

Draft Report January 2025

CITY OF GLENDALE
SENIOR NEEDS
ASSESSMENT



**Community Services
& Parks**

About Maroon Society

Maroon Society is a research organization that develops evidence-based insights to help improve people's lives. Maroon Society is one of the only privately held research organizations to employ rigorous methods and analysis rising to the scrutiny of peer-review by experts. This is why governments, non-profits, and private sector clients trust Maroon Society to solve their most critical problems.

This report was funded by the City of Glendale for Community Services & Parks. The Community Services Manager, Maggie Kavarian, and Community Services Supervisor, Aylin Isayan, worked closely with Maroon Society to coordinate stakeholder meetings, interviews and connections with organizations that participated in the needs assessment. This also included direct connections with leaders in several City of Glendale departments including the Glendale Police Department, Community Development Department – Housing Division, and Library, Arts and Culture Department. Executive supervision and report development were overseen by Tereza Aleksanian, Assistant Director of Community Services & Parks, at the direction of Onnig Bulanikian, Director of Community Services & Parks, and Glendale City Council.

Maroon Society strives for the highest standards of integrity, quality, and innovation in its research, analyses, and recommendations. Maroon Society works toward these aims by focusing on novel methods and rigorous analysis to generate practical insights. The reports delivered are generated and overseen by scholars with doctoral degrees in the social sciences and decades of experience conducting quantitative and qualitative research.

Funders provide feedback. However, the findings presented are not altered to advance an agenda beyond the aim of assessing the needs of the community, and providing recommendations on how Glendale can more effectively serve the expanding needs of its older adult population.

Acknowledgements

This report was funded by the City of Glendale and overseen by the City of Glendale Community Services & Parks Department. The Senior Services Committee provided feedback and participation in all phases of the study. This research was conducted with the generous support of local stakeholders and numerous City of Glendale departments including Library, Arts & Culture*, Police, and Community Development. The research team and City of Glendale Community Services & Parks would like to thank the following organizations for their participation and support:

Adventist Health Glendale
Alzheimer's Organization
Anthem
Armenian Relief Society*
Ascencia
California Connect
Center for Health Care Rights
Comprehensive Community HC
Didi Hirsch

Glendale YMCA*
Glendale Garden ADHC
Glendale Memorial Hospital
Heritage Park Apartments*
Jar Insurance
Kenwood ADHC*
Neighborhood Legal Services
Pacific Clinic
Regal Medical Group

Sage Glendale
St. Mary's Church Glendale
St. Peters Armenian Church
Tandem Care
The Otto Gruber House*
USC Verdugo Hills
Verdugo Job Center
Voting Registration List
Wellcare

*These organizations coordinated in-person events for survey administration.

Research, analysis, and writing were conducted by the Maroon Society consulting team, including:

Aaron Celious, Ph.D.

Karen Buchanan, R.N.

Vagharshak Elbakyan

Patricia E. Ortega, J.D.

R. Khari Brown, Ph.D.

Erika Ismailyan

Petros Israelian



Questions may be directed to:

City of Glendale

Community Services & Parks Department

(818) 548-3775

www.glendaleca.gov

Aaron Celious, Ph.D. celious@maroonsociety.com

(310) 694-8075

www.maroonsociety.com

Executive Summary

The 2024 Senior Needs Assessment for the City of Glendale offers a comprehensive evaluation of the evolving needs of adults aged 60 years and older. The assessment identifies service gaps across the City's 10 Domains of Livability and proposes recommendations to enhance the quality of life for Glendale's seniors. These findings align with California's Master Plan for Aging, emphasizing the need for coordinated efforts to support healthy aging.

BACKGROUND AND PURPOSE

Over the past two decades, Glendale's older adult population has grown by 41.5%, prompting a continued focus on services and support. In 2017, the City of Glendale conducted a Senior Needs Assessment to assess the needs of older adults and fulfill a key requirement to join the AARP Network of Age-Friendly Cities. In 2018, AARP accepted Glendale into its Network, recognizing the City's commitment to aging well in place (i.e., livability). As of 2024, Glendale's AARP livability score is 55, which is above the average City score of 48, nationwide. Building on this foundation, the current Senior Needs Assessment seeks to further identify service gaps and measure senior needs across Glendale's 10 Domains of Livability. This ongoing effort aims to ensure Glendale remains a place where older adults can age well in place.

METHODOLOGY

The assessment was conducted in four phases from 2023 to 2024:

- 1. Background Analysis:** Examination of demographic characteristics and available services.
- 2. Stakeholder Interviews:** Conducted with 10 key stakeholders to gather insights on community outreach and service delivery.
- 3. Community Focus Group:** Engaged 20 key stakeholders in an in-depth discussion about strengths and opportunities to improve services.
- 4. Community Survey:** Collected responses from 1,205 older adults through a digitally administered survey available in four languages: English, Armenian, Spanish and Korean.

KEY FINDINGS ALIGNED WITH CALIFORNIA’S MASTER PLAN FOR AGING

The Glendale Senior Needs Assessment provides results demonstrating how well the City of Glendale performs in relationship to its 10 Domains of Livability and the 5 bold goals found in California’s Master Plan for Aging listed below.

1. Housing for All Ages and Stages:

Housing stability remains a primary concern in Glendale, with 70% of seniors who rent experiencing cost burdens by paying over 30% of their household income on rent. Rising rents without corresponding income increases have forced seniors to make difficult trade-offs between essential needs. This finding supports the necessity for affordable and accessible housing options.

2. Health Reimagined:

Health and community support services are abundant but remain elusive for many seniors who report lacking assistance for daily activities despite high rates of medical insurance coverage. The findings support the State’s goal of reimagining health to include comprehensive support services.

3. Inclusion and Equity, Not Isolation:

Social participation is vital for seniors’ well-being; yet, possible gaps in awareness and transportation poses a significant barrier to accessing social programs. By increasing awareness of social and recreational activities and available transportation services, Glendale can advance California’s goal of fostering inclusion and equity, reducing the isolation that many seniors face.

4. Caregiving That Works:

One-third of Glendale seniors report needing help with daily activities, but only 45% receive adequate assistance. Expanding caregiver support services will ensure more seniors receive the help they need.

5. Affordable Aging:

Food security remains a challenge for a subset of Glendale’s seniors, with 11% experiencing hunger weekly. Enhancing food security initiatives and expanding the City’s nutrition programs can ensure that all seniors have access to sufficient, healthy food, supporting the state’s goal of making aging affordable. Financial assistance for housing will help seniors more effectively manage budgets.

RECOMMENDATIONS

The following recommendations will support Glendale's aim to help older adults to age well in place.

1. Expand Housing Support

Introduce more affordable housing options and financial assistance programs to alleviate the housing burden on seniors. Additionally, explore implementing landlord incentives to stabilize rents and expand affordable housing.

2. Enhance Access to Health, Nutrition, and Community Support Services

Develop a service navigator program to link seniors with healthcare, nutrition, transportation, and social support services in their preferred language.

3. Improve Transportation Infrastructure and Safety for Older Adults

Introduce a fixed-route shuttle service, enhance language accessibility in public transit, and consider rideshare partnerships for on-demand transportation. Additionally, seek ways to improve pedestrian safety to ensure older adults can navigate safely and independently in Glendale.

4. Improve Emergency Preparedness for Seniors

Provide senior-specific emergency preparedness workshops and resources to ensure seniors are equipped to handle the most significant emergencies based on earthquakes, fires, power outages, rain, heat, public health, and cyber security threats.

5. Combat Isolation with Village-to-Village and Technology Literacy

Implement a Village-to-Village model and offer technology literacy workshops to help seniors stay connected and reduce social isolation.

Table of Contents

About Maroon Society	i
Acknowledgements.....	ii
Executive Summary	iii
Introduction.....	1
Needs Assessment Goals	3
Methods	4
1. Background Analysis	5
2. Key Stakeholder Interviews.....	6
3. Focus Group	6
4. Community Survey	7
Survey Language Translations	7
Raising Awareness About Survey.....	8
Survey Administration	9
Results	10
1. Housing	12
2. Health & Community Support.....	13
3. Transportation	16
4. Communication & Information.....	19
5. Outdoor Spaces & Facilities	21
6. Social Participation & Learning	23
7. Respect & Social Inclusion.....	24
8. Food Security.....	26
9. Emergency Preparedness.....	27
10. Civic Participation & Employment	29
Challenges, Opportunities & Recommendations.....	30
Expand Housing Support in Glendale.....	31
Enhance Access to Health, Nutrition, and Community Support Services.....	32
Improve Transportation Infrastructure for Older Adults	33
Improve Emergency Preparedness for Seniors	33
Combat Isolation Through Village-to-Village and Technology Literacy	35
Conclusion	36
Appendix A. Interview Guide	38
Appendix B. Interview Participant Organizations.....	39
Appendix C. Focus Group Guide	40
Appendix D. Focus Group Outreach List.....	41
Appendix E. Community Survey	42
Appendix F. Caregiver Survey Results.....	43
Appendix G. Survey Participant Demographics	44
Endnotes	45

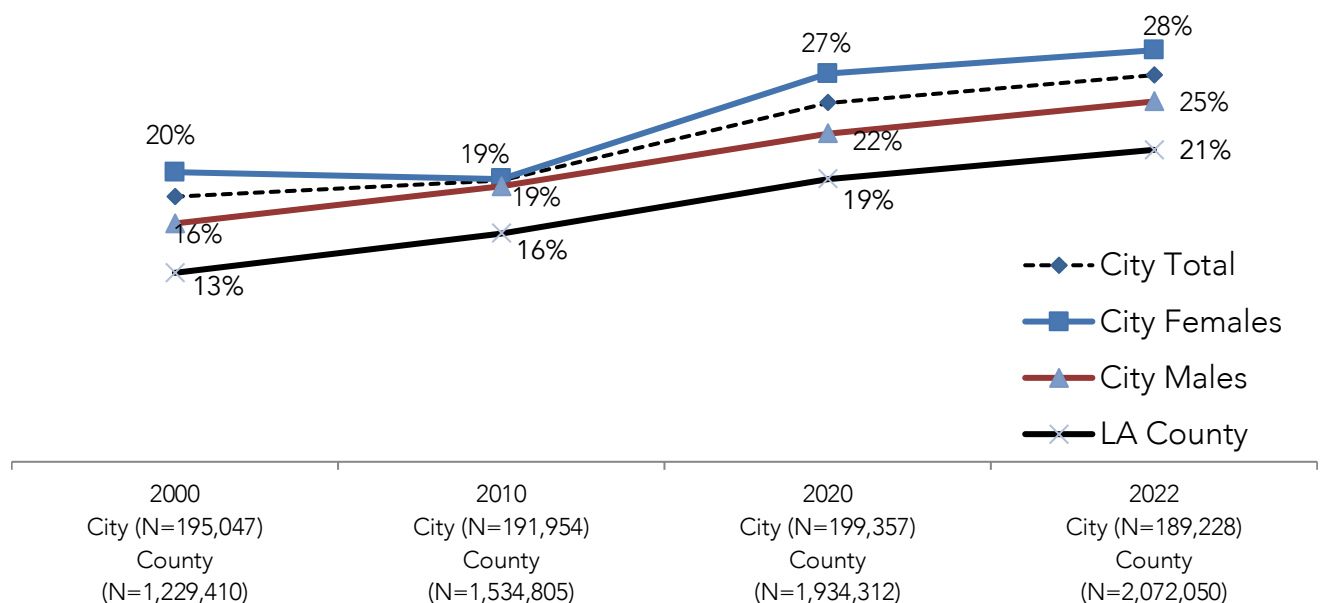
List of Figures and Tables

Figure 1: Percent of Total Population Aged 60 Years and Older	1
Figure 2: Population Aged 60 Years and Older	2
Figure 3: W.H.O. Age-Friendly City Topic Areas & City of Glendale 10 Domains of Livability.	4
Figure 4: Glendale Compared to AARP’s Top 10 Ranked Large Cities for Livability	5
Figure 5: Photo of Focus Group Session.....	6
Figure 6: Survey Flier in Korean	8
Figure 7: Intercept Survey Completed in Maple Park	9
Figure 8: Cost Burdens for Seniors in Glendale (N=1,205)	11
Figure 9: Health Needs of Older Adults in Glendale	13
Figure 10: Age of Glendale Older Adults Reported by the US Census.....	13
Figure 11: Tasks Where Help is Needed (N=394)	14
Figure 12: Perception Gap: Support Providers vs. Perceived Support Providers	15
Figure 13: Primary Transportation Modes	16
Figure 14: Vehicle-Pedestrian Collisions in Census Tracts by Population of Seniors.....	17
Figure 15: How Seniors Access the Internet	19
Figure 16: Information Sources Glendale Seniors Access to Support Life Needs	20
Figure 17: Visit Glendale Parks Each Month	21
Figure 18: Sidewalk Safety in Glendale	22
Figure 19: Reasons to Visit Glendale’s Public Libraries	23
Figure 20: Reasons for Glendale Seniors Going Hungry	26
Figure 21: Source Trusted to Report Crime	28
Figure 22: Volunteer Activity in the Past Year	29
Table 1: Preferred Language of Survey Participants	7
Table 2: Organizations Emailed Flier for Survey Participation	8
Table 3: Cost Burden Analysis by Housing Type	12
Table 4: Reasons to Avoid Visiting Parks	21
Table 5: Threats to Sidewalk Safety.....	22
Table 6: Reasons to Visit Community Center.....	23
Table 7: Work Status of Glendale Seniors Surveyed.....	29

Introduction

In 2017, the City of Glendale Department of Community Services & Parks conducted a Senior Needs Assessment to identify the changing demographics and needs of older adults within the City of Glendale ("City"). The 2017 Assessment identified important segments among Glendale seniors as it relates to health and access to resources. In response to recommendations of the study, Glendale joined the AARP Network of Age-Friendly Cities and initiated a Senior Services Committee. As part of the City's ongoing commitment to provide programs and services to meet the ever-changing needs of a rapidly aging population, Glendale commissioned the current Senior Needs Assessment. The aim of this updated Senior Needs Assessment is to identify gaps in service provisions and measure senior needs across the City's 10 Domains of Livability. This study comes at a critical time for Glendale as the size and growth of its older adult population continues to outpace Los Angeles County. Over the past twenty-two years, the population of older adults in Glendale has grown 42% (35,304 to 49,956) and their proportion among all residents has increased from 18% in 2000 to 26% in 2022. Figure 1 shows the percentage of female and male residents aged 60 years and older in Glendale based on the total population of females and males from 2000 to 2022.

