

Long Beach

STRATEGIC PLAN

for Older Adults

strength through the ages



Long Beach Senior Center artwork created and donated by muralist Lee Glaze

dmg

Prepared by

City of Long Beach

Department of Health and Human Services

*With the Valued Partnership of the
Strategic Plan for Older Adults Task Force*

June 2005



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On behalf of the City of Long Beach, I am pleased to present *The Long Beach Strategic Plan for Older Adults*, which strives to improve the lives of Long Beach's diverse older adults. The Plan is a direct response to the Long Beach Strategic Plan 2010 as a call to action for long-range planning and advocacy to address the social, economic, and demographic changes that the aging population, especially the Baby Boomers, will create. The Strategic Plan for Older Adults provides the framework for the City and the community to work together to enhance the quality of life for all older adult residents and their caregivers.

As the Mayor of Long Beach, I know that our City's older adults need to be wanted, they want to participate, and they want to be a part of the City. In every department of the City we have older adults volunteering their time and talents. Long Beach has a predominance of seniors mainly because it is a wonderful place to live with a moderate climate. Many seniors have lived their entire lives here. They don't want to be neglected, and they have the same issues and problems as seniors throughout the Nation. Our seniors want proper housing, services, health care, transportation, and they want to feel safe. We want to be sure that we don't forget those needs.

The Long Beach Strategic Plan for Older Adults is the outcome of a broad-based, collaborative planning Task Force that involved more than sixty representatives, consumers and stakeholders from neighborhoods, the older adult services community, and City departments who participated for more than two years during the Plan's research and development stages. The Plan reflects their voices, concerns and hopes that the future will be filled with dignity and independence for older adults in Long Beach.

I thank you for joining me and my colleagues on the City Council in a partnership to make the implementation of this Plan a realization not only for the future of our City's seniors, but also for our futures as we all, hopefully, face safe, healthy, and active aging.

Beverly O'Neill
MAYOR

Thank You from the Department of Health & Human Services

The Long Beach Strategic Plan for Older Adults is a collaboration between the community and the Long Beach Department of Health and Human Services (DHHS) to develop and implement a plan that addresses the needs of the elderly, including safety, transportation, housing, health, and quality of life. With our rapidly aging population, the Plan is timely and comparable to the Federal, State, County and other local communities' strategic plans on aging that have been completed during the same period.

We are deeply appreciative for the contributions of the hundreds of individuals, agencies, and organizations that assisted in the development of the Plan. We gratefully acknowledge these individuals and agencies in the Plan and the Appendix Section.


The Plan is the outcome of a broad-based, community-driven process that involved nearly three years of planning and research by the DHHS in partnership with the Strategic Plan for Older Adults Task Force, City departments, and older adult services providers. The Task Force provided input and prioritization of the needs assessments through monthly meetings. Volunteers provided data and evaluation. Organizations, academic institutions, and City departments provided meeting facilities and coordination. Funding from Kaiser Permanente provided a Gerontologist to assist with planning, and conducting focus groups and key informant interviews throughout the City. Professionals from the fields of academia, health, human and social services presented on panel discussions or as keynote speakers at the Task Force meetings to assist with training the Task Force members on planning procedures and various aging issues.

The DHHS was fortunate to have the voluntary services of two student interns from California State University at Long Beach in conjunction with the help of many City Departments for researching statistics and census data, formatting the graphics and the publication layout. An Advisory Committee comprised of Task Force members provided oversight, editing and review procedures for the Plan's draft stages. PacifiCare provided partial funding assistance for preparing and printing the final Plan.

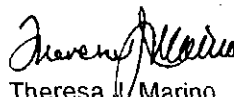
Most importantly, the Plan could not have been developed without the dedication of the DHHS staff that assisted in every phase of the Plan. Special thanks to former staff member Teresa Ishikawa who served as lead staff and researcher. On behalf of the Department of Health and Human Services, we recognize and thank the community, the Planning Task Force, the countless volunteers, the City Departments, provider agencies, and the individuals that contributed to the creation of the Long Beach Strategic Plan for Older Adults. We look forward to their continued partnership and involvement in the Implementation of this Plan.

The Plan is a wondrous journey and a window into the world of older adults who comprise a vitally important segment of the community. They and the other participants in the strategic planning process trust that their words, input, concerns, and dreams for a safe, healthy, and independent future awaits them as a result of the Long Beach Strategic Plan for Older Adults.

Sincerely,



Ronald R. Arias
Director
Department of Health and Human Services



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On behalf of the City of Long Beach Department of Health and Human Services, we sincerely acknowledge and thank the countless individuals, organizations, City Departments, and commissions that assisted, supported, and participated in the development of the Long Beach Strategic Plan for Older Adults.



Boomers will age very differently from their forbearers and could age far better than any of us envisions possible today, so, this effort is extremely timely. In addition, newly released Federal and State plans on aging are compatible with and complementary to this Strategic Plan for Older Adults in Long Beach.

-- Jeanne E. Bader, Ph.D.
Co-Editor



I am proud and honored to be a member of the diverse Task Force that did the data gathering research, analysis, synthesis, and creation of this Plan. It delineates the goals and actions necessary to mitigate the most pressing problems and challenges facing older adults and provides a roadmap to improve the lives of this very special and unique group.

-- Berry Yolken
Co-Editor



This quality of life master plan for the growing numbers of a diverse senior population in our city takes into consideration education enrichment, health, housing, and safety. It is a great honor to serve.

-- Bea Antenore
Chair Advisory Committee



This Plan is a starting point toward a continuum of care for all of the players who are involved in senior service, both government and private, that will improve the quality of life for Long Beach's older adults. It is vital to assess what we have and what we need in order to attack any gaps . . . We need to keep communicating with each other so that we all have a sense of what everybody else is doing, which makes our efforts more comprehensive.

-- Russell Brammer
Co-Chair Advisory Committee

Executive Summary 1

I. Introduction 3

VISION, MISSION, and GUIDING VALUES 3

PLANNING METHOD 3

HISTORICAL CONTEXT 4

KEY DEMOGRAPHIC SEGMENT 5

DEMOGRAPHICS 7

II. The Strategies of the Plan 15

PART 1: GOALS and ACTION STEPS

Safety 15

Transportation 23

Housing 26

Health 29

Quality of Life 33

PART 2: IMPLEMENTATION

Imperatives for Systems Improvement 41

Recommendations for Implementation 43

III. Conclusion 45

IV. End Notes 47

V. Appendices

A. Planning Method A-1

B. Ethnic Distribution Charts B-1

C. Population Pyramids C-1

D. Census Maps D-1

"They (older adults) need to be wanted, they want to participate, they want to be part of the City, and they don't want to be neglected."

— Mayor Beverly O'Neill

The Mandate

The Strategic Plan 2010 for the City of Long Beach provides a broad, community wide approach to meet the challenges and seek opportunities for the decade. It also addresses the problems and resources of specific groups which, because of their unique nature, require special attention; for example youth are given this special attention in the Plan. The older adult population also has many unique and pressing problems but these were not directly identified nor addressed in the City's Strategic Plan 2010, except through the Neighborhood Goal Section item N3.4 that states: develop and implement a plan that addresses the needs of the elderly, including safety, transportation, housing, health, and quality of life. In response to this goal, the City Manager, in 2001, directed the Department of Health and Human Services to create a Strategic Plan for Older Adults. It was anticipated that this Plan would augment the City's Strategic Plan 2010.

Thus a broad based, community driven process involving over 60 representatives from City departments, older adult service providers, other key stakeholders, and older adults provided vital input to and participation in the development of this Plan. Their voices, concerns, and hopes for the future of the growing older adult population in Long Beach are reflected throughout this document.

A Call to Action

Long Beach's older population will grow substantially as the Baby Boomer population ages and as life expectancy increases. Long Beach must join the nation's call for heightened focus on the problems and opportunities facing older adults. Understanding, prioritizing, and finding doable solutions for these problems and ways to capitalize on the opportunities must be elevated in the City's Strategic planning and in its actions to implement this planning.

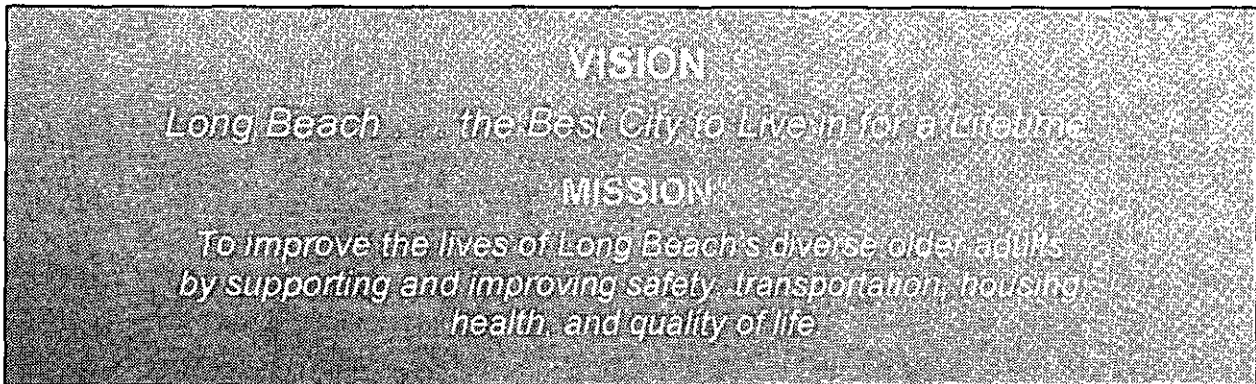
Community leaders and service providers have a unique and compelling incentive to answer the call to action at this time, as they prepare not only for Boomer aging, but also for a large increase in the number of diverse older adults. The Long Beach Strategic Plan for Older Adults is the City's response to this call to action by addressing the demographic, economic, and social changes that the aging population will create.

The strategic planning process for older adults revealed numerous issues and challenges. It also demonstrated the existence of a comprehensive network of dedicated leaders, public and private sector service providers, and residents who give their energy, knowledge, resources, and time to improve the lives and conditions of the City's older adults. The Long Beach Strategic Plan for Older Adults provides direction for the City to continue to work with this community network and to jointly implement the recommendations listed herein.

The Plan

Incorporated throughout the Plan are the values of collaboration, compassion, diligence, diversity, and respect. Promoting dignity and independent living for older adults is central to the Plan.

The Plan presents a vision and a mission for the future of Long Beach that emphasizes the integral role that older adults play in the community, their contributions, their opportunities, and their problems.



The Plan contains five goals and a series of action steps to achieve these goals:

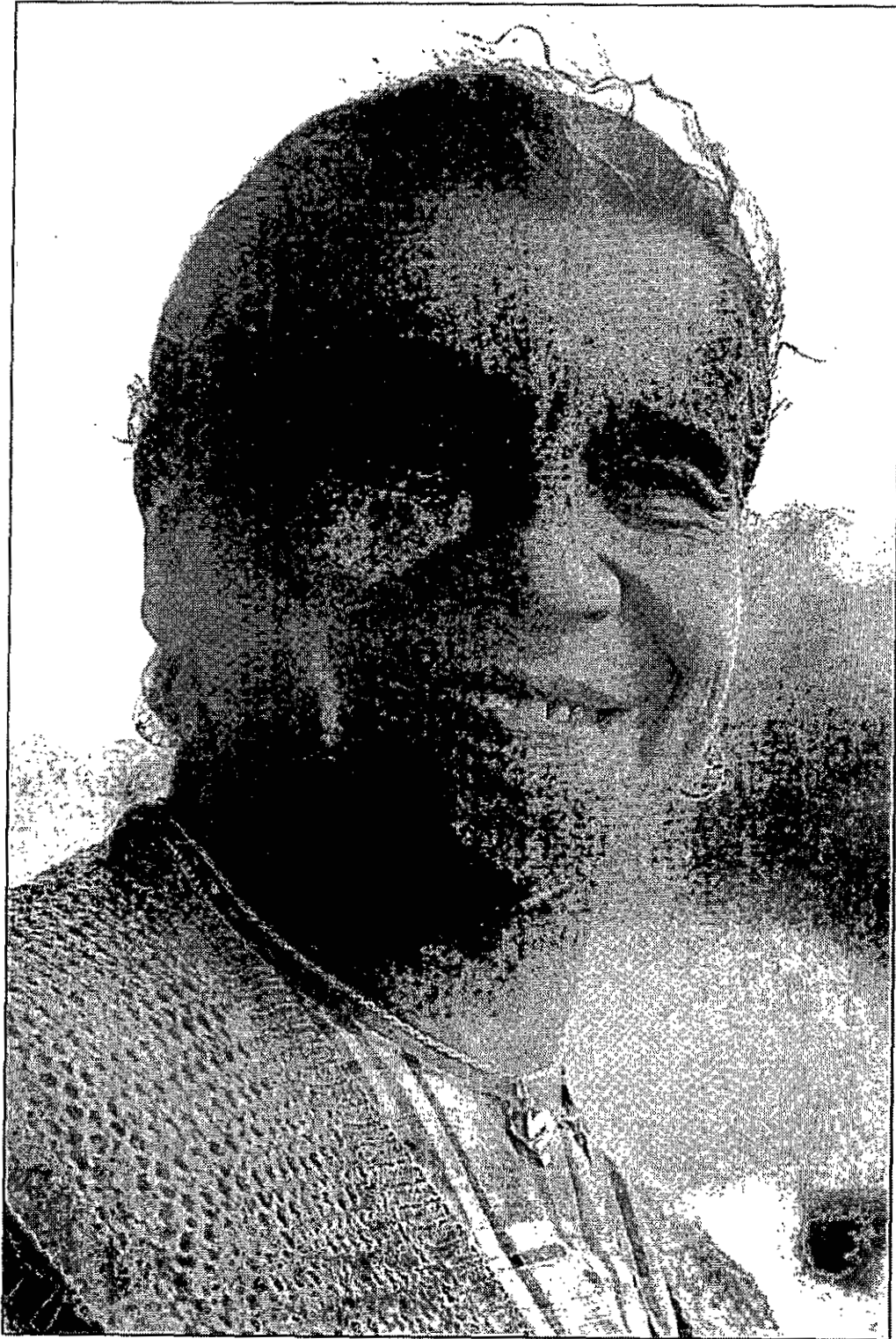
- Goal 1** To improve the overall **safety** of older adults at home and in the community.
- Goal 2** To improve and enhance information, access, reliability, and affordability of **transportation** services for older adults.
- Goal 3** To advocate for, promote, and increase access to safe, affordable **housing** for older adults.
- Goal 4** To maintain and improve the physical and mental **health** and well being of older adults.
- Goal 5** To strengthen, promote, enhance, and expand programs and services that contribute to an exceptional **quality of life** for older adults.

The Plan also contains three imperatives that surfaced as overarching priority issues to be addressed in all areas:

- Imperative 1** Overcoming the fragmentation of services.
- Imperative 2** Augmenting local data collection processes to increase information about the City's older adult population.
- Imperative 3** Decreasing cultural and linguistic isolation.

Embracing the Plan

The Strategic Plan for Older Adults was developed with a spirit of optimism that the City of Long Beach and the community members will adopt and embrace the Plan's call to action and will work toward the Plan's vision that **Long Beach will be the Best City to Live in for a Lifetime.**



VISION

Long Beach . . . the Best City to Live in for a Lifetime.

MISSION

To improve the lives of Long Beach's diverse older adults by supporting and improving safety, transportation, housing, health, and quality of life.

GUIDING VALUES

The Plan embraces the following values that will guide City leaders, stakeholders, and policymakers in future decision-making for older adults:

Collaboration: Long Beach incorporates a strong sense of teamwork and partnership to meet the needs of older adults.

Compassion: Long Beach is a caring community that is sensitive to the growing needs and concerns of older adults.

Diligence: Long Beach is aware of older adult issues and is creative and thorough in responding to their needs.

Diversity: Long Beach embraces and celebrates the differences that enrich our entire community.

Respect: Long Beach values residents of all ages and takes pride in fostering an environment that honors and appreciates older adults.

PLANNING METHOD

In response to a directive from the City Manager's office to address Goal N3.4, Long Beach Strategic Plan 2010, the City of Long Beach Department of Health and Human Services (DHHS) undertook and completed a three-year process to develop and implement a plan to assess the needs of the elderly in the areas of health, safety, housing, transportation, and quality of life. In February of 2001, the DHHS, as lead agency, convened a broad-based community collaborative, the Strategic Plan for Older Adults Planning Task Force, to participate in the development of the Long Beach Strategic Plan for Older Adults. The Task Force for the Plan was comprised of more than sixty representatives from: City Departments including Fire, Police, Housing, Community Development, and Parks, Recreation and Marine; public and private sector health, human, and social service provider agencies; local hospitals; the Chamber of

Commerce; the local university and community college; key stakeholders including decision makers, elected officials, and volunteer organizations; faith-based organizations; and older adults. During the initial two-year planning phase, the Task Force met monthly to identify and prioritize the needs of older adults in Long Beach, and to develop goals and action steps to meet the expressed concerns.

The development of the Strategic Plan for Older Adults incorporated extensive participation and input from numerous sources, including Task Force discussions, work groups, a multicultural panel discussion, focus groups, key informant interviews, stakeholder meetings, a community survey, various community reports, and Census data. Secondary research data were also obtained from various sources on aging and related issues. Although Census data define older adults as individuals who are 65 or older, for the purposes of this Plan, older adults are 55 or older because many public and private providers recognize age 55 as the benchmark for providing services to older adults.

(See Appendix section A for a detailed description of all methods utilized in the planning process).

HISTORICAL CONTEXT

The City of Long Beach has been in the forefront of planning for the well-being of older adults. The Social Security Act emerged in the 1930s from the pressure of a large national movement in response to the distribution of a letter to the editor of the local paper from former Iowa physician Francis Townsend.

The National Retired Teachers Association (NRTA) was founded in 1947 in Long Beach by Dr. Ethel Percy Andrus. Shortly thereafter, NRTA's second Institute for Lifelong Learning was opened in Long Beach and remained a dynamic force for many years. In 1958, Dr. Andrus also founded The American Association for Retired Persons (AARP), patterned like NRTA to make permanent group health insurance affordable to a larger audience of elders. In 1982, the two organizations merged to become AARP, which continues to represent middle age and older adults, especially Baby Boomers and their elders.

A Population Profile

Since its founding in the 1880s, Long Beach's location by the ocean and its warm climate have made it an attractive community in which to live and retire.

Historically, there were two major waves of immigration into the City of Long Beach. The first wave occurred from the 1930s through the 1960s, especially during and after World War II, when white, middle-class veterans and their families, many from the Midwest, relocated to Long Beach. This population of first wave immigrants created a mostly homogeneous, white population that comprises the current majority of our City's older adults. The positive post-war economic conditions from the 1950s through the 1970s created by the growing aircraft and aerospace industries, the Navy shipyard, the

Pike area, and the housing boom began to change during the 1980s and 1990s. The second wave of immigrants occurred between 1970 and 1990, when people from Asia, Latin America, and Oceania began arriving in Long Beach in large numbers. As these younger Hispanic and Pacific Rim immigrants started their families, the youth population of the City quickly increased, significantly reshaping its population profile.

These changing economic and social conditions have given Long Beach a rich mix of classes, cultures, and languages. The cultural and ethnic differences between the two major waves of migrants into Long Beach pose a special challenge to the City to bridge this important gap when advocating for older adults to become active participants in the communities.

Additionally, accelerated demographic shifts, increased traffic, and overcrowded living conditions in socio-economically depressed areas have gradually resulted in a dramatic transformation in living conditions for many older adults. The recent revitalization of downtown Long Beach as a major tourist attraction and a high-cost housing district has made many older adults in the region express feelings of exclusion and displacement from a core area that had traditionally provided housing and vital services for them.

According to U.S. Census 2000 data, the City of Long Beach is the most diverse large city in the nation. The City's growing complexity offers a great opportunity to use this diversity as an asset. Mayor Beverly O'Neill has demonstrated leadership in revitalizing the City's economy and recognizes that older adults would like to be included in the decision-making process.

Older Adults as a Vital Resource to the Community

Older adults are valuable as resources and assets to the community. They are an integral part of the interdependence that all generations provide in enriching and strengthening our community. We all benefit when older adults share their lifelong wisdom, skills, experience, energy, time, patience, knowledge, and expertise. Older adults should be encouraged to participate in all public and private sector opportunities including social, recreational, economic, employment, and volunteer opportunities. Active participation of older adults prevents social isolation, supports good physical and mental health, and increases longevity.

KEY DEMOGRAPHIC SEGMENT

The following sections describe key demographic profiles about our current and future older adult population:

“Baby Boomers”

Nationally, older adults are living longer and increasing in numbers and as a percent of the population. Locally and nationally, the “Baby Boomer” generation, persons born

between 1946 and 1964, represents the largest segment of the overall population. U.S. Census 2000 indicated that the Long Beach Baby Boomer population size was estimated at over 107,000 residents, or about 23 percent of the population. The sheer size of the Baby Boomer population coupled with increasing longevity and economic strength will create a much different aging path compared to the current "Greatest Generation" of older adults who were influenced by the events of the Great Depression, and the Dust Bowl of the 1930s by World War II.

Baby Boomers currently have a great impact on society as a whole, and their influences on social and political trends will continue to grow as they age. They are recasting traditional views of aging and retirement and will likely become vocal and active advocates for issues that impact older adults. It is predicted that the Baby Boomer population will be more concerned about their future and the resources made available to them. It is therefore important for Long Beach to continue to plan for the unique challenges and opportunities the Baby Boomers will generate as they age, as well as to recognize the benefits that they and current older adults bring to the community today.

Local Focus

The City's Strategic Plan 2010 focused primarily on the needs of youth. The Strategic Plan for Older Adults' Task Force members, focus groups and key informant interview participants also observed that the present distribution of resources and services is not adequate to meet the current and future needs of the growing older adult population. Older adults deserve a more equitable distribution of the community's resources and services. Several of the City's elected officials and key informants interviewed for the Plan viewed the lack of attention to older adults as an oversight and the result of an inadequate advocacy.

The vision of this Strategic Plan for Older Adults is that Long Beach will be the best city to live in for a lifetime.
Enriching the well-being of the City's older adults creates an environment that embraces and benefits all ages and generations.

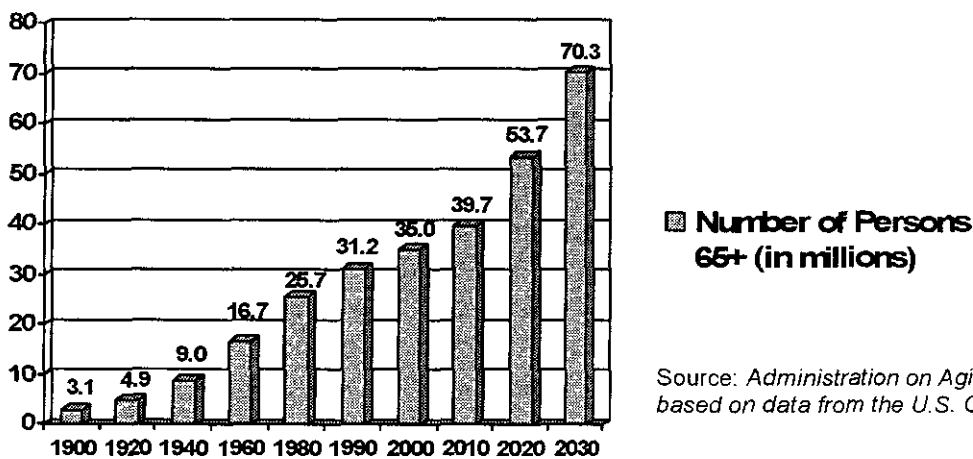
Many of the City's ethnic populations and providers that serve them have appealed for language access and increased cultural sensitivity in all programs and services. Currently, the larger portion of Long Beach's older adult population is white and English speaking, however, the City is experiencing a growth in the number of non-English speaking older adults. Since the Census 2000 showed Long Beach to be the most diverse city in the nation, it is crucial to prepare not only for the demands of the Baby Boomer population, but also for the increasingly large number of families and older adults who do not read or speak English and who may be culturally isolated.

DEMOGRAPHICS

Older Adult Population as a Whole: Numbers and Percentages

The Strategic Plan for Older Adults focuses on the population of Long Beach residents age 55 and older. U.S. Census 2000 data indicated that there were 71,451 persons age 55 and older in the City in 2000, representing 15.5 percent of the total population. By the year 2010, 1 in 5 Californians is expected to be age 60 or over.¹ The national percentage of older adults age 65 and older is projected to reach 20 percent of the population by the year 2030. The following chart represents national historical numbers of older adults and projects trends until the year 2030.²

Chart 1: Number of Persons 65+ in the United States, 1900-2030



Source: Administration on Aging, 2002, based on data from the U.S. Census Bureau

Based on a review of U.S. Census Summary File 1 (100-percent) data beginning in 1970, many members of the older adult population began to move out of Long Beach. The percentage of adults age 65 and older reduced steadily each decade from 14 percent in 1970 to 9 percent in 2000. Chart 2 illustrates this 30-year decline in percentages of older adults in Long Beach.

Chart 2: Number and Percent of Persons 65+ in Long Beach, 1970-2000

YEAR	TOTAL POPULATION	65+ POPULATION	PERCENT 65+
1970	358,633	50,364	14.04%
1980	361,334	50,674	14.02%
1990	429,433	46,463	10.82%
2000	461,522	41,902	9.08%

Source: U.S. Census Bureau, 1970, 1980, 1990, and 2000

California is projected to have a greater than 100 percent increase in the 65 and older population from 1993 to 2020, making it one of only eight states that project a greater than 100 percent growth during this 27 year period.³ California expects an increase of

112 percent of individuals 60 and older from 1990 to 2020, as well as an increase of 143 percent for the 85 and older age group.¹

Chart 3: National and Local Comparison of Persons 60+, Numbers and Percent, 2000

REGION	NUMBER 60+	PERCENT 60+
United States	45,797,200	16.3%
Florida (highest percentage)	3,545,093	22.2%
California (greatest number)	4,742,499	14.0%
Los Angeles County	1,233,436	13.0%
Los Angeles City	472,792	12.8%
Long Beach City	54,239	11.8%

Source: U.S. Census Bureau, 2000

California has projected an increase in the number of individuals ages 60 and older from 1990 to 2020, while Long Beach has shown a number and percentage decrease of older adults since 1970. The number of persons 85 and older in Long Beach has increased slightly since 1990, but has decreased in percentage. This decrease is due to the rapid growth of younger age categories, especially the age 20 years and younger groups, and also to the potential undercounts of Cambodian and Hispanic older adult immigrants.

In contrast to Long Beach, Los Angeles County and Los Angeles City have similar diverse demographics and their older adult populations both 65 and 85 and older are growing. This may be due, in part, to a higher ratio of older migrants to recent migrants.

Chart 4: Number and Percent of Persons 65+ By Decade for Long Beach, Los Angeles County, California, and the United States, 1970-2000

65+	LONG BEACH		LOS ANGELES COUNTY		CALIFORNIA		UNITED STATES	
	Year	Number	Percent	Number	Percent	Number	Percent	Number
1970	50,364	14.0	652,399	9.3	1,800,977	9.0	20,065,502	9.9
1980	50,674	14.0	743,005	9.9	2,414,250	10.2	25,549,427	11.3
1990	46,463	10.8	860,587	9.7	3,135,552	10.5	31,241,831	12.6
2000	41,902	9.1	926,970	9.7	3,586,794	10.6	34,991,753	12.4

Source: U.S. Census Bureau, 1970, 1980, 1990, and 2000

Chart 5: Number and Percent of Persons 85+ By Decade for Long Beach, Los Angeles County, California, and the United States, 1970-2000

85+	LONG BEACH		LOS ANGELES COUNTY		CALIFORNIA		UNITED STATES	
	Year	Number	Percent	Number	Percent	Number	Percent	Number
1970	4,518	1.3	53,780	0.8	142,691	0.7	1,510,901	0.7
1980	6,050	1.7	70,456	0.9	218,017	0.9	2,240,067	1.0
1990	5,426	1.3	85,427	0.9	299,107	1.0	3,080,165	1.2
2000	5,676	1.2	105,581	1.1	415,735	1.2	4,239,587	1.5

Source: U.S. Census Bureau, 1970, 1980, 1990, and 2000

Gender

According to U.S. Census 2000 data, females comprise 59 percent of the age 65 and older group and 71 percent of the age 85 and older group for Long Beach. Women represent almost three-quarters of the population for the age 90 years and older group.

