

City of Irvine, Strategic Plan for Older Adult Services

2023 through 2028



PREPARED BY



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EXECUTIVE SUMMARY



The City of Irvine with support from Charitable Ventures developed the City of Irvine, Strategic Plan for Older Adult Services 2023 through 2028 (Plan). The purpose of the Plan is to provide a vision, identify goals and action items, which will guide the implementation of City of Irvine's programming and services to effectively meet the diverse and changing needs of older adults in Irvine.

Methodology

In 2023, the City of Irvine, with support from Charitable Ventures, conducted a community assessment, which included a broad community survey of older adults, eight community forums held in seven different languages, two provider forums, planning sessions and briefings with City Staff and the Irvine Senior Citizens Council, and ongoing feedback from key City stakeholders. The process was designed to accurately capture input reflective of the diverse and dynamic older adult population in the City of Irvine. The community assessment explored needs, assets, and opportunities in five critical areas: Healthy Living, Housing and Emergency Preparedness, Marketing and Communication, Social Well-Being and Addressing Isolation, and Transportation.

2023 through 2028 Plan Overview

The Plan will guide City's Senior Services and is a product of community, provider, key stakeholder, City staff and Senior Citizens Council feedback. Following are the strategies identified by the process delineated along priority area. An accompanying Implementation Guide was also created to ensure strategies are effectively executed (Appendix F).

Healthy Living

Strategy 1: Prioritize older adult mental health and wellness.

Strategy 2: Make nutrition services more widely accessible.

Strategy 3: Promote ways to encourage an active lifestyle and promote active living opportunities.

Strategy 4: Expand availability of resources for adults 50 and older.

Strategy 5: Evaluate programs and adjust to ensure inclusivity for older adults with different needs and abilities in accordance with the Americans with Disabilities Act (ADA).

Social Well-Being and Addressing Isolation

Strategy 1: Reduce ethnic/linguistic isolation among older adults.

Strategy 2: Implement Diversity, Equity and Inclusion best practices which support the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) older adult community.



Strategy 3: Evaluate efforts to connect with vulnerable older adults, including those living alone and hard to reach.

Transportation

Strategy 1: Explore collaborative partnerships and innovative models to enhance access to transportation services.

Strategy 2: Increase education about transportation options and work collaboratively with partners for best use of resources.

Housing and Emergency Preparedness

Strategy 1: Increase access to information and resources for affordable housing.

Strategy 2: Increase collaboration with partners on Emergency Preparedness and Safety.

Marketing and Communication

Strategy 1: Increase targeted marketing efforts to boost awareness of programs or services.

Strategy 2: Evaluate marketing to improve clarity and to reach a broader audience.

Additionally, overarching strategies were developed to overlay the strategies within each critical area allowing the City to better meet the diverse needs of its older residents:

- I. **Increase capacity of existing services:** Explore ways to increase the capacity of older adult programs/services that are already in existence. More outreach regarding services and programs will lead to higher demand.
- II. **Expand language outreach and expand “trusted messengers”:** By adopting a Diversity, Equity, Inclusion, and Belonging lens across programs and services, the City of Irvine can reach more of its older adult residents. Communications should be in Arabic, Chinese, Farsi, Hindi, Korean, Spanish, and Vietnamese languages.¹ The City should continue to hire bilingual staff when possible and build partnerships with organizations that are considered “trusted messengers” of ethnic/language communities.
- III. **Expand volunteer services:** Explore new areas for volunteer development, for example, volunteer drivers or others willing to creatively address the growing needs of older adults experiencing social isolation in Irvine.
- IV. **Address technology needs of older adult:** Collaborate with County and local non-profits on technology divide. Continue to provide low-cost beginner technology classes. Equip Care Managers with tablets to provide opportunities for homebound older adults to connect to technology.



BACKGROUND AND IRVINE DEMOGRAPHICS



Background

It is well documented that Americans are living longer than ever before, allowing for increased contribution to the workforce, more time spent with younger generations and greater opportunity to make a positive impact on society. As our population ages, older adults are also facing new challenges. Community reports¹ indicate that many older adults are experiencing less economic security, a greater proportion are living alone, demands on caregivers have increased, and many older adults are having difficulties navigating the digital divide. Those from specific race/ethnic/faith-based groups, those who speak diverse languages, and LGBTQIA+, are often disproportionately affected by these challenges. The demographic shifts in the population affect each community differently, this report will explore the unique opportunities and challenges encountered by the older adult community in Irvine.

The City of Irvine developed its first Five Year Strategic Plan for Seniors in 2012, followed by an Update to that plan in 2018 that ran through 2023. The original plan aimed to identify and support policies and practices to strengthen the emotional, cognitive, physical, and social health of Irvine's older adults. The resulting plan provided the City with a vision, a set of twenty strategies, and an Implementation Matrix to address five priority areas: Education, Housing, Mental and Physical Health, Recreation and Leisure Programs, and Transportation.

In 2023, the City partnered with Charitable Ventures, to carry out the next community assessment to support the development of the Strategic Plan for Older Adult Services² 2023 through 2028 (Plan). The assessment and planning process occurred from January 2023 through July 2023³, and included broad community engagement. The report that follows captures both the process and the results of this engagement.

Older Adult Population in the City of Irvine

The 2020 Census states that there are approximately 309,031 residents in Irvine, of which almost 10% (30,594) are 65 years old or older. As the City of Irvine's definition of "Senior" is a wider age range of older adults, starting at 50, this number is closer to 24.5% (75,676). Older adults continue to be the fastest-growing age group nationally and locally, and according to the American Community Survey (ACS) older adults are the only population proportion expected to increase over the coming decades. The older adult population in the county was projected to double from 2010 to 2040 - 2030 marks the first year that all baby boomers will be older than 65.⁴

Based on 2020 Census data, we know that about 35% of adults 65 and older in Irvine live alone. Of those 50 to over 85, the breakdown is as follows:

The majority of older adults in Irvine are from 50-64 years old, which influences the development of the Plan.

¹ Report on Aging in Orange County, 2022, Orange County Strategic Plan for Aging; Master Plan for Aging, 2021, California Department of Aging; Equity in OC, "Population Overview: Older Adults", 2023.

² According to the American Medical Association, American Psychological Association, Gerontological Society of America, and Associated Press, "older adults" is a preferred term for describing people aged 65 and older. Therefore, the City of Irvine is transitioning to the use of the term "older adults," especially to be more inclusive of the population 50 years and older. This report adopts the language when not related to official service, location, and resource names that to date are unchanged.

³ See Appendix A for process timeline graphic.

⁴ Vespa, Jonathan, Lauren Medina, and David M. Armstrong, "Demographic Turning Points for the United States: Population Projections for 2020 to 2060", March 2018, accessed at <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>



Age	Percent of Older Adult Population
50 to 64 years old	54%
65 to 74 years old	27%
75 to 84 years old	13%
85 years old or older	6%

In terms of race and ethnicity, we know that sixty one percent of Irvine older adults identify as white alone, thirty-three percent as Asian, and six percent as Hispanic/Latino, two percent as "other," and one percent as Black.

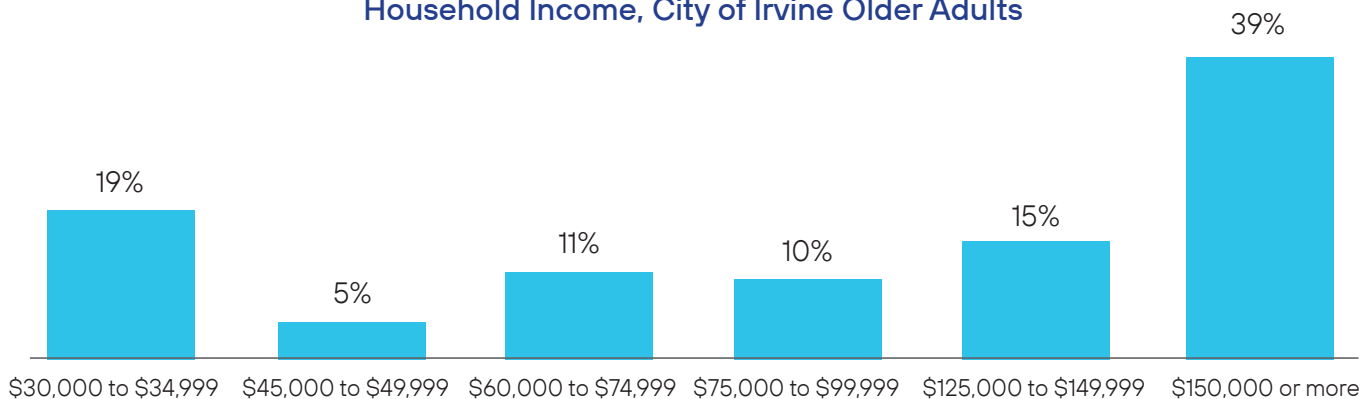
Race/Ethnicity	Percent of Older Adult Population
White/Caucasian	61%
Asian	33%
Hispanic/Latino	6%
Other	2%
Black	1%

Our language statistics tell us more about cultural and linguistic needs that the Asian category in the ACS data does not provide. The top primary spoken languages after English are displayed in the table below.

Language	Percent of Population that Speaks Language
Chinese	13.2%
Korean	6.6%
Spanish	6.3%
Hindi/Other	4.3%
Farsi	3.9%
Vietnamese	2.7%

Finally, we know that the average income of Irvine residents is higher than Orange County's median household income of \$100,429. However, there is a large percentage of older adults that live below the poverty line as well.

Household Income, City of Irvine Older Adults



PROCESS AND PARTICIPANT DEMOGRAPHICS

Process

The planning process included a review of data focusing on critical community reports, specifically the California Master Plan for Aging and the Orange County Strategic Plan for Aging⁵, as well as population, landscape, and asset mapping. High level population, landscape, and asset mapping data are available in Appendix B. What then followed was a robust community assessment process, which was designed to reflect the diverse and dynamic older adult population of the City of Irvine. Through a community-wide survey, community and provider forums conducted in seven languages,⁶ planning sessions and briefing meetings with City Staff and Senior Citizens Council, and engagement with key City stakeholders at meetings throughout the process, the assessment included the participation of more than 945 residents and City staff. The survey and forums explored needs, assets, and opportunities in five critical areas. Building on the goals and strategies of the past two Senior Plans and using the state's Master Plan for Aging to gauge overarching needs, the Senior Citizens Council identified the five critical areas: **Healthy Living, Social Well-Being and Addressing Isolation, Transportation, Housing and Emergency Preparedness, and Marketing and Communication**. These areas are further described below.



City of Irvine Senior Citizens Council.

The components of the assessment included the following:

Older Adult Survey

To directly engage older adults in this process, a resident survey was developed. Surveys were distributed to older adults in Irvine through the following methods of communication: mail, paper

⁵ Report on Aging in Orange County, 2022, Orange County Strategic Plan for Aging; Master Plan for Aging, 2021, California Department of Aging.

⁶ See Appendix C for Survey. Based 2020 Census Data, City of Irvine's residents speak the following languages: English, Chinese (13.2%), Korean (6.6%), Spanish (6.3%), Hindi/Other (4.3%), Farsi (3.9%), Vietnamese (2.7%). The survey and forums were translated and held in these languages to meet community needs.



surveys available at partner organizations, and web communications. Once launched, the survey was open for a total of three weeks, from March 5 through April 10, 2023. Survey questions focused on primary health concerns, safety, financial stability, nutrition, housing, technology skills, senior center participation, communication and outreach, sense of community, senior center activities, transportation experience, and demographics. A total of 10,000 surveys were sent to the older adult residents (ages 50+) and a total of 736 responses were gathered from both online and paper versions of the survey.

Older adult individuals were randomly sampled from all neighborhoods in Irvine. The sample population is representative of the population demographics. Every member of the household 50 years of age or older was eligible to take the survey, allowing for more than one response per household.

Provider Forums

To directly engage professional providers who serve the older adult population, provider forums were held. Two provider forums were held at City Hall in the Conference and Training Center on March 7 and 20, 2023. The provider forums were 90-minutes long and were conducted in English. Discussion was facilitated around the five critical areas identified for the City’s strategic planning process and focused on the services and situations that are working well or could be improved. Additionally, providers were asked to discuss opportunities the City could pursue, innovations in the field of service provision, and how partnerships/collaborations could be strengthened. Discussion was captured in real time in the form of notes on sticky chart papers, and participants were asked at the closing to cast votes for their top five priorities, through “dot-mocracy” (the use of sticky dots to vote for priority areas).

Community Forums

To directly engage older adults in discussion on the needs of this population, eight community forums were held in-person at various community centers throughout Irvine, including Portola Springs Community Center, Lakeview Senior Center, and Rancho Senior Center. Charitable Ventures partnered with local, trusted Community Based Organizations (CBOs), which were essential in conducting linguistically and culturally concordant outreach and engagement of specific segments of the older adult population. Partner CBOs include Community Health Initiative of Orange County (CHIOC), Korean American Center, OMID Multicultural Institute for Development, South Asian Senior Association (SASA), South Coast Chinese Cultural Center, and Vital Access Care Foundation (VACF).



The community forums were held from April 13 through May 25, 2023. They were 180-minutes long and were led in English, Mandarin, Farsi, Hindi, Korean, Spanish⁷ and Vietnamese. Discussion was facilitated around

⁷ A Spanish Forum was scheduled for May 11. Targeted outreach was carried out through partnership with the Community Health Initiative of Orange County (CHIOC) to over 100 City of Irvine older adults whose primary language is Spanish. Only two participants were confirmed, and they did not arrive the day of the forum. When outreach was carried out the primary reason for not being able to attend the forum was lack of transportation or the morning schedule (they work or their children, who provide transportation/care work).



the five critical areas and focused on priority needs, barriers, and potential opportunities. Detailed notes were taken in the sessions and a scribe captured the central themes on large chart papers. Similar to the Provider Forums, the central themes were utilized at the closing of the forum for participants to vote for their top five priority areas via “dot-mocracy.”

