

**CITY OF OAKLAND
AGENDA REPORT**

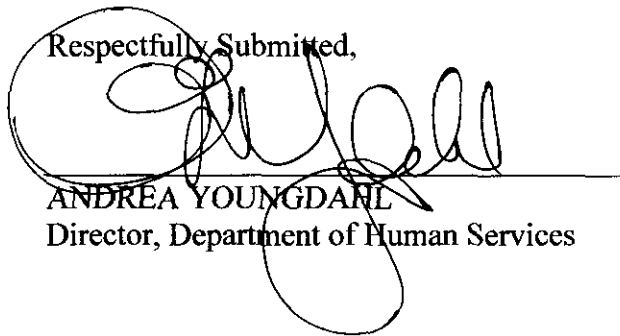
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OFFICE OF THE CITY CLERK
OAKLAND
2004 OCT 28 PM 12:02

TO: Office of the City Administrator
ATTN: Deborah Edgerly
FROM: Department of Human Services
DATE: November 9, 2004

**RE: A NEEDS ASSESSMENT FOR OAKLAND SENIORS AND STATUS
REPORT FROM THE COMMISSION ON AGING**

Attached is an informational report from the Commission on Aging and the results of the recent "Senior Needs Assessment" analysis. A representative from the Commission on Aging will be available to answer questions.

Respectfully Submitted,



ANDREA YOUNGDahl
Director, Department of Human Services

Attachment

FORWARD TO THE
LIFE ENRICHMENT COMMITTEE


OFFICE OF THE CITY ADMINISTRATOR

Item No. _____
Life Enrichment Committee
November 9, 2004

November 9, 2004

LIFE ENRICHMENT COMMITTEE
Oakland City Council

RE: **A NEEDS ASSESSMENT FOR OAKLAND SENIORS AND STATUS
REPORT FROM THE COMMISSION ON AGING**

Chairperson Chang and Members of the Committee:

SUMMARY

This is an informational report that provides the City Council with an update on the activities of the Mayor's Commission on Aging. Also included in this report are the results of our recent "Senior Needs Assessment," an analysis of the status of Oakland's senior residents.

FISCAL IMPACTS

Since the report is informational only, no fiscal impacts are included.

BACKGROUND

The "Background" section is divided into two parts – a description of the activities of the Mayor's Commission on Aging and a summary of the attached "Needs Assessment for Oakland Seniors" Report.

STATUS REPORT FROM THE MAYOR'S COMMISSION ON AGING

History

The Commission on Aging was established in 1980 by Ordinance No. 9921 C.M.S. to advise the Mayor and the City Council on issues affecting the aging population in Oakland. Ordinance 11982 C.M.S. establishes the Commission's authority to advise the Council on issues related to the City's four Multipurpose Senior Centers.

The Commission on Aging works in partnership with the Department of Human Services to plan for, advocate, and develop senior resources to address the needs of the City's senior citizens. The Commission is also responsible for determining the needs of Oakland seniors and recommending senior services Set-Aside funding to local service providers. In 2002, the Commission targeted three specific program areas for Set-Aside grant funding - Access, Community Support and Transportation.

Item# _____
Life Enrichment Committee
November 9, 2004

Membership

The Commission on Aging is chartered for 11 members, appointed by the Mayor to a maximum of two three-year terms, subject to Council approval. The current Commission membership represents the diverse communities in the City of Oakland. With the recent passing of Commissioner James D. Grady, who had represented District 3, the number of vacancies has increased to four. In early 2004 two local seniors expressed an interest in joining the Commission; those individuals are awaiting an appointment decision from their Council members.

Commission on Aging Current Members:

Mr. Frank Rose – Chairperson (District 7)
Ms. Bobbie Bond – Vice Chair (District 4)
Ms. Brenda Crawford (office in District 2)
Mr. Ronald Chan (District 2)

Mr. Ronald Timpson (District 3)
Ms. Anne Spanier (District 1)
Mr. Stanley Garcia (District 5)

The primary mission of the Commission on Aging is to advise the City Council on the issues and concerns of seniors, monitor Senior Center activities, and support DHS senior programming. The following is an activities update on the goals and objectives that were established by the Commission in 2003. The Needs Assessment analysis (attached to this report) will provide the Commission with information and data necessary to develop a new planning model later this year.

Committee Updates

The Commission has actively maintained an interest in issues affecting the lives of Oakland senior citizens during the past year. Three standing committee and one ad-hoc committee have distributed City grants, advocated for public funding, and supported activities in the community.

- In 2004, the (ad-hoc) Set-Aside Committee recommended that the City Council distribute more than \$400,000 to community-based organizations from the \$2.00 Parking Revenue Set Aside. Funds in the amount of \$295,139 were made available for contracting from the FY 2004-2005 parking fines set aside and an additional \$130,585 was added to the funding pool from prior year Set-Aside fund balances for a total of \$425,724.
- Transportation has been one of the overriding priorities of the Commission, and in 2004 the standing Transportation Committee focused on pedestrian safety and public transportation issues. The Transportation Committee provides direction to the Oakland Paratransit for the Elderly and Disabled (OPED) program. Commission Vice-Chairperson Bobbie Bond has served as the guiding force for the creation of the West Oakland Senior Shuttle project. One of the Transportation Committee members was recently appointed to the AC Transit Accessibility Advisory Council. Commissioner Ron Timpson will provide AC Transit

policymakers with information about the needs of Oakland seniors that we hope will be used in future service planning.

- The 2004 activities of the standing Community Support Committee included an overhaul and amendment of Senior Center Advisory Council Bylaws. The Bylaws are used by each Center to establish the membership oversight Advisory Council, and include provisions about elections, grievances, committees, and member responsibilities. In addition to the review of the Bylaws, the Committee Chair oversaw the Advisory Council elections at each Senior Center, and subsequently swore in the new Advisory Council members. The Committee continues to advocate for the Senior Centers, attend events at the Centers, and advise Center Directors and DHS staff on program and policy issues.
- The standing Access Committee was established to address barriers that Oakland seniors may have to accessing needed services and programs. The Access Committee focuses on underserved or under-recognized communities including lesbian/gay/bisexual/transgender and ethnic populations, frail seniors, and seniors with disabilities. In 2003 and 2004 the Access Committee began to explore how senior centers could improve programming in order to serve seniors who may not attend because a physical disability or lifestyle choice makes them feel uncomfortable or unwelcome.
- In a move to increase Oakland residents' access to Commission meetings, the Commission voted to forego training and travel in order to use the budget to establish closed captioning for KTOP viewers. The Commission has had positive feedback from the community, and we appreciate the opportunity to make our monthly meetings available to individuals with hearing impairments.
- In keeping with their goal of ensuring that seniors have access to nutritional choices, in July of 2004, the Commission established the first Senior Center Farmer's Market on Jones and Edes Avenues in East Oakland. The Market begins outside of the Senior Center at 10:30 a.m. just as the senior exercise class ends, and stays open until nearby Brookfield Elementary School is dismissed at 2:30.

NEEDS ASSESSMENT OF OAKLAND SENIORS

History

The most recent senior service era began in 1987, when the City Manager received the first “Comprehensive Plan for Seniors” from the Office on Aging and the Commission on Aging. The Comprehensive Plan included an assessment of seniors’ needs, an inventory of services provided to seniors, and recommendations for improving Oakland’s senior programs.

The assessment revealed that seniors in Oakland share the same needs (e.g., housing, transportation, health care, nutrition, in-home care, employment, social services, etc.) that older adults have throughout the nation. The inventory of services showed the areas where Oakland was not meeting the needs of its aging population. Based on this assessment, the “Comprehensive Plan for Seniors” recommended three significant improvements to enhance the City’s programs and services for older adults.

The recommendations of the “Comprehensive Plan for Seniors” were, first, to develop and support effective organizational mechanisms to provide ongoing leadership and commitment on behalf of the City for its seniors; second, to give priority to the seniors with special needs (e.g., frail and disabled); and third, to develop a flexible and creative network of senior centers throughout the City, which could respond to the diverse needs of seniors in various geographical areas. These recommendations have been the guiding principles the City has followed in developing and providing services to older adults. As a direct response to these recommendations, in 1989 the City established the Department on Aging, dedicated solely to serving the needs of Oakland seniors. The Department on Aging is now part of the City’s Department of Human Services.

2004 Senior Needs Assessment

Since the first “Comprehensive Plan for Seniors” was drafted in 1987, there have been a number of significant social, political, and demographic changes affecting older Oakland residents. The City’s cultural diversity is increasing; the services industry is replacing the manufacturing industry as the economic base; and the population continues to grow in age. These economic and social challenges are more important than ever to the City’s senior population. The challenge for the Commission on Aging and City policymakers is to support safe, healthy communities where seniors can access services and where they can successfully age in place.

To aid in planning for the future of Oakland’s seniors, the Commission on Aging and the Department of Human Services developed a unique needs assessment to document issues of concerns and resources available to older adults. This needs assessment analyzes community attitudes, quality of life, and the concerns of Oakland’s senior population. The goal of this needs assessment is to update and create an objective information resource for the community from which resource allocations, service planning and public policy decisions can be made in a coordinated manner.

Attached is the Needs Assessment Report entitled, "Oakland Senior Needs Assessment 2004 – Outline and Initial Findings". This Report contains much of the information gathered in the research project, and provides some suggestions for additional action.

Future Objectives

The Commission will continue to serve as a public advocate for the City of Oakland's senior population through public hearings, complaint resolution, and identification of emerging senior issues. In order to fulfill the Commission's mandate it is important to have a reliable quorum and a full board, therefore the Commission will be proactive in the recruitment of new members to broaden the knowledge base.

The Commission on Aging will continue to work closely with DHS to address the issues identified in the Needs Assessment report. The Commission on Aging will serve as a forum for public input on the "Needs Assessment" and will use the results of the survey to establish targets for future Senior Services Set-Aside grant funding.

SUSTAINABLE OPPORTUNITIES

There are no direct sustainable opportunities associated with this report.

DISABILITY AND SENIOR ACCESS

There are no disability and senior access issues associated with this report. The Commission on Aging is a strong advocate for accessible services for the senior and disabled and will continue to support the City's efforts.

RECOMMENDATIONS AND RATIONALE

While the Commission on Aging and the Department of Human Services have no specific recommendations, we respectfully request that the City Council address the transportation needs of Oakland seniors by continuing to support the North, West and East Oakland senior shuttles. Continuing reductions in state and federal transportation programs have a direct and deleterious impact on Oakland seniors, and both the Department of Human Services and the Commission on Aging support City-subsidized transportation for seniors with mobility impairments.

ACTION REQUESTED OF THE CITY COUNCIL

The Commission and the Department of Human Services look forward to working closely with Council to develop programs to meet the needs of seniors as provided in the attached "Senior Needs Assessment" report.

Please accept this Report containing the goals, objectives and activities of the Commission on Aging, and the attached "Senior Needs Assessment 2004". The Commission on Aging and the Department of Human Services applaud the Council's support for Oakland's diverse senior population in the current budget environment.

Respectfully submitted,



Frank Rose, Chairperson
Commission on Aging

Prepared By: Tracy L. Jensen
Senior Services Administrator

Oakland Senior Needs Assessment 2004

Department of Human Services

**Andrea Youngdahl, Director
Tracy Jensen, Senior Services Administrator**

Why do a Needs Assessment for Oakland Seniors?

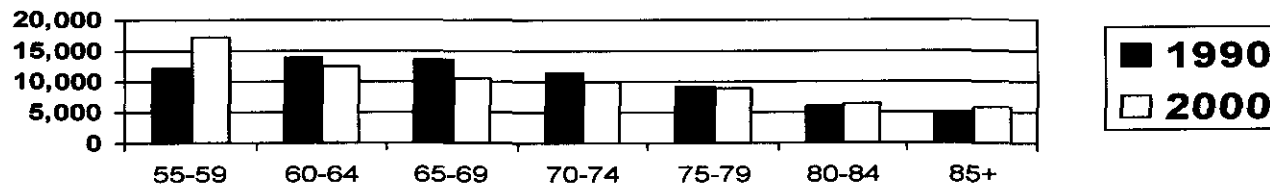


Identify Demographic and Economic Changes

Assess Social and Health Status

Use for Future Planning

Oakland Seniors by Age 1990 - 2000



FINDINGS

Oakland's Seniors

A Safe Environment

Healthy Living

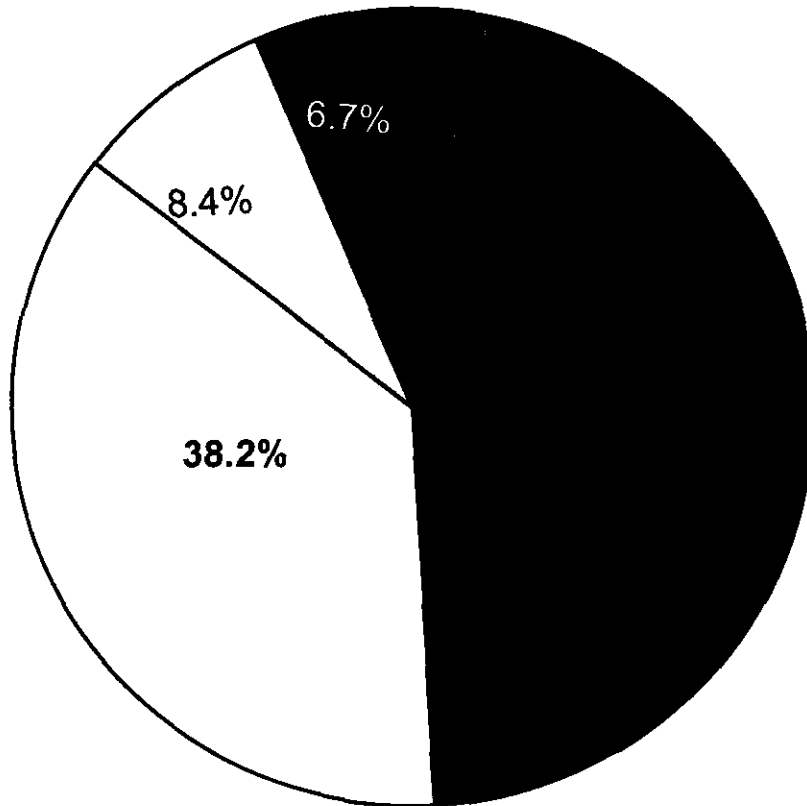
Making Connections

Oakland's Seniors



who are they?

Oakland Residents Age 55 and Over by Ethnicity 2000



■ Asian/Pacific Islander

■ White/Not Hispanic

□ African American

□ Hispanic/Latino

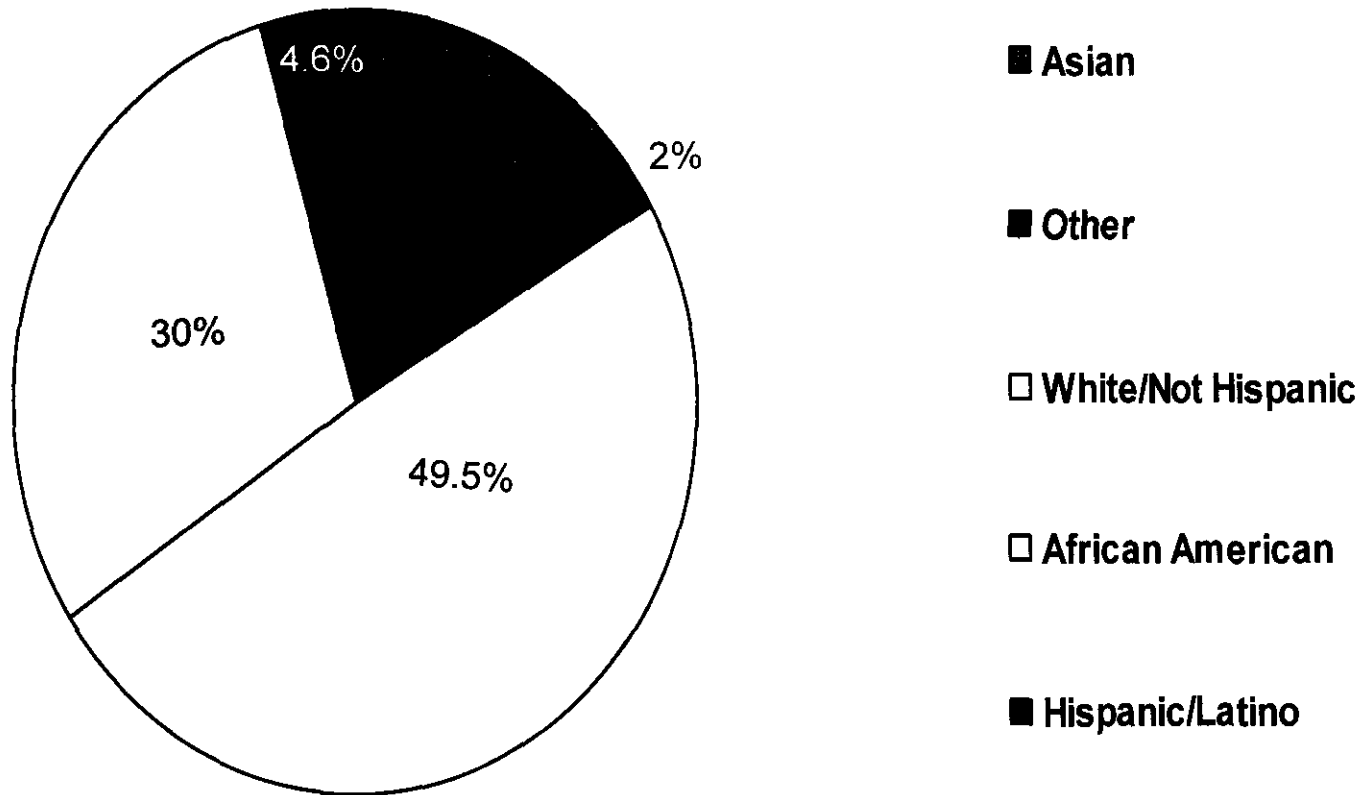
■ Other

Oakland's Seniors



who are they?

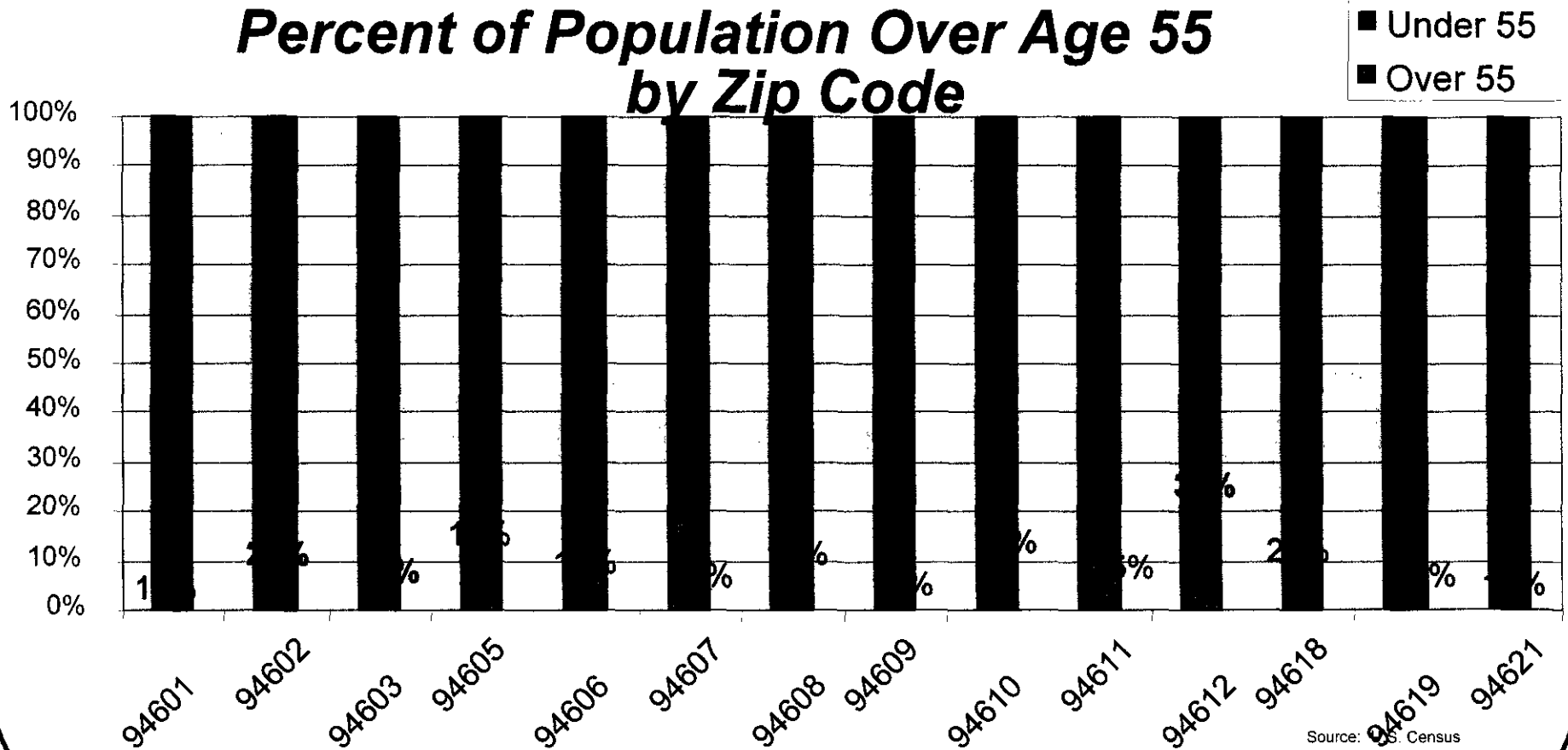
Oakland Residents Age 85 and Over by Ethnicity 2000



Oakland's Seniors

 where do they live?

