and to over 300 cities in the United States.

The demographic shifts projected nationally will be mirrored in Berkeley. The population of older adults in Berkeley will double in the next 10 years, resulting in 1 in 5 adults being over 65 years of age. Life expectancy in Berkeley is 86.7 years for women and 83 years for men, compared to 78.8 years nationally and 80.8 years in California. Mortality rates in Berkeley are lower than those of surrounding Alameda County and California— reflecting the city's long life expectancy.¹⁰ As with health status, there are great disparities in longevity based on race and class

According to a study by AARP and the Age-Friendly Berkeley community survey, the vast majority of older adults want to age in their homes and communities. An Age-Friendly community promotes policies, enhances services, and creates a built environment that enables a growing population of older adults to age in their community while supporting a more inclusive, equitable and accessible city for all.

Toward an Age-Friendly Berkeley

Age Friendly Berkeley is a collective effort whose goal is to ensure that all Berkeley residents are connected, healthy and engaged in their environments. Enhanc-

¹⁰ Health Status Report, City of Berkeley, 2018

ing the affordability of places to live, the inclusivity of social activities, the accessibility of infrastructure, the safety of our public spaces and improving communication and access to information are activities that will make Berkeley a better place to grow up and grow old. Addressing the needs of our older population benefits people of all ages.

To realize this vision, the Age-Friendly Berkeley initiative pulls together public and private leadership, resources, ideas, and strategies; it builds on information gleaned from the community. The leadership team for this project has local residents and members from the city, the health sector, and the nonprofit sector (see Appendix A) who have helped build partnerships to ensure the recommendations are relevant and feasible.

The World Health Organization's (WHO) Age-Friendly Cities and Communities Initiative provided a framework and network of similar efforts that supported the development of this Action Plan.



AGE-FRIENDLY BERKELEY

Page 16 of 85

The Age-Friendly Framework

he World Health Organization and AARP's Global Network of Age-Friendly Cities and Communities fosters the exchange of experiences and initiatives as cities strive to better meet the needs of their older residents. The Age-Friendly Cities Initiative provides guidance for assessing local conditions and identifying areas for change. The Initiative uses a framework with eight domains which identify social and environmental factors that influence how well we age and how long we live. These domains align closely with the social determinants of health as defined in Healthy People 2020.¹¹ Based on the information gleaned from the local needs assessment, the domains in this report include:

1. Housing:

Public and private housing options, home maintenance, home modification, safety and comfort, proximity to services and community life

2. Health and Community Services:

Promote, maintain and restore health, provide home care services, coordinate service delivery and emergency planning

3. Transportation:

Public and private transit options, reliability, specialized services for people with disabilities, priority seating, traffic flow, roads, driver education, parking

4. Outdoor Spaces and Buildings:

Public areas, green spaces, outdoor and indoor seating, walkways, bike paths, lighting, customer service arrangements, public toilets

5. Social and Civic Participation:

Venues, timing, affordability, events and activities, inclusion on decision-making bodies, fostering diversity and inclusion; combating social isolation

6. Employment and Economic Security:

Volunteer and employment options, job training, age discrimination, entrepreneurship, elder fraud abuse, cost of living

7. Respect and Social Inclusion:

Programs to support cultural and ethnic diversity, public images of aging, intergenerational and family dialogue, public education, recognition of contributions to past and present, economic inclusion

8. Communication and Information:

Distribution of information, person-toperson communication, printed information, media, access to and use of technology and the Internet

¹¹ <u>https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health</u>

Our Planning Process¹²

2016

- \checkmark Convened leadership team and worked with the Mayor to launch the initiative
- ✓ Completed assessment and was accepted into the national and international Network of Age-Friendly Cities
- ✔ Included "Age-Friendly" planning in the City of Berkeley's strategic plan

2016-2018: Action Planning cycle

- ✓ Researched background information
 - Reviewed WHO guidelines and other cities' Age-Friendly Action Plans
 - Researched Age-Friendly assets and resources in Berkeley.
 - Reviewed Berkeley results from the 2016 Alameda County Plan for Older Adults
 - Collected relevant information from the 2017 Berkeley Age-Friendly Continuum Needs Assessment ¹³
- ✔ Collected data from the community using WHO's Global Age-Friendly framework
 - Conducted a community survey both online and by utilizing local organizations to distribute hard copies in English and Spanish
 - Interviewed City staff from all departments to assess how their work could align with Age-Friendly goals, and to assess resources and potential recommendations
 - Evaluated results
- ✔ Gathered additional community feedback from public sessions
 - Added two additional focus groups to the 3 focus groups ¹⁴ from the 2017 Berkeley Continuum needs assessment
 - Held several meetings and a public forum with the Commission on Aging
 - Presented progress report and solicited feedback from the Berkeley City Council
- \checkmark Synthesized community data and worked with partners to frame recommendations.

December 2018 - January 2021

- → Finalize report and submit to AARP and WHO
- → Implement Action Plan (see page 21)
 - Year 1 Set up action framework, convene work teams and begin data collection
 - Years 2-3: Execute, coordinate, and track progress of action items
 - Conduct an evaluation of the implementation process
 - Determine future needs
 - Update Action Plan

14 Thank you to Beatrice Leyva-Cutler and Faye Combs, community volunteers who organized the focus groups.

¹² The Age-Friendly planning process coincides and aligns with the city's Strategic Planning process, including a focus on affordable housing, improving ADA compatibility, investing in infrastructure and improving access to information.

¹³ For the detailed Needs Assessment and Strategic Plan of the Berkeley Age-Friendly Continuum's 2017 report, with reference to Alameda County and national trends, go to www.berkeleycontinuum.org.

Traffic

owa

Infrastructure

Top Findings

What Older Berkeley Residents Like Best and Least in Berkeley

The 'word clouds' below display words that were used to answer an open-response question on the Age-Friendly Berkeley Community Survey. People responded to what they like best and least about Berkeley as a place to age. The more common the response, the larger the font. Transit is highlighted in both positive and negative comments which is most likely linked to where people live, with people in the Berkeley Hills being most concerned about transit.

Comfortable Rent control Environment ulture Diversity Weather People nters Tax versitv bat Walkable le Transit YMCA People CIL Respect Size Caring City History Convenience Housing Ashby Village Aging Friendly Respect Size 000 Food Politics ature Housing Services Shopping Politics Activities Care Community **Reasons for Negative Views of Berkeley as a Place to Age** ded In home service sity Not walkable Stroots University Inconvenient Access Cross walks Senior services Gentrification Medicare Disrespect Disres ancer ρρ Activities centric age friendly **Property taxes** wded Parking Traffic Streets Transit no term care Not walkable Housing supply Cost of living Noise Parking Pedestrian safety

ntown

University

Few resources to age in place

Reasons for Positive Views of Berkeley as a Place to Age

ess

Air Quality Homeless

Sidewalks

Findings and Priority Areas

There are many programs and services in Berkeley that support an active and healthy community for people of all ages. The recommendations from this Action Plan are designed to build on what is already occurring, improve impact, and address gaps. Given the rapidly changing landscape and the pace of developing technology, we see this action plan as a living document, open to enhancement.

Several themes cut across the plan's recommendations and actions. These include the need to:

- create complete neighborhoods that have a mix of housing types and land uses, affordable housing and transportation options, and access to healthy foods, schools, retail, employment, community services, parks and recreation options
- **foster ongoing collaborations** within large organizations, such as municipal entities, and across sectors and community organizations, as these are key to implementing policy and programs
- **leverage existing resources** to support, expand and coordinate a system of services and supports for aging in community
- **capture emergent opportunities** and leverage innovations in both technology and care/service delivery to support community-based living
- **strengthen intergenerational relationships** because while programs abound, they are mostly age-specific
- work with other regional jurisdictions and Age-Friendly cities to address overlapping issues and services and to find solutions to common challenges.

After reviewing community responses and promising local efforts already underway, this Action Plan identified four priority areas: ¹⁵

Housing and Economic Security

Transportation and Mobility

Health and Wellness

Social Participation and Civic Engagement

Within each of these 4 areas, recommendations fell into 3 categories:

Equity and Inclusion

Information

Infrastructure and Policy

These priority areas and recommendations are summarized in the following pages along with local programs and policies already in development. Detailed information for all 8 domains can be found in *Appendix B*.

¹⁵ Detailed information for all 8 domains is included in Appendix B where each domain includes relevant resources, current efforts that are in process, survey results and information from focus groups, GIS maps, and information from the 2016 Alameda County Plan for Older Adults and the Berkeley Age-Friendly Continuum needs assessment.

HOUSING AND ECONOMIC SECURITY

inancial and housing worries topped the list of concerns across all income levels. Given housing costs in the San Francisco Bay Area, most housing is no longer affordable; nor, is there a continuum of housing options (including assisted living) available in Berkeley as we age. More affordable housing is needed to prevent further displacement. Should older adults remain in their homes, they need affordable options for safety and accessibility home modifications. While there are several housing programs in Berkeley, and some programs specifically designed to help low income seniors, they are disconnected and it is clear from focus groups that people are unaware of them. Berkeley also needs to work with neighboring communities to expand eligibility criteria for those just above income guidelines who struggle without subsidized programs. Additionally, many residents believed that there are not enough flexible jobs with accommodations for older workers to stay employed. 20% of those who reported that they are retired are, in fact, "gigging" to make ends meet. The scale of these problems requires broad, often regional, policy solutions.

Already In Development

- ✓ Senior and disabled home loan program
- ✓ Accessory Dwelling Unit (ADU) policies
- ✓ Expanded home safety inspection program
- ✓ Several pilot programs: Homeless Coordinated Entry, Berkeley Home Match and the development of a Service Linked Senior Housing/ Community Center model
- ✓ Business Succession Planning

Goal and Recommendations

Develop a continuum of affordable, accessible housing options for older adults to age in their community regardless of their health or financial status.

→ Equity and Inclusion:

- Include targets for the older adult population in the City Housing Element.
- Address the need for affordable, accessible housing at all levels of need; expand eligibility criteria for subsidized services to raise access levels to moderate income individuals.
- Expand access to supportive housing for vulnerable populations.

→ Information:

- Provide an online resource and educational workshops at Senior Centers about renters' rights and strategies to qualify for access to both market and below market rate housing.
- Offer workshops and education on financial planning and elder fraud abuse.
- Assess and map housing options for the public via written materials and the internet.
- Provide broader communication of assistance with local taxes for low income residents.

→ Infrastructure and Policy:

- Develop a program for housing cost relief for moderate income seniors who do not qualify for income restricted housing.
- Incorporate mixed zoning in all neighborhoods, increasing walkability and access to services and commercial areas.
- Pursue affordable settings for out-of-home assisted living (e.g., CCRC and alternatives).
- Enable increased development of accessory dwelling units (ADU) by streamlining the construction approval process.

HEALTH AND WELLNESS ¹⁶

Berkeley and surrounding cities have abundant healthcare and community service resources; however, most programs do not have the capacity to meet the increasing demand from seniors. Care navigation for accessing resources, affordable in-home care, and memory care are gaps in local resources. Participants in the Berkeley Continuum, Age-Friendly Berkeley and Alameda County planning consistently voiced a desire to bring services and supports to them in their home rather than requiring institutional care. Residents need access to providers and other health and wellness services such as venues for fitness, especially in South and West Berkeley. Berkeley is unique in having its own public health jurisdiction, however, there needs to be more coordination with the County Public Health Department and neighboring cities' Age-Friendly efforts to address and prevent common health issues.

Already In Development

- ✓ Emergency preparedness and resiliency planning
- ✔ Healthy food access and cooking programs
- ✔ Whole Person Care pilot, an Alameda County wrap around program for the homeless
- ✔ Alameda County's Senior Injury Prevention Program (SIPP)

Goal and Recommendations

Develop a more integrated system of services and supports that are person-centered and ensure that all residents have the opportunity to engage in health promoting activities.

→ Equity and Inclusion:

- Implement additional health related programs around nutrition and exercise, with special outreach to underserved groups.
- Broaden outreach for dental care to low income and vulnerable seniors.
- Expand eligibility criteria for subsidized services to raise access levels to moderate income individuals.

→ Information:

• Provide affordable, local navigators to help address basic systems navigation needs, e.g., public benefits, housing, and service referrals.

→ Infrastructure and policy:

- Obtain funding for additional geriatric case managers and navigators.
- Convene a summit on memory care to plan a community response to dementia and related diseases.
- Improve the workforce pipeline of home care workers and create a centralized source of vetted referrals.
- Champion lower costs for in-home services, while ensuring a living wage for home health care workers.

¹⁶ In this context "wellness" refers to the social determinants of health, defined by the World Health Organization as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." <u>https://www.healthypeople.gov/2020/ topics-objectives/topic/social-determinants-of-health</u>

TRANSPORTATION AND MOBILITY

ransportation is a major concern for older residents, especially those in isolated areas such as the Berkeley Hills and low-income residents in other areas of the city. Many older adults are unfamiliar with public transportation or do not trust its reliability. Uneven sidewalks and pedestrian safety concerns are also barriers for accessing transportation options. Public transit issues such as the absence of benches or shelter at station stops and inadequate lighting, often prevent people from using services. Better public transportation options can help seniors access needed services and combat feelings of isolation. Safe driving refresher courses are also needed but there are few local options.

Already In Development

- ✔ New street policy and design approaches being used as streets are repaired and developed
- ✔ Master Pedestrian Plan being developed in commercial areas
- ✔ City sidewalks being assessed for repairs
- ✔ Mobility management and travel training being offered to seniors

Goal and Recommendations

Advance a network of public and private transportation that equitably serves residents and connects them to services, social activities, and employment opportunities.

- → Equity and Inclusion:
 - Ensure that popular destinations are accessible via various transportation modes, particularly for those in outlying neighborhoods or with mobility challenges.
- → Information:
 - Extend education programs about transit options.
 - Promote older driver safety by linking seniors to low-cost defensive driving workshops.