The information collected from the forums and survey was summarized, synthesized, and shared with the City staff and City Senior Citizens Council members via in-person meetings. The meetings included discussions around framing strategic direction and opportunities that were additionally gathered from the staff. These ideas helped to shape and finalize the plan and strategic areas.

Planning and City Stakeholder Engagement Meetings

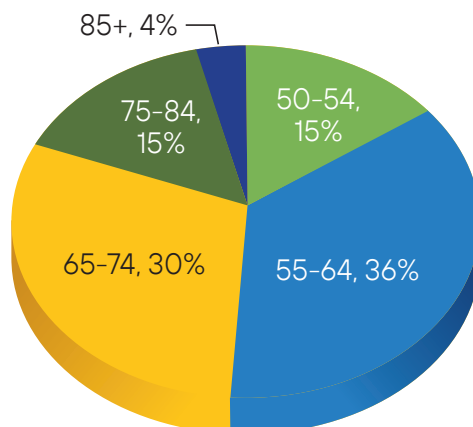
Charitable Ventures worked collaboratively with the City Senior Services staff and Senior Citizens Council throughout the strategic planning process. All community engagement and assessment tools were vetted and validated by City staff leadership. The Senior Citizens Council was engaged, and feedback was requested and incorporated at each step of the process. Once all community data was analyzed and synthesized it was presented and processed with City Senior Services staff to identify priorities, strategies, and actions in each critical area based on findings about community needs, priorities, and opportunities for collaboration and innovation. City Staff and Charitable Ventures carried out briefings with members of Senior Citizens Council to review findings and solicit feedback on emerging priorities, strategies, and actions. Charitable Ventures also provided presentations and information to the City Manager, consultants working on parallel City strategic planning processes for Children, Youth and Family Services, and Office of Health and Wellness, as well as the Community Services Commission.

Survey Respondents

The multi-lingual, community survey received 736 responses from Irvine older adults (ages 50+). Sample demographics are representative of population demographics, including age, gender, household composition, caregiver status, race/ethnicity, and income, and are detailed below:

Two-thirds of respondents indicated that they were between the ages of 55 and 74 years old, 15% were 50-54, while 19% were 75 or older.

Age of Survey Respondents

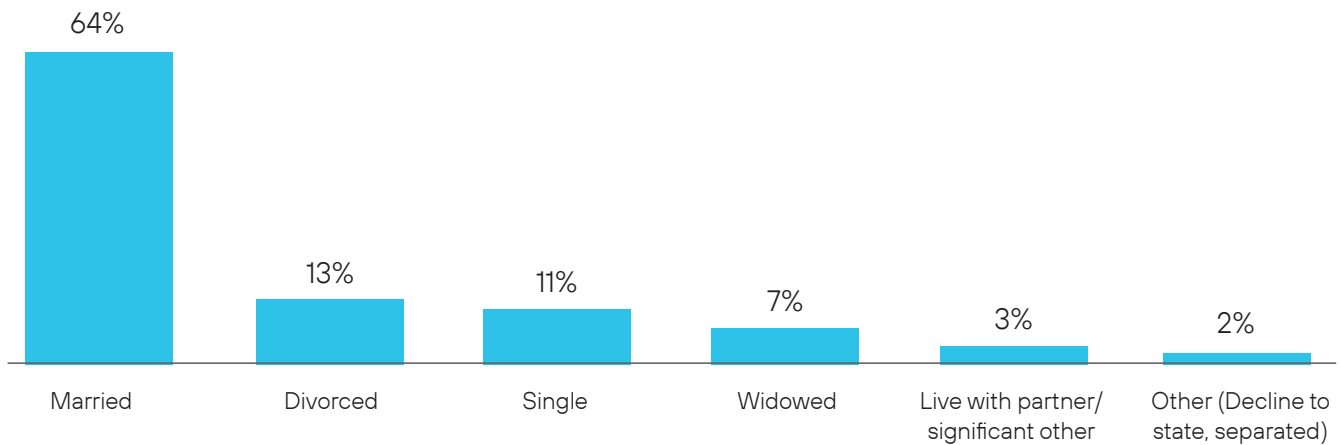


Most respondents were female (63%) and 35% male. Two percent of respondents declined to provide this information, and none of the respondents identified as nonbinary or transgender.

Gender	Percent
Female	63%
Male	35%
Decline to State	2%
Nonbinary	0%
Transgender	0%

More than four out of every ten respondents (41%) indicated that they do not live with other family members, which could have an impact on housing, health, and social isolation. However, marital status also provides information about respondents' living situation.

Household Composition/Marital Status



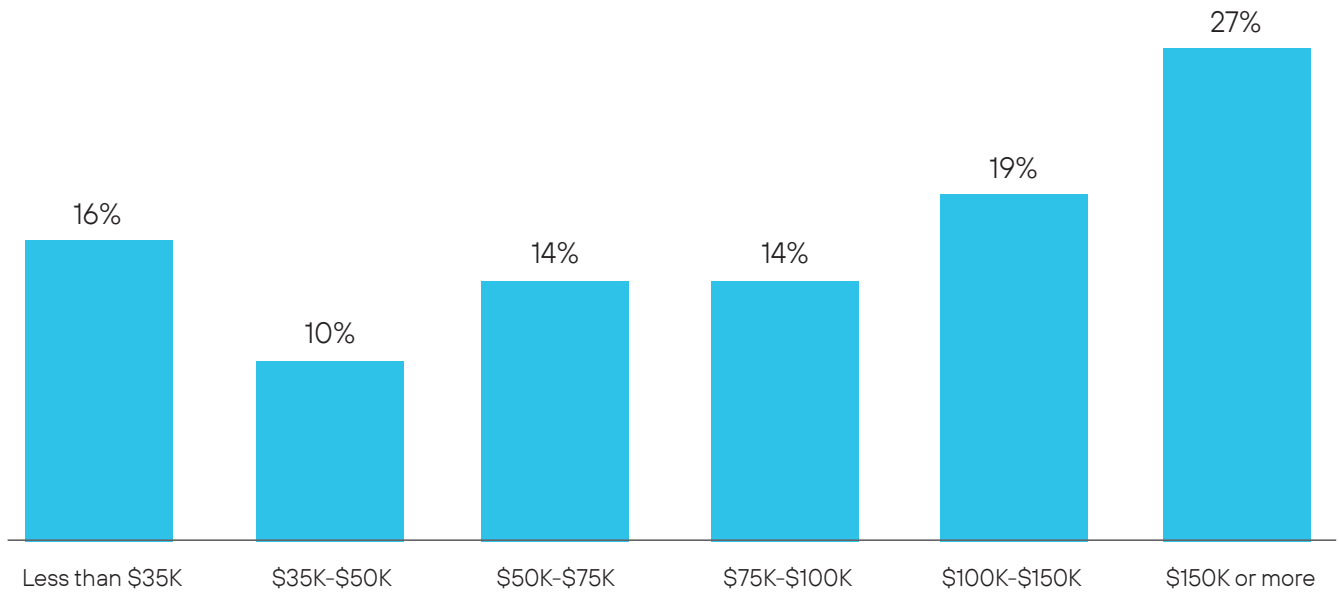
In terms of race/ethnicity, survey respondents were diverse and representative of the City of Irvine's population demographics.

Race/Ethnicity	Percent
White (Non-Hispanic)	48%
Korean	12%
Chinese	11%
Hispanic/Latino	6%
Other	6%
Vietnamese	5%
Indian	4%
Japanese	3%
Persian/Iranian	3%
Middle Eastern	2%
Black/African American	1%
Other Pacific Islander	1%



While respondents have a diverse distribution of income, the largest segment is higher income (46% reporting income of \$100,000 or more). On the other hand, 26% report earning \$50,000 or less.

Household Income, Survey Respondents



Community Forum Participants

There were 162 participants across eight community forums in English (2), Mandarin, Farsi, Hindi, Korean, Spanish, and Vietnamese. All forums were approximately 70 percent female and 30 percent male.

Provider Forum Participants

A total of 30 participants⁸ attended these two forums, with 11 participants on March 7 and 19 participants on March 20. There was a mix of genders representing City departments and community-based partners; with more than one representative from a few organizations.

⁸ See Appendix D for list of organizational participants in alphabetical order.



FIVE CRITICAL AREAS OF THE STRATEGIC PLAN



Building on the goals and strategies of the past two senior plans, and using the state's Master Plan for Aging to gauge overarching needs, the Senior Citizens Council and City staff identified the following five critical areas of focus to be addressed through the Plan:

- Healthy Living
- Social Well-Being and Addressing Isolation
- Transportation
- Housing and Emergency Preparedness
- Marketing and Communication

In the section that follows, the report highlights both general recommendations for the City of Irvine to engage with, in pursuit of continuing to offer stellar and relevant services to older adults, and specific recommendations for each issue area.

Overarching Strategies

The recommendations below overlay all areas and would help the City better meet the diverse needs of its older residents:

- I. **Increase capacity of existing services:** Explore ways to increase the capacity of older adult programs/services that are already in existence. More outreach regarding services and programs will lead to higher demand.
- II. **Expand language outreach and find trusted messengers:** By adopting a Diversity, Equity, Inclusion, and Belonging lens across programs and services, the City of Irvine can reach more of its older adult residents. Communications should be in Arabic, Chinese, Farsi, Hindi, Korean, Spanish, and Vietnamese languages.⁹ The City should continue to hire bilingual staff when possible and build partnerships with organizations that are considered "trusted messengers" of ethnic/language communities.
- III. **Volunteers:** Explore new areas for volunteer development, for example, volunteer drivers or others willing to creatively address the growing needs of older adults experiencing social isolation in Irvine.
- IV. **Address older adult technology needs:** Collaborate with County and local non-profits on technology divide. Continue to provide low-cost beginner technology classes. Equip Care Managers with tablets to provide opportunities for homebound older adults to connect to technology.

The following sections describe the findings, goals, strategies, and recommended actions identified through the community input process for inclusion in the Plan. Goals will be addressed through the Implementation Guide.¹⁰

⁹ Chinese, Farsi, Hindi, Korean, Spanish, and Vietnamese were defined as outreach languages based on 2020 Census Data and thus, are recommended as outreach languages going forward. According to that data, the City of Irvine's residents speak the following languages: English, Chinese (13.2%), Korean (6.6%), Spanish (6.3%), Hindi/Other (4.3%), Farsi (3.9%), Vietnamese (2.7%). Arabic is an existing outreach language for the City of Irvine and will continue to be an outreach language for Senior Services. Outreach was carried out specifically in Mandarin during this process due to demand for availability of resources and community demand. The City of Irvine will establish whether other languages such as Taiwanese, Cantonese, etc. are needed.

¹⁰ Appendix F: Implementation Guide, includes actions for years 1-3, as well as ongoing activities for years 1-5. Activities specific to years 4 and 5 will later be determined by City staff.



HEALTHY LIVING



Healthy Living continues to be a critical priority for the City of Irvine. Within this focus, the varying needs of the population are considered, as related to abilities, access to food, and mental health and wellness, all of which are also identified as critical priorities in the 2022 Report on Aging in Orange County and the California Master Plan for Aging.¹¹

According to the American Community Survey (ACS), 19% of adults 65 and over in Irvine are living with one or more disabilities of those, 15.4% are related to ambulatory ability, 13.4% are related to independent living, 7.2% are related to hearing, and others less frequently are related to self-care, cognition, and vision. Food security is also critical to older adult well-being, not only for physical, but also socio-emotional health. It is estimated that 19.5% of older adults 60+ (8,628) are eligible for Supplemental Nutrition Assistance Program (SNAP) at 200% of poverty level. Map analysis shows that SNAP retail locations are plenty where older adults reside, other than Turtle Rock. Mental health and social engagement, while not the same thing, are positively correlated to one another, and the inverse is also true.¹² According to a 2020 report, *Let's Get Healthy California*, 2.9% of older adults in Orange County reported feelings of psychological distress.



Throughout the timeframe of the Plan, the City will continue efforts in support of healthy living, primarily as related to multi-lingual mental health and wellness support, nutrition to older adults with diverse incomes and cultural backgrounds, creatively expanding and promoting active living opportunities, expanding resources tailored to the 50–64-year-old age segment, and efforts to ensure that older adults with various needs are supported to promote healthy living.

The City recognizes the importance of programs and activities that promote healthy living and the impact on older adults' quality of life. The City is currently in the planning stages of creating/establishing an Office of Health and Wellness to work towards promoting the collaborative goal of healthy living.

Community Input

Input regarding Healthy Living was provided by residents and older adult service professionals through community and provider forums and a city-wide resident survey; results are summarized as follows:

¹¹ Report on Aging in Orange County, 2022, Orange County Strategic Plan for Aging; Master Plan for Aging, 2021, California Department of Aging.

