

Senior Needs Assessment
For the Monument Corridor

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Monument Corridor
Senior Needs Assessment

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Executive Summary

Summary of Needs Assessment Findings

Characteristics of Seniors in the Monument Corridor.

- At the time of the 2000 Census, there were 3,809 individuals ages 65 and older residing in the Monument Corridor, representing 9% of the total population of the area and 18% of all households in the Monument Corridor.
- At that time, 10% of these seniors identified their ethnicity as Hispanic or Latino, although that number has almost certainly grown substantially since then.

A Good Place for Seniors to Live.

Three characteristics of the Monument Corridor were repeatedly mentioned as being especially favorable for seniors:

- (1) *proximity to shopping*, including ethnic markets and stores
- (2) *convenient access to transportation*, including the freeway, BART, and Contra Costa Transit buses
- (3) *Spanish-speaking people and services*, making it easier for monolingual Latino seniors and reinforcing a sense of ethnic solidarity.

Problems Experienced By Seniors Living in the Monument Corridor

- *Transportation* to health care and other services
- *Insufficient income* to pay for adequate housing, health care and dental care
- *Social isolation and inactivity*, related in part to long periods of time alone and a fear of crime
- *Emotional distress*, associated with personal losses, physical health problems, and with social and cultural dislocation
- *Lack of information* about available resources, preventing seniors from making good use of the services that already exist.

Productive Activities.

The majority of Monument Corridor seniors were involved in some kind of productive activity, including

- *working for pay,*
- *working without pay,*
- *visiting a homebound elder,*
- *participating in the MCP Senior Action Team or Mayores en Accion,*
- *participating in neighborhood groups,*
- *helping out at church, or caring for grandchildren.*

Most seniors who were not already doing these activities expressed a desire to do so, but lacked *transportation, training, someone to do it with, or basic information about how to find volunteer opportunities.*

Existing Services for Seniors in the Monument Corridor.

- local transportation services;
- food and clothing distributions;
- employment and job training;
- low-cost health care;
- nutrition programs;
- case management;
- social support services;
- social, recreational, and educational programs

However, the ability of these services to meet the needs of their intended audience is limited somewhat due to fragmentation and lack of coordination.

Services Needed by Seniors.

- *Nutrition programs, including free or discounted food, meals, shopping*
- *Affordable health and dental care, including convenient health screening and enhancements to the Promotores program*

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- *Mental health resources that are local and affordable, as well as senior peer counseling programs*
- *Low-income housing*
- *Employment and volunteer opportunities, including job training and a volunteer recruitment and support program*
- *Social and emotional support, including friendly visitors, expanded case management, and respite care for family caregivers*
- *Educational opportunities, including workshops, seminars, and classes on topics such as computers, gardening, painting, English/ESL, Spanish literacy, citizenship, child development (for grandparents) and consumer protection against fraud and scams;*
- *Recreational and social programs, including those that are senior-specific and those that are multi-generational*
- *Elder abuse awareness programs.*

Appropriate utilization of new and existing programs requires enhancements in a number of implementation areas, including the following:

- *Information about local resources, including door-to-door bilingual outreach to help isolated and homebound seniors*
- *Improved transportation, including bus or taxi vouchers and volunteer drivers organized in collaboration with specific destinations (e.g., churches, La Clinica, shopping centers)*
- *One-stop information and service center, such as a Senior Center, Community Center, and/or neighborhood “satellite” centers at churches, shopping centers, and other local gathering places*
- *Senior-specific as well as intergenerational programs*
- *Family-oriented community events and programs that include and involve seniors, thereby strengthening their roles as parents and grandparents rather than just as service recipients*
- *Programs, services, classes, and information offered in Spanish as well as in English*
- *Information dissemination through television as well as print media*

- *Individualized, person-to-person approaches to information dissemination, including relying on trusted sources (friends, neighbors, etc.) to assist with outreach and to accompany seniors to program sites.*

Recommended Action Plan

The findings of this needs assessment suggest a four-pronged approach to meeting the identified needs of seniors who live in the Monument Corridor:

1. *A friendly visitor program* should be established that trains community members to make home visits to isolated seniors living in the Monument Corridor. This approach reflects the expressed need for individualized, one-to-one outreach efforts, especially for seniors who are homebound or immigrants, who are unable or unlikely to contact service providers on their own.

2. *Specific neighborhood-based initiatives* should be developed in response to some of the pressing concerns identified in this Needs Assessment. Given that a community-wide senior center or resource center may not be feasible or advisable at the present time, it is important to focus on developing and promoting initiatives in the neighborhoods where seniors reside. Some examples of promising and feasible initiatives that meet seniors' needs while building community capacity include neighborhood watch programs to help fight crime; neighbor-to-neighbor programs to identify vulnerable seniors; organized meal provision for persons in need; etc.

3. *Community partnerships* should be developed among existing organizations providing services of benefit to seniors in the Monument Corridor or otherwise committed to improving the lives of these seniors. There is a need for a collaborative effort among service providers and all components of the local community, perhaps under the guidance of the Monument Community Partnership. As a starting point, these groups could meet together to discuss the findings of this Needs Assessment, and set

priorities regarding issues to address through a collaborative effort. At the same time, planning can proceed for longer-term projects, which may require external funding.

Building upon the initial success of the Senior Needs Assessment Advisory Group, other organizations (e.g., MCC, La Clinica, churches) should be invited to attend future meetings and encouraged to participate actively in planning and development efforts. Efforts should be made to include seniors living in the Monument Corridor as active contributors to the process, as well. A small coordinating committee should be developed to convene meetings and set the initial agenda.

4. *Information dissemination* is a critical task if these new efforts are to be successful. This Needs Assessment provides an opportunity to increase public awareness regarding the needs of seniors living in the Monument Corridor and to publicize the services already available. Moreover, it provides a mechanism for convening key stakeholders and eliciting the attention of policymakers and potential funders.

Rationale for the Project

For years the needs of seniors in the Monument Corridor have been a growing concern. Catholic Charities, which has a full-time caseworker in the Monument Corridor, has seen the number of seniors looking for help increase. The Senior Action Team, headed by Mary Lou Laubscher, has known for years that seniors faced serious and increasingly urgent transportation, health, and social needs. Yet the voices of seniors were not always heard among the many voices urging that their needs be addressed.

Against this backdrop Catholic Charities of the East Bay proposed that the community come together to conduct a thorough needs assessment of seniors in the Monument Corridor. Our first step was to call Professor Andy Scharlach, Kleiner Professor of Aging at the School of Social Welfare at the University of California, Berkeley. He graciously agreed to design and administer the needs assessment. He conducted and oversaw all aspects of data collection, trained the interviewers, analyzed and interpreted the data, and prepared this report. He was ably assisted by Evelyn Parada, a graduate student in U. C. Berkeley's School of Social Welfare, and by Laura Raya, a Cal undergraduate student in the School of Social Welfare. Catholic Charities wishes to thank Professor Scharlach for his tireless efforts, for the tremendous skill and experience he brings to the task, and for his warmth and support.

The Monument Corridor is fortunate to have a large and committed group of individuals and agencies who have committed themselves to improving the lives of seniors. This group has eagerly come together to form the Senior Advisory Team, providing guidance and resources to this needs assessment. (The team is listed in the next session.) As we move forward, this group will guide the development of services to Monument Corridor seniors in response to this needs assessment.

For this needs assessment, we surveyed 210 seniors. Ten residents of the Monument Corridor gave their full effort as surveyors. They were deeply moved by the

condition of many of the seniors they interviewed. Their insights help form some of this report's recommendations.

Although it seems intuitive to first begin program planning with a thorough assessment of needs, it does not happen as often as it should. By first thoroughly understanding the needs of Monument Corridor seniors, the community can focus its efforts to best address their needs. Our hope is that this needs assessment will guide the planning and resource allocation of service providers and of civic, philanthropic, business, and religious leaders.

We wish to express our appreciation to Grace Caliendo, CEO and President of the John Muir Community Health Fund and to Judith Murphy of the Y & H Soda Foundation for their support.

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Needs Assessment Procedures

The Needs Assessment process involved a multi-component data collection effort. Data were gathered from the following sources: (1) interviews with a sample of 210 seniors living in the Monument Corridor; (2) debriefing with interviewers regarding their impressions; (3) focus groups held with groups of Monument Corridor seniors; (4) interviews and written survey materials from Key Informants knowledgeable about the needs of Monument Corridor seniors.

Interviews were conducted using a senior-oriented needs assessment protocol developed for this study. This protocol included questions addressing the needs of senior respondents, their current utilization of community resources, and the services and information approaches they would find helpful in meeting their existing needs. The protocol was designed in such a way that it could be completed by self-report or in response to an interview.

Interviews were conducted by ten experienced interviewers under the supervision of Martha Potts, Monument Community Partnership. While these interviewers had previously received extensive training in interview skills, additional training and role-playing was provided with regard to the particular instrument utilized for this needs assessment. Interviewers recruited study respondents at a variety of locations throughout the Monument Corridor, including the following:

- Four Corners
- Monument Futures
- Pacifico Market
- Palm Terrace
- Cambridge Elementary School and Area
- Ygnacio Valley Elementary School
- Los Rancheros Mercado
- First 5

- San Buenaventura Church
- Saint Francis of Assisi
- Queen of All Saints
- Mercado El Valle
- Mercado La Costena
- Loma Vista Adult Education
- Meadow Home Elementary
- Laguna Area
- Las Montanas Mercado
- Linden Drive
- Darlene Street

A total of 210 interviews were completed. Data forms were cleaned and coded, and simple frequency counts were compiled for each response item. (See Appendix for complete frequency counts for each item). Results were tabulated separately for Latino and non-Latino seniors, in order to examine ethnicity-related differences and patterns.

Debriefing meetings were held with interviewers to elicit their impressions regarding the needs of seniors in the Monument Corridor. Interviewers described the living conditions of the seniors they interviewed and responded to structured questions regarding the following issues: (1) favorable aspects of the Monument Corridor for seniors; (2) problems experienced by seniors; (3) services and activities available to seniors in the Monument Corridor, and barriers to their use; (4) additional services or resources that would be helpful to seniors in general, to Latino seniors, and to low-income seniors; (5) additional observations or suggestions. (See Appendix for a summary of Interviewer responses and recommendations).

Focus groups were conducted at meetings of the Senior Action Team and Mayores en Accion. An additional focus group attempted at St. Francis of Assisi church did not yield a sufficient number of respondents. Plans to conduct focus groups at other

sites did not come to fruition. The focus groups included a structured exploration process that sought responses regarding the same five issues: (1) favorable aspects of the Monument Corridor for seniors; (2) problems experienced by seniors; (3) services and activities available to seniors in the Monument Corridor, and barriers to their use; (4) additional services or resources that would be helpful to seniors in general, to Latino seniors, and to low-income seniors; (5) additional observations or suggestions. (See Appendix for a summary of responses and recommendations from the Senior Action Team and Mayores en Accion).

Information also was gathered from twelve Key Informants, identified by the Needs Assessment Advisory Group, who were service providers and other professionals knowledgeable about the needs of seniors living in the Monument Corridor. These Key Informants completed structured questionnaires administered electronically or in person. The questionnaires addressed the same five issues as those identified above. (See Appendix for a summary of Key Informant responses and recommendations.)