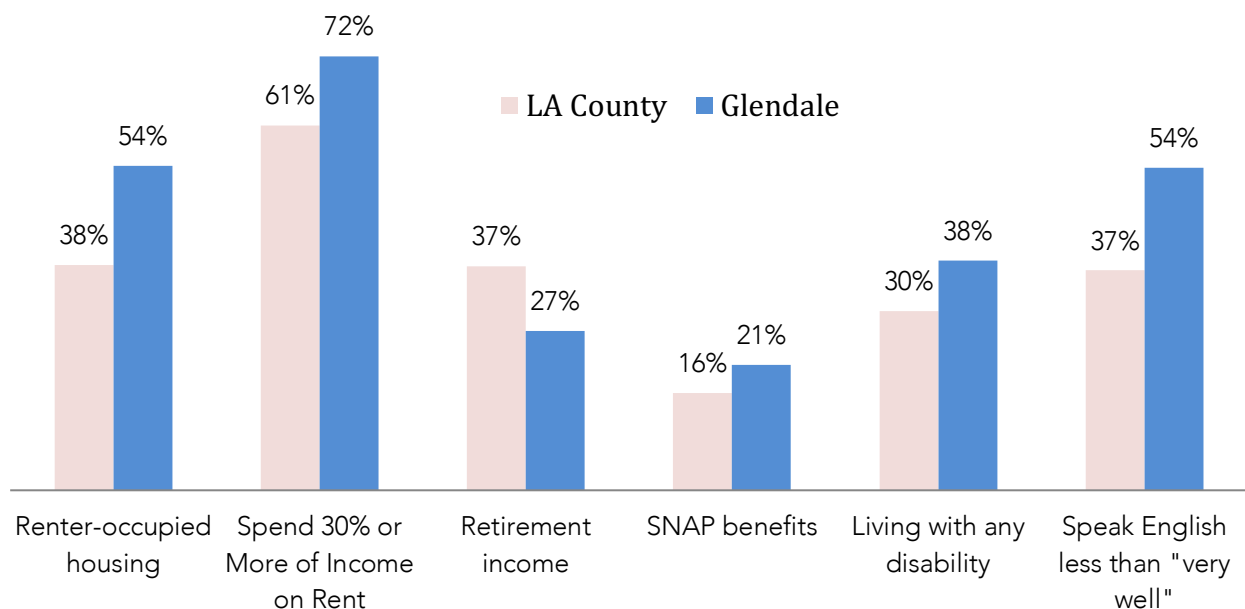
**Figure 1: Percent of Total Population Aged 60 Years and Older:
Glendale Females & Males vs. Los Angeles County Total Population**



Glendale's Demographic Characteristics Present Challenges to Aging

In addition to having a disproportionately large older adult population, Glendale's need for coordinated support services is more critical than other areas of Los Angeles County ("the County"). This is primarily because of the unique demographic characteristics of Glendale's older adult population in conjunction with a higher cost of living. Older adults in Glendale are more likely to rent than own (54% vs. 38%); rent they pay is at least 11% higher; and, older adults who spend over 30% of their income to pay rent is far greater in Glendale than Countywide (72% vs 61%).^{iv} Compared to the County, Glendale seniors are less likely to have a retirement income (27% vs. 37%), and more likely to rely on the federal Supplemental Nutrition Assistance Program (21% vs. 16%). They are also more likely to live with a disability (38% vs. 30%) and speak English "less than very well" (54% vs. 37%). These factors highlight an older population that requires more support but may have fewer means to access the support if language, transportation, and technology are barriers to obtaining information and applying for help. Figure 2 shows a comparison of demographic variables that illustrate the increased challenges to aging in Glendale compared to other areas of the County.

Figure 2: Population Aged 60 Years and Older: Demographic Variables:
City of Glendale and Los Angeles County



Glendale's Current Support Network

The City of Glendale is aware of these challenges to aging, and has been working to provide support along 10 Domains of Livability. Currently, Glendale provides a wide variety of programs, services, and amenities to support an aging population. The City operates four community centers, two function as highly accessible hubs for various activities, linkage to health services, social programs, and congregate meals. The Adult Recreation Center serves the central and southern region of Glendale, and Sparr Heights Community Center supports northern Glendale, Montrose, La Crescenta, and Verdugo City. Amenities include exercise equipment, billiards tables, space for bridge games, a television viewing room, and a large multipurpose auditorium used weekly for dances, and senior meals. The City operates a nutrition program that provides congregate and home-delivered meals to seniors, with a voluntary contribution per meal. Transportation services are available to help older adults maintain their independence and mobility. These services include rides to medical appointments, grocery stores, and other essential destinations via Dial-a-Ride, Metro Bus and rail, and the local Beeline bus. Social programs are abundant, aiming to keep seniors active and engaged. There are numerous parks, community recreation facilities, and public libraries well dispersed across the City to accommodate all neighborhoods. Locally available recreation programs range from fitness classes like chair yoga and tai chi, to virtual bingo, knitting, and English as a Second Language classes. Glendale also offers several Adult Day Health Care (ADHC) programs designed to support older adults and individuals with disabilities in languages specific to the community need. These programs provide a comprehensive range of services aimed at maintaining independence, improving quality of life, and delaying the need for institutional care.

Needs Assessment Goals

This Needs Assessment explores the current conditions for older adults in Glendale, aimed at identifying challenges to aging in place and opportunities to support all residents as their need for support services grows. The study goals include:

- (1) Measure community needs across the 10 Domains of Livability,
- (2) Identify gaps in current service provisions, and
- (3) Propose solutions to fortify and increase livability for older adults in Glendale.

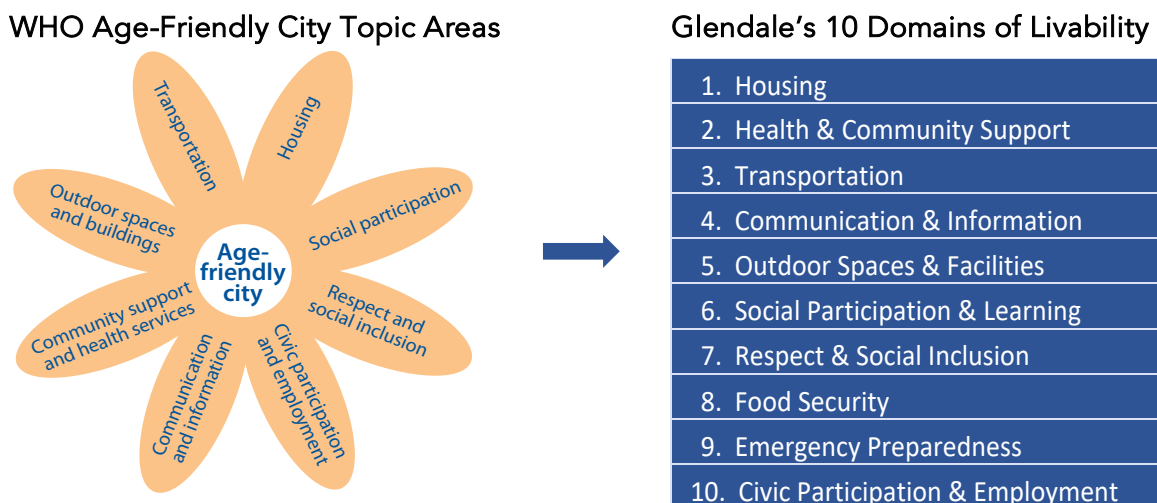
Methods

The Senior Needs Assessment was conducted between 2023 to 2024 in four phases:

- (1) Background Analysis,**
- (2) Key Stakeholder Interviews (N=10);**
- (3) Focus Group with 20 stakeholders; and**
- (4) Community Survey with 1,205 participants, and 65 caregivers.**

The Senior Needs Assessment builds upon the World Health Organization (WHO) framework for active aging, which is rooted in the Successful Aging Theory. This theory highlights three components of well-being as people age: “low risk of disease and disease-related disability; maintenance of high mental and physical function; and continued engagement with life.”ⁱ In 2007, WHO developed the *Global Age-Friendly Cities* report in response to the rapidly aging populations of industrialized nations worldwide.ⁱⁱ The report identified eight *Age-Friendly City Topic Areas*, which AARP adopted in 2012 as part of its AARP Network of Age-Friendly States and Communities initiative. After Glendale joined the AARP Network of Age-Friendly Cities, Glendale expanded these eight Topic Areas to ten by adding categories for Food Security and Emergency Preparedness. Figure 3 lists Glendale’s 10 Domains of Livability. This study assesses Glendale’s performance across these 10 Domains of Livability, while also incorporating metrics from AARP and California’s Department of Aging.

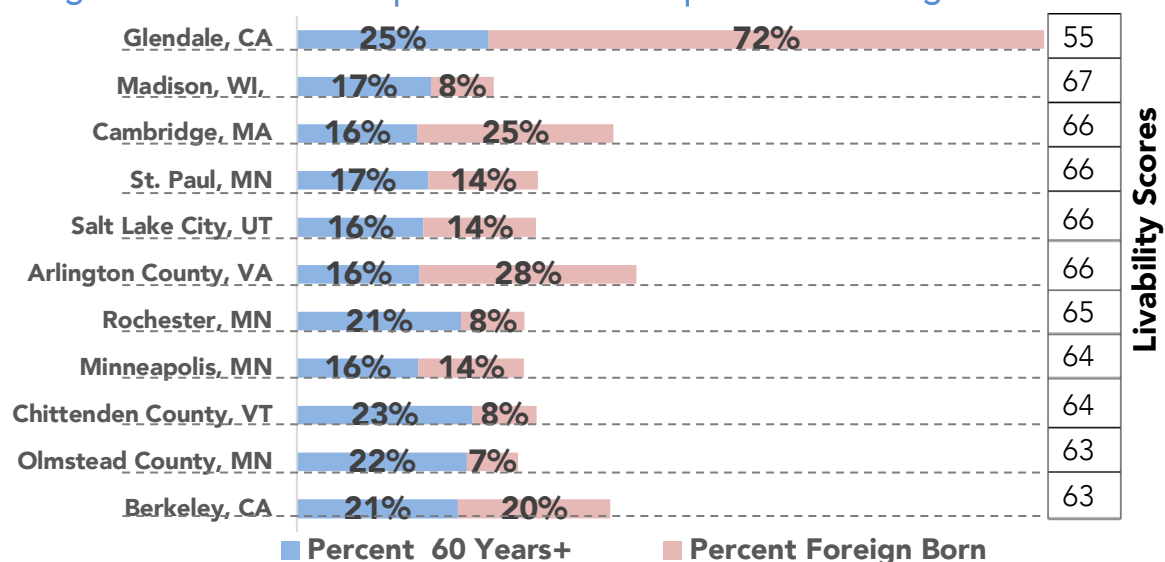
Figure 3: World Health Organization Age-Friendly City Topic Areas & City of Glendale 10 Domains of Livability.



1. Background Analysis

In the background phase, we collected and analyzed demographic data on Glendale residents from the US Census Bureau and assessed programs and services for older adults compiled in the City's Senior Services Resource Guide. This provided a preliminary evaluation of Glendale's resources for older adults¹ and highlighted potential challenges the City may face meeting the needs of its culturally and linguistically diverse population. Notably, 51% of Glendale's total population was born outside the US, compared to 33% of residents across Los Angeles County.ⁱⁱⁱ For older adults the birth place gap is much greater. Seventy-two percent of older adults in Glendale were born outside the US,^{iv} compared to 31% for older adults countywide.^v This disparity is a significant factor to consider, given that foreign-born seniors often have less personal income than U.S.-born seniors,^{vi} which impacts their ability to sustain many of Glendale's Domains of Livability, like housing, food, transportation, health, and social participation. Glendale has an AARP livability score of 55, which is above average. Nevertheless, compared to AARP's Top 10 cities with 100,000-499,999 residents, Glendale faces greater challenges to livability based on a higher concentration of both older adults and older adults who are foreign-born. As Figure 4 shows, Glendale has a higher concentration of older adults (25%) than all of the Top 10 ranked cities, and a nine times higher percentage of foreign-born seniors than Madison Wisconsin – AARP's top ranked city for livability in the large population category.

Figure 4: Glendale Compared to AARP's Top 10 Ranked Large Cities for Livability



¹ See Appendix X for existing resources for Glendale seniors.

2. Key Stakeholder Interviews

Interviews were designed to assess how well service providers and government administrators serve the needs of Glendale's older adult population. The interviews focused on perceptions of service delivery, community outreach and engagement, and challenges faced by Glendale's provider community in delivering services to seniors. This included discussions about performance across Glendale's 10 Domains of Livability to support an Age-Friendly City. The interview questions were open-ended to allow in-depth exploration of key topics and strategies to better serve the needs of Glendale's older adults (see Appendix A for the interview guide). Interviewees, also referred to as stakeholders, included government administrators, first responders, and service providers from non-profit organizations, hospitals, and assisted living facilities (see Appendix B for Participant list). Each interview lasted approximately one hour and was conducted over Zoom by research team members. All interviews were recorded and transcribed for analysis, with assurances that participation remained anonymous.

3. Focus Group

The focus group aimed to challenge and validate insights gained from the interviews. Unlike the one-on-one interviews, the focus group brought together twenty stakeholders with diverse opinions to explore, challenge, and develop solutions to improve delivery services. Participants were

recruited among Glendale's community of service providers, advocates and Senior Services Committee members (see Appendix D). During the focus group, participants were divided into smaller groups to discuss questions and then report back to the larger group. This structure facilitated the sharing of ideas and consensus building about service gaps and improvements based on collective insights (see Appendix C for the focus group guide). The focus group was conducted in-person by research team members at Glendale's Adult Recreation Center and lasted approximately three hours.

Figure 5: Photo of Focus Group Session



4. Community Survey

The survey was designed to collect information about the conditions under which older adults in Glendale live as it relates to the 10 Domains of Livability. This included a variety of original questions developed by the research team and City staff, along with questions from the California Community Assessment Survey for Older Adults.² The large number of domains and metrics within each domain resulted in a lengthy survey – 10-15 minutes, depending on respondent comprehension and speed. To reduce survey length, the survey was programmed with skip pattern logic to ensure only relevant questions were asked of each participant. For example, participants were asked if they were the victim of a crime in the past year. If they responded, “no,” they would skip to the next relevant question without being asked any more questions about crime (see Appendix C for the survey with skip pattern logic).

Survey Language Translations

The survey was translated and made available in four languages, including English, Armenian, Spanish and Korean. This was done to accommodate the linguistic diversity of Glendale’s older adult population. Among adults aged 65 years and older, Armenian is the most widely spoken language.^{vii} Forty-three percent of adults, 65 years and older, speak Armenian, 27% English, 14% Spanish and 13% Asian Pacific Island languages.^{viii} ³ Table 1 shows the distribution of preferred languages spoken by survey respondents. Notably, 40% prefer to speak a non-English language at home and approximately one-third of surveys were administered in a language other than English.

Table 1: Preferred Language of Survey Participants

LANGUAGE	Frequency	Percent
English	685	60%
Armenian	299	26%
Spanish	60	5%
Korean	24	2%
Tagalog	34	3%
Other	40	4%
Subtotal	1,142	100%
Missing	63	-
Total	1,205	

² The Community Assessment Survey for Older Adults was administered in 2023 by the CA Department of Aging.

³ The statistic reported is for 65 years and older rather than 60 years and older due to Census Bureau reporting. Among Armenian older adults in Glendale, 86% speak English less than very well.

Raising Awareness About Survey

The research team and City raised awareness about the survey through multiple methods, including: (1) direct emails to stakeholder groups serving older adults, (2) posting the survey link on the home page banner of the City of Glendale website, (3) embedding the survey on the City's Community Services & Parks webpage under Senior Programs and Services, (4) posting the flier on the Facebook pages for the City of Glendale and Maroon Society, and (5) mailing the flier to Housing Choice Voucher program recipients and those on the waiting list. Figure 6 shows the flier in Korean. All fliers included a QR code, URL, and contact information for participants to access the survey. These efforts were made to increase access to survey participation. Table 2 is a partial list of more than 100 organizations that received a direct email notice and flier.

