



SENIOR COMMISSION MEETING AGENDA

3:30 PM - Monday, May 06, 2024

Los Altos Community Center, Sequoia Room

Please Note: The Senior Commission will meet in person as well as via Telephone/Video Conference

Members of the Public may observe the Senior Commission meeting at

https://losaltosca-gov.zoom.us/j/83086307646?pwd=N9xTNGHEqX0-3fFnlNdtglwHQP7WyQ.gQI2rDJzK0ZZeEIF

Webinar ID: 830 8630 7646 / Passcode: 467785

TO PARTICIPATE IN THE MEETING - Members of the public MUST BE IN ATTENDANCE AT THE MEETING TO PARTICIPATE.

Public testimony will be taken at the direction of the Chair and members of the public may only comment during times allotted for public comments. Once called to speak, speakers will be asked to state their name and place of residence. Providing this information is optional.

TO SUBMIT WRITTEN COMMENTS, prior to the meeting, on matters listed on the agenda email *scpubliccomment@losaltosca.gov* with the subject line in the following format:

PUBLIC COMMENT AGENDA ITEM ## - MEETING DATE.

Emails sent to the above email address are sent to/received immediately by the Senior Commission. Correspondence submitted in hard copy/paper must be received by 2:00 p.m. on the day of the meeting to ensure it can be distributed prior to the meeting. Correspondence received prior to the meeting will be included in the public record.

CALL MEETING TO ORDER

ESTABLISH QUORUM

PLEDGE OF ALLEGIANCE

PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

Members of the audience may bring to the Commission's attention any item that is not on the agenda. Please complete a "Request to Speak" form and submit it to the Staff Liaison. Speakers are generally given two or three minutes, at the discretion of the Chair. Please be advised that, by law, the Commission is unable to discuss or take action on issues presented during the Public Comment Period. According to State Law (also known as "the Brown Act") items must first be noticed on the agenda before any discussion or action.

1. Written Public Comments

SPECIAL PRESENTATIONS

- 2. **Choice in Aging:** Receive presentation by Debbie Toth, President and CEO of Choice in Aging, a nonprofit corporation
- 3. **Parks & Recreation Update:** Receive presentation by Parks & Recreation Director Manny Hernandez

ITEMS FOR CONSIDERATION/ACTION

4. Minutes: Approve minutes of the Senior Commission meeting of March 4, 2024

Approve minutes of the special Senior Commission meeting of April 8, 2024

- 5. <u>Sourcewise Representative: Select and recommend a representative to serve on the Sourcewise</u> <u>Advisory Council for a three year term, beginning on July 1, 2024, to City Council for</u> <u>consideration and appointment</u>
- 6. Work Plan: Review FY 2023/24 Work Plan

INFORMATIONAL ITEMS

- 7. Flyers: Recieve informational flyers
- 8. Age Friendly: Receive update from city staff
- 9. <u>Caregiver Support Information: Receive information on caregiver support services as</u> provided by Commissioner Buchholz

COMMISSION/SUBCOMMITTEE/STAFF ORAL REPORTS AND REQUESTS FOR FUTURE AGENDA ITEMS

- 10. Adult 50+ Programming Ad Hoc Subcommittee: Receive report
- 11. Age Friendly Task Force Ad Hoc Subcommittee: Recieve report
- 12. **Staff Oral Reports:** Receive information and announcements from Town of Los Altos Hills and city of Los Altos staff
- 13. **Future Agenda Items** A. Work Plan

ADJOURNMENT

SPECIAL NOTICES TO PUBLIC

In compliance with the Americans with Disabilities Act, the City of Los Altos will make reasonable arrangements to ensure accessibility to this meeting. If you need special assistance to participate in this meeting, please contact the City Clerk 72 hours prior to the meeting at (650) 947-2610.

Agendas, Staff Reports and some associated documents for Senior Commission items may be viewed on the Internet at <u>https://www.losaltosca.gov/meetings?field_microsite_tid_1=2321</u>.

If you wish to provide written materials, please provide the Commission Staff Liaison with **10 copies** of any document that you would like to submit to the Commissioners in order for it to become part of the public record.

For other questions regarding the meeting proceedings, please contact the City Clerk at (650) 947-2720.

Hello Commissioners,

I'm looking at your most recent work plan at https://www.losaltosca.gov/sites/default/files/fileattachments/senior_commission/page/39001/draft_2022-23_work_plan_may_1_2023.pdf

Just wondering about the status of these items:

- Engage CAFÉ (Center for Age Friendly Excellence) to create an Action Plan to recertify as an Age-Friendly City.

In progress

- Participate in Grant Park Master Plan committee.
- Recommend hot water, HVAC and electrical upgrade in Grant Park in the CIP budget.

Pending Action Plan details

Thanks! Pat Marriott





MINUTES OF THE REGULAR MEETING OF THE SENIOR COMMISSION OF THE CITY OF LOS ALTOS AND TOWN OF LOS ALTOS HILLS, HELD ON MONDAY, MARCH 4, 2024, AT 3:30 P.M. VIA VIDEOCONFERENCE AND IN PERSON

CALL MEETING TO ORDER

At 3:30 P.M., Dixit called the meeting to order.

ESTABLISH QUORUM:

PRESENT: Dixit, Buchholz, Cohen, Nagao, Olson, O'Reilly.

ABSENT: Basiji.

LATE: None.

PLEDGE OF ALLEGIANCE

PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA None.

ITEMS FOR CONSIDERATION/ACTION

1. Minutes: Approve minutes of the Senior Commission regular meeting of February 5, 2024.

Public Comment: None.

<u>Action:</u> Upon a motion by O'Reilly, seconded by Buchholz, the Commission approved the minutes of the regular meeting of February 5, 2024.

Approve: Buchholz, Cohen, Nagao, Olson, O'Reilly Oppose: None Absent: Basiji Abstention: Dixit Motion passed unanimously: 5-0-1-1

2. <u>City Council Joint Meeting</u>: Review joint meeting of February 27, 2024, and take action as appropriate.

Public Comment: None.

Action: Reviewed joint meeting of February 27, 2024.

3. Work Plan: Review FY 2023/24 Work Plan.

Public Comment: None.

Action: Reviewed FY 2023/24 Work Plan.

4. <u>Adult 50+ Programming</u>; Receive ad hoc subcommittee report, staff presentation, and take action as appropriate.

Public Comment: None

<u>Action</u>: Discussed ad hoc subcommittee report and 50+ activities from Chris Knopf, Recreation Coordinator.

 Grant Park Community Center: Discuss potential amenities or improvements to the Grant Park Community Center to be recommended to city staff for consideration during the FY 2024 – 2025 budget process.

Public Comment: None

<u>Action:</u> Upon a motion by Nagao seconded by Buchholz the Senior Commission recommends to create a CIP project for Grant Park that includes a hardcover between Grant Park buildings, improved landscaping, increased outdoor seating, and replacing existing multipurpose room tables with lighter tables and new chairs.

Approve: Dixit, Buchholz, Cohen, Nagao, Olson, O'Reilly. Oppose: None Absent: Basiji Abstention: None Motion passed unanimously: 6-0-1-0

INFORMATIONAL ITEMS

6. Age Friendly Task Force: Receive update from city staff.

Public Comment: None

Action: Received update from city of Parks & Recreation Supervisor, Bridget Matheson

7. Flyers: Receive informational flyers.

Public Comment: None

Action: Received update from Bridget Matheson, Parks & Recreation Supervisor.

