



LOCAL AGING AND DISABILITY ACTION PLAN

**For the Salinas Valley: Salinas, North
and South Monterey County**

JUNE 2025





ALLIANCE ON AGING

The Alliance on Aging (AOA) has been providing programs and services to older adults and people with disabilities in Monterey County for over 50 years. It is now the largest non-profit provider of older adult services in Monterey County with offices in Monterey and Salinas, and outreach teams throughout Monterey County.

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The Local Aging and Disability Action Plan (LADAP) was born in the communities of the bountiful and beautiful Salinas Valley, including cities and unincorporated areas in North and South Monterey County and the city of Salinas. The LADAP began with the formation of an extensive Advisory Council comprised of community members, civic leaders, Monterey County department representatives and providers from aging and disability service networks, transportation, housing, healthcare, emergency services and a variety of civic organizations. Key partners for this effort are the Monterey County Area Agency on Aging, the Central Coast Center for Independent Living, The Aging and Disability Resource Connection (ADRC), United Way/211, and Applied Survey Research (ASR). The project was funded by the California Department of Aging (CDA) and the Monterey Community Foundation.

The LADAP was informed by the California Master Plan on Aging and the AARP (formally the American Association of Retired Persons) Network of Age-Friendly States and Communities^{1,2}. The Plan development process

was extensive, and included Asset Mapping to delineate existing services and resources for people with disabilities and older adults, a Community Needs Assessment survey in English and Spanish, a Provider Survey, community forums we called Solutions Summits (also in Spanish and English); and ultimately, the transformation of our Advisory Council and other key stakeholders into domain-specific Implementation Work Groups to craft action-oriented priority goal recommendations derived from all the community input received. Priority goal recommendations, with steps to accomplish them are organized into Community Livability Domains that include Civic Participation, Communication and Information, Community Supports, Emergency Preparedness, Employment, Healthcare, Housing, Social Participation and Transportation. A summary of the work leading up to this Plan and the recommended actions are provided within this report. Detailed materials and products from these LADAP activities are provided on the AOA website: allianceonaging.org/LADAP.

THE CALIFORNIA MASTER PLAN FOR AGING INCLUDES FIVE BOLD GOALS FOR 2030²:

GOAL 1: Housing for All Ages & Stages – *We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.*

This goal relates directly to the AARP Housing Domain, and also connects to all the domains in the built environment arc. Because this goal also mentions “disaster-ready”, it relates to the Disaster Preparedness domain.

GOAL 2: Health Reimagined – *We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.*

Health Reimagined fits squarely within the Health Services and Community Supports domain.

Since this goal also includes a quality of life perspective, health is also influenced by all the domains included in the social environment.

¹ AARP. AARP Livable Communities. Retrieved from AARP Network of Age-Friendly States and Communities

² California Master Plan on Aging Retrieved from <https://mpa.aging.ca.gov>

GOAL 3: Inclusion & Equity, Not Isolation – *We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.*

As mentioned above, the AOA adapted the AARP domains concept so that the “Respect and Social Inclusion domain” is integral to all other domains as depicted in Figure 2. This goal also relates to the Social Participation domain, since the opposite of social connection is social isolation.

GOAL 4: Caregiving That Works – *We will be prepared for and supported through the rewards and challenges of caring for aging loved ones.*

Caregiving requires a myriad of community resources, most particularly those represented by the domains of health services and community supports, communication and information, transportation, and social participation.

GOAL 5: Affording Aging – *We will have economic security for as long as we live.*

Economic security is essential to living and aging well, but retirement income is being outpaced by the rising costs of housing, health, and care. This MPA goal relates to most of the domains for community livability, but most especially the domains of housing, health services, community supports and employment

LADAP PRIORITY ACTION GOALS

Priority action goals resulting from the LADAP planning process of bridging the MPA’s goals to the local level, organized by community livability domains, are listed below. The steps and activities to accomplish the goals are provided beginning on page 28.

Civic Participation

1. Establish a community-based group that reflects the diversity of each project area to spearhead increased interaction and communication with city/county representatives. This is an opportunity for historically underrepresented older adults to be heard and included in civic actions and solutions that matter to them.
2. Provide links and access to opportunities for older adults and people with disabilities to participate in advisory councils, oversight committees, task forces, community projects, volunteering in their community.
3. Promote and support culturally competent civic/community engagement to older adults and people with disabilities through Living Well, ADRC, and other media and messaging platform networks. (Cross reference Community Support section)
4. Establish meaningful connections with existing Youth Councils or other types of youth-related committees to facilitate collaborations on local issues.

Employment

1. Create and distribute a resource list (guide) for older adults and individuals with disabilities in project areas so they have accessible information related to employment, education, training, and volunteer resource providers.
2. Promote the use of the resource list among partners and service providers with referrals to organizations to assist with basic needs when appropriate.

3. Promote the benefits of hiring older adults and individuals with disabilities with employers and the community – include private and public sectors.
4. Collaborate with key employment and training partners, including Employment Development Department, Department of Rehabilitation, Workforce Development Board, and Goodwill Industries, to ensure their employment and training models meet the needs of older adults, those with disabilities and employers.

Communication & Information

1. Develop a communication strategy that increases awareness, understanding and access to services, resources, and benefits that impact the lives of diverse older adults, people with disabilities, family members and caregivers, focusing on rural areas.
2. Develop a communications strategy for disaster preparedness and response pertaining to the aging and disability populations. (language, learning style, and grade level considerations)
3. Provide links and access to opportunities for older adults and people with disabilities to participate in advisory councils, oversight committees, task forces, community projects, volunteering in their community
4. Improve coordination between healthcare providers and community support providers to ensure patients have knowledge and access to the full range of community supports that will help them maintain their optimum health and wellness outside of the clinical setting.
5. Provide information and support about tenant rights for older adults and people with disabilities, seeking that information.
6. Promote information and alerts about frauds and scams targeting older adults to older adults and people with disabilities.

Emergency Preparedness & Services

1. By December 2025, the LADAP Emergency Preparedness Team will develop a communications strategy for disaster preparedness and response pertaining to the aging and disability populations. (language, learning style, and grade level considerations)
2. By December 2025, the LADAP Emergency Preparedness will establish quarterly meetings with the Department of Emergency Management (DEM) of Monterey County and the Community Organization Active in Disaster (COAD) through the Community Foundation for Monterey County to strengthen planning for ADA compliance in a culturally responsive and intellectually diverse manner in disaster response and recovery for the aging and disability populations.
3. By December 2028, establish in-person learning opportunities with at least two presentations representing the language needs of the least-served for disaster preparedness in the project ßarea annually around disaster preparedness (plans and kits; stay and leave) delivered by trusted messengers (bilingual, bi-cultural, and can deliver messaging to accommodate visual and auditory needs) specifically pertaining to the aging and disability populations.

Health Services

1. Improve access to healthcare specialists in rural areas for older adults and people with disabilities, starting in South Monterey County. Long wait times for appointments and lack of transportation to Salinas and Monterey to see healthcare specialists pose health risks and significant challenges for those living in remote communities in accessing necessary and timely healthcare.
2. Improve coordination between healthcare providers and community support services to ensure patients have knowledge and access to the full range of community supports that will help them maintain their optimum health and wellness outside of the clinical setting.
3. Participate and partner with healthcare training and education to enhance the competence of healthcare providers in serving and understanding the needs of older adults and people with disabilities

Community Supports

1. To positively impact isolation, access to resources, nutrition, health and wellness and overall quality of life for older adults, caregivers and people with disabilities over sixty, ensure the continuation of mobile models (i.e.: SOCOS, NOCOS and SASOS) that address nutrition, social participation, health and wellness, civic engagement, isolation and access to information and resources for English and Spanish speaking older adults and people with disabilities (over 60) in the rural areas of the county. Ensure representatives from all domains are included/invited to events
2. Expand collaborative/holistic outreach model to ensure diverse older adults, people with disabilities, family members and caregivers in project area have direct access to services, benefits and resources that address their overall health and wellness and support their optimum independence and quality of life. Providers from all sectors will be included in events and at sites/venues throughout the project area to provide resources and provide direct service to individuals and groups.
3. To address the lack of knowledge and understanding about community supports, develop a communication strategy that increases awareness, understanding and access to services, resources, and benefits that impact the lives of diverse older adults, people with disabilities, family members and caregivers, focusing in the rural areas of the project area.

Housing

1. To address the need for affordable housing for older adults and people with disabilities, Goal 1 promotes the option of creating Accessory Dwelling Units (ADU's) for older adult homeowners, family members, caregivers, and prospective tenants.
2. To address the lack of affordable housing, isolation and loneliness that often accompany aging and the desire for older adults to remain safely in their homes as long as possible, Goal 2 promotes and supports the HomeShare vision and the growth of local models that facilitate matches between home providers and home seekers.

3. To address the lack of affordable assisted living facilities in the project area, particularly the South and North County, advocate for reimbursement subsidies for assisted living which will make assisted living a more affordable option for the residents and more financially sustainable for the provider.
4. Provide information and assistance around tenant rights for older adults and people with disabilities seeking that information.
5. Engage older adults, people with disabilities and community members in advocating and supporting projects that create affordable and accessible housing for them.

Outdoor Spaces

1. Improve accessibility and safety for older adults and people with disabilities via sidewalk and traffic control repairs and improvements. Throughout the LADAP community input process, all communities have noted the condition of sidewalks specifically being an impediment to mobility and community accessibility for older adults and people with disabilities.

While the issues are known by civic leaders, establishing a plan and priority for addressing them that meets the expectations of the community is difficult. It is the objective of this initiative to facilitate that process. The intent is to start with the city of Salinas, model the process, and then take to the other municipalities in the catchment area.

Social Participation

1. Increase senior programming: activities, social activities, walking, exercise, education.
2. Recruit/Identify person(s) committed to working/volunteering at each senior location to foster communication/spread the word/collaborate with community.
3. Locate committed person (staff/volunteers) to champion for funding/fundraising to support programming by reaching out to County Supervisors/county grants/city grants/private grants.
4. Keep goals for senior programming in public eye; apply appropriate and consistent pressure to city/county/board of supervisors/elected officials and policy makers to develop policy and fund senior programming
5. Encourage seniors to transition from participants in programming to volunteers helping to plan and execute the programming. They can be tasked with helping spread the word about the senior programs.

Transportation

1. Improve community member's transportation access to get to health care visits through education and collaboration with local health care providers and community support organizations in rural areas of Monterey County (North and South County), beginning efforts in South County.
2. Increase volunteer participation/drivers to provide expanded transportation services as part of the ITN Monterey County ValleyLine and NorthLine rural transportation programs by participating in collaborative outreach and educational opportunities, working with civic engagement groups and the ITN regional steering committees that meet quarterly.

3. Recruit additional older adults and people with disabilities from the rural areas of Monterey County (North and South County) to be members on the Mobility Advisory Committee (MAC) to assist in increasing awareness of the unmet transit needs process and participation of these groups in the MAC Annual Unmet Needs Surveys.

To assist with the accomplishment of these goals, specific action steps detail what can be done, who needs to be involved in achieving it, what resources will be needed, potential barriers and how/who will monitor progress going forward (beginning on page 28 of the report). The Salinas Valley LADAP is a blueprint for action -- and a model for leading community improvement changes for people of all ages. Get involved and get active!



In recognition of the aging of the population, the AARP initiated the AARP Network of Age-Friendly States and Communities¹ to foster more livable communities across the nation for people of all ages. The California Department of Aging (CDA) led the efforts to establish the California Master Plan on Aging (MPA), which was completed in January, 2021². To bridge the five bold goals of the MPA into local efforts, the CDA then issued grant opportunities for Local Age and Disabilities-Friendly Action Plan development. The Alliance on Aging (AOA) took the lead in creating an Age and Disability-Friendly Action Plan for local people living in the rural and agricultural areas of Monterey County: the Salinas Valley and North County, as well as the city of Salinas (the largest city and county

seat) and surrounding areas. This project area within Monterey County spans over 80 miles and includes 17 cities and towns.

The LADAP goal is to create actionable goal recommendations for improving all aspects of community life for people of all ages, with the emphasis on supporting the most vulnerable, under-resourced and under-served people and communities in Monterey County. The people living in Salinas Valley and North County communities are vibrant, proud, and hard-working and want to be involved in improving their communities. Key partners for this effort are the Monterey County Area Agency on Aging, the Central Coast Center for Independent Living, Aging and Disability Resource Center (ADRC), United Way and Applied Survey Research (ASR).

PROJECT AREA WITHIN MONTEREY COUNTY

To create an Age and Disabilities-Friendly Action Plan to address the needs of older adults and people living with disabilities in the agricultural areas of Monterey County, the AOA focused work on North and South Monterey County, as well as the city of Salinas and surrounding areas, as shown in Figure 1.