In general, women live longer than men not only in Long Beach, but also around the world. A report on international aging by the U.S. Census Bureau in 2001 indicated that women have a higher life expectancy in most nations because they have a lower mortality rate than males in each age group and for most causes of death.¹ The report also stated that at older ages, male mortality rates were consistently higher than female mortality rates.⁴

The Chart 6 utilizes U.S. Census 2000 Summary File 1 (100-percent) data to compare gender and age groups for Long Beach.

¹ The U.S. Census Bureau's report on international aging reported that the "gender differential in life expectancy" (the number of years that women are outliving men) was greater in developed countries than in developing countries; it projects that this differential will increase for developing countries in the coming decades.⁴

Chart 6: Numbers and Percent of Age Groups by Gender Among Persons 55+ in Long Beach, 2000

Age Group	Men	Percent of Age Group (Men)	Women	Percent of Age Group (Women)	Total Number (Men & Women)	Percent of Population 55+
55-59	8,556	49.7%	8,656	50.3%	17,212	24.0%
60-64	6,061	49.1%	6,276	50.9%	12,337	17.3%
65-69	4,831	46.8%	5,497	53.2%	10,328	14.5%
70-74	4,348	43.2%	5,724	56.8%	10,072	14.1%
75-79	3,815	40.5%	5,612	59.5%	9,427	13.2%
80-84	2,383	36.9%	4,071	63.1%	6,454	9.0%
85-89	1,142	31.2%	2,517	68.8%	3,659	5.1%
90+	506	25.8%	1,456	74.2%	1,962	2.7%
Total	31,642	44.3%	39,809	55.7%	71,451	100.0%

Source: U.S. Census Bureau, 2000

A review of U.S. Census 2000 Summary File 3 (sample) data comparing Long Beach men and women age 65 and older revealed the following social and economic indicators:

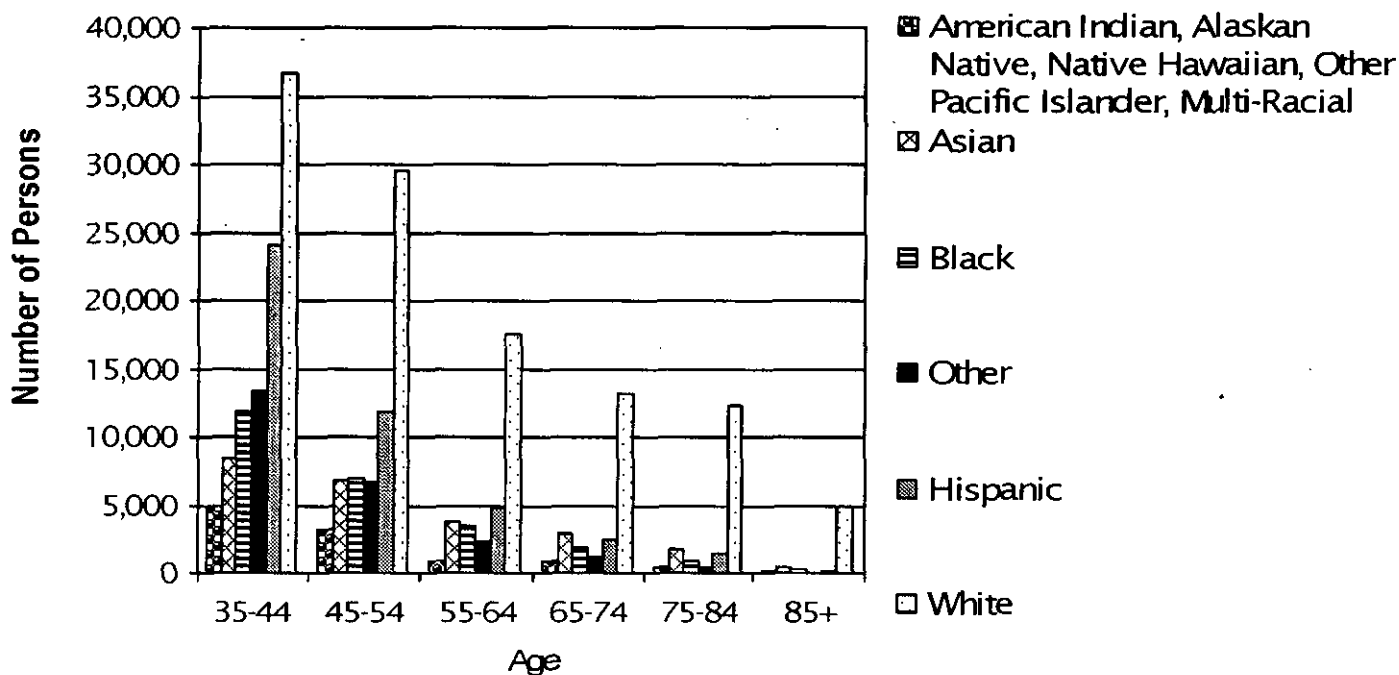
- More than twice as many women (8,294) live alone compared to men (3,626).
- Almost three times as many women (1,230) live alone and live below poverty level than men (422).
- 11,498 women live with a disability compared to 7,067 men.
- More than four times as many women (11,850) are widowed compared to men (2,670).
- More than twice as many women (2,998) live below poverty level than men (1,295).

A national report on older women by the Administration on Aging supports this data, finding that older women are almost twice as likely to live in poverty as older men, also citing that almost 80 percent of all older persons living alone are women.⁵

Ethnic Distribution

As revealed by U.S. Census 2000, the mix of races and ethnicities in Long Beach is remarkable at every age. Long Beach's adult population, age 65 and older, is 66.5 percent White, 10.9 percent Asian, 8.9 percent Latino, and 6.7 percent Black and 7.0 percent Other, American Indian, Alaskan Native, Native Hawaiian, Other Pacific Islander, and Multi-Racial. Chart 7 illustrates the diversity of Long Beach's population in 2000.

Chart 7: Ethnic Distribution for Long Beach by Age, 2000



Source: U.S. Census Bureau 2000, Summary File 3

(See Appendix B for a breakdown of the Long Beach older adult population by gender and age.)

Life Expectancyⁱⁱ

In part, as a result of advances in science, technology, and medicine, people are living longer not only in the United States, but also around the world. Chart 8 illustrates preliminary current life expectancies at birth and at age 65 for males and females in the U.S., for the year 2001.⁶

ⁱⁱ The Administration on Aging defines life expectancy as a statistical projection of how long a person is expected to live with the consideration of living conditions, advances in medicine, natural disasters, etc., also citing that once surviving childhood, a person's chances of living longer increase when compared to the average member of their birth cohort.⁸ Life expectancy at birth projects the total number of years a person is expected to live from birth, while life expectancy at age 65 projects the number of additional years a person is expected to live beyond 65 years of age.

Chart 8: National Life Expectancy at Birth and at Age 65, 2001

2001 Life Expectancy	At Birth	At Age 65
Males	74.4	16.4
Females	79.8	19.4
Both	77.2	18.1

Source: CDC, National Center for Health Statistics

Nationally, life expectancies are projected to increase for both genders to 86 years for males and 92 years for females by the year 2050.⁷ Although estimates for longevity increases are unavailable for Long Beach, it is reasonable to expect parallel gains.

Social and Economic Indicators

U. S. Census 2000 Summary File 3 (sample) data revealed the following social and economic indicators for Long Beach residents ages 65 or older:

- 10,772 (44 percent) live with annual incomes of less than \$25,000.
- 4,293 individuals (10.2 percent) live below the poverty level.
- 913 households (24.9 percent) own their homes and live below poverty level while, 1,753 households (6.8 percent) rent and live below poverty level.ⁱⁱⁱ
- 4,508 (11.0 percent) are employed.
- 10,298 (2.4 percent) only speak a language other than English, and 6,493 (1.5 percent) speak English less than "very well."
- 2,981 (4.9 percent) live in linguistically isolated households.
- 5,858 households (23 percent) have no vehicle available.
- Although grandparent age is unknown, 4,099 grandparents (33 percent) are responsible for their grandchildren.

Income and Poverty

U.S. Census 2000 Summary File 3 (sample) data for Long Beach indicate that the median income for householders ages 65 to 74 years is \$33,066 and \$25,700 for householders ages 75 years and older.

The national poverty level for persons 65 and older living alone in the year 2002 was measured at an annual income of \$8,628. The poverty level for two persons 65 and older living in the same household was measured at an income of \$10,874 annually.⁹

ⁱⁱⁱ Eligibility for medical and other poverty programs exempts the value of one's home and car. It is probable that the majority of these older homeowners raised and launched their families in these homes.

The following chart compares U.S. Census 1990 and 2000 Summary File 3 (sample) data for Long Beach, Los Angeles County, California, and the United States, and reveals that Long Beach has the highest percentage of residents age 65 or older below the poverty level.

Chart 9: National and Local Comparison of Percentage of Persons Age 65+ Below Poverty Level with Percentage of Persons Age 65+, 1990 & 2000

REGION	PERCENT 65+ BELOW POVERTY LEVEL ^{iv}		PERCENT 65+	
	1990	2000	1990	2000
Long Beach	9.1%	11.0%	10.8%	9.1%
Los Angeles County	9.2%	10.5%	9.7%	9.7%
California	7.6%	8.1%	10.5%	10.6%
United States	12.8%	9.9%	12.6%	12.4%

Source: U.S. Census Bureau, 2000

A population report from the U.S. Census Bureau in 2003 indicated that the national poverty rate for persons 65 and older in 1959 was 35.2 percent, and has steadily declined to a historic low of 9.7 percent in 1999, then increasing slightly to 9.9 percent in 2000, 10.1 percent in 2001, and 10.4 percent in 2002.¹⁰ Although national poverty rates for older adults have generally been declining in recent decades, the Census revealed that Long Beach's poverty rate for persons age 65 or older has increased from 9.1 percent in 1990 to 11.0 percent in 2000.

iv The official definition of "poverty" is revised at each data collection point.

Elder Abuse *continued*

Recent statistics on reported abuse against older adults in Long Beach highlight neglect as the number one type of reported abuse from 1995 through 2001 (with 1997 as the exception).^v The following tables present detailed information on: the number of abuse cases reported by an outside agency, the type of abuse reported (physical, sexual, neglect, psychological, and fiduciary), the proportion of abuses by type, and the percentage change in the total number of reports from the previous year.

Chart 12: Number of Abuse Cases Against Older Adults in Long Beach as Reported by an Outside Agency, 1995-2000

	2001	2000	1999	1998	1997	1996	1995
JANUARY	33	45	27	37	27	49	23
FEBRUARY	20	17	41	27	44	35	27
MARCH	43	17	31	35	51	26	30
APRIL	26	38	33	27	22	41	25
MAY	32	31	19	37	42	43	51
JUNE	38	29	28	0	8	40	21
JULY	29	22	19	31	38	22	54
AUGUST	52	42	48	22	30	24	22
SEPTEMBER	34	50	10	29	31	40	38
OCTOBER	35	33	22	24	47	28	43
NOVEMBER	16	20	35	27	24	28	29
DECEMBER	33	39	15	27	16	24	57
Totals	391	383	328	323	380	400	420

Source: Long Beach Police Department

^v Definitions and reporting rates vary over time. Nationally, it is assumed that underreporting is common.

Chart 13: Number and Percent of Cases of Elder Abuse in Long Beach, Reported by an Outside Agency by Year, 1995-2001

Type of Abuse	2001	2000	1999	1998	1997	1996	1995
Physical	55 (14%)	63 (16%)	66 (20%)	82 (25%)	128 (34%)	102 (26%)	119 (28%)
Sexual	4 (1%)	10 (3%)	6 (2%)	0 (0%)	3 (1%)	5 (1%)	10 (2%)
Neglect	152 (39%)	130 (34%)	137 (42%)	131 (41%)	127 (33%)	141 (35%)	158 (38%)
Psychological	82 (21%)	59 (15%)	62 (19%)	55 (17%)	66 (17%)	72 (18%)	53 (13%)
Fiduciary	97 (25%)	121 (32%)	57 (17%)	55 (17%)	56 (15%)	80 (20%)	80 (19%)
Totals	391 (101%)	383 (100%)	328 (100%)	323 (100%)	380 (100%)	400 (100%)	420 (100%)

Source: Long Beach Police Department

Chart 14: Percent Change from Previous Year of Total Cases of Abuse Against Older Adults in Long Beach, Reported by an Outside Agency, 1995-2001

Year	Number of Cases	Percent Change
1995	420	N/A
1996	400	-4.8%
1997	380	-5.0%
1998	323	-15.0%
1999	328	1.5%
2000	383	16.8%
2001	391	2.1%

Source: Long Beach Police Department

Pedestrian Safety

Community and Task Force input identified poor street lighting, un-maintained sidewalks, and the absence of marked crosswalks as pedestrian fall and safety hazards. The short duration of crosswalk lights, speeding cars, as well as inconsiderate bicyclists and skateboarders exacerbate our older adults' fear of injury.

Recent statistics provided by the Traffic and Transportation Bureau in Long Beach revealed that there is a correlation between age and the increased risk of a fatal pedestrian accident. As shown in the chart below, older adults have the highest pedestrian fatality rate yet the lowest pedestrian accident rate. Thus, older adults have the lowest risk of any age group of being involved in a pedestrian accident, yet when they are, there is a greater risk that it will be fatal. However, since there were more than 1,000 pedestrian accidents in three years and approximately 2 percent, or 22 of them, were fatal accidents, the overall risk of being involved in a fatal accident is relatively low for all age groups.

Chart 15: Percentage of Pedestrian Accidents and Fatalities by Age Group for Long Beach, 2000-2002 (Three-Year Average)

AGE	POPULATION	PEDESTRIAN ACCIDENTS		PEDESTRIAN FATALITIES	
		Number	Percent	Number	Percent
0-19	32.4%	498	49%	3	13%
20-34	24.9%	175	17%	4	18%
34-54	27.3%	211	21%	5	23%
55+	15.4%	120	12%	8	36%
Unknown ^{vi}		13	1%	2	10%
Total Accidents	100%	1017	100%	22	100%

Source: City Traffic Engineer, Long Beach Traffic and Transportation Bureau

Additional data from the Traffic and Transportation Bureau for Long Beach showed that the majority of pedestrian accidents and fatalities do not occur at intersections or traffic signals, rather, they occur at mid-block. Their data also indicate a lack of evidence that increasing the duration of traffic light walk signals improves pedestrian safety, considering that this type of accident occurs infrequently.

^{vi}At times, age is not available on police accident reports.

A recent study in the Journal of the American Medical Association (JAMA) examined the relationship of marked crosswalks to pedestrian motor-vehicle collisions in older adults. The study found that marked crosswalks with no signals or stop signs are associated with a 3.6 times greater risk to older pedestrians of being struck by a motor vehicle.¹¹ Focus group participants shared a public perception that marked crosswalks ensure pedestrian safety, which is not the case per the findings of the JAMA study. The JAMA study reinforces the importance of the need to educate older adults about pedestrian safety.

Public Transportation

Older adults indicated fear of falling due to difficulties of stepping into buses and finding a seat before the driver departs. Additionally, ethnic populations reported difficulty in accessing printed bus information in their languages. They expressed fear of taking buses because of the possibility of becoming stranded after traveling by bus away from home and not being able to access information to return home.

Home Safety

Unsafe conditions in the home, lack of routine maintenance, and overcrowded housing were highlighted by focus groups and Task Force members as frequently jeopardizing the physical safety of older adults and creating preventable hazards such as fires and falls. Poor exterior lighting, the absence of sturdy hand railings, and unsafe steps in residential housing were also reported as potential home safety hazards. Fall related injuries are the leading cause of preventable injury and death among older adults, and over 60 percent of deaths from falls occur in the 75 and older age group.¹²

Disaster Preparedness and Emergency Alert Devices

Older adult respondents viewed access to disaster preparedness as essential to meeting the special requirements of vulnerable older adults in Long Beach, especially the 18,565 persons age 65 and older with disabilities.

Task Force members recognized that emergency alert devices are important for ensuring the well being of older adults if they experience crisis situations such as falls, medical problems, and other various safety concerns. Emergency alert devices are worn around the neck or wrist and provide older adults with push-button access to assistance 24 hours a day. These services can be offered privately or through insurance plans for a monthly fee. A lower-cost alternative to these services includes devices that emit alarms to alert nearby persons or neighbors that an older person is in need of immediate assistance.

SAFETY GOAL: *To improve the overall safety of older adults at home and in the community.*

Safety Action Steps

1. Create collaborations between Police, Neighborhood Associations, older adult groups, and other community groups that will work to design and implement methods to reduce the number of violent crimes perpetrated against older adults, elder abuse, frauds and scams, and neglect.
2. Advocate for higher prioritization for community policing (i.e. increase foot, bicycle, or vehicle patrols) as a safety net for older adults who reside in high-crime neighborhoods.
3. Ensure that crime reports are taken from older adult informants at neutral locations such as community centers, senior centers, churches, etc. and ensure that informant addresses are not broadcasted over police radios in order to minimize older adults' fear of retribution against them.
4. Advocate for age sensitivity training and communication skills in the Police Academy curriculum for cadets and in continuing education and training for veteran officers.
5. Engage media and community networks to inform residents about immigration law and ways to minimize crime underreporting by immigrant older adults due to fear of deportation.
6. Advocate for increased public awareness and access to appropriate City services for the reporting and repair of unsafe rental housing, streets, sidewalks, and crosswalks.
7. Promote and provide community education and increase awareness among older adults regarding pedestrian safety in order to reduce the fatality rate among older adult pedestrians.
8. Promote and support the City's Police Department and Community Development Department's Traffic and Transportation Bureau's pedestrian safety awareness campaigns and technology enhancement programs that focus on pedestrian environment, connectivity, and reducing the pedestrian accident rate.
9. Promote elder abuse prevention community-wide.
10. Advocate for increased partnering of Adult Protective Services (APS) staff with Police Department personnel similar to the Mental Evaluation Teams (MET).
11. Identify ways for families and older adults to access low-cost background checks on prospective caregivers and encourage consumers to take advantage of this technique.

12. Develop resources to enhance recruitment efforts in order to expand Senior Police Partners' and Fire Ambassadors' ability to increase access for diverse older adults to critical safety services.
13. Advocate for aggressive prosecution of offenders who perpetrate fraud, scams, and identity theft on older adults. Enhance education and outreach to the community about the prevention of and access to information and resources about these crimes.
14. Promote education and training about access to low or no-cost comprehensive home safety assessments and modifications, including home safety equipment and assistive devices that help to prevent falls and other hazards.
15. Provide awareness of and access to information about emergency alert devices and lower cost alternatives such as alarm devices for helping older adults in need of immediate emergency assistance.
16. Ensure that the concerns of frail, homebound, and disabled persons of all ages are addressed in all phases of the City's disaster preparedness programs, as well as in the programs of other volunteer crises response agencies.
17. Work in collaboration with providers, police and fire departments, hospitals, and gatekeepers to create a registry of vulnerable, frail, homebound, and disabled older adults who will be cared for and evacuated in the event of an emergency or disaster.

CATEGORY 2: TRANSPORTATION

The availability of safe, affordable, and reliable transportation was reported as a major factor necessary for achieving a good quality of life. When quality modes of transportation are lacking, older adults are restricted from accessing or receiving vital services related to food and nutrition, health care, social activities, and community involvement.

Access to Services

Data from Long Beach Transit show that older adults comprise 15 percent of their 28 million annual riders. While Long Beach Transit provides older adults with a variety of good, elder-friendly transportation options, many older adults and their families are not aware of the services available to them or may be unable to access these services. In some areas, older adults who are able to ride the bus cannot walk to the bus stops because the distances from their homes to the bus stops are too great. They reported needing additional bus routes to outlying areas in Long Beach (especially outside of the downtown area) in order to make the bus system more accessible for older adults who have reduced mobility.

Many ethnic older adults reported a need to better understand the various transportation services available to them and how to use them safely. They reported a desire to learn how to use the bus system as a means to break patterns of isolation and create opportunities for community participation, health care needs, and social activities. Ethnic older adults also reported that another barrier to using existing services was the limited information on transportation services available in other languages.

Older Drivers and Alternative Options

The issues surrounding older adults and driving was illuminated by Task Force members as a vital concern for the community. Many older adults feel that driving is central to their independence and freedom. When older adults choose to stop driving or are encouraged by family members or physicians to limit or cease driving, many view the period of adjustment that follows as very difficult, often leading to depression and social isolation. A study by AARP found that non-drivers leave the house fewer than three times per week, even if it is just to take a walk.¹³ It is crucial for older adults who no longer drive to have a number of affordable alternative transportation options available in order to remain independent, safe, and socially active.

Long Beach Yellow Cab offers discounted taxi services for older adults upon request. Many of the cab drivers provide older adults with door-to-door assistance upon request. Several service providers for older adults utilize Long Beach Yellow Cab's taxi voucher program for transporting their clients to medical and social appointments. However, some older adults who participated in the taxi voucher program reported very long waiting lists for obtaining vouchers.

Older adults also reported needing more available and accessible short-distance transportation to banks, senior centers, markets, and health care appointments. Several older adult focus group participants reported needing clarification on the eligibility requirements for para-transit services such as Access and Dial-A-Lift, which serve disabled persons, including older adults with disabilities. Older adults who were eligible for para-transit services reported experiencing unreliable service, difficulty making reservations and arrangements, and excessive waiting periods for the services to pick up and return them to their destinations. Additionally, many frail older adults reported needing door-to-door services but most para-transit, van, and rideshare type services are limited to curb-to-curb pick up and drop off.

TRANSPORTATION GOAL: *To improve and enhance information about, access to, reliability, and affordability of transportation services for older adults.*

Transportation Action Steps

1. Review and enhance transportation systems' driver and customer service training focusing on sensitivity in the areas of aging, ethnicity, culture, and language.
2. Involve older adult service providers and community advocates in providing information and assistance about the use of the various transportation services available to older adults, especially diverse older adults, to decrease their fear and frustration about the use of services and to decrease barriers to accessing transportation.
3. Disseminate information about the eligibility criteria for various para-transit services and ridesharing type services (i.e., Dial-A-Lift, Dial-A-Ride, and Access) to ensure access for those eligible to receive the services.
4. Advocate for para-transit and ride-sharing type services to include door-to-door assistance for frail older adults.
5. Advocate for an ambassador program for transportation similar to the Long Beach Fire Ambassadors or the Senior Police Partners to assist older adults and persons with mobility limitations in accessing and using existing transportation services.
6. Enhance local community efforts to secure funding for vans to provide alternative transportation for frail adults who are unable to use available transportation services.
7. Advocate for the establishment of a centralized, coordinated volunteer driver program for local transportation to banks, stores, senior centers, social activities and non-emergency medical needs. Volunteers could assist with the pick up and delivery of prescriptions, personal items, and groceries.
8. Advocate for higher readability and well-lit signage at bus stop locations.
9. Encourage older adult advocates to participate on various transportation committees and in public hearings to ensure that older adult issues are included in discussions and planning.
10. Advocate for additional funding to enhance and expand the taxi voucher programs utilized by providers of older adult services.
11. Advocate for additional programs and resources to promote education about safe driving programs (i.e., AARP's "Alive at 55", AAA Safety Foundation) including physical and mental assessments for older adult drivers.

CATEGORY 3: HOUSING

Housing was identified as a fundamental issue for older adults during the planning process. Task Force members and focus group participants repeatedly cited the current and increasing shortage of safe, affordable housing. This input validated the findings in other City housing assessments. The Long Beach Housing Element for 2000-2005 paralleled the data collected for the Plan, stating that many of older adults have

disabilities and limited incomes (45 percent of older adult households earn very low income), and that one-third of older adults overpay for housing.¹⁴ These and other housing concerns have become increasingly critical over time, because public policy advocates for and older adults prefer to remain independent in their homes.

"Most Latino older adults live with family. They really have no choice because of housing costs. They have no choice but to live in overcrowded housing, many times sleeping on the sofa in the living room."

- Focus Group Participant

Maintenance and Affordability

Task Force members and focus group and key informant interview participants indicated that numerous housing issues affect older adults, especially low-income, ethnic sub-populations. Additionally, data from the U.S. Census 2000 Summary File 1 (100 percent data) for Long Beach illuminate the growing issue of overcrowded conditions, finding that the number of persons per household has increased from 2.61 in 1990 to 2.77 in 2000. This Census data for Long Beach also stated that in the year 2000, 18.3 percent of households included individuals 65 years and over. Some focus group participants noted that many older adults living in overcrowded conditions sleep on sofas or cots in non-bedroom living areas of households.

Lack of proper housing maintenance was also expressed as a major concern for older adults living in their homes, especially for those living alone. Most older adults desire to stay independent and age in place in their homes. Maintenance costs, taxes, repairs, and distance from essential services are barriers faced by older adults who age in place. Many low and middle-income older adults are unable to properly maintain their homes, leading to structural deterioration and the development of hazardous living conditions. Some older adults were reported as living in "pack-rat," cluttered conditions, potentially leading to fires and falls, and the inability to exit safely in emergencies.

The issue of housing affordability was widely reported as the major barrier to quality living among older adults. The Federal Housing and Urban Development (HUD) congregate living housing contracts signed by multi-unit facility developers thirty years ago are ending and these owners are opting to sell their properties, or are choosing not to renew with HUD but instead open their housing to higher paying, non-senior residents. Additionally, high rents together with the lack of nearby family have forced many older adults to be placed unnecessarily into assisted living and skilled nursing facilities.

An analysis of U.S. Census 2000 Summary File 3 sample data for Long Beach show that 44.5 percent of those 65 and older who rent (3,873 households) spend 35 percent or more of their household income on rent, while 17.8 percent of those 65 and older who own their homes (2,346 households) spend 35 percent or more of their income on monthly owner costs. That is, more than twice as many older adult renters spend greater than 35 percent of their monthly income on housing costs compared to older adult homeowners.

Section 8 Housing

The Housing Authority of the City Long Beach has provided data showing the number and percent of assisted households that are elderly, categorized by zip code.^{vii} Further statistics from the Long Beach Housing Authority show that the average gross income for older adults in Section 8 housing is \$12,940 annually, and that the average subsidy payments Section 8 housing provides towards rental costs are \$516 monthly for elderly households.

Chart 16: Long Beach Section 8 Housing Data: Number and Percent of Persons Ages 62 or Older by Zip Code, May 2004

Zip Code	Number	Percent
90802	393	25.5%
90813	349	22.7%
90805	219	14.2%
90806	184	11.9%
90804	180	11.7%
90807	65	4.2%
90814	64	4.2%
90810	49	3.2%
90803	14	0.9%
90808	14	0.9%
90815	9	0.6%
Totals	1,540	100.0%

Source: Housing Authority of the City of Long Beach

^{vii} Age ranged from 62 to 104 years.

Homeless Older Adults

Statistics are unavailable on the number of homeless older adults in Long Beach, but homeless shelters, the Veteran's Administration, and the Long Beach Department of Parks, Recreation, and Marine's Senior Center reported that numerous homeless older adults seek services on an on-going basis. As people age, the incidence of disability and frailty increases, making homeless older adults an extremely vulnerable population that requires temporary shelter and help with transitioning to safe, affordable housing.