Characteristics of Monument Corridor Seniors

Area Included in Needs Assessment

The geographic area covered by this needs assessment includes neighborhoods within the City of Concord that lie both North and South of Monument Boulevard, as decided by the Advisory Committee. As shown in Appendix A, the study area can be defined roughly as follows:

- North of Treat Boulevard
- East of Bancroft Road and the Iron Horse Trail
- North of Lisa Lane
- East of Highway 242
- South of Concord Avenue
- West of Monument Boulevard
- South of Systron Drive
- West of the Contra Costa Canal

The study area includes parts of zip codes 94518 and 94520, and reflects the following United States Census Tracts:

- Census Tract 3361
- Census Tract 3362
- Census Tract 3372
- Census Tract 3381
- Census Tract 3240, Block Group 2
- Census Tract 3280, Block Group 2

Characteristics of Seniors Residing in the Monument Corridor

Data Source

The 2000 United States Census provides the most accurate source of information regarding the demographic composition of the study area, and is used here as the best available estimate of the elderly population in the Monument Corridor. It should be noted, however, that the Census is known to underreport certain groups, including persons who are not legal residents of the United States. Moreover, the Census data are now seven years old, and it is likely that the demographic composition of the Monument Corridor has changed rather substantially during these past seven years. During the ten-year period from 1990 to 2000, for example, the Latino population of the Monument Corridor increased 319% while the non-Hispanic White population declined 34% (*Monument Corridor Community Profile, 2004*). It is likely that similar changes have occurred in the ensuing years since 2000, but will not be revealed until the next U. S. Census in 2010.

Age Composition of the Monument Corridor

In 2000, there were 3,809 individuals ages 65 and older residing in the Monument Corridor, representing 9% of the total population of the area and 18% of all households in the Monument Corridor. Slightly more than one-half of these seniors were ages 65-74;

approximately one-third were ages 75-84; and, about one in eight were ages 85 or older. In addition, another 1,199 individuals were ages 60-64, a group that includes many individuals who are retired or have chronic health problems, and which is included in the federal Older Americans Act.

Census Tract 3280, Block Group 2, had the highest concentration of elderly persons in the Monument Corridor, with more than one in four residents of this area age 65 or older. This Census Tract represents the area roughly bordered by Highway 242 on the West, Concord Avenue on the North and East, and Clayton Road on the South.

Racial, Ethnic, and Gender Composition of the Senior Population

The U. S. Census asks individuals to identify themselves by race (White, African American, American Indian, Native Hawaiian or Pacific Islander, Other) and by ethnicity (Hispanic or Latino). In 2000, more than 80% of the elderly residents of the Monument Corridor identified their race as White; 9% identified as Asian or Pacific Islander; 2% identified as African American; fewer than 1% identified as American Indian; and, 6% identified as other races or multiple races. Approximately 10% identified their ethnicity as Hispanic or Latino. Of these seniors, about 60% were women and nearly 40% were men.

Overall, 35% of Monument Corridor residents of all age groups identified themselves as Latino. Census Tracts 3361 and 3362 had the highest proportion of Latino residents, reflecting the area roughly bordered by Pine Creek on the West, Clayton Road on the North, Galindo Street on the East, and Monument Boulevard on the South.

Living Arrangements

One of every four seniors lives alone. One in five lives with a spouse; 41% live with other relatives; and, 4% live with non-relatives. Eight percent live in a nursing home or other institutional setting, and 3% live in a group setting such as congregate housing. Of those seniors defined by the Census as “householders,” 70% live in houses they own and 30% live in rental units.

Needs Assessment Findings

Respondent Characteristics

Age. Survey respondents ranged in age from 50 to 90. While the primary focus of the needs assessment was on residents ages 60 and older, data were gathered from individuals under the age of 60 who appeared to be elderly or who otherwise were dealing with age-related health and social issues typically found among seniors. Of 210 survey respondents, approximately 20% were in their 50s, 50% were in their 60s, 25% were in their 70s, 5% were in their 80s.

Gender. Approximately 70% of survey respondents were women and 30% were men.

Race and ethnicity. Reflecting the special focus of this senior needs assessment, more than 85% of respondents were Latino. Fifteen percent were non-Hispanic Whites, one respondent was Asian, and one was African American. Eighty percent of the Latino respondents said that they spoke only Spanish at home, and another 20% spoke both Spanish and English. Nearly all of the non-Hispanic White respondents spoke only English at home, although a few spoke Chinese, Arabic, or Portuguese at home.

Residence. Nearly 40% of respondents lived in the Northwest portion of the Monument Corridor, near Cambridge Elementary School; 25% lived in the Northeast area, near Meadow Homes Elementary School; 12% lived in the Southeast area, near Ygnacio Valley Elementary School; 10% lived in the Southwest area, near Oak Grove Middle School; and, the remaining 8% lived in areas other than these. Nearly 40% of respondents had lived in the Monument Corridor more than ten years; 27% had lived here 5-10 years; 25% 1-5 years; and, 11% less than a year.

Living arrangement. Most respondents (60%) lived with adult children or other family members. One in four lived with a spouse or partner only, nearly ten percent lived alone, and about 6% lived with non-family members.

Income. Nearly one in three respondents lived on less than \$1,000 per month. Forty percent had monthly incomes of \$1,000 - \$2,000, 16% had incomes of \$2,000 - \$3,000, and about 10% had incomes over \$3,000 per month.

Care needs. Approximately 7% of respondents indicated that they needed assistance with personal care activities, such as bathing, dressing, and using the toilet. Of these, one-third said that they “always” receive the help they need, while one in five “never” do. One in six respondents require assistance with household chores, such as cooking, cleaning, and laundry. Of these, one-fifth “always” receive the help they need, while one-fifth “never” do.

The Monument Corridor: A Good Place for Seniors to Live

Survey respondents were asked to indicate what they liked best about living in the Monument Corridor. Nearly two-thirds of these seniors said that (1) proximity to a wide variety of *shopping opportunities* was the best part about living in the Monument. Latino seniors were especially likely to mention the availability of ethnic markets and stores. Other favorable community characteristics, each mentioned by 10%-22% of respondents, included the following: (2) *convenient access to transportation*, including the freeway, BART, and Contra Costa Transit buses; (3) *sense of community*, including familiarity and roots, good neighbors, friends, and family; (4) *physical environment*, described as being relatively calm, quiet, safe, and walkable; (5) *Latino/Spanish-speaking community*; (6) *proximity to churches*; (7) *parks*; (8) *proximity to schools*.

Interviewers provided their impressions of community characteristics most favorable for seniors, based on their interviews as well as their other interactions with elderly residents. They identified the following: (1) *proximity to shopping*; (2) *Spanish-*

speaking people and services, making it easier for monolingual Latino seniors; (3) *strong work ethic*, including a willingness to work hard and to help one another, despite a lack of work opportunities.

The twelve Key Informants interviewed as part of this Needs Assessment also were most likely to cite (1) *proximity to shopping* as an especially favorable feature of the Monument Corridor for seniors. Other community characteristics identified by the Key Informants included the following: (2) *relatively affordable housing*, at least as compared to most of Central Contra Costa County; (3) *convenience* (to downtown Concord, BART, etc.); (4) *community programs and activities*; (5) *Spanish-speaking people and services*.

Summary: Three characteristics of the Monument Corridor are repeatedly mentioned as being especially favorable for seniors: (1) *proximity to shopping*, including ethnic markets and stores; (2) *convenient access to transportation*, including the freeway, BART, and Contra Costa Transit buses; (3) *Spanish-speaking people and services*, making it easier for monolingual Latino seniors and reinforcing a sense of ethnic solidarity.

Problems Experienced By Seniors Living In The Monument Corridor

Survey Respondents were asked about problems experienced by seniors who live in the Monument Corridor. The concern mentioned most often, by the majority of respondents, was (1) transportation, especially difficulty getting to health care, shopping, and other services within the Monument Corridor. Latino respondents were especially likely to cite difficulty getting to health care. Problems mentioned by nearly one-half of respondents included (2) housing costs, (3) crime, and (4) language problems. Other problems included (5) not having anything to do, and (6) social isolation.

Survey respondents also were asked a series of questions regarding specific types of problems they may have experienced recently. Approximately one-third of respondents indicated that there had been times in the past year when they needed health

care but did not obtain it, and a similar number said the same about dental care. The primary reason given was cost, although language barriers and not having anyone to take them also were mentioned. Not receiving health or dental care was mentioned particularly by Latino seniors. More than one-third of seniors reported that they had felt depressed or emotionally upset in the past year, but had not been able to obtain help, primarily because they did not know where to get it. Only about 10% of seniors said that financial considerations had forced them to skip a meal, not fill a prescription, or split pills. About 30% said that there had been times in the past month when they wanted to get to the market but were unable to do so, and a similar number said they had been unable to attend church or social gatherings.

Interviewers identified a number of concerns faced by seniors, of which they had become aware: (1) *transportation problems*; (2) *illiteracy*, making it difficult for some seniors to understand even Spanish-language signs and documents; (3) *fear of crime*, including a perception that there is a lack of adequate law enforcement to deal with drug use, prostitution, and delinquency; (4) *lack of knowledge about available services*; (5) *immigrant status*, creating fear of deportation as well as social and cultural dislocation; (6) *lack of affordable dental care*; (7) *loneliness and depression*.

Transportation also was the problem identified most often by Key Informants, including difficulty getting to the Concord Senior Center and other community services. Other problems mentioned by Key Informants included (2) *social isolation*, due to language, isolation from peers and community services, and lack of opportunity for social interaction; (3) *health care*, including lack of proper medical attention, inability to understand lab results and other documents, and lack of adequate insurance; (4) *lack of information* about available resources; (5) *inadequate housing*, due to overcrowding and the lack of affordable housing or sufficient income to pay for market-rate rents; (6) *emotional distress*, associated with separation from one's homeland and familiar surroundings, loneliness because family members are so busy, and fear of deportation.

Summary: The problems mentioned most often as concerns for seniors living in the Monument Corridor are *transportation* to health care and other services, *insufficient income* to pay for adequate housing, health care and dental care; *social isolation and inactivity*, related in part to long periods of time alone and a fear of crime; *emotional distress*, associated with personal losses, physical health problems, and with social and cultural dislocation; and, *lack of information* about available resources, preventing seniors from making good use of the services that already exist.

Productive Activities

Many of the seniors we interviewed were involved in some kind of paid or volunteer activity. More than one-third were *working for pay*, at least part of the time, and another 10% were *working without pay*. Interestingly, Latino seniors were more likely to be working for pay, while non-Latino seniors were likely to be working without pay. About 15% spent time *visiting a homebound elder* or participating in the *MCP Senior Action Team* or *Mayores en Accion*. Seniors also *helped out at church*, *participated in neighborhood groups*, *cared for grandchildren*, and *took a neighbor shopping or to the doctor*.

Many seniors who were not already doing these activities expressed a desire to do so. More than one-third said that they would like to *participate in a neighborhood group*, while about 25% would like to *visit a homebound elder*, *participate in the MCP Senior Action Team* or *Mayores en Accion*, or *work for pay*. Others would be willing to *take a neighbor shopping or to the doctor*, *work without pay*, *help out at church*, or *volunteer at a hospital*.

Respondents were asked what supports would be needed to enable them to take on these kinds of activities. At least 20% of respondents endorsed each of the following types of assistance: (1) *transportation*, (2) *training*, (3) *someone to do it with*, (4) *reimbursement for travel costs*. Other seniors said that they needed *information about*

volunteer opportunities, more time to be able to pursue those opportunities, or having meals provided as part of the experience.