→ Infrastructure and policy:

- Continue to develop 'complete streets' design to ensure safe travel and access for users of all ages and abilities regardless of their mode of transportation.
- Collaborate to advance affordability, availability, and reliability of public transportation.
- Improve transportation infrastructure (benches, pavement, shelters).
- Create well marked 'safe routes' to common destinations with smooth sidewalks, large print signs, and good lighting.

"Good public transportation."

"Walkability in 'the flats' "

"Convenient parking in downtown is not easy to find."

"Poor transportation options"

SOCIAL PARTICIPATION AND CIVIC ENGAGEMENT

hile many Berkeley residents participate in local activities, organizers need to outreach broadly across race, immigration status, sexual identity and orientation, income level, and housing status. The population of isolated seniors needs to also be considered. Although there are various websites and newsletters indicating what is available in Berkeley, most residents are unaware of the offerings. Multiple modes of communication need to be used to ensure that older adults stay informed and engaged. The city website is difficult to navigate and needs to be regularly updated to be useful. In addition, many people call the county 2-1-1 information line, but data about why people call and how they manage referrals is not tracked. Being the home of the independent living movement, Berkeley was ahead of other cities in terms of accessibility. However, public buildings and parks need to continue to be updated with evolving standards to ensure residents with mobility challenges can participate. For the same reason, amenities to make parks safer and more accessible, like public bathrooms, lighting, and benches, are needed.

Already In Development

- ✔ Development of a home visit program to isolated seniors
- ✓ Inclusion of older people in public images
- ✔ Intergenerational programming in the schools and community (e.g., active volunteers)
- ✔ Redesign of the city website to make it more accessible and easier to navigate
- ✔ Plans to increase access to broadband internet, up-to-date devices, and training, in partnership with nonprofit organizations
- ✔ Redevelopment of Berkeley's 3-1-1 line, an online service center
- ✔ Improved access to information about the options for social engagement in Berkeley
- ✔ Older adult inclusion in concept planning for the North Berkeley Senior Center
- ✔ Addition of older adult programs in parks and recreation venues and consideration of increased hours at public parks

Goal and Recommendations

Enhance neighborhood cohesion and social connectedness of all Berkeley residents with community events and activities that are inclusive, affordable, and accessible.

→ Equity and Inclusion:

- Re-frame senior centers and outreach to attract a broader community.
- Promote Age-Friendly business practices through an Age-Friendly Business Certification program.
- Seek older adult input into current municipal planning around resiliency and infrastructure.

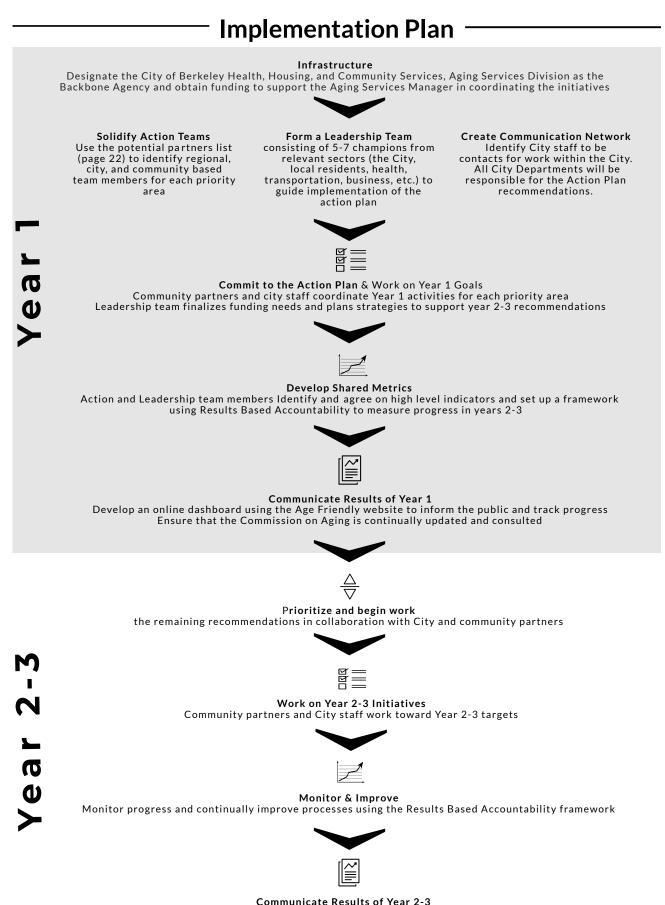
→ Information:

- Create an easier to access and navigate directory of Age-Friendly organizations, activities and engagement opportunities.
- Add a link to activities for older adults to the City of Berkeley website.

→ Infrastructure and policy:

- Create safe routes to common destinations.
- Improve park bathrooms and facilities.
- Re-open Willard Pool to improve public access to swimming in South-East Berkeley.





Use the online dashboard on the Age-Friendly Berkeley website to inform the public and track progress

Potential City & Community Partnerships

A critical goal for Year 1 Implementation (see Plan on page 21) will be to solidify the teams that will address goals in each priority area. Partners come from City of Berkeley departments, local community organizations, county and regional entities, as well as other cities with Age Friendly initiatives. Below is a table with city departments, a partial list of relevant local organizations, and some regional linkages that can help address broad areas such as housing, health and transportation.

	Regional	City of Berkeley	Local Community
Housing & Economic Security	 Housing Authority of Alameda County BACS (Bay Area Community Services) SAHA (Satellite Affordable Housing Associates) RCD (Resources for Community Development) Covia Rebuilding Together Habitat for Humanity ASSETS Encore, Inc. East Bay Works 	Health Housing & Community Services: Housing Services City Manager's Office: Office of Economic Development Health, Housing, & Community Services: Community Services & Administration Planning & Development	 Ashby Village BOSS (Building Opportunities for Self Sufficiency) UC Retirement Center Legal Assistance for Seniors Berkeley Chamber of Commerce
Transportation & Mobility	 AC Transit BART East Bay Paratransit 	Health, Housing and Community Services Aging Services Division Public Works: Transportation Division	 Senior Center Shuttles CIL Shuttles CEI Shuttles UC Berkeley: SafeTREC Ride share companies
Health & Wellness	 Alameda County Health Care Services Agency IHSS (In-Home Supportive Services) LifeLong Medical Care CEI (Center for Elders' Independence) Alzheimer's Services of the East Bay Alta Bates Medical Center Sutter Health Kaiser Permanente Alameda County IHSS Program CIL (Center for Independent Living) Legal assistance for seniors 	Health, Housing, & Community Services: Public Health Division Community Services & Administration Aging Services Division CARE Team Berkeley Fire Department	 SIPP (Senior Injury Prevention Program) Lifelong Over 60 Health Center YMCA Jewish Family Services Berkeley Continuum
Social Participation & Civic Engagement	 California Department of Aging CEI (Center for Elders' Independence) CIL (Center for Independent Living) Covia: Well Connected Jewish Community Center of the East Bay University of California Retirement Center Forget Me Not Lavender Seniors Gray Panthers East Bay Regional Park District BORP (Bay Area Outreach and Recreation Program) Eden I & R (2-1-1) 	Health, Housing & Community Services: Aging Services Division Public Works: Disability Compliance Program Parks, Recreation, & Waterfront Deparment Information Technology Planning & Development	 Ashby Village Alta Bates Tele-Care UC Botanical Garden Tilden Regional Park UC Berkeley: Center for Technology & Aging Berkeleyside Berkeley Public Libraries J-Sei UC Berkeley Osher LifeLong Learning Institute UC Berkeley Bears for Elder Welfare Berkeley Student Co-op Elder Action

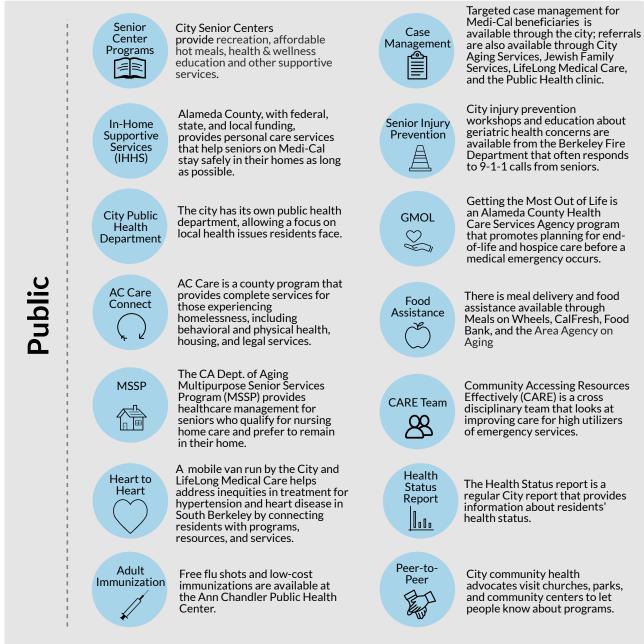


Health & Community Services

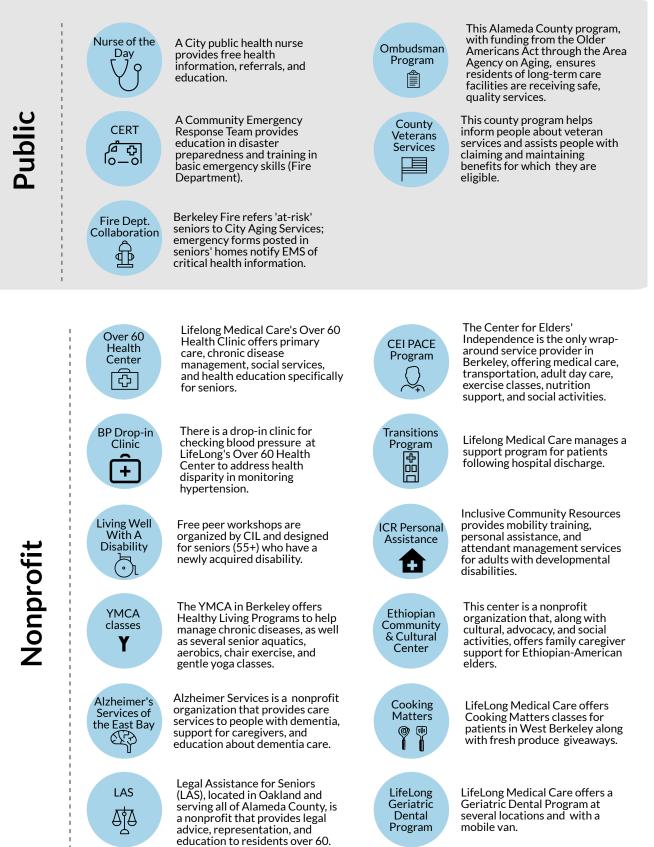
Berkeley has numerous health care resources, including Alta Bates Summit Medical Center, part of the Sutter system, and LifeLong Medical Care, a network of community health centers. The ratio of primary care doctors to residents is well above the national average. Berkeley is located between Stanford and UCSF medical schools. Stanford Health Care and John Muir Health recently expanded to Berkeley. However, there remain stark health inequalities across ethnicity, income, and neighborhood that several community programs are addressing. These include access to dental care, especially for vulnerable and underserved populations. Additional care navigation and programs that de-stigmatize seeking help for mental health and other basic needs are necessary to improve the well-being of all residents.

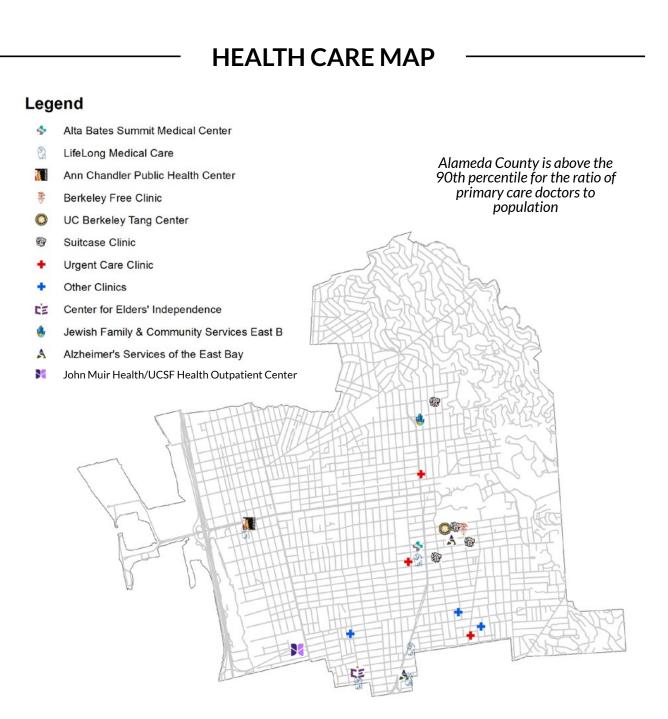
AGE FRIENDLY RESOURCES

Page 26 of 85



AGE FRIENDLY RESOURCES





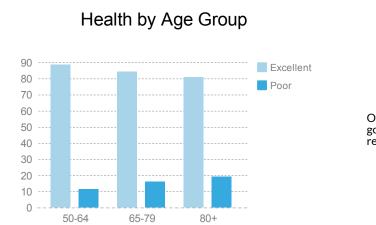
There are many healthcare options along the main city corridor which runs through downtown. Stanford and John Muir Health care have both moved into South Berkeley, but there are few options available in West Berkeley. Several service providers such as Alzheimer's Services of the East Bay, CEI, and Jewish Family & Community Services are also concentrated near downtown.





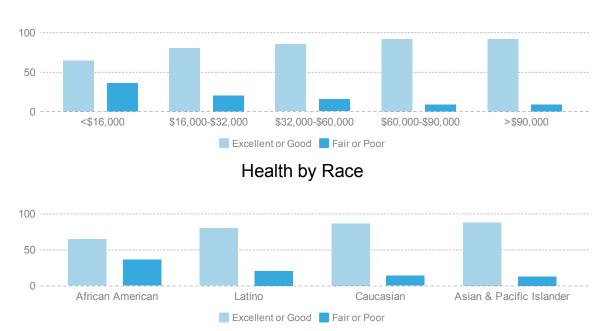
AGE-FRIENDLY BERKELEY

COMMUNITY SURVEY RESULTS



Overall, subjective reports of health are good among older adults in Berkeley who responded to our survey.

