

Master Plan for Aging  
Individual Public Comments

#	Comment
1	You should have AMAC as well as AARP representatives on the committee. The worst thing that can happen to a retiree is to see inflation wipe out the value of his fixed income. We should fight for a FED that has a zero inflation target not 2%. My father's 125\$/mo pension would not buy a cart of groceries after the 1970's were over. We need to get Federal and State spending under control and get our financial houses in order. I am not going to hold my breath. Both parties are at fault on this issue so both better get on the ball or you will have mayhem in the streets.
2	Work with area cities and counties on the AARP Age-Friendly designation. Support evidence-based fall prevention programs such as a Matter of Balance. Help grow volunteer transportation programs for seniors. Fund non-profits that assist seniors with home modifications (grab bars) that help them to age in their homes.
3	Work closely with the Non-Profit Organizations that are developing the Low Income Type Housing for Seniors, without local resident restrictions imposed. Have the process with public lottery instead of private lottery system. If these Non-Profits receive Federal, State, County or City Tax Breaks, those of us that qualify regarding the Federal Income Level Guide Lines should be able to apply with hope we will succeed in "a place to call home"! I have been there, done that with absolutely NO success for the 2 plus years of looking for affordable Senior Housing. With some luck, friends that cared and daughters that gave me a space until I actually found affordable Housing, I survived the nightmare. Property Management firms, private owners require one to pay for a Credit Report and every time you apply your Credit Score gets reduced? They also require one to have 2 1/2 to 3 times the Rental Amount in your Bank Account at all times? The systems doesn't bode well for many Seniors. Thank You
4	Will convene community groups across the state to get people to provide ideas, concerns and suggestions to the stakeholder committee - and help in any other way. Very supportive with the Master Plan for Aging - and the road map laid out by the Governor, Secretary and the agency staff. Very impressive, especially the urgency, the focus on being person centered tied to outcomes, and solutions that look across systems.
5	Why do nursing homes have to be such dismal places. Seniors are so fearful of ending up in a home. Unless you have significant resources, these places are dismal, smelly lonely places. So many of our elders just languishing in hallways. Caregivers, employees are doing their best, and are very caring but it's hard to overcome the fatigue....family members avoid visiting because they are so depressing. Food is industrial and almost inedible. As someone who has transitioned from a hospital to nursing home for temporary rehab of a broken leg, the difference was remarkable.
6	When putting in handicapped parking there should be a small distance to the front door. A ramp to the entrance is not only for wheel chair use. Many people are handicapped with breathing problem or mobility issues. Some time the parking space is the furthered from the door. It should be mandated how far the spot is from the door.

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7	<p>What is the state doing spending hundreds of millions of dollars creating traffic jams with "road diets"? It is dishonest to say you are trying to build an "age-friendly" California while taking vehicle lanes away and creating bike lanes. Older people do not commute on bicycles, nor do they go shopping on their bikes. Stop wasting money engineering traffic jams.</p>
8	<p>What do we need to be concerned about as we age? What do we need to prepare for?</p> <ol style="list-style-type: none"> <li>1. Health and health care</li> <li>2. Retirement income</li> <li>3. Transportation</li> <li>4. Housing</li> </ol> <p>1. Facilitating healthy choices throughout your life is something the Sate can do. Exercise and diet as preventative steps and access to health care. Educating people on the importance of diet and exercise and providing access to healthy food choices and places where you can exercise is something the State can help provide. And of course affordable healthcare for all CA residents.</p> <p>2. The state can help people save for retirement by inducing employers to provide 401K plans through incentives to the employer, such as a tax credit, establishing collectives for small businesses so they can pool together and realize cost efficiencies from economy of scale.</p> <p>3. Help seniors stay active in those years where they are less likely to drive a car or just can't drive any longer by providing affordable public transportation options.</p>
9	<p>Well by the time 2030 comes around I will be 20yrs from 100yrs old! Today I would like to see that ALL people 60+ WILL have some sort of housing. Today I am homeless, I have been living in my car I do still work however I can not afford the rent - cut the RED tape and get things moving get all of us housed - there are some project that can do just that - I am a care giver and Love California please give us a helping hand!</p>
10	<p>We need to update and strengthen state standards and enforcement for hospice care. This recent Los Angeles Times column underscores the problems with the current system: <a href="https://www.latimes.com/california/story/2019-08-09/hospice-mother-california-complaint">https://www.latimes.com/california/story/2019-08-09/hospice-mother-california-complaint</a></p>
11	<p>We need to take into account the issue of disability, both for aging parents who are still taking care of their dependent adult children with special needs and disabilities, and also to recognize that many individuals with disabilities are living longer than ever, but the current infrastructure isn't in place to accommodate them, such as older adults with Down syndrome, autism and cerebral palsy.</p>

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12	We need to make sure that California is taking care of it's seniors. First and foremost that the elderly do not have to choose between taking their prescribed medications and eating. California is an expensive place to live and many of those who are living on Social Security cannot afford housing. We need to make sure that we are taking care of our seniors and that they have a place to live and food on the table.
13	We need to focus on bridging the intergenerational internet gap. By providing spaces where seniors feel comfortable in learning new skills and technical abilities, they can then thrive in the modern paperless world. This focus on computer literacy for older adults will also help with the issue of adequate health care providers in rural areas as seniors can participate in telehealth to access health care services remotely and manage their health.
14	We need to find a way to help financially support and care for elders that wish to stay in their homes and not relocate to a nursing or care facility. Not only do most elders wish to remain at home but it seems to be a much more affordable solution than moving to a facility. .
15	We need to do deeper and wider community outreach.
16	We need to develop single story affordable housing in the East Bay! So many seniors are stuck in houses they raised their families in that do not accommodate the needs they have as the children grow and move on. We need to develop neighborhoods with single story homes with good access to health care and basic living necessities. That is not happening in Castro Valley, CA. We continue to develop high density communities that don't serve the needs of our senior population. We all know about the need, the cities and counties need to pay better attention to the needs of the senior population. this type of housing is not as profitable to builders and that is a big problem.
17	We need to build an effective statewide public transportation state,
18	We need to address outrageous drug prices (insulin!!, etc.). There need to be funds set aside for additional AFFORDABLE senior housing as more and more seniors will downsize due to deaths, financial considerations, health issues. There appears to be abundant land, I don't know who owns it, in the Antelope Valley in SoCal. Legal services and seminars on those scamming and spamming seniors. Property tax rates should get frozen maybe when householder reaches 70. It's hard to keep up with the constant tax increases on fixed incomes.
19	We need reliable services to ensure older people have consistent and easy access to proper nutrition, medical care and social enhancement. Isolation and loneliness are the primary enemies of older people and some of this social enhancement can involve companion care (which is NOT covered by Medicare) and groups with meaningful, stimulating and non-denigrating human interaction (senior centers are a "start" in this direction).  In general, older people want to "age in place" in familiar home surroundings - social and medical (caregiving) services can help accomplish that and reduce our dependence on often unnecessary, dysfunctional and dangerous institutions which can increase costs to society overall.
20	We need more housing that is affordable for senior citizens that have a fixed income that don't qualify for a government subsidy.

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21	We need more affordable housing limited to seniors only. Not only for our safety as seniors, but a place where we can age gracefully without the concern for our lives. There are senior communities that the average young working couple can not afford. How can we who now live on limited income afford to live there?
22	We need more affordable care for the elderly whose families cannot afford to retire to provide care. Average of \$5,000 per month is not sustainable for most families.
23	We need a campaign to improve safety on the roads. Crossing the street in our cities and suburbs has become life threatening for seniors. Crosswalks are danger magnets...as an active senior who was hit while walking across the street with a green light, I can feel the need. Lets do an all out public service campaign directed towards improving driver behavior...ads to remind drivers to slow when turning into or approaching a crosswalk, ads to remind drivers that a stop before you turn right on red will save a life, don't be a fool, be cool campaign to remind drivers how to drive calmly and safely with videos showing unsafe uncool driving examples. Car ads need to eliminate aggressive driving film clips, and perhaps even help fund campaigns on safe driving. Or drive responsibly ads similar to the alcohol ad reminders. Special safer protected crosswalks near senior centers...longer walk signs, no turn signs when walk signs are on. Red left light arrows when walk sign is on is a must
24	We must work on the deplorable state of available funding to supplement fair cost housing and fair incomes for seniors and veteran seniors. I think incentives to landlords to cut housing costs by 25% would be a start. Cost of living raises in senior income at 30% across the board is necessary.
25	We must remember that all generations bring something that is of value to the table. The Traditionalist Generation brought decisive leadership, loyalty, dedication and commitment to the workplace. These are characteristics that will always be important. The Baby Boomers have a strong work ethic and bring mentorship to the workplace. They look for respect and work hard to secure it. Generation X is independent, innovative and are risk takers. They are goal oriented, think outside the box and want to manage their own time. The Millennials are confident, upbeat, full of self-esteem and willing to accept change. They are also very tolerant towards multiculturalism and internationalism. As employers and educators we need to provide psychological classroom and workplace safety for all the individuals we work with. We must we institute a plan that includes input from all generations, and it should be called a Master Plan for All Ages, not a "plan for aging." The name is important.
26	We must pay spouses for all the individual care we pay all other IHSS caregivers. Spouses must clean, cook, doing many daily chores and are NOT paid for any of those hours. Everyone else, including other family members are paid for those services given to the patient. Spouses are expected to do everything and only be paid for certain care categories.
27	We must build partnerships between religious organization, non profits, corporations, local, and state government to decrease our homeless crisis. We can't begin to build an age friendly CA with the homeless population growing among all age demographics.
28	We may get some good ideas from another State with many aging seniors - Florida. Google Florida State Elder Plan for 2017-2020 and Florida's Master Plan for Aging Population 2007-2009. There are likely other State and local agencies with plans, strategies, tactics and lessons learned for assisting an aging population. I am 67 and retired after 35 years of public service at the U.S. EPA in San Francisco.
29	We certainly need this

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30	<p>We can't until the year 2030, this plan will keep revolving and changing to meet everyone's needs. We need a phase approach to action, 2020, 2025 and 2030 or even sooner if possible. Every Senior should have internet access at no charge. Every Senior needs training tools, PC, laptops. Every Senior needs technology training because technology changes so quickly, Seniors will be left behind. Maybe turn Libraries into technology centers or add them to existing libraries.</p> <p>Senior need to be educated to understand technology will help them, there is so much information available.</p>
31	<p>Ways more experienced professional seniors can lend their expertise to the working world.</p>
32	<p>Utility rate reductions for seniors - Make seniors feel that the years they have been productive citizens and tax payers are appreciated and assist them in affording to live here - SS and those who have no government or union pensions need help= we pay for the government pensions and the union pensions - - FAIR? I think not --- enhance the Golden Bear program - it should be valid ALL year not just Sept through May - seniors do enjoy the beach why make them have to pay premium in Summer? Raise the price a bit - seems pretty petty to not have it valid in summer ----promote activities-and PUBLICIZE them many seniors are not aware they exist HELP SENIORS ENJOY LIFE _ Please</p>
33	<p>Use language in the rules and regulations that can be easily understood so as to not be so complex.</p>
34	<p>Transportation/Housing/Air quality/Medical/ and friendly atmosphere all the time.</p>
35	<p>Transportation is huge. We are going to be faced with large numbers of boomers who will have to quit driving. This causes reduced independence and increases social isolation and depression. Creative solutions and subsidies are essential.</p> <p>Active people live longer and stay healthier than couch potatoes. Programs to encourage and subsidize healthy living are desperately needed especially in rural areas. Pedestrian friendly cities are essential.</p> <p>Cultural activities are part of healthy living. Programs that encourage participation can work wonders in increasing social engagement.</p> <p>The idea of senior centers needs to be revitalized. Not everyone likes Bingo. How about pickle ball courts, book clubs, hiking clubs, cultural excursions, travel clubs?</p> <p>Aging needs to be redefined as a phase of life, not just the end of it.</p>
36	<p>Transportation is a big problem for people as they age. Without a car, it is very difficult for people to get around. We do not have a public transportation system that is reliable and friendly. Communities often have some form of senior shuttle services; however, they are not very easy to use. Some of them require you to make a reservation a week ahead. Also, seniors are often made to wait for long periods for their ride or the ride never shows up. For example: a senior has a doctor's appointment, the ride will take the senior to the doctor's office and pick up the senior at a predetermined time. If the appointment runs longer, then the senior has no ride home. As people are living longer, senility is a reality. We need to be able to provide affordable, reliable and friendly to use transportation options to seniors.</p>
37	<p>Transportation is a big issue for seniors who can no longer drive. An affordable uber type of system where the driver might assist the person In/out of the car, into the building, and wait while they have their appointment. The current system we have in Santa Clara County through VTA too restrictive in scheduling appointments. There are a few cities that have services, but they seem to be just for city residents and have a limited scope of operations (10 Miles)</p>

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38	Transportation in all areas. Help for cleaning etc. Better senior centers. Better access for problems - legal taxes financial problems. Groups of seniors for companionship, help with problems, driving, etc.
39	Too many seniors are confined to their homes as a result of poor mass transit. There should be more connections between buses, Bart and Caltrans. These various forms of transit should be coordinated so that a senior seeking to visit a museum from the Peninsula doesn't need to change from bus to Bart to bus again and then walk blocks.
40	Too many of our elderly citizens find themselves living paycheck to paycheck with nothing in the bank into their golden years, unable to afford appropriate care for advancing age medical conditions or supplemental medical insurance to fill in where medicare has gaps. * Facilities need tax incentives or grants to provide affordable rates for those who are homeless, indigent, low income (living on just social security), those without family support and at risk of fraud or elder abuse. Facilities in receipt of incentives or grants for participating in public good programs should be skillfully monitored for potential wrongdoing, with audits, site visits, surveys and interviews with residents, staff and family. This is a real crisis for California, glad its getting addressed.
41	To make it easier to stay in our homes....like tax cuts after you retire...I know so many retired people who have lost their homes
42	to have a centralized list of resources that provides services needed by this population in their particular communities.
43	To follow.
44	To better prepare older adults and their families for the future, the state of California needs to engage in a marketing effort to inform consumers of what aging benefits are included in most medical insurance plans including Medicare. Consumers need to be informed about what long-term care services, used most often by older adults, cost and the program availability across the state. Too often older adults find out during a crisis that services they thought would be available are either not available in their area or are too costly for many middle-income families.
45	To begin with, a CA go-to website that can be organized by State, region, County and smaller geographic entities, would be very helpful. I am helping my 66 year old brother navigate what is possible for him as an individual newly returning from 40 years abroad, and it has been hit and miss in terms of knowing where to go for resources that are likely to be helpful.  I would appreciate being a part of this effort to better organize our State to respond to the needs of those over 60.
46	Three days after visiting the Redlands DMV (almost to the hour) I began having incredible abdominal pain and I ended up in the emergency room at Kaiser Fontana. Five months later, I have not recovered. This and more after having given the State of California absolutely NO reason to require me to take the written test two times in a row (I was required to take it in 2014): NO ACCIDENTS; NO TICKETS; NO CONTACT WHATSOEVER with the CHP, REDLANDS POLICE DEPT, etc. There are several other examples, both government and commerce, I could give you; however, since this one has, at the least, greatly impacted my quality of life and may end up killing me, I felt it must be the first I would mention.

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47	<p>This is needed MUCH sooner! We need rent control by legislation. Currently, rent control laws have NO way to help the senior citizen on a limited income, such as I am. I live in a federal-government-subsidized senior complex for low-income seniors &amp; that's great, but there's no law that prevents the rent from rising at the same levels as other apartments for regular &amp; higher-income folks. Families with children get rent subsidies, but we seniors have nothing. I have lost ANY increase to my Social Security over the last two years to rent increases - not Medicare, but RENT! I am now able to keep LESS than I did before the last two cost-of-living increases granted to Social Security recipients. I am a single adult, so there is no 2nd person to help pay the bills. Please help on getting legislation to help we limited-income seniors be able to stay in our homes! It may take federal legislation, if state laws are too difficult to manage (for 50+states). Thank you!</p>
48	<p>There need for more Handicap area to be placed in All Business -</p>
49	<p>There is another comment I want to make. The windfall act for social security must be overturned. I worked at a job where I did not pay SS for 15 year. The pension I will receive from that job is laughable. I left this job and have been paying into SS since. Still I fall under the WEP which means my SS check will be reduced. This is not fair. The conditions that exist now are different from when the WEP was enacted. This should be a priority in SS reform.</p>
50	<p>There is no affordable alternative to nursing home care for adults needing less than full nursing but some level of assistance...toileting, dressing, supervision, meals etc. Board and care homes are humane alternatives but are not covered by Medi-cal or insurance so are out of reach for many seniors and family members...board and care homes are less expensive than nursing homes so if there were medi-cal coverage, may keep seniors and families from looking to nursing homes. home care is too expensive and does not cover nights when seniors need toilet assistance and supervision...many seniors live alone in dangerous circumstances or with family members who live with unbearable amounts of stress and worry. When desperate they resort to caregivers who are out of the usual networks and who may take advantage of vulnerabilities...</p>
51	<p>There has to be a plan in place for NORC's (naturally occurring retirement communities) to provide the services needed for older adults. With the cost of living continually sky-rocketing, there are fewer and fewer places which are affordable for seniors. Because of this factor, things such as transportation, health care and case management including legal assistance must be available in smaller communities, especially those with a higher than normal concentration of older adults. Senior centers and other one stop shops that can provide these services are a great starting spot, but they don't seem to get a lot of consideration in today's budgets. . .</p>

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52	<p>There are so many areas to cover and then they all reflect on each other. However one comes to mind. High Housing cost, Student Loans, low wages are a few of the tripping blocks for the children of the Aging. If there is one parent alive and that parent has three children the help needed by the three children will be a burden on the parent. Therefore leaving less for the parent to spend on personal aging. Now if both the parent and children have nothing to share there will be problems for both and emphasizing the parent knowing medical and normal living costs may be beyond the amounts taken in. I would say the following bullet points should be reviewed.</p> <ol style="list-style-type: none"> <li>1) Health Care</li> <li>2) Health</li> <li>3) Transportation</li> <li>4) Finance (Costs vs Revenue), (Net Worth)</li> <li>5) Family</li> <li>6) Community</li> </ol> <p>Of course these are just some concerns that should be considered when making the action plan.</p>
53	<p>There are many things to make a society free from age prejudices:</p> <ol style="list-style-type: none"> <li>1) Pharmacologic co-pays are increasing and elderly incomes are not. We need a system where the medication co-pays are reasonable or affordable for our aging population</li> <li>2) Programs that will allow for young and old socialization. The young can learn wisdom from the elderly and the young can energize the elderly..</li> <li>3) Keep elderly active by keeping them employed while they still have their faculties intact (Encourage hiring experienced older folks)</li> <li>4) Support more day elderly care programs where elderly family members can be dropped off in the morning and picked up in the evening, similar to child care.</li> </ol>
54	<p>There are many overlapping agencies providing programs encouraging people to age in place. What percentage of the Federal and State funds provided actually result in services seniors need in their homes? I am a member of the California Senior Senate residing in very rural Mount Shasta, Siskiyou County. Rural counties generally have high percentages of low income seniors having to travel long distances for necessary services. I will be watching to see how the Advisory Committee members suggest implementing programs for aging persons in rural counties.</p>
55	<p>The Village Movement needs to be a major topic in the conversation. CBO's providing non-medical services including transportation are critical! Volunteers are the key !</p>

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56	<p>The suggestion I'd like to share is regarding hospice care for the elderly. Hospice for the elderly has become big business and is it for profit now. We have more for profit hospice care facilities than we do non-profit. The aging and their families already have enough to deal with so why when it comes to the end their lives we have complicated it more by allowing big business to come in and make money of them instead of providing the love and care that is needed during last stages of their lives. The care is an adequate to say the least. There aren't even enough medical staff on weekends to handle their needs and many are dying at the hands of for profit facilities. That also leaves the families with their hands tied because there is no oversight of these for profit facilities. I am asking the Governor to take a stance now and do the right thing to make sure those non-profit hospice facilities are regulated at the highest level or close them &amp; go back to non-profit only.</p>
57	<p>The press release states that the Master Plan is to be completed by 2020. Which date is correct?</p>
58	<p>The number item I see that will dramatically affect age-friendly is the Trump administrations threat of cutting the food SNAP program which many depend.</p>
59	<p>The Long Term Care Insurance Partnership program is an excellent way to encourage planning for aging. California was one of the original states to participate in it. Of all the states that offer a Long Term Care Insurance Partnership program, California is the ONLY one that does not offer reciprocity. It would like to see that change.</p>
60	<p>The Health Workforce Initiative (HWI) is a program of the Workforce and Economic Development division of the California Community Colleges Chancellor's Office. HWI fosters communication and collaboration between the health care industry and education systems. By identifying and highlighting health care workforce needs, HWI helps California Community Colleges to respond effectively to changing workforce needs. Our mission: To promote the advancement of California's health care workforce through quality education and services; with purpose: To identify health care workforce needs and cultivate solutions. The role of the Health Workforce Initiative is to facilitate a community college response to workforce needs. We have aligned our strategic plan to meet the needs of the Master Plan on Aging and look forward to how we can further benefit and support the needs for education, upskill and training needed to build a qualified workforce that serves the needs of the elder population.</p>
61	<p>The exponentially rising cost of health care services and drugs must be controlled as a base for any realistic plan. Without getting control over this part of the equation, the cost of whatever plan that is developed will be so expensive that the taxpayers will revolt and not support the plan, which will result in either insufficient services or a cost of services that will be beyond the financial capability of a large majority of those, who truly need these services. Without controlling the costs as a primary goal of the plan, it will ultimately fail.</p>

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62	<p>The elderly often are so limited on income that they have to choose between adequate medical care (if it's even available or covered by Medi-Cal/insurance) and necessities such as food and medication. Many can't eat because they have no dental coverage to afford new dentures that they've outgrown. Is there a way to raise SSI/SSP benefits or subsidize/cover more of their Health?</p> <p>We need to build better senior communities where they have access to medical care, socialization, food, and assistance in coordinating care in the language of origin. Often times, the elderly who do not speak English and have a weak support network do not know how to access services for better health, higher quality of living, and socialization. If more senior communities were built up that included nearby physician offices, access to food and activities, and had multilingual social work staff to assist in coordinating care, our seniors would be able to thrive.</p>
63	<p>The elderly here should be given every financial break possible. If this is being done far fewer of us will leave California when we retire.at 65 and 70. Then, possibly, even retirees from other states will move here. This can be done over time in small increments. Examples may include free or reduced parking at beaches instead of \$15.00 now and free or reduced entry to the county fairs.</p>
64	<p>The complete absence of any penalties in California's Probate Code needs to be addressed. Imagine the chaos on the road if the California deleted all penalties from their Motor Vehicle Code; no more speeding tickets, no more parking tickets, no need for current registration. Without penalties human nature is to do whatever is easiest regardless of the law. This is exactly what is happening throughout California in our Probate Courts. Temporary Conservatorships are limited to 30 days as they take away significant rights without due process in order to deal with emergency situations. The reality is these continue for years often until death. This would be like a law enforcement officer arresting someone for allegedly shoplifting putting the person in jail and never giving him/her a day in court to present a defense. Watch a 4 minute clip of Billie Mintz's documentary The Guardians. <a href="https://tinyurl.com/TheGuardiansClip">https://tinyurl.com/TheGuardiansClip</a> or the entire film <a href="https://tinyurl.com/TheGuardiansDoc">https://tinyurl.com/TheGuardiansDoc</a> free w/Prime.</p>
65	<p>The Central Valley has critical needs unique to rural communities. The Governor's Plan should be informed by the voices of all seniors - not just those living in urban settings. Please invite representation and encourage feedback from from California's rural communities.</p>
66	<p>The biggest problem is gentrification with the tearing down of older apartment buildings and replacing them with units starting at \$3000 a month in major cities. Only a few are for low income. Those of us with moderate incomes have no where to relocate. As a senior housing is a concern especially if we have no children to turn to for help. They are many seniors who are in this situation. Relocation funds aren't much good if there is no place to relocate in the state. Unlike the younger population it is not that easy to leave the state and start over with new health care providers and connections.</p>
67	<p>The biggest draw back is the cost of housing and overall cost of living day to day. I am a single retired and disabled female age 68. I receive social security in a decent amount but I will not be able to live on my own for the rest of my life due to costs so I live with my daughter and grandkids and have for the last 12 years. The cost of assisted living is out of my family budget and other options are not available or acceptable. I am very interested in the tiny home movement and think this could be a good solution for me but it is cost prohibitive as I would have to buy land and the home and I do not have those resources. If the state could develop a tiny home development with small lots, utilities and close to larger cities somewhat like RV campgrounds, then the senior could possibly get a loan to purchase both land and home, under \$75,000 total cost. The state would be reimbursed the cost of the development and have reduced costs for additional financial assistance.</p>

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68	The best and fastest way to make California 'age-friendly' is to vote liberals out of office. California is fast on it's way to becoming a state for the rich and the poor. Young people can't afford to live here and seniors who are not retired from STRS or PERS can't afford to live here. I will be out by this time next year. My neighborhood was a 'single family dwelling' neighborhood. Now all the houses are being occupied by multiple families. Growth outpaces infrastructure. Sadly, California can't be fixed. It's too late!
69	The answer is not always to keep an elder in their home, I have seen that lead to worse health outcomes, isolation and depression. Co-housing of college students, low-income families or homeless (all cleared as necessary) so that persons have a home for free and agree to some responsibility to assist the elder, such as shopping and cooking dinner 5 times a week and a set amount of activity time together. This will ease debt burden/homelessness and provide companionship/support so the elder can live longer in the home they desire. See brief: <a href="https://www.economist.com/europe/2019/08/08/a-dutch-care-home-experiments-with-housing-students-with-the-old">https://www.economist.com/europe/2019/08/08/a-dutch-care-home-experiments-with-housing-students-with-the-old</a> Create an intergenerational component to public schools-beneficial so youth are not fearful of elders or aging. It is to be revered not feared, schools partnered with Assisted Living & Nursing Homes. Begin the end-of-life discussions in all schools; primary care through death, to stop futile care when we should live our last days happy.
70	That is a long time in the future to address issues that are so critical right now. El Dorado County right now has the second largest population of folks over the age of 65 in the nation. Housing is so expensive that older persons are having to choose among critical medications, food, and housing bills. Churches and family are not meeting the needs of local elders. How many people who have contributed to this state and nation must live in poverty and need as they become more and more vulnerable!!!
71	That California has a master plan which allows all to age in the homes and communities of their choice. That we have a person-first and not a program/provider-first approach. That the master plan touches the lives of all older Californians and not just those served by public programs. That the plan has measurable benchmarks and that funding follows the goals the plan lays out.
72	Test
73	Ten years is a long time for we seniors to wait!
74	Taxes are too high in this state. The state/cities should provide an exemption for seniors on home ownership. A little help with property taxes would be super. Maybe a tax credit as well on income tax taken as a credit of tax due on the 540. Rest areas should ALWAYS be open. Closing them down for stupid, unnecessary upgrades or other work just makes it really tough on seniors driving the freeways. Our bladders fill quicker and hold less!!
75	tax brakes
76	TasingeGiven that the fastest-growing homeless population is the senior population, increasing quantities of subsidized senior housing must be built. The majority of seniors can not afford to pay market-rate rents. Nor can they afford health care, transportation, adequate food. The new housing must either be built in the heart of communities with all the needed services near enough to the new housing to be easily accessible directly or with public transportation near at hand. If that is not possible, then an entire community with the needed services and transportation built-in. The former is a better solution and, if new communities are built, they should be as near as possible to the communities where the seniors lived before becoming homeless.

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77	Take into consideration to help the elderly maintain and keep their homes. Many are not able to do general maintenance. Also more transportation opportunities.
78	Support the Villages in California. They are an innovative system (using volunteers to help seniors age in place, and hosting social, cultural, and educational programs to help combat isolation) NEXT Village San Francisco is one of the most diverse Villages in the US and we are often the substitute for family or an extended supportive network. I'm a gerontologist with over 30 years of experience and find Villages to be a very important piece in the long-term-care continuum. I met with the former director of Aging for the State and provided her with a template for State funding for Villages and the distribution of resources.
79	Support the Area Agency on Aging agencies and leverage them to support your work. They are connected to non-profits and partners in their older adult communities and passionate about their work.
80	Support for home sharing, more subsidized housing and innovative housing and social support for seniors Encourage whole person health model from MA plans similar to PACE programs and encourage PACE models to include housing component. Encourage federal and state officials to revamp/restructure IHSS program for greater accountability and oversight to ensure a more consistent equitable distribution of services for frail elderly and disabled Medi-Cal population. Expand Med-Cal /Medicaid waiver for assisted living so that every county in America has access to assisted living. ☒
81	Support expanded home-delivered grocery programs Increase senior participation in Cal Fresh program
82	Support and help to expand the Village Movement California. State funds should go to supporting these organizations so that they can support local seniors. Financial, advisory and all other forms of help are necessary, now.
83	Suggestions to make CA an age-friendly state by 2030? What the "average baby boomer is now age 65" - so in the 2030 the "average age will then be 75". We need a shorter term plan than that. We need food, and housing and a place and place to begin retirement before 75 -which allow us to stay in our near our homes where we raised families and have our friends and know and love our neighborhoods. Johanna Inman age 62, working full time. I make \$42K a year and 1/2 my salary goes to rent *I now am in a condo with a roommate. I never thought I would see the day I had to have a roommate. Suggestion a voucher program for long term residents (25 years or more) which can assists with living expenses... & not just the very LOWEST income. I am single. How would I ever retire???
84	Stop price gouging by the insurance companies, hospitals, and have a clearer understanding by one and all how senior citizens are financially abused.

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85	<p>Stop charging bond measures against seniors homes who won't use the bond subject matter. Example: School bond measure for a new school in their district. If you are a senior you should be exempt from the school bond. They are not going to use the school and can't afford the raise in their taxes. Seniors that need transportation to doctors appointments and medical facilities should get free Uber rides if they are financially challenged. Seniors should have some kind of free FaceTime program to speak with a doctor or nurse when they feel something is wrong. The WiFi should be free and the device or phone subsidized. Maybe a program where a state employee checks on the well being of seniors living alone by FaceTime. Loneliness is one of the sad problems of aging. A call every other day would be wonderful for lonely seniors.</p> <p>Free program for a medical professional to check that all the medicines the senior is taking are proper and not interfering with each other.</p>
86	<p>Stay in contact as ideas develop and feedback from groups evolve.</p>
87	<p>Start at the top! Regs are out of date and legislators don't understand what seniors need and what we do. Take all senior care oversight away from DSS and CDPH and bring it under one umbrella - California Dept. of Long Term Care (CDLTC). This will eliminate duplication of services, staffing, surveys, etc. saving time and money for both the state and providers. Why are SNFs lumped in with Hospitals under OSHPD?? This ties our hands in making improvements to senior environments. The time and cost of dealing with OSHPD ties our hands. We are trying to make senior care affordable but the increased regs, etc., increase our staffing and costs which impacts the cost to the senior adult. A senior adult often goes through the entire spectrum of services: home care, home health, assisted living, skilled nursing, and hospice. EACH of these operates in a silo making understanding the operation and payment for these services very complex for the senior adult. I have many thoughts - not enough space</p>
88	<p>so many of us are living much longer than anticipated so assisted living facilities are very important and should benefit from tax free position and reduced rates from utilities etc.</p>
89	<p>Single seniors living on one fixed income and living in apartments, should have rent controls. Investors who are receiving benefits from rents are being able to make their mortgages and do not NEED to get rich over poor folks' social security and meager pensions, if any.</p> <p>The greed that comes to investors is a downfall to any community. Fixed rents, controlled rents, will keep retired citizens out of nursing homes and reduce cost burden to the government and health care systems.</p>
90	<p>Since the need arose I've become an activist in assisting the San Diego Housing Commission in securing the safety of the Senior apartment complex I live in. The concept you're proposing needs to happen on a micro level where I reside.</p> <p>*** What's missing in California as well as where I live is a solid sense of community.</p>
91	<p>Set up dementia friendly cities and communities. Educate communities how to help people living with dementia to remain as long as possible in their homes. Train interested people to become dementia buddies. Engage all stakeholders in the communities to think how we can live and work together taking under consideration to find meaningful roles for people living with dementia in our communities. Create safe dementia friendly spaces ( community centers, cafes, restaurants) where people living with the disease can find a safe place to go to without being judged. Offer in those places meaningful activities.</p>

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92	Seniors safety. Seniors housing. Seniors rights and respect to them. Senior bullying.
93	seniors over the age of 65 would not have to pay personal property tax on their mobile homes that sit on leased land currently 1.1% of the value of the mobile home). At the 1.1% tax rate it increases our monthly expense by \$200 for a home valued at \$235,000. That is a high financial burden that we cannot afford living on a fixed income. The land is already taxed and the mobile home should not be taxed separately. Mobile homes on leased land should only have to pay the DMV fees.
94	Seniors on disability and on fixed income must be able to get affordable housing or have some sort of rent control in our cities. We've lived in a 55 and older apt building for 3 years our rent started at \$1282 and is now \$1582. Next raise we will have to move out
95	Seniors need meaningful activities to thrive
96	Seniors like me do not have mobility. The State could provide transportation service either free or subsidized for seniors. Going to doctors and shopping for groceries, visiting friends in the neighboring town or attending a concert, play will be helpful. It will allow seniors to retain their independence and dignity. Ability to socialize is proven to be healthy for seniors. Thanks
97	Seniors can work and not only as volunteers. We are a treasure trove of opportunity for intergenerational labor, community building, and participation in the sharing economy.
98	Seniors are being priced out of their homes due to increases in property taxes and utility bill increases. Some of us are holding on for now, but with each increase, we are faced with the fact that after years of hard work, we may no longer be able to live in our current residence. This doesn't even factor in increases in our medical plans, food, and other quality of life necessities. I believe there should be a cap on property tax and utility increases for individuals with incomes of \$40,000 or less, per year.
99	Santa Monica has an organization called Wise and Healthy Aging. They have many ideas worth copying!!!! Their plan for reasonably priced transportation within the city is really good.
100	Santa Clara County was the first in the nation to have all of its communities designated as Age Friendly by the WHO. I serve on the county Senior Care Commission and we believe that practical solutions exist to make immediate impacts in the conditions affecting older adults in our state. I am also the Executive Director for the Saratoga Area Senior Coordinating Council, and 2 years ago we launched and piloted a very successful senior transportation program across 5 communities in one of the most senior-dense regions of the county. We have also made tremendous strides to bring local and state elected officials to the table. I personally pledge to remain passionate, active and involved. As the recently appointed chair of the Commission's legislative committee, I will also reach out to Sacramento and maintain a presence in the development of the Master Plan on Aging. Thank you all for your work and dedication!
101	San Francisco State University withdrew no tuition for 60 and older. Please make it mandatory. I am going back to get a degree in music; I've paid state taxes my entire adult life and would like tuition assistance for getting secondary degrees in the California State University system.

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102	Safety, convenience, and quiet are important factors when seniors look for places to live. Not everyone can afford it, but I would like to see more secure, gated communities like Leisure World throughout California. I'm certain that if we put our thinking caps on, we could create similar communities for seniors with various levels of income. Personally, I would like to see several such a developments up and down the state, up and down the coast. The coastline should NOT be just for the wealthy!
103	Safe low-cost Housing and health-related activity facilities can improve the conditions and health of the millions of seniors approaching senior status. The high cost of living annually makes housing and health a major problem for seniors. More susceptible due to low employability and relatively low non-wage income like Social Security or retirement and pensions being increasingly reduced or obliterated by a profit-centric business climate. Giving tax breaks and compensative programs for employing the aged professional can be one small incentive while giving a business a true benefit of wisdom based resource within their ranks helping them prosper and finding older employees can be more advantageous to their own "bottom line" and showing business in general how wisdom can be more effective than inexhaustive low-cost labor of younger less educated and experienced workers.
104	Safe living conditions
105	Rural areas need help with local/distance transportation - getting cars serviced, going for medical help in distant areas. Younger people need encouragement to stay in rural areas; we are running out of volunteers because they leave for jobs in the cities. All areas need help from the govt. to control medical costs. How about help understanding how to use new technology. How about help understanding how to separate political/corporate lies from truths.
106	Rising costs of everything is impossible with limited income of social security benefits. Programs that could help might include raising (cutoff annual income) the threshold for Medicaid eligibility in California for older & disabled people. This might help a vulnerable population not have to pay \$300 to \$500 for supplemental insurance. Medicare coverage alone leaves a lot of money to be paid. The older we get the more problems related to aged bodies occurs. \$300 can buy more healthy foods.
107	Right from the start, always combine the Age-Friendly and Dementia Friendly programs! This is a way to better integrate otherwise disparate human and community-based services (HCBS) at the local level, where the rubber hits the road. For more information, please refer to the fine AARP publication entitled "BETTER TOGETHER: AGE FRIENDLY and DEMENTIA FRIENDLY". I am positive that all members of the Master Plan for Aging Committee will concur with this suggestion.
108	Ride my bike, walk and take public transit more often.
109	Require buildings open to the public to designate a drop-off area (preferably for seniors and disabled) within a short yardage from an entrance. Continue to ensure that transportation services are available to senior citizens unable to drive.
110	Rental properties are increasing in price at alarming rates. Seniors on fixed incomes cannot keep up, many are becoming homeless. This issue needs to addressed. Thanks.
111	Rein in RX gouging VOTE OUT the current administration
112	Regulations for unlicensed, facilities that are listed as Independent living and do not meet building code enforcement. There seems to be an increasing number of these that are not properly maintained even though the ads show well kept cottages and apartments. More older houses and cottages are being "flipped" and advertised for rent. . In some situations, the facilities are unlicensed but the administrators are.

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113	Reduce the cost of medications. Provide better transportation via buses, etc. Although I hate development, we need tons more affordable housing for seniors. Regulate the land rental increases in senior mobile home parks.
114	Reduce paperwork when checking into a medical facility. I have to do this for my mother as she isn't capable of doing it herself so I have no clue how people without children to assist them handle this. Also, need more services to accompany and drive elderly people around.
115	Redefine retirement in such a way that it helps to redefine work before retirement. Our policies, particularly on taxes, encourage a two-state work world. If you are employed, then one set of rules applies. If you are retired, another set, a set which discourages employment (for example, by reducing social security payments by the amount earned). If a person in retirement decides to pursue another 'career', say in the arts, then that retired person must go through the same bureaucratic procedures as a 30 year old starting a business - licenses, business property assessment, business taxes, sales taxes, etc. In short, a retired person who wants to engage part time in a productive activity in the economy is discouraged if not prevented from doing so by a regulation regime designed for heavy-duty businesses. My suggestion: provide special, easy-to-comply-with procedures for chartering part-time small businesses with fewer than, say, 3 employees, owned and operated by a person over 65.
116	Recognize that all individuals have value, experience, and ideas.
117	Put a cap on rent for senior living communities
118	Push for more affordable housing to include independent living, assisted living, and skilled nursing arrangements for seniors. Expand the use of congregate housing for seniors--convert suburban homes located in residential neighborhoods into affordable 6-bed group homes overseen by case workers. Dial-A-Ride is a failure; subsidize Uber and Lyft for use by the elderly to end social isolation. Support expansion of mental health services to seniors; focus care to address issues such as major depression. Consider using Life Coaches as affordable and plentiful alternatives to mental health therapists.
119	Provide updates to homes that provide safety in home.
120	Provide senior communities near University of California Campus that will house seniors and select students, whom are willing and able to provide stimulation and care for seniors in exchange for boarding and/or tuition. These communities muse be allowed to grow in size around the universities.
121	Provide safe parks and recreational areas for seniors to walk in Hot lines for seniors to voice their concerns Affordable housing for seniors in mixed age units
122	Provide in the future more walk-able and scooter accessible side walks and pathways, including at all beaches. Lower campground fees in state camps and beaches for seniors. Provide more handicap parking at state parks and campgrounds, including camping spots for the handicapped. Provide lower fees for seniors on fishing and hunting licenses.

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123	Provide education and information on health, wellness, retreats at the local level. This isn't just about insurance, although the amount of Medicare coming out of a social security check is quite a bit. We need social services that support us too -- city-wide transportation, discounts at CVS on health related products. We need community services that answer general questions AND provide a form of activity at a reduced cost -- movies, trips to Las Vegas, Tuesday night happy hours at a local restaurant. We also really need help financially. So many seniors don't have enough money. How can we supplement their income, provide deeper discounts for necessary items? Home health care covered by Medicare? And housing. The price of an apartment in Southern California is out of reach -- how are people supposed to live? What can we do about this? I'm passionate about our seniors. I want to assist. Thank you, Denise Lampron
124	Provide affordable medical care Provide convenient public transportation to seniors Engage seniors in volunteering Support seniors to have special sporting arena dedicated to seniors.
125	Provide adequate Meals on Wheels and Congregate Lunches at Senior Centers to ensure at-risk older adults receive the nutrition and socialization that they need to remain in their homes and to reduce the financial burden of deciding between paying for rent, food, medicine and utilities.
126	Provide a state portal with links to regional and government portals so consumers can easily find information and resources. Establish a mechanism for inter-agency, intra-agency, and cross-department communication and coordination to create a more integrated system.
127	Property tax relief Income tax relief Subsidized transportation Special incentives to keep seniors over 70 ☐
128	Promoting, designing and building multigenerational housing. The building design would include shared spaces/ areas, including a place for community meals, and encourage interaction and mutual support. Senior living facilities basically warehouse older people and are not in the best interests of anyone.
129	Please send me something to reply about.
130	Please include individuals with disability and don't treat them as separate.
131	Please do not overlook the need for advocates for those that have no one to speak for them if they can no longer speak for themselves. As I get older, I will not have children or others to watch out for my best interests. I currently see older individuals who have a lessened quality of life because no one is speaking out for them - even if they have family! More social workers? More mandatory oversight of facilities? More Ombudsman type people? I don't have the answers, but appreciate your consideration while working on this important issue. My 91 year old aunt, who lives in another state, does not get her nails clipped or her hair washed. My relatives there watching out for her do not seem to push the issue and my aunt cannot remember to ask for the service - she is not yet at full incapacitation so these services are "extra." This is making it hard for her to walk, so she sleeps all the time. This is not how we should end our lives. Just because of long toe nails!