Universal Design and Home Modifications

The concept of universal design is important for assisting older adults to remain independent. The Center for Universal Design describes the concept as the "design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design."¹⁵ Universal design creates a more accessible environment for not only those with vision, hearing, or mobility impairments, but also for people of all ages, statures, and abilities. Families with young children, for example, especially benefit from curb cuts, ramps, and elevators. Some examples of universal design in homes include installing lever door handles instead of doorknobs, installing handrails and grab bars, widening doorways and hallways, lowering cabinets and countertops, and installing ramps in and around the home.

Home modification for older adults includes adapting or remodeling an existing environment in order to increase safety, feasibility, and independence. Home modifications and repairs lower risks of falls and injury, increase comfort, and improve quality of life. Many home modifications, such as installing lever door handles and grab bars, parallel the universal design, but are made to existing homes as opposed to new homes. Home modifications are already utilized by Baby Boomers, assisting their parents and themselves.

HOUSING GOAL: *To advocate for, promote, and increase access to safe, affordable housing for older adults.*

Housing Action Steps

1. Advocate to retain and/or increase subsidized housing, including the monitoring of older adult housing units with covenants or use restrictions.
2. Advocate to increase the availability of shelters and temporary housing for the homeless and older adults, including victims of elder abuse. Educate the community on the availability of existing homeless shelters, neighborhood centers, churches, and senior centers that serve these populations.

3. Provide education for families and caregivers regarding housing resources and housing modifications to accommodate aging residents and promote registries for shared housing.
4. Provide education and age sensitivity training to housing authorities and providers regarding older adult and disabled adult occupants.
5. Advocate for improved communication and collaboration between public, private and non-profit providers and faith-based communities for assisting older adults in crisis housing situations.
6. Work with the City, State, and the larger community to ensure that older adult issues are included in the Housing Element and other strategic planning reports for housing programs and management.
7. Advocate to increase the availability of safe, affordable housing for low to middle-income older adults who do not qualify for subsidized housing.
8. Enhance and promote existing home maintenance programs and City home improvement grants available to older adults.
9. Advocate for and promote universal design in future housing and upgrades in existing homes. Educate the community on how universal design benefits all age groups.
10. Advocate for the enhancement and expansion of affordable assisted-living services for older adults and persons with disabilities.
11. Advocate that Section 8 rentals and housing for older adults permit pets as companions to assist older adults in remaining independent and in good physical and mental health.
12. Advocate to increase interdepartmental and interagency communication and cooperation to assist at-risk older adults facing the loss of their current housing, including HUD, Section 8, or other government assisted housing.
13. Provide older adults, their families and caregivers with education and resources for reporting scams and frauds that target mortgages, maintenance, and repairs of older adult's homes.

CATEGORY 4: HEALTH

Good health was another priority issue reported by older adults as a principal component to quality living. Participants from focus groups, key informant interviews, and members of the Task Force highlighted good physical and mental health as being crucial to sustaining quality of life. The dynamics of the aging of Baby Boomers and the increase in life expectancy will result in the older adult population placing a growing demand on the need for quality health services and health promotion.

Health Care

Access to good health care is the touchstone for increasing the longevity and improving the quality of life for everyone, especially older adults. The physical, mental, emotional, and spiritual aspects associated with good health rely on the availability and accessibility of preventive and primary health care. Some participants from focus groups have no health care insurance or inadequate coverage, particularly in the undocumented ethnic communities. Although Medicare covers most older adults, not all older adults have Medigap or Long Term Care insurance that act as safety nets for adequate health care coverage. Several immigrant older adults in focus groups reported having no health care insurance coverage, and instead rely on herbs, vitamins, cultural remedies, and similar practices to remain healthy.

A large number of focus group participants expressed that they were frustrated and displeased with the quality of care they receive from their physicians, many of whom are not trained in geriatric medicine. The older adult participants indicated that their health care providers were not seeing them often enough, and that doctors spent too little time with them during office visits and displayed a general lack of respect and interest. This type of treatment by doctors can result in older adult patients becoming confused, receiving insufficient or improper medical treatment, and/or being misdiagnosed.

Many older adults also reported not being able to afford prescription drugs. Additionally, medication mismanagement and complications surrounding drug interactions were highlighted by Task Force members and focus group participants as critical concerns for older adults. Focus group participants also noted the need for physicians, pharmacists, and health and social service providers to better educate older adults, their families, and caregivers on the importance of the proper use of medications.

Chronic Disease

Chronic disease is not only a growing challenge for health care providers, but also for individuals as they age and as the population's life expectancy increases. One example of a disabling chronic disease is diabetes. Diabetes has been identified as a Healthy People 2010 risk factor. The incidence of diabetes increases with age and its incidence is growing rapidly in the United States. Controlling diabetes can reduce blindness, amputations, and the need for dialysis. Additionally, several recent studies have indicated a direct correlation of untreated diabetes with higher incidences of cardiovascular and Alzheimer's disease.

The incidence of other chronic diseases, such as hypertension and arthritis, also increases with age. According to the Los Angeles County Health Survey of more than 8,000 households in the County, the prevalence of hypertension increases with age from 4 percent among persons age 18-29 to 35 percent in persons age 50 or older. Hypertension rates are highest among African-Americans at 28 percent. The survey also revealed that 40 percent of adults age 50 and older have arthritis. For all ages, Caucasians and African-Americans have the highest prevalence at 22 percent.¹⁶

Chronic diseases can be debilitating and may result in premature dependency and death. Many chronic conditions can be successfully detected, prevented, treated, and managed by practicing healthy behaviors, good nutrition, moderate exercise, and proper medication management. Health promotion, proper disease prevention and management, access to quality health care coverage, and education about disease and self-care all greatly influence quality of life for older adults living with chronic disease.

Additionally, collecting and monitoring baseline data on chronic diseases are important and necessary for examining methods to lower the incidence of chronic diseases among older adults in Long Beach.

Disability

Census 2000 data for Long Beach have shown that 36.6 percent of persons 65 and older (18,565 individuals) have a disability. Disabilities can affect a person's capacity to perform activities of daily living such as bathing, dressing, and walking, and can require the older adult to seek some level of home modification and supportive services. Sensory and other physical losses can also affect the functional mobility of older adults.

With life expectancies at an all-time high and increasing, the number and percent of persons with disabilities is also increasing. One projection claims a possible 350 percent growth in the number of moderately or severely disabled persons of all ages, from 5.1 million in 1986 to 22.6 million in 2040.⁷

Mental Health

Many older adults in focus groups reported concerns about mental health issues, including depression and anxiety, which can lead to being isolated and disenfranchised. Depression can compound the effects of and exacerbate other existing disabilities, and in some cases can lead older adults to commit suicide. In 1998, the 65 and older age group had the highest rate of suicide in the nation, making up 20 percent of all reported suicides.¹⁷ Nationally, men comprised 84 percent of suicides among persons 65 and older in 2001.¹⁸ Data from the AARP in 2003 showed that 70 percent of older adults who commit suicide have seen their physicians sometime in the past month, and 39 percent have seen their physicians within a week of committing suicide.¹⁹

During the planning process, several mental health professionals reported that mental health problems among older adults are rising and that many conditions are undiagnosed and/or untreated. Many focus group participants reported the need for improvements in access to mental health services, especially for depression. Focus group participants also highlighted concerns regarding the stigma associated with seeking assistance for mental health problems. Cambodian older adults in focus groups voiced the concern that some members of their community may need assistance with and information about mental health treatment for Post-Traumatic Stress Disorder due to their experiences with the Khmer Rouge.

Alzheimer's disease is another growing mental health concern for older adults, especially as the Baby Boomers age. The prevention of Alzheimer's disease is a high priority of the National Institute on Aging. One study on Alzheimer's disease from the National Institutes of Health indicated that in the year 2000, 7 percent of those with the disease were ages 65-74, 53 percent were ages 75-84, and 40 percent were ages 85 and older.²⁰ Another study published in the Journal of the American Medical Association found that participation in cognitively stimulating activities was associated with a reduced risk of incident Alzheimer's disease. The study concluded that a person reporting frequent cognitive activity was 47 percent less likely to develop Alzheimer's disease than a person with infrequent cognitive activity.²¹ Early detection and diagnosis of Alzheimer's disease is important in order to manage and/or delay the rapid progression, deterioration, and premature death of people with the disease.

Wellness Promotion

Health education and promotion is vital for assuring that older adults live healthy and independent lives for as long as possible. Educating the community about practicing healthy lifestyle and wellness behaviors is important for preventing the use of emergency and high-cost treatment services and benefits older adults and the entire community. Wellness includes the opportunity to contribute and participate in meaningful activities that promote optimum health. Focus group participants and Task Force members expressed the need to promote affordable recreation programs, activities, and services that offer physical fitness and nutrition education to older adults, especially in ethnic communities.

Additionally, focus group participants expressed inhibitions about receiving influenza and pneumonia vaccinations. Promoting the benefits of annual vaccinations contributes to the health and wellness of older adults and their families.

HEALTH GOAL: *To maintain and improve the physical and mental health and well being of older adults.*

Health Action Steps

1. Educate older adults on the benefits of physical activity, strength and balance training, and other preventive health and wellness activities.
2. Advocate for physicians, pharmacists, and social service providers to provide enhanced education for older adults, their families and caregivers regarding proper medication management.
3. Provide information about changes in Medicare's prescription drug insurance programs and lower-cost alternatives.

4. Improve access to information about mental health programs and advocate for improved outreach, education, and screenings for mental health services for older adults in mental health, health care, and social and recreational settings, especially among ethnic communities.
5. Advocate for health care providers to expand preventive health and age appropriate screenings, especially mammograms and prostate exams.
6. Advocate for information and access to health care services for uninsured and underinsured older adults.
7. Provide education to older adults, their families, and their caregivers on how to become better health care consumers.
8. Provide information to social services and health care providers, older adults, and their families and caregivers about Hospice and palliative care services.
9. Expand access to information about home health care and personal assistance to older adults, families, and caregivers at all income levels.
10. Advocate for the expansion of cultural competency training for medical providers and the expansion of translation services in medical settings to ensure access to services for ethnic older adults.
11. Advocate for and encourage an increase in the provision of age sensitivity and geriatric training for providers of health care of all kinds.
12. Advocate for the increased availability of affordable dental, vision, hearing, foot care, and other services for older adults.
13. Advocate for the expansion of nutrition information programs and congregate and home-delivered meals for older adults, especially in ethnic communities.
14. Advocate for an increase in volunteers, especially from ethnic communities, to become skilled nursing ombudsmen.
15. Increase education and information among older adults, families, and caregivers about the importance of influenza and pneumonia vaccines.
16. Advocate for funding to conduct a citywide older adult health needs assessment that will provide baseline data for monitoring chronic diseases and the Healthy People 2010 health promotion objectives.

CATEGORY 5: QUALITY OF LIFE

Social, leisure, recreational, and educational activities were identified by community and Task Force members as important factors that contribute to longevity, well-being, an active lifestyle, and quality of life for older adults. Quality of life is influenced by many

variables, including socio-economic conditions and the availability of social and leisure services. There is a distinct socio-economic divide among older adults living in the City's nine districts. Comprehensive needs assessments are vital in prioritizing the City's older adult resources. For example, there may be greater demand for assistance in areas populated by low-income families that care for older adult family members. Additionally, it is important to remember that many younger minority families living in several districts of the City may be caregivers for older adults who are disenfranchised by language and socio-economic conditions. Older adults living alone and families caring for older adults tend to have the greatest need for information and supportive services.

Another factor influencing quality of life is the current increase of grandparents as caregivers. Information from the U.S. Census 2000 provides some insight into the quality of life of thousands of older adult residents. U.S. Census 2000 Summary File 3 sample data for Long Beach revealed that 12,372 older adults are grandparents (age unknown) living in households with one or more grandchildren under 18 years, and 4,099 of these grandparents are responsible for their grandchildren. Also, analysis by the AARP of national Census 2000 data has shown that the number of children being raised by grandparents has increased by 30 percent in ten years.²² Given the responsibility, finances, and energy that raising a child requires, these older adults have a heavy burden to carry at a time in life when aging can diminish limited resources. Older adult social service and recreation providers should consider and plan for childcare and intergenerational opportunities to ensure that older adult grandparents are given the chance to participate in a variety of meaningful programs, activities, and services.

Caregiver Challenges

Caregiving for older adults affects quality of life and independence, and presents distinct challenges to older adults, family, and friends. Recent national statistics on family caregiving have shown that family caregivers provide approximately 80 percent of home care services. Another national study has shown that 61 percent of those who provide "intense" family caregiving (at least 21 hours a week) have suffered from depression.²³ Additionally, national statistics from the AARP showed that in the year 1960, 24 percent of people in their sixties had one parent alive, and by the year 2000, the number jumped to 44 percent.²⁴

The physical and emotional responsibilities of those caring for older adults can be difficult for both family and professional caregivers. Many families are juggling the responsibilities of caring for children and older adults living in the same household. It will become increasingly necessary for older adults and their families to rely on mechanisms of support for caregiver responsibilities such as training and respite to maintain or improve quality of life.

Additionally, Task Force members highlighted the need for more adult day care and adult day health care services and programs, along with transportation to these services. These community-based programs, which generally operate during daytime hours, provide various health, social, and other supportive services to older adults who

have functional or cognitive difficulties. Adult day services offer assistance to and respite for caregivers and family members who provide 24-hour care to older adults. Task Force members also observed that adult day services should be made available on a sliding cost scale to increase access by older adults at various income levels.

Social Opportunities and Employment

Long Beach has an established tradition of providing older adults with social and recreational activities through the City's Department of Parks, Recreation, and Marine, and a network of community providers, including the faith-based community. The City partners with older adult service providers at the Long Beach Senior Center and at other satellite senior centers in strategic locations throughout the City. These centers provide essential services including health screenings, congregate meals, nutrition information, physical fitness activities, information and assistance, recreational, educational, leisure, volunteer, and social opportunities. These services and activities are vital for promoting self-sufficiency, self-esteem, and sustained independence and well being for older adults.

Older adults in Long Beach felt that their quality of life improves with socialization, recreational, educational, leisure, and volunteer opportunities. They also felt that they needed more information about these services and that they required transportation to and from these activities. Additionally, many low-income older adult focus group participants requested more affordable opportunities for recreation and socialization. There are numerous vital, active older adults seeking ways to contribute their skills and talents to the community. Older adults do not want to feel excluded; they want to participate, and desire more community involvement through volunteerism, employment, and intergenerational program opportunities. Older adults in focus groups expressed the desire to feel a sense of purpose and a belief that they are valued because of their experience and wisdom.

Many older adults in focus groups desire to participate in learning opportunities. Studies have shown that intellectual stimulation prevents mental decline. In 2002, the Journal of the American Medical Association published a study conducted by the Advanced Cognitive Training for Independent and Vital Elderly on healthy and independent older adults 65 and older who participated in cognitive training sessions for 2 hours a week for 5 weeks. The study showed improvement in participant's cognitive abilities such as memory, concentration and problem solving skills, as well as a continuance of this improvement for two years after the training.²⁵ This study reinforces the well-known phrase and advice common to older adults, "Use it or lose it."

Task Force members, focus groups, and key informant interview participants also expressed the need for more intergenerational programs to ensure that older adults are included in community activities for all ages. They suggested utilizing existing facilities and groups such as schools, community and senior centers, and community and faith-based organizations to promote and implement intergenerational programs.

Many older adults in focus groups voiced a desire to continue working beyond retirement. The traditional view of retirement involves freedom, choice, enjoyment, and rest from a lifetime of work and employment. However, not all Long Beach residents age 65 and older live the traditional retirement life. Participants from older adult focus groups voiced the opinion that older adults desire to remain active, contributing members of society through participation in meaningful opportunities. Furthermore, while many desire to work past the traditional retirement age of 65, some are forced to continue to work because of economic reasons.

Some older adults in focus groups also commented that, when seeking employment, they experienced age discrimination and were stereotyped as unproductive, incompetent, or inefficient. Research on older adults and employment has shown that older workers are generally valued as more reliable, loyal, and more experienced for certain jobs. Employers should be sensitized to the importance of retaining and valuing older workers for their skills and experience, versus hiring a disproportionately younger workforce.

In addition, Task Force Members advocated for employers to provide more information to their employees about financial planning, retirement planning, family leave, and the possibility of transitioning into part-time work or volunteer opportunities upon retirement.

Volunteerism

Long Beach has a rich history of engaging its older adult population by providing volunteer opportunities through public, private, non-profit, and faith-based sectors. Compared to other age populations, the older adult population currently contributes the largest number of volunteer hours to the community. Older adult volunteers serve as vital resources for all programs, activities, services, and organizations throughout the City.

Focus group and key informant interview participants and Task Force members expressed that older adults provide a large number of volunteer hours to the City. Key informants called for an increase in volunteer recognition as well as increased outreach into the older adult community to recruit additional volunteers.

Older adult volunteers improve their own quality of life because they are engaging their skills, assets, and experience and are valued as an integral part of the community. A recent study from the University of Florida found that older adult volunteers, in comparison to those who did not volunteer, showed improvements in three measures of well-being: functional status, self-rated health, and depression. The study also cited that the number of hours or the type of organizations involved were not important, but that the act of volunteering itself is the key to improving mental and physical health.²⁶ Possible volunteer and intergenerational opportunities that exist for older adults include mentoring and sharing their skills in community centers, senior centers, schools, and resource centers, and providing assistance to non-profit and faith-based organizations. The increasing involvement of older adults in community networks and services provides a large untapped resource for the City and for the community.

Gatekeeper and Reassurance Programs

Focus groups, key informant interview participants and Task Force members observed that telephone reassurance and friendly visitor programs that currently exist in Long Beach were significant for keeping older adults connected to the resources they require to remain safely in their homes; this is so with homebound, isolated, frail, or lonely older adults. Friendly visitor programs provide regular visits to older adults who have limited contact with others, and telephone reassurance programs provide daily phone calls to isolated older adults, offering companionship and socialization for those who may have no other friends or whose family members live at a distance.

Task Force members also noted the important role that gatekeepers have in helping isolated older adults in the community. During the course of their day, gatekeepers have some form of daily contact with older adults, and include postal carriers, police officers, newspaper carriers, utility workers, emergency response workers, grocery store clerks, and food delivery and other business employees, as well as nearby neighbors. Gatekeeper programs train these workers and individuals to recognize the signs that may indicate that an older adult may be ill or require assistance. The programs provide gatekeepers with a list of agencies that can offer assistance for these older adults. Gatekeeper programs contribute life-saving assistance and support to many older adults in the community, thereby increasing their safety, well being, and quality of life.

End-of-Life Care and Planning

Task Force members recognized another set of quality of life factors regarding end-of-life decisions. Older adults often need encouragement and assistance to complete advanced directives such as Durable Power of Attorney for Health Care, Living Wills, and funeral arrangements, as well as financial and legal agreements such as wills, trusts, and asset and estate management. Members emphasized the importance for older adults and their families to be informed about planning options for end-of-life preparations to ensure that older adults can live the rest of their lives with the knowledge that they are legally, medically, and financially, as well as spiritually and emotionally, prepared to die with dignity.

QUALITY OF LIFE GOAL: *To strengthen, promote, enhance, and expand programs and services that contribute to an exceptional quality of life for older adults.*

Quality of Life Action Steps

1. Work with local public and community-based providers of essential programs, activities, and services for older adults to promote and increase access to senior and community centers that provide social, educational, nutritional, recreational, and leisure programs, and information and assistance services.
2. Promote, enhance, and expand existing telephone reassurance, friendly visitor, home delivered meals, and chore assistance programs to provide a safety net for frail, isolated, and homebound older adults.
3. Educate the community about the importance of culturally appropriate gatekeeper programs for frail, isolated, and homebound older adults to remain safe and independent in their homes. Enhance and expand existing gatekeeper and emergency response networks through appropriate City departments, community-based and social service agencies, the faith-based community, neighborhood associations, businesses, and schools.
4. Expand resources and access for caregiver training and respite programs for use by professional and family caregivers. Provide information to the community about caregiving programs and services.
5. Expand and promote employment and retraining opportunities for older adults through public, private, educational, faith and community-based sectors, the media, community and senior centers, and resource centers.
6. Encourage City Departments to involve older adult volunteers in the design and delivery of services targeting older adults.
7. Enhance existing volunteer opportunities and recruit older adults to volunteer in programs throughout the community, especially in self-help and peer-to-peer programs.
8. Promote the importance of and increase access to educational opportunities for older adults including lifelong learning, technology training, and university and community college programs.
9. Promote, enhance, and expand existing intergenerational programs and advocate for additional programs that involve persons of all ages, especially older adults.
10. Provide education and information to public and private business sectors and the community about the value of hiring and retaining older workers in order to discourage age discrimination against older adults seeking employment.
11. Develop resources to enhance existing information and assistance services for older adults. Promote the use of and provide access to other regional information and assistance services that provide multi-language, database management of services, and 24/7 availability.

12. Advocate for policies requiring that home care agencies carefully screen, require background checks on, and provide age sensitivity training to personnel who provide at-home services for older adults.
13. Provide information about and promote the availability of congregate and home-delivered meal programs for older adults, and increase access to these services for ethnic older adults.
14. Promote and enhance access to and information about adult day care services and advocate for sliding cost scales for low-income older adults.
15. Provide information to older adults and their families about resources for end-of-life care and planning information such as advance directives, will preparation, funeral arrangements, obtaining legal and financial assistance, and asset and estate management.
16. Advocate for public, private and community-based social services to provide information about or create support group activities for older widows and widowers and elders living alone or at a distance from family members.
17. Encourage public and private business sectors, and the service sector to provide discounts to older adults when appropriate.





PART 2: IMPLEMENTATION

Part Two contains the overall recommendations that address the action steps for the comprehensive improvement of programs and service delivery systems and implementation of the Plan in Long Beach.

IMPERATIVES FOR SYSTEMS IMPROVEMENT

The following overarching imperatives and actions steps for improving service systems were consistently articulated throughout the Strategic Planning Process as necessary for the successful implementation of the Plan:

Imperative 1: Enhance the coordination and evaluation of programs, activities, and services and promote the inclusion of older adult interests in city and community planning in order to ensure a well-organized and efficient system for older adults, while minimizing the gaps, fragmentation, and duplication of services.

Action Steps

1. Develop resources to establish the position of "Older Adult Services Coordinator" who will:
 - Implement and monitor the results of strategic planning for older adults.
 - Facilitate the coordination of information about and promotion of older adult programs, activities, and services.
 - Develop and continually update an inventory of older adult programs, activities, services, and resources in Long Beach to identify service gaps and duplications.
 - Link City and community provided services for older adult programs, activities, and services in order to leverage and maximize limited public and private resources.
2. Establish and promote an effective, centralized Internet information system to connect existing and new communication networks, and to provide electronic access to updated and comprehensive information on older adult programs, activities, and services for use by service providers, older adults, and their caregivers.

3. Advocate to enhance existing local Information and Assistance (I&A) services, and to promote the use of County, State, and private information services that will provide families, older adults, and caregivers with information on older adult programs, activities, and services.

Imperative 2: Collect and utilize pertinent local data and information on older adults in order to appropriately assess the needs and gaps in older adult programs, activities, and services, and to facilitate and develop resources and grants for identified services and program needs.

Action Steps

1. Establish a system for collecting, maintaining, and monitoring baseline data and information specific to aging adults in Long Beach.
2. Research the possible causes for and implications of the decrease in percentages and numbers of older adults in Long Beach.
3. Conduct on-going analysis of information.
4. Monitor the progress of research initiated for the Strategic Plan.

Imperative 3: Ensure that older adult programs provide age-sensitive, culturally, and linguistically relevant services in order to minimize the age discrimination and cultural and literacy barriers faced by diverse older adults.

Action Steps

1. Encourage service providers to offer programs, activities, services, and printed materials in the languages of the City's residents.
2. Promote sensitivity training for and provide resources and information to providers, volunteers, and the community about culturally and linguistically appropriate and age-sensitive programs, activities, and services.
3. Encourage the practice of hiring bilingual and bicultural staff throughout older adult programs, activities, and services.

RECOMMENDATIONS FOR IMPLEMENTATION

As recommended from the Plan's goals and action steps in Part One and the systems improvement section in Part Two, the following priority action steps are paramount for the implementation process:

1. Strengthen decision-making for evidence-based policy and planning by establishing, maintaining, and utilizing solid data and evaluation.
2. Promote, strengthen, and mobilize interdepartmental planning with collaboration from public and private partnerships.
3. Develop and enhance communication strategies to link older adults and their families to resources.
4. Develop funding to conduct a resource mapping and gaps analysis of services and resources for older adults, and to develop a plan to close the gaps and to eliminate duplication of services.
5. Develop partnerships and collaborations to pursue funding, training, and incentives to implement the Plan's strategies.

Ad-Hoc Implementation Committee

It is recommended that an ad-hoc implementation committee be established to:

- Ensure the implementation of the Long Beach Strategic Plan for Older Adults.
- Strengthen the voice for older adult advocacy.
- Develop and organize advocacy strategies.
- Monitor, review, evaluate, and, when appropriate, enhance the Plan's action steps.

It is recommended that the ad-hoc implementation committee be comprised of:

- Interested older adults including members of the Older Adult Strategic Planning Task Force and members of the Long Beach Senior Citizen Advisory Commission.
- Representatives from local community colleges and universities.
- Representatives from City Departments, and other agencies and organizations.
- Representatives of providers of older adult services.

Focus Groups

The focus groups reflected the diversity of cultures and services in Long Beach and included older adult participants within the communities and sub-groups of African-American, Cambodian, and Latino persons with disabilities, frail and at-risk older adults, gay and lesbian older adults, and the Senior Police Partners. Two multi-language focus groups were conducted, one Khmer and one Spanish. Findings from the focus groups were key to identifying potential action steps for the Plan.

Key Informant Interviews

Thirty-two key informant interviews were conducted with key leaders and stakeholders within the older adult community, elected officials including the Mayor and members of the City Council, academics, and service providers. The interviews solicited valuable opinions and views regarding older adult issues within the Plan's five major categories of safety, transportation, housing, health, and quality of life.

"Every person we are able to help is another person who has a better quality of life, another family member who is less stressed, and another person who can stay in their home a little longer."

- Key Informant Interview Participant

Stakeholder Meetings

An important component in the planning process included meetings convened by the City of Long Beach Department of Health and Human Services with key stakeholders from Long Beach Transit, the Long Beach Police Department, the Long Beach Housing Authority, faith and community-based organizations, and the Department of Parks, Recreation and Marine, who agreed to adopt, implement, and/or monitor the Plan's action steps within their purview.

Community Survey

During the fall of 2001, a survey was conducted by sampling 324 older adults who used public health clinics for influenza and pneumonia vaccinations in Long Beach. The survey was designed to collect basic information about older adult issues surrounding the Plan's five major categories. The ethnic breakdown of survey participants was White (210), Latino (42), African-American (34), Filipino (18), and other (20).

One survey question asked participants what would help to improve their quality of life. The three highest responses were: 1) Less crime/safer environments, 2) Improved, more affordable and more accessible health care, 3) Assistance with obtaining information about services and benefits. This community survey validated the priorities of the focus groups and key informant interviews regarding the need for improvements in overall quality of life for older adults.

Reports and Census Data

Information and data for the Plan were pulled from a wide variety of sources focusing on older adult issues such as City-generated regional and national reports, current studies and reports, and current and historical Census data. In some sections of the Plan, Census data were highlighted for the 55 and older age group while others highlighted the age 60 or 65 and older groups. For all instances, age groups were selected to appropriately demonstrate trends in data, both past and current. The Strategic Plan for Older Adults defines the term "older adult" as individuals or groups age 55 or older.