However, there are predictable disparities in self-reported health across income and race. The graph below shows a trend similar to what is found in most studies nationally of the relationship between health, race, and financial resources. Berkeley is continuing its work on eliminating disparities.



Health by income

According to the Alameda County Plan for Older Adults 2016-2017,

15.7%

of Berkeley residents over 60 have MediCal

48%

39%

of Alameda County older residents have avoided needed medical care because of cost

of older, low-income Alameda County residents are "very concerned" about being able to prepare healthy food as they get older

Affordable

Navigators

ø

navigators (as opposed to

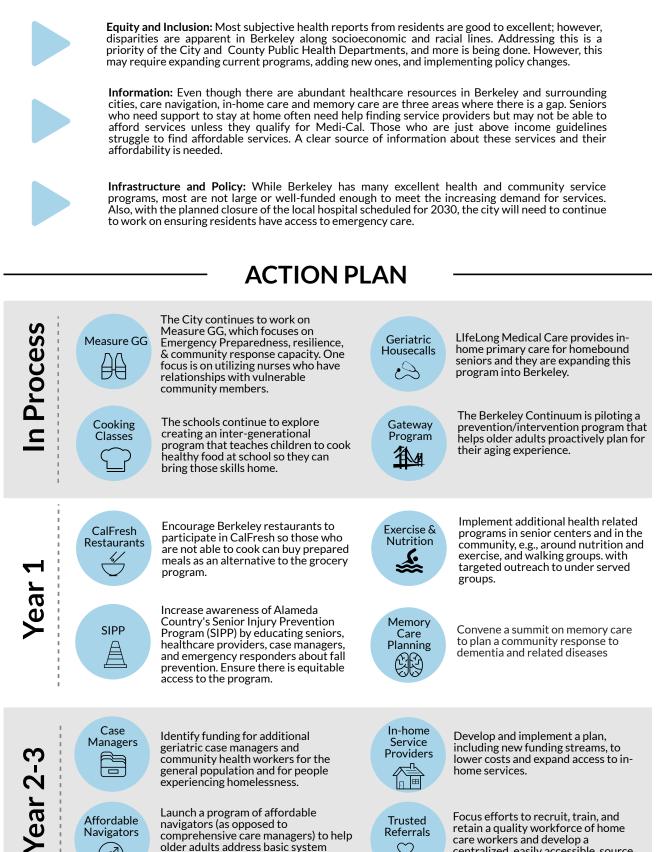
housing, service referral).

comprehensive care managers) to help

older adults address basic system

navigation needs (public benefits,

TAKE AWAYS



33

Focus efforts to recruit, train, and

care workers and develop a

retain a quality workforce of home

centralized, easily accessible source

for vetted referrals for in-home care.

Trusted

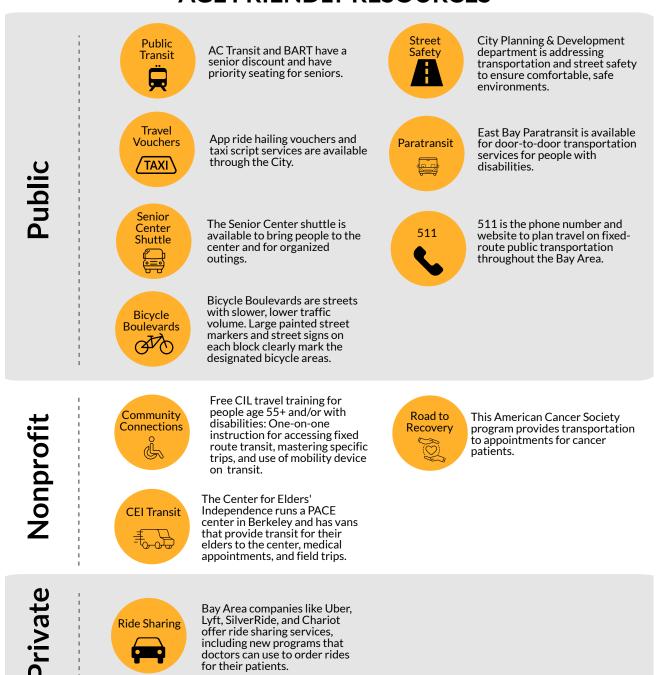
Referrals

 \sim

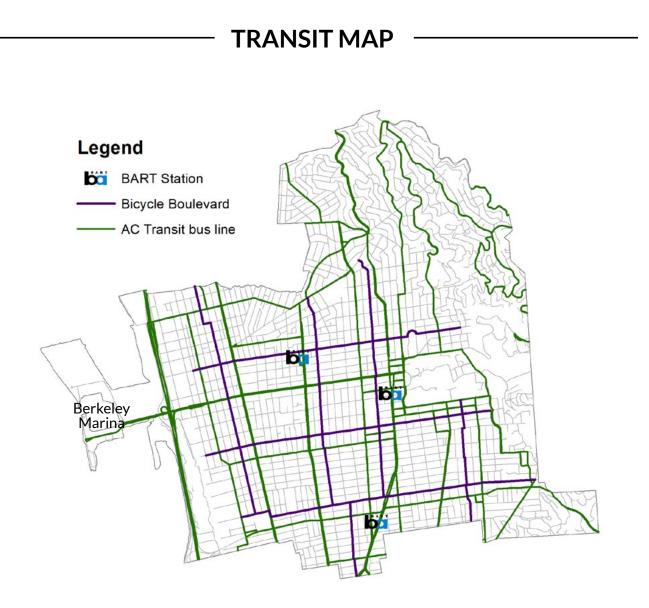


Transportation

Berkeley is connected to the Bay Area by way of several public transportation options. Bay Area Rapid Transit (BART) has three stations in Berkeley and AC Transit, the bus line for the county, has 155 bus lines throughout the region. Currently, the city is working to improve transportation options with strategic plans that address barriers to walkability and transit safety. There need to be additional resources for addressing driving safety and improved collaboration between transportation, technology, and aging organizations in the county to ensure that the public's needs are met across neighborhoods and all modes of transit.



AGE FRIENDLY RESOURCES



With three BART stations and major AC Transit bus lines, most of Berkeley is well connected by public transportation. However, residents who live in the Berkeley hills have less frequent buses and not all station stops throughout the city are covered or well lit.

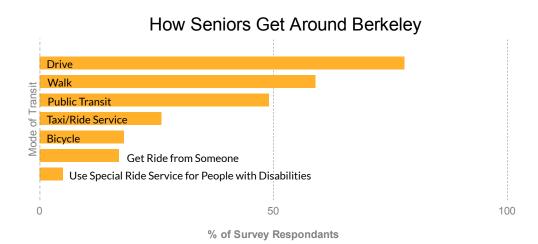
Bicycle Boulevards help make cyclists and pedestrians safer. Plans for additional improvements are underway.

A new ferry boat, Tideline, connects the Berkeley Marina to downtown San Francisco for commuters.

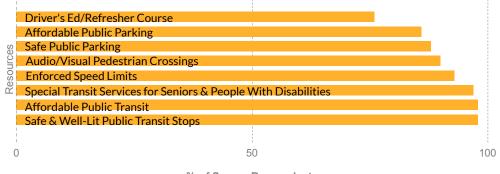


DATA

One of the main reasons Berkeley was rated positively by survey respondents as a place to age was **walkability**. However, sidewalk disrepair and traffic safety are issues raised by many residents. While Berkeley has made an effort to be accessible (curb cuts, etc.), trees often cause sidewalks to become uneven and some survey respondents also reported feeling unsafe crossing the street. Most people who responded to the survey said they drive to get around town, and highlighted parking as a problem. Many people thought driver education for seniors would be an important resource to have.



Top Very or Somewhat Important Transportation Resources



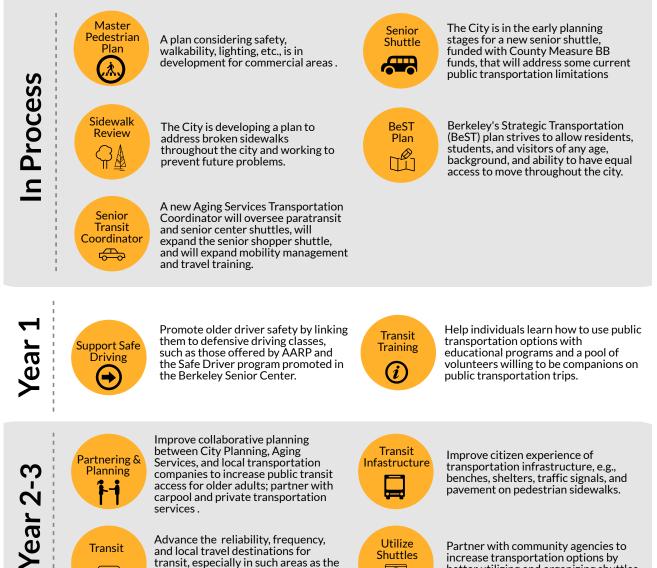
% of Survey Respondents

According to focus groups conducted by the Berkeley Continuum

- Participants felt that the City's taxi voucher system is useful but is too limited by the number of times it can be used and the the purposes for which it can be used. In addition, many people did not know that vouchers were available. Ride sharing apps can be helpful, but they are still too expensive for many people to use regularly.
- Participants said they want public transit to be more frequent and more flexible.

TAKE AWAYS

Infrastructure and Policy: Many survey respondents felt that one of Berkeley's best traits is its walkability. However, sidewalk disrepair and pedestrian safety concerns can be a barrier. The Bicycle Boulevards and some new protected bike lanes are a safety improvement, but there is still more work to do. Equity and Inclusion: Social activities, volunteer opportunities, and jobs are important, but without thoughtful infrastructure and transit programs that help seniors get where they need to go, these resources will not be utilized to their fullest extent. BART and AC Transit help connect Berkeley to the rest of the Bay Area, but issues like the "last mile," not having benches at station stops, and inadequate lighting can be a problem for some older people and prevent them from using these services. Information: Even with abundant public transportation options, many people want to maintain the freedom of driving, and want to do so safely. Many people are interested in safe driving refresher courses, but there are limited local options for these courses. Stigma may be an issue and classes should be advertised carefully to prevent promoting stereotypes and to make sure people feel comfortable attending. **ACTION PLAN**



Advance the reliability, frequency, and local travel destinations for transit, especially in such areas as the Berkeley hills that have limited access.

Transit

<u>۳</u>





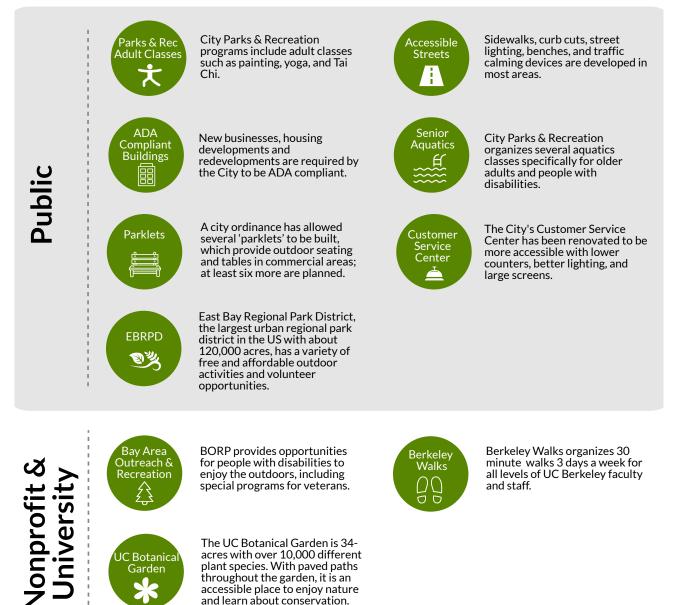
Partner with community agencies to increase transportation options by better utilizing and organizing shuttles during off-hours



Outdoor Spaces & Buildings

Berkeley values it's green space, with many city parks, parklets, and miles of walking trails. Thanks to Ed Roberts, who led the disability rights movement as a student at UC Berkeley in the 1960's, accessibility of outdoor spaces and public buildings was advanced with nearly universal curb cuts, accessible city-owned buildings, and a robust set of non-profit organizations dedicated to ensuring that the needs of all residents and visitors are considered in the built environment. Improvements that go beyond ADA compliance and additional programs for older adults with varied physical abilities will make the city even more livable for everyone.

AGE FRIENDLY RESOURCES



acres with over 10,000 different plant species. With paved paths

throughout the garden, it is an accessible place to enjoy nature and learn about conservation.

UC Botanical Garden

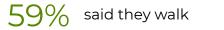
PARK MAP



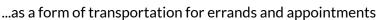
With parks spread out across the city, there are many opportunities to enjoy the outdoors. However, the quality and availability of amenities such as bathrooms, benches, and lighting vary across parks. There is a bus from downtown directly to the Marina and the Botanical garden, but public transit access to some other parks is limited. It may be necessary to drive to some parks, especially for those traveling from destinations other than downtown.

DATA

One of the top reasons survey respondents rated Berkeley positively as a place to age was walkability.



38% said they bike



However, sidewalk disrepair and traffic safety are issues raised by the community. While Berkeley has made an effort to be accessible (e.g., curb cuts), trees often cause sidewalks to become uneven and some survey respondents reported feeling unsafe crossing the street.

TAKE AWAYS



Infrastructure and Policy: While there are many green spaces around the city, amenities to make spaces safer and accessible, like public bathrooms, lighting, and benches, are variable. In addition, while some areas of the city, such as downtown, have various public transportation options, accessing parks from other areas requires a car or multiple bus lines.