Services for Seniors in the Monument Corridor

A variety of programs and services exist to help seniors living in the Monument Corridor. Among these are local transportation services, including the new Monument Community Shuttle (Route 8); food and clothing distributions available at the Monument Crisis Center; employment and job training through Monument Futures; low-cost health care at La Clínica de La Raza; nutrition through Meals on Wheels; case management from Catholic Charities of the East Bay and other social service agencies; social support services through Senior Outreach Services (SOS); social, recreational, and educational programs at the Concord Senior Citizens Center; and multiple resources and programs coordinated by the Monument Community Partnership. See Appendix 3 for a more complete list of services.

Most of the seniors we interviewed had used one or more of these services. Nearly one-half had used La Clinica, and 10-15% had used the Monument Crisis Center, Concord Senior Center, or case management services offered through Catholic Charities or other organizations. About one-third of these service users said that their needs were met “completely” by the services they had used, while one-third said “mostly” and one-third said “somewhat” or “not at all.” A number of concerns were expressed regarding some of these existing services. Some Latino seniors who had attended the Concord Senior Center, for example, did not feel able to participate because of language difficulties.

Services Needed by Seniors

Seniors were given a list of 17 possible services and asked to identify those services that they would use, if they were available in the Monument Corridor and affordable. The two services endorsed most often, each by more than one-half of respondents, were (1) *free food* and (2) *Senior Center*. Other service ideas endorsed by a

least one-third of respondents included (3) *information about local resources*, (4) *help finding the particular services needed*, (5) *health screening*, and (6) *low-income housing*. For non-Latino seniors, having a Senior Center in the Monument Corridor was mentioned most often, while free food was mentioned most often by Latino seniors. Volunteer opportunities and legal assistance also were especially likely to be endorsed by non-Latino seniors.

Respondents also mentioned a number of services or programs that were not on our list. Mentioned most often in these “spontaneous responses” were the following: *transportation*, *crime reduction*, *recreation programs*, *health care*, and *financial assistance*. Interviewers underscored the need for adequate *transportation* and also added *in-home support services* to this list.

Key Informants identified a number of services that would be helpful to seniors living in the Monument Corridor: (1) *educational opportunities*, including workshops, seminars, and classes on topics such as computers, gardening, painting, English/ESL, Spanish literacy, and consumer protection against fraud and scams; (2) *information about local resources*, including door-to-door bilingual outreach to help isolated and homebound seniors; (3) *low-cost transportation*, including improved paratransit; (4) *nutrition programs*; (5) *employment opportunities (paid and unpaid)*; (6) *intergenerational programs*; (7) *mental health resources* that are local and affordable, as well as senior peer counseling programs; (8) *elder abuse awareness programs* and where to get help; (9) *low-cost health care and housing options*.

Service Needs of Latino seniors

Interviewers and key informants were asked whether there were any particular services that would be especially helpful to *Latino seniors* living in the Monument Corridor. The interviewers identified the following services and programs: (1) *literacy classes*, in Spanish, ESL, and English; (2) *Spanish-language classes* in a variety of topics, including computers, consumer protection, nutrition, and child development (for

grandparents); (3) *caregiver support*, including respite care and health care; (4) *intergenerational programs*. The interviewers noted the importance of using word of mouth, *person-to-person contacts* as a way of disseminating information and recruiting Latino seniors to participate in needed services and programs.

Key Informants echoed many of these same recommendations, identifying the following programs and services for Latino seniors in the Monument Corridor: (1) *educational opportunities*, including literacy classes, citizenship courses, and job training; (2) *programs and services provided by familiar persons* (e.g., friends and neighbors) rather than unfamiliar professionals; (3) *family-oriented community events* and programs that include and involve seniors, thereby strengthening their roles as parents and grandparents rather than just service recipients; (4) *cultural center* that is bilingual and bicultural; (5) Spanish-language seminar on *elder abuse and consumer fraud*; (6) assistance with *health care*, including monthly medical check-ups and expansion of the Promotores program; (7) low-cost *legal assistance* with immigration issues. Key Informants emphasized the importance of individualized, *person-to-person approaches* to inform Latino seniors of programs such as these, including relying on trusted sources (friends, neighbors, etc.) to assist with outreach and to accompany seniors on site visits to the program offices.

Service Needs of Low-Income Seniors

Interviewers and key informants also were asked whether there were any particular services that would be especially helpful to *low-income seniors* living in the Monument Corridor. The interviewers recommended (1) *free or low-cost transportation*, and (2) a *donation list*, so that individuals could help one another. Key Informants added the following ideas: (1) *discounted transportation*, including transportation to the Senior Center; (2) *vouchers* for groceries and other essentials; (3) *one-stop multipurpose center* for social services; (4) *information about available services* and how to access them, including dental and eye exams and emergency medical care; (5) *job training and*

employment opportunities for seniors who would like to work; (6) *affordable housing*; (7) *consumer education*, including elder abuse awareness.

Access to Services

Service Barriers

Interviewers and key informants were asked whether there were any particular reasons why Monument Corridor seniors do not make use of those services and volunteer opportunities that are available. The two groups identified the same nine barriers to service use: (1) seniors simply *do not know that the services and resources exist*; (2) *language and illiteracy*, making it difficult to communicate with service providers or understand written documents or information materials; (3) lack of *transportation*; (4) *cost* perceived as too expensive, especially for health, dental, and mental health care services; (5) *immigration status*, creating fear of harassment or personal or family deportation; (6) *fear of crime*; (7) a *family-centered orientation*, whereby families are seen as the natural resource for problems and there may be internal and external stigma for seeking assistance outside one's own family; (8) *need assistance with the process* of accessing help, or else seniors will not follow through on their own; (9) *social isolation*, and the lack of a central gathering place where seniors can interact with others in similar situations.

Avenues for Outreach

Seniors were asked about their preferred methods for finding out about community services and resources. The information source identified most often, by one-half of respondents, was (1) *television*. About 40% mentioned (2) *mail*, and 20% said (3) *radio* or (4) *flyers posted in markets*. While only about 10% overall mentioned (5) *local newspapers*, especially the *Contra Costa Times*, this was the preferred information source among non-Latino seniors. Fewer than 10% of seniors mentioned (6) *church bulletins* or (7) *the internet*. Although not provided as a response option, a number of respondents spontaneously mentioned *word of mouth*. Key Informants also recommended that

bilingual outreach efforts be conducted door-to-door to provide information, and to help isolated and homebound seniors.

Suggestions for Helping Seniors

Suggestions were solicited from interviewers, Key Informants, Mayores en Accion, and Senior Action Team, regarding what else could be done to help seniors living in the Monument Corridor.

Interviewers suggested that a *Friendly Visitor program* be established, whether paid or volunteer, whereby bilingual/bicultural community members could establish ongoing contacts with homebound and disabled seniors.

Key Informants made a number of suggestions: (1) *more funding* for existing programs; (2) a *multigenerational community center*, offering intergenerational programs and providing breakfast or lunch to encourage participation; (3) *include seniors* in the planning and development process so as to reflect what they think and need; (4) a *senior fair*, providing information and assistance in the areas of health, social services, and activities; (5) provide *incentives to engage seniors*, such as including seniors in family-oriented events and offering movie passes, rather than simply distributing a list of resources; (6) provide *places to sit* in shopping areas; (7) *senior housing*, including affordable assisted living; and (8) *peer support* and self-help, such as a network of seniors calling seniors. Key Informants emphasized the importance of *culturally-competent services*, including Spanish-language programs.

Mayores en Accion participants suggested a number of ideas for helping seniors: (1) one-to-one outreach, especially to immigrant seniors, who are reluctant to participate in community programs and services; (2) affordable transportation options for low-income seniors; (3) respite care for seniors who are caring for disabled family members; (4) a central clearinghouse where seniors can get information about available services; (5) mobile health clinic, that visits apartment complexes and other areas where seniors

congregate on a regular basis; (6) bingo, Loteria, and other social activities with culturally-relevant food and prizes.

Senior Action Team participants formulated recommendations in a variety of areas:

1. Housing:
 - a. Affordable and accessible senior housing on the Monument, preferably with a community center attached where a variety of needs can be addressed
 - b. Remodel existing apartment buildings, so as to make more ground-level housing available for seniors
 - c. Consider accessibility in building construction, such as wider doors
2. Transportation:
 - a. Less traffic
 - b. Flexible Para-transit
 - c. Work with the school district to use buses during the 10-2 period when not in use
 - d. Provide nighttime transportation options, especially for adults who no longer drive at night
 - e. Access wider transportation options in the Bay Area community
 - f. Design cars to make it easier for seniors to drive, such as glare-free windshields
3. Safety:
 - a. Increase drug and alcohol treatment
 - b. Target high-crime areas (e.g., Virginia Lane)
4. Social programs:
 - a. Affordable senior day care
 - b. Senior recreation programs, such as dancing, library, bingo
 - c. Senior Advocates for Homebound
 - d. Consumer protection

- e. Bartering network, whereby volunteers can bank their hours for when they need help themselves
- 5. Health care:
 - a. Affordable health services,
 - b. Medication assistance
 - c. In-home care
- 6. Families:
 - a. Teach children to take care of the seniors in their families

Summary of Findings and Recommended Actions

Summary of Findings

Characteristics of Seniors in the Monument Corridor. At the time of the 2000 Census, there were 3,809 individuals ages 65 and older residing in the Monument Corridor, representing 9% of the total population of the area and 18% of all households in the Monument Corridor. At that time, 10% of these seniors identified their ethnicity as Hispanic or Latino, although that number has almost certainly grown substantially since then. For the vast majority of the Latino seniors we interviewed, Spanish is their preferred language; many are monolingual in Spanish, and some are functionally illiterate in both English and Spanish. One of every four Monument Corridor seniors lives alone. More than 40% live with other relatives, suggesting the importance of intergenerational and family-centered approaches.

A Good Place for Seniors to Live. Three characteristics of the Monument Corridor were repeatedly mentioned as being especially favorable for seniors: (1) *proximity to shopping*, including ethnic markets and stores; (2) *convenient access to transportation*, including the freeway, BART, and Contra Costa Transit buses; (3) *Spanish-speaking people and services*, making it easier for monolingual Latino seniors and reinforcing a sense of ethnic solidarity.

Problems Experienced By Seniors Living in the Monument Corridor. The problems mentioned most often as concerns for seniors living in the Monument Corridor were: *transportation* to health care and other services, *insufficient income* to pay for adequate housing, health care and dental care; *social isolation and inactivity*, related in part to long periods of time alone and a fear of crime; *emotional distress*, associated with personal losses, physical health problems, and with social and cultural dislocation; and, *lack of information* about available resources, preventing seniors from making good use of the services that already exist.

Productive Activities. The majority of Monument Corridor seniors were involved in some kind of productive activity, including *working for pay, working without pay, visiting a homebound elder, participating in the MCP Senior Action Team or Mayores en Accion, participating in neighborhood groups, helping out at church, or caring for grandchildren.* Most seniors who were not already doing these activities expressed a desire to do so, but lacked *transportation, training, someone to do it with, or basic information about how to find volunteer opportunities.*

Services for Seniors in the Monument Corridor. A wide variety of programs and services of potential benefit to seniors already exist in the Monument Corridor. Among these are the following: local transportation services, including the new Monument Community Shuttle (Route 8); food and clothing distributions available at the Monument Crisis Center; employment and job training through Monument Futures; low-cost health care at La Clínica de La Raza; nutrition through Meals on Wheels; case management from Catholic Charities of the East Bay and other social service agencies; social support services through Senior Outreach Services (SOS); social, recreational, and educational programs at the Concord Senior Citizens Center; and multiple resources and programs coordinated by the Monument Community Partnership. However, the ability of these services to meet the needs of their intended audience is limited somewhat due to fragmentation and lack of coordination.

