

# #58

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## Q1

Define the problem: [Outline the challenge(s) your recommendation will address. Insert links to reports where appropriate.]

The United States is not constructed to handle a demographic reality that lies on the horizon; by 2035, individuals over the age of 65 will outnumber people under the age of 18. We are arriving to an age with a perfect storm of variables that requires leadership at all levels to begin adapting policies to account for the well-being of older adults. The current infrastructure of community-based supports is fragile, fragmented and significantly under resourced. Variables that will exacerbate and exert unsustainable pressures on this inadequate infrastructure are interdependent and connected across domains:

- **50 years of wage stagnation creating a greater chasm of wealth disparity**
- **The disappearance of the employer defined benefit pension system**
- **An archaic and obsolete federal measurement of poverty that substantially underestimates economic insecurity**
- **Long-Term effects of the 2008 recession**
- **The impact of the current COVID-19 pandemic and the short-term and long-term ramifications**
- **Housing and medical costs that far outpace income growth**
- **Older adults have smaller nuclear families and, as a result, smaller networks of potential in-kind support**
- **The increasing costs of in-home caregiving**
- **Current costs of long-term care and ominous projections of future costs**
- **Greater reliance on Social Security as primary source of income**
- **Retirement savings that are unrealistic when accounting for life expectancy**
- **Lack of employment training opportunities for those that want or need jobs**
- **Longer life expectancies and the growing specter of diseases that produce dementia**
- **A massive disparity and disconnect between investment in medical care and overall well-being versus community-based health support (Social determinants of Health) and overall well-being**
- **Insufficient public transportation options**
- **Possible cuts to SSA, SSI, Medicare and Medicaid**
- **Lack of understanding on what the newest cohort of older adults, Baby Boomers, want, need, and perceive of aging and its challenges and opportunities**
- **Increasing evidence of the negative consequences of social isolation, loneliness, lack of connection to community and loss of meaning and purpose in older adulthood**
- **Little to no definitive planning in supporting and building infrastructure to help older adults live as long as possible in their communities**

## Q2

Pick your Master Plan for Aging goal(s): [Check the goal(s) your recommendation aims to fulfill. View MPA Framework document for reference]

**Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.**

**Goal 2: Livable Communities & Purpose. We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly.**

**Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.**

## Q3

Choose your MPA Framework objective: [Check the objective(s) your recommendation will accomplish. View MPA Framework document for reference.]

**Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.**

**Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.**

**Objective 2.1: California's neighborhoods will have the built environment to fully and meaningfully include older adults, people with disabilities, and people of all ages.**

**Objective 2.2: Californians will age with lifelong opportunities for social and civic engagement, volunteering, learning, and leadership.**

**Objective 3.1: Californians will live in communities with policies and programs that promote well-being throughout our lifespans.**

**Objective 4.2: Californians will be protected from abuse, neglect, and exploitation as we age.**

## Q4

Outline your recommendation: [In one to two sentences, sketch out your idea for the Master Plan for Aging.]

4. Transforming the current inventory of outdated and under resourced senior centers into dynamic community hubs that will serve all. We propose to harness the latent power of the senior center that moves from the traditional recreational model into a multi-faceted entity grounded in a holistic approach to wellness.

**Q5**

Identify and quantify your target population: [Describe which groups of Californians will be impacted by this recommendation, with numbers if available.]

5. Senior centers in San Diego County have variable age thresholds for client eligibility. Since Older American Act funding for congregate meals and home-delivered meals, an integral service in many senior centers, deems the age of 60 as an eligibility requirement, this policy proposal will utilize that age. By 2030, the population of 60 and over in San Diego is projected to increase to 930,000. This number will represent 25% of the County's total population. While this cohort would be the primary recipient of services at senior centers, the proposed transformation will create a community hub for aging programs that will serve, by extension, everyone. It is to the benefit of all that communities know that those among us who are most vulnerable are receiving critical supports to maintain a healthy and independent life.

## Q6

Share your recommendations for an age-friendly California: [Insert detailed bullet points describing your Master Plan for Aging ideas.]