Figure 1: Project Area Map

North County: *Aromas, Castroville, Las Lomas, Moss Landing, Pajaro, Prunedale and Royal Oaks*

Greater Salinas Area: *Salinas and surrounding area*

South County: *Arroyo Seco, Bradley, Chualar, Gonzales, Greenfield, King City, Lockwood, San Ardo and Soledad*

¹ AARP. AARP Livable Communities. Retrieved from AARP Network of Age-Friendly States and Communities

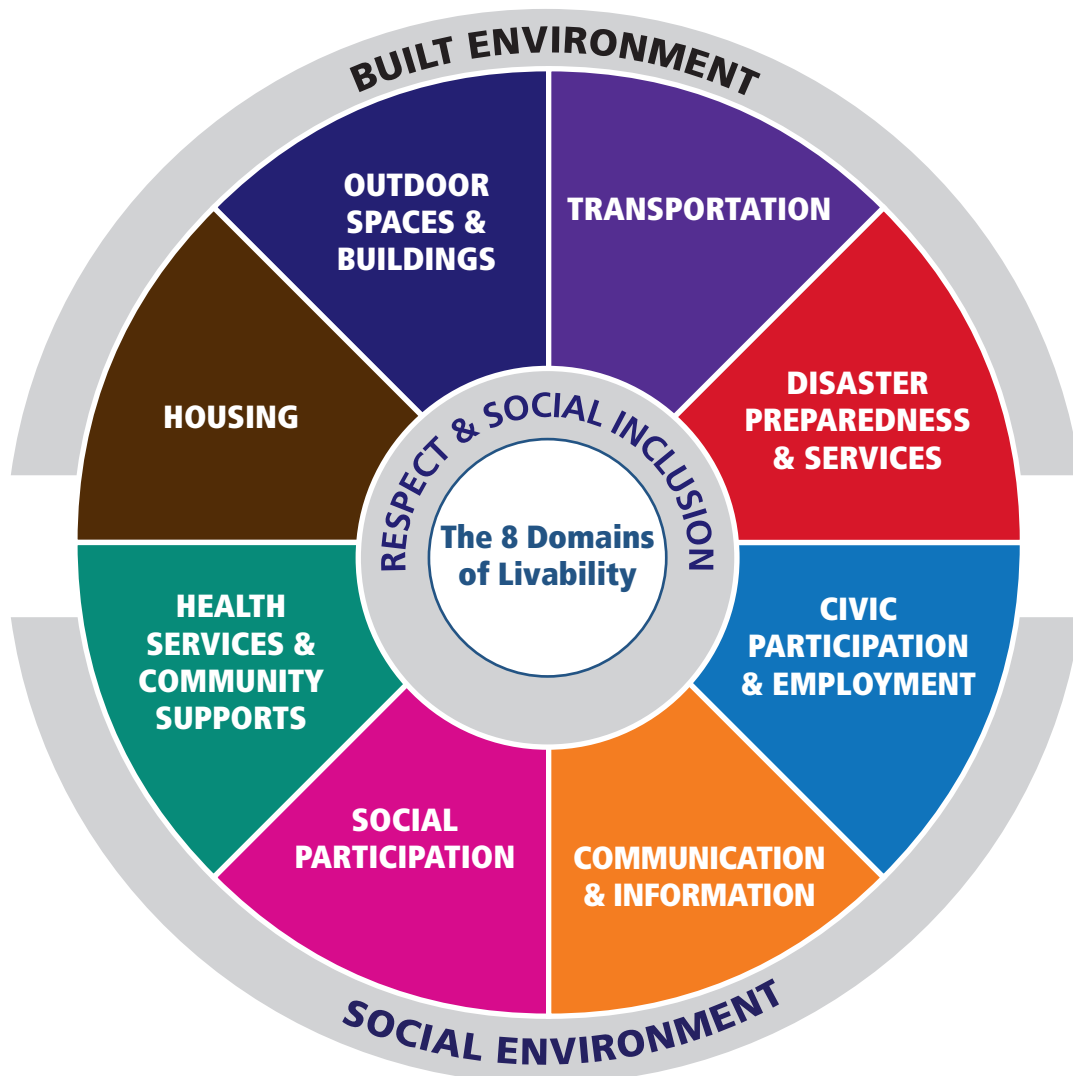
² California Master Plan on Aging Retrieved from <https://mpa.aging.ca.gov>

AARP/AOA DOMAINS OF LIVABILITY

To support these efforts, AARP identified eight Domains of Livability: housing, outdoor spaces and buildings, transportation, civic participation and employment, communication and information, respect and social inclusion, social participation, and health services and community supports. By ensuring both availability and high quality of community features, communities are more likely to be livable and supportive of well-being for all people.

The AOA adapted these eight domains, embedding “respect and social inclusion” across all domains and adding “disaster preparedness and services” (see *Figure 2*). The planning process and action plan recommendations utilize these eight domains.

Figure 2: Domains of Community Livability



RELATIONSHIP OF COMMUNITY LIVABILITY DOMAINS TO THE CALIFORNIA MASTER PLAN ON AGING

The California Master Plan for Aging includes five bold goals for 2030²:

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ADVISORY COUNCIL FOR THE LADAP

The LADAP Advisory Council is composed of 3 Committees: Provider and Resources, Community Group, and Policy and Advocacy. These committees include community members, local providers, public officials, policy makers, community leaders and funders. The committee members have met 45 times since October of 2023 to guide all aspects of the project and have been critical to the LADAP planning and development process. Member organizations and individuals are listed below.

| LADAP Advisory Council | |
|---|--|
| Policy and Advocacy Committee: Blue Zones Central California Alliance for Health CHISPA, Inc. City of Soledad Community Emergency Response Volunteers Community Foundation for Monterey County Hospice Giving Foundation Listos California Monterey County Area Agency on Aging Monterey County Aging and Adult Services Monterey County Center for Community Advocacy Monterey County Health Department Senator John Lairds Office, District 17 Supervisor Glenn Church's Office, Second District Transportation Agency of Monterey County Salinas Valley Health Visiting Nurses Association | Providers & Resources Committee: Alliance on Aging/The HUB Alzheimer's Association Blind and Visually Impaired Center Central Coast Center for Independent Living California Department of Rehabilitation CHISPA, Inc Community Builders for Monterey County Del Mar Caregiver Resource Center Dorothy's Place Food Bank Hospice of Santa Cruz Independent Transportation Network Interim, Inc Juntos con Esperanza Mee Memorial Hospital Monterey County Behavioral Health Monterey County Public Health Monterey Free Libraries Monterey Salinas Transit Prunedale Senior Center Transportation Agency of Monterey County United Way Visiting Nurses Association |
| Community Group Committee <div> Paulette Bumbalough Phoebe Cheney Frances Cherry Luana Conley Rita Dady Diane Dagdagan William Eldredge </div> <div> Juanita Eldredge Anna Mae Gazo Marissa Hernandez Alice Giottonini Billy Hayes Adriana Ramelli Llz Silva Raymond Torres </div> | |

RESOURCES: ASSET MAPPING

Early on in our planning process, we engaged local providers in the asset mapping process required in the AARP process of becoming a designated Age and Disability-Friendly county. Altogether there were 38 presentations from aging and disability resource providers and other organizations that impact the aging and disabilities community. The presentations were available in hybrid form, both in-person and remote via zoom. They were extremely well-received and a valuable process for resource assessment, providing a better understanding of the strengths and gaps in resources in our project communities. There was representation from all domain areas. The information has raised awareness of existing services and provided connections to the providers across project communities.

The following presentations have been given to the Advisory Council:

CIVIC PARTICIPATION: Community Builders, Buildings and Public Services, Monterey County Free Libraries.

COMMUNITY SUPPORTS: Aging and Disabilities Resource Connection (ADRC), Area Agency on Aging (AAA) & Aging and Adult Services, Alliance on Aging (Medicare, Tax, Counseling, Ombudsman, Outreach, The HUB); Alzheimer's Association, Blind Visually Impaired Center, Central Coast Center for Independent Living (disability services), Del Mar Caregiver Resource Center, Legal Services for Seniors, Meals on Wheels of the Salinas Valley.

EMERGENCY PREPARATION: Department of Emergency Management, Community Emergency Volunteers (CERV), Listos California.

EMPLOYMENT: Workforce Investment Board (WIB), California Department of Rehabilitation.

HEALTHCARE SERVICES: Clinica de Salud (FQHC), Hospice of Santa Cruz (provides services in North County), Monterey County Health Department, Mee Memorial Healthcare System/King City, Salinas Valley Health (acute hospital, SNF and local clinics); Taylor Farms Clinic (Gonzales), Blue Zones, Soledad Community Health District Eden Valley Care Center (SNF), Visiting Nurses Association (Clinics, Adult Day Care, Home Care, Hospice).

HOUSING & OUTDOOR SPACES: CHISPA Inc. (Affordable Housing), Dorothy's Place (Homeless Services), Interim, Inc. (Supportive Housing).

SOCIAL PARTICIPATION: Adventure Seeking Seniors, Castroville Senior Center, City of Greenfield, City of Soledad, Prunedale Senior Center, Salinas Firehouse Recreation Center.

TRANSPORTATION: AOA Transportation Program, Independent Transportation Network (ITN), Valley Line & North Line, Monterey Salinas Transit (MST), Transportation Agency of Monterey County (TAMC).

COMMUNITY SURVEY RESULTS

As part of the process for creating an Age and Disabilities-Friendly Action Plan to address needs of older adults and people with disabilities living in the agricultural areas of Monterey County, the AOA partnered with Applied Survey Research (ASR) to review existing data and conduct an assessment of the needs of older adults (ages 60 and older) and people with a disability (ages 18 and older) utilizing the eight AARP/AOA Domains of Livability as a framework.

Community Survey Results

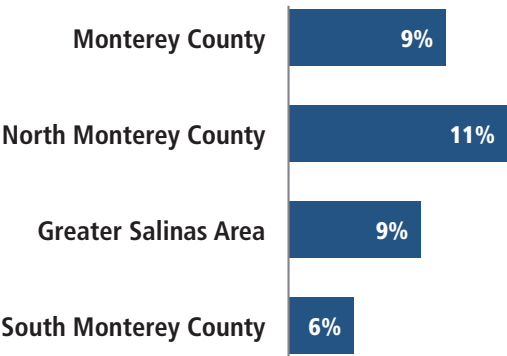
Find the full report at: www.allianceonaging.org/LADAP

The report represents data that included a community survey, a survey of stakeholders and compilation of secondary data -- all geared towards understanding the diverse perspectives and needs of older adults and people with disabilities in the designated research areas of Monterey County.

From March to June of 2024, 397 Monterey County residents from the designated project areas were surveyed. Community survey data was collected via telephone and electronic surveys were available in English and Spanish. Surveys were also conducted in-person by AOA staff who were trained by ASR. Survey questions were developed by ASR, in collaboration with the AOA, to mirror nationally validated indicators, the AARP Livability Index, as well as to meet data interests pertaining to attitudes and behaviors associated with the health and well-being of older adults and people with disabilities in Monterey County.

We begin presenting the data results with some background information on residents in Monterey County, and the demographics of respondents to the survey.

Figure 3. Percent of Population with a Disability (18+), by Project Area and Monterey County Overall



Source: United States Census Bureau. (2024). 2018-2022 American Community Survey 5-year estimates. North Monterey County includes zip codes: 95004, 95012, 95039, and 95076. The zip code 95076 includes both Monterey and Santa Cruz County residents. Additionally, the zip code 93902 is a post office therefore, population data was not available. Greater Salinas Area includes zip codes: 93901, 93905, 93906, and 93907. The zip code 93925 is a post office therefore, population data was not available. South Monterey County includes zip codes: 93426, 93450, 93925, 93926, 93927, 93930, 93932, and 93960.

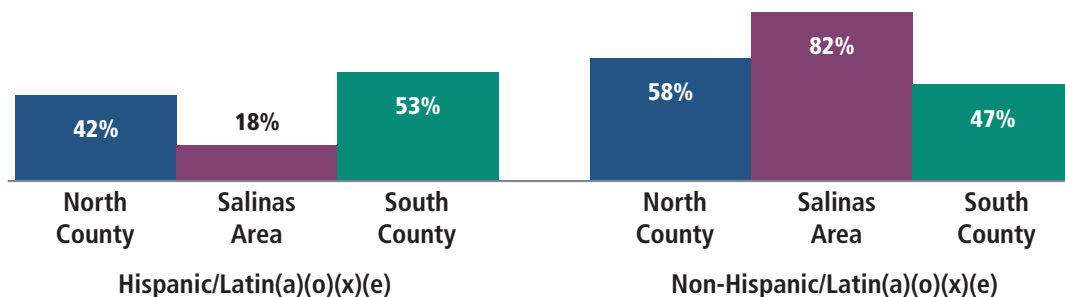
Figure 4. Percent of Population 60+, by Project Area and Monterey County Overall

Source: United States Census Bureau. (2024). 2018-2022 American Community Survey 5-year estimates. North Monterey County includes zip codes: 95004, 95012, 95039, and 95076. The zip code 95076 includes both Monterey and Santa Cruz County residents. Additionally, the zip code 93902 is a post office therefore, population data was not available.

Greater Salinas Area includes zip codes: 93901, 93905, 93906, and 93907. The zip code 93925 is a post office therefore, population data was not available.

South Monterey County includes zip codes: 93426, 93450, 93925, 93926, 93927, 93930, 93932, and 93960.

While 30% of Monterey County residents are of Hispanic heritage, 42% of North County and 58% of South county people who responded to the survey were Hispanic. Eighteen percent of respondents from the greater Salinas area were Hispanic.

Figure 5. Ethnicity of Survey Respondents, by Geographic Area

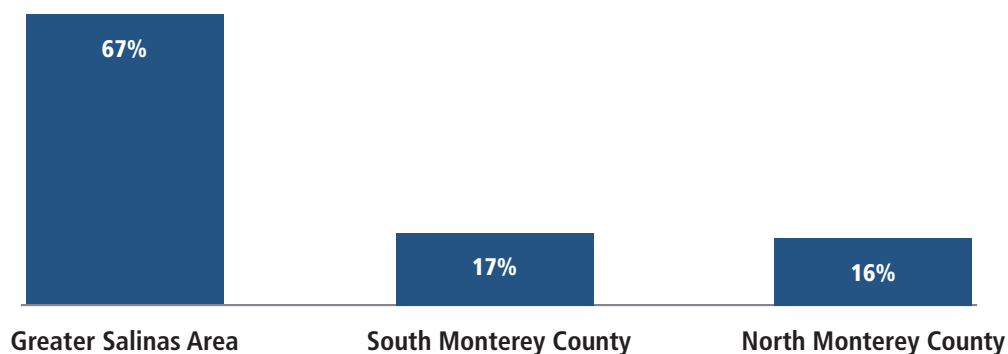
North Monterey County n=65; Greater Salinas Area n=266; South Monterey County n=66

Source: ASR Survey of Older Adults and People with Disabilities in Greater Salinas and North and South Monterey County, 2024.

Note: Caution should be used when interpreting data for subgroups, as some percentages are based on small numbers.

Twenty percent (20%) of respondents reported they were either currently or had been a seasonal agricultural worker and 7% reported they had been or were currently a migrant agricultural worker.

Figure 6. Residential Location of Survey Respondents, by Geographic Area



n=397

Source: ASR Survey of Older Adults and People with Disabilities in Greater Salinas and North and South Monterey County, 2024.

Greater Salinas Area includes zip codes: 93901, 93905, 93906, 93907, and 93915.

South Monterey County includes zip codes: 93426, 93450, 93925, 93926, 93927, 93930, 93932, and 93960.

North Monterey County includes zip codes: 93902, 95004, 95012, 95039, and 95076.

Since two-thirds of the respondents were from the greater Salinas area, the data averages for a number of important questions masked important findings for North and South Monterey county respondents. Thus, data is presented below for key findings by region. In some instances, sample sizes were small, which is a limitation of the study.

GREATER SALINAS COMMUNITY ASSESSMENT SUMMARY

Civic Participation & Employment

- Twenty-six percent (26%) of all survey respondents rated volunteer opportunities that fit a range of interests and skills as “poor”.
- Most older adults with a disability rated job opportunities (67%) and job training opportunities (65%) in their communities as “poor”.
- Most older adults without a disability rated job opportunities (51%) and job training opportunities (56%) in their communities as “poor”.
- Disabled respondents aged 18-59 rated job opportunities (46%) and job training opportunities (48%) in their communities as “poor”.

Communication & Information

- When asked where they would turn to for information about services, both any older adult respondents with a disability and older adult respondents identified the AOA, Internet/Google, family, friends, and neighbors, and health care professionals and facilities among their top four sources of information

Community Support

- Eighteen percent (18%) of Salinas respondents reported that at least “sometimes” they could not afford to eat balanced meals, including fruits, vegetables, meat and other proteins.
- Fifteen percent (15%) of all Salinas respondents reported that at least “sometimes” the distance to buy fresh fruits and vegetables was too far.
- Hispanic/Latin(a)(o)(x)(e) survey respondents, and respondents with a disability, reported higher rates on most issues related to food insecurity.
- Regarding awareness of community supports, rates among Salinas respondents varied from 58% (knowledge about resources and support for people with visual impairments) to 89% (information about Medicare and Medi-Cal).
- When asked about top needs or challenges in the communities where they live, transportation, housing, and health care were identified as the top three needs by all respondents.