Figure 6: Survey Flier in Korean



Table 2: Organizations Emailed Flier for Survey Participation

- Adventist Health Glendale	- Neighborhood Legal Services
- Alzheimer's Organization	- Pacific Clinic
- Anthem	- Police Department
- Ascencia	- Regal Medical Group
- California Connect	- Sage Glendale
- Center for Health Care Rights	- St. Mary's Church Glendale
- Comprehensive Community Health Centers	- St. Peters Armenian Church
- Didi Hirsch	- Tandem Careplanning
- Fire Department	- USC Verdugo Hills
- Glendale Garden Adult Day Care	- Verdugo Job Center
- Glendale Memorial Hospital	- Voting Registration List
- Jar Insurance	- Wellcare

Survey Administration

Fielding the survey took place over approximately three months, between March and June 2024. This period allowed us to engage a representative sample of Glendale residents. Barriers to administering the survey to a linguistically and culturally diverse population were compounded by older adults who were less familiar with online surveys or reluctant to complete a lengthy survey on their own. To overcome these barriers, the research team employed the following approaches: (1) in-person intercept surveys at Glendale community centers, parks and the central library, (2) scheduled times for the research team to conduct in-person surveys at City and privately operated centers for adult recreation, education, and housing, and (3) direct email invitations to registered voters in their stated language of choice. Direct email invitations were the most effective method, accounting for nearly 800 completed surveys.

All surveys were recorded into an electronic web-based platform rather than paper and pencil.

This required the survey to be translated and programmed in four languages. The benefit of this approach was a significant reduction in errors from paper and pencil survey

Figure 7: Intercept Survey Completed in Maple Park



administration and a decrease in the time required to complete the survey. These error-reduction and time-saving techniques were especially important since the length of the survey was 10 to 15 minutes. The goal was to complete 1,000 community surveys, but with great support from City staff and community partners, the research team completed 1,205 surveys.⁴ Additionally, the surveys are representative of Glendale residents, as the demographic profile of survey participants mirrors the City's older adult population by race/ethnicity, age, gender, and income, as reported by the US Census.⁵ In addition to surveys completed by older adults, 65 surveys were completed by adult caregiver (See Appendix F for a summary).

⁴ By comparison, the 2017 Senior Needs Assessment collected 149 surveys. Nearly 100 surveys were completed by community partners who helped administered surveys to their clients using mobile devices.

⁵ See Appendix X for a demographic profile of survey participants and City demographics.

Results

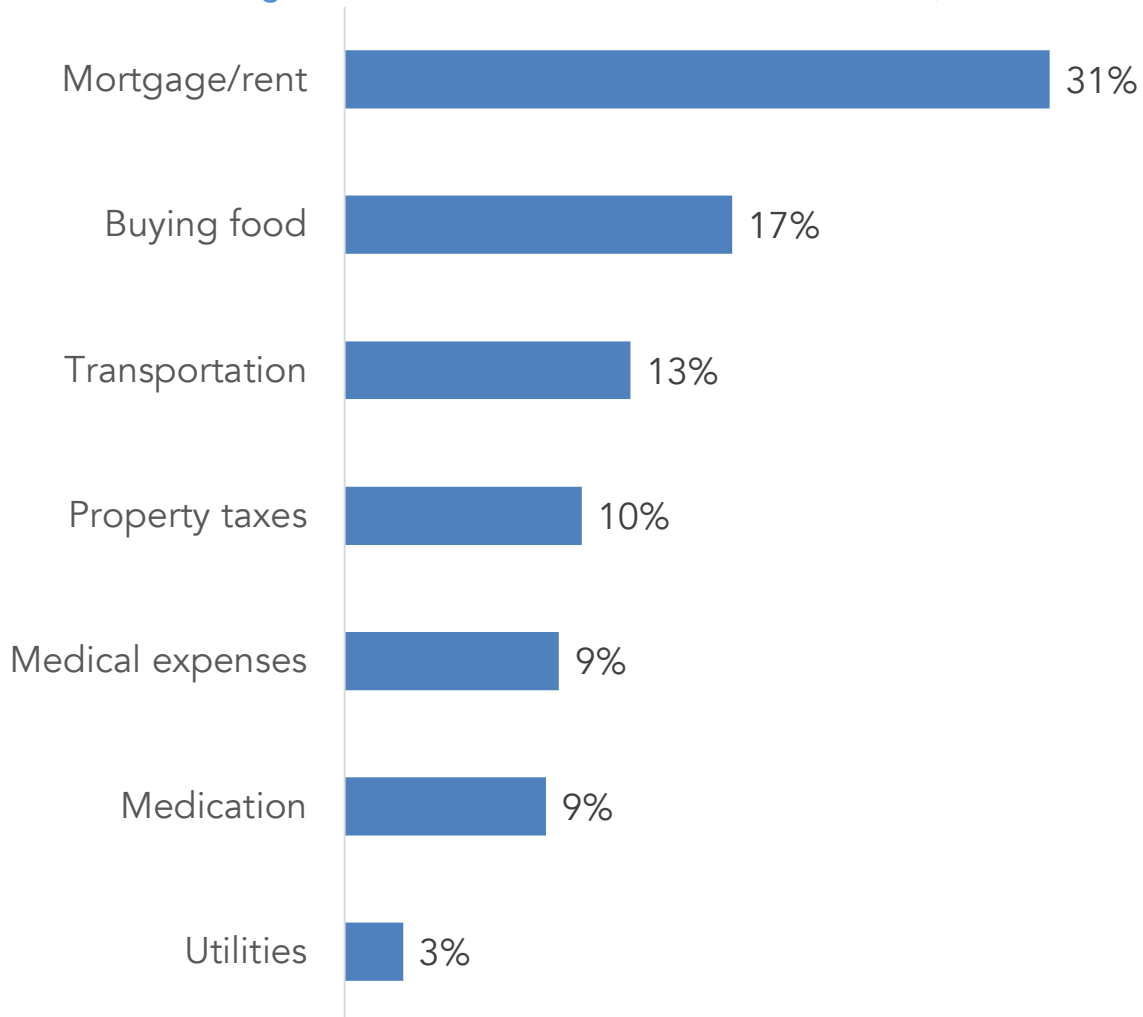
The reported results integrate qualitative insights from key informant interviews, a focus group, community survey, and secondary data collected from the United States Census Bureau. The findings assess citywide performance across Glendale's 10 Domains of Livability to support an Age-Friendly City.⁶ The domains are listed in the following order, prioritized based on the needs communicated by stakeholders, community members and current scientific literature.

1. Housing
2. Health & Community Support
3. Transportation
4. Communication & Information
5. Outdoor Spaces & Facilities
6. Social Participation & Learning
7. Respect & Social Inclusion
8. Food Security
9. Emergency Preparedness
10. Civic Participation & Employment

⁶ Some of the figures in this report will not add up to 100% when participants were given the option to select multiple responses to survey questions.

One of the primary goals of the study was to assess the extent to which Glendale seniors require support services. Nearly one third of survey participants indicated they had “sought support for housing, financial needs, food, or medical services.” Among those who have sought support, approximately 61% reported receiving help. Not surprisingly, those who have needed support were also the most cost burdened, with many paying over 30% of their income on rent. Fifty-eight percent of survey participants reported difficulties managing financial responsibilities over the past 12 months. Housing costs and food were the top two most widely cited financial burdens.

Figure 8: Cost Burdens for Seniors in Glendale (N=1,205)



1. Housing

The rising cost of housing is a national concern, with 48% of older homeowners spending more than 30% of their income on housing.^{ix} Glendale is no exception. Interviews revealed widespread concern about affordable housing: “Rents are too high for seniors living on fixed incomes” (Interview #1), while another added, “We need more affordable housing solutions for seniors who are getting priced out of their homes.” (Interview #5). Housing support was the most consistently mentioned need in the study. The situation for older adults who rent in Glendale with lower fixed incomes is particularly dire. This is because rising rents may eventually outpace their income; and, although annual rent increases are capped by California’s AB1482 at 10%,^x this does not relieve the strain for many renters already paying over 30% of their household income for rent. Seniors with a lower fixed income often make tradeoffs between medicine or food, clothing or transportation. Table 3 shows the type of housing a person lives in – renter, owner, supportive housing – against the proportion of their income spent for housing. Seventy percent of older adult renters surveyed spend more than 30% of their income on housing (i.e., cost burdened). This statistic is reinforced by Census data, which shows 72% of renters in Glendale spend over 30% of household income on rent.^{iv} For renters cost-burden is especially concerning since there are fewer legal remedies to eviction for non-payment of rent than there are for home owners for non-payment of mortgage or property taxes.

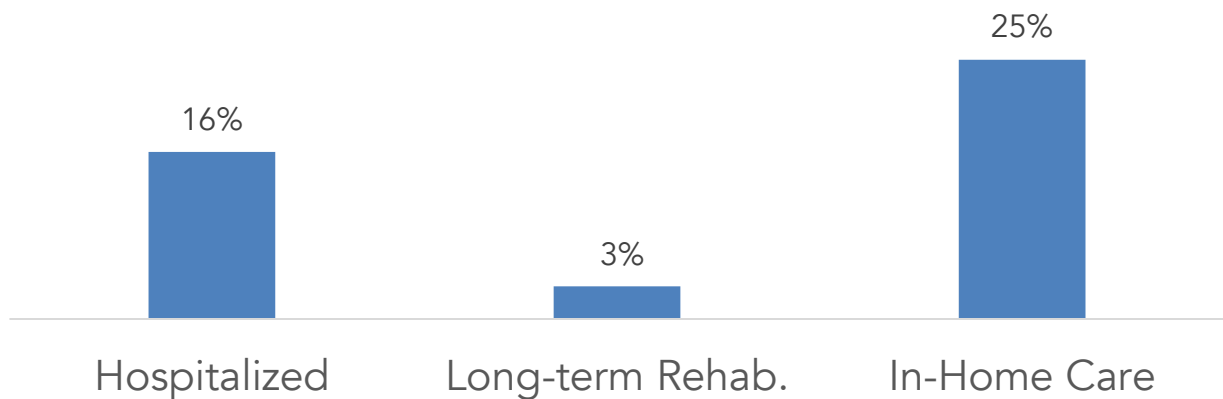
Table 3: Cost Burden Analysis by Housing Type

Housing Type	Percent of Income Spent on Rent or Mortgage						
	Not Burdened (<20%)		Moderately Burdened (28% or +)		Cost Burdened (30% or +)		Total
	N	%	N	%	N	%	
Renter	54	19%	33	11%	200	70%	287
Owner	198	71%	23	8%	59	21%	280
Supportive Housing	54	33%	23	14%	89	54%	166
Total	306	42%	79	11%	348	47%	733

2. Health & Community Support

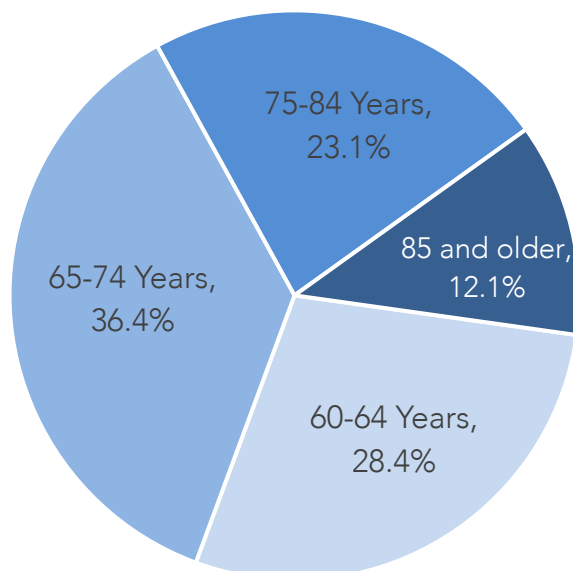
Health and community support are critical to aging well. Glendale seniors report higher levels of hospitalization compared to national averages – 16% of seniors were hospitalized overnight, compared to 11% of adults aged 65 and older nationwide.^{xi}

Figure 9: Health Needs of Older Adults in Glendale



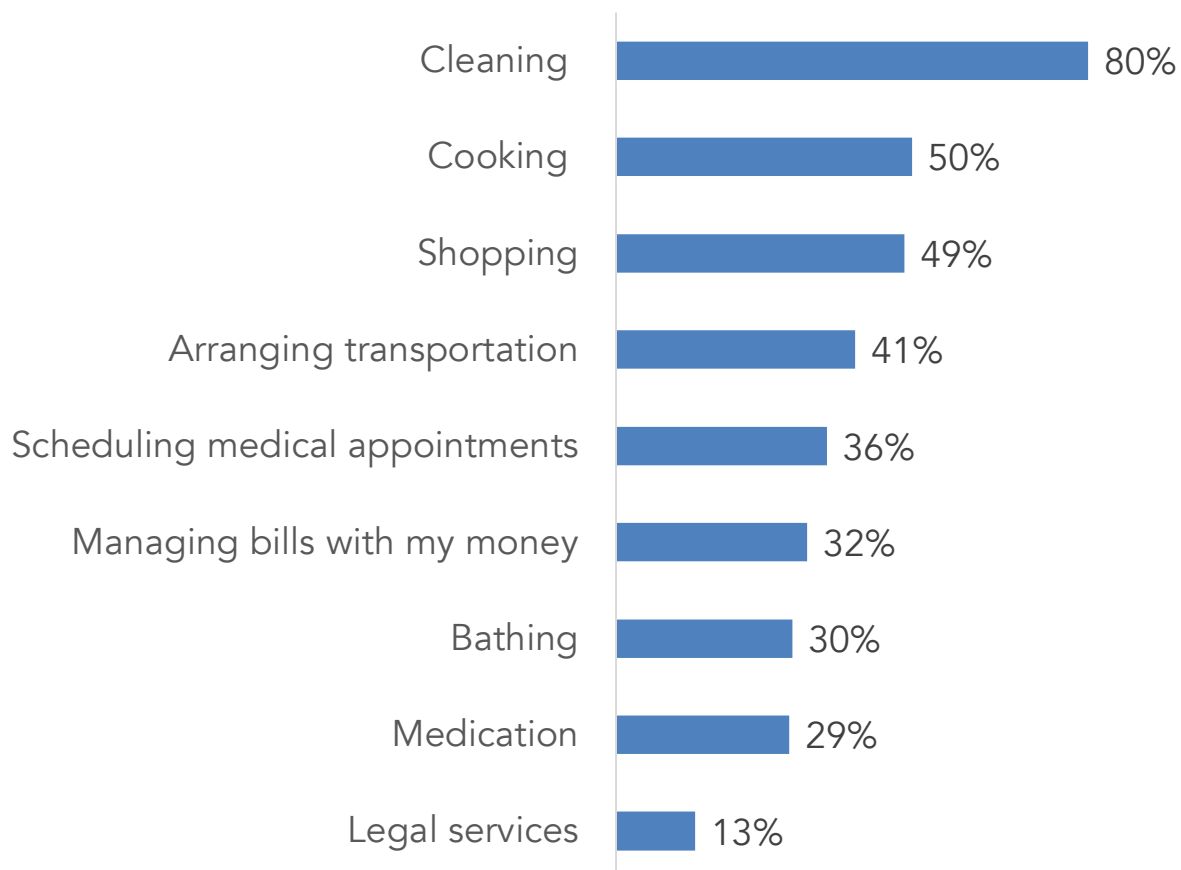
Among survey respondents, one out of four reported receiving in-home care over the past year. As Glendale's senior population expands, particularly the share of those aged 85 years and older, it is anticipated that more resources will be needed to meet the growing demand for in-home care to ensure older adults can age well in-place.^{xii}

Figure 10: Age of Glendale Older Adults Reported by the US Census



Among older adults surveyed, one third reported needing help managing activities of daily living (ADL) at least once each week. Among them, 45% reported receiving most or all of the help needed. This means over half did not have their needs met. One interviewee noted, “seniors need help with their daily health tasks, and there aren't enough services to support them as they age.” (Interviewer #3). As Glendale’s seniors age and the proportion of residents 85 years and older grows, the need for more ADL support will increase. Although nearly all older adults in Glendale have health insurance (96-99%),^{7,xiii} most insurance does not cover non-medical in-home support for activities of daily living. Furthermore, most older adults do not have long-term care insurance, which often covers the costs for in-home care. Figure 11 lists the most frequently requested tasks to support activities of daily living reported in the survey.