Generally, local data pertaining to older adults were rare and hard to find. Therefore, the Plan relied heavily on Census data to identify the status, needs, and vulnerability of older adults in Long Beach.

Community Participation

The participants of the multicultural panel, focus groups, and key informant interviews expressed valuable information, opinions, and experiences. Their input was reviewed, considered, and appropriately incorporated as action steps for the Plan.

Several of the major issues concerning older adults expressed by the **multicultural panel** included:

- The need for programs, activities, and services to be available in other languages.
- Disenfranchisement, fear, and isolation as obstacles to accessing food, nutrition information, good housing, transportation, safety, health, and programs, activities, and services that improve quality of life.
- The need for cultural sensitivity training for both older adult service providers and older adults.

Various examples of concerns highlighted by participants in **focus groups** included:

- Older adults' overall safety, especially highlighting fear of crime, physical abuse by family members and caregivers, inconsiderate bicyclists, and motorists exceeding speed limits.
- Insufficiency of adequate, affordable, and safe housing, as well as fear of homelessness, over-crowded conditions, and an inability to afford basic living needs. Older adults on low, fixed incomes or those without a steady income simply cannot afford increased rental rates, home maintenance, etc. Older adults also voiced the need for assistance with home maintenance and repair, and reported that they do not know where to go for assistance. All participants wanted to "age in place," to remain safely in their homes, and to avoid nursing care regardless of age, sex, ethnicity, and income.

- Transportation services, including the need for additional and improved shortstop transportation, more accessible, available door-to-door transportation services, improvements to current services with more bus routes in outlying areas of the City, and addressing language and cultural barriers to services for non-English speaking communities.
- Isolation and loneliness leading to loss of self-esteem, depression, and shorter life expectancies. They expressed the need for more opportunities and avenues to work, volunteer, mentor, and share their unique skills and talents. Additionally, participants believe social networks, recreational activities, and opportunities for community involvement are critical for assuring good quality of life. Many older adults felt that they were ostracized by society and not valued, particularly by youth.
- Health, including lack of health insurance, need for better access and information regarding mental health assistance, lack of annual screenings for chronic diseases, and need for improved access to and education regarding health screenings.
- Numerous cultural and ethnic groups feeling unwelcome or misunderstood by service programs. Cambodian older adults suffered from the aftermath of the "killing fields," Latino older adults feared various immigration and deportation issues, and Gay and Lesbian older adults felt unwelcome by peers at some senior facilities.
- Lack of access to information about existing and available programs, activities, and services and where to go for information and assistance, especially among non-English speaking older adults and their respective communities.

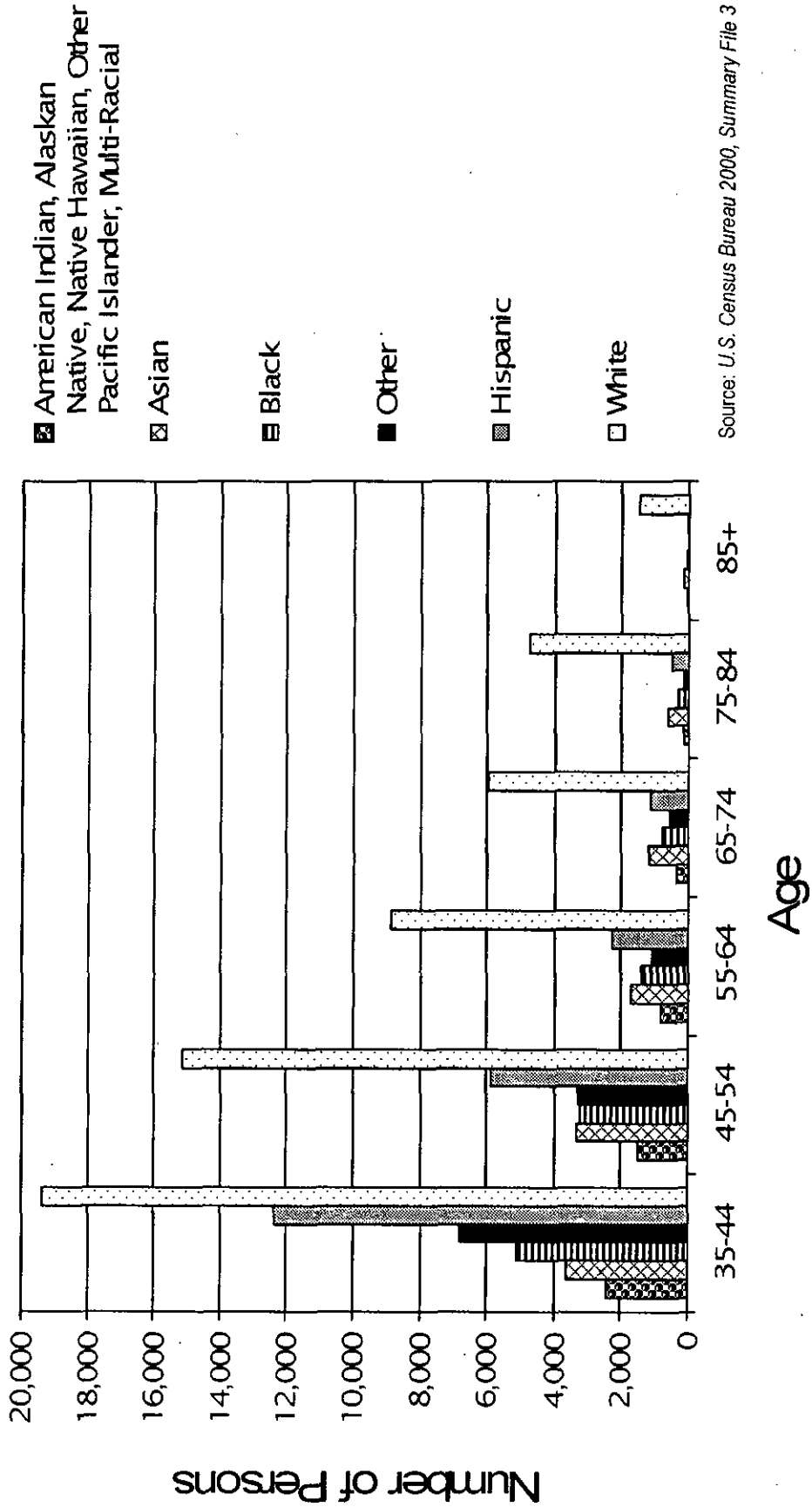
"Older adults are looking for activities. They don't want to be perceived as old and infirmed. The seniors I know want to be challenged and active."

*— Key Informant
Interview Participant*

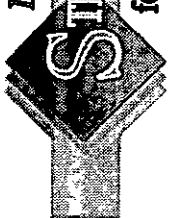
Key issues and concerns expressed by **key informant interview** participants included:

- Lack of awareness by residents of the number of good resources and services available to older adults in the City thus limiting and isolating older adults from vital services and opportunities essential for a good quality of life. The need was expressed for a central repository of information and services for older adults to promote active participation and involvement in the community.
- Need for a single point of contact for older adults, their families and their caregivers to contact in times of crisis and need, as well as for assistance with information and resources.
- The lack of available funding for older adult programs and services, the need for flexible and creative funding sources, the expansion of resources, and the improvement of service delivery.
- The need for improved and coordinated advocacy for existing programs and services for older adults.

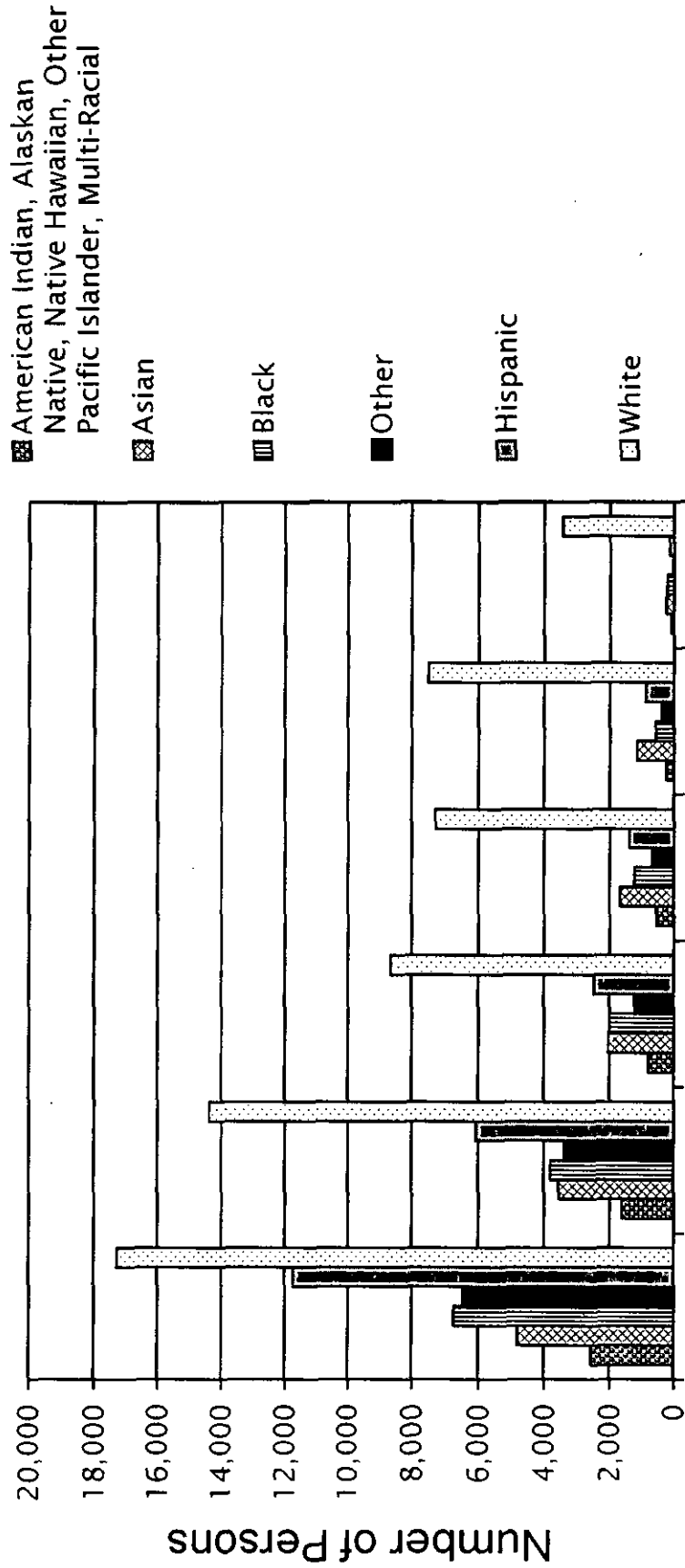
MALE



Source: U.S. Census Bureau 2000, Summary File 3

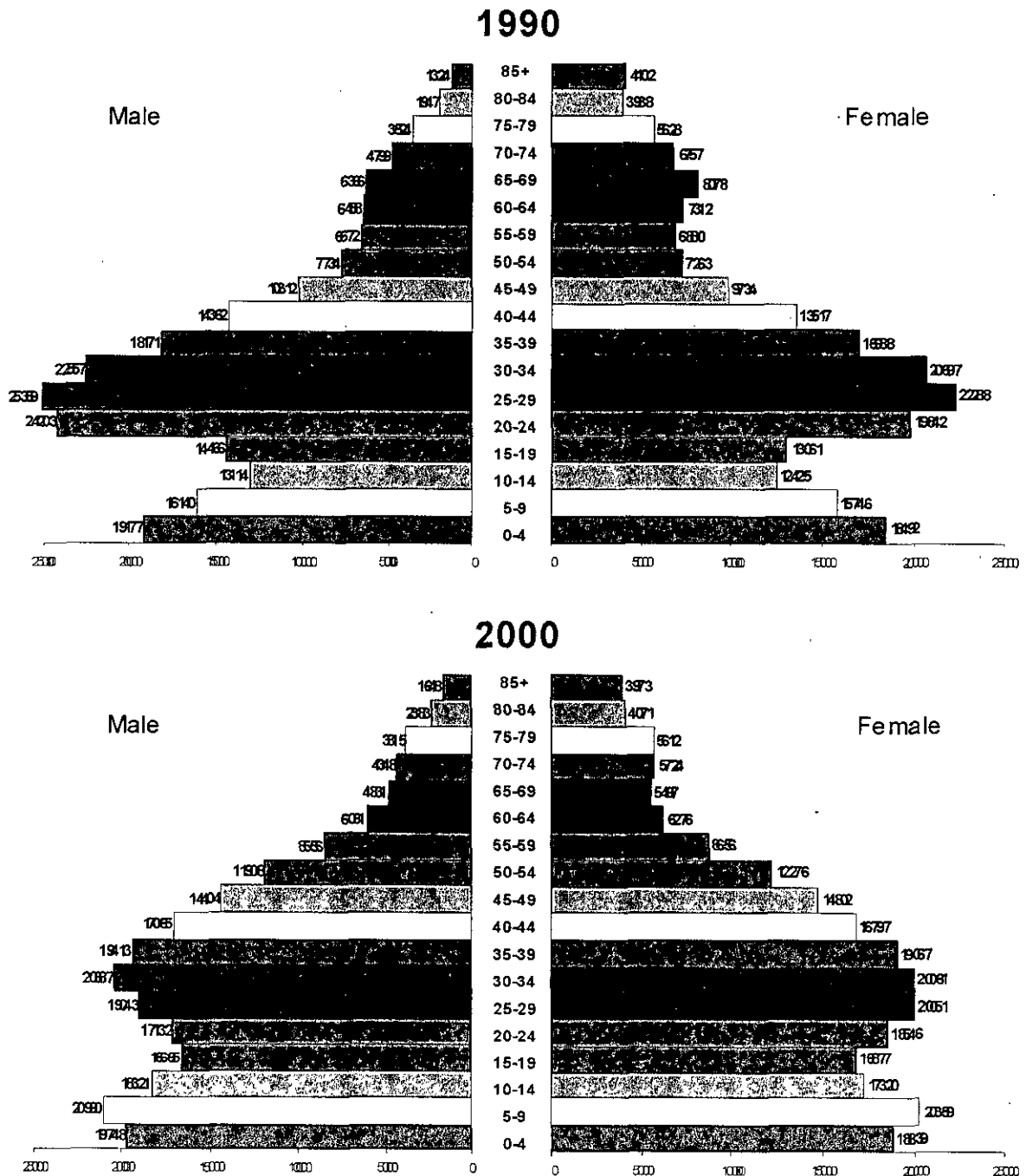


FEMALE



Source: U.S. Census Bureau 2000, Summary File 3

Population Pyramids for Long Beach, California 1990 and 2000 Census



U.S. Census Bureau 1990 and 2000, Summary File 1, 100 Percent Data



This appendix contains the detailed raw Census data that was used to create the corresponding map located across from each table.

The maps and tables in this section were prepared by Larry Rich, Advance Planner, City of Long Beach Department of Planning & Building.

Census data maps are organized by Census tract (see map on last page for quick census tract reference -- including zip codes). Older adult data references those age 65 years and over.

CENSUS MAP	Page
Number of Persons Age 65 Years and Over	2-3
Gender of Persons Age 65 Years and Over	4-5
Number of Persons Age 85 Years and Over	6-7
Gender of Persons Age 85 Years and Over	8-9
Number of Persons Age 65+ Living Alone	10-11
Gender of Persons Age 65+ Living Alone	12-13
Females 65+ Living Alone	14-15
Number of Overcrowded Households with Householder Age 65+	16-17
Household Income Less than \$25,000 with Householder Age 65+	18-19
<i>Owner Costs 35% or more of Income</i>	20-21
<i>Renter Costs 35% or more of Income</i>	22-23
Grandparents Responsible for Own Grandchildren	24-25
Persons Age 65+ Who Speak English Less than Very Well	26-27
Total Disabilities Tallied* for Persons Age 65+	28-29
Types of Disabilities Tallied for Persons Age 65+	30-31
Educational Attainment of Men Age 65 and Over	32-33
Educational Attainment of Women Age 65 and Over	34-35
Major Streets and Neighborhoods Reference Map	36
Census Tract and Zip Codes Reference Map	37

* *Disabilities tallied may include more than one disability per person*

Long Beach Strategic Plan for Older Adults

Number of Persons Age 65 Years and Over

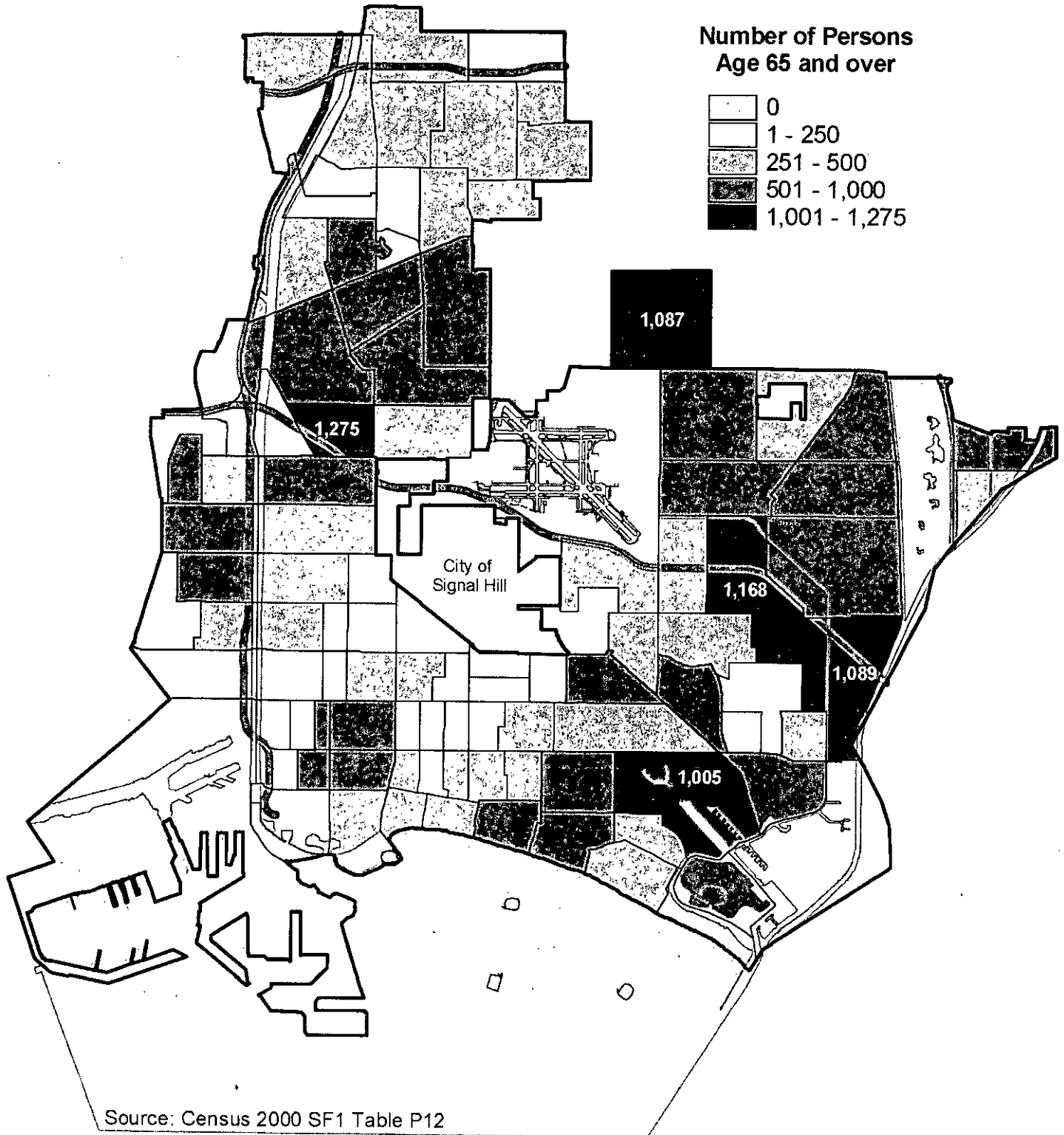
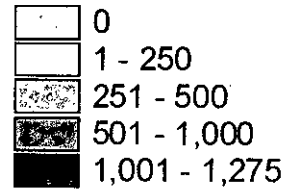
Census Tract	Total Persons	Persons Age 65+	Percent Age 65+	Census Tract	Total Persons	Persons Age 65+	Percent Age 65+
5440 (part)	0	0		5743	5,598	1,168	20.9%
5552.02	3,338	618	18.5%	5744	5,106	932	18.3%
5701 (part)	2,706	340	12.6%	5745	6,331	1,089	17.2%
5702.02 (part)	6,176	328	5.3%	5746.01	1,714	1	0.1%
5702.03	4,052	139	3.4%	5746.02	1,223	453	37.0%
5702.04	3,984	317	8.0%	5747	422	118	28.0%
5703.01	6,790	297	4.4%	5748	2,865	579	20.2%
5703.03	3,867	179	4.6%	5749.01	3,538	492	13.9%
5703.04	4,824	190	3.9%	5749.02	4,730	344	7.3%
5704.01 (part)	8,235	274	3.3%	5750.01	3,092	198	6.4%
5704.02	3,410	192	5.6%	5750.02	4,548	745	16.4%
5705.01	7,282	442	6.1%	5751.01	5,196	173	3.3%
5705.02	6,338	342	5.4%	5751.02	4,810	161	3.3%
5706.01	5,159	245	4.7%	5751.03	5,480	230	4.2%
5706.02	6,382	426	6.7%	5752.01	5,085	412	8.1%
5706.03	4,776	277	5.8%	5752.02	5,347	182	3.4%
5712 (part)	7,778	1,087	14.0%	5753	4,981	256	5.1%
5715.01 (part)	7,013	650	9.3%	5754.01	5,476	114	2.1%
5715.02	4,630	562	12.1%	5754.02	3,758	69	1.8%
5716	1,988	171	8.6%	5755	252	5	2.0%
5717.01	6,114	359	5.9%	5756 (part)	46	2	4.3%
5717.02	7,626	668	8.8%	5758.01	2,721	51	1.9%
5718	3,118	581	18.6%	5758.02	5,433	139	2.6%
5719	5,299	736	13.9%	5758.03	2,968	568	19.1%
5720.01	5,082	459	9.0%	5759.01	3,825	114	3.0%
5720.02	4,519	1,275	28.2%	5759.02	5,108	516	10.1%
5721	1,083	95	8.8%	5760	445	11	2.5%
5722.01	6,457	971	15.0%	5761	2,669	496	18.6%
5722.02	3,713	482	13.0%	5762	5,652	516	9.1%
5723.01 (part)	3,614	247	6.8%	5763	8,912	597	6.7%
5723.02	3,502	345	9.9%	5764.01	5,066	164	3.2%
5724	1,073	118	11.0%	5764.02	5,575	201	3.6%
5725	3,700	817	22.1%	5764.03	6,082	164	2.7%
5726	5,130	538	10.5%	5765.01	3,669	311	8.5%
5727	5,495	651	11.8%	5765.02	5,092	210	4.1%
5728	263	13	4.9%	5765.03	4,723	494	10.5%
5729	5,113	349	6.8%	5766.01	4,395	402	9.1%
5730.01	7,108	287	4.0%	5766.02	3,874	335	8.6%
5730.02	4,180	95	2.3%	5767	3,851	570	14.8%
5731	7,291	454	6.2%	5768.01	4,682	425	9.1%
5732.01	5,056	224	4.4%	5768.02	4,162	293	7.0%
5732.02	5,697	226	4.0%	5769.01	6,379	235	3.7%
5733	4,255	214	5.0%	5769.02	7,877	251	3.2%
5734.03 (part)	5	1	20.0%	5770	7,054	333	4.7%
5735	1	1	100.0%	5771	6,521	579	8.9%
5736	5,955	883	14.8%	5772 (part)	5,447	535	9.8%
5737 (part)	3,099	417	13.5%	5773	5,497	313	5.7%
5738	4,240	567	13.4%	5774	3,092	331	10.7%
5739.01	0	0	0.0%	5775.01	3,379	635	18.8%
5739.02	2,242	389	17.4%	5775.02 (part)	1,506	218	14.5%
5740	5,129	909	17.7%	5776.01	1,201	203	16.9%
5741	4,896	820	16.7%	5776.02	3,390	791	23.3%
5742.01	3,000	482	16.1%	5776.03	7,791	1,005	12.9%
5742.02	2,103	424	20.2%	All Tracts	461,522	41,902	9.1%