Emergency Preparedness & Services

- While only 35% of Salinas survey respondents were aware of disaster management or emergency plans for their area, 69% reported being confident that emergency services could help in case of an emergency or natural disaster.
- Over one-half (56%) of Salinas survey respondents reported that they have signed up for emergency notifications, 54% had assembled a “disaster supply kit”, 53% had collected preparedness information, and 46% of Salinas respondents had taken special trainings such as First Aid and CPR, etc.
- Only 25% of Salinas respondents had attended meetings on emergency preparedness.

Healthcare

- Nearly all survey respondents (86%-94%) rated their physical health, mental health and emotional well-being and quality of life as “good” or “excellent”.
- One-quarter (25%) of Hispanic respondents rated access to convenient high-quality health care services as “poor”.
- About one-quarter (24%) of Salinas respondents rated access to affordable in-home health care services as “poor”.
- Twenty-four percent (24%) of older adults with a disability rated having health care professionals that understand the needs of older adults and people with disabilities as “poor”.
- Forty-two percent (42%) of respondents aged 18-59 with a disability rated having health care professionals that understand the needs of people with disabilities as “poor”.
- Only 10% of Salinas survey respondents rated the availability of a variety of health care professionals, including specialists as “poor”, substantially less than both North (39%) and South County (32%) respondents.

Housing

- Among those who either rent or own, 59% of Hispanic/Latin(a)(o)(x)(e) survey respondents reported owning their home, notably lower than 87% of non-Hispanic/Latin(a)(o)(x)(e) respondents.
- Greater Salinas Area and North County respondents were more likely to own their home (84% and 81%, respectively) than respondents in South County (59%).
- Nearly 50% of Salinas survey respondents (49%) reported spending one-third or more of their income on housing.
- Almost 60% (58%) of Salinas area respondents rated the availability of affordable housing options and 67% rated safe, low-income housing as “poor”.
- Less than one-third (27%) of Salinas respondents rated their community as “poor” for housing that was located near activities and resources such as senior/community centers.

Outdoor Spaces & Buildings

- Sixty percent of Salinas survey respondents (60%) rated their communities as “poor” for having well-maintained streets, and 59% rated “poor” for having sidewalks that are in excellent condition, well-lit, safe for pedestrians, and accessible for people using wheelchairs or other mobility devices and having separate pathways for bicyclists and pedestrians (36%).
- When asked about parks and other outdoor or public places, 32% of Salinas survey respondents rated ample seating in public areas such as parks, along sidewalks and around public buildings, etc., as “poor”.
- Hispanic/Latin(a)(o)(x)(e) respondents were more likely to rate their communities as “poor” than non-Hispanic/Latin(a)(o)(x)(e) respondents across all statements related to parks and other outdoor or public spaces.

Social Participation

- While only 10% of respondents reported never having someone they can turn to when they need help, over a quarter (26%-32%) reported feeling isolated from others, left out or lacking companionship at least “sometimes” in the past year.
- Respondents with a disability regardless of age reported feeling isolated from others, left out and lacking companionship at least “sometimes” at higher percentages than respondents without a disability.
- When asked about safety in their neighborhood, nearly all survey respondents (98%) reported feeling “somewhat” or “extremely” safe.

Transportation

- Over one-half of Salinas survey respondents (52%) rated the availability of safe bus stops with benches, lighting and shelter as “poor”, and 39% rated conveniently located bus stops as “poor”.
- About one-quarter (26%) of Salinas respondents rated the availability of affordable bus rides as “poor” and 23% rated additional transportation options, such as ITN, taxi vouchers, etc., as “poor”.

NORTH COUNTY COMMUNITY ASSESSMENT SUMMARY

Civic Participation & Employment

- Twenty-six percent (26%) of all survey respondents rated volunteer opportunities that fit a range of interests and skills as “poor”.
- Most older adults with a disability rated job opportunities (67%) and job training opportunities (65%) in their communities as “poor”.
- Most older adults without a disability rated job opportunities (51%) and job training opportunities (56%) in their communities as “poor”.
- Disabled respondents aged 18-59 rated job opportunities (46%) and job training opportunities (48%) in their communities as “poor”.

Communication & Information

- When asked where they would turn to for information about services, both any older adult respondents with a disability and older adult respondents identified the AOA, Internet/Google, family, friends, and neighbors, and health care professionals and facilities among their top four sources of information.

Community Supports

- About forty percent of North County respondents reported that at least “sometimes” the distance to buy fresh fruits and vegetables was too far (42%).
- Twenty-five percent (25%) of North County respondents reported that at least “sometimes” they could not afford to eat balanced meals, including fruits, vegetables, meat and other proteins.
- Hispanic/Latin(a)(o)(x)(e) survey respondents, respondents with a disability, and those from North County reported higher rates of most issues related to food insecurity.
- Regarding awareness of community supports, rates among North County respondents varied from 45% (knowledge about Financial Planning/literacy) to 88% (information about Medicare and Medi-Cal).
- When asked about top needs or challenges in the communities where they live, transportation, housing, and health care were identified as the top three needs for all respondents.

Emergency Preparedness & Services

- While only 38% of North County survey respondents were aware of disaster management or emergency plans for their area, 60% reported being confident that emergency services could help in case of an emergency or natural disaster.
- Almost half (46%) of North County survey respondents reported that they have collected preparedness information, 58% reported that they have signed up for emergency notifications, and 42% had assembled a “disaster supply kit”, while fewer had prepared an emergency and evacuation plan (23%).
- Only 14% of North County respondents had attended meetings on emergency preparedness.

Healthcare

- Nearly all survey respondents (86%-94%) rated their physical health, mental health and emotional well-being and quality of life as “good” or “excellent”.
- One-quarter (25%) of Hispanic respondents rated access to convenient high-quality health care services as “poor”.
- Almost one-half (45%) of North County respondents rated having convenient, high quality, health care services as “poor”; 39% of North County respondents rated having a variety of health care professionals and specialists as “poor”.
- About one-third of North County residents rated access to affordable in-home health care services as “poor” (34%); and 30% of North County residents rated having health care professionals who speak different languages as “poor”.
- Twenty-four percent (24%) of older adults with a disability rated having health care professionals that understand the needs of older adults and people with disabilities as “poor”.
- Forty-two percent (42%) of respondents aged 18-59 with a disability rated having health care professionals that understand the needs of people with disabilities as “poor”.

Housing

- Among those who either rent or own, 59% of Hispanic/Latin(a)(o)(x)(e) survey respondents reported owning their home, notably lower than 87% of non-Hispanic/Latin(a)(o)(x)(e) respondents.
- North County respondents were more likely to own their home (81%,) than respondents in South County (59%). Salinas respondents were also very likely to own their homes (84%).
- Almost 60% of North County survey respondents (58%) reported spending one-third or more of their income on housing.
- About 80% of North County respondents rated safe, low-income housing as “poor” (78%), and 69% rated the availability of affordable housing options as “poor”.
- North County respondents also rated the availability of housing located near senior/community centers etc., as “poor” (46%) and 42% of North County respondents rated housing located near services (such as grocery stores, health care facilities) as “poor”.

Outdoor Spaces & Buildings

- The majority of North County residents rated as “poor” having sidewalks that are in excellent condition, well-lit, safe for pedestrians, and accessible for people using wheelchairs or other mobility devices (71%), and 67% of North County residents rated having separate pathways for bicyclists and pedestrians as “poor”.
- In addition, 65% of North County survey respondents rated their communities as “poor” for having well- maintained streets, and 59% rated audio and visual pedestrian crossings as “poor”.

- When asked about parks and other outdoor or public places, 58% of North County survey respondents rated their having ample seating in public areas, such as parks, along sidewalks and around public buildings as “poor”
- Over half of North County residents also rated having public buildings and spaces, including restrooms, that are safe and accessible to people of different physical abilities as “poor” (53%).
- Hispanic/Latin(a)(o)(x)(e) respondents were more likely to rate their communities as “poor” than non-Hispanic/Latin(a)(o)(x)(e) respondents across all statements related to parks and other outdoor or public spaces.

Social Participation

- While only 10% of respondents reported never having someone they can turn to when they need help, over a quarter (26%-32%) reported feeling isolated from others, left out or lacking companionship at least “sometimes” in the past year.
- Respondents with a disability regardless of age reported feeling isolated from others, left out and lacking companionship at least “sometimes” at higher percentages than respondents without a disability.
- When asked about safety in their neighborhood, nearly all survey respondents (98%) reported feeling “somewhat” or “extremely” safe.

Transportation

- Almost two-thirds of North County survey respondents (63%) rated the availability of safe bus stops with benches, lighting and shelter as “poor”, 57% rated having conveniently located bus stops as “poor”; and 56% rated additional transportation options , such as ITN, taxi vouchers, etc, . as “poor”.
- More than 40% of North County respondents rated availability of supportive transportation services, such as ADA Paratransit, MST Rides, etc. as “poor” (44%); and affordable bus rides as “poor” (43%).



SOUTH COUNTY COMMUNITY ASSESSMENT SUMMARY

Civic Participation & Employment

- Twenty-six percent (26%) of all survey respondents rated volunteer opportunities that fit a range of interests and skills as “poor”.
- Most older adults with a disability rated job opportunities (67%) and job training opportunities (65%) in their communities as “poor”.
- Most older adults without a disability rated job opportunities (51%) and job training opportunities (56%) in their communities as “poor”.
- Disabled respondents aged 18-59 rated job opportunities (46%) and job training opportunities (48%) in their communities as “poor”.

Communication & Information

- When asked where they would turn to for information about services, both any older adult respondents with a disability and older adult respondents identified the AOA, Internet/Google, family, friends, and neighbors, and health care professionals and facilities among their top four sources of information.
- While only 10% of respondents reported never having someone they can turn to when they need help, over a quarter (26%-32%) reported feeling isolated from others, left out or lacking companionship at least “sometimes” in the past year.
- Respondents with a disability regardless of age reported feeling isolated from others, left out and lacking companionship at least “sometimes” at higher percentages than respondents without a disability.
- When asked about safety in their neighborhood, nearly all survey respondents (98%) reported feeling “somewhat” or “extremely” safe.

Community Supports

- Twenty-five percent (25%) of South County respondents reported that at least “sometimes” they could not afford to eat balanced meals, including fruits, vegetables, meat and other proteins.



- Twenty-five percent (25%) of all respondents reported that at least “sometimes” the distance to buy fresh fruits and vegetables was too far.
- Hispanic/Latin(a)(o)(x)(e) survey respondents, respondents with a disability, and those from North County reported higher rates of most issues related to food insecurity.

- Regarding awareness of community supports, rates among South County respondents varied from 45% (knowledge about Telehealth) to 83% (information about Medicare and Medi-Cal).
- When asked about top needs or challenges in the communities where they live, transportation, housing, and health care were identified as the top three needs all respondents

Emergency Preparedness & Services

- While only 27% of South County survey respondents were aware of disaster management or emergency plans for their area, 64% reported being confident that emergency services could help in case of an emergency or natural disaster.
- Almost half (46%) of South County survey respondents reported that they have collected preparedness information, 54% reported that they have signed up for emergency notifications, and 49% had assembled a “disaster supply kit”, while fewer had prepared an emergency and evacuation plan (38%).
- Only 14% of South County respondents had attended meetings on emergency preparedness.

Healthcare

- Nearly all survey respondents (86%-94%) rated their physical health, mental health and emotional well-being and quality of life as “good” or “excellent”.
- One-quarter (25%) of Hispanic respondents rated access to convenient high-quality health care services as “poor”.
- More than a quarter of South County respondents (27%) rated access to affordable in-home health care services as “poor”.
- Twenty-four percent (24%) of older adults with a disability rated having health care professionals that understand the needs of older adults and people with disabilities as “poor”.
- Forty-two percent (42%) of respondents aged 18-59 with a disability rated having health care professionals that understand the needs of people with disabilities as “poor”.
- About one-third of South County survey respondents rated the availability of a variety of health care professionals, including specialists as “poor”.

Housing

- Among those who either rent or own, 59% of Hispanic/Latin(a)(o)(x)(e) survey respondents reported owning their home, notably lower than 87% of non-Hispanic/Latin(a)(o)(x)(e) respondents.
- Greater Salinas Area and North County respondents were more likely to own their home (84% and 81%, respectively) than respondents in South County (59%).
- Nearly 40% of South County survey respondents (39%) reported spending one-third or more of their income on housing.
- Forty percent (40%) of South County respondents rated the availability of affordable housing options and 32% rated safe, low-income housing as “poor”.
- South County respondents rated their communities higher than North County and Salinas across all statements related to housing qualities.

Outdoor Spaces & Buildings

- About one-third of South County survey respondents rated their communities as “poor” for having well-maintained streets (31%), sidewalks that are in excellent condition, well-lit, safe for pedestrians, and accessible for people using wheelchairs or other mobility devices (35%), and having separate pathways for bicyclists and pedestrians (38%).
- When asked about parks and other outdoor or public places, 41% of South County survey respondents rated their Community/senior centers as “poor”.
- Hispanic/Latin(a)(o)(x)(e) respondents were more likely to rate their communities as “poor” than non-Hispanic/Latin(a)(o)(x)(e) respondents across all statements related to parks and other outdoor or public spaces.

Social Participation

- While only 10% of respondents reported never having someone they can turn to when they need help, over a quarter (26%-32%) reported feeling isolated from others, left out or lacking companionship at least “sometimes” in the past year.
- Respondents with a disability regardless of age reported feeling isolated from others, left out and lacking companionship at least “sometimes” at higher percentages than respondents without a disability.
- When asked about safety in their neighborhood, nearly all survey respondents (98%) reported feeling “somewhat” or “extremely” safe.

Transportation

- Almost two-thirds of South County survey respondents (63%) rated the availability of additional transportation options as “poor”, 28% rated safe bus stops as “poor”, and 31% rated conveniently located bus stops as “poor”.

STAKEHOLDER/PROVIDER SURVEY RESULTS

To inform AOA’s development of the local Age and Disability-Friendly Plan, ASR surveyed community partners and stakeholders to document needs, assets, and gaps in services for older adults and people with disabilities in the Greater Salinas Area and North and South Monterey County.

Most (56%) survey respondents represented non-profit organizations. Of the respondents who rated their satisfaction with the availability of services, 40% reported being “satisfied” with the services for older adults, while 21% reported being “satisfied” with the services for people with disabilities.

Stakeholders identified affordable housing and caregiving as the top two needs for both older adults and people with disabilities. When asked about barriers, unmet needs, and possible solutions, survey respondents emphasized the importance of collaboration across providers, the need for better outreach and communication efforts, and difficulties in addressing basic needs (*See Figures 7 and 8*).