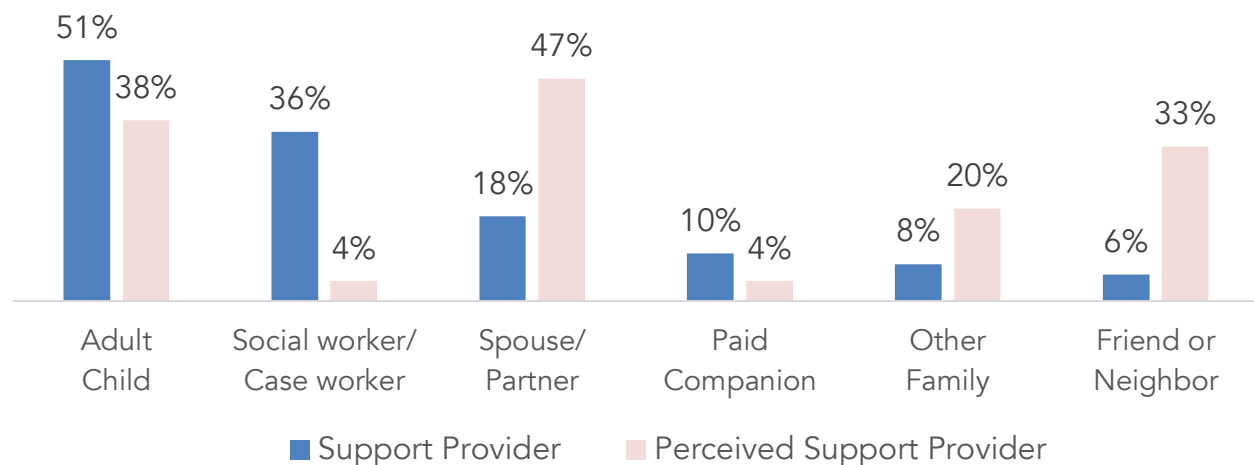
Figure 11: Tasks Where Help is Needed (N=394)



⁷ Ninety six percent of survey respondents (60 years+) have insurance and Census reports that 99% of Glendale adults aged 65 and over have insurance (see endnote xiii)

Support with ADL is fundamental to aging in place successfully. In addition to providing assistance with essential tasks like cooking, cleaning and personal care, ADL support helps mitigate isolation, a critical variable linked to increased risk of loneliness, depression and cognitive decline.^{xiv} Providing regular in-home support addresses physical needs and fosters social engagement, which enhances overall well-being and mental health. However, as previously mentioned, the source of the ADL support needed by Glendale seniors remains uncertain. The survey identified a gap between the perceptions of individuals currently receiving help with ADLs and those speculating about potential support in the future. Figure 12 shows a perception gap between who older adults think will support them versus who will likely support them if they needed it. Participants perceived a spouse/partner, other family, and friends would help. For seniors currently receiving support, it is primarily from an adult child or social worker.

Figure 12: Perception Gap: Support Providers vs. Perceived Support Providers



Mental Health Support

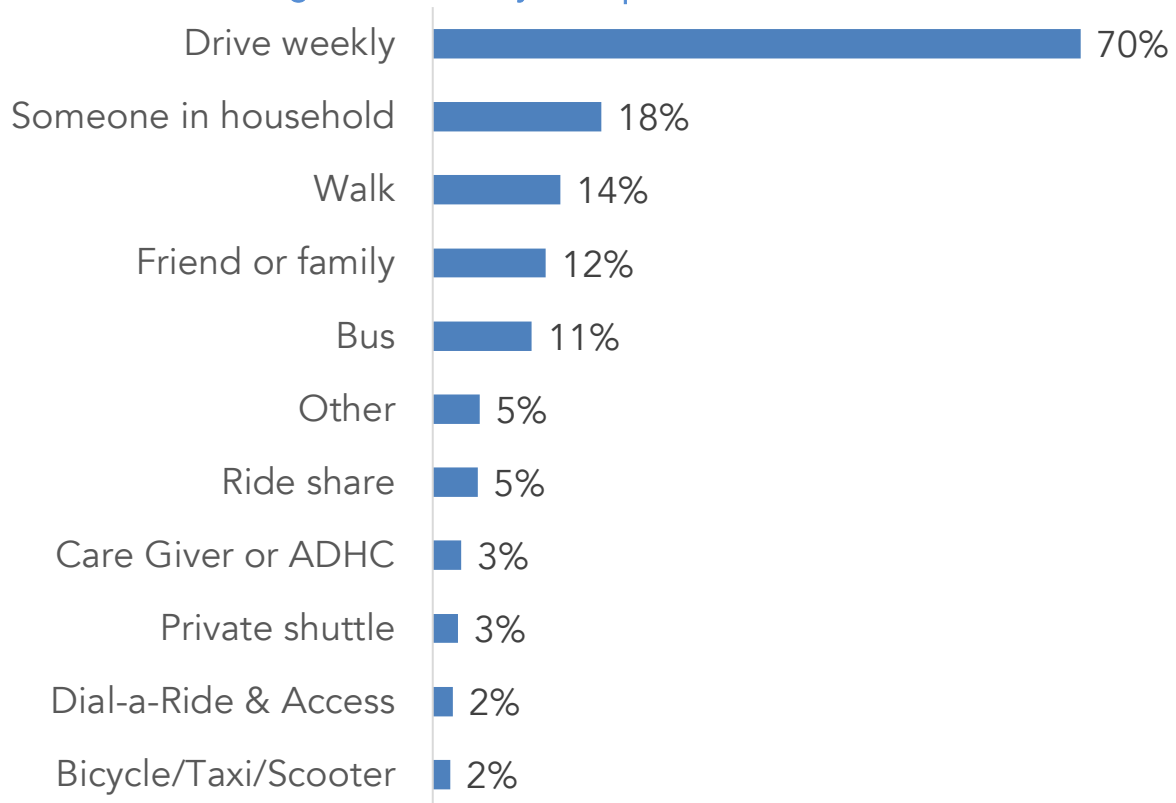
In addition to physical health and more support for ADL, Glendale could benefit by expanding access to mental health resources. The Centers for Disease Control and Prevention reports that 20% of older adults experience some form of mental health issues, yet many services remain underutilized.^{xv} This concern was reinforced by stakeholders, “We see more seniors needing support for mental health but there aren’t enough programs addressing this in a comprehensive way” (Interview #5). Another interviewee shared, “health services are provided to seniors but there’s always a need for more mental health support” (Interview #1). Developing mental health services that are culturally sensitive and generationally relevant, may better serve Glendale’s older adults in need of mental health support.

3. Transportation

Transportation is a cornerstone of independence for older adults, yet access remains a challenge for many older adults in Glendale. According to the National Aging and Disability Transportation Center, 21% of older adults do not drive, highlighting the importance of reliable public transportation.^{xvi} In Glendale, this percentage is likely higher. If the survey accurately depicts citywide trends, 30% of Glendale's older adults do not drive a vehicle and rely on other forms of transit to get to and from the places they go most often. In interviews, Glendale's stakeholders acknowledged the value of existing services like Dial-A-Ride but highlighted areas for improvement:

"Transportation services exist but seniors often face difficulties accessing them especially for non-medical reasons" (Interview #5). Another interviewee echoed this point, "There's a good structure in place, but the demand for transportation, especially for non-medical purposes, exceeds the current offerings" (Interview #3). This reflects a broader issue of transportation accessibility for aging populations, particularly when non-medical needs are involved – a concern nationwide.^{xvii} Figure 13 lists alternatives used by Glendale seniors who do not drive themselves. Fourteen percent of older adults in Glendale report walking as their primary alternative to driving.

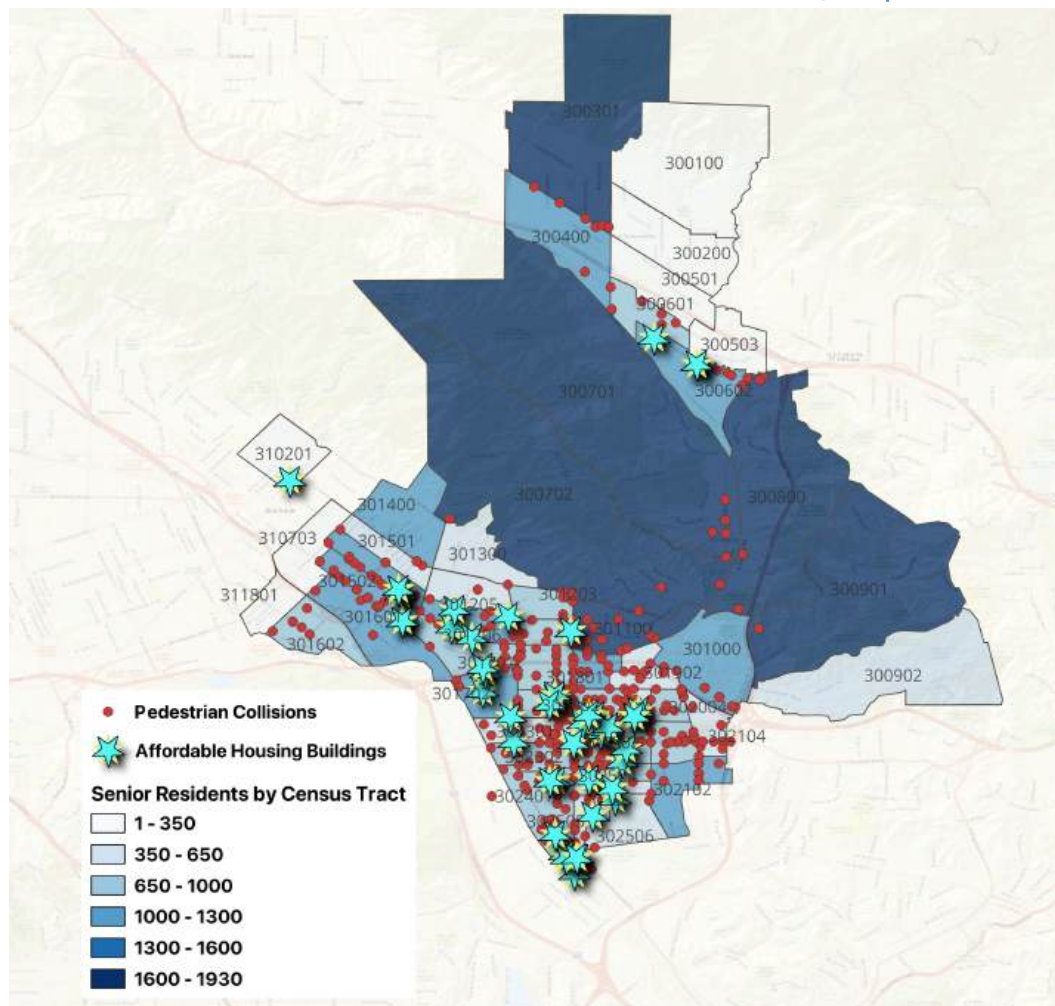
Figure 13: Primary Transportation Modes



Vehicle – Pedestrian Collisions

For older adults who walk in Glendale, built environments that promote walkability and help reduce pedestrian vehicle collisions are critical. Between 2019 and 2024, Glendale Police responded to 591 vehicle-pedestrian collisions. In seventy-five percent of these collisions, the driver was at fault.⁸ It is concerning that in 60% of these collisions (264/442), the pedestrian was struck in a crosswalk. Even though the most (94%) pedestrian are injured in a vehicle-pedestrian collision, older pedestrians are injured more than younger pedestrians (96% vs. 92%), and they are more likely than younger pedestrians to be in these types of collisions. Older adults represent 26% of residents, but account for 37% of pedestrians struck by vehicles, and 73% (eight out of the eleven) of pedestrian fatalities in the last five years were older adults. Figure 14 shows locations of vehicle-pedestrian collisions from 2019 to 2024.

Figure 14: Vehicle-Pedestrian Collisions in Census Tracts by Population of Seniors

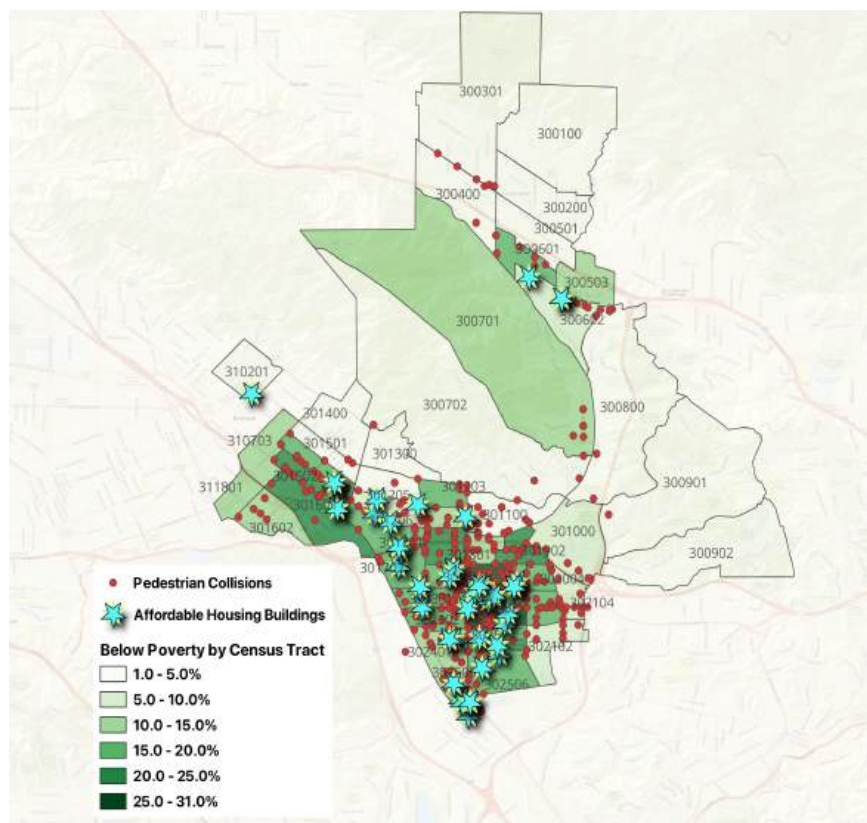


⁸ Glendale Police Department incident reports assign fault based on the elements present for each penal code violation, even if no citation was issued for the penal code violation.

At the request of the Parks, Recreation, and Community Services Commission, we analyzed the extent to which pedestrian-vehicle collisions may be explained by characteristics of the driver and the area in which collisions occur. There were no statistically significant relationships found based on a driver's demographics. Neither a driver's age nor gender were associated with being at-fault for a vehicle-pedestrian collision. However, among pedestrians, younger males 54% (58/107) were much more likely to be at-fault for vehicle-pedestrian collisions. This occurred primarily (67%) when a pedestrian failed to yield to the vehicle when walking outside of a crosswalk.