COMMISSION/SUBCOMMITTEE/STAFF ORAL REPORTS AND REQUESTS FOR FUTURE AGENDA ITEMS

8. <u>Staff Oral Reports:</u> Receive information and announcements from Town of Los Altos Hills and city of Los Altos staff.

Public Comment: None.

<u>Action:</u> Received information from Bridget Matheson, Parks & Recreation Supervisor and Chris Knopf, Recreation Coordinator.

<u>Age Friendly Task Force:</u> Received caregivers and long-term care education from Buchholz.

Public Comment: None

Action: Received packet from Commissioner Buchholz.

9. Future Agenda Items:

Public Comment: None

Action:

- A) Work Plan
- B) Discuss expansion of Adult 50+ programs including increase of hours of operation
- C) Increase the number of Adult 50+ lunches available
- D) Needs of caregivers and long-term care education/support
- E) Invite speakers Suzanne Meyers, Debby Taupe from Choice in Aging or consider other speakers

ADJOURNMENT:

At 4:51 P.M., Monday, March 4, 2024, Dixit adjourned the meeting.





MINUTES OF THE SPECIAL MEETING OF THE SENIOR COMMISSION OF THE CITY OF LOS ALTOS AND TOWN OF LOS ALTOS HILLS, HELD ON MONDAY, APRIL 8, 2024, AT 3:30 P.M. VIA VIDEOCONFERENCE AND IN PERSON

CALL MEETING TO ORDER

At 3:35 P.M., Dixit called the meeting to order.

ESTABLISH QUORUM

PRESENT: Dixit, Buchholz, Cohen, Nagao, Olson, O'Reilly.

ABSENT: Basiji.

LATE: None.

PLEDGE OF ALLEGIANCE

PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA None.

ITEMS FOR CONSIDERATION/ACTION

1. <u>Age Friendly Focus Group:</u> Participate in an Age Friendly focus group conducted by CAFÉ (Center for Age Friendly Excellence).

Public Comment: None.

<u>Action:</u> Participated in an Age Friendly focus group led by Center for Age Friendly Excellence Strategic Alliance Lead, Ann O'Brien Keighran, MSN.

INFORMATIONAL ITEMS

2. American Association of Retired Persons (AARP) Survey Results: Receive report.

Public Comment: None.

Action: Received report.

3. **Flyers:** Receive informational flyers.

Public Comment: None

Action: Received flyers from Jaime Chew, Senior Commission Liaison.

COMMISSION/SUBCOMMITTEE/STAFF ORAL REPORTS AND REQUESTS FOR FUTURE AGENDA ITEMS

1) Parks & Recreation Director, Manny Hernandez discussing transportation and programming.

ADJOURNMENT

At 5:02 P.M., Monday, April 8, 2024, Dixit adjourned the meeting.



SENIOR COMMISSION AGENDA REPORT

Meeting Date: May 6, 2024

Subject: Selection of Sourcewise Representative

Prepared by:Jaime Chew, Deputy DirectorInitiated by:City Staff

Staff Recommendation

The staff recommends to receive the report

Summary/Project Description:

Selection of Sourcewise representative

Fiscal Impact:

None.

Background

Sourcewise is a 501 (c)(3) nonprofit organization that collaborates with Santa Clara County, state and local networks to provide access to programs, and information on support services for the aging population. The purpose of the council is to advise Sourcewise and its Board of Directors about the needs of older adults and disable persons in the county, to advocate on behalf of the most vulnerable and those of greatest need within the community, and to inform the community of resources and services available through Sourcewise. Sourcewise was previously known as the Council on Aging for Silicon Valley.

The advisory council operates under the authority of the federal Older Americans Act and the state Older Californians Act. Community organizations, county districts and local agencies within Santa Clara County are represented on this 37-seat advisory council.

Advisory council members are actively involved in the development, implementation, and monitory of the Area Plan, which assesses unmet needs and identifies service goals and objectives. Members are also included in the evaluation of applications for grants for services such as nutrition, legal aid, and adult day care.

City staff has looked into past involvement in the Sourcewise Advisory Council and there was previous Los Altos representation 5 years ago. This representation was a member of the Los Altos Senior Commission. After that commissioner's term, no other representative from the city attended Sourcewise Advisory Council meetings.

It is not required for advisory council members to be residents of the City, but should be part of, or actively engage with senior coordinating councils in their communities. They should also



Subject: Selection of Sourcewise Representative

actively engage with advocacy organizations, elected officials, and the general public for the purpose of increasing awareness of issues of concern to older adults and disabled persons.

Sourcewise advisory council member terms are three years, beginning July 1, and may renew for one additional term. The advisory council meetings currently take place via Zoom on the 1^{st} Monday of each month, between 12pm - 2pm. Los Altos Senior Commission meetings are the 1^{st} Monday of each month at 3:30pm.

At the April 30, 2024, Los Altos City Council meeting, Council provided direction for the Senior Commission to recommend a representative for City Council consideration and appointment. The representative could be a Senior Commissioner or a community member.

Discussion/Analysis

The Senior Commission will need to need to select and recommend a representative to serve on the Sourcewise Advisory Council for a three year term, beginning on July 1, 2024, to City Council for consideration and appointment.



Openings on Advisory Council for Sourcewise (Area Agency on Aging)

The Advisory Council for Sourcewise (the area agency on aging for Santa Clara County) has openings for new members. This is an opportunity to join a group of dedicated and knowledgeable individuals working for quality aging and disability services in our county.

Sourcewise provides direct services and funding for programs that support older adults, caregivers, and individuals with disabilities in Santa Clara County. Meals on wheels, nutrition programs, legal advice, Alzheimer's day care, health insurance counseling, and information and referral services are some of the services provided or funded by Sourcewise. Programs focus on those who are most vulnerable and of greatest need.

The Advisory Council consists of about 35 members, including those who represent the diverse cultural and ethnic communities, senior organizations, and cities and supervisor districts within the county. The Council meets 10 times a year to learn about the latest programs of Sourcewise, discuss activities of the Council, and learn from guest speakers about current needs and issues facing older adults and individuals with disabilities. Members also serve on committees of the Council that advocate for specific needs, such as transportation, legislation, and health, or support the work of the Council, such as planning and membership.

This is a volunteer position. The basic requirements are to be a resident of Santa Clara County, to be 60 years or older (preferred), and to be a dedicated advocate of supportive services for the aging and disability populations. Applicants are approved to represent specific areas and communities in the county.

If you are interested in learning more about the Sourcewise Advisory Council and current openings, please contact Membership Co-Chairs Shirley Loffer, <u>shirleyloffer@aol.com</u>, or Tom Picraux, <u>stpicraux@gmail.com</u>. To learn more about the services offered by Sourcewise, see mysourcewise.com.