**Percent of Population Over Age 55
by Zip Code**

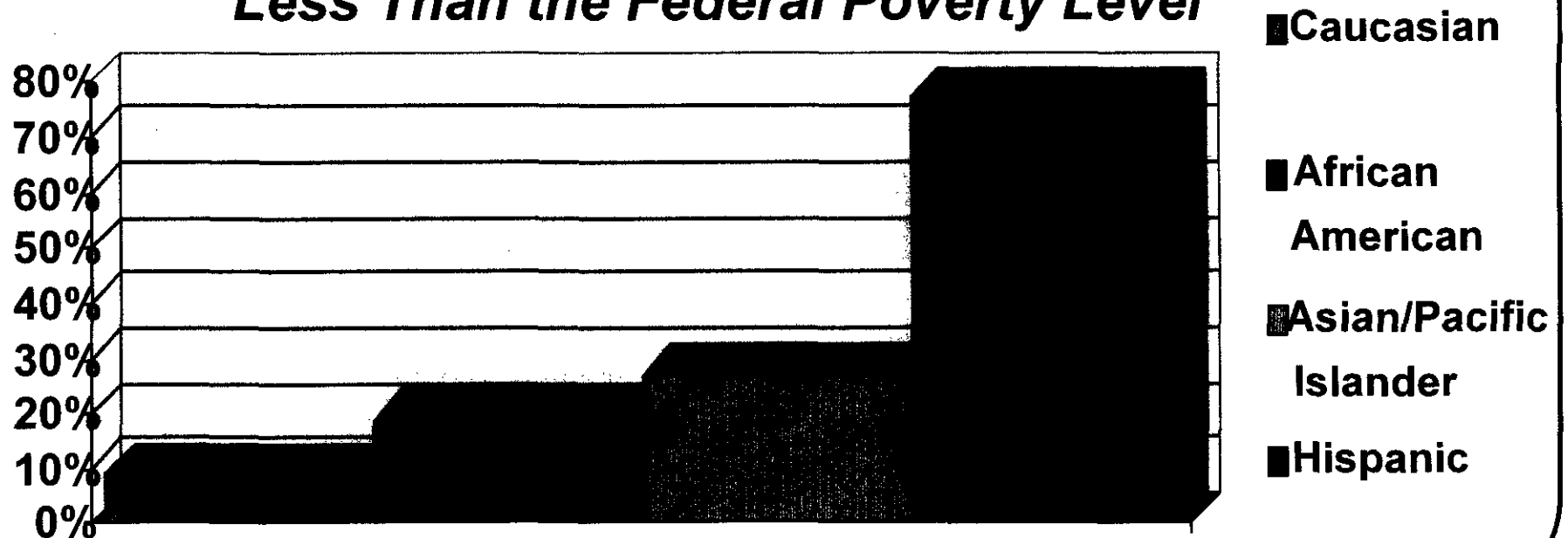


Source: U.S. Census

Oakland's Seniors

 **what is their economic status?**

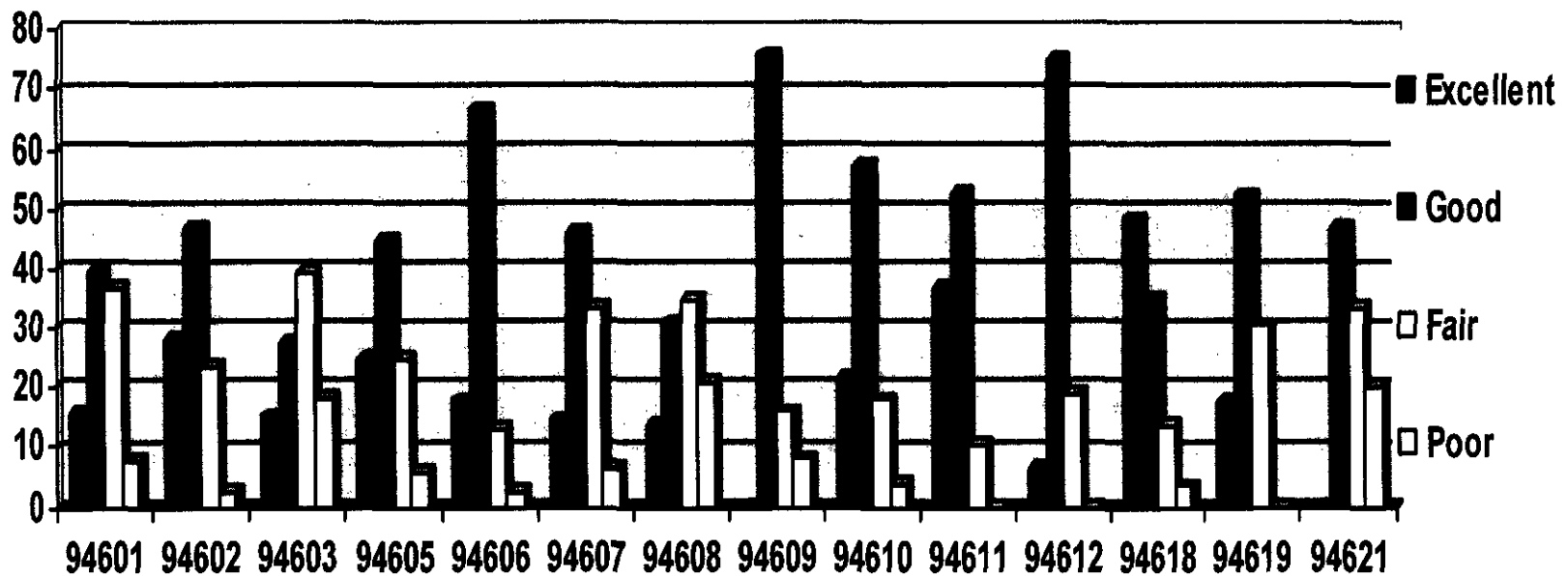
***Percent of Oakland Seniors With Income
Less Than the Federal Poverty Level***



A Safe Environment

 **how do they rate their community?**

*Percent of seniors who say their community is
“excellent”, “good”, “fair” or “poor”*

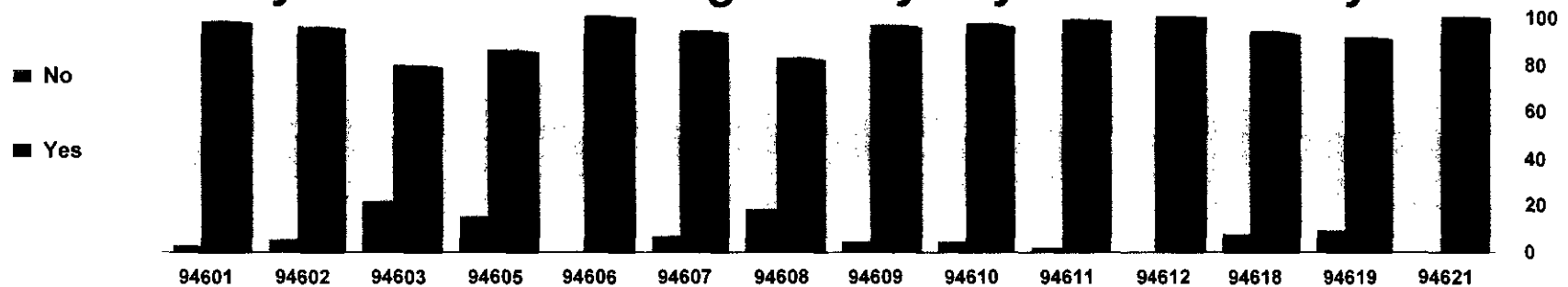


A Safe Environment

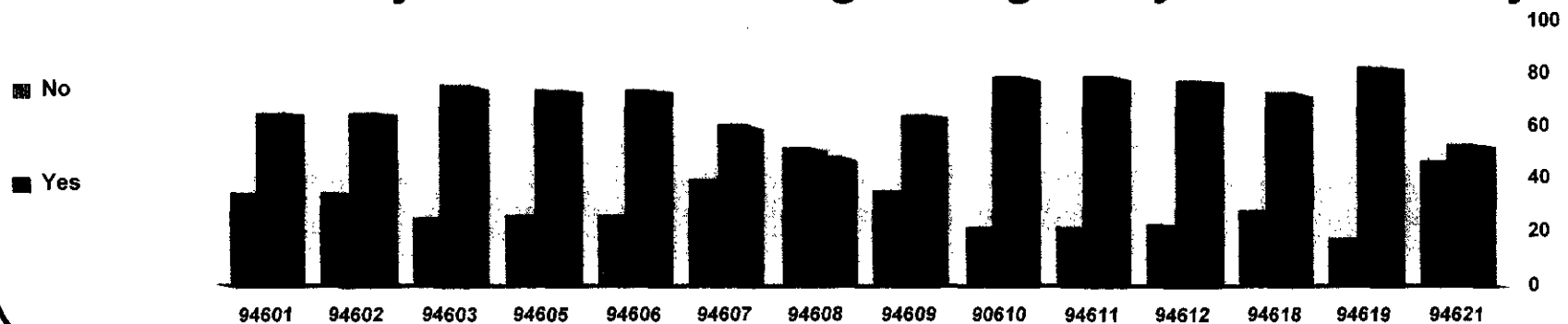


how safe do they feel?

Do you feel safe during the day in your community?

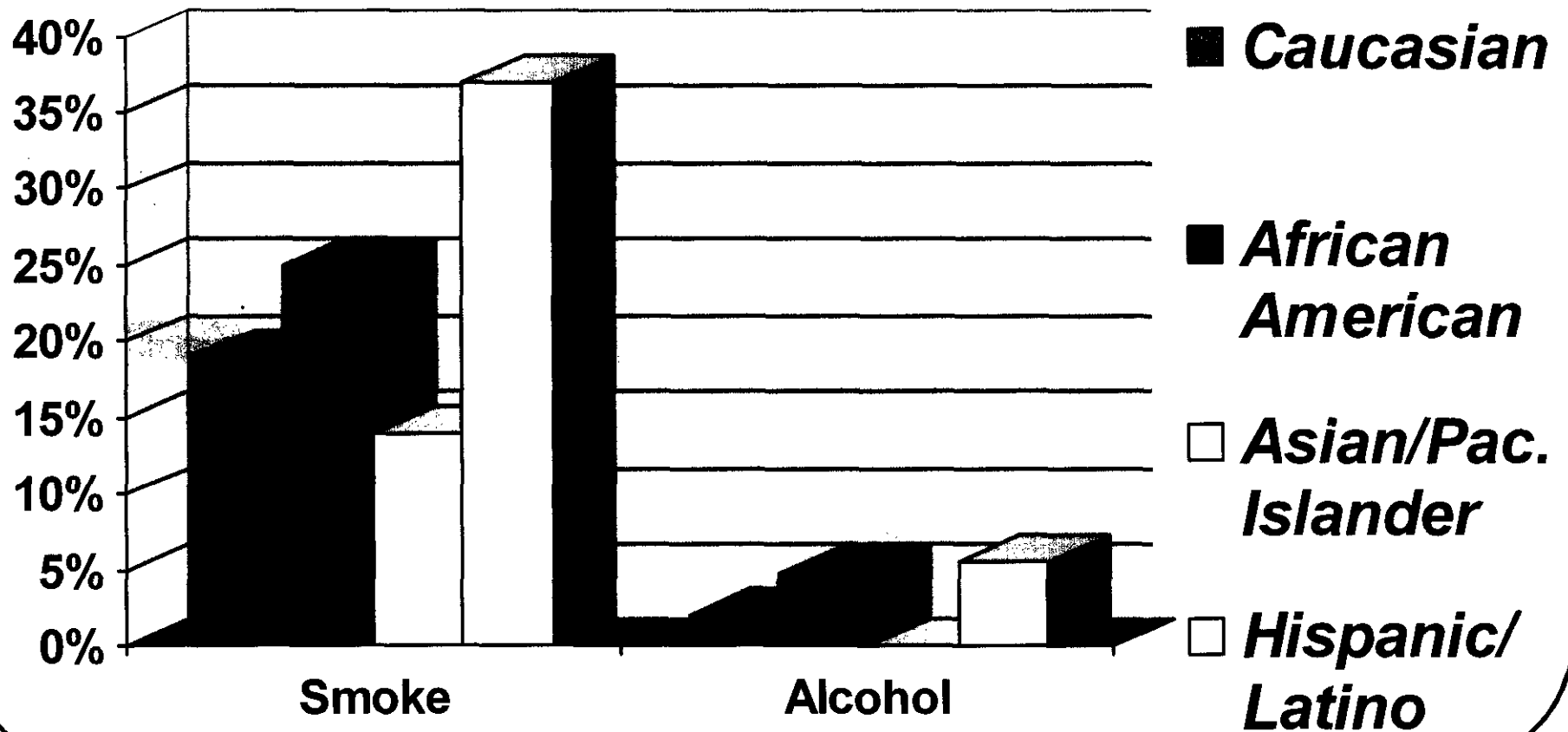


Do you feel safe during the night in your community?



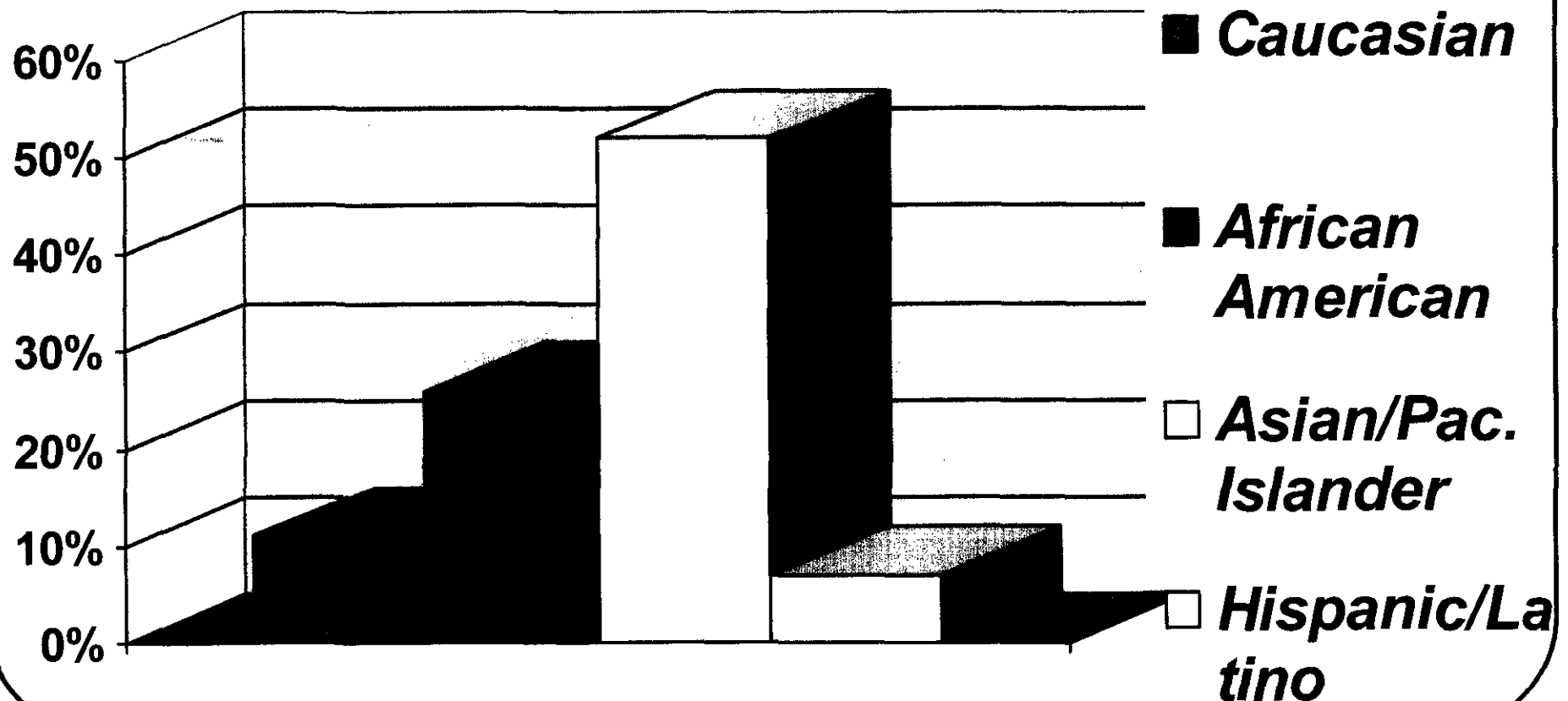
Healthy Living

 **do they smoke or drink?**



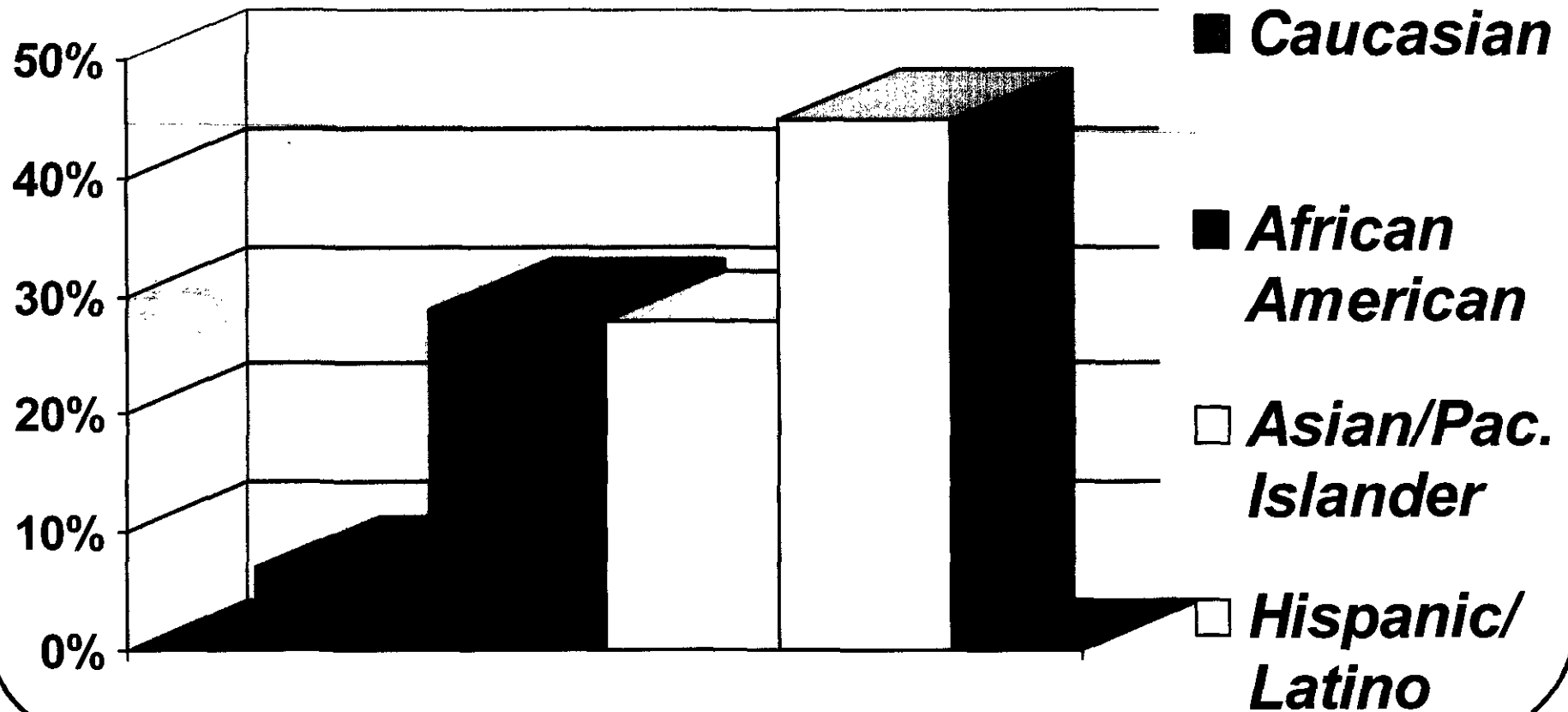
Making Connections

***do they receive assistive services
from a public or private agency?***



Making Connections

***do they live with someone
under the age of 18?***





PLANNING FOR THE FUTURE



Short Term Objectives

*Develop an annual updated directory
establish coalitions with other city
agencies*

*Conduct cross training for the
provider community.*

*Educate the community about the
needs of seniors.*



PLANNING FOR THE FUTURE



Long Range Goals

Senior housing is the greatest need in Oakland.

Oakland seniors' safety and security should continue to be City priorities.

Ensure that legislation and planning activities reflect the needs of Oakland senior communities

City of Oakland

**SENIOR NEEDS ASSESSMENT
2004**



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I. INTRODUCTION

This Report by the City of Oakland's Department of Human Services is meant to identify how the City is currently meeting the needs of older residents. Using information gathered directly from Oakland seniors and senior service providers over a period of 18 months in 2003 and 2004, this Report quantifies some of the issues facing the City's seniors, in order to identify how services can be improved.