There were no statistically significant relationships between vehicle-pedestrian collisions and percentage of older adults in a census tract (see Figure 14) or percentage of residents living below poverty. However, as the map in Figure 15 shows, a pattern of increased vehicle pedestrian collisions can be seen across southern Glendale. This area has the highest concentration of the City's Affordable Housing Buildings, occupied in large part by older adults.⁹ This is significant primarily for future efforts to develop strategies to mitigate injury to older adults residing in areas with elevated risk for vehicle-pedestrian collisions.

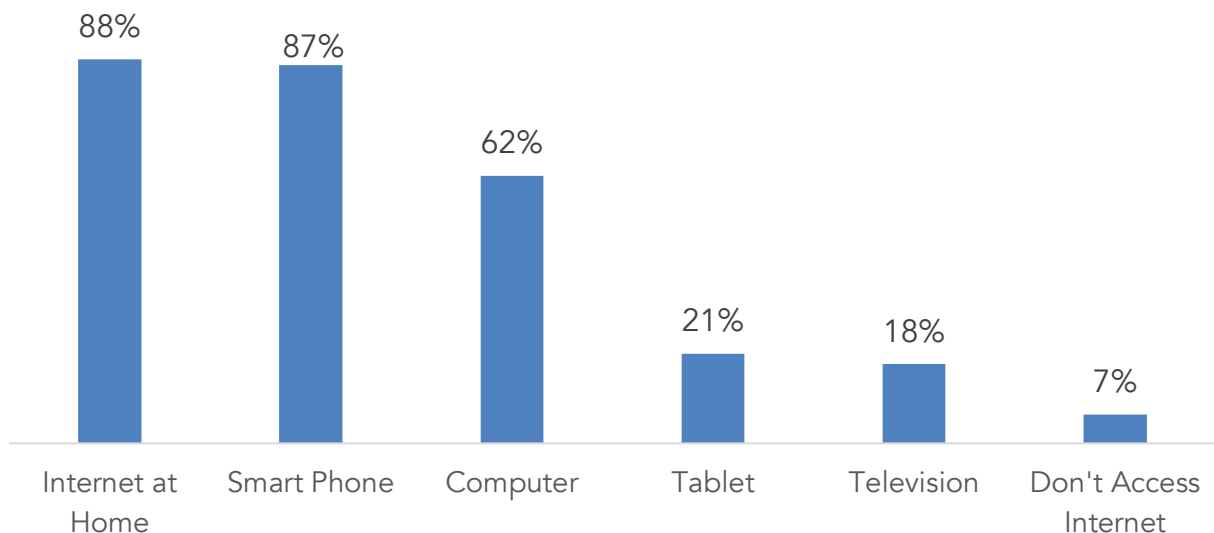
Figure 15: Vehicle-Pedestrian Collisions in Census Tracts by Percent Below Poverty



4. Communication & Information

Effective communication is essential to aging well, allowing older adults to access services, stay informed, and maintain independence. Studies show that effective communication empowers older adults to make informed decisions and feel valued.^{xviii} According to interviewees, the City has made strides to improve communication through digital platforms. "The City's website and mobile app are useful for seniors to access services or report issues," noted one interviewee (Interview #4). However, community members recognize the digital divide. "Many seniors rely on their phones to get access to information but not all know how to use modern technology effectively" (Interview #1). As Figure 16 shows, most Glendale seniors who took the survey accessed the internet with a smartphone or computer. This is encouraging, as it suggests a clear path for Glendale to communicate with seniors.

Figure 16: How Seniors Access the Internet

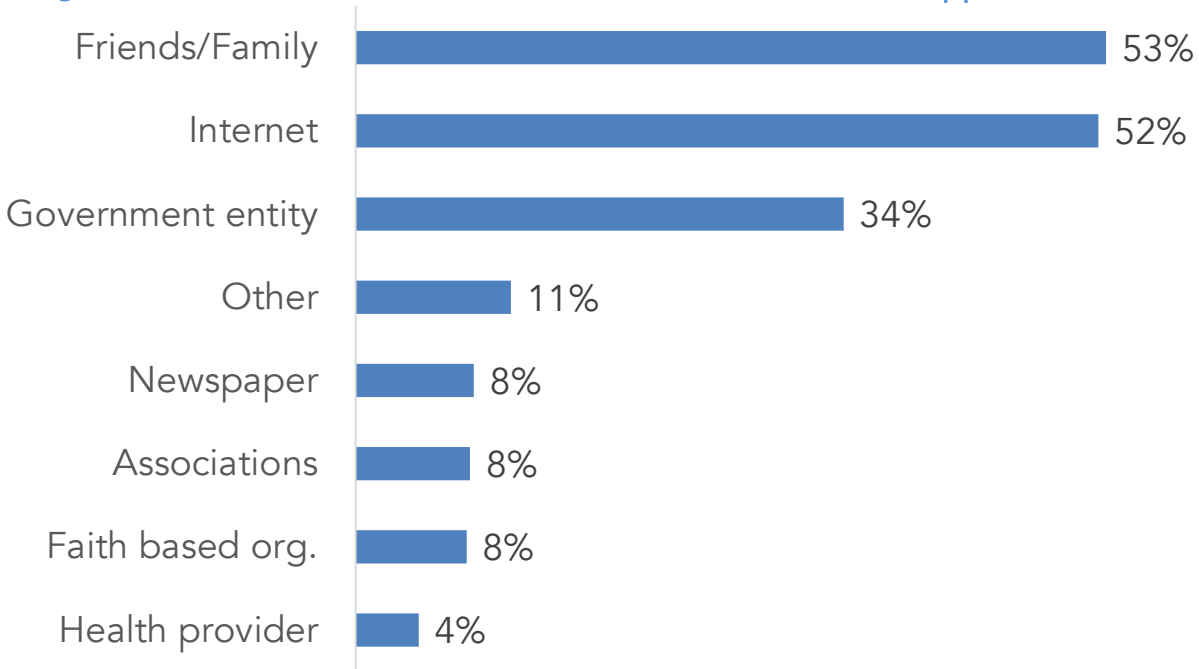


However, among survey participants who have sought support for life necessities, only 52% use the internet for information, and nearly half (48%) turn exclusively to other sources of support, not including the Internet (see Figure 17, page 20).⁹ These Internet averse seniors must rely on others in their social network for information, which puts them at an information deficit compared to more internet proficient seniors. As noted by one interviewee, "Some seniors don't know how to access resources online making

⁹ Note: the number of respondents who do not use internet for this information is 48%, which is 100%-52%.

it difficult for them to apply for transportation or housing assistance" (Interview #3). Access to the Internet is not the same as proficiency and comfort using the internet to seek and obtain information. Figure 17 shows the sources of information used by Glendale seniors who have sought support for life necessities in the past.

Figure 17: Information Sources Glendale Seniors Access to Support Life Needs



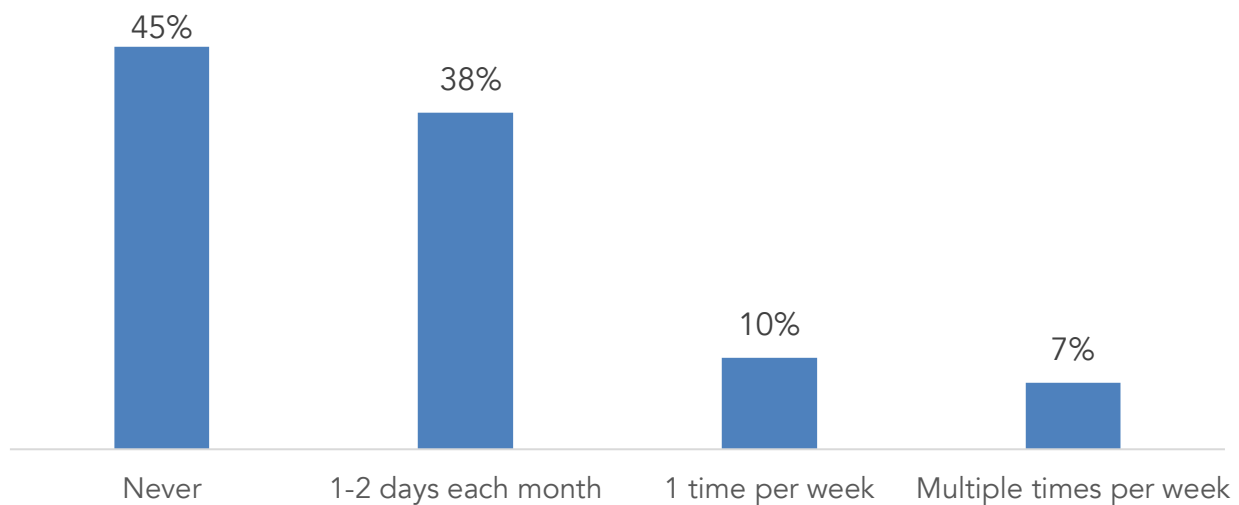
Language Specific Communication

In addition to the digital divide that hinders access to critical resources, other interviewees stressed the importance of language inclusivity: "Our outreach efforts could improve, particularly in providing information in languages like Armenian and Spanish" (Interview #5). Another stakeholder noted, "We have educational lectures, but they're mostly in English. We need more language options for our community." (Interview #2). Given that over 71% of Glendale's seniors speak a language other than English at home,^{iv} there is a broader need for multilingual communication. Bridging the digital divide and language barriers aligns with AARP's goal of making cities more Age-Friendly by ensuring communication is inclusive and accessible to seniors, regardless of their technological skills or language spoken. Glendale's focus on improving communication infrastructure is critical to helping its older residents live independently and with dignity, reflecting state and national goals for Age-Friendly communities.

5. Outdoor Spaces & Facilities

Accessible outdoor spaces are vital for promoting physical activity and social interaction among seniors. Glendale's parks and public facilities are highly regarded, with one stakeholder noting, "We have beautiful parks, beautiful outdoor spaces, buildings, and facilities in Glendale" (Interview #9). However, ensuring that these spaces are universally accessible remains a priority. Among all survey respondents, only 55% report having visited a Glendale park in the past year. As Figure 18 illustrates, 45% of respondents never visited a park in the past year.

Figure 18: Visit Glendale Parks Each Month



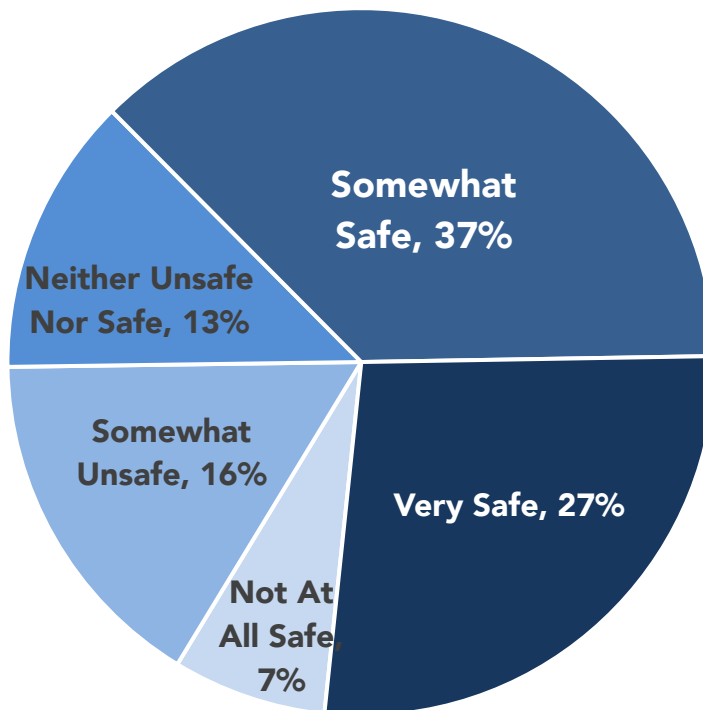
An interviewee mentioned, "We're fortunate to have many outdoor spaces, but accessibility could be better, especially for those with mobility issues" (Interview #4). In fact, for those who did not visit a park, mobility issues and distance from residence were the primary barriers to visiting a park, apart from those who reported no interest.

Table 4: Reasons to Avoid Visiting Parks

Reason to Avoid Visiting Parks	(N=534)	Percent
Mobility is challenging	106	19.9%
Too far from residence	83	15.5%
Not safe	72	13.5%
Location awareness	50	9.4%
Not adequate shelter	41	7.7%
Not interested	242	45.3%
Total	534	100%

The lauded World Health Organization report on Global Age-Friendly Cities emphasized that accessible environments can prevent up to one-third of falls among older adults.ⁱⁱ Despite concerning vehicle-pedestrian collisions in Glendale, most older adults have a positive perception of safety in Glendale, particularly sidewalk safety. Sixty-four (64%) percent report that sidewalks are somewhat or very safe in Glendale.

Figure 19: Sidewalk Safety in Glendale



Among those who feel unsafe, the primary reason cited is the speed of passing vehicles, which contributes significantly to perceptions of risks on Glendale sidewalks. The conditions of the sidewalk and personal health are the second and third factors affecting seniors' perceptions of sidewalk safety.

Table 5: Threats to Sidewalk Safety

Threat to Safety	(N=281)	Percent
Vehicles driving fast, reckless	170	60.5%
Sidewalks Not Level	94	33.5%
Balance, Shortness of Breath	65	23.1%
Lack of Police Presence	42	14.9%
Bike and Scooter Riders on Sidewalk	29	10.3%
Lighting is Not Adequate	28	10.0%
Other Pedestrians	15	5.3%
Lack of Adequate Benches	8	2.8%

6. Social Participation & Learning

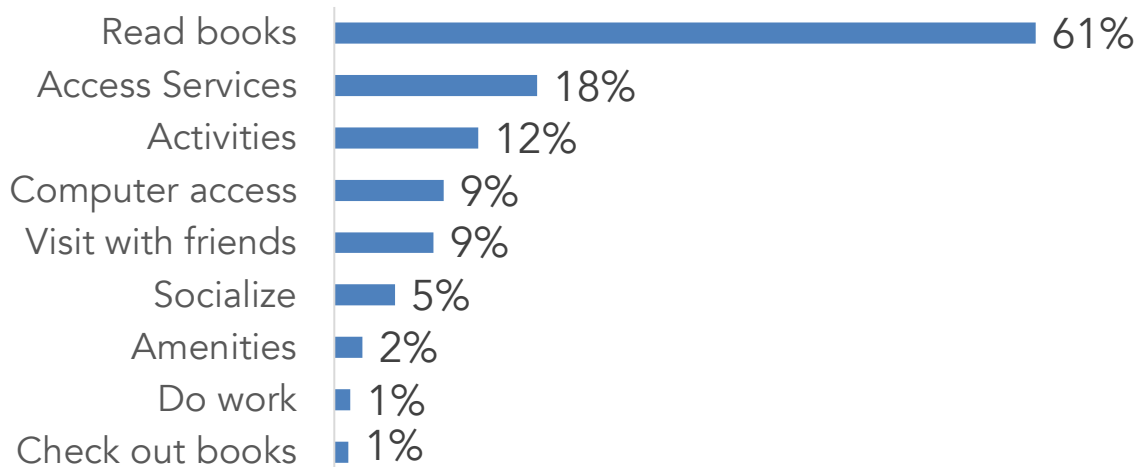
Numerous studies indicate that regular involvement in community activities and educational programs improve both mental health and cognitive function in older adults.^{xix} Glendale stakeholders uniformly advocated for more social participation among seniors. One interviewee stated, “We must continue promoting inclusion, especially for seniors who feel isolated in their homes or communities”(Interview #2), while another pointed out, “We need more programs that encourage seniors to get involved and feel included in the community.” (Interview #4). The City of Glendale offers a variety of opportunities for older adults to stay engaged with civic activities, such as serving on a commission, attending City council meetings, and volunteering. Further, as a community, there are ample opportunities for participation in social activities and learning. Among those surveyed, 21% had visited a Glendale community center in the past 12 months, and 47% had visited a public library. Seniors report that they visit community centers primarily to participate in activities and visit friends.