December 2023



QUALIFICATIONS and JOB DESCRIPTION for ADVISORY COUNCIL MEMBERS

Qualifications of Members

- <u>Appointments</u> Advisory Council members who represent supervisor districts, cities, and senior organizations are appointed by the designated bodies and approved by the Membership Committee. Members who represent ethnic and cultural communities are recruited by the Membership Committee and elected by the Advisory Council.
- <u>Interest</u> Candidates should have an interest in aging or disability issues and a willingness to identify ways to address the needs of older adults or individuals with disabilities in the county.
- <u>Experience</u> Candidates should have work, educational, or volunteer experience in addressing aging or disability issues.
- <u>Age</u> Appointments by county supervisors and city councils must be 60 years of age or older.
- <u>Geographical Area</u> Members must live within Santa Clara County. An appointee from a city or supervisor district must reside in that city or district.

Advisory Council Duties and Responsibilities

- Serve as an advisor to the Sourcewise Board of Directors.
- Act as an independent advocate for older adults and individuals with disabilities, taking positions on federal, state, and local programs and legislation affecting older adults and individuals with disabilities.
- Disseminate to local advocacy and community organizations information of interest and concern to older adults and individuals with disabilities, and inform these organizations of legislation affecting older adults and individuals with disabilities pending before local, state, and federal legislatures.
- Be actively involved in the development, implementation and monitoring of the Area Plan. This
 includes working with Sourcewise staff in creating and updating the Area Plan and participating in
 the annual public hearing on the Area Plan.
- Elect delegates every four years to the California Senior Legislature to introduce and advocate for legislation affecting older adults and individuals with disabilities.
- Work cooperatively with other aging, caregiver, and disability advocacy organizations at local, state, and federal levels.

3100 De La Cruz Blvd, Suite 310
 Santa Clara, CA 95054
 P: (408) 350-3200

 16340 Monterey Road Morgan Hill, CA 95037 P: (408) 762-7362





Member Duties and Responsibilities

- Act in the best interest of older adults and individuals with disabilities in the county.
- Work to find solutions to unmet needs and gaps in services faced by older adults and individuals with disabilities in the county.
- Contribute to the Advisory Council functions described above.
- Act as a liaison between their appointing body or represented community and the Advisory Council.
- Serve on at least one Advisory Council committee.

Meetings, Time Commitment, and Terms

- The Advisory Council meets the first Monday of each month from 12:00 2:00pm, 10 times a year (second Monday in September; no meeting in July and December). Members are expected to attend all Council meetings.
- Committee meetings occur monthly, as designated by the chair of the committee. Members are
 expected to attend the meetings of at least one committee.
- From time to time, members attend training sessions or other special meetings.
- In representing the interests of older adults and individuals with disabilities in their communities, members may spend time contacting community organizations and local officials and attending relevant community meetings.
- A member's term is for three years, with a single three-year renewal in the same position available. The three-year term officially begins on the July 1st closest to the appointment date; membership participation begins upon appointment.

For more information, please contact:

Shirley Loffer (shirleyloffer@aol.com) or Tom Picraux (stpicraux@gmail.com) Co-Chairs - Membership Committee Sourcewise Advisory Council

February 2023



SENIOR COMMISSION 2023-24 Work Plan (October 2023 to September 2024)

Goal	Projects	Ad-Hoc Assignments	Target Date	Status
Recertify Los Altos as an Age Friendly city		 Present AARP Age Friendly Survey to the multi-cultural group Ad-Hoc subcommittee: Dixit 	January 2024	Completed
	• AARP Age Friendly Survey outreach	 Present AARP Age Friendly Survey to Adult 50+ lunch program (Community Center and Grant) Ad-Hoc subcommittee: O'Reilly & Nagao 	January 2024	Completed
		 Present AARP Age Friendly Survey to Los Altos Rotary Ad-Hoc subcommittee: Basiji 	February 2024	Completed
	 Participate in Age Friendly Task Force 	 Work with Center for Age Friendly Excellence (CAFÉ) representatives to assist and support outreach and research Ad-Hoc subcommittee: Buchholz, Cohen, O'Reilly 	December 2024	
	• Assist with Age Friendly data collection/analysis			
	 Note taking for Age-Friendly focus groups 	 Senior Commission will provide support to CAFÉ by attending the focus groups and taking notes 	Spring/Summer 2024	

				Agenda Item	
Outdoor Spaces and Buildings	Grant Park Community Center				
Transportation	Improve Senior Transportation options • Host a workshop connecting Adult 50+ to transportation options				
	• Explore resources and options				
Housing					
Social Participation	• Collaborate with Adult 50+ staff to increase participation in programs and activities	 Meet with Recreation Coordinator to understand what programs and services are being offered, and determine recommended areas of improvement Ad-hoc subcommittee: Nagao, Olson 	March 2024		
	• Support and enhance community connections				
Respect and Social Inclusion					

			 Agenda Item 6.		
Civic Participation and Employment					
Communication and Information	• Improve outreach				
	• Determine ways to reach isolated seniors				
Community Support and Health Care Services	• Educate and connect seniors to resources to allow them to age in place				

LOS ALTOS HILLS PARKS AND RECREATION Agenda Item 7. PATHWAYS RUN/WALK Saturday, May 11th, 9 am

Westwind Community Barn



This annual event begins at the Westwind Community Barn, travels through the Byrne Preserve and extends into the Los Altos Hills Pathways system. The run features a hilly and challenging 5K and 10K Pathways Run/Walk, plus a 1-Mile Fun Run. To learn more, visit the event website at lahpathwaysrun.org.





- lahpathwaysrun.org 650-947-2518
- 🕘 esteta@losaltoshills.ca.gov



https://bit.ly/annualpathwaysrun-walk









Corfu, Greece: Where Nature and History Converge

Calendar Date:

Thursday, May 16, 2024 - 12:30pm

Add to your calendar:

Outlook (iCal) [1] - Google [2] Back to calendar [3]



Explore the Enchanting Greek Island of Corfu . . . The most beautiful Greek island . . . located in the Ionian Sea. Corfu is renowned for its rich history, stunning landscapes, and vibrant culture.

Date: Thursday, May 16

Time: 12:30 PM- 1:30 PM

Location: Los Altos Community Center, Apricot Room

Fee: Free, RSVP on CivicRec or by calling the Adult 50+ Program at (650) 947-2797.

Questions? Contact the Adult 50+ Program at (650) 947-2797

Source URL: https://www.losaltosca.gov/parksrec/page/corfu-greece-where-nature-and-history-converge

Links

[1] https://www.losaltosca.gov/calendar/ical/node/85212/calendar.ics [2] http://www.google.com/calendar/render? cid=webcal%3A//www.losaltosca.gov/calendar/ical/node/85212/calendar.ics [3] https://www.losaltosca.gov/calendar [4]



CITY OF LOS ALTOS PARKS & RECREATION PRESENTS



Family Fun Daus THE LOS ALTOS CO CO-SPONSORED BY THE FRIENDS OF THE LIBRARY OF LOS ALTOS JOIN US ON SELECT SATURDAYS FOR TOTAL FAMILY FUN! 0 AM APRIL JUNE FEBRUARY 13 SPORTS SPECTACULAR SPACE EXPLORATION **DINOSAUR DISCOVERY** Movies Games Crafts More 97 Hillview Avenue (650) 947-2790 | LosAltosRecreation.org

santa clara library

Meet-Up at Los Altos Summer Concert Kickoff

Calendar Date:

Thursday, June 13, 2024 - 5:00pm

Add to your calendar:

Outlook (iCal) [1] - Google [2] Back to calendar [3]

Join Adult 50+ for an exclusive pre-concert experience. Registered participants will have access to a vibrant pre-concert ice cream social & coffee bar lounge hosted by the Adult 50+ Program. Comfortably savor your sweet treats as we prepare to enjoy the jazzy rock of Aja Vu.