6. To realize an age-friendly California, the dynamic senior center of the future will be the vital community entity that moves ideas, policy recommendations, goals and objectives from the abstract to the definable. This proposal calls for an enhanced support effort from state, county and local governance. But, perhaps more importantly, it will serve as a call to action to institutional philanthropy to take on the challenges of aging, an area that has historically been a low priority for focused giving. Philanthropy has been the driving force behind the creation of public institutions that serve critical needs (the library system and YMCA most prominently). With society ill-prepared to serve the emerging and numerous needs of the older adult population, we see opportunity for philanthropy to respond to a new societal crisis through the creation of dynamic senior centers. This enhanced model of addressing whole-person needs potentially includes:

- A physical plant that is modern and accessible with the latest in amenities and an expanded and diverse menu of programs and services that reflects the new realities of aging. Currently in San Diego, 75% of senior centers are in buildings over 30 years old with limited aesthetic appeal at best and a cold, institutional feel at worst.
- Enhanced transportation programs that provide seniors with access to centers and their general community. Current public transportation systems as currently constructed cannot alone account for improving accessibility for older adults.
- Community Navigators to help seniors access benefits and services, connect with community resources and assist family, friends and neighbors with any questions regarding the local older adult network. Currently in San Diego County, only 1 senior center has a defined service portfolio that includes daily availability of social workers.
- Community navigators to conduct outreach work to connect elder orphans, those with little to no network of support, to the programs and services of the center. This defined program is not existent at local senior centers.
- Enhanced partnerships with local medical offices for screening, education and health triage services.
- Classroom space with up to date audio visual equipment where a robust curriculum of art, music, writing, cooking, language and special interest courses that can engage and support new learning.
- Programming tailored to the unique cultures and racial diversity of a senior center's clientele base.
- Enhanced programming designed to increase the civic participation of seniors that provides meaningful connection to their communities. Examples include participation in local and state advocacy efforts, intergenerational events and mentoring, volunteerism both within the center and in the community, voter registration drives and utilizing older adults' unique talents, skills and expertise in ways that make seniors feel necessary and vital to their neighborhoods.
- State of the art computer labs with access to education and instruction that maximize seniors abilities to use technology. Modern labs will include access to brain fitness software that aids in maintenance of cognitive functioning.
- Additional investment in physical fitness equipment that includes a large common space for group exercise activities, a fitness room with senior appropriate equipment, gymnasium space for sporting activities and where applicable, pool facilities that allow for low-impact exercise aquatic classes and outdoor exercise space that takes advantage of the California weather.
- Enhanced senior centers will develop social enterprises within the center that can provide employment opportunity for seniors and revenue for the center.
- Senior centers of the future will respond to the changing realities of older adulthood by creating workforce training programs with services delivered by partnering workforce opportunity agencies.

## Q7

Provide any supporting evidence for your recommendation: [Add links or summaries of research evidence that support your unique vision.]

There is limited research that looks at longitudinal impact on older adults who utilize services of senior centers. What we present in this recommendation is a new vision, of a model of a senior center that has only recently come into existence.

We will refer to two elements mentioned within Cal MPA work that can provide guidance on what we see as a model with great potential.

One, the outcomes and outputs of what a well-funded, well-staffed and expanded service model senior center can accomplish are in line with just about every goal and objective mentioned in sections 2 and 3 of this application.

Secondly, despite no mention of a senior center model as a defined, potential entity to realize the abstract goals and objectives set forth, the Master Plan For Aging Progress Report of November 2019 presents a quick case study of a representative client. On the top of page 2, a client's vignette clearly demonstrates the importance of the services she receives-and it is almost certain that what she describes is the benefits that her local senior center provides. <https://www.chhs.ca.gov/wp-content/uploads/2019/12/MPA-Update-Fall-2019.pdf>

## Q8

Give examples of local, state or national initiatives that can be used as an example of best practices: [Provide any available links and sources.] Local: State: National: Other:

Local:

<https://servingseniors.org/what-we-do/gary-mary-west-senior-wellness-center/overview.html>

<https://www.san-marcos.net/play/adults-50>

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

National:

<https://www.fcgov.com/recreation/senior-center/>

<https://opcseniorcenter.org/>

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

<https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-center-facts/>

<https://www.agingoptions.com/blog/2017/06/15/as-boomers-age-senior-centers-are-getting-a-total-makeover-2/>

## Q9

Provide a roadmap to implementation: [Insert any actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

There are multiple prisms by which to view how transformative senior centers can create "wins" for numerous stakeholders.

For governance and relevant state and local agencies, there is the macro aspect of creating impactful policies that provide greater support to vulnerable populations. This idea of robust and dynamic senior centers and their theoretical value to society can pique governmental interest by the following list of potential macro-level benefits:

Reduction of per capita medical expenses by the creation of a community resource that provides multiple pathways to realize better health. Nutrition, physical, mental, social, emotional, intellectual and spiritual health are all domains addressed within the advanced holistic model.