Services Needed by Seniors. A number of additional services were identified as meeting critical existing needs of seniors or preventing further threats to health and well-being. Seniors in the Monument Corridor would benefit dramatically through creation of, or enhancements to, programs such as the following:

- *Nutrition programs, including free or discounted food, meals, shopping*
- *Affordable health and dental care, including convenient health screening and enhancements to the Promotores program*

- *Mental health resources that are local and affordable, as well as senior peer counseling programs*
- *Low-income housing*
- *Employment and volunteer opportunities, including job training and a volunteer recruitment and support program*
- *Social and emotional support, including friendly visitors, expanded case management, and respite care for family caregivers*
- *Educational opportunities, including workshops, seminars, and classes on topics such as computers, gardening, painting, English/ESL, Spanish literacy, citizenship, child development (for grandparents) and consumer protection against fraud and scams;*
- *Recreational and social programs, including those that are senior-specific and those that are multi-generational*
- *Elder abuse awareness programs.*

Appropriate utilization of new and existing programs requires enhancements in a number of implementation areas, including the following:

- *Information about local resources, including door-to-door bilingual outreach to help isolated and homebound seniors*
- *Improved transportation, including bus or taxi vouchers and volunteer drivers organized in collaboration with specific destinations (e.g., churches, La Clinica, shopping centers)*
- *One-stop information and service center, such as a Senior Center, Community Center, and/or neighborhood “satellite” centers at churches, shopping centers, and other local gathering places*
- *Senior-specific as well as intergenerational programs*
- *Family-oriented community events and programs that include and involve seniors, thereby strengthening their roles as parents and grandparents rather than just as service recipients*

- *Programs, services, classes, and information offered in Spanish as well as in English*
- *Information dissemination through television as well as print media*
- *Individualized, person-to-person approaches to information dissemination, including relying on trusted sources (friends, neighbors, etc.) to assist with outreach and to accompany seniors to program sites.*

Recommended Action Plan

The findings of this needs assessment suggest a four-pronged approach to meeting the identified needs of seniors who live in the Monument Corridor:

1. *A friendly visitor program* should be established that trains community members to make home visits to isolated seniors living in the Monument Corridor. This approach reflects the expressed need for individualized, one-to-one outreach efforts, especially for seniors who are homebound or immigrants, who are unable or unlikely to contact service providers on their own. Initial in-person visits and phone calls might well be coupled with some concrete service provision, such as grocery shopping, laundry, light housecleaning, meal preparation, or just reading the news in the senior's own language. As a sense of trust is established and some of the senior's immediate needs are met, visitors may be able to provide respite care, accompany seniors to appointments, link them to service providers as needed, and reinforce health promotion and other preventive activities. Existing *case management services* should be expanded dramatically to provide the intensive support and care coordination required by seniors with pressing service needs.

This friendly visitor program could build upon the initial inroads already made by the needs assessment interviewers, who already have begun to develop relationships with the seniors they interviewed. In some cases, interviewers have gone shopping, cooked meals, or done other tasks to respond to their interviewees' immediate unmet needs. Interviewers also have been able to connect seniors with other services (e.g., case

management), which seniors otherwise did not know about or were unwilling to use. A related action is to create a “Seniors Welcome Packet,” building upon the highly-successful Welcome Packet program already in place, but including additional information tailored to the needs of seniors. Welcome Packet distributors could be trained to recognize vulnerable seniors and provide ongoing home visits as needed. Finally, seniors themselves could be trained to help one another through a Senior Companion program, based on the success of the Senior Peer Counseling program developed at the Cambridge Community Center.

2. *Specific neighborhood-based initiatives* should be developed in response to some of the pressing concerns identified in this Needs Assessment. Given that a community-wide senior center or resource center may not be feasible or advisable at the present time, it is important to focus on developing and promoting initiatives in the neighborhoods where seniors reside. Some examples of promising and feasible initiatives that meet seniors’ needs while building community capacity include: neighborhood watch programs to help fight crime; neighbor-to-neighbor programs to identify vulnerable seniors; organized meal provision for persons in need; etc. It also would be useful to identify local neighborhood meeting places (e.g., Palm Terrace, Lakeside Gardens) and satellite service locations (e.g., mobile health clinic, Park and Shop, churches), for regularly-scheduled activities and services, to build consistency and encourage regular participation. Given the central role that churches (e.g., St. Francis of Assisi) play in the lives of many seniors in the Monument Corridor, churches could be invaluable in helping to organize volunteer efforts, arrange transportation, identify vulnerable seniors, provide social and spiritual support, and assist elderly congregants and community members in related ways.

3. *Community partnerships* should be developed among existing organizations providing services of benefit to seniors in the Monument Corridor or otherwise committed to improving the lives of these seniors. Numerous organizations provide services to seniors; however, there has been little focused attention on the unique needs of seniors living in the Monument Corridor and little or no coordination among the

various service providers. Monument Corridor services frequently appear to be an “add-on” to existing programs, rather than reflecting the unique social and cultural context in the Monument. There is a need for a collaborative effort among service providers and all components of the local community, perhaps under the guidance of the Monument Community Partnership. As a starting point, these groups could meet together to discuss the findings of this Needs Assessment, and set priorities regarding issues to address through a collaborative effort. With agreement regarding some feasible initiatives and a modest amount of commitment on the part of the various entities, the partners should be able to identify and implement one or more new projects over the next six months. At the same time, planning can proceed for longer-term projects, which may require external funding. Numerous private foundations (e.g., California HealthCare Foundation, the California Endowment, Y & H Soda Foundation, John Muir Community Health Foundation, Robert Wood Johnson Foundation, etc.) have demonstrated their willingness to provide support for community-based initiatives that have widespread involvement of community members and service providers.

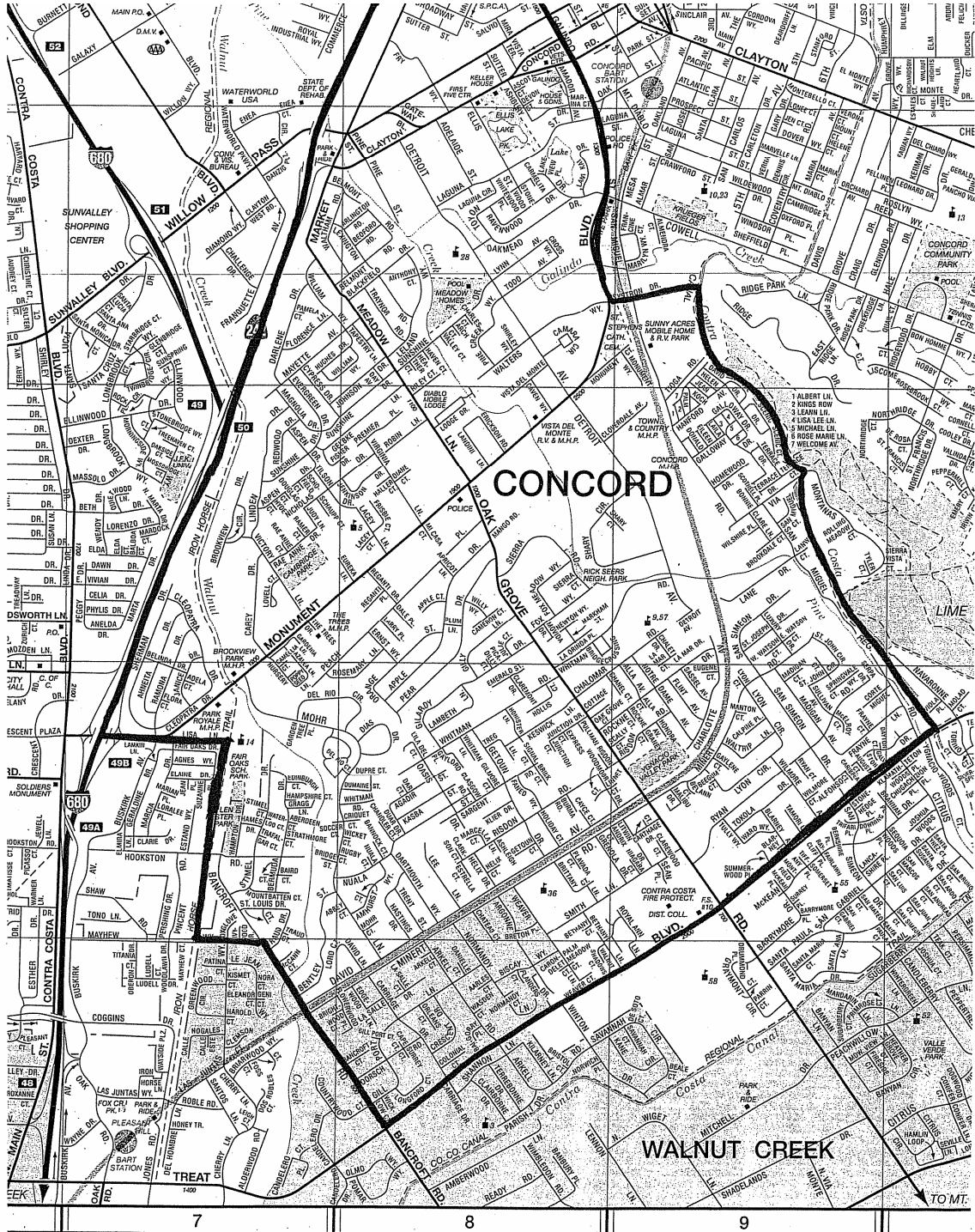
Building upon the initial success of the Senior Needs Assessment Advisory Group, other organizations (e.g., MCC, La Clinica, churches) should be invited to attend future meetings and encouraged to participate actively in planning and development efforts. Efforts should be made to include seniors living in the Monument Corridor as active contributors to the process, as well. A small coordinating committee should be developed to convene meetings and set the initial agenda.

4. *Information dissemination* is a critical task if these new efforts are to be successful. This Needs Assessment provides an opportunity to increase public awareness regarding the needs of seniors living in the Monument Corridor, and to publicize the services already available. Moreover, it provides a mechanism for convening key stakeholders and eliciting the attention of policymakers and potential funders. A press release and accompanying attractive information materials should be developed that summarize the key findings of the Needs Assessment, promote existing services, and

draw attention to the ongoing planning and collaborative efforts underway to make the Monument Corridor a good place for seniors to live.