In gathering data for the Report, researchers often heard from seniors who had lived in Oakland their entire lives. It was quite interesting and rewarding when seniors shared stories of their lives growing up and growing old in this City. We also heard many troubling stories from seniors in Oakland who do not have enough to eat, transportation, or access to needed services. This Needs Assessment is an effort by the Department of Human Services to determine how Oakland seniors are faring in the new millennium, and what services they might need in order to be independent and secure.

The first section of this Report contains information about previous City research into the issues facing senior residents. This background will give the reader an idea of how seniors' needs have changed over time. The historical information also discusses how City policymakers have responded to recommendations for change.

The next section uses demographic data from the United States Census and other sources to provide a picture of Oakland's senior population. To further understand the current and emerging needs of Oakland's diverse senior populations, the Report builds upon the demographic data using three specific research tools. The quantitative analysis was accomplished using a sixty question telephone survey of Oakland residents over the age of 55. The questions covered such things as ability to get to the doctor, smoking and drinking habits, access to needed services and perceptions about the City they live in.

The survey is scientifically valid, and the information provided can be applied to the seniors of Oakland, although resource limitations made it impossible to ensure that all senior communities were actually contacted. In order to understand the needs of Oakland's under represented senior communities we therefore identified several populations that we knew were likely to achieve lower survey participation. Focus groups were held with representatives from these senior communities. Key informant interviews were also conducted.

In compiling the various data from the Needs Assessment, we found that the information could be easily reviewed in four sections, beginning with demographic characteristics of "Oakland Seniors". Next we looked at what Oakland seniors see as a "Safe Environment", whether or not their habits represent "Healthy Living", and finally, the extent to which senior residents in Oakland are "Making Connections". By categorizing the data from the survey, the key informant Interviews and the focus groups into these issue areas, we will be better able to develop approaches to the issues and concerns raised.

We urge readers in reviewing this Report to keep in mind that it is an objective description of data that can be further analyzed and reviewed. The Report's initial recommendations were developed by the Oakland Department of Human Services in cooperation with the local leaders of the senior community, and we will make this data available to all interested parties to support systemic change that can improve the lives of Oakland seniors.

II. 1987 COMPREHENSIVE PLAN FOR OAKLAND SENIORS

The City of Oakland began to prioritize the needs of the City's growing senior population in 1987, when the Oakland City Manager developed the first "Comprehensive Plan for Seniors." The Comprehensive Plan included an assessment of seniors' needs, an inventory of services provided to seniors, and recommendations for improving Oakland's senior programs.

The assessment revealed that seniors in Oakland share the same needs (e.g., housing, transportation, health care, nutrition, in-home care, employment, social services, etc.) described by older adults throughout the nation. The inventory of services showed the areas where Oakland was not meeting the needs of its aging population. The first "Comprehensive Plan for Seniors" recommended three specific improvements to enhance the City's programs and services for older adults.

The recommendations of the "Comprehensive Plan for Seniors" were, first, to revise the City's organizational structure to better respond to the issues affecting the City's senior population; second, to establish programs that recognize the special needs of frail and disabled seniors; and third, to develop a network of senior centers throughout the City that would meet the needs of the City's diverse senior communities. These recommendations have served as the City of Oakland's guiding principles for senior programs and services. As a direct consequence of the Comprehensive Plan recommendations, in 1989 the City established a department dedicated solely to serving the needs of Oakland seniors.

Following is a discussion of the status of the recommendations from the 1987 Comprehensive Plan for Oakland Seniors.

- Develop and support effective organizational mechanisms to provide on-going leadership and commitment on behalf of the City for its Senior Citizens.

The precursor to the Department of Human Services, the Department on Aging was established in response to this recommendation. In addition, the Mayor's Commission on Aging was restructured and the non-profit 501(c)3 Friends of Oakland Seniors fundraising organization was founded.

The City also began to identify ways to increase funding for senior programs, eventually passing a law to "set-aside" \$2.00 from certain parking fines to fund about \$300,000 in annual Senior Services grants to local agencies.

- Prioritize elderly population groups with special needs. Such groups include the low-income elderly, the vulnerable and frail elderly and the minority elderly.

In response to this recommendation, Oakland began to solicit program funding from federal, state, county and private sources in order to serve seniors with special needs – particularly those at risk of institutionalization. As a result of the Comprehensive Plan recommendations the City solicited three new senior service programs to join Oakland's Multipurpose Senior Services and Linkages case management programs - ASSETS

Senior Employment Opportunities, Foster Grandparent, and Information and Assistance.

Recently the City established the newest City service to support elderly population groups with special needs. The Oakland Senior Shuttle is a partnership between the Department of Human Services and Bay Area Community Services, with support from Council members Chang, Brunner and Nadel. In keeping with the 1987 Comprehensive Plan for Seniors' recommendation to support frail seniors in the community, the Shuttle provides free transportation to shopping and senior centers for low-income seniors who reside in senior housing facilities.

- Develop a "network" of Seniors Centers and programs throughout the City.

The first City-sponsored Senior Center was opened in the Veteran's Memorial Building on Grand Avenue in 1987, just before the Comprehensive Plan was developed. This recommendation was fulfilled with the opening of the East Oakland Senior Center in 1992, the West Oakland Senior Center in 1997, and of the North Oakland Senior Center in 1998. Each of these Centers was established through the grassroots efforts of neighborhood seniors, and each has evolved to meet the specific needs of those diverse senior communities. In addition to the Multipurpose Senior Centers operated by the City, Oakland general funds now also support two senior centers serving primarily immigrant populations – the Hong Lok Senior Center in Chinatown and the Fruitvale San Antonio Senior Center at the Fruitvale Transit Village.

Comprehensive Plan Updates

During the 1990s the City worked closely with community advocates and providers to accomplish the objectives contained in the 1987 Comprehensive Plan for Oakland Seniors. Comprehensive Plan updates were provided to the City Council in 1990, 1996, 1998, and 2002.

1990 Update

The first update to the Comprehensive Plan in 1990 was contained in the Commission on Aging's "Supplemental Response to the ... 1997 Comprehensive Plan". The Report identified Housing, Long Term Care and Health, and Income Security, as the primary areas of concern to the older residents of Oakland. In its recommendations to the Mayor and City Council, the Commission on Aging suggested that the Office of Community Development (now the Community and Economic Development Agency) should "assess the need for affordable housing for seniors and, by June 1990, submit a plan to address this need to the Office of the City Manager and the Commission on Aging". That recommendation was never implemented.

1995 Update

In 1995 the Department on Aging presented the "Annual Plan for Seniors" to the City Council. This update of the Comprehensive Plan for Seniors included a survey of more than 2,000 seniors. Following are the five priority needs identified by that survey, and the Department on Aging responses:

Crime and Public Safety was identified by 77% of seniors as a concern, and in response the Department on Aging established “senior crime taskforces” in each council district. The taskforces recommended that the City develop a senior escort program, a recommendation that has yet to be implemented. The Department also partnered with Oakland Police Department in sponsoring a Senior Safety and Crime Prevention Resource Fair, which was attended by more than 400 seniors.

Access to Benefits was the second most often cited need, and in response the Department on Aging published and distributed more than 1,000 Senior Resource Directories. Assisting seniors in accessing benefits was also the impetus for a program to place “information and assistance” staff at the Downtown Oakland Senior Center; that program has since been expanded to all of the City-operated senior centers.

Health Care was identified by many seniors as a priority need, and although the City does not provide health services directly, the Department on Aging used the survey information to expand grant funding for health care programs. In response to this concern, the City also developed partnerships with local agencies to provide health-related services at the Senior Centers.

Adequate Income and Legal Assistance were the final needs identified as priorities by seniors in the survey. To address those concerns a partnership was established with Legal Assistance for Seniors to do a Supplemental Security Income (SSI) outreach project to reach seniors who are eligible for SSI but not receiving that benefit.

1998 Update

The Comprehensive Plan Update of 1998 included the first non-English language surveys. As in prior year surveys, Crime and Safety ranked as the number one concern of senior residents. Access to health care, information about benefits, and income security rounded out the most prominent concerns. In response to this research, the newly formed Department of Aging, Health and Human Services (established by a merger of the Department on Aging and the Health and Human Services Department) attempted to become a state Area Agency on Aging (AAA) in order to gain more control over state funding decisions. That objective has since been discarded, as Oakland is increasingly identified as a priority area for Alameda County AAA resource allocations. Other recommendations from the 1998 Update were implemented, including providing financial support for the development of the Fruitvale Senior Center, and using parking ticket revenues to fund local senior service providers.

2002 Update

In 2001 the Department assessed the needs of Oakland’s senior community through a formal survey of more than 300 Oakland seniors. In keeping with the needs identified in the original Comprehensive Plan, the survey solicited information about social, personal care, economic, legal and mobility issues. The following results of that survey were presented to the City Council in May of 2002.

Health - Health was universally ranked as the most important issue to seniors, regardless of age or income. When analyzed according to ethnicity however, health was of less concern to certain ethnic groups. For example, seniors who identified

themselves as African American or American Indian/Alaska Native were somewhat more concerned about crime and safety than about health.

Crime and Safety - Crime and Safety was the second area of concern identified most often by seniors responding to the survey. Of the 301 responses received, all identified crime and safety as an area of importance. Again, the ethnicity of the interviewee impacted the ranking of the crime and safety issue, with African American and American Indian/Alaska Native respondents ranking the issue higher than White, Hispanic and Asian respondents.

Housing - Several survey questions attempted to ascertain seniors' concerns with regard to appropriate housing. Overall, "housing" was seen as the third important issue, and "need for lower income housing" was identified as a concern, depending on the seniors' neighborhood. In comparing results from different groups, male respondents ranked housing slightly higher than did females, seniors under 60 ranked housing higher than did those over 60, and Hispanic respondents ranked housing somewhat higher than did other ethnic groups.

Income Security - Income security concerns ranked fourth for seniors responding to the survey. As might be expected, seniors over the age of 80 were more concerned about income security than were those under 60. Asians ranked income security as the third most important issue, while African Americans ranked it sixth of the ten choice areas.

Transportation - Transportation was rated as the fifth most important issue overall to Oakland seniors. Of note is that Hispanic seniors were slightly more concerned about nutrition than they were about transportation. African American seniors thought that Long Term Care was somewhat more important than Transportation.

Other Issues of Concern to Seniors – The most commonly cited issue apart from the five top priorities, was utility cost increases. In addition to concerns about their bills, seniors identified problems in getting information about programs and services for seniors, and getting legal advice.

The Department of Human Services took several steps to respond to the 2001 survey and recommendations. The Mayor's Commission on Aging created the Oakland Senior Shuttle in 2002 to assist seniors in accessing grocery stores and other retailers. The Commission on Aging also produced several programs on KTOP to address some of the concerns and issues that were identified in the 2001 survey. The Commission revised the Senior Services Set-Aside funding criteria to promote transportation and community support programs in the community. In 2004, the Department of Human Services received funding from the Community Development Block Grant program to do outreach and referral for frail seniors who disproportionately called 911 for assistance. DHS also indirectly supports services for Oakland seniors by backing local agencies' funding applications.

Need for a New Plan

In late 2002 as the Department of Human Services reviewed the various comprehensive Plan reports in preparation for an annual update, staff decided that a new planning tool was needed for the new millennium. With that in mind, the newly reorganized Department of Human Services convened a planning group of local senior service providers and advocates to determine the most effective and appropriate way to proceed.

The "Oakland Senior Needs Assessment 2004" is an attempt to identify the environmental, economic and demographic issues affecting Oakland's aging population in order to prioritize resources and respond to Oakland's changing senior communities.

Following is a discussion of the current continuum of senior services in Oakland, an outline of the Needs Assessment model, and the results of the Department of Human Services study of the status of Oakland's senior residents. The two Report Appendices contain the research tools and a summary of City-managed senior programs and clients.

III. SENIOR SERVICES IN OAKLAND

Existing Programs

The City's recent history of senior services began in the 1970s when Oakland became the site of a state funded Linkages case management program. By connecting both frail seniors and disabled adults to community-based programs, Linkages enables these individuals to remain in the community and avoid nursing home placement. The Linkages program also provides information and referral services for clients and other Oakland residents. In the early 1980s the City established another care management – or direct support – service for Oakland seniors with the award of a federal Multipurpose Senior Services Program (MSSP) contract. Over the past 20 years the MSSP program has helped thousands of low income frail seniors to live safely and independently in their own homes.

The Oakland Paratransit for the Elderly and Disabled, or OPED, was established in the late 1970s as a way for the City to support the mobility of frail seniors and other disabled Oakland residents. Our Senior Companion and Foster Grandparent Programs provide stipends to seniors who do not want regular employment, but wish to continue being active by providing support to either frail elderly or needy children. In 1990, the City of Oakland became the regional sponsor of a federally-funded ASSETS Senior Employment program, which helps lower income seniors to re-enter the workforce and obtain meaningful employment. And, as mentioned earlier, Oakland's senior residents may take advantage of recreational and social services offered at one of six City-sponsored senior centers. The Oakland Senior Shuttle service picks up seniors at local senior residences and brings them to the Senior Centers for meals, classes and recreational programs. These programs, and the seniors they serve, are more fully described in Appendix II.

In addition to these City-sponsored programs, Oakland seniors have access to services provided by a variety of Bay Area non-profit agencies. A number of local organizations provide social, nutritional, health and legal services to Oakland seniors. The City is also home to several agencies that address the needs of the City's expanding population of mono-lingual seniors. Since Ordinance 111985 increased certain parking fines and established the funds for Senior Services "Set-Aside" grants in 1997, many of these local agencies have received support from the City for senior programs and services.

Emerging Issues

Recent reductions in state support for senior programs have had a severe impact on services provided both by the City of Oakland and by local agencies. The California budget deficit has raised the specter of substantial future cuts to key programs for seniors, including nutrition, day care, and in home supportive services. Oakland's Multipurpose Senior Services Program, funded by federal and state MediCal dollars, was cut by 5% in 2004 and the Governor has identified MediCal program restructuring as one of his key policy objectives. Since 2002 two state-funded senior programs have

been cut - the City's Information and Assistance budget was reduced by 50% and the state reduced its contribution to the City's Foster Grandparent program.

While the 2004 state budget spared Oakland seniors from the most severe cuts in nutrition and in-home supportive services, future reductions are likely. And cuts in spending on transportation, social services, health and safety, while not targeting seniors directly, have disproportionately impacted this vulnerable population.

An issue related to both state and federal planning for disabled and frail seniors is the timeline for responding to the federal Supreme Court's 1999 "Olmstead" decision. In the 15 years since that landmark ruling that compulsory institutionalization of people with disabilities constitutes illegal discrimination, California has done little to support and assist persons with disabilities who wish to remain in or return to community settings. In 2003, the California Health and Human Services Agency (CHHSA) presented a plan for Olmstead implementation to the Legislature, and began obtaining public input on the changes. One unfortunate result of the State's recurring budget deficits has been substantial cuts to CHHSA and subsequent cessation of the States' Olmstead planning activities.

Other Federal issues are also impacting local seniors. It is unclear whether Congress will extend the Qualifying Individual-1 (QI-1) program, which pays the Medicare Part B premium for Medicare beneficiaries whose annual incomes are between 120 and 135 percent of the federal poverty level. Medicare Part B covers physician services, outpatient hospital services, certain home health services, durable medical equipment and other items, and it is a critical safety net for low income seniors. The costs of all Medicare premiums were increased between 4% and 17% in 2004, expenses which will have a big impact on lower income seniors.

But the biggest change in Medicare was the 2003 enactment of the Medicare Prescription Drug program. Medicare beneficiaries, except those who have outpatient drug coverage through Medicaid, may now purchase a Medicare-approved discount card and receive discounts of ten to twenty five percent on specific prescription drugs. The federal "Medicare Prescription Drug Improvement and Modernization Act of 2003" also gives low-income Medicare beneficiaries a credit of up to \$600 per year to help pay for their prescriptions. Communicating information about Medicare program benefits to Oakland seniors is one of the primary activities of the DHS Information and Assistance staff.

Racial health disparities are having a disproportionate impact on Oakland's diverse senior populations. According to the Alameda County Public Health Department, Native Hawaiian and other Pacific Islanders have the highest rate of death from all causes.¹ The Public Health Department data also tells us that Oakland has highest rates of stroke, tuberculosis and coronary heart disease in the county. Diabetes is much more likely to strike Hispanic and African American seniors, while Asians have a higher rate of tuberculosis than other ethnic groups. In fact, Oakland's African American senior population is twice as likely to die from complications related to diabetes as their non-African American counterparts.

¹ "County Health Status Report 2003 Summary", Kuhn, Martin, Brown October 2003

Finally, as the City of Oakland becomes a more desirable place to live, it also becomes more expensive. Seniors in Oakland tend to be poorer than other age groups, and the City of Oakland has a higher percentage of seniors living in poverty than any other similarly sized California city. The economic issues facing Oakland seniors influence all of the findings in this Needs Assessment report.

IV. DEVELOPMENT OF A NEW SENIOR SERVICES PLAN

The Alameda County seat and the largest city in the County, Oakland has grown from a population of 75 in 1852 just after the beginning of the Gold Rush, to more than 400,000 today. Residents of Oakland have an enormous range of economic and ethnic characteristics.

Since the "Comprehensive Plan for Seniors" was first drafted in 1987, a number of significant social, political, and demographic changes have impacted older Oakland residents. The City's cultural diversity continues to increase, the economic base continues to transition from manufacturing to services, and the "baby boom" generation continues to age. The challenge for City policymakers is to support safe, healthy communities where seniors can access the services they need to successfully age in place.

This Needs Assessment, conducted by the City of Oakland's Department of Human Services with the support of the Mayor's Commission on Aging and the Needs Assessment Steering Committee, documents the subjective concerns of Oakland's senior population. What do Oakland seniors have and what do they need? The goal of the needs assessment is to create an information resource to coordinate service planning and public policy decisions. In order to ensure valid data for future years' decision-making, the needs assessment design includes residents aged 55 years and older.

The Needs Assessment takes a comprehensive snapshot of Oakland's older adult populations including, but not limited to, those in services and programs supported by the Department of Human Services. This broad focus is intended to ensure a thorough assessment of needs and priorities of Oakland's older residents.

Community Input

To develop a plan which takes into account the unique issues facing Oakland senior residents, the Department of Human Services first began a review of similar projects. DHS staff met with Fremont senior services staff to learn about that city's Needs Assessment, and reviewed the San Leandro Needs Assessment report². We looked at the Florida "Elder Ready Communities" project for ideas about how to get input about environmental issues³. Prior to convening a workgroup, DHS also evaluated the local Area Agency on Aging's 2001 "Area Plan"⁴ for information about how state and federal agencies identified local needs.

The next step in development of the Needs Assessment plan was to invite input from local providers and advocates. During the summer of 2002 the Oakland Senior Needs

² "Maintaining Links to Independence", San Leandro Senior Needs Assessment Oversight Committee, 12/2002

³ "Elder Ready Communities – Report Card for Frail Elders" - Florida Department of Elder Affairs, 8/2002

⁴ Archuleta et.al, "Alameda County Area Agency on Aging Area Plan 2001-2005", 6/2001

Assessment Steering Committee met several times in person, and communicated extensively by email, ultimately developing a plan to better understand the needs of Oakland seniors in the new millennium.

Needs Assessment Research Model

A needs assessment is a decision-aiding device used to allocate resources, planning programs, and program development, usually in the fields of health, education, and human services⁵. Information is gathered on those in need, their environment, problems confronting them, and solutions to these problems. This information is synthesized, prioritizing needs and originating decisions based on scientifically collected data.

However well-intentioned, many needs assessments conducted by agencies, cities, and counties do not employ rigorous research methodology such as random sampling, representative sample size, and/or structured surveys. Needs assessments that do not have a rigorous research methodology cannot generalize their findings to the greater population with confidence. This makes the findings valid only for those who participated in the project and does not encapsulate the unique needs, environment, and problems of those who were not a part of the research. Consequently, if a program was developed or policy created based on a needs assessment that is not generalizable to the targeted population, there is little assurance that the new program or policy will help anybody except for the few who participated in the needs assessment.

In a review of approximately 20 needs assessments in preparation of this project it was found that a lack of rigorous research methodology and scientifically collected data was the rule rather than the exception. Only when agencies, cities, and counties partnered with a university or hired an independent research firm was a scientifically valid result obtained. However, as noted above, these examples were rare.

In order to avoid the bias and intrinsic limitations that would come with one data source, we decided early in the process to include several methodologies of inquiry. By using more than one method in this needs assessment, the limitations of one approach can be offset by the strengths of others. Nevertheless, the inherent limitations of each method need to be understood in order to accurately interpret potential findings.