¹² Center for Disease Control and Prevention, "Loneliness and Social Isolation Linked to Serious Health Conditions, accessed at <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html#:~:text=Recent%20studies%20found%20that%3A,%2C%20obesity%2C%20and%20physical%20inactivity.&text=1-,Social%20isolation%20was%20associated%20with,50%25%20increased%20risk%20of%20dementia.>

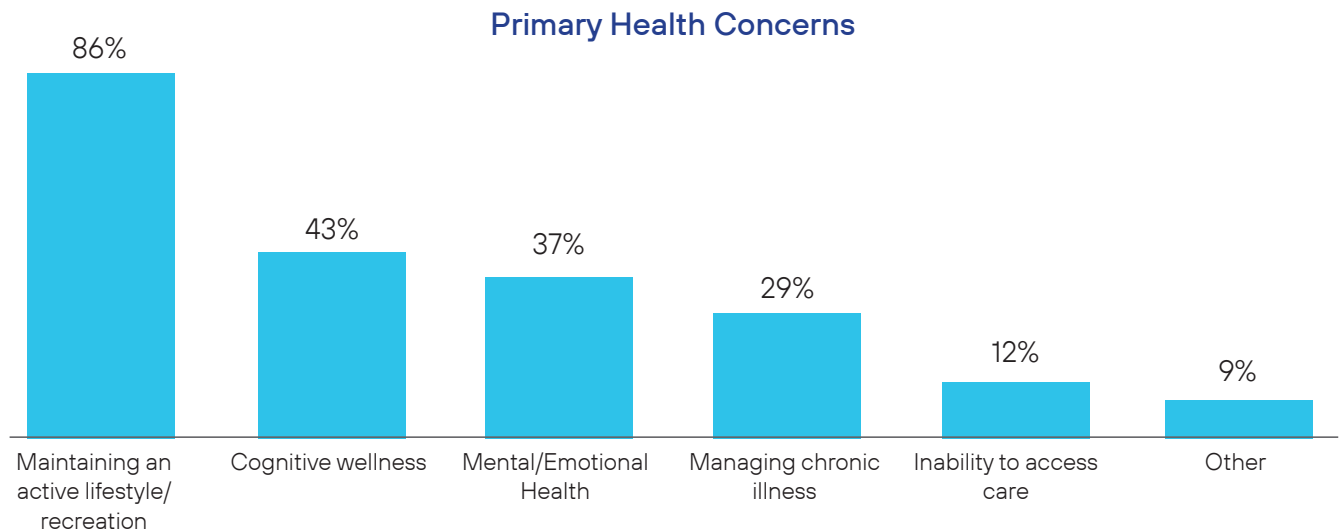


Healthy Living Input via Survey

Survey respondents provided feedback on two primary focus areas: 1) Health Concerns and 2) Nutrition Service. Details are as follows:

Health Concerns

The primary health concern identified by 86% of survey respondents was maintaining an active lifestyle, followed by cognitive wellness (43%), and mental/emotional health (37%). Less than a third of respondents identified managing chronic illness, inability to access care or “other” as the primary health concern. Health concerns identified in “other” were mobility, transportation, rising costs for healthcare, food, housing, and concerns for safety in their communities.



Many respondents are concerned about the high medical costs even with insurance coverage. Of the respondents who identified inability to access care as a primary concern, 55% attributed their access to care concern to financial constraints. Along with the concern for costs of medical care, 15% of respondents are dissatisfied with the continuity of care in health care system for older adults. Sixteen percent stated that there is a lack of safe transportation to get to medical facilities or medical appointments. Other concerns include the length of time it takes to book an appointment, lack of good medical facilities with affordable insurance, and the difficulty in finding good medical doctors. Language barriers, lack of knowledge of resources, and the lack of household and social support, were also cited as concerns.



Fewer than 20% of survey respondents are living with a disability, which is consistent with the proportion based on population-level data. More than half of those with a disability



report being able to access all supportive services needed. Of the respondents who are not able to access all services needed, 61% stated they need mobility support, 56% listed household support, and 38% listed self-care support; participants were asked to select all that apply.

Nutrition Services

Eighty percent of respondents report never having utilized a subsidized food program or foodbank service, while 8% have used a service provided by a senior center, 7% have used a food bank or food pantry, 5% have used SNAP, and 4% have used Meals on Wheels. Other nutrition services utilized include special events, nonprofits, churches, and help from the family. Of those who listed barriers to accessing food bank services, 19% reported that they do not know if they are eligible for services.

Among those who have eaten meals at the senior centers, many have negative feedback about the quality and variety of the food provided. However, many also expressed the value of a congregate meal.

One man expressed how much he “enjoys the meals at Lakeview, because [he] gets to connect with so many people, and every person shares their story” thus making the meal more than a meal.

One man expressed how much he “enjoys the meals at Lakeview, because [he] gets to connect with so many people, and every person shares their story” thus making the meal more than a meal, and really a valuable moment of social connection.

Healthy Living Input via Provider Forums¹³

The process also solicited feedback from providers surrounding Healthy Living for older adults in Irvine. It was noted that all three senior centers were at capacity in terms of programs and services and there was a concern around whether everyone who is needing services is being reached. Current programs in exercise, dance, yoga, and walking clubs have good participation and attendance. A few providers mentioned that Irvine has many safe walking paths and parks as spaces for healthy living activities.



The Healthy Living conversation included reference to COVID-19 and how it has changed capacity and/or the way organizations serving older adults may have changed operational practices. With the stay-at-home orders, it was shared that there was an increase in meal deliveries, isolation, and possible mental health concerns with depression and anxiety. It was noted that the increase in meal deliveries may have been due to COVID-19, but it was not clear the cause for the increase. That said, the Meals on Wheels program may have been the only

point of contact for some throughout the pandemic. Participants shared that while there are efforts to reach everyone, there is a struggle in having volunteers able to reach all geographic areas of the county. An additional note about isolation among older adults was the highlight that those who are isolated with Alzheimer’s may face even more difficulty than most older adults.

¹³ See Appendix D for Summary of Provider Forum Findings across critical areas.



Many participants commented on the importance of social engagement and providing opportunities for older adults to engage to promote social well-being. Opportunities for social engagement may come from volunteering with the City and its various programs or participating in activities like a Marketplace (South County Outreach), where they can shop for items.

Generally, it was noted many times that information needs to be available to everyone, all the time. A few participants shared that more marketing needs to take place around healthy living and older adults and to help the community be more aware of resources, including the senior centers. A few individuals mentioned that more flyers and information should be posted at the centers, so that the opportunity is not lost should someone be in need - being able to pick up a brochure, pamphlet, or flyer.



Participants identified the following barriers to healthy living:

- Volunteerism has changed through the pandemic, and we need to share more about the opportunities that are available and to engage older adults;
- Transportation services have limited hours with no weekend hours; and
- Language services are limited - people cannot reach out and ask for help in language (Spanish specifically noted). More materials need to be available in various languages.

Healthy Living Input via Community Forums¹⁴

The majority of participants expressed that with future aging in mind, caregiving was highly needed, but all noted the fear of the associated cost - caregiving, and mental health support are exorbitant and unrealistic for most. There was great interest in learning more about resources and information and knowing how to help access affordable older adult housing, including rental assistance. When comparing community forum feedback with the survey results, the findings align in that most respondents do not know of/use the Keen Center but are interested in assistance with more resources.

Other community forum findings that overlap with survey results are as follows:

- Some forum participants shared concerns with navigating the health care system and running into barriers;
- Some shared that there do not seem to be many gerontology specialists available;
- Many lack transportation for appointments;
- Many were interested in learning about aging and other medical topics;
- Many discussed mental health and addressing isolation.

¹⁴ See Appendix E for Summary of Community Forum Findings across critical areas.



Strategies and Action Items for Healthy Living

In response to the feedback received from survey results, community and provider forums, and stakeholder input, the following five Healthy Living strategies and associated action items have been identified:

Strategy 1: Prioritize older adult mental health and wellness.

Action Items:

- Assist participants with Telehealth appointments in the home using tablets with internet connectivity. **(Year 1)**
- Provide support groups in multiple languages. Expand to evening and weekends for support groups. **(Year 2)**
- Partner with City Health and Wellness efforts to make short term counseling available to older adults in multiple languages. **(Year 3)**

Strategy 2: Make nutrition services more widely available.

Action Items:

- Explore expansion of Elderly Nutrition Program to other older adult facilities. **(Years 1 through 3)**
- Launch transportation program to increase older adults' access to local food pantries. **(Year 1)**
- Explore partnership opportunities to offer a food pantry at an older adult facility. **(Year 2)**
- Pilot themed meal socials. **(Year 2)**
- Pilot cultural cooking classes or recipe cards. **(Year 2)**
- Explore adding an additional Food Commodities Program location. **(Year 1 and 2)**
- Display additional nutrition education resources in the Congregate Meal Program. **(Year 3)**

Strategy 3: Promote ways to encourage an active lifestyle and promote active living opportunities.

Action Items:

- Expand accessibility of healthy living programs and services by allowing priority registration for Irvine residents. **(Year 1)**
- Expand education about services available through health insurance including Silver Sneakers (Medicare) and others. **(Year 1)**
- Explore reallocation of space at other at older adult facilities or community center to accommodate fitness equipment and/or classes. **(Year 2)**
- Explore adding a fitness center at Lakeview Senior Center. **(Years 3 through 5)**

Strategy 4: Expand availability of resources for adults 50 and older.

Action Items:

- Provide dedicated resource space at each senior center. **(Year 1)**



- Expand operating hours for Keen Center for Senior Resources. **(Year 1)**
- Enhance volunteer cultivation by educating new Irvine residents and those entering retirement on City programs and services **(Year 2)**
- Explore creating or partnering with the Office of Health and Wellness on a Virtual Resource Center. **(Year 2)**
- Pilot a virtual presentation for residents on Senior Services programs and services to be made available online. **(Year 2)**
- Evaluate hybrid program models such as offering virtual options on in person education lectures. **(Year 1 through 5)**
- Continue to collaborate with non-profit organizations, partners, and volunteers to offer programs and services. **(Year 1 through 5)**

Strategy 5: Evaluate programs and adjust to ensure inclusivity for older adults with different needs and abilities in accordance with The Americans with Disabilities Act (ADA) and other best practices.

Action Items:

- Explore prompts at registrations to ask about supports for programs and services (e.g., closed captioning). **(Year 1)**
- Launch closed captioning during Education Lectures. **(Year 1)**



SOCIAL WELL-BEING AND ADDRESSING ISOLATION

Social Well-Being and Addressing Isolation of older adults has become a growing focus for the City of Irvine, especially in the wake of Covid-19, which had disparate negative effects on the older adult population. Social well-being is a focus shared by the county as well as the state of California. Approximately one-quarter of Americans aged 65 and older are socially isolated, and a significant proportion of adults in the United States report feeling lonely. According to the AARP Foundation Connect2Affect map¹⁵, older adults in Orange County also have a 20.7% social isolation risk score, which is based on several variables that could increase isolation including living alone, poverty, marriage status, and others. Individuals that are socially isolated are more likely to suffer anxiety, depression, stroke, heart disease, Type-2 diabetes, cognitive function, and thus require intervention to maintain social well-being.



Additionally, the Census reports indicate that Irvine's Social Involvement Index – extent to which residents belong to groups, organizations, or associations, see, or hear from friends and family, do favors for neighbors, or do something positive for their community – is significantly lower than the national average. (0.8 in comparison to 0.96; measured from 0 to 2.5, higher values are better). Furthermore, data from Advance OC¹⁶ indicates that there are areas in Irvine where older adults face high levels of residential and linguistic isolation. Residential isolation is defined as the extent to which non-white track residents are exposed only to one another. Linguistic isolation is defined as households where no one over 14 speaks English. Irvine ranks 469 out of 580 census tracks in residential isolation. Irvine ranks 372 out of 580 census tracks in terms of linguistic isolation.



The City has been responsive to new arising social needs of older adults and is working to enhance services to assist those experiencing isolation, financial hardship, and physical or mental health challenges. From 2023 through 2028, Irvine will expand its focus on citywide efforts to connect with trusted messengers on reducing isolation among vulnerable, older adults and work with regional partners to expand support for specific race/ethnicity/faith-based groups, those who speak diverse languages, and LGBTQIA+. There are incredible mental and physical benefits to be reaped by increasing the social well-being, inclusion, and sense of belonging of older adults.

¹⁵ Connect2Affect, AARP Foundation, accessed at <https://connect2affect.org/isolation-map/>.

¹⁶ Advance OC, Social Progress Index, 2020, accessed at <https://www.advanceoc.com/social-progress-index/>



Community Input

Feedback and suggestions regarding assistance to support social well-being and reduce isolation were provided by residents and older adult services professionals through a community-wide survey, community, and provider forums, and are summarized as follows:

Input via Survey

Nineteen percent of survey respondents did not feel part of the community, at least often or always. Most of the respondents who reported not feeling part of the community listed cultural differences, groupism/lack of integration into the community, or not sharing interests or values.

"Irvine has such diverse communities and cultures that there is not just one to relate to. So, you associate with people who share your interests, and those shared associations might be sporadic, not periodic, so it is often harder to obtain and maintain a "regular sense of community" here."

Fifteen percent selected "Other" reasons, 36% of whom attributed their reasoning to being too busy or not interested in socializing with the community and 17% stated that cultural and language differences make it hard for them to feel integrated. One individual commented,

"Irvine has such diverse communities and cultures that there is not just one to relate to. So, you associate with people who share your interests, and those shared

associations might be sporadic, not periodic, so it is often harder to obtain and maintain a "regular sense of community" here."

The remaining respondents stated that there is a lack of community events or opportunities, and political differences. A few mentioned their dissatisfaction with the City Council's involvement and care over handling issues.

In terms of emotional well-being, over half (57%) of respondents surveyed report not feeling sad; over a third indicated they sometimes feel sad (2-3 times/week); and only 5% of respondents stated they often feel sad (most days/daily). While this is a small percentage, it is important to recognize and is likely underrepresented since those who feel frequent sadness are less likely to complete the survey and less likely to be honest about their concerns.

Respondents were also asked about the type of activities or neighborhood associations they participate in. Thirty-six percent of respondents surveyed reported participating in community events, 34% participated in athletics and leisure, and 31% attended faith-based organizations.

Input via Provider Forums

Regarding social well-being and isolation, there was feedback that aging can be isolating and those who are not engaged are harder to reach. Without engagement, mental health and well-being often decline.

Caregiving was a topic of discussion, providers shared that there is a massive nursing shortage for caregivers. Others noted that affordable caregiving is needed especially among older adults with limited income - this can be a high burden. A few shared that depression is a concern for



caregivers and individuals losing independence. Others shared that programs/education around preparing for retirement and considerations with aging may be helpful resources to help adults transition to older adult living.

Input via Community Forums

While forum participants *did not* explicitly say they *did not* have a sense of belonging with the senior centers and programs, a few groups (Korean, Vietnamese) did express wanting a space for their ethnic community to gather and socialize. Celebrating culture and engaging in language were identified opportunities for social engagement.