Appendices

1. Map of the Monument Corridor



2. Census Data

**TABLE 1 - Monument Corridor
Population, by Age Groups**
(census tracts combined)

<u>Age Group</u>	<u>#</u>	<u>%</u>
-		
Total population	40,842	100%
Under 5	3362	8%
5 to 17	7050	17%
18 - 34	12472	31%
35 - 54	11414	28%
55 - 59	1536	4%
60 - 64	1199	3%
65 - 74	1987	5%
75 - 84	1322	3%
85 +	500	1%
<hr/>		
Total 65 +	3,809	9%

TABLE 2 - Elderly and Hispanic Populations by Census Block Group

Census Tract	Total population	Population 65+	Percent 65+ (%)	Percent Hispanic
Census Tract 3361.01	5,185	190	4%	55%
Census Tract 3361.02	7,200	309	4%	49%
Census Tract 3362	9,044	567	6%	51%
Census Tract 3372	7,208	1095	15%	13%
Census Tract 3381	8,353	963	12%	21%
Block Group 2, Census Tract 3240	736	71	10%	17%
Block Group 2, Census Tract 3280	947	243	26%	17%
Block Group 1, Census Tract 3382.01	2,169	371	17%	10%
TOTALS:	40,842	3809	9%	35%

Table 3 - Characteristics of 65+ Population in Monument Corridor
(census tracts combined)

Characteristic		
Total population		
40,842		
	#	% of 65+
Age Groups		
Population 65 years and over: Total	3,809	100.0%
Population 65-74	1987	52.2%
Population 75-84	1322	34.7%
Population 85 +	500	13.1%
Gender		
Males 65+	1501	39.4%
Females 65+	2308	60.6%
Race/Ethnicity		
White 65+	3159	82.9%
Black or African American 65+	69	1.8%
American Indian or Alaska Native 65+	7	0.2%
Asian 65+	322	8.5%
Native Hawaiian or Pacific Islander 65+	9	0.2%
Other Race 65+	134	3.5%
Multiple Races 65+	109	2.9%
Hispanic or Latino 65+	360	9.5%
Living Arrangements		
Live Alone	947	24.9%
Live with Spouse	722	19.0%
Live with Other Relatives	1574	41.3%
Live with Non-Relatives	137	3.6%

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Live in Group Setting, Other than Institution	110	2.9%
Live in Institutional Setting	319	8.4%

Households		
Households: Total	14476	
Households: Households with one or more people 65 years and over	2600	18.0%

Housing Units		
Housing Units with Householder 65+: Total	1,553	
Owner-occupied housing units: Householder 65+	1086	69.9%
Renter-occupied housing units: Householder 65+	467	30.1%

3. Existing Services for Seniors in the Monument Corridor

A variety of programs and services exist to help seniors living in the Monument corridor. These include: Monument Community Shuttle (Route 8) which began March 11, 2007. The shuttle costs \$.85 for seniors and runs primarily Monday through Saturday on a “flex route.” Other services include Monument Crisis Center for food and clothing distributions, Monument Futures for employment training, Concord Senior Citizens Center for multiple services and activities, La Clínica de La Raza for medical assistance, Meals on Wheels, Monument Community Partnership for multiple resources and programs, Senior Outreach Services (SOS) for multiple programs and services, and Catholic Charities of the East Bay for case management, counseling, housing, and legal assistance.

1. Brookview Trailer Park, largely senior
2. Cal Senior Legislature
3. Caring Hands
4. Clayton Gardens, apartment for Seniors 55+
5. Clayton Villa, low income Senior apartments
6. Concord Mobile, trailer park, largely senior
7. Concord Commission on Aging
8. Concord Community Services – Senior Information Referral
9. Concord Senior Citizens Center
10. Concord Veterans Center
11. Contra Costa County Area Agency on Aging
12. Contra Costa Crisis Center
13. Family Stress Center
14. Food Bank of CC
15. Grey Panthers of Contra Costa
16. Independent Living Resource
17. Jewish Family and Children’s Services of East Bay
18. La Clinica de La Raza
19. Lifeline Telephone
20. Loaves & Fishes
21. Monument Community Partnership
- Mobile Health Clinic, - Monument Futures, - MC First 5 Center, - Senior Action Team
22. Monument Crisis Center
23. Mt. Diablo Adult Education
24. Mt. Diablo Center for Adult Day Care
25. New Connections
26. Ombudsman Services of CCC
27. Palm Terrace Community Room
28. Rainbow Community Center
29. Reassurance Program
30. Salvation Army
31. Senior Legal Services

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32. Senior NATS (Neighborhood Action Teams)
33. Senior Outreach Services (SOS)
34. Senior Services John Muir Health
35. STAND (domestic violence)
36. Stroke Support Group of CC
37. Sunny Acres, Trailer Park, largely senior
38. The Heritage, Subsidized Senior Housing
39. The Trees, Trailer Park, largely senior
40. Town & Country, Trailer Park, largely senior
41. Vintage Brook, low income senior housing
42. ZaC (meals on wheels)

4. Senior Survey Form with Summary Data

Monument Corridor Senior Needs Assessment

I would like to ask you some questions regarding what it is like to live in the Monument Corridor, as well as some things that could make it even better. What you tell me is entirely confidential. I am not going to put your name on this page, so no one will ever know how you answer these questions.

The researchers will look at everyone's responses to these questions and write a report describing the situation of seniors living in the Monument Corridor and how best to respond to their needs.

Where You Live

First, I would like to ask you about where you live.

1. How long have you lived in the Monument Corridor?
 - a. Less than 1 year 23 (11%)
 - b. 1-5 years 51 (24%)
 - c. 5-10 years 54 (26%)
 - d. More than 10 years 78 (37%)

2. What school do you live near?
 - a. Cambridge Elementary **79 (38%)**
 - b. Meadow Homes **50 (24%)**
 - c. Ygnacio Valley Elementary **25 (12%)**
 - d. Oakgrove Middle School **20 (10%)**
 - e. Other **16 (8%)** → What? _____

3. What do you like **best** about living in the Monument Corridor?
 - a. Proximity to shopping **115 (55%)**
 - b. _____
 - c. _____

4. In your opinion, what are some **problems** that seniors experience who live in the Monument Corridor?
 - a. Crime **91(43%)**

b. _____

c. _____

5. Which of the following are problems experienced by seniors living in the Monument Corridor? (*Please place a check mark next to all that apply*)

- a. Difficulty getting to shopping **21 (10%)**
- b. Difficulty getting to health care and other services **91 (43%)**
- c. Crime **88 (42%)**
- d. Transportation **97 (46%)**
- e. Housing costs too much **92 (44%)**
- f. Language problems **87 (41%)**
- g. Social isolation **29 (14%)**
- h. There is nothing to do **48 (23%)**
- i. Other ____ → What? _____
- j. Other ____ → What? _____

Getting Around

Now, I will ask you some questions about your activities and how you get around.

8. How do you usually get to the market? (*Please check the primary response*)

- a. Drive a car **53 (25%)**
- b. Ride in someone else's car **67 (32%)**
- c. Take a bus **25 (12%)**
- d. Walk **100 (48%)**
- e. Other **5 (2%)** → What? bicycle

10. Have there been times in the past month when you wanted to get to the market but were unable to do so? YES **50 (24%)** NO **124 (59%)**

11. IF YES, what are the main reasons you could not get to the market?

(*Please place a check mark next to all responses*)

- a. Market is too far away **18 (9%)**
- b. Couldn't find anyone to take me **38 (18%)**
- c. Transportation costs too much **7 (3%)**
- d. Didn't have enough money for food **10 (5%)**
- e. Other **24 (11%)** → What? health problems, transportation difficult

12. Have there been times in the past year when you needed health care but did not obtain it? YES **54 (26%)** NO **131 (62%)**

13. IF YES, what are the main reasons you did not get needed health care?

- a. Did not know where to go **16 (8%)**
- b. Health providers are too far away **19 (9%)**
- c. Couldn't find anyone to take me **21 (10%)**
- d. Transportation costs too much **5 (2%)**
- e. Health care is too expensive **32 (15%)**

- f. Health care providers don't speak my language ____ **19 (9%)**
- g. Health care providers don't understand my culture ____ **5 (2%)**
- h. Immigration status ____ **11 (5%)**
- i. Other ____ → What? _____

14. Have there been times in the past year when you needed dental care but did not obtain it? YES **_60 (29%)** NO **_123 (59%)**

15. IF YES, what are the main reasons you did not get needed dental care?

- a. Did not know where to go ____ **21 (10%)**
- b. Dentists are too far away ____ **7 (3%)**
- c. Couldn't find anyone to take me ____ **10 (5%)**
- d. Transportation costs too much ____ **7 (3%)**
- e. Dental care is too expensive ____ **58 (28%)**
- f. Dentists don't speak my language ____ **21 (10%)**
- g. Dentists don't understand my culture ____ **8 (4%)**
- h. Immigration status ____ **5 (2%)**
- i. Other **_2 (1%)** → What? don't like dentist, dissatisfied

16. Have there been times in the past year when you felt depressed, upset, or "nervios," but did not obtain help? YES **_69 (32%)** NO **_116 (55%)**

17. IF YES, what are the main reasons you did not get help?

- a. Did not know where to go ____ **35 (17%)**
- b. Counselors are too far away ____ **7 (3%)**
- c. Couldn't find anyone to take me ____ **8 (4%)**
- d. Transportation costs too much ____ **7 (3%)**
- e. Counselors are too expensive ____ **23 (11%)**
- f. Counselors don't speak my language ____ **12 (6%)**
- g. Counselors don't understand my culture ____ **4 (2%)**
- h. Immigration status ____ **8 (4%)**
- i. Other **_11 (5%)** → What? *Health problems, didn't want help, depressed*

18. Have there been times in the past year when you skipped a meal or ate less than you needed in order to save money? YES **_20 (10%)** NO **_164 (78%)**

19. Have there been times in the past year when you did not fill a prescription or split pills in order to save money? YES **_24 (11%)** NO **_127 (60%)**

20. Do you attend Church? YES **_127 (60%)** NO **_43 (20%)**

IF YES, which church do you attend?

- a. St. Francis of Assisi ____ **115 (55%)**
- b. St Michael ____ **0**
- c. Calvary Baptist Church ____ **2 (1%)**
- d. Queen of All Saints ____ **13 (6%)**
- e. Fair Oaks Baptist Church ____ **1 (.5%)**

- f. First Baptist Church ____ **1 (.5%)**
- g. First Presbyterian ____ **3 (1%)**
- h. Other: **__11 (5%)** What is the name of your church? *Todos los Santos*
- i. Do not attend Church ____

21. Have there been times in the past year when you wanted to attend church or social gatherings but were unable to do so? YES **_58 (28%)** NO **_113 (54%)**

22. On average, how often do you see at least one of your friends?

- a. Every day **_37 (18%)**
- b. Every two or three days **_29 (14%)**
- c. Once a week **_41 (20%)**
- d. Every other week **_35 (17%)**
- e. Once a month or less **_47 (22%)**

Your Health

23. Do you ever need help with personal care, such as bathing, dressing, or using the toilet? YES **_13 (6%)**_ NO **_181 (86%)**

24. IF YES, do you receive the help you need?

- i. Always **____5 (2%)**
- ii. Most of the time **____ 1 (.5%)**
- iii. Some of the time **____ 3 (1%)**
- iv. Never **____ 4 (2%)**

25. Do you ever need help with household chores, such as cooking, house cleaning, or laundry? YES **_33 (16%)** NO **_156 (74%)**

26. IF YES, do you receive the help you need?

- i. Always **____6 (3%)**
- ii. Most of the time **____ 8 (4%)**
- iii. Some of the time **____ 14 (7%)**
- iv. Never **____ 7 (3%)**

27. Do you know any seniors in the Monument Corridor who need help with personal care? YES **_24 (11%)** NO **_166 (79%)**

28. IF YES, do they receive the help they need?

- i. Always **____ 1 (.5%)**
- ii. Most of the time **____ 1 (.5%)**
- iii. Some of the time **____ 10 (5%)**
- iv. Never **____6 (3%)**

29. Do you know any seniors in the Monument Corridor who need help with household chores? YES **_24 (11%)** NO **_158 (75%)**

30. IF YES, do they receive the help they need?

- i. Always ____ **4 (2%)**
- ii. Most of the time ____ **5 (2%)**
- iii. Some of the time ____ **8 (4%)**
- iv. Never ____ **5 (2%)**

31. Do you currently assist someone else with personal care or household chores?

YES **31 (15%)** NO **154 (73%)**

32. IF YES, are you able to take time off when you need a break?

YES **22 (10%)** NO **5 (2%)**

Activities and Services

33. Do you currently do any of the following activities? (*Please place a check mark next to all responses*)

- a. Work for pay ____ **74 (35%)**
- b. Work without pay ____ **23 (11%)**
- c. Visit a homebound elder ____ **31 (15%)**
- d. Take a neighbor shopping or to the doctor ____ **9 (4%)**
- e. Participate in a neighborhood group ____ **18 (9%)**
- f. MCP Senior Action Team ____ **27 (13%)**
- g. Other volunteer activities **15 (7%)** → What? help at church, care for grandchildren