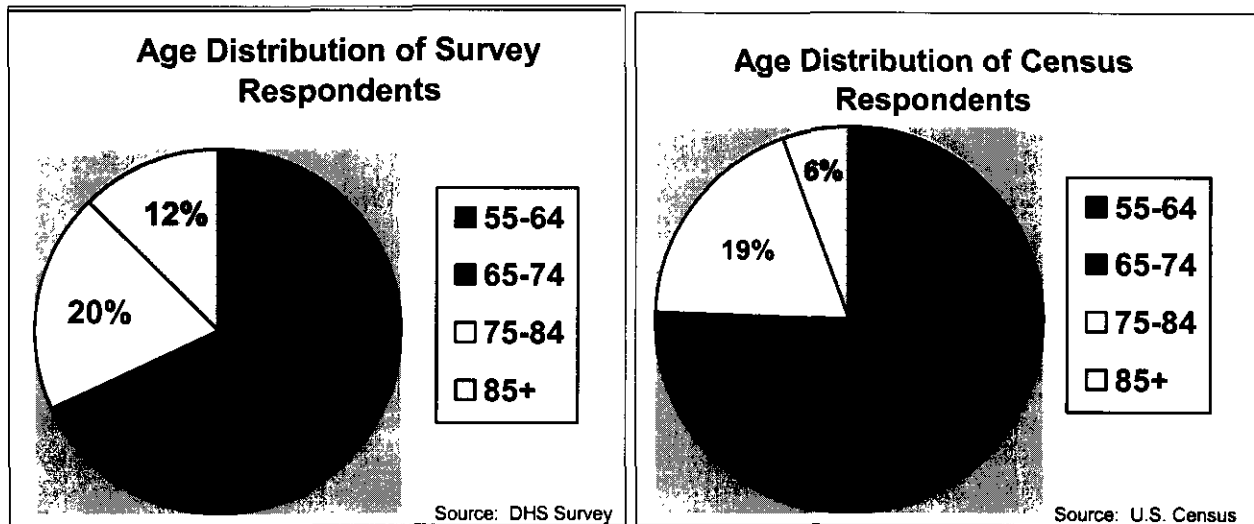
The randomized telephone survey of more than 400 Oakland residents over the age of 55 was determined to be the most effective method of collecting information from Oakland's senior population. We are confident that the survey results are equally applicable to English speaking and non-English speaking seniors because the survey was translated into four languages - English, Spanish, Cantonese, and Mandarin – and administered by surveyors fluent in those languages.

The eighty-four percent survey response rate gives us a confidence level of 95%. While we recognize that there may be a difference between those who responded to the survey and those who did not respond, we are confident that the parameters and the controls make the survey scientifically valid. In fact, our survey method was designed to

⁵ McKillip, 1998

achieve as much inclusion as possible from the diverse population of older adults in Oakland. Mr. Jesse Tamplen, a U.C. Berkeley School of Social Work graduate student with extensive social service research experience, designed and administered the survey.

The survey's low margin of error is also demonstrated by the fact that the age of survey respondents was very similar to the actual age distribution found in Oakland. Following is a comparison of the age distribution of survey respondents and the US Census estimates of Oakland's 2002 General Demographic Characteristics⁶.



The key informant interviews represent subjective information gathered from a diverse group of respondents who work with older adults. By utilizing a diverse group of 12 key informants, we attempted to reduce the chance of one single respondents' perspective prejudicing the overall finding, while ensuring that the specialized knowledge of all would support an accurate assessment.

The final research tool used for this Report was the Focus Group model. The Needs Assessment strategically identified and utilized focus groups to provide information about populations that were under-represented in the survey. The Focus Groups included ethnic senior communities, homeless seniors, seniors in drug and alcohol recovery, lesbian/gay/bisexual/transgender seniors, and seniors caring for younger family members. By including groups that we knew would be less likely to have participated in the survey or were otherwise under-represented, we increased our confidence that the Report includes views of all Oakland senior communities.

Therefore, by utilizing a balanced, integrative analysis with quantitative and qualitative data collection methods, this needs assessment achieves a high level of accuracy. Please see Appendix I for the Survey Results, Focus Group Responses, and Key Informant Interviews.

⁶ US Census Bureau, American Community Survey Profile 2002

V. FINDINGS

The following sections summarize the results of the Senior Needs Assessment. Census data and the program knowledge of the authors lay the foundation for the research. Once we analyzed the Survey of more than 400 Oakland seniors we found that there were several broad categories that could be used to identify the service gaps and policy issues. Therefore, this narrative uses the following themes to categorize the data that was collected from Oakland seniors and senior advocates:

- ***Oakland's Seniors***
- ***A Safe Environment***
- ***Healthy Living***
- ***Making Connections***

These broad subject areas were established in order to ensure that the data contained in this Report are easily accessible and useful for policymakers. Our survey of local seniors and service providers provides a wealth of information that can be used to develop programs and partnerships to improve services to Oakland seniors.

This Report contains some of the key research findings, but the data are available for more comprehensive analysis by planners and policymakers. Data from the survey and from the other Needs Assessment research will be further analyzed as needed to support senior service program planning. One of the key recommendations outlined later in the Report is for the establishment of a workgroup to further analyze the research data and develop action steps for future Council consideration.

Oakland's Seniors

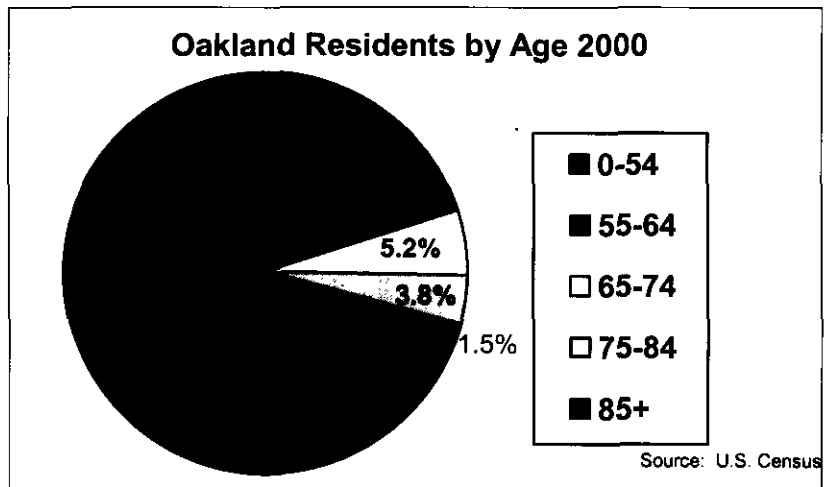
Older adults are the fastest growing segment of the U.S. population. In the 2000 census, more than 35 million Americans were 65 years and older. It is expected that the number of older adults will increase to over 70 million by 2030, representing 20% of the total population⁷.

– AGE –

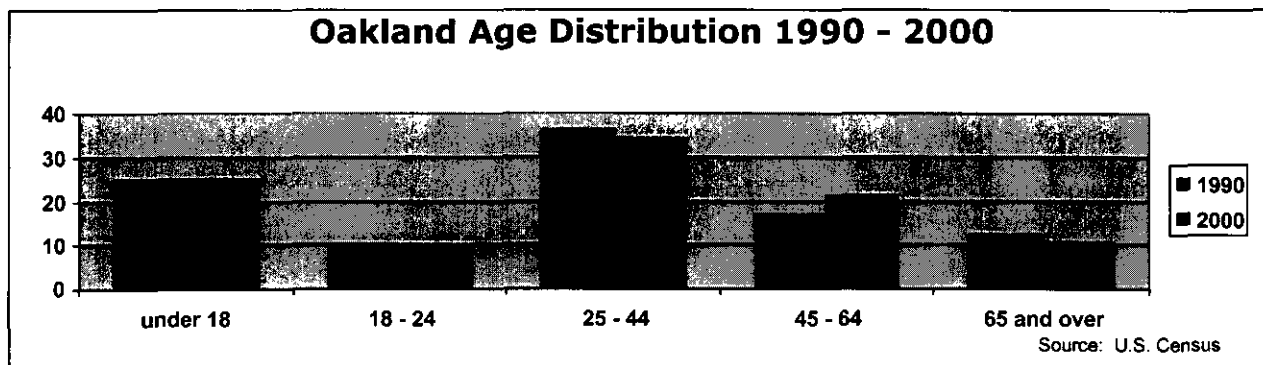
According to the 2000 Census, Oakland is home to 41,788 residents over the age of 65 – about 10.4% of the City's population.⁸

⁷ U.S. Department of Health and Human Services, Administration on Aging, 2000

⁸ Association of Bay Area Governments: <http://census.abag.ca.gov/cities/Oakland.htm>

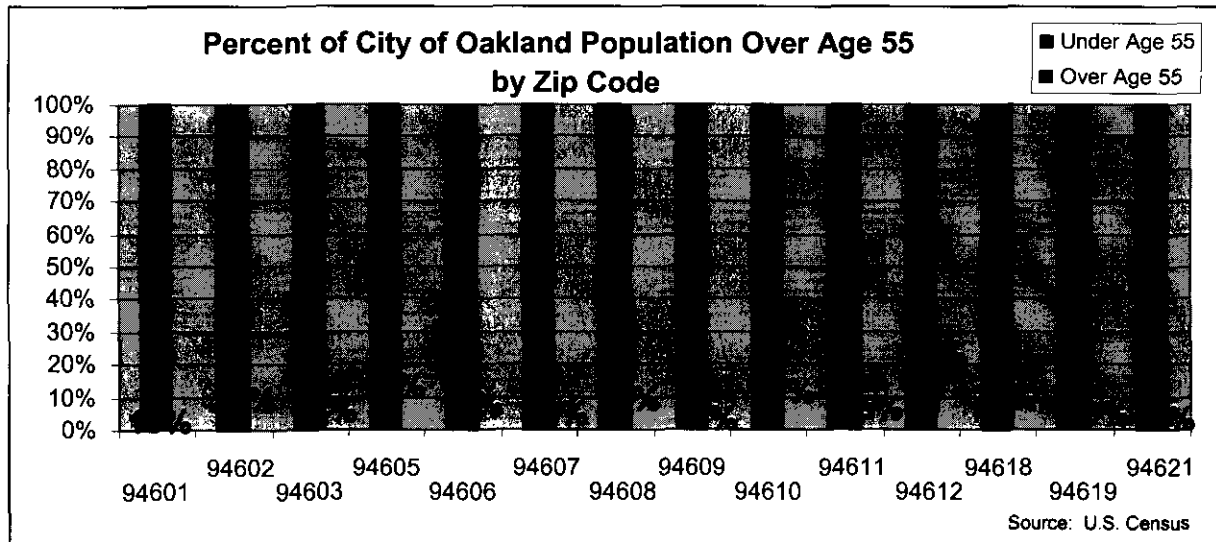


While the senior population continues to grow in California and across the country, the number of Oakland residents over the age of 65 only increased by 214 in the 1990s. Prior Census figures show that between 1970 and 1990 the City lost 12% of residents over the age of 60.⁹ But as per the chart below, that trend is decreasing with the aging of the baby boomer population. According to the 2000 census, the number of people between the ages of 45 and 64 is growing significantly. Currently about 8.6% of Oakland households are comprised of a single person 65 years of age or older.

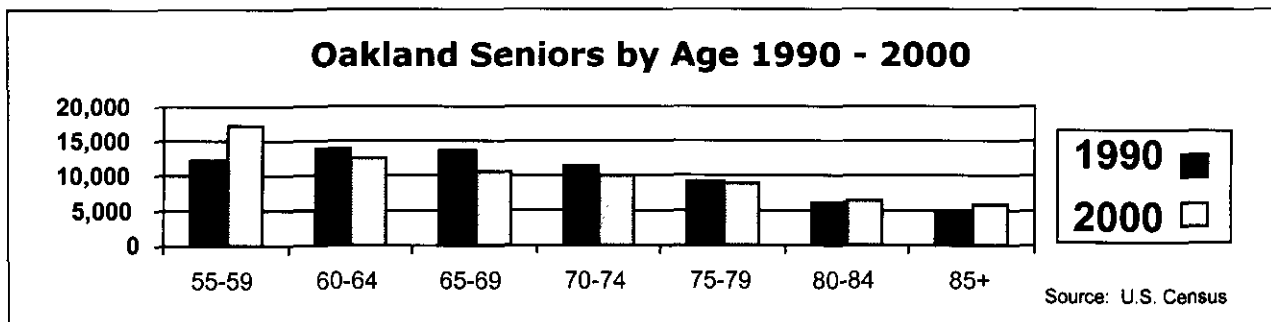


The City's seniors are more highly concentrated in certain zip codes. According to the Census, 34% of residents of 94612 are older than 55. That figure is less than 15% for 94601, 94603 and 94621.

⁹ Archuleta, Kretz et.al, "Alameda County Area Agency on Aging Area Plan 2001-2005", June 2001



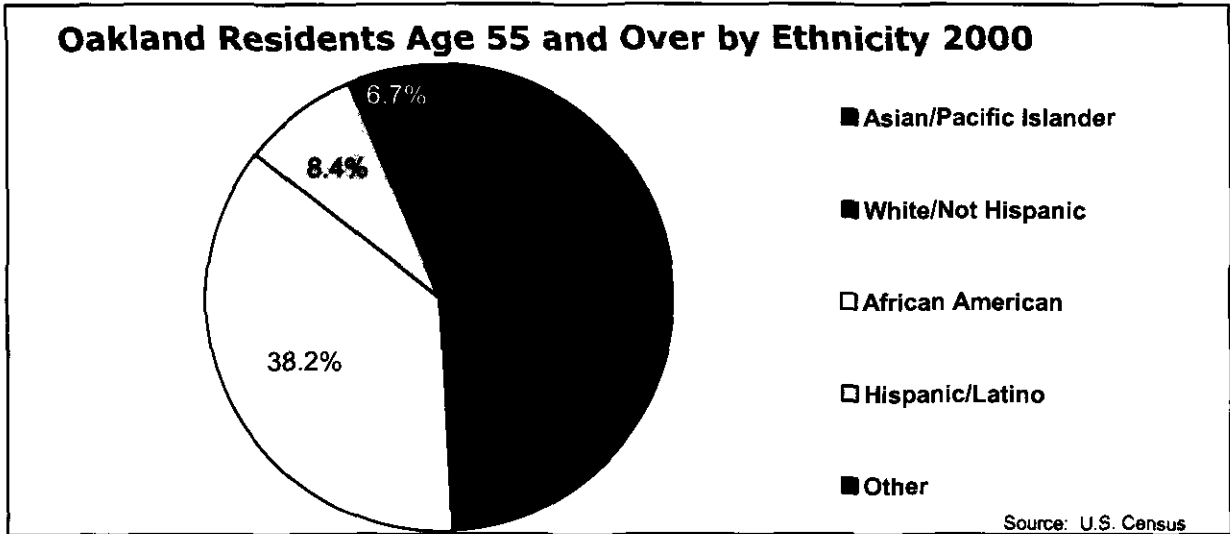
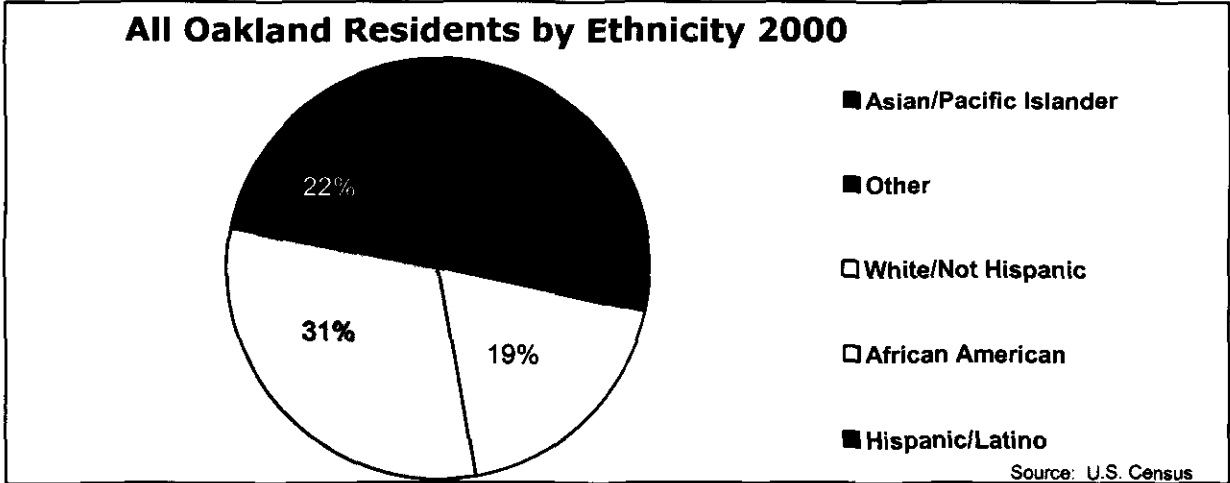
The age distribution of the City's older residents is also changing. Over the past 10 years the proportion of seniors at each end of the age spectrum – seniors aged 50 to 55 and over the age of 85 - increased by about 25%.



- ETHNICITY -

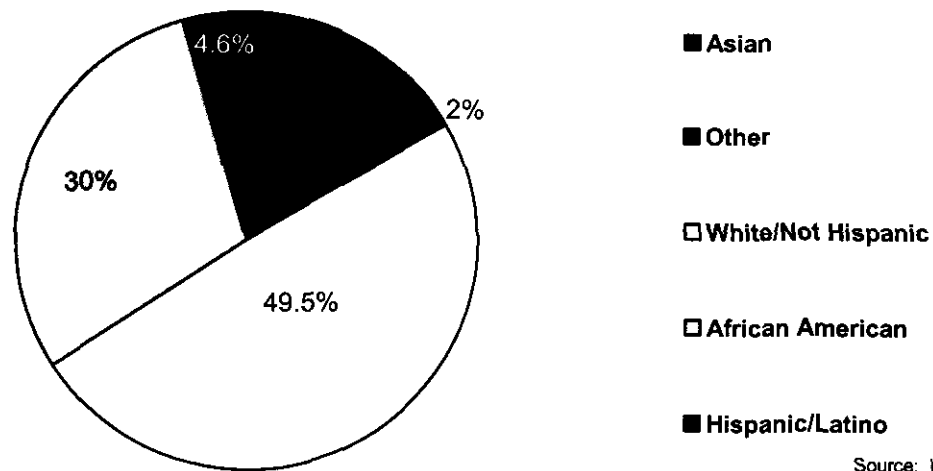
According to the 2000 Census, Alameda County is the second most diverse county in the nation, after Queens County New York. The ethnic characteristics of Oakland's senior population is similar to that of the City overall, with some striking differences.

The following charts illustrate the diversity in Oakland, and compare the ethnicity of Oakland seniors as they age. (NOTE: the sum of the numbers is greater than 100% because the Census data overlaps Hispanic/Hispanic-Latino with other racial categories).



- According to the 2000 Census, the majority of citizens who are aged 55 and over in Oakland are African American (38%). However, African Americans comprise only 30% of the population of residents over the age of 85. The higher mortality rate for African American seniors is primarily due to the higher rates of diabetes and heart disease among that population.
- Asians make up 19% of the total population of residents in Oakland over the age of 55. However, they comprise 24% of the population of Oakland residents who are between the ages of 65 and 69.

Oakland Residents Age 85 and Over by Ethnicity 2000



Source: U.S. Census

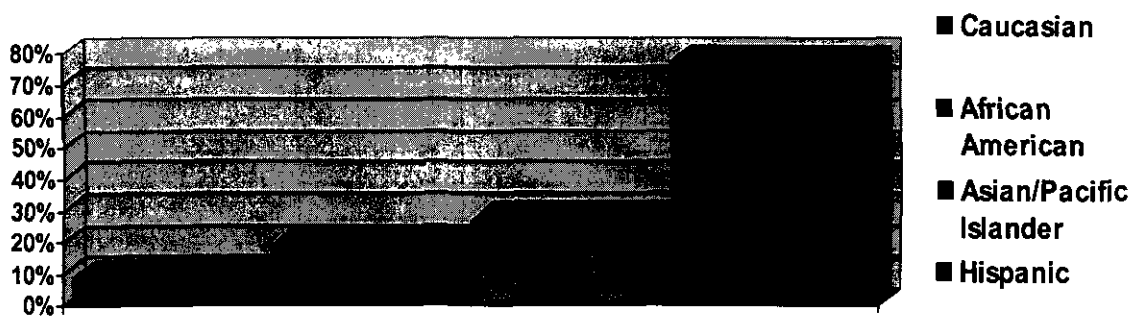
- Whites make up 33% of the over 55 population in Oakland. That proportion jumps to 49.5% of residents over the age of 85.

- INCOME -

Oakland seniors tend to be poorer than seniors in other parts of the county, and the state. According to the 2000 Census 13.1% of Oakland residents over the age of 65 reported income less than the federal poverty level¹⁰. This is substantially greater than the 10% national average and the 8% state average proportion of seniors living under the poverty level.¹¹

According to our own survey of local seniors, Oakland seniors of Hispanic/Latino and Asian/Pacific Islander ethnicity are more likely to live in poverty than are African-American and Caucasian seniors.