Figure 7. Gaps in services for older adults and people with disabilities identified by stakeholders/providers serving the city of Salinas and North and South Monterey County.

| Themes Related to Gaps in Services | | | | |
|------------------------------------|--|--|--|--|
| Basic Needs | Access to Services | Socialization & Well-being | Communication & Education | System Collaboration |
| Transportation Housing Food | Access to health care providers, in-home support & culturally responsive care. | Recreational activities & adult day services programs. Parks & senior/community centers | Communication about services. Awareness of services among monolingual Spanish & indigenous language speakers. | Lack of coordination among health care & other system providers. |

n=42 respondents offering 135 responses

Source: ASR Survey of Monterey County Stakeholders, 2024.

Note: Open-ended responses were coded and themed.

Figure 8. Identified ways stakeholders and service providers in the city of Salinas and North and South Monterey County could address identified gaps in services

| Themes Identified by Stakeholders/Providers to Address Gaps | | | |
|--|--|---|---|
| Information & Resource Sharing | Create & Leverage Partnerships | Community Outreach | Access To & Quality of Services |
| More sharing & communication of information. Centralize services & develop a referral system between health care & service providers. | Build partnerships and/or coalitions Increase collaboration with city & county government to secure funding for services & policy change. | Increase community awareness & understanding about services. Coordinate to promote services among community providers. | Collaborate to serve hard-to-reach communities. Expand current services to underserved regions Collaborate to provide more services that meet basic needs (e.g., transportation, housing, food) & have no restrictions. Address the technology gap in telehealth services. |

n=40 respondents offering 86 responses

Source: ASR Survey of Monterey County Stakeholders, 2024.

Note: Open ended responses were coded and themed.

Figure 9.

| Themes Related to Policy Changes that Could Address Issues | | |
|--|---|--|
| Improve Existing Services | More Services to Meet Needs | Increased Funding for Services |
| Improve the quality & delivery of existing services by increasing collaboration among local agencies/ organizations & policy makers. | Increase the amount of services available to meet current housing, food & transportation needs, by expanding service areas. | More funding for local agencies/organizations to be able to meet the growing & unique needs of older adults & people with disabilities including, state & federal level funding, local taxes to cover services (i.e., transportation) & housing bond measures. |
| Implementing more outreach & communication strategies to expand access. | Building more affordable housing. | |
| Increasing the pay of health care workers. | Creating new programming (e.g., safe parking, community gardens, food pantries/banks). | |
| Continuing to advance current efforts (e.g., CA Digital Equity Plan, Master Plan for Aging). | | |

n=25 respondents offering 44 responses
Source: ASR Survey of Monterey County Stakeholders, 2024.

SOLUTIONS SUMMITS

To broaden the input opportunities for additional community members and to ensure voices from the rural and non-English speaking communities were optimized in the planning process, AOA conducted “LADAP Solutions Summits” in communities throughout the project area. The Community Survey results were shared with the Summit participants. The majority of the time was spent in facilitated round table discussions to identify the priority needs and potential recommended solutions for each community. The Solutions Summits concluded with each roundtable leader sharing their solutions with the larger group (see photos on page 26). In total, 232 community members participated in the Summits, 191 were Hispanic, 222 were over 60 years old and 26 people reported having disabilities. The Summits were facilitated in both Spanish and English.

The recommended solutions were then grouped by domain for review by the Advisory Council. A sample from the Healthcare Domain is provided below. All the Solutions Summit Summaries for all regions by Domain are available at allianceonaging.org/LADAP.

HEALTHCARE DOMAIN SOLUTIONS SUMMIT SUMMARY

SUGGESTED SOLUTIONS: SOUTH COUNTY

| | | |
|-------------------|---|---|
| Gonzales | Educate more bilingual health care professionals and make it free if they come back to serve the rural communities. | More opportunities to schedule and see a doctor without such long wait times. Designate a Cooling Center and notify residents (also listed in Community Supports). |
| King City | Provide coverage for dental care. Ask providers to provide more time in appointments. Offer After hour services. | Have more providers so it is easier to get appointments and wait times are not so long (usually 2-3 months). How to plan for end of life. Bring resources of San Luis Obispo hospice to area. |
| Soledad | More specialists including providers who know how to take care of older people. Specialists like Physical therapy, dental, vision, diabetes. Rotating specialists who come once/week or once/month. | Get a PACE program. Expand clinic. Medical labs. Clinics hire providers who know how to take care of older people. Hire dentists, nutritionists, and other therapies. Create “shopping center” of medical specials where they are building dialysis centers. |
| Greenfield | Mobile Clinics. More physician assistants. More clinics with specialists, including nutritionists. | More medical professionals and specialists and pharmacies. City involvement to bring hospital to city. Better Communication between health professionals. |

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| SALINAS | | |
|---------------------------------|--|---|
| Salinas Firehouse | More doctors, dentists and specialists. Have more urgent care, pharmacy and emergency services. | Increase procedure options. Vision care and assistance with cost of glasses. Improve payments for doctors for retention. |
| Salinas Sherwood Village | Restrict smoking outside of apartments (Also listed in Community Supports). | |
| NORTH COUNTY | | |
| Castroville | Hire more medical staff, specialists, doctors, nurses. Caretaking vs nursing, better reimbursement. | Build more medical centers. Build health care center with pharmacy in Castroville. Make more appointments available to reduce how long it takes to be seen. |
| Prunedale | Make affordable in-home supportive services more available. | Provide better access to health services on a regular basis. Increase health insurance. |

See www.allianceonaging.org/LADAP for all other Domain's Solutions Summit Summaries.

LADAP Solution Summit



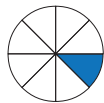
DOMAIN IMPLEMENTATION WORK GROUPS AND PROCESS

In February 2025, the Advisory Group was convened to select priority recommendations for the Salinas Valley Action Plan. Based on expertise and interest, advisors from all three committees (Community, Providers, and Policy and Advocacy) were assigned to Domain Implementation Work Groups. Several domains were initially combined but later split apart as the work continued. The Implementation Work Groups elected a chair or co-chairs for leadership and got to work reviewing the survey results and Solutions Summit recommendations. Templates were provided to create at least one fully flushed out SMART priority action goal; and a worksheet to identify additional key recommendations for the domain.

The Domain Implementation Work Groups continued to meet remotely (via zoom or google teams), and project leadership participated along with the advisors. Another in-person/hybrid meeting was held in April, where each group presented their SMART priority action goals for feedback and approval. Group discussion resulted in a recognition of overlapping and complementary goals and action steps across domains and some modifications. Project staff then finalized the LADAP recommended priority goals to share with elected officials and city leadership for feedback. Once feedback was provided from the Board of Supervisors and city leadership, the recommendations were finalized as the Salinas Valley LADAP. For each domain, we provide the priority recommendations and the SMART Goal Template for one or more of the recommendations. These are listed on the following pages.



CIVIC PARTICIPATION & EMPLOYMENT ACTION PLAN GOALS



| CIVIC PARTICIPATION & EMPLOYMENT IN A LIVABLE COMMUNITY |
|---|
| <p>Older adults and people with disabilities benefit from being actively engaged in their community. Good-quality volunteering has a measurable positive impact on mental health and paid work can benefit well-being as well as finances.</p> |
| <p>Implementation Work Group Members:</p> <p>Alliance on Aging — <i>Teresa Sullivan</i> Community Builders — <i>Tish Salmon</i> LADAP Consultant — <i>Janet C. Frank</i> Meals on Wheels of the Salinas Valley — <i>Laurie Bend</i></p> |

Priority Action Goals:

1. Establish a community-based group that reflects the diversity of each project area to spearhead increased interaction and communication with city/county representatives This is an opportunity for historically underrepresented older adults to be heard and included in civic actions and solutions that matter to them.
2. Provide links and access to opportunities for older adults and people with disabilities to participate in advisory councils, oversight committees, task forces, community projects, volunteering in their community.
3. Promote and support culturally competent civic/community engagement to older adults and people with disabilities through Living Well, ADRC, media other messaging platforms networks. (Cross reference community support)
4. Establish meaningful connections with existing Youth Councils or other types of youth related committees to facilitate collaborations on local issues.

LADAP SMART* Goals Planning Template



| DOMAIN: CIVIC PARTICIPATION GOAL | | | |
|---|------------------------------------|---------------|----------------|
| <p>1. Establish a community-based group that reflects the diversity of the rural areas to spearhead increased interaction and communication with city/county representatives. This is an opportunity for historically underrepresented older adults to be heard and included in civic actions and solutions that matter to them.</p> | | | |
| Break Goal into Smaller Measurable and Attainable Steps: | | | |
| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
| Explore existing models & resources (commission, advisory group, COPA, CCA) and opportunities including youth councils. | Teresa & Tish | 3 months | June 2025 |
| Identify & follow-up with key stakeholders in project areas to establish support and commitment. <ul style="list-style-type: none"> • Community Engagement – city staff • Key community volunteers/advocates for older adults & disabled (i.e. Senior Solutions Summit) • Community Partner(s) | Leadership Team [†] | 6 months | September 2025 |
| Convene local working groups to frame project and identify priority areas, affiliate with existing nonprofit or city dept. <ul style="list-style-type: none"> • Identify existing opportunities for civic engagement • Consider Survey & Solutions Summit summary • Strategy to engage participants • Identify partnerships that may be part of the solutions | Leadership Team [†] | 7 months | October 2025 |
| Plan and promote kick-off meetings for older adults interested in civic engagement. | Local Leadership Team [†] | 10 months | January 2026 |
| Institute ongoing meetings for adult groups to meet on civic engagement interests. actions and solutions (i.e. Solutions Summit). | Local Leadership | | Ongoing |
| [†] Leadership Team to include local leadership. | | | |

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*S pecific, M easurable, A ction-Oriented, R elevant, T ime-Oriented

FURTHER PLANNING:

Detail Required Resources

Staff time to initiate and support initiative. Space to meet or zoom access, food/snacks, printing (flyers), training; Spanish speaker/facilitator).

Define Potential Obstacles

Outreach and communication to older adults and individuals with disabilities is challenging, transportation to meeting sites. Funding & Staff.

Identify Plans for Overcoming Obstacles

Outreach and invitation for participants focus on inclusiveness and development process for input, dialogue outside of scheduled meetings. It is possible to move meetings to more accessible locations as needed.

DESIRED OUTCOME(S):

Measurable Outcomes

Number of participants in group activities from planning to action; number of interactions or presentations with civic leaders and community.

Describe Outcome of Achieved Goal

Older adults and individuals with disabilities recognize that through civic participation they are an important voice and can impact local actions and issues that are important to them.



EMPLOYMENT

EMPLOYMENT Implementation Work Group Members:

Alliance on Aging — *Teresa Sullivan*
 Community Builders — *Tish Sammon*
 Monterey County Aging and Adult Services — *Diana Jimenez, Marlene Bush*
 Monterey County Department of Rehabilitation — *Keith Chura*
 Monterey County Employment Development Department — *Alma Diaz*
 Monterey County Workforce Development Board — *Laura Kershner, Pearl Sanchez*



Priority Action Goals:

1. Create and distribute a resource list (guide) for older adults and individuals with disabilities in project areas so they have accessible information related to employment, education, training, and volunteer resource providers.
2. Promote the use of the resource list among partners and service providers with referrals to organizations to assist with basic needs when appropriate.
3. Promote the benefits of hiring older adults and individuals with disabilities with employers and the community – include private and public sectors.
4. Collaborate with key employment and training partners, including Employment Development Department, Department of Rehabilitation, Workforce Development Board, and Goodwill Industries, to ensure their employment and training models meet the needs of older adults, those with disabilities and employers. To ensure continued collaboration, partners have agreed to meet on a monthly basis.



LADAP SMART* Goals Planning Template

DOMAIN: EMPLOYMENT GOAL

1. Create and distribute a resource list (guide) for older adults and individuals with disabilities (in project areas) so they have accessible information related to employment, education, training, and volunteer service resource providers.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|--|----------------------------------|---------------|--------------|
| Identify (person/agency) to lead this project Establish a working group to research resources for employment, training, education, and volunteer service for older adults and people with disabilities. | Tish. Teresa, Keith | 1 month | May 2025 |
| Create a list of resources to be made available both online & printed distribution, in Spanish and English. Establish a point of contact to manage updates. | Work Group | 3 months | June 2025 |
| Distribute this resource throughout older adult communities, network of senior and disability organizations, cities, libraries, providers of employment and training resources and other places frequented by seniors. Encourage link to this resource for employment service providers and other partners. Ensure list is included and updated in the local ADRC and 211 databases. | Work Group AOA outreach team. | 2 months | July 2025 |
| <i>All materials & information in English & Spanish.</i> | | | |

FURTHER PLANNING:

Detail Required Resources

List of employment and training resources; printing & online development; staff & volunteer resources, commitment from non-profit, private, public sectors to promote & distribute information through their existing messaging platforms. Tracking tool for distribution of list. Funding.

Define Potential Obstacles

Funding to support coordination of activities; Keeping information current; Overcoming age and disabilities stigma for both employers and potential employees. Consideration of basic needs in tangent with seeking employment and training.

***S**pecific, **M**easurable, **A**ction-Oriented, **R**elevant, **T**ime-Oriented

Identify Plans for Overcoming Obstacles

Awareness campaigns around benefits to the community, employers, older adults and the disabilities community. Develop new funding sources through potential partnerships. Incorporate information on programs that assist with basic needs (i.e., unemployment, food bank, rental assistance, etc.).

DESIRED OUTCOME(S):**Measurable Outcomes**

A list for employment and training resources is created and distributed to a minimum of 50 organizations and 10,000 households through Living Well Magazine.

Increase in employment and training queries tracked ADRC-(MWD).

Describe Outcome of Achieved Goal

Older adults and people with disabilities use these employment and training resources to pursue employment and training opportunities that match their interests and abilities.

DOMAIN: EMPLOYMENT GOAL

2. Promote employment options for seniors and people with disabilities among the partners of these resources and include referrals for basic needs when appropriate. Conduct a community-wide campaign to spotlight senior employment during National Older American's Month 2026.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|---|--------------------|---------------|----------------|
| Assemble collateral material – benefits of hiring older adults & people with disabilities and job tips for older adults and people with disabilities. | Work Group Team | 2 months | September 2025 |
| Promote employment & training resources and referrals to partners/senior service. Include reference to basic needs services. | Work Group Team | 3 months | September 2025 |
| Expand outreach to businesses, chamber of commerce, media. | Work Group Team | 4 months | January 2025 |
| Spotlight employment for Older Adults Month. | Work Group | 1 year | May 2026 |
| Continue to update and promote list on an ongoing level. | Work Group | Ongoing | Ongoing |
| Workgroup to continue meeting quarterly to review progress of goals. | Work Group | Quarterly | June 2025 |
| <i>All materials & information in English & Spanish.</i> | | | |

continued next page



FURTHER PLANNING:

Detail Required Resources

Resources to design & print materials (bilingual) and collateral material. Staff/volunteer time to support campaign.