34. Are there any of these activities you do not already do, but would like to do?

(*Please place a check mark next to all responses*)

- a. Work for pay ____ **41 (20%)**
- b. Work without pay ____ **6 (3%)**
- c. Visit a homebound elder ____ **52 (25%)**
- d. Take a neighbor shopping or to the doctor ____ **19 (9%)**
- e. Participate in a neighborhood group ____ **69 (33%)**
- f. MCP Senior Action Team ____ **51 (24%)**
- g. Other volunteer activities **8 (4%)** → What? church, hospital volunteer

35. What would enable you to do activities such as these? (*Please place a check mark next to all responses*)

- i. Reimbursement for travel costs ____ **36 (17%)**
- ii. Transportation ____ **58 (28%)**
- iii. Training ____ **55 (26%)**
- iv. Someone to do it with ____ **44 (21%)**
- v. Other **11 (5%)** → What? More time, information, health, meals

36. Have you used any of the following services? (*Please place a check mark next to all responses*)

- a. Monument Crisis Center ____ **34 (16%)**

- b. Concord Senior Center ____ **21 (10%)**
- c. La Clinica ____ **90 (43%)**
- d. Case management ____ **20 (10%)**
- e. Monument Community Partnership Resource Center ____ **4 (2%)**
- f. Other services **20 (10%)** → What? medical care, Kaiser
- g. Other services **11 (5%)** → What? household help, church, salvation army, blind center, depression group.

37. How well were your needs met by the services you used?

- i. Completely ____ **44 (21%)**
- ii. Mostly ____ **37 (18%)**
- iii. Somewhat ____ **41 (20%)**
- iv. Not at all ____ **2 (1%)**

38. If the following types of services were available in the Monument Corridor and affordable, which of them would you use? (*Please place a check mark next to all services the person would use*):

- a. Senior Center ____ **108 (51%)**
- b. Free food ____ **114 (52%)**
- c. Free second-hand clothing ____ **58 (28%)**
- d. Someone to take you shopping ____ **35 (17%)**
- e. Someone to shop for you ____ **19 (9%)**
- f. Information about local resources ____ **91 (43%)**
- g. Home visit from a friendly visitor ____ **27 (13%)**
- h. In-home help with household chores ____ **27 (13%)**
- i. Home repairs or home modification ____ **39 (19%)**
- j. Help finding services you need ____ **88 (42%)**
- k. Health screening ____ **86 (41%)**
- l. Volunteer opportunities ____ **32 (15%)**
- m. Assistance finding paid employment ____ **35 (17%)**
- n. Counseling ____ **26 (12%)**
- o. Legal assistance ____ **45 (21%)**
- p. Help managing money ____ **18 (9%)**
- q. Low-income housing ____ **69 (33%)**

39. Are there other services or resources that you would find helpful?

- r. Transportation **18 (9%)**
- s. Medicaid care **7 (3%)**
- t. Financial assistance **6 (3%)**

40. What is the best way for you to find out about services and resources?

- a. Mail ____ **78 (37%)**
- b. Flyers posted in market ____ **35 (17%)** → Which one(s)? _____
- c. Local newspapers ____ **25 (12%)** → Which one(s)? _____
- d. Radio ____ **39 (19%)** → Which station(s)? _____
- e. Television ____ **100 (48%)** → Which station(s)? _____
- f. Internet ____ **8 (4%)**

g. Other **36 (17%)** → What? church bulletin, word of mouth, community groups

41. What else could be done to help seniors in the Monument Corridor?

i. _____

ii. _____

iii. _____

ABOUT YOU

Finally, we would like to find out a little bit about you. Remember that this information is entirely confidential and anonymous. It is for statistical purposes only. No one will ever know how you answer the following questions.

43. (Interviewer please mark person's gender):

Male: **57 (27%)** Female: **141 (67%)**

44. (Interviewer please mark person's approximate age):

Under 40 _____

40-50 _____

50-60 **42 (20%)**

60-70 **107 (51%)**

70-80 **49 (23%)**

80-90 **12 (6%)**

Over 90 _____

45. (Interviewer please mark person's race or ethnicity):

White (non-Hispanic) **29 (14%)**

Latino **175 (83%)**

Asian **1 (.5%)**

African American **1 (.5%)**

Native American _____

Other _____

46. What language do you speak at home?

English only **33 (16%)**

Spanish only **145 (69%)**

Both English and Spanish **27 (13%)**

Other language **3 (1%)** → What? Chinese, Arabic, Portuguese

47. Whom do you live with?

By yourself **19 (9%)**

With your spouse or partner only **50 (24%)**

With other family members **128 (61%)**

With non-family only **13 (6%)**

48. Approximately how much is your household income per month? (confidential)
- | | | |
|------------------------------|-----|-----------------|
| Less than \$1,000 per month | ___ | 61 (29%) |
| \$1,000 to \$2,000 per month | ___ | 77 (37%) |
| \$2,000 to \$3,000 per month | ___ | 31 (15%) |
| More than \$3,000 per month | ___ | 21 (10%) |

**THANK YOU VERY MUCH FOR HELPING US UNDERSTAND THE
NEEDS OF SENIORS IN THE MONUMENT CORRIDOR.
YOUR ASSISTANCE IS GREATLY APPRECIATED!**

5. Key Informant Form with Summary Data

Monument Corridor Senior Needs Assessment

Pastor Ovidio A. Magaña - Latino Presbiteriana Church
Sara Luquin – MCC
Rosana Figueroa – MCC
Wes Laubscher – MCC
Fernando Lopez – Monument Futures
Avis Connolly – City of Concord (Senior Center)
Teri House – City of Concord (Senior Center)
Maria Vandevier – City of Concord (Senior Center)
Arturo Castillo – La Clinica de La Raza
Nhang Luong – Area Agency on Aging
Lynn Baskett – John Muir Health VP/Executive Director
Martha Potts – MCP

1. WHAT ARE SOME THINGS ABOUT THE MC THAT MAKE IT A **GOOD PLACE FOR SENIORS TO LIVE?**

- 3x - Many markets/ shops conveniently located
- 3x - Relatively affordable housing in comparison to most of Central County, such as trailer parks
- 2x - Spanish speaking facilities/ services / people
- 2x - Convenient to downtown Concord and BART; accessible.
- 2x - Many community programs/ assistance/ activities, such as MCC & Senior Peer Companionship
- 1x - Changing population
- 1x - Proximity to family
- 1x - Vibrant community with ethnic and cultural diversity

2. WHAT ARE SOME **PROBLEMS** FOR SENIORS IN THE MC?

- 5x - Transportation; difficulty getting to the senior center and to services
- 4x - Healthcare; lack of proper medical attention, assist. w/ analysis of lab results (making sense of documents), no insurance or underinsured.
- 4x - Social isolation / isolation from services, peer community members, due to language, lack of opportunity for socialization
- 2x - Lack of information or knowledge of resources
- 2x - Depression (leaving behind “home”, land, culture & labor/employment)
- 1x - Illiteracy
- 1x - Fear of deportation

- 1x - Housing; lack of proper and affordable housing
- 1x - Overcrowding
- 1x - Financial hardship due to low incomes and lack of employment opportunities
- 1x - Loneliness because family is so busy

3. ADDITIONAL SERVICES OF WHICH YOU ARE AWARE:

- 3x - Jewish Family and Youth Services (care management and immigration services)
- 2x - Meals on Wheels
- 1x - Bay Area Legal Aide
- 1x - Mobile health clinic (1x/w Oak Grove Blvd. – John Muir)
- 1x - CC Crisis Center
- 1x - County Services: Information and Assistance Hotline (800) 510-2020
- 1x - IHSS, Linkages and MSSP, Medi-Cal, Food stamps, APS, Health insurance counseling & Advocacy Program (HICAP)

4. WHAT KINDS OF VOLUNTEER OR LEADERSHIP OPPORTUNITIES ARE AVAILABLE TO SENIORS IN THE MC?

- 5x - S.A.T (senior action team)
- 4x - Caring Hands
- 3x - At MCC seniors can help/volunteer bagging food/baby items
- 2x - Childcare/ Homecare, Seniors help their families through roles as grandparents
- 1x - Programs such as Welcome Home Baby, Senior Outreach Services, Independent Living Resources, MCP administration, First Five Center, Contra Costa Child Care Center, Loaves & Fishes, Cambridge Community Center, Mt. Diablo CARES After School Program, Project Literacy, Monument Futures, etc. – all of which have a MC presence.
- 1x - Contra Costa for Every Generation subcommittees
- 1x - Retired & Senior Volunteer Program (RSVP)
- 1x - Unknown (lack of marketing/publicity in Spanish)

5. WHAT ARE SOME REASONS WHY SENIORS DO NOT MAKE USE OF SERVICES AND VOLUNTEER OPPORTUNITIES?

- 7x - A. Don't know about services & opportunities
- 6x - D. Language
- 5x - B. Transportation
- 5x - C. Cost
- 5x - E. Immigration status
- 1x - F. _____ afraid b/c of crime rate
- 1x - G. _____ might be new to the area

- 1x - H. _____ illiteracy
- 1x - I. _____ family orientation
- 1x - J. _____ Need help w/ process. They don't follow through on their own
- 1x - K. _____ Do not understand personal rewards and the need (in community)
- 1x - L. _____ Isolation – no central gathering place to hear news & fellowship
w/ others in similar situations.

6. WHAT OTHER SERVICES OR RECOURCES WOULD BE HELPFUL FOR SENIORS LIVING IN THE MC?

- 3x - Workshops, seminars, classes of diverse subjects (such as gardening, painting, computers,
English/ESL, Spanish literacy, consumer education to protect against fraud and scams)
- 3x - Provide bilingual outreach & information door to door to help isolated & homebound seniors
- 3x - Provide low cost senior transportation (e.g. improve Para Transit)
- 3x - Nutrition programs (e.g. CC Café); Activities/ services promoting healthy eating & exercise
- 2x - Assistance connecting to volunteer & employment opportunities
- 2x - Mental health resources – local and low cost
- 2x - Promoting awareness about elder abuse & elder financial abuse and where to get help
- 2x - Intergenerational community programs
- 2x - Provide more low cost senior housing
- 2x - Provide low cost healthcare
- 2x - Senior peer advocacy/ peer counseling and network
- 2x - Activities outside the MC; involvement with other cultures
- 1x - One-stop center for information about community resources and benefits counseling
- 1x - Informal social contacts (e.g. walking clubs around neighborhoods)
- 1x - Cultural sensitive activities for seniors (not foxtrot or square dance)

7. PARTICULAR SERVICES HELPFUL TO LATINO SENIORS?

- 4x - Use **word of mouth**, person to person contact to dissemination of information
- 4x - Literacy classes; Spanish, ESL, English
- 3x - Outreach and site visits; Informal programs and services (based on human relationships)
- 3x - Family-oriented community events and programs; Not just services but social activities that
include and involve seniors; Strengthen their roles as parents/ grandparents.
- 3x - Cultural center, bilingual & bicultural
- 2x - Spanish seminar on elder abuse/ consumer fraud
- 2x - Assistance with medical needs (e.g. monthly medical check ups)
- 2x - Citizenship classes, low or no cost legal assistance with immigration issues
- 2x - Educational opportunities such as exercise programs and job training
- 1x - Libraries (with Spanish books, videos, etc)