Derived from Census 2000 table:
P12. SEX BY AGE

Universe: Total population Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

Long Beach Strategic Plan for Older Adults

Number of Persons
Age 65 and over



Long Beach Strategic Plan for Older Adults

Gender of Persons Age 65 Years and Over

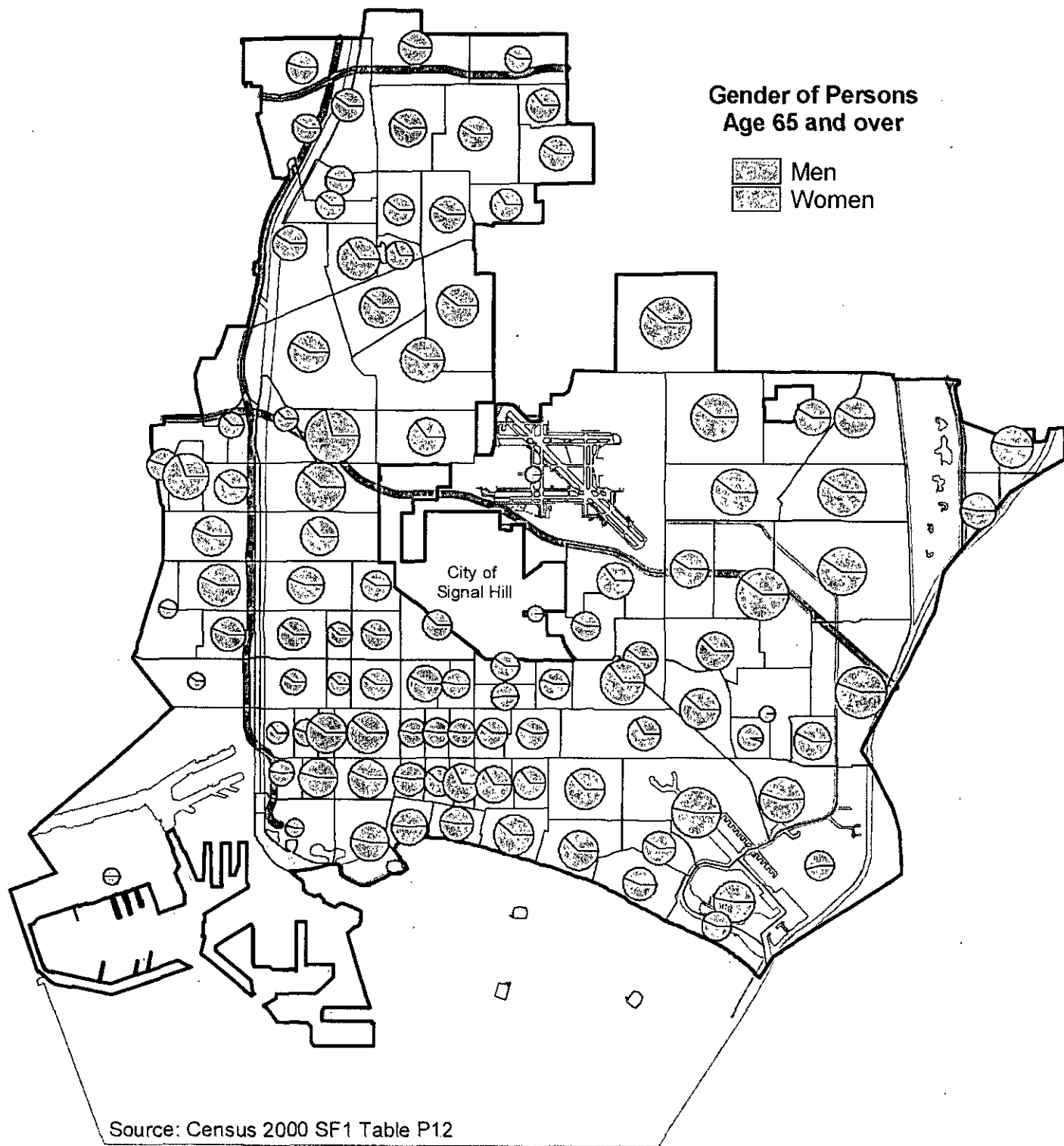
Census Tract	Persons Age 65+	Men Age 65+	Men Age 65+ %	Women Age 65+	Women Age 65+ %	Census Tract	Persons Age 65+	Men Age 65+	Men Age 65+ %	Women Age 65+	Women Age 65+ %
5440 (part)	0	0	0.0%	0	0.0%	5743	1,168	473	40.5%	695	59.5%
5552.02	618	283	45.8%	335	54.2%	5744	932	383	41.1%	549	58.9%
5701 (part)	340	141	41.5%	199	58.5%	5745	1,089	479	44.0%	610	56.0%
5702.02 (part)	328	139	42.4%	189	57.6%	5746.01	1	0	0.0%	1	100.0%
5702.03	139	59	42.4%	80	57.6%	5746.02	453	194	42.8%	259	57.2%
5702.04	317	112	35.3%	205	64.7%	5747	118	112	94.9%	6	5.1%
5703.01	297	120	40.4%	177	59.6%	5748	579	226	39.0%	353	61.0%
5703.03	179	81	45.3%	98	54.7%	5749.01	492	189	38.4%	303	61.6%
5703.04	190	75	39.5%	115	60.5%	5749.02	344	136	39.5%	208	60.5%
5704.01 (part)	274	124	45.3%	150	54.7%	5750.01	198	86	43.4%	112	56.6%
5704.02	192	77	40.1%	115	59.9%	5750.02	745	260	34.9%	485	65.1%
5705.01	442	178	40.3%	264	59.7%	5751.01	173	69	39.9%	104	60.1%
5705.02	342	141	41.2%	201	58.8%	5751.02	161	84	52.2%	77	47.8%
5706.01	245	99	40.4%	146	59.6%	5751.03	230	103	44.8%	127	55.2%
5706.02	426	181	42.5%	245	57.5%	5752.01	412	175	42.5%	237	57.5%
5706.03	277	94	33.9%	183	66.1%	5752.02	182	87	47.8%	95	0.0%
5712 (part)	1,087	421	38.7%	666	61.3%	5753	256	106	41.4%	150	58.6%
5715.01 (part)	650	253	38.9%	397	61.1%	5754.01	114	44	38.6%	70	61.4%
5715.02	562	219	39.0%	343	61.0%	5754.02	69	27	39.1%	42	60.9%
5716	171	52	30.4%	119	69.6%	5755	5	2	40.0%	3	60.0%
5717.01	359	143	39.8%	216	60.2%	5756 (part)	2	1	50.0%	1	50.0%
5717.02	668	229	34.3%	439	65.7%	5758.01	51	18	35.3%	33	64.7%
5718	581	243	41.8%	338	58.2%	5758.02	139	63	45.3%	76	54.7%
5719	736	300	40.8%	436	59.2%	5758.03	568	225	39.6%	343	60.4%
5720.01	459	161	35.1%	298	64.9%	5759.01	114	54	47.4%	60	52.6%
5720.02	1,275	371	29.1%	904	70.9%	5759.02	516	238	46.1%	278	53.9%
5721	95	36	37.9%	59	62.1%	5760	11	5	45.5%	6	54.5%
5722.01	971	377	38.8%	594	61.2%	5761	496	231	46.6%	265	53.4%
5722.02	482	175	36.3%	307	63.7%	5762	516	223	43.2%	293	56.8%
5723.01 (part)	247	109	44.1%	138	55.9%	5763	597	235	39.4%	362	60.6%
5723.02	345	135	39.1%	210	60.9%	5764.01	164	76	46.3%	88	53.7%
5724	118	44	37.3%	74	62.7%	5764.02	201	96	47.8%	105	52.2%
5725	817	250	30.6%	567	69.4%	5764.03	164	78	47.6%	86	52.4%
5726	538	233	43.3%	305	56.7%	5765.01	311	147	47.3%	164	52.7%
5727	651	280	43.0%	371	57.0%	5765.02	210	80	38.1%	130	61.9%
5728	13	6	46.2%	7	53.8%	5765.03	494	164	33.2%	330	66.8%
5729	349	155	44.4%	194	55.6%	5766.01	402	192	47.8%	210	52.2%
5730.01	287	111	38.7%	176	61.3%	5766.02	335	158	47.2%	177	52.8%
5730.02	95	35	36.8%	60	63.2%	5767	570	224	39.3%	346	60.7%
5731	454	199	43.8%	255	56.2%	5768.01	425	145	34.1%	280	65.9%
5732.01	224	91	40.6%	133	59.4%	5768.02	293	103	35.2%	190	64.8%
5732.02	226	95	42.0%	131	58.0%	5769.01	235	94	40.0%	141	60.0%
5733	214	81	37.9%	133	62.1%	5769.02	251	109	43.4%	142	56.6%
5734.03 (part)	1	0	0.0%	1	100.0%	5770	333	113	33.9%	220	66.1%
5735	1	0	0.0%	1	100.0%	5771	579	215	37.1%	364	62.9%
5736	883	355	40.2%	528	59.8%	5772 (part)	535	201	37.6%	334	62.4%
5737 (part)	417	169	40.5%	248	59.5%	5773	313	137	43.8%	176	56.2%
5738	567	233	41.1%	334	58.9%	5774	331	138	41.7%	193	58.3%
5739.01	0	0	0.0%	0	0.0%	5775.01	635	296	46.6%	339	0.0%
5739.02	389	183	47.0%	206	53.0%	5775.02 (part)	218	96	44.0%	122	56.0%
5740	909	376	41.4%	533	58.6%	5776.01	203	109	53.7%	94	46.3%
5741	820	330	40.2%	490	59.8%	5776.02	791	357	45.1%	434	54.9%
5742.01	482	197	40.9%	285	59.1%	5776.03	1,005	470	46.8%	535	53.2%
5742.02	424	148	34.9%	276	65.1%	All Tracts	41,902	17,025	40.6%	24,877	59.4%

Derived from Census 2000 table:

P12. SEX BY AGE

Universe: Total population Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Number of Persons Age 85 Years and Over

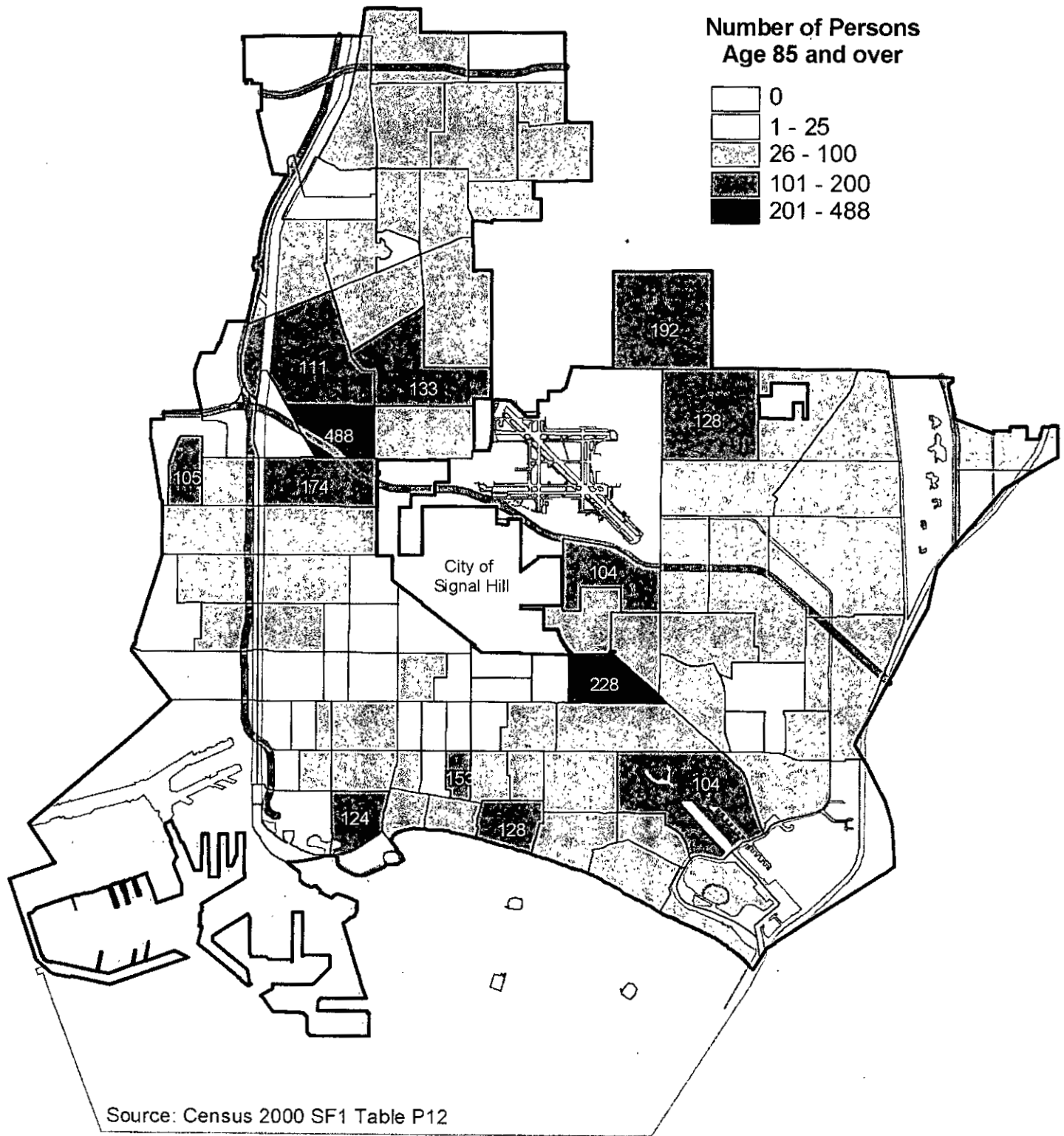
Census Tract	Total Persons	Persons Age 85+	Percent Age 85+	Census Tract	Total Persons	Persons Age 85+	Percent Age 85+
5440 (part)	0	0	0.0%	5743	5,598	91	1.6%
5552.02	3,338	38	1.1%	5744	5,106	81	1.6%
5701 (part)	2,706	45	1.7%	5745	6,331	71	1.1%
5702.02 (part)	6,176	36	0.6%	5746.01	1,714	1	0.1%
5702.03	4,052	4	0.1%	5746.02	1,223	45	3.7%
5702.04	3,984	65	1.6%	5747	422	12	2.8%
5703.01	6,790	34	0.5%	5748	2,865	88	3.1%
5703.03	3,867	14	0.4%	5749.01	3,538	57	1.6%
5703.04	4,824	14	0.3%	5749.02	4,730	30	0.6%
5704.01 (part)	8,235	16	0.2%	5750.01	3,092	33	1.1%
5704.02	3,410	12	0.4%	5750.02	4,548	228	5.0%
5705.01	7,282	64	0.9%	5751.01	5,196	16	0.3%
5705.02	6,338	44	0.7%	5751.02	4,810	12	0.2%
5706.01	5,159	29	0.6%	5751.03	5,480	24	0.4%
5706.02	6,382	40	0.6%	5752.01	5,085	46	0.9%
5706.03	4,776	30	0.6%	5752.02	5,347	17	0.3%
5712 (part)	7,778	192	2.5%	5753	4,981	12	0.2%
5715.01 (part)	7,013	91	1.3%	5754.01	5,476	8	0.1%
5715.02	4,630	78	1.7%	5754.02	3,758	3	0.1%
5716	1,988	10	0.5%	5755	252	0	0.0%
5717.01	6,114	34	0.6%	5756 (part)	46	0	0.0%
5717.02	7,626	76	1.0%	5758.01	2,721	2	0.1%
5718	3,118	111	3.6%	5758.02	5,433	15	0.3%
5719	5,299	133	2.5%	5758.03	2,968	73	2.5%
5720.01	5,082	83	1.6%	5759.01	3,825	7	0.2%
5720.02	4,519	488	10.8%	5759.02	5,108	77	1.5%
5721	1,083	9	0.8%	5760	445	2	0.4%
5722.01	6,457	174	2.7%	5761	2,669	124	4.6%
5722.02	3,713	85	2.3%	5762	5,652	59	1.0%
5723.01 (part)	3,614	18	0.5%	5763	8,912	57	0.6%
5723.02	3,502	35	1.0%	5764.01	5,066	11	0.2%
5724	1,073	8	0.7%	5764.02	5,575	21	0.4%
5725	3,700	105	2.8%	5764.03	6,082	11	0.2%
5726	5,130	46	0.9%	5765.01	3,669	47	1.3%
5727	5,495	66	1.2%	5765.02	5,092	25	0.5%
5728	263	0	0.0%	5765.03	4,723	153	3.2%
5729	5,113	33	0.6%	5766.01	4,395	49	1.1%
5730.01	7,108	34	0.5%	5766.02	3,874	35	0.9%
5730.02	4,180	9	0.2%	5767	3,851	128	3.3%
5731	7,291	42	0.6%	5768.01	4,682	62	1.3%
5732.01	5,056	19	0.4%	5768.02	4,162	77	1.9%
5732.02	5,697	22	0.4%	5769.01	6,379	10	0.2%
5733	4,255	21	0.5%	5769.02	7,877	32	0.4%
5734.03 (part)	5	1	20.0%	5770	7,054	69	1.0%
5735	1	0	0.0%	5771	6,521	98	1.5%
5736	5,955	128	2.1%	5772 (part)	5,447	98	1.8%
5737 (part)	3,099	41	1.3%	5773	5,497	34	0.6%
5738	4,240	31	0.7%	5774	3,092	49	1.6%
5739.01	0	0	0.0%	5775.01	3,379	81	2.4%
5739.02	2,242	14	0.6%	5775.02 (part)	1,506	31	2.1%
5740	5,129	71	1.4%	5776.01	1,201	7	0.6%
5741	4,896	82	1.7%	5776.02	3,390	47	1.4%
5742.01	3,000	72	2.4%	5776.03	7,791	104	1.3%
5742.02	2,103	104	4.9%	All Tracts	461,522	5,621	1.2%

Derived from Census 2000 table:

P12. SEX BY AGE

Universe: Total population Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Gender of Persons Age 85 Years and Over

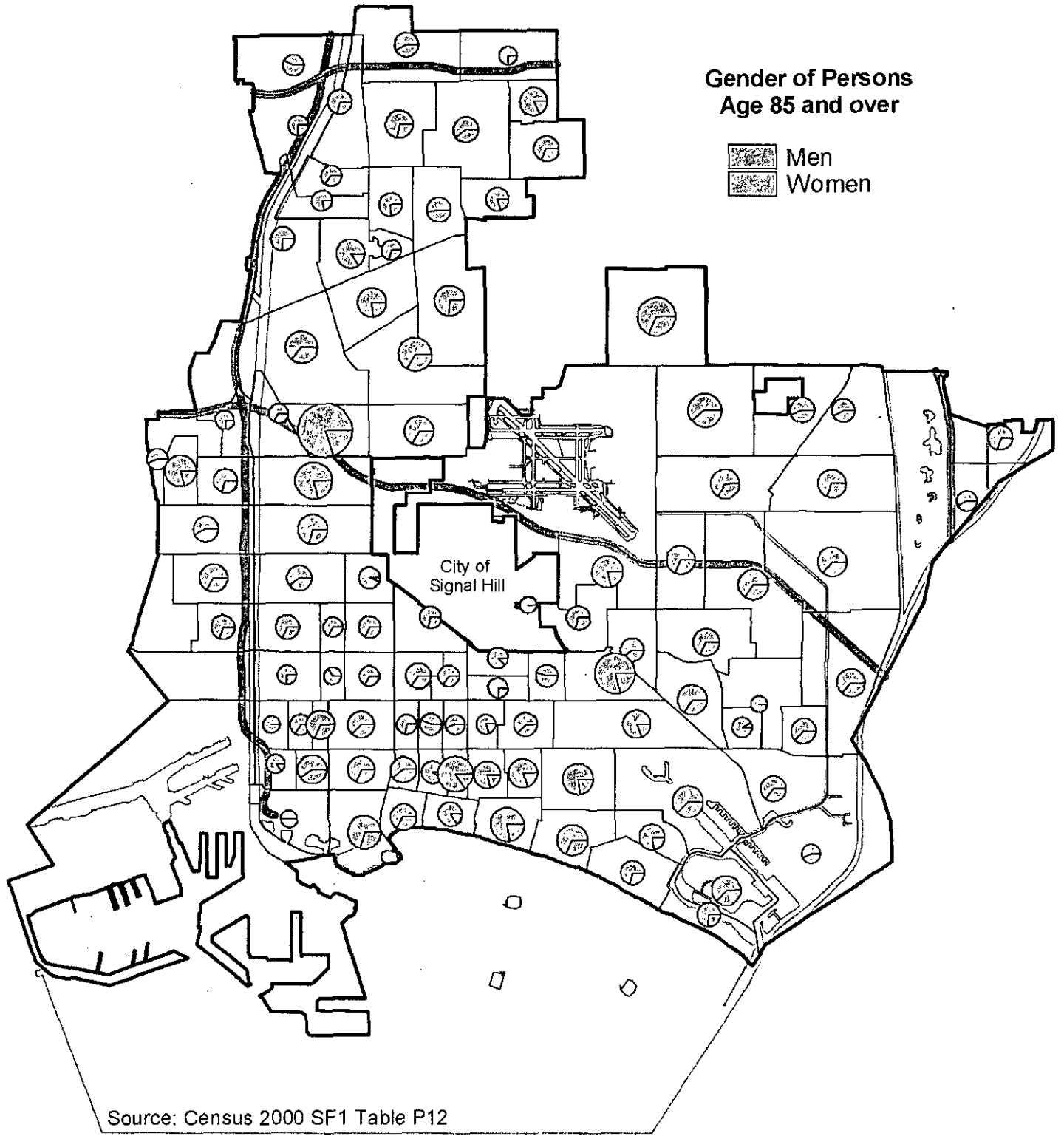
Census Tract	Persons Age 85+	Men Age 85+	Women Age 85+	Census Tract	Persons Age 85+	Men Age 85+	Women Age 85+
5440 (part)	0	0	0	5743	91	32 35.2%	59 64.8%
5552.02	38	11 28.9%	27 71.1%	5744	81	29 35.8%	52 64.2%
5701 (part)	45	15 33.3%	30 66.7%	5745	71	27 38.0%	44 62.0%
5702.02 (part)	36	15 41.7%	21 58.3%	5746.01	1	0 0.0%	1 100.0%
5702.03	4	1 25.0%	3 75.0%	5746.02	45	17 37.8%	28 62.2%
5702.04	65	12 18.5%	53 81.5%	5747	12	11 91.7%	1 8.3%
5703.01	34	10 29.4%	24 70.6%	5748	88	30 34.1%	58 65.9%
5703.03	14	5 35.7%	9 64.3%	5749.01	57	18 31.6%	39 68.4%
5703.04	14	3 21.4%	11 78.6%	5749.02	30	12 40.0%	18 60.0%
5704.01 (part)	16	9 56.3%	7 43.8%	5750.01	33	10 30.3%	23 69.7%
5704.02	12	3 25.0%	9 75.0%	5750.02	228	49 21.5%	179 78.5%
5705.01	64	18 28.1%	46 71.9%	5751.01	16	2 12.5%	14 87.5%
5705.02	44	18 40.9%	26 59.1%	5751.02	12	3 25.0%	9 75.0%
5706.01	29	7 24.1%	22 75.9%	5751.03	24	13 54.2%	11 45.8%
5706.02	40	19 47.5%	21 52.5%	5752.01	46	16 34.8%	30 65.2%
5706.03	30	6 20.0%	24 80.0%	5752.02	17	6 35.3%	11 64.7%
5712 (part)	192	62 32.3%	130 67.7%	5753	12	4 33.3%	8 66.7%
5715.01 (part)	91	24 26.4%	67 73.6%	5754.01	8	2 25.0%	6 75.0%
5715.02	78	18 23.1%	60 76.9%	5754.02	3	2 66.7%	1 33.3%
5716	10	3 30.0%	7 70.0%	5755	0	0 0.0%	0 0.0%
5717.01	34	9 26.5%	25 73.5%	5756 (part)	0	0 0.0%	0 0.0%
5717.02	76	12 15.8%	64 84.2%	5758.01	2	0 0.0%	2 100.0%
5718	111	40 36.0%	71 64.0%	5758.02	15	5 33.3%	10 66.7%
5719	133	45 33.8%	88 66.2%	5758.03	73	23 31.5%	50 68.5%
5720.01	83	27 32.5%	56 67.5%	5759.01	7	1 14.3%	6 85.7%
5720.02	488	100 20.5%	388 79.5%	5759.02	77	31 40.3%	46 59.7%
5721	9	3 33.3%	6 66.7%	5760	2	1 50.0%	1 50.0%
5722.01	174	39 22.4%	135 77.6%	5761	124	36 29.0%	88 71.0%
5722.02	85	25 29.4%	60 70.6%	5762	59	19 32.2%	40 67.8%
5723.01 (part)	18	8 44.4%	10 55.6%	5763	57	21 36.8%	36 63.2%
5723.02	35	11 31.4%	24 68.6%	5764.01	11	3 27.3%	8 72.7%
5724	8	2 25.0%	6 75.0%	5764.02	21	12 57.1%	9 42.9%
5725	105	22 21.0%	83 79.0%	5764.03	11	5 45.5%	6 54.5%
5726	46	20 43.5%	26 56.5%	5765.01	47	19 40.4%	28 59.6%
5727	66	22 33.3%	44 66.7%	5765.02	25	2 8.0%	23 92.0%
5728	0	0 0.0%	0 0.0%	5765.03	153	25 16.3%	128 83.7%
5729	33	10 30.3%	23 69.7%	5766.01	49	17 34.7%	32 65.3%
5730.01	34	11 32.4%	23 67.6%	5766.02	35	6 17.1%	29 82.9%
5730.02	9	3 33.3%	6 66.7%	5767	128	30 23.4%	98 76.6%
5731	42	17 40.5%	25 59.5%	5768.01	62	13 21.0%	49 79.0%
5732.01	19	1 5.3%	18 94.7%	5768.02	77	15 19.5%	62 80.5%
5732.02	22	7 31.8%	15 68.2%	5769.01	10	2 20.0%	8 80.0%
5733	21	6 28.6%	15 71.4%	5769.02	32	12 37.5%	20 62.5%
5734.03 (part)	1	0 0.0%	1 100.0%	5770	69	13 18.8%	56 81.2%
5735	0	0 0.0%	0 0.0%	5771	98	23 23.5%	75 76.5%
5736	128	50 39.1%	78 60.9%	5772 (part)	98	31 31.6%	67 68.4%
5737 (part)	41	18 43.9%	23 56.1%	5773	34	10 29.4%	24 70.6%
5738	31	13 41.9%	18 58.1%	5774	49	11 22.4%	38 77.6%
5739.01	0	0 0.0%	0 0.0%	5775.01	81	30 37.0%	51 63.0%
5739.02	14	6 42.9%	8 57.1%	5775.02 (part)	31	8 25.8%	23 74.2%
5740	71	23 32.4%	48 67.6%	5776.01	7	3 42.9%	4 57.1%
5741	82	28 34.1%	54 65.9%	5776.02	47	17 36.2%	30 63.8%
5742.01	72	23 31.9%	49 68.1%	5776.03	104	39 37.5%	65 62.5%
5742.02	104	22 21.2%	82 78.8%	All Tracts	5,621	1,648 29.3%	3,973 70.7%

Derived from Census 2000 table:

P12. SEX BY AGE

Universe: Total population Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Persons Age 65+ Living Alone

Census Tract	Persons Age 65+	Persons Age 65+ Living Alone		Census Tract	Persons Age 65+	Persons Age 65+ Living Alone	
5440 (part)	0	0	0.0%	5743	1,168	283	24.2%
5552.02	618	64	10.4%	5744	932	217	23.3%
5701 (part)	340	42	12.4%	5745	1,089	164	15.1%
5702.02 (part)	328	34	10.4%	5746.01	1	0	0.0%
5702.03	139	37	26.6%	5746.02	453	91	20.1%
5702.04	317	55	17.4%	5747	118	0	0.0%
5703.01	297	84	28.3%	5748	579	250	43.2%
5703.03	179	36	20.1%	5749.01	492	156	31.7%
5703.04	190	24	12.6%	5749.02	344	129	37.5%
5704.01 (part)	274	49	17.9%	5750.01	198	61	30.8%
5704.02	192	52	27.1%	5750.02	745	125	16.8%
5705.01	442	117	26.5%	5751.01	173	53	30.6%
5705.02	342	64	18.7%	5751.02	161	0	0.0%
5706.01	245	54	22.0%	5751.03	230	51	22.2%
5706.02	426	93	21.8%	5752.01	412	156	37.9%
5706.03	277	135	48.7%	5752.02	182	41	22.5%
5712 (part)	1,087	253	23.3%	5753	256	66	25.8%
5715.01 (part)	650	215	33.1%	5754.01	114	6	5.3%
5715.02	562	218	38.8%	5754.02	69	23	33.3%
5716	171	75	43.9%	5755	5	0	0.0%
5717.01	359	84	23.4%	5756 (part)	2	0	0.0%
5717.02	668	252	37.7%	5758.01	51	9	17.6%
5718	581	178	30.6%	5758.02	139	36	25.9%
5719	736	248	33.7%	5758.03	568	244	43.0%
5720.01	459	132	28.8%	5759.01	114	30	26.3%
5720.02	1,275	386	30.3%	5759.02	516	334	64.7%
5721	95	6	6.3%	5760	11	0	0.0%
5722.01	971	298	30.7%	5761	496	287	57.9%
5722.02	482	46	9.5%	5762	516	345	66.9%
5723.01 (part)	247	44	17.8%	5763	597	230	38.5%
5723.02	345	33	9.6%	5764.01	164	22	13.4%
5724	118	22	18.6%	5764.02	201	36	17.9%
5725	817	358	43.8%	5764.03	164	36	22.0%
5726	538	68	12.6%	5765.01	311	151	48.6%
5727	651	67	10.3%	5765.02	210	113	53.8%
5728	13	0	0.0%	5765.03	494	88	17.8%
5729	349	48	13.8%	5766.01	402	177	44.0%
5730.01	287	44	15.3%	5766.02	335	154	46.0%
5730.02	95	9	9.5%	5767	570	252	44.2%
5731	454	77	17.0%	5768.01	425	224	52.7%
5732.01	224	53	23.7%	5768.02	293	76	25.9%
5732.02	226	36	15.9%	5769.01	235	38	16.2%
5733	214	27	12.6%	5769.02	251	50	19.9%
5734.03 (part)	1	0	0.0%	5770	333	79	23.7%
5735	1	0	0.0%	5771	579	200	34.5%
5736	883	245	27.7%	5772 (part)	535	218	40.7%
5737 (part)	417	145	34.8%	5773	313	162	51.8%
5738	567	124	21.9%	5774	331	121	36.6%
5739.01	0	0	0.0%	5775.01	635	157	24.7%
5739.02	389	86	22.1%	5775.02 (part)	218	70	32.1%
5740	909	237	26.1%	5776.01	203	85	41.9%
5741	820	178	21.7%	5776.02	791	282	35.7%
5742.01	482	148	30.7%	5776.03	1,005	275	27.4%
5742.02	424	87	20.5%	All Tracts	41,902	11,920	28.4%