Participants shared a desire to come together. Some participants expressed interest in more social hours at the senior centers to engage with others. Many requests for trusted information (about caregivers, doctors, other service providers) are indicators of a need for social engagement and trusted information as well. Across the survey and community forums there is interest in more community events and activities. This also could be an indicator of needing more information about existing events.



Strategies and Action Items for Social Well-Being and Addressing Isolation

The following strategies and action items have been identified to help improve the social well-being of older adults in Irvine:

Strategy 1: Evaluate efforts to connect with vulnerable older adults, including those living alone and hard to reach.

Action Items:

- Provide connection through an increase in compassion and wellness calls. **(Year 1)**
- Coordinate with residential coordinators at all Irvine older adult living communities to provide information on programs and services. **(Year 1)**

Strategy 2: Implement Diversity, Equity, Inclusion, and Belonging (DEIB) best practices that support the older adult community.

Action Items:

- Offer trainings around DEIB for older adults to bring awareness and promote harmony in the community. **(Year 1)**
- Add information on race/ethnic/faith-based groups, those who speak diverse languages, and LGBTQIA+ resources in *Irvine Senior Connection*. **(Year 1)**

Strategy 3: Reduce ethnic/linguistic isolation among older adults.

Action Items:

- Expand recruitment of multilingual volunteers of the Friendly Visitor program, Community Helpers Assisting Mature Persons in Our Neighborhood (CHAMPION). **(Year 2)**
- Co-host one-hour socials with City and volunteer/community based organization staff. **(Year 3)**
- Explore additional models for launching ethnic/linguistic programs. **(Year 3)**



TRANSPORTATION



Public transportation and pedestrian-friendly communities are essential to the well-being of the older adult population. The 2022 Orange County and State plans on aging highlight the growing importance of expanding public transportation options and increasing education to empower older adults to access the variety of transportation options available. The City of Irvine Transit Vision Study also sets goals for improving mobility and accessibility, especially for socially and/or environmentally vulnerable communities.¹⁷ According to this report, OC Access and TRIPS are underutilized beyond their operating hours. Many older adults find public options to be inaccessible – applying is difficult and/or costly, routes are infrequent and/or unhelpful. The City of Irvine’s 2023-28 transportation strategies align with county and statewide efforts to enhance city-wide transportation efforts and will focus efforts on exploring TRIPS Program expansion, providing taxi rides for older adults and recruitment of volunteer drivers. The City will also explore partnerships to promote awareness and increase education regarding the variety of transportation options available to Irvine residents.



Community Input

Through community and key stakeholder meetings, issues forming the basis of the Plan were identified and are summarized below:

Input via Survey

Ninety-one percent of respondents reported that they *have not* utilized public transportation to get to places in the community. Of those who have, OCTA – fixed bus routes are the most utilized form of transportation. Note that other modes of transportation used include volunteer drivers,

Uber/Lyft, Metrolink, Age Well Non-Emergency Medical Transportation Services, rides from a friend or family, or the Spectrum shuttle. Generally, transportation is an issue for older adults at some point in their aging. According to one of many respondents:

“Driving as we age is a concern. We should have access to reduced fee rides that are a phone call away and they should be arranged - no filling papers - just a phone call away rides to supermarkets, doctors, or a friend’s home.”

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¹⁷ City of Irvine, Transit Vision, October 2022, <https://records.cityofirvine.org/OnBaseAgendaOnlineTC/Documents/ViewDocument/ATTACHMENT%203%20-%20IRVINE%20TRANSIT%20VISION.PDF.pdf?meetingId=3750&documentType=Agenda&itemId=116734&publishId=39627&isSection=false>



Most respondents are at least slightly satisfied with the transportation service regardless of which service was used. The highest levels of satisfaction are with “other” forms of transportation, and TRIPS (33% and 20% Very Satisfied, respectively). Riding the OCTA Bus was rated as the easiest to use (60% indicated it was moderately or very easy to use). Less than a third of respondents note that OC Access, TRIPS, and other transportation services are “not at all easy to use.” Percentages are based on the total number of uses of each service.

Of those who *do not* use public transportation, approximately 80% do not need it or can drive themselves. Eleven percent (11%) do not know how to request a ride. Other responses included not feeling safe riding public transport, the City Irvine not having convenient bus stops near their local neighborhoods, timing of the bus or it takes too long, and that the bus routes are confusing.

Input via Provider Forums

Transportation was not discussed as in-depth as other topical areas. The general feedback was that more is needed, due to limited availability of existing services (Monday-Friday 9 a.m.-5p.m. and not available on weekends), long waits, making use of current programs easier (going digital has not made it easier – not aligned with older adult ability to use) and consideration of routes along the outer border of Irvine. A few shared that since COVID there are greater gaps in scheduling coordination, and longer wait/ride times, creating an even greater need for an already limited system.

Input via Community Forums

Transportation independence was still high among most forum participants; however, many shared the need for more transportation. Participants discussed a trusted, reliable, and affordable way to receive transportation support – subsidies from the City, shuttle/trolley routes, more frequent public transit options with low wait times, and less cumbersome processes to access and schedule transportation assistance. Many participants were aware of the TRIPS program, with few utilizing it and having complaints about the ease of accessing TRIPS or being an unaffordable cost. A few participants shared use of the public bus via OCTA but noted limited lines, long wait times and unavailable weekend hours. Lastly, as noted previously, the majority of participants drove themselves to the forums and senior centers but were considering future transportation support needs.



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Community forum findings align with survey findings regarding mobility and transportation, in particular as related to getting to and from medical/health appointments. This also aligns with survey data regarding use of OCTA and TRIPS and interest in making use of available resources “easier.”

Strategies and Action Items for Transportation

The following strategies and action items have been identified to help improve transportation for older adults in Irvine:

Strategy 1: Increase education about transportation options, work collaboratively with partners for best use of resources.

Action Items:

- Work with Healthcare providers on informational materials related to transportation included in health insurance plans. **(Year 2)**
- Provide transportation education and consultations with residential coordinators of senior housing communities and other designated housing establishments. **(Year 1)**

Strategy 2: Explore collaborative partnerships and innovative models to enhance access to transportation services.

Action Items:

- Evaluate prompts during registration: (example: Would you like more information on transportation programs for older adults?). **(Year 1)**
- Expand TRIPS Program services for all Irvine residents 60 years and older. **(Year 3)**
- Explore funding opportunities for Taxi Program as needed. **(Year 1 through 5)**
- Increase recruitment efforts for volunteer drivers. **(Year 1 through 5)**



HOUSING AND EMERGENCY PREPAREDNESS

Affordable housing continues to be a growing concern for older adults in Irvine as 30% of older adults in Irvine rent their home, and 61.4% of those 60 and over report being cost-burdened by their housing, according to American Community Survey (ACS) data. In Irvine, the median value for a home is \$1.4 million, compared to between \$750,000 and \$850,000 for California. The gross median rent for those 60 and over in Irvine is \$2,331. Rising housing costs have a direct impact on the ability of older adults to age in place, as many are living on fixed or limited incomes. Particularly for the 9% of Irvine older adults living at 100% below the Federal Poverty Line, housing cost is a real strain.



In addition to cost, safety and access to adequate resources and support are factors for aging in place. According to AARP Livability Index, the crime rate in Irvine is 196 crimes/10,000 people compared to US median of 217.4 crimes/10,000 people. This, and other available data from the FBI, makes Irvine the safest city of its size in California for the 17th year in a row¹⁸. Nonetheless, older adults who experience fraud, identity theft, burglary, and other crimes are particularly vulnerable. The COVID-19 pandemic made clear the importance of communicating critical information amid an emergency context. Considering the vulnerability of many older adults¹⁹, continued planning and preparedness for any public emergency is critical.

The housing strategies for 2023 through 2028 will focus on increasing access to information and resources for affordable housing by employing diverse approaches and collaborations, which include affordable housing interest lists, shared housing, and a collaboration with the City of Irvine Housing Division. The City of Irvine will also focus efforts to increase collaboration with partners to increase older adults' emergency preparedness and safety including first aid training, safety educational opportunities and disaster preparedness program offering.

Community Input

Through a community-wide survey and community and provider forums, issues forming the basis of the Plan were identified and are summarized below:

Input via Survey

The survey explored the sources of older adult income compared to the highest expenses. Top sources of income include employment (45%), social security (44%), and retirement (32%). Other sources mostly included pensions and savings. The highest financial expenses for respondents include housing (72%), food (68%), and health (42%).

¹⁸ "Irvine is Safest City of its Size for 17th Year", October 12, 2022, accessed at <https://www.cityofirvine.org/news-media/news-article/irvine-safest-city-its-size-17th-year-0>

¹⁹ CDC, "Public Health Workbook: To Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency", accessed at https://emergency.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf.



Almost 90% of respondents do not receive any type of housing supports, such as Section 8, rental assistance, or access to affordable housing programs. When asked about the type of housing-related services that would be helpful to their housing situation, 17% of respondents indicated that they would like housing-related workshops and information (such as more information or advice on home maintenance, older adult apartments, assisted living advice, and wanting more knowledge on how to receive more information); 13% wanted rental assistance; and 6% wanted one-on-one housing advice. In addition, 9% of respondents wanted other housing-related services, including assistance with home upgrades and safety modifications, having more affordable housing, and for those who own homes, lowering property taxes.



The Keen Center for Senior Resources offers bilingual support and assistance to help older adults and their families cope with the physical, emotional, and practical challenges of aging. Ninety-four percent of respondents noted that they do not utilize the Keen Center for Senior Resources. However, it is likely that this percentage is overstated based on many knowing the Keen Center as the “Senior Resource Center” rather than the Keen Center.

In terms of safety, most respondents express feeling safe in Irvine – only four percent do not feel at least *moderately safe*. Those who have experienced crimes or abuses report the following: 22% have experienced fraud, 20% have experienced identity theft, 15% have experienced financial fraud, and 7% have experienced robbery.²⁰ A large percentage (61%) indicated that increased police presence would make them feel safer, and 32% would like more lights in the community.

Input via Provider Forums

Generally, most participants agreed living costs are high in Irvine, homes are getting older and assisted living for older adults is very expensive. Affordable housing is available, but the wait lists are long and difficult to access. The housing crisis is national, stated a few participants.

Areas of interest/opportunities included:

- Information on how to make accommodations on homes (aging needs);
- Opportunities for communal living/shared common spaces;
- Connection with college students to serve as renters; and
- Helping to navigate family dynamics with living situations as parents age (e.g., adult children do not want the older adult parent in the home).

Participants also noted several barriers to fulfilling housing needs for older adults:

- Older adults are falling through the cracks and their incomes are not sufficient to cover rent in Irvine;
- Affordable housing is an alternative, but so many applications can be daunting and create barriers to access for those in greatest need.

²⁰ It is not clear whether all survey respondents are aware of the definition of robbery vs. burglary. The 7% may be inclusive of burglary, which does not indicate force or threat, as well as robbery.





Regarding Emergency Preparedness, the City has mechanisms to outreach and provide messaging to older adults in the City. Voluntary Organizations Active in Disaster (VOAD) was noted as an effective communication tool. It was shared that there is a need to help older adults be more aware of “things to look for in these alerts,” recognizing that there may be language and technology barriers that limit the ability to receive emergency alerts. One idea was to have an opt-in registry between the City and Irvine Police Department for residents to receive emergency communications, including development of materials/messaging in language with easy-to-understand graphics. Additionally, more volunteers are needed and can be trained to be Community Emergency Response Team (CERT) volunteers to help get out the word and help build the cadre of messengers in the community.

Safety was touched upon briefly. Generally, participants felt that Irvine is a safe community, however, it was noted that more can be done to help keep older adults safe. With regards to outdoor space, one participant noted a need for more shade and water stations so that older adults can safely enjoy the outdoors while being protected from the sun (e.g., canopies, bus shelters, etc.). A few participants also spoke about mental health safety – the need to be aware of how to communicate and support individuals with dementia and have mental health first-aid to help respond to and notice the signs for possible mental health issues.

Additional ideas for Emergency/Safety were:

- Developing and normalizing emergency messages (e.g., for evacuation) so that whatever language it is in people are aware of images and have basic emergency comprehension;
- Develop magnets with emergency contact number;
- Key (e.g., top 5) emergency messages or numbers that everyone should know;
- Ensuring that people know how to use technology – stay connected;
- In case of emergency cards to be carried by older adults;
- Provide emergency communications via low tech options such as AM 1640 and local Irvine channels; and
- Create a Older adult safety phone tree to have a list of older adults to be contacted.



Input via Community Forums

While most participants noted that they enjoy safety and have housing, this same majority also noted housing in Irvine is not affordable and as one ages, access to affordable housing for older adults is limited. Every forum had at least one participant whose sentiment was captured by the following participant quote:

"Although the apartment complexes contain units specifically set aside for low-income seniors, the waitlist is too long, and they may need to wait at least eight to ten years or even longer."

Different scenarios with co-habitation (with children), sharing with adult roommates, and empty nesters (homes becoming too large for older adults) were shared. Among those that did not own homes, there was great need for affordable housing assistance for older adults. Those who were aware of affordable housing resources noted the long wait and unavailable supply, when vouchers become available. A few participants shared that senior living communities are safe, have accommodations, a sense of community, and are affordable – but also lamented the long waits to access this housing. Additionally, many participants were not aware of housing supports, specifically how to access them and who to contact. There was great interest in learning more about credible and affordable resources to help with making accommodations with aging (e.g., safety bars, accessing stairways safety, etc.). There appeared to be a need, but many expressed not knowing who to call and who to trust so that they as older adults were not taken advantage of.

"Although the apartment complexes contain units specifically set aside for low-income seniors, the waitlist is too long, and they may need to wait at least eight to ten years or even longer."

The resounding sentiment around housing and safety in the community forums is similar to that of the survey findings.

- Generally felt Irvine was safe;
- Concerns with identity theft – fraud – not trusting electronic communications;
- A few expressed an interest in greater police presence/patrolling;
- Most trusted an alert system and Irvine Police Department;
- Many would like more in-language notifications; and
- Many would like to learn more or engage more with CERT.