Oakland Seniors Income Less Than the Federal Poverty Level



¹⁰ US Census American FactFinder geographic comparison table 2004

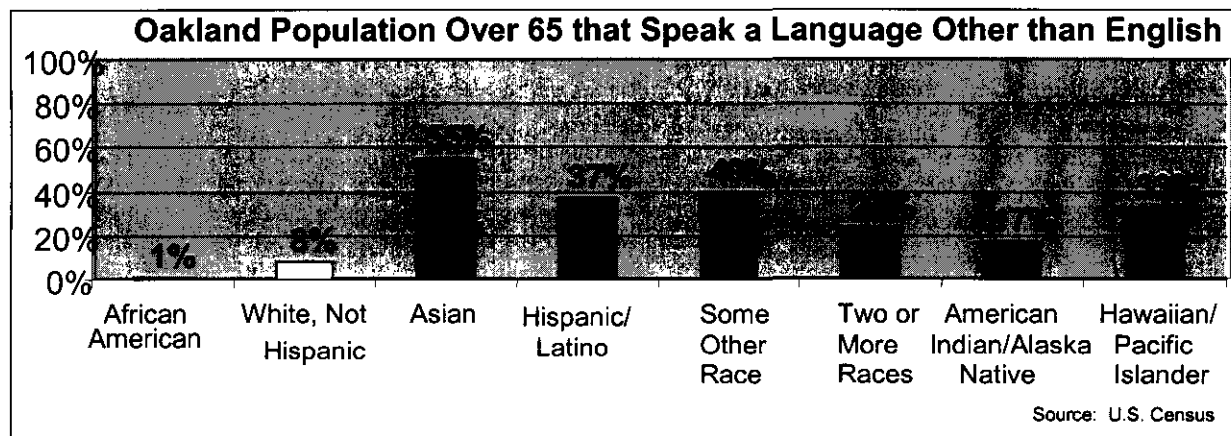
¹¹ US Dept. of Health and Human Services, Administration on Aging 2000

These findings are echoed by the input from our Key Informants. “Most ... seniors on SSI will not have enough income to be eligible for some housing. For low-low income seniors there is no housing available. In the future, the health care and housing needs are going to get worse. Affordable housing is critical ... (because)...Oakland has the largest number of low-income seniors in the state. Housing is the most expensive single item.”¹² Another Key Informant was very concerned that Oakland “seniors’ ... (limited) ... incomes do not stretch far enough to cover the basic costs of housing, food, and essential healthcare, and public programs are not sufficiently funded to bridge the gap. Seniors are becoming homeless and they are trading off between eating and taking their medications.”¹³

– OTHER SIGNIFICANT INFORMATION –

Following is some additional information from the Census.

- There are over 5,800 linguistically isolated adults over 65 living in Oakland. Forty percent of Alameda County’s linguistically isolated adults 65 and over live in Oakland. (NOTE: A household is classified as “linguistically isolated” if no household members age 14 years or over speak only English, and no household members age 14 years or over who speak a language other than English speaks English “Very well”.)



- Fifty percent (50%) of Oakland senior residents have some type of disability.
- 30% of the population of the City of Oakland have a bachelors degree or higher, but only 19% of those over 65 have a bachelors degree or higher.
- While 73% of the population of the City of Oakland has a high school degree, only 61% of the over 65 population have a high school degree.

¹² Carol Johnson, Patt Schroeder, Dorothy Green – St. Mary’s Center 4/03

¹³ John Ellefson – Lavender Seniors of the East Bay 4/03

The Census findings support the information provided by the Needs Assessment. Income sufficiency, housing availability and access to services were all seen as key indicators of Oakland seniors' status. One of the Informants noted that the seniors at risk are "those with greatest economic need, limited income, and older-older frail, home-bound and isolated. Many seniors can't read or deal with the bureaucracy or have a language barrier."¹⁴

A Safe Environment

As outlined earlier, Crime and Safety are often identified by seniors as primary areas of concern. In 1995 and 2001, senior survey respondents complained about the level of crime in their neighborhoods. The earlier reports asked open ended questions that may or may not have resulted in biased responses. Therefore, in this survey we established questions that were very specific. Instead of asking "do you think *crime* has increased?" we asked whether seniors thought that "the crime *rate in the past five years* has increased?" Instead of asking seniors whether crime was one of their "top five concerns", we asked them to tell us whether they felt safe in their neighborhoods.

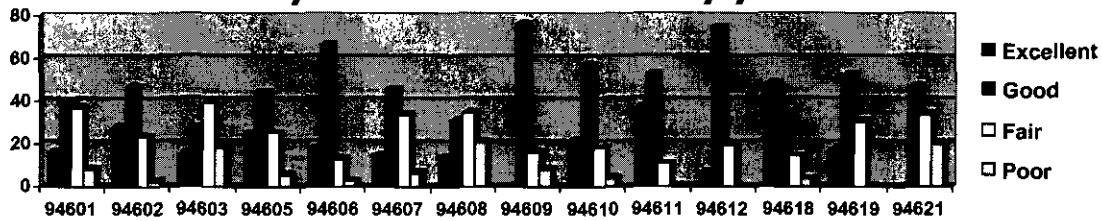
And the results were somewhat startling, at least in comparison to our earlier research. For example, the majority - 70 percent of Oakland's older adults rated the community that they live in as either good or excellent. Only 6% said that they rate their community as "poor". Respondents under the age of 65 tended to be less enthusiastic than those over 65 - 16% of seniors between the ages of 55 and 64 rate their community as "excellent" compared with 23% of those over 65.

NOTE: Zip code information was collected as part of the telephone survey, and used to report a number of the survey findings. As expected, results varied greatly by zip code. It is important to recognize that zip codes are limited in their usefulness for strategic analysis and planning because they represent large geographic areas thus may not be applicable to specific neighborhoods. For example, zip code 94605 covers an area that stretches from an affluent hillside community to the high poverty neighborhoods of deep East Oakland. While the majority of the respondents from 94605 reported feeling safe in their neighborhood, senior service providers commented that their clients in the flatland areas of that zip do not feel safe. Census track information provides data for smaller areas and thus more accuracy for planning purposes. However, we determined that asking for zip code information rather than street address facilitated survey responsiveness.

Between eighty-two and ninety percent of seniors in 94606, 94611 and 94618 ranked their community as "good" or "excellent". In contrast, fifty-three to fifty eight percent of residents in 94603, 94608 and 94621 said that their neighborhood was "fair" or "poor".

¹⁴ Carol Johnson, Patt Schroeder, Dorothy Green – St. Mary's Center 4/03

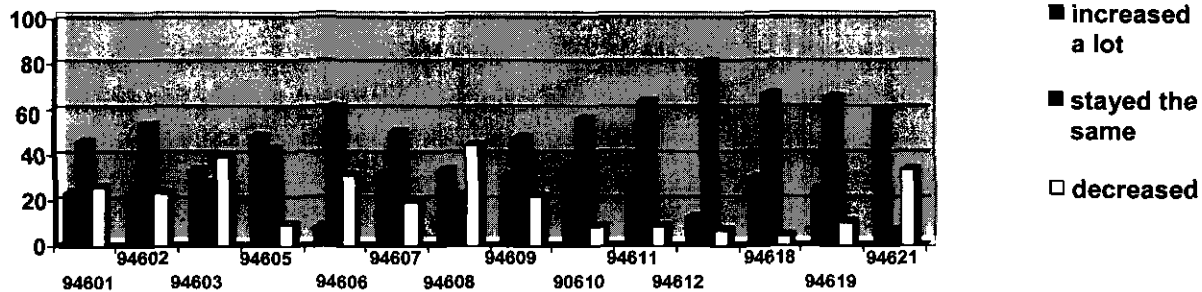
How would you rate the community you live in?



Source: DHS Survey

In a similar finding, almost 30% of Oakland seniors overall report that the crime rate has increased over the past five years. Fifty-one percent think it has stayed the same, and twenty percent believe that crime has decreased.

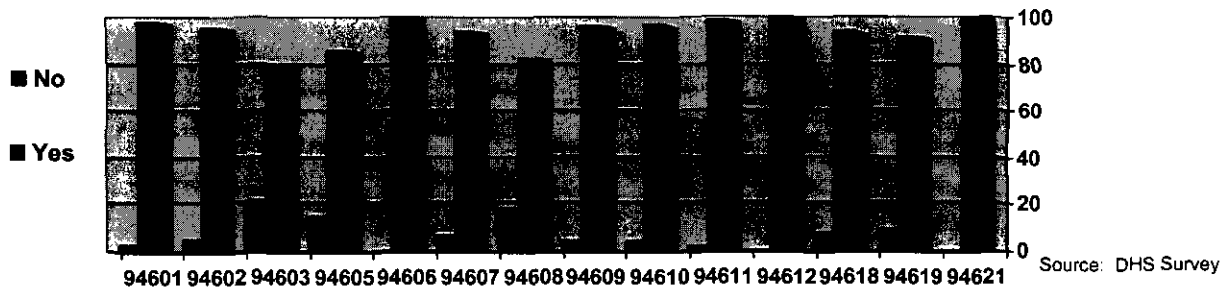
Do you feel that crime has increased in your neighborhood?



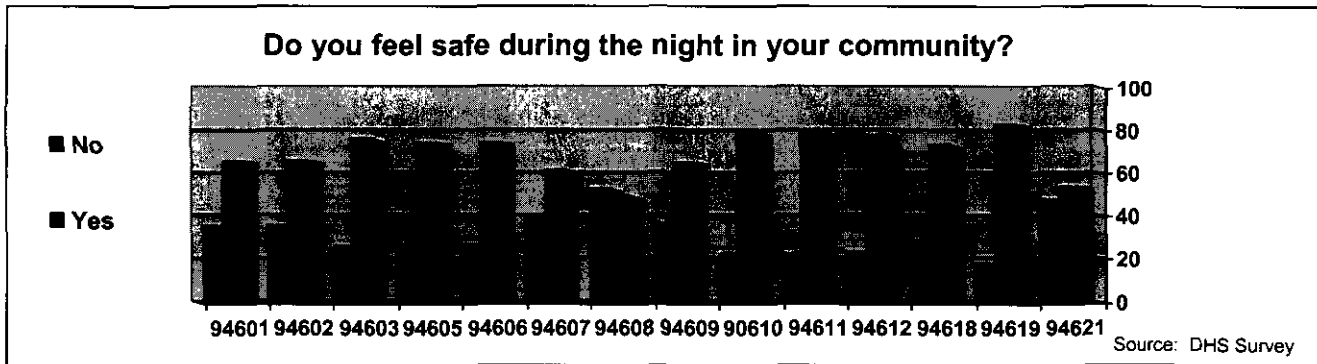
Source: DHS Survey

Despite their concerns about crime, most Oakland senior residents (94 percent) feel safe during the day in their community while 70 percent feel safe at night.

Do you feel safe during the day in your community?



Source: DHS Survey



The data from survey respondents is supported by research done for Alameda County by the Field Research Company. In a 2004 survey of Oakland seniors attending recreation center and senior center programs,¹⁵ 75% of respondents stated that the neighborhood where they live is safe. Sixteen percent of the respondents in that survey said that they found their neighborhood to be “not very” or “not at all” safe.

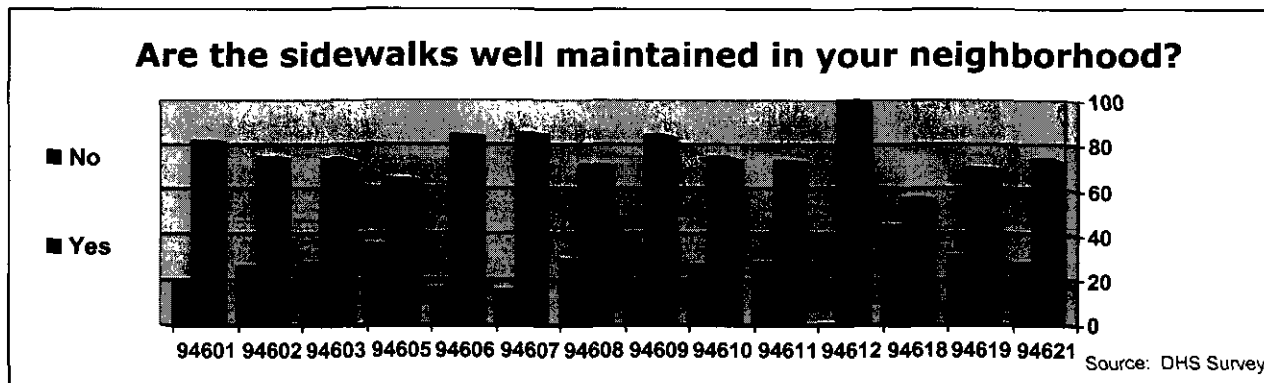
Forty percent of African American seniors, 30% of Caucasian seniors and 27% of Hispanic/Latino seniors feel that the crime rate has increased over the last five years, compared with only 5% of Asian/Pacific Islander seniors. These results are similar for all age groups surveyed.

The Key Informants who participated in the Needs Assessment reported concerns about environmental safety issues affecting seniors in Oakland. One respondent stated “Our communities are not senior friendly in a lot of ways. The streets are not pedestrian friendly, doors are heavy ... (and) ADA compliance is the bare minimum. Safety must be improved in Oakland to improve seniors’ independence and assist them in remaining in the community.”¹⁶ Some of the focus group participants, particularly those with limited English skills, also spoke negatively about the City’s efforts to improve and/or maintain public safety standards.

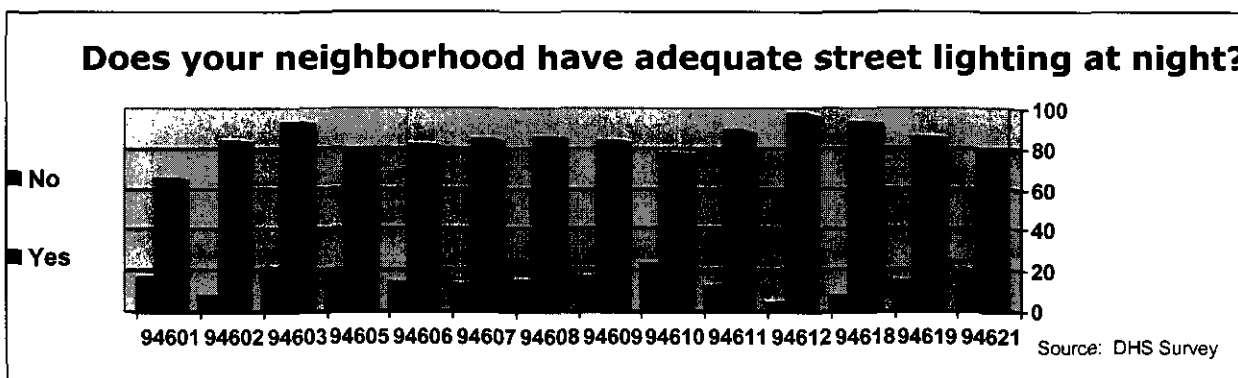
Interestingly, these concerns were not completely supported by the data provided by the Survey. With regard to street lighting and sidewalk integrity, most seniors reported satisfaction with the job that the City is doing in public areas. For the most part, Oakland seniors felt that their sidewalks were well maintained; with almost 73% of respondents answering “yes” the sidewalks were well maintained. Even more seniors were content with the level of street lighting; about 87% responded that their streets were adequately lit at night.

¹⁵ “Promoting Health Eating and Physical Activity to Seniors in Alameda County: Results of a Senior Center Survey” Bye, Albright, Barry et.al 4/2002

¹⁶ Wendy Peterson, Senior Services Coalition - 5/03



Even more seniors were content with the level of street lighting; about 87% responded that their streets were adequately lit at night.



Healthy Living

Oakland's older adults appear to be quite content with their quality of life, with 71 percent reporting that they have either a good or excellent quality of life. This figure is substantially higher than the 64 percent satisfaction of younger Oakland residents reported in a 2002 Citywide resident survey¹⁷. In addition, 69 percent of older residents rated their health as either good or excellent compared to other people their age. Thirty-one percent indicated that their health is either fair or poor compared to other people their age.

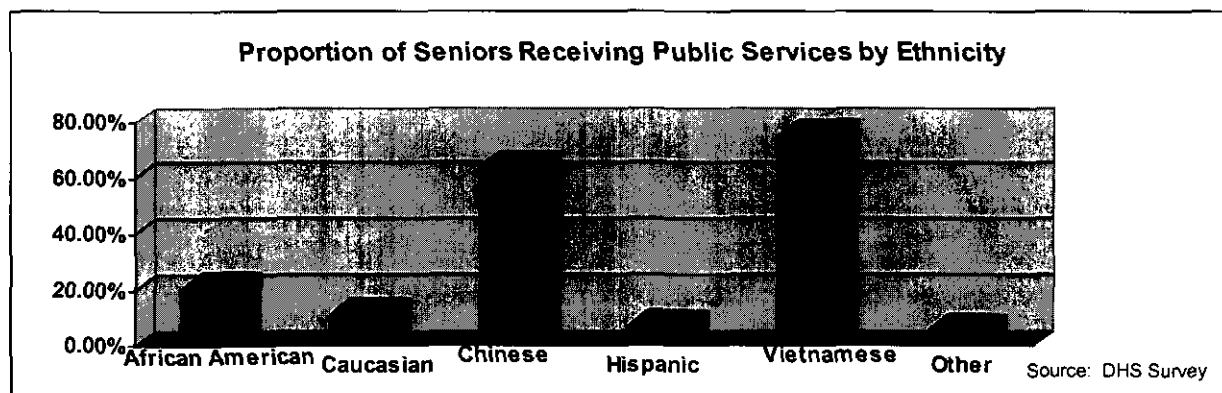
But, as mentioned under the "Oakland Seniors" section, Oakland has a substantial number of seniors with very limited resources, and it is these seniors who are most likely to report health concerns. In our survey 25% of those individuals living below the poverty level also reported that they need assistance with one or more "activities of daily living" or ADLs. (Need for ADL assistance is an effective indicator of an ability to live independently). Following are some additional survey findings related to the health status of Oakland seniors.

Eight percent of Oakland's older adults reported that there was no one who would deliver medicine or groceries if they were ill. Although the sample of self-identified Chinese respondents was less than 70, it is interesting to report that more than 15%

¹⁷ Fairbank, Maslin, Maullin & Associates, "Oakland Community Survey" 2002

reported that they would not have any support if they became incapacitated. That figure ties into the information gleaned from the key informants and the focus group participants. According to the information shared by monolingual focus group participants, they are concerned about the lack of bilingual capacity in health care and other services. This limits access to services.¹⁸

Twenty percent of older residents reported that they are receiving services from the city, county, or other social services agency assisting them with “activities such as paying bills, cooking, cleaning, transportation, and legal services.” This number was significantly related to the ethnicity of the respondent.



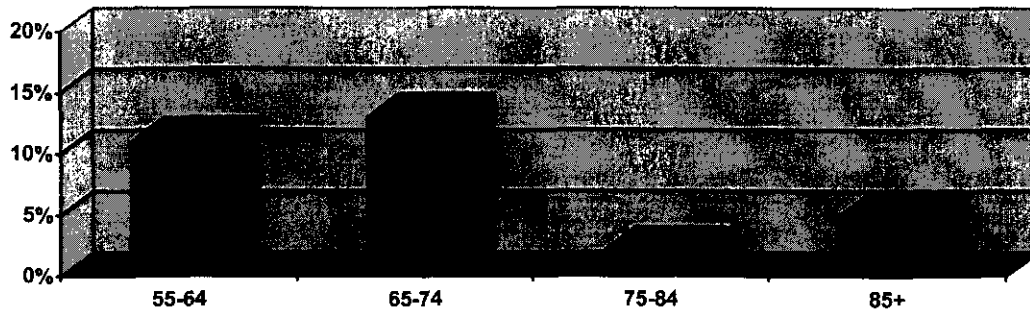
Thirty-seven percent reported that during the last 30 days pain interfered with their activities of daily living (e.g., grooming, house household chore) and social activities.

When given the RAPS4-QF (a reliable instrument to assess alcohol use) over the telephone 11 percent of older adults indicated heavy alcohol use or abuse. The national prevalence of older adults with alcohol problems is unknown; however, rates are estimated to range from 3 percent to 25 percent for heavy alcohol consumption and 2 percent to 10 percent for alcohol abuse in the general community (National Institute on Alcohol Abuse and Alcoholism, 1999; Libeto et al., 1992).

When broken out further, a fairly significant proportion of respondents reported drinking problems – that is, they reported that they drank large amounts of alcohol, they drank routinely, or they experienced social or physical warning signs related to alcohol consumption. This is of concern from a public health perspective, as the data suggest that seniors who live alone tend to drink relatively more. Thirty six percent of survey respondents identified as heavy alcohol users reported that they live alone. These results require additional analysis to determine the impact on senior communities.

¹⁸ St. Mary's Center Focus Group – 7/03

Self-Reported Drinking Problems By Age

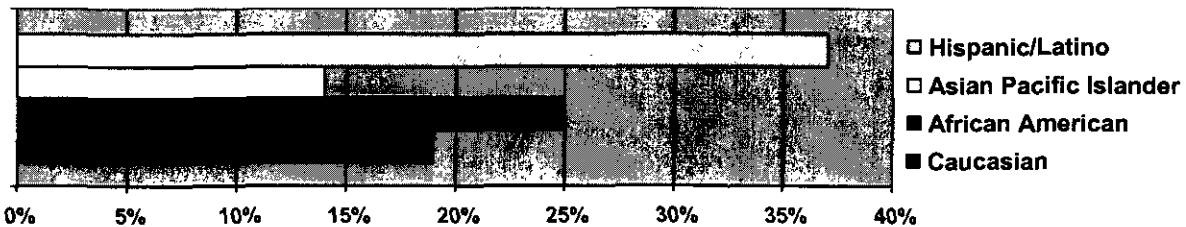


Source: DHS Survey

Another public health concern was illustrated by the response of twenty-two percent of those surveyed who indicated that they smoked cigarettes. This finding is consistent with the national average of adult smokers, which is currently 23 percent of the US population¹⁹. In fact, respondents over the age of 65 smoked at a slightly higher rate than those under 65, at a rate equal to the national average. Thirty four percent of survey respondents who reported an income less than the poverty level also smoke, compared with 18% of seniors with higher incomes. According to our survey Oakland's female older residents have a higher smoking rate than the national average: 11 percent compared to 9 percent nationally²⁰.