- 1x - Quick sheet with all their resources (#s and addresses)
- 1x - Free meals (e.g. MOW)
- 1x - Monthly & weekly seminars about different services/activities that are available
- 1x - Family care management
- 1x - “Promotores” program
- 1x - Spanish speaking action committee & Networking program for seniors

8. PARTICULAR SERVICES HELPFUL TO LOW-INCOME SENIORS IN MC?

- 3x - Free or low cost transportation; transportation to Senior Center; better access to transportation
- 2x - Elder abuse awareness & consumer education
- 2x - Vouchers for groceries & other essentials; free meals
- 2x - Social activities; learning to play music
- 2x - One-stop center or multipurpose center for social services or information about available services and how to access them, such as dental and eye exams vs. emergency room visits.
- 2x - Housing for low income seniors
- 2x - Job training and employment opportunities for seniors who would like to work
- 1x - Prescription drug education program (part-time pharmacist)
- 1x - Private donations for medications
- 1x - Thrift stores

9. WHAT ELSE COULD BE DONE?

- 3x - Funding for programs
- 3x - Multigenerational community center; intergenerational programs; Group action teams that include breakfast or lunch.
- 3x - Find out *where* seniors are living and *how many* seniors there are in MC to have enough people to address their needs.
- 2x - Listen to seniors. Ask them what they think and need.
- 1x - Have a fair for seniors (health/social services/activities)
- 1x - Senior housing such as assisted living
- 1x - Places to sit near markets
- 1x - Create active way to engage seniors; events to come with family, passes to movies, etc.
(giving list of resources isn't good enough)
- 1x - Follow small group of seniors (5-10 people) to see what they do or don't do and why
- 1x - Culturally Competent Services
- 1x - Language Specific Programs
- 1x - Participate in CCCounty Transportation committee
- 1x - Community self-help involvement
- 1x - Network of seniors calling seniors

6. Interviewer Form with Summary Data

INTERVIEWERS' Responses & Recommendations (key points)

INTERVIEWERS

1. Denise De Ramo -- Four Corners, Monument Futures, Pacifico Market (especially English-speakers).
2. Lucy Keller -- Palm Terrace
3. Rosaura Palomera -- Cambridge Elementary Area
4. Betsy Covarrubias -- Ignacio Valley Elementary, Los Rancheros Mercado, First 5
5. Martha Nicoletti -- Cambridge Elementary (school)
6. Giuliana Nicoletti -- San Buenaventura Church, San Francis, Queen of All Saints
7. Lucia Newcomer -- Mercados (El Valle, La Costena), Loma Vista Adult Education
8. Irma Cardenas -- Meadow Home Elementary, Laguna Area
9. Laura Puerto -- Las Montanas mercado, Linden Dr., Darlene street

1. WHAT ARE SOME THINGS ABOUT THE MC THAT MAKE IT A **GOOD PLACE FOR SENIORS TO LIVE?**

- Many markets/ shops conveniently located
- Many people speak Spanish
- Many people have the desire (“ganas”) to work. A strong work ethic exists in the community but there is lack of opportunity to work.

2. WHAT ARE SOME **PROBLEMS** FOR SENIORS IN THE MC?

- Illiteracy - need for picture signs or logos in addition to Spanish translations.
- Undocumented - very high number of people are undocumented.
- Dental - very expensive
- Fear – of crime and fear among people that keeps them from reaching out
- Ignorance – many people are unfamiliar with services that may assist them
- No health care – MediCal does not cover expenses such as dental or foot problems.
- Depression and Loneliness – many people have left behind a life in their country that was not as difficult. Now, families are so busy working elders often are lonely in the midst of being with family.
- Delinquency/ Crime
- Law enforcement – denies or ignores problems and there is a lack of law enforcement
- Transportation

3. **ADDITIONAL SERVICES OF WHICH YOU ARE AWARE:**

- MCC
- La Clinica
- Monument Futures

4. WHAT KINDS OF VOLUNTEER OR LEADERSHIP OPPORTUNITIES ARE AVAILABLE TO SENIORS IN THE MC?

- S.A.T (senior action team)

5. WHAT ARE SOME REASONS WHY SENIORS DO NOT MAKE USE OF SERVICES AND VOLUNTEER OPPORTUNITIES?

- A. Don't know about services & opportunities
- B. Transportation
- C. Cost
- D. Language, Illiteracy
- E. Immigration status
- F. Fear of crime
- G. Family orientation
- H. Need help w/ process. They don't follow through on their own
- I. Isolation – no central gathering place to hear news & fellowship w/ others in similar situations

6. WHAT OTHER SERVICES OR RESOURCES WOULD BE HELPFUL FOR SENIORS LIVING IN THE MC?

- IHSS
- Transportation

7. PARTICULAR SERVICES HELPFUL TO LATINO SENIORS?

- Literacy classes: Spanish, ESL, English.
- Workshops, seminars or classes in Spanish such as for grandparents in child development, nutrition, mathematics, gardening, painting, computers, consumer education (protection against fraud), etc.
- Caregivers support – large number of caregivers who need respite and are themselves declining. Caregivers most often do not have health coverage either.
- Intergenerational programs
- Use word of mouth, person-to-person contact to disseminate information

8. PARTICULAR SERVICES HELPFUL TO LOW-INCOME SENIORS IN MC?

- Free or low cost transportation
- Donation list

9. WHAT ELSE COULD BE DONE?

- Bilingual/bicultural Friendly Visitors (paid or volunteers)

7. Minutes from Senior Action Team Meetings

Senior Action Team (Monument Community Partnership)

December 18, 2006

SHORT version with list of recommendations (1 page)

What can we do to age in “senior friendly communities”?

Both positive and ‘could be improved’ issues were discussed.

Things that could be improved are:

1. Traffic (too many cars)
2. Safety (report from Hilda about her experience on Virginia Lane) (affordable housing may be on Monument Blvd, yet people may not feel safe),

What could be done?

3. Remodel apartment buildings - make more ground level housing available for seniors
4. Affordable housing
5. Affordable senior day care,
6. Better transportation,
7. Design cars making it easier to drive – glare free windshields,
8. Flexible Para-transit,
9. Access wider transportation options in Bay Area Community
10. Social programs
11. Consider accessibility in building construction - such as wider doors
12. Find ways to get adults who no longer drive at night to be able to get around
13. Work with the school district to use buses during the 10-2 period when not in use
14. Increase drug and alcohol treatment so all in the community will feel safer
15. Senior recreation (dancing, library, bingo)
16. Bartering network, i.e. bank volunteers’ hours for when they may need a volunteer
17. Senior Advocates for Homebound (watch for those who may take advantage)
18. Affordable health services, in home care and medications
19. Teach the children to take care of the seniors in their families.
20. Our Dream, affordable and accessible senior housing on the Monument with a community center attached where all the needs we have discussed can be addressed

Who should do this?

Families of seniors

University students training in gerontology

Find ways to work cross the generations so the entire community benefits

Partner with interested citizens of the community and city government

Use the resources that are already there although possibly hidden

Monument Community Partnership working with interns from UC Berkeley

Partnering with Faith Communities

Monument Corridor Senior Needs Assessment
Page 59

FULL NOTES (details)

Monument Community Partnership

Senior Action Team

December 18, 2006 Minutes

Present: – Dr Andrew Scharlach, Professor of Aging – UC Berkeley, Evelyn Parada, UC Berkeley MSW Graduate Student, Mary Lou Laubscher, Sally Smith, Delores Leon, Anne Allen, Denise DeRemo, Pat Martin, Monnolita Valera, Naomi Lewis, Ana Bissierier-Pearson, Sandra Mercado and Norman, Paula Kerr, Virginia Brunk, Lucy Keller, Hilda Giminez-Paglia.

Guest Speaker – Dr Andrew Scharlach, Professor of Aging UC Berkeley and

Evelyn Parada, UC Berkeley MSW Graduate Student 1st year student at the school of social welfare at USB.

Dr. Scharlach is a member of the State Commission on Aging, attended the White House Conference on Aging and was a chief presenter at the Contra Costa Every Generation Forum: Making our Communities Senior Friendly Conference.

“You guys are the experts”, says Dr Scharlach. The research they are doing is about “listening” to groups such as ours.

For the first time in history, in the United States, a young person can expect to grow old. A girl born today can expect to live to 80.

What we do know:

Exercise is important, but social interaction is even better. It is best to have both.

Social interaction and helping other people are both very important.

Once you reach the age of 65, if you are Asian, Hispanic, and African American you can expect to live longer than a Caucasian. Some think it may be because of social interaction and extended family. The human connection is important.

Dark chocolate is good for us

Hugs are good for us

Human Connections are good for us

Volunteering is good for us and is now called “Civic Engagement”.

What can we do to age in “senior friendly communities”?

Both positive and ‘could be improved’ issues were discussed

Things that could be improved are:

Traffic (too many cars)

Safety (report from Hilda about her experience on Virginia Lane) (affordable housing may be on Monument Blvd, yet people may not feel safe),

What could be done?

Remodel apartment buildings and make more ground level housing available for seniors, Affordable housing,

Affordable senior day care,

Better transportation

Design cars making it easier to drive – glare free windshields

Flexible para-transit,

Access wider transportation options in Bay Area

Community social programs,

In construction consider accessibility when they do the initial building, such as wider doors

Find ways to get adults who no longer drive at night to be able to get around,

Work with the school district to make use of their buses during the 10-2 period when they are not in use,

Increase drug and alcohol treatment so all in the community will feel safer

Senior recreation (dancing, library, bingo)

Bartering network where you can bank volunteers hours and then use them when that need it, Be careful of those who would take advantage of seniors (vultures

Senior Advocates for Homebound

Affordable health services, in home care and medications

Teach the children to take care of the seniors in their families.

Our Dream, affordable and accessible senior housing on the **Monument with a community center attached where all the needs we have discussed can be addressed,**

Who should do this?

Families of seniors

University students training in gerontology,

Find ways to work cross the generations thereby making benefits for the entire community, Partner with interested citizens of the community and city government

Use the resources that are already there although possibly hidden.

Monument Community Partnership working with interns from UC Berkeley
Department of Social Work

Partnering with Faith Communities

Announcements –

12- 22- 06 Mayores en Accion 12 noon at Monument Crisis Center

1-5-07 Lakeside Apartments Planning Group meets at – 2:30 pm

The MCP Safety Task Force met December 8th with the La Platica mothers at Cambridge School.

Many safety issues are of joint concern

Betty Hodge hosted the Children's Story Time /Library Committee members for a scrumptious holiday brunch on December 8th.

Reports:

Paula reported on the program at First Five - they now have such an expanded program that there are many opportunities for the parents and their pre-school aged children. It is more than just teaching English and reading to children. Paula has a group of about eight children and it is just the right size to work with each child.

Victor of Catholic Charities was very responsive to helping Hilda get the help she needs after her recent fall

Next Steps:

Each of us encourage our senior friends on the Monument to complete Senior Survey

Future Meetings:

1-22-07 Councilman Michael Chavez and SAT evaluation and Planning

2-5-07-Terry Pennebaker, Cardio EDCA

What was Positive about this Meeting

Guests with good info and interchange of idea

Good attendance representing many people

We were listened to

Each person was able to speak up about their individual concerns.

New ideas

What could be improved?