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132	Please consider more middle income housing for seniors.
133	Plan for people with limited mobility, not only those who must use mobility equipment. Some of us have no major limitations, others are confined to devices, but finding parking near locations can be hard enough to prevent us from attending meetings, shows, appointments, etc. A good number of us are unable to walk very far, but we can walk. That is an aspect of mobility limitations that seems to not be well recognized here. If we do not have a driver, and live alone, then access can be a huge barrier.
134	Patient centered topics that benefit caregivers and individuals in the senior age. Local accessible lifelong learning centers Discounts on all convenient services (e.g. uber lyft, grocery delivery) More home delivery meals service for sick and shut in. Health Information management seminars (I can volunteer to be a presenter for this type of session)
135	partner with disability rights organizations to promote social inclusion and universal design; promote Dementia Friends <a href="https://dementiafriendsusa.org">https://dementiafriendsusa.org</a> and more intergenerational communities (libraries, parks, community centers for all ages)
136	Overview: Housing; transportation; financial integrity
137	Over 50 Villages representing over 7,000 Californians, make up the growing membership of Village Movement California. <a href="https://villagemovementcalifornia.org/">https://villagemovementcalifornia.org/</a> We are uniquely experienced in building communities that address social isolation and that provide social care and the day-to-day practical support that keep people living in their communities. We are leaders in the age-friendly movement and are ready to participate in creating a Master Plan for Aging that will be an example of innovation across the country. As President of the Board of Ashby Village in Berkeley, and as a member of Village Movement California, I pledge both personally and with my communities to engage in this exciting process.
138	Our focus is the care of homebound seniors, helping them maintain the best quality of life (QOL) that they can achieve at their level of functioning. There is a gap that needs bridging: the homebound and health care especially for low-income and underserved seniors in the community. The elderly who are unable to leave home, either for lack of social support or funding to afford transportation or otherwise, simply, too frail to travel. Home-based primary care (HBPC) needs to be a part and parcel of the health care of the older adult community. We would like to be the group (Northern California Chapter of the Gerontological Advanced Practice Nurses Association) to push forward this agenda.
139	Our church also is starting a group to help the "Ageing in Place."
140	Open to support this cause
141	One of the most urgent issues for the aging in California is the spiraling cost of prescription medicine. The big pharma has a hold on politicians in my ways. It is becoming a reality that seniors in CA are having to decide between getting their needed medications and or buying other basic necessities. A good case and point is the soaring cost of Insulin in the past several years. This is should be investigated.

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142	One of the many pathways to making California an age-friendly state by 2030 would be to mitigate and control housing costs. The increase in rents and or cost of purchasing a home certainly exceeds any recent increases in social security income and even in some cases individual investment income.
143	Older people need to get a break on Property Tax. I moved to Los Angeles CA about a year ago for work. We bought a house for too much money as we need someplace to live. I am 5 years from retirement. The property tax we have to pay makes it impossible for us to stay here when I retire so we will have to move and hopefully nor loose too much money on our house. We love it here and have wonderful neighbors and have already made friends and would love to be able to stay - but the property tax alone would be 50% of my social security.
144	older people are living longer and longer, our pension and Social Security is not enough to get by especially here in California. The cost of living is High here. also us older people are ignored in a lot of ways, This is Common and to be expected. We need more Senior Communities, not Assisted Living. We need our own community with other older people. This would help us who live alone, and in a Assisted living wear you just stair a will most of the Time. More Affordable Areas. what I'm about to say is true, A lot of older people Just give up and wait to die I be leave is we lived around other old people we would have a better life. There are a lot of other thing we can do to make a Age-Friendly State, most of them are common sense not es- pensive. Our population is getting larger We are living longer, Most older people could be a big Help to our state. Be patient with us we have a lot to offer. Lots Experience. Thank You, Jerry Harris
145	Nothing at this time, but please keep me updated.
146	Not at this time; however, I'm sure to come up with some as I get involved.
147	Not at this time.
148	None yet, but will think on it.
149	No tax increases - keep spending down - stop giving away so many free things to those who do not work Make services as transportation more accessible and less costly Remember that some of us do not have family to help
150	No cut and paste feature or place to insert photo of documents on this page to explain situation in detail. Needs improvement if you want to reach the people make all ways of communicating available please.
151	New York City has a program through the Dept of Aging called SCRIE (online info) that FREEZES the rent of seniors over 62 years that earn \$50,000 or less. Landlords still get their allowable increases but NOT from the resident/renter. It's through the Dept of Finance that owners get TAX CREDITS. It's been in effect for DECADES. And it works. Great program that LOS ANGELES needs to adopt to keep SENIORS housed so they are not at risk of being evicted or made homeless due to rising rents.  BUILD HOUSING FOR SENIORS ONLY instead of incorporating just a FEW units in each luxury bldg. that is ONLY 3-4 stories. This is NO way to solve the problem that seniors have long term.  Better and more reliable public transportation like in NYC where I'm from. I prefer to walk but when I have to take the bus at certain locations along LaBrea/Fairfax/Vine or on Hollywood Blvd (bus) #180/81 the arrival time in between buses can be 20-30 minutes. There is no reason to wait that long.

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152	Need more engaged doctors for the elderly, with transportation to find them!!!!!!!!!!!!!!!!!!!! I am 86 still drive but have to wait for over a month to get an appt. in San Diego CA. If I am lucky enough to even find a doctor in my HMO Insurance plan. Then when I do I have to wait over a month to get a referral to see a specialist approved and then another month to get an appt. to that specialist. This is usually a three month waiting period overall. Most times I should be dead by then and only make it through by the skin of my teeth and with much pain in between!!!!!!!!!!!!!! It is a terrible situation.
153	Need more reaching for the allegory and showing them that there are people and places that could help him and whatever they need not the elderly are into technology
154	My suggestions are simple in nature, however, they may prove to be difficult, if not all-together impossible to implement. That said, I know for a fact that they will work..... 1- Revamp of Social Security Benefits (Individuals will be allowed to reinvest their SS benefits into the stock market, not tied to Government Bonds, but to Renewable and Clean Energy Stocks, which in turn will be used to drive that sector even stronger) 2- Reduce the Retirement Age from 67 to 60@60% of benefits with 40% to be reinvested into the Free Education and Free Healthcare, 65@80% of benefits with 20% to be reinvested into the Free Education and Free Healthcare, and 70@100% of benefits plus another 20% from 1% taxes collected on Hemp Products and Services Nationwide. 3- Free Public Transportation to be provided to all senior citizens in exchange for the trading in their Gas Engine Vehicles Full Value, which may have an option to be Exported at the Fair Market Value. I will share my other ideas later.
155	My suggestion is waived the co-pay for the 3er aged .
156	My suggestion is there has to be a plan that no elderly be abused day after day, for years, for just being old and unable to take care of herself or himself by placing the elderly without their desire or wish , in a facility by some family members with power of attorney, in a room and facility with employees and care givers that do not speak the same language as the elderly and the elderly can not even express if is hurting or if is thirsty and other type of abuse.. I have witnessed this inhuman treatment even though the elderly can speak 3 other languages and has worked hard with dignity all her or his life and financially very well. Obviously these facilities needs to be monitored by reliable social workers and reports made for proper action.
157	My neighbor who was 85 got a notice on his door to get out in 60 after renting his apartment for 18 years the stress almost killed him landlords do not want old tenants the can get more money from young tenants I am 70 and live in fear there will be a note on my door at any time This should not be allowed to happen
158	Mr. Governor it would be nice in the near future as a Humanitarian projects <a href="https://www.instagram.com/helperlikemyself">https://www.instagram.com/helperlikemyself</a> is to point a company by the state to go around and really I mean really go around each elderly person home and check on them I'm living in one of these places and they don't maybe they do there best because they are short on case workers I've been living here for 2/2half years and seen in this place at lest five death or more thanks.

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159	Most importantly, seniors need affordable housing. Currently even Section 8 housing for a one-bedroom apartment costs at least \$1,000 in North San Diego County where I live. Retired people on social security simply cannot afford such rent. I have read that the state has allocated funds for affordable senior housing to be built, but in North San Diego County, everything being built is a single family home costing hundreds of thousands of dollars, family apartments, or memory care facilities. If money has been allocated, low cost apartments need to be built, and quickly. These apartments should be not merely handicap accessible but also have special features such as lower sinks and wider doors for people in wheelchairs. My rent is more than half my income, so when my savings runs out in about 20 months, I will be selling all my belongings and moving into my car, which will be very difficult because my severe chronic pain issues require that I sleep in a bed.
160	more truly affordable housing for extremely low income seniors
161	More socialization combined with exercise opportunities for seniors- at little or NO cost. Volunteers to visit seniors to discuss medication and fall safety. Volunteer opportunities for seniors to engage in positive change no matter their ability. Even small actions can make a big difference and bring a feeling of important contribution.
162	More Senior Housing should be built. Skilled Nursing Facilities, Residential Care Facilities for the Elderly, Board and Cares and Adult Residential Facilities should be included in any housing plans at the state and local levels. Too many are closing. They need to be supported, and people should be encouraged to open more. A better system of care should be built which rewards good outcomes, and we should stop support for programs that do nothing and do not serve us well. Again we have an expensive system with poor outcomes. Someone needs to look into this. We need another system for financing in-home supportive services, like another Flexible Spending Account that people can contribute to, starting a young age.
163	More senior housing attached to university campuses
164	More senior friendly low cost housing. Insurance coverage for care givers. More economic help for seniors wanting to remain in their homes or apartments.
165	More opportunities for inter-generational contact. Develop steps to create an age-friendly culture where ageism is not a norm. Better supports for family caregivers.
166	More land needed in cities to build independent living space for seniors.
167	More involvement in health care stream for seniors. Make someone accountable for maintaining quality health care for seniors from doctor to prescriptions to hospital stays and outpatient follow-up care. Who is ensuring seniors are taken care of and not a liability of the system?
168	More incentives for employers to offer 1/2 time work and seasonal to seniors. More retraining programs. And not for minimum wage jobs.
169	More handicapped parking in private as well as public parking lots.
170	more free uber and car services so you can go shopping...free at home services ..restore the tax cuts taken away. Stop taxing social security retirement benefits..do these changes now before we all end up sick, hungry, homeless and broke...debt forgiveness. Do it now I wont be here in another 10 years....respect your seniors now..don't give my tax dollars away when I cant qualify for programs
171	More equipment or data on differently abled people so they are not minimized

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172	More affordable housing. Seniors shouldn't have to choose to pay rent or mortgage over eating. Lower cost of medication, and health insurance.
173	More affordable housing for Seniors
174	More affordable housing for senior citizens.
175	More affordable housing close to transportation for those who choose to live independently. Have all Medicare plans offer a number of free rides for doctor etc. appointments. Easier transfer from independent living to assisted living. Links/counselors between housing types. How to determine what subsidies are available and where.
176	More affordable housing and be more open for elderly abuse, cyber abuse and bullying, etc.
177	More affordable apartments for seniors.
178	Mobility facilities, Residential living with mix of young and senior to facilitates support to each different generations.
179	Meet with Californians experiencing various living issues to learn what needs must be understood and addressed to enhance and build a better and improved California.
180	Medication MUST be affordable to the elderly. Reform of Medicare: why do we have to pay for a service that is not always accepted by all physicians and on top have to pay for additional insurance to be properly covered? For those of us that have worked all our lives and have put in our share, why do we feel penalized vs rewarded for our efforts and as an elderly? Why do we feel like second-class citizens? We don't receive the best care or the best medication for our illness, we have to settle for second best. Medicare is for the elderly not ALL.
181	Mass Transit infrastructure expansion Affordable Senior Care options Public - Private senior care insurance programs
182	Many seniors that I know are "choking" on paying ever increasing property taxes , income taxes , utilities . How about a Senior discount on Property Taxes ?? Every time there is another initiative that comes from Sacramento we shudder for fear it will impact us financially . With all the fires in California , home owners insurance has sky rocketed .....another area seniors are impacted whether or not they were impacted by the fires .....please think about those of us on a FIXED income . We can't take anymore . Perhaps a discount on insurance for seniors?
183	Many older people have worked long and hard. Because they believed in the value of hard work. But, really don't have too much to show for it financially. I believe there will always be a place for people who believe in traditional values. And hope that just because someone has a grey head. Doesn't mean they can't or don't have anything to contribute to any future CA community. "True Wisdom, only comes with age." The Bible says.
184	Managing the Future with Grace, Ease, and Knowledge.. can BE available to ALL.

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185	<p>Making preventative physical and mental health programs, such as Yoga, Tai Chi, mental acuity training, etc., affordable by using retired or semiretired professionals.</p> <p>Affordable housing, and transportation.</p>
186	Make sure everyone who needs it, regardless of race or creed, has access to in-home care that is affordable and quality-driven
187	<p>Make it unacceptable for skilled nursing facilities to take only patients that have been in the hospital for three nights.</p> <p>Make it easier for dementia people to get Medi-Cal to help pay for ridiculously priced skilled nursing facilities.</p>
188	Make it possible for people to stay in there homes with home health care.
189	Make it easier for setting a caregiver in place when needed for a parent that has suffered a health drawback. Sometimes you know what is going to happen until it is upon you and getting a caregiver in place is actually more difficult then.
190	Make hiring caregivers easier. Provide pamphlets on how to hire or share a home with a caregiver and college students.
191	<p>Make fishing licenses free for seniors 70 plus.</p> <p>Reduced campgrounds fees for seniors 65 plus.</p> <p>Freeze property taxes for seniors 65 plus only to be increased at death on last joint owner. At that point the tax can be restored to include all of the deferred increases.</p> <p>Vehicle registration fee based on mileage for all seniors. Make it revenue neutral at 12,000 miles.</p>
192	<p>Make all of California's rural areas excess able to group healthcare. We are paying a ppo 750 a month because my husband went into Medicare but there is no group supplemented Medicare health care in our areas . Kaiser is out of zip codes as well as Anthem. It's a horrible loophole gap that cleans out any retirement savings a couple can have. Many retirees on fixed incomes fall into the gap until their spouse or partner turns 65 as well. Most senior retirees do not want to be forced to stay in large cities when they retire. They seek out the quite and calmness of rural life and yet even though Kaiser and Anthem are in the area Medicare dependents can't access the care do to zip codes. California is not Medicare friendly from this stand point.</p> <p>More low cost Senior housing as well as ample access to programs that can help them. Medication discounts and utility and home insurance low cost plans. In home assistance for technology understanding and disaster preparedness.</p>
193	<p>Make all city planning budgets have Senior Centers a mandatory line item. Bigger, Better amenities, staffed with mental health and social services personnel. Our city parks in South Gate have quadrupled in the last three years, however the Senior Center has been left in the dust compared to surrounding city's Senior Centers.</p> <p>Reduce the price of assisted living type housing.</p> <p>Recruit home health aids with better pay and benefits.</p>
194	Make affordable housing, that is for everyone, not just low income. I know ADUs are going to be something we can add to that.
195	Make a law that all new homes have at least 1 bathroom accessible by a disabled person using a walker or w/c with shower bars and a low lipped shower edge for easy access. Also, a safety rail leading to/from the garage if there are stairs. Thank you, Victoria Raines, RN in Home Health for 20 years.

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196	Maintain walkways to eliminate tripping hazards in all public areas. Establish construction/housing policy to require all multi-dwelling builds to include single level living spaces on the ground floor or accessible via elevator, affordable for fixed income people.
197	Lower taxes.( individual and corporate).Stop giving free medical care, food stamp and education for illegal aliens. Start getting mentally ill personnel into metal heath facilities. I.E homeless who are involved in criminal activities.
198	Lower taxes on pensions for seniors. Give incentives to companies who hire seniors.
199	Lower Taxes for all. RE taxes are brutal for seniors. Stop giving free anything to illegal immigrants. Stop being a 'nanny state' passing laws to govern how we live. Stop being a sanctuary state. No driver license for illegal immigrants.
200	lower property taxes for 55 or 60+. We want to stay in CA but with high property values resulting in high property tax amounts, it's almost impossible once we are on our lower retirement incomes.
201	Lower property tax for seniors Create senior communities that are affordable . Eliminate senior income tax Make CA a green state Free public transportation
202	Low cost housing and medical coverage for all. Make it available for the poorest to navigate ways to become part of the solution, instead of ignoring them.
203	Looking forward to following this site. Thank you.
204	Look at Florida's age-friendly laws as an example - I plan to move out of California when I am done working because it will be to difficult to retire her.
205	Long-term Care is for everyone -
206	Live in California, I have stage 4 colon cancer, colon surgically dissected, am disabled, being fed TPN and daily hydration, (I am 81 yrs. old), RN comes to my home to check my health once a week, my son is my caregiver, he quit his job to take care of me, he applied with the State of CA for monetary assistance as he moved into my home, I cannot be left alone. THE STATE OF CA DENIED HIS CLAIM AS CAREGIVER, we tried calling them to review his application, NOTHING WE GOT NO RESPONSE, his claim was denied, it has been 11 months that he has gone without income to take care of me. Where was Pledge for Action when he applied with the state as my sole caregiver? We received no assistance whatsoever. Why do you think that happened to us? I would appreciate a response.
207	Link local seniors to assist in screening political candidates and take a position on candidates and propositions as the League of Women Voters. We need politicians with integrity rather than ambition. We want political representatives who care about the voters rather than getting votes.

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208	Limit the annual use of flagrant and illegal incendiary devices like M80s and dynamite during holidays. Senior Citizens and disabled children and military veterans suffer extraordinary exacerbation on injury and disease conditions and cannot tolerate the excessive and Non-enforcement of laws governing these devices. Posted signs are not effective unless local authorities take a positive roll in seeing that all parties have their freedoms protected. Also, local transportation for Senior Citizens is not sufficient to meet the needs of all seniors. Mobile cell phones run out of charge and getting timely pickups on return trips is difficult. Public Phone booths or mobile cell phone chargers need to be available for use at little or no fees. In addition, bus stops and rest stops are too close to the curb for disabled and senior citizen access. Designated areas away from the dangers of curb access need to be provided. Last of all, Access should be available for all seniors.
209	Lets invest in a strong stare wide public transportation system
210	Let aging people know where they can go to get help! I am 77, still working in retail (they cut my hours) but not making enough to cover my mortgage and bills!! Was scammed last year, too embarrassed to tell anyone! Put me in a bind, did not want to file bankruptcy, consolidated my bills for one payment a month! Looking for gigs to help meet my monthly expenses. Hope I will not be on the streets at my age. Need to know where to get help!! ☹ Thank you. So many other reasons why I am in trouble, it is my fault this has happened to me. I can make my payments if I could refinance, but now my credit score is way down, due to the debt consolidation, my 2002 car needs tires and service, still have other credit cards that I use to buy food, gas and essentials! But that makes my monthly bills higher.. So stressed! Sincerely Deedee Kirth
211	Keeping California, especially Bay Area affordable Take a village to support our seniors with respect More support for dementia and Alzheimer's patients Multi generation interactive opportunities - example seniors volunteering in school system and vice versatility Protection from senior abuse / vulnerability ☹
212	KEEP THE STATE AND ITS BUREAUCRACY OUT OF IT! IT WILL SIMPLY BECOME ANOTHER POLITICAL FOOTBALL.
213	Keep seniors engaged mentally and physically by providing assessments of where they are now, recommending certain interventions and tracking their progress semi-annually or quarterly.
214	Keep prescription drug prices low, no tax hikes for anyone over 65, Keep affordable housing for low income seniors, and increase wages on in home caregivers, with benefits and a retirement fund.
215	Keep older adults in their housing. Address issue of poverty so all Californians over age 65 receive income adequate to live safely. Fix Medi-Cal eligibility limits, especially Earned Income limits. Engage in The ARTS and Creative Aging Programs for all Californians. Ensure Transportation is adequate and safe for all older Californians. Housing / Adequate Income / Poverty mitigation / The Arts and Creative Opportunities / Affordable, Safe Transportation
216	Keep families together by supporting home and community-based services.
217	Just because we are aging does not mean that we need to give up living. Together we can learn and help others as we age. It is especially important to also plan for the last days of our lives. There are so many of us who do not wish to speak about it, think about it and prepare for the end. Speaking up while we can and not lose that option to age, disease or disability can help us to have more of the choices that we would like for us as we age. This is exciting. I am a senior and I work with seniors and would like to work in all ways possible. One idea is that longevity is more available to us as we age if we can be around children. It would be nice to have seniors connected to day care centers, schools, etc...Thank you

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218	It's hard with rising prices in everyday goods, plus one third of my monthly SS goes toward prop taxes. I wish there was a way to put a percentage cap on what senior citizens pay on property taxes. The percentage would be based on income. Utilities and insurance also play a big part of dissipating income. Volunteer work could be exchanged for property tax discount.
219	It's all about transportation for seniors so we can age in place and yet not be isolated.
220	It's ridiculous that probably 90% of all diseases begin with either obesity, a sedentary lifestyle, drinking too much alcohol, or smoking! And we ALL pay the price for those choices - either financially or emotionally by loosing someone we love or having to care for someone who has made poor choices. Make health insurance premiums based on lifestyle choices or require annual labs to be drawn to reflect lifestyle choices and if glucose and cholesterol are within normal limits - then you get the good driver discount of health insurance
221	It would be so incredible if we could find a way to help the elderly age in place.
222	It would be nice to have a one-stop web site where information on all the services and financial assistance for seniors are explained.
223	It would be nice for California to spearhead a national AARP movement to get our stolen Social Security funds returned. If AARP members demand this, we could then get reasonable retirement salaries and Cost of Living raises, at least equal to minimum wage requirements. This would make a huge difference in our quality of life.
224	It would be important for those of us who have aged here to have a friendly, convenient transportation system.
225	It would be helpful to aging Californians if Daylight Saving Time could be extended. Maybe even be permanent. Many older Americans have problems when it is dark in the early evenings and are prevented from driving or outdoor walking due to the change back to regular time.
226	It is vital to address or create programs to provide affordable housing, health care and infrastructure to attend to the needs of all Californians, and meeting the specific needs of an aging population. This may involve engaging the skills and talents of the elderly along with the public sector to determine what could be developed for attending to the needs that are pertinent to specific local concerns and situations. This may exist.
227	It HAS to be made more affordable for seniors to live here.
228	Is this master plan for an age-friendly CA. similar to the master plans currently addressing homeless-friendly and illegal immigration-friendly issues. How are all of these friendly master plans to be funded?
229	Invest in community-based services and create mandatory pathways to community-based care prior to institutionalization - such as ADHC, MSSP, transportation, meals, etc. Change policy that forces Californians to spend down all of their assets and then end up in the highest cost of care setting. Create person-centered transportation systems and start recognizing where antiquated legislation or funding streams thwart progress and best practice policy. Listen to system utiliziers. Learn from past mistakes. Recognize ageism harms everyone and as recent studies show, it is very easy to reverse at any age. Let's do this!!!
230	Invest as much time and energy in making sure our senior citizens are active and healthy as we do on First 5 California would be a good start. We need programs such as Age Well in Hemet and other communities with no senior services to provide meals and socialization opportunities. Also, I didn't see CSUFs program, the Center For Successful Aging on the list, they might be a good place to contact.

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231	Interesting, inviting Respite care for individuals to give caregivers a break needs to be developed.
232	Increased accommodations for senior citizens on public transportation. More signage is needed.
233	Increase Social Security with additional funds allocated for home caregivers. Lessen the cost for medications or provide life saving meds free. Most seniors can't afford housing on their SS, provide seniors with reduced mortgage payments or cheap housing.
234	Increase public transportation availability.
235	Increase funding for senior programming, intergenerational housing, IHSS programs and volunteer driver programs. Housing for students alongside senior housing in college areas builds resources within that naturally blossom for students and older adults.
236	Include strong advocacy and actions to protect the rights and dignity of all elderly persons, particularly those that have been on the margins of society during their lives, e.g. LGBTQ+ persons, people of color, etc. Preconceived prejudices and racist held beliefs have no place in caregiving or services for the aged. Ensure that the human rights of all are not only observed and respected, but celebrated in the knowledge that all individuals are an asset to our diverse society in California.
237	Include a CLASS Act type public option for Long Term Care for everyone.
238	In learning more about the homeless I understand that 50% are over 50 years old. My suggestion would be to specifically include their needs when planning for aging in California.
239	In home care. Tax credit for making accessibility changes in the home
240	In crease affordable housing. Decrease rx.cost Increase activities for seniors . Create systems to visit seniors in their homes/place of care.
241	In an age where knowledge of and access to technology is a must, many seniors are isolated from their community. Many do not have family and friends willing and able to support them in this area. An age-friendly state should be one where technology is brought to the elderly. In-home classes, in-home assistance, and even affordable equipment rentals designed specifically for elderly users (larger buttons, screens, etc.) would be helpful in keeping them connected to their surroundings.
242	In 2030 I will be 85. During my career in state service I had the privilege of working with many of Health and social support organizations represented on the stakeholder committee and many others working diligently trying to build person and family supportive communities throughout the state. The government policy and financing issues are complex but human needs are rather straight forward...to live the life you choose with the people you love. That doesn't change as one ages and I pledge to pursue that goal for myself and others as long as I am able. The role of government in that pursuit is a worthy question for debate.
243	In 2030 I will be 100. I am closing in on 90 and have no major health problem. The major problem as you age is being alone. We need communities with facilities for older residents where you can still live by yourself but have resources and companionship as needed. The senior residences out there are very expensive and most seniors cannot afford to move into them..
244	Improvement on public transportation Affordable housing Access to cultural venues for seniors with limited mobility Preventative and affordable health services

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245	Improved public transportation is our (wife and I) greatest concern as we age. Closest bust stop is about a mile away. We live on a hill. When we reach the age we cannot drive or should not drive, that walk may not be possible. We don't believe that is a unique situation for a lot of Californians.
246	Improve public transportation on all levels.
247	Imperative to be able to trace and prosecute scammers who prey on the elderly. PROSECUTE AS SEVERELY AS A HATE CRIME. INCLUDE MENTALLY HANDICAPPED IN THE LAW. ALSO INCLUDE OTHER CRIMES, ESPECIALLY VIOLENT CRIMES (RAPE!!!) AS SEVERELY AS A HATE CRIME. Call it something to create public shaming of this type of crime (instead of hate crime, call it something to show that this particular class of criminal is a coward and a wimp. Criminals need to be VERY afraid of preying on this vulnerable class of people, and we should especially emphasize LARGE FINES, which are to be re-invested in the elderly and crime prevention. Create some incentive for people to participate in empathy classes which make young people able to relate to being old. Maybe a small tax credit. Set up programs to have young children visit old age homes or combine elder care facilities with preschools. It's good for both the young and the old. Maybe set up a "neighbors care" program for encouraging neighbors to help
248	I'm especially concerned about seniors, like me, who live in rural areas with limited means of transportation and opportunities to form face-to-face social networks. I'd like to see outreach and education to help us to become more computer/Internet savvy in order to mitigate our isolation.
249	If you're 65 or older you should be tax exempt you put in your time in and you should get some sort of reward bottom line
250	If you made the individual 65 and older tax exempt in the state of California what's going to happen is they're going to spend their money to the working people and to the business the states going to get their money one way give something back to the people
251	If you believe this bullshit order by our Marxist, race baiting governor is beneficial to seniors, then you just got the last yearly dues you'll ever get from me! What a shame, a supposed organization for the retirees like aarp promoting the socialist ways of the left....really good for us oldies...right!
252	If seniors taught chess to elementary school children the following benefits are realized: * Young people get to learn valuable skills such as planning, strategizing, and anticipating. * Seniors keep their minds active. * They both get each other's company.

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253	<p>If our California Governor cares so much for us aging Californians and the test if the CITIZENS of California then he needs to look at what he is doing to our State. We working people are getting tired of it. Number 1 issue is the sanctuary state. Most people in the state of California do not agree with it. My family went thru the legal process and everyone that I know that. was illegal went thru the process and they sure never lived off the system I am not just speaking about Hispanics there are illegal people in California from every country using up resources that should go to citizens. But if you work and are legal you really cannot qualify for anything free . This business of bringing your small children illegally across the border is ridiculous. Those are not good decent parents. My husbands family left the kids with family until dad got legal in the us. Another thing in order to vote you should have to be a citizen. Can you vote, get free food, free housing and free school</p>
254	<p>I am 71 years young. Mental Health has been an issue since I lost my son some years ago. Even while I have been in continuous therapy aging effects you on so many different levels. Getting quality care is like pulling your hair out. Most Therapists, Psychiatrists, are either unwilling to take Medicare or they refuse to take on new patients unless there partners refer them. California has always been forward thinking and progressive. Maybe funding can create another type of building like McDonalds house but for parents and family of children who have OD or suicide . Yes there is Compassionate friends but parents as they get older bring there pain with them now having aging medical problems. To those who do not have the money for psychiatric good care life can be very challenging.</p>
255	<p>I would suggest that a priority would be to make sure that as people age they be able to remain in their homes rather than have to go to a care facility.</p>
256	<p>I would love to see more scooter/wheelchair friendly access</p>
257	<p>I would like to see an enforcement for stores to have their handicapped lines open and available for the handicap individuals during operating hours.</p>
258	<p>I would like to see a program that offers subsidies for veterans, the elderly and disabled to obtain two-way radio communications devices, to aid connectivity and EmComm, as they are sometimes less social and connected through other technologies.</p>
259	<p>I would like to see a database of pledged employers dedicated to helping seniors find meaningful employment. The biggest issues that senior face when it comes to employment is "Age Discrimination".</p>
260	<p>I would like to see a database of jobs for seniors. Pledged employers that will help qualified seniors to find meaningful jobs. Many seniors have skills but the biggest problem we face is age discrimination.</p>
261	<p>I would like to read the Governor's Executive Order prior to making any suggestions / recommendations. Thanks you for the opportunity to participate and I will provide my suggestions after I've completed my reading ☺</p>
262	<p>I would like to participate in the advisory board. How can I be appointed?</p>
263	<p>I would like to be added to the list to be updated. I am on permanent social security disability and a senior.</p>
264	<p>I would allow the current relocation property tax break in California to apply to any county after age 55, or 60. I think it would allow elderly non workers to leave areas that are more expensive and better suited to the working age citizen without having to pay higher property taxes. I think after age 60 property taxes should remain the same. I find myself being "taxed out" of my area.</p>
265	<p>I will have more suggestions once I've had time to review your work to-date. At this point in time, my biggest concern is the challenge of affordable, accessible housing for everyone.</p>

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266	<p>I was a senior citizen commissioner for the city of Cypress in around 2009 or so. During my time I did a survey to understand the need of the senior citizens and the data was very useful to create a plan for them.</p> <p>Cypress City has a plan to help in food distribution and other activities in the Community center</p> <p>Most of the complaints were (1) They need help in all sorts of Handy man services, most of them were cheated charging extra money and they do a poor work and the trouble comes back again with in short time.</p> <p>I submitted a plan to eliminate this kind of issues and the plan was like this:</p> <ol style="list-style-type: none"> <li>1. City should select a group of Handy man service source, review their credibility and License etc. to qualify them as a Cypress City approved vendor list. When the Seniors needed a service, they will look at the approved list and get the help from the service provider and give the fair price.</li> <li>2. Installed a complaint Box to report any comments, concerns and grade their service.</li> </ol>
267	<p>I use a wheeled walker and for the most part, people are courteous. However, when I get on/off buses, people just ignore me and rush on or off the bus. I don't use this walker as a fashion statement, as I'm sure many other users don't. I use it because of chronic pain in my back and legs. Is it possible to make some kind of law or ordinance that will fine people when they rush ahead of a person with a walker or wheelchair? By-the-way, I'm 70 years old and disabled. It is quite annoying and RUDE. I do my best not to mind it, since I think they will learn if they ever become disabled.</p>
268	<p>I took care of my mother for more than ten years until she recently passed away at home with family around her. The experience of caring for a parent with dementia and other physical incapacities made me realize what was helpful and what was not. Am interested in the plan. I hope it will expand supports like good day programs and transportation to enable disabled seniors to be able to continue to age at home.</p>
269	<p>I think we need more affordable assisted living facilities . I have heard horrible stories of elderly abuse in nursing homes.</p> <p>Getting old should be an enjoyment not a torture.</p>
270	<p>I think to be in tune with the financial times it would be advantageous for California tax deductions for seniors that have worked, paid into retirement a deduction on property, state income taxes, and health care reductions for those who have adopted and /or have permanent custody of our grandchildren(include all of the children we care for) out of our pockets. I for one do not have enough funds to keep my granddaughter on my retired medical/ dental plan. I pay for all her dental care out of pocket. As a home owner of a double wide mobile home I cannot access the solar power advantages because I live in a park setting. We pay a lot of money for the park services but are not allowed to have solar. Even at our own expense.</p> <p>Just a thought.</p>
271	<p>I think the greatest problem the aging population faces will be housing. The older individual who did not put money away for a rainy day throughout their lifetime will be hard pressed to maintain independent living on Social Security or even Social Security and a small pension. Maintaining a home even if it is paid off is just beyond the reach of most seniors especially after the first spouse dies. I was a lawyer in my career and worked in Family Law.</p> <p>It was rare to see families with a nest egg or families who could sell the family residence, split the profit, and each purchase a new home. This problem can only get worse as even serial monogamy continues to be delayed as the millennials age. Putting off saving for a rainy day after paying back student loans ( and I have seen individuals going back to college for their third life career in their late fifties, wit a trail of deferred student loans larger than the home mortgage. Debt management early on is critical.</p>
272	<p>I support more public transit and/or senior discounts for Uber and Lyft rides.</p>

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273	<p>I suggest that we offer tax incentives to organizations who make long-term care insurance available to their employees. Whether they help employees pay for it, or offer it as a voluntary benefit (i.e. employees pay for it themselves), having long-term care insurance will benefit the employee later in life when/if they need to move into an assisted living facility or a nursing home. Most people do not know much about this type of insurance, therefore educating the public about is critical. Then making it available to purchase at group rates at work is a positive contribution to the Master Plan for Aging. Thank you for considering my suggestion.</p>
274	<p>I suggest setting up collectives or Quasi-kibbutz living settings like they have in other countries. I WOULD WISH TO BUY IN and live in a SHARED housing, Multi-family living arrangement.. OR a Communal Orchard. Owned and worked by those who are stakeholders. OR a SAFE , stable community of Tiny homes. I JUST CANNOT AFFORD CALIFORNIA ANYMORE BUT I REFUSE TO LEAVE!?. I was born here, I grew up in an ABSOLUTELY.PLACE, it was called "the valley of Hearts Delight" SANTA CLARA VALLEY. ... We had APRICOT. FIGHTS in the commercial orchards..... Perhaps more of an "OLD WORLD" childhood of playing in the orchards. I JUST REFUSE m at age 61 to quietly OUT OF STATE,,, I lost my HOME due to the GREED of BANK of America... I have not been able to Purchase anything.... So, I rent. A room, But I am now 1 1/2 hours out from where I once lived in my 30' and 40's.... I live here because my GEO-location choices are MADE SO MUCH MORE LIMITED due to "Kaiser-Permanente</p>
275	<p>I suggest having unlimited free health coverage for all the seniors 65 plus, transportation for individuals can't drive, food for individuals can't afford it and visitations of social workers to the lonely</p>
276	<p>I suggest a housing plan which allows for affordable housing for residents over the age of 62 (long term residents 30+ years) to have supplemental state income grants "voucher programs" to assist us in being able to retire and continue to live in our rental's and or home area. Example I have lived in the SanClemente, Dana Point, LagNig, area for over 40 years. I've raised my family here, been an active tax payer for years, I love my community. During our CA recession I lost several properties to the greedy banks. That was my life savings. GONE I now am 62 and live month to month. I'm 62 1/2 I work full time, have not filed for SS. But knowing SS will likely pay me approx. 17K per year. How or when will I ever be able to retire? I think we need a housing plan for 62 and older that keeps us in our neighborhoods. *Currently the voucher plan is for the very - very LOW income* - NOT fair!!! Those of us that make \$40K still pay rents of 1/2 our income. We need HELP in this Area.</p>
277	<p>I recommend that we go back to restricting large trucks and trailers to the right 2 lanes on freeways. A good number of people can't deal with them in the fast lanes</p>
278	<p>I recently was diagnosed with hearing loss. Hearing aids are not covered by Medicare. It would be beneficial to the 30 % of people over 65 who need hearing aids to have some state assistance</p>
279	<p>I never see a group of Latinos in this arrp I always see white peoples how you can do to engage Latino community look like we don't have a lot information</p>
280	<p>I may not be alive by then.</p>

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281	<p>I look forward to the process and stakeholder involvement. Engagement, aging in the home, and long term care are all important to me and offer opportunities for a continuum. I am a board member for a people helping people Village in San Luis Obispo county and am a Long Term Care Ombudsman. I am a senior advocate in the LGBTQ+ community and serve on a committee reviewing grants for the Community Foundation SLO county. I interface with the Village Movement California nonprofit. I am participating as an individual at this time.</p>
282	<p>I live in an over-55 community, and it seems to me that the biggest challenge here by far is isolation, followed closely by poverty. If one spends several hundred dollars a month on prescription drugs as I often do, even with Medicare, one has trouble paying rent, house payments and the like unless one continues to work -- and not everyone can. Help, please - and thank you very much for creating this task force.</p> <p>One thing I can imagine to address loneliness: making use of skilled seniors to tutor children, who can then help by contributing something to the senior, like moving the garbage cans, pulling weeds, etc. A win-win and a chance to build bridges across generations.</p>
283	<p>I like to join in and learn how we can have a master plan for the growing aging population SOONER. Now is the time to gather the BEST MINDS to design; build the architecture in aging community with tiny homes/dwellings with services.</p>
284	<p>I know one East Bay community leader that is already working to make this pledge a reality. On September 18, 2019 estate planning attorney Kirsten Howe and her Firm Absolute Trust Counsel is launching one of the East Bays most prestigious annual gatherings for long-term caregivers, geriatric case managers, social workers, and nursing home administrators - The Elder Advocacy &amp; Law Boot Camp. This event was developed to supply effective tools and resources for urgent matters facing our elders.</p> <p>Kirsten is taking leadership in addressing not only critical elder care issues impacting our seniors now, but she is setting the stage for us and our aging future. Not enough people understand, not enough people are paying attention; more importantly, not enough people are taking action.</p> <p>More information on this event can be found at <a href="https://elderadvocacy.absolutetrustcounsel.com/optin">https://elderadvocacy.absolutetrustcounsel.com/optin</a>. More information on Kirsten can be found at <a href="https://absolutetrustcounsel.com/bios/">https://absolutetrustcounsel.com/bios/</a>.</p>
285	<p>I just joined up to participate so I need to think a little about what suggestions I may have. I do have a comment, I suffer from Parkinson's Disease. While I was diagnosed over 15 years ago I don't suffer from the classic symptoms like tremors. It is not an obvious disability for all people who don't understand the disease. A public education program for disabilities that aren't always obvious would raise public awareness and understanding. Holding up the line at the grocery store wont become such a frustration for those who understand why it might take me a little longer to complete my purchase.</p>
286	<p>I hope there is a way to network age friendly people in cities where they have regular access to community events and brainstorm sessions on what and how an age friendly California would look like, maybe thru a hosted website where local communities will be able to give their feedback which then is added to other cities feedback to help give shape to the entire state.</p>

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287	I hope that you will actually talk/accept feedback from Seniors who are experts in knowing some of the things that they want to have in their lives at this stage such as a community of seniors to visit with and share info on how these seniors are aging well and building a community in a friendly setting. Sometimes the Senior Centers which are "run" by Park & Rec. are more concerned with running a free or paid activity instead of or in addition to providing a Friendly Space for seniors to visit and relax and talk to other seniors.
288	I hope my proposal is passed making all CIDs, HOAs and Co-ops permit roommates or co-occupants for income or companionship or care giving. So many of us live in planned communities and too many seniors are being forced out when they run out of money. We all want to age in place in the homes we love, surrounded by our friends in the community we are familiar with.
289	I heard that there is a plan (somewhere in San Mateo county) to have a senior residence in which medical providers -- primary care physicians, physical therapists, etc., -- would also be located. I thought that sounded like a very good idea, but others at the community meeting thought it was a horrible idea.  I have long thought that more needs to be done to include seniors in each community. There needs to be more thought about how we house, and then forget, seniors. Perhaps we could have seniors and children have more access to one another. Having children in your life helps older people feel younger. Older people can help younger people put modern life in some sort of perspective, instead of leaving them to feel adrift in a chaotic world.
290	I have time and energy to perform research functions.
291	I have serious concerns regarding government entities that operate under the radar. One example is the WRCOG (Western Riverside Council Of Governments') TUMF program that along with the RCTC (Riverside County Transportation Commission) made changes to a voter approved special tax (Measure A) and withheld monies due RCTC (\$400 Million). These monies, according to voter approval, should have been paid by WRCOG out of the first \$400 million collected through the TUMF program. Now politicians are asking for another 1/2 cent sales tax increase to pay for roads that should already have been built.
292	I have no suggestions at this time but do understand the importance of this Plan. Thank you
293	I have Medicare, and I am certain based on review of all of the proposals for "Medicare for All" plans which are being promoted by candidates for President, that approval of any "single payer plan" such as Medicare for All will catastrophically affect the services provided to the elderly under current programs, because the enormous cost of Medicare for All will deprive Medicare of funding for the traditional Medicare program and overwhelm the process. I beg the governor to oppose any Medicare for All proposals to protect current Medicare. We pay into Medicare our whole working lives, and that investment in our medical future must be protected at all costs. MediCAL, a program run by the state of California, is a bloodsucking HMO extension of the state government, which will attempt to tax any possible aspect of life in order to raise funds. I am certain you get my point. Protect current Medicare at all costs. If you really want to help elderly, do that, and swim against the current.
294	I feel that there is a tremendous opportunity for new, affordable rental apartment buildings. My sister-in-law just rented such an apartment in Washington D.C. The building has a certain percentage of their units allocated for citizens over 65. It is a brand new beautiful apartment building with tremendous amenities. It is not only for senior citizens. That's the beauty of it.
295	I feel that no matter your age you matter period ! So lets all get along and spread the peace.