By ethnicity, 14% of Asian/Pacific Islander seniors and 19% of Caucasian seniors admit to smoking, compared with 37% of Hispanic/Latino seniors. Twenty-five percent of African American seniors said that they smoke. According to the California Policy Research Center, the effects of tobacco, even among non-smokers, remain a problem particularly for senior African Americans and Latinos, since the prevalence of smoking is high in these communities.²¹

SMOKING



Source: DHS Survey

Seniors participating in recovery programs served as a focus group for this Report. These individuals were very concerned about a lack of programs and resources to meet

¹⁹ Centers for Disease Control and Prevention, 2002

²⁰ Centers for Disease Control and Prevention, 2003

²¹ "Strategic Planning Framework for an Aging Population", Scharlach, Torres-Gil, Kaskie et.al. 2001

their needs. Recovering seniors emphatically “don’t want to be ... (in programs ...) with younger addicts”. They also point to hunger and food programs as very significant resources for addicts, who “may ease hunger with alcohol and/or other drugs.” These individuals were very concerned about the “lack of information about benefits and programs for low income homeless and substance abusing seniors.” The focus group participants suggested that parolees over a certain age need more outreach because “when people are released from jail they need immediate support ... and information about services.”²²

Other Focus Group participants and Key Informants felt that the City was doing a good job at our Senior Centers. According to one Key Informant, “seniors do benefit ... (by)... attending Senior Centers.... With the growing aging population within the next few years, these seniors are healthier and will need more of senior center services.”²³

A legislative staff person speaking as a Key Informant applauded the City’s senior services. “When I go to senior centers I see lots of senior activities, a calendar of things, its great outreach, the lunch program and activities with BACS. I go to community meetings and I (worked) with the working group to get the West Oakland shuttle running. I am surrounded by a group of folks who are actively trying to increase the responsiveness of the city in trying to help out the senior population. From that perspective, it seems that Oakland is ... doing a good job.”²⁴

Whether in or out of the Senior Centers, one positive note from the survey is that the majority of Oakland’s older residents - 75 percent - report doing some type of exercise (e.g., walking, dancing, gardening, going to the gym, etc.) four times a week. Fifteen percent report that they do not exercise within a week. The Alameda County Public Health Department’s research²⁵ shows that the top cause of accidents for seniors is falls, so improving the rate at which seniors exercise would improve their mobility and positively impact their health status.

The Survey asked seniors whether they ever missed meals, and 8% of respondents over the age of sixty five reported that they did miss meals. The reasons were because “Meals on Wheels” was not on time, they didn’t have enough money to buy food, and/or pain interfered with their ability to prepare a meal. In a related question, 41% of 65 and older survey respondents said that pain had interfered with their daily activities – including food preparation - at some time during the prior 30 days.

Making Connections

In studying the needs of any population, it is also important to consider where individuals might access resources to meet their needs. In this Report, we looked at how Oakland seniors *connect* with the City, with their community and with their families.

²² St. Mary’s Center Focus Group – 7/03

²³ Helen Lim, Hong Lok Senior Center -

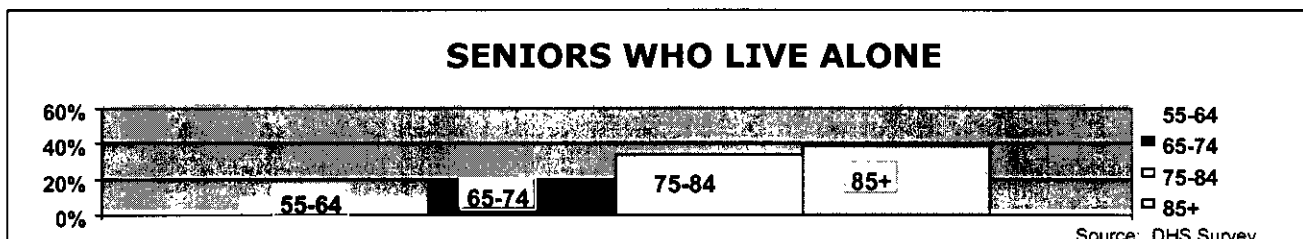
²⁴ Garrett Dempsey, Field Representative – Office of Assemblymember Wilma Chan 5/03

²⁵ “County Health Status Report 2003 Summary”, Kuhn, Martin, Brown October 2003

This information can tell us where to most effectively place resources, and what types of services might be most accessible to our senior communities.

According to our Survey, Oakland seniors are quite sociable, with the majority of Oakland’s older residents (74 percent) seeing friends three times in an average week. On the other hand, 16 percent of Survey respondents reported that they see no friends within an average week.

More than 43% of survey respondents over the age of 65 report that they live alone. As mentioned earlier in the “Healthy Living” section of this Report, living alone may be a factor in unhealthy behaviors such as excessive drinking. Living alone may also indicate that the senior lacks support for health and/or disability issues.



According to a report from Lavender Seniors of the East Bay²⁶, three times as many lesbian, gay, bisexual and transgender (LGBT) seniors live alone as compared to heterosexual seniors. This is an issue for the future as well, since that Report draws attention to the fact that Oakland has the largest lesbian community in the US, and the third-largest gay population. This suggests that Oakland is home to nearly 3,500 LGBT senior residents.

Participants in a focus group of LGBT seniors organized by Lavender Seniors voiced concern that their partners are not recognized for health care and financial decision-making, and that if they “came out” as lesbian, gay, bisexual or transgender, they faced rejection by family, friends, and/or service providers. Other forms of discrimination were of concern to LGBT seniors as well, and influenced their ability to “make connections” and access resources. The Lavender Seniors’ Report suggests that one of the biggest fears of LGBT seniors is that service providers do not or will not include partners in health/social service planning. In fact, 68% of Oakland seniors surveyed said that the availability and accessibility of “LGBT-sensitive social service providers” was “very important” to them.²⁷

Less than 12% of respondents over the age of 65 reported that they are currently working. That is a slightly lower figure than the 13% of seniors nationally who reported to the US Census in 2000 that they were currently working.²⁸ When including all age groups in the Survey we find that Hispanic and Caucasian seniors reported working at a higher rate than other ethnic groups – 46% of Hispanic and 35% of Caucasian seniors

²⁶ “Final Project Report: Oakland Lesbian, Gay, Bisexual, and Transgender Seniors of Color Project” Moore, et.al 8/2004

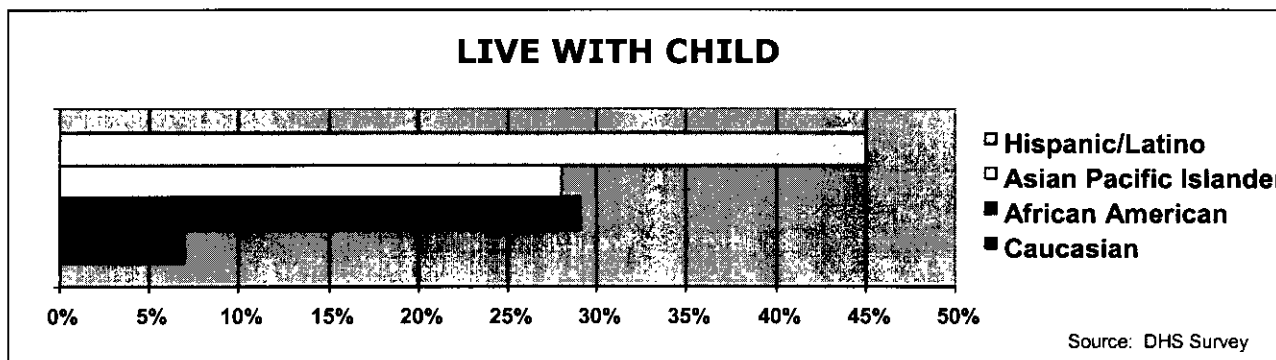
²⁷ Final Project Report: Oakland Lesbian, Gay, Bisexual, and Transgender Seniors of Color Project” Moore, et.al 8/2004

²⁸ US Census Bureau, American Community Survey Profile 2002

stated that they were currently working (NOTE: those percentages include persons over the age of 55).

As mentioned earlier in this Report, 52% of Asian/Pacific Islander seniors and 26% of African American seniors reported that they received services from a government or non-profit agency, compared with 11% of Caucasian seniors and only 7% of Hispanic/Latino seniors.

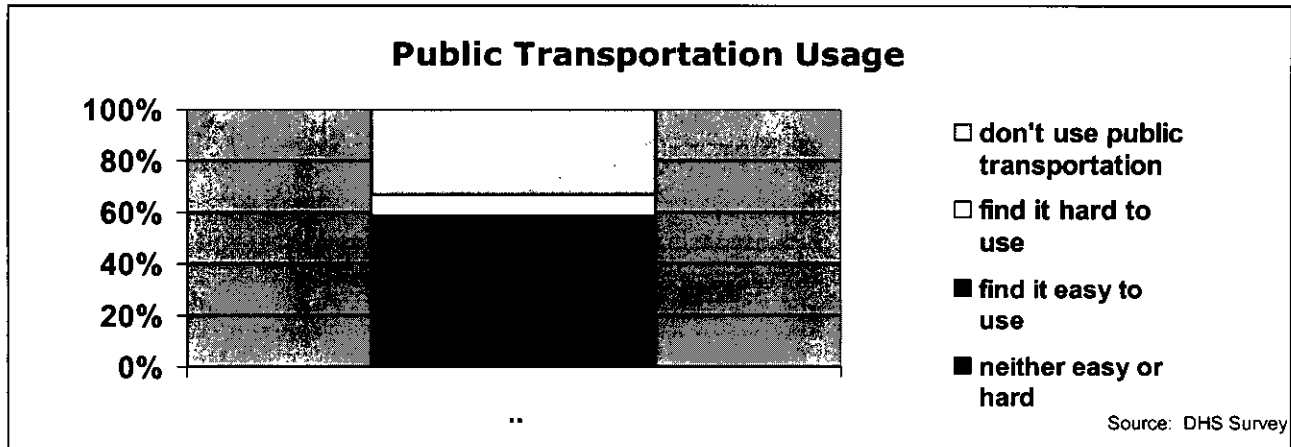
With regard to the issue of living with children, 21% of respondents reported that the youngest member of the household is under the age of 18. Twenty one percent of our Senior Survey respondents who reported working had a person under the age of 18 in their household. This may demonstrate that senior caregivers are working to a greater extent than those who do not have responsibility for young children. The proportions of seniors living with children under 18 by ethnicity are 45% of Hispanic/Latino seniors, 29% of African American seniors, 28% of Asian/Pacific Island seniors and only 7% of Caucasian seniors. Of the Oakland seniors who report living with their grandchildren, 35% have primary responsibility for those grandchildren. That is substantially greater than the 28% of Alameda county seniors with primary responsibility for their grandchildren. According to the San Francisco Chronicle, "custodial grandparents head just under 1 percent of American households, (while) the figure is more than 2 percent in Oakland and Richmond."²⁹



Finally, in providing information about the things they enjoyed, Focus Groups respondents reported that they were happy with the variety of activities available in Oakland. A primary consideration was the "expense" of public events such as ballgames and movies.

In further solicitation of information about their environment, we found that sixty-seven percent of older adults reported using public transportation. Of those who use public transportation, 50% reported that using public transportation is either easy or very easy. Eight percent indicated that public transportation was not easy or very difficult to use. We noted with interest that 47% of respondents over the age of 85 reported that they "never used" public transportation, compared to 35% of seniors age 65 to 84 years.

²⁹ Jim Herron Zamora, San Francisco Chronicle 9/10/2004



Our Focus Groups suggested that the transportation issue was of more concern to some populations than others. For example, monolingual Spanish-speaking seniors were quick to identify rude and difficult transit staff as a major “problem or worry” for people in similar situations.³⁰ And the Survey further showed that five percent of seniors surveyed found it difficult to use public transportation because the vehicles “did not accommodate mobility and physical problems” and/or “the bus stop is too far from my house”.

That finding was not borne out in the Survey however. When asked “how easy is it to use public transportation?” Ninety five percent of Hispanics who responded to the City’s telephone survey stated that they found it either “very easy” or “easy” to use public transportation.

³⁰ Posada de Colores, 6/03

VI. PLANNING FOR THE FUTURE

The Department of Human Services and the Commission on Aging have been working with Council members to improve services for seniors and identify unmet needs since the first Comprehensive Plan for Oakland Seniors was developed in 1987. We appreciate the opportunity to provide the Needs Assessment Report data to the City Council, and we request that the Council use this information to provide direction for future City programs for seniors.

With that in mind, the primary recommendation arising from this project is for the establishment of a workgroup to look at the all of the Senior Needs Assessment data and develop a recommended action plan for City leaders' consideration. Because this project cannot be successful without the support of the City's policymakers, it is imperative that council staff participate in the workgroup. By working together with local senior advocates, we can begin to address a general perception among the Report's Key Informants that the City does not pay enough attention to the needs of seniors. Those same service providers told us that more strategizing and better service integration would be the keys to meeting the needs of Oakland's aging population.

We agree with the Key Informants' suggestions that bringing senior service providers together would provide opportunities to share knowledge and foster cooperation. And by sharing this information with providers we will ensure that all local agencies serving seniors are better able to plan for the needs of the emerging senior population.

Short Term Objectives

The Needs Assessment identified a number of programs and services to benefit Oakland seniors that can be instituted relatively quickly. The Department of Human Services, as part of its mandate to serve local seniors and its mission to promote a healthy and caring environment in Oakland, is considering undertaking some or all of the following activities in the near future.

Develop an annual updated directory that lists all senior services providers in Oakland, including all senior centers, ADHC, nursing homes, skilled nursing, assisted living, etc.

Do more outreach to churches and other community organizations, and establish coalitions with other city agencies to link health, the built environment, community design, and public transit issues.

Conduct cross training for the provider community. This would include mechanisms to ensure that faith-based and emergency services providers are aware of senior service providers and referral mechanisms.

Educate the community about the needs of seniors. Frail homebound elders are an almost invisible population to most members of our community. By establishing and supporting programs to connect youth and young families to the elders in their

communities we can begin to build the relationships necessary to keep these seniors in their communities. Partnerships will be established and strengthened with activities that include collaboration between the governmental, community and faith-based organizations serving Oakland's seniors.

Long Range Goals

We also recognize that many of the issues confronting Oakland seniors will require significant study and the investment of resources before a solution is found. We want to take this opportunity to advise the City Council of some areas where the City might be more proactive in responding to the growing needs of Oakland's senior population.

Senior housing is the greatest need in Oakland. Dedicated affordable housing for seniors must be established and it should include on-site services or at least access to such services. Aging in place should mean staying in the community. Rather than focusing on institutional care, Oakland needs to look at innovative models for keeping seniors in the community. It is important to identify and pursue public and private funding alternatives in order to improve housing for Oakland seniors.

According to the Alameda County Public Health Department, one of the most pressing health issues for seniors is the lack of affordable housing. In a report on health disparities³¹, the County recommends that the City reconsider a commercial/industrial impact fee similar to the initiative that the City Council rejected in 2002 in an effort to support more affordable senior housing.

An earlier plan recommended that the Community and Economic Development Agency "assess the need for affordable housing for seniors and ... submit a plan to address this need to the Office of the City Manager and the Commission on Aging". As we have seen via the Needs Assessment, housing security remains an issue for Oakland seniors, and it is important for the City to make seniors a priority in redevelopment discussions.

Oakland senior's safety and security should also be City priorities. The City's Violence Prevention Plan includes a strategy to "Continue and expand ongoing efforts to identify and address violence against seniors and abuse and neglect toward seniors by family members and caregivers". Seniors and their caregivers must have both the tools and the ability to take action to protect them. By addressing these issues in the Violence Prevention Plan, and ensuring that the objectives related to this strategy are not ignored, Oakland leaders can ensure a safer environment for seniors - supporting seniors in their homes in the community rather than forcing them into nursing homes.

Legislation and Planning. One of the Key Informants stated that "the City needs to pay more attention. Politicians need to make sure that legislation is developed and passed in favor of senior issues. The City needs to develop strategies. There is no sense of strategies – how can we better integrate the non profit services in our delivery system?" Another advocate followed up that comment with the following observation. "Within

³¹ "A Framework for Change Reducing Health Disparities in Alameda County", Elize Brown 2002

Oakland we need to focus on advocacy. We feel fragmented now and need more clarity about what we are working on together. What are our priorities? Oakland (has) the largest population of seniors in poverty in California – we (also) have the leadership and power. The City can and should be an advocate.”

That strategizing is the key reason for this project. The Department of Human Services has convened a group of advocates and policymakers to further analyze the results of the Survey. We will use the information and data to support funding applications, and to develop partnerships with other public agencies in support of Oakland seniors. The data are also available to serve as a resource for City Council to use in developing legislation and policy affecting seniors. Finally, the Commission on Aging will use the results of the Needs Assessment to establish priorities for the future year Senior Services Set-Aside grant funding cycles.

Therefore, we respectfully recommend that the City Council accept this Report and support the Commission on Aging and the Department of Human Services as we utilize the information to develop new initiatives for Oakland seniors.

References

- Administration on Aging. (2000). *A profile of older Americans: 2000 [Online]*. Available: www.aoa.gov/aoa/stats/profile/default.htm: Department of Human and Health Services.
- Alameda County Community Food Bank. (2003). *Abating Hunger Among the Elderly – A Study of Hunger and Food Insecurity Among Elderly Brown Bag Program Participants in Alameda County*.
- Alameda County Community Food Bank. (2002). *Hunger A Study of Emergency Food Recipients in Alameda County*.
- Alameda County Public Health Department. (2003). *County Health Status Report 2003*.
- Alameda County Public Health Department. (2004). *Oakland Health Profile 2004*.
- Area Agency on Aging. (2001). *Area Plan 2001-2005*. Alameda County Department of Adult and Aging Services.
- Brown, Elize. (2002). *A Framework for Change – Reducing Health Disparities in Alameda County*. Alameda County Public Health Department.
- Association of Bay Area Governments online Census report – Available: <http://census.abag.ca.gov/>
- Centers for Disease Control and Prevention. (2002) Cigarette Smoking Among Adults—United States, 2002. *Morbidity and Mortality Weekly Report* 2002;51(29), 642-645.
- Dillman, D. A., Dolsen, D. E. & Machlis, G. E. (1995). *Increasing response to personally-delivered mail-back questionnaires by combining foot-in-the-door and social exchange methods*. *Journal of Official Statistics*, 11, 129-39.
- Dillman, D. A. (1978). *Mail and telephone surveys: The total design method*. New York: Wiley-Interscience.
- Dillman, D.A. (2000). *Mail and Internet Surveys The Tailored Design Method*. New York: John Wiley & Sons, Inc.
- Fairbank, Maslin, Maullin & Associates. (2002). *City of Oakland 2002 Community Survey*. Oakland, CA: Office of City Manager.
- Field Research Corporation (2004). *Promoting Healthy Eating and Physical Activity to Seniors in Alameda County: Results of a Senior Center Survey*. Alameda County Public Health Department.
- Moore, Peggy and Vessels, Jeff. (2004). *Final Project Report: Oakland Lesbian, Gay, Bisexual, and Transgender (LGBT) Seniors of Color Project*. Lavender Seniors of the East Bay for the Mayor's Commission on Aging.

Liberto, J. G., Oslin, D. W., & Ruskin, P. E. (1992). Alcoholism in older persons: A review of literature. *Hospital and Community Psychiatry*, 43(10), 975-984.

Mahoney, C., Jurich, K., & Davis, S. (1987). *City of Oakland Comprehensive Plan for Seniors*. Oakland, CA: Office of City Manager.

National Institute on Alcohol Abuse and Alcoholism. (1999). *Report to Subcommittee of the National Advisory Council on Alcohol Abuse and Alcoholism on the Review of the Extramural Research Portfolio for Epidemiology*. Washington, DC: U.S. Department of Health and Human Services.

Nelson\Nygaard Consulting Associates. (2003). *Senior Mobility Toolkit*. Metropolitan Transportation Commission.

Oakland City Auditor. (2003). *Survey for Oakland Public Libraries*.

San Leandro Needs Assessment Oversight Committee. (2000). *Maintaining Links to Independence – Final Report*. Alameda County Area Agency on Aging.

Scharlach, Andrea, Torres-Gil, Fernando, Kaskie, Brian. (2001). *Strategic Planning Framework for an Aging Population: California Policy Research Center*

U.S. Bureau of the Census. (2002). *General population characteristics--United States*. Washington, DC: U.S. Government Printing Office.

APPENDIX I – RESEARCH METHODS

The Department of Human Services in its continued commitment to serve Oakland's senior population has taken as many steps as possible to guarantee that this needs assessment adheres to standards of scientific inquiry. To ensure maximum representation for the issues and concerns of the diverse population of seniors within Oakland, the methodological design included the following approaches: analysis of secondary data sources, a structured survey, and random sample, and representative sample size, use of existing scales of assessment, focus groups, and key informant interviews. Furthermore, in utilizing a strategic combination of both quantitative and qualitative data, this needs assessment ensures that the limitations of one methodology are offset by inclusion of the additional data sets. The goal is to have an accurate assessment that portrays community attitudes, quality of life, and concerns that is generalizable with a high level of confidence to the entire population of Oakland's residents 55 years and older.

Secondary Data Sources

A review of existing databases, planning documents, and special reports concerning Oakland's seniors was performed. This review makes informed discussion possible to aid in research design and implementation to ensure that the concerns and needs of Oakland's older adults will be encapsulated in this assessment.