Derived from Census 2000 table:

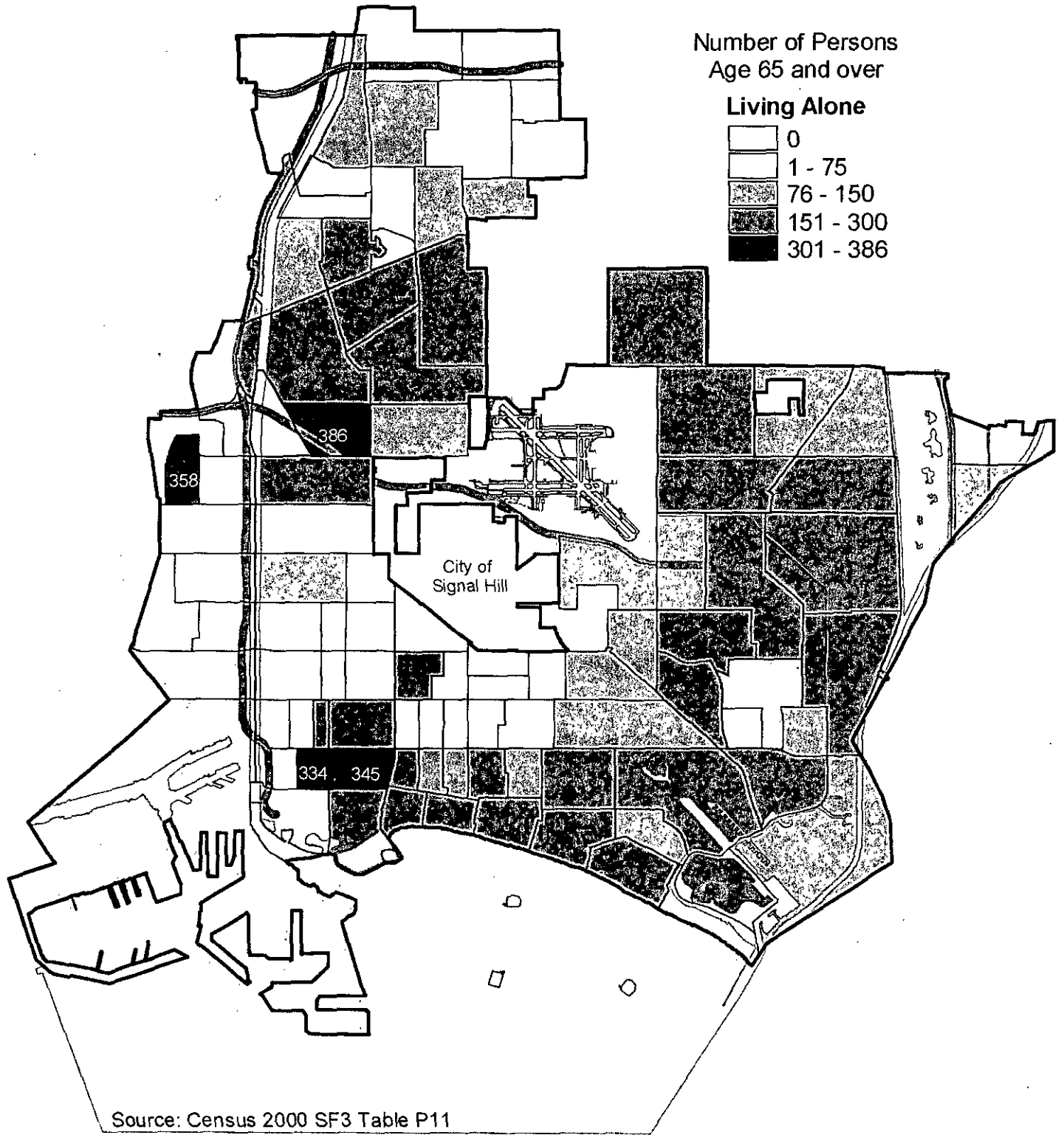
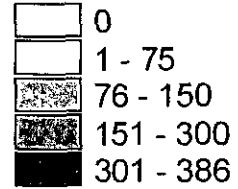
P11. HOUSEHOLD TYPE (INCLUDING LIVING ALONE) BY RELATIONSHIP FOR THE POPULATION 65 YEARS AND OVER

Universe: Population 65 years and over Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults

Number of Persons
Age 65 and over

Living Alone



Source: Census 2000 SF3 Table P11

Long Beach Strategic Plan for Older Adults

Gender of Persons Age 65+ Living Alone

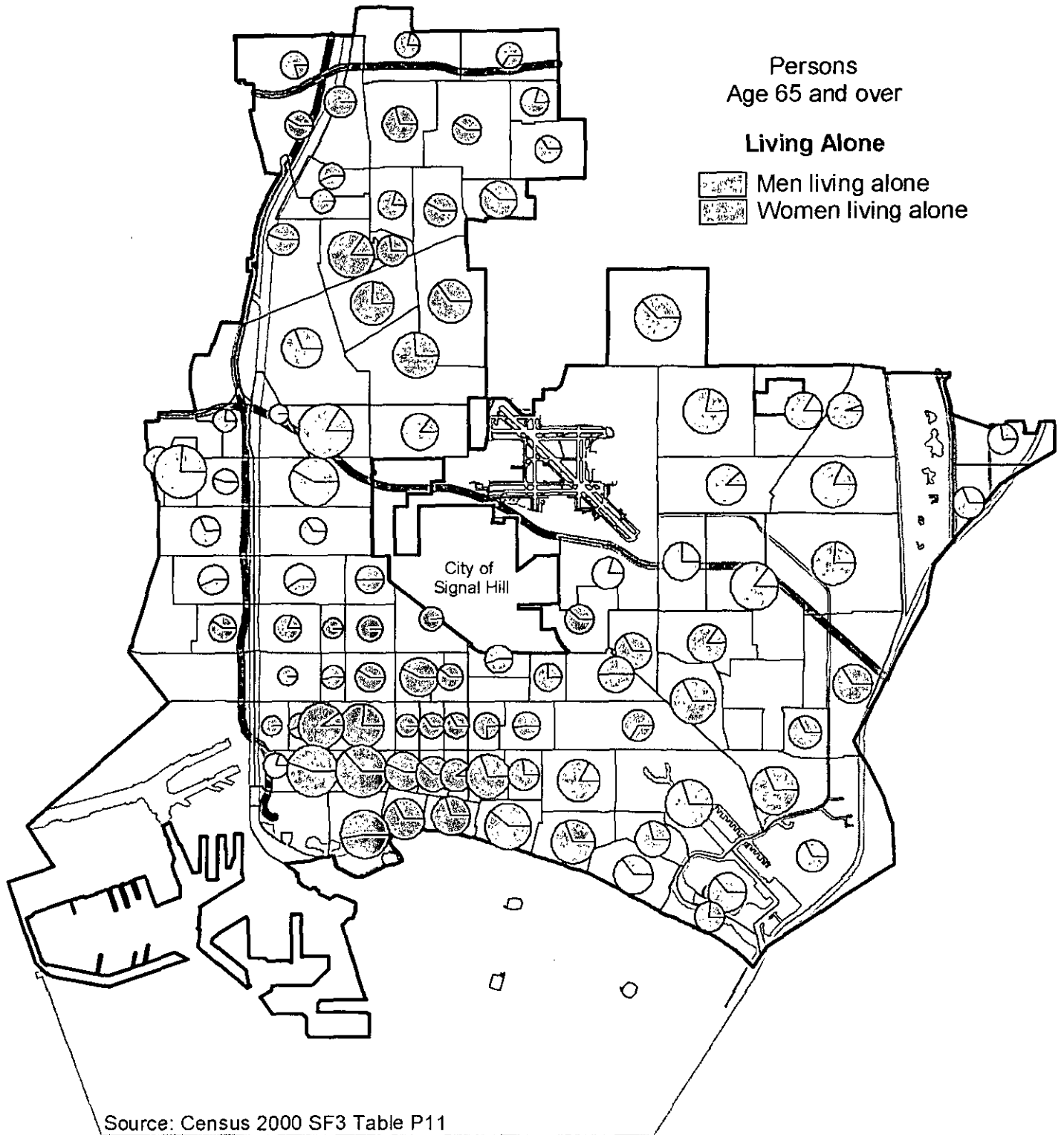
Census Tract	Persons Age 65+ Living Alone	Men Age 65+ Living Alone	Women Age 65+ Living Alone	Census Tract	Persons Age 65+ Living Alone	Men Age 65+ Living Alone	Women Age 65+ Living Alone
5440 (part)	0	0	0.0%	5743	283	42	14.8%
5552.02	64	17	26.6%	5744	217	51	23.5%
5701 (part)	42	14	33.3%	5745	164	56	34.1%
5702.02 (part)	34	7	20.6%	5746.01	0	0	0
5702.03	37	24	64.9%	5746.02	91	29	31.9%
5702.04	55	11	20.0%	5747	0	0	0
5703.01	84	0	0.0%	5748	250	83	33.2%
5703.03	36	20	55.6%	5749.01	156	25	16.0%
5703.04	24	24	100.0%	5749.02	129	42	32.6%
5704.01 (part)	49	39	79.6%	5750.01	61	24	39.3%
5704.02	52	22	42.3%	5750.02	125	62	49.6%
5705.01	117	35	29.9%	5751.01	53	29	54.7%
5705.02	64	26	40.6%	5751.02	0	0	0
5706.01	54	10	18.5%	5751.03	51	13	25.5%
5706.02	93	39	41.9%	5752.01	156	66	42.3%
5706.03	135	51	37.8%	5752.02	41	16	39.0%
5712 (part)	253	94	37.2%	5753	66	27	40.9%
5715.01 (part)	215	75	34.9%	5754.01	6	6	100.0%
5715.02	218	53	24.3%	5754.02	23	12	52.2%
5716	75	20	26.7%	5755	0	0	0
5717.01	84	38	45.2%	5756 (part)	0	0	0
5717.02	252	38	15.1%	5758.01	9	0	0.0%
5718	178	56	31.5%	5758.02	36	20	55.6%
5719	248	65	26.2%	5758.03	244	24	9.8%
5720.01	132	18	13.6%	5759.01	30	6	20.0%
5720.02	386	63	16.3%	5759.02	334	149	44.6%
5721	6	6	100.0%	5760	0	0	0
5722.01	298	124	41.6%	5761	287	152	53.0%
5722.02	46	16	34.8%	5762	345	125	36.2%
5723.01 (part)	44	7	15.9%	5763	230	53	23.0%
5723.02	33	15	45.5%	5764.01	22	0	0.0%
5724	22	5	22.7%	5764.02	36	13	36.1%
5725	358	85	23.7%	5764.03	36	12	33.3%
5726	68	21	30.9%	5765.01	151	67	44.4%
5727	67	38	56.7%	5765.02	113	43	38.1%
5728	0	0	0	5765.03	88	9	10.2%
5729	48	19	39.6%	5766.01	177	59	33.3%
5730.01	44	9	20.5%	5766.02	154	46	29.9%
5730.02	9	0	0.0%	5767	252	95	37.7%
5731	77	46	59.7%	5768.01	224	67	29.9%
5732.01	53	27	50.9%	5768.02	76	20	26.3%
5732.02	36	0	0.0%	5769.01	38	29	76.3%
5733	27	0	0.0%	5769.02	50	26	52.0%
5734.03 (part)	0	0	0	5770	79	53	67.1%
5735	0	0	0	5771	200	33	16.5%
5736	245	55	22.4%	5772 (part)	218	67	30.7%
5737 (part)	145	24	16.6%	5773	162	57	35.2%
5738	124	7	5.6%	5774	121	35	28.9%
5739.01	0	0	0	5775.01	157	57	36.3%
5739.02	86	27	31.4%	5775.02 (part)	70	17	24.3%
5740	237	43	18.1%	5776.01	85	28	32.9%
5741	178	21	11.8%	5776.02	282	91	32.3%
5742.01	148	37	25.0%	5776.03	275	82	29.8%
5742.02	87	17	19.5%	All Tracts	11,920	3,626	30.4%

Derived from Census 2000 table:

P11. HOUSEHOLD TYPE (INCLUDING LIVING ALONE) BY RELATIONSHIP FOR THE POPULATION 65 YEARS AND OVER

Universe: Population 65 years and over Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Females Age 65+ Living Alone

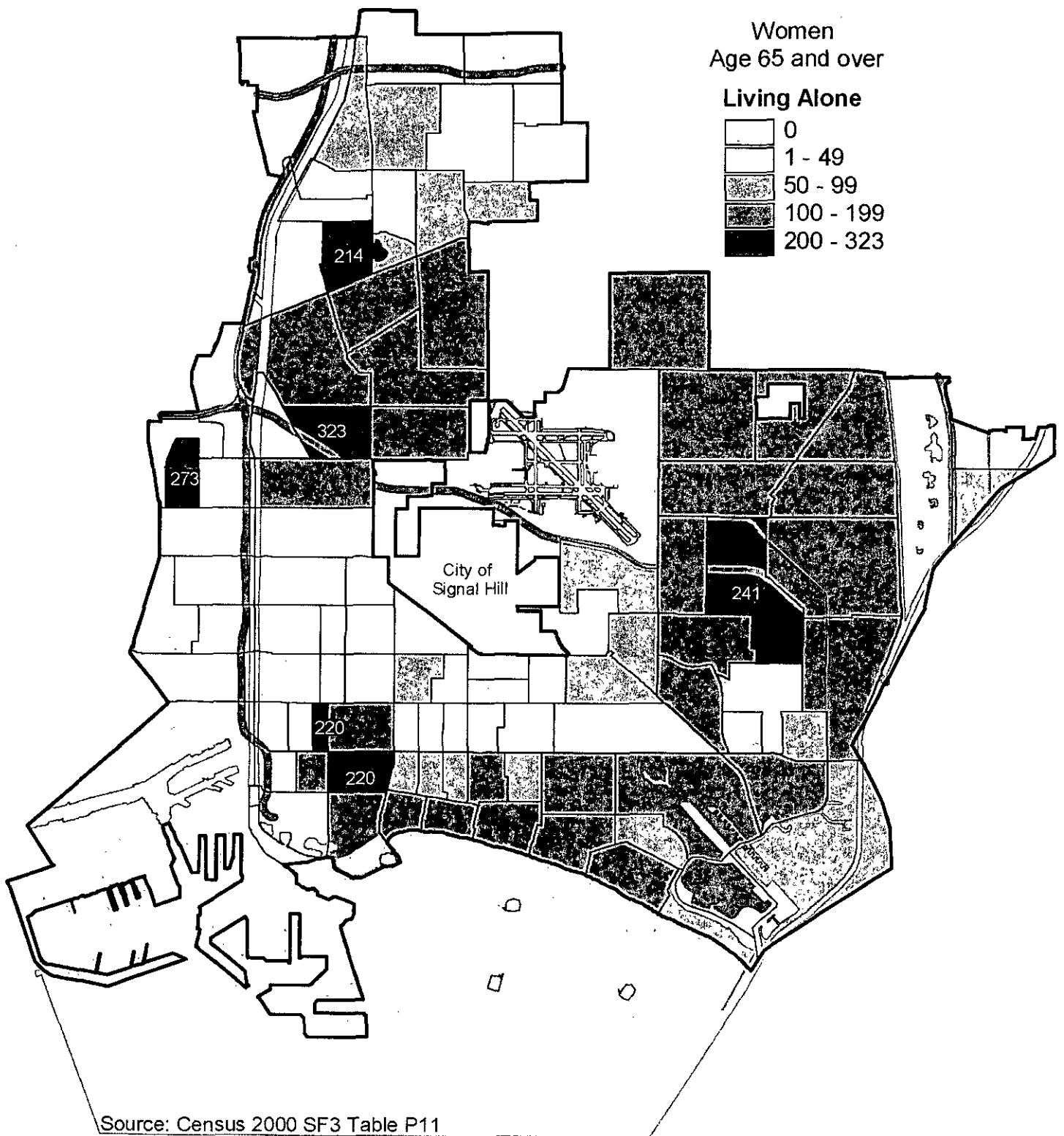
Census Tract	Female Householder Age 65+			Census Tract	Female Householder Age 65+		
	Living Alone				Living Alone		
5440 (part)	0	0		5743	253	241	95.3%
5552.02	47	47	100.0%	5744	166	166	100.0%
5701 (part)	28	28	100.0%	5745	108	108	100.0%
5702.02 (part)	27	27	100.0%	5746.01	0	0	
5702.03	13	13	100.0%	5746.02	69	62	89.9%
5702.04	44	44	100.0%	5747	0	0	
5703.01	84	84	100.0%	5748	167	167	100.0%
5703.03	21	16	76.2%	5749.01	145	131	90.3%
5703.04	0	0		5749.02	92	87	94.6%
5704.01 (part)	10	10	100.0%	5750.01	37	37	100.0%
5704.02	35	30	85.7%	5750.02	63	63	100.0%
5705.01	86	82	95.3%	5751.01	24	24	100.0%
5705.02	44	38	86.4%	5751.02	0	0	
5706.01	58	44	75.9%	5751.03	38	38	100.0%
5706.02	60	54	90.0%	5752.01	90	90	100.0%
5706.03	84	84	100.0%	5752.02	33	25	75.8%
5712 (part)	165	159	96.4%	5753	41	39	95.1%
5715.01 (part)	140	140	100.0%	5754.01	0	0	
5715.02	165	165	100.0%	5754.02	11	11	100.0%
5716	66	55	83.3%	5755	0	0	
5717.01	46	46	100.0%	5756 (part)	0	0	
5717.02	214	214	100.0%	5758.01	9	9	100.0%
5718	130	122	93.8%	5758.02	16	16	100.0%
5719	183	183	100.0%	5758.03	236	220	93.2%
5720.01	122	114	93.4%	5759.01	24	24	100.0%
5720.02	332	323	97.3%	5759.02	199	185	93.0%
5721	0	0		5760	0	0	
5722.01	186	174	93.5%	5761	143	135	94.4%
5722.02	30	30	100.0%	5762	220	220	100.0%
5723.01 (part)	42	37	88.1%	5763	177	177	100.0%
5723.02	24	18	75.0%	5764.01	22	22	100.0%
5724	17	17	100.0%	5764.02	23	23	100.0%
5725	297	273	91.9%	5764.03	24	24	100.0%
5726	56	47	83.9%	5765.01	84	84	100.0%
5727	29	29	100.0%	5765.02	70	70	100.0%
5728	0	0		5765.03	79	79	100.0%
5729	29	29	100.0%	5766.01	118	118	100.0%
5730.01	35	35	100.0%	5766.02	116	108	93.1%
5730.02	9	9	100.0%	5767	164	157	95.7%
5731	31	31	100.0%	5768.01	165	157	95.2%
5732.01	26	26	100.0%	5768.02	56	56	100.0%
5732.02	36	36	100.0%	5769.01	18	9	50.0%
5733	27	27	100.0%	5769.02	30	24	80.0%
5734.03 (part)	0	0		5770	37	26	70.3%
5735	0	0		5771	167	167	100.0%
5736	190	190	100.0%	5772 (part)	151	151	100.0%
5737 (part)	121	121	100.0%	5773	105	105	100.0%
5738	120	117	97.5%	5774	94	86	91.5%
5739.01	0	0	0.0%	5775.01	100	100	100.0%
5739.02	59	59	100.0%	5775.02 (part)	53	53	100.0%
5740	204	194	95.1%	5776.01	57	57	100.0%
5741	163	157	96.3%	5776.02	197	191	97.0%
5742.01	111	111	100.0%	5776.03	204	193	94.6%
5742.02	74	70	94.6%	All Tracts	8,615	8,294	96.3%

Derived from Census 2000 table:

P11. HOUSEHOLD TYPE (INCLUDING LIVING ALONE) BY RELATIONSHIP FOR THE POPULATION 65 YEARS AND OVER

Universe: Population 65 years and over Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Number of Overcrowded Households with Householder Age 65+

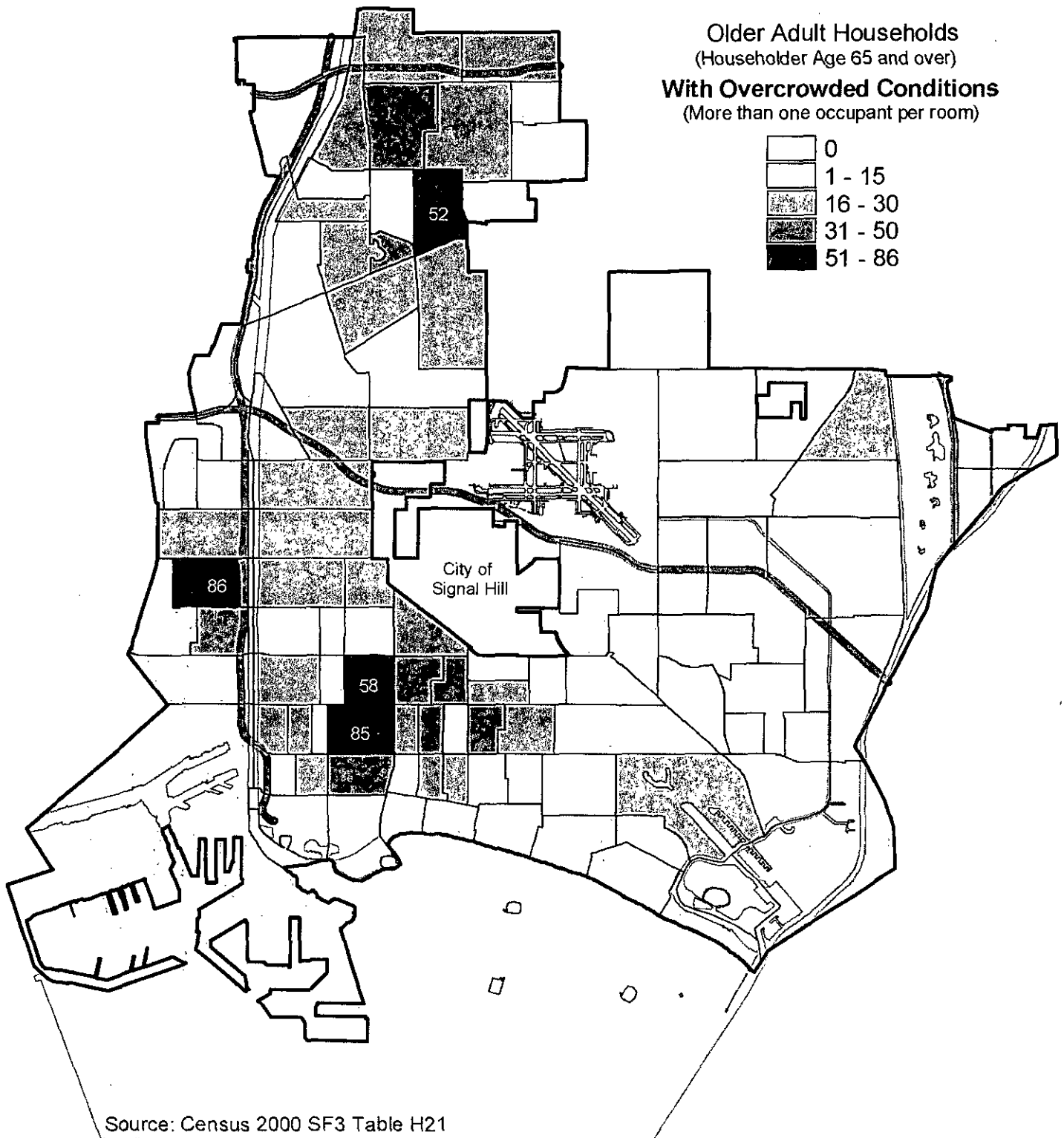
Census Tract	Householder Age 65+	Overcrowded Households		Census Tract	Householder Age 65+	Overcrowded Households	
5440 (part)	0	0		5743	758	0	0.0%
5552.02	325	0	0.0%	5744	578	0	0.0%
5701 (part)	138	13	9.4%	5745	605	0	0.0%
5702.02 (part)	152	20	13.2%	5746.01	0	0	
5702.03	114	28	24.6%	5746.02	251	0	0.0%
5702.04	102	0	0.0%	5747	0	0	
5703.01	219	22	10.0%	5748	447	6	1.3%
5703.03	77	0	0.0%	5749.01	317	0	0.0%
5703.04	115	24	20.9%	5749.02	258	0	0.0%
5704.01 (part)	115	7	6.1%	5750.01	140	0	0.0%
5704.02	139	9	6.5%	5750.02	203	0	0.0%
5705.01	265	40	15.1%	5751.01	127	8	6.3%
5705.02	184	23	12.5%	5751.02	61	17	27.9%
5706.01	117	7	6.0%	5751.03	149	0	0.0%
5706.02	262	52	19.8%	5752.01	266	40	15.0%
5706.03	233	15	6.4%	5752.02	111	48	43.2%
5712 (part)	598	0	0.0%	5753	181	58	32.0%
5715.01 (part)	385	16	4.2%	5754.01	36	18	50.0%
5715.02	384	20	5.2%	5754.02	49	0	0.0%
5716	143	49	34.3%	5755	0	0	
5717.01	173	7	4.0%	5756 (part)	0	0	
5717.02	376	27	7.2%	5758.01	34	18	52.9%
5718	341	0	0.0%	5758.02	70	17	24.3%
5719	472	10	2.1%	5758.03	323	13	4.0%
5720.01	301	17	5.6%	5759.01	58	11	19.0%
5720.02	510	19	3.7%	5759.02	443	20	4.5%
5721	54	0	0.0%	5760	0	0	
5722.01	433	20	4.6%	5761	334	8	2.4%
5722.02	142	22	15.5%	5762	450	47	10.4%
5723.01 (part)	120	0	0.0%	5763	341	85	24.9%
5723.02	167	10	6.0%	5764.01	82	25	30.5%
5724	64	12	18.8%	5764.02	94	31	33.0%
5725	470	0	0.0%	5764.03	79	10	12.7%
5726	293	29	9.9%	5765.01	211	0	0.0%
5727	300	86	28.7%	5765.02	175	21	12.0%
5728	9	0	0.0%	5765.03	171	26	15.2%
5729	134	17	12.7%	5766.01	270	0	0.0%
5730.01	123	9	7.3%	5766.02	256	0	0.0%
5730.02	17	0	0.0%	5767	365	7	1.9%
5731	249	16	6.4%	5768.01	294	8	2.7%
5732.01	98	17	17.3%	5768.02	138	6	4.3%
5732.02	124	15	12.1%	5769.01	78	32	41.0%
5733	110	30	27.3%	5769.02	170	24	14.1%
5734.03 (part)	0	0		5770	156	0	0.0%
5735	0	0		5771	351	8	2.3%
5736	533	13	2.4%	5772 (part)	326	0	0.0%
5737 (part)	320	0	0.0%	5773	246	0	0.0%
5738	374	17	4.5%	5774	251	0	0.0%
5739.01	0	0		5775.01	392	11	2.8%
5739.02	194	8	4.1%	5775.02 (part)	146	0	0.0%
5740	703	6	0.9%	5776.01	138	0	0.0%
5741	531	0	0.0%	5776.02	540	4	0.7%
5742.01	298	0	0.0%	5776.03	655	20	3.1%
5742.02	162	0	0.0%	All Tracts	24,436	1,399	5.7%

Derived from Census 2000 table:

H21.TENURE BY AGE OF HOUSEHOLDER BY OCCUPANTS PER ROOM

Universe: Occupied housing units Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Household income less than \$25,000 with householder Age 65+

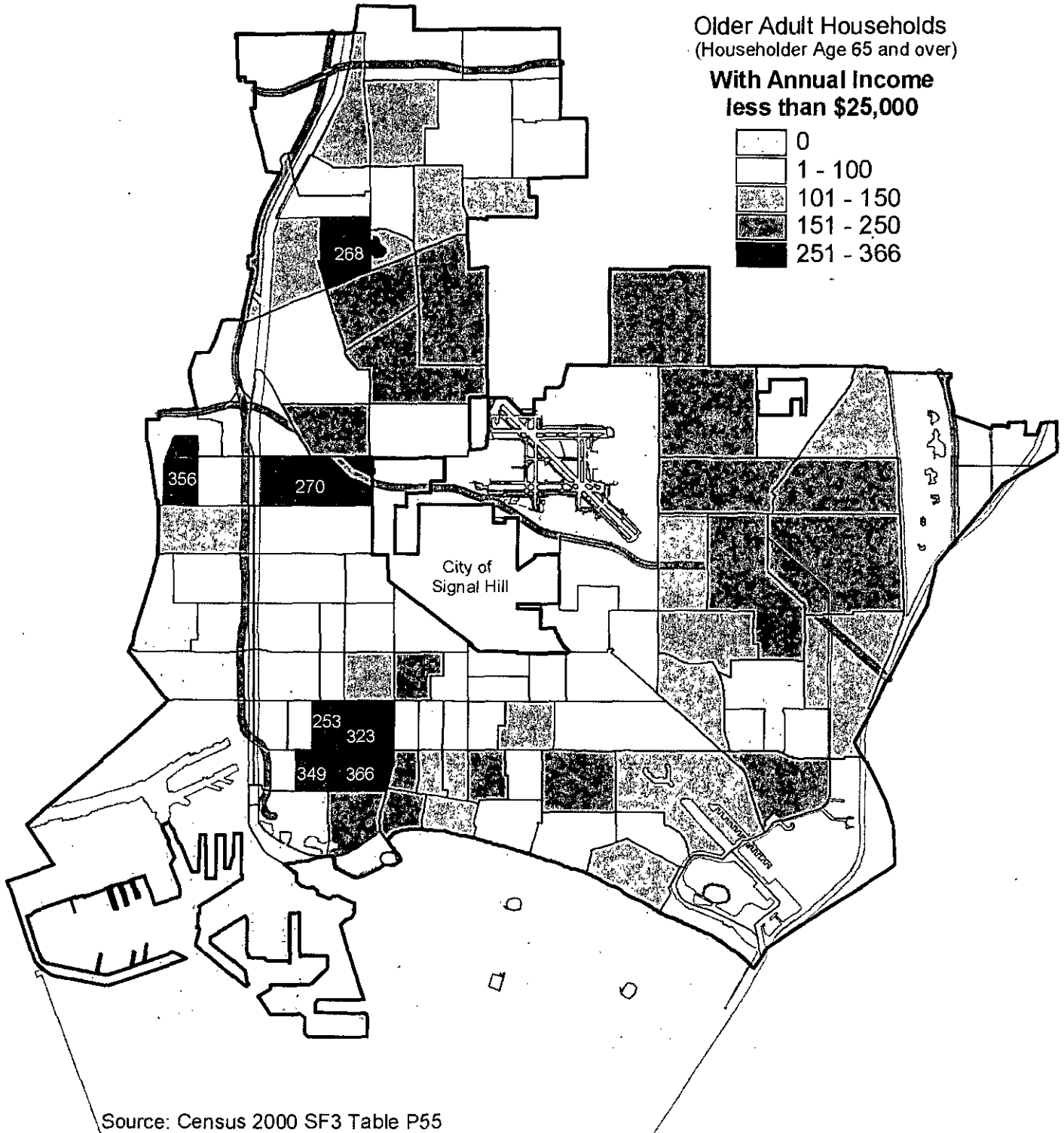
Census Tract	Householder Age 65+	Households with Income < \$25,000		Census Tract	Householder Age 65+	Households with Income < \$25,000	
5440 (part)	0	0		5743	758	246	32.5%
5552.02	325	90	27.7%	5744	578	152	26.3%
5701 (part)	138	52	37.7%	5745	605	115	19.0%
5702.02 (part)	152	56	36.8%	5746.01	0	0	
5702.03	114	37	32.5%	5746.02	251	23	9.2%
5702.04	102	44	43.1%	5747	0	0	
5703.01	219	120	54.8%	5748	447	141	31.5%
5703.03	77	47	61.0%	5749.01	317	123	38.8%
5703.04	115	67	58.3%	5749.02	258	81	31.4%
5704.01 (part)	115	55	47.8%	5750.01	140	73	52.1%
5704.02	139	56	40.3%	5750.02	203	62	30.5%
5705.01	265	133	50.2%	5751.01	127	83	65.4%
5705.02	184	90	48.9%	5751.02	61	18	29.5%
5706.01	117	49	41.9%	5751.03	149	80	53.7%
5706.02	262	127	48.5%	5752.01	266	210	78.9%
5706.03	233	130	55.8%	5752.02	111	79	71.2%
5712 (part)	598	203	33.9%	5753	181	109	60.2%
5715.01 (part)	385	158	41.0%	5754.01	36	6	16.7%
5715.02	384	160	41.7%	5754.02	49	49	100.0%
5716	143	109	76.2%	5755	0	0	
5717.01	173	106	61.3%	5756 (part)	0	0	
5717.02	376	268	71.3%	5758.01	34	27	79.4%
5718	341	55	16.1%	5758.02	70	49	70.0%
5719	472	180	38.1%	5758.03	323	253	78.3%
5720.01	301	95	31.6%	5759.01	58	26	44.8%
5720.02	510	223	43.7%	5759.02	443	349	78.8%
5721	54	16	29.6%	5760	0	0	
5722.01	433	270	62.4%	5761	334	212	63.5%
5722.02	142	20	14.1%	5762	450	366	81.3%
5723.01 (part)	120	43	35.8%	5763	341	323	94.7%
5723.02	167	53	31.7%	5764.01	82	42	51.2%
5724	64	11	17.2%	5764.02	94	61	64.9%
5725	470	356	75.7%	5764.03	79	55	69.6%
5726	293	107	36.5%	5765.01	211	164	77.7%
5727	300	70	23.3%	5765.02	175	121	69.1%
5728	9	0	0.0%	5765.03	171	101	59.1%
5729	134	64	47.8%	5766.01	270	151	55.9%
5730.01	123	81	65.9%	5766.02	256	119	46.5%
5730.02	17	17	100.0%	5767	365	78	21.4%
5731	249	82	32.9%	5768.01	294	212	72.1%
5732.01	98	67	68.4%	5768.02	138	72	52.2%
5732.02	124	87	70.2%	5769.01	78	54	69.2%
5733	110	74	67.3%	5769.02	170	104	61.2%
5734.03 (part)	0	0		5770	156	79	50.6%
5735	0	0		5771	351	178	50.7%
5736	533	192	36.0%	5772 (part)	326	99	30.4%
5737 (part)	320	99	30.9%	5773	246	134	54.5%
5738	374	142	38.0%	5774	251	45	17.9%
5739.01	0	0	0.0%	5775.01	392	64	16.3%
5739.02	194	57	29.4%	5775.02 (part)	146	6	4.1%
5740	703	220	31.3%	5776.01	138	42	30.4%
5741	531	201	37.9%	5776.02	540	178	33.0%
5742.01	298	115	38.6%	5776.03	655	135	20.6%
5742.02	162	69	42.6%	All Tracts	24,436	10,772	44.1%

Derived from Census 2000 table:

P55. AGE OF HOUSEHOLDER BY HOUSEHOLD INCOME IN 1999

Universe: Households Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Householder 65+ with Owner Costs 35% or more of Income

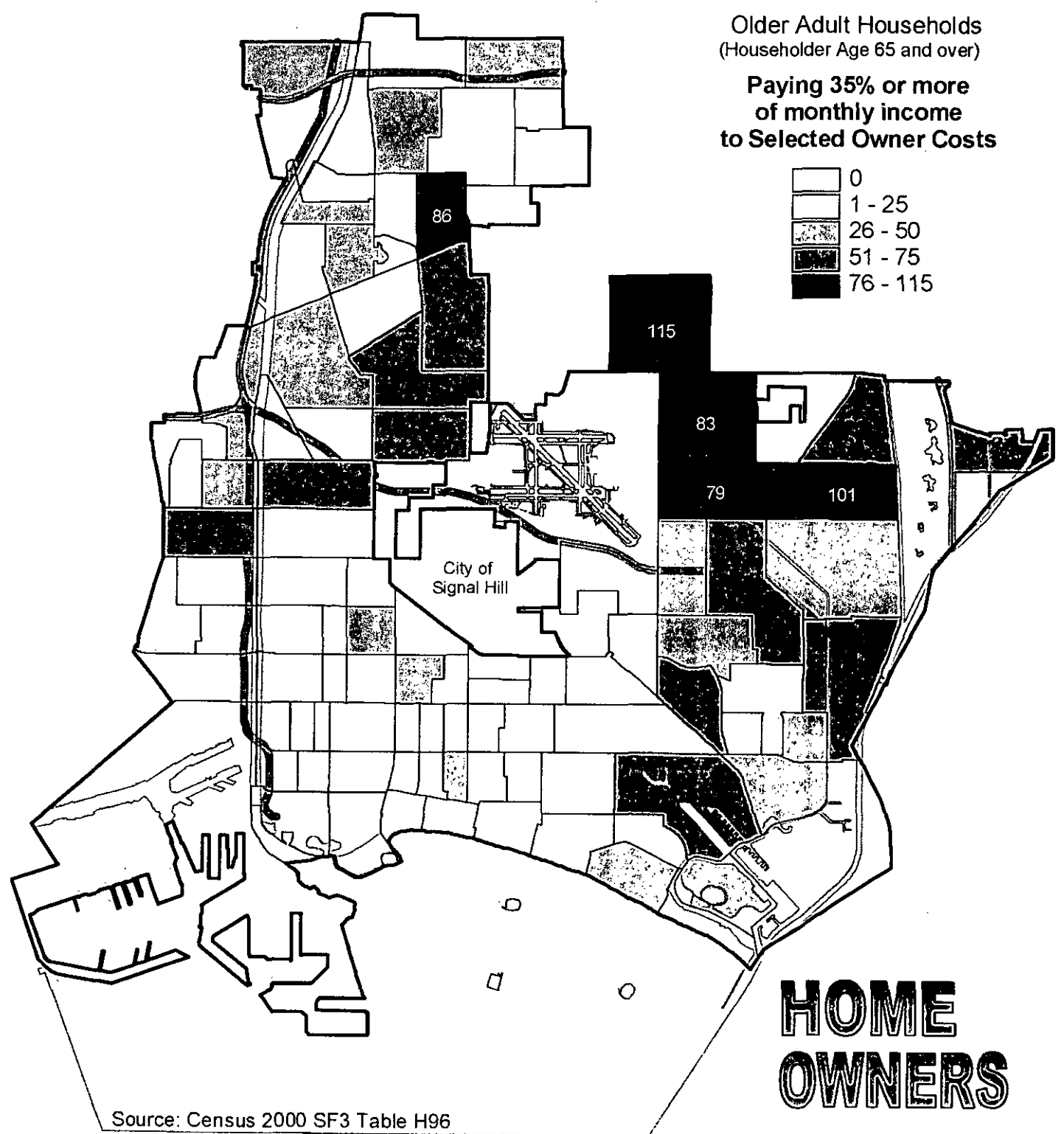
Census Tract	Owner-Occupied Householder Age 65+	Owner Costs 35%+ of Income	Percentage	Census Tract	Owner-Occupied Householder Age 65+	Owner Costs 35%+ of Income	Percentage
5440 (part)	0	0		5743	698	67	9.6%
5552.02	224	60	26.8%	5744	587	28	4.8%
5701 (part)	117	11	9.4%	5745	635	64	10.1%
5702.02 (part)	105	9	8.6%	5746.01	0	0	
5702.03	71	27	38.0%	5746.02	136	28	20.6%
5702.04	62	10	16.1%	5747	0	0	
5703.01	112	25	22.3%	5748	254	51	20.1%
5703.03	26	17	65.4%	5749.01	262	43	16.4%
5703.04	44	28	63.6%	5749.02	98	18	18.4%
5704.01 (part)	56	37	66.1%	5750.01	83	8	9.6%
5704.02	116	18	15.5%	5750.02	117	7	6.0%
5705.01	171	41	24.0%	5751.01	28	13	46.4%
5705.02	148	20	13.5%	5751.02	42	0	0.0%
5706.01	56	0	0.0%	5751.03	18	0	0.0%
5706.02	178	86	48.3%	5752.01	79	50	63.3%
5706.03	0	0		5752.02	19	0	0.0%
5712 (part)	521	115	22.1%	5753	31	7	22.6%
5715.01 (part)	322	64	19.9%	5754.01	18	8	44.4%
5715.02	151	14	9.3%	5754.02	0	0	
5716	6	6	100.0%	5755	0	0	
5717.01	53	11	20.8%	5756 (part)	0	0	
5717.02	87	37	42.5%	5758.01	0	0	
5718	212	41	19.3%	5758.02	0	0	
5719	307	59	19.2%	5758.03	11	3	27.3%
5720.01	246	64	26.0%	5759.01	0	0	
5720.02	57	0	0.0%	5759.02	6	0	0.0%
5721	38	12	31.6%	5760	0	0	
5722.01	218	62	28.4%	5761	11	0	0.0%
5722.02	111	12	10.8%	5762	0	0	
5723.01 (part)	86	9	10.5%	5763	19	13	68.4%
5723.02	142	31	21.8%	5764.01	10	0	0.0%
5724	83	31	37.3%	5764.02	7	0	0.0%
5725	23	6	26.1%	5764.03	0	0	
5726	256	75	29.3%	5765.01	0	0	
5727	183	23	12.6%	5765.02	0	0	
5728	0	0		5765.03	55	29	52.7%
5729	110	4	3.6%	5766.01	10	0	0.0%
5730.01	78	23	29.5%	5766.02	19	0	0.0%
5730.02	0	0		5767	52	15	28.8%
5731	130	23	17.7%	5768.01	35	0	0.0%
5732.01	44	18	40.9%	5768.02	69	24	34.8%
5732.02	58	26	44.8%	5769.01	10	10	100.0%
5733	63	16	25.4%	5769.02	47	0	0.0%
5734.03 (part)	0	0		5770	40	8	20.0%
5735	0	0		5771	114	24	21.1%
5736	574	83	14.5%	5772 (part)	151	22	14.6%
5737 (part)	288	23	8.0%	5773	111	38	34.2%
5738	413	69	16.7%	5774	171	9	5.3%
5739.01	0	0	0.0%	5775.01	314	41	13.1%
5739.02	133	10	7.5%	5775.02 (part)	95	12	12.6%
5740	561	101	18.0%	5776.01	48	7	14.6%
5741	528	79	15.0%	5776.02	223	34	15.2%
5742.01	276	47	17.0%	5776.03	500	75	15.0%
5742.02	73	7	9.6%	All Tracts	13,150	2,346	17.8%

Derived from Census 2000 table:

H96. AGE OF HOUSEHOLDER BY SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999

Universe: Specified owner-occupied housing units Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Householder 65+ with Renter Costs 35% or more of Income

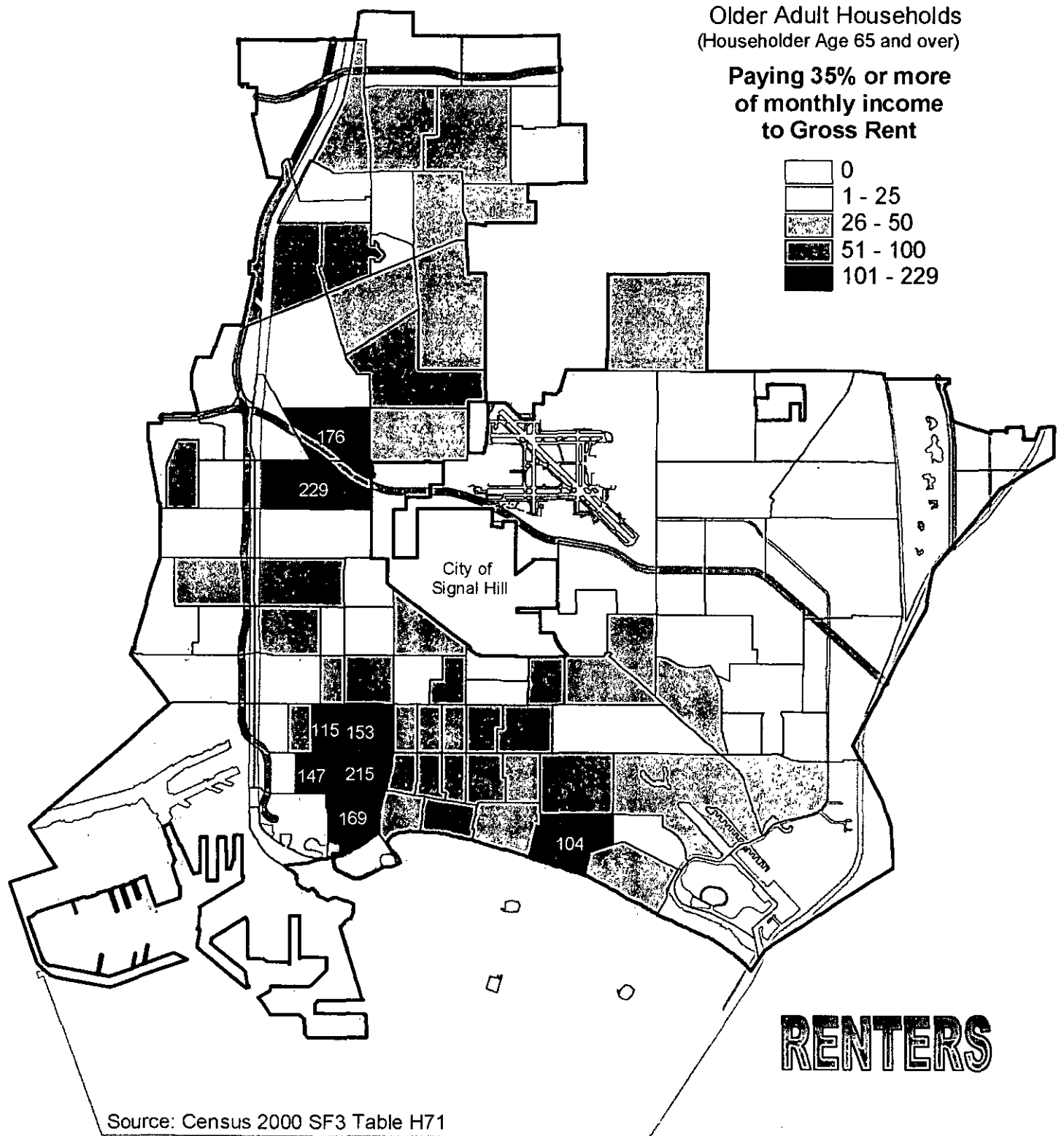
Census Tract	Renter-Occupied Householder Age 65+	Gross Rent is 35%+ of Income	Census Tract	Renter-Occupied Householder Age 65+	Gross Rent is 35%+ of Income
5440 (part)	0	0	5743	18	0
5552.02	14	14 100.0%	5744	9	9 100.0%
5701 (part)	0	0	5745	16	6 37.5%
5702.02 (part)	18	11 61.1%	5746.01	0	0
5702.03	34	0 0.0%	5746.02	33	20 60.6%
5702.04	10	0 0.0%	5747	0	0
5703.01	52	42 80.8%	5748	78	45 57.7%
5703.03	30	20 66.7%	5749.01	34	22 64.7%
5703.04	65	24 36.9%	5749.02	105	49 46.7%
5704.01 (part)	41	10 24.4%	5750.01	62	20 32.3%
5704.02	17	8 47.1%	5750.02	44	32 72.7%
5705.01	68	44 64.7%	5751.01	32	7 21.9%
5705.02	52	41 78.8%	5751.02	17	8 47.1%
5706.01	52	22 42.3%	5751.03	140	56 40.0%
5706.02	122	34 27.9%	5752.01	131	21 16.0%
5706.03	110	36 32.7%	5752.02	99	66 66.7%
5712 (part)	77	27 35.1%	5753	150	54 36.0%
5715.01 (part)	78	35 44.9%	5754.01	23	0 0.0%
5715.02	144	37 25.7%	5754.02	54	42 77.8%
5716	162	20 12.3%	5755	0	0
5717.01	76	58 76.3%	5756 (part)	0	0
5717.02	273	81 29.7%	5758.01	36	17 47.2%
5718	54	19 35.2%	5758.02	70	46 65.7%
5719	145	90 62.1%	5758.03	222	115 51.8%
5720.01	92	29 31.5%	5759.01	53	8 15.1%
5720.02	289	176 60.9%	5759.02	401	147 36.7%
5721	7	0 0.0%	5760	0	0
5722.01	338	229 67.8%	5761	214	169 79.0%
5722.02	25	10 40.0%	5762	428	215 50.2%
5723.01 (part)	48	21 43.8%	5763	325	153 47.1%
5723.02	36	19 52.8%	5764.01	71	32 45.1%
5724	0	0	5764.02	78	36 46.2%
5725	366	70 19.1%	5764.03	56	26 46.4%
5726	44	15 34.1%	5765.01	151	78 51.7%
5727	116	33 28.4%	5765.02	115	58 50.4%
5728	9	0 0.0%	5765.03	175	75 42.9%
5729	27	3 11.1%	5766.01	107	49 45.8%
5730.01	58	42 72.4%	5766.02	69	51 73.9%
5730.02	16	16 100.0%	5767	162	34 21.0%
5731	118	59 50.0%	5768.01	182	63 34.6%
5732.01	35	19 54.3%	5768.02	95	36 37.9%
5732.02	31	17 54.8%	5769.01	91	51 56.0%
5733	62	28 45.2%	5769.02	139	69 49.6%
5734.03 (part)	0	0	5770	76	10 13.2%
5735	0	0	5771	155	97 62.6%
5736	14	9 64.3%	5772 (part)	204	104 51.0%
5737 (part)	22	0 0.0%	5773	122	43 35.2%
5738	6	0 0.0%	5774	56	15 26.8%
5739.01	0	0 0.0%	5775.01	22	7 31.8%
5739.02	7	0 0.0%	5775.02 (part)	22	15 68.2%
5740	32	5 15.6%	5776.01	8	8 100.0%
5741	13	7 53.8%	5776.02	81	41 50.6%
5742.01	7	0 0.0%	5776.03	89	47 52.8%
5742.02	80	21 26.3%	All Tracts	8,712	3,873 44.5%

Derived from Census 2000 table:

H71. AGE OF HOUSEHOLDER BY GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999

Universe: Specified renter-occupied housing units Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Grandparents Responsible for Own Grandchildren

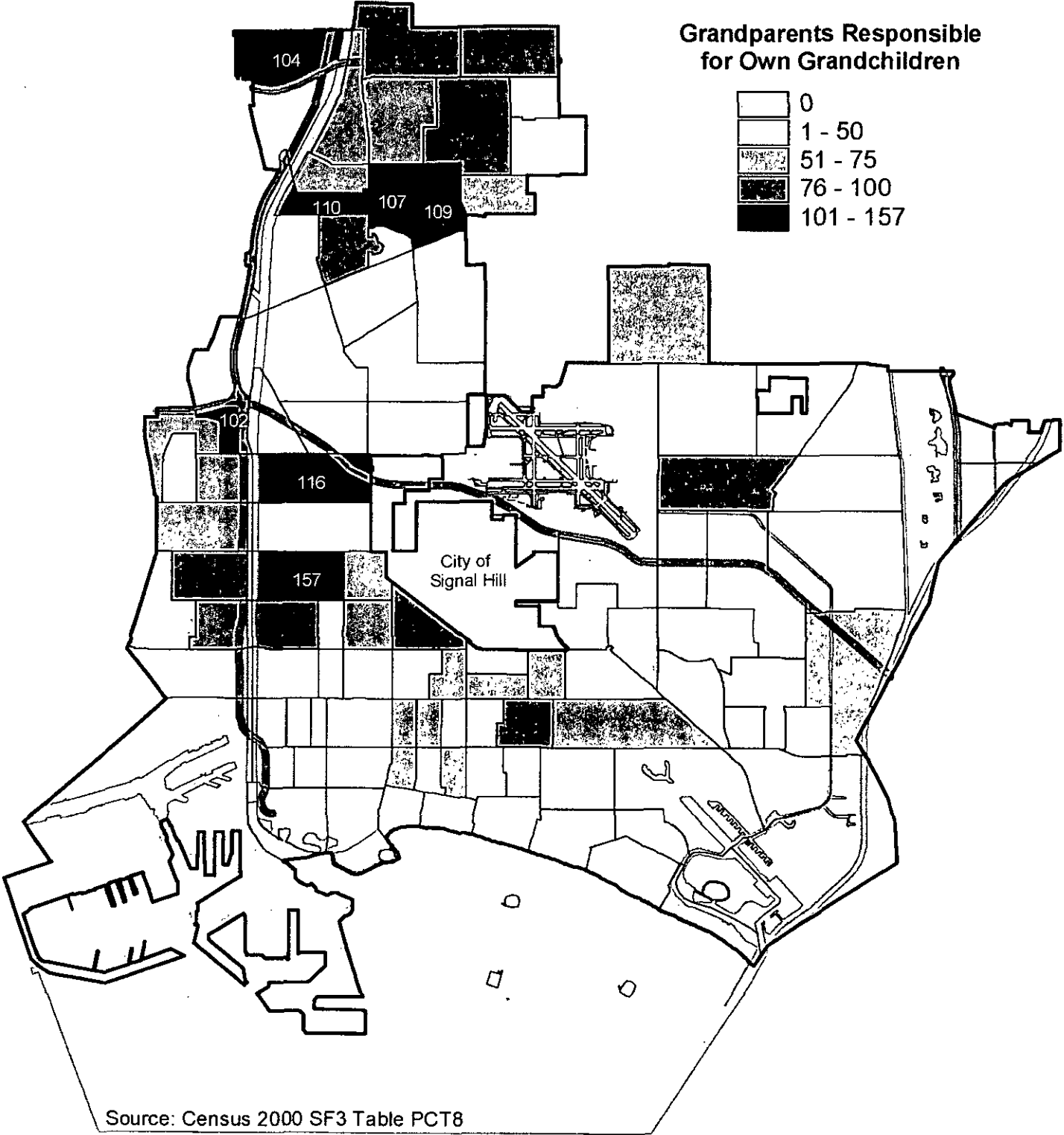
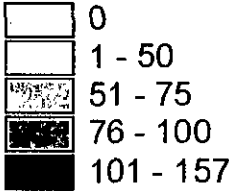
Census Tract	Persons Age 30+ Living with own Grandchildren	Grandparents Responsible for Own Grandchildren	Census Tract	Persons Age 30+ Living with own Grandchildren	Grandparents Responsible for Own Grandchildren
5440 (part)	0	0	5743	86	15 17.4%
5552.02	22	3 13.6%	5744	71	10 14.1%
5701 (part)	89	36 40.4%	5745	163	75 46.0%
5702.02 (part)	385	88 22.9%	5746.01	0	0
5702.03	204	84 41.2%	5746.02	65	35 53.8%
5702.04	152	48 31.6%	5747	0	0
5703.01	250	65 26.0%	5748	15	9 60.0%
5703.03	125	71 56.8%	5749.01	53	11 20.8%
5703.04	176	110 62.5%	5749.02	42	0 0.0%
5704.01 (part)	403	104 25.8%	5750.01	29	0 0.0%
5704.02	136	35 25.7%	5750.02	41	7 17.1%
5705.01	277	69 24.9%	5751.01	190	35 18.4%
5705.02	232	94 40.5%	5751.02	166	67 40.4%
5706.01	223	107 48.0%	5751.03	167	69 41.3%
5706.02	236	109 46.2%	5752.01	215	33 15.3%
5706.03	130	66 50.8%	5752.02	163	51 31.3%
5712 (part)	120	55 45.8%	5753	179	26 14.5%
5715.01 (part)	152	44 28.9%	5754.01	92	6 6.5%
5715.02	118	28 23.7%	5754.02	114	22 19.3%
5716	57	19 33.3%	5755	0	0
5717.01	156	9 5.8%	5756 (part)	0	0
5717.02	285	94 33.0%	5758.01	72	32 44.4%
5718	21	21 100.0%	5758.02	171	35 20.5%
5719	77	29 37.7%	5758.03	116	42 36.2%
5720.01	79	8 10.1%	5759.01	119	18 15.1%
5720.02	86	29 33.7%	5759.02	66	21 31.8%
5721	63	18 28.6%	5760	8	8 100.0%
5722.01	263	116 44.1%	5761	0	0
5722.02	174	38 21.8%	5762	88	28 31.8%
5723.01 (part)	193	73 37.8%	5763	178	46 25.8%
5723.02	249	57 22.9%	5764.01	173	55 31.8%
5724	127	102 80.3%	5764.02	172	52 30.2%
5725	73	35 47.9%	5764.03	96	33 34.4%
5726	322	72 22.4%	5765.01	93	70 75.3%
5727	306	83 27.1%	5765.02	80	13 16.3%
5728	9	0 0.0%	5765.03	125	66 52.8%
5729	220	56 25.5%	5766.01	17	11 64.7%
5730.01	154	90 58.4%	5766.02	19	10 52.6%
5730.02	110	19 17.3%	5767	15	8 53.3%
5731	360	157 43.6%	5768.01	95	13 13.7%
5732.01	230	60 26.1%	5768.02	86	39 45.3%
5732.02	232	57 24.6%	5769.01	94	34 36.2%
5733	219	87 39.7%	5769.02	216	91 42.1%
5734.03 (part)	0	0	5770	74	51 68.9%
5735	0	0	5771	45	23 51.1%
5736	136	37 27.2%	5772 (part)	10	10 100.0%
5737 (part)	66	32 48.5%	5773	17	17 100.0%
5738	129	17 13.2%	5774	14	0 0.0%
5739.01	0	0 0.0%	5775.01	37	13 35.1%
5739.02	35	19 54.3%	5775.02 (part)	0	0
5740	79	8 10.1%	5776.01	0	0
5741	137	90 65.7%	5776.02	5	0 0.0%
5742.01	63	13 20.6%	5776.03	54	28 51.9%
5742.02	26	0 0.0%	All Tracts	12,372	4,099 33.1%