Table 6: Reasons to Visit Community Center

Reason to Visit Community Centers	(N=248)	Percent
Participate in Activities	97	39.1%
Visit with friends	90	36.3%
Access Services	66	26.6%
Lunch	56	22.6%

Glendale seniors visit the public library to read books, access services and participate in activities. Use of computers and socializing are also motivators for visiting libraries.

Figure 20: Reasons to Visit Glendale’s Public Libraries



7. Respect & Social Inclusion

The importance of social participation and lifelong learning is well-documented, with studies showing that active engagement reduces the risks of isolation and cognitive decline.^{xx} During the COVID-19 pandemic, older adults faced a dual crisis: physical health risks from the virus and mental health challenges from social isolation.^{xxi} As one stakeholder noted, “Seniors often rely on social activities, but during the pandemic, isolation became a big issue” (Interview #1) Another interviewee highlighted, “Our seniors need more social and recreational activities. It’s important for their mental and emotional well-being” (Interview #2). The pandemic underscored the critical role that social participation plays in the well-being of older adults, particularly Glendale seniors from cultural backgrounds that heavily rely on social engagement. When asked, *“If the City of Glendale could introduce one new program to help older adults, what program or service would you like to see them introduce?”* one senior responded, “bring back karaoke!” While most requests focused on housing, financial assistance and other essential services, several survey participants expressed a desire for more excursions and transportation to visit locations of interest. The following quotes from survey respondents and focus group participants illustrate how the City can reinforce respect and inclusion by considering and responding to requests from Glendale’s seniors.

1. Housing:

- “Affordable housing for seniors in all income levels.”
- “Affordable Senior Housing.”

2. Healthcare & Mental Health Services:

- “Medical assistance like home care; transportation assistance.”
- “Health advocacy/prescription cost reduction.”

3. Transportation:

- “Expand Dial-A-Ride service so that it could be used for transport for purposes other than medical appointments.”
- “The walk buttons at traffic lights should automatically trigger the walk sign without being touched.”

4. Technology Assistance:

- "Computer/technology smartphones informational and safety classes and financial literacy classes."
- "Daily Drop-in place at library for tech help: phones computers look up appliance manuals online etc."

5. Social and Recreational Activities:

- "More senior activities."
- "Bring back senior day trips through senior center and/or Glendale College."

6. Financial Assistance:

- "Monthly assistance with utility bills and internet."
- "Financial assistance for rent. Rent is astronomically high for a clean safe apartment."

7. Safety and Security:

- "Enforce traffic laws protecting pedestrians."
- "Identify rude drivers with loud mufflers who fly up and down Chevy Chase at night. Give them some jail time."

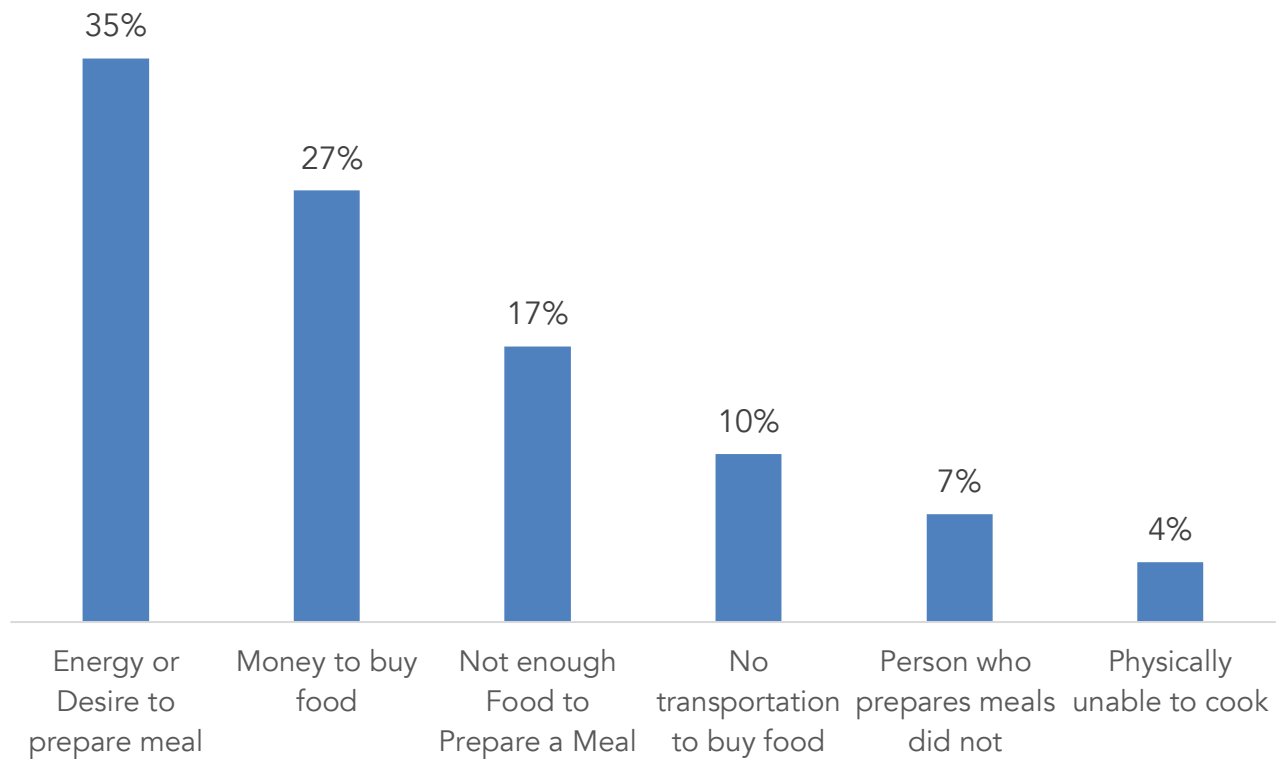
8. Community Support:

- "A directory of all senior programs and services. That would include Community Services & Recreation; GCC classes & Programs; Housing assistance; Transportation resources; Volunteer Clubs & Civic organizations; legal assistance - ALL on one website or located in City Libraries."
- "Community centers nearby where they can get what they need or mingle and even participate in volunteering in many areas."

8. Food Security

Nationally, food insecurity among older adults remains a significant concern. About 7.3% of senior households experience food insecurity in 2020.^{xxii} Glendale has made strides in ensuring food security, with stakeholders noting that “Food security is well served in Glendale with plenty of food donations and services available for seniors” (Interview #1). However, the challenge lies in reaching those who are most vulnerable. “We have food pantries, but seniors often don’t know where to go or how to access these resources” (Interview #2). This dichotomy suggests that while resources exist, they are not reaching all who need them, identifying a crucial area for outreach and education. Another participant pointed out, “Awareness for the pantries that we have could improve. Some seniors don’t know where to go for food assistance.” Older adults surveyed in Glendale report higher levels of hunger than the national average for seniors (11% vs. 7.3%).^{xxiii} Among the 11% (n=134) who report going hungry, only 17% (n=23) participated in one of Glendale’s congregate meal programs. This leaves an additional 111 adults in need of nutrition services who could benefit from the City’s program but were not utilizing it. The top two reasons Glendale seniors reported for missing a meal when they wanted to eat were a lack of energy and lack of money.

Figure 21: Reasons for Glendale Seniors Going Hungry



9. Emergency Preparedness

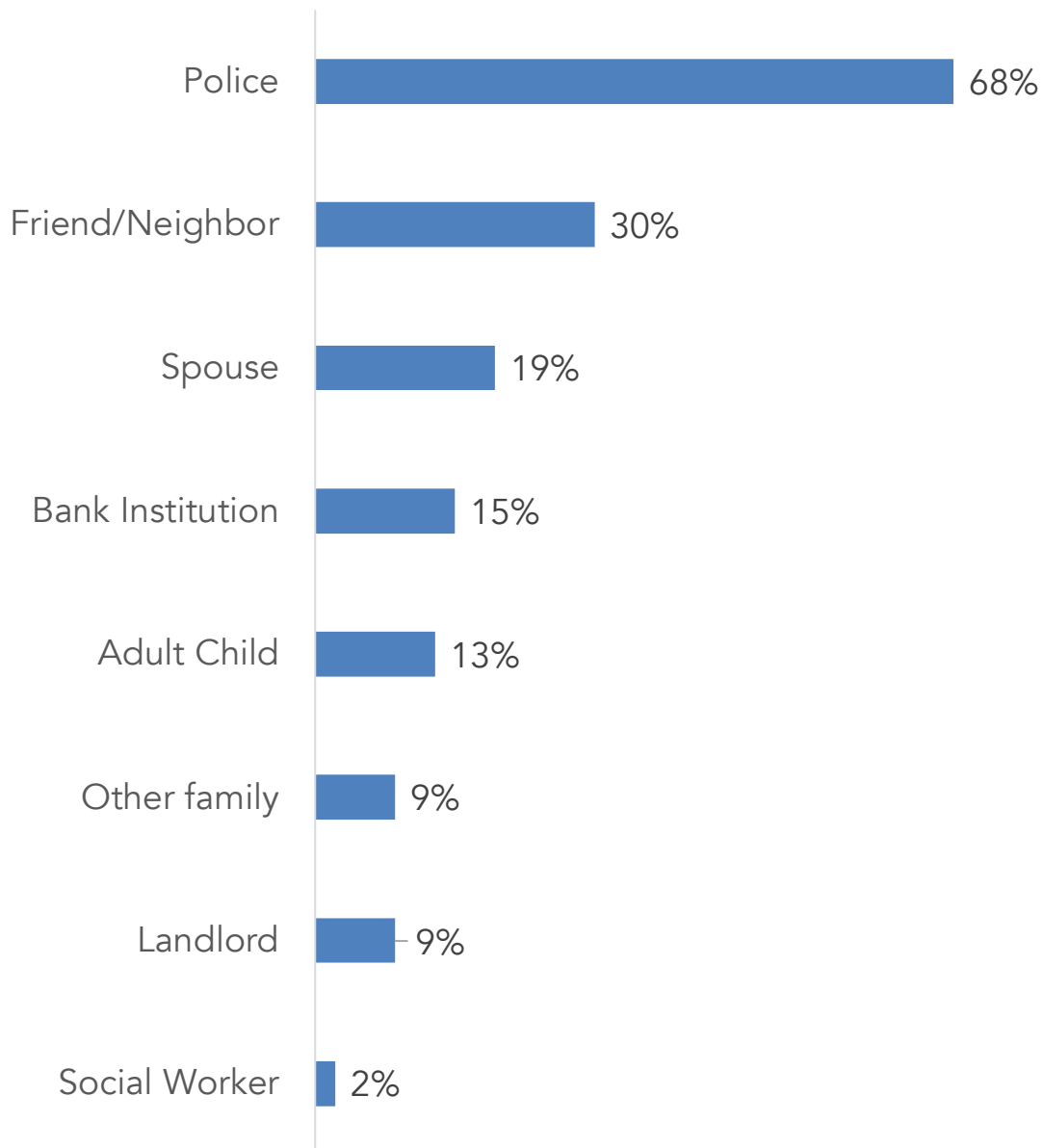
Emergency preparedness is increasingly recognized as a critical component of senior care, especially in disaster-prone areas like California. The Federal Emergency Management Agency emphasizes the importance of personalized emergency plans for older adults, yet many remain unprepared.^{xxiv} One interviewee noted, “Not enough seniors have emergency plans, and many don't have advanced directives in place” (Interview #1), while another emphasized, “Seniors need more help with emergency preparedness. Many don't have a plan, and we need to address that.” (Interview #2) This sentiment is reflected in survey results, where only 36% of older adults report having an emergency plan for disasters like earthquakes or wildfires.

These concerns highlight a significant lack of preparedness, particularly for seniors who often rely on others for assistance. As one interviewee shared, “Many seniors rely on neighbors for safety in emergencies” (Interview #4). Research shows that older adults, especially those with chronic conditions or disabilities, are among the most vulnerable during emergencies, often leading to higher risks.^{xxv} In Glendale, 38% of older adults live with a disability, underscoring the need for enhanced emergency preparedness. Despite some existing resources, such as Glendale's fire and police departments, there is recognition of the need for more tailored strategies. As one interviewee stated, “We've started working with the City's emergency preparedness office to ensure seniors know how to stay safe in the event of a natural disaster.” (Interview #10), highlighting ongoing efforts to better prepare older adults for emergencies.

Emergency preparedness requires advanced planning to mitigate crisis and provide clear steps to follow in an emergency. This includes preparing for situations where individuals may become incapacitated. Among survey respondents, 42% reported having an advanced directive to guide medical staff, first responders and surrogate decision makers in the event of a medical emergency.

Emergency preparedness also includes how to engage with law enforcement. Locally, there may be ways to increase comfort engaging with law enforcement and other first responders. Among all survey participants, approximately 6% reported being the victim of a crime in the past 12 months. Of these survivors, 70% reported the crime. The top three entities to whom the crimes were reported included police, friends or neighbors, and a spouse.

Figure 22: Source Trusted to Report Crime



10. Civic Participation & Employment

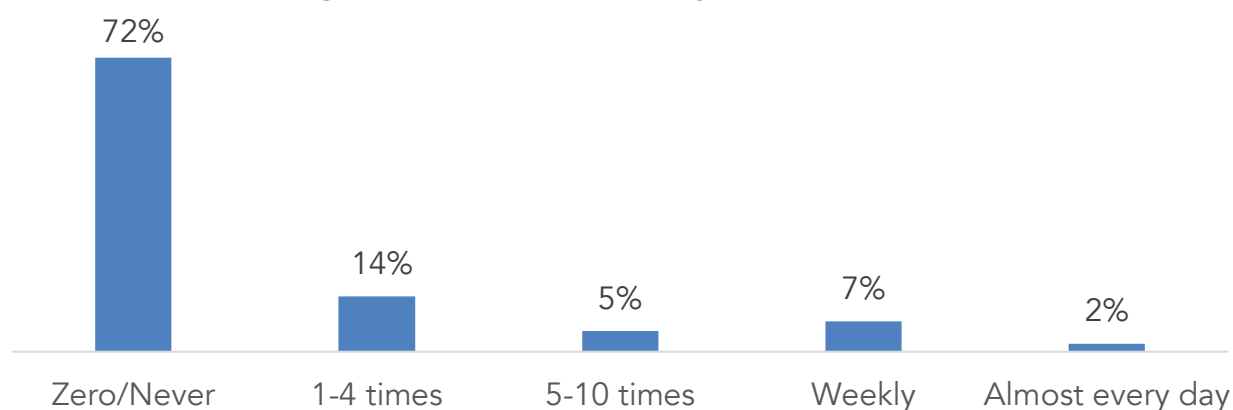
Civic participation and employment provide older adults with a sense of purpose and contribute to their overall well-being.^{xxvi} However, employment among Glendale seniors is lower than Los Angeles County and statewide averages. Census data shows that 27% of Glendale seniors are in the work force, compared to 32% in Los Angeles County and 30% across California.^{iv} Table 7 reflects employment statistics of survey respondents, consistent with Census data. Stakeholders noted efforts to connect seniors with employment opportunities. “We partner with the Verdugo Job Center to connect seniors with employment opportunities and resources” (Interview #9). Despite these efforts, not all seniors want to work, and English proficiency may pose a barrier.