Bigger room

SAT Calendar for 2007

After discussion the attached calendar for SAT meetings in 2007 was adopted

Senior Action Team

Calendar of Meeting 2007

Meetings 1st & 3rd Mondays each month excluding holidays

Next Meeting

January 22 - 9:30-11:30 am Police Sub-station

The Monument Community Senior Action Team represents Seniors ages 55+. We actively promote activities to meet senior needs resulting in an improved quality of life for all seniors creating healthy life styles for those in the corridor. Our slogan: *Young in Heart. Rich in Experience*

8. Minutes from Mayores en Accion Meeting

Mayores en Acción

Date/Time: November 27, 2006/ 12:00-1:30 PM

Location: Monument Crisis Center

Reason: Mayores en Accion meeting with coordinator Zenaida Burgos
(zburgosg@yahoo.com)

Attendance: Zenaida, Don Pedro, Doña Dora, Doña Esperanza, Doña Chuchi (Maria de Jesús – 92 años), Doña Hilda

Some concerns or “inquietudes” that were expressed included:

** Self Isolation that is often due to coping with a transition from home country to the U.S. Individual contact with others would be helpful to keep them informed and to motivate them to reach out which is not culturally common.

** Not much to do (activities). The biggest activity for people on a weekly basis is church. Beyond that there aren't many reasons to leave the house.

** Culture and language distance. This includes fear of the unknown especially for undocumented persons.

** Transportación. Although a new bus line is scheduled to start running along Monument Boulevard transportation can still be an issue because of costs. Although stores and services may be within the area people are often deterred from going because of costs. For example, if someone lives on one end of Monument and they want to pick up food or go to La Clinica located on the other end (within 2-3 miles) they would still have to pay more than \$3.00 for one roundtrip per person. This is why many people must depend on others to give them rides or to do errands on their behalf.

** Respite care. One senior shared that although she would like to participate with more things she does not because she does not want to leave her elder mother (92 years old) alone.

Caring Hands has respite services but requires immigration documents from those they serve. (This statement has not been proved correct – it is what was reported in the group). Zenaida suggested that since they are mostly volunteers who provide the respite services that perhaps it could be arranged for the persons to volunteer their time for elders in the MC area directly instead.

9. Minutes from Advisory Group Meetings

Monument Corridor Senior Needs Assessment - NOTES

Stakeholders Meeting

September 29, 2006

Keller House, Concord

1:00 PM

In Attendance (15):

Michael Radding, Director of Programs, Catholic Charities of the East Bay

Andrew Scharlach, UC Berkeley Professor of Aging

Evelyn Parada, UC Berkeley MSW Graduate Student

Mary Lou Laubscher, MCP Senior Action Team Facilitator

Avis Connolly, Program Manager, City of Concord Senior Citizens Center

W.C. Schafer, Commission on Aging, City of Concord

Vicky Lizarraga, Case Manager, Catholic Charities of the East Bay

Earle Ormiston, Concord Community Services Commissioner

Lucy Keller, MCP Senior Action Team

Bonnie Hall, Palm Terrace Manager and Owner

Hilda Giminez-Paglia, Senior Action Team

Martha Potts, Monument Community Partnership

Nhang Luong, Adult Agency on Aging

Kathy Renfrow, Monument Community Partnership

Denise DeRemo, Virginia Lane Property Owners Association

1. Introductions

2. Overview of Monument Corridor Seniors Needs Assessment Initiative

[Michael Radding]

The goals of this project are: **(1)** to identify and understand the needs of seniors in the Monument Corridor and surrounding communities; **(2)** to identify strategies and services tailored to the needs of Latino seniors; **(3)** to design a Senior Services Program that is consistent with current research and best practices, engages targeted seniors, is highly collaborative, and ultimately sustainable.

3. Who Are the Seniors Living in the Monument Corridor? [Brief presentation by Prof. Scharlach of 2000 Census data]

A. Decision made by the group to extend the Monument Corridor service area for the purpose of this assessment. It should be expanded to include approx. 1/4 mile out from current U.S. Census blocks all the way to Treat Blvd., near BART, Risdon Rd., and the San Miguel District. This will include three (3) of the largest mobile home parks. In total there are 18 mobile home parks in the area. See large map provided by the Keller house staff. Additional information may be obtained by contacting Lieutenant Lardieri of the Concord Police Southern District Field Office.

Also to be included in the outreach effort is participation from local churches such as Queen of All Saints and Saint Francis of Assisi.

B. Consider redefining age groups to be addressed in the needs assessment: 50+, 60+, 65+?

4. What Do We Need to Know? [Preliminary list of issues to address in the needs assessment]

- A.** Programs and services needed.
- B.** Barriers to use of current resources and potential solutions (e.g., meals & child care).
- C.** Mobility/Transportation barriers and options
- D.** Needs of socially isolated seniors
- E.** Actual and potential use of intergenerational programs to "pass on" traditions and wisdom to children and students, neighborhood crime watchers, peer activities for learning and socialization.
- F.** Actual and potential engagement roles for seniors.
- G.** Unmet health needs among immigrant seniors.
- H.** Need for central gathering place.

5. How Will We Find Out? [Preliminary information collection methodology]

- A.** Build upon existing resources, such as the Senior Action Team and Welcome Committee, because of their strong ties to the community and the trusting relationships they have established.
- B.** Grassroots approach= door-to-door survey, word of mouth, churches, community meetings at Palm Terrace, mobile home parks, churches, La Clinica, etc. Disseminate information about existing resources for seniors and their families including health and social services.
- C.** Discussions with program providers, priests, and other community leaders.

6. Discussion [What stakeholders already know and what else they would like to know]

- A.** Many participants expressed the long term goal of establishing a Senior Center for meetings, activities, socialization, resources, etc. Currently, meetings are held at a variety of locations, including Palm Terrace.
- B.** Need for outreach, especially to immigrant seniors. Trust must be established first.

7. Next Steps

- 1. Redraw map and recalculate Census data
- 2. Design outreach methodology that involves the Senior Action Team and Welcome Committee
- 3. Obtain more input, using Martha's data base
- 4. Organize lunch forum
- 5. Next meeting will be **Friday, OCTOBER 20, 2006 at 12:30 PM** - Keller House

Catholic Charities of the East Bay
Monument Corridor Senior Needs Assessment Advisory Committee
Keller House
October 20, 2006

Minutes

In attendance: Martha Potts, Mary Lou Laubscher, Avis Connolly, Vicky Lizarraga, Nhang Luong, Earle G. Ormisten, Mindy Maschmeyer, Kathy Renfrow, Lynn Baskett, Bill Schafer, Prof. Andy Scharlach, Michael Radding.

1. **Welcome and introductions** [Michael Radding]
2. **Geographic boundaries of Monument Corridor.** Professor Scharlach presented an updated map of the Monument Corridor, which expanded the target area from the original map. From the previous map, the southern boundary extends now to Treat Blvd. The Advisory Committee approved the new boundaries.
3. **Methodology of needs assessment.**
 - Professor Scharlach recommended for the purposes of the surveys we keep the age for seniors at 65, consistent with the age that is usually used in the research literature. The focus groups and key informant interviews can examine the needs of other ages.
 - Kathy emphasized that people aged 55 and older have tremendous needs, especially for health. Bill pointed out that the needs of people at age 75 are different than those aged 65.
 - Prof. Scharlach explained that needs assessment would seek information from three groups.
 1. Key informants: individuals in the community who are knowledgeable about the needs of seniors.
 2. Focus groups with seniors available in community settings.
 3. Individual surveys.

Prof. Scharlach passed out sample questions and requested the group to look them over and email him changes and suggestions.

- Mary Lou thought it important to ask, “How safe do you feel?” “Can you get to the places you want to go?” and “How friendly and included do you feel in your community?” Mary Lou emphasized two interests: welcome packets and neighborhood watch. She also spoke to the concerns of many seniors: fear of eviction, distrust of apartment managers, use of traditional medicine, isolation and depression.
- Lynn recommended some prompts and some additions to the health care questions in the individual interviews: “Can you get to the doctor?” “Can you get medications?” “Do you split the dose of pills because you can’t afford it?”
- Martha suggested focus groups for those who become a grandparent or find themselves alone when their adult children leave: they are alone, feel isolated, and take on the role of a senior.
- Nhang suggested looking at the challenges of family life and also to ask questions about employment. Lynn suggested we also ask about volunteer interest.

- Vicky suggested looking at affordable housing with the hope that good data would impact policy.
- Earle thought the questions as presented would give the information we are looking for regarding social isolation.
- We then looked at opportunities to conduct focus groups. Professor Scharlach and Evelyn will conduct them.

1. Senior Action Team (meets at Concord Police Department on Mondays, possibly 12/4) - Mary Lou
2. Mujeres en Accion (meets at Monument Crisis Center on Mondays at noon) - Mary Lou
3. Palm Terrace - Mary Lou
4. Monument Futures - Martha
5. Keller House (possibly in conjunction with the Mobile Health Clinic on Wednesdays) - Martha
6. Fair Oaks Church (Senior Group meets Thursday mornings) - Kathy Renfrow
7. St. Francis of Assisi (possibly Sundays after Mass) - Vicky

Other possibilities:

Harvest House (Martha)

Cambridge Elementary (Martha)

La Clinica

Queen of All Saints (Vicky)

Concord Senior Center (Avis)

Police Substation (Senior Action Team)

- Nhang suggested incentives. Ideas included an information packet or gift card from Starbucks or Safeway.
4. The next meeting was scheduled tentatively for December 8 at 2:30 P.M. at Keller House. As the focus groups progress, we will decide if this meeting is necessary. Michael will send out notices.

Minutes

Monument Corridor Seniors Needs Assessment

December 8, 2006, 2:30 p.m.

Concord offices of Catholic Charities of the East Bay

Present: Prof. Andy Scharlach, Bill Schafer, Nhang Luong, Mary Lou Laubscher, Vicky Lizarraga, Michael Radding.

Updates

- Nobody showed up for the focus groups at St. Francis of Assisi following Sunday Masses on December 3. During informal conversations after the Masses, some seniors indicated that if they did have needs, their families would take care of it. One individual, Antonio Manchaca, said he could help with surveys.
- The focus groups at Los Mayores en Accion also did not occur because of scheduling problems.

Key informant interviews

- Bill had already sent a list of key informants. He will track down emails.
- Nhang has a list she will make available.
- Mary Lou also has a list.
- Some further suggestions.
 - Carolos Torres, JVCS
 - Pastor Ovido, Iglesias Presbyterian
 - Hilda from Iglesias Presbyterian
 - Fr. Jerry—St. Francis of Assisi
 - Maria Vandameer—Concord Senior Center
 - Police dispatchers
 - Lt. Ladieri could help reach neighborhood community associations
- Our goal is 20 interviews
- Michael and Prof. Scharlach will contact prospective key informants

Individual interviews

- Bill suggested the snowball approach. Have each person share the interview with a friend who shares it with another friend.
- Nhang confirmed that it is challenging to reach seniors.
- Some seniors may appreciate a gift certificate for the new shuttle, which begins early next year. Mary Lou will check on it.
- Mary Lou is sending out a mailing to the Senior Action Team and Health and Safety Center. She will include the interview and offer of a gift certificate.
- Michael will make another call to Martha Potts.
- The goal is 100 interviews

Focus groups

- The Senior Action Team will be a focus group on December 18.
- Prof. Scharlach will check with Lt. Ladieri or Mark Devin about he neighborhood associations.
- Michael will call Bonnie at Palm Terrace.
- Michael will check with Kathy Renfrow about organizing a group.
- Zalena's Restaurant has a lot of seniors hanging out around 7:30 a.m.

The goal is to have the interviews completed by January.

The next meeting will take place on January 26 at Noon at Keller House. Catholic Charities of the East Bay will provide lunch.