Define Potential Obstacles

Staff time and cost of producing materials.

Identify Plans for Overcoming Obstacles

Combine Goals 1 & 2 in funding requests. Engage partner and community organizations in promoting resources for older adults and people with disabilities to their network (no extra staff time). Develop new funding sources through potential partnerships. Incorporate information on programs that assist with basic needs (i.e., unemployment, food bank, rental assistance, etc.).

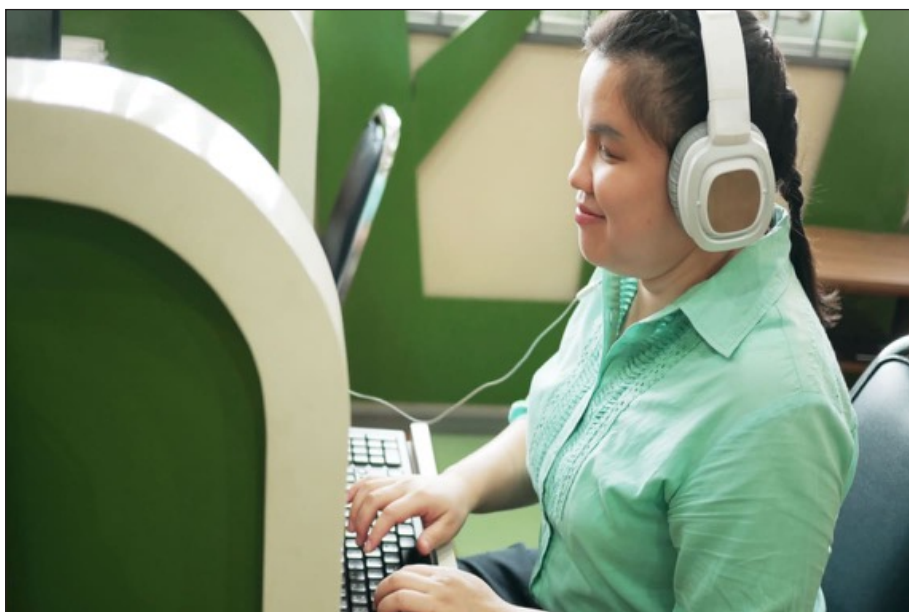
DESIRED OUTCOME(S):

Measurable Outcomes

A minimum 40 distribution points for collateral material and new partners with a focus on senior/disability employment. Increase in use of materials/resource list by new business, organizations.

Describe Outcome of Achieved Goal

Increased understanding of the benefits of hiring older adults & those with disabilities resulting in increased employment.



COMMUNICATION & INFORMATION

COMMUNICATION & INFORMATION IN A LIVABLE COMMUNITY

As the methods for communication and information sharing change, age- and disability-friendly communities should recognize that not all their residents will have access to internet or devices nor have the skillset to navigate the internet. There needs to be a range of methods available for information to be shared.

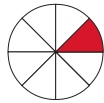


Communication and Information recommended goals were identified for many of the Domains and are listed below. The SMART Goal templates that were developed are provided within the appropriate domain section.

Priority Action Goals:

1. Develop a communication strategy that increases awareness, understanding and access to services, resources, and benefits that impact the lives of diverse older adults, people with disabilities, family members and caregivers, focusing on rural areas.
2. Develop a communications strategy for disaster preparedness and response pertaining to the aging and disability populations. (language, learning style, and grade level considerations).
3. Provide links and access to opportunities for older adults and people with disabilities to participate in advisory councils, oversight committees, task forces, community projects, volunteering in their community.
4. Improve coordination between healthcare providers and community support providers to ensure patients have knowledge and access to the full range of community supports that will help them maintain their optimum health and wellness outside of the clinical setting.
5. Provide information and support about tenant rights for older adults and people with disabilities, seeking that information.
6. Promote information and alerts about frauds and scams targeting older adults to older adults and people with disabilities.
7. Improve community member's transportation access to get to health care visits through education and collaboration with local health care providers and community support organizations in rural areas of Monterey County(North and South County), beginning efforts in South County.

EMERGENCY PREPAREDNESS & SERVICES



EMERGENCY PREPAREDNESS & SERVICES IN A LIVABLE COMMUNITY

Older adults and people with disabilities can be especially vulnerable during disasters: Being prepared can help reduce fear and anxiety and can speed up recovery. Age- and disability-friendly communities encourage all residents to create emergency plans and go kits, enroll in local registries, and participate in

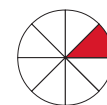
Implementation Work Group Members:

Aging & Disabilities Resource Connection &
 Central Coast Center for Independent Living — *Judy Cabrera*
 American Red Cross — *Maria Magana, Lucy Rojas, Gabriella Perez*
 CERV/Listos California — *Harvey Pressman*
 Supervisor Church's District Rep. — *Danielle Vierra*
 United Way 211 — *Kalyssa King*
 Community Member, King City — *Phoebe Chaney*

Priority Action Goals:

1. By December 2025, the LADAP Emergency Preparedness Team will develop a communications strategy for disaster preparedness and response pertaining to the aging and disability populations. (language, learning style, and grade level considerations).
2. By December 2025, the LADAP Emergency Preparedness Team will establish quarterly meetings with the Department of Emergency Management (DEM) of Monterey County and the Community Organization Active in Disaster (COAD) through the Community Foundation for Monterey County to strengthen planning for ADA compliance in a culturally responsive and intellectually diverse manner in disaster response and recovery for the aging and disability populations.
3. By December 2028, establish in-person learning opportunities with at least two presentations representing the language needs of the least-served for disaster preparedness in the project population area annually around disaster preparedness (plans and kits; stay and leave) delivered by trusted messengers (bilingual, bi-cultural, and can deliver messaging to accommodate visual and auditory needs) specifically pertaining to the aging and disability populations.

LADAP SMART* Goals Planning Template



| DOMAIN: EMERGENCY PREPAREDNESS | | | |
|---|---|---|--------------------|
| <p>1. By December 2025, the LADAP Emergency Preparedness Team will develop a communications strategy for disaster preparedness and response pertaining to the aging and disability populations. (language, learning style, and grade level considerations).</p> | | | |
| Break Goal into Smaller Measurable and Attainable Steps: | | | |
| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
| Determine who should "lead" this initiative- is it under this group, COAD, DEM, County PIO? | Nick (COAD) & Kalyssa (UWMC) | 1 hour | May 15, 2025 |
| Create meeting for all interested parties to develop work plan for the strategy and assign duties. | Dependent on who is established as lead | 1.5 hours | July 15, 2025 |
| Convene group regularly and work groups if needed to design strategy. | | Biweekly meeting | September 30, 2025 |
| Develop draft of the strategy. | Working group | 1 hour | September 30, 2025 |
| Share draft of the strategy with partners who serve the target populations for feedback. | | 1 hour | |
| Finalize draft of the strategy. | Working group | Dependent on working group and feedback | October 15, 2025 |
| Develop draft of the collateral to be shared with target populations. | | Biweekly meeting | October 31, 2025 |
| Share draft of collateral with target populations to collect feedback. | | 1 hour | November 30, 2025 |
| Finalize collateral for dissemination. | | Dependent on working group and feedback | December 31, 2025 |
| Print and distribute collateral to partners for dissemination. | | Tentative | January 2026 |
| All materials & information in English & Spanish. | | | |

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*S pecific, M easurable, A ction-Oriented, R elevant, T ime-Oriented

FURTHER PLANNING:

Detail Required Resources

Orientation and commitment of partners.

PSAs, Newspapers, Faith based community, etc (potentially survey current events about how folks receive information).

Current materials such as the LISTOS Guide.

Funding.

Printing and coordination of printed materials (distribution).

Strategy (including marketing that appeals to the target populations [ex: stop, drop, cover.

Collateral

Define Potential Obstacles

New partners needed (not currently at the table) such as COAD, DEM, County PIO along with nonprofit partners to provide considerations and insights for the clients they serve.

Capacity to create and implement strategy

Funding

Information sharing

Identify Plans for Overcoming Obstacles

Creating a system to share information (ex: Google Drive)

Designating role(s)

Search for potential funding opportunities to cover cost

DESIRED OUTCOME(S):

Define Measurements(s) for Success

Strategy (written document).

Piece of collateral to be shared with aging population, residents who identify with having a disability, and caretakers of these populations.

Number of collateral shared/ persons engaged with materials.

Success Stories/ Testimonials

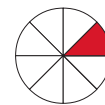
Describe Outcome of Achieved Goal

Marketing strategy that resonates with target populations and inspires them and their caregivers to take action.

Increase in awareness and preparedness in the aging and disability populations and their caregivers to act in emergencies.

Target populations better prepared for disasters.

LADAP SMART* Goals Planning Template

**DOMAIN: EMERGENCY PREPAREDNESS GOAL**

- 2.** By December 2025, the LADAP Emergency Preparedness Team will establish quarterly meetings with the Department of Emergency Management of Monterey County and the COAD through the Community Foundation for Monterey County to strengthen planning for ADA compliance in a culturally responsive and intellectually diverse manner in disaster response and recovery for the aging and disability populations.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|---|---|----------------------|---|
| Determine who should “lead” this group- is it under this group or the COAD? | Nick (COAD) & Kalyssa (UWMC) | 1 hour | May 15, 2025 |
| Coordinate with the COAD and DEM to establish a time for a virtual quarterly meeting. | Dependent on who is leading | 1 hour | June 15, 2025 |
| Inventory who would be interested in participating in a meeting like this and gather contact information. | LADAP working group | In Biweekly meetings | June 15, 2025 |
| Develop mailing list of interested participants. | Dependent on who is leading// LADAP working group | In Biweekly meetings | June 15, 2025 |
| Design a standing agenda for these quarterly meetings. | Dependent on who is leading | 1 hour | June 15, 2025 |
| Invite all interested parties and share agenda. Create the schedule for the full year. | | | July 15, 2025 (tentatively Fall 2025 meeting) |
| Lead entity sends recap email following each quarterly meeting. | | | Following each meeting |
| All materials & information in English & Spanish. | | | |

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***S**pecific, **M**easurable, **A**ction-Oriented, **R**elevant, **T**ime-Oriented

FURTHER PLANNING:

| Detail Required Resources |
|---|
| <p><i>Zoom account and leadership for meeting</i></p> <p><i>Commitment of COAD, DEM and partners to participate quarterly</i></p> <p><i>Information sharing</i></p> |
| Define Potential Obstacles |
| <p><i>Capacity of COAD and DEM to participate in meetings</i></p> <p><i>Documentation of meetings</i></p> |
| Identify Plans for Overcoming Obstacles |
| <p><i>Establish meeting times that would serve COAD and DEM schedules</i></p> <p><i>Creating a system to share information (ex: Google Drive)</i></p> |

DESIRED OUTCOME(S):

| Define Measurements(s) for Success |
|---|
| <p><i>Number of Meetings</i></p> <p><i>Number of participants (by agency)</i></p> <p><i>Documentation of meetings and outcomes/action steps (with results)</i></p> <p><i>Success Stories and Testimonials</i></p> |
| Describe Outcome of Achieved Goal |
| <p><i>Community that is well educated and has skills and abilities to be safe during a disaster. This would reduce the number of casualties and allow for efficient response.</i></p> <p><i>Community members in the target populations and their caregivers able to take action on their own behalf as they are able to respond to disaster impacts.</i></p> <p><i>Greater collaboration during blue skies days between organizations serving the target populations, DEM, and COAD.</i></p> <p><i>Plans established that take into consideration diverse ADA needs ahead of disaster.</i></p> <p><i>Awareness of Recovers.org as a resource in disaster to help meet the needs of the aging and disability populations during disaster.</i></p> |



DOMAIN: EMERGENCY PREPAREDNESS GOAL

- 3.** By December 2028, establish in-person learning opportunities with at least two presentations representing the language needs of the least-served for disaster preparedness in the target population area annually around disaster preparedness (plans and kits; stay and leave) delivered by trusted messengers (bi lingual, bi cultural, and can deliver messaging to accommodate visual and auditory needs) specifically pertaining to the aging and disability populations.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|--|---------------------------------|---------------|------------------------|
| Determine who should "lead" this group- is it under this group or the COAD? | Nick (COAD) & Kalyssa (UWMC) | 1 hour | May 15, 2025 |
| Create meeting for all interested parties. | Depend on who is leading | 2 hours | August 30, 2025 |
| Outline who is currently doing the work in disaster preparedness and who would like to be doing this work that is currently partnered on LADAP. | | | |
| Encourage organizations serving target populations to engage in Ready Rating initiative to improve organizational and staff preparedness. | Nick (COAD) | Tentative | Tentative |
| Create a tracking system to measure who is doing what (leveraging services survey already created by LADAP). | Depend on who is leading | | September 30, 2025 |
| Monthly reminder emails to update tracking system. | | 1 hour | Monthly |
| Yearly review of progress as a group towards goals and strategize opportunities for collaboration/ funding new opportunities and sustaining current opportunities. | Disaster Preparedness Workgroup | 2 hours | December 15, 2025/2026 |
| <i>All materials & information in English & Spanish.</i> | | | |

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***S**pecific, **M**easurable, **A**ction-Oriented, **R**elevant, **T**ime-Oriented

FURTHER PLANNING:

Detail Required Resources

Personal (partners): training and implementation (ex: Mujeres en Accion, CCA, PVPSA, Centro Binacional, Blind and Visually Impaired, Special Kids Connect, CCCIL, MAOF, HeadStart, Migrant Ed/School Districts, Community Bridges, Fire Departments, VA, Hospitals, MOWSV), Visually and Legally Blind Center, Deaf and Hard of Hearing Services, Libraries, MPUSD Deaf and Hard of Hearing Program, Facilities (including group homes) that house target population// building capacity for organizations and community events that haven't had a focus on disaster preparedness to include disaster preparedness information in programming.

Reaching out to organizers of meetings and events to try to get events to lean to emergency preparedness (Ex: National Night Out).

Potentially including private sector (Ex: Salinas Rodeo, Security businesses, Ambulance and Medical transport).

Radio Bilingue

CERT/CERV and Red Cross for training and equipment

DRC Meetings

Funding

Tracking (potentially software, google drive, or excel) (events and outreach) (past events and future events).

Define Potential Obstacles

Duplicating work (emergency kits and folks not knowing how to use them)

Funding

Capacity (Staffing)

Lack of interest

Identify Plans for Overcoming Obstacles

Creating a system to share information (ex: Google Drive).

Search for and encourage collective funding opportunities (ex: Grants).

Meeting for organizations doing the work currently or wanting to do the work to come together to collaborate, learn, and build capacity.

COAD to promote organizations and DEM to promote cities who are "disaster ready" "ready rating" already established with Red Cross and COAD. Could we use it as a public kudos?