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296	I encourage your efforts, but our current governor is a joke. I am a native Californian as is my husband & son, but as soon as we retire we're leaving this god-forsaken state and immigrating to a place that is more friendly to our generation as all of my family have done in the past few years (all are also all born; raised in CA). This governor doesn't support veterans or their families but is will to give our tax dollars to illegal intruders.... not our tax dollars which will be leaving this state ASAP. Don;t contact me again until you can find a way to ditch this useless governor and his pals.
297	I believe we can do a lot to move towards that goal. Let's start by cutting ALL funds to illegal programs and individuals. And start "investing" that money towards the people of California.
298	I believe the medical community should start using natural and organic herbs. Many times they can heal without any side affects. This way one has a longer healthier life.
299	I believe that one way to give older individuals the ability to stay in this lovely state, is to provide an additional real estate tax break. Other states provide this type of tax break thereby making it affordable to live in the state that they have lived in for a lifetime. People on a fixed income should NOT be forced out of their homes because they cannot afford to pay their real estate taxes.
300	I believe political partisanship around "senior issues" at all levels of government hinders progress to the detriment of us all. The conservative notion that "needy" Older Adults are simply products of poor life decisions who are unworthy of assistance is neither true nor fair. Conversely, the liberal notion that such folks are simply products of their environments who need to be rescued is also untrue and unfair.  Why did my 94-year old grandfather regularly ask me to drive him to the barber shop decades after he went bald? I think it was because getting a shave and handing the guy a \$10 bill afterwards made him feel like he was still part of the world -- still a consumer of goods and services, not just a receiver.  Thank you for the opportunity to share this.
301	I am working on suggestions...
302	I am very interested in the concept of Blue Zones....those places in our world where the population lives very long lives. There are particular components of their lifestyles that researchers believe contribute to the Blue Zone phenomena....diet, exercise and community. The community aspect is wide...including things like opportunities to exercise, both indoors and outdoors; local eating establishments commitment to always offer menu items that support healthy living, and more. This has been put in place in several coastal communities in So Cal. It would be great to see this concept spread.
303	I am retired from 23 years with Social Security, the last 10 as an Administrative Law Judge. Many women are not aware of surviving divorced spouse benefits available under social, security. Others are not aware of disabled adult child benefits for developmentally disabled adults whose parents have died or become incapacitated due to age. I live in an over 55 community.
304	I am retired and a stroke survivor. I want to be involved in educating the public re: stroke awareness.. Stroke is a killer and a major factor in major disabilities,

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305	<p>I am particularly interested in transportation. as I grow older, I expect to drive less, which means I need city streets that accommodate new transportation realities: safe, walkable sidewalks, bike / scooter lanes (to keep the sidewalks safe for pedestrians), logical, smart locations for shared ride / taxi services, buses / other multi-person transit options, and, of course, well-maintained streets for when I do drive.</p> <p>I am also interested in using smart home technology to keep my household safe. for example, using sensors or other tech to alert me or others to unusual behaviors (for example, I haven't gotten out of bed in two days, I haven't walked through certain parts of my home in x-period of time). we have a senior neighbor across the street who lost her husband last year, and right now, the houses surrounding her keep an eye on her actions, but we can only see from the outside. we check in frequently, but it would be good if she had tools in place in case of an emergency.</p>
306	<p>I am interested in seeing more communities with walkable outdoor areas for older people. I think it's very important for people to get outside and walk instead of being on a treadmill. Walking outdoors exposes people to sunlight and greenery, both of which are therapeutic and rejuvenating.</p>
307	<p>I am in the Senior Living industry in California &amp; see wide spread suffering of seniors on a daily basis especially when it comes to the most basic of needs like affordable housing, food &amp; medical treatment &amp; medications. I am vetted with DHHS as a vendor &amp; own a company that trains &amp; supports assisted living facilities. As someone in the "trenches", I have many ideas &amp; issues that need to be addressed in this industry. I would love to be involved in that way. Thank you for your consideration.</p>
308	<p>I am excited about the possibilities. I am interested in seeing the vision and actions steps of an improved and cost conscious yet uncompromising home health system. So that as we age, staying home no longer means less than professional medical standards of care that can accompany in home services, nor the financial strain that comes with exorbitant in home care costs. A balance of cost and services matched with ability to pay; the ability should not dictate the quality of care. Should someone need assisted or skilled nursing living, reigning in that price point is a must. It is difficult enough to move people out of the comfort of home and into unfamiliar surroundings with unfamiliar faces, but to do that along with the annihilation of their hard earned savings, retirement etc. is disheartening and should be unthinkable. Medicare caseworkers are at times nothing less than attack dogs demanding a litany of documents that most have no access to or a person to gather for them. Shameful!</p>
309	<p>I am currently a volunteer at the Motion Picture &amp; Television Fund. I have also as a volunteer worked in the Education Department of the Los Angeles Zoo. I worked at Ceders- Sinai hospital as a volunteer in the Pediatrics department. So I have worked with all age groups. For the last 4 years I was the sole caregiver of my husband who had Alzheimer's. I am familiar with the needs of our aging population. I am an active 93. I can still drive. My eyesight is excellent and I am fortunate to be able to help those in need. I see a lot of what is needed . It is not a one size fits all situation.</p> <p>I will keep myself informed on this subject and when I feel I can offer some assistance in my community, I will be ready.</p>
310	<p>I am caregiver for my sister with Alzheimer's (Lewy Bodies). It is a heart breaking disease to see a loved one deteriorate. I would like to like to .know the medical research that is available that is being done to eliminate or slowdown this horrible disease. I am particularly interested in studies being done with Lewy Bodies.</p>
311	<p>I am both an individual and caregiver. I look forward to hearing about everyone's ideas.</p>

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312	<p>I am aware of well established communities in Southern California that have been studied over long periods. Why not use those examples as a kickoff point:</p> <p><a href="https://medschool.ucsd.edu/som/medicine/divisions/gastro/research/labs/fatty-liver/research/epidemiology/Pages/rancho-bernardo-study.aspx">https://medschool.ucsd.edu/som/medicine/divisions/gastro/research/labs/fatty-liver/research/epidemiology/Pages/rancho-bernardo-study.aspx</a>  <a href="http://www.mind.uci.edu/research/90plus-study/">http://www.mind.uci.edu/research/90plus-study/</a>  <a href="https://www.bluezones.com/exploration/loma-linda-california/">https://www.bluezones.com/exploration/loma-linda-california/</a></p>
313	<p>I am an IHSS Provider and mother to my daughter with Developmental Disabilities, caring for her for 19.5 years, most as a single parent. My suggestions need more than 1000 characters. I feel the greatest pool of information, in all areas of this complicated project, must begin at the grass roots level; with Providers and Caregivers who have been advocating, living and battling the core realities of "Care". Ethics, morals, fiscal concerns, housing, transportation, compensation for services rendered, adequate medical resources, preventative/restorative practices to insure quality of life, Professional System Navigation, Para Legal etc. are but some of the issues I have self trained in to assure my daughters success. The wealth of knowledge Care giving families possess, needs a RESPECTED AND HONORED PLATFORM AND VOICE to lend to this endeavor. Please form County working groups; communicate the opportunity well to include all who wish to join, act with Honesty and Integrity from the start.</p>
314	<p>I am a trilingual speech pathologist with a 33 year old career with the Hispanic population in Orange Co.Ca. I am now semi retired and have been wanting to develop a Stroke Support Group for Hispanics which is tremendously needed with no luck. Please feel free to contact me if interested. Thank You!</p> <p>Claudine Allamand Mandiola M.A.CCC  Speech/Language Pathologist  Ca License SP#5934</p>
315	<p>I am a retired RN. I cared for my Step-Mom with dementia for about five years. Now my 91 year old husband is reasonably healthy. I try to go across the street and be with my long term friend, who has Alzheimer's so her husband can have some free time, or just take a shower. The Alzheimer's association is very Helpful.</p> <p>The HUD affordable senior housing is wonderful for those who get an apartment. Many friends have been blessed to live in one and several live there now.</p> <p>I suggest an easy way to access way to find respite care, memory care homes, hospice care, and good nursing homes. None of us know how our health will be and what help we may need.</p> <p>This is a good idea!</p>
316	<p>I am a resident service coordinator at senior community (Independent living) in Los Angeles. I have been encountering problems with seniors with Alzheimer. As the symptoms progress, they have hard time finding place to go with Alzheimer since where I work is a independent living community. We need facilities which is more capable of caring for seniors with Alzheimer. I would love to have one of representative to come out and visit our community and talk to our senior residents!</p>
317	<p>I am a relator with a Senior Real Estate Specialist designation. I often speak with seniors about how to make their homes better equipped for aging in place or moving to senior communities, along with the various options of going about to do so. I would be happy to assist in AARP's efforts to improve the lives and living spaces for seniors.</p>

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318	I am a Psychotherapist working with the aging population in Southern California. Would like to offer my services by organizing groups to help connect people in order to give purpose and eliminate loneliness.
319	I am a couple months shy of my 69th birthday. I retired from my lifetime profession as a horse trainer and breeder about ten years ago. We owned a large ranch near Santa Barbara and owned (too many) horses. It was an active life. But added to regular ranch activities I was an avid runner and gym goer. When I retired I decided to pursue health and fitness in a more serious way. My father died of a heart attack at 63 so I knew I had to be proactive to maintain optimal health. I took an extensive course through the National Academy of Sports Medicine. That education transformed my life. I have been working part time as a Personal Trainer at a local gym and focus on my generation of Baby Boomers. We are a huge group well past our prime, many of us with serious issues with our health, fitness and nutrition. I understand well that it is difficult to change old habits and start new ones. I also know how it feels to live in a body for six decades. I am here to help however I can.
320	I am a Community Advocate in San Diego leading an organization called Housing the Next 1 Million 2050 ( <a href="http://www.hn1m.org">www.hn1m.org</a> ). As an Architect and Planner, I am working on housing strategies and solutions to accommodate the aging population in California and across the U.S. One opportunity for funding diverse affordable Senior Housing is the new Public Banking System which is about to be voted into law in California but it still needs support in the Senate and with Governor Newsom. As I am sure you understand, over 80 million Americans between 2035 and 2050 will be between 80 and 100 years old. They need to live, be loved, be housed and fed, continue to be productive citizens, receive quality health care and enjoy a pain-free passage into death. I do speaking engagements in this regard. Philip J. Bona, AIA
321	I am a baby boomer with no family--no partner and no children. I am sure there are many others like me. We need options to care for baby boomers who will not have a caretaker, preferably options that allow them to age in place. Long Term Care Insurance is too expensive for someone like me. I also started a second career late in life which meant there was a significant gap in my savings and retirement. Currently I make too much money for financial assistance. But I bought a house 6 years ago and am worried I will not be able to afford the mortgage payments if I have to stop working sooner than I anticipated. The cost of living in the San Francisco Bay Area--or anywhere in California--may force me to sell my house and move to a low tax state.
322	I am 73, and having a hard time adjusting to the housing standards. Finding a safe and decent place to live the rest of your life. It is very very expense.
323	Housing is woefully inadequate for seniors in the affordable range. As a senior my income is 1576.00 monthly which is too much money to help pay for healthcare. Medi-Cal will allow seniors to sign up for help but I'd have to spend 900 dollars a month to access Medi-Cal. Rents are not low in most Americans cities and by time seniors pay rent and healthcare they have little money for food and medicine. It's time to help seniors that make just a little over the required dollar amount for help with healthcare and housing.
324	Housing and more greenery areas. Parks, shared gardens etc...

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325	<p>Host community conversations to create compassionate, age friendly communities.</p> <p>Provide funding for conflict free person centered planning - to align with CMS expectations for person centered planning for users of long term services and supports</p> <p>Introduce social prescribing to promote wellbeing and reduce loneliness and isolation.</p> <p>Create grant opportunities for CBOs to introduce innovative approaches</p> <p>Reduce barriers to multigenerational living: minimize zoning and planning bureaucracy to encourage home modifications and additional dwelling units to make it possible for families to live together.</p> <p>Restructure caregiving labor force. Allow payment to family caregivers and for salaried personal attendants (can't build a skilled workforce when you can only pay for shift work.</p> <p>Enlist culturally diverse perspectives and strategies.</p>
326	<p>Hiring of people age 50 and over are routinely discriminated against in my personal experience in job hunting. Yet, proving this is next to impossible. Living in California is very expensive and even harder for those of us with aches and pains requiring medical coverage.</p> <p>How about supporting us in creative ways that reward mentor skills and experience for the need of coverage: outside of minimal paying jobs that the 50+ are competing with the teens and 20-somethings?</p>
327	<p>hi,</p> <p>this is a great idea and we look forward to this issue facing a lot of people in CA. I have 30 ladies I try to help each day in a myriad of ways.</p> <p>thank you and good luck,</p> <p>ida parrott,</p> <p>retired school teacher and counselor, former Fresno housing commissioner, and a lifetime member of PBS</p>
328	<p>Hi, I'd like to see us have neighborhood drop-in groups for caregivers and retired folks to attend, that would help the attendees by testing what they remembered of what was shared in the previous meeting, like other attendees' personal details, likes, dislikes, etc.</p> <p>These would be facilitated by a qualified therapist and maybe an intern for a sliding scale fee.</p> <p>Also would be nice if AARP could facilitate brief 30 minute to 60 minute walking groups in our neighborhoods. Exercise always reverses the aging process, if it's done with comfortable shoes and/or ergonomic equipment.</p> <p>Thanks,</p> <p>Gina M.</p> <p>Santa Clara, CA</p>
329	<p>Helping the elderly stay home as long as possible promotes healthier long term health for them.</p>
330	<p>Help to find ways for seniors to get to doctor appointments, food and home maintenance.</p> <p>Also company for seniors who live alone.</p>

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331	<p>Help seniors on fixed income afford rent and stay in their existing rental homes.</p> <p>Assist city planners in creating accessible, green, safe communities with nearby shopping, healthcare, amenities, and public transit.</p> <p>Increase public transit options and routes with added and improved accessible seating.</p> <p>Increase the amount of available accessible green housing.</p> <p>Provide access to senior advocates to assist with arranging healthcare, nutrition, care-giving, end of life planning, etc.</p>
332	<p>Help seniors become technologically savvy; create available transportation for rural areas; make it easier to find care-giving support.</p> <p>I would think that sending out a more specific survey than this to those of us who sign up to offer suggestions would help narrow the focus to areas that require the most help, etc.</p>
333	<p>Help people understand about a plant based wholefood diet with moderate exercise! Working on your strength, flexibility and cardiovascular health will keep people thriving into there golden years. I would like to head off a big program as I have several doctors who are behind the movement</p>
334	<p>Have you included a Speech Pathologist on your board? We are the only professional that works with the diagnosis and treatment of communication disorders.</p> <p>If you are considering all aspects of a Master Plan for Aging, you should include my profession for unque feedback and practical information.</p> <p>Regards, Dr. Sandra Singleton CCC-SLP Speech Pathologist</p>
335	<p>Have to think more about this but as the committee progresses I will contribute to the discussions. (I will be out of the country 9-1 thru 9-21, keep me informed)</p>
336	<p>Have businesses hire more seniors and be more age-friendly.</p> <p>Offer incentives to companies that offer part time jobs for seniors 4-16 hours/week</p>
337	<p>Grocery stores need to be close to assistant living and/or single homes for elders so people can walk to get groceries.</p>
338	<p>Get all people involved everyone is aging. More public outreach in hard to reach areas.</p>
339	<p>Generate a moratorium on laws and planning that have taken California communities from some what Senior-friendly to Senior barrier riddled. I have worked on concerns related to seniors, veterans and community needs since 1988. I served as the California Assembly Speakers Consultant on Senior issues. California has thrown many barriers in the way of its older citizens as it works furiously to bolster the pockets of wealthier business owners, corporations and enterprise. To Meet the Standards of New Mexico we have a very long journey.</p>
340	<p>Future age-friendly communities should provide safe and adequate housing for homeless older adults battling mental health illnesses.</p> <p>Family dynamics, ethnicity, cultural influences and traditions are very important factors that we need to consider when developing age friendly communities throughout California. The shortage of care givers and health professionals will have a profound impact on the mortality rate of older adults, a special tax break or incentive should be given to drive up the volume of the healthcare workforce.</p>
341	<p>Forgive state taxes to anyone on a limited income</p> <p>Provide more buses to transport the elderly</p> <p>Put cap on ambulance fees</p>

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342	<p>For those senior citizens on a fixed budget, slowing down the spiraling cost of housing and healthcare is admirable goal. Working with private and public insurers to negotiate drug prices is, I believe, is achievable within the next 3-5 years. Indexing state taxes to age is an intriguing idea.</p> <p>Many young couples are having trouble obtaining the financing necessary to purchase real estate. Some of these young couples may have aging parents who are currently living in retirement developments over the spectrum of independent living to nursing homes. Can we encourage couples to live in the same community as their aging parents in a manner that accommodates both. Are there financial incentives that can be provided?</p>
343	For Public Services; in Theaters, Groceries, Postal Services, Banks Airports & Other Public institutions must PROVIDE Priority Lanes for ALL Senior Citizens. Because Seniors are unable to stand, sit or walk for LONG Period.
344	Follow Ed Roberts work.
345	First, California needs to address ageism in the Legislature and State Government in addition to working to address ageism in our culture, businesses, education, the media, health, and entertainment. Second, we must improve the budget for older adult programs; Third, we must bring back intergenerational programs and planning; Forth, we must improve and maintain the Department of Aging and fund it adequately and staff it adequately and we must audit and reorganize the area agencies on aging;
346	First of all, all no fault evictions should be made illegal. I myself have been in my home for almost 50 years. I am told I must leave very soon due to what is called The Ellis Act. The Ellis act should be discontinued immediately
347	First of all at a very young age as people get into the work force, to teach and encourage to think of the future, so they can invest in it, as I read and also find my self in kind of a similar situation, because we are living longer some are out living there retirements or savings.
348	Find some way to reduce the tax burden on the middle class retired people. They are on a relative fixed income and expenses go up faster than income does if the income goes up at all. The state could make arrangements for Utilities to have a reduced rate for retired people based on there income so that middle class people could get some help.
349	Find a way to at least partially compensate, through a tax deduction all the wonderful people who volunteer to drive Seniors to and from their routine activities. With gas prices so high in our State, and the growing need for direct transportation to and from various medical and social appointments, we need to have more and more volunteers. It is difficult when the costs of driving are so high.
350	<p>Financial support for family caregivers, many family members quit their jobs to provide care for their parents or other members of their family, which means they lose income and possibly their own medical coverage.</p> <p>Expand access to In-home support services so that more people can qualify for IHSS support</p> <p>Develop training programs and scholarships to have diverse workforce of Healthcare providers, both professional and allied health professionals. There is already a shortage of providers and the demand will increase substantially.</p> <p>Housing Support so that seniors do not end up homeless</p> <p>Assistance for people who are physically able to stay in their homes but can't afford increasing rent or housing cost</p> <p>Assistance for people who are not physically or mentally able to stay in their home, help with cost of Board and Care, Assisted Living facility, Nursing Home services.</p> <p>License and regulate Room and Board so that these are safe for people to live.</p>
351	Financial assistance to enable seniors with limited income to stay in their homes. Help with hearing aids, eyeglasses and dental. Assistance to help seniors continue to care for and feed their pets.

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352	Federally Qualified Health Centers (FQHC) are strategically positioned as providers of family medicine to capitalize on lifelong care relationships with patients. In this context, it makes sense to extend that relationship with age specific health models of care. While most FQHC's in the state see approximately 80% Medi-Cal only members and approximately 8% of Medicare/Medi-Cal (dual) members, opportunities exist to expand the role of FQHC's with the transitioning of our aging population into Medicare and accommodative geriatric centric services. In this fashion, continuity of care may prevail, lending to patient health stability. It may be as simple as implementing an engagement service whereby a primary care doc counsels the patient transitioning into Medicare that they may be able to see their established primary care doc or maintain their care at the same clinic with additional PR actioners participating in a plan of care.
353	Fall prevention day is fast approaching, I would like to see fitness centers through out the state offer a Free balance training class for seniors.
354	Expand transportation options for those who do not drive/own motor vehicles. Expand home care/help options to keep elders in their communities and out of assisted living & nursing homes longer. Expand food assistance options to reflect elders' increased special needs. Encourage small scale and neighborhood based development to avoid/eliminate food, medical/dental, recreation and entertainment deserts. Access, access, access.
355	Expand resources for caregiver support via the CA Caregiver Resource Centers and Adult Day Health Care Program. Respite care is needed in a flexible and adequate benefit Develop long-term care funding mechanisms for home care and respite care Develop affordable and culturally appropriate housing options for aging and disability
356	Expand IHSS to cover all seniors not just low income MediCal clients. Many middle class seniors cannot pay out of pocket for support in the home which puts them in more dangerous situations and does not support them in the aging process.
357	Exercise---nutrition--- and social interaction-----better known as Preventative Maintenance-----no matter what your age- if your body has a minimum of health problems your day to day activities will be more enjoyable.
358	Exempt seniors over 65 from these ridiculous property taxes. Repeal the state gasoline tax. Lower the overall cost of living for seniors, especially in the medical field.
359	Every senior I knows number one goal is to stay in their house as long as at all possible (I am 73, so I know a lot). One of the most effective ways that this can happen is for Prop 13 to remain in effect. Escalating housing values are in full swing. My small condo that we bought 6 1/2 years ago for \$435,000 is now selling for over \$700,000. Do you have any idea how much my property taxes would increase if they were tied to resale value, verses purchasing price plus sane percentage increases? Secondly would be to improve availability of caring, affordable health care. Fortunately between Medicare and joining Kaiser Permanente, we are doing pretty good. But what if conservatives were able to change either of these organizations?? We would be screwed. Thank you for bringing this issue to the forefront and getting regular citizens input on what specifically would help them.

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360	<p>Establish a Department of Aging in the San Fernando Valley (SFV) (north Los Angeles).          Build a Senior Village in the West SFV, with wrap-around services and transportation, and with progression for persons with and without stages of dementia as in Denmark.<a href="http://cphpost.dk/news/denmark-opens-its-first-village-for-dementia-sufferers.html">http://cphpost.dk/news/denmark-opens-its-first-village-for-dementia-sufferers.html</a>          Also, clean up, staff, and expand the One Generation Center on the northside of Victory Blvd. in Reseda. The paint on the walls is old and dingy and the facility lacks capacity. Dennis Zine may be able to help. I might be able to help, too.          The 50-70-year-olds need outdoor benches with cement chess-table tops and shuffleboards as they did in Miami Beach, FL. We need adult-friendly and subsidized reasonably-priced recreation centers and transportation clubs to movies, events, and museums.          Explore designs for California to provide safety-nets for those not yet 62 who might be sliding into homelessness due to illness and financial illiteracy.          Deborah</p>
361	Ensure that the vision care needs of our older adults are part of the Master Plan, especially for those who are blind or have low vision.
362	Ensure patients receive adequate physical therapy and to to live nore independently and not cost and depend on the govt
363	Ensure all Californians living only on social security have quality housing, food and quality of life
364	Engagement with organizations that expand and promote quality of life issues: transportation to obtain food, visits to cultural centers; and medical oversight and advocacy.
365	Enforce laws that protect the elder from abuse.
366	Enforce existing law on discrimination. Make assisted living and housing more affordable. Continue existing medicare and further reduce drug prices. Expand access to transportation in areas such as self driving cars.
367	End senior food insecurity throughout the entire state. No senior should ever go hungry!
368	Encourage master plan developments one story housing independent living near UCLA MEDICAL CENTER AND TRAIN. CULVER CITY, Santa Monica Brentwood. Need safe walkable communities in URBAN areas not way out in isolated suburbs.
369	Encourage companies to hire workers that are over 50 years of age. There is rampant ageism in this state as far as employment is concerned. There needs to be incentives and enforceable rules against hiring and laying off of older workers. There should be more options for employment beyond Taco Bell and Walmart.
370	Encourage "Aging in Place" and teach Californians how to age in place affordably.
371	Eliminate taxes on Social Security checks. Strengthen age discrimination laws in hiring and working personnel.
372	Elderly Californians who must live on a very limited income must have ready access to PUBLIC assistance to ensure 1. Safe and Healthy PUBLIC HOUSING [Public camp sites, Public RV Parks, Public Mobile Home Parks] 2. Necessary MEDICAL CARE [Co-Insurance to supplement Medicare] 3. Necessary PRESCRIPTION DRUGS [Co-Insurance to supplement Medicare]
373	Educate on senior topics, share resources with the public and various agencies, and collaborate with community partners.
374	Easily accessible resources to help with our lives as we age

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375	<p>Each community needs an adult daycare facility, providing caregiving (family) respite and support and is free or fee based, or, is supported by organized scholarships, in whole or in part, for the purpose of supporting cognitive and physical activity programming. This serves to support the dignity, well-being, and development of the multiple components required for aging personal satisfaction and purposeful achievements.</p> <p>But most importantly, using forward thinking for the creation of a multi-generational community. Vital, bringing old and young together would naturally forge a mutually beneficial mindset:</p> <p>One example; A Community Gardens that can produce important nutritional resources for senior residential care facilities, community Food Banks, City Senior Centers, and educational opportunities</p> <p>Secondly, successful multigenerational projects and communities have proven track records where the paring of old and young, produces generational tolerance and mutual support.</p>
376	<p>Don't tax retirement accounts. People will need every cent they have put away in these accounts to be able to live. The money will come back to the state as sales tax or property tax if applicable in most cases</p>
377	<p>Do something in relationship to the medication costs - very important.</p> <p>Add additional benefits for in-home care.</p> <p>More lenient guidelines for seniors that are not 65 and disabled, but not poor enough to receive assistance.</p>
378	<p>Developing age friendly creative activities that are culturally inclusive and personally significant is my goal in this city on the hill. Making beautiful performances and projects is our legacy.</p>
379	<p>Desperately needed, especially in places like Santa Barbara.</p>
380	<p>deport all illegal immigrants and spend the money or American Families</p>
381	<p>Currently there are senior communities for the over 55 that include two story town houses. My knees are screaming, "Ouch". Speaking as senior I feel the lack of single story condo's or apartments designed for seniors needs to be addressed. I realized the footprint is of importance due to location and taxes, however, a simple solution would be multiple floors with an elevator.</p>
382	<p>Currently a member of the Cal Partnership for LTCI Ad Hoc task force in conjunction with the CA DHCS / IHSS program for LTC. I have been consulting with the CA DOI / DHCS for over 25 yrs.</p>
383	<p>Create an agency that will address the issues such as affordable housing and medical care for seniors particularly those that continue to care for minor children.</p>
384	<p>Create a Website for services directory available to seniors.</p> <p>Provide Regional Community based meeting places.</p> <p>Avenues of Transportation to Churches/Temples for services and gatherings.</p> <p>Available sources for in Home services Food/Health needs.</p> <p>Developing Staying Health programs</p> <p>Retirement planning Financial/Legal/End of Life services.</p>
385	<p>Cost too much to live here. Rents too high. Taxes way too high. Seniors are being forced out of their homes because of this. I don't want to have to move away from where I have lived all my life when I retire soon. A shame and a sham</p>
386	<p>Convert used military bases and property into housing for the homeless elderly getting first priority.</p>

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387	Consistent outreach is needed to partner agencies, consumers and the public to obtain feedback on progress for this committee, also to define and implement the necessary steps for successful intersectional programs.
388	Consider not using "aging" but instead "leveling up" like in a video game to battle ageism. Each year, you gain more life experience.
389	Communicate to ALL Californians that our increasing longevity is an opportunity not a burden. Do not target the master plan solely to stakeholders and policymakers; this unintentionally positions older adults as a "special interest" competing against other groups and causes. To influence all Californians (and all voters) to support healthy and purposeful longevity and an age-friendly state we must create messaging, plans and programs that resonate with people of all ages and demographics.
390	Chair of the Ventura Council for Seniors and the Chair of the County of Ventura Area on Aging
391	Caregiver support in the forms of respite care or long term care are not available in much of the rural parts of the state and inadequate in the urban. When I need someone to push my wheelchair, I won't be there. My experience says that no one else will be either.
392	Caregiver support groups. state sponsored discounts or rewards for those 60 an over.
393	Care giver should be kindness and patient with compassion to our elders. Individual or family members should understand the older parents specially have dementia really need the care. Families of the older parents should always attentive to her/him specially when they are walking or doing something that not to fall because they are very risk there bones is already very fragile and easily to brake. City and community should always friendly get together to meet older people once a month and celebrate there birthdays.
394	California taxes pension income (at least out-of-state pensions) at regular rates. California is a very expensive state. It would be easier for seniors to afford living in the state if their pension income, like social security, was taxed at a reduced rate. Many, like me, receive pension income in lieu of social security.

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395	<p>California needs FREE TRANSPORTATION FOR SENIORS 62+. You will lose them to other states otherwise. FREE means on call taxi within 100 mile radius. Result: keep seniors in CA; increase safety on road!</p> <p>California needs LOW INCOME DAY FREE ACTIVITIES. Seniors are ISOLATED and committing suicide. Social like dancing lessons: ballroom, line, folk offered.</p> <p>Currently there is a lunch program offered at Senior Centers. It is supposed to be voluntary donation, but that is not what is happening. Centers are CHARGING anywhere from \$2 to \$5.</p> <p>Disabled Adults need recreation center like seniors have.</p> <p>California needs phone check-in call system for seniors who live alone.</p> <p>California needs volunteer network for helping seniors in their home. Volunteers need to have security check.</p> <p>California needs to set up sober living homeless homes according to following:</p>
396	<p>California must continue to aggressively pursue mass transit with the accompanying infrastructure, as well as environmentally responsible development of renewable energy. The destruction of the environment through continued use of fossil fuels along with the excessive reliance on low occupancy vehicles powered by fossil fuels undermine the quality of life and eventually life itself. The other major initiative which California has taken that will make a significant difference in the welfare of all citizens is establishing a livable wage throughout the state. The state and local political leaders must persevere in these efforts. The last item is access to affordable health care. In my opinion, protecting the environment by expanding mass transit, providing a livable wage and access to health care are the three areas that offer the best opportunity for California to be an age-friendly state.</p>
397	California
398	CA
399	By 65 years of age, all Californians should have an advance health care plan - including alternative decision maker.
400	Building healthy strong inclusive communities.
401	Building affordable active and non senior communities with easy access to health care activities and healthy food. Perhaps building tiny homes or mass housing using manufactured housing

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402	<p>Build truly affordable (below \$700/month) apartments or single homes on available spaces (such as Concord Naval Weapons Station) for seniors. Could use the new concrete homes built by printing. Could make tiny homes adjoining a community building that would house social and governmental services.</p> <p>Subsidize builders to build truly affordable housing for seniors with limits to rent raises that peg to SS annual increases.</p> <p>Work to increase SS payments to retirees so we can afford to live in CA.</p>
403	<p>Build more senior homes and apartments based on income in each town &amp; city. There are very few available in more rural areas, and this is a definite need in these areas.</p>
404	<p>Build alz/dementia first aid and include it in the school system.</p> <p>Educating and training young people on aging and the important roles seniors play.</p> <p>Educating all on elder abuse, reporting and preventions.</p> <p>Inclusion for all is very important and everyone must be represented at the table.</p> <p>Suicide in seniors must be address.</p> <p>Transparency very important to the people. ☹</p>
405	<p>better transportation options</p>
406	<p>Better housing for seniors with low income.</p> <p>More community sharing for seniors living alone</p>
407	<p>Being age-friendly starts within each of us. Personal perceptions should be challenged and we should each be the example. Sometimes it's as simple as saying "hello", knocking on the neighbors door with a sweet treat, or mowing someones lawn for them. And if you have children, absolutely get them involved. We have to rid ourselves of the "old people are creepy" stereotype.</p> <p>That said, I think the state could start setting an example using transportation system signage. Depicting scenes of kindness involving people of different ages and cultural backgrounds would help raise awareness. Even if it's subconsciously, it's a start.</p> <p>On a more direct note, how about a day care program that enlists the aide of seniors. They could participate by providing storytelling or leading an art project. Having the young and the old together, creating a lasting impact on the child while minimizing possible feelings of isolation for the elder.</p>
408	<p>Behavioral health issues of older and aging adults need to be included in the plan. The Plan could include out of the box thinking for innovative community-based strategies to find, outreach t,o and to support individuals living on their own with no family nearby. Loss is a big part of aging, thus isolation can become a contributing factor to premature death. The CA Behavioral Health Planning Council is committed to working with the Advisory Committee to identify new pathways to meeting the needs of our state's older and aging adults.</p>
409	<p>Before an insurance co. approves a person for enrollment in their plan, they should tell the individual what medications, that the person is taking, will be covered and the price. I enrolled in Express Scripts and they will not cover a medication that works for me, even after hearing from my doctor!</p> <p>I know I'm not the only one, trying to float in this boat.</p> <p>Thank you!</p>

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410	<p>Based on my experience running senior programs in both urban and rural communities, I believe some of the factors that are much needed for the Master Plan are:</p> <p>Infrastructure needed to support the various formal and informal services that assist older adults to live in the community. A Senior Center/Community Center is vital for each community to have. Urban communities typically have these but rural communities. These facilities provide the hub of all services and referrals for seniors and the community looking for senior information. It also provides prevention practices (exercise, health and wellness, etc) that are needed to prevent illness and maintain community engagement.</p> <p>Professional training to assist increasing the knowledge of working with seniors from community colleges to internships that can help provide the foundation for the next generation that will take care of this population. Currently again many urban areas already offer this but rural areas mostly do not. ☒</p>
411	<p>Autonomous cars will give people more independence and allow them to stay social.</p> <p>More discounts for seniors at restaurants, etc.</p> <p><u>More social programs aimed at seniors, such as park exercises and group trips</u></p>
412	<p>As we age, we all have to realize the limitations which are imposed upon use by the biological process of aging. However, aging does not happen suddenly. It is a continuous process which we realize when we are unable to perform certain tasks due to limitations of our sensory organs or organ of action. Maintaining physical exercise schedule is extremely important; all seniors should be encouraged to participate in regular physical exercise. Our state should make it available for all seniors and provide support to take them center where they can exercise.</p> <p>Seniors are able to contribute to the economy and they should be given opportunity. Money may not be the only incentive at this stage. Current system of volunteerism is totally broken, and it needs to be overhauled in totality.</p>
413	<p>As we age, it should not mean we are unable to continue to work. Job growth for the elderly without age discrimination. Housing for all levels of income. Affordable transportation, that is dependable, to and from the doctors, grocery store, etc. Affordable activities/educational programs. Network for the elderly who live alone.</p>
414	<p>As my wife and I are now well into "senior" years, after caring for my wife's Alzheimer's parents, we have seen so much unconscious discrimination due to age or the infamous "write off" since they would not outlive certain dental work and other services--and we have much experience with caregivers who are not qualified as caregivers--the agency owners simply want warm bodies &amp; the online brokers have no way to know why caregivers were dismissed. It needs help.</p>
415	<p>As chair of the community relations committee for a Palomar Health and Board Member, plan to work with others in our community to develop healthy lifestyle programs and promote our five Community Action Committees within our health district</p>
416	<p>As an 87 year old retired, I am enjoying some of the best years of my life, based on a lifestyle of a constant life style of proper nutrition, daily exercise, social participation, and education on issues that affect the elderly. I am a U C Berkeley Graduate, constantly learning about current issues that affect my well being, as well as those that can affect me in the future. Too many people are losing some of their best years of life, by lifestyles that not only shorten their life spans, and end up relying on others to see them through their final years. Simple changes in living habits can make people productive for longer periods of their time on this earth, and enable them to help family members, as well as those people who are struggling in their life journeys, the homeless, the disabled, the addicted, the disadvantaged, etc. We the elderly, can contribute so much more, and in doing so keep ourselves from being burdens on our families and society in general. .</p>

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417	As a senior, and a veteran widow, I am concerned for seniors that have to downsize after losing their husband and can not live well on just social security. We are as seniors still viable as caregivers, part-time reading tutors, telephone consolers for other seniors that are experiencing loneliness and need someone to talk to or give referrals when facing downsizing or other problems and just need someone to talk to (not just give advice), but a friendly ear or encouragement.
418	As a retiree it would have been extremely beneficial had the healthcare and or insurance industry published many years ago a list of the most common maladies and causes thereof that retirees might be susceptible to in our advancing years. As an example I now suffer from neuropathy, something that I wasn't even aware of until diagnosed, the cause of which I could have and would have mitigated had I been aware of this condition several years earlier.
419	As a retired educator/administrator of the California Public Schools system and with beautiful aging parents I am very interested in providing input to this ambitious and exciting Pledge for Action for our state. I look forward to providing my perspective, experiences and input on the Master Plan on Aging.  Thank you for the opportunity.
420	As a Functional Aging Personal Trainer, I work with many older adults to keep them strong, improve their pain and improve their balance. This also improves their activities of daily living. I would like to see more physicians recommending older adults engage in strength and balance training to improve fall risk. Unfortunately for many, falls are the beginning to the end and result in major health expenses that could be avoided. I would love to see training be covered by medical insurance.
421	As a design educator and practicing designer, my contributions would be to share experiences from working in Senior Living facilities and what I have learned from the process. Many of the issues facing the Aging population is Aging in Place and finding opportunities for people to stay active and relevant in their communities.  One of the classes I teach us Design Thinking and creating innovative solutions to difficult problems. We must create empathy mapping to understand the specific needs of the aging population and serve their needs through active aging communities, learning and resources to share wisdom and knowledge. Places to serve others and engage with others rather than be isolated. Give purpose and meaning to those who seek to continue to be life-long learners and productive contributors to society ☑
422	As a 74 yo disabled single veteran, I have been ruined by the astronomic rise in rents. Veterans' organizations and the like are not equipped to deal with this. I look toward eviction and homelessness as my retirement savings have mostly all gone to rent and medical costs of drugs. There is absolutely no 'affordable' rents available - only endless waiting lists. The totally vulnerable like myself have no programs, State or Federal, to address our immediate needs and keep us from dying on the streets. You should make the totally vulnerable and helpless your first priority and stop talking it to death!
423	Any master plan must instill in the ageing population the desire to volunteer. When a ageing person volunteers good things happen. the senior has a opportunity to share their vast experience and knowledge. The senior stays active and involved, a reason to get up in the morning becomes part of the ageing life. The senior feels needed by the organization they are volunteering to. It is also the right thing to do. City's and county's should be mandated to place seniors in all aspects of their operation as volunteers. We the ageing population are a wasted resource to long being unused and unwanted. This would help change the the culture of ageing

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424	Any committee should have a family member who is a caregiver and someone in their 70s or 80s. These are the people who truly understand the aging process and the challenges that are being faced. If the state wants to be age-friendly by 2030, now is the time to start schooling, training and employing COMPETENT people in this area. Let's have the young people understand the aged. We've all been young once, but we all haven't been old. When you're young, it's hard to understand about people getting old, the aged being in pain, grouchy or moody. I think it's a great idea to pursue taking care of our aging in a compassionate manner. Thank you.
425	Alzheimer's education by HHS about lifestyle lowering chance of getting the disease
426	Although I currently have no physical limitations, I am aware of others who do have such limitations and are 60+ years old. Such individuals need to have greater access to public buildings and stores that do not require walking up and down stairs.
427	Alternatives to transportation by motor vehicle must be accessible and convenient. Streets and sidewalks must be designed for all users, including those on foot.
428	Allow elderly Californians to keep their real estate tax base when they sell their home and move into another home anywhere in the state.
429	Allow 55 or older to have more choices in mental health.
430	All seniors pay too much of their pension in State and Federal taxes. This Master Plan should include steps to reduce their tax burdens to 10%. They have paid their fair share their whole life. Stop penalizing seniors that want to continue to work and be useful in retirement by limiting amounts to be made and punitive taxes. Push for the State and Federal government to BALANCE their budgets. Stop deficit spending. Stop giving illegal aliens and immigrants Social Security that have NOT put one penny into. It is not fair to U.S. citizens that need its services but monies get diverted to "non-citizens".
431	All senior centers should have an excellent quality lunch program. My information on the deterioration of the food quality of such programs comes from my 98 year old father who volunteered for the La Mesa Senior Center lunch program for over 25 years. This deterioration was always tied to budgetary constraints which translated to the senior lunch being provided by the lowest bidder. This is not the way to treat our elders. Not ever.
432	All Education should start at age 3... Not just babysitting... Have it part of our Taxes. Mental Health Services need to be FREE for ALL ASAP... Routine Check ins with qualified folks.
433	Age-friendly or livable communities have walkable streets, housing and transportation options, access to key services and opportunities for residents to participate in community activities. Cities, towns and counties must prepare for the rapid aging of the California population by paying increased attention to the environmental, economic and social factors that influence the health and well-being of older adults.
434	Age-friendly neighborhoods, transportation, and walkways. Village model concepts and aging in place incentives and policy initiatives to support services. Linking neighbors together to assist in aging in place with the help of family and other organizations.
435	Affordable, animal friendly, sliding scale based on Social security income levels. Space for tiny home communities with community gardens and activities and swimming pools/hottubs.

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436	<p>Affordable, accessible, safe transportation with Predictable, affordable rates. Often Lyft and Uber are not prepared to transport wheelchairs and often pass the passenger when they realize there is a wheelchair.</p> <p>If Medicare for All happens, the funding currently in place for Seniors should be SEPERATE. We have done our duty and potential unforeseen effects of MFA should not be a risk we are forced to take!</p>
437	<p>Affordable housing. Free or inexpensive transportation to appts., grocery shopping, etc. when no longer able to drive.</p> <p>Social events to help prevent isolation. Older people wind up with less and less resources as time goes on no matter how much they saved during their working years. Not everyone gets a pension either. Not everyone has family at all or family nearby to help. Friends may be in the same situation or even older or disabled.</p>
438	<p>Affordable housing for older adults</p> <p>Mental health services focusing on prevention when appropriate</p> <p>Walkable streets with older adults in mind</p> <p>Polices that lower or erase student debts with older adults; keep social security out of the hands of student loan companies</p> <p>Creating social networks appropriate for older adults</p> <p>Inter-generational programs and efforts</p>
439	<p><b>AFFORDABLE HOUSING AND TRANSPORTATION:</b> In metro cities but most of all in suburbs and rural areas such as Amador and Calaveras Counties that already have local health care. Utilize the buildings of the big box stores closing down, Empty Shopping malls, for not only housing but building a senior community in the structures, requiring developers to include 20% of housing devoted to Seniors. Regulated rent increase for Seniors whether it be in a home, apt. or trailer park. Seniors in CA make up 1/3 of our communities and the numbers are growing. Provide a property tax break for those that own homes. Right now you are forcing them into poverty or pushing them out of the state because they can no longer afford to live here. Make them welcomed in our communities! Show their value in our communities! Join our Gold Country Senior Issues FB page to view their concerns. Senior Centers in Rural communities are the HUB for our population providing needed services. <b>SUPPORT THEM!</b></p>
440	Affordable housing and healthcare for seniors
441	Affordable housing and healthcare are my major concerns.
442	Affordable housing
443	Affordable houses, active community support groups, accessible transportation, medical needs oriented towards the elderly population, engagement across age groups, etc.
444	Affordable Healthcare and Housing ☑
445	Affordable community housing for active seniors.
446	Affordable Multi unit housing Where we can live independently and yet still have personnel near if we need it. Many seniors have only their Social Security to live on there is no housing available that is affordable
447	Affordable housing community that allows them to interact with others and doesn't take all their money. A plan that allows them to still leave something for their children.