The primary source of secondary data was the 2000 Census report. Information from the Census was used to compare the economic and demographic attributes of Oakland seniors over time. Information from the census was primarily used for comparative purposes; that is, we looked at the census to determine how the community of Oakland seniors had changed during the prior decade.

Survey of Oakland's Older Adults

The Steering Committee reviewed a number of project designs and in late 2002 decided to use a randomized survey. The Committee agreed that the survey model was the most effective method of obtaining input from Oakland's senior population.

Survey Instrument

The development of the survey followed a Tailored Design Method (TDM), which has continually been shown to achieve response rates of 70 percent for the general public and up to 91 percent when targeted to special populations and employed in a telephone survey (Dillman, 2000; Dillman, Dolsen, and Machlis, 1995; Dillman, 1978). Developing the survey using the TDM engenders trust and the perception of increased rewards and reduced costs (e.g., time, etc.) for being a respondent (Dillman, 2000). Additionally, the TDM takes into account features of the survey situation and aims to reduce overall survey error, with particular emphasis on non-responses (Dillman, 2000). An important concept underlying TDM has to do with utilizing social exchange ideas in the development of the survey and the layout of the questions to increase response rates and the feeling of cooperation among respondents (Dillman, 2000).

As we developed the TDM, we began to recognize the existence of additional survey tools that could be used to provide specific information about social concerns. Therefore, in addition to the TDM, our survey included three widely used scales of psycho-social assessment:

- (1) Rapid Alcohol Problems Screen 4 - Quantity and Frequency (RAPS4-QF),
- (2) A factored-down version of The Center for Epidemiologic Studies of Depression Scale (CEDSD),
- (3) and a scale assessing activities of daily living.

The 60 questions survey took respondents an average of 12 to 15 minutes to complete.

As part of TDM design (e.g., social exchange) and with the flexibility of a telephone survey, respondents were given important telephone numbers for senior information within the City and Alameda County.

Survey Process

DHS contracted with the City Auditor's office to conduct the telephone interviews with 483 randomly selected Oakland residents 55 years and older. The interviews took place between February 24 and April 07 2003. The response rate was 83 percent, which is consistent with the TDM model expectation (Dillman, 2000). With these results we can accurately generalize the findings of the survey to the greater population of residents 55 years and older in Oakland. In fact, the margin of sampling error for the sample frame is plus or minus 4.4 percent which is a statistically acceptable rate and provides confidence that the survey is applicable to the majority of Oakland seniors. It must be noted that the margin of error may be larger for smaller subgroups in the sample.

Focus Groups

In order to identify the needs and concerns of groups that may have been under-represented in the survey sample, we included a several focus groups in this project. Most of the groups were identified early in the process, although in analyzing the survey data we found significant population groups and then we used the focus group model to obtain direct input from those sources. This targeting of groups in addition to the survey will help to ensure that the needs assessment is accurately portraying the diverse population of older adults in Oakland. The Focus Groups represented the following senior groups: Lavender Seniors of the East Bay, Posada de Colores Senior Residence, Hong Lok Senior Center, St. Mary's Center, and the Kinship Program of Family Support Services of the Bay Area.

The Focus Groups were convened with the help of community-based organizations serving specific populations. The focus groups included frail and isolated seniors, seniors in drug and alcohol recovery programs, gay and lesbian seniors, Latino seniors and seniors providing care to children.

The focus group dynamics also allowed the Department of Human Services to share information about our programs, and give resource guidance to participants. Overall the experience was extremely beneficial for both the Department and for the focus group participants. As might be expected, some of the participants were expressive, expansive and vocal while others needed more prodding before responding to the questions. Use of a list

and prioritization of responses was a very effective method; large and varied responses which were narrowed down during the prioritization process

Key Informant Interviews

In order to obtain a wide array of information, insights, and perspectives on the current and future needs of Oakland's 55 years and older population, we conducted 12 interviews of key informants (e.g., social workers, police officers, minority group leaders, ministers, etc.). The key informants consisted of providers and advocates for Oakland's senior population.

The interesting result from the Key Informant interviews, and the reason that this activity plays such a primary role in the research process, is that the information provided by these individuals is designed to inform us about what to expect in the future. We found that the information provided by Key Informants was significant because of the great degree of concurrence. When we asked 12 local providers, advocates, program directors, and government officials their opinions about issues affecting Oakland seniors, and their concerns for the future, we found the responses to be very similar.

As expected, the Key Informants' area of expertise also tended to be the area where they found the most issues of concern in terms of the future. For example, when we asked an activist for gay seniors when concerns him about the future of older adults in Oakland, he felt that fear of having to disclose their sexual orientation isolated many non-heterosexual seniors.

On the other hand, the Key Informants often provided similar answers to questions about Oakland seniors' future needs. In particular, housing and hunger (nutrition) were seen by nearly all of the respondents as issues of concern immediately and in the future. The Key Informants are seeing first hand the results of cuts in such programs on the frailest and most vulnerable seniors. The Key Informants' most often cited "needs" of Oakland seniors' were housing, nutrition, financial support and in-home services.

With regard to whether seniors' needs were being addressed, several of the Key Informants expressed concern about the lack of coordination among service providers and in the community. This is notable because there have been many recent attempts to coordinate activities – including the establishment of the Alameda County Senior Services Coalition and the Long Term Care Planning Workgroup. It seems from some of the answers from Key Informants who participated in those activities that the coordination and collaboration has yet to show results.

B. Survey with Descriptive Statistics

City of Oakland's Senior Survey 2003

N=483

Confidence Rating of 96%

Responses Rate of 84%

Screening Information

Introduction:

Hello, my name is _____, and I am calling on behalf of the City of Oakland's Department of Human Services (**FOLLOW PROTOCOL FOR APPROPRIATE LANGUAGE**). The City is conducting a public opinion survey to determine the needs, interests, and concerns of residents 55 years and older. Your answers are vital to the accuracy of this survey.

Q1. LANGUAGE BY OBSERVATION:

Cantonese 10%
English 79%
Mandarin 1%
Spanish 10%

Q2. Are you 55 years or older?

Yes	Good, Scenario 1
No	Proceed to Q3

Q3. Is there someone else, 55 years or older, living in the household?

YES , are they available now to answers some questions?	Proceed Scenario 1
YES , not available now	Proceed Scenario 2
No	Proceed to Scenario 3

Q4. Scenario 1:

This is not a sales call. The City has chosen you as part of a sample of residents. You can help the City by taking a few minutes to share your experiences and opinions. Your responses are confidential and you may refuse to answer any questions. Your participation is voluntary and you may stop the interview at any time. The survey will take approximately 15 minutes. May I ask you some questions now?

Yes	Proceed with survey
No	Thank you for your time and have a good (day or evening). Goodbye

Scenario 2:

Can you please tell me when to call back to reach that member of your household?

Record time and call back:

Scenario 3:

Thank you, however at this time you do not qualify for our survey. We appreciate your patience with our procedures. Have a good (day or evening). Goodbye.

Q5. Thank you. In order to help me verify that you live within the boundaries of our interviewing area, could you please tell me the ZIP code of your residence?

Recorded ZIP code:

[TERMINATE ALL RESPONDENTS WHOSE ZIP CODE DOES NOT BEGIN WITH "946__" PROCEED WITH SCENARIO 3]

Q6. **ASK ONLY IF NOT OBVIOUS:** What is your gender?

Male	42%	1
Female	58%	2

Q7. How long have you lived in the Oakland? [CODE "1" FOR 0- 12 MONTHS]

Mean 31 years Median 30 Mode 50

Q8. Generally, speaking how would you rate the community you live in would you say it is excellent, good, fair or poor?

Excellent	20%	1
Good	50%	2
Fair	24%	3
Poor	6%	4

Q9. Do you feel safe during the day in your community?

Yes	94%	1
No	6%	0

Q10. Are the sidewalks well maintained in your community?

Yes	77%	1
No	23%	0

Q11. Does your community have adequate street lighting at night?

Yes	86%	1
No	14%	0

Q12. Do you feel safe during the night in your community?

Yes	70%	1
No	30%	0

Q13. Do you feel that crime in your neighborhood in the last five years has (**READ RESPONSES**):

Increased a lot	13%	1
Increased a little	17%	2
Stayed the same	51%	3
Decreased a little	14%	4
Decreased a lot	5%	5

Q14. In your neighborhood how well does law enforcement and the police respond to your concerns, would you say excellent, good, fair, poor?

Excellent	18%	1
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Good	53%	2
Fair	20%	3
Poor	8%	4

Q15. How easy is it for you to **USE** public transportation; would you say very easy, easy, fair, not easy, very difficult?

Very easy	19%	1
Easy	31%	2
Fair	9%	3
Not easy	4%	4 - Proceed to Q15(a)
Very difficult	4%	5 - Proceed to Q15(a)
Never used	33%	6

Q15(a). What makes public transportation difficult to use.

Top five reasons the bus is difficult to use:		
Not convenient times and the bus runs to slow		4%
The bus does not accommodate my mobility and physical problems.		3%
The bus stop is to distance from my house.		1%

Q16. Do you feel the quality of your life is (**READ RESPONSES**):

Excellent	20%	1
Good	51%	2
Fair	24%	3
Poor	3%	4

Q17. If you needed help with a major problem, such as a health problem, family problem, or personal problem who would be the first person you would turn to for help?

Spouse/Partner	26%	1
Relative	48%	2
Friend	10%	3
Pastor/Minister	2%	4
Neighbor	4%	5
No one	3%	6
Other	7%	7

Q18. If you were sick is there someone who would bring you medicine or groceries?

Yes	92%	1
No	8%	0

Q19. In general, compared to other people your age, would you rate your health as (**READ RESPONSES**):

Excellent	22%	1
Good	47%	2
Fair	25%	3
Poor	6%	4

Q20. Do you receive any services from the county, city, church or other social services agencies that assist you with any activities such as, paying bills, cooking, cleaning, transportation, legal services?

Yes	20%	1
No	80%	0

Q21. During the past 30 days, has pain interfered with your daily activities such as, grooming, household chores, or social activities?

Yes	37%	1
No	63%	0

Q22. Do you have a major health concern? [IF YES "what is your health concern" CODE "NONE" FOR NO HEALTH CONCERN]

Top Five Concerns:		
Arthritis		11%
Physical Pain		8%
High Blood Pressure		8%
Diabetes		7%
Heart Condition		5%
53% did not report a major health condition.		

Q23. How often do you see a doctor; would you say once a week or more, once a month or more, once a year or more, or less than once per year?

Once a week or more	4%	1
Once a month or more	50%	2
Once a year or more	39%	3
Less than once a year	7%	4 – Proceed to Q23(a)

Q23(a). Why haven't you seen a doctor within the last year?

Dislike the doctor		1
Cost	19%	2
Do not have a medical doctor		3
No transportation		4
Immigration or legal issues		5
Other (please specify):	81%	6

Q24. Do you ever miss medical appointments because you do not have transportation?

Yes	5%	1
No	96%	0

Q25. Do you have medical insurance including MediCal or Medicare?

Yes	90%	1
No	10%	0

Q26. How often do you usually attend social activities and/or religious services or community meetings; would you say nearly everyday, once a week, once a month, once a year or never?

Nearly every day	1%	1
Once a week or more	49%	2
Once a month or more	17%	3
Once a year	8%	4
Never	25%	5

Q27. How often do you see friends in an average week? [CODE "O" FOR NONE]

Mean 3 Median 3 Mode is 7 16% do not see any friends within a week.
--

Q28. How often do you see family who live in or out of your home in an average week? [CODE "O" FOR NONE]

Mean 4 Median 5 Mode is 7 20% do not see any family within a week.

QMOOD I'm going to read you a list of some ways people often feel or behave. Please tell me how often you felt this during the LAST WEEK.; would you say rarely, none of the time, a little of the time, a moderate amount of time, or all most of the time?

	RARELY, NONE OF THE TIME	A LITTLE OF THE TIME	A MODERATE AMOUNT OF TIME	ALL MOST OF THE TIME
Q29. You were bothered by things that usually don't bother you.	1 71%	2 10%	3 11%	4 8%
Q30. During the last week you felt depressed.	1 64%	2 19%	3 10%	4 7%
Q31. During the last week you felt hopeful about the future.	1 34%	2 35%	3 11%	4 20%
Q32. During the last week your sleep was restless.	1 53%	2 22%	3 11%	4 14%
Q33. During the last week you were happy.	1 44%	2 43%	3 7%	4 6%
Q34. During the last week you felt lonely.	1 71%	2 13%	3 11%	4 5%
Q35. During the last week you enjoyed life.	1 60%	2 30%	3 5%	4 5%
Q36. During the last week you felt sad.	1 56%	2 21%	3 15%	4 8%

Q37. In an average week, how many meals do you eat at a meal site such as senior center, church, salvation army, etc.? [CODE "O" FOR NONE]

Mean 2 Median 1 Mode 1
92% do not eat a meal at a congregate meal site within a week.

Q38. Do you ever miss a meal because you do not have reliable transportation to get groceries or to go to a meal site?

Yes	4%	1
No	96%	0

Q39. Do you ever miss a meal when you need one for any other reasons?

Yes	11%	1 - Proceed Q39(a)
No	89%	0

Q39(a). What is the main reason why you would miss a meal?

No money	2%
Pain	1%
MOW not on time	

ADL

Do you have any problem completing the following activities independently (READ RESPONSES):

40. Dressing, eating, bathing, getting to the bathroom	1 - YES	7%
	0 - NO	93%
41. Preparing meals, doing laundry, or cleaning the house	1 - YES	16%
	0 - NO	84%
42. Shopping or getting to the doctor's office.	1 - YES	11%
	0 - NO	89%
43. Writing checks or filling out bills	1 - YES	7%
	0 - NO	93%

Q44. Do you smoke?

Yes	22%	1
No	78%	0

RAPS4

Q45. During the last year have you had feelings of guilt or remorse after drinking alcohol?

Yes	2%	1 - Record 1
No	98%	0

Q46. During the last year has a friend or family member ever told you about things you said or did while drinking alcohol that you could not remember?

Yes	1%	1 - Record 1
No	99%	0

Q47. During the last year have you failed to do what was normally expected from you because of drinking?

Yes	2%	1 - Record 1
No	98%	0

Q48. Do you sometimes take a drink in the morning when you first get up?

Yes	2%	1 - Record
No	98%	0

QF

Q49. During the last year have you had five or more alcoholic drinks on at least one occasion?

Yes	10%	1 - Record 1
No	90%	0

Q50. During the last year did you drink as often as once a month?

Yes	36%	1 - Record 1
No	64%	0

TOTAL SCORE FOR RAPS4-QF

11% indicated heavy alcohol use or abuse.

Q51. During an average week how many times do you exercise, such as walking, dancing, gardening, going to the gym, etc.? [CODE "O" FOR NONE]

Mean 4 Median 4 Mode 7
15% report that they do not exercise within a week.

Q52. What is your current relationship status (READ RESPONSES):

Married	42%	1
Domestic partnership	2%	2
Living with partner	1%	3
Separated	4%	4
Divorced	14%	5
Widowed	28%	6
Never Married	9%	7

Q53. Are you currently employed?

Yes	31%	1
No	69%	0

Q54. How many people besides yourself live in your household? [CODE "O" FOR NONE]

Mean 1 Median 1 Mode 0
36% live alone.

Q55. What is the age of the youngest member of your household? [CODE "1" FOR 1-12 MONTHS]

26% live with persons 18 years and younger in their household.
41% live with persons 25 years and younger in their household.

Q56. How old are you?

Mean 69 Median 67 Mode 55

Q57. How do you identify your ethnicity or racial group?

African American	35%	1
American Indian/Alaska Native	1%	2
Caribbean	1%	3
Caucasian	33%	4

Chinese	11%	5
Hispanic/Latino	12%	6
Indian		7
Japanese	1%	8
Korean		9
Pakistani		10
Pacific Islander		11
Vietnamese	1%	12
Other (please specify):	5%	13 -

Q58. What is the primary language spoken in your household?

English	73%	1
Spanish	11%	2
Farsi		3
Cantonese	11%	4
Mandarin	1%	5
Korean		6
Vietnamese	1%	7
Hindi		8
Other (please specify):	3%	9 - RECORD to Q58other

Q59. Is your monthly income below \$750.00 for an individual or \$1,025.00 couple?

Yes	23%	1
No	76%	0

Q60. What is the highest level of schooling you have attended?

Grades 1-8	7%	1
Grades 9-11	13%	2
High school graduate	23%	3
Vocational school	2%	4
Some college	25%	5
College graduate	29%	6
Never been to school	1%	7

C. Key Informant Protocol

Dear XXXXX:

I am writing to ask your help with a comprehensive community assessment of the needs of individuals 55 years and older living in the City of Oakland. Approximately fifteen providers, policymakers, and community leaders are being interviewed as "key informants" during the next two months to obtain information on needs, resources, and priority policy issues affecting the City's population of older adults now and in the coming years. I am hoping you would be available for a confidential, in-person or telephone interview that would take 20-25 minutes sometime before April 1, 2003? Your perspective and insights will be incorporated into a final report, which will be presented to the Department of Human Services in the spring of 2003.

The Commission on Aging has identified you as a knowledgeable individual with an important perspective on the needs of older adults. An interviewer will be in touch with you within the coming weeks to further explain the purpose and methods of the needs assessment. In addition, to scheduling a convenient time for the interview to take place. A copy of the interview questions is attached, but no formal preparation is necessary.

Your answers are completely confidential and will be released only as summaries in which no individual's answers can be identified. Results of the study will be used to help the City make Oakland an even better place for seniors. By understanding what older adults' interests, concerns, and experiences are, the Department of Human Services can do a better job in providing services and improving the quality of life for Oakland seniors.

On behalf of the Commission of Aging and the Department of Human Services responsible for this needs assessment, I would like to thank you for taking the time to participate in this important study. If you have any questions or comments about this study, we would be happy to talk with you. Our number is (510) 748-6454.

Thank you very much for helping with this important study.

Sincerely,

XXXXXXXXXX

- 1) When you think about the future of older adults in Oakland, what concerns you the most? Why?
- 2) What are the most critical needs for older adults in Oakland now? What are they for the next 5 years?
- 3) From your perspective, how effectively do you believe senior services in Oakland are responding to the needs of older adults at the present time? How might this change in the next 3 to 5 years?
- 4) From your perspective, which group of older adults in Oakland is at greatest risk? Which group experiences the greatest isolation? How can this be addressed?
- 5) From your perspective, what are the major health issues that Oakland seniors are facing and will be facing in the future?
- 6) What are ways to increase and improve community collaboration to provide more support for Oakland's older adults?
- 7) Do you have any other thoughts about older adults, their needs, services or policy issues?

D. Focus Group Protocol

Facilitator technique

Questions should be asked in an open-ended format and participants' answers should be written on a board or chart. When the group has exhausted their list of answers, each member of the group should be given five stickers (e.g., dots) then place the dots next to those issues that they thought were most significant. Each dot will be counted as one point when data is tabulated; therefore, the highest number of dots will identify the most salient problems. Facilitators will tabulate all responses that received a point (e.g., dot) and submit the information to Oakland's Department of Human Services.

Focus Group Questions

Opening Questions: please tell us your first name, how long you have lived in Oakland, and whom you live with.

Introduction Question: please take a few minutes to think about your life. As you get older, what activities or other things will you enjoy doing? **[MAKE LIST]**

Key Question: - Activity Identification: what kinds of activities do you think seniors enjoy that might give us ideas for programs to offer all seniors? **[MAKE LIST]**

Key Questions – Activity prioritization: of these activities, which do you feel are the most important? **[MAKE LIST]**

Key Question – Problem Identification: now take a minute to think not only about your life, but the lives of others living in Oakland with its diversity of people. What problems or worries do other members of your community have, as they grow older in Oakland? **[MAKE LIST]**

Key Question – Problem prioritization: of these problems, which do you feel are most important? **[MAKE LIST]**

Key Question – Solution Identification: we've talked about problems such as... now let's talk about what is being done to improve the lives of older adults living in Oakland. Where does a person go to find help for the problems we have discussed?
[MAKE LIST]

Closing Question: are there any other things we did not talk about or comment that could make it easier for you to be healthy and happy in our community? **[MAKE LIST]**

Summary: let's go over the things we talked about.

Additional Responses: what have missed that you would add, change or delete?

Thank you for taking the time to participate in this focus group. Your assistance in helping Oakland plan for the future is very much appreciated.

APPENDIX II - Aging & Adult Services Division

The Aging & Adult Services Division is in the City of Oakland's Department of Human Services. The Division administers five programs for seniors and adults with disabilities and provides services to approximately 3,000 older residents and residents with disabilities annually. The programs provide services that maximize self-sufficiency, safety, health, active living and independence.

Community partners enrich a wide range of these City provided services that include care management, employment, training, volunteer opportunities, recreation and transportation assistance. These programs serve the most frail, disabled, and economically disadvantaged residents of Oakland and offer services not delivered directly by the Alameda County's Department on Aging. In addition, the Department also manages the City's five senior centers for older active residents. The following lists the City-run programs for seniors and adults with disabilities:

- Linkages Program and Multipurpose Senior Services Program (MSSP)
- Senior Companion Program/Foster Grandparent Program (SCP/FGP)
- Oakland Paratransit for the Elderly & Disabled (OPED)
- ASSETS Senior Employment Opportunities Program (ASSETS)
- Oakland Multipurpose Senior Centers

These programs have distinctive services, eligibility requirements and goals. All, except for the Senior Centers, are primarily funded by federal, state or county dollars.