DESIRED OUTCOME(S):**Define Measurements(s) for Success**

Number of events as outlined in the goal (assessed annually)

Number of community members receiving training by target population and need considerations

Number of videos and location to curate them

Annual date for drill established between agencies

Number of agencies participating in drill

Success Stories/ Testimonials (service providers and residents)

Describe Outcome of Achieved Goal

Community that is well educated and has skills and abilities to be safe during a disaster. This would reduce the number of casualties and allow for efficient response.

Community members in the target populations and their caregivers able to take action on their own behalf as they are able to respond to disaster impacts.

Archived collection of training materials that can meet the various needs of the target populations (language, cultural, needs for disability populations (ex: ASL)). These would be publicly available.

Implementation of a drill to practice preparedness annually (maybe could align with state/national initiative OR County).





HEALTH SERVICES & COMMUNITY SUPPORTS

HEALTH SERVICES & COMMUNITY SUPPORTS IN A LIVABLE COMMUNITY

Livable communities need supports and services that are nearby, accessible and affordable. Alongside accessible and affordable health care services, community support and physical activity opportunities are strongly connected to good health and well-being throughout life.

Implementation Work Group Members:

Alliance on Aging — *Teresa Sullivan*
 Central California Alliance for Health — *Jessie Newton*
 City of Soledad — *Mayor Anna Velasquez*
 Clinica de Salud — *Erick Lopez*
 Hospice Giving Foundation — *Mary Gunn*
 LADAP Consultant — *Janet Frank*
 Mee Memorial Hospital — *Rena Salamancha, Elsbeth Wetherill*
 Monterey County Public Health Dept. — *Christabelle Oropeza*
 Natividad Medical Center — *Elizabeth Mendoza*
 Salinas Valley Healthcare/Taylor Farms Clinic — *Kendra Howell*
 Soledad Health Care Clinic — *Ida Chan Lopez*
 Visiting Nurses Association — *Jennifer Sjoblom*
 Community Member, Lockwood — *Paula Getzelman*

Priority Action Goals:

1. Improve access to healthcare specialists in rural areas for older adults and people with disabilities, starting in South Monterey County. Long wait times for appointments and lack of transportation to Salinas and Monterey to see healthcare specialists pose health risks and significant challenges for those living in remote communities in accessing necessary and timely healthcare.
2. Improve coordination between healthcare providers and community support services to ensure patients have knowledge and access to the full range of community supports that will help them maintain their optimum health and wellness outside of the clinical setting.
3. Participate and partner with healthcare training and education to enhance the competence of healthcare providers in serving and understanding the needs of older adults and people with disabilities
 - Hartnell College Nursing Program
 - CSUMB Nursing Program
 - Monterey Peninsula School of Nursing (Marie Church Coburn)
 - Natividad/USF Residency Program
 - Other

LADAP SMART* Goals Planning Template



| DOMAIN: HEALTHCARE GOAL | | | |
|--|---|---------------------|----------------|
| <p>1. Improve access to healthcare specialists in rural areas for older adults and people with disabilities, starting in South Monterey County.</p> <p>Long wait times for appointments and lack of transportation to Salinas and Monterey to see healthcare specialists poses greater challenges to those living in remote communities in accessing necessary and timely healthcare.</p> | | | |
| Break Goal into Smaller Measurable and Attainable Steps: | | | |
| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
| Identify transportation providers/programs who serve the south county cities and communities. | Transportation Work Group | 2 weeks | Completed |
| Collaborate with transportation partners to facilitate transportation to medical appointments. | | Ongoing | September 2025 |
| Create inventory of healthcare resources and providers. | Healthcare providers | 2 months | Completed |
| Share inventory of resources and providers with community. Include on ADRC and 211. | Healthcare work group | 2 months | August 2025 |
| Identify which priority specialists are needed in south county communities. | Health care work group | 2 months Ongoing | August 2025 |
| Increase healthcare outreach to rural areas to provide information and medical screenings. | Healthcare work group | 1 year | January 2026 |
| Improve understanding of Medi-Cal and Medicare benefits for specialized healthcare for community members and providers. | Healthcare provider community CCAH and HICAP | Ongoing | June 2026 |
| All materials & information in English & Spanish. | | | |

FURTHER PLANNING:

| Detail Required Resources |
|--|
| <p>Identify leadership people from each healthcare provider serving North and South County to involve in planning.</p> <p>Need leadership buy-in from each healthcare organization serving South County.</p> |

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*S pecific, M easurable, A ction-Oriented, R elevant, T ime-Oriented

Define Potential Obstacles

Lack of available providers and specialists
Available Facilities
Costs to healthcare organizations in delivering care to remote areas
Lack of available appointments/timely appts.
Reimbursement values for telehealth vs in person
Community not aware of many available resources (i.e., perception vs. reality)
Build trust with the community

Identify Plans for Overcoming Obstacles

Explore telehealth appointments for those having difficulty leaving home/traveling outside of their community.
Explore expansion opportunities for mobile services to include specialists.
Consider survey for South County healthcare providers to identify services currently provided.
Utilize existing resource databases (e.g., ADRC, 2-1-1, Living Well) for comprehensive list of providers.
Partner with Hartnell, MPC, CSUMB, Natividad, UCSF to improve education and training of healthcare providers.
Partner with larger healthcare systems to alleviate gap in services and bring specialists to local clinics.
Convene quarterly South County Healthcare Collaborative to follow-up on plan to improve access to residents.

DESIRED OUTCOME(S):

Define Measurements(s) for Success

Improved knowledge and access to healthcare providers, particularly specialists in South County.
Patients report shorter wait times for appointments.
More accessible and available and seamless transportation to medical appointments.

Describe Outcome of Achieved Goal

Patients, particularly in rural areas, will report improved access for all healthcare needs.



DOMAIN: HEALTHCARE GOAL

- 2.** Improve coordination between healthcare providers and Community Support services to ensure patients have knowledge and access to the full range of community supports that will help them maintain their optimum health and wellness outside of the clinical setting.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|--|--|---------------------------|-------------------------|
| Provide cross training/updates for hospital staff, discharge planners, social workers, intake staff and staff of community support organizations. | Healthcare & Community Support work groups | 2 hours each presentation | To Begin September 2025 |
| Cross distribute lists of healthcare providers and community support organizations. | Health Care & Community Supports | 1 day | July 2025 |
| Increased participation of healthcare staff at the bimonthly ADRC meetings. | ADRC Health care staff | 1 hour per session | September 2025 |
| Participation of healthcare staff in outreach events partnering with community support organizations when possible or appropriate. | Healthcare and AOA Outreach | 2 to 6 hours | January 2026 |
| Include community support presence and resources in clinic and hospital settings and make referrals to them as appropriate. Current models: Taylor Farms Model in Gonzales and Soledad Health Care Clinic. | Clinic Managers Community Support providers | TBD | January 2026 |
| Include community support resources/links on healthcare messaging platforms. (i.e., Living Well, ADRC and 211). | Healthcare community | 2 hours | January 2026 |
| <i>All materials & information in English & Spanish.</i> | | | |

FURTHER PLANNING:

| Detail Required Resources |
|--|
| <i>Leadership and resources. Staff resources from healthcare and community support network to follow up with plan. Agreement among both groups to participate.</i> |
| Define Potential Obstacles |
| <i>Time and Staff resources from both sectors to follow up. Recognition of the value of these partnerships in achieving better health outcomes and overall wellness.</i> |

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Identify Plans for Overcoming Obstacles

Continued communication and follow-up between both groups to ensure coordination of healthcare and community supports.

DESIRED OUTCOME(S):

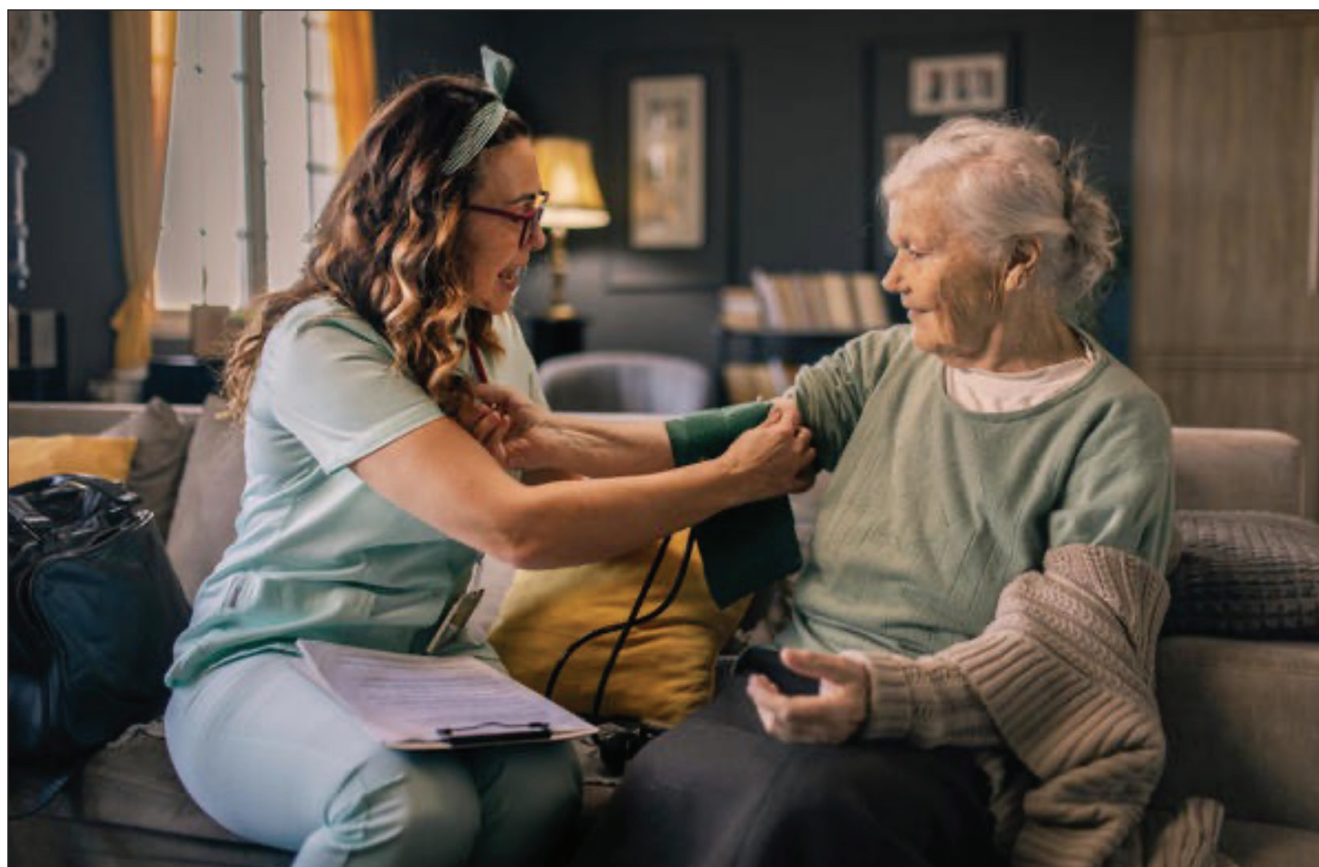
Define Measurements(s) for Success

Healthcare providers have improved understanding of community supports and increased patient referrals to those supports.

Older adults and people with disabilities have improved knowledge and access to community supports. From survey of both groups.

Describe Outcome of Achieved Goal

Improved overall health and wellness of older adults and increased capacity of health care providers to deliver service to older adults and people with disabilities.



COMMUNITY SUPPORTS

COMMUNITY SUPPORTS Implementation Work Group Members:

Alliance on Aging — *Brielle Bumba, Reyna Gross, Teresa Sullivan*

Alzheimer's Association — *Jordan Berg*

Blind and Visually Impaired Center — *Steve Macias*

Del Mar Resource Center — *John Beleutz*

Food Bank — *Melissa Kendrick*

Hospice of Santa Cruz — *Cathy Conway*

Monterey County Behavioral Health — *Tawyna Majeski*

Meals on Wheels of the Salinas Valley — *Regina Gage*

Monterey County Public Health — *Jairo Hernandez*

Visiting Nurses Association — *Elsa Malispina*

Community Member, Salinas — *Rita Dady*

Community Member, Carmel — *Joel Janscek*



Priority Action Goals:

1. To positively impact isolation, access to resources, nutrition, health and wellness and overall quality of life for older adults, caregivers and people with disabilities over sixty, ensure the continuation of mobile models (i.e.: SOCOS, NOCOS and SASOS) that address nutrition, social participation, health and wellness, civic engagement, isolation and access to information and resources for English and Spanish-speaking older adults and people with disabilities (over 60) in the rural areas of the county. Ensure representatives from all domains are included/invited to events.
2. Expand collaborative/wholistic outreach model to ensure diverse older adults, people with disabilities, family members and caregivers in project area have direct access to services, benefits and resources that address their overall health and wellness and support their optimum independence and quality of life. Providers from all sectors will be included in events and at sites/venues throughout the project area to provide resources and provide direct services to individuals and groups.
3. To address the lack of knowledge and understanding about community supports, develop a communication strategy that increases awareness, understanding and access to services, resources, and benefits that impact the lives of diverse older adults, people with disabilities, family members and caregivers, focusing in the rural areas of the project area.



LADAP SMART* Goals Planning Template

DOMAIN: COMMUNITY SUPPORTS GOAL

1. To positively impact isolation, access to resources, nutrition, health and wellness and overall quality of life for older adults, caregivers and people with disabilities over sixty, ensure continuation of mobile models (i.e.: SOCOS, NOCOS and SASOS) that address nutrition, social participation, health and wellness, civic engagement, isolation and access to information and resources for English and Spanish speaking older adults and people with disabilities (over 60) in the rural areas of the county. Ensure representatives from all domains are included/invited to events.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|---|---|---------------|-----------------------------------|
| Commitment from host sites to continue offering space at no cost for events. | Meals on Wheels of the Salinas Valley/AOA | 6 weeks | June 2025 and annually thereafter |
| Commitment from service providers to continue to present resources at events and reach out to new resource presenters. Service providers will use sign up genius for each event. AOA will help reach out to new members quarterly. To nonprofits and community-based organizations. | Meals on Wheels of the Salinas Valley/AOA | Quarterly | |
| Commitment from food vendor to provide lunch at events for as long as food bank has appropriate funding. | Food Bank | 6 weeks | |
| Funding for current model and/or others to continue providing model. | Meals on Wheels of the Salinas Valley/Food Bank with support from local network and other funders | Ongoing | June 2026 |

All materials & information in English & Spanish.

FURTHER PLANNING:

Detail Required Resources

Food truck and food donation to rural sites (Food Bank)
Staff resources from Meals on Wheels of the Salinas Valley
Participation from partner agencies
Sites to host luncheon events
Funding

***S**pecific, **M**easurable, **A**ction-Oriented, **R**elevant, **T**ime-Oriented

**Define Potential Obstacles**

Funding! Funding for current older adult programs is potentially in jeopardy in the current political climate. This model does not have core funding to continue.