Date: 6/13

Day: Thursday

Time: 5:00 - 6:30 pm

Age: 50+ Required to participate

Location: Grant Park Community Center – Multipurpose Room

Fee: Free, \$5 optional donation suggested

Advanced Registration Required, Sign Up Here: <u>Catalog - Los Altos Parks & Recreation</u> (rec1.com) [4]

Source URL: https://www.losaltosca.gov/parksrec/page/meet-los-altos-summer-concert-kickoff

Links

[1] https://www.losaltosca.gov/calendar/ical/node/85367/calendar.ics [2] http://www.google.com/calendar/render? cid=webcal%3A//www.losaltosca.gov/calendar/ical/node/85367/calendar.ics [3] https://www.losaltosca.gov/calendar [4] https://secure.rec1.com/CA/LosAltosRecreation/catalog/index/f3a426f1d0db15e317796ae0143d4d9f? filter=c2VhcmNoPSZjYXRIZ29yeSU1QjMxOTcyJTVEPTE=

International Yoga Day

Calendar Date:

Thursday, June 20, 2024 - 1:00pm

Add to your calendar:

Outlook (iCal) [1] - Google [2] Back to calendar [3]

Join the Adult 50+ Program for a celebration of yoga! The gathering will feature Adult 50+ Program's volunteer instructor Vijay Dhir leading age-friendly yoga demonstrations, presentation & discussion, and a general celebration of the yoga lifestyle! Vijay will emphasize simple seated (chair yoga) adaptations to make yoga more age-friendly & inclusive!

Date: 6/20

Day: Thursday

Time: 1:00 - 2:00 PM

Location: Grand Oak - Los Altos Community Center

Source URL: https://www.losaltosca.gov/parksrec/page/international-yoga-day

Links

[1] https://www.losaltosca.gov/calendar/ical/node/85411/calendar.ics [2] http://www.google.com/calendar/render? cid=webcal%3A//www.losaltosca.gov/calendar/ical/node/85411/calendar.ics [3] https://www.losaltosca.gov/calendar/

Adult 50+ Mini Trip – Wells Fargo Museum & Ferry Building

Calendar Date:

Wednesday, August 7, 2024 - 10:00am

Add to your calendar:

Outlook (iCal) [1] - Google [2] Back to calendar [3]



Located in the heart of San Francisco's financial district, the museum depicts Wells Fargo's important role in the California Gold Rush, San Francisco history, stagecoach travel in early California and the settlement of the American West. Participants will receive a short docent-led presentation highlighting the history of Wells Fargo and be given the chance to freely explore the museum with staff available for questions. Following the museum experience, participants will relocate by bus to the San Francisco Ferry Building for diverse no-host lunch options & window shopping. Moderate mobility will be required of participants.

Chartered Bus departs from and returns to the Los Altos Community Center.

Date: 8/7

Day: Wednesday

Time: 10 AM – 4:00 PM

Fee: \$61 fee* at Catalog - Los Altos Parks & Recreation [5]

or call the center at 650-947-2797.



LOS ALTOS PARKS & RECREATION

REDWOOD GROVE SUMMER CAMP





ROUGH REDWOOD GROVE

JUNE 17 -AUGUST 5









OUTDOOR GAMES | STORYTELLING | MUSIC CRAFTS | NATURED-BASED ACTIVITIES

QUESTIONS? (650) 947-2790 rec-info@losaltosca.gov



CITY OF LOS ALTOS PARKS & RECREATION



CAMP JELLY BEAN

Camp Jelly Bean is an introductory day camp specially designed for our youngest adventurers! This charming camp provides a natural and secure storybook setting for our littlest campers.



6/17 - 6/21 | Sand & Surf 7/1 - 7/5 | Superheroes & Tutus 7/15 - 7/19 | Pirates & Princesses 7/29 - 8/2 | ABC Dinosaur



Questions? (650) 947-2790 or rec-info@losaltosca.gov

Agenda Item



CITY OF LOS Parks & Recreation Department



WE'RE HIRING!

SUMMER RECREATION LEADERS

- CAMP COUNSELORS (RECREATION LEADERS I/II)
- CAMP DIRECTORS (RECREATION LEADER III)

JOIN OUR TEAM:

Looking for an exciting and fun summer job that allows you to make a difference in the lives of children? City of Los Altos is currently seeking experienced and enthusiastic camp counselors and directors to join our team and help create an unforgettable summer camp experience for our young campers!





CITY OF LOS ALT Agenda Item 7.



Current Opportunities

FULL TIME:

- ASSISTANT/ASSOCIATE ENGINEER
- POLICE OFFICER (TRAINEE, LATERAL, ACADEMY GRAD)

PART-TIME:

• SUMMER CAMP COUNSELOR

apply online today!



- SUMMER CAMP DIRECTOR
- RECREATION LEADER II (PICKLEBALL PROGRAM)
- FACILITY ATTENDANT
- ADULT 50+/SPORTS PROGRAM RECREATION LEADER II
- TEEN PROGRAM RECREATION LEADER
- PART-TIME DISPATCHER



www.losaltosca.gov/jobs hr@losaltosca.gov

LOS ALTOS PARKS & RECREATION



OPPORTUNITIES

- Adult 50+ Program
- **Drop-in Pickleball**
- **Marketing Material Distribution**
- Special Events

INTERESTED?

rec-info@losaltosca.gov 🗠



(650)947-2790

LosAltosRecreation.org







SENIOR COMMISSION AGENDA REPORT

Meeting Date: May 6, 2024

Subject: Age Friendly

Prepared by:Jaime Chew, Deputy DirectorInitiated by:City Staff

Staff Recommendation

The staff recommends to receive the report.

Summary/Project Description:

Age Friendly Recertification Project

Fiscal Impact:

The Age Friendly recertification project will cost \$30K.

- Breakdown of funds to be used:
 - \$30K General Fund
- Amount approved at mid-year by City Council on February 14, 2023

Background

At its regular meeting on June 28, 2011, the Senior Commission proposed that City Council consider applying, on behalf of Los Altos, to join the World Health Organization (WHO) Network of Age-Friendly Cities. City Council supported the efforts and directed the Senior Commission to draft the application for Council's review. Staff was directed to provide an estimate regarding the number of anticipated staff hours required during years 1 and 2 of the planning phase.

On September 27, 2011, City Council approved the Los Altos application to the WHO Network of Age-friendly Cities with an amendment that included the removal of the proposed Senior Commission recommendations from the application to allow the process to be more aspirational in nature.

On June 7, 2021, Anabel Pelham, PhD and Founding Director for the Center for Age-Friendly Excellence (CAFÉ), gave a presentation to the Senior Commission on Age-Friendly Community Sustainability Principles from Grantmakers in Aging. CAFÉ was created to capture all the knowledge, capacity, experience, expertise, and process to become an Age-Friendly City and is currently working with 21 cities. Dr. Pelham has works closely with the California AARP who assists with the process to create a 5-year Age-Friendly Action Plan, as required by the program. On December 6, 2021, the Senior Commission approved the recommendation to pursue Dr. Pelham and CAFÉ to assist the City of Los Altos to update its Age Friendly status and create an Action Plan for the WHO.