Care Management & Support Services for Frail Elderly and Adults with Disabilities

Mayor/Council Goal: Ensure that all Oakland youth and seniors have the opportunity to be successful

- **Linkages Program and the Multipurpose Senior Services Program (MSSP)**

Through Linkages and MSSP, these programs enable adults with disabilities and frail seniors to continue living safely and independently in the community rather than in nursing homes. Services such as transportation, nutritional support, personal care, service coordination and information and referral assistance are provided. The Linkages Program serves Oakland residents, 18 years and older, frail elderly or disabled adults, who need assistance to remain at home. MSSP serves Oakland residents, 65 years or older, receiving Medi-Cal and who are at risk of nursing home placement.

There is no other care management program operating within Oakland which utilizes the Linkages model to serve the younger functionally impaired population. Client care management includes comprehensive in-home assessments and care planning by social workers to determine needs and to arrange and/or purchase services necessary to live at home (such as Respite Care).

MSSP is a medical and psychosocial model which utilizes public health nurses and social workers. The care management process involves a detailed in-home assessment, two quarterly visits, recertification, reassessment, and monthly phone monitoring. Staff makes referrals to and purchases services to help frail seniors stay safe and independent at home.

These two programs provide 160,000 hours of arranged or purchased in-home assistance for frail seniors and adults with disabilities which allow them to continue living safely and independently in the community rather than in nursing homes. In addition, the programs provide long term care information and referral services to 5,800 residents in the City.

Linkages & MSSP operate under the Federal Home and Community-Based Services, under Title XIX of the Social Security Act. Both programs address the issues raised by the Supreme Court Olmstead Decision. In July 1999, the Federal Supreme Court ruled in the Olmstead Decision confirmed the right of individuals with disabilities to live within their communities.

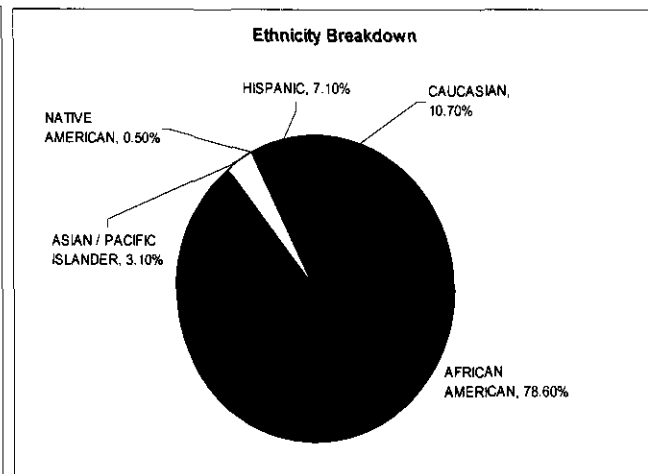
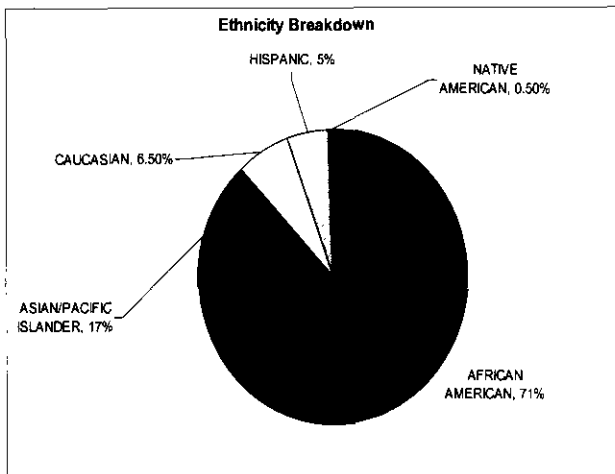
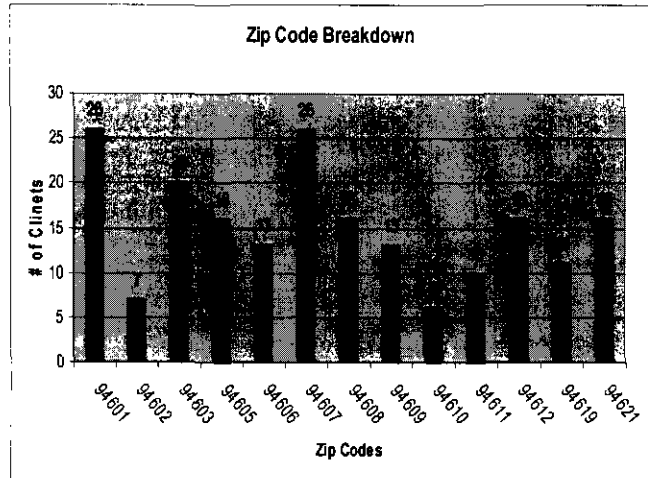
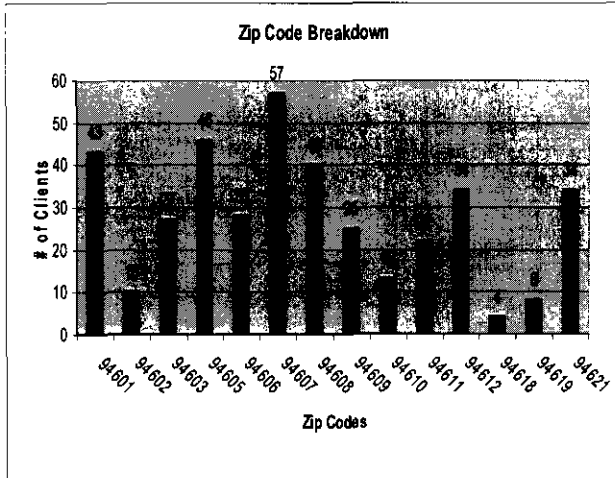
Service by zip code: MSSP largest numbers of clients live in the following zip codes: 57 in 94607, 46 in 94605, 43 in 94601, and 40 in 94608. Those four zip codes encompass parts of Oakland's North, West, East and Fruitvale communities. Linkages largest numbers of clients live in the following zip codes: 26 in 94601 and 94607 and 20 in 94603. These zip codes represent the Fruitvale area, West Oakland and East Oakland. See table for complete zip code breakdown.

MSSP client base consists primarily of African American (71%) and Asian/Pacific Islander (17%) seniors. The African American is the largest racial/ethnic population in the City of Oakland for residents age 55+. MSSP also has a bilingual team of care managers to work

directly with Asian/Pacific Islander seniors. The Linkages Program also serves a large number of African American (78.6%) clients and Caucasian (10.7%) clients.

**MSSP CLIENTS
By Zip Code and Ethnicity 2003-2004**

**LINKAGES CLIENTS
By Zip Code and Ethnicity 2003-2004**



Senior Volunteer Services

Mayor/Council Goal: Inspire creativity and civic engagement

- **Senior Companion Program (SCP)/Foster Grandparent Program (FGP)**

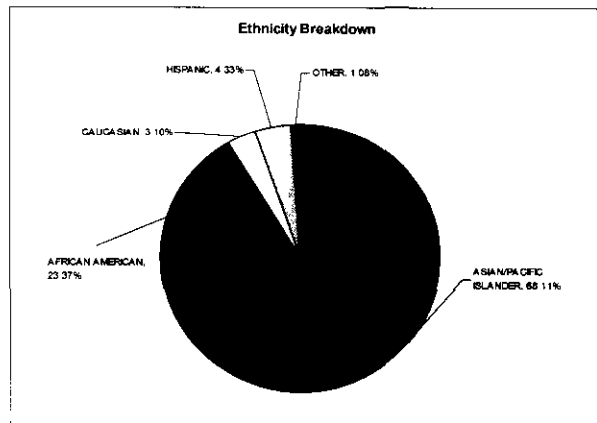
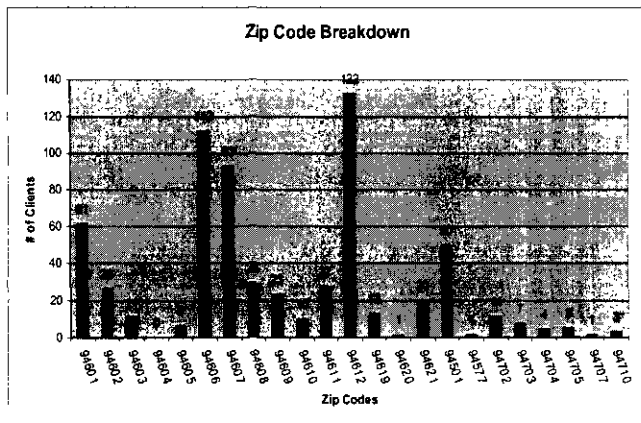
This program provides volunteer opportunities for seniors to help strengthen their communities. The Senior Companion Program provides support and care for the frail elderly people in jeopardy of being institutionalized. Senior Companions make a difference by being a friend to other adults, and helping with grocery shopping and other daily tasks. Foster Grandparents help at-risk children and youth by giving them much needed attention, advice on life issues and help with their studies. These low-income volunteers, aged 55 years and older, receive training and stipends for their contributions.

SC/FG Programs operate under the Federal Domestic Volunteer Act of 1973, as amended. The 128 senior volunteers give 133,632 hours of community service to assist over 600 clients. The clients consist of frail elderly and at-risk children, youth and families.

Service by zip code: SCP/FGP serves companions and clients throughout Oakland (87.3%) and from Alameda, Berkeley and San Leandro as required by federal and county grants. Volunteers and clients come from three primary zip codes: 132 in 94612, 112 in 94606, and 93 in 94607. These areas are located Downtown, east of Lake Merritt and West Oakland. See table for complete zip code breakdown.

The Program's ethnic representation is reflective of the three primary zip codes areas which have larger numbers of Asian/Pacific Islander and African American seniors.

SENIOR COMPANIONS/FOSTER GRANDPARENTS CLIENTS By Zip Code and Ethnicity 2003-2004



Paratransit for Seniors and Adults with Disabilities

Mayor/Council Goal: Ensure that all Oakland youth and seniors have the opportunity to be successful

- Oakland Paratransit for the Elderly and Disabled (OPED)**

The OPED Program provides limited amount of subsidized paratransit services to people who cannot access public transportation. Taxis, wheelchair-lift vans, and shuttle buses give clients access to services such as medical appointments, shopping and other activities. The program serves Oakland and Piedmont residents who cannot access public transportation, age 70 years and older or 18 years and older with a mobility disability.

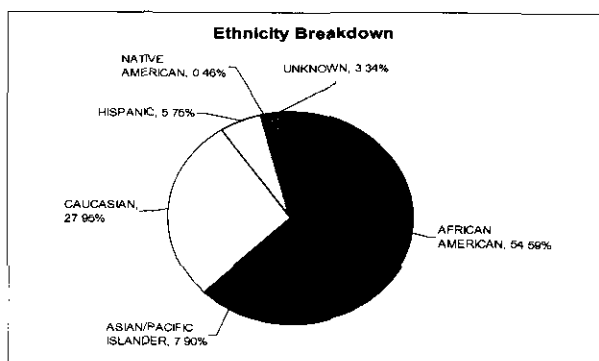
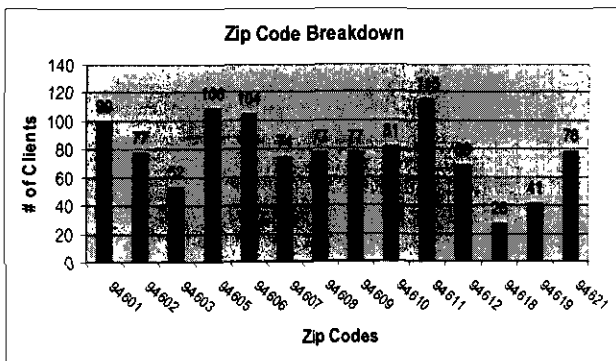
OPED subsidizes over 55,000 one-way paratransit trips for Oakland's frail elders and adults with disabilities. The majority of these rides are for medical appointments, dialysis, and cancer treatments. OPED has expanded the West Oakland Senior Shuttle to become the Oakland Senior Shuttle. At this time the shuttle serves West, East and North Oakland communities. As new operational funds are identified, the shuttle will continue to grow.

OPED operates under the approval of the Alameda County Transportation Improvement Authority (ACTIA) and the recommendation of the Alameda County Paratransit Advisory & Planning Commission (PAPCO) to receive Alameda County sales tax from Measure B.

Service by zip code: OPED's largest numbers of clients live in the following zip codes: 115 in 94611, 108 in 94605, 104 in 94606, and 99 in 94601. A large number of riders in the 94611 and 94605 zip codes are out of scope for East Bay Paratransit due to the limited number of AC Transit routes in the hills. This population is thereby limited to the City's paratransit service for transportation. The 94601 and 94606 zip codes are east of Lake Merritt through San Antonio, Fruitvale and Melrose districts. See table for complete zip code breakdown.

OPED provides paratransit assistance primarily to African American (54.6%) and Caucasian (27.9%) seniors and individuals with disabilities. OPED has recently hired part-time staff with language capabilities to assist with outreach into underserved populations.

**OPED CLIENTS
By Zip Code and Ethnicity 2003-2004**



Older Worker Employment and Training Program

Mayor/Council Goal: Ensure that all Oakland youth and seniors have the opportunity to be successful

- **ASSETS Senior Employment Opportunities Program**

ASSETS provides a continuum of services designed to meet the needs of employers and older job seekers. The Program prepares older adults for entry or re-entry into the competitive labor market by offering vocational classroom training in such areas as computer literacy, general office skills, early childhood education, and customer service. Enrollees also receive career counseling and are placed in community work experience positions. ASSETS also operates a One-Stop Career Resource Center designed specifically for adults age 50+. The goal is for the older adult to become gainfully employed.

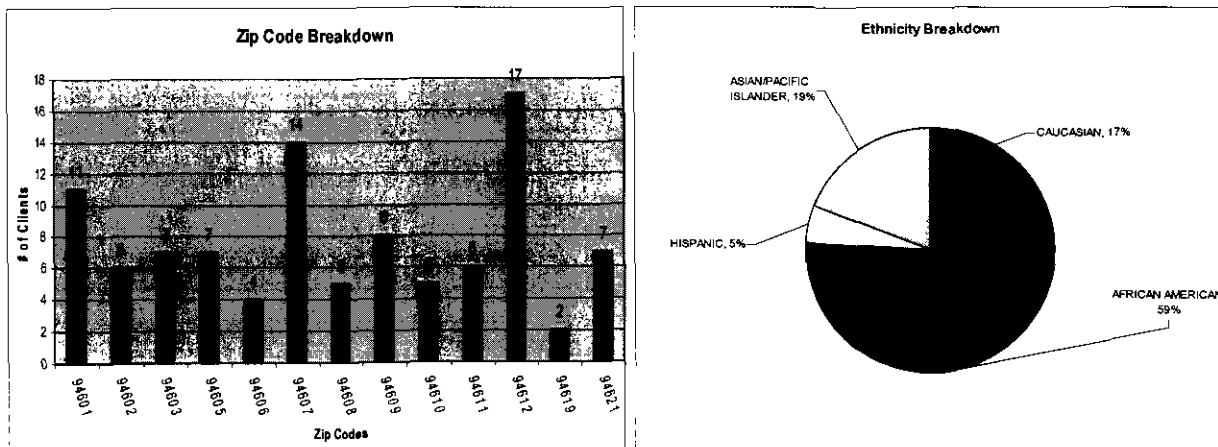
The program annually serves over 279 low-income Oakland residents, 55 years or older, by providing participants with the skills necessary to find part-time or full-time employment .

ASSETS operates under the Title V of the Older Americans Act – Community Service Employment for Older Americans. The Department of Labor requires that 30% of the program’s authorized enrollment level is transitioned into unsubsidized employment.

Service by zip code: ASSETS largest numbers of clients live in the following zip codes: 31 in 94612, 28 in 94608, and 25 in 94607 illustrating a concentration in Downtown and North/West Oakland. Clients are widely distributed throughout the City and other areas of the County. See table for complete zip code breakdown.

ASSETS’ participants are mainly from the African American, Caucasian, and Asian/Pacific Islander populations.

ASSETS SENIOR AIDES By Zip Code and Ethnicity 2003-2004



Multipurpose Senior Centers

Mayor/Council Goal: Ensure that all Oakland youth and seniors have the opportunity to be successful

Senior Centers offer programs for active seniors. The four senior centers located throughout the City (North, West, Downtown, and East) and the new center in Fruitvale/San Antonio, along with one contracted center in Chinatown, offer an array of programs, including social, recreational, nutritional and educational activities.

There are 2,159 individuals that have joined their local senior center in North, East, West and Downtown Oakland, and many more individuals participate in center activities. The centers are used for community activities and sponsored events, adult day care, congregate meals and brown bag donations, recreational classes, information, and healthy activity. The centers in the Fruitvale/San Antonio and Chinatown (Hong Lok Senior Center) have just recently opened and are growing. These demographic numbers for the Centers were not included in the tables below.

The Center participants are largely from the surrounding communities and reflect the neighborhood demographics. The senior centers all have elected Advisory Councils to support the Center.

The Centers are more than just a concrete facility but in the bigger picture they serve as focal points for a larger community of seniors and neighborhood groups.

Income

The Older Americans Act gives preference to providing services to older individuals with the greatest social and economic needs. Social needs are related to non-economic factors such as disabilities, language barriers, and isolation that restrict the ability to perform normal daily tasks or threaten the capacity for independence. Locally and nationally, ethnic minorities constitute a rapidly increasing segment of the nation's elderly population. Ethnic minorities have a much greater needs for services because of a high incidence of poverty, poor health and lack of access to resources.

According to the 2000 U. S. Census, 13.1% of Oakland residents over the age of 65 reported income less than the federal poverty level. The federal poverty level is \$8,629 annually. In California, individuals receiving Supplemental Security Income (SSI) receive \$9,480 annually. Individuals on SSI would not be included in the number age 65+ below poverty. The 2000 U. S. Census has not provided the number of individuals at 125% of poverty by age. Four of the City's aging programs, ASSETS, Senior Companion Program/Foster Grandparent Program, MSSP and Linkages have an income requirement at approximately 125% of the federal poverty level. Oakland Paratransit and the Senior Centers have not had an income requirement and serve the community as a whole. Oakland Paratransit serves a special population of residents unable to use public transportation and in some cases East Bay Paratransit. The senior centers serve the community of seniors surrounding the facilities.

Tables

The following two tables give a side by side comparison by number and percentage of the five Aging & Adult Services programs by zip code and by ethnicity. The first table focuses on number of clients served by Oakland zip codes. The 2nd table compares each program's clientele by ethnicity and by total age 55 and older population by percent.

Table I. Program Participants by Zip Code

Zip Codes	ASSETS		Linkages		MSSP		OPED		SCP/FGP	
	#	%	#	%	#	%	#	%	#	%
94601	17	6.1	26	13.3	43	11.0	99	9.2	61	9.4
94602	8	2.9	7	3.6	10	2.6	77	7.1	26	4.0
94603	12	4.3	20	10.2	27	6.9	52	4.8	11	1.7
94605	13	4.7	16	8.2	46	11.8	108	10.0	6	1.1
94606	15	5.4	13	6.6	28	7.2	104	9.7	112	17.4
94607	25	9.0	26	13.3	57	14.6	74	6.9	93	14.4
94608	28	10.1	16	8.2	40	10.2	77	7.1	29	4.5
94609	14	5.1	13	6.6	25	6.4	77	7.1	23	3.4
94610	11	4.0	6	3.0	13	3.3	81	7.5	10	1.6
94611	12	4.3	10	5.0	22	5.6	115	10.7	27	4.2
94612	31	11.2	16	8.2	34	8.7	68	6.3	132	20.4
94618	1	0.4			4	1.0	26	2.5		
94619	4	1.4	11	5.6	7	2.0	41	3.8	13	2.0
94621	10	3.6	16	8.2	34	8.7	78	7.3	20	3.1
Other	76	27.4							83	12.8
Unknown							500*			
TOTAL	277	100	196	100	391	100	1577	100	647	100

* Unknown # includes OPED riders on shuttles, group rides, East Bay Paratransit referrals, and riders under agreements with other programs.

Table II. Program Participants by Race/Ethnicity

Race/Ethnicity	ASSETS		Linkages		MSSP		OPED		SCP/FGP		Census 55+ ³
	#	%	#	%	#	%	#	%	#	%	%
African American	15	55.0	15	78.6	278	71.0	588	54.6	15	23.3	38.2
	1		4						1		
Asian/ Pacific Islander	52	19.0	6	3.1	65	17.0	85	7.9	44	68.0	19.0
									0		
Caucasian	57	21.0	21	10.7	26	6.5	301	27.9	20	3.1	32.5
Hispanic	14	5.0	14	7.1	20	5.0	62	5.8	28	4.3	8.4
Native American	2	1.0	1	0.5	2	0.5	5	0.5			0.4
Other	1	0.0					36	3.3	8 ²	1.2	6.1
Unknown							500 ¹				
TOTAL	27	100	19	100	391	100	1577	100	64	100	100
	7		6						7		

1. Unknown # includes OPED riders on shuttles, group rides, East Bay Paratransit referrals, and riders under agreements with other programs. Not included in total %.
2. Other equals Native American, East Indian/Declined to state
3. Census data for Oakland residents age 55 and older is used as a sample to reflect the senior population. Each program has different age eligibility and two programs serve adults with disabilities and one program is intergenerational (seniors with youth).