Senior centers as proxies to the healthcare system in promoting beneficial individual and community health practices.

By investing in advanced senior centers, leaders will build a foundation to create a "resource-dense environment" . The creation of such an environment is a prevention investment. Utilizing dollars on the front end that maximizes conditions for good health for seniors can impact the amount of dollars spent on the biggest cost drains of the medical system, the emergency room, hospital stay and skilled nursing facility.

Advanced senior centers can help to achieve, on a grand scale, improvements in the "compression of morbidity", a goal of decreasing the time and impact of chronic disease conditions that lessen the need for expensive institutional care and extend quality of life.

Private sector should recognize the impact of an aging society on their work. The unprecedented demographic shift will continue to produce increasing stressors on the age demographic of 25-55 year-olds. This age bracket comprises the vast majority of the American work force. The private sector needs to be proactive in designing protocols that will be attuned to the reality of more of their workers will be in the situation of raising a family, caregiving for parents and very well, with an increasing lifespan, their grandparents. Worker absenteeism, lower productivity, a decrease in skilled worker pools, workers leaving the workplace due to caregiving responsibilities and employee stress will force the private sector to rethink how they support their employees and to create new benefits packages reflective of this shift. The senior centers of the future have potential to be valuable partners to the American business community in addressing these inevitabilities.

<https://www.hbs.edu/managing-the-future-of-work/research/Pages/the-caring-company.aspx>

The model we propose for San Diego County is built upon the necessity of large-scale philanthropic investment to bring the vision to reality. As noted, philanthropy has historically been a limited contributor to assistance to older adults and the network that serves the population. In San Diego County approximately 30 senior centers are operated by either municipalities or 501c3 nonprofits. While there is some difference in how each administrative entity operates and funds their respective center, a commonality among both is that centers are, for the most part, under capitalized, under staffed and in most cases, provide a limited amount of programs and services in physical plants in need of significant upgrades.

Cities and nonprofits do not have the capacity to undertake what is needed to convert the current inventory to dynamic community entities that will serve not only today's senior, but the seniors of the next generations. Philanthropic champions are instrumental in moving the needle to where it needs to be. Ten thousand people everyday in the U.S turn 65; the 2-3% that institutional philanthropy provides nationally to older adult issues and causes needs to grow in a similar fashion.

### Q10

Identify person-centered metrics: [What are the individual measures of inputs or outcomes that can be used to predict your recommended action's impact on people.]

Senior centers have traditionally refrained from a better understanding of the clients they serve. This is the reality of the long-standing model that has been focused on a congregate meal and a handful of socialization activities.

The senior center of the future recognizes the importance of data on numerous issues and will create a culture where pre/post tests and other forms of surveys will be delivered to guide programmatic initiatives and to better speak the language of data-driven foundations and potential collaboration with the health care world.

### Q11

Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

The following domains could be measured:

Nutrition

Socialization

Connection to a person's community

Mental health

Physical health

Impact of health education

Chronic disease management

Learning new skills

Quality of Life

Exposure to volunteer opportunities

Intergenerational programming impact

**Q12**

Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Short term: By 2020...

**The completion, distribution and convening of stakeholder meetings around the publication of an in-depth study on current senior centers and thier role as a part of each communities older adult infrastructure.**

Mid term: By 2025...

**Early research in the 2020 report shows there are about 30 senior centers in SD County with indications that there are 10-15 areas within the county that currently so not have one. By 2025, with philanthropy being a primary driver, there should be 4-5 existing centers recieivng significant upgrade/refurbishment or new construction and construction of 2 sites in new locations**

Long term: by 2030...

**By 2030, success will comprise of a 10 year renovation project of the significant upgarde of 15-20 area senior centers complete with operating support to hire additional staff and expand menu of programming and services. new construction sites withe similar operational capacity total 5 to 7 locations in San Diego County**

**Q13**

Provide data sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location]  
Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

Respondent skipped this question

**Q14**

Identify potential costs and/or savings: [Provide any research, actuarial analysis or other evidence of the cost of, or potential savings from, implementing your recommendation.]

Respondent skipped this question

**Q15**

Prioritize your recommendation: [How would you prioritize your recommendation relative to other needs/priorities?]

High



**Q16**

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