Identify Plans for Overcoming Obstacles

Create awareness with the communities at large, among funders and policy makers focusing on the positive impact this collaborative activity has on so many aspects of the lives of older adults. These social activities, created by Meals on Wheels of the Salinas Valley, have become very popular and attendance is increasing significantly at the sites. Seniors have come to rely on social interaction, information and access to resources, services and benefits, and the positive impact on their overall health and wellness these socials offer them.

DESIRED OUTCOME(S):**Define Measurements(s) for Success**

Continuation of the model. Funding to support it. Increased attendance at the events.

Describe Outcome of Achieved Goal

Increase in overall health and wellness and access to services and resources.

DOMAIN: COMMUNITY SUPPORTS GOAL

2. Expand collaborative/wholistic outreach model to ensure diverse older adults, people with disabilities, family members and caregivers in project area have direct access to services, benefits and resources that address their overall health and wellness and support their optimum independence and quality of life. Providers from all sectors will be included in events and at sites/venues throughout the project area to provide resources and provide direct service to individuals and groups.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|---|------------------------------------|---------------|---------------------------------|
| Create a list of provider networks to be included in outreach model. | Work Group | 4 weeks | Completed |
| Create ad hoc outreach committee to design model and monitor progress. | AOA Outreach Team/Teresa | 12 months | Begin meeting in September 2025 |
| Create a monthly outreach calendar to be updated and circulated monthly to provider list. | AOA Outreach team/Ad hoc committee | 2 months | November 2025 |
| Create process for scheduling of outreach participants. | Ad hoc Committee | 2 months | November 2025 |
| Begin implementation of expanded outreach model at sites/venues and events in project area. | Ad hoc Committee | Ongoing | January 2026 |

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| | | | |
|--|------------------|---------|---------------|
| Coordinate efforts with other outreach groups in the project area. | Ad hoc Committee | Ongoing | January 2026 |
| Review progress of collaborative models and address challenges. | Ad hoc Committee | Ongoing | November 2026 |
| <i>All materials & information in English & Spanish.</i> | | | |

FURTHER PLANNING:

| Detail Required Resources | |
|---|---|
| <p>Agreement from outreach sites to continue hosting outreach activities. AOA outreach team to circulate community calendar. Process for scheduling providers at outreach. Participation of partners on Ad hoc committee.</p> | |
| Potential Providers/Resources <ul style="list-style-type: none"> • <i>Benefits/Discounts Assessment and Assistance</i> • <i>Blue Zones</i> • <i>Blind and Visually Impaired Resources</i> • <i>Caregiver resources</i> • <i>Civic Engagement opportunities</i> • <i>Dementia care resources</i> • <i>Diabetes Prevention</i> • <i>Disaster Preparedness resources</i> • <i>Elder Abuse Prevention</i> • <i>Employment resources</i> • <i>End of life resources</i> • <i>Fall Prevention resources</i> • <i>Food Resources</i> • <i>Fraud and Scam alerts</i> • <i>Healthcare screening and information</i> • <i>Healthcare Systems</i> • <i>Healthy Brain resources</i> | <ul style="list-style-type: none"> • <i>Hearing Impaired resource</i> • <i>Home Care Information</i> • <i>Independent Living and Mobility resources</i> • <i>Long-term care</i> • <i>Legal Services.</i> • <i>Library Resources</i> • <i>Meal Delivery Program</i> • <i>Medicare and Medical information/assistance</i> • <i>Mental Health resources</i> • <i>Parks and Recreation resources</i> • <i>Safe Driving Classes</i> • <i>Social and Enrichment activities</i> • <i>Social Security Information</i> • <i>Tax Assistance</i> • <i>Transportation services</i> • <i>Veterans Services</i> • <i>Volunteer opportunities</i> |
| Define Potential Obstacles | |
| <i>Organizational resources to participate in outreach activities. Need to keep the process as simple as possible.</i> | |
| Identify Plans for Overcoming Obstacles | |
| <i>Ad hoc committee to review processes and address challenges.</i> | |

DESIRED OUTCOME(S):

| Define Measurements(s) for Success |
|---|
| <i>Increase in numbers of partners/providers participating in model.</i> |
| Describe Outcome of Achieved Goal |
| <i>Older adults have increased knowledge, understanding and access to community support services.</i> |



DOMAIN: COMMUNITY SUPPORTS

- 3.** To address the lack of knowledge and understanding about community supports, develop a strategy that increases awareness, understanding and access to services, resources, and benefits that impact the lives of diverse older adults, people with disabilities, family members and caregivers(including grandparents raising children) focusing on rural areas.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|---|--|---------------|----------------|
| Create a list of existing messaging platforms, websites, social media, newsletters etc. among network partners, local jurisdictions, business, faith communities, libraries and schools to communicate information about services, resources, benefits and activities for older adults and people with disabilities, caregivers, and family members. Circulate list to local provider community. (Spanish/English). | Work Group | 3 months | September 2025 |
| Support and promote access to the local ADRC and 211 information and referral resources by sharing community feedback on access, ensuring organizations are listed and information updated at least annually on both platforms. | Partners in all domain areas | Ongoing | September 2026 |
| Include links to ADRC and 211 on partner websites. | Partners in all domain areas | Ongoing | September 2026 |
| Increase attendance and participation in ADRC bimonthly partner meetings. | Partners in all domain areas | Ongoing | January 2026 |
| Increase the distribution of Living Well Magazine to individuals and organizations including health care providers and facilities. | AAA, AOA, Coast Weekly, Partners in all domain areas | Ongoing | May 2025 |
| Explore the development of a regional community calendar (online and print version) which includes outreach activities and community events for older adults and people with disabilities in the project area. | Work Group | 3 months | March 2026 |

All materials & information in English & Spanish.

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FURTHER PLANNING:

| Detail Required Resources |
|---|
| <i>Living Well Magazine/Spanish and English. Buy-in from partners to participate, Buy-in from local media. Outreach venues continue to host outreach activity. Community Outreach Calendar.</i> |
| Define Potential Obstacles |
| <i>Threat to current funding and availability of staff resources to implement plan. Additional funding to support media plans.</i> |
| Identify Plans for Overcoming Obstacles |
| <i>Coordination and collaboration among organizations will maximize the impact of their activities. Awareness campaign to increase support and funding on every level.</i> |

DESIRED OUTCOME(S):

| Define Measurements(s) for Success |
|---|
| <i>Number of venues distributing information, number of organizations in the non-profit, public, and private sector distributing and posting information on websites, social media, and other messaging platforms. Number of Living Well distributed throughout the project area. Number of media features/public services announcements. Older adults will report an increase in awareness of resources and services. AAA Area Plan Survey. Number of calls and inquiries to ADRC and 211.</i> |
| Describe Outcome of Achieved Goal |
| <i>Older adults and people with disabilities will have increased knowledge of resources for improved health and well-being in the communities they reside. Increased community awareness around the challenges and opportunities of aging and living with disabilities.</i> |



HOUSING



HOUSING IN A LIVABLE COMMUNITY

Age- and disability-friendly communities should strive to allow individuals to stay within their homes and communities. This means housing must be affordable and designed, or able to be modified, to meet their needs. Communities should have a range of housing options.

Implementation Work Group Members:

Alliance on Aging — *John McPherson*
 CHISPA — *Geoffrey Morgan*
 City of Gonzales — *Liz Silva*
 City of Salinas — *Margaret D'Arriggo*
 Community Foundation — *Janet Shing*
 Legal Services for Seniors — *Vicki Canepa*
 Monterey Public Libraries — *Hilary Thayer*
 Community Member, Carmel — *Joel Janscek*

Priority Action Goals:

1. To address the need for affordable housing for older adults and people with disabilities, Goal 1 promotes the option of creating Accessory Dwelling Units (ADU's) for older adult homeowners, family members, caregivers, and prospective tenants.
2. To address the lack of affordable housing, isolation and loneliness that often accompany aging and the desire for older adults to remain safely in their homes as long as possible, Goal 2 promotes and supports the HomeShare vision and the growth of local models that facilitate matches between home providers and home seekers.
3. To address the lack of affordable assisted living facilities in the project area, particularly the South and North County, advocate for reimbursement subsidies for assisted living which will make assisted living a more affordable option for the residents and more financially sustainable for the provider.
4. Provide information and assistance around tenant rights for older adults and people with disabilities seeking that information.
5. Engage older adults, people with disabilities and community members in advocating and supporting projects that create affordable and accessible housing for them.



LADAP SMART* Goals Planning Template

DOMAIN: HOUSING GOAL

1. To address the need for affordable housing for older adults and people with disabilities, Goal 1 is to promote the option of creating Accessory Dwelling Units (ADU's). These units can provide additional housing on the site of the homeowner to accommodate family members, caregivers and potential tenants who could generate additional income for the homeowner. These can include converted garages, additions to the current home or a new structure. Every city in the project area offers information and assistance for ADU creation.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|---|---------------------------------------|---------------------------|--------------------|
| Create a list of the ADU Information and Assistance contacts with cities and county in project area. | Work group | 1 month | June 2025 |
| Distribute that list/information to providers of housing information and assistance to include in their housing referrals when appropriate. | Housing partners | 2 months | July 2025 |
| Ensure information is included in the ADRC and 211 databases. | ADRC and 211 | 2 months | August 2025 |
| Include in Living Well magazine with feature on ADU/Success Story. | Area Agency on Aging | 1 year to next publishing | May 2026 |
| Coordinate with cities and county to provide information sessions for their community on ADU's. | Volunteer City to host first session. | 6 months | Begin January 2026 |
| <i>All materials & information in English & Spanish.</i> | | | |

FURTHER PLANNING:

| |
|---|
| Detail Required Resources |
| <i>List of housing information and referral providers and contact information. Host sites for presentations. City resources to do presentation.</i> |
| Define Potential Obstacles |
| <i>City resources to accommodate increased ADU requests and to do presentations.</i> |
| Identify Plans for Overcoming Obstacles |
| <i>Provide support to cities to disseminate ADU information and assistance through existing outreach activities.</i> |

***S**pecific, **M**easurable, **A**ction-Oriented, **R**elevant, **T**ime-Oriented

DESIRED OUTCOME(S):**Define Measurements(s) for Success**

Increased number of ADU inquiries and ADU's created.

Describe Outcome of Achieved Goal

More older adults are able to stay in their homes with additional support from family members or have additional revenue from tenant rent.

DOMAIN: HOUSING GOAL

2. To address the lack of affordable housing, isolation and loneliness that often accompany aging and the desire for older adults to remain safely in their homes as long as possible, Goal 2 seeks to promote and support the HomeShare vision and the growth of local models that facilitate matches between home providers and home seekers.

A local model, Golden Age, has been pursuing a vision of Home Share for many years and has recently acquired non-profit status. Their goal is to extend services to the project area. They are currently seeking funding to grow their model.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|---|---------------------|--|----------------------------------|
| Identify local HomeShare models and resources | Work Group | 1 month | May 2025 |
| Ensure HomeShare resources are included in the housing resource list and in ADRC and 211. | Work Group | 2 months | June 2025 |
| Begin providing HomeShare presentations at sites in project area. | Work Group | 4 hours per presentation including travel and prep | Begin September 2025 |
| Feature HomeShare success story in Living Well magazine. | AAA/Work Group | TBD | May 2026 Next issue published |
| Explore the viability of HomeShare models being provided in older adult communities. | Work Group | 4 months. | August 2025 |
| Support funding requests for local models with letters of support etc. | Older Adult network | TBD | September 2025 ongoing |
| <i>All materials & information in English & Spanish.</i> | | | |

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FURTHER PLANNING:

| Detail Required Resources |
|---|
| <i>Staff and volunteer resources. Funding for staff, printing, operating expenses, gas, Spanish speaking staff or intern.</i> |
| Define Potential Obstacles |
| <i>Funding. Resistance of older people to share their homes and not being able to see benefits of sharing their home and having companionship and some assistance with daily tasks.</i> |
| Identify Plans for Overcoming Obstacles |
| <i>Funding requests. Support from the city/Community Development Block Grant. Increased education about the benefits of Home Share. Need to begin considering at 50plus</i> |

DESIRED OUTCOME(S):

| Define Measurements(s) for Success |
|--|
| <i>Number of new and continued home matches.</i> |
| Describe Outcome of Achieved Goal |
| <i>Older adults will be able to remain safely in their home and can share their lives with someone who is seeking a home and someone to share it with.</i> |



OUTDOOR SPACES & BUILDINGS

OUTDOOR SPACES AND BUILDINGS IN A LIVABLE COMMUNITY

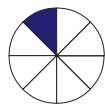
The outside environment and public buildings have a major impact on our mobility, independence and quality of life. Age- and disability-friendly communities provide public spaces for people to gather that can be accessed and shared by all.

Implementation Work Group Members:

Alliance on Aging — *John McPherson*
 CHISPA — *Geoffrey Morgan*
 City of Gonzales — *Liz Silva*
 City of Salinas — *Margaret D'Arriggo*
 Community Foundation — *Janet Shing*
 Legal Services for Seniors — *Vicki Canepa*
 Monterey Public Libraries — *Hilary Thayer*
 Community Member, Carmel — *Joel Janscek*

Over half of survey respondents rated their communities as “poor” for having well-maintained streets (56%) and sidewalks that are in excellent condition, well-lit, safe for pedestrians, and accessible for people using wheelchairs or other mobility devices (57%). Compared to survey respondents from the other two areas, North County respondents rated their communities as “poor” at notably higher percentages across all statements related to traffic safety.