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448	Adopt oversight and a legislative program to give senior living enterprises, in particular entry fee senior living businesses, whether they are nonprofit or taxpaying, the same level of financial and contractual integrity and trustworthiness as the State of California now provides for customers of life and annuity insurance companies.
449	Address ageism Provide affordable housing Support inter-generational efforts
450	Add more housing options; seniors are getting evicted from long term rentals and have no place else they can afford Address the high Share of Cost for many seniors on MediCal, it makes it impossible for them to access IHSS or Adult Day Health Services that could keep them living in their communities Ensure strong funding of PACE programs and push for expansion to more communities Support expansion of the Village programs to more areas of the state to combat social isolation Support/drive ways to increase pay for caregivers so home health aides have a living wage and will stay in the industry
451	Access to full range of community resources for persons of all income levels, including middle income persons. It is especially important that these resources are coordinated and easy to connect to at the community level.
452	Abolish EVV (Electronic Visit Verification) including GPS tracking for IHSS providers, Right to organize, get a living wage, pay union dues and benefits, get social security and Medicare, pension, vacation and sick leave etc
453	A realistic actionable plan to prevent age discrimination in the workplace.
454	A process for covering expensive drugs for seniors especially when they fall into the (cringe) donut hole. A system for elderly living alone. For example create a network of "visitors" for those who may not be able or want to leave their residence for social interaction. A team of health care professionals that can explain in layman's terms their, disease process, treatment plans, and treatment options, starting conservatively. An example would be physical therapy prior to considering a costly back procedure with a long recovery phase. This would be a great program for nurses to run, perhaps with a physician advisor. I am an telephonic advice nurse and work exclusively with seniors so I have good insight to their current needs. <u>Create a network of social workers to help with finances, housing, transportation, home health care and caregiving for those in need.</u>
455	A most minor point, but please take it into consideration: Please don't publish information that is accessible to the public only on Facebook. Not all of us subscribe (for good reason) and it is maddening that so many businesses and organizations use it as their prime source of contact.  Another small suggestion is that older people sometimes need to sit down for a minute while they're shopping, walking, or whatever, and it would be gratifying if more public and commercial spaces accommodated that need.
456	A more comprehensive system of linking people to the services they need. Cultural competency for the LGBTQ community, and other minority communities.

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457	<p>A little education in the schools to just try and get the student to get a clue as to what it is to be old. Things like old people move slower than young people. Old people do not think as fast as a computer game player. Old people do not eat the same fast food as young people. Old people need drugs just to live day to day, unlike young people. Something other than an obscenity would be nice as a greeting from young people. Maybe just a few words in some class might do some good. Well, I can dream, can't I?</p>
458	<p>A HOMELESS SOLUTION TRIED TESTED TRUE ARC 501(c) (3) 95-3855901 AssociationRenaissanceCreators@yahoo.com</p> <p>RMN, in 1968 founded ARC, a federal/state educational/charitable nonprofit with a mission of caring/sharing, as able. ARC never applied nor ever received government/grant funding. For two decades, ARC sponsored a licensed around-the-clock day care for low-income parents and sponsored complimentary educational community seminars, which included learning materials. Subsidy was volunteer self-labor without salary and Samaritan tax-deductible donations.</p> <p>In the early 1990s Orange County, CA media was unceasingly highlighting homeless problem. My empathy peaked imagining polio crippled widowed mother and retarded sister out in the cold. I was spiritually guided first to Catholic church ministry, followed by CA alcohol/drug seminar touting loans for nonprofits and financial subsidy for homeless role modeling the Oxford Model under Public Law 100-430 educating recovery grou</p>
459	<p>3 Priorities: 1) Cost of living 2) Safety 3) Health Care options/benefits</p>
460	<p>1-Encourage complexes for over 55 people to place their commercial ventures in areas with access to public transportation. Mobility is the basic need for over 65 people to shop, go to Medical Facility and enjoy a day in the city. 2-Provide more State information on the cost of Senior Housing in the community. Most people have only Social Security as their income. How do they find housing on that source of income? 3- Consider those over 80 as " Privileged Citizens". They have paid their taxes for many years when they had income. Not taxing SS Income is a positive approach for assisting Seniors to live in California. 4- Santa Rosa Council on Aging provides the blueprint for helping Seniors.</p>
461	<p>100% Health for seniors to include dental and vision. Guaranteed living quarters somewhere safe. My wife and I will be involved</p>
462	<p>1: Have a 55+ year old food card for 20 percent reduction in grocery at check out. Maybe Vons and Aldi plus other grocery stores will except that food card that will be used by seniors. 2: In 1984 Ronald Reagon started to tax seniors social security checks to pay for Wars and Tax cuts for the middle class on the backs of seniors. Our government needs to reduce maybe 30 percent less taxes on seniors social security checks. 3: Have low rent housing for seniors on a roommate status. 4: Have the banking industry come out with a credit card for seniors at only 15 percent interest. 5: Have our government approve a 55+ year old medicine card to order drugs form Canada or other foreign country. I will have more ideas coming.</p>

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463	<p>1. Don't give up parking for bikes. Sure, build needed bike lanes but also build municipal parking lots that will accommodate neighboring activities. Almost every senior I know complains about the difficulty of parking and avoiding some activities because there is no parking or parking is prohibitively expensive (how about senior prices?) and because uber and lyft prices can also be high. We spend lots of time circling areas searching for parking and that can't be good for the environment.</p> <p>2. Seniors sadly get familiar with medical facilities. How about making them more welcoming? Think about changing waiting rooms to be more tranquil and attractive. Even fish tanks or restful scenery on the ever present tvs instead of noisy programs would help.</p> <p>3. Make consumer goods more senior friendly for example eliminating the frustrating squeeze and open tops (which we then leave open) and those that have many of us keep pliers in the kitchen to work on. Thanks for doing this. Most worthwhile</p>
464	<p>1. Waiting area in grocery stores, especially stand alone stores, for those waiting for Access or other ride share options. There can also be a designated parking/pick up area for those patrons.</p> <p>2. ENLARGE the print on tags, including prices. Example, my mother pick up what she thought were the small bell peppers which turned out to be habaneros! Quite a surprise on her salad!!!</p> <p>3. Senior parking. Seniors may not be disabled but may not have the mobility strength to walk long distances to the store/shopping center. Gives them the option to park closer.</p> <p>4. Stores offer to assist seniors/disabled to their cars. If a senior is using a walker (rollator), their grocery shopping is limited.</p>
465	<p>1. There is too much segregation of aged population from the rest of society. For example, I love the Senior Centers that provide exercise, dance and other activities geared to seniors. But it is too isolating. There should be a process to integrate senior centers with the baby end of the spectrum where seniors can interact with youngsters.</p> <p>2. There needs to be much more medical information, seminars, etc. for many run of the mill geriatric medical conditions. For example, degenerative arthritis and what are the latest treatment available. Maybe the Medigap insurance companies should be offering much more seminars on this in concert with clinics that offer treatment.</p> <p>3. More protected bike paths so bicyclists and seniors in wheelchairs can go to the local grocers to do their shopping independently. I love seeing kids use bike paths to get to school as well. Calm certain streets so that we can have such protected bike paths so that cars cannot dominate those streets.</p>
466	<p>1. JOBS, JOBS, JOBS!!! I am 77 and I can't begin to tell you how difficult it is for seniors to find jobs and then be paid adequately. And I have a M.S.! Companies must stand up to this crisis, and hire seniors who have experience, wisdom, compassion, and so much more.</p> <p>2. Help seniors who are ALONE. Much more must be done to ensure seniors are not left alone without a support system.</p> <p>3. REDUCE LIVING COSTS in CA. Way too expensive to live in CA for seniors.</p> <p>4. HOUSING - reduce apartment costs for seniors!</p>
467	<p>1. Increase the number of doctors, nurses, social workers, physical therapists, and other health professionals with geriatric certification and training. Increase financial incentives to have more geriatricians and geriatric-trained health professionals and social workers.</p> <p>2. Expand home health and caregiver resource centers and services.</p> <p>3, Focus on both the medical and social models,</p> <p>4. Build homes where people can age in place and with more walk ability.</p>

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468	<p>1. Give people over the age of 65 permission to get goods and services for free. Involve merchants and let them volunteer to give older people free goods and services if they want. If people over the age of 65 are able to pay and they wish to then they can. 2. Build affordable housing every where. Make that housing such that people can age in place and get the support from the community as needed. Older people want to stay in their own homes and care for themselves as long as possible. 3. Eliminate age-prejudice in the work place. Older people are usually better workers than younger people.</p>
469	<p>1. Daily free transit for Senior communities to provide service for medical care, doctor visits, labs and blood tests. 2. Establish certain days of the month for low cost restaurant services such as half-price for a lunch or dinner at least once a month for Seniors, 3. Class Credit for highschool or college students who will provide reading book services to Seniors who are too blind to read, but who love books being read to them. Or have reading aloud services from local libraries where Seniors can be brought for an hour. 4. Pro bono legal services for wills and other Last Testament legal documents for Seniors, at least once a year.</p>
470	<p>1. Create an Aging Caucus in the California Legislature. The Legislature changed because of term limits and the number of older adults working in the Legislature is incredibly small and has resulted in a very uninformed workforce of staffers, which impacts older adult policies and budgets. It might be wise to consider creating an Intergenerational Caucus as well. But the primary need rests with having an Aging Caucus. It is also important to have a standing Senate Aging and Long-Term Care Committee. 2. Improve palliative/hospice care and develop mechanisms to expand education of people to have medical advance directives. For example, you could have California's two retirement systems (PERS, STRS) to include this in their retirement training and materials provided to members.</p>
471	<p>1. California must either allow the use of Medi-Cal to pay for assisted living care or develop different funding streams to allow low-income seniors access to alternatives to skilled nursing care. 2. California must make greater financial investments to fill the gap between Federal funding and actual need and help local service providers meet Federal cost sharing burdens for senior programs. This is especially the case for Older Americans Act Title III programs such as senior nutrition, caregiver support and other supportive services and HICAP services. The need far outweighs the funds, and local communities cannot always meet "local" cost sharing burdens. 3. The California Department of Aging must relax the administrative burden on local senior service providers and allow greater flexibility in the design of programs to meet local need. 4. Rural local service providers must have a voice. <del>There's more, but not much more room in the box.</del></p>
472	<p>1. Aging and disability do require different solutions for even shared issues. Ignoring this, and ignoring the different solutions they require cannot be ignored. Disparities exist for health problems in the disability community that do not exist for the aging population. <a href="https://www.aahd.us/wp-content/uploads/2012/03/HealthDisparities2011.pdf">https://www.aahd.us/wp-content/uploads/2012/03/HealthDisparities2011.pdf</a> This is one of the reasons that addressing healthy aging is important to focus on as well as having a strong and separate voice and programs for the two populations. 2. California added to the fragmentation of services for aging and disability when it allowed ADRCs to be added. Instead of adding existing programs like that, it would have been far wiser to take existing entities in government and expanded their reach and or programs. We should audit the area agencies on aging to identify the problems and issues that exist and are being perpetuated because they have not gone under the microscope to take this important critical action.</p>
473	<p>1. Affordable Medical care reinforcing remaining in the home. 2. Medical caregiver including physicians who respect elderly clients.</p>

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474	<ol style="list-style-type: none"> <li>1. Affordable housing &amp; transportation options</li> <li>2. Coordination of health care - this is a HUGE issue and needs immediate attention across the continuum of care - health care is very fragmented now, as we all now, which makes it very difficult for many older adults to get the care they need!</li> <li>3. Expansion of mental health services - now these services are extremely limited - very few community-based providers accept Medicare because of low reimbursement rates. Training peer counselors will help to address this gap &amp; is something that the state can take a leadership role on.</li> <li>4. Coordination of volunteer opportunities which now are quite variable from one organization to another</li> </ol>
475	<ol style="list-style-type: none"> <li>1. Affordable health care</li> <li>2. Development of universal long-term care that includes community, local, and state-wide infrastructure</li> <li>3. Recognition and much higher pay for care givers</li> <li>4. Combat age discrimination at work and in hiring</li> <li>5. Develop programs to enhance and develop skills of older workers</li> </ol>
476	<ol style="list-style-type: none"> <li>1. Develop more retirement communities within each county, allowing more affordable housing (via leasing or buying) to seniors that are close to basic community services and commercial establishments.</li> <li>2. Research and create community service jobs that only seniors can apply for. For example, community clean-up, homeless population support/services, and certain infrastructure maintenance and repair jobs should only be available to seniors that possess such experience.</li> <li>3. California State Government should employ seniors to work within local cities/counties, providing periodic review/reports on the state of government and community services. Such work may involve research, attending various local community meetings and interacting with community stakeholders and government leaders.</li> <li>4. Overall emphasis should be in providing a platform where seniors can engage in the community and contribute either voluntarily or by employment. Seniors should be included and not neglected.</li> </ol>
477	<ol style="list-style-type: none"> <li>1. Develop and fund a system of long term care services for the elderly, including Adult Day Health Care, Homemaker/Home Health Aide, and supportive in home services that will enable an elder to live out their life independently in the community.</li> <li>2. Fully fund Adult Protective Services Programs in each of the counties, based on senior populations and demographics relevant to that population.</li> <li>3. Provide resources for front line staff: social workers, nurses, physical therapists, occupational therapists that will enable them to offer tangible services to the elderly: examples might be home improvements, first and last month's rents for low income seniors, help with medications, access to affordable health care.</li> <li>4. Employ staff members at the State Level who have expertise in Adult and Aging Services and provide a mechanism for consumer input.</li> <li>5. Train the County District Attorney's in elder abuse, including undue influence and provide the tools for prosecution.</li> </ol>

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478	<p>1. California teachers were not given Social Security benefits. My husband made a career of teaching elementary school students for over 30 years. Although he retired in 2004, he still volunteered to teach a gifted math class to several of the elementary schools in the Fallbrook Union Elementary School District. He was not paid for this service for over 13 years! These teachers who are enlightening the minds of future leaders of our county, state and country are not allowed to collect Social Security benefits. This is no way to treat people who have worked so hard to educate the youth of our nation. This is NOT RIGHT!</p> <p>2. Costs of prescription drugs are rising at an alarming rate. Senior citizen living on a fixed income as well as other dependent citizens deserve some sort of guarantee that the sellers of these life-sustaining drugs are not allowed to increase the cost at unfair rates!</p> <p>THANK YOU for reading and considering my comments!</p>
479	<p>1) While developing the Master Plan, which should lead to the California Department of Aging having an annual plan, it is critical to remember what led to this effort so that we do not repeat the past. This includes: 1) inadequate federal and state funding to CDA; 2) lack of a substantive, functional annual plan for aging; 3) good data sets and improved data collection; 4) adequate staffing; 5) auditing the area agencies on aging; 6) annual trend analyses and identification of innovations; 7) strengthening the older adult voice; 8) developing intergenerational programs; 7) focusing on home health rather than institutionalization which means focusing on fiscal and program incentives favoring institutionalization; 8) auditing the ADRCs as to duplication of effort and how it adds to fragmentation; 9) improving the Ombudsman program; 10) focusing on healthy aging.</p>
480	<p>1) The state should develop a training program for all 211 Call Centers so that they more effectively answer questions from seniors. Many times seniors do not know what they need to ask for so they do not get what they really need.</p> <p>2) Affordable housing</p> <p>3) Transportation especially options that are already available like Access. It needs to be more user friendly especially to cross county lines. Some of the stories are horrible. We should be treating our most vulnerable residents better than this.</p> <p>4) SHIP/HICAP in some counties such as Los Angeles they are not doing a good job of reaching all of the cities within the county. Eastern Los Angeles County area maybe has 70 or so seniors served face to face a year. Not a typo. There is no excuse that there are not more HICAP counselors. With medical costs as they are we need to ensure that each senior is in a health plan that makes sense for them which may save them money to make their rent payment.</p>
481	<p>1) Revisit the Older American's act to obtain and allocate more funds to disperse to more older adults.</p> <p>2) New housing development for aging in place.</p> <p>3) Free programs or work with community partners to design more visitor programs to isolated seniors.</p> <p>4) Develop a statewide older adult adoption program and or intergenerational co-housing options. Or regulate unlicensed room and boards.</p> <p>5) Create affordable transportation services that fit medical equipment and where employees are trained in caregiving and gerontology.</p> <p>6) Build more safe houses for abused and neglected seniors.</p> <p>7) Look at the prison system and how they can be age-friendly for the older population in there.</p> <p>8) Hire Gerontologist consultants when thinking about creating age-friendly state.</p> <p>Create a task force on workforce for older adults as many still need to make a living.</p>

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482	<p>1) In order to plan for long-term-care, you have to address continuum of care where you see how many patients are feeding into nursing homes, stepped-down care (e.g. -community-based services) home health, hospice and vice versa. Without systems planning, we continue to have a fragmented system of care. We need to return to systems planning, adequate data collection, annual reports that allow monitoring, accountability, identifying gaps in service, bed need, and to assist in identifying facility and health profession needs.</p> <p>2) Healthy Aging planning is imperative. Only 2.5 percent of older adults are in nursing homes and we continue to ignore healthy aging for the bulk of older adults.</p> <p>3) We must address ageism. The World Health Organization launched a global initiative to address ageism that can serve as a blueprint.</p> <p>4) Focus on development of intergenerational efforts for housing, health, food insecurity, and governmental programs.</p>
483	<p>1) Every senior has ready access to a fully operational ADRC, and knows how to use the No-Wrong-Door (NWD) network.</p> <p>2) Every ADRC provides a full range of services, from a simple referral to on-going case management for the most vulnerable.</p> <p>3) Area Agencies on Aging have embraced their roles as promised in the federal Older Americans Act, to be the "leader relative to all aging issues on behalf of older persons". AAOA's have led the way in supporting Alzheimer's/dementia victims, better coordinating home-based services with medical providers, and providing friendly and personal support to aging adults and caregivers.</p> <p>4) The State has gotten its act together by a) funding local and sub-state regional organizations/programs and b) assuring integrated service-delivery replacing the former fragmented "system". Continual effort is made to achieve the "IDEAL" system of long-term services and supports. State officials routinely kibitz with other high achieving, innovative States.</p>
484	<p>1) Do not weaken the senior voice by changing the California Department of Aging (CDA) into the Department of Community Living. Community Living should be a division, not a department. We already have an ageist Legislature and State government, many of whom know little about ageism or the issues related to aging. CDA has been underfunded, understaffed and under developed in program development and outreach for decades. You don't strengthen aging efforts by getting rid of CDA but by strengthening it. Once that word "aging" disappears, you have buried the voice of seniors on a number of levels.</p>
485	<p>1) Affordable housing= not just for low income but for middle income persons &amp; 65 to live quality lives not in "senior centers", but in communities that consist of all ages.</p> <p>2) Reasonable health care rates for working persons that enjoy working past 66+. Medicare B rates for working persons are 7 times higher than employer sponsored rate. For those persons that are self employed it is outrageous. FYI- you are STRONGLY suggested to sign up for Medicare Part A when you turn 65 ( even if you do not need it) -then they auto sign you up for Part B even when you tell them you don't need it or want it --then you spend time fighting the bureaucracy to adjust billing before they put you in default for something you didn't want or need. Change the dynamic here!!!</p> <p>3)Use health risk scoring tools to understand an health care needs and utilization - not age as a determinant of predicting health care usage.</p>
486	<p>*broaden access to public transportation</p> <p>*provide caregiver information through health providers (if an individual needs support, transportation, care following small medical procedures/dentistry), who is available</p> <p>*emergency preparedness updates (note the number of 65+ citizens who died in the latest California disasters)</p>

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487	<ul style="list-style-type: none"> <li>* Remove the asset/property/resource limits on qualifying for Medi-Cal for Non-MAGI programs.</li> <li>* Build a pipeline or ladder for more in-home care for individuals so that folks can remain in their homes instead of going into facilities as they age and health declines.</li> <li>* Enhance Meals on Wheels programs to increase the number of people served and the number of meals provided.</li> <li>* Link animal shelters with long term care facilities, board and care facilities, and Area Agencies on Aging to provide homes for animals in need as well as improving the quality of life for seniors.</li> <li>* Address the housing shortage and resulting homelessness issue. Seniors are increasingly being forced to live on the streets.</li> </ul>
488	<ul style="list-style-type: none"> <li>* I would like to have training for 55 year olds and beyond on how to prepare to be physically and mentally vibrant. A strategy based on Younger Next Year for the physical side. If one starts at 55 to fix the sins foisted on the body of the first 55 years can be turned around by retirement. The second to be a one page strategy to be mentally vibrant.</li> <li>* I would like independent living places for the 55 year olds be a haven for providing the activities defined above</li> <li>* I would like to see pressure put on independent providers (like a gym) to have a slice of their program to aimed at the 55+ folks to get into physical and mental shape without having to move to an independent living environment</li> <li>* there's a lot of talk about government funding for CHILD care. As we oldies but goodies start to go back, provide training to children on how to deal with younging parents AND create job training and opportunities for folks that are willing to provide home care to the 55+ world vs children</li> </ul>
489	<ul style="list-style-type: none"> <li>* Establishing health/fitness/recreation facilities</li> <li>* Educational/Trade classes</li> <li>* Trips: visiting various cities, experiences cultural foods and activities</li> </ul>
490	<ul style="list-style-type: none"> <li>(1) Provide resources for seniors to age in their own homes</li> <li>(2) Provide low-cost resources to install grab bars, etc. in homes</li> <li>(3) Provide more affordable units in senior living accommodations</li> </ul>
491	More Money!
492	<ul style="list-style-type: none"> <li>1.Affordable housing for seniors and youth, helping one another ( ex.senior housing, after school care, and preschool care together. solving the cost problem for all)</li> <li>2.Affordable caregiving</li> </ul>
493	When in the course of humanity, it is vastly significant to engage in caring and servicing the aging adults I loved. Hence, it is my honor and privilege to be in the field of aging and disability.
494	We need to build more village type developments where the aged can live together but still have some independence and their own dwellings.
495	Nothing at this time maybe in the future

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496	<p>My suggestion is a community of smaller homes preferably single story attached or not with small front porch where people can stay in touch with each other. Isolation is a real problem for seniors. with the emphasis on walking to restaurants and small shops for food market and drug store. We don't need a lot of stores just basic needs</p> <p>I know they have such a Community in the bay area but it is needed In more areas. I live in Chico and we have the land to build such a community for seniors But instead we have large homes with big yards that are hard to manage. Thank you for considering my suggestion on such an important topic. I try to stay in touch with as many senior neighbors as I can as I know it's really important to connect so they don't feel isolated.</p>
497	Medicare to provide better coverage on medications for the elderly living on fixed incomes.
498	<ul style="list-style-type: none"> <li>'- Improve transportation services to medical appointments for aging Californian's in rural communities.</li> <li>- Address affordable housing crisis and increase amount of low income/ADA accessible units available to aging population.</li> </ul>
499	<p>-- housing. Make multi-generational/shared housing not only a goal, but a reality. The nuclear family model doesn't function for us any more. Cities and towns in their zoning laws and in their practices need to make it easy for multi-generational families and other multi-generational groups to find and purchase, rent. or lease homes and apartments designed and built for this purpose.</p> <p>-- transportation. how can we use the ride-sharing model to make it easy, quick, and affordable for seniors and persons with disabilities to get where they are going. Let's be clear someone who is 70 today probably already use Uber/Lyft or if they don't they only need a quick and friendly tutorial by the teenager next door. Someone who is 90 years old may need more help or structure. The old methods of reserving a van ride weeks or days in advance puts a burden on users that isn't necessary.</p> <p>-- health. So I am at that age when joining medicare is mandatory. I have been aghast at its inefficiencies</p>
500	<ul style="list-style-type: none"> <li>'- Ensure that all Medicare Supplement plans are accepted everywhere in CA</li> <li>- Ensure that prescription drug costs are affordable--possibly capped--for seniors.</li> <li>- Provide incentives to cities and contractors to build affordable, master-planned active senior communities as is done in AZ, FL, NC, etc. so that seniors don't have to evacuate the state en masse simply because the cost of living for staying in CA is too high.</li> <li>- Provide financial incentives for seniors to stay in CA; discounts on big-ticket items such as homes, cars, etc, breaks on property tax, income tax (especially from state pensions), etc.</li> </ul>
501	<ul style="list-style-type: none"> <li>- create more housing for low-income seniors and disabled low-income seniors that is single-story and wheelchair accessible.</li> <li>- provide Medicare and MediCal coverage for hearing aids, which are prohibitively expensive and prevent many seniors from addressing their hearing loss</li> <li>- require fire departments to provide captioned emergency alert alarms upon request so that residents with hearing loss understand when and where to evacuate in the event of fire or quake. The technology is there, but fire departments are either unaware or don't have the budget.</li> <li>- Many disabled seniors live alone on small fixed income consumed by spiraling housing costs and medical bills that whittle away their savings. They are their own caregivers! They desperately need affordable caregiving, respite care, hot meals, and transportation service to maintain their independence.</li> </ul> <p>The state should do more to help</p>
502	Caregiver for my husband & took care of our Family.
503	California needs more senior home for elderly people that they can afford to live in and be helped taking care of there not enough .

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504	I think we need to prioritize housing for Our seniors. Based on the rental cars now at Los Angeles it may not be feasible for the elderly to live here. I hear lots of talk about spending money for it for a bowl housing for people who are not here illegally from other countries at the Quinn you take care of our own roo our seniors. Based on the rental costs now at Los Angeles it may not be feasible for the elderly to live here. I hear lots of talk about spending money for it for herbal housing for people who are not here illegally from other countries at this when you take care of our own Legal residences and seniors concerns me greatly
505	I am a member of Sistahs Aging with Grace & Elegance and the following are my recommendations for making California an age-friendly state by 2030. 1) Develop state-funded long-term care insurance similar to private pay LTC insurance, providing the same quality care and support. 2) Focus on preventive approaches to Alzheimer's and dementia such as funding for exercise, nutrition, and overall wellness programs for brain-body health. 1)Assisted living /respite that truly assists, including available nurse. 2)Some kind of sponsoring agency (state or nonprofit) to reduce paperwork/insurance burden of hiring caregivers privately. 3)State-sponsored coverage for catastrophic LTC costs. 1. all new construction and remodels to be approved for wheelchair access - 36 wide doorways, ability to provide ramp access, etc. 2. Urban Planning to be more dense with access to good public transportation, public parks, benches with tables ="walkability" factor. 3. Rent control and ability to take on roommates in tenant leases. 4. Education on Aging to middle schoolers 5. Community service (mandatory?) work in seniors
506	1. Medicare Advantage Plans should be encouraged to offer Transportation benefits for medical appointments. 2. Discrimination in housing needs to reduce/be eliminated for seniors to have safe housing. 3. APS needs to be appropriately funded and the number of Case Workers needs to increase. APS does not have a good reputation in the LA area. 4. Family Caregivers NEED SUPPORT. Services for Family Caregivers NEED MORE FUNDING for respite services.
507	Address barriers between non-medical services and supports and medical care delivery. And allocate good portion of funds for supportive services, unpaid caregivers and housing.
508	Addressing family caregivers and people with dementia
509	affordable transportation wheelchair accessible
510	All ages of community engagement through education and social participation with private-public partnerships, health providers, insurers, and associations. Bringing together the young and aging population for increased mental and physical health wellness. Bridging the gap for community socialization through awareness of the aging populations challenges and triumphs.
511	Allocated
512	am a member of Sistahs Aging with Grace & Elegance and the following are my recommendations for making California an age-friendly state by 2030. I want to make housing affordable for seniors. Reducing poverty for African American women.
513	At a minimum: - To create an integrated State agency serving both older adults and younger persons with disabilities. - To appropriate more funding for services to cover the areas in Q3 below. - To implement a statewide "no wrong door" approach using the Aging and Disability Resource Connections as the platform.
514	Better medical care
515	Block program with training.

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516	<p>California Food Policy Advocates looks forward to contributing to the development and implementation of the Master Plan for Aging. As an organization with a wealth of experience advocating policies to increase low-income Californians’ access to nutritious, affordable food, we write to offer our recommendations for how the plan can address the nutritional needs of California’s growing aging population, allowing them to age in place with dignity. Please find our recommendations at the following link:  <a href="https://cfpa.net/GeneralNutrition/CFPAPublications/CFPA_MasterPlanForAging_Recommendations_FINAL_2019.docx">https://cfpa.net/GeneralNutrition/CFPAPublications/CFPA_MasterPlanForAging_Recommendations_FINAL_2019.docx</a></p>
517	<p>City - more aged adult housing. Living options are important - without longterm care and finances -only option is home -but families units aren't as receptive, engaged and responsible, even local as previous decades.</p>
518	<p>Community training and caregiver support.</p>
519	<p>Consider aging Californians with lifelong disabilities, physical and mental, as well as traditional seniors.</p>
520	<p>December 12, 2019 California Department of Aging Office of the Director 1300 National Drive, Suite 200 Sacramento, CA 95384 RE: Food Access Recommendations for the Master Plan for Aging Dear Ms. McCoy-Wade: I represent the Interfaith Sustainable Food Collaborative, a non-profit organization working to Since 2017 we have specifically worked on programs to serve seniors in partnership with the full range of non-profit groups and governmental agencies implementing the Senior Farmers Market Nutrition Program (SFMNP) in California. I write to urge you to include priority goals, strategies, and budget commitments to improve access to nutritious food for older adults within the Master Plan. THE OPPORTUNITY: California seniors rely upon a patchwork of programs to meet the diverse nutritional needs of our aging and disabled population. While these supports are having significant positive impacts on California, a fragmented and underfunded system is limiting additional progress. The ‘SSI-Cashout’, also being referred to as “CalFresh Expansion” represents a unique moment when we can draw in new seniors that are in need of CalFresh support but for various reasons have not accessed the resource. According to California Food Policy Associates, today the rate and number of older adults affected by food insecurity remains well above pre-recession levels. The Master Plan for Aging provides an opportunity to foster innovation, and identify strategies to strengthen and better leverage California’s diverse federal, state, and local nutrition programs and services. To make the most of this opportunity we urge you to: Provide dedicated time and space to develop strategies related to nutrition as part of the Master Plan’s development. Food and nutrition strategies should be introduced, discussed, and vetted during a Master Plan for Aging Stakeholder Advisory committee meeting, during a Master Plan for Aging Subcommittee meeting, or through the addition of a Master Plan for Aging subcommittee on nutrition. Incorporate equitable access to a broad range of food and nutrition resources for older adults, and future generations as a priority goal within the Master Plan for Aging. Make a clear commitment to state funding with new state dollars designated to support and incentivize seniors accessing locally grown healthful food including fruits and vegetables. Leverage federal funding (including SNAP, and SFMNP, etc.) to draw down appropriate resources, but do not limit the State’s commitment based on appropriations determined at the federal level. At this time, we recommend a Food Element of the Master Plan include, but not be limited to: 1) Senior Farmers Market Nutrition Program Dedicated State-funding allocation should more than quadruple the federal benefit going to California seniors annually and double the number of participants. Federal FY 2019 funding for Senior Farmers Market Nutrition Program in California’s is approximately 750,000. This reaches less than 37,500 California seniors annually. The amount distributed to each low-income senior has been 20 annually. While valuable, this is not significant enough to influence long-term behavior change or quality of diet. The state should allocate funds to: a. Double the number of senior participants Annual Cost to State: 750,000 b. Quadruple the federal funding allocation so that each senior receives 80 over the year. (20 per person federal/60 per person state) Annual Cost to State: 4.5 million (60*75,000 seniors = 4,500,000) c. for CDFA administration costs related to expanding the program. Annual Cost to State: 750,000</p>

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520 Cont.	<p>150,000 Total Cost of State Expansion Annually\$4 million Note on precedence: The sister program to SFMNP is WIC FMNP. Oregon has used state funds to increase the WIC farmers market purchases. 2) Farm Fresh to Seniors: Healthful, local food for California seniors The state should launch a new program to support senior serving institutions purchasing local, healthful food for California seniors. This would be modeled after the federal Farm to School program. It would simultaneously support California family farmers; and facilitate culturally appropriate, healthful foods being served to seniors. We recommend a funding level of 5 million per year for a program to be administered by the California Department of Food and Agriculture’s Office of Farm to Fork. Program would include direction for coordination with California Dep’t. of Aging. Total Cost to State Annually: 5 million Note on precedence: This would be modeled after the federal Farm to School program. 3) Provide a “signing bonus” for newly eligible seniors following the “SSI-Cashout” Earmark state funding to incentivize CalFresh participation by newly eligible seniors by Providing funding for all newly enrolled seniors from SSI-Cashout implementation to get one time supplement to their CalFresh benefits of 100. One-time Cost to State 37 million* *Actual expense would be based on number of eligible seniors who both signed up for CalFresh and the additional one-time benefit covered by state. Estimated 375,000*100 4) Support Farmers Markets Participation and Access for Seniors. Invest in a competitive grants for farmers market associations and advocates funding: seating; shade/rain structures; transportation subsidies; tours; and promotion of nutrition assistance programs as part of wrap-around services for seniors. House at the California Department of Food and Agriculture, Office of Farm to Fork with 15 grants of up to 100k each. Annual Cost to State:1.5 million Other Ideas we hope to see explored further as the Master Plan for Aging advances: 5) Improve promotion of Disaster-CalFresh for eligible seniors including those for whom English is a second language. 6) Raise the Minimum CalFresh Benefit by supplementing federal ’s with state ’s 7) Facilitate CalFresh on-line purchasing for seniors with limited access to transportation. 8) Nutrition incentive and/or food support that covers 200% of fed Poverty level (doesn’t require farmers markets). This may be something like the Summer Meal program for kids that get EBT card, so parents can purchase for them. Thank you for your consideration of these recommendations! Of course we would be happy to discuss them in greater detail as appropriate. We look forward to participating in the development of the Master Plan for Aging over the coming months. Sincerely, Steve Schwartz, Executive Director</p>
521	Educate health providers on the benefits and best practices for an early diagnosis of Alzheimer's and related dementias. Increase care planning to provide better support for those living with dementia and their family members.
522	Encourage more board and care facilities; continue to license and inspect assisted living facilities; continue to improve transportation in metro areas or (MSA's).
523	Engage ethnicity influencers and community leaders like www.happy50plus.org to teach communities about age friendly and its benefits.
524	Excecelente plan
525	Favorable but fair tax policy, Infrastructure requirements for age-friendly communities, addressing environmental impacts on older adults, LGBTQ and veteran older adult favorable policies including housing.
526	Fully fund services for aging adults with Intellectual & developmental disabilities
527	Harness the power of Volunteer Caregiving through Youth like High school/Undergraduate/graduate Students. Intergenerational caregiving has benefits for both parties and saves our economy and families from going bankrupt.
528	Harness the power of volunteer caregiving to provide respite care with undergraduates
529	Have transitional transportation for the elderly who don't drive any longer and want to maintain a level of independence. A program with compassion. Ref City of Santa Clarita bus program that offers rides for a dollar.

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530	Help to find ways to pay for or supplement the cost of long-term in-home care.
531	Homeless seniors have increased incrementally . We need to address this ASAP. Also, subsidizing in-home long-term care IN THE HOME, will reduce federal costs and keep seniors feeling safe (in their own home).
532	I am a member of Sistahs Aging with Grace & Elegance (SageSistahs) and they have my recommendations.
533	I am a member of Sistahs Aging with Grace & Elegance and the following are my recommendations for making California an age-friendly state by 2030: 1. ensure all key stakeholders are represented and at the table on approval and implementation of recommendations with a period for public review and feedback. 2. Ensure there is integration and cross-collaboration in dissemination of information/referrals among state/county agencies in coordination of service delivery in topics identified in question #3, and others that may be identified.
534	I served on the Thousand Oaks Council on Aging and we developed a Master Plan for our City. We accomplished some very positive things using the Master Plan as our road map. I am a founding member of Conejo Valley Village and have been amazed at what this organization has meant to seniors in our community. One of the most important things we have been able to do is to provide seniors with activities and transportation to help avoid the social isolation that is a devastating problem for many seniors. I believe the Village model can be expanded to include many more people. Many seniors in CA do not have the luxury of extended family nearby and the Villages provide a very special feeling of community for them. ,
535	I suggest that the Office on Aging implement a fall risk tool to assess the older community members they serve in their programs.
536	I support the work of California Black Women's Health Project & Sistahs Aging with Grace & Elegance to lift up the voices of Black women and families to advocate for equity in resource distribution, policies impacting Black lives, and safety from predatory business practices aimed at separating us from quality living along the aging journey.
537	If there isn't already, there should be a standard of care and cleanliness at nursing homes, or at least give the elderly at nursing homes the ability to go out more than just the confines of their bedroom or nursing home facility if possible. A lot of nursing homes I've been to are gross and kind of upsetting, and I wish that they were a more pleasant place to be at.
538	In terms of support as we age and our need for recyclable adult underwear worn when we develop incontinence. The products are very expensive. Affordable diverse housing in a supportive community. Meaning it could be faith based, or gender or ethnicity for example. Expand funding for LACRC. Create a permanent budget item that funds them and other organizations like the LACRC. Using innovation and creating a new type of transportation company that charges a token amount, (\$1.00 or \$2.00) to pick up people who can no longer drive or who can't drive due to aging. Look at what the city of Santa Clarita is doing as a model. Expand on their program to create an alternative to such businesses as Uber or Lyft. Create a team of educators who like technology and are focused on teaching us how to enhance our lives learning to utilize it more efficiently. If possible, use seniors to teach other seniors, teens to teach teens, etc. Once in a while, mix up the teachers, meaning allow a teens to teach seniors.
539	intentional communities which are currently being developed privately but could be supported publically for intergenerational living
540	Intergenerational caregiving! (Look at the Youth Movement Against Alzheimer's program YouthCare
541	Inter-generational Senior Centers with resources for every 50,000 residents as recommended by National Association of Parks and Recreation, encouraging older adults engagement in volunteerism, reduction of fraud with seniors through police departments, enough affordable housing so all seniors can have a clean, safe place to live that encourages active engagement in the community through volunteerism.
542	Invest in groups who work in keeping seniors engaged with community events (especially rural areas). Provide more transportation for aging adults.
543	larger signage for viewing street names. programs for utility reduction larger % for seniors, food stamps amounts, SSI

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544	Link individuals to social service agencies so that everyone is engaged in preparing our aging population for emergencies and the effects of climate change.
545	Long Term Serves & Supports for everyone—including domestic caregivers. Care in home paid by government. Medicare for all.
546	Low cost accessible housing and transportation for seniors so they can live in their community for as long as possible.
547	Make housing a priority! Provide affordable housing for the disabled, elderly and mentally impaired. Provide open communities to older folks. Prevent isolation and integrate younger people and kids in their every day life. Provide affordable and easy access to transportation for those in need. Continue to fund caregiver resource centers and aid Free and accessible CPR training for all caregivers and other adults In home doctor visit for the disabled
548	Make Long Term Care insurance a cost effective option for the growing lack of care that has dawned it sorrow head within the aging middle class.
549	Making housing affordable for seniors and reducing poverty for African American women.
550	More affordable and supportive housing for older adults More options and resources for aging-in-place More financial assistance for long-term care
551	More affordable housing for our retired members
552	must include and center LGBTQ, Black, Indigenous People of Color, and people with disabilities.
553	My husband died on 10/28/2018 after 10 yrs with AD. The financial burden grew exponentially with each passing year. It brought me to the point of nearly having to sell our home of 35 years to pay for his daily care. When I placed him in a Memory Care establishment I had to open a Go Fund Me account and virtually beg for assistance. Geno's last 6 months of life cost \$50,000!! If not for the Go Fund Me account I would be destitute today! Something MUST be done to lower the cost OR somehow assist those in my situation financially. I know for a fact I'm not the minority in this dilemma, more like my situation is more the norm in the USA. I don't have any solutions, just understanding the pain of seeing your life partner disintegrate before your eyes is trauma enough without having to worry about where the next \$50,000+ is coming from.
554	Planning for aging should not begin at 50 or 65. Preparation should begin at school age with education about the aging process and how to prepare.
555	Please listen to older adults/seniors who are living and aging in place on ways to make their lives more comfortable and not taking for granted that you know what is best for the aging population.
556	Promote and support the Village Model
557	Provide funding beyond Older American Act Funding to provide services for older adults, especially for middle income older adults. Funding would include home care funding for middle income older adults who need help.
558	Provide incentives to municipalities to acquire their Age-Friendly status.
559	Provide minimum wage jobs to help clean the highway off ramps as well as high traffic for homeless encampments . I no many people in the city of Oakland who will gladly take minimum wage to assist with the cleanliness and beautifying of our neighborhoods and surrounding communities
560	Providing resources to help families and caregivers with safety measures in the home to care for aging family member with immobility problems, example patient with Parkinson's disease.
561	Requesting additional funding and resources for our Seniors. Those who have gone before and paid their dues. Sage Sistahs Aging with Grace and Elegance' as a supporter.