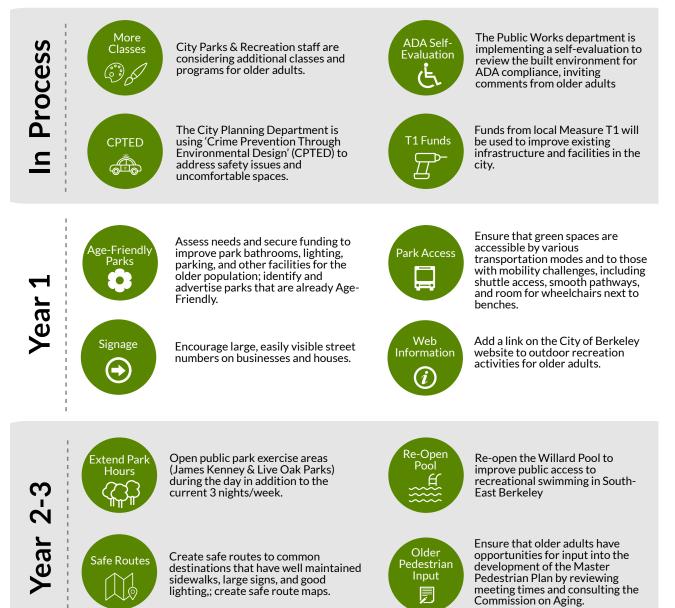


Equity and Inclusion: The city started implementing accessibility standards ahead of many other places, but improvements to sidewalks, bus stations, and other outdoor spaces have not continued with the same momentum. The city is aware of these problems and assessing where to invest in additional accessibility efforts.



Information: There are many wonderful parks throughout Berkeley, but information about these parks, their programs, and the accessibility of activities are not easy to find and the city website is not always up to date with information.

ACTION PLAN





Social Participation & Civic Engagement

A variety of social opportunities are available for older adults in Berkeley. These include fitness, art, education, political and and cultural activities. While the vast majority of survey respondents indicated that they participate in social activities at least a few times a week, transportation and affordability of activities were raised as barriers. Making activities more affordable, accessible, and widely advertised would help residents, particularly isolated seniors, participate.

AGE FRIENDLY RESOURCES





OLLI @

Berkeley

JCC

CIL

Ļ

Senior Centers serve hundreds of people daily with group classes and activities including meals, foreign language, memoir writing, music, field trips, dance, and birding. They also have voter registration materials.



The City's 43 Boards & Commissions attract numerous seniors from across the city, including to the Commission on Aging.

J-Sei is a community center that

Independence organizes social

Ashby Village members organize

advocacy, poetry, bridge, movies,

events, volunteer activities and

various interest groups that

meet regularly including

activities and has an adult day

health center as part of their

offers a space for inter-

values and traditions.

The Center for Elders'

PACE program.

and technology.

generational activities and

services that pass on Nikkei



UC Berkeley Osher Lifelong Learning Institute offers a wide variety of classes for adults 50 and older.

The Jewish Community Center organizes group "Trips Around Town" for seniors and has adult classes, lunches, clubs, and events.

The Center for Independent Living advocates with and for people of all ages with disabilities and offers organized social activities.



A support and advocacy group for LGBTQ seniors, Lavender Seniors has a 'Friendly Visitor' program and monthly lunches to keep members connected.



The Berkeley Lawn Bowling Club is a nonprofit outdoor sport club that has been active since 1928. Members offer free classes to the public.

A new advocacy and social justice interest group growing out of Ashby Village meets to discuss and plan advocacy efforts.



Ashby Village



As a major local employer, the UC Berkeley retirement center connects 2,245 UC retirees in Berkeley and Albany with volunteer opportunities, book clubs, workshops, and Retirees' Associations.

The East Bay Gray Panthers are

an intergenerational advocacy

justice and combating ageism.

group fighting for social





The Berkeley Continuum is a non-profit group that is working to ensure that a continuum of services and supports are available for older people to age in their communities.

DATA

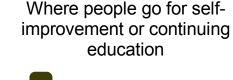
One of the top reasons Berkeley was rated positively by survey respondents as a place to age was the availability of many different services and activities. The vast majority of survey respondents said they are actively participating in social activities. However, various surveys indicate that 6-11% of Berkeley seniors socialize less that once week and follow up is needed to identify the needs of these isolated seniors.

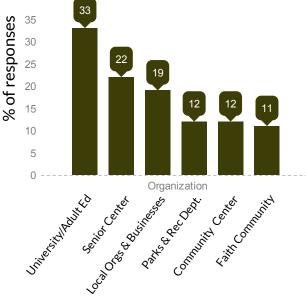
st a few a week
hey part itinuing ition or s ovement

 \mathbf{OO}

said they participate in continuing education or selfimprovement classes

said they socialize





91%

said it is important for them to have a range of opportunities to volunteer

31%

said they have transportation to and from volunteer activities

According to focus groups moderated by the Berkeley Continuum

- Some people had been to the senior centers and liked them. However, a few people said they did not like the senior center, with some adding that it seemed "depressing".
- Participants who lived in multi-unit housing indicated that they needed more information about what activities were happening in the community.
- Those living in single family homes showed more interest in finding ways to be connected to social activities.

Berkeley has a long history of being at the center of social movements. Older adults in the community are heavily involved in local politics.



80%

said it is <u>very</u> important to have opportunities to participate in local government and decision making

said it is important for them to have opportunities to participate in local councils and committees >75%

78.1%

said their community has volunteer and civic engagement opportunities

of registered Berkeley voters participated in the 2016 election, higher than the county turnout (75.42%)

TAKE AWAYS



Infrastructure and Policy: Transportation to activities, language accommodations, and making activities accessible is especially important for seniors who are at risk of isolation and are not typically included in community events. Reducing barriers to participation with infrastructure and policy improvements will make community events and activities more inclusive.



Equity and Inclusion: Active civic engagement has been a prominent part of Berkeley's history and continues to be important to residents of all ages. Opportunities for older adults with a variety of physical abilities, cultural backgrounds, and languages will help foster a stronger sense of community, both intergenerationally and among older adults in Berkeley.



Information: Having activities available will not be enough to ensure that everyone has a way to participate. We want to also ensure that there are various modes of communicating information about the programs so that those without computer access or who are more isolated will have information about services and activities they can participate in. This will also require communicating information in multiple languages and in written and audio formats.

ACTION PLAN

In Process



Senior

Centers

PP

Meeting

Timing

Older adults are included in Measure GG (emergency preparedness) outreach and workshops, especially to consider isolated and low-income seniors.



The North Berkeley Senior Center building is being upgraded with \$5.8 million in local T1 funds to accommodate additional community programs. Input from older adults who use the senior centers was used in developing the plan.



Reframe "senior centers" and modify programming to attract "younger" seniors.

When possible, schedule public meetings when it is convenient for older adults and offer transportation options for people who may not feel comfortable traveling alone at night.



Plan additional intergenerational community activities that encourage participation of different ages and cultures.



Consider older adult comments and public input to T1 infrastructure expenditures to ensure public spaces are developed with the needs of older adults in mind.



Help neighborhood associations, formal and informal groups, and city agencies focus on providing opportunities for older people to participate, especially low-income, isolated and disabled seniors.



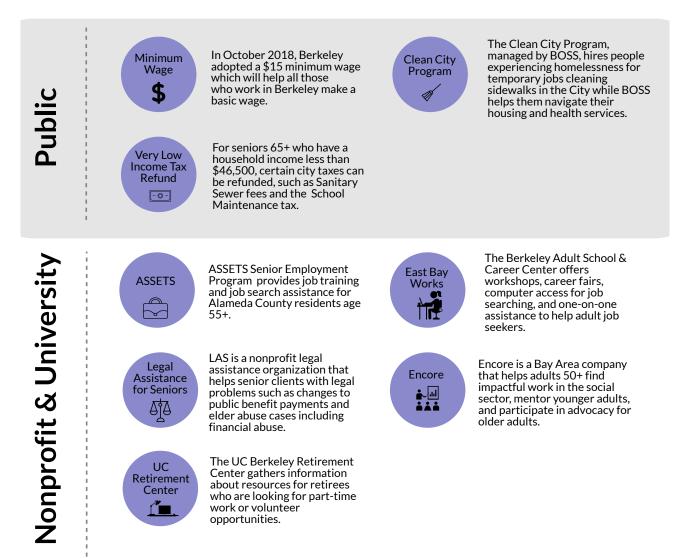
Create an easy to access directory of Age-Friendly organizations, activities and engagement opportunities for older adults.



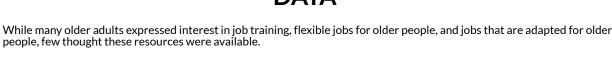
Employment & Economic Security

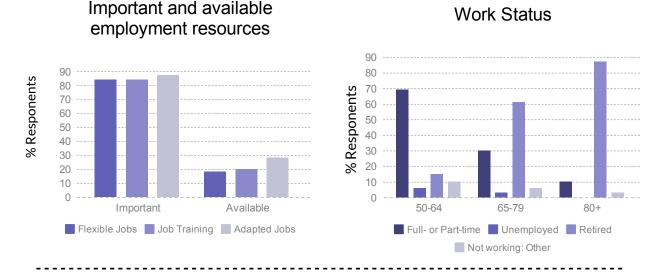
Our community survey and focus groups found that the cost of living throughout the Bay Area is a prominent concern among older adults. Many older people are worried they won't be able to afford their property taxes or rent, and the cost of transportation and food continue to rise. Retiring may be a financial impossibility for many people in Berkeley. It is critical to ensure there are local job opportunities for people of all ages and abilities and adequate financial support and advice for those who can no longer work.

AGE FRIENDLY RESOURCES

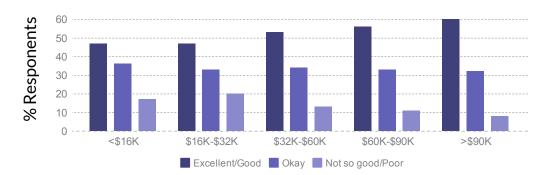


DATA





Focus groups and survey respondents consistently named financial security and the cost of living in the Bay Area as their top issues. When looking at how older adults rated Berkeley as a place to age on the survey, answers vary by income group, with higher income groups more likely to rate Berkeley as "Excellent/Good" and less likely to rate it as "Not so Good/Poor"



Rating of Berkeley as a place to age by income group

According to the Alameda County Plan for Older Adults 2016-2017,

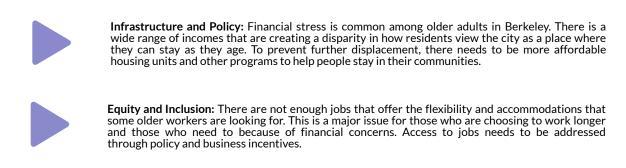
51%

of Berkeley residents age 60+ said they were "concerned" or "very concerned" about having enough income to meet their basic needs

"Income for basic needs"

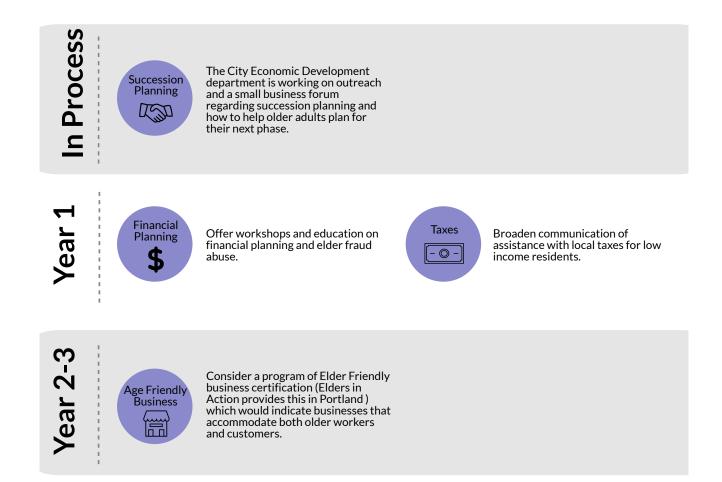
was the top concern among older adults county-wide and in Berkeley

TAKE AWAYS



Information: Though the city has a number of programs designed to help low-income seniors, it is clear from focus groups that not everyone is aware of these programs. Additionally, there is a need to expand these programs beyond what is considered "low-income" for the purposes of federal benefit programs because the cost of living in the Bay Area is so much higher than the national average.

ACTION PLAN

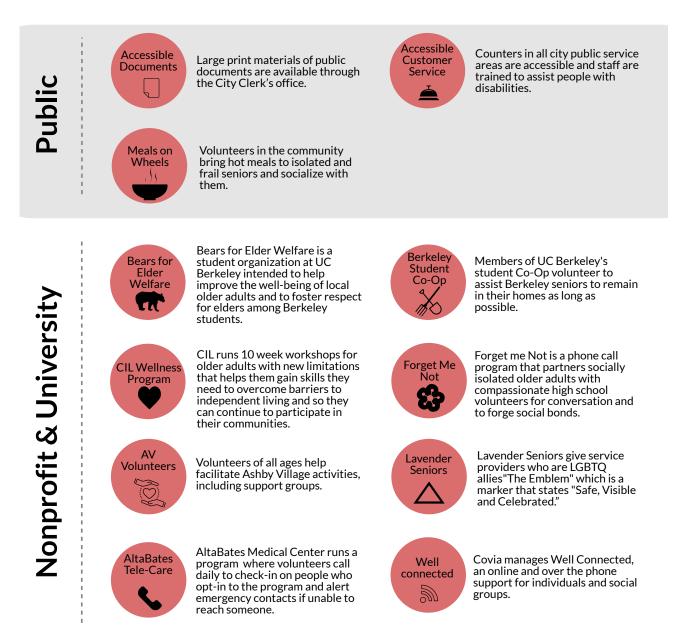




Respect & Social Inclusion

The students at UC Berkeley are an excellent example of a volunteer resource, from student groups specifically created to improve the welfare of older adults to individuals who sign up to volunteer, for example at the Senior Centers, Meals on Wheels and Ashby Village. Seniors in Berkeley are diverse and may have many intersecting identities that make them more or less vulnerable to agism and other forms of discrimination. Volunteer and service programs keep these issues in mind when engaging with local residents.