LADAP SMART* Goals Planning Template

DOMAIN: OUTDOOR SPACES & BUILDINGS GOAL

1. Improve accessibility and safety for older adults and people with disabilities via sidewalk and traffic control repairs and improvements. Throughout the LADAP community input process all communities have noted the condition of sidewalks specifically being an impediment to mobility and community accessibility for seniors. While the issues are known by civic leaders, establishing a plan and priority for addressing them that meets the expectations of the community is difficult. It is the objective of this initiative to facilitate that process. The intent is to start with the city of Salinas, model the process, and then take to the other municipalities in the catchment area.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|--|--------------------|---------------|----------------|
| Once LADAP Advisory Committee approves overall Action Plan. Contact Salinas Mayor and City Council members to engage in the initiative. Take directions and present to SCC as advised. Contact and engage Salinas City staff as advised by leadership. | AOA | 3 weeks | June 2025 |
| With the assistance of Salinas City leadership and Staff, establish the criteria for Community Task Force membership to advise on sidewalk and traffic control repairs and improvements with the goal being all geographic areas and interest groups are represented. Once criteria is established engage with prospective members who meet the criteria until the committee reaches the defined size and make up. Elect Committee Chair to lead the effort. | AOA | 4 weeks | July 2025 |
| Members of the committee contribute from their represented areas regarding sidewalks and traffic control. Establish a priority list by geographic area and an overall priority list of sub projects to be addressed. | Committee Chair | 8 weeks | September 2025 |
| Once the Committee establishes its project and priority list, sit down and review with City Staff. Understand what is already scheduled, resources available and challenges associated with the Committee priority list. | Committee Chair | 4 weeks | October 2025 |

***S**pecific, **M**easurable, **A**ction-Oriented, **R**elevant, **T**ime-Oriented

| | | | |
|--|-----------------|---------|--------------|
| With the input from staff jointly identify a recommended project and priority list that the Committee can and will publicly support. Establish dates and present to the Salinas City Council for approval. | Committee Chair | 2 weeks | October 2025 |
| <i>All materials & information in English & Spanish.</i> | | | |

FURTHER PLANNING:

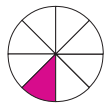
| |
|--|
| Detail Required Resources |
| <i>CHISPA, TAMC, City of Salinas leadership, City of Salinas Staff, community members/organizations.</i> |
| Define Potential Obstacles |
| <i>Salinas City regional differences, budget constraints, engineering issues, dendrology issues.</i> |
| Identify Plans for Overcoming Obstacles |
| <i>Ensure engagement with key community and city leadership players and commitment to support the outcome.</i> |

DESIRED OUTCOME(S):

| |
|--|
| Define Measurements(s) for Success |
| <i>Input from community on priorities, alignment with city staff and adoption of recommendations by city leadership.</i> |
| Describe Outcome of Achieved Goal |
| <i>Agreed upon plan enacted by city leaders to address the issues and establishment of a project framework that can be used again with other municipalities.</i> |



SOCIAL PARTICIPATION



SOCIAL PARTICIPATION IN A LIVABLE COMMUNITY

Age- and disability-friendly communities value all residents. They provide opportunities for older people and people with disabilities to be engaged with peers and others to combat isolation and increase feelings of safety.

Implementation Work Group Members:

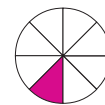
Castroville Senior Center — *Bill and Juanita Eldredge*
 Community Builders — *Tish Sammon*
 Meals on Wheels of the Salinas Valley — *Laurie Bend*
 Salinas Firehouse — *Daisy Resendez*
 Soledad Community Center — *Jessica Potts*
 The HUB (Alliance on Aging) — *Jody Rogers*
 Community Member, Gonzales — *Anna Mae Gazo*

Priority Action Goals:

1. Increase senior programming (activities, education, social engagement) to meet the needs and interests of seniors through recreating a local senior wellness hub model that has been proven to be successful.
2. Recruit/identify person(s) committed to working/volunteering at each senior location to foster communication/spread the word/collaborate with community.
3. Locate committed person (staff/volunteers) to champion for funding/fundraising to support programming by reaching out to County Supervisors/county grants/city grants/private grants.
4. Keep goals for senior programming in public eye; apply constant pressure to city/county/board of supervisors/elected officials and policy makers to develop policy and fund senior programming
5. Encourage seniors to transition from participants in programming to volunteers helping to plan and execute the programming. They can be tasked with helping spread the word about the senior programs.

LADAP SMART* Goals Planning Template

| DOMAIN: GOAL | | | |
|--|------------------------------|---------------|---------------|
| 1. Increase senior programming (activities, education, social engagement) to meet the needs and interests of seniors through recreating a local senior wellness hub model that has been proven to be successful. | | | |
| Break Goal into Smaller Measurable and Attainable Steps: | | | |
| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
| Identify staff/volunteers at each location. | Management of center | 2 weeks | November 2025 |
| Identify the types of activities/interests seniors want at each site. | Identified staff and seniors | 2 months | January 2026 |
| Collaborate with community partners. | Identified staff | 2 months | March 2026 |
| Find and engage vendors/community partners to provide identified activities/interests. | Management | 3 months | May 2026 |
| Create schedule of activities/interests for each site. | Staff | 2 months | June 2026 |
| All materials & information in English & Spanish. | | | |



FURTHER PLANNING:

| |
|---|
| Detail Required Resources |
| <i>Training for staff in senior programming. Training to include both staff and volunteers – give a step-by-step recipe to plan the interactions. Volunteers from senior group to partner with staff to organize activities/interests. Locate and acquire funding sources for the programming as well as ideas from seniors about fundraising.</i> |
| Define Potential Obstacles |
| <i>Funding</i> <i>Selection of types of activities/interests</i> <i>Group participation in planned activities</i> <i>Different perspectives between staff and volunteers</i> |
| Identify Plans for Overcoming Obstacles |
| <i>Funding – Plan fundraising campaign; acquire local/county funding sources.</i> <i>Selection of types of activities/interests – Meet with seniors so they can voice their choices.</i> <i>Group participation in planned activities – Assure seniors are heard and feedback is valued.</i> <i>Training for staff and volunteers on conflict resolution and how to talk with one another.</i> |

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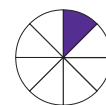
*S pecific, M easurable, A ction-Oriented, R elevant, T ime-Oriented

DESIRED OUTCOME(S):

| Define Measurements(s) for Success |
|---|
| <i>Senior programming flourishes and is sustainable.</i> <i>Attendance grows and more seniors are part of the decision making.</i> <i>Seniors want to become part of the planning process and volunteer in the program.</i> <i>Community sees the value and allocates funding to the programs.</i> |
| Describe Outcome of Achieved Goal |
| <i>Seniors feel valued through quality/quantity of activities/interests. Socializing opportunities increase which addresses isolation & loneliness. Senior input is a priority and programming reflects their needs. Staff feels the senior volunteers are assisting the program and are valuable assets.</i> |



TRANSPORTATION



TRANSPORTATION IN A LIVABLE COMMUNITY

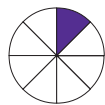
Age- and disability-friendly communities need to provide options beyond driving. Pedestrians need safe streets, crosswalks, and sidewalks. Cyclists and drivers benefit from bicycle lanes. Strong public transit systems offer a range of accessible and affordable options including trains, buses, taxis, and ride share services.

Implementation Work Group Members:

Independent Transportation Network Valley Line/North Line — *Jessica McKillip*
 Monterey Salinas Transit — *Cristy Sugabo*
 Transportation Agency of Monterey County — *Aaron Hernandez*

Priority Action Goals:

1. Improve community member's transportation access to get to health care visits through education and collaboration with local health care providers and community support organizations in rural areas of Monterey County (North and South County), beginning efforts in South County.
2. Increase volunteer participation/drivers to provide expanded transportation services as part of the ITN Monterey County ValleyLine and NorthLine rural transportation programs by participating in collaborative outreach and educational opportunities, working with civic engagement groups and the ITN regional steering committees that meet quarterly.
3. Recruit additional older adults and people with disabilities from the rural areas of Monterey County (North and South County) to be members on the Mobility Advisory Committee (MAC) to assist in increasing awareness of the unmet transit needs process and participation of these groups in the MAC Annual Unmet Needs Surveys.



LADAP SMART* Goals Planning Template

DOMAIN: TRANSPORTATION GOAL

1. Improve community member's transportation access to get to health care visits through education and collaboration with local health care providers and community support organizations in rural areas of Monterey County (North and South County), beginning efforts in South County.

Break Goal into Smaller Measurable and Attainable Steps:

| STEP DESCRIPTION | WHO WILL DO/ LEAD? | TIME REQUIRED | SET DEADLINE |
|---|---|---------------|-----------------------------|
| Identify healthcare transportation available to the residents of South County and how information is delivered to the community. | Transportation Work Group | 2 weeks | Completed |
| Identify available transportation providers. <ul style="list-style-type: none"> • Group transportation provider (General or Specialized). | Transportation, Healthcare and Community Supports Work Groups | 2 months | Completed |
| Work with healthcare organizations and community-based organizations (CBO) in South County to promote transportation services with this information. | Healthcare Work Group | 1 month | September 2025 |
| <ul style="list-style-type: none"> • Identify existing local health care providers in South County and identify contact information. | Healthcare Work Group | March 2025 | Completed |
| <ul style="list-style-type: none"> • Coordinate meetings with the local healthcare provider leadership to establish an ongoing relationship with transportation information. | Transportation Work Group | Ongoing | Quarterly meetings continue |
| Assess how each of the transportation services are being promoted to the residents of South County and recommend improving promotional efforts. | Transportation Work Group, 211 and ADRC | Ongoing | January 2026 |
| Work with resource outreach platform providers to promote transportation services (ex: 211, AAA Senior Resource Guide - ADRC). | Transportation Work Group, 211 and ADRC | Ongoing | September 2025 |
| <i>All materials & information in English & Spanish.</i> | | | |

***S**pecific, **M**easurable, **A**ction-Oriented, **R**elevant, **T**ime-Oriented

FURTHER PLANNING:

| Detail Required Resources |
|---|
| <p><i>MST Mobility Advisory Committee (MAC) – MST Mobility program services are planned and implemented with the input and oversight of the Mobility Advisory Committee (MAC). The MAC provides advice and recommendations on improving program services to the MST staff and Board of Directors.</i></p> <p><i>TAMC Measure X Citizen Oversight Committee.</i></p> <p><i>Continue meeting with Healthcare organizations serving South County</i></p> |
| Define Potential Obstacles |
| <p><i>Funding available for transportation services</i></p> <p><i>Transportation service area coverage</i></p> <p><i>Lack of available drivers (ITN South County volunteer drivers, taxi drivers, bus drivers)</i></p> <p><i>Inconsistent sharing of transportation information between healthcare/resource</i></p> |
| Identify Plans for Overcoming Obstacles |
| <p><i>Refer to step descriptions</i></p> |

DESIRED OUTCOME(S):

| Define Measurements(s) for Success |
|---|
| <p><i>Working with health care providers and transportation providers to review changes in ridership or application based on promotional efforts presented over time.</i></p> |
| Describe Outcome of Achieved Goal |
| <p><i>Healthcare Providers and Community-Based Organizations have up-to-date resource information on available transportation for South County residents.</i></p> |



SUMMARY AND NEXT STEPS

From the project's inception, we had an eye on implementation and sustainability. The implementation process utilized thus far positions us for sustaining community efforts going forward. The multi-sector consumer driven Action Plans are living documents to guide community members, providers, policy makers, and others that will positively impact the lives of older adults and people with disabilities.

The Implementation Work Groups (e.g. Civic Participation), worked within the Community Livability Domains to take the priority areas and recommendations from the assessments and Solution Summits and craft them into "SMART" (Specific, Measurable, Achievable, Relevant and Time-anchored) priority action goals and plans. Each Action Plan identifies a SMART priority goal, who needs to be involved in achieving it, what resources would be needed, and how/who will monitor its progress going forward. In particular, the Civic Participation group supports a systems approach for facilitating progress by its first action goal:

Establish a community-based group that reflects the diversity of the rural areas to spearhead increased interaction and communication with city/county representatives. This is an opportunity for historically underrepresented older adults to be heard and included in civic actions and solutions that matter to them.

There was great enthusiasm during the Solutions Summits for civic leadership opportunities and several communities already have groups that could expand their activities to include these efforts. Over time, we hope there will be an "Age and Disability Community Leadership Network" attached to city councils (or local Supervisor's offices) in each locale in the project region. This type of network is one vehicle for sustainability and continued progress towards all the priority goals identified overtime.

Support for continuing and leading change is supported at the local, state and national levels. At the local level, AOA has identified LADAP efforts within their strategic plan as an ongoing activity. Many of the members from the LADAP Advisory Council have made commitments for participating in ongoing Implementation Work Group meetings. The CDA plans to continue technical assistance meetings and support. Nationally, through the Salinas Valley LADAP, Monterey County was approved and designated as a member of the AARP National Network of Age Friendly Communities (see photo below). Benefits of this designation include public recognition for committing to becoming age-friendly, resources for identifying and assessing community need, access to technical assistance and expert-led webinars and support and best practice materials from AARP. Working together with the continued involvement of local leadership, we are hopeful that our LADAP will be the catalyst for many positive changes to improve the lives of people of all ages in Monterey County.



Community members and members of LADAP at the May 6, 2025 Monterey County Board of Supervisors Meeting celebrating Older Americans Month and the designation of Monterey County joining the AARP Network of Age-Friendly States and Communities.

ACKNOWLEDGMENTS

To our LADAP Advisory Council Members and many long-time colleagues, (listed on page 10), who have demonstrated continued commitment to improving the dignity and quality of life for older adults and people with disabilities by providing valuable expertise, insights and precious time to this project.

To the community members who participated in our surveys and in-person Solutions Summits which were key to informing our final plan.

To our local churches, recreation centers, libraries and senior communities who graciously hosted and promoted the Solutions Summits.

To Maria Magana, our Summit leader and the facilitators and scribes who created a comfortable and safe environment for discussions with our diverse participants.

To Linda Ibarra and Annette Mercado, MSW interns from California State University Monterey Bay, who provided valuable support in the promotion and facilitation of the Solutions Summits.

To Janet C. Frank Dr.PH, our LADAP consultant who has provided invaluable guidance, support and expertise as well as continued personal commitment to the LADAP.

To Tina Enquist, for her assistance and the United Way, for providing space for LADAP Advisory Meetings.

To Meals on Wheels, Salinas Valley, for logistics and assistance with the Solution Summits, and so much more.

To the Alliance on Aging Staff and Board who have enthusiastically supported and embraced the LADAP vision.

To Clay Kemp of the Seniors Council of Santa Cruz who allowed us to borrow their term “Solutions Summits”.

To Marisela Quezada, Unique Interpreting Services, for her work on the Spanish translation of LADAP materials.”

To Dana Schippmann, at Minuteman Press, for her expert and diligent design work for the LADAP report.



GLOSSARY OF TERMS

AARP formerly American Association of Retired Persons

Aging and Disabilities Resource Connection (ADRC)

Alliance on Aging (AOA)

Area Agency on Aging (AAA)

California Department of Aging (CDA)

California Master Plan on Aging (MPA)

Central California Alliance for Health (CCAH)

Central Coast Center for Independent Living (CCCIL)

Community Emergency Response Volunteers (CERV)

Community Center for Advocacy (CCA)

Community Housing Improvement Systems and Planning Association (CHISPA, Inc.)

Community Organization Active in Disaster (COAD)

Communities Organized for Relational Power in Action (COPA)

Department of Emergency Management (DEM)

Department of Rehabilitation (DOR)

Employment Development Department (EDD)

Independent Transportation Network of Monterey County (ITN)

Local Aging and Disabilities Action Plan (LADAP)

Monterey Peninsula College (MPC)

Monterey Salinas Transit (MST)

Salinas Valley Health (SVH)

Specific, Measurable, Action-Oriented, Relevant, Time-Oriented (SMART) Objectives

Transportation Agency of Monterey County (TAMC)

University of California at San Francisco (UCSF)

Visiting Nurses Association (VNA)

Workforce Development Board (WIB)