Derived from Census 2000 table:

PCT8. GRANDPARENTS LIVING WITH OWN GRANDCHILDREN UNDER 18 YEARS BY RESPONSIBILITY FOR OWN GRANDCHILDREN BY LENGTH OF TIME RESPONSIBLE FOR GRANDCHILDREN FOR THE POPULATION 30 YEARS AND OVER IN HOUSEHOLDS
 Universe: Population 30 years and over in households Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults

Grandparents Responsible for Own Grandchildren



Long Beach Strategic Plan for Older Adults

Educational Attainment of Men Age 65+

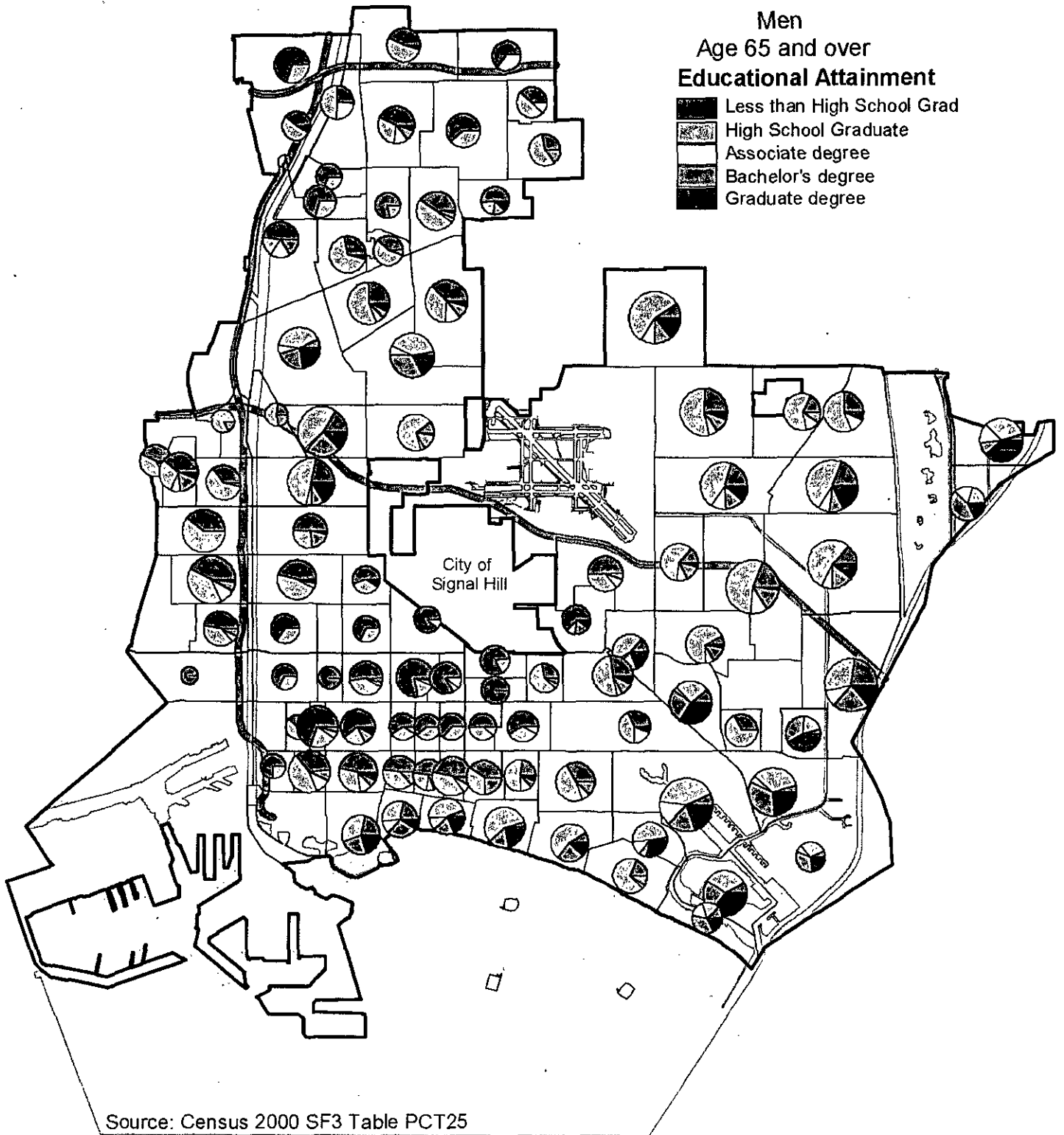
Census Tract	less than HS Grad	High School Graduate	Associate Degree	Bachelor's Degree	Graduate Degree	Census Tract	less than HS Grad	High School Graduate	Associate Degree	Bachelor's Degree	Graduate Degree
5440 (part)	0	0	0	0	0	5743	90	254	45	66	8
5552.02	13	91	39	29	106	5744	47	204	24	51	43
5701 (part)	29	60	0	16	0	5745	102	134	45	103	66
5702.02 (part)	56	67	0	0	7	5746.01	0	0	0	0	0
5702.03	50	0	28	0	0	5746.02	8	28	0	50	63
5702.04	36	45	11	0	0	5747	38	79	0	0	0
5703.01	34	63	33	0	0	5748	30	69	8	68	87
5703.03	36	18	0	0	0	5749.01	13	131	13	24	9
5703.04	84	34	0	0	0	5749.02	21	70	6	28	29
5704.01 (part)	105	44	0	0	0	5750.01	51	7	0	13	9
5704.02	29	39	0	0	7	5750.02	59	113	8	24	16
5705.01	76	50	20	17	10	5751.01	66	14	0	0	0
5705.02	84	52	0	0	0	5751.02	68	0	0	0	0
5706.01	39	11	0	0	0	5751.03	22	47	4	5	0
5706.02	83	97	9	11	4	5752.01	145	30	8	0	6
5706.03	38	14	0	11	9	5752.02	90	7	12	0	0
5712 (part)	37	244	39	48	60	5753	70	50	5	7	0
5715.01 (part)	95	93	31	25	10	5754.01	33	17	0	0	0
5715.02	61	140	14	16	17	5754.02	25	0	0	0	0
5716	33	50	0	5	0	5755	4	0	0	0	0
5717.01	76	29	28	26	0	5756 (part)	0	0	0	0	0
5717.02	49	120	0	0	7	5758.01	0	0	0	0	0
5718	17	99	15	55	57	5758.02	16	19	0	0	6
5719	8	115	20	95	51	5758.03	168	47	13	11	0
5720.01	18	116	6	24	7	5759.01	33	11	0	0	0
5720.02	61	181	9	92	50	5759.02	90	113	27	23	0
5721	7	15	0	7	0	5760	0	0	0	0	0
5722.01	77	169	14	30	53	5761	45	68	0	48	40
5722.02	70	40	0	27	6	5762	98	63	20	12	14
5723.01 (part)	48	42	10	0	8	5763	92	31	0	17	10
5723.02	51	89	0	6	0	5764.01	38	20	5	0	0
5724	0	23	0	5	0	5764.02	33	21	0	0	0
5725	81	61	17	37	14	5764.03	41	22	0	0	0
5726	107	163	0	0	0	5765.01	63	52	0	17	0
5727	153	139	35	21	8	5765.02	50	26	7	22	0
5728	10	0	0	0	0	5765.03	96	82	14	12	6
5729	67	57	9	10	0	5766.01	36	48	17	45	15
5730.01	53	28	0	0	0	5766.02	10	73	18	30	30
5730.02	0	0	0	0	0	5767	9	131	0	35	50
5731	98	97	9	0	7	5768.01	58	50	0	33	0
5732.01	38	24	0	0	6	5768.02	25	57	12	7	6
5732.02	36	18	0	0	0	5769.01	31	23	7	0	0
5733	51	7	0	0	0	5769.02	58	34	8	0	0
5734.03 (part)	0	0	0	0	0	5770	36	48	20	0	7
5735	0	0	0	0	0	5771	66	96	14	23	0
5736	82	182	19	35	22	5772 (part)	16	102	0	43	23
5737 (part)	31	104	20	18	0	5773	27	96	6	12	0
5738	54	123	26	0	17	5774	3	71	18	11	41
5739.01	0	0	0	0	0	5775.01	23	92	0	72	104
5739.02	0	28	25	64	26	5775.02 (part)	11	17	16	33	16
5740	84	203	32	41	72	5776.01	6	25	7	29	20
5741	70	158	34	44	37	5776.02	16	128	16	118	83
5742.01	25	106	17	25	7	5776.03	32	191	70	79	96
5742.02	79	54	14	9	0	All Tracts	4,917	6,913	1,076	2,020	1,588

Derived from Census 2000 table:

PCT25. SEX BY AGE BY EDUCATIONAL ATTAINMENT FOR THE POPULATION 18 YEARS AND OVER

Universe: Population 18 years and over Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Long Beach Strategic Plan for Older Adults



Long Beach Strategic Plan for Older Adults

Educational Attainment of Women Age 65+

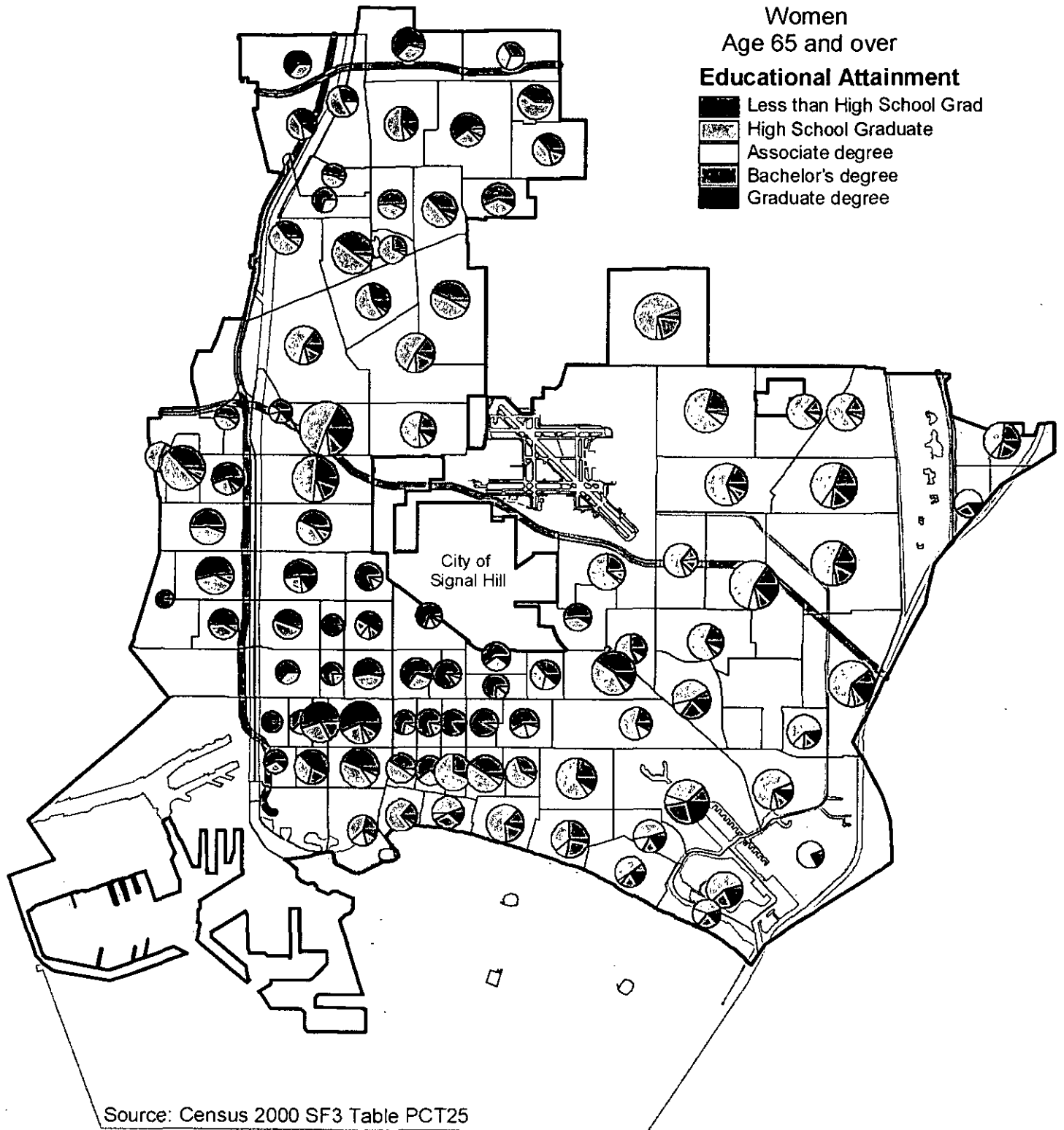
Census Tract	less than HS Grad	High School Graduate	Associate Degree	Bachelor's Degree	Graduate Degree	Census Tract	less than HS Grad	High School Graduate	Associate Degree	Bachelor's Degree	Graduate Degree
5440 (part)	0	0	0	0	0	5743	112	385	51	69	80
5552.02	72	131	18	66	28	5744	108	307	23	83	37
5701 (part)	76	86	3	32	7	5745	63	361	28	49	86
5702.02 (part)	144	77	0	9	0	5746.01	0	0	0	0	0
5702.03	39	40	35	0	0	5746.02	4	151	28	35	30
5702.04	108	153	0	0	0	5747	0	0	0	0	0
5703.01	57	108	32	0	0	5748	30	169	40	85	42
5703.03	32	30	0	5	0	5749.01	58	194	8	21	19
5703.04	55	23	0	0	0	5749.02	48	105	4	17	15
5704.01 (part)	75	40	0	0	0	5750.01	65	48	0	0	9
5704.02	61	75	19	5	14	5750.02	212	238	0	39	46
5705.01	59	134	19	16	20	5751.01	83	40	0	0	13
5705.02	142	65	11	18	0	5751.02	65	13	0	10	0
5706.01	71	59	0	10	0	5751.03	60	56	26	4	16
5706.02	103	137	9	16	13	5752.01	129	57	0	6	5
5706.03	128	84	0	0	16	5752.02	112	13	6	0	0
5712 (part)	39	416	27	121	8	5753	95	79	4	0	0
5715.01 (part)	164	174	0	31	3	5754.01	41	23	0	0	0
5715.02	89	171	11	11	25	5754.02	38	11	0	0	0
5716	31	84	6	5	0	5755	0	0	0	0	0
5717.01	83	132	0	21	0	5756 (part)	0	0	0	0	0
5717.02	179	237	0	33	8	5758.01	34	0	0	0	0
5718	54	200	27	51	28	5758.02	34	21	0	0	0
5719	59	211	32	75	19	5758.03	217	110	0	70	0
5720.01	62	152	24	23	20	5759.01	35	20	0	0	6
5720.02	154	477	60	86	117	5759.02	102	88	0	60	19
5721	23	8	8	10	8	5760	0	0	0	0	0
5722.01	149	307	40	85	32	5761	36	76	33	22	14
5722.02	115	112	3	29	11	5762	176	163	34	17	12
5723.01 (part)	26	80	26	7	9	5763	263	98	25	41	35
5723.02	119	54	6	14	20	5764.01	52	14	5	0	0
5724	33	30	0	6	0	5764.02	92	18	4	0	0
5725	201	285	21	38	14	5764.03	83	0	0	0	12
5726	153	134	0	9	6	5765.01	66	82	15	0	0
5727	192	134	6	24	0	5765.02	96	44	12	0	7
5728	9	0	0	0	0	5765.03	84	229	0	9	15
5729	85	68	0	13	0	5766.01	29	148	10	10	10
5730.01	66	76	0	8	0	5766.02	12	90	14	60	22
5730.02	37	0	0	0	0	5767	46	217	0	65	15
5731	120	58	17	7	31	5768.01	135	159	17	9	7
5732.01	100	15	9	0	0	5768.02	54	110	7	0	7
5732.02	50	27	13	18	11	5769.01	119	49	0	0	0
5733	69	14	7	8	0	5769.02	92	31	26	7	0
5734.03 (part)	0	0	0	0	0	5770	44	130	27	9	8
5735	0	0	0	0	0	5771	99	267	22	0	41
5736	108	342	39	15	0	5772 (part)	85	115	34	85	14
5737 (part)	35	202	6	16	7	5773	18	91	8	33	31
5738	53	228	23	21	0	5774	12	107	30	38	34
5739.01	0	0	0	0	0	5775.01	14	176	0	61	57
5739.02	0	75	0	35	20	5775.02 (part)	17	51	26	31	16
5740	118	277	44	93	69	5776.01	7	85	0	0	18
5741	88	302	22	48	26	5776.02	24	282	25	46	44
5742.01	33	159	16	34	0	5776.03	61	174	42	140	112
5742.02	74	204	8	27	0	All Tracts	7,743	12,142	1,281	2,430	1,544

Derived from Census 2000 table:

PCT25. SEX BY AGE BY EDUCATIONAL ATTAINMENT FOR THE POPULATION 18 YEARS AND OVER

Universe: Population 18 years and over Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

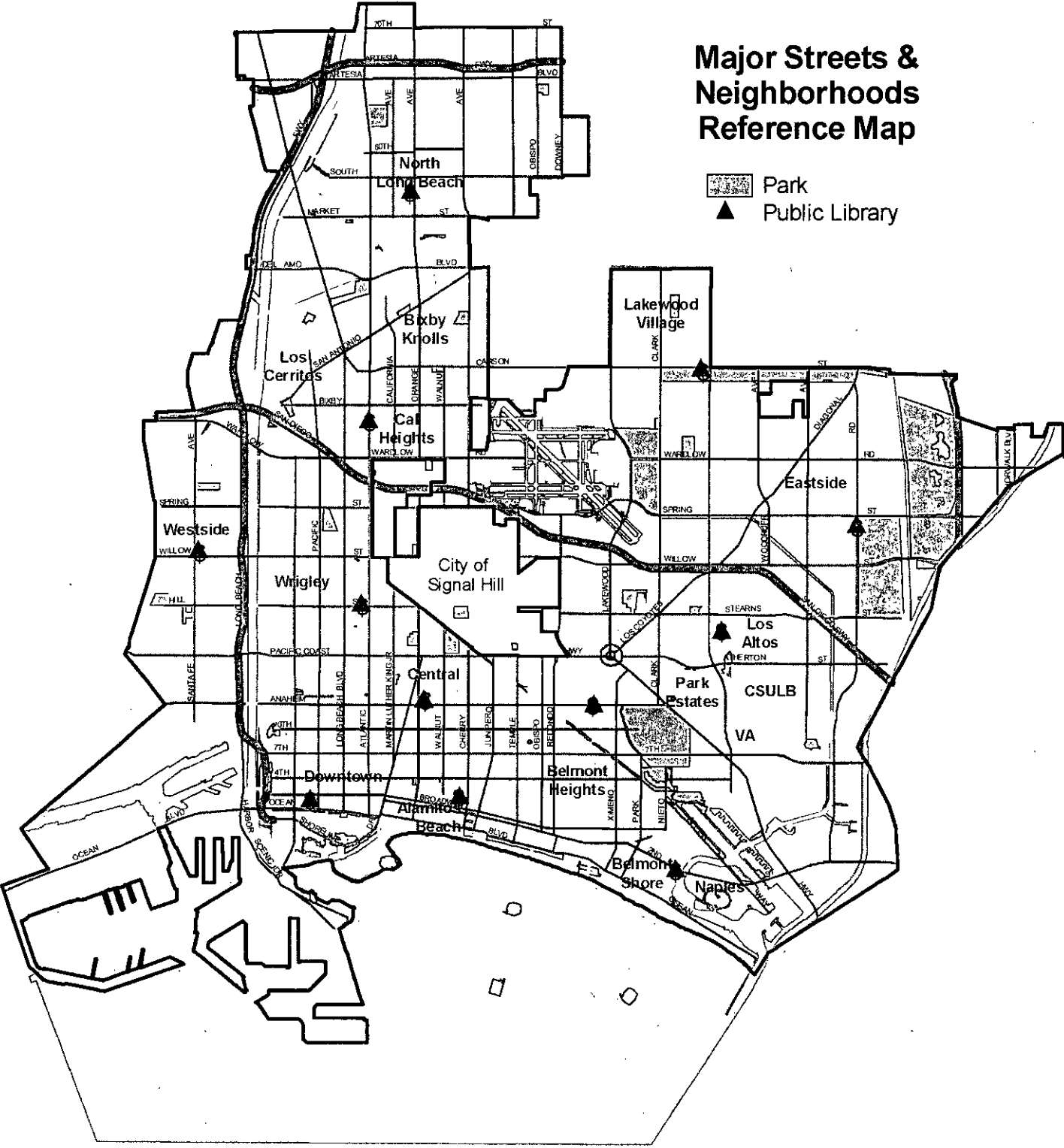
Long Beach Strategic Plan for Older Adults



Source: Census 2000 SF3 Table PCT25





Major Streets & Neighborhoods Reference Map

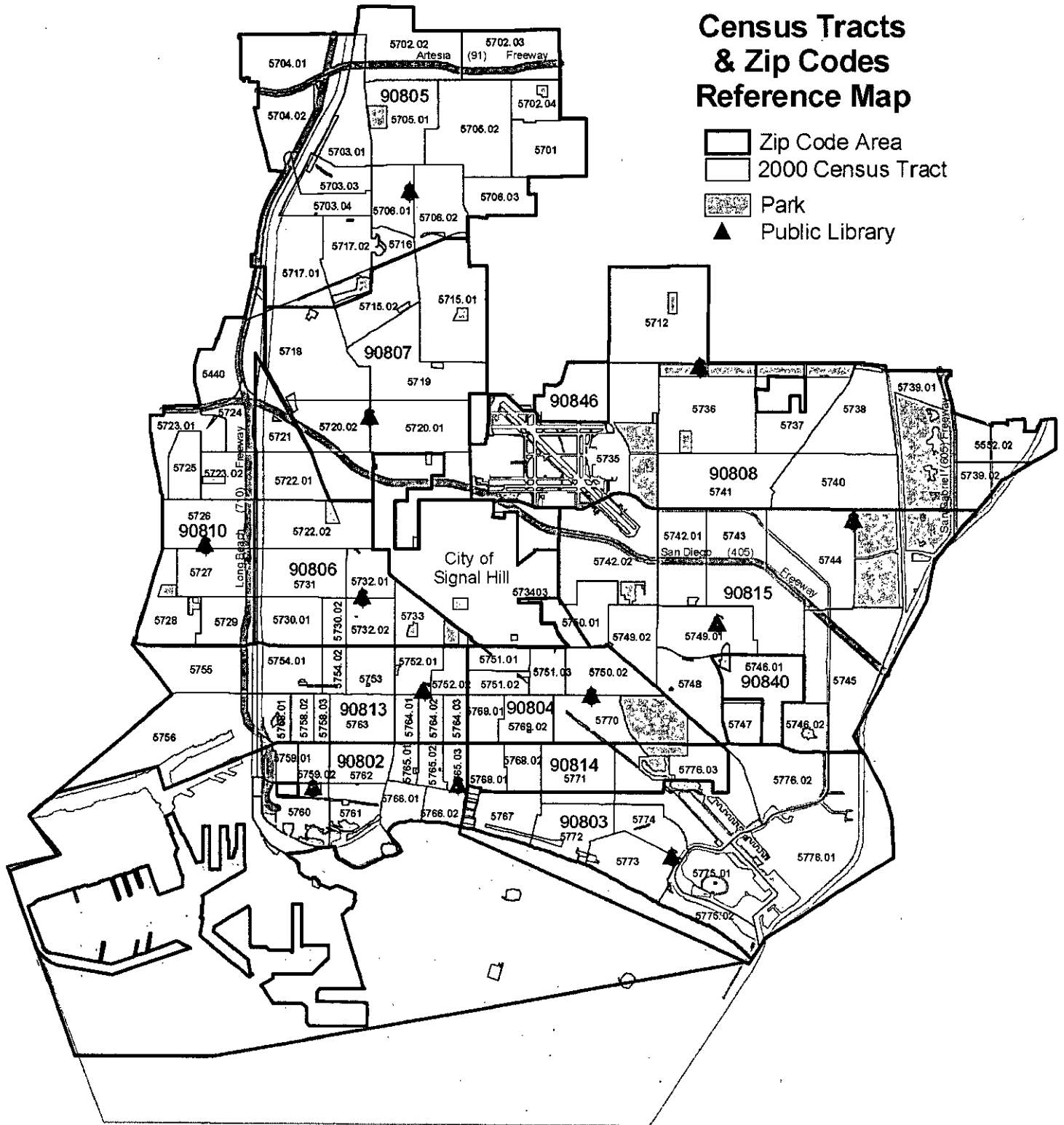
-  Park
-  Public Library



Long Beach Strategic Plan for Older Adults

Census Tracts & Zip Codes Reference Map

-  Zip Code Area
-  2000 Census Tract
-  Park
-  Public Library



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