Subject: Age Friendly

On February 14, 2023, the Los Altos City Council approved the mid-year budget request of \$30K to fund the Age Friendly Recertification Project.

City staff met with CAFÉ on March 23, 2023, to discuss next steps. Dr. Pelham has recommended that the City of Los Altos conduct the American Association of Retired Persons (AARP) survey first to gain statistical data. This will provide metrics to compliment and compare the information to be gathered in the focus groups. City staff has already initiated outreach to AARP to start the process.

The Recertification Subcommittee met with Dr. Pelham on April 18, 2023, to learn about the recertification process and discuss next steps. In addition, City staff met with AARP representatives to discuss the survey process.

City staff submitted the application to AARP to set up the survey. The City's PIO team is currently working on an outreach plan to inform the Los Altos community of this opportunity to provide feedback.

Staff met with an AARP representative on August 3, 2023, to discuss the survey process. Staff had a follow up meeting with the AARP research and development team on August 31, 2023, to finalize the set up of the online survey link. The research and development team recommended a minimum target of 300 respondents with an ultimate goal of 500.

Staff received the live survey link from the AARP research and development team, and worked with the Public Information Officer (PIO) team to create and release a press announcement which was published in early November 2023. Since then, ad hoc subcommittees have shared and presented information to various community groups which include: cultural exchange group, Los Altos Community Center lunch group, Grant Park Community Center lunch group, and Rotary.

The survey was open through January 29, 2024. A total of 316 completed surveys were received -248 online and 68 hard copy. Survey data was distributed to the Senior Commission in the April 8, 2024, meeting packet.

All 3 focus groups have been completed – Task Force, Senior Commission, and the group identified by the Senior Commission. A Town Hall meeting is planned for Thursday, May 23 at 1pm and will be held at the Los Altos Community Center in the Sequoia Room.

Discussion/Analysis

No discussion or analysis is required at this time. Receive report.

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Report for Senior commission from Sharvari Dixit

The senior commission survey on the Age Friendly City was sent out to all the members of SOLAH (Seniors of Los Altos and Hills) as was my ad-hoc committee task. We met on Nov 14th and discussed any questions that they may have had. One concern was that the survey would not let them move backwards or forwards without completing the question they were on. We resolved their doubts. Hopefully they will have filled the survey. It felt as if the enthusiasm for completing the survey was less because they felt that some of the questions did not impact the group.

In January 9th 2024 we will talk again about the survey and perhaps try to answer the questions at a computer available at that time at the community center.

Sharvari Dixit

STATEMENT OF

Dr. Mehrdad Ayati, MD, is an Adjunct Assistant Professor of Medicine at Stanford University School of Medicine where he teaches and trains medical students, residents, fellows, and nurses in Geriatrics. Dr. Ayati is board certified in family and geriatric medicine. He joined the Stanford University School of Medicine in 2011 as a member of its faculty, where he taught and practiced Internal Medicine and Geriatrics prior to starting a private geriatric practice in 2016. Doctor Ayati is a member of the Ethnogeriatrics Committee of the American Geriatrics Society and serves as a Faculty Advisor for the Center On Longevity at Stanford University. He is a member of the Health Care Advisory Committee of Northern California and Nevada Chapter of the Alzheimer's Association and is the Geriatric Consultant on Aging Research Projects at SRI (Stanford Research Institute) International. He founded the Bay Area Senior Care Society. He has served as the Medical Director and Medical Advisor of multiple skilled nursing facilities in the San Francisco Bay Area in California. Dr. Ayati is the Founder of the Geriatric Concierge Center in Menlo Park, California, where he currently practices, and is co-author of the book *Paths to Healthy Aging*.

Before the U.S. Senate Special Committee on Aging Concerning: Aging, challenges faced by the aging population in the US, and Paths to Healthy Aging

JAN 24, 2018

EXECUTIVE SUMMARY

Dear Madam Chair, Ranking Member, and distinguished members of the US Senate Special Committee on Aging,

Thank you for inviting and giving me the opportunity to discuss critical challenges regarding the aging population in the US. My name is Dr. Mehrdad Ayati. I am a board-certified Geriatrician and an educator. I am also board certified in Family Medicine. I am presenting myself as a physician who has treated and managed, and continues to treat and manage, thousands of senior Americans.

I would like to start with some statistics. Today, the number of Americans ages 65 and older is approximately 49 million. This number is estimated to grow to 98 million by 2060. Currently, there are about 7,000 geriatricians in practice in the United States, yet according to the Alliance for Aging Research, we should instead have 20,000 geriatricians—nearly three times our current number—just to accommodate the needs we have right now. By 2030, this group estimates that our country will need about 37,000 of these specialists.

Since 2011, approximately 10,000 Americans have been enrolling in Medicare every day. This aging population is faced with multiple challenges on the path to healthy aging. I would like to outline eight of these challenges briefly and suggest some directions for overcoming them.

1. There is a lack of experts in the field of Geriatric Medicine and Gerontology. Unfortunately, our health care and education systems have not been designed to train enough senior care providers such as doctors, nurses, physician assistants, pharmacists, social workers, dementia experts, and physical and occupational therapist who can specifically manage seniors. As we age, our physiology changes. For example, absorption of drugs through our digestive system can be altered. Our liver function decreases, and it becomes harder for our body to metabolize and eliminate drugs. Changes in our circulatory and nervous systems affect our reactions to drugs. Therefore, we might need lower or higher doses of medications compared to other age groups. Additionally, there are medications that while working perfectly well for younger adults, should not be prescribed for the geriatric population. Therefore, it is crucial for the elderly to be managed by healthcare providers who have been educated and trained in this field. In the US, 80% of those 65 and older have at least one chronic condition (more than 3 out of 4) and 50% have two chronic conditions. Forty percent of the seniors take at least 5 medications, not taking into account over-the-counter supplements and herbal remedies. They see many different specialists and are prescribed a number of different medications through each. This situation can result in polypharmacy or over-medication, and even Drug Cascade Syndrome, where an undesirable side effect is misinterpreted as a medical condition and results in a new prescription. That is the reason why 4.5 million Americas visit the emergency rooms and physician offices each year. Adverse drug events account for a large number of hospital stays and deaths among the elderly. Therefore, there is a critical need for training more senior care providers.

2. There is a dearth of scientific and research-backed medical information regarding healthy aging. Despite the fact that we live in an era of advanced technology, with massive amounts of information on the subject of aging at our fingertips, the validity of much of such information is highly questionable. Our seniors are bombarded with contradictory claims, literature that is overly technical and hard to understand, recommendations that are impossible to follow, and often marketing-oriented myths about how to take care of themselves. They lack simple, straight forward, easy to follow information about aging on topics such as nutrition, mental and physical health, frailty, medications, finding the right physician, and end of life decisions. For example, misleading marketing campaigns at every corner are enticing our seniors to take drastic measures such as taking unregulated vitamins and supplements or undergo harmful diets to live longer and healthier. This is regardless of the fact that scientific data collected over many years indicate that such over-the-counter supplements and drastic diets are not contributing to better health and could even be detrimental to our health. Consequently, there is a critical need for reliable information, valid guidelines, and effective strategies so that senior can avoid or more effectively manage chronic diseases and have a better quality of life.