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562	Respite
563	Respite Care Resources Better Public Transportation Central Database of Aging Resources
564	Respite.
565	Restore SSI/SSP by reversing great recession cuts so seniors aren't forced to live in poverty or folks with disabilities.
566	Similar model in Netherlands where younger people are living with older people who need care.
567	Sistahs Aging with Grace and Elegance (SAGE) has my recommendations
568	Streamlining programs offered to Seniors by creating a "one stop shop." Place all resources under one Management which should negotiate the maze of financial, social, and health-related issues our Seniors face.
569	The current population of aging adults come from a time of working hard without enough financial planning for the rising cost of living. I believe that majority of this population rely solely on supplemental income. Economic security is one of my personal greatest fears for growing older. How can we expect to plan for a future with a cost of living that can potentially be 10x my current cost of living. Financial planning for aging adults is not just being able to retire and go on vacations, but just having basic needs met. If we can meet people's most basic of needs (food, shelter, safety) we will see tremendous improvements in mental, physical, and emotional health.
570	There are elders with no family that can help with paying for their long-term care. Therefore they end up in a nursing facility and must leave home because that is the only way the Government Can help with living conditions and care. IHSS has a maximum of income a person can receive and some people receive in social security or pension more than allowed by IHSS/Medi-cal. Yet monthly income is not enough to stay home and get a caregiver.
571	To have a better neighborhood.
572	Utilize the power of volunteer caregivers of undergraduate college students to provide respite care for family caregivers and persons with dementia/alzheimer's.
573	Vetted Uber- like service allowing seniors to knowand trust drivers. Life coach navigators who keep seniors socially engaged- senior planning that begins at age 55 to plan for mindful aging. Navigator services for survivor families dealing with all the basic paper work after death occurs.
574	We need more CNAs
575	Work to extinguish ageism and stereotypes of growing older in our culture. California won't move to an age-friendlier state anytime soon as long as negative myths and images of "old age" as simply a time of unrelenting and irreversible weakness, chronic morbidity and the prospect of a painful lingering death persist in the culture. One viable way to help break that negative mold is to continue to work to extend health span/compress morbidity and mortality as long as possible. That should help break the chain of images and ideas that help instill fear of one's own aging and recoiling at the sight of the frail. So for me it's necessary for the Master Plan to emphasize and fund ongoing scientific gerontological research into the aging process and how to prevent premature chronic morbidity and mortality so that the end is more along the lines of Holmes' poem of the "one horse shay." It lasts just fine until the very end of its time. The healthier senior reaps the benefit of more time to explore new interests and meaning in life, while society reaps the benefit of lower "sickness" costs. Nevertheless, for those many elders not so "fine" (robust) until the end of their "time" the Master Plan must be there to address and better mitigate, if not eliminate, the variety of barriers faced of the sort mentioned in the topic list, all of which and more are important ( I only checked a few of particular importance to me). But I would (from a strengths perspective) also beware of the "deficit view" of aging and avoid incorporating, and so helping to perpetuate, that dependency perspective into the very plan seeking to overcome age phobia in California.
576	Help IHSS providers and employees of services for elders plan for their own retirement

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577	<p>6Beds, Inc is an association that represents residential care providers that serve six or fewer persons in single-family homes. We recommend that California establish a financing authority or authorize a bond issuance, the proceeds of which would be managed by an appropriate California agency, that would provide low-interest, fixed rate, long-term financing for the acquisition and redevelopment of licensed residential care facilities with a focus on residential care facilities that would operate utilizing California's existing single-family housing supply. Residential care bed capacity is declining in areas where California's housing is most expensive, such as in the Bay Area and Los Angeles. For example, it is extremely difficult to add capacity in localities such as San Jose and San Francisco where median home prices are over \$1 million, which doesn't include the cost of having to renovate the homes to properly accommodate the older adult population. Assisting residential care providers with the necessary financing can help reduce barriers to entry created by astronomically high housing prices.</p>
578	<p>6Beds, Inc, an association of residential care providers that serve six or fewer persons in single-family homes, recommends that licensed residential care facilities be explicitly included in the definition of permanent supportive housing for purposes of eligibility for No Place Like Home funds and other funds earmarked for housing that support persons with severe mental illness and who are homeless or at risk of homelessness. While adults with severe mental illness will benefit from low-income housing with supportive wrap-around services, these settings may not be able to safely house and allow individuals to age in place. At some point, 24-hour residential care may be the safest option. However, No Place Like Home doesn't include funds for licensed residential care facilities. No Place Like Home should support the development of home-based residential care to allow people to safely transition from apartment style housing with wrap around services to 24 hour residential care settings, when the need arises.</p>
579	<p>6Beds, Inc. is a trade association of residential care facilities that utilize single-family homes to serve six or fewer residents. 6Beds recommends that California enact a public insurance option that will help fund consumers' stays in residential care/assisted living. The program would be separate from Medi-Cal and cover persons that would not qualify for Medi-Cal. There is a large segment of older adults that do not qualify for Medi-Cal, but who are also not wealthy ("the forgotten middle"), that cannot afford private-pay residential care/assisted living.</p>
580	<p>6Beds, Inc., an association of residential care providers that serve six or fewer persons within single-family homes, recommends that California increase the SSP component of the SSI/SSP Non-Medical Out of Home Care Rate. Currently, the SSI/SSP Non-Medical Out of Home Care Rate provides less than \$1,100 per month. This rate is intended to compensate residential care providers for the costs of room, board, and care. However, the rate is inadequate to cover room and board costs, much less the costs of care. Residential care providers are unable to provide housing and care for California's vulnerable older adults at this rate level given that providers must pay minimum wage and overtime to direct care staff, payroll taxes, workers' compensation insurance, liability insurance, utilities, etc. Historically, small residential care providers have been able to house and care for the SSI/SSP population in California, home to 20% of the nation's SSI population. However, small residential care providers across California are closing their doors in large numbers due to lack of economic viability. These small providers can no longer afford to provide housing and care for SSI/SSP recipients at the current Non-Medical Out of Home Care rate level.</p>
581	<p>A State which promotes and funds programs to help seniors remain at home in order live out their retirement years with dignity.</p>

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582	<p>As a Provider, parent and advocate for my disabled daughter for 20 years, and a resident of CA for 13, what stands out to me the most in the last 3 years is the growing and deepening attitude within IHSS of dismissal, disregard and diminishing of actual real life need for the disabled. Especially here in Marin County. There has been an increase in what appears to be a targeted effort to simply reduce hours of maximum hour recipients without documented need or change stated. Our eligibility worker actually told me it was for fiscal reasons that Protective Supervision was being taken away from recipients-which I was told was illegal. There are too many false and misleading statements to even list, by County officials during hearings and assessments-that did not come close to representing the MPP, ACIN or ACL letters. Blatant efforts to confuse, stall, sabotage the intent of Providing quality care; denying Doctor's and Medical Professionals' opinions of over 20 years. I was told by over 15 agency officials within CA that Marin County is one of the most corrupt in the state for IHSS-that they are County rather than recipient driven, that they are not following the law and are dishonest in their practices, that they are actually discriminating against the disabled in their practices or are at least getting as close as they can without obviously breaking the law. That they count on full -time providers not being able to prepare for hearings, or contest NOA's because they make the process so difficult. All of the above mentioned issues create a dismal and discouraging outlook for families already fighting the most difficult fight in their lives just to keep going day by day and care for their disabled loved one. It has made an already stressful life almost unbearable to have to always, scrap and fight for every common dignity a "normal" person has. It is unconscionable; it is wrong; it is inhumane; it is pathological to have the most vulnerable have to do this. It has to change for the disabled and the elderly; we have to lead all of CA into a new frontier of actual dignified living for these populations.</p>
583	Concern over Parks & Rec management record on Senior Centers due to lack of response to requests by seniors for more programs and lunches every day
584	Creating engagement coordinators
585	Engage people in non-English speaking communities to get their feedback about their aging experiences and find their hopes and wishes
586	Healthy aging of low income people living in HUD subsidized "independent living" housing
587	I appreciate that the LTSS committee is taking into consideration the needs of family caregivers. I would like to see a continued emphasis on this. For the Caregivers, their loved one, and the LTSS system such attention to solutions for them will keep people in their homes longer, improve the health of caregivers in the long term, and reduced cost of more expensive services will benefit all of us.
588	I was originally very disappointed to see that all of the meetings would be held in Sacramento, effectively leaving us remote elders out of the discussion. However I am happy to see your Webinar Wednesdays addressing the problem and hope to benefit from some of the subjects addressed in them.

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589	<p>Letter to the Editor: from Larry Buchalter      If it were up to me I would ask that the funds for IHSS would be directly given to the recipient to pay the caregivers; in addition I would ask that the caregivers pay be raised substantially to a livable wage which means not just for basic but for a decent life . My caregiver deserves more pay and less anxiety and stress. I would eliminate the social worker having to come out to do functional assessments for hours because the current scheme of evaluation does not work it is unrealistic it's always been that way and the needs don't change and a quantitative measurement is not accurate . You can't evaluate quality with quantitative measurement tools they don't work; they do not adequately address the emotional labor cost borne by caregivers—most of whom are women working in a patriarchal society! I also think that electronic visit verification be halted it is like they don't trust the workers to do the work they are hired to do! This work is not factory work it is quite variable and i based on human needs that vary from day to day and how the recipient is feeling. I would ask that IHO/WPCS and 24/7 caregiver Care be available to everyone because we are all going to need it regardless of who we are. We all get old and we all would like to get as much care as we can to live as long as we can and also where people will be affected by the aging process we need a greater share of the budget to be devoted like single payer for everyone in society. I also believe that emergency care provisions should be added to the IHSS program too. IHSS should be available to provide for people's comfort at home rather than just their survival and it should be an option for all people as we age! Unfortunately insurance companies do not see caregiving as medical like they do if a visiting nurse were being sent to do a health care chore but are paid much more for doing (Taking vital signs and doing some tasks but are nowhere near sufficient to get a person with the disability through their day as our IHSS workers ddo) the same work that a lot of caregivers also perform. I feel my caregiver does chore provision work that is indispensable to my survival and It is not appreciated by the social services bureaucracy! Caregiving is a professional job! I would encourage the agency to provide funding to help union organizing and help in getting adequate technical assistance to help caregivers get to and from meetings. A portion of caregivers cannot meaningfully advocate for themselves without a union hall and meeting regularly in solidarity with each other. Furthermore we think the unions would be far better guided by the actual problems of the rank and file providers and they can only get that by regular communication with them. And lastly we all know that the greater share of the tax burden should be shifted to corporate business and really rich people rather than taxing the middle class and poor people to fund the program. The money issue does not solve the psychologically and emotional drain of helping the client but it will ease some of the resentment and alienation that caregivers feel sometimes at being exploited and the recipient would benefit by having caregivers with better representation and appreciation from the state Please help to communicate this statement to get the maximum help for all of us. Larry Buchalter</p>
590	<p>Lower the property taxes for seniors if you are serious about this so-called master plan. Otherwise it is just smoke and mirrors as usual. These high taxes are choking most seniors and forcing us out of our homes and into the streets.</p>
591	<p>Making home food delivery more vegan friendly. I am a vegan and have to make all my meals at home, since almost all meal delivery services are not vegan. Some days I'm in quite a bit of pain and cannot make a meal for myself. It would be wonderful if meal delivery services included vegan options. I've checked many of them and there are no vegan options. I do not eat meat, fish, dairy, or eggs for many reason, health being one of them.</p>

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592	<p>Miscellaneous -State Legislature : [legislation needed to implement recommendation] Set maximum profit margins allowed for government funded activities (e.g. SNFs) reate tax incentives and penalties for behavior which does not provide IHSS workers, nursing homes, etc. with Living wage and health benefits. Create tax incentives and penalties for behavior which overcharges elders for care. -Local Government: Address zoning and fees to allow for congregate housing, small care facilities. Create incentives for cities and towns to promote the most efficient and compassionate care structure. -Federal Government: Create tax incentives and penalties for behavior which overcharges elders for care. Fund education for professionals serving the geriatric demographic -Private Sector: Sponsor a public / private competition and hackathons to develop innovative Information and Referral technologies which integrate Artificial Intelligence and the human touch. Use Lean Data Design principles (e.g. Acumen, Stanford Social Innovation Review, <a href="https://ssir.org/">https://ssir.org/</a> ) -Community Based Organizations: CWDA and other statewide groups can be utilized to provide resources, models and trainings for each community. Rather than reinvent the wheel, research based models and programs can be shared or expanded to areas with unmet need.</p>
593	<p>Please do not focus on only low income. All CA residents deserve to have good planning to help them age without worrying about running out of money.</p>
594	<p>Research Subcommittee needs to address and compile data on those needing and receiving IHSS and Long-term Services and Supports that have Service Dogs, Emotional Support Service Animals and Pets and add to regulations time for help, by providers, with dog walking and taking to veterinarian for care.</p>
595	<p>Spanish-language material and access</p>
596	<p>To account for the importance of spirituality and the engagement of the faith community in aging. And to account for the differences between religion and spirituality in aging.</p>
597	<p>To have open and easily accessible working relationships and contact information between county, state, and federal entities. Example: An eligibility worker at the county level needs to speak with a Social Security rep in an effort to assist an aging client with retirement benefits and has to wait over 30 minutes on the phone. This individual has no transportation, is hard of hearing, walks with a cane and has no family to assist. The eligibility worker has no time to assist because of the volume of work, but wants to assist. So this client gets informed to go to local Social Security office with no resolution. Would it not make sense that from County to the State to the Federal offices, worker could make one phone call to an agency number not a public number to assist better?</p>
598	<p>We have a major issue around homelessness in our state. The numbers of older adults who are homeless grew by double digits across the state this past year. We need to ensure we have also identified opportunities for IHSS to be provided in permanent supportive housing settings in which older adults live. The onsite staff of PSH do not have specific training to provide this level of services. These individuals also likely don't have family caregivers. They are often dual eligibles that drive high Emergency Room engagement.</p>

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599	<p>Advance the economic security of older adults in California.</p> <p>The plan should include a specific goal and strategies for reducing California’s senior poverty rate.</p> <p>Expand access to programs and services that enable older adults to live in home and community-based settings.</p> <p>The plan should include specific goals and strategies for increasing the percentage of state dollars spent on and people (older adults and persons with disabilities) served in home and community-based settings versus institutional settings.</p> <p>Ensure that all California families can afford the costs of long-term services and supports (LTSS).</p> <p>The plan should include a specific recommendation for developing and financing a new model or models for providing long term care coverage to all families.</p> <p>Build California’s services delivery infrastructure to support and optimize older adults’ ability to live with dignity and independence.</p> <p>Special Issues &amp; Populations. The Master Plan must contain goals and related strategies to:</p> <p>End or at least decrease the rate of older adults experiencing homelessness.</p> <p>Increase access to affordable, appropriate housing for older adults.</p> <p>Assure that Medicare and Medicaid health plans and Home and Community Based Services (HCBS) service delivery organizations meet dementia friendly standards by 2025.</p> <p>Prevent and address the impacts of elder abuse.</p> <p>Build and coordinate state and local level leadership.</p> <p>The plan should include specific recommendations for augmenting, aligning or modifying state structures to ensure that the evolving needs of older adults are accounted for in decision-making.</p> <p>Continue to build integrated, coordinated systems of care.</p> <p>Core values of diversity, equity and inclusion underlying all these goals, especially in the areas of race, gender identity, and immigration status.</p>
600	<p>I am an Ombudsman in San Francisco. Oddly, I have never seen any Aging or other Plan which addresses the problems of maintaining and expanding the number of skilled nursing facilities and assisted living facilities (including Residential Care Facilities for the Elderly, Board and Cares, and Adult Residential Facilities for the mentally ill). I think it is time for this to happen and to include, in the discussion, hospitals and local Departments of Public Health that are tasked with finding places for older adults who can no longer live on their own, either temporarily or permanently. There is much that needs to be done in this area.</p>
601	<p>As president of the California Continuing Care Residents Association (CALCRA), I am interested in the Long-Term Care Subcommittee of the Governor’s Master Plan for Aging.</p> <p>Continuing Care Retirement Communities (CCRCs) are a unique senior living environment, offering a continuum of residential care from independent living through assisted living and memory care, to skilled nursing. Currently there are over 100 CCRCs in California, providing care and services to over 25,000 residents. CALCRA is the only organization dedicated solely to representing this population.</p> <p>I’d appreciate receiving any information you are distributing on the work of this committee and how people in the community may participate.</p>

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602	<p>I do pray that some member of the EngAGE team read my brief note regarding my volunteer efforts via the Salvation Army Community Care Ministries outreach programs.</p> <p>"Serving Seniors" was developed to utilized SA volunteers to reach out to senior citizens living in nursing homes, convalescent centers and SA senior citizen apartments (Silvercrest).</p> <p>Various activities- Ice cream socials/Arts&amp; Crafts/Getting to Know You/Reminiscing/-were organized to uplift the spirits of very precious citizens...our Seniors.</p> <p>Californians- at every level of public and private life, regardless of political affiliation -can prove to one another that we can unite, when it comes to serving senior citizens of this great state.</p>
603	<p>Specifically, EngAGE has a unique opportunity to help guide, teach and assist young Californians what it means to fulfill there Civic Responsibility. High schoolers, I believe, must participate in what has come to be known, as Service Learning. In the volunteer sector, properly, this is identified as Urban Ministry or Urban Outreach, if you will.</p> <p>Some of the memorial occasions, with young volunteers, who interacted with seniors, in a festive environment, would no doubt touch your heart and possibly bring a tear to the eye.</p> <p>"Only a village, can raise a child."</p> <p>As patriotic Americans, we can, we must, EngAGE our the youth. As adults, it is our responsibility and the way forward, proving to our youth, the importance of fulling Civic Responsibility here in the great state of California.</p>
604	<p>Why not an AARP-like campaign for small homes (1000 - 1200 sq ft) on small lots (5000 sq ft) NOT associated with an existing home (ie, other than ADUs/Granny Flats).</p> <p>This could enable even more retired people to buy (or rent) a reasonably-priced home!</p>
605	<p>The strategic mandate must be Single Payer, Expanded Medicare for All to address this profound agenda in a definitive way. (attachment)</p>
606	<p>Thank you for the announcement. We have questions about the tasks assigned to the committee and the qualifications of the "stakeholders" on the committee.</p> <p>Is the committee tasked with researching and recommending solutions to predatory conservatorship?</p> <p>Who on the committee is qualified to address predatory conservatorship?</p> <p>Who on the committee is qualified to address oversight needed in probate court?</p> <p>Will the committee set a time for members to watch the documentary film The Guardians?</p> <p>Will the committee set a time to meet with advocates who have expertise on predatory conservatorship?</p>
607	<p>Thank you for the information on the Aging Committee. Who represents caregivers and family caregivers?</p> <p>Does anyone understand that IHSS depend on disability status and that it might take years-with an attorney- to get onto disability?</p> <p>Perhaps we need to understand how people fall into homelessness, not just how many there are now.</p> <p>There are holes-huge gaps- in the safety-nets unprepared for those with multiple comorbidities, no income and no pension.</p> <p>Who speaks for families dealing with early stages of cognitive impairment or dementia without a safety net?</p>

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608	<p>I am very concerned about the lack of leadership in providing for the seniors in various cities by Park &amp; Rec. Administration.</p> <p>In Camarillo, CA. there are onsite meals once a month! How do seniors socialize only once a month? The salaries are paid and are very generous for the non-responsiveness to the seniors.</p> <p>In Carlsbad, CA. the Staff is not very responsive and almost let the homeless take over the Senior Center which shares space with the Park &amp; Rec Administration so there is no room to expand. The Staff has eliminated or cut back on services with no valid explanation to the seniors. They always have an excuse why they can not do something. I have asked for Zentangle art classes for over a year. There used to be a discussion group but they are not interested in restarting this activity. Only making money on certain programs interests them.</p> <p>Is it time for a separate Senior Foundation to run the Senior Centers and to oversee the money? The Janet Goeske Foundation runs a Senior Center in Riverside and does not charge anything for the classes! Some Park &amp; Rec. Centers for Seniors are all about making money.</p> <p>Please look into this as some centers think Bingo is the end all and be all for seniors. They restrict access and info to Seniors.</p>
609	<p>I feel that the State of California is trying to chase its elderly population out of California due to a lack of any tax relief, mainly property taxes.</p> <p>What is in the plan to provide seniors with property tax relief? I know that many states and cities provide a substantial reduction in property value for the elderly while Riverside County gives you a very small \$7,000.00 reduction for owner occupation.</p>

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610	<p>First, thank you for taking action to address this growing crisis. I have witnessed and experienced this issue professionally as a RN and personally as a daughter for both my parents. Even my children have participated as cgs to their grandparents since ages 11 and 13. My children are now 27 and 24. My father has passed and we continue to take care of my mom with heart failure, she will be 96 in December. As many family cgs of all ages and relationships want to provide necessary daily care, it does impact the cgs lives personally and professionally. I have had job limitations and thus potential earnings loss, advancement and retirement affected. Health is affected due to sleep disturbance and long days. Socialization with friends becomes an occasional phone call or text. Currently I am working fulltime in which I can do, as my son took time off from his college education to care for my mom while I am working. He volunteered to take his last year of college off and held off on taking employment so grandma could be cared for by family. The finances don't allow for private cgs. My son said it is the right thing to do, to sacrifice for something more important, especially when we see my mom's decline. Doing the right thing even when it requires sacrifice is something I have taught my children as a single parent. But doing the right thing is not always feasible. As a RN in home health I see it every day where families want to caregive, but due to their own circumstances cannot. I see multigenerational families participating as cgs. Whether it be one person or several persons, caregiving takes its toll as time moves on. What greatly effects these selfless cgs is that most do not get respite breaks or financial assistance to help with supplies, transportation and other caregiving needs. Burn out is high and most feel they are forgotten about....by family, friends and society. When I encouraged other cgs to write or call in, their comments were: "I don't have time" and "it won't change anything". Family cgs have no faith in government agencies changing this issue...I still have faith that change can happen with action and this committee demonstrates the desire. Turning our heads does not change the direction of the aging population crisis. Moving forward with active listening and effective action will motivate others to follow. I can share hundreds of stories as one person, now multiply that with hundreds of thousands of family cgs and you will be astonished and humbled. I took a break at work to share this. I am available to share more and answer questions if you would like. PLEASE keep this in motion, it is vital to the aging population, current and beyond!</p>
611	<ol style="list-style-type: none"> <li>1- Access to healthcare /medical care Rural zip code/geography vs. City zip code/geography</li> <li>2- SDOH Social Determinants of Health incorporate this mindset into the goals and framework</li> <li>3- Statistic: Last 5 years of LIFE the State of California/County and Local governments provide public funding</li> <li>4- Possibly viewing this Master Plan for Aging as "Lifetime Care for all Californians"</li> <li>5- AGING = defining the AGING goals into this framework and incorporate into each sub committee's charter</li> <li>6- IT/TECH integrate technology into all goals and framework</li> <li>7- Consider adding some young innovative leaders to these discussions and committees. Believe the fresh eyes and ears groomed in the IT tech world from inception, would provide new cost effective solutions and discussions</li> <li>8- Why is CMS Centers of Medicare and Medicaid Services missing from the Master Plan for Aging Membership? CMS administers Medicare and provides the Federal oversight to Medicaid (Medi-Cal in California).</li> </ol>
612	<p>I was on the Master Planning for Aging phone call this morning, and I just wanted to comment on my experience with the Village Movement. <a href="https://www.vtvnetwork.org/content.aspx?sl=1429008535">https://www.vtvnetwork.org/content.aspx?sl=1429008535</a></p> <p>I have been working as a volunteer with Ashby Village in Berkeley CA for the past 9 years. <a href="https://www.ashbyvillage.org/content.aspx?sl=1429013524">https://www.ashbyvillage.org/content.aspx?sl=1429013524</a> The Village concept helps seniors age in place by providing important services through a trained volunteer network. In doing so it helps seniors avoid feelings of isolation and disconnectedness to the local community. It fosters intergenerational relationships that helps volunteers, as much as the people they are serving. I believe that the volunteer model that the Village is based on, should in some way be incorporated into the discussion of a Master Plan. So many of the goals that were discussed at the meeting are addressed by this grass roots movement.</p>

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613	<p>My main concerns is that there is no outright LGBTQ+ organization represented as a Stakeholder Committee member. While AltaMed is represented on the Stakeholder list and are LGBTQ+ friendly, having a truly LGBTQ+ organization as a Stakeholder Committee would be better.</p> <p>My personal experience with some Stakeholder Committee organizations on LGBTQ+ issues has been less than stellar. Other Stakeholder organizations need to be educated on LGBTQ+ senior issues. LGBTQ+ seniors are not represented, or included, on Boards of Directors, or in advisory capacities. I sincerely hope this collective group of Stakeholders can raise up those less than stellar organizations.</p> <p>I agree with many items that will be addressed going forward. Many LGBTQ+ advocates, such as myself, have left cultural competency behind as it is limited in scope and have replaced it with cultural humility/responsiveness. I will be contributing my concerns regarding LGBTQ+ seniors regarding workforce development, housing, long-term care, nutrition, and climate change.</p> <p>Issues I addressed earlier this year as a workshop presenter included the following from the 116th Congress:</p> <ul style="list-style-type: none"> <li>• HR 1777 – LGBT Elder American Act</li> <li>• S 1225 – Elder Pride Act</li> <li>• S 1159 – Inclusive Aging Act</li> <li>• HR 5 – Equality Act</li> <li>• HR 1450 – Do No Harm Act</li> <li>• HR 3273 – LGBT Data Inclusion Act (115th Congress)</li> </ul> <p>While these are at the Federal level, elements from these can be brought into the State level and implemented. There are many areas that need our assistance such as the Central Valley of California.</p> <p>As this committee moves forward I would like to hope that accountability can be addressed regarding California's SB 219 – California LGBT Bill of Rights for Long-Term Care. It's failing our LGBTQ+ seniors.</p> <p>The Master Plan for Aging is a game changer for the State of California. It is my sincerest desire that LGBTQ+ seniors are well represented within the Master Plan. I can assist in this endeavor as a subject matter expert on LGBTQ+ senior issues. I thank you for taking your personal time to create a better California.</p>
614	<p>Our aging population urgently needs safe, convenient transportation. We need to fundamentally reform California's transportation laws, policies, design standards, and transportation funding. Slower speed roads improve safety for everyone.</p> <p>Count all pedestrian crashes whether or not a motor vehicle is involved. For example, include falls on sidewalks, crashes with skateboarders on multi-use paths, etc. Currently, moving pedestrians to multi-use paths, eliminates their injuries from our safety data, making our roads appear safer, although pedestrians may be at greater risk.</p> <p>Especially for people with disabilities or advanced age, facilities, such as multi-use paths, that merge wheeled transport, i.e., bicycles or scooters, with pedestrians, degrade pedestrian safety and access. Please don't conflate recreational facilities with utilitarian pedestrian connections.</p> <p>While California attempts to reduce vehicle miles traveled, emergency preparedness messaging focuses on everyone driving themselves in emergency evacuations. We must recognize and prioritize emergency evacuations by insuring that communities have multiple evacuation routes, and that non-drivers will be evacuated.</p>

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615	<p>Seniors need FREE inter/outer city Dial-A-Lift transportation. They SHOULD NOT BE DRIVING.</p> <p>Seniors need FREE social meals...dancing...bridge learning. Isolation leads to sickness. Dancing to live bands of their era is exercise. Bridge keeps the mind sharp.</p> <p>If seniors are content, they stay in place/paying taxes. They stay well – keeping medical bills down. They take their money and spend, spend, spend on family/grands/nonprofits.</p>
616	<p>To Master Plan for Aging Stakeholder Advisory Committee - CALBHB/C's membership is very concerned about meeting the Mental/Behavioral Health needs of older adults. I wanted to make you aware of information in our "Older Adult" Issue Brief, with hope that your committee will review and reach out to experts in the field of mental health/gerontology.</p>
617	<p><a href="https://www.nextavenue.org/forgotten-middle-afford-senior-housing/?hide_newsletter=true&amp;utm_source=Next+Avenue+Email+Newsletter&amp;utm_campaign=b8f60741ce-09.24.2019_Tuesday_Newsletter&amp;utm_medium=email&amp;utm_term=0_056a405b5a-b8f60741ce-165721877&amp;mc_cid=b8f60741ce&amp;mc_eid=76e27f4b13">https://www.nextavenue.org/forgotten-middle-afford-senior-housing/?hide_newsletter=true&amp;utm_source=Next+Avenue+Email+Newsletter&amp;utm_campaign=b8f60741ce-09.24.2019_Tuesday_Newsletter&amp;utm_medium=email&amp;utm_term=0_056a405b5a-b8f60741ce-165721877&amp;mc_cid=b8f60741ce&amp;mc_eid=76e27f4b13</a></p>
618	<p>I am not surprised to see that "financial concerns" were often mentioned in feedback for the MPA. Aging issues are inter-related and all rest on economic security.</p> <p>The MPA needs to include immediate actionable and well-funded legislation to address senior poverty as the priority.</p> <p>State legislation (such as AB 715 and AB 1088) to address Medi-Cal eligibility is long overdue. Out-of-date and unrealistic FPL needs to be revised with a California Poverty Level which realistically reflects cost of living in our state, including the Bay Area.</p> <p>Thank you for your work on the MPA.</p>
619	<p>The focus at this time of the Master Plan for subcommittees comprises long-term care and research which include topics, which may inspire workgroups. I find the selection of these two subcommittees distressing from a planning perspective and which triggered these questions:</p> <ol style="list-style-type: none"> <li>1) Healthy Aging: We are no longer an acute care society, but rather a chronic care society. Healthy aging is a critical goal. We want to decrease chronic diseases and secondly provide efficacious and cost-effective options for addressing them for those with chronic diseases.</li> <li>2) Addressing systems of care: We have fragmented systems of care and this will continue if the focus remains only on ong-term care, ignoring the other systems: acute care, rehab, mental health, community-based service/home health, and oral health, will not improve fragmentation.</li> <li>3) Existing older adult infrastructure: Why ignore existing program and funding infrastructure for older adult programs and services? How can you fix problems without addressing the funding, staffing, and program problems associated with the Older Americans Act, the California Older American Act, the California Department of Aging, and the Triple As? Ignoring their budget and program problems means they continue under the Master Plan.</li> </ol> <p>So far Master Plan efforts continue to ignore identifying problems with the existing infrastructure so that we can take actions to fix, improve, innovate, and properly staff and fund things.</p>

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620	<p>The Master Plan effort may address the issue of pensions, but because there are only two subcommittees at this time - long-term care and research - when and how the plan will do this is of course unclear at this time.</p> <p>A universal issue every person faces is having adequate money once a person stops working or retires. Pensions have been diminishing over the years and the trend for employers to offer a 401 k, which falls under the category of a defined contribution - is a dangerous trend since defined contributions can disappear or be crippled terribly due to falling stock markets, such as what happened in 2008. Many saw their 401 k plans almost wiped out because of that 2008 crash. A defined benefit which is a pension that does not run out and the recipient knows how much money he/she will receive monthly allows for a true safety net.</p> <p>Poverty, food insecurity, lack of access of health and oral health, homelessness, and elder abuse are increasing as pensions are decreasing. One of the reasons I objected to having only a subcommittee on long-term care and research was because the former is adequate and leans toward the creation of a long-term-care plan versus a Master Plan on Aging, and doesn't address critical issues such as pensions and more.</p> <p>The latest NPR story on older adults and pensions provides a good summary of the problems. <a href="https://www.npr.org/2019/10/02/751797229/the-new-realities-of-work-and-retirement">https://www.npr.org/2019/10/02/751797229/the-new-realities-of-work-and-retirement</a></p> <p>I would hope the Master Plan efforts do not focus on only two subcommittees and I do hope that pensions receive attention, since it is a kingpin issue that helps address other critical issues mentioned above. Thank you.</p>
621	<p>Why not push for the building of small homes (1000 - 1200 sq ft) on small lots (5000 sq ft) not associated with an existing home — ie, not Granny Flats! This could enable even more retired people to buy (or rent) a reasonably-priced home!</p> <p>PS Please add to my feedback that manufactured homes should be considered, in addition to conventionally-built homes. - Thanks!</p>
622	<p>I am very interested in the LTSS and unfortunately I cannot attend the Stakeholder Meetings. I would like to be on the mailing list for this group because I have a specific concern about long-term services. I am 93 years old, blessed to be mobile and "aware". I live on the grounds of a senior living facility. I am in the independent category living in a cottage on my own. This is my third senior facility since 1995. The first was licensed "faith-based", the second was licensed and private, and the third one is an un-licensed facility ( LLC) one of many owned by a corporation. I have been here since November 2018 and what I have experienced leads me to believe that this is a care system that needs more oversight than what I have been able to find and continue to research.</p> <p>There are residents here who are in assisted-living, care-giving units, memory care. I cannot speak for their services but the overall tone for senior living is a "money maker for the investors". There a number of these facilities throughout the country accommodating those of us who are living longer and benefiting from the pensions resulting from the occupations we were fortunate to have. The beautiful ads on TV, Internet, and magazines are not always what they seem to be. The one I am in is part of a number of ads for senior living.</p> <p>There is a trend that needs to be watched. Generally, old properties are purchased by a corporation, minimally rehabilitated, beautifully decorated rooms and pet friendly. Limited maintenance, underpaid staff, emergency care while waiting for the ambulance. The top administrative staff have State license numbers but as yet I do not understand to whom they are accountable, other than the head of the corporation.</p> <p>I hope that this will be an issue that will be considered as we ENGAGE. I was born in California and still living in the city of my birth. I was educated here and in other California cities and will continue to be an advocate for my generation in a California Master Plan.</p>

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623	<p>The Department of Consumer Affairs should be participating in the Aging discussion, as it licenses so many working Californians.</p> <p>The Professional Fiduciary works directly with elders and the disabled, public benefits, and every issue facing an elder in California. As a profession, we have learned so much about what is needed. Too few Californians plan ahead for their own vulnerability. Long term care insurance, and building a solid caregiver work force, who are paid a living wage, would help.</p> <p>Once decisions are made and a plan of action is created, it should be disseminated to all licensees across the DCA for penetration into our workforce, communities, and California culture.</p> <p>Marguerite Lorenz, Former Chair of the Professional Fiduciaries Bureau Advisory Committee</p>
624	<p>I applaud the effort, but cannot help but remain skeptical of results. I am a professional, educated, single woman in her 60s. Like many of my peers, I find my life has been disrupted abysmally by age discrimination.</p> <p>Every day for the past 2 years, I have applied to jobs I am more than qualified for, including those that my skillsets and abilities could accommodate but pay less, only to discover, interviews are far and few between. I am buried by statistics.</p> <p>Despite an obvious need to work, I have noticed the blatant and common use of such phrases: "One year experience preferred" or "recent College Grad" by employers...these appears to reflect an immediate bias and a growing trend. By language alone, it suggests preference for a particular demographic!</p> <p>Leading online job boards in their wish to accommodate Clients, program their software and automated Recruiters (with human names, but emails that go nowhere) to eliminate older, more experienced workers, regardless of their ability to perform the job, or willingness to accept the wage presented.</p> <p>We all recognize age discrimination is the most difficult to prove and yet, on a daily basis so many are denied work simply by being sidelined in this apparently acceptable manner!</p> <p>Despite being alert, healthy, well qualified and eager and able to work, I am now having to live with my son temporarily, my belongings are in storage - I have become homeless!</p> <p>My limited Social Security, was reduced by 10 years when I raised my children. I worked desperately to make up the shortfall, only to discover it was reduced another 30 % by having to take it early to avoid being evicted and becoming homeless! Obviously, I never thought it would take so long to locate a new job, but it's become nigh on impossible! I am either viewed as "over qualified" for really minimum wage jobs ( they recognize I will keep looking for alternative employment) or "not quite what they want" (as in youth). Having been employed in Global HR and Recruitment, with a prior career in Non Profit Management, I am highly cognitive of "reasons".</p> <p>Despite being proficient in multiple office software programs, and able to manage and competently process "administrative" duties, thereby able to work in a variety of "Office" environments, its extraordinary how many times Indeed's Software, feels it cannot find the precise word "administrative" on my Resume!</p> <p>Like many in my situation, I do not need, or seek a hand out, I need employment because, I cannot cover rent even on a cheap bedsit, let alone purchase food, utilities, etc.</p> <p>My son works two jobs to keep a roof over his head, I pay him several hundred towards rent and purchase food, but I am cognizant I am an added financial burden to him. I am thankful though, I am not one of those living in a tent, or sleeping rough on the street around the corner from his apartment. ☹️</p>

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624 Cont.	<p>I spent several nights in my car, before getting desperate enough to ask my son to take me in. I fully comprehend the terrible burden and sad choices individuals carry within themselves, when they find they have arrived at such a situation, often through no fault of their own - a situation that grows steadily worse each year!</p> <p>I was sidelined by a company that was sold, in a economic downturn. Since then, I have used what savings I had managed to accumulate to survive as best I could while searching for a new position - now I have nothing left!</p> <p>The truth is, many over the age of 50 do not have hefty 401k Accounts, or Savings because in the past, they have been impacted and slowly erased by bad either bad management, economic downturns and job loss! Over the years, they pay for college loans, medical debt and these days - attempts at survival!</p> <p>I am fortunate, while I no longer have a home, or a job. I drive a car that was purchased in 2006, I have one credit card (with very limited credit) which I try to keep current. I try not to get sick!</p> <p>I keep applying for work, in the hope my age will be negated and my experience and ability to make a worthwhile contribution will be noted.</p> <p>If, you or any member of your Board knows of a job, I am more than happy to present my qualifications and references. I have 2 Resumes but have learned to keep them entirely separate, which is unfortunate but necessary as combined they serve only to raise further controversy regarding the "age" query, or to confuse anyone reviewing that, I managed to transcend and achieve success in more than one career.</p> <p>Somehow, it seems ironic, that an individual who raised money and awareness for those in need, and then placed individuals into jobs globally, now is unable to work.</p> <p>There is a shame factor that one experiences in such a position. It becomes so intense, that you either lose hope and crawl away totally depressed, or you have to get angry and vow to show determination to fight injustice with your last breath!</p> <p>I guess, I am a fighter, I cannot cower and give up. I do not see myself as either old. I am a human being with much to contribute as are my peers. It is time eyes were open to the fact, discrimination in all its forms can cause irreparable damage to the human psyche.</p> <p>Thank you, for reading my perspective! If, I can assist in your goals for the future, please do not hesitate to contact me further.</p>
625	<p>Please reply and let me know who are the Stakeholder Committee(s) and SubCommittee(s) Members that have been chosen that represent the Direct Recipients of IHSS Program Services that do not have Family-Member nor Live-In Providers?</p> <p>It is well known that there is an emergency crisis in the State of California to access, find and employ providers for those that are direct recipients of IHSS program services, due to the very low wages, lack of benefits, imposed upon by Electronic Visit Verification.</p> <p>Including but not limited to, Providers can not "Work for Gas" either!</p>
626	<p>I am an applicant in the Long Term Care subcommittee.</p> <p>Looking at the list of major appointees, I think that veterans do not seem to be well represented.</p> <p>I am a veteran and have served on VA Palo Alto Health Care System's Veteran and Family Advisory Council for over seven years.</p> <p>I hope to be appointed to the Long Term Care subcommittee.</p>

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627	<p>My primary question to the Governor's Master Plan for Aging Committee members is: How many of the committee members are over 70 years of age? How many committee members are over 80 years of age? If the primary and majority age of the committee members despite all of the PhD's and certifications for having worked with Seniors over 60 are themselves under 70 years of age, they will not really know or understand the needs of the aged. We are all living longer lives, especially women who outlive men by 20 to 30 years, and who unfortunately, will be the least able to financially survive their old age. Remember that females in the U.S. and California, in particular, earned 30% less money than their male counterparts during their working age lives. Most married, had children and were stay at home moms, not working outside of the home. Many who worked in the only employment allowed them to work in the 50's, 60's, 70's, 80's and 90's, earning 1/3 the money males did, even if they had degrees, experience, ambition and drive to do the work that was not "allowed" them to achieve and to earn decent salaries and benefits, as their male co-workers did.</p> <p>I hope your Master Plan will cover the financial disparity women will suffer as they age into their 90's and 100's. There should be programs included in this Master Plan that will assist these women financially, and provide them a decent annual income to cover rent, food, utilities, transportation, entertainment, and of course, medical, etc.</p> <p>In other words, LIFE! I personally feel that Committee members for this proposed Master Plan being younger than 70, will ignore this situation and will probably ignore these women Seniors who will suffer financial instability when they can no longer earn money to pay for their life as an aging Senior. Teachers, nurses, secretaries, bakers, service workers for hotels, restaurants, retail stores, and company/corporation offices, bookkeepers, typists, receptionists, assistants, beauty salon/shop workers - to name a few of the "allowed" female underpaid employment during these years for female Baby Boomers and current retiring females in their past working life environments.</p> <p>I hope you are aware of this situation and thoroughly plan for it.</p> <p>Thank you, Davlyn Jones, 85</p>
628	<p>Thank you for this update. You have identified many qualified organizations and people to serve.</p> <p>If I may, I'd like to make a pitch for Village representation on the committee. There are 60+ Villages in CA and over 200 across the U.S., and now Australia and New Zealand. Villages use the help of volunteers to support older adults as they age at home, and we work to reduce isolation by hosting social, cultural, and educational events to keep people connected, engaged and vital.</p> <p>Villages are filling an incredible gap in services for older adults across financial and ethnic spectrums and there is even a California association of Villages (Village Movement California <a href="https://villagemovementcalifornia.org/">https://villagemovementcalifornia.org/</a> ), as well as a national association of Villages (Village to Village <a href="https://www.vtvnetwork.org/">https://www.vtvnetwork.org/</a> )</p> <p>I submitted an application to serve on the committee, and encourage the EngAGE group to consider adding someone from the Villages to the committee.</p> <p>Thank you for your time, Happy to answer any questions/or refer you to a certified smart person.</p>