Strategies and Action Items for Housing and Emergency Preparedness

Strategy 1: Increase access to information and resources for affordable housing.

Action Items:

- Develop internal list of participant names and contact information to call when affordable housing "Interest Lists" open. **(Year 1)**
- Explore establishing and maintaining an internal shared-housing list for older adults renting rooms to other older adults. **(Year 1)**
- Collaborate with the Housing Division on shared-housing resources. **(Year 1)**





- Partner with Orange County Housing Authority to assist older adults access and maintain affordable housing options. **(Year 1)**
- Train and equip Care Managers with internet ready tablets to use during home visits to assist participants in accessing affordable housing resources and provide support with completing housing applications. **(Year 1)**

Strategy 2: Increase collaboration with partners on emergency preparedness and safety.

Action Items:

- Pilot CERT light training for disaster preparedness, for residents to be better prepared at home. **(Year 1)**
- Explore options for non-certified First Aid courses. **(Year 1)**
- Offer educational lectures on tips on how to safely utilize the internet and social media. **(Year 2)**





Irvine Senior Services

OPEN HOUSE

Thursday, April 27

Free Events

Join us at all three senior centers to sample programs, hear about the services offered, and learn about the many resources available for adults ages 50+ in Irvine.



Rancho Senior Center
9:30–11 a.m.
3 Ethel Coplen Way



Lakeview Senior Center
12:30–2 p.m.
20 Lake Rd.



Trabuco Center
4–5:30 p.m.
5701 Trabuco Rd.

More info: irvineseniors.org/openhouse or 949-724-6900.

Raising awareness about older adult resources and services is an important part of the Plan as it impacts all other goal areas and resulting strategies. To better meet the needs of Irvine’s older adult population from 2023 through 2028, we will focus on evaluating the City’s marketing efforts to improve clarity of our messaging and reach a broader audience. Additionally, targeted marketing efforts will be increased to promote awareness of programs and services offered by the City of Irvine.

Currently one of the primary means of communication is via online formats. Community reports indicate that many older are experiencing the “digital divide”- the gap that occurs when segments of a population lack equal access to Information and Communications Technology or reliable Internet service, based on demographic factors such as age, race or income. Once again, the COVID-19 public health emergency highlighted the inequities as many were relying on digital technology for connection, work, and play. While 34% of Californians do not use the internet at all, our data shows that only 6% of Irvine respondents were not comfortable using the internet. Older adults in Irvine does not seem to be experiencing the digital divide to the same extent as other regions, however, the City will continue to provide internet access and opportunities to educate older adults on the Information Technology and safety protocol surrounding internet usage.



Community Input

Through the community-wide survey and community and provider forums, issues forming the basis of the Plan were identified and are summarized below:

Input via Survey

Marketing and Communication are critical to reaching older adult residents. Over half of respondents are aware of the activities and programs available to them throughout the City of Irvine, however, 46% are not utilizing any service. For those who are utilizing services, the top three activities/programs used are City Special Events, Health and Wellness Classes, and Fitness Centers.

Respondents were asked in what languages they would attend services/programs, to which the top responses were English (86%), followed by Korean (10%), and Chinese (7%). Three percent indicated Vietnamese, and 2% each Farsi, Hindi, and Spanish.

For those *not* accessing programs and services through the City of Irvine, barriers mentioned include scheduling/timing, cost, transportation, and location. There are several comments related to rebranding the “senior centers” to entice younger older adults who are under 65 years of age, mobile, and looking to stay engaged. Comments related to location are around adding more locations, specifically around Orchard Hills/Portola and University of California, Irvine.

In terms of how to best reach older adults, 64% of survey respondents shared they prefer to receive information by email while 15% prefer text.

Technology

An overwhelming majority of respondents (94%) feel comfortable using email. A smaller, yet still high, proportion (68%) are comfortable using social media.

Sixty-one percent of respondents are at least somewhat interested in developing their computer and literacy skills. If these services were to be offered, most respondents would prefer to learn at home followed by taking a class at a senior center. One older adult said:

“I’d like to have access to kind and patient one on one tutors or people who could help with “cleaning up” computer or technology issues. I used to get my sons to help, but they’ve moved. It’s incredibly frustrating because things constantly change, and I need someone to help me make sure I’m updated and not vulnerable to computer fraud.”

Other older adults express that they can do what they need online, and they would like things made more accessible to them via traditional paper and in-person forms.



Input via Provider Forums

The discussion around Marketing and Communication included ideas about how to provide information and resources, ongoing, to have language concordant messages and images, and to consider how to address the technological/digital divide. While it was noted that most older adults have cell phones or internet access, they may not all be expert users and may not be able to access things simply because they are available, online or via cellular phones. The majority still noted that mailing simple brochures is an effective way to reach older adults.

There was commentary about older adults not identifying as “old,” so considering opportunities for messaging that cover individuals 50-years and older. Creating messaging that normalizes the changes with aging, such as home accommodations, downsizing, and active aging.

Additionally, a few individuals shared that it is important to have messaging for adult children who are supporting older adult parents. The sentiment was that they too need to be engaged and aware of programs and services/offerings and can support volunteer activities. Along this thread, there were suggestions to provide intergenerational messaging (e.g., Irvine Public School Foundation) about aging that not only focuses on older adults, but family members so they are aware of possible needs and resources. An idea was shared with participants from a community partner about being less restrictive of age limits in senior centers to allow family members, of all ages, to join in and to participate in activities – creating a more welcoming space to support older adults; this effort has been to reduce any stigma related to senior centers and aging. Another participant shared that the aging process can be daunting thus creating opportunities to make someone feel more welcomed in the senior center, may make experiences less overwhelming.

Lastly, in addition to messaging, participants shared the importance of recognizable images or graphics – visuals that help older adults know what to look for and whom to trust, should people provide emergency related messaging. Related to safety, many older adults have experienced scams and are increasingly cautious about taking information or advice to evacuate; creating messages and tools (e.g., a badge) that helps to facilitate trust with messaging were suggestions.

Input via Community Forums

There was interest among all groups to learn more about programs and services with an array of modes of communications preferred, shared – word of mouth, flyers, via the internet – electronically, via text and in diverse languages. There was no consensus on one best way to outreach to and engage the community. The digital divide was perceived as a great challenge for some participants and not for others – again there was no clear consensus.

About half of survey respondents as well as forum attendees knew about senior center services and programs. There is a desire to learn more about services and programs. Most of those who know about the services are using gym, tai chi, line-dancing, and some computer classes. Some mentioned the difficulty of navigating the website to enroll and noted that classes fill up quickly.



Strategies and Action Items for Marketing and Communication

The Marketing and Communication strategies and action items have been identified to help improve the well-being of older adults in Irvine:

Strategy 1: Increase targeted marketing efforts to boost awareness of programs and services.

Action Items:

- Pilot a mailing of post card with information and QR link to *Irvine Senior Connection* to reach older adults who have not previously registered for City programs. **(Year 2)**
- Provide transportation education and consultations with residential coordinators of senior housing communities and other designated housing establishments Increase accessibility of information shared with Senior Citizens Council by broadcasting regular meetings on Irvine Community Television. **(Year1)**

Strategy 2: Expand marketing to improve clarity and to reach a broader audience.

Action Items:

- Increase accessibility of information shared with Senior Citizens Council by broadcasting regular meetings on Irvine Community Television. **(Year 1)**
- Explore renaming the quarterly *Irvine Senior Connection*. **(Year 1: Discussions; Year 2: Implementation)**
- Explore rebranding Keen Center for Senior Resources. **(Year 2)**
- Explore marketing and re-branding of senior programs/services to "older adult." **(Year 2)**
- Provide support to allow residents 50 and over with varying needs and abilities to easily access programs and services. **(Year 1: Software/equipment to support Closed Captioning)**
- Explore option to update Senior Services webpage to improve clarity. **(Year 3)**



CONCLUSION



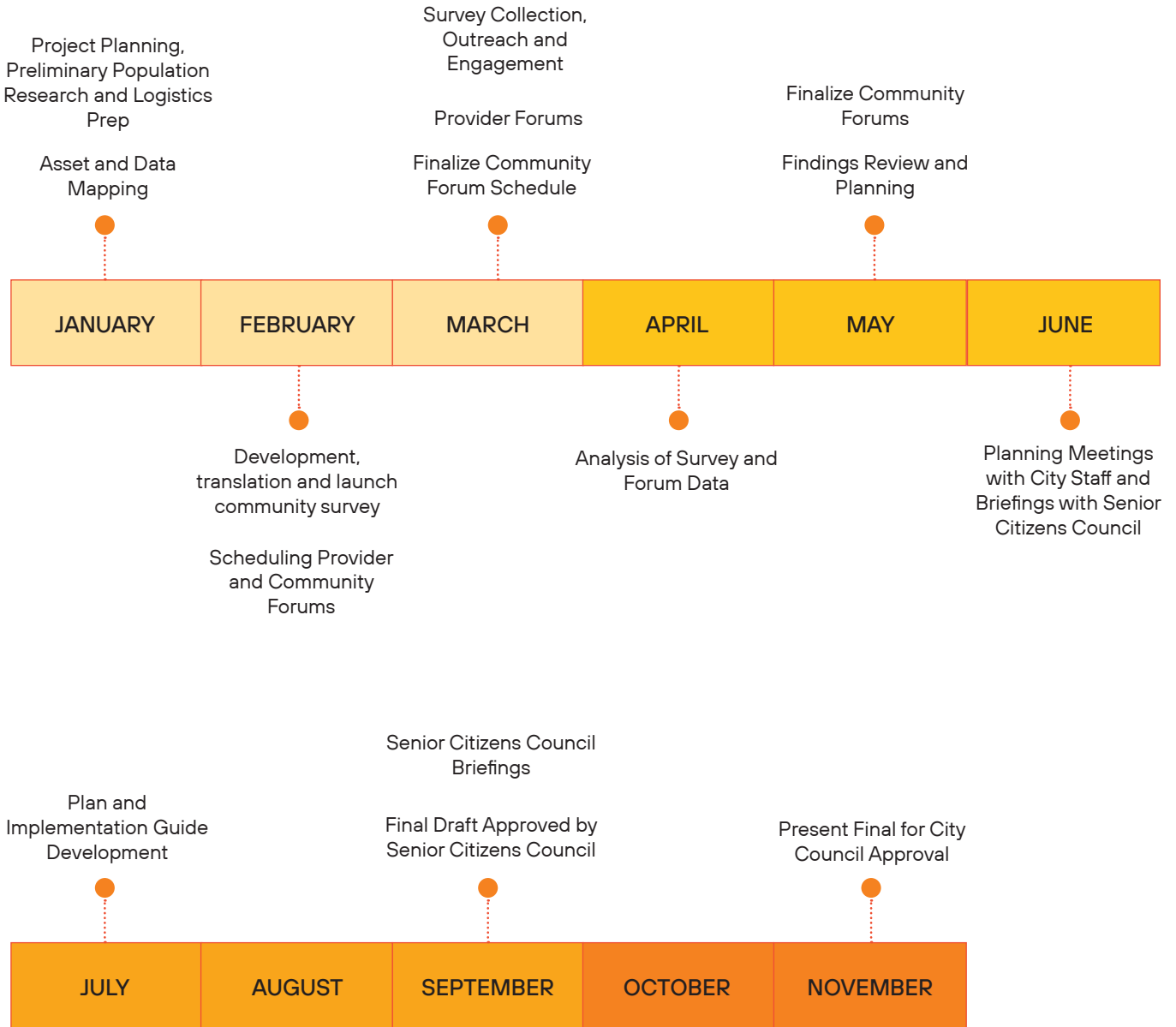
City of Irvine's first "Senior Services Strategic Plan" was developed in 2012 providing recommendations to guide programming and service delivery for Irvine's older adults. In 2023, the City conducted a robust community assessment and developed the new Plan and Implementation guide to carry out the identified strategies (Appendix F).

The Strategic Plan for Older Adults Services 2023 through 2028 outlines strategies and action items along five critical areas. The Plan also highlights general recommendations for the City of Irvine to engage with, in pursuit of continuing to offer outstanding and relevant services to older adults, which are hallmark of the City's intentional planning efforts.

In an effort to remain responsive and relevant to the diverse and changing needs of Irvine's older adult population, the City will conduct ongoing reviews as well as process and impact evaluations. For more information about the Strategic Plan for Older Adult Services, please contact City of Irvine, Human Services, Superintendent.



APPENDIX A: STRATEGIC PLANNING PROCESS TIMELINE



APPENDIX B: POPULATION, LANDSCAPE, AND ASSET MAPPING

City of Irvine Strategic Plan for Seniors, 2023 through 2028 Population, Landscape, and Asset Mapping



CHARITABLE VENTURES
A Center for Social Change



Highlights of Seniors 60+ in Irvine

Profile	Data
Number of Seniors	42,704
Male	46%
Female	54%
Bachelor's degree or higher	58%
Speaks English less than "very well"	26%
Below 100% of the poverty level	10%
SNAP eligible	20%
Disabled	19%
Living alone	35%
Home-owner	69%
Renter	31%
Owner occupied cost-burdened	30%
Renter cost-burdened	61%
Unhoused estimate	77

Race/Ethnicity	
White alone	61%
Asian alone	33%
Other race	2%
Black alone	1%
Hispanic or Latino origin	6%
White alone, not Hispanic or Latino	57%

Irvine Seniors	2010*	2012-2016*	2021**
55-59	11,762	12,602	19,749
60-64	9,586	10,708	12,342
65-74	10,862	15,174	19,540
75-84	5,285	7,258	9,333
85+	2,314	2,872	3,032
Total 55+	39,809	48,614	63,996

* Source: Previous Strategic Plan
** Source: US Census Bureau, 2021 ACS

2

Source: US Census Bureau, 2021 ACS
Note: Unhoused estimate is a number of Irvine residents (297,868) and seniors 60+ of total unhoused in Orange County (5,718) based on population of 3,167,809 in OC in 2022



1. Healthy Living

Health & Abilities (Key metrics to monitor are disabilities, ability to live alone)

There is a large concentration of seniors with disabilities in the Woodbury and Quail Hill neighborhoods.