AGE FRIENDLY RESOURCES



COMMUNITY SURVEY RESULTS

Top Responses for Important Social Resources

As a "college town", there are many activities and organizations in Berkeley that are focused on attracting the younger generations. Older adults are also active in the community and identified a wide variety of social resources they consider important.

📕 At least somewhat important 🛛 Very important 89% 100 90 80 70 60 50 40 30 20 10 Boothinities barticipate in local Diverse cultural activities 0 Activities specifically for Continuing education that this and test and the second sec Mileo age activities Char Dublicity about social Convenient entertainment Stous, Social Uns. e.s. book Local schools that involve 2 older adults venues older adults hobbies

The vast majority of our survey respondents have someone to socialize with at least weekly and have friends or family to turn to when they need help. At least 6% of the respondents, however, socialize less than once a week and the survey did not capture some of the more isolated seniors.

94%

of survey respondents socialize at least once a week



of survey respondents would turn to family, a friend, or a neighbor if they needed information about servies

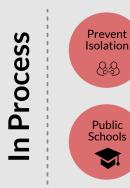
TAKE AWAYS

Equity and Inclusion: Seniors in Berkeley are a diverse group, some with many intersecting identities. Language, race, immigration status, sexual orientation, gender, income level, housing status, and other factors all play a role in the way seniors experience life in Berkeley and it is important for volunteers and service providers to keep this in mind.



Information: The people who filled out our survey are involved in activities in the community and most are socially connected. However, we know this is not representative of the larger community because our survey relied on community organizations and social networks for distribution. Some of the reasons people don't participate in the community is because they are isolated and/or don't know about the activities or resources that could help them participate. The City and organizations need to communicate information clearly and reach out to people who may be more isolated.

ACTION PLAN



Working with the Berkeley Continuum and established student groups, home visits are being offered to socially isolated seniors.

Inter-generational programming is continuing to be fostered in schools and in the community, such as student interns and volunteers.



Older adults are included in public imagery of local media campaigns, positively and without stereotypes; community members are consulted as to how best to portray older people.



Communication devices are available to ensure that seniors with hearing difficulty are able to participate in public meetings.



Part of the Family

When "family" events or activities are organized by the City or other organizations, include older adults as part of the target audience, not only children and families.

Year 2-3



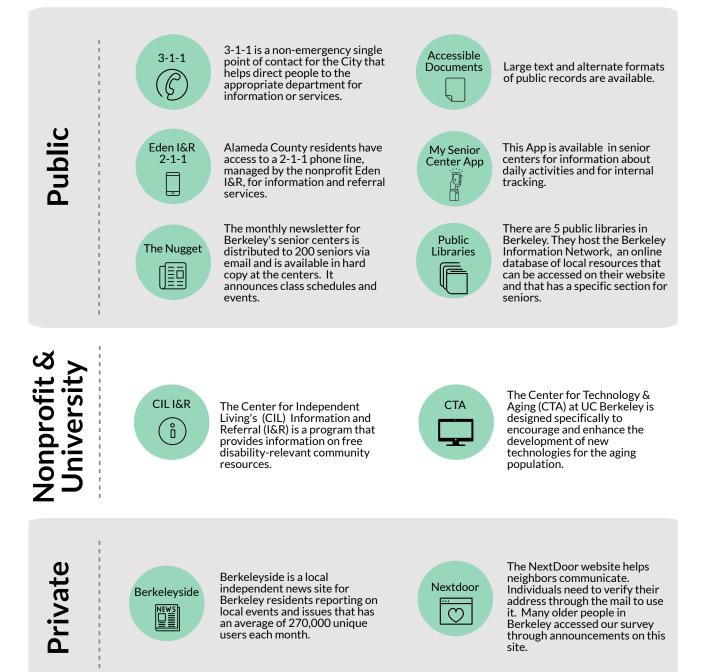
Organize an annual inter-generational event that celebrates the value of people of different ages and fosters understanding across generations Richard Bermach



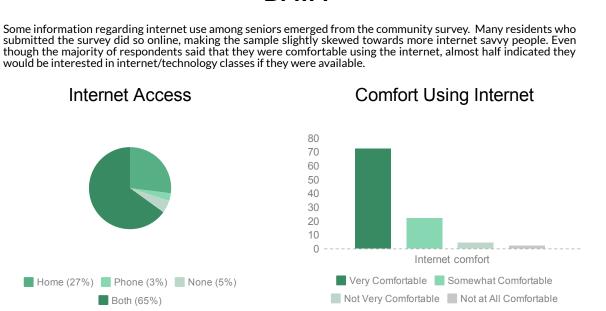
Communication & Information

While there are a myriad of programs, events, and activities throughout Berkeley, it is often difficult for older adults to find what they want or need. Many older adults have internet access either through their mobile phone or at home, but websites are not intuitive or easy to navigate. Input from older adults about their needs and how they are currently getting information will help tailor existing communication to better meet their needs.

AGE FRIENDLY RESOURCES



DATA



An independent needs assessment contracted by the city as part of their Digital Divide project found that some of the barriers for older adults in using technology include:

Basic Training

Quality Devices

Reliable Internet

46%

of survey respondents would be at least somewhat likely to use Internet/Technology training if it was free or low-cost

270,000

people on average read Berkeleyside each month

3,492

2-1-1 calls were made by Berkeley residents between January and August 2018

5,211

2-1-1 referrals were made between January and August 2018

According to focus groups done by the Berkeley Continuum and the Age-Friendly Berkeley Initiative

- Many older people are concerned about how to navigate different systems in the city, including resources for transportation, housing, and healthcare
- Most people want to be able to call someone or go somewhere to find information about services, but they don't know of any "one stop shop" for different kinds of information.
- While people who are members of an organization like Ashby Village or who live in affordable housing with a service coordinator know where to go for help, this situation does not exist for most people.
- Most people said they prefer getting information from a person, either over the phone or face-to-face, rather than online. However, the number of people who can find information online if they need it is increasing.

TAKE AWAYS



Infrastructure and Policy: The city website is difficult to navigate and needs to be updated more regularly in order to be a useful source of information for residents with varying degrees of comfort using the internet.

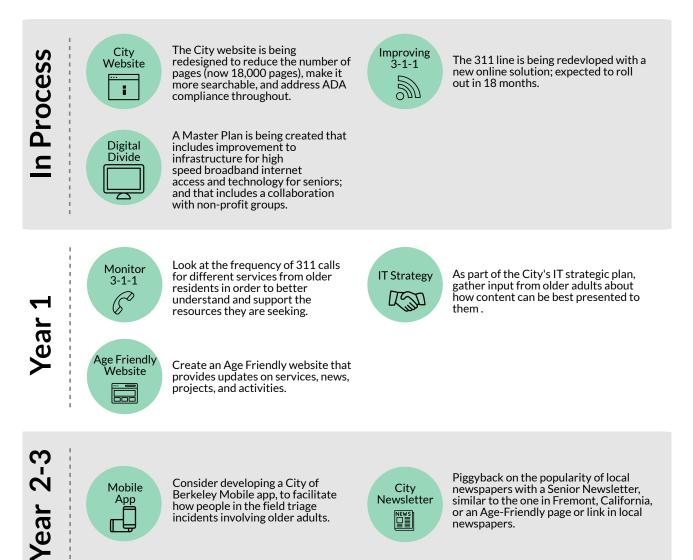


Equity and Inclusion: While most survey respondents said they use the internet, this may be a skewed sample because of the many surveys completed online. Focus groups indicated that older people also get information from schools, their children, or their neighbors. Multiple modes of communication, including paper and online formats, should be used to ensure that older adults are able to stay informed, particularly those who are isolated.



Information: While 2-1-1 receives hundreds of calls each month from Berkeley residents and makes referrals to services, it is not clear how many older people use this service and follow through on referrals (the system does not collect this data). This site is also difficult to navigate and does not contain information regarding activities and opportunities for social engagement.

ACTION PLAN



Appendix C: Data Collection

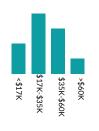
- A. Survey: The AARP Age-Friendly Community Survey was used with a few minor adjustments
- 1. Circulation: The survey was available between March 1st and April 10
 - A link to the online version of the survey was posted on NextDoor and sent as an email blast through the following organizations:
 - o The Mayor and City Council Member's websites
 - o A City website news announcement
 - o Ashby Village
 - o University of California Retirement Center Newsletter
 - o AARP mailing to local members
 - o Member organizations of the Senior Services Coalition of Alameda County
 - A press release announcing the survey was sent out by the local paper, Berkeleyside,
 - Hard copies were made available at organizations:
 - o All 5 Berkeley Public Library Locations
 - o 2 Resources for Community Development senior housing locations
 - o 6 Satellite Affordable Housing Associate senior housing locations
 - o Both Senior Centers
 - o J-Sei
 - o Ashby Village
 - o Meals on Wheels
 - o LifeLong Medical Care Over 60 Health Center
 - o Jewish Community Center of the East Bay
- 2. 1402 residents responded. Analysis provided by Nancy Frank & Associates, Piedmont, CA
- B. Supplemental local reports:
 - See www.berkeleycontinuum.org 2017 needs assessment and focus group information used in this report
 - See Alameda County Plan for older adults, May 2016 https://alamedasocialservices.org/public/ services/elders_and_disabled_adults/docs/planning_committee/5.2016_County_Area_Plan.pdf
- C Interviews with 18 city staff in 9 City of Berkeley departments: April-May 2018
- D Additional Focus Groups, Public Forum, City Council Presentation and meetings with the Commission on Aging
 - City Council Presentation and Workshop: July 17, 2018
 - Additional Focus Groups: September 22, 2018, October 24, 2018
 - Public Forum co-hosted with the Commission on Aging: October 27, 2018
 - Several meetings with the Commission on Aging throughout project

FOCUS GROUPS SUMMARY

Latinx Focus Group

Location: Bahia, inc. Group size: 10 Average age: 59.4 All lived in Berkeley >20 years

Income



What is working well?

- Good Schools
- Living close to work Latinx community
- Cultural diversity
- Advocacy for rights & equality
- Neighborhood is safe

- What is NOT working well?Not informed about resources
- Feel like we're being pushed out
- Growing homelessness issue Cost of living; children can't afford to live nearby
- "Low-income" program cut-off doesn't match cost of living
- Neighborhood permit parking Homeowner sidewalk responsibility
- High taxes
- Disruption in church community; congregation spread out

<u> African American (faith-based) Focus Group</u>

Location: St, Paul's AME Church Group size: 9 Average age: 59.4

What is working well?

- Feel safe, not threatened: Berkeley is like a "Garden of Eden"
- Diversity
- Church as support system Taxi scrip resource through Senior Centers
- What is NOT working well?
- Vandalism
- Not enough senior housing
- Lack of community cohesion, support
- Maintaining diversity; many are leaving for more affordable communities
- Cost of living, pressure to sell home Family/children live far away

Top Concerns

1. Affordable housing

- 2. Cost of living
- 3. Affordable health insurance 4. Accessible places to get services
- **Some Recommendations**
- Linguistically/Culturally
- appropriate assisted living options Affordable dental care resources

Top Concerns

- 1. Cost of living
- Affordable housing
- 3. Pressure to move out

Some Recommendations

- Centralized information in a senior resource guide
- Fill gaps in public transportation (more bus lines and stops)

Berkeley Continuum Focus Groups

Group size: 57 across 3 groups Age range: 48-93 53% lived in Berkeley >10 years

See Berkeley Continuum Needs Assessment for details www.berkeleycontinuum.org

Main concerns:

- Housing cost is too high, fear of having to leave Berkeley, affordable housing waitlists too long
- People want in-home supports, but are worried about where to find them, who to trust, and affordability
- Need more access to face-toface or personalized over the phone systems for navigation support
- Need more frequent and flexible public transport
- Concerns about sidewalk safety



Location: St, Paul's AME Church

```
Group size: 36
Age range: 48-93
```

53% lived in Berkeley >10 years

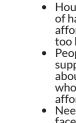
Concerns were similar to those heard elsewhere and focused on:

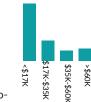
- how older adults can learn about what goes on in the community[housing health care and transportation were mentioned] and needing online and in-person ways to learn that):
- need for affordable housing
- need for sidewalk safety

Location: North Berkeley Senior Center Group size: 18

Concerns and needs were similar to those heard elsewhere and focused on:

- more employment opportunities
- affordable meals
- community navigators/advocates
- transportation in the hills
- more housing for seniors with different levels of care more help for those just above "low-income" level
- access to and knowledge of community events (not just for parents and children)





Income

Focus Group Question Guide

Question 1: Imagine that you are describing to people the experience you are having in Berkeley as you grow older. What do you like best about it? What is working well for you? What has been most challenging for you? What are the "age friendly" characteristics that are most important to you?

Question 2: Which of the characteristics we just mentioned are strongest or currently lacking in Berkeley?

Question 3: Of all the things we've listed here, what do think are the priorities? Where should we start if we are going to develop new services, supports or conditions?

As time allows and depending on focus of discussion:

Question 5: Do you have concerns about whether you will be able to live out your years in Berkeley? If so, why? Where would you go?

Question 6: How many of you have access to a computer and the internet in your home or building? Do you ever skype? Other uses?

Question 7: How do you want to be able to learn about resources that are available to you as your health and/or everyday needs change? A place (like a center?), a person (like a navigator?) the internet ?

Question 8: If someone offered to come to your home to check it out for fall hazards, talk to you about what is available in the community, needs you might have, help you plan and provide you with referrals and linkages, would that be attractive to you?

Question 9: If you had to move out of your home because you need more help day-to-day than you can get at home, where would you go? What would be your fears about living in assisted living or nursing situation?