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629	<p>Committee Members,</p> <p>I think your undertaking on this committee is very exciting and I look forward to your progress. I am a 68 year old retired social worker that has been exploring the field of aging for the past couple of years. One area I would like to encourage you to include in your work is a focus on positive aging. So much of the current focus is on limitation, fragility, loss. There are many of us looking at aging as the new frontier, trying to establish new role models for how to age. There is a grassroots movement bubbling up comprised of like minded elders advocating for engaging in service, looking at what can be done while we still have the ability to contribute. In today's world, with the possibility of thirty years post retirement, our society has no real expectations for this demographic.</p> <p>There are many possibilities for engagement. I would like to call your attention to a couple of organizations working in this area: <a href="http://www.sage-ing.org">www.sage-ing.org</a> and <a href="http://www.eldersaction.org">www.eldersaction.org</a></p> <p>In addition, I would like to share a new project I have developed as a way to prepare for and embrace the aging experience. <a href="http://www.lifestorynarrative.com">www.lifestorynarrative.com</a>.</p> <p>Best wishes in your important work!</p>
630	<p>Congratulations on a great substantive call. A couple of modest observations as they came up within specific goal areas:</p> <p>Goal #1: this is a slight spin on comments made by G Alkema and others: while I completely understand the primary focus on CA data, I think that comparative national data as well as data from other (selected) states will come in handy as draft versions of MP4A work their way forward to state and local policy audiences and other stakeholders, who will want to know where CA stands on these critical issues.</p> <p>Goals #1 &amp; 3: Carrie may know William Scanlon, who retired as the health lead at the GAO some years ago. He was formerly a nationally recognized LTSS researcher at Georgetown, and has since been working with West on aging-related issues. He knows a lot about aging, about the extent of unmet LTSS needs, about national &amp; state data collection &amp; comparison, and about specific issues of particular interest to West in CA, e.g. the deplorable state of dental access for seniors. I would recommend that you have a high level conversation with him as a national SME/resource.</p> <p>Goal #1: there was a lot of valuable nuance around the family caregiver issue. I am not sure that you will have time to dig into this issue too extensively, but finding metrics beyond: (a) days of work lost; and (b) income/savings foregone would be valuable. This is an area where some more positive measures re: the psychosocial rewards of caregiving and family resilience would be nice to incorporate. Rani Snyder and others at the Hartford Foundation in NYC has invested considerable energy in this area and it may be worth some probing with her about other metrics – both positive and negative.</p> <p>Goal #2: Similarly, it would be nice to balance some of the 'negative' indicators about unmet needs, service gaps/inadequacy, and cost burdens to local &amp; state government etc. with some more positive measures about the contributions of aging citizens. These could range from purely economic contributions to more social goods provided (e.g. through volunteerism, respite services, etc.). I underscored 'measures' because while I am sure there will be plenty of rhetoric in the MP4A about why we should value our seniors for their lifetimes of contributions to family, community, nation, etc., there may be less data affirming their value in the here and now. ☹</p>

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630 Cont.	<p>Goal #3: I was not sure while listening whether or not I would have another chance to see the slides (and refresh my memory), but I felt like end of life/palliative care choices got relatively short shrift. I apologize if I missed it while jotting down one of the above notes. This feels like a watershed/turning point issue. Of course, advanced directives etc. have been around for a long time, but it feels like the biomedical community keeps ratcheting up the seductive offers of personalized medical cures and heroic surgical measures. I have no idea whether or not there is data tracking to monitor these forces and the degree to which aging consumers are chasing these measures or not. I was struck during the OSHPD presentation about the common assumption that providers doing more of a particular treatment means that those providers are good or the best. Sometimes (as with his paradoxical example of C-section rates), more is not necessarily good/better. More may be more about marketing and revenue. I apologize for my relatively inchoate thoughts here and recognize that this may be more of a Pandora's can of worms than you can deal with, but think it might be worth consideration nonetheless.</p> <p>Goal #3: Ironically again, the OSHPD presenter raised the adult diaper issue and it reminded me that this is one of those forgotten issues that few know about or want to talk about, but which can ruin the quality of life for a family and torture a state Medicaid director. A number of years ago, my organization worked with someone who uncovered highly inflated costs for these diapers due to corrupt control of the supply chain. It may seem like a small thing, but it is costly and emblematic of a population of older people and families being forgotten or treated like second class citizens.</p>
631	<p>Thank you for a fantastic call this morning. I don't believe I adequately answered the earlier question posed on why Opioid Abuse fits in to Elder Justice and Protection from Abuse and Neglect.</p> <p>According to the North American Securities Administrators Association (NASAA, the opioid epidemic is contributing to a rise in elder financial abuse. Elders facing addiction issues are vulnerable to poor financial decision making, either from themselves or their adult caregiver(s).</p> <p>Further, the opioid crisis is connected to elder abuse for those who misuse opioids and become victims to individuals who seek to take or misuse their medications. Specific resources are needed for the aging network to develop plans for coordination, data collection, and education on how to address and identify elder abuse tied to opioid addiction.</p> <p>If the group is interested further discussion, the Elder Justice Coalition would be a good connection as they looked into the connection between opioid abuse and elder abuse.</p>

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632	<p>A friend forwarded the link to the October 24 materials provided the Research Subcommittee. The focus of this email is on the OSHPD health professions information, a department where I worked as a health planner on LTC and intensive care neonatal issues.</p> <p><b>HEALTH PROFESSIONS ISSUE: WE NEED GERIATRICIANS &amp; GERIATRIC-TRAINED HEALTH PROFESSIONALS</b></p> <p>There is a massive shortage of geriatricians and health professionals with geriatric training able to address the needs of older adults. The primary care system is both ill-equipped and often unwilling to provide care for older adults. One article that provides an excellent summary of why we need more geriatricians over primary care physicians is the attached New England Journal of Medicine article: <a href="https://catalyst.nejm.org/need-more-geriatricians-primary-care/">https://catalyst.nejm.org/need-more-geriatricians-primary-care/</a> entitled: “We need more geriatricians, not more primary care physicians.” Some of the critical issues addressed in the article are: Many geriatrics fellowship programs fail to fill, and a budget proposal from the Trump administration eliminates the already limited funding for geriatrics training (along with slashing research into aging and aging-related conditions). Geriatricians will never be top money-earners in a fee-for-volume world where doctors get paid for doing procedures or seeing as many patients as possible — geriatricians earn less than almost any other specialty. But their salaries would be better if they were compensated for the value and savings they generate for the Medicare program and/or Accountable Care Organizations (ACOs) that take financial risk. Retirement is leading to the loss of geriatric leadership. In the same way pediatricians understand that children aren’t just small adults, geriatricians know that older adults have different physiology, and that the prevalence of certain syndromes increases with aging</p> <p>Geriatricians recognize that although each older adult ages differently based on genetics, environmental, and lifestyle factors, many older adults have common physiologic changes.</p> <p><b>PATIENT-CENTERED CARE DILEMMA CREATED BY GERIATRICIAN SHORTAGE</b></p> <p>How do we have patient-centered care without doctors who truly understand and know how to treat the metabolic, homeostatic, or the functional status of older adults? Without sufficient geriatricians and geriatric-certified health professionals be they nurses, psychologists, psychiatrists, physical therapists, social workers, etc., one of your key goals for achieving patient-centered care cannot be addressed or achieved and you continue to suffer a systems problem in your health and medical complexes.</p> <p><b>DATA</b></p> <p>I’d like to bring up two data issues for OSHPD (and appropriate state agencies) to address: First, ask OSHPD what data sets were eliminated over the past few decades to collect and to analyze . Over the past decades, special interest groups were successful in curtailing collection of important data sets. I think it would be valuable to know this information so you can determine if that data is worth collecting and analyzing. Second, one of the ongoing problems in State government is that computer systems were unable to talk one another which impacted data collection and analyses. While efforts were made to address this, the question of computer compatibility remains. The state agencies can talk to this and tell you if it is still problematic or not and the reasons why.</p>
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633	<p>One of the most pressing problems in California is because we no longer do health planning for a system of care where we can base projections on what facilities and levels of care are needed in California counties. One of the things that the Master Plan isn't addressing yet is how we are going to do on-going planning to determine how many SNFs and step-down facilities, assisted living, community-based services such as adult daycare, home health, etc. We complain about a fragmented system of care so what will the Master Plan do to address this? We have to start addressing how many facilities and CBOs we need, and this can't be done without inventories of them, and then projecting need annually. Unless we buckle down and start making certain we are addressing gaps in service and need so we can make intelligent projections, how are we solving the problem of fragmentation, or of adequately addressing patient and family-centered care? As I stated, I have not seen this as a stated issue yet. This is a huge systems hole in the topics listed. December 2019: Deep Dive on LTSS Workforce, Family Caregivers &amp; Technology</p> <p>Again, if you don't know how many facilities and CBOs you need annually, how are you going to plan appropriately for the number of doctors, nurses/LVNs, home health aides, that you need?</p> <p>When you discuss family caregivers and technology, please consider having the very capable Kathy Kelly, who is on the Research Committee, to discuss what can be done to improve the CRC system, which she has been involved with since 1986. The CRCs once had a State Resource Center that Kathy headed which collected the CRC data, did the fact sheets, the analyses, held the conferences and advanced innovations. During a budget crisis. the State CRC was cut from the budget. I would want to know from someone like Kelly if this is something that should be reinstated or if something like it should? She can also discuss technology issues. I believe that Kathy Kelly knows more statewide and nationally than any other person on caregiving, and would respectfully ask that she provide a Family Caregiving presentation on the issues she feels are critical. She also works on technology. The funding to the CRCs has been abysmal despite the billions of dollars family caregivers save and how integral they are to the LTC system.</p>
633 Cont.	<p>January 2020: Deep Dive on Skilled Nursing Facilities and Residential Care Facilities</p> <p>Are you going to address the need to better monitor nursing home abuse in facilities, and also to ask the questions on how to improve the Ombudsman Program so it addresses abuse more effectively? I don't see these as topics yet for the Master Plan.</p> <p>January &amp; February 2020: Discuss/prepare LTSS Report for March SAC meeting</p> <p>March 2020: Review SAC feedback and finalize March Report for Secretary/Governor</p> <p>April &amp; June 2020: Review Master Plan, dashboard and other Master Plan components/deliverables related to LTSS</p> <p>Draft for Discussion: Person-Centered Framework</p> <p>Why is it only Person-Centered and not Person and Family-Centered Care? Families are the advocates for their loved ones and the caregivers. If you continue to ignore them, so will the medical profession and health complex. Can't we correct this so that families are included?</p> <p>Aging and Disability Resource Centers</p> <p>Not everyone believes that the legislation that allowed these is the best system to have. The ADRCs create funding issues, duplication of effort, and more. Why when you have CILCs and area agencies on aging, was it absolutely necessary to create another entity that needed funding that takes away from both the other established entities?</p>

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634	<p>I really appreciate the focus of initiative to be more person centered than system centered for aging adults and adults with disabilities to stay independent in the community.</p> <p>The following proposed framework at the bottom of this email has been evolving over time in developing a comprehensive community based integrated care delivery/population health model of medical and social services to help aging adults to stay independent in the community. This is a compilation of several existing models and frameworks. A lot of existing person centered care frameworks often have gaps around aging adults and adults with disabilities. In addition, a lot of models are developed in a silo and are either medically focused and/or focused on social services and do not adequately address the integration of social and medical services.</p> <p>This framework is shifting the model from a system based framework to be a framework with the individual at the center. The model has been updated with some of the feedback and comments from the most recent advisory and subcommittee meetings. This model is evolving but has been effective on driving change within a community as a starting point for discussions.</p> <p>The model starts with basic needs/supportive services including housing, transportation, and nutrition to name a few. The next focus is on social and civic engagement. The third area is physical, mental health and well being. The last being to maximize independence and adults with disabilities.</p> <p>For comparison, I have included the proposed model from the September 17th Stakeholder Advisory Committee Meeting. I also understand this model is currently changing and may of been updated since the September meeting. Let me know if you have any questions.</p> <p>I looked forward to the meeting on November 4th. Thank you again on your effort to improve the aging of all adults in California.</p>
635	<p>PG&amp;E Spent Billions on Lobbyists and PR Instead of Upgrades PG&amp;E Spent Billions on Lobbyists and PR Instead of Upgrades SENIOR AND DISABLED LIVES MATTER!</p> <p>We the undersigned demand that the California Public Utilities Commission require PG&amp;E and other for-profit electric utilities to provide backup units for people on ventilators and other medical equipment before the next planned power outage occurs. Several millions have been appropriated for this in 2020, but it is our contention that this must happen now before any other Senior or Disabled lives are lost.</p> <p>Not-for-profit utilities which have maintained smaller power grids with less interruption and Southern California Edison need to provide these units as well in order that no more Seniors and People with Disabilities lose their lives due to electrical shutoffs.</p> <p>It must be the responsibility of power companies and public utilities to coordinate with appropriate state, county and city agencies, to preserve these people's lives "In place." Medically fragile people cannot simply be warned or told to fend for themselves during PLANNED POWER OUTAGES.</p> <p>If private utilities are permitted to operate, they must operate in conjunction with public entities to ensure that people who depend on electricity for their survival be supported "in place," and not to be considered "collateral damage" by a for-profit energy company that saves money by being dangerously delinquent in their infrastructure repair.</p> <p>These power lines should have been properly covered, laid underground, power grids made smaller, and other safety measures made long ago. For-profit power companies must not be permitted to do "quick and dirty" infrastructure repairs now and let People with Disabilities and Seniors die in the process.</p> <p>We the undersigned insist that people who depend on ventilators and other life-support equipment, must be given backup units during these planned power outages!</p>

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636	<p>An "Master Plan for Aging" need to address the widespread abuses in conservatorship practices. The bulk of the problem are the completely uncontrolled profession fiduciaries and court appointed attorneys. The policies are relatively good but there are zero penalties for failing to follow these policies. Imagine a motor vehicle code without penalties for speeding, parking illegally, and failing to register vehicles. That is the chaos that currently existing in conservatorship practices. Some eye catching examples are when a single person's petition for fees shows 58.1 hours for a single calendar day along with other billings that routinely exceed 24 hours. This is 3 of 3 people investigated by CEDAR volunteers. Despite these obviously fraudulent billing they are approve and payment authorized. The hearing to place a person under conservatorship routinely happen in less than 5 minutes. This is not enough time to swear in a single witness and the vast majority of conservatorship are granted based on accusation. This would be like being arrested for shop lifting and being given a life sentence without ever seeing a judge. Actually, it is worse because as conservatorships are practiced the conservatee does not have basic civil rights like to have phone calls and/or visitors.</p>
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637	<p>LONG-TERM CARE &amp; RESEARCH SUGGESTIONS</p> <p>1. DEVELOP A PERMANENT LTC PLANNING DIVISION (ASSOCIATED NEEDS WOULD BE DATA COLLECTION AND HAVING THE RIGHT COMPUTER SYSTEM THAT COUNTIES/REGIONS CONNECT INTO) There must be a permanent planning division for long-term care that is adequately staff and trained to do LTC planning. This has to cover continuum of care meaning that projections have to be made on how many SNF beds are needed by county and/or region for which planning is done. These projections are made by looking at the flow of acute care patients into LTC and population projections. Planning would also include projections for assisted living, and other step-down facilities and for adult daycare and memory units. Home health is an important element that has long been omitted from planning for LTC, and this can no longer continue, since most people prefer home health to institutional care when possible. Adequate training for planners is essential so there needs to be training manuals developed, updated and maintained to have good planners and good planning. This is where having coordinated efforts with California's colleges and universities is necessary. Plans should be done annually. The other critical component for this, of course, is identifying data that is needed and having computers that speak to one another across counties/regions and that ultimately come to the State. 2) PERMANENT HEALTH PROFESSIONS UNIT: Planning for existing and new health professions is critical. Identifying underserved health professions areas is necessary on an on-going basis and identifying strategies to address underserved areas is necessary. The critical need for geriatric-trained health professionals is paramount. Older adults and babies all have different needs than do other age groups. The need for geriatric-trained health professionals is sorely needed compared to pediatricians, and too many family practices focus only on memory issues rather than being able to provide care to healthy older adults or for illnesses having nothing to do with brain or neurological issues.</p> <p>3) PERMANENT INNOVATIONS AND BEST PRACTICES UNIT: Part of having adequate health care is keeping abreast of best practices for systems of care, disease management, strides in nutrition, medical devices, devices that can be used in the home and used by family caregivers, and other innovations and best practices around the nation and the world that produce good outcomes, and that are more economical and efficient. This also includes animal therapy such as training dogs, horses and pigs as therapy animals for a variety of emotional, physical and mental health needs, and also identifying the newest developments in prostheses. For too long, California State government and partners have treated innovations/best practices/animal therapy/prostheses as special projects that don't deserve on-going attention. This is an outdated idea for the 21st Century and for the future. California can become a leader by becoming more serious about innovations and best practices. 4) ADDRESS HOUSING, NUTRITION, AND TRANSPORTATION AS MEDICINES NECESSARY FOR WELL-BEING. Quality of life translates into healthy life. Stop separating these three from health planning. Without them, people aren't healthy. 5) HAVE A DEDICATED ORAL HEALTH UNIT: Like mental health, oral health has been addressed inadequately for too many years. If you don't have good oral health, you don't have good health. It is time that California dedicates itself to addressing strategies and solutions for improving oral health and having adequate dentists, dental hygienists, and adequate registered dental hygienists in alternative practice (RDHAPs). ☐</p>
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638	<p>The cities need more halls for events such as square dancing. Our hall, the auditorium at Felicia Mahood Senior Center, will likely go away when the Center is sold and demolished.</p> <p>Affordable halls are in real shortage!</p> <p>A few years ago, I, with a committee, did a survey of halls for rent in our area. Felicia Mahood was raising their rates, and we wanted to know what was out there. Public schools had a policy which excluded groups like ours. I wish that this would change. Places which were available were way more expensive than what we currently were renting at Felicia Mahood, even with the raise. So we stayed at Felicia Mahood.</p> <p>Now we have to survey the available halls again, because Felicia Mahood Senior Center is planned to be for sale and demolition.</p> <p>Is there anything you can do to make public schools work with renters such as ourselves?</p> <p>Can there be more halls built and available at public places?</p> <p>Thank you for considering our dilemma as it relates to the overall policy for the State of California.</p>
639	<p>Please include the Village Model as an opportunity to reach older adults who are often isolated living in their homes. San Clemente Village provides services and programs to help our members thrive and live well in their homes.</p>
640	<p>Please see my recommendation on the information and referral piece. My new wording is in parentheses.</p> <ul style="list-style-type: none"> <li>• Integrate I&amp;A with Medi-Cal eligibility and other home- and community-based services (HCBS), including IHSS, Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), waiver programs, supported housing, (regional centers and centers that provide services for persons with sensory disabilities,) assisted living, group housing, and skilled nursing and residential care facilities.</li> </ul>
641	<p>Please take note of how the disability community is trying to support each other during power outages while being abandoned to fend for themselves during PSPS events.</p> <p><a href="https://www.kqed.org/news/11784435/how-pges-power-shutoffs-sparked-an-east-bay-disability-rights-campaign">https://www.kqed.org/news/11784435/how-pges-power-shutoffs-sparked-an-east-bay-disability-rights-campaign</a></p>

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642	<p>I'm Lillibeth Navarro, disabled from polio and the Executive Director of CALIF (Communities Actively Living Independent &amp; Free) the independent living center serving 50 zip codes of Central Los Angeles. We are an advocacy organization and not a housing facility. We provide public social services too in the spirit of the independent living philosophy and in the context of preserving, exercising and enhancing our civil rights as equal members of society. We are one of 7 ILCs in Southern California and one of 28 ILCs in the State. We share a lot in common with the Aging community and appreciate being made part of this dialogue. Often the experience and dignity of the disability state is misunderstood and through the years, we have suffered exclusion and often added as an afterthought in the policy setting and planning of services that serve our one community.</p> <p>We have been left behind, for example in the housing field and are often made to wait for the crumbs because we were never invited to the table at the genesis of policy setting. Now, many of us are seniors ourselves and while the years have earned us our stripes, there is still the glaring oversight of disability inclusion. It is not enough that disabled people also get to enjoy the ever growing expansion of senior services, we have to be part of the conversations from the get-go. Independent Living is about having self-direction and access to the community resources that we have the right to use, spell out when and how to use. Therefore, these three things:</p> <p>(a.) The mandatory insistence on respect for the real inclusion of people with disabilities at the critical points of policy setting levels. This is to avoid the all-too-disastrous strategy of seeking the help of disability experts in messy mopping-up operations after pioneer projects about people with disabilities without their input, have already exploded their unintended harm on the community.</p>
642 Cont.	<p>(b.) Insistence on ADA compliance especially with program access, I. e., with regard to In-Home Supportive Services, avoiding bureaucratic traps that impose undue burdens on both recipients and providers, for example timesheet nightmares vis-a-vis technological mandates, EVV or Big Brother surveillance that violate the HIPPA, civil and privacy rights of people. There is also undue burden on disabled people without families most vulnerable and most in need of IHSS who require 24-hour care and more from community providers. They are cruelly beset with unreasonable demands and requirements of timesheet tracking and submission and when unable to do due to disability, are slapped with overpayment and other punitive measures for the very basic human care of eating, grooming, etc. IHSS used to be very easy and accessible to manage but today, it has become a bureaucratic nightmare, creating pseudo-categories with difficult to understand and impossible to implement program requirements. The sum total of these bureaucratic abuses is the increasing incarceration of the disabled in nursing homes, very much against the Olmstead Supreme Court Decision!</p> <p>These abuses are so egregious that they even merit the scrutiny of Amnesty International and Adult Protective Services! If this is allowed to fester, then the government bureaucrats become the unseen and callous promoters of this abuse.</p> <p>The policy making and appeal timelines may work for regular IHSS recipients but there has to be a mandated Emergency State Triage IHSS Process for those in real crisis so that neglect and abandonment do not cause people to become more disabled and to die.</p> <p>(c.) Instead of the government hatching more ways of complicating and industrializing homecare by using the disabled as human capital, the focus should be on the improvement and adequate funding of IHSS, it's expansion to activities outside the home to lessen the problems of social isolation and depression and increase the quality of life for people with disabilities;</p> <p>Another important advocacy point is the rewriting of the punitive policies that exclude and punish the people with disabilities who once were on IHSS, but lost it when they decided to work and yet continue to need it even more for their retirement because denying IHSS for future disabled retirees is a major work disincentive!</p>

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IHSS FOR THE DISABILITY COMMUNITY—THOSE STILL ABLE TO DO SELF-DIRECTION: IHSS IS OUR VEHICLE TO FREEDOM TO THE FULL REALIZATION OF THE ADA: There are implications to the ADA. We cannot, in the interest of saving money, violate the notion of program access. Contrary to modern thinking, computer technology is not always the most efficient way of getting things done—many of the recipients and providers do not use computers and ignorance of their use can bring agony to the program. It's important to keep IHSS simple. We insist on ADA compliance especially with program access, i. e., with regard to In-Home Supportive Services, avoiding bureaucratic traps that impose undue burdens on both recipients and providers, for example timesheet nightmares vis-a-vis technological mandates, EVV or Big Brother surveillance that violate the HIPPA, civil and privacy rights of people. There is also undue burden on disabled people without families most vulnerable and most in need of IHSS who require 24-hour care and more from community providers. They are cruelly beset with unreasonable demands and requirements of timesheet tracking and submission and when unable to do due to disability, are slapped with overpayment and other punitive measures for the very basic human care of eating, grooming, etc. IHSS used to be very easy and accessible to manage but today, it has become a bureaucratic nightmare, creating pseudo-categories with difficult to understand and impossible to implement program requirements. The sum total of these bureaucratic abuses is the increasing incarceration of the disabled in nursing homes, very much against the Olmstead Supreme Court Decision! These abuses are so egregious that they even merit the scrutiny of Amnesty International and Adult Protective Services! If this is allowed to fester, then the government bureaucrats become the unseen and callous promoters of this abuse. Do not try to contain the program just because it is growing but use creative options to fund and develop it? INSTEAD, LOOK AT ALL HEALTH CARE FUNDING. REFERRING TO OLMSTEAD, HOW MUCH OF INSTITUTIONAL CARE FUNDING NEEDS TO BE DIRECTED TO COMMUNITY CARE? Instead of the government hatching more ways of complicating and industrializing homecare by using the disabled as human capital, the focus should be on the improvement and adequate funding of IHSS, it's expansion to activities outside the home to lessen the problems of social isolation and depression and increase the quality of life for people with disabilities; Another important advocacy point is the rewriting of the punitive policies that exclude and punish the people with disabilities who once were on IHSS, but lost it when they decided to work and yet continue to need it even more for their retirement because denying IHSS for future disabled retirees is a major work disincentive! What about personal care provided as a benefit by the VA, insurance companies, Medicare—can we work through these silos vis-à-vis IHSS toward a seamless personal care benefit? What about personal care coops that group like-minded people receiving care from a couple of care providers. Such options can also reduce social isolation and even complementary to the notion of inter-generational personal care. Do not redo the wheel! There are already systems in place, a lot of Assistive Technology and Caring Services both public and private and even volunteer services. Why don't we study these services and see where the walls are and how do we break down those system walls so that we can coordinate personal care services, share the information and alleviate the public demand and financing of the services? We need to tap the genie that is Assistive Technology that can provide not only mobility services but environmental controls and other new technologies.

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644	<p>I'm hoping this is the proper place to put in my input I am the caretaker for my son who is 30 years old I have been for 30 years and I have seen the good bad and the ugly when it comes to the benefits and resources for the disabled. The Regional Center's used to be a decent although under serving agency now it is nothing but one big Money laundering scheme built on empowerment to empower the agency by stealing from the disabled. They do not need more employees they cannot do their job not because they are understaffed but because they are wasting their time retaliating and writing it falls documents and trying to expand their business at the backs of the disabled. I've seen more fraud and this agency recently in two different situations used my son And his respite to fraudulently pay for respite time that he did not receive and when I complained they did nothing nor would they respond why they paid the nursing agency as well as a supposed respite worker. Regional center takes a big cut of that but my son did not receive those respite hours and they were told that they knew that but they funded anyway. Also they wasted three times the amount vehicle modifications to her as they could've save themselves a lot of money without causing the complications that is it costing them more. They spent months several of the employees in retaliation because I set up a Facebook group went to the extreme of contacting several different agencies including the conservatorship court writing letters falsifying that I Was bipolar and urging at my son immediately be taken out of my care which would've killed my son all because they were retaliating because I set up a Facebook group as well as was asking for modifications to the truck to which I ended up getting in fair hearing after I had to move because I was told by a regional center worker that that conservatorship court investigator in San Bernardino used to be at regional center employee and that I would lose my son if I pursued trying to get vehicle modifications or didn't take down the Facebook group. If The regional center has that much time on their hands in order to retaliate against an innocent disabled boy who needs vehicle modifications and a mother who is advocating and was at her wits end and still is because the regional center is not doing what they're supposed to be doing in fact doing things against the disabled therefore I set up that group to find out what other families are going through and long behold a lot of them are going through the same thing I'm going through. Now I can't even talk to a supervisor without filing for a fair hearing so I was told the other day so the inland regional center and the regional centers are nothing but And unemployment hub for people that have degrees who know nothing about disabilities or what we need they empower themselves to be against the disabled and keep the money within their own pockets there fraudulently stealing from the government and taxpayers well hurting the disabled and they're providing very little services to maybe a handful of their total clients they are unproductive and we don't need somebody To write up a false report called an IPP that basically doesn't have a whole lot to do with the actual client that states what it is a client gets none of that even true with none of my IPP's nor do we need an agency that's going to create more havoc and more work and more paperwork and more hassle than what we already have as consumers.</p>
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Many families have lost a loved ones because of the regional center needed it for fill their quota in the houses that they built after they stole the funding from the consumers and they did it in a way that is ruin families And hurt consumers for the own self serving financial gain. If you're going to do cut bags or take something away get rid of the Regional Center they're a waste of money Facebook does a better job of providing information to clients and consumers and anybody that works for Regional Center or is affiliated with Regional Center needs to not be around any financial management when it comes to the disabled. I've got more proof but no where to send it Because of the retaliation do you have to complain to regional center about regional center I am currently looking for an attorney by the way that will represent me against the regional center for their part and damaging my new modified truck due to their decisions that were against my will. But my two cents are to get rid of the regional centers . You need to keep IHSS and although I predicted that there would be cutbacks like there were in the past and I'm not sure how California is affording to pay all this overtime and everything now when they couldn't afford just the normal rate a few years ago however there are too many people now that are living on the budget that's given now and if you cut that back you're going to have a lot of people losing their homes you're going to have to pay regional center a lot more money because regional center is now going to say that they need more space because too many consumers are now homeless and regional center is overcharging and under providing so it won't be beneficial to the state nor to the consumers or anywhere across the board. Family members that take care of their disabled family members need to be able to have the benefits that a non-family member gets to where you can pay into Social Security As well as fall within the tax bracket and be able to claim head of household our taxes. There was no representation with that IRS law was changed at least not for the family members and his discrimination against the family members to allow non-family members to get the benefits including unemployment As well as Workmen's Comp. We are doing more work and receiving less benefits than if you were a non-family member we should at least be treated equal. Family members should also have the opportunity of becoming self-employed And having the tax benefits of such what's the bill right off our house our vehicles if they are specially converted from the consumer and our purchases that are made in order to caregiver for the consumer. With the regional center screaming everybody else committing but themselves ,when they're the ones that commit more fraud than anybody. I would strongly suggest not to believe or listen to anything that they have to say their paperwork is bogus the reports are bogus they do not reflect what is actually going on and they are taking advantage of the disabled because we are too busy Taking care of our disabled loved ones to fight them And then when we do take away from our loved ones to fight them the retaliation is out of hand and if you don't believe me feel free to contact me 949-249-0629 and I would love to show you the proof. If you're on the Regional Center side and this is going to be retaliated against me for writing this don't bother because nobody's getting a hold of my child but me unfortunately enough through the years I have learned to protect myself and my son however it doesn't mean that it's not a major pain and problem when things like that happen and it's very sad that some parents get scared and end up losing their children when they shouldn't have to I know of many You have reached out to me because of my advocating. So I hope this helps get rid of the regional centers keep IHSS they've been more of a secure benefit opposed to regional center has been nothing but time consuming and a take away from the time that I have with my son.

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645	<p>The California senior and disability communities are grateful to learn that Senator is considering authoring legislation intended to address very serious issues relating to electric utility-caused de-energization events. In the case of seniors and people with disabilities who are dependent on electricity to operate life-supporting medical devices, for many, those events can be life threatening. Seniors and people with disabilities who are dependent on medical devices that allow them to live in their community, often don't have the financial wherewithal to own their own accessible transportation (both the 1990 and the most recent 2010 Census state that nationally, 80% of the disability community were and still are unemployed!). Because of their financial situation, many in our community must rely on public transportation (typically a publicly run paratransit service, which usually requires that individuals make a reservation to receive service). Paratransit is typically not a demand/response transportation system like taxi services, so most users must wait, sometimes up to a week, for a ride. Because of that, they are typically unable to get to an electric utility-opened charging facility, a service provided by electric utilities to the public during their utility caused de-energization events.</p> <p>We are greatly concerned that appropriate mitigation measures weren't required and put into place before the State's electric utilities were given permission to use de-energization to protect themselves from any additional billion dollar lawsuits (although PGE would have you believe that their de-energization events are solely for the protection of the public!).</p> <p>What Seniors and People With Disabilities who depend on electrically powered medical devices really need is a short-term workgroup not to exceed a duration of three months to come up with a disaster strategy plan. We propose that the group be made up of leadership members of the disability community who have been working on this issue for quite some time; Electricity = Life and to (2DEFI,) Disability Disaster Energy for Independence. These disability leadership groups would work with experts in the electricity/solar/residential battery, and durable medical equipment industries to come up with a coordinated plan to keep Seniors And People With Disabilities depending on electrically powered medical equipment safe during, de-energization events.</p> <p>We would very much like to speak with you about the Senator's bill to see if his bill could include language that would (preferably) require utility funded mitigation measures to protect seniors and people with disabilities during de-energization events. I am including a sign-on letter that got hundreds of signatures in a short time, including the executive boards of some of the most prominent organizations representing the needs of seniors and people with disabilities in California.</p> <p>I would also like to refer you to the email pasted below mine that was sent to me from a member of our community who was, for a period of 15 years, the Americans with Disabilities Act expert for the City of San Francisco (now retired). His email provides a summary of what he believes are effective mitigation measures that we are seeking as protection for our community, thorough legislation.</p> <p>I will copy Richard Skaff, on this letter. We have asked that he speak to you on our behalf about this request.</p> <p>Thank you in advance for your compassionate consideration of what we are asking. I am confident anything we write to Senator Weiner will be met with his heartfelt response.</p>
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646	<p>We believe the Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) mandatory enrollment into managed care health plan networks for all Medicare and Medi-Cal beneficiaries/recipients (particularly for high risk chronic and complex condition cases) is in no way innovative. It is a revamped version of the failed Cal Medi-Connect pilot project of a few years ago. In the experience of one of our members, Nancy Becker-Kennedy says, I never got any coordinated care. In fact, the special "enhanced IHSS" program that I was told I would receive was never even implemented.</p> <p>When I came home from the hospital with a collapsed lung recently and had a greatly increased need for care they were not even able to staff one night of help for me. My friends had to raise money so that I would not be dangerously alone. Please be skeptical of these promises of enhanced care for the health plans because it did not come to fruition. The one time I tested it, not only did it fail me, but there had been no implementation of any enhanced IHSS!</p> <p>We further believe that Long-term supports and services (LTSS) such as IHSS must not be put into these CalAIM managed care health plans and networks. Last time there was a huge groundswell of objection to IHSS being put into managed care by people who had come to see IHSS as the realization of our disability rights movement "prize" to live outside of institutions and in personal freedom and the community.</p> <p>We vehemently oppose both being deprived of our straight Medicare which is a highly superior benefit and we don't want our IHSS being put into managed care. This is very important to fight with all we have.</p> <p>This resistance led to the formation of "The IHSS Consumers Union" because we felt it would "medicalize" our IHSS program that gave us liberty, and instead, turn our homes into "out call nursing homes." We believe that Electronic Visit Verification (EVV) is a huge step into making this happen.</p> <p>IHSS has always been and must continue to be a social program, unlike nursing homes that are medical programs. Much like the difference between an assisted living and a nursing home, we desperately want to keep IHSS a social program.</p> <p>For those who cannot manage their care and wish to have additional coordination, we endorse care coordination, but not for those of us, who are self-directing seniors and persons with disabilities. We also felt it would use a one-size-fits-all model which always underserves the frail and extinguishes the liberty of self-directing Seniors And People With Disabilities.</p>
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646 Cont.	<p>Re: Mandatory Enrollment of Dual Eligible Recipients into Managed Care</p> <p>For instance, in my own case, this mandatory enrollment into any mandatory managed care system would have been life-threatening in disrupting my medical care under Original Medicare and many believe this to be true for themselves. Previously, I opted out of the prior dual eligible managed care program referred to as Cal Medi-Connect managed care plans which promised coordinated care for persons with disabilities and seniors who were dual eligible for both Medicare and Medi-Cal or who had just Medi-Cal eligibility.</p> <p>I chose to keep my straight Original Medicare. Being a quadriplegic, I have a propensity to have my lung collapse, a condition referred to as Atelectasis. I have had it twice and at one time it almost proved fatal. The surgeon and my pulmonologist would not have taken me as a patient because they don't accept HMO assignment. Many doctors who take Medicare will not take anyone if you're on an HMO because it's cumbersome in terms of billing and some feel it prevents them from practicing medicine in the way they feel is best.</p> <p>I don't believe I would've had the surgeon who is the Chief of Thoracic Surgery at USC who saved my life with lung surgery or my pulmonologist. It was only because I had straight Medicare that I was able to have these doctors. My Oncologist is top in his field, and he was one of the lead investigators in Immunotherapy. I don't think I could keep him once forced mandatorily into the managed care health care system and assigned network; he has been treating me since 1996 for two bouts of breast cancer.</p> <p>I believe many seniors and disabled people will have their healthcare greatly degraded if they have to go into an HMO system; they will lose their long-term treating specialists and physicians. My friend who had polio and who goes to Kaiser never gets the specialty treatment she needs at Rancho Los Amigos for her polio because she is in the Kaiser managed care HMO system. Additionally, cancer patients, who were passively enrolled into managed care had their cancer treatment delayed as they were switched from their treating oncologists and were moved into a managed care that did not have network adequacy, had very grave results and time crucial treatments interrupted. When one lady was finally returned to her treating oncologist, her cancer had metastasized.</p> <p>I was in touch with the attorney who got people a Medical Exemption Request because they were disabled and had to have their specialist(s). I remember many suffered great consequences after being forced into the managed care HMO system with network inadequacy and without doctors specializing in their disabilities after decades spent with doctors who did.</p> <p>When working with the late great Peter Harbage on Cal Medi-Connect. He asked me what title I thought it should have. And I said: "putting medically fragile seniors and people with disabled into bargain-basement health plans is a modified form of euthanasia." The truth is we are medically fragile individuals who should not be separated from the specialists we have established connections with for decades. I know the state of California finds "a problem of high end users" because we heard it on a 'hot Mic.' Some of us do require enhanced medical care because we have disabilities, but does that give the state the right to cut our lives short to save money. Is that morally correct? We think not.</p> <p>We need to fight this California Health Care Services (DHCS) CalAIM mandatory enrollments into this managed care system with all the energy we've got. There must be a choice to keep our straight Original Medicare with an easy opt-opt system!!</p> <p>Please help us fight this!! If you want to keep our straight Original Medicare (which is a superior benefit) DHCS and CalAIM should not be allowed to take it away from you!</p>
646 Cont.	<p>As with Cal Medi-Connect which was touted to give more coordinated care, perhaps there are some who benefited from that, but the extra hours of care we were promised to stay out of nursing homes never did materialize at all. We were promised that when we were sick, health plans would have a system set up to get you that extra staffing at home through home health care to stay out of a nursing home. I had an IHO Waiver that my health plan could not staff and had no mechanism for staffing even though we were promised that the health plans would pay more to keep us out of nursing homes, but they failed to do so.</p>

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647	This is clearly a way to save money. So beware of promises of Home enhanced care to keep you out of institutions and IHSS being put into this CalAIM system because when it was promised last time, it certainly did not materialize. In fact, it was detrimental to the overall health of persons with disabilities, seniors, and those with chronic conditions and complex disabilities.
648	IHSS should be carved out of the proposed CalAIM managed care health care networks and systems. Furthermore, CalAIM should have an easy opt-out and disenrollment for any Medicare and Medi-Cal beneficiaries/recipients who do not want to be a part of this mandatory managed care CalAIM system because they are capable of managing their own health care, medical needs, and want to keep their long-term specialists and existing treating physicians.
649	Medicare is a RIGHT which should not be taken away from us just because we are low-income and have Medi-Cal as well!
650	If you want to sign-on to this statement, reply to this email or send an email to nancybk@aol.com and put "sign me on" in the subject header. Otherwise, you can send your own letters to engAGE@aging.ca.gov and MPAIHSS@dss.ca.gov .
651	<p>Thank you for the leadership concerning the California Master Plan for Aging. As a citizen concerned for the aging population in California, which includes my parents and extended family, I value the role the Cabinet Workgroup on Aging has in the shaping of policies that protect the unalienable rights of our elderly.</p> <p>One topic that leaves no family untouched is the issue of family caregivers. At the moment, the support given to family caregivers is inadequate, and as our aging population rises, financial burdens will hit virtually every family in the state. We can and should do better. We can improve issues that occur with family caregiving by elevating policies that promote therapy, protect caregivers from employment discrimination, and increase pay for caregivers. By doing so, we will be improving the health and economic security of California families and the overall care for our aging population.</p> <p>Thank you for your consideration.</p>
652	Will you cover transportation for the seniors. It is a real problem, which need fixing. Lack of mobility isolates seniors. Interaction with people of similar age group, will contribute to the health of the seniors

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653	<p>As a gerontologic nurse. former director of a home health agency, former county public health nurse in Napa and Santa Clara County and currently a provider to a disabled regional center IHSS client I have the following recommendations for IHSS and the long term aging plan for California IHSS issues</p> <p>We are facing a national shortage of caregivers which is only going to get worse. As baby boomers age up, they will need caregivers. Many of them will be able to private pay which will further drain the employment pool of state funded IHSS workers. This national crisis will get worse and must be addressed federally. However in California, we can do something in the meantime to avoid unnecessary institutionalization of our aging population and the disabled.</p> <ol style="list-style-type: none"><li>1. Caregivers are undervalued and underpaid in California. Select cities have a mandated minimum wage which is higher than the union negotiated and county IHSS wage. Example: City of Milpitas minimum wage is \$15.hour and the Santa Clara county wage only offers \$14/hr. Solution: If cities are mandating a minimum wage, then the pay that that IHSS workers receive should at least be the same salary that the rest of the workers are mandated by the city to receive. Cities and the county should be mandated to contribute to supplement the IHSS wage so that it at least is at the minimum wage that the rest of the workers in that city are earning.</li><li>2. The wait to receive the first paycheck from IHSS is too long. This acts as a barrier for to hire new IHSS employees. New employees in the IHSS system should receive their paycheck within the first month that they are working</li><li>3. The needs of Disabled regional center clients who receive supported living services are not being met by the IHSS program. During the great recession, Trailer Bill Language mandated that IHSS hours as a generic service be utilized before funding by regional centers for supported living services be utilized. This trailer bill language was most likely passed and instituted as a cost saving for the state. However, Receiving IHSS especially if the recipient receives maximum protective supervision hours (283) now acts as a barrier for a developmentally disabled person to receive supported living services. The developmentally disabled client according to IHSS regulations is suppose to hire, train and supervise their staff. This is often unrealistic if the person is cognitively delayed and lacks the skills or ability to do this. There is no funding attached to IHSS to pay for supervising the workers. The regional centers won't pay to supervise an IHSS worker. Some supported living agencies will totally refuse to accept a client who receives IHSS funding since they will receive no money for the overhead involved in supervising an IHSS provider. Additionally the IHSS/hour wage is lower than the supported living services hourly wage funded by the regional center which further complicates the ability of the supported living agency to remain solvent.</li></ol>
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653 Cont.	<p>4. Having 2 systems (IHSS from DDS and funding for Supported living services from the Regional Centers ) hurts continuity of care and adds unnecessary overhead costs to provide services to the ID/DD community. Currently 2 separate systems and 2 social workers evaluate the needs of the developmentally disabled. The IHSS social worker from DSS assesses the clients needs yearly. The Regional Center social worker authorizes supported living services also. Monies for both of these systems come from federal Medicaid dollars. It does not make sense to have a duplication of services from 2 different systems. The aide from IHSS and the aide for the supported living service are essentially performing the same services. Solution: Roll the current IHSS hours allocated by DDS into the regional center system . Eliminate the yearly assessment done by DDS social worker which will save time and money. This could be done by the regional center social worker with a little extra training. Since IHSS workers are union workers, allow them to remain unionized and retain their benefits but roll them under the administration of the regional centers. I understand that this solution will involve a massive system change but ultimately it will save money and improve continuity of care and supervision of the IHSS workers for the developmentally disabled.</p> <p>5. If IHSS recipient is unable mentally or physically able to hire ,train supervise their providers, then provide a mechanism for the providers to be supervised. The IHSS social worker should assess who is able and available to supervise the IHSS providers at least every 4 months. If no family member or neighbor available then a system to provide quarterly supervision should be developed. This should prevent neglect and/or abuse of vulnerable seniors.</p> <p>Master Plan on Aging: Major system change needed to decrease nursing home costs paid for by MediCal and prevent premature institutionalization. Currently elderly poor are forced to spend down all their savings and assets until they only have \$2000 to qualify for MediCal. A skilled nursing facility costs more to provide care than a board and care facility. However MediCal will not pay for a board and care facility. Also IHSS will not pay for more than 283 hours/month in a persons home. Consequently the person who is eligible for MediCal has to go a more expensive level of care i.e. the skilled nursing facility that they may not need, nor want to have their care paid for. Solution: Allow MediCal to pay for board and care homes for those who would be appropriately served in that level of care instead of a skilled nursing facility. Additionally request that LAO (legislative analysts office ) do a study comparing the cost of a skilled nursing facility to a board and care facility housing 3 people to demonstrate that this will save MediCal dollars. Also request that LAO do a study comparing cost of skilled nursing facility to increasing IHSS hours/month to for example 400. It may save the state money by increasing the amount of IHSS hours that can be given instead of forcing people into higher cost skilled nursing facilities.</p>
654	<p>I am a 73 year old woman, living in Tracy.</p> <p>In the past year I have had the privilege of being a juror on the San Joaquin Civil Grand Jury, and presently I represent District 5 (San Joaquin County) on the county's Commission on Aging.</p> <p>I believe it is imperative that seniors are encouraged to challenge themselves by continuing to learn and create and engage. And to that end, it is important for the state to ensure their cities and counties look into vibrant learning centers for all seniors.</p> <p>One such group, that I have been fortunate enough to be a member of, is the OLLI (Osher Lifelong Learning Institute) program out of the University of the Pacific.</p> <p>They offer lectures, talks, seminars, classes all directed at seniors.</p>