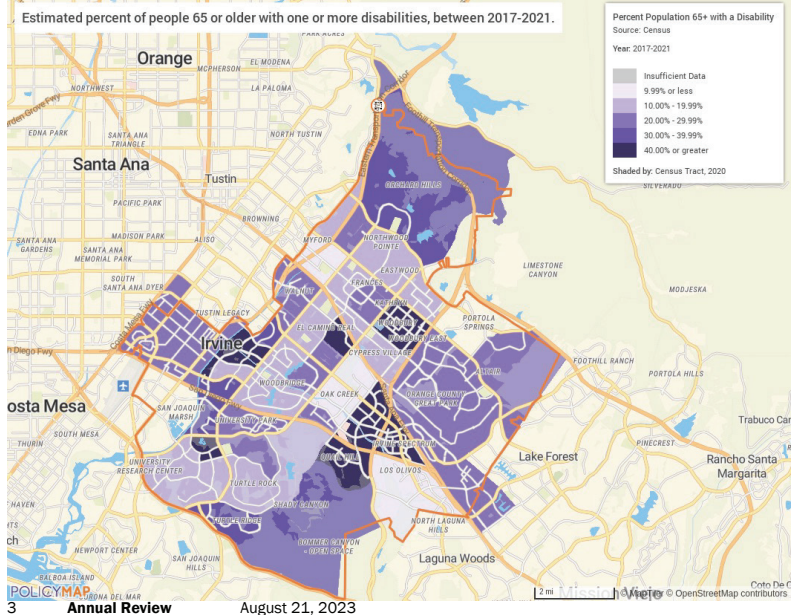


Table below shows the disability characteristics and count for seniors in Irvine

Difficulty Type	Count	%
Ambulatory	4,913	15.4
Independent Living	4,251	13.4
Hearing	2,290	7.2
Self-care	2,047	6.4
Cognitive	1,387	4.4
Vision	1,338	4.2

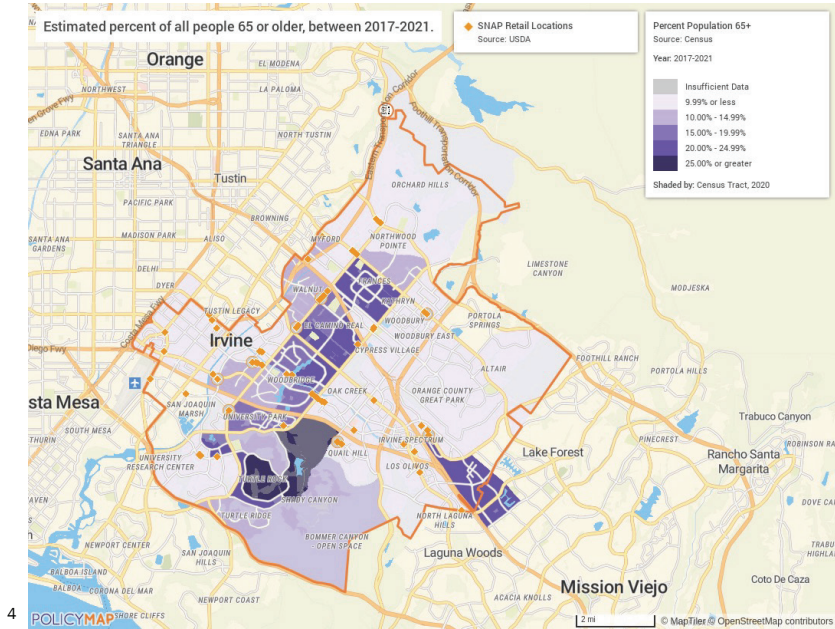
65+ in Irvine 31,823
Source: US Census Bureau, 2021 ACS

According to ACS 2021, 35.2% of households 60+ live alone.

1. Healthy Living

Food Security

SNAP retail locations are plenty along where seniors reside, other than Turtle Rock, which can use more SNAP locations.



According to ACS 2021, 25.4% of households in Irvine with seniors 60+ of age receive food stamps/SNAP

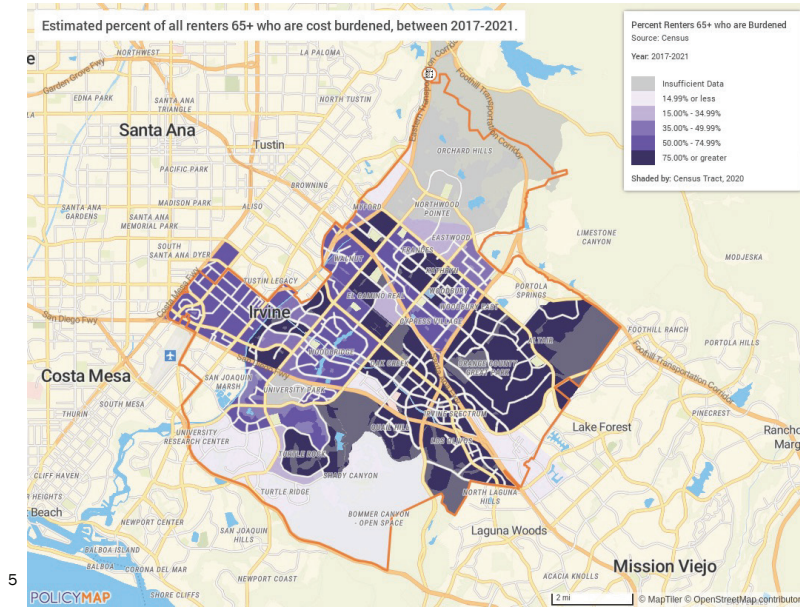
It is estimated that 19.5% of seniors 60+ (8,628) are eligible for SNAP at 200% of poverty level



2. Housing / Emergency Prep/ Safety / Affordable Aging

Housing (Key metrics to monitor are rent burden, housing costs, crime rate, poverty rate)

Map below shows percent of cost-burdened senior renters in Irvine by census tract



Housing:

30% rent their home, and 61.4% of those 60 and over are **cost-burdened**. 30.1% are cost-burdened homeowners. Gross median rent for those 60 and over in Irvine is \$2,331.

Race/Ethnicity	Own	%	Rent	%
White Alone	6,041	74%	2,151	26%
Asian Alone	1,441	73%	534	27%
Hispanic/Latino	377	75%	124	25%
Black Alone	59	58%	43	42%
65+ in Irvine	7,742	72%	2,939	28%

Safety:

According to AARP Livability Index, **crime rate** in Irvine is 196 crimes/10,000 people compared to US median of 217.4 crimes/10,000 people

Affordable Aging:

According to ACS 2021, of those 60+ in Irvine for whom poverty status is determined, 9.6% are **below 100% of the poverty level**.

65+ Poverty Level by Race/Ethnicity in Irvine

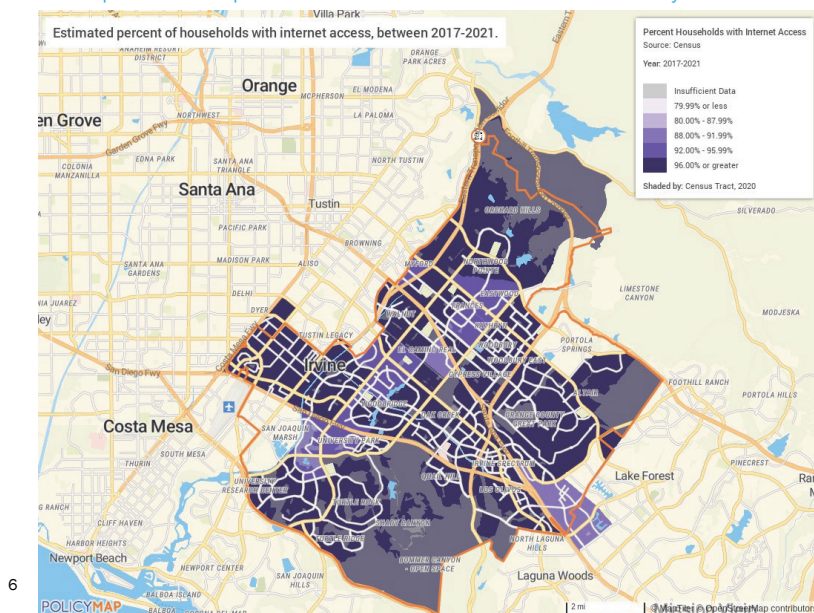
Race/Ethnicity	Count
White Alone	1,477
Asian Alone	698
Hispanic/Latino	445
Black Alone	54
Some Other Race Alone	40
2 or More Races	20
65+ in Irvine at or below poverty level	2,347

Source: US Census Bureau, 2021 ACS

3. Marketing / Communication

Digital Divide (Key metrics to monitor are computer access, internet access)

The map below shows percent households with internet access in Irvine by census tract



Computer Access:

According to ACS 2021, only 1.9% of households 65+ in Irvine do not have a computer

Internet Access:

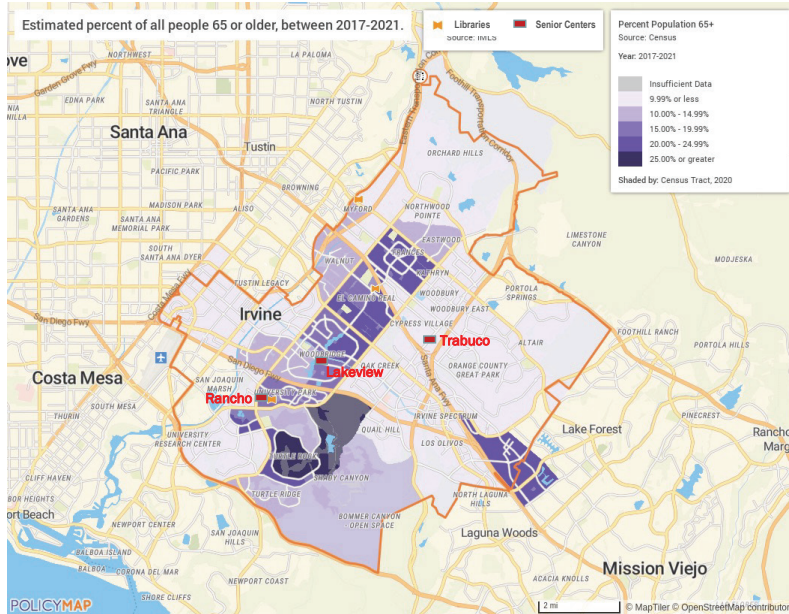
According to ACS 2021, only 3.7% of households 65+ in Irvine do not have internet subscription



4. Social Wellbeing / Reduction of Isolation

Social wellbeing (Access to senior center, libraries and social involvement)

The map below shows the locations of senior centers and libraries in relation to where seniors reside



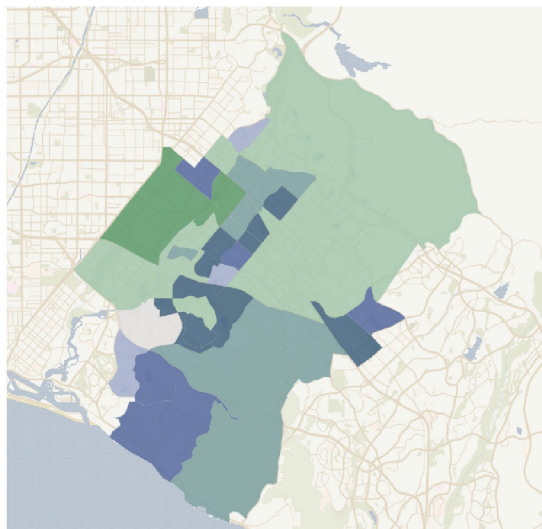
Social Involvement Index: 0.8 Irvine vs. 0.96 US median

Definition: Extent to which residents belong to groups, organizations, or associations, see or hear from friends and family, do favors for neighbors, or do something positive for their community; measured from 0 to 2.5, higher values are better
Source: U.S. Census Bureau, 2019

4. Social Wellbeing / Reduction of Isolation

Reduce Isolation (Key metrics to monitor are residential, linguistic isolation)

Pockets in the middle mesa of Irvine and bordering Lake Forest show high linguistic isolation for seniors 65+.