Very few clinical research and trials are designed for or even include older people, which consume majority of the pharmaceuticals currently available in the market. As such, the safety of most medications in the elder population is not well researched.

There is also a lack of academic and scientific research on the subject of aging. There is also an urgent need for the development of innovative tools to help the elderly stay in the comfort of their homes as long as possible and avoid spending time in nursing homes.

3. The elderly are becoming more racially and ethnically diverse. In 2010, more than one in eight US adults 65 and older were foreign born, a share that is expected to continue to grow. The U.S. elderly immigrant population rose from 2.7 million in 1990 to 4.6 million in 2010, a 70 percent increase in 20 years. It is estimated that the number of US immigrants 65 and older will quadruple to more than 16 million by 2050. This increase is due to the aging of the long-term foreign-born population and the recent migration of older adults as part of family reunification and refugee admissions. In 2014, about 15% of people age 65 and older lived in a home where a language other than English was spoken. Currently, we lack the resources to address the challenges of this growing ethnic and racial groups. These challenges include language barriers, cultural differences, religious and belief differences, physiological factors such as genetic backgrounds, and financial inequalities.

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- 4. We live in an Anti-Aging Society. We are a youth-oriented society that is not properly focused on aging and the older generation. As people grow older, they need more attention, care, support, companionship, and love. We need to raise awareness about the needs of the elderly as well as the hardships they face and to promote the respect, gratitude and appreciation they deserve. All too often, older adults are forced out of the workforce and replaced by cheaper and unskilled labor. They may then retire to the solitude of their homes, where they can become isolated and lonely, and as a consequence, develop depression and cognitive impairment. Later, they may be institutionalized and set aside by the society they built and the children they raised. They can even be mistreated, cheated and taken advantage of.
- 5. We need more infrastructure and resources. Our seniors face a lack of appropriate resources in the areas of transportation, affordable housing, senior centers, organized and affordable social activities, and qualified healthcare centers. These problems are magnified for those suffering from dementia. Currently 5 million Americans suffer from this condition, and in the next 15 years this number is expected to triple. However, we lack the dementia units as well as the professionally trained staff to provide care for this population.
- 6. Seniors are experiencing financial difficulties. A large number of seniors are living in poverty. The recent global economic crisis of 2008, the collapse of the housing market and the astronomically high cost of healthcare in the US are among the many factors contributing to the growth of debt among the elderly. Some of them are forced to forgo retirement and seek very low paying jobs, which they may still have a very hard time finding due to age discrimination. Often, they are faced with a hard choice between paying their mortgage, buying the many medications they can't survive without, or purchasing food. Too often, they become not only financially but also physical dependent on their children, which are known as the "sandwich generation" when they care for parents while at the same time raising their own children.
- 7. We expect quick fixes. We live in a modern society where more is considered better. This kind of mentality tells us that for every single problem, there should exist a quick fix— even if there is no logic behind it. "Modern medicine" dictates that health issues should be resolved with either medications or interventions. But in reality, the statistics do not support this. The Congressional Budget Office in 2015 estimated that 5% of the nation's gross domestic product, \$700 billion per year, goes to tests and procedures that do not improve health outcomes. Therefore, modern medicine, with its emphasis on attempted solutions rather than prevention, does not necessarily make happier and healthier citizens.
- 8. Medicare expenditures are not aligned with needs. As the Medicare system is set up today, it does not pay for the medically necessary services, which can have tremendous impact toward a better physical and mental quality of life for adults. For instance, if an

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older adult needs more physical therapy to help with mobility or needs a necessary piece of equipment to have a better quality of life, it will be denied by Medicare. However, if the same person wants to undergo an expensive diagnostic test, the test will be quickly authorized. Unfortunately, as we discussed, many of these diagnostic tests do not change the quality of life for the elderly. Sometimes they do not even improve the management of the disease. I see on a daily basis that Medicare would fully pay for diagnosing and treating my patient's cancer, even if it would extend their life for just a few weeks. However, Medicare would not pay a penny if the same patient needed help at home, nor would it pay if he/she required counselling to overcome anxiety and depression. I had a patient a few years back with advanced dementia in a nursing home. He also had advanced colon cancer. He could not eat, was in severe distress and could not recognize anyone. His life expectancy was less than two months. On one of his visits to the ER, his family members were instructed to consult with a cardiologist. The cardiologist advised them to get a pacemaker for him. They put a patient with advanced dementia and cancer under general anesthesia to give him a pacemaker. And Medicare paid for it. He died less than a month later.

SOLUTIONS

1. Expansion of Geriatric Education. A large number of the teaching physicians in the U.S. medical schools don't have the appropriate expertise or background in the field of Geriatrics. As a result, medical students, residents, fellows, and practicing physicians who currently treat the elderly lack the basic knowledge in the field of geriatrics. Therefore, too often the elderly are misdiagnosed and mismanaged. In contrast, in Great Britain, every medical school has a department of geriatrics, as do one-half of Japanese medical schools. Of the 145 US medical schools, only 11 have geriatric departments (7.6%!). Plus, the geriatric curriculum at over three-quarters of the US medical schools is an elective, not a required field of study. As a consequence, many older Americans will not get the most knowledgeable care they need when they most desperately need it. In fact, it's already too late for a solution that involves training enough certified geriatricians. The experts admit this and offer an alternative solution. This solution hinges on creating enough geriatric educators to ensure that every new physician, of which there are over 16,000 per year, will have been sufficiently trained in geriatrics in medical school to know the differences between medical care for non-geriatric patients and medicine for the oldest of us. Another recommendation is that all primary care physicians and specialists should have mandatory training in the field of geriatric as part of their CME (Continuing Medical Education). This rule should also be mandatory for nursing, advanced nursing and physician assistant practice education.

Earlier this year, the American Geriatric Society endorsed the Geriatrics Workforce and Caregiver Enhancement Act (H.R. 3713), a bipartisan proposal for programs addressing the shortage of health professionals equipped to care for the elderly. Introduced by Reps. Jan Schakowsky (D-IL), Doris Matsui (D-CA), and David McKinley (R-WV), the bill draws on considerable insights from the Eldercare Workforce Alliance (EWA), a collaborative comprised of more than 30 member organizations co-convened by the AGS and now reflecting the diverse expertise of millions of professionals who support health in aging for older Americans. The proposed legislation would codify into law and authorize funding for the Geriatrics Workforce Enhancement Program (GWEP). The GWEP is the only federal program designed to increase the number of health professionals with the skills and training to care for older adults.

Launched in 2015 by the Health Resources and Services Administration (HRSA) with 44 three-year grants provided to awardees in 29 states, the GWEP is helping geriatrics experts develop innovative local solutions. When approved, H.R. 3713 will authorize GWEP funding of more than \$45 million annually through 2023, allowing current and future GWEP awardees to educate and engage with family caregivers, promote interdisciplinary team-based care, and improve the quality of care delivered to older adults. I hope this bill will be finalized soon, as this can be a big victory for our vulnerable older adults, allowing them to receive better care for their future. But this is only a beginning and we need more funding in the future.