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655	<p>San Francisco has a wonderful campaign to reframe aging and I would ask that ageism be a critical issue addressed by the Master Plan, and to look at efforts like San Francisco's which you can read by clicking on the link below:  <a href="https://endageism.com/">https://endageism.com/</a></p> <p>The World Health Organization sees ageism as a global health problem and launched an initiative several years ago to address ageism. Perhaps the Research Subcommittee would consider reaching out to WHO both as a resource and also as a presenter on the issue. Thank you.</p>
656	<p>Recommendation for all Master Plan for Aging Stakeholder Committee's and IHSS Listening Sessions:  On November 14, 2019 , the House Ways and Means Committee held an important hearing, on Elder Care Programs, which has significant information, video and transcript of the hearing of all speakers. Please share Link Below:  C-SPAN made video of the hearing, speakers, transcript information at link below. Please share with all Master Plan for Aging Stakeholder Committee members.***PLEASE REPLY THAT YOU HAVE RECEIVED THIS MESSAGE.  <a href="https://www.c-span.org/video/?466398-1/elder-care-programs&amp;fbclid=IwAR32y_w9fFwOa81d9XxcrjKEwkpHPJwShcIO11_hTC5uy5JoKWhR0fG14xc">https://www.c-span.org/video/?466398-1/elder-care-programs&amp;fbclid=IwAR32y_w9fFwOa81d9XxcrjKEwkpHPJwShcIO11_hTC5uy5JoKWhR0fG14xc</a></p>
657	<p>Hello.  I'm forwarding a SF Chronicle article/map of the electric utility de-energization events and the number of people with medical equipment needing consistent electricity effected by those events.   <a href="https://projects.sfchronicle.com/2019/surviving-a-shutoff/">https://projects.sfchronicle.com/2019/surviving-a-shutoff/</a></p>
658	<p>California needs to attract better long term care insurance for our seniors.  A good model of a program which covers long term care is Kendal at Home, based in Ohio. This program was created by Quakers, and is run based on Quaker principles, but it is not run by Quakers. It is a membership program, to which you pay an initial lump sum to join plus monthly dues. It works on fostering good health using prevention actions from the start of your membership. It provides help if you have even ONE need for help. Insurance I looked into long ago required that you have two disabilities before they gave anything. There is an advocate which is assigned to the member for helping with making sure that services are given and to hire and fire care givers if need be. This is especially good for a person like myself who does not have any children. I suggest that this model organization be studied, and that a similar membership be available to Californians. Right now, you need to live in Ohio for one year and be a member of Kendal at Home for one year before you can transfer you membership to another state.  I cannot get long term care insurance because of an anti-psychotic medicine I take, which I would have to be off of for two years before I would be considered. However, this cannot happen. So I don't get a chance to get long term care insurance. Pre-existing medical problems can be a problem.  Thank you for taking my opinion.</p>

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659	<p>I have several questions and statements to make. Please do your best to answer them and if you do not have the answer, please let me know who would best be able to. 1. Please let me know when the IHSS meetings took place ( I was able to be on one of the calls but think I missed another one) and let me know when the remaining LTSS-IHSS related meetings-call in dates etc., are, that the public can participate in. 2. Is the December 13th deadline for comments, the last date to submit comments on IHSS? As we participate in more meetings after that date, can we still submit responses to the conversation generated? 3. After the first call I was on, I inquired about having access to the recordings of the calls and if there was a capability to exchange contact information with others I heard from on the call. Have these things been done?... and if so where do I find it on the CA Master Plan for Aging site?...how is that done to maintain privacy and also encourage support amongst other involved caregivers? 4. Also, this process appears to be moving along fairly fast-I am concerned not enough people with disabilities and caregivers have been given the proper notice, to become involved. Many I have spoken to within my daughter's various communities were not aware of all of the meetings and opportunities for giving their input. This compounds the very issues many of us as caregivers are constantly advocating for within these meetings and illustrates the reasons a Master Plan is needed-one of the main failures of the "system" in numerous areas, is that of access and opportunity to share direct personal experience of the person with disabilities IN THEIR OWN VOICE, to the people are in positions of power and able to shape change. You can not hear them and benefit from their indispensable wisdom if they are not even made aware of an occasion to speak up. I found out about this entire process from an advocate who suggested I get involved. If another family does not have that type of connection, how are all of the disabled communities getting the notice to be able to be included? If this plan's objective is to really affect change, you have to see from the beginning how even the format and perspective going into this process, is also part of the problem. People need time to make the significant contributions to this process and deserve the respect and dignity in order to do so-as a whole rushing does not work with this population, if you truly want something of value after all of this is done. Bottom line-offer more meetings-do greater outreach to connect with more disability communities-cast a bigger net so you can hear from as many as possible-slow it down a little bit to accommodate more voices-and remember as caregivers we are already working full-time jobs. And remember we are the ones actually performing the work and have first hand experience that has not been filtered up through a bureaucratic process and diluted in content-that is the honest voice that is required if truth, ingenuity and excellence is what the Plan is striving for. 5. My direct experience with IHSS is that it is severely compromised in my County. And that despite hearing and appeal, the real issues of dysfunction and non-compliance are still not being addressed-there are no clear avenues of reporting this-no clear methods of accountability and transparency with County officials even by the Judiciary. If this is not happening, how exactly is the law being applied and how is my daughter able to receive the care she is entitled to receive under that law? Has this topic been raised in any of the IHSS meetings so far?...and if not, why not?...and what is the proper category that would house these concerns in the Master Plan of Aging?...have you made provision for it?</p>
660	<p><a href="https://www.zillow.com/research/silver-tsunami-inventory-boomers-24933/">https://www.zillow.com/research/silver-tsunami-inventory-boomers-24933/</a></p>

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661	<p>I hope the people who make the decision of allocating money to PAWS, and the other organizations like PAWS, understand that the allocated money actually significantly save money that the State spend on health care of the thousands of senior pet owners.</p> <p>For many years I am a member of PAWS.</p> <p>Needless to say that having a pet is a fun. But PAWS is not the organization promoting fun. PAWS is the serious organization that allow thousand of ill seniors to take care of their companion pets.</p> <p>Each morning, regardless how bad I may feel, I stand up to give my cat food, fresh water, and to clean cat's litter box.</p> <p>The cat gives me a stimulus to keep my health - who will take care of my cat if I am in hospital. Thus my cat actually reduces the financial burden of the State for my medical and mental treatments.</p> <p>Yes, by taking care for a companion pet the seniors indeed need less visits to doctors and less medications. PAWS pet support services (for example, pet food banks, veterinary care, and emergency pet foster care) allow the thousands of senior pet owners to use "saved" money for their own health care, and thus significantly reduce the financial burden of the State for treatments of their physical and mental conditions.</p> <p>I hope the people who make the decision of allocating money to PAWS and other organizations like PAWS understand that the allocated money significantly reduce the financial burden of State for treatment of physical and mental conditions of the thousands of senior pet owners.</p> <p>Thank you for your time and consideration.</p>
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662	<p>Dear California Master Plan for Aging Committee:</p> <p>Thank you for the opportunity to provide recommendations for the Master Plan for Aging. As someone who has worked and volunteered for the last 20 years in the field of senior and disabled transportation in urban, suburban and now rural communities I make the following recommendation. As transportation is the key to accessing service of all types for our rapidly aging population, there is an urgent need for stable funding for transportation services that are tailored for this population. Currently, in most California communities only public transit agencies have ongoing, stable funding sources. Transit agencies do a good job in providing fixed-route bus service and Americans with Disabilities Act – required paratransit. However, ADA paratransit is basically a last-resort service that is difficult or impossible to use by frail and disabled seniors for several reasons. First, eligibility for ADA paratransit is based on one’s demonstrated inability to use a fixed-route transit bus. This leaves many who technically can ride a regular bus, but who are frail or who have chronic illness unable to qualify for ADA paratransit. For those who do qualify, ride reservations must be made the day before the trip and the shared ride nature of the service often has riders on the vehicle for excessive amounts of time. In short, ADA paratransit is a system-centric service, when many non-driving seniors need a service that is rider-centric.</p> <p>Because of the shortfalls of ADA paratransit and the growing need for more senior-oriented transportation options, many communities in California have developed transportation alternatives that are more focused on the individual mobility needs of non-driving seniors. Examples include volunteer driver programs and discount taxi programs. The problem is that these senior-friendly alternatives struggle in most communities to find the funds to continue to meet the growing need. Some communities have stepped up this challenge by creating local tax-based funding, but in most of California, grants, local fundraising and donations provide the majority of the funding. These sources are not sustainable and better, more stable funding for senior transportation is needed to meet the growing need for these types of services.</p> <p>I am not suggesting that funding be taken away from public transit and ADA paratransit services, as both of these services are valuable and necessary to serve the residents of California. My recommendation is that the Master Plan for Aging explore additional funding sources that can provide stable, on-going funding for local senior and disabled transportation services that go-beyond those provided by ADA paratransit and fixed-route bus service. In addition, I recommend that at the local level, the use of these funds should be determined primarily by the Area Agencies on Aging, in consultation with transit agencies.</p> <p>Access to reliable, safe, senior-friendly transportation is a major factor in making it possible for our elderly population to age in place in their home communities. During my career, I witnessed many seniors’ joy and relief on learning that these types of services were available to them. I encourage the Master Plan for Aging to seriously consider this recommendation.</p>
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663	<p>I write this letter to encourage the explicit inclusion of spirituality as a vital framework by which any of us experience aging. Spirituality is an under-served aspect of aging. From the choices one makes about aging itself to end of life decisions, spirituality is a crucial part of the undercurrent of decision making. For some, spirituality is interpreted as religion. For many it is not. Put simply, many Californians will say they experience a sense of spirituality enjoying our great outdoors; from our mountains, to our deserts, to our coast-line. For others their sense of spirituality may come from the great arts of our State; a symphony, an opera, a ballet. For others their sense of Awe may come from a different activity. Regardless, while the use of formal religious communities is also under represented in the Master Plan on Aging, so too is the overall understanding of spirituality itself as a vital human force by which we all make decisions about the quality of our lives.</p> <p>Please place the serious engagement of spirituality in the Master Plan on Aging. We remain available for further conversation of this vital framework in the State's master plan.</p>
664	A California where a senior has no worry about affordable housing, affordable healthcare or affordable mental healthcare
665	There should be more affordable transportation.
666	Replacement of COMPLETE dental care. Restoration of complete vision including glasses with transitions lenses, since separate prescription sunglasses are not affordable for those on SSI, SSDI, require that ALL doctors and dentists accept Medicare and MediCal, and DentiCal, force all landlords to accept housing choice voucher holders, and close all loopholes regarding this. Increase SSI, and find a way to keep HUD from increasing rent on elderly or disabled voucher recipients
667	Sponsor "Elder Watch" programs similar to Neighborhood Watch using neighbors to watch elderly neighbors living nearby.
668	I would like to see more affordable housing and quality care holistically for the aged and the disabled as well as more accessibility in buildings!
669	Many of us have lost Some or all EBT and help with health care and prescription medication that we depend on. We cannot be healthy if the basics for care and nutrition is taken from us. This will become very costly for the country and state of California as we continue to age.
670	Two themes: PERSON-CENTERED and INTEGRATION
671	Greater attention to food insecurity in late midlife as risk factor for frailty and other poor outcomes in later life
672	As a native Californian who is now 62, I would like to live out my life here. But as I approach retirement, I'm starting to look at other states and countries with lower taxes so my money will go further. Is there a way to reduce income and property taxes for us? Or give us something value-added, such as supplemental healthcare?
673	Please don't forget our first generations growing older with HIV, our family of HIV LONG TERM SURVIVORS. After years of trying to see where do we belong, how are we intertwine HIV and senior services, we have no answers. SAD!!!
674	Get rid of idea of 65 year retirement.
675	Internet access to resources that enable us to review options on our schedule, and educate ourselves at our pace.
676	Seniors need mobility. Sidewalks have to be walkable. I am very concerned about e-scooters. I am afraid of being hit by one on the sidewalk and receiving injuries that I never recover from. I am also afraid of being afraid. I don't want to live like that.
677	Town of Danville has established a Senior Advisory Commission to aid our town to develop programming and services for the senior population. We hope our efforts will allow our senior residents to thrive. Our commission began in July 2019. Our goals closely align with the state of California's MPA.

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678	To be able to age in place in California with dignity, respect and have enough hours to be able also to do fun activities, not cookie cutter approve tasks that take more than hour to do laundry , go to the doctors office as traffic increases so do tasks, I pick up medications it takes 30 min to 60 mins. these are just a few examples, we are taking care people not assembly line.
679	Wheelchair friendly housing - no doorway under 36" wide, no counter over 28" high, cabinet cutaways for knee space, closet hanger rods 48" from floor
680	Sonoma County has already started on an age-friendly program which they have been working on for a couple of years.
681	It's important to build support for the aging population into the infrastructure of the state. Housing, transportation, health care, recreation and everything in-between should be viewed through the lens of the senior resident to look at how to make things more accessible, robust and user-friendly.
682	Legal Services to prevent housing evictions - <a href="https://www.huffpost.com/entry/how-free-legal-help-can-prevent-evictions_b_59f33e45e4b06ae9067ab7f8">https://www.huffpost.com/entry/how-free-legal-help-can-prevent-evictions_b_59f33e45e4b06ae9067ab7f8</a> - Often evictions aren't challenged because tenants don't have the financial resources to do so or do not even knowledgeable of their rights. Gap Funding – Emergency Financial Assistance Fund – often evictions occur for a minimal amount of outstanding rent or medical bills Care Coordination and in home supports – 80% of those needing in home supports do not qualify for MediCal the entity that runs the In Home Services and Supports (IHSS) Program in CA – most households can't afford to pay for these services out of pocket. Layering in additional onsite supportive services in existing supportive housing and affordable senior developments in evenings and weekends to ensure low income older adults have higher levels of support to remain in their homes – cheaper than nursing home care. Increased Financial Capability programming and Benefits navigation – to educate and help prevent abuse Expansion of the PACE - <a href="http://www.calpace.org/what-is-pace/what-is-pace/">http://www.calpace.org/what-is-pace/what-is-pace/</a> - Current work in San Diego to expand PACE for greater access. Corporation for Supportive Housing worked on this and JAHF funded first pilot. Expensive but worthwhile in producing housing stability and solid health outcomes for the most vulnerable formerly homeless seniors while keeping folks in community and reducing high cost health care services. Interim shelters until additional housing is available - for high utilization clients (often dual eligible populations for both Medicare and Medicaid that make up approximately 17% of population but drive 40% of the cost) that need shelter in order to receive medical care, medication, etc. CAPABLE – monies to provide home modifications to assist older adults to remain at home longer. Often coupled with nursing case management on a weekly or bi-weekly basis. Study has shown amazing results and being implemented in multiple states. <a href="https://nursing.jhu.edu/faculty_research/research/projects/capable/">https://nursing.jhu.edu/faculty_research/research/projects/capable/</a> - new regulations that expand coverage to non-medical care through Medicare Advantage plans could eventually be useful here but will take time for this level of systems change so interim programmatic investment here could be very beneficial.
683	Actually uphold law and prosecute those who do elder abuse particularly by undue influence such as changing trusts and wills within months of elderly passing to benefit themselves by misusing the Power of Attorney. No one really seems to care in Sacramento and the District Attorney does not prosecute there.
684	I have public comment related to recommendations for "other group living." Apologies because I wasn't able to be on the entire call so maybe this was discussed but we need regulations for the Independent Living Home industry. In San Diego County we have the Independent Living Association (ILA) which is a good thing but there are still a lot of these homes that seniors and people with disabilities reside in and they aren't habitable and suitable. I don't know what the answer is but these entities are not regulated yet they are sometimes the only option for someone with limited income and poor housing history.

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685	Address loneliness associated with elderly and disabled who are often living alone. Provide opportunities for socialization to help prevent depression and suicide ideation.
686	<p>Comments on Master Plan Convening on RCFE /Assisted Living from San Francisco Long Term Care Ombudsman. January 13, 2020 My name is Benson Nadell, Program Director of the Ombudsman Program in San Francisco Felton Institute, I have been with the Program since 1986-87 and have the long view on long term care, services and supports. I am a sitting member of the Long Term Care Coordinating Council , the members of whom were appointed by then Mayor Gavin Newsom. One spin-off was an 18 month working group on Dementia Care which resulted in specific recommendations. Before joining San Francisco Ombudsman Program, as an Ombudsman in Lake-Mendo , I attended stakeholder meetings convened by Senator Henry Mello , the State Senator who focused on care facilities for the elderly as a separate statute and regulations. Over this span, San Francisco has lost over 70 % of the board and care facilities from that 1987 period. Presently the number of RCFE board and care home for the most marginal clients is 24. Various local funding streams subsidize placement of persons on the low SSI out of home rate: On Lok-Pace, the local Institute of Aging , Community Living Fund; San Francisco Department of Public Health - patch program for both physical and mental health clients- a program called Transitions. There are many reasons for this longitudinal trend of closures: the aging out of providers; the increased requirements; the inflationary real estate market; and the increased disparity between the cost of doing business for these providers and the low state wide SSI rate. ( See Long Term Care Coordinating Council Assisted Living Report; January, 2019 <a href="https://www.sfhsa.org/about/commissions-committees/long-term-care-coordinating-council-ltccc/assisted-living-facility-alf">https://www.sfhsa.org/about/commissions-committees/long-term-care-coordinating-council-ltccc/assisted-living-facility-alf</a> ) Behind this trend , is a more insidious trend: the loss of 6 skilled nursing facilities , mostly housing persons on M-Cal, and the shift by the remaining SNF to post –acute short term rehabilitative services, as most hospitals have closed all their distinct part , hospital based skilled nursing units. The San Francisco Ombudsman Program is busy with complaints concerning Medi-Cal discrimination by these remaining SNF, poor discharge planning; and the need for Medi-Medi residents to convert from short to long term care in facilities where beds were to be held for in-coming patients from acute hospitals. With the disappearance of low to moderate income RCFE , persons coming out of skilled nursing , needing non-nursing 24/ 7 care have to where to go, except home- that is , if they can negotiate stairs. Most housing and apartments are not of the suburban type of dwelling. At the Ombudsman Director, we need a state wide solution. However, the small board and care type of RCFE has had many quality of care and quality of life complaints. A lot of care is expected of these providers, who lack the skills to prevent downward trajectories of chronic conditions. The Master Plan of Aging in addressing RCFE and even Adult Residential facilities must realistically move from a narrative of community care facilities being predicated on a social model of care, to a blended model which addresses health needs. Some recommendations: 1 A blended RCFE and ICF type service within statute and regulation. 2. Review all the legislative advocacy over the decades for RCFE and apply them to residents on Adult Residential Care Facilities; reasons being this disabled population with mental illnesses is aging more rapidly, as measured by chronic illnesses; reason being that under the theory of equal protection under the law, persons on Adult Residential Care need same consumer protections as has evolved for RCFE residents.</p>

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686 Cont.	<p>3. For persons with dementia but without resources, I propose a state wide bond for a payment stream for those who develop dementia . Like with the SF community living fund, the income eligibility could expand to 300 % FFP. The year to year state budget process with caps from Department of Finance and put into play as legislation is reviewed by the two Appropriations Committees, limits any longer term planning. A bond on the state wide ballot would be the only funding mechanism for any Master Plan for Aging. San Francisco passed a ballot measure, as a set aside for aging services called the Dignity Fund. This Dignity Fund had its germinal discussion within the SF Department of Aging and Adult Services( as of 2020 Department of Disabled and Aging Services) to coincide with the first term of Mayor Newson’ initiative an Aging with Dignity 4. A standardized assessment tool for all RCFE. Where an assisted living facility has developed its own, for purpose of rate –setting, there be a resident right to seek a second opinion. And that this standardized assessment tool be developed in coordination with whatever public payor system exists or is developed.</p>
687	<p>Consider transportation and mobilization needs of the elderly and disabled population. People who are disabled and aged often do not have easy access to transportation.</p>
688	<p>The State of California need to take actions to ensure that people know that services exist. An example of this is in regards to family care giving and information provided at <a href="http://www.caregiver.org">www.caregiver.org</a>. I don't believe many Californians are aware of the services provided.</p>
689	<p>I am a senior, disabled and battling cancer. My social security is not enough for my needs. In addition, although I receive services through the In Home Supportive Services Program, I can not find a competent caregiver. I believe the reason is not enough money. Through IHSS, caregivers are paid only half of what the current wage is in all other sectors, including the same county in which I currently live, Napa County. Seniors need to have income and services in order to survive and thrive.</p>
690	<p>Include older Californians in the development of the plan and its implementation</p>
691	<p>Hello MPA stakeholders, advisors, and committee members. My name is Matt Reynolds, and I'm the CEO of MyCareMarket, a California corporation based in Ventura County focused on our solution to California's Long-Term Care crisis. Below is what we perceive to be one (if not THE) core issue relating to Aging in California and the nation and what we believe is the solution. I submit the following for your consideration so that the MPA can be better designed to solve the Aging/Long-Term Care crisis and do so in synergy with companies like ours with whom there is a shared vision. This crisis is one of demographics. The number of older California citizens is increasing rapidly, almost all of whom will need some form of Long-Term Care (LTC), either in their homes or facilities. Aging-in-place (receiving this LTC in one's home) is preferred by 90% of citizens and expected by 80%. While Californians unquestionably prefer providing and receiving this LTC informally (i.e. unpaid family or community care), Informal Care is clearly and quantifiably financially, emotionally, physically burdensome. Further, all macro trends (birth rates, family, cohesion/dispersion, among others) indicate this type of care as increasingly unsustainable. By 2030, the US will be short 3.8 million informal caregivers and this number will grow to 11 million by 2040. Consequently, families and communities will increasingly have to look to Formal (paid) caregiving to fill this need, which is relatively expensive and usually paid for out-of-pocket. Here's where it gets worse. There are not and will not be enough formal caregivers. By 2024, the US will be short 1 million formal caregivers relative to the need. This is mainly due to the fact that home caregiving is hard work, low pay, and has little potential for professional development, which leads to high turnover mostly offsets the supply growth otherwise expected to increase organically to meet growing demand. Furthermore, this supply deficit will only grow because the ratio of working age adults to seniors (over 85) will decline from 32-to-1 to 12-to-1 by 2050, dramatically reducing the potential home care labor pool. The crisis can thus be reduced to a simple question...WHO WILL CARE FOR US?</p>
692	<p>There needs to be more housing options available to all levels of care needed</p>

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693	A public Elder Abuse Registry is needed
694	There must be more social workers available for aging adults
695	I received a housing voucher through Bay Area Community Services. I am severely physically disabled. I was moved into a one bedroom apt. Out of my community. I waited 6 months before I received a self install bathtub rail , still waiting for the appropriate heater that I can use for my disability. The elevator often breaks down. No support for grocery shopping, 2 buses and Bart. I use a mobility aid I'm on the 3rd floor.. Organization s that receive federal and public money need to be trained to meet the needs of a senior disabled population. My ADA rights are continually violated. I'm scared to leave my apt in case I cannot get back home safely.
696	A general category of Chronic Diseases
697	Health Care Quality
698	Nutrition Mental Health, Integration/inclusion
699	Nutrition, emergency preparedness, housing vulnerability
700	Nutrition; Dementia; healthcare quality
701	A modification: older adults (and all adults) as caregivers of older adults
702	Another messaging concern. Obviously the data shows that dementia is a major problem. However, when we message about it we often cultivate a fear of memory loss and that fear undermines people's motivation to preserve their cognitive function. The fear of memory loss leads to self monitoring which leads to more failures, due to losses in self-efficacy. Again, a health promotion program that teaches about what aging is can help prevent those misunderstanding and fears that undermine the motivation to do the things that will help us preserve our level of function across all domains.
703	behavioral health
704	behavioral health
705	Building trusted relationship - Health Promotion
706	Climate Change Vulnerability
707	climate change vulnerability
708	Cognitive Health (Alzheimer's Disease and related Dementias)
709	diabetes
710	Eliminate barriers to advanced practice nurses practicing to the fullest extent of their training, EX Nurse practitioners and train certified promoters in the rural and urban poor
711	Emergency Preparedness
712	Emergency Preparedness
713	emergency preparedness
714	Emergency preparedness
715	Food and economic insecurity

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716	Glad to see Public Health department in the conversation right away. I have always thought Aging should have more focus in PH. Wondering about more on prevention: falls, accidents, wellness initiatives
717	Great presentation - connecting nutrition to healthy aging - could the master plan look at creating automated enrollment in Cal Fresh for all individuals receiving SSI through SSA. And more information sharing between SSA and DPSS
718	Health Care Quality
719	HEALTH CARE QUALITY
720	HEARING AIDS
721	Homeless
722	housing
723	housing and income
724	In our experience, many more falls occur (without injury) than those that are reported
725	Is anyone in California working on expanding access to primary care (not only for the elderly but for everyone in our state) by creating a new category of health care workers (who would not require as much education as other health professionals) called "community health workers"? These paraprofessionals, who would be under the supervision of doctors and nurses, could make health care more affordable and accessible in rural and urban communities.
726	Is there a committee working specifically on loneliness/social isolation?
727	It is great to see all that is being done by CDPH. For years people in the field of aging have argued about using the terms healthy, successful, active, etc. out of concern for how that term will impact people aging with chronic diseases and disabilities, in part due to the effect of an individuals self-efficacy. Is there a messaging strategy on the horizon that will address that concern?
728	keeping Busy allows me to focus away pain
729	Make sure the person has Health Care Power in place
730	Malnutrition as it relates to climate change.
731	No - I would replace opioid use with housing
732	nutrition
733	nutrition
734	Nutrition and Oral Health
735	Nutrition because it is linked to many of the other health concerns.
736	Nutrition!
737	nutrition, Alzheimer's and Dementia, Emergency Prevention, Oral Health, Climate Change, Grandparents as caregivers, social isolation
738	nutrition, disease prevention, disaster prep.
739	Nutrition, Emergency Preparedness, L&Certification
740	Nutrition, Emergency Preparedness, Oral Health
741	Oral Health & Emergency Preparedness

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742	Oral Health DDS can find all sorts of problems
743	Osteoporosis in relations to falls injury
744	Our City has a comprehensive prevention program for older adults. With home visits, home safety checks, health education, individual health plans (exercise, nutrition) and medication reviews. It is important to build a trusted relationship and then design an individualized plan for older adults. We provide the service through Health Promoters with language and cultural capacity. We need to be thinking comprehensively.
745	overcoming loneliness and isolation
746	peer to peer communities and models of services and support. Also intergenerational approaches
747	People don't really understand the aging process and how that impacts their vulnerability with respect to physical injury and the protracted healing process. To make sure they are more cautious, it is important for us to do a better job of educating people about what aging really is. This kind of education would provide a rational preventative, rather than fear based and reactive approach, and serve as a health prevention program that would also help address the myths about aging that underlie ageism.
748	please do not reduce healthy aging to a medical condition
749	Provide presentations and materials in Spanish.
750	social connection and integration essential. Julia Holdt Lundsted's research shows that connection and purpose are 2 major drivers of longevity
751	Social Engagement
752	Social isolation and loneliness
753	social isolation
754	Socialization and involvement in activities to feel valued
755	Technology and aging. Feel needs to be addressed such as Virtual Reality as it relates to balance, hand eye coordination.
756	the idea re K-12 education could include intergenerational approaches/opportunities for engagement
757	The value of learning to maintain healthy brain health
758	This list is limited. We need a comprehensive approach focused on where older adults live.
759	transportation to services, behavioral health, training of care providers
760	What is appropriate footwear for home, not using shoelaces
761	what is best definition of healthy aging .best quality of aging
762	What is missing is access to more senior focused care across all care settings that includes SDOH screening, and addressing prescription drug costs.
763	Yes also to social connectedness

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764	The ability to use technology in all aspects of our daily lives is absolutely essential to the capacity to live independently. A private or public website, an e-health portal, a medical table or other piece of equipment not accessible to those with mobility impairments, technology related to diabetes, a computer in an assisted living or other long-term care facility, emergency alarms that cannot be heard by a deaf or hard-of-hearing person, or the myriad of other items that come into play in health and social services settings cause often insurmountable obstacles for persons with disabilities. These include inadequate information for a person with a disability to manage one's health care or to provide sufficient information to a provider in order for him/her to do so, the lack of an ability to cope with emergency situations, the lack of knowledge about services to which a person with a disability may qualify or for which his/her eligibility status may have changed, and isolation due to the lack of information which brings about interpersonal communications. State law must be strengthened and enforcement mechanisms provided for, including fund, to ensure that both the private and public health and social services sectors provide goods and services that are accessible to and usable by persons with disabilities.
765	It would benefit both the working caregiver and older care receiver if the caregiver's workplace offered onsite day care (like many employers offer child day care).
766	Develop a Bluetooth broadcast standard so hearing impaired can participate in public forums. Telecoil is obsolete.
767	Provide communication access, including interpreting services and real-time captioning, at assisted living centers/nursing homes for Deaf and Hard of Hearing Californians.
768	I am a Board member of Share Sonoma County. I have also been a social worker and an advocate for many years. I think that this Master Plan on Aging provides all of us a major opportunity to help the entire system understand the potential value in what each of us does in coordinating Home Sharing and saving money for the state. Most important, the expansion of what we do will provide well-being for tens of thousands of elders and those with disability.
769	Long term in-home care support is critical.
770	I think we should give more value to adult day health care (CBAB) programs that are left out for years. Which provide a comprehensive service to the community. I am a provider in Santa Clara for 16 years and struggled through many obstacles to stay open.
771	Thank you for getting this started. I am 72 and my husband is 84. We need help with home repairs, but, especially mowing the lawn. Last time I had to cut lawn with scissors. I wound up with 7 blisters, sprained wrist and injured my hip. Please find an answer.
772	This is a very ambitious plan and also quite expensive. I don't think I can add much to it, but I have a strategic plan to make it far more palatable to taxpayers, especially younger Californians who may not see the long term benefits in further pricing them out of the state, to ensure the short term future of their elders. There is an enormous amount of waste, fraud, fat, unnecessary expenses in the state. A great deal of political and financial benefits can be gained by promising to pay for some or most of the costs by cutting out these.
773	Unite Us is implementing a platform across California to enable health care providers and social service providers to connect to one another in a network that enables people's social needs to be met successfully. This includes services important to aging populations.
774	Education and Awareness of the development of the MPA in various local communities with the goal of additional comments from the public.

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775	I believe that it is counterproductive to establish a new state-wide agency that will suck up tax dollars by adding another bureaucratic layer between services and the seniors who need them.
776	Mandate enrollment in a 2 year plan of the CalPERS LTC program for all CA residents. Option to buy up to other offerings with underwriting. Larger risk pool with help the program and it is a better administrative model than building a new system on top of a public program structure. It already has 15 years of experience with all the administrative protocols including risk management.
777	Update guidelines for Medi-Cal and IHSS so seniors can remain in there own homes. Could you live on \$935 a month? This is the amount 2 people need for housing, food, etc. a month according to 1974 budget. Because of this the share of cost is over \$1500 a month that we must pay a caregiver before IHSS kicks in. With a income of \$3000 a month. So instead of staying in our home eventually we will cost the State \$20000 for skilled nursing. Makes NO sense when a caregiver only cost \$12 a hour. Many would stay in there home if they could get help from IHSS
778	Re field of Geriatrics: Issues - lack of professionals in field. Escalating every year with growth of the aging population. Very few incentives to enter field - lower salary and high tuition. Issue: lack of coordination with overall medical profession. How does someone know to make contact with a geriatrician? If not recommended by primary care physician, then where/how? Is tuition for those specializing in pediatrics far less funds than those studying in field of geriatrics? Is studying in pediatrics free?
779	Abuse and neglect is on the rise and the APS and Ombudsman programs are underfunded. Ombudsman needs additional monies in order to hire more staff and increase wages instead of relying on volunteers which is getting harder to do.
780	Affordable housing options

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781	<p>Reading your draft letter to Mr. Saborio, I think of the families with older adults I met as a Stabilizer at LA Family Housing: 1. A couple in their 40's with three children signed a lease in Palmdale and commuted to minimum-wage overnight jobs at a Sylmar warehouse and Tarzana hospice using Lyft and Metrolink; they received a 3-Day Notice when the primary breadwinner missed work to take her ailing 90-something father to the hospital. 2. A single mom and her three teens signed a lease in Palmdale, but moved back in with her parents in San Fernando when her dad's car broke down on the freeway and she could not afford repairs; her parents live in a covenanted affordable unit with occupancy restrictions 3. A single mom with two teens and a young adult child rented a house in Lake Los Angeles with no one having access to a car; the mother has a variety of medical conditions, has doctors in Encino, and catches rides to the nearest grocery store with her neighbor Reflecting on their situations, the following questions come to mind: 1. As CA's population ages and an increasing number of older adults continue working due to the effects of the Great Recession, how can the Masterplan address jobs-housing imbalances? 2. How can it promote land use practices that allow older adults to age in place and place minimal additional financial/time burdens on them? In other words, how can the state encourage land use practices that enable low-income older adults to continue working, traveling independently, engaging in activities like walking, and living with/caregiving for family members as long as possible? 3. How can the state retain existing concentrations of low-income older adult immigrant populations in rapidly gentrifying neighborhoods in Central LA? Does the Masterplan envision a role for tenant protections and/or shallow subsidy programs? 4. How can the state facilitate construction and preservation of senior affordable housing projects and board-and-care facilities through regulatory tools such as CEQA exemptions, RHNA, and Fair Housing enforcement within HCD? This includes promoting ADU ("granny flat") construction and local government compliance with recently-enacted legislation. 5. How can the state implement and enforce fair employment laws for older adults? In addressing the questions above, the Masterplan will articulate prerequisites for successful and effective housing navigation and stabilization services for older adults at imminent risk or already experiencing homelessness.</p>
782	<p>We see affordability and access of LTSS, along with high worker turn-over/low worker wages and benefits, as some of the biggest challenges to an age-friendly CA. We'd like to see: -A universal Long-term Supports and Services Social Insurance Program to help Californians afford the supports they need. This program should be inclusive of people with developmental disabilities, older adults that have already retired and people who don't have citizenship documentation (unlike the program approved in Washington). This program should also include some provisions the protect the rights of the direct care workforce, including family-sustaining wages and benefits.</p>
783	<p>Stop taxing middle income seniors, we are being forced to move out of state to survive.</p>
784	<p>Encourage the creation of an Elder council at the city level. To serve as a source of wisdom for their various plans and programs.</p>

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785	<p>As a 30 plus year geriatric social worker, I welcome this opportunity to engage with efforts to design a MPA for California. (Worked most of my career in Washington DC, Capitol Hill area and now am the Manager of Social Work at Avenidas Enrichment Center in Palo Alto, located at 450 Bryant Street.)</p> <p>I facilitate multiple family caregiver support groups, provide elder care consultations for intergenerational family groups, develop content for Avenidas Caregiver educational conference and forums, cultivate community partnerships</p> <p>1. DATA: WE NEED A STATE WIDE FAMILY CAREGIVER CENSUS SURVEY. DESIGNED BY A TEAM OF EXPERTS FROM STANFORD U MEDICAL CENTER AND PALO ALTO ELDER CARE SERVICES. THIS DREAM TEAM INCLUDES GERIATRICIAN, SCHOLAR, AUTHOR, PUBLIC SPEAKER...DR. MERHDAD AYATI WHO TESTIFIED IN BOTH SACRAMENTO AND IN DC/ CONGRESS ON THE CHALLENGES OF AGING. MEDICAL DOC, DIRECTOR AND FOUNDER GERIATRIC CENTER LOS ALTOS DR. RITA GHATAK, PSYCHOLOGIST, FORMER DIRECTOR STANFORD AGING AND ADULT SERVICES, EXPERT ON CONTINUITY OF CARE, NAVIGATING FROM HOME TO ER TO HOSPITAL TO REHAB TO ASSISTED MEMORY CARE, HOME CARE, ADULT DAY HEALTH, EXPERT ON COGNITIVE WELLNESS, PUBLIC SPEAKER, RESEARCHER, FOUNDER AGING 1.0 DR. ELLEN BROWN, PIONEERING HOSPICE PHYSICIAN, FAMILIAR WITH END OF LIFE OPTIONS, CHOICES, PUBLIC SPEAKER, ELDER CARE CONSULTANT, CARE FORUM EDUCATOR PAULA WOLFSON, LCSW, 30 PLUS YEAR GERIATRIC SOCIAL WORKER, NOW THE MANAGER, AVENIDAS CARE PARTNERS, FACILITATE MULTIPLE FAMILY CAREGIVER SUPPORT GROUPS, ELDER CARE CONSULTS, DEVELOP EDUCATIONAL CONTENT FOR CARE FORUMS, COACH CLIENTS ON NAVIGATING TRANSITIONS IN LOVED ONE'S CARE, COACH CLIENTS ON APPEALING YOUR DISCHARGE PLAN. (GOOGLE ME ON LINKED IN. ALSO GOOGLE WWW.AVENIDAS.ORG-GOOGLE - SCROLL THROUGH PROGRAM LINK TO CARE PARTNERS. I WROTE AN EDITORIAL PUBLISHED IN JULY 2018, PALO ALTO WEEKLY, "WE NEED A MASTER PLAN ON AGING." DR. ANDREW T. ELDER, GERIATRICIAN, PALLIATIVE CARE, AN INTERNATIONAL SCHOLAR ON AGING AND FRAGILITY .... FELLOW AT THE STANFORD CENTER FOR ADVANCED RESEARCH ON BEHAVIORAL STUDIES, CONDUCTS GERIATRIC GROUND ROUNDS -LECTURES, RESEARCHER, WORLD WIDE,....RESIDES IN BOTH EDINBURGH, SCOTLAND AND IN PALO ALTO AREA FOR PART OF THE YEAR. EXPERT ON FRAGILITY. ALL OF US KNOW EACH OTHER WELL AND HAVE BEEN ON THE FRONT LINES OF ELDER CARE FOR YEARS. THIS WOULD BE THE PREMIER DREAM TEAM TO WORK WITH GOVERNMENT POLICY MAKERS ON THE MPA FOR CA. RE FINANCIAL PLANS AND COSTS OF CARE YES TO INVESTIGATING PAYROLL OPTIONS FOR DEDUCTIONS FOR LONG TERM CARE ....NO... PRE- EXISTING CONDITION- REJECTIONS CLAUSES AND NO... 3 MONTH DELAY IN SERVICES YES TO A CAP ON THE PRIVATE PAY RATES FOR HOME CARE, ASSISTED, MEMORY CARE, BOARD AND CARE-PLACE ALL OF THESE CARE FACILITIES UNDER MEDICARE FOR QUALITY OF CARE AUDITS. YES TO FAMILY CAREGIVERS - FORCED TO LEAVE JOBS-STILL ACCRUE SOCIAL SECURITY OR DISABILITY BENEFITS-THIS IS A FEDERAL ISSUE BUT STATE GOVERNMENTS AND REPS NEED TO LEAD THE BATTLES. PAYMENT AND OR COMPENSATION FOR FAMILY CAREGIVER DEVELOP "DEMENTIA CLIENT AND FAMILY CAREGIVER-ZIP CODE BUDDY-PLAY DATES, CARE COVERAGE BANKS... USE THE VILLAGE MODELS FOR CREATING CAREGIVER NEIGHBORHOOD VILLAGES AND CLUSTERS OF PEER SUPPORT WE NEED ENHANCED FREE TRAINING FOR FAMILY CAREGIVERS WHO DO HANDS ON BODILY CARE AND TRANSFERS, ETC. EVERY COUNTY NEEDS AN UPDATED 211 DEMENTIA FRIENDLY CALL IN DATA BASE -WITH AN ASSISTANT PHONE OPERATOR WHO IS TRAINED AND DEMENTIA LITERATE NEED COUNTY WIDE ---WEEKLY FAMILY CAREGIVER SUPPORT GROUPS --- DESIGN AND IMPLEMENT FOR STUDENTS -FROM JUNIOR HS- AND UP-HS, COLLEGE, GRAD PROGRAMS, MED SCHOOLS, RN SCHOOLS, MSW PROGRAMS: CARE TRAINING AND ACADEMIC INTERNSHIPS TO ASSIST ELDERS.</p>
786	more co-housing options which take profit-making out of the equation
787	efforts to prevent exploitation and elder abuse.