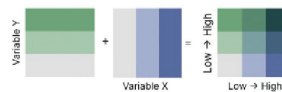


Source: Advance OC, 2020

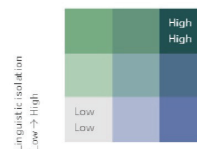
Type: Variable X
Demog...: Age Over 65

Type: Variable Y
Social P...: Linguistic Isolation

How to read the map



Age Over 65
Low → High



Residential Isolation Index: Very Underperforming
Rank 469 out of 580 census tracts

Definition: The isolation index measures the extent to which non-white tract residents are exposed only to one another, and is computed as the non-white-weighted average of the non-white proportion in each area.
Source: Advance OC Social Progress Index, 2020

Linguistic Isolation Index: Expected

10.02% households in Irvine; Rank 372 out of 580 census tracts

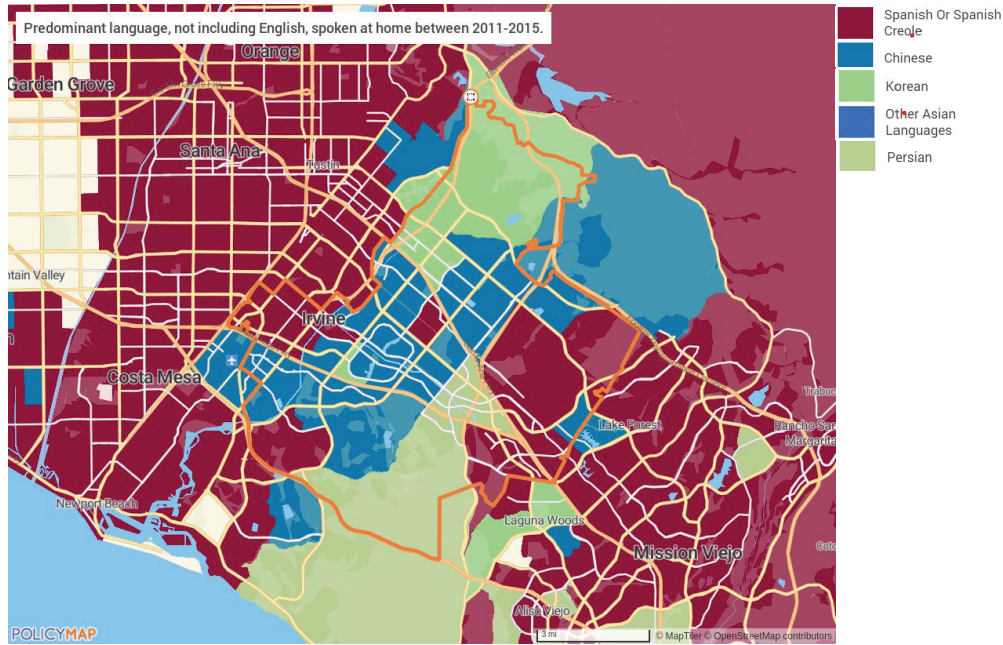
Definition: Percent of households in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English very well.
Source: Advance OC Social Progress Index, 2020



4. Social Wellbeing / Reduction of Isolation

Reduce Isolation (Key metrics to monitor are residential, linguistic isolation)

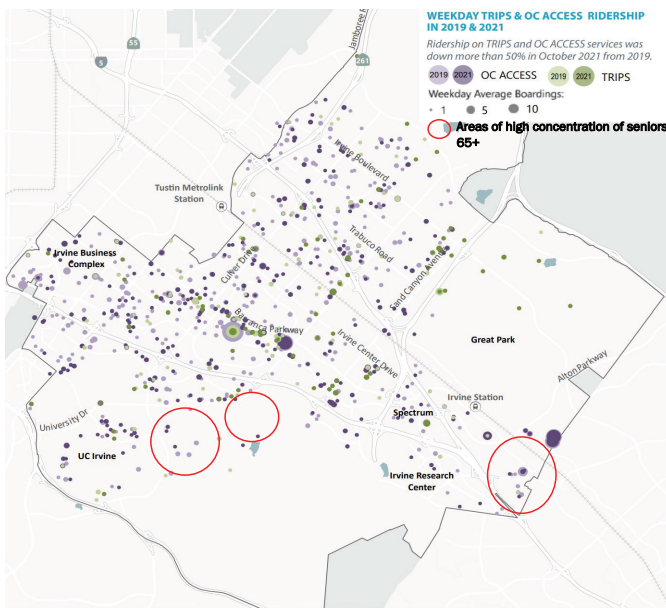
The map below shows the 5 predominant languages, not including English spoken across Irvine by census tract



5. Transportation

Accessible transportation (Key metrics to monitor are utilization of TRIPS)

The map below shows weekday TRIPS and OC ACCESS ridership by seniors in 2019 and 2021.



Source: Irvine Transit Vision Study, 2022

Table below shows count of one-way trips completed by TRIPS vans for seniors 60+ in Irvine from July-Dec 2022

Trip Type	Total Trips	Average Trips Per Month
Senior Center	1,943	324
Medical	1,502	250
Social/Recreational	721	120
Shopping	666	111
Personal Care	228	38
	5,060	843

Source: TRIPS data, July-Dec 2022



APPENDIX C: OLDER ADULT SURVEY



City of Irvine: 5-Year Senior Strategic Plan

The City of Irvine has partnered with a regional nonprofit, Charitable Ventures, to complete the Strategic Planning process for Senior Services in Irvine. We would like to hear about your experiences as a senior resident of Irvine (those 50 years and older), and what you think are the needs of the senior community in our city. Every member of your household that is 50 years or older is eligible for this survey (some households may have more than one response). Your feedback will help us develop a Five-Year Senior Services Strategic Plan to address these needs in the future, which will include the following key areas: Healthy Living, Affordable Aging, Marketing and Communication, Social Well-Being, and Transportation.

The survey will take about 15 minutes to complete and your responses will be kept completely anonymous. If you have questions, please contact your Senior Center or Marilyn Orman, Evaluation Consultant for Charitable Ventures at Marilyn.Orman@CharitableVenturesOC.org or (714) 597-6630 ext. 110.

Thank you for helping to make the City of Irvine a better place for senior residents!



Healthy Living

* 1. What are your primary health concerns? (Choose all that apply)

- Maintaining an active lifestyle/recreation
- Managing chronic illness
- Cognitive wellness
- Mental/Emotional health
- Inability to access care
- Other (please specify)

2. If you selected inability to access care, please provide detail here (e.g. lack of insurance, financial constraints, other)

3. If you are living with a disability, are you able to access all supportive services needed?

- Yes
- No
- I am not living with a disability

4. If no, what are supports that you do need? (Choose all that apply)

- Mobility supports (related to walking or transferring from one place to another)
- Self-care supports (related to eating, dressing, toileting, bathing)
- Household supports (meal prep. Using phone, money management, housework, taking medication)

5. Select all nutrition and foodbank services you have utilized in the past

- Meals on Wheels
- Meals offered by Senior Centers
- SNAP Benefits
- Food banks/food pantries
- None
- Other (please specify)



6. Please indicate the barriers, if any, that you face when trying to access nutrition or foodbank services? (Select all that apply)

- I do not know if I am eligible
- I do not know where to go to access food
- I do not like the food options
- I do not have transportation to the food distribution sites
- I do not feel comfortable going to the food distribution sites
- None/I have not accessed nutrition or foodbank services
- Other (please specify)

7. Safety is important to our wellness. What crimes/abuses, if any, have you experienced? (Choose all that apply)

- Identity Theft
- Fraud (attempted and actuated)
- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Robbery
- Financial fraud via internet
- None
- Other (please specify)

8. How safe do you feel living in Irvine?

- Not at all safe
- Slightly safe
- Moderately safe
- Very safe



City of Irvine: 5-Year Senior Strategic Plan

9. What would make you feel safer in your neighborhood?

- More lights
- More police or security
- Other (please specify)

10. Please rate your level of agreement with the following statements

	Strongly disagree	Slightly disagree	Slightly agree	Strongly agree
Since the COVID pandemic, I feel less comfortable going out to public spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the COVID pandemic, I feel more comfortable with using technology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the COVID pandemic, I feel more isolated than before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

City of Irvine: 5-Year Senior Strategic Plan

Affordable Aging

11. What are your sources of income? (Choose all that apply)

- Social Security
- Social Security Disability Insurance
- Social Security Supplemental benefits
- Employment
- Passive income (e.g. rental properties or other)
- Private retirement
- Family support
- Other (please specify)



* 12. What are your top 3 financial expenses?

- Housing
- Food
- Health
- Prescription Medication
- Household Items or Maintenance
- Utilities
- Recreation/Entertainment
- Travel

13. Do you access the Keen Center for Senior Resources (the Keen Center offers bilingual support and assistance to help seniors and their families cope with the physical, emotional and practical challenges of aging?)

- Yes
- No

14. Housing in Irvine, and in Orange County, is expensive. Which of the following, if any, housing supports do you receive?

- Access to affordable housing
- Section 8 voucher
- Rental assistance
- None
- Other (please specify)

15. What housing related services, if any, would be helpful to your housing situation?

- Rental assistance
- 1-1 housing advice
- Workshops and information
- None
- Other (please specify)



City of Irvine: 5-Year Senior Strategic Plan

Marketing and Communication

16. I am comfortable using:

	Strongly disagree	Slightly disagree	Slightly agree	Strongly agree
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet for Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I am interested in developing more computer and internet literacy skills

- Strongly disagree
- Slightly disagree
- Slightly agree
- Strongly agree

City of Irvine: 5-Year Senior Strategic Plan

18. What setting is best to learn these skills?

- Class at senior center
- At home
- At a library
- At a college
- Other (please specify)

19. What is your preferred method of communication or receiving information?

- Mail
- Phone Call
- Text Message
- Email
- In Person



Social Well-Being

20. Do you feel that you are not a part of the community?

- Always
- Often
- Sometimes
- Never

21. Please check and share reasons why you do not feel part of the community

- Do not share interests/values
- Language
- Cultural differences
- Disability
- COVID
- Lack of transportation
- Other health concerns
- N/A
- Other (please specify)

22. Do you feel sad?

- No, never
- Sometimes (2-3 times a week)
- Often/frequently (most days/daily)

* 23. In what languages would you attend services/activities?

- English
- Chinese
- Farsi
- Hindi
- Korean
- Spanish
- Vietnamese
- Other (please specify)



24. What types of activities or neighborhood associations do you participate in? (Please select all that apply)

- Faith-based
- Community events
- Arts and crafts
- Music
- Athletics and leisure
- Senior centers
- None
- Other (please specify)

25. Are you aware of the activities and programs available at Senior Centers?

- Yes
- No

* 26. What services/activities provided by the City of Irvine are you currently utilizing MOST? (Select all that apply)

- Senior nutrition (Meals at Rose Garden, Lakeview Senior Center, Meals on Wheels, other)
- Information and referrals
- City special events (global village, mayor presentation, holiday events, great park events)
- Computer/technology labs
- Fitness centers
- Billiards/table tennis/card games
- Educational lectures
- Health and wellness classes
- Dance and music
- Senior associations
- None
- I don't know



27. What barriers do you face, if any, to utilize services or organized activities for Seniors?

- Cost
- Location
- Language
- Schedule/timing
- Transportation
- None
- Other (please specify)

28. What changes could be made for you to access Senior services?

City of Irvine: 5-Year Senior Strategic Plan

Transportation

29. Have you used public transportation to get to places in your community?

- Yes
- No

City of Irvine: 5-Year Senior Strategic Plan

30. Please indicate which mode(s)

- OCTA - OC Bus
- OCTA - OC Access
- TRIPS
- Other (please specify)



31. Please rate your experience/satisfaction with the service

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	N/A (have not used)
OCTA - OC Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCTA - OC Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Please rate the ease of use of these services

	Not at all easy	Somewhat easy	Moderately easy	Very easy	N/A (have not used)
OCTA - OC Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCTA - OC Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRIPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. If you have not used public transportation, please indicate the reasons why you have not utilized public transportation

- Do not need (Able to drive myself)
- Do not need (Friend or family member drives me)
- Not aware of this service
- Do not know how to request a ride
- My transportation needs are outside of the services' limits
- Too expensive
- Other (please specify)

City of Irvine: 5-Year Senior Strategic Plan

Please take a few minutes to share a little information with us about you. This information will help us to understand who, in total, is responding to the survey.

* 34. What is your age?

- 50-54
- 55-64
- 65-74
- 75-84
- 85+



35. What is your gender?

- Male
- Female
- Nonbinary
- Transgender
- Decline to state

36. What is your zip code?

37. What is your ethnicity/race?

- Black or African American
- Chinese
- Filipino
- Hispanic or Latino
- Indian
- Japanese
- Korean
- Middle Eastern
- Other Pacific Islander
- Persian/Iranian
- Vietnamese
- White (Non-Hispanic)
- Other (please specify)

38. What is the highest level of education you have achieved?

- Less than high school
- High school diploma or equivalent
- Some college
- Vocational school
- Associate's degree
- Bachelor's degree
- Graduate degree



39. What is your current marital status?

- Single
- Married
- Divorced
- Widowed
- Live with partner or significant other
- Other (please specify)

40. Do you live with other family members?

- Yes
- No

41. Do you have a caregiver?

- Yes - Paid caregiver
- Yes - Paid family/friend caregiver
- Yes - Non-paid caregiver
- Yes - Non-paid family/friend caregiver
- No, I do not have a caregiver

42. Do you provide care for any of the following individuals?

- Spouse/partner
- Child(ren)
- Grandchild(ren)
- Other (please specify)

43. What is your total annual household income (include all earners in your household)?

- Less than \$35,000
- \$35,000 - \$50,000
- \$50,000 - \$75,000
- \$75,000 - \$100,000
- \$100,000 - \$150,000
- More than \$150,000



44. What is your employment status?

- Work full-time
- Work part-time
- Work more than one job
- Volunteer
- Retired
- Unemployed
- Other (please specify)



City of Irvine: 5-Year Senior Strategic Plan

Thank you for participating in our survey. We are proud to be a city that cares deeply about our Senior residents, and we appreciate your honest feedback so that we can provide services that meet our community's needs!