Focus Group Survey

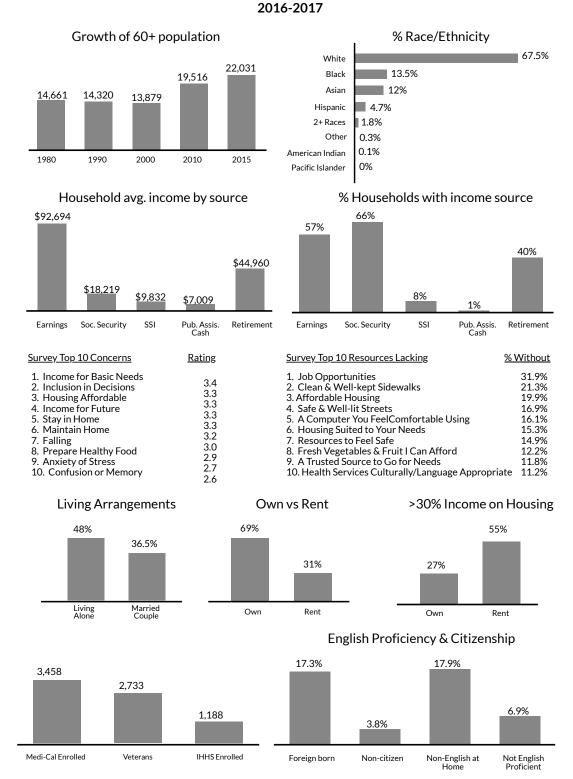
- 1. How old are you? _____
- 2. What is your zip code? _____
- 3. Did you participate in any recent survey about aging either from Berkeley or Alameda County?
- 4. Are you on Medicare or MediCal?
- 5. Where do you get your medical care?

6. Income: What would you estimate was your income last year from ALL sources (social security, retirement, pension, savings, employment, tenants, other)

Does that income support: Only you, Yourself and a partner/spouse with no other income, Yourself and a partner/spouse with additional income from them, Includes another dependent

8. What are the biggest challenges you are facing (or anticipating) as you age in Berkeley:

Is there anything else you would like to tell us?



Berkeley Results from the ALAMEDA COUNTY PLAN FOR OLDER ADULTS 2016-2017

Notes: Older Adults=60+; Survey Results from AC Older Adults Survey 2015; Concerns rated from high (5) to low (1) with the average of all ratings shown; Bar graphs from the US Census, ACS 2010-2014 Table S0102 and ESRI 2015

This page was copied from the Alameda County Plan for Older Adults 2016-2017 Appendix D

Page 54 of 85

Appendix D: Useful References

AARP Livable Communities

http://www.aarp.org/livable-communities/network-age-friendly-communities/

AARP Livable Communities: Great Places to Age

https://states.aarp.org/aarp-livable-communities-great-places-for-all-ages/

Age-Friendly BusinessCertification Programs

http://www.programsforelderly.com/awareness-elders-in-action-age-friendly-business-certification. php

Age-Friendly Communities,

Grantmakers in Aging https://www.giaging.org/issues/community-development/

Scharlach, Andrew E.; Amanda Lehning, "Creating aging-friendly communities," Generations, vol. 33, no. 2

Aging Survey-The United States of Aging; American Association of Retired Persons [AARP] (2012).

https://www.aarp.org/livable-communities/learn/research-trends/info-12-2012/the-united-states-of-aging-2012.html

Alameda County Plan for Older Adults

https://alamedasocialservices.org/public/services/elders_and_disabled_adults/docs/planning_ committee/5.2016_County_Area_Plan.pdf

American Community Survey

https://www.census.gov/programs-surveys/acs/

Berkeley Reports

Age-Friendly Berkeley Continuum Executive Summary and Needs Assessment, 2016 www.berkeleycontinuum.org

Health Status Report (2018)

https://www.cityofberkeley.info/uploadedFiles/Health Human Services/Level 3 - Public Health/2018health-status-report-berkeley.pdf

Berkeley on AARP list of Top Ten "Livable Cities," Streetsblog Cal, June 21, 2018

https://cal.streetsblog.org/2018/06/21/san-francisco-berkeley-on-aarp-list-of-top-ten-livable-cities/

Broadband Equity Research Report, May 1, 2018, Nutter Consulting

https://www.cityofberkeley.info/uploadedFiles/Manager/Economic_Development/2018-06-19%20 WS%20Item%2002%20Referral%20Response%20Addressing.pdf

Community Need Assessment

Alta Bates Summit Medical Center Community Health Needs Assessment 2016 <u>https://www.sutterhealth.org/pdf/for-patients/chna/absmc-2016-chna.pdf</u>

Fall Prevention

http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html

https://www.ncoa.org/healthy-aging/falls-prevention/preventing-falls-tips-for-older-adults-andcaregivers/

Food Assistance

http://www.alamedasocialservices.org/public/services/food_assistance/index.cfm

Global Age-Friendly Cities: A Guide

http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

Poverty

Kushel, MD, Margot. "Growing Older, Getting Poor." New American Media, April, 2015, San Francisco

Senior Center Transformation

https://www.aarp.org/livable-communities/act/civic-community/info-12-2012/transforming-senior-centerinto-21st-century-wellness-centers.html

Senior Center without Walls

http://www.seniorcenterwithoutwalls.org/about/

Social Determinants of Health

https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Technology, David Lindeman, MPH

https://citris-uc.org/technology-older-adults-new-era-connected-aging/

Transportation Needs in an Aging Friendly Community

https://www.aarp.org/livable-communities/learn/transportation-mobility/info-12-2012/meetingtransportation-needs-in-an-aging-friendly-community.html ...

Attachment 2

City Departmental Budgets

SUMMARY OF EXPENDITURES BY DEPARTMENTS - ALL FUNDS

	FY 2020 Actual	FY 2021 Actual	FY 2022 Adopted	FY 2022 Est Actual	FY 2023 Adopted	FY 2024 Adopted
Mayor & Council	2,525,920	2,708,844	3,096,559	3,334,707	4,785,155	4,835,380
Auditor	2,527,125	2,526,081	2,805,883	2,688,657	3,101,376	3,124,86
Police Review Commission ^(a)	775,701	744,950				
Office of the Director of Police Accountability	-	-	1,114,235	815,258	1,422,432	1,374,91
City Manager	8,104,984	8,432,572	8,770,554	9,733,300	11,732,034	11,763,27
Office of Economic Development	8,951,152	4,966,525	5,082,163	8,668,166	7,555,553	6,380,89
Information Technology	15,495,905	16,552,132	20,423,888	16,448,551	22,287,156	22,500,47
City Attorney	4,555,976	6,214,367	7,278,096	6,200,455	8,562,688	8,553,02
City Clerk	2,069,740	3,194,204	2,901,739	2,402,842	3,501,282	3,190,54
Finance	8,362,334	8,146,012	9,431,102	8,722,333	11,444,157	11,669,77
Human Resources	3,924,687	4,078,091	4,438,053	3,711,625	5,009,883	5,124,74
Health, Housing & Community Services	60,608,060	81,811,330	84,514,926	91,734,085	95,182,974	93,913,52
Police	79,762,713	79,395,632	77,807,443	82,704,040	87,444,720	88,658,43
Fire	48,213,947	49,891,701	60,351,430	58,014,192	63,377,259	63,450,86
Public Works	140,021,855	125,907,423	147,438,656	140,757,036	203,608,562	190,276,31
Parks, Recreation & Waterfront	43,593,445	60,795,051	52,979,556	63,569,334	53,378,913	53,954,97
Planning	21,595,429	21,687,691	25,252,729	22,485,141	29,022,035	27,993,36
library	18,865,464	20,255,244	25,566,341	18,476,577	24,918,604	25,182,27
Rent Board	5,755,222	5,517,190	6,825,535	5,803,127	7,247,755	7,406,43
Non-Departmental ^(b)	60,402,889	95,581,042	127,522,399	106,147,842	110,594,086	96,618,91

(a) Police Review Commission has become the Office of the Director of Police Accountability in FY 2022
 (b) Non-Departmental consists of operational overhead costs such as Property Insurance and School Board Salaries, General Fund allocation for Community Based Organizations, Workers' Compensation costs, Debt Service, and Interfund Transfers.

HHCS Departmental Summary

DEPARTMENT OF HEALTH, HOUSING AND COMMUNITY SERVICES FINANCIAL SUMMARY

...

	FY 2020 Actual	FY 2021 Actual	FY 2022 Adopted	FY 2022 Est. Actual	FY 2023 Adopted	FY 2024 Adopted
EXPENDITURES By Type:						
Salaries and Benefits	29,297,601	29,612,569	38,009,426	31,488,654	43,694,077	44,664,508
Services and Materials	27,154,559	48,761,541	42,113,206	56,211,016	44,814,001	42,713,357
Capital Outlay	665,935	20,652	247,062	63,054	137,062	247,062
Internal Services	3,471,744	3,380,540	3,956,417	3,917,790	3,851,576	4,001,576
Indirect Cost Transfer	18,221	36,028	188,815	53,571	51,882	52,648
Adopted Tier 1 Funding *	-	-	-	-	2,634,376	2,234,376
	60,608,059	81,811,330	84,514,926	91,734,085	95,182,974	93,913,527
By Division:						
Office of the Director	4,785,842	7,149,835	8,386,513	10,242,281	10,224,323	10,716,72
Aging Services	4,785,842	3,935,411	5,246,576	4,121,581	5,708,535	5,768,62
Environmental Health	1,804,421	1,845,027	2,423,328	1,980,543	2,634,129	2,659,88
Housing & Community						
Services	19,528,452	39,861,365	38,447,750	46,486,427	39,149,783	39,356,46
Mental Health	14,579,581	15,441,645	19,746,135	14.949,664	23,438,326	22,821,83
Public Health	7,859,736	6,550,238	10,264,624	7,603,083	11,393,502	10,355,61
Community Funding	8,030,668	7,027,809	-	6,350,507	-	
Adopted Tier 1 Funding *		-	-	-	2,634,376	2,234,376
	60,608,060	81,811,330	84,514,926	91,734,085	95,182,974	93,913,527
By Fund:						
General Fund	27,809,295	25,566,360	23,455,690	32,520,546	27,130,179	27,412,70
U1 - Housing	1.071	1,181,981	5,510,572	3,860,232	5,781,330	5,501,45
Capital Improv. Fund	74,145	80,887	74,170	80,769	75,424	76,24
Federal Funds	7,877,758	14.062.593	12,422,667	14,741,039	12,553,811	12,388,04
State Funds	14,793,788	17,935,905	23,002,415	19,116,703	27,963,550	26,817,35
County Grants	1,845,459	1,975,663	2,587,122	2,406,856	2,910,438	2,959,84
Local and Foundation Grants	4,148,734	3,104,535	3,275,813	3,178,294	3,797,526	4,138,53
Rental Housing Safety	-	-	-	57	-	
Measure E Disabled Tax	1,297,768	1,341,961	1,432,011	1,482,011	1,569,911	1,601,060
	455,244	527,845	525,433	370,307	36,797	36,79
			447 744	296,138	934,031	940,629
Measure BB Paratransit	142,168	49,074	447,741			
Measure B Paratransit Measure BB Paratransit Measure GG Fire Prep	137,856	204,136	242,527	78,912	256,28	260,63
Measure BB Paratransit Measure GG Fire Prep Measure O	137,856 0	204,136 14,923,810	242,527 6,445,567	78,912 9,683,661	256,28 6,445,567	260,63 6,445,56
Measure BB Paratransit Measure GG Fire Prep	137,856	204,136	242,527	78,912	256,28	

Attachment 4

HHCS Division Summary

	FY 2020			FY 2022	FY 2023	FY 2024		
	Actual	Actual	Adopted	Est Actual	Adopted	Adopted		
DIVISION/ACTIVITY	SUMMARY							
Office of the Director								
Administration	3,690,597	3,792,938	3,421,380	4,603,860	4,054,641	3,462,354		
Fiscal & Administration	1,083,552	1,163,556	1,483,505	1,412,982	1,787,464	1,822,239		
Health Officer Unit	11,694	2,193,340	3,481,628	4,225,439	4,382,218	5,432,132		
Division Total	4,785,842	7,149,835	8,386,513	10,242,281	10,224,323	10,716,725		
Environmental Health	1							
Admin	1,607,288	956,478	2,099,820	417,107	887,854	944,893		
Health Protection	196,001	858,707	323,508	1,545,322	1,746,274	1,714,987		
Policy Development	1,132	29,843	-	18,114	-	-		
Division Total	1,804,421	1,845,027	2,423,328	1,980,543	2,634,129	2,659,881		
Mental Health								
Administration	2,590,957	2,175,382	2.680.054	2,254,541	2,717,965	2,751,871		
Adult Services	4,833,608	4,820,148	7,343,041	2,234,341	7,017,024	7,137,623		
Medical	1,113,480	721,094	2,036,694	423,638	923,427	934,216		
Family &Youth								
Services	207,236	783,936	97,787	1,173,048	1,067,770	1,098,405		
Access	1,370,356	1,131,770	1,583,108	903,406	1,451,534	1,625,284		
Crisis Services	2,396,419	926,332	4,769,438	102,077	2,610,183	2,611,707		
MHSA	2,067,525	4,577,114	-	6,241,976	6,173,375	5,480,862		
Homeless Services	-	305,868	1,236,013	1,002,661	1,477,048	1,181,868		
Division Total	14,579,581	15,441,645	19,746,135	14,949,664	23,438,326	22,821,837		
Housing & Communit	y Services							
Administration	4,786,372	8,522,191	6,227,155	11,125,863	6,084,232	6,159,656		
Community Services	112,146	1,306,734	1,245,846	386,157	1,280,903	1,286,011		
Employment Services	1,130,033	421,451	63,734	61,502	123,727	129,955		
Housing Development & Rehabilitation	4,248,745	19,855,131	18,016,647	22,839,516	18,786,949	18,849,692		
Homeless Services	9,251,157	9,755,858	12,894,368	12,073,389	12,873,972	12,931,150		
Division Total	19,528,452	39,861,365	38,447,750	46,486,427	39,149,783	39,356,464		
Aning Comisso								
Aging Services Administration	555,462	456,293	450,368	463,354	455,029	453,220		
North BSC**	740,300	682,381	990,399	647,703	913,211	919,455		
North BSC – Transportation**	685,594	698,955	1,129,864	751,677	1,125,731	1,129,609		
South BSC**	411,481	396,519	471,750	399,782	534,844	547,747		
West BS - Case Management**	1,005,102	1,024,535	1,220,913	1,143,840	1,690,341	1,734,436		
West BSC – Nutrition**	577,080	638,383	805,613	649,233	809,216	802,551		
Division Total	4,019,360	3,935,411	5,246,576	4,121,581	5,708,535	5,768,626		

**Berkeley Senior Center (BSC)

Berkeley's Unique Structure for Aging Services

The Mission of the Health, Housing, and Community Services Department is to enhance community life and support housing, health, and wellness for all.