Table 7: Work Status of Glendale Seniors Surveyed

Work Status	(N=1,190)	Percent
Retired	692	58.2%
Full-time	183	15.4%
Disabled and unable to work	171	14.4%
Part-time	107	9.0%
Unemployed	28	2.4%
Jobless	9	0.8%

While employment among Glendale’s older adults is lower than County and State figures, volunteering aligns with the national average. Twenty-eight percent of older adults surveyed reported volunteering in the past year, comparable to the national rate of 24-28%^{10,xxvii} Stakeholders emphasized the potential for increased civic engagement, “there’s a lot of potential for seniors to be more involved in civic activities, but the opportunities need to be better communicated and accessible” (Interview #6).

Figure 23: Volunteer Activity in the Past Year



¹⁰ The range here based on age categories 55-64 and 65 years and over, instead of 60 years and older.

Challenges, Opportunities & Recommendations

The following lists opportunities available to the City of Glendale to enhance programs and services to support the process of ageing-well in place. The recommendations incorporate insight gained from all qualitative and quantitative methods used to conduct the Senior Needs assessment.

The **five recommendations** are proposed for the City of Glendale staff, City Council, and Senior Services Committee to consider as it contemplates how to best serve the evolving needs of an aging population of older adults.

Recommendation #1

Expand Housing Support in Glendale

PROBLEM

Over half of Glendale’s older adults are renters, and 70% of them are significantly cost-burdened, spending more than 30% of their household income on rent. This financial strain limits their ability to cover other essential needs such as food, transportation, and medication. Rising rents, coupled with a rapidly aging population, exacerbate housing instability, making it difficult for most lower income seniors in Glendale to age in place. Additionally, although Glendale counted a reduction in point-in-time counts for unhoused seniors in 2023 and 2024, these declines from previous years may be attributed to additional housing funds from the CARES Act and Emergency Housing Vouchers, which are not guaranteed for continued funding.¹¹

RECOMMENDATION

The City should seek ways to introduce more affordable housing options and financial assistance programs to alleviate the housing burden on seniors. Additionally, to the extent possible, the City could explore implementing landlord incentives to help older adults who rent. City departments, in coordination with one another, should explore options on how to support seniors with housing burdens. This includes identifying potential opportunities through federal, state, local and private resources to support senior housing and apply for initiatives, which offer flexible funding to prevent homelessness and promote housing stability.

¹¹ The pre-COVID Pandemic homeless count for Glendale seniors was 28 (in 2020), in 2022, the count was 31, in 2023 it dropped to 18, and in 2024 the point-in-time count dropped to 14 unhoused seniors.

Recommendation 2

Enhance Access to Health, Nutrition, and Community Support Services

PROBLEM

While most older adults in Glendale have health insurance, many lack adequate access to services that support activities of daily living. In the survey, only 45% of seniors who needed assistance with activities of daily living received the support they sought. Additionally, while only a small portion of Glendale seniors in the survey were food insecure, only 17% were accessing the City's nutrition program. Although Glendale provides a wide range of support services, including senior meals, awareness and accessibility may remain limited due to language barriers and a lack of technological proficiency among Glendale's linguistically and culturally diverse population of older adults. As a result, services may go underutilized, putting seniors at risk of losing their independence despite the availability of resources that could help them age well in place.

RECOMMENDATION

The City and Seniors Services Committee should explore developing a service navigator program to link older adults to available resources in Glendale. The navigator would assess the senior's needs, in their preferred language, and directly link the older adult to available resources such as healthcare, nutrition, transportation, and other support programs. Additionally, the City should consider an annual Nutrition Outreach initiative to raise awareness about its senior meals program.

Recommendation 3

Improve Transportation Infrastructure for Older Adults

PROBLEM

Although 70% of older adults drive, the remaining 30% are dependent on public transit, friends and family, and advanced scheduling services like Dial-a-Ride. For seniors comfortable enough to take public transit, language proficiency and literacy may present barriers to use. For example, although Metro and the Beeline offer website translations, the button to translate the languages is in English (“translate”). Considering that 54% of Glendale seniors speak English less than very well, the lack of language specific maps and schedules may present an insurmountable barrier to public transit among these seniors.

RECOMMENDATION

Glendale should enhance its transportation services by introducing a fixed route shuttle service between key points of interest in Glendale. A more frequent fixed route shuttle could improve accessibility for social and recreational activities. The City should also consider partnering with Los Angeles County Metropolitan Transportation Authority to explore the possibility of piloting a rideshare services to provide seniors with affordable, on-demand transportation options. As part of enhanced transit, Glendale should consider investing in pedestrian infrastructure improvements, like safer crosswalks, better lighting, and additional seating along key pedestrian routes. This should be done in tandem with public safety workshops teaching safe driving techniques, and pedestrian defensive walking habits to avoid vehicle collisions. These measures will promote safer mobility, reduce isolation, and improve social inclusion.

Recommendation 4

Improve Emergency Preparedness for Seniors

PROBLEM

This assessment highlighted the vulnerability of Glendale's seniors in emergencies. Notably, only 36% report having an emergency plan in place. Many older adults, especially those with mobility issues, may struggle to evacuate or secure emergency supplies, increasing their risk during disasters such as earthquakes or wildfires. While the City has emergency preparedness resources, there is a clear need for senior-specific support to ensure their safety.

RECOMMENDATION

To better prepare seniors for emergencies, Glendale should introduce senior-specific emergency preparedness workshops that provide clear, accessible information on creating emergency plans and gathering necessary supplies. This Community Emergency Response Team training would equip seniors with resources to create emergency kits with easy-to-read guides in multiple languages to ensure all seniors, regardless of cultural background, are prepared. Workshops should be held at senior centers and other community spaces regularly to ensure ongoing education.

Recommendation 5

Combat Isolation Through Village-to-Village and Technology Literacy

PROBLEM

Isolation and loneliness are widespread among many older adults. These conditions are exacerbated by mobility issues, language barriers, and technological limitations. In Glendale, many of the most vulnerable older adults lack the skills to use digital tools that could help them stay connected with friends, family, and their community. Without intervention, isolation can contribute to mental health challenges and a reduced quality of life.

RECOMMENDATION

Glendale should implement a Village-to-Village model that fosters social connections within neighborhoods by organizing seniors to participate in mutual support and social activities, either virtually or in-person. This initiative could be enhanced by offering technology literacy workshops, enabling seniors to engage with digital tools, such as video calls and messaging apps, to stay connected with their communities. Partnering with local organizations for intergenerational programs and expanding friendly visitor initiatives would further help reduce isolation, while empowering seniors to maintain strong social ties and live independently.

Conclusion

In 2023, the City of Glendale commissioned a Senior Needs Assessment to identify gaps in service provisions and measure senior needs across the City's 10 Domains of Livability. This study is particularly timely, as Glendale's older adult population continues to grow at a faster rate than Los Angeles County. Over the past 22 years, Glendale's senior population has surged by approximately 42%. This 2024 Senior Needs Assessment underscores the increasing challenges faced by the City's aging population, particularly in housing affordability, access to health services, transportation, and emergency preparedness. These challenges are especially pronounced for older adults with limited English proficiency who rent with lower, fixed incomes.

The analysis identified housing as the most pressing issue for Glendale seniors. Seventy percent of seniors who rent are cost-burdened, paying over 30% of their income on rent. As rents rise without corresponding income increases, many older adults must make difficult trade-offs between basic necessities, illustrating the need for more affordable and accessible housing. While health and community support services are available in Glendale, many seniors report insufficient assistance with daily activities. This highlights the need to reimagine health services to include comprehensive support that enables seniors to manage their health more effectively. Social participation is also critical to well-being, yet gaps in awareness and transportation present barriers to accessing available services. Food security also remains a concern, with 11% of seniors experiencing hunger weekly. Strengthening nutrition programs and increasing outreach will help bridge the nutrition gaps. Finally, the majority of Glendale's older adults are without either an emergency plan or an advanced directive, illuminating a significant opportunity to improve preparedness for natural disasters and medical emergencies.

The findings and recommendations of the 2024 Senior Needs Assessment align closely with California’s five goals for an Age-Friendly community, as outlined in the Master Plan for Aging. The City’s focus on expanding affordable housing directly supports the goal of Housing for All Ages and Stages, ensuring seniors can age in place without the burden of high rent. By enhancing access to health and community support services and improving emergency preparedness, the recommendations contribute to Health Reimagined and Caregiving That Works, which helps seniors maintain independence and receive necessary care. Efforts to improve transportation infrastructure and combat isolation through social connectivity initiatives reflect the goals of Inclusion and Equity, Not Isolation, and Affordable Aging. This ensures that all older adults can participate fully in community life and access essential resources without undue financial strain.

As an AARP Network of Age-Friendly Cities member, Glendale remains committed to administering programs and services to support older adults in aging successfully in place. This leadership stands as a model for other local municipalities as they develop their own plans to address aging in place, and possibly join AARP’s Network.¹³ The research team believes that by implementing the five recommendations below, Glendale can best support the immediate needs of its older adult community:

1. Expand Housing Support in Glendale

2. Enhance Access to Health, Nutrition, and Community Support Services

3. Improve Transportation Infrastructure for Older Adults

4. Improve Emergency Preparedness for Seniors

5. Combat Isolation with Village-to-Village and Technology Literacy

¹³ Among similarly sized Los Angeles County cities, Glendale has an AARP livability score of 54, compared to scores for Santa Monica (60), Pasadena (55), Burbank (54), Long Beach (48), and Santa Clarita (46). As of the publishing of this report, Pasadena and Burbank have not yet joined AARP’s Network of Age Friendly communities.

Appendix A.

Interview Guide

**City of Glendale Senior Needs Assessment
Interview Guide (June 1, 2023)**

Introduction:

1-2 minutes

- Thank you for taking the time to meet with me.
- The purpose of the interview is to discuss delivery of services your organization provides to Glendale's senior community (60 years +).
- This interview is one aspect of the Senior Needs Assessment we are doing to better understand the availability of services that support aging in place.
- This interview is confidential. Your responses will not be associated directly to you, your organization or office.
- Having said that, I am only recording the interview to avoid scribbling notes now.
- Before we continue, do you have any questions for me?

Organization/Role:

5 minutes

1. Can you tell me about the services your organization provides to seniors?
 - a. Are these services specific to seniors or for everyone?
 - b. What age criteria qualifies someone as a "senior" for your organization?
2. How do you provide the services?
 - a. In-person
 - b. Telephone
 - c. On-line
3. What are the hours of operation (either to receive or request services)?
4. In what languages do you provide services?
5. What is your role at (name of organization/office)?
 - a. Responsibilities (manage staff, work the clients, create programs, etc.)
6. How long have you worked at (name of organization/office)?

Client Awareness:

10 minutes

7. How does your organization educate seniors about its services
[ITEMS BELOW ARE PROBES]
 - a. In-person outreach,
 - b. Paid advertisements,
 - c. Informal networks (staff reaches their network),
 - d. Company website,
 - e. City of Glendale website
 - f. Directory (e.g., Senior Directory, etc.)

**City of Glendale Senior Needs Assessment
Interview Guide (June 1, 2023)**

8. Is this approach the same or different when educating **non**-seniors about services?
9. Do you track how seniors learn about your program or service (e.g., via survey/intake?)
10. What are some of the **difficulties** your organization experiences educating seniors about your programs or services?
11. What has worked well to raise awareness among seniors (if known)?

Client Enrollment:

5 minutes

12. Can you walk me through the process a person goes through to initiate services?
 - a. Initial point of contact – in-person, call, e-mail, website, paper application, Referral from City staff/case manager, Referral from another agency?
 - b. Fill out application by self, or staff fills it out?
 - c. What must clients provide to verify eligibility?
 - d. What documents must be provided, if any?
 - e. How long is the process to review an application and approve services?
 - f. How long does it take to begin receiving services once approved?

(Request any application documents, or links to website)

Barriers and Facilitators of Success:

5 minutes

13. What approaches, if any, have you found effective enrolling seniors for services?
14. What are some of the **challenges** seniors experience enrolling in your program for services? [ITEMS BELOW ARE PROBES]
 - a. Concern about costs
 - b. Understanding how to fill out necessary paperwork
 - c. Access to the Internet...
15. Once enrolled, what are some of the reasons seniors fall out of service?
 - a. Hours of operation
 - b. Transportation
 - c. Language barriers...
 - d. No longer need (how do you know)
16. How do you know when a senior has fallen out of service (i.e., tracking system)?
17. What steps do you take (if any) to re-engage seniors who fall out of service?
18. In a given contract year, what percentage of clients are new vs. existing?

**City of Glendale Senior Needs Assessment
Interview Guide (June 1, 2023)**

Senior Needs and Delivery of Services

10 minutes

Currently, the City of Glendale has defined 10 domains that support aging in place.
[SHOW LIST OF 10 DOMAINS, See page 4 attached]

19. Can you think of additional domains, not shown here, that are important for supporting aging in place? (i.e., are there additional domains)
20. What do you think are the 3 most important domains needed for aging in place?
 - a. Within those domains, what are the most important services seniors come to rely upon?
 - b. Are there additional services that could fall within those domains that would better support aging in place?
21. Based on your experience in Glendale, which of the domains are well served?
 - a. Why do you believe they are well served?
 - b. What examples of service delivery can you provide as an example?
22. Which of these domains require additional support?
 - a. What type of support is needed?
 - b. Why do you believe they are NOT well served?
 - c. What examples of poor service delivery can you recall?
23. How does your organization/department measure program success?
24. How do you determine if your client's needs are being met?
25. How often do you collaborate with other service providers (i.e., those providing services that your organization/department does not offer)?
26. How important is it for organizations/departments to collaborate in order to achieve goals of an age friendly city?
27. What can your organization/department do to increase these collaborations?
 - a. Participate in Senior Services Committee
 - b. Communicate with other organizations/department about initiatives
28. Final question, do you have any examples of especially effective methods to conduct outreach, enrollment, or provide services to seniors that may help others?

Conclusion: Any final thoughts or questions... *Thank you.*

**City of Glendale Senior Needs Assessment
Interview Guide (June 1, 2023)**

Table 1: City of Glendale 2021 Domains of Age Friendly City

DOMAINS OF AGE FRIENDLINESS	ABOVE	NEUTRAL	BELOW
1. Food Security			
2. Housing			
3. Transportation			
4. Communication/Information			
5. Outdoor Spaces/Buildings/Facilities			
6. Social Participation and Lifelong Learning			
7. Civic Participation/Employment			
8. Health/Community Support			
9. Respect/Social Inclusion			
10. Emergency Preparedness			

Appendix B.

Interview

Participant

Organizations

Table 1: Participant Organizations for Senior Needs Assessment Interviews

Organization
City of Glendale Community Development Department, Transit Division
City of Glendale Community Services & Parks Department
Emerald City Assisted Living
Glendale Community College Student Employment Services
Glendale Community College Garfield Campus
City of Glendale Fire Department
Glendale Memorial Hospital
Senior Services Committee
USC Verdugo Hills Hospital
Verdugo Workforce Development Board
Total

Appendix C.

Focus Group Guide

**City of Glendale Senior Needs Assessment
Focus Group Guide (June 13, 2023)**

Introduction:

10 minutes

We're here to talk about the Needs of Older Adults in Glendale, Services and Policies that support them, and opportunities to maintain and improve services for them.

GROUND RULES: (1) no right or wrong answers, (2) We are consultants for the City, not employees (3) it's okay to disagree, (4) try not to cut people off, (5) audio recording to capture exactly what you say, it's confidential (e.g., won't post on the internet).