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788	<p>I am a retired Geriatric RN CNS and attended the forum at the Rose Kleiner center last evening. I was very impressed! The stories, many similar ones to what I have heard over my 30 years of nursing, were very moving. Although I retired in 2014 from the VA things have not changed for the better, they have worsened. Here are some thoughts and I did not prioritize them since they are all essential: -Long term care plans seem great - they are not! I have one and the premiums go up annually. I cannot afford the higher premium now so will not get as much \$\$ as I will need when the time comes. - Most of the complex older people do not need skilled nursing. Also the definition Medicare utilizes for skilled nursing is vague - different entities (e.g. home care agencies), try to optimize the care they provide but Medicare is tightening it's belt so 1-2 visits may be authorized and then goodbye and good luck. One of my daughters is a speech pathologist in San Diego and was so frustrated because she could not get authorization for more visits from Medicare that she is looking for a new career. -Disaster planning: this is a big one! While at the VA I led a QI project addressing the provision of disaster kits for Veterans with dementia who reside at home (usually with a caregiver). There are multiple county organizations dealing with disaster planning but it just takes one look at their websites to see that it is overwhelming to prepare for a disaster especially if one is frail, has little support, and has cognitive impairment. We provided free disaster kits (we obtained funding) to Veteran in our clinic and in our home care program at Palo Alto VA who had a diagnosis of dementia (any type). There was a lot of hand-holding, simplifying the visit and actually giving the basic disaster kits to the Veteran and/or caregiver. Older impaired people cannot be handed a resource sheet and told to do things themselves. -care coordinators/ nurse navigators/social workers/ trained lay persons need to help coordinate the care of older and also disabled people (not seniors). Caregivers are overwhelmed by the systems and why they don't work for them. -The Village concept ( I belong to Foster City Village and volunteer) is a great way to help avoid isolation, provide essential transportation, hold holiday celebrations and keep an eye on our frail older people.</p>
789	<p>Oral Health Care must be an integral component of The Master Plan as it aims to improve health and wellness in Older Adults. Many chronic systemic diseases that are prevalent in older adults, and the medications used to manage them, carry significant risks for developing or advancing oral diseases such as root cavities and periodontal disease that can result in tooth loss. Missing teeth and untreated oral diseases can result in disfigurement, pain, infection, compromised oral function and diminished wellness and quality of life. Many older Californians, lack the resources to attain the routine oral health care needed to restore or even maintain their oral health in the face of these risks. For these reasons, oral health care cannot continue to be viewed as an elective component of health care. While dental benefits are specifically excluded from Medicare, perhaps there is an opportunity for Covered California to lead the nation by extending dental benefits to Californians aged 55-64 (before enrollment in Medicare), as a part of their medical coverage - not a separate add-on – much the same as is done for those under 19 years old. By doing so, California has the opportunity to create a model for Medicare to provide dental benefits to all enrollees 65 and older (some 5 million Older Californians) as well a model leading to universal inclusion of oral health care services with medical benefits for all Americans.</p>

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790	<p>Thank you for the Peninsula Forum last night. It was wonderful and not enough time to share my story and my ideas, but I have been a gerontologist working in the aging field for over 20 years. And for the past 13 years have also been a family caregiver for my father-in-law who had dementia. He passed last month. And despite my background and the blessing that my FIL had saved money, this process of caring for him brought my husband and I to our knees. My idea is to remove the rule/policy barriers to good care. Three separate times we were forced to fight against ridiculous policies that resulted in worse care and higher health care costs. 1. My FIL lived in independent living facility and our contract said we could hire any help we wanted. As his dementia increased, they told us no, they changed the rules and he either had to go to their memory ward OR hire their caregivers. We had to get an attorney and fought for the right to hire the best people for him, and who would report to us, not the facility. 2. Then, even after we had a POLST because he was end-stage dementia, saying no visits to ER no matter what, a fever prompted a call to the staff nurse who called 911 and paramedics took him to the ED before we could even get there. This was a horrible experience where the docs and nurses poked and inserted tubes in every orifice while my FIL (non-verbal) was crying and screaming NO! and my husband finally had to physically threaten the staff before they stopped all the unnecessary "treatments". We were told that it is STATE LAW that senior living facilities have to call 911 when a resident is ill and that we cannot disallow it. That is insane and so horrible to put people at the end of their lives through this torture and the expense. 3. After this horrible experience, we finally got him on to hospice and after 6 mos. since he hadn't declined more, they kicked him off. and once again, we had to call the staff nurse when he spiked a fever and instead of handling it in-house, he was sent to ED AGAIN! So in the final months of his life, we were not on hospice, we hid any illness from the facility and had zero support.</p>
791	<p>Please see the latest JAMA online article on the importance of reaching out to family caregivers at <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2759281?utm_source=silverchair&amp;utm_medium=email&amp;utm_campaign=article_alert-jamanetworkopen&amp;utm_content=wklyforyou&amp;utm_term=01242020">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2759281?utm_source=silverchair&amp;utm_medium=email&amp;utm_campaign=article_alert-jamanetworkopen&amp;utm_content=wklyforyou&amp;utm_term=01242020</a></p>
792	<p>Make it easier and less costly for people with concerns about memory issues to get an MCI screening from people qualified to interpret the results.</p>
793	<p>Locally, we have Telecare, a daily calling service to check on individual seniors. This is taken care of in many communities through a phone tree. Keeping seniors housed is a serious concern, with rapidly rising rents and limited incomes. Those who own can get caught up in probate issues.</p>
794	<p>Attendant care services for seniors who are middle class.</p>
795	<p>Let's redo the Volunteer programs of old. We're are missing so many possible volunteers, because of the poorly crafted opportunities.</p>
796	<p>Problem with walking, need a cost affordable way to be picked up/dropped off at doorsteps/ entrances. I.e. doctors, grocery store, movie theatre, restaurants, etc. to help keep me social and active. Would luv a meals on wheels reasonably priced also.</p>
797	<p>We should feed any California that is 65</p>
798	<p>Plan Adult Playgrounds (nothing as elaborate as the one in St Louis!), like children's playgrounds but for adults where we can work out with other like minded Seniors</p>
799	<p>More Senior Apartments, both newly built, and rehabbing properties that were built in the 1980s</p>
800	<p>REPAIR SIDEWALKS</p>
801	<p>I think it's important for the elderly to live or be around people of all ages not just those of their similar age.</p>
802	<p>Protection of Social Security &amp; Medicare; needs to be increased &amp; expanded; protect pensions from both public &amp; private enterprises.</p>

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803	I believe that it is important to incorporate brain injury survivors in the master plan for aging. 5.3 million Americans are living with a permanent disability related to brain injury, and brain injury is the #1 cause of death and disability in the United States. Without proper support and care, brain injury survivors are at an increased risk of unemployment, homelessness, major depression, substance abuse, and suicide.
804	I think it's so important to pay special attention to the population who has sustained acquired or traumatic brain injuries. This is a largely "forgotten" population, and brain injuries have important implications for aging, including increased risk for Alzheimer's, increased dependence on government assistance, increased medical costs, and a need for caregiving services. Special attention to brain injury survivors and programs that help them live as healthily and independently as possible is so needed in California.
805	In an age friendly California, I want there to be adequate support for traumatic brain injuries. By that I mean easier access to healthcare/benefits and not being required to jump through hoops that are already so difficult to manage.
806	App MyEar Adoption
807	Affordable, accessible. Intergenerational, diverse backgrounds, smart, housing.
808	55+ Community for Deaf and Hard of Hearing
809	Housing with mixed ages For support & vitality!
810	More affordable housing. Services that continue to support seniors to live in their homes and communities as long as possible. More walkable communities that will benefit seniors with trouble driving and mobility issues as well as people with disabilities, parents with strollers and young children, and people suffering from health conditions brought on by sedentary lifestyles who need to be more active to reduce their healthcare costs.
811	Inclusion: Never forget diversity, but also new kids on the block. We, HIV LONG TERM SURVIVORS, we were supposed to be dead, but we're here, alive, <u>first generations growing older.</u>
812	ASA and its multidisciplinary partners in aging propose that as part of California's Master Plan for Aging, any agency, organization, or business that serves older adults and their families be required to provide specific awareness training to its employees about the experience of and issues of aging to their employees.
813	The main objective is well designed. I would like to see more input and support from families of impacted client
814	1. Negotiate prices of drugs with insurance companies that work with Medicare and MediCal. 2. Strike partnerships to build and subsidize senior homes with assisted living capabilities. 3. Support affordable health care 4. Provide opportunities for willing and able senior citizens to get paid or volunteer jobs to share their expertise with younger generations. See the Encore.org model
815	housing assistance for those living with AIDS
816	For optimum health as I've interviewed sales person's. at Assisted Living communities (Eskaton Grass Valley), she gave minimal credence to my need to know if their chef will provide nutritionally complete vegan menu.
817	Wake up Marin employers to the wealth of talent, expertise, skills, and wisdom of older adults, and overcome ageism in the workplace. Help them learn they can hire someone presently retired for 10-20 hours to fill their job specs, while having the older adult mentor younger employees, thus accelerate their learning. Older adults need to have purpose, which gives meaning to their lives. Being able to work at what they love, while helping others gives them a reason to get up in the morning. Please contact me for more information on this topic.

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818	Increase accessible transportation, provide more affordable retirement housing to lessen waitlists, and increase pay for caregivers as well as increasing more community awareness in schools about it as a career. option
819	- Affordable housing - Medical assistance (care-giving) - Food/nutrients distribution - Social activities (gatherings) - Transportation help to events and activities
820	#1 Better (safer!) transportation on bus, sidewalks, and ride-share. Speeds need to be limited on electric scooters. #2 More low/moderate income housing everywhere.
821	1) Have Shelters form a separate area or designate a building for either a,)Shelter Resident's Pets (Only the Pet, where the Resident would feed, interact or check in and out with before/after returning to the shelter) or b)Shelter Residents WITH their Pets (or Documented Companion or Service Animals) on a leash or in a cage or otherwise in complete control of the resident at all times. 2) Circulate or Post NOTICES at Public Venues, in Motel and/or Temp. Housing Offices, Department of Motor Vehicles , County Assessors Office(s), Public Multi-Housing or Apartment Complex Offices REGARDING DISABILITY DISCRIMINATION LAWS Allowing Disabled Pet Owners to live and travel FREELY(without encumbrance or expense) with their Documented Emotional Support-, Companion-, and Service Animals. 3)Consider helping or promoting the alliance of several ANIMAL Welfare Organizations or Shelters with HUMAN Services Organizations or Shelters by advertising financial assistance or subsidies for successful outcomes (providing homes for people AND Pets!
822	1.Make classes for seniors more accessible. 2. Make public services, transportation, businesses, public service announcements enhance awareness of needs of elderly (large clear printed material in black and white, etc.,, )
823	A place where age is valued and input from elders is sought when decisions are made. A place where those of us in the "slow lane" don't get run down by "progress."
824	A Senior specific tv channel for education, resources, nutrition, and healthy living, lifestyle, etc.
825	ACTIVE COMMUNITY INVOLVEMENT --- help yourself by helping others. IKIGAI (search it).
826	Add California based and Master plan on Aging members - "Family Caregiver Alliance" and the California Caregiver Resource Centers to the "Together We Engage - Friends & Family Caring for Adults Resources." You have stellar resources in the state but you opt to post out of state organizations, some that don't provide direct services?
827	Address ageism by establishing an intergenerational unit within CDA.

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828	<p>Adult day care programs (ADPs) in California provide a lot of benefits to seniors who have cognitive disorders and other health problems, and whose (frequently unpaid) caregivers need a break from the 7x24 responsibilities of taking care of their patients. Benefits to the patients include art, music, physical and cognitive stimulation, socializing (sometimes with young children or animals), naps, balanced lunches and snacks, and coordination of care with caregivers and family members. Benefits to the caregivers include time away from caregiving to allow them to work, see their own doctors, handle family responsibilities (many caregivers are also raising children), and sometimes just rest or read a book. My doctoral dissertation looked at the business aspects of ADPs in the Bay Area and found the two greatest problems were unstable funding (federal, state, and local grants necessary to enable attendance by some elderly clients whose income couldn't cover the ~\$100/day fee), and inadequate communication and education of the surrounding community, including local hospitals, clinics, social support organizations, and city governments. My wish list for the Master Plan on Aging is to increase the amount of state funds that go to ADPs and to provide training programs and outreach funds to the ADPs to better enable them to make their services known to their communities.</p>
829	<p>Advance Care planning in an integral part of living well, and making sure one's health care plans are carried out whether one can speak for his/her/their self or not. Advance Care planning gives people a better quality of life, less intensive/invasive and futile medical interventions, and saves millions of dollars each year. This is especially true for older adults, who may want less interventions as they age. Providing opportunities for adults across CA to understand and have access to Advance Care planning should be part of family life, and therefore my proposal is that every person who applies for a CA Driver's License/REAL ID and who is 18 or older, is also required to complete and file at Advance Directive. People over 65 would be asked to also complete a POLST, and have it signed off by their Dr.</p>
830	<p>As a senior, part of the problem is our property taxes and associated fees keep going up. So many of my friends are having to sell their homes and move out of state. This is causing undo and unfair emotional strain on them. Prop 13 was enacted to help with that. Unfortunately, all the new fees and taxes are causing this problem.</p>
831	<p>As I get older and am unable to complete the most simple task when I am out in public. It would be nice if more business big and small provide some kind of of curb side assistance, or to have more benches or chairs in the business. I would like people to be more aware of the senior citizen popular.. it would be nice if you see that a senior is struggling with something offer to help. Once I was in Walmart and I saw this senior citizen entering the store. She paused and I recognized that she was in distress. People just walked pass ignoring her.. I was in checkout line I told the cashier that it looked like that women needed help he glanced at her and said "I will help her in a minute". I could tell that the woman needed help now so I got out of line I saw the manager and I said that woman over there need help call 911 and she was standing talking to another clerk not busy just chatting I walked over to the lady in distress and I said do you need help and she said yes I do she had one of those medical alert sign that she was trying to reach for, but both her hands were being used to hold on to her walker. People continued to glacé at her and walk by. I had pressed her medical alert device and ask that an ambulance be sent Walmart. I remained with the lady till the ambulance arrived. The manger had eventually walked over to the lady asking if there was anyway she could help. I thought to myself "a little bit late aren't you". As I drove home I was so disturbed and thought to myself. Why didn't people stop to help her. How could people just ignore that this elderly women needed help?</p>

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832	As was pointed out in the Health Aging presentation in January, Alzheimer's is now the 3rd largest killer of older people in California. While there is currently no cure for the disease, there appear to be tactics that reduce the effects of the symptoms of Alzheimer's -- namely the diet; exercise/stress reduction, blood pressure reduction/ correction of sleep problems/cognitive stimulation efforts that have been promoted by Dr. Dale Bredeesen, the FINGER study and those in three other European countries, and the current U.S. POINTER study started last summer. The Finnish and other European studies demonstrated that therapy programs aimed at the factors outlined above are reducing the symptom levels and sometimes preventing the progression of the disease. While there is currently no cure for Alzheimer's, reduction of the symptom level would also reduce the cost of caring for an Alzheimer[s patient, which would benefit everyone. I'd like to see a state-funded program encouraging the development of treatment programs for the symptoms of Alzheimer's, perhaps done with the Alzheimer's Association.
833	Assure older adults have access to physical activity in safe, appealing parks with amenities suited to the needs and priorities of older adults.
834	Because the MPA activities are shut down due to the COVID-19 crisis, many of us who worked on preliminary reports are concerned about the financial viability of our suggestions. The emergency response to COVID-19 will hit the state budget in areas that were likely to be used to fund the MPA. I'm sure conversations are continuing privately between MPA staffers and members of the Governor's staff and legislators. What are likely areas of our proposals that are likely to be hit, and what are likely to be preserved? And what can those who contributed to the proposals do during this shutdown to lobby for important provisions? Please continue to send out updates during the shutdown.
835	Build more SNFs, ALFs, and enclosed senior communities.
836	Build trust within neighborhoods so neighbors across generations can help each other for affordable child and elder care. Local cities could allocate additional operational funds to supplement HUD Community Development Block Grants (CDBG) to help seniors with retrofitting their homes stay at home longer and more safely.
837	California has had success with implementing a palliative care benefit for Medi-Cal managed care patients. The model of Palliative care should be extended to persons living with dementia. These folks have impaired ability to communicate what's important to them. The palliative care model brings a team approach with advance care planning and person centered care focused on getting to know the patient and their support system.
838	California seniors- to distribute electronic tablets and create a senior friendly technology application for access to contact others seniors due to social isolation. The technology application should allow seniors to place food meal orders to their homes or location as they are in immediate need.

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839	<p>The state has outlined four broad goals that the plan should accomplish: Every Californian should be able to 1) continue living in our communities and have the help we need to do so; 2) live in and be engaged in age-friendly communities; 3) maintain our health and well-being as we age; and 4) have economic security and be able to live in safe environments throughout our lives. Advocates and service providers have broadly supported the state's efforts to develop the Master Plan, developing principles and priorities to guide the planning process. This issue brief focuses on elder abuse. Preventing and Ending Elder Abuse in California requires the state to strengthen current elder abuse prevention systems and utilize new, innovative methods to ensure the protection of all Californians, regardless of background. The following recommendations aim to increase collaboration between members of the aging network to decrease instances of elder abuse and honor the rights of older Californians.</p> <ol style="list-style-type: none"><li>1. Form a California Elder Justice Coordinating Committee, modeled after the federal EJCC established in the Elder Justice Act. Preventing and ending elder abuse in California requires effective collaboration between all members of the aging network. Currently, there is no statewide hub for elder abuse advocacy. The creation of a state coordinating committee, modeled after the federal EJCC and operated within the Department of Aging, would centralize research, best practices, and other state work related to elder abuse. The Committee would also be responsible for creating and managing a network of statewide Multidisciplinary Teams (MDT). MDTs would act to gather professionals of different disciplines in reviewing elder abuse cases, including representatives from health care, legal aid, prosecutors, Adult Protective Services, police, and ombudsman.</li><li>2. Lower the threshold age for age-related services to 50 for homeless individuals. Medical research shows that homeless individuals experience old age diseases earlier in life, and that they are aging at a faster rate, exacerbated by being unsheltered or living in places not fit for human habitation. Further, more individuals are experiencing homelessness for the first time in older age because of rising housing costs and cost of living. Currently, half of all single homeless adults are over 50 years old, but many aged based social services are not available until an individual has reached 60-65 years old. Age-based services like transportation, nutrition, caregiving, income supports, and case management are integral to keeping people housed. Making these benefits available to a wider group of homeless older adults at a younger age will keep more housed and prevent more from falling into homelessness.</li><li>3. Target resources and research for Elder Abuse Prevention at both the general public and distinct communities. Research shows that older adults in communities of color experience abuse in distinctly different ways, but elder abuse among these communities is underreported and under-researched. For example, Black older adults are significantly more likely to be victims of financial exploitation and psychological mistreatment, while Asian American older adults are more likely to view elder abuse as existing only within the family, making the risk of abuse from outside actors higher. Elder abuse prevention and research must target not only the general public, but also be tailored to accommodate the different ways abuse manifests among various cultural groups. Resources, services, and information provided to older Californians must be culturally aware and available in all threshold languages. Language, race, cultural background, or any other designation should not be barriers to ending elder abuse in California.</li></ol>
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839 Cont.	<p>4. Create a statewide, easy-to-access database of elder abuse information. Currently, elder abuse data is stored across state, county, and local entities (police, APS, ombudsman, Dept. of Aging). With information siloed within different levels of government, trends and patterns in abuse are difficult to ascertain. Combining all available information into a statewide database helps advocates track perpetrators and scams in real time. The database would be accessible by attorneys, law enforcement, researchers, and other members of the aging network, and include civil and criminal elder abuse offenses. Bringing all data together in one searchable database would help facilitate more research and discovery of elder abuse patterns.</p> <p>5. Promote Advanced Planning Documents and Alternatives to Guardianship. As an individual ages, the need for help with decision making increases. While guardianships have been the standard in the past for assisting in decision making, they are often not the best option for an older individual. In fact, the American Bar Association has encouraged state legislatures to amend guardianship statutes to require courts to consider supported decision making before any guardianship order is entered. Supported decision making ensures that the rights and wants of the protected person are considered, and that any orders are limited to exactly what is needed for the individual. Alternatives to guardianship (i.e. powers of attorney, health care surrogates) elevate the voice and choice of older individuals. One drawback of these alternative documents is that they are not required to be filed with a court, making it difficult for medical staff and other advocates to find them when an older individual is in need. Currently, the Secretary of State's office houses an 'Advanced Health Care Directive Registry' where any person can register their directive with the state. Information on directives can be made to the registrant's health care provider, public guardian, or legal representative. This registry should be expanded to include all advanced planning documents to improve the ability to locate alternative planning documents, ensure that the wishes of older individuals are honored at the end of life, and limit potential fraud that could be committed with these documents. Lastly, to make it easier for individuals to create their advance directives, the probate code should be amended to create a template for an 'Advanced Health Care Directive Form' that individuals can complete without an attorney.</p>
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839 Cont.	<p>6.Create a statewide network of Elder Abuse Shelters Victims of elder abuse often find themselves unable to live in their own homes and at increased risk for experiencing homelessness as a result of elder abuse. Complex medical issues may also make a traditional shelter an inappropriate placement for a victim. By creating a statewide network of Elder Abuse Shelters, victims can be appropriately housed and receive services to return them to their original housing or find alternative safe housing options. Elder abuse shelters can be brick and mortar or ‘virtual’ (i.e. placement in a long-term care facility or motel/hotel). 7.Increase Consumer Protections to end predatory practices aimed at low-income older adults Older adults are often the target of predatory or fraudulent financial products or schemes. For example, Spanish speaking older adults are being targeted for fraud related to the ‘Property Assessed Clean Energy Program’ (PACE). PACE is a federal program that helps fund renewable energy improvements. Often, scammers deceive low-income homeowners into signing up for solar panels without the knowledge that the loan is secured to the home and may dramatically increase property taxes. Increased state consumer protections are needed to combat the increased complexity of scams targeted at older adults. This year, Governor Newsom proposed creating a state consumer protection agency in the state budget. This agency is a step in the right direction towards ending predatory practices aimed at older adults, and we recommend its adoption in the final budget in June. Preventing and Ending Elder Abuse in California is a key component to ensuring the state’s low- income older adults are able to remain housed and meet their basic needs. Through improved data, increased cooperation among governmental entities, easy-to-use advanced planning documents, and robust consumer protections, California can meet the core goals of the Master Plan for Aging: enabling older adults to live in the community with the help we need to do so, live in and be engaged in age-friendly communities, maintain our health and well-being as we age, and have economic security and be able to live in safe environments throughout our lives.</p>
840	Cardiovascular disease is common among older adults. However, the representation of cardiologists in the care of older adults within CA is nonexistent.
841	Cottage neighborhoods designed around a central open space to be shared by residents would help to decrease the amount of isolation that seniors often feel when living alone. Front porches in view of the open space and surrounding cottages would provide a sense of connection.
842	Create programs that invite connections between seniors and young people - adopt a grandparent, daycare programs with old and young.
843	Encourage the continuation of Senior Hours at shopping locations, especially in the morning as warmer weather is on the way. Continue building a contact tracing team. Suggest stores provide a garbage can at the exits to dispose of disinfectant wipes/gloves. Emphasize that while staying at home, no one can do everything but everyone can do something, even if checking on a person by phone. Consider having the CA Lottery coordinate creating 70% alcohol sanitizing Cal Lotta-wipes to be avail for sale at Lotto locations, and have the money go towards virtual education expenses. Rent signage on State highways, with the proceeds going towards PPE supplies for First Responders.
844	Ensure that CBAS programs and like senior services receive financial support to purchase and maintain their own facilities so they minimize the markets impact on services.
845	EVERYBODY needs to be healthier. It seems every one has a health issue. My idea is that we can all be healthier versions of ourselves which would be the most impactful result of this Master Plan on Aging.

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846	Exercise and group activities have been identified as very important. I ride bi-monthly with a group on recumbent tricycles as far as 80 miles in a day. As I age beyond my 74 years, and lose the ability to drive safely this will become my mode of transportation. Supposedly, in Japan the most age friendly place has no local medical services. That should tell us the relative importance of medical services.
847	Expand programs like IHSS. More Paid Family Leave or guaranteed leave if different family members need care within a 6 month period. Limit the second usage? Ex: a new mom maxes her current leave for an infant, and then after working for a few months, needs to care for an elderly and very ill parent.
848	Give out free monthly bus passes to seniors.
849	Have facilities for people that have dementia or need memory care who cannot take medication or forget to turn off stoves, lock doors, to be in a safe place with supervision and that means allowing the medi-cal program to pay for board and care home supervision.
850	Heart disease is the top killer in America, though provider groups and providers are reluctant to accept any blood pressure reading taken outside of the hospital. Their concern is a lack of control over the quality of the reading. For example, the blood pressure machine may not be calibrated and the patient may not be adequately rested prior to the reading. However, I believe with hospital-issued blood pressure machines that require calibration and training on how to obtain a good reading, these concerns can be mitigated. Studies show that the most accurate readings to base treatment recommendations are not in the rare hospital visits when “white coat syndrome” can cause nervousness, but in regular readings throughout the day over a period. Empowered with this knowledge, providers can gain a better understanding of triggers and average blood pressures at various times, which would provide better treatment recommendations. The alternative by doing nothing is not working. I propose to identify a viable bought-into BP machine then collaborate with multiple entities to create contracts, which would ultimately put these vital machines into consumer’s homes. These machines would send ongoing blood pressure information back to the patient’s medical record to allow the doctor to gain a fuller picture and prescribe accordingly.
851	Help when retirement homes don't love up to original contracts!
852	Hi there, so glad you are doing this survey. I am in Nevada County and I work with seniors here at my job with Gold Country Community Services. I work with homebound seniors and I am really familiar with their needs. !. Fair and sliding scale medi-cal and IHSS. SO many of my seniors live just above the cut off for these services but have outrageous rents and medical expenses. I have seen people who really need the help get turned out of their homes because they could not afford to live their anymore. More monies available to supplement rent costs in Mobile Home Parks and apartments. TRANSPORTATION!!!! All of my seniors don't drive and cannot afford the cost of taxi, Gold Country Lift or Uber. We need a senior center with Affordable Adult Day Care. SO many of my seniors spend their days alone and the children caring for them are getting NO Respite. It is a crime not to have Adult Day Care. Now you have my ideas and opinions.
853	Hi! I wanted to share something I think your newsletter might want to share with your readers-presentations regarding coping with grief are being offered over the next month through a San Francisco based group- Re-imagine- Life, Loss and Love. My sharing is <a href="https://letsreimagine.org/3780/home-for-mom">https://letsreimagine.org/3780/home-for-mom</a> . There is no fee it is a musical about people coping with grief. Others are offering free yoga, cooking etc. I encourage you to check it out and hopefully share- thanks!
854	Home delivered meals to home-bound non-senior adults with disabilities.

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855	I am frustrated and angry that the public comment portion of the meetings continue to be cut short. This is dismissive and disrespectful of the time of those of us in the public. It's time to make this more inclusive and not just a process check mark. Our time and input is just as valuable as all other participants in the meeting. These meetings are long and by the time we get to the public comment at the end many drop off or don't have the opportunity to share due to the minimal time allotment which is general 10-15 minutes of a 4-6 hour meeting. This is UNACCEPTABLE!!! It's especially difficult for those who call into the meeting.
856	I take a weekly walk with my 90 year old neighbor, Rosemary. She can walk the entire block!! I also take her dog Lucy for walks. I look out for other seniors in the neighborhood too. I would like to see some networking done among neighbors to do routine checks on fellow seniors. Use the Nextdoor app to communicate with neighbors on how they can help out with check-ins on seniors and the disabled. Organize a neighborhood watch program.
857	I think one of the biggest issues relevant to seniors is transportation. This means many things - getting scooters off sidewalks, docking scooters instead of throwing them anywhere (blocks wheelchairs on sidewalks), FREE public transportation for seniors, accessible vans that help seniors with disabilities, funding for organizations/nonprofits to help their clients.
858	I think that paid services need to hinge on unpaid and natural supports. It's clear that there is not enough funding to meet everyone's needs as paid supports, if natural supports can't increase at a higher rate than the growth of paid supports.
859	I'd be happy to help check on people in my neighborhood- but I live in a rural area. Houses are acres apart. If there was a sign up for people who want to check on people and a sign up for those who want to be checked on, based on address, it should be easy enough to match people up based on proximity.
860	I'm a one-man-band...I have a small business. I'm a beekeeper and I sell my honey to high end grocery stores and white table cloth restaurants. The grocery business has held up OK, but the restaurant business is ZERO. How do I get some of this government money or loans that they are throwing around?
861	I'm not sure if this is being done, but I am willing to volunteer for people that need help.
862	In IHSS, provide reading hours (4) per month for Print Impaired individuals. Numerous Federal/State/Local government agencies send material that must be complied with in order to continue receiving services/benefits. The print impaired run the risk of losing services/benefits due to their inability to read, and complete, mandatory forms. I personally lost services 3 times while otherwise eligible, due to a failure to respond in a timely manner.
863	Enact legislation requiring Assisted Living facilities & Meals on Wheels to plan & publish vegan meal plans for a minimum of 21 days of different plant packed proteins.
864	Increasing dementia awareness, education, research, and caregiver resources within the context of increasingly age-friendly communities.
865	It would be great to set up large screens in nursing homes for elderly to interact with kids, friends, families. We can play cards virtually or we can play chess, we can perform for them or just talk and listen.

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866	<p>Keep existing programs that are working well in place, and fund the growth of those programs. These programs include: MSSP, CBAS, MOWs, ALW, HCBS Waivers, transportation, etc. Build in more flexibility for individual communities to tweak programs to fit their needs. Rural communities concerns and needs are different than those of urban communities. Develop in-home case management services with some limited purchased services for those who do not qualify for Medi-Cal but are also unable to pay for services. And bring back Linkages. Move all IHSS caregivers under the oversight of contracted home care vendors who have experience providing caregiving services. This may include finding ways to pay family caregivers but with oversight and training from the vendor.</p>
867	<p>Laguna Beach Seniors (LBS) is a nonprofit 501c3 organization located in the City of Laguna Beach which operates the Susi Q senior center. We are the only nonprofit senior center in South Orange County; meaning we do not receive funding from the City. Three programs at the Susi Q make us very unique and are prime programs for replication in other senior centers in California. 1) "Feeling The Blues" is a program providing free individualized one-on-one therapy for the older adults who suffer from isolation and depression. This vital program helps many senior men and women who need help bringing their life back into focus, as there have been over 3,000 sessions held at the Susi Q since 2011. This grant funded program offers 10 to 14 sessions of one-on-one therapy to seniors who suffer from depression and isolation. Feeling The Blues is supervised and directed by a Licensed Marriage and Family Therapist/Licensed Professional Clinical Counselor while a team of 4 Licensed/Associate Marriage and Family Therapists provide up to 14 free one-on-one counseling sessions to each individual. Intake into the program is managed by our Licensed Clinical Social Worker Care Manager. Services include therapy for men and women experiencing signs of depression. The sessions may be held face to face, or via the telephone for homebound seniors. Referral systems are in place and with additional outreach and communication, LBS connects the seniors with all other supportive services in town and in Orange County. Program outcomes include improved mental/physical health, decreased isolation, increased socialization, and positive feeling about oneself and aging. In addition to one-on-one therapy, LBS offers support groups such as Heart to Heart, Living Well with Chronic Illness, Men's Group, Grief Group, Women Support Women, and more. The support groups have been created as a result of the success from Feeling The Blues. 2) Laguna Beach Seniors at the Susi Q is the only senior center with an LGBTQ club in Orange County, CA. This popular club has over 120 members and provides an opportunity for seniors of all backgrounds and lifestyles to come together to socialize, have fun, learn and be informed. 3) "Lifelong Laguna" (LL) is an innovative aging-in-place program that we launched in 2018 following a successful pilot in 2017. The Orange County Aging Services Collaborative and Office on Aging Orange County Senior Living Needs Assessment (SLNA) in 2018-2019 indicated 46% of seniors desire companionship and 41% feel their social activities and medical needs are not met due to a lack of transportation. Further, personal home safety, in-home care, family caregiver support, and case management were the top rated most important services for the seniors surveyed. Strategically, "Lifelong Laguna" provides services that meet all of the needs mentioned in the SLNA at no cost to the senior. Through volunteer companionship, professional care management, in-home safety assessments, social activities, transportation, and caregiver support, "Lifelong Laguna" helps seniors age in place by emphasizing a personalized approach. LL has enrolled 114 Laguna Beach residents since program launch, and 45 volunteers provide daily supportive services. The volunteers have provided nearly 700 in-home supportive services to date, equating to 900 hours of one-on-one support.</p>

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868	Life insurance policy cash values should not be part of the calculation to qualify for poverty plans. As an agent, I see, very sadly, seniors who purchased a policy so they might die with dignity. And those seniors have to get rid of the cash asset on their otherwise non-existent balance sheet in order to qualify for medical. It is not right, and I don't think the legislators understand the impact of this antiquated law. Build up of cash value in a life policy that will pay at death (no matter the age i.e. 100yo) inherently builds cash within the policy. That's how the policy works. Old people who have purchased a policy to take care of final expenses are faced with the very disheartening decision of having to cash out the policy, or trying to gift it to a loved one (such as a child) in order to qualify for much needed assistance.
869	Make the Internet free for people 55 and older It is the means by which we communicate, access benefits, engage civically and culturally, and stay connected to friends and family.
870	Mandate that everyone wear a cloth or surgical masks when out in public regardless of whether they are in or outdoors!
871	Mandatory senior discounts.
872	May is Older American month, a time to celebrate older adults, and what better way than to inject some well-needed levity, fun and entertaining messaging, than to reach out to older adults like former Governor Schwarzenegger, the very popular Betty White, Jane Fonda, Lily Tomlin, fitness guru Kathy Smith, and comedian Mel Brooks, among others, to share what they are doing during this pandemic and letting them give a shout-out on celebrating growing older.
873	Medications are the leading cause of preventable morbidity and mortality in older adults. It is also the leading cause of waste of health care dollars totaling 529billion a year. Improve medication management for older adults you improve quality of care, quality of life, and reduce health care expenditures
874	More housing is needed for the aging population. Many live in their own homes, but cannot deal with medication properly and proper nutrition and personal safety. The "old age home" still has a stigma with the current population, and indeed seeing these places can make you cringe. We have to be creative in housing the elderly.
875	Motivate DHCS to support California Partnership for Long Term Care and save MediCal billions of dollars from 2030 to 2050.
876	Multigenerational living with services nearby, good public transportation, and affordable long-term care solutions for those in the gap with a focus on daycare as the most affordable option.
877	Need better transportation for seniors who do not live in the city.
878	Need of more nursing homes. Nursing homes are choosy about whom they accept in them. For respite care I had difficulty find a place for a week for my husband.
879	Need shuttles for transportation to help senior better for going places and getting around. Need more to prevent abuse, neglect, and disasters against tragedy for our protection and well-being. Protect seniors against neglect and abusive surroundings in our housing and living community.
880	partner with the medical community to ensure seniors cognitively impaired are not taken advantage of, have payees to ensure they are not evicted and become homeless
881	People of age would like to attend more concerts of a variety of venues; however, getting there (driving) is challenging. More bus and drop offs senior friendly (starting at 55+ from libraries (not just senior centers), etc., and making concerns start a little earlier and on time.
882	Places where people can meet and get information (i.e. Social Security, Legal problems the elderly are facing daily.

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883	Please build retirement communities that provide for simple living; small simple but independent dwellings with a yard; good maintenance, simple but healthy food, affordable. No resort style living!
884	Promote small businesses for older people - specially women -
885	Provide email addresses received from this outreach effort to your local Aging & Adult County offices to conduct individual outreach to older adults.
886	Provide support to seniors who have worked their whole lives and then go on to lose their vision. Health insurance does not cover the cost of the technology they need to maintain their independence, and the State Department of Rehabilitation no longer supports 'homemakers', or people not looking to join the workforce.
887	Quality lighting in assisted-living as well as retirement communities and residences has been proven to reduce falls and anxiety.
888	Repair sidewalks and streets (most of the streets in Hollywood are in terrible condition). It is very difficult walking near homeless camps which cover the sidewalks. We need more transportation nearby - lots of us cannot walk to the bus stop.
889	Research on declining birth rates shows that by 2030, only 1 in every 5 Californians will be a child. Even Hispanic birth rates are dropping. In 1970, 1 out of every 3 Californians was under 18 years old. School districts should explore converting empty campus space into residential housing for retired educators. These retired professionals could continue to provide districts with professional services that would include substitute teaching, tutoring, counseling, school nurse support, special education support services, athletic coaching, club advisors and administrative support. There are 362 CalSTRS retired members who are over 100 years old; 309 females and 53 males. The oldest is 108. Most teachers retire in their 50's and 60's. They still have much to give the profession.
890	Spirituality and aging needs attention. Spirituality is not religion; it is personal and individual and has the potential to be a strong supportive component in aging and coping in comfort and strength. For example, my spiritual nurturing is through music. If my trajectory in aging means placement in higher levels of care how can access to music be available reliably to me? Who needs to know, especially if I have no one to advocate for me?
891	Thank you for your commitment to creating an age-friendly California - each of the four goals below are needed to contribute to the success of this Master Plan. The core concepts of palliative care provide a solid foundation for success.

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892	<p>Thank you for your interesting presentation at Temple Isaiah of information on CA's Master Plan for Aging. As one of the very few actually "aged" attendees (I am 87 years old rapidly approaching 88) without major disabilities or any material loss of intellectual function I concluded that "aged" similar to me were not the focus of the plan. I might or might not fall within its scope in my remaining years. However, I believe there are areas where the State can make "aged" in my category live a more productive life. Off the top of my head here a few. First, as to remaining in one's home, building design requiring the multi-level housing be designed so that elevators, dumbwaiters, and other such devices could be added. In the 3-level condo in which we reside there is no location where an elevator could be installed from the bottom to the top. Existing stairways each have two right angle turns and are narrow making installation of even railed chairs problematical and unduly expensive. Second, require the community colleges, Cal State campuses, and UC campuses to allow senior citizens to monitor cost free classes where there is space, i.e., where the minimum number of matriculated students have registered but the maximum has not been reached. This is a no-cost proposal. Third, with regard to fraud perpetrated on seniors over the internet, I would immediately determine the reasonableness of my suggestion that all personal phone systems provide capability, at no or minimum, cost for blocking all emails to an senior or mentally impaired individual except those specifically authorized and create a system for authorization. I don't know if any of these fall within the scope of your mandate but for better or worse I felt compelled to communicate. Best of luck with your endeavor</p>
893	<p>The California Department of Aging (CDA) does not have a system for collecting data that correlates to planning needs. Nor does it have an annual viable planning document but rather a strategic plan where it is difficult to adequately monitor data/issues, thereby making the following difficult as well: accountability, projections, corrections, innovations, trend analyses, health profession needs, facility needs, developing healthy aging policies, and more. At this point, the Master Plan is committed to collecting data/ideas and be a preliminary roadmap. Obviously there have to be second, third and even fourth stages tied to the Master Plan. Following the Master Plan, next year it would be wise to do a statewide audit of the area agencies on aging to identify the numerous problems undermining its effectiveness. The Triple As do not act in a uniform fashion, and while it is true they are vastly underfunded, they are also in need of examination. For example, how effective is it to have the current structure such as making Area 4 responsible for 7 counties? The geography alone involved in this demands a re-examination. The area agencies also do not operate as a system which means they are not acting uniformly on priority issues. Yes, they have certain issues where they need the latitude to operate outside of a system, but this again is something an audit would be able to examine. There should be a separate effort following the Master Plan that focuses on how to construct an annual plan and the data that should be collected. Obviously it goes without saying that everyone is aware of the mammoth task associated with this initial Master Plan. The problem is that in the past decades, efforts like this Master Plan never commit to the follow-up steps that take years. The funding goes missing as well. So there needs to be an on-going commitment via the executive branch, legislation and budgets.</p>
894	<p>the elderly need assistance with completing forms, phone calls, etc., to get help during stay-at-home,</p>

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895	<p>The following is a link to a letter of mine that was posted online yesterday by the San Diego Union Tribune that should be of interest to you, entitled Active senior communities need some guidance during pandemic <a href="https://www.sandiegouniontribune.com/opinion/letters-to-the-editor/story/2020-04-18/readers-react-active-senior-communities-need-some-guidance-during-pandemic">https://www.sandiegouniontribune.com/opinion/letters-to-the-editor/story/2020-04-18/readers-react-active-senior-communities-need-some-guidance-during-pandemic</a> I live in Ocean Hills Country Club, A 55 Plus Active Adult Community of 1600 homes with an average resident age of 75. We are one of 23 such communities in San Diego County and 180 such communities in the State of California. Please read my letter and share it with colleagues, especially those in government. You may have such communities in your area. Regards, Jody Gorran 4985 Poseidon Way Oceanside, CA 92056 561 302-6688</p>
896	Transportation availability
897	transportation for those who do not want to drive the freeway
898	<p>We need more single story, gated communities for 55 and over with a small bus service to take those who can't drive to their appointments, grocery stores and medical facilities. The continue care communities are nice but too costly! There is no advantage to buying in. Senior apartments should have a restaurant type seating so you can go and get your breakfast or lunch anytime from 8 to 3. Then offer dinners from 5 until 8. This should be a pay as you use service to help keep costs down. They need hair and nail salons. Massage therapy and gyms offering senior group classes. Outside gardens and walking/biking paths. How about something in the mountains, log cabin style, or by the ocean or a lake. We need senior babysitters to relieve those children whose parents live with them but need a break once in a while.</p>
899	<p>We need to find savings in current spending to implement this plan, rather than raising revenue by increasing taxes, etc.. This will increase support for age friendly plan by targeting expenditures that do not help. Prisons could become affordable housing and retirement centers for guards and aged inmates.</p>
900	<p>We need to have more low income housing throughout the county of LA. We need to expand up and have taller buildings with more laws for parks. We need better discounts for services for seniors. We need laws to protect seniors from scams. We need better health care to fight senior depression. We need senior buildings with health care workers.</p>
901	We want to see LGBT seniors and seniors living with HIV have social and financial support signed into masterplan by the governor.
902	Widespread public transportation in rural California