HEALTH, HOUSING & COMMUNITY SERVICES OVERVIEW

The Department of Health, Housing and Community Services (HHCS) is organized in an Office of the Director and five divisions which support the Department's mission: Aging Services, Housing and Community Services, Environmental Health, Mental Health, and Public Health. Together these divisions provide a wide array of services to the community, including Meals on Wheels for seniors, affordable housing development loans for nonprofit organizations, restaurant health inspections, mental health services for people with high level needs, health services at Berkeley High School, and much more. In addition, the Department currently staffs seven commissions, and also works closely with the Homeless Services Panel of Experts, now staffed in the City Manager's Office. Baseline activities of each division are described in more detail below.

Aging Division Activities Summary

 Aging Services: The Aging Services Division enhances the well-being and independence of older adults by offering social connections, activities, and lifelong learning. The Division operates two vibrant senior centers that offer thousands of classes, events, workshops and day trips as well as a nutritious weekday lunch for older community members. The Meals on Wheels program provides nutritious meals to home-bound seniors. Case managers provide consultation, referral, and linkage to community resources. Additionally, Aging Services provides taxi and van trips for older adults and disabled Berkeley residents to improve quality of life and access to community resources.

Aging in Alameda County: A Changing Landscape July 2022



The Senior Services Coalition represents 45 nonprofit and public community-based organizations that provide health and supportive services to over 85,000 older adults in Alameda County.

Our Mission is to strengthen and improve the network of support for older people in Alameda County, especially those disproportionately impacted or at risk because of fragile health, cognitive impairment, disability, language, culture, race, financial status, sexual orientation or gender identity.

We do that by advancing county and state policy change and facilitating collaborative solutions that bridge silos and sectors.

The Shifting Landscape of Needs and the Ecosystem of Supports...

- We are aging
- Increasing economic insecurity
- Medical and LTC increasingly out of reach
- High preventable use of ER and hospital
- Social isolation
- The pandemic toll
- From housing insecurity to homelessness

SENIOR SERVICES COALITION OF ALAMEDA COUNTY

We are Aging

- Older adults are the fastest growing segment in Alameda County
- By 2030, older adults will make up 20% of the population
- Number of people with Alzheimer's Disease and Related Dementias (ADRD) is expected to triple among Alameda County residents over the age of 65, from 26,480 in 2020 to 89,792 in 2060

> Population Over Age 65 (Count) County: Alameda Measurement Period: 2016-2020

County: Alameda 🚢

231,186

people

Source: American Community Survey

Measurement period: 2016-2020 Maintained by: Conduent Healthy Communities Institute Last update: April 2022 Filter(s) for this location: State: California

https://www.healthyalamedacounty.org/

Elder Index (Elderly Household Below Income Threshold) County: Alameda V Measurement Period: 2019-2020

County: Alameda 🚢

36.2%

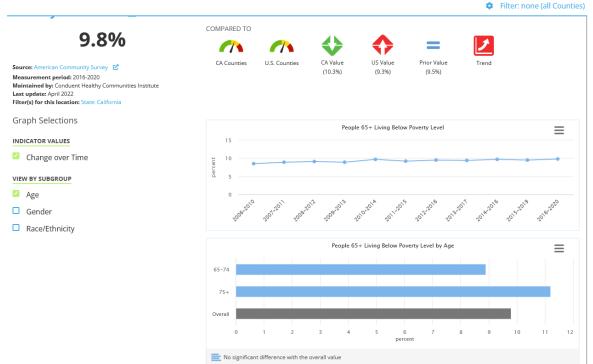
Source: California Health Interview Survey

Measurement period: 2019-2020 Maintained by: Conduent Healthy Communities Institute Last update: December 2021 Filter(s) for this location: State: California

group due to increased physical limitations, medical needs, and social isolation. Seniors often live on a fixed income from pensions or other retirement plans and social security. If this income is insufficient in the face of increasing prescription costs and other costs of living, most seniors have no way to supplement their income. Retirement plans may be vulnerable to fluctuations in the stock market as well; the increasing reliance of retirees on stock market based retirement plans may explain why more seniors nationwide are now slipping into

People 65+ Living Below Poverty Level





Increasing Economic Insecurity

- Cost of Living & Inflation are outpacing income
- Half of single older adults in Alameda County can't cover basic living expenses
- One in six older adults in California lacks reliable access to enough affordable, nutritious food
- Income, wealth & savings at retirement all characterized by disparities

"There is a disproportionate burden on people of color, women and LGBTQ individuals. These groups have less retirement savings and face a greater likelihood of aging into poverty."

- Report on Employment & Older Adults in Alameda County; Kakama, Chaudhuri; Alameda County Age-Friendly Council, July 27, 2020

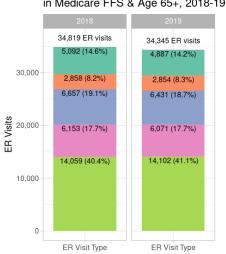


Medical & Long-Term Care Increasingly out of Reach

- For those of modest income who have Medicare coverage:
 - Out-of-pocket costs (copays & deductible) are unaffordable for many 0
 - Nursing Home covered first 90 days but a qualifying hospital stay is the entry point 0 and copays apply after day 20
 - Assisted Living, Board & Care, and Adult Day Care are not covered 0
 - In-home support and care are not covered by Medicare 0
 - Those who are immigrants or who didn't work enough guarters may have to pay for \cap Part A as well as Part B and D
- Medi-Cal Share of Cost
 - Older adults might be \$1 over the threshold to qualify for full-scope (free) Medi-Cal, 0 and if so they must pay more than half their income towards health care in order to access Medi-Cal coverage in any given month
- Long-term care is unaffordable for the 83,000 seniors in the county with incomes below the Elder Index (Insight Center, 2017 HCBS LTC Costs).

SENIOR SERVICES COALITION OF ALAMEDA COUNTY

Preventable is the Theme in ER & Hospital use



County ER Visits Among Analyzed Patients in Medicare FFS & Age 65+, 2018-19



Of the total 34,819 people age 65 visiting ERs in 2018:

25.9% (9,017) had two or more ADL deficits;

- 34.2% (11,897 people) had both • two or more ADL deficits and cognitive impairment.
- A very small percentage (1.87% had cognitive impairment but no ADI deficits

Living Alone at Risk of Social Isolation

Population Over Age 65 (Count) County: Alameda Measurement Period: 2016-2020

County: Alameda 🚢

231,186

Source: American Community Survey
Measurement period: 2016-2020
Maintained by: Conduent Healthy Communities Institute
Last update: April 2022
Filter(s) for this location: State: California

People 65+ Living Alone (Count) County: Alameda Measurement Period: 2016-2020

County: Alameda 🚢

52,635

peop

Source: American Community Survey 🕑 Measurement period: 2016-2020 Maintained by: Conduent Healthy Communities Institute Last update: April 2022 Filter(s) for this location: State: California

Individuals 65 and older have the highest rate of suicide deaths: 1 in 4 older adults who attempt suicide die, versus 1 in 200 younger persons

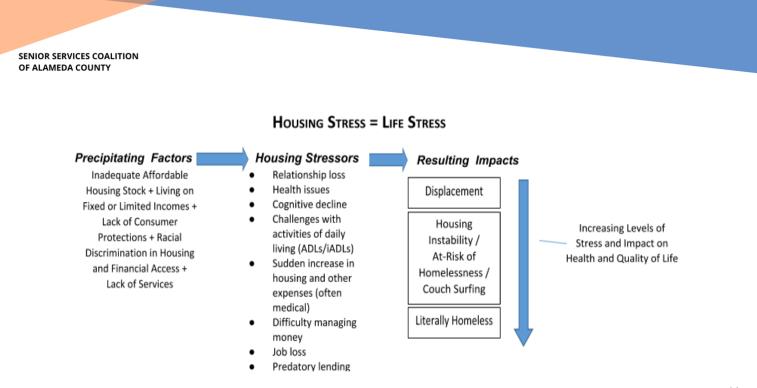
SENIOR SERVICES COALITION OF ALAMEDA COUNTY

The Pandemic Toll

- Social and Health Impacts
 - Social Isolation
 - Deconditioning
 - Deferred health care
 - Family support networks destabilized
- Stark disproportionate impacts reflect historic disparities and structures of racism
 - Infection and death rates
 - Vaccination rates
 - Economic impacts
 - Need for and access to government aid
 - Use of virtual/telemedicine opportunities

From Housing Insecurity to Homelessness

- In 2019, 47.6% of senior renters in Alameda County are "housing cost burdened" (over 30% of their income goes to housing); 30% spend over half their income on housing.
- Of the 4,209 complete applications for COVID Rent Relief (2021/22 ERAP) from Oaklanders, 9.64% were from people between age 61 and 80; 71.2% were from people of color
- Financial, medical or other emergencies later in life can push those who were already struggling to make ends meet into homelessness.
- People over 50 now account for over half of the unhoused population in Oakland; People 65+ were over 10% of homeless Point In Time count.
- 2022 Point In Time count Oakland's unhoused population increased by 25% from 2019 (data re older adult component not yet available)



The shifting ecosystem of supports:

- Capacity is not adequate across the continuum
- Workforce needs to grow
- Caregivers need support



State and Local Funding for Older Adults and Aging Services:

- State funding opportunities
- Potential state funding opportunities
- Local funding

Questions?

Wendy Peterson wendy@seniorservicescoalition.org (510) 332-4669 Breakdown of Alameda Area on Aging Funds for Berkeley

Amounts below indicate FY2024 amounts; the percentages indicate the general breakdown overall, every year:

- Congregate Nutrition (dine-in lunch service): \$73,381 (15%)
- Home-Delivered Meals: \$140,192 (25%)
- Family Caregiver Support: \$99,528 (20%)
- Information Assistance: \$156,803 (30%)
- Senior Center Activities: \$47,363 (10%)

Page 70 of 85

Attachment 8

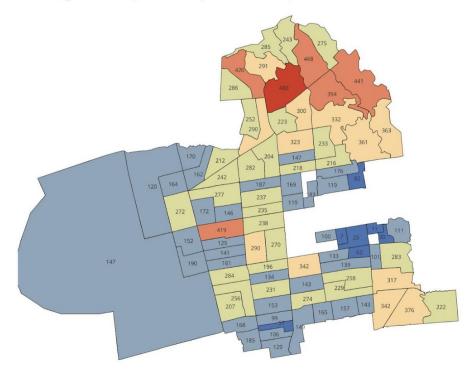
Highlights of Census Data on Aging in Berkeley

Changes in >60 Population 2010 and 2020 Red-orange high; blue low.

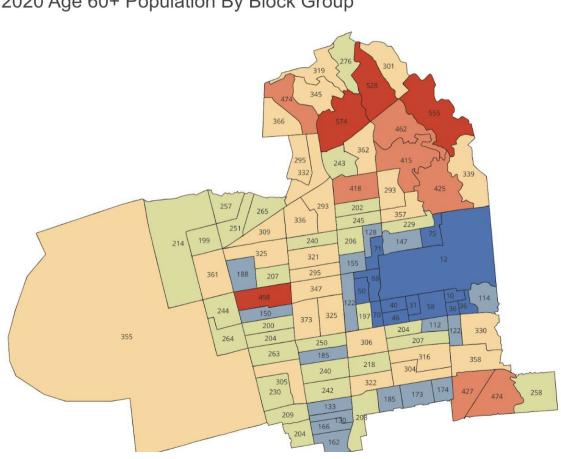
First two figures show absolute numbers. Second two are percentages of population.