- 2. Medicare Reimbursement Model. With the passage of the Affordable Care Act, the reimbursement basis is slowly shifting from a Fee for Service (FFS) structure to one which puts emphasis on improving performance and outcomes. However, the level of reimbursement is still not adequate. Geriatric counseling and geriatric assessments require time. Keep in mind that there is a shortage of geriatricians and there is a large population of geriatric patients with multiple chronic conditions on many medications. As such, the amount of time spent per patient needs to be long enough to be effective. However, at the current low reimbursement levels, geriatric professionals need to see many patients in a short timeframe to survive financially. Geriatrics is one of the lowestpaying specialties, and experts say this low pay and factors such as the high cost of living and office overheads as well as the long work hours are driving new physicians away from the field. Increasing reimbursement fees for geriatric consultations would undoubtedly create more attraction for medical centers and doctors' offices to expand their geriatric care and hire more geriatric care providers. It would also allow the care providers to spend an effective amount of time with each patient to provide all the necessary assessments, management and education.
- **3.** Expand Geriatric Consultation. One efficient way of properly taking advantage of the currently low number of geriatricians in the field is to use geriatricians as consultants rather than primary care providers for the elderly. To accomplish this, all healthcare providers could send their elderly patients for a geriatric consult at least once or twice a year. This would allow geriatric professionals to evaluate patients and their list of medications and make the proper recommendations to their primary care physicians and other specialists. It should also be made mandatory for primary care physicians to consult with a board certified geriatrician or a gero-psychiatrist for their patients suffering from dementia. Of course, a proper reimbursement method is necessary for this model to survive.
- 4. Medicare Annual Wellness Visits. Medicare has a comprehensive and well detailed annual wellness visit structure. Unfortunately, many physicians do not follow the well-established CMS annual wellness instructions. The majority of discussion time between patients and the physicians is spent on management of high blood pressure, high cholesterol, refill of medications, and/or vaccinations. Although these are relevant topics which need to be well addressed, this annual wellness visit should in addition include a thorough geriatric assessment and evaluation. This includes screening for depression, discussing nutrition, and screening for memory loss. It should also include discussing goals of care and life preferences. Primary care physicians should consult geriatricians during these CMS annual wellness visits to properly assess their older patients.
- **5.** Coordination of care. Bringing together a team of health care providers, with a geriatrician at the center, and working closely with the senior patients, family caregivers, primary care physicians, specialists, case managers, and other care professionals is of

essence to ensure healthy aging. This team can coordinate individual needs, synchronize the variety of short-term and long-term medical services, improve health care access and outcomes, support and improve communication resulting in improved individual wellbeing and health outcomes.

6. Physical Health of our Older Adults. Frailty is defined as a progressive deterioration of multiple body systems resulting in physical and functional decline. It is characterized as a drop in the body's energy production and utilization as well as a deterioration of its repair systems. It can occur at any age but is much more prevalent in the elderly. As we grow older, we eventually lose about 40 percent of our muscle tissue. Unfortunately, as we discussed, our seniors lack the basic infrastructure to stay healthy and fit. For example, there is a lack of senior-friendly exercise centers in this country. Such centers should have suitable equipment designed for seniors and have certified trainers who can help them stay physically strong, and to prevent, slow, or reverse the development of frailty. Seniors also need transportation systems to reach such physical and social centers.

We also need more effective, continuous adult education in medical centers, physician offices, media, and public programs about the importance of exercise for older adults. It is essential that providers be honest with their patients and explain to them that medications and procedures alone are insufficient: they must be accompanied by regular physical activity in order to maintain their mental and physical well-being.

7. Mental Health of our Older Adults. Mental health is the most important aspect of healthy aging. As we discussed, people in this group are highly susceptible to becoming lonely and isolated and to suffer from depression and/or anxiety. Unfortunately, this will lead them toward increased cognitive impairment and disability over time. Data is showing that loneliness in the elderly is associated with the use of psychotropic drugs. Further, seniors who feel lonely and isolated are more likely to report having poor physical and mental health, as indicated in a 2009 study using data from the National Social Life, Health, and Aging Project. It is therefore essential to expand senior day center programs providing intellectual stimulation, extend adult educational programs, and increase community support for the seniors. There is also a strong need for social engagement and interaction centers for the elderly. We should also develop mechanisms to help our older adults to engage in voluntary programs in their community.

Another important factor is the lack of professional geriatric counselors or therapists who can treat depression and anxiety in this population. Medicare does not currently provide funding to support geriatric counselling or psychotherapy. Consequently, depressed seniors are only to receive pharmacologic treatment options. Furthermore, with the increase of ethnic and racial groups in the US, there is a crucial need for therapists with different cultural and language backgrounds.

8. Nutrition. Proper diet and nutrition are essential factors for health. Unfortunately, many of our seniors are looking for the best supplement that could act as a magic solution for better health. Sadly, this unfounded belief in the power of supplements has become a practice model in our society and is gradually replacing the healthy diet for this population.

As we age, we lose bone mass, muscle, and water content while increasing fat content. Other physiological factors such as losing taste buds and sense of smell, dental issues, lack of companionship, medical and psychological illness, and stress also result in weight loss. Many medications also cause loss of appetite and weight loss. Medical and social education for this group should put emphasis on proper hydration, maintaining a balanced diet, practicing mindful eating, avoiding fad diets, and not relying on over-thecounter supplements and herbal remedies. Social support programs providing meals for older adults are crucial. Eating meals in senior centers can help not only nutrition but also help to avoid loneliness in this group.

9. Polypharmacy and Drug Cascade Syndrome. As discussed before, prescribing for older patients offers unique challenges. A periodic evaluation of the drug regimen that a patient is taking is an essential component of the medical care of an older person. Such a review may indicate the need for changes to prescribed drug therapy. These changes may include discontinuation of a treatment prescribed for an indication that no longer exists, substitution of a required treatment with a potentially safer agent, reduction in the dosage of a drug that the patient still needs to take, or an increase in dose or even addition of a new medication. An Interdisciplinary geriatric team will be the best group to help our older adults avoid the negative impacts of polypharmacy. It is essential that all medical centers follow Beers criteria. These are guidelines for healthcare professionals to help improve the safety of prescribing medications for older adults.

Physicians who have not been trained enough in the geriatric field should avoid prescribing psychotropic medications for dementia-related behavioral disturbances. These medications have very serious side effects such as confusion, disorientation, hallucinations, seizures and delirium, and memory loss. In the elderly, they can result in falls and death.

Through medical and social media, it is essential to educate the seniors and their care givers to have a current list of their illnesses and their medications, including the dosage, and to share that list with all their physicians and pharmacists. Patients and their caregivers are often unaware of the reasons why some of their medications have been prescribed. Patients should question their physicians thoroughly about each of the medications prescribed for them. They should ask what side effects to look out for. They should also ask their physicians to ensure that any new medications do not interact with or inactivate their existing medications. The public should also be aware that over-the-counter medications, vitamins, antioxidants, supplements and herbal remedies are not necessarily safe to use and can interact with their existing

Dr. Mehrdad Ayati, MD, Jan 24,

medications.

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CONCLUSION

A joint effort involving better public education, widespread training of caregivers in the field of geriatrics, and changing Medicare and government regulations is required to ensure that the growing wave of seniors live healthier and happier lives.