APPENDIX D: SUMMARY OF PROVIDER FORUM FINDINGS AND LIST OF PARTICIPANTS

Provider Forum Summary Priorities (n=120)	
Healthy Living	
Isolation/Mental Health	8%
Education in diverse languages	4%
Limited capacity at Senior Centers	4%
Volunteers, communication, outreach	3%
Caregiver support	3%
Transportation	3%
Food insecurity	1%
Shade at parks	1%
Transportation from Senior Centers to South County Outreach for Food (Marketplace)	1%
Free community events with outreach	1%
Virtual Service as a barrier	1%
Incentives needed	1%
Social Well-Being and Addressing Isolation	
Local News/Ethnic Media	2%
Neighborhood/organic connections	2%
Meet folks where they are at - diverse offerings in person	1%
Transportation	
Knowledge of how to advocate for improvements	6%
Additional routes needed	1%
Housing and Emergency Preparedness	
Caregivers	7%
Housing Voucher Availability (widen standards)	5%
Formal Senior registry for safety information	4%
Affordable housing crisis	3%
Unsafe conditions (unsafe stairs, lack of elevators)	3%
Environmental design changes (shade, drinking fountains)	3%
Work on outreach	3%



Single, older adults - process is daunting	2%
Training for volunteers/leaders	2%
Home alert system/program for older adults	2%
Focus on most vulnerable (no resources/family)	2%
Community Housing - Affordable Housing - Motel Like	1%
Pair college students with older adults	1%
Helping Hands - resources of trained individuals for older adults	1%
CERT training	1%
Marketing and Communication	
Share info of all programs E.g., Rebrand as Adult Rec Center	14%
Computers/Tech Training	3%
Expansion of Connect with older adults	2%
Ability to provide internet	1%
Fitness/Gym Opportunities for Marketing	1%
Senior cards	1%
Peer-to-peer support	1%

List of Provider Participants in Alphabetical Order

- Age Well Senior Services
- Alzheimer’s Association of Orange County
- Be Well OC
- California Parks and Recreation Society (CPRS) - Aging Section
- Council on Aging
- Dayle McIntosh Center
- Diabetes Education and Support Group – City of Irvine
- Disability Services/Transportation – City of Irvine (TRIPS Program)
- Friends of Outreach
- Irvine Adult Day Health Services
- Irvine Disaster Preparedness/Evacuation – City of Irvine
- Irvine Evergreen Chinese Senior Association
- Irvine Multicultural Association – City of Irvine
- Irvine Police Department - City of Irvine
- Nutrition Services – City of Irvine
- OMID Multicultural Institute for Development
- Older Adult Services – County of Orange
- One OC
- Senior Citizens Council – City of Irvine
- South Asian Senior Association (SASA)
- South County Outreach



APPENDIX E: SUMMARIES OF COMMUNITY FORUM FINDINGS



Community Forums (n = 7) and Overall Priority Needs (n = 432)	
<p>Healthy Living</p> <ul style="list-style-type: none"> • Caregiving (access, information, affordability) • Larger gyms • Continue and expand classes (yoga, outdoor, field trips) • Continue topics with medical experts • Food services (“more than a meal” – check quality and cultural concordance) • Mental health/well-being (classes, support groups, therapy – in diverse languages) 	25%
<p>Social Well-Being and Addressing Isolation</p> <ul style="list-style-type: none"> • Designated spaces for in-language and in-culture engagement (Korean, Vietnamese) • Receive important information from “trusted messengers” (e.g., info about vaccines) • Information and resources in-language (Arabic, Chinese, Farsi, Hindi, Korean, Spanish, Vietnamese) • More social hours • Neighbor phone trees • More community events • Access to organic neighborhood networks • Access to recommended resources (caregivers, doctors, handy people, cleaners, etc.) 	25%
<p>Transportation</p> <ul style="list-style-type: none"> • Increase access – ease of use, affordability, reliability • OCTA routes and timing, TRIPS application • “Senior Uber” • Volunteer drivers • Uber/Lyft subsidy • Transportation for medical appointments and more urgent needs 	22%
<p>Housing and Emergency Preparedness</p> <ul style="list-style-type: none"> • Access to information and resources for affordable housing • Interest in coordinating house-sharing (e.g., college students) • Interest in CERT and other disaster preparedness • Support with retrofitting home • Hotline to report fraud 	20%
<p>Marketing and Communication</p> <ul style="list-style-type: none"> • Tech support and continuation of tech classes • Possible rebrand (Community Centers/Older Adult Centers) • Utilize different modes of outreach • Diverse language outreach, services, and programs 	8%





OVERARCHING STRATEGIES

- 1. INCREASE CAPACITY OF EXISTING SERVICES:** Explore ways to increase the capacity of senior programs/services that are already in existence. More outreach regarding services and programs will lead to higher demand.
- 2. EXPAND LANGUAGE OUTREACH AND FIND TRUSTED MESSENGERS:** By adopting a Diversity, Equity, Inclusion, and Belonging (DEIB) lens across programs and services, the City of Irvine can reach more of its older adult residents. Communications should be in Arabic, Chinese, Farsi, Hindi, Korean, Spanish, and Vietnamese languages. The City should continue to hire bilingual staff when possible and build partnerships with organizations that are considered “trusted messengers” of ethnic/language communities.
- 3. VOLUNTEERS:** Explore new areas for volunteer development, for example, volunteer drivers or others willing to creatively address the growing needs of older adults experiencing social isolation in Irvine.
- 4. ADDRESS TECHNOLOGY NEEDS OF OLDER ADULTS:** Collaborate with County and local non-profits on technology divide. Continue to provide low-cost beginner technology classes. Equip Care managers with tablets to provide opportunities for homebound older adults to connect to technology.



I. HEALTHY LIVING

	YEAR 1	YEAR 2	YEAR 3
STRATEGY 1: Prioritize older adult mental health and wellness.	<ul style="list-style-type: none"> • Assist participants with Telehealth appointments in the home using tablets with internet connectivity. 	<ul style="list-style-type: none"> • Provide support groups in multiple languages. Expand to evening and weekends for support groups. 	<ul style="list-style-type: none"> • Partner with City Health and Wellness efforts to make short term counseling available to older adults in multiple languages.
STRATEGY 2: Make nutrition services more widely accessible.	<ul style="list-style-type: none"> • Explore expansion of Elderly Nutrition Program to other senior centers. • Explore adding an additional Food Commodities Program location. • Launch transportation program to increase older adults' access to local food pantries. 	<ul style="list-style-type: none"> • Explore expansion of Elderly Nutrition Program to other senior centers. • Explore adding an additional Food Commodities Program location. • Explore partnership opportunities to offer a food pantry at an older adult facility. • Pilot themed meal socials. • Pilot cultural cooking classes or recipe cards. 	<ul style="list-style-type: none"> • Explore expansion of Elderly Nutrition Program to other senior centers.
STRATEGY 3: Promote ways to encourage an active lifestyle and promote active living opportunities.	<ul style="list-style-type: none"> • Expand education about services available through health insurance including Silver Sneakers (Medicare) and others. • Expand accessibility of healthy living programs and services by allowing priority registration for Irvine residents. 	<ul style="list-style-type: none"> • Explore reallocation of space at other at senior centers or community centers to accommodate fitness equipment and/or classes. 	<ul style="list-style-type: none"> • Explore adding a fitness center at Lakeview Senior Center.



	YEAR 1	YEAR 2	YEAR 3
<p>STRATEGY 4: Expand availability of resources for adults 50 and older.</p>	<ul style="list-style-type: none"> • Provide dedicated resource space at each senior center. • Expand operating hours for Keen Center for Senior Resources. • Evaluate hybrid program models such as offering virtual options on in person education lectures. • Continue to collaborate with non-profit organizations, partners, and volunteers to offer programs and services. 	<ul style="list-style-type: none"> • Explore creating or partnering with the Office of Health and Wellness on a Virtual Resource Center. • Pilot a virtual presentation for residents on Senior Services programs and services to be made available online. • Evaluate hybrid program models such as offering virtual options on in person education lectures. • Continue to collaborate with non-profit organizations, partners, and volunteers to offer programs and services. 	<ul style="list-style-type: none"> • Evaluate hybrid program models such as offering virtual options on in person education lectures. • Continue to collaborate with non-profit organizations, partners, and volunteers to offer programs and services.
<p>STRATEGY 5: Evaluate programs and adjust to ensure inclusivity for older adults with different needs and abilities in accordance with The Americans with Disabilities Act (ADA) and other best practices.</p>	<ul style="list-style-type: none"> • Explore prompts at registrations to ask about supports for programs and services (e.g., closed captioning). • Launch closed captioning during Education Lectures. 		



II. SOCIAL WELL- BEING AND ADDRESSING ISOLATION

	YEAR 1	YEAR 2	YEAR 3
STRATEGY 1: Evaluate efforts to connect with vulnerable older adults, including those living alone and hard to reach.	<ul style="list-style-type: none"> • Provide connection through an increase in compassion and wellness calls. • Coordinate with residential coordinators at all Irvine senior living communities to provide information on programs and services. 		
STRATEGY 2: Implement Diversity, Equity, Inclusion, and Belonging (DEIB) best practices that support the older adult community.		<ul style="list-style-type: none"> • Expand recruitment of multilingual volunteers of the Friendly Visitor program, Community Helpers Assisting Mature Persons in Our Neighborhood (CHAMPION). 	<ul style="list-style-type: none"> • Co-host one-hour socials with City and volunteer/community based organization staff. • Explore additional models for launching ethnic/linguistic programs.
STRATEGY 3: Reduce ethnic/linguistic isolation among older adults.	<ul style="list-style-type: none"> • Offer trainings around DEIB for older adults to bring awareness and promote harmony in the community. • Add information on race/ethnic/faith-based groups, those who speak diverse languages, and LGBTQIA+ resources in <i>Irvine Senior Connection</i>. (Year 1) 		



III. TRANSPORTATION

	YEAR 1	YEAR 2	YEAR 3
<p>STRATEGY 1: Explore collaborative partnerships and innovative models to enhance access to transportation services.</p>	<ul style="list-style-type: none"> • Evaluate prompts during registration: (example: Would you like more information on transportation programs for older adults?) • Explore funding opportunities for Taxi Program as needed. • Increase recruitment efforts for volunteer drivers. 	<ul style="list-style-type: none"> • Explore funding opportunities for Taxi Program as needed. • Increase recruitment efforts for volunteer drivers. 	<ul style="list-style-type: none"> • Expand TRIPS Program services for all Irvine residents 60 years and older. • Explore funding opportunities for Taxi Program as needed. • Increase recruitment efforts for volunteer drivers.
<p>STRATEGY 2: Increase education about transportation options, work collaboratively with partners for best use of resources.</p>	<ul style="list-style-type: none"> • Conduct transportation education/consultations with residential coordinators designated to older adult housing communities. 	<ul style="list-style-type: none"> • Work with Healthcare providers on informational materials related to transportation included in health insurance plans. 	



IV. HOUSING AND EMERGENCY PREPAREDNESS

	YEAR 1	YEAR 2	YEAR 3
<p>STRATEGY 1: Increase access to information and resources for affordable housing.</p>	<ul style="list-style-type: none"> • Develop internal list of participant names and contact info to call when affordable housing “Interest Lists” open. • Explore establishing and maintaining an internal shared-housing list for older adults renting rooms to other older adults. • Collaborate with the Housing Division on shared-housing resources. • Partner with Orange County Housing Authority to assist older adults access and maintain affordable housing options. • Train and equip Care Managers with internet ready tablets to use during home visits to assist participants in accessing affordable housing resources and provide support with completing housing applications. 	<ul style="list-style-type: none"> • Offer educational lectures on tips on how to safely utilize the internet and social media. 	
<p>STRATEGY 2: Increase collaboration with partners on Emergency Preparedness and Safety.</p>	<ul style="list-style-type: none"> • Pilot CERT light training for disaster preparedness: for residents to be better prepared at home. • Explore options for non-certified First Aid courses. 		



V. MARKETING AND COMMUNICATION

	YEAR 1	YEAR 2	YEAR 3
<p>STRATEGY 1: Increase targeted marketing efforts, to boost awareness of programs or services.</p>	<ul style="list-style-type: none"> • Explore renaming the quarterly <i>Irvine Senior Connection</i>. (Discussions) 	<ul style="list-style-type: none"> • Pilot a mailing of post-card with information and QR link to <i>Irvine Senior Connection</i> to reach older adults who have not previously registered for City programs. 	
<p>STRATEGY 2: Evaluate marketing to improve clarity and to reach a broader audience.</p>	<ul style="list-style-type: none"> • Provide support to allow residents 50 and over with varying needs to easily access programs and services (Software/ equipment to support Closed Captioning) • Increase accessibility of information shared with Senior Citizens Council by broadcasting regular meetings on Irvine Community Television 	<ul style="list-style-type: none"> • Explore renaming the quarterly <i>Irvine Senior Connection</i>. (Implementation) • Explore rebranding Keen Center for Senior Resources. • Explore marketing and re-branding of senior programs/services to "older adult". • Enhance visual marketing materials to include broader representation reflective of Irvine's diverse community 	<ul style="list-style-type: none"> • Explore option to update Senior Services webpage to improve clarity



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898 diverse, multi-lingual older adult residents of Irvine!

City of Irvine Staff

Sandra Salcedo, Community Services Manager
Amber Castrey, Community Services Supervisor
Denise Bennett, Community Services Supervisor
Gloria Cedillo, Community Services Program Coordinator
Hee Jin Lee, Community Services Program Coordinator
Kyle Raya, Community Services Program Coordinator
Kristen Jefferson, Community Services Program Coordinator
Robert Espinosa, Community Services Program Coordinator

Charitable Ventures Staff

Anne Olin, President, and CEO
Hallie Stohler-Plaza, Senior Consultant
Jacqueline Tran, Consultant
Marilyn Orman, Evaluation Consultant
Mark Mendoza, Graphic Designer
Meme Trinh, Evaluation Associate
Shannon Pezzolla, Grant Consultant
Simran Sahny, Consultant

Community Based Organization Partners

Community Health Initiative of Orange County (CHIOC)
Korean American Center
OMID Multicultural Institute for Development
South Asian Senior Association (SASA)
South Coast Chinese Cultural Center
Vital Access Care Foundation (VACF)

Provider Informants

Age Well Senior Services
Alzheimer's Association of Orange County
Be Well OC
California Parks and Recreation Society (CPRS) - Aging Section
Council on Aging
Dayle McIntosh Center
Diabetes Education and Support Group - City of Irvine
Disability Services/Transportation - City of Irvine (TRIPS Program)
Ektaa Center - South Asian Senior Association (SASA)
Friends of Outreach
Irvine Adult Day Health Services
Irvine Disaster Preparedness/Evacuation - City of Irvine
Irvine Evergreen Chinese Senior Association
Irvine Multicultural Association - City of Irvine
Office of Health and Wellness - City of Irvine
Irvine Police Department - City of Irvine
NEDA Association of Iranian American Seniors
OMID Multicultural Institute for Development
Older Adult Services - County of Orange
OneOC
Senior Citizens Council - City of Irvine
South County Outreach