~	Change In Senior Population											5	¢	
	0	в	I	U	ჭ	Α		E	Ξ		¥=	≔	₹≣	

2010 Age 60+ Population By Block Group



Page 71 of 85

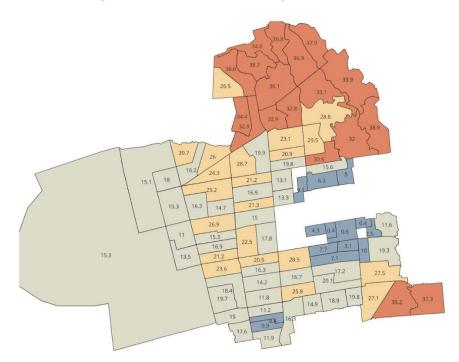


2020 Age 60+ Population By Block Group





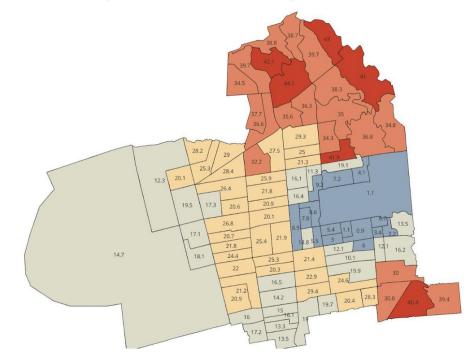


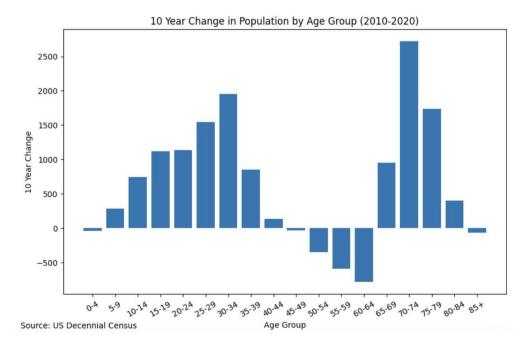




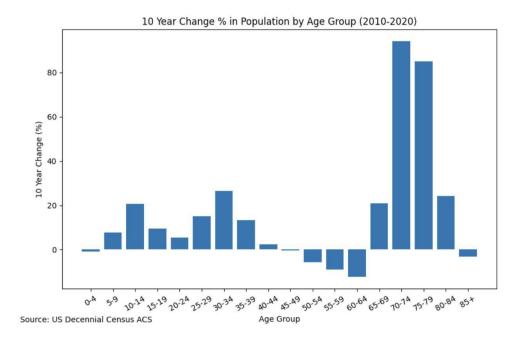


2020 60+ Population As A Percent Of Population





Page 74 of 85



Some narratives about the figures:

- About 8% of residents > 65 years either without a computer at home or internet access, ~1500 people
- About 2000 people > 60 below the poverty line in the last 12 months
- About 4000 people 65 years and older below 200% of the poverty line, ~20% of Berkeley's seniors
- About 700 kids living with "a grandparent householder" which I take to mean being raised by their grandparent
- About 5500 people over 65 who live alone
- About 4500 people > 65 work. Only 1900ish drive alone. 400 take transit, 200 carpool, 350 walk, 1500 work from home. Only 150 take a taxicab, motorcycle, bicycle, or other means
- Median household income in \$93,000
- About 2000 are on medicaid or other means tested public health insurance
- About 3000 > 65 with an ambulatory difficulty
- About 1200 with a cognitive difficulty

Margins of error on all these estimates are around 10-20%

Attachment 9

Understanding California's Middle-Income Older Adult Population

NORC | The SCAN Foundation | West Health Institute October 3, 2022



The first Forgotten Middle studies brought national attention to the unmet needs of future middle-income seniors

The original Forgotten Middle study

- Released in 2019
- Forecasted the senior population through 2029
- Relied on 2014 Health and Retirement Study (HRS) data
 - Fifth most read *Health Affairs* article of 2019

Purpose: To forecast the size, demographics, health needs, and financial resources of middle-income seniors aged 75 and older

Forgotten Middle 2022 "refresh"

- Released in 2022
 - Forecasted the senior population through 2033
- Updated the original analysis using **2018** HRS data

Within California's near duals group, 57% will have mobility limitations and nearly half will have 3+ chronic conditions in 2033

Health or Functional Limitations	All Seniors 75+	75-84	85+
3+ Chronic Conditions	48%	49%	47%
3+ Limits in Activities of Daily Living	11%	7%	16%
High Needs*	16%	12%	22%
Cognitive Impairment	31%	20%	46%
Mobility Limitations	57%	50%	67%

\star

Over two-thirds of near duals over the age of 85 will have mobility limitations in 2033

XNORC

4

*High-needs is defined as those with three or more chronic conditions and one or more limitations in ADLs. Not mutually exclusive with other categories.

PROJECT OVERVIEW : NATIONAL MODEL DESIGN

The 2022 Forgotten Middle model uses the 2018 HRS to forecast characteristics of seniors in 2033

	2018		2033
Age Cohort	60-69; 70+	Increase age by 15 years	75-84; 85+
Life Expectancy	Entire Cohort	Mortality model based on sociodemographics, health, and mobility	Those predicted to still be alive
Health	Chronic conditions, mobility limitations, and cognitive impairments	Assume consistent prevalence by sociodemographic group	Projected rates of underlying conditions
Financial Resources	Actual income and annuitized assets for each individual	Grow based on recent rate of change by resource category	Projected financial resources

PROJECT OVERVIEW : NATIONAL FINDINGS

XNORC

Summary of findings from the 2022 Forgotten Middle update

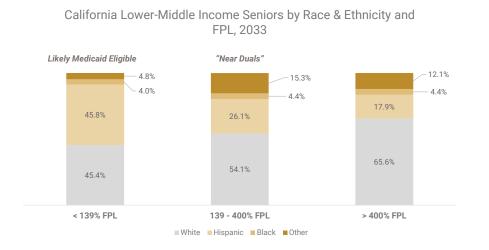


CA NEAR DUALS : RACE & ETHNICITY

XNORC

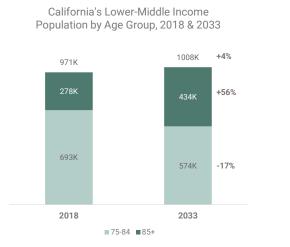
20

Nearly 46% of California's near duals cohort will consist of people of color in 2033

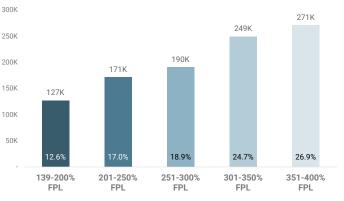


The lower-middle income cohort in California will have the highest percentage of "Other" races and ethnicities, compared to the <139% FPL and >400% FPL groups

By 2033, over 1M seniors in California are projected to have incomes within 139% to 400% of FPL



Projected Distribution of Low-Middle Income Seniors in California by FPL Range, 2033



PROJECT OVERVIEW : CALIFORNIA-SPECIFIC ESTIMATES

XNORC

6

Why create a California-specific model?

The sociodemographics and senior housing costs in California are meaningfully different from national averages



Significantly more racially and ethnically diverse than the U.S. overall



Higher percentage of individuals with less than a high school education and those with a college degree



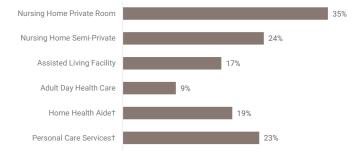
More likely to not have children living within 10 miles



Average assisted living cost is 17% more expensive in California

Senior housing and care costs are higher in California.

Percent Difference in California Housing and Care Costs Compared to the U.S. Average, 2018*



* Utilizes the 2021 Genworth Cost of Care Survey data converted to 2018 dollars † Based on 44 hours of care per week

Key Findings from California



NORC also examined California's "near duals" cohort, which includes seniors with income-only resources close to Medicaid eligibility

- NORC's national "Forgotten Middle" was designed to focus on individuals who are unlikely to qualify for Medicaid
- To understand the population at risk of spending down to Medicaid eligibility, NORC took an additional step to analyze the size California's "near dual eligible" seniors in 2033
- Income thresholds for California's near duals:



Lower: 139% FPL – Ineligible for Medi-Cal Aged & Disabled Program (138% FPL)



Upper: 400% FPL – Eligibility cutoff for federal marketplace exchange subsidies

To align with Medi-Cal rules, this analysis only considers sources of income, not other assets or housing equity.

18

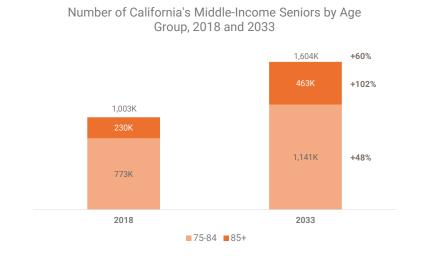
+NORC at the University of Chicago

XNORC

California Near Dual Eligibles

KEY FINDINGS : POPULATION SIZE

California is estimated to have 1.6M middle-income seniors age 75 and above in 2033





XNORC

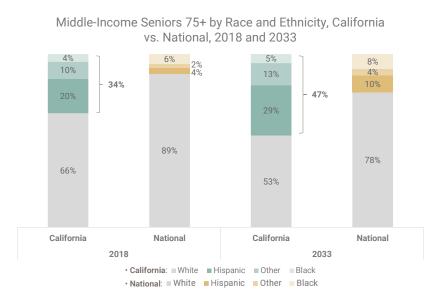
The size of California's middleincome senior population will increase by 60% (601K) by 2033

The number of California's middleincome seniors aged 85+ is expected to more than double (increasing by 233K)

XNORC

16

California's middle-income seniors will be more diverse in 2033, with people of color making up 47% of the population



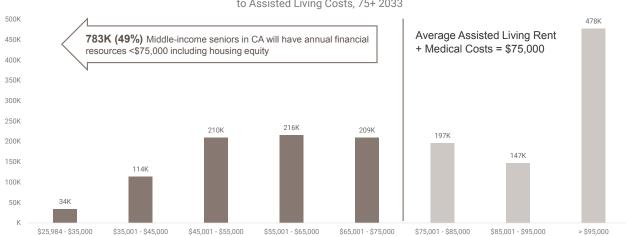
\star

California remains significantly more racially and ethnically diverse than the U.S. overall

Policymaking will require high levels of cultural sensitivity to meet the needs of all older adults

KEY FINDINGS : AL AFFORDABILITY WITH HOUSING EQUITY

Even if they sold their homes, half of California's middle-income seniors still will not have sufficient resources to pay for private assisted living

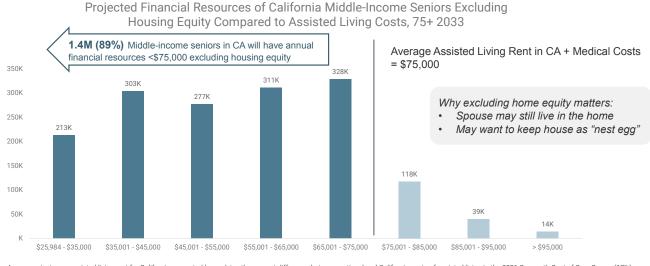


Projected Financial Resources of California Middle-Income Seniors Including Housing Equity Compared to Assisted Living Costs, 75+ 2033

Average private-pay assisted living rent for California generated by applying the percent difference between national and California costs of assisted living in the 2021 Genworth Cost of Care Survey (17%) to the 2018 average cost of assisted living provided by the National Investment Center for Seniors Housing & Care. <u>Average out-of-pocket medical costs and premiums</u> from Kaiser Family Foundation.

15

Excluding home equity, 89% of California's middle-income seniors will have insufficient resources for private-pay assisted living



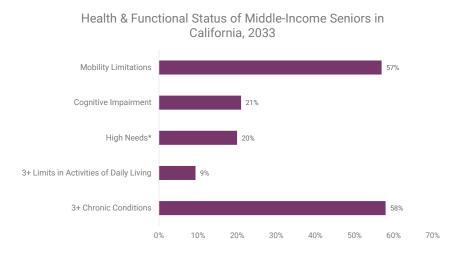
Average private-pay assisted living rent for California generated by applying the percent difference between national and California costs of assisted living in the 2021 Genworth Cost of Care Survey (17%) to the 2018 average cost of assisted living provided by the National Investment Center for Seniors Housing & Care. <u>Average out-of-pocket medical costs and premiums</u> from Kaiser Family Foundation.

KEY FINDINGS : HEALTH, COGNITIVE AND MOBILITY LIMITATIONS

*NORC

12

By 2033, the majority of California middle-income seniors 75+ will have 3+ chronic conditions and mobility limitations

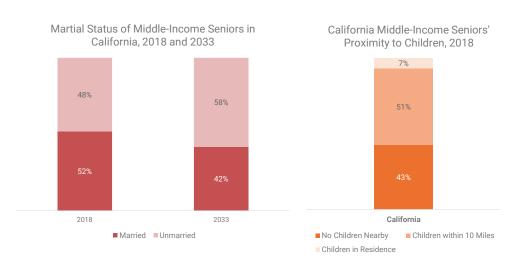


Those over 85 are even more likely to have limitations in activities of daily living

Many seniors will need additional caregiving support and may not be able to continue living independently

*"High-needs" is defined as those with three or more chronic conditions and one or more limitations in ADLs. Not mutually exclusive with other categories.

Nearly 60% of California's middle-income seniors will be unmarried in 2033 and 43% may not have children living within 10 miles



\star

Family members, including spouses and adult children, provide most caregiving for older adults

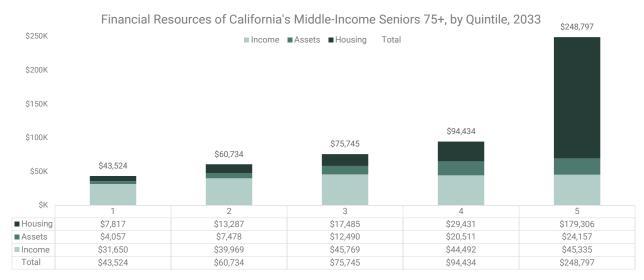
Seniors who are unmarried (divorced or widowed) and those without children nearby may not have unpaid sources of care

KEY FINDINGS	:	FINANCIAL	RESOURCES
--------------	---	-----------	-----------

XNORC

14

For California's forgotten middle, income is the most important financial resource; 1 in 5 have significant housing equity



13

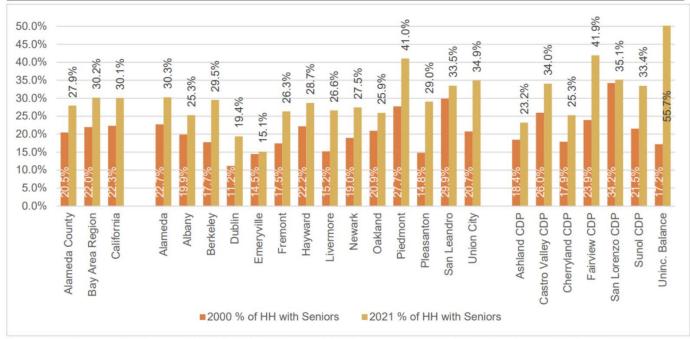


Figure 10: Percent of Households with Seniors Age 65+, 2000 & 2021

Sources: US Census 2000 Summary File 1 (SFQ1), US Census 2010 Summary File 1 (SF1), American Community Survey 2017-2021; The Housing Workshop 2023.