I would like to thank the Senate Special Committee on Aging for giving me the opportunity to discuss healthy aging and the challenges currently faced by the aging population in the US as well as offering solutions.

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State of the Union Address on Aging and Caregiving

Dr. Joanne Lynn, MA, MA drjoannelynn@gmail.com

Paula Wolfson, LCSW, Manager, Avenidas Care Partners problem Coveridas arg 650 289 5438

www.avenidan.org; 5 nites, open to the public

Resources

Kaiser Family Foundation Studies, Jason Rau, 2023

"Dying Broker Cost of Senior Care" in the US" Reed Ableson, Jason Rau, NYT series, 11/2023

Behavioral Risk Studies on Family Caregivers, CDC, 2016, survey results

2016 Testimony Before US Senate Select Co. on Aging by Dr. Mehrdad Ayati, Director of the Geriatric Center, Located in Los Altos.

SCC The Geri Team Network, 2024, 65 plus elder care professionals, case presentations for resolving complex client problems. 2



SOTU Agenda

Predictions: 5 years into the future.

Key Challenges requiring systemic change Caregiving is both a job opportunity and risky business for some What can we do better; strategies for comprehensive care planning Various solutions based on a geographic "population perspective" Affordable long -term care and health insurance

Enhance access to care, coverage for eyeglasses, hearing and mobility devices.

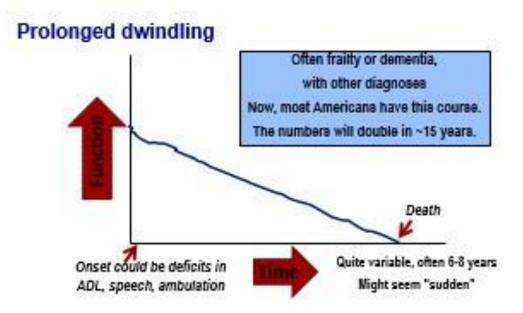
Meange from our fovorite MD...Dr. Seusa

Resources

Key challenges

3

Most Americans will need LTSS in old age, averaging 2 yrs each. Average cost of custodial care - >\$250,000 - not covered by Medicare Average assets at retirement - \$50,000 + Soc. Security Annual costs of caregiving>\$300,000 (average) Half of women >\$59.c. have no potential caregivers, solo agers, widowed. Assisted and memory care private pay, costly; prices going up LTC insurance is costly, limited, and most US citizens do not have it Numbers of elders needing care will double in the next dozen years Most Americans spend majority of care dollars last two years of life for intensive medical interventions, may not provide quality of life.



Left to drift...current costs of elder care, (housing, health & LTC insurance) result in...

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Homelessness Hunger Isolation Medical Aid in Dying, & suicides & "deaths of despair" Bankrupting families, burdening caregivers (women) Coercing Medicaid into severe restrictions

Major need: continuity of care, access

- An Entity to monitor, manage set priorities evaluate – respond to needs – with authority and funding
- Data to enable monitoring and managing
- Leadership
- Renewed political will, new stakeholders, intergenerational teams: to enhance care.
- Flexibility in regulations and financing in view of different levels of care and need

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Why prioritize --LTC Financing?

Without that, all other gains will backslide when we double the numbers of elders needing care

Most of the current shortcomings have their roots in the currently inadequate funding

Americans are becoming aware of the threat of LTC costs to their families – a ripening political moment

Why a geographic population perspective for eldercare?

- > Because elders needing care are profoundly dependent upon their geographic community - local resources.
- >Housing
- >Food
- >Direct care workforce
- >Family/friend caregiving
- >Transportation
- >Medical care
- >None can be fixed for just one provider's patients, or one insurer
- >- at least not afficiantly

Comprehensive Care Planning

- Shaped by the client's medical and social situation
- Also shaped by client & family values & preferences
- Constrained by what's available (including "volunteer")
- Rarely done
- Even more rarely documented
- And almost never transferred across providers

Caregiving: job opportunity.

It's hard work - intensive labor; emotionally and interpersonally, for the family, support teams, and professional caregivers.

Professional caregiver worker shortage- worse with slowing immigration.

Covid informed us of the need for enhanced care systems and consideration of the care recipient and the family care provider as a unit of care by their medical teams.

What can we do better?

Enhanced care managers and navigators available in all systems. (Inpatient, outpatient, community, end of life care.)

Comprehensive care planning - with an interdisciplinary team

Managing quality and cost for a geographic community

Supportive care option in Medicare: for custodial caregiving.

Catastrophic affordable long-term care insurance

Review Compassion and Choice; medical aid in dying criteria

Educate our youth regarding aging and caregiver of grandparents: Perhaps Los Altos Rotary might pioneer an intergenerational program? Senior Commission Sub-Committee Report: Recreational Programs for Aging Adults (50+ Adults) Kris Olson & Chris Nagao, Chris Knopf

Kris and Chris N. met on February 12th to discuss different opportunities for additional programs for the 50+ adults. Subjects included preventative health, mindfulness, activities, etc. We also have access to resources who can provide speakers for these programs.

Kris and Chris K. met on February 13th to discuss opportunities for Aging Adult programs to be introduced into the Recreational Activities. Discussion also included the current guidelines, limitations and challenges of the city/Community Center and staff. Chris shared the current 50+ program brochure, and the Activity Guide. We did discuss how the cover of the upcoming Activity Guides could be more inviting for Adult 50+ to pick-up and open the Guide for activities geared for this age group. We also talked about the potential of adding additional free programs to the Adult 50+ catalog.

After the Senior Commission/City Council meeting 2/27/24 – it was clear that getting direction from the council would be optimal after the results of the survey and CAFÉ focus group have been finalized and analyzed. This brings up the question: Does it make sense to have Chris and Kris on this programs sub-committee at this time? Or should we postpone this sub-committee and participate in a different sub-committee TBD from the needs of the analysis of the information we receive from the AARP survey/CAFÉ focus group? Once having clearer goals from the community and the council, proceed forward. Please advise.

Draft 4/25/24

CAFÉ Task Force Sr. Commission Subcommittee Age Friendly City April 24, 2024 meeting Present Jayne Cohen, Kevin O'Brian, William Buchholz

Clarify Role of Sub Comm Not taking notes, Ann O'Brian is Identify potential focus group participants

Current Identified as willing	ng
Sue Walker	unconfirmed Bill
Wesley Chan	g Yes
Margriet DeLa	ang No
Peter Pompei	i Yes
Duanni Hurd	Yes Home Care Co
David Klein	No
Bert Loughmi	iller unconfirmed Bill
Leslie Carmic	chael Yes
Brian Orlov	unconfirmed Kris
Tracy Murray	unconfirmed Prior chair Sr.
Commission	Kevin

	Other sources of information	
	Residential Care: In	ndependent Living; Home
Care	Jayne	
		Los Altos
Subacute		Jayne
	Alzheimer's Assoc.	-
Wesley Chang for Caregiver companies		

Emergency Preparedness First Responders, ER nurses, Public Health Bill Fire and Police (650) 947-2770

Designated (Jane, Kevin, Bill) members to contact assigned places and report back to Commission

"We could like to talk with someone who could speak about the kinds of issues seniors have who use your service. This would help the Senior Commission facilitate getting Los Altos recertified as an Age Friendly City." Possible script to use.