GROUP INTRODUCTION: (1) your name, (2) what type of services you provide to the Senior Community in Glendale.

RAISING AWARENESS/PERCEPTIONS OF SENIOR SERVICES: 15 minutes

1. What comes to mind when you think of SENIOR Services?

- a. What type of seniors are they for (Disabled, age-based, Lower income, etc.)

[GO TO TABLE WITH YOUR ASSIGNED NUMBER FOR GROUP DISCUSSION]

Exercise: [HAVE PARTICIPANTS WRITE ON CARD]:

- b. Service(s) you provide to the Senior Community; AND
- c. How your organization/you make Older Adults aware of services?

[ALLOW PARTICIPANTS TO SHARE; THEN ASK THE FOLLOWING QUESTIONS]

2. What methods have you found most effective in raising awareness?

[PROBE IF NEEDED]

- a. In-person outreach,
- b. Paid advertisements,
- c. Informal networks (staff reaches their network), word-of-mouth
- d. Company website,
- e. City of Glendale website
- f. Directory (like Senior Directory, etc.)

3. What **difficulties** have you witnessed in educating seniors about services?

4. Does the method of raising awareness depend on the service?

5. Does the method of raising awareness differ for different demographic groups (race/ethnicity, language, religion, etc.)?

6. What resources could the City offer to support increasing awareness of services?

[IDENTIFY person to Report back to the room answers to Q.3, Q.4., Q.7]

REPORT BACK on AWARENESS:

**City of Glendale Senior Needs Assessment
Focus Group Guide (June 13, 2023)**

7. What methods for raising awareness were effective?
8. What were some of the largest barriers to raising awareness?
9. What resources could the City offer to support increasing awareness of services?

CLIENT ENROLLMENT:

15 MINUTES

Exercise: [HAVE PARTICIPANTS WRITE ON CARD]:

- a. The main challenges seniors encounter enrolling/signing up for services.

[ALLOW PARTICIPANTS TO SHARE; THEN ASK THE FOLLOWING QUESTIONS]

10. What have you found to be effective in helping seniors overcome the challenges?
11. What steps have you taken to help seniors overcome these challenges?
[PROBE IF NEEDED]
 - a. Explaining the costs of service
 - b. The hours
 - c. Speaking in-person, etc.
12. What resources could the City offer to make the process of enrolling seniors easier?

REPORT BACK on CLIENT ENROLLMENT:

13. Challenges:
 - a. Concern about costs
 - b. Understanding how to fill out necessary paperwork
 - c. Access to the Internet...
14. Effective overcoming barriers?
15. Resources from City to help?

DELIVERY OF SERVICES

15 MINUTES

Exercise: [HAVE PARTICIPANTS WRITE ON CARD]:

- a. The main challenges encountered delivering services to seniors.

[ALLOW PARTICIPANTS TO SHARE; THEN ASK THE FOLLOWING QUESTIONS]

16. **[FOR THOSE WHO SERVE NON-SENIORS AS WELL, ASK]** Are the challenges encountered by seniors unique, or similar to challenges others experience as well?
17. What have you found to be effective in overcome challenges to service delivery?

**City of Glendale Senior Needs Assessment
Focus Group Guide (June 13, 2023)**

18. What resources could the City offer to make delivery of services more effective?

REPORT BACK on SERVICE DELIVERY:

19. Challenges,

20. Effective overcoming barriers,

21. Resources from City to help

[TAKE 10 MINUTE BATHROOM BREAK]

SERVICE GAPS/NEW SERVICES

25 MINUTES

Exercise: [REVIEW 10 DOMAINS OF AGE FRIENDLY CITIES AND WRITE ON CARD]:

- a. Domains/Areas that are WELL served in Glendale, GIVE EXAMPLES
- b. Domains/Areas that NEED IMPROVEMENT, GIVE EXAMPLES

[ALLOW PARTICIPANTS TO SHARE; THEN ASK THE FOLLOWING QUESTIONS]

22. What makes you say those areas are well served?

23. What makes you say these other areas need improvement?

24. Do others in the group agree or disagree?

25. What new domain/areas could make aging more comfortable in Glendale?

26. What service, not currently available, would you like introduced in Glendale?

REPORT BACK on SERVICE GAPS/NEW SERVICES:

27. Domains well served...And why?

28. Domains needing service improvement...And why?

29. Agreement/Disagreement with these perspectives?

30. New Domains for Glendale to Consider for Age Friendly?

31. New Services to consider?

32. What is the most important thing the City should continue doing or start doing to support Older Adults in Glendale?

Conclusion: Any final thoughts or questions... *Thank you.*

**City of Glendale Senior Needs Assessment
Focus Group Guide (June 13, 2023)**

Table 1: City of Glendale 2021 Domains of Age Friendly City

DOMAINS OF AGE FRIENDLINESS
1. Communication/Information
2. Transportation
3. Food Security
4. Social Participation & Lifelong Learning
5. Civic Participation / Employment
6. Outdoor Spaces / Buildings/Facilities
7. Health / Community Support
8. Housing
9. Emergency Preparedness
10. Respect/Social Inclusion

Appendix D. Focus Group Outreach List

Table 2: Outreach List for Senior Needs Assessment Focus Group

Organization
Adventist Health
Ararat Home of Los Angeles
ARF West USA
Ascencia
California Healthcare Rights Center
Catholic Charities
Dignity Health Glendale Memorial Hospital
Daylight Adult Day Health Care
Deep Green Housing
Glendale Adult Day Health Care
Glendale Community College
Human Good
Los Angeles County Metropolitan Transportation Authority
Los Feliz Gardens
Mariner Health Care
Pacific Clinics
Salvation Army
St. Mary's Armenian Apostolic Church
St. Peter Armenian Church
Triumph Residential Services
USA Properties Fund, Inc.
USC Verdugo Hills Hospital
YMCA of Glendale

Appendix E.

Community Survey

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

Thank you for helping the City of Glendale with its Senior Needs Assessment Survey. Your participation will help the City make decisions about programs and services that serve the needs of older adults in Glendale. ALL ANSWERS you provide will be kept confidential and anonymous. We will not ask for any personal information.

1. Please select your age group?

- a. 14-17
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45-54
- f. 55-59
- g. 60-64
- h. 65-74
- i. 75-84
- j. 85 or Older

[IF >59 YEARS AT Q.1, SKIP TO Q.4, OTHERWISE CONTINUE TO Q.2]

2. Are you the guardian or primary decision maker for an adult 60 years or older?

- a. Yes
- b. No → **SKIP TO THANK YOU SCREEN, END SURVEY.**

3. What age is the ADULT - 60 YEARS or Older - for whom you provide care or decision making support?

- a. 14-17
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45-54
- f. 55-59
- g. 60-64
- h. 65-74
- i. 75-84
- j. 85 or Older

4. What best describes your housing status?

- a. Renter
- b. Home Owner
- c. Unsheltered/Unhoused

5. Select the City where you live or spend the majority of your time unhoused.

Glendale
La Cañada/Flintridge
La Crescenta-Montrose
Pasadena
Burbank
Los Angeles
Other _____

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

IF UNHOUSED AT Q.4, DON'T ASK Q.6, SKIP TO Q.24

6. What is your home zip code? [LIMIT TO 5 DIGITS]

[ASK Q.7 IF YES AT Q.2, OTHERWISE SKIP TO Q.8]

7. Select the City where the adult, 60 years or older, who you support, lives.

- a. Glendale
- b. La Cañada/Flintridge
- c. La Crescenta-Montrose
- d. Pasadena
- e. Burbank
- f. Los Angeles
- g. Other _____

SKIP TO Q.64

Communication / Information

8. Do you have a smartphone? (e.g., iPhone, Android, that has internet capability.)

- a. Yes
- b. No → **SKIP TO Q.10**

9. Does your phone have a data plan to access the Internet?

- a. Yes
- b. No

10. Do you have Internet service in your home separate from your phone (i.e., where you live)?

- a. Yes
- b. No → **SKIP TO Q.12**

11. How do you typically access the internet in your home?

(SELECT TOP 1 OR 2)

- a. Phone
- b. Computer
- c. Tablet
- d. Television
- e. I don't access the Internet at home.

SKIP TO Q.13

12. How do you typically access the Internet?

- a. Friend or family member's phone or computer
- b. Computer at public library
- c. Take phone, tablet, or computer to other location with available WiFi.
- d. I don't access the Internet anywhere

13. Have you ever sought SUPPORT for housing, financial needs, food, or medical services?

- a. Yes
- b. No → **SKIP TO Q.16**

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

14. Where did you look to get information?

(SELECT ALL THAT APPLY)

- a. Internet
- b. Newspaper
- c. Associations – AARP, Rotary Club, Elks...
- d. Friends or Family
- e. Faith based organizations
- f. Government entity
- g. Other _____

15. Did you receive the SUPPORT you needed?

- a. Yes
- b. No

Transportation

16. On a weekly basis, do you DRIVE a vehicle?

- a. Yes
- b. No

17. How do you get to and from the places you go to most often?

(SELECT TOP 1 OR 2)

- a. I drive a vehicle
- b. Someone in my household drives me
- c. Friend or family member outside my household drives me
- d. Public bus
- e. Private shuttle
- f. Dial-A-Ride
- g. Taxi
- h. Ride-Share – Uber/Lyft
- i. Bicycle
- j. Walk
- k. Scooter
- l. Other _____

18. Would you consider using a ride-share service like Uber or Lyft to get around?

- a. Yes
- b. No

19. How safe do you feel walking on SIDEWALKS in Glendale?

Not At All SAFE	Somewhat Unsafe	Neither Unsafe Nor Safe	Somewhat Safe	Very SAFE
1	2	3	4	5

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

[ASK Q.20 IF “1” OR “2” AT Q.19]

20. What are the main reasons you feel **unsafe** walking in Glendale?

(SELECT TOP 1 OR 2)

- a. Personal health (challenge with balance, shortness of breath, etc.)
- b. Vehicles drive fast/reckless
- c. Sidewalks are not level
- d. Lighting is not adequate
- e. Lack of police presence
- f. Lack of adequate benches
- g. Other pedestrians
- h. People on scooters or bicycles
- i. Other _____

[ASK Q.21 IF “3, 4 OR 5” AT Q.19]

21. What are the main reasons you feel **safe** walking in Glendale?

(SELECT TOP 1 OR 2)

- a. Sidewalks are wide enough
- b. Sidewalks are level
- c. There are benches to rest
- d. Other pedestrians
- e. Adequate lighting
- f. Police presence
- g. Available bathrooms
- h. Bike path
- i. Other _____

22. How do you typically shop for groceries and household goods?

- a. I shop alone in-person
 - b. I shop online
 - c. Shop by telephone
 - d. Someone else in my household shops for me → CONTINUE TO Q.23
 - e. Someone NOT IN my household shops for me → CONTINUE TO Q.23
- } SKIP TO Q.24

23. Who typically shops for you?

- a. Spouse/Domestic Partner
- b. Adult child
- c. Friend
- d. Social worker or caseworker
- e. Other _____

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

Social Participation & Lifelong Learning

24. In the past 12 months, how often did you visit Community Centers located in the City of Glendale?

- a. Never → CONTINUE TO Q.25
 - b. 1-2 times
 - c. 5 -10 times
 - d. Weekly
 - e. Almost every day
- } SKIP TO Q.26

25. What are the main reasons you **DID NOT** visit Community Centers located in the City of Glendale?

(SELECT TOP 1 OR 2)

- a. Not aware of what they have to offer
- b. Too far from where I live
- c. I don't know where they are located
- d. Transportation is a challenge
- e. Concerned about COVID-19
- f. Other _____

[IF ANSWERED QUESTION Q.25 SKIP TO Q.30]

26. What are the main reasons you visit Community Centers located in the City of Glendale?

(SELECT TOP 1 OR 2)

- a. Access Services
- b. Visit with friends
- c. The low cost/free lunch
- d. Participate in activities (including senior dance, billiards, cards, etc.)
- e. Other _____

[ONLY ASK Q.27 IF UNHOUSED AT Q.4]

27. What services do you normally access?

(SELECT ALL THAT APPLY)

- a. Transit Access Pass (TAP) Cards
- b. Benefits Counseling (social security, Medicare/Medicaid)
- c. Housing or shelter assistance
- d. Bathrooms
- e. Other _____

28. Which community center located in the City of Glendale do you prefer to visit?

- a. Adult Recreation Center (Colorado St., near Brand Ave)
- b. Sparr Heights Community Center (Glencoe Way, near Verdugo Rd.)
- c. Maple Park Community Center (Maple St., near Chevy Chase Dr.)
- d. Pacific Community Center (Pacific Ave, near Riverdale Dr.)
- e. Non-City operated community center

[ONLY ASK Q.29 IF SELECTED “e. NON-CITY OPERATED” AT Q.28]

29. Which non-city operated community center do you prefer to visit? _____

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

30. **In the past 12 months**, how often did you visit public libraries located in the City of Glendale?

- a. Never → **SKIP TO Q.33**
- b. 1-2 times
- c. 5 -10 times
- d. Weekly
- e. Almost every day

31. What are the main reasons you visit public libraries located in the City of Glendale?
(SELECT TOP 1 OR 2)

- a. Access Services
- b. Visit with friends
- c. Socialize
- d. Use the computers to get online
- e. Participate in activities
- f. Read books or check out books
- g. Other _____

[ONLY ASK Q.32 IF UNHOUSED AT Q.4]

32. What services do you normally access?

(SELECT ALL THAT APPLY)

- a. Transit Access Pass (TAP) Cards
- b. Benefits Counseling (social security, Medicare/Medicaid)
- c. Housing or shelter assistance
- d. Bathrooms
- e. Other _____

Food Security

33. **In the past month**, approximately how many times have you **eaten a meal** at one of the Community Centers operated by the City of Glendale (i.e. ARC, Sparr or Pacific)?

- a. Never
- b. 1-2 times
- c. 3 to 5 times
- d. 6 to 10 times
- e. Almost every day

[ONLY ASK Q.34 IF “RENT” OR “OWN” AT Q.4]

34. In the past month, approximately how many meals has a Glendale service provider delivered to you?

- a. Zero
- b. 1-2 times
- c. One week’s worth of meals
- d. 2 to 3 week’s of meals
- e. Daily meals

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

[DO NOT ASK Q.35 OR Q36 IF BOTH “Never” & “Zero” SELECTED AT Q.33 & Q.34]

35. How did you learn about the City of Glendale’s meal program?

- a. City of Glendale website
- b. Visiting a community center
- c. Word of mouth – friend or family member
- d. Direct outreach from the City of Glendale
- e. Social worker or caseworker
- f. Flyer
- g. Other _____

36. What are the main reasons you participate in a City of Glendale meal program?

(SELECT TOP 1 OR 2)

- a. Availability of foods I would not be able to eat or prepare
- b. Quality of food
- c. Supplement cost meals
- d. Supplement preparation of meals
- e. Socialize with others
- f. Visit with friends
- g. Other _____

37. In a typical week, how often do you **go without eating a meal when you are hungry?**

- a. Never → **SKIP TO Q.39**
- b. 1-2 days each week
- c. 3-5 days each week
- d. Almost every day

38. What is the **main reason** you sometimes miss meals when you are hungry?

- a. Not enough food to prepare a meal
- b. Didn’t have money to buy food
- c. Didn’t have energy or desire to prepare meal
- d. Physically unable to cook
- e. Didn’t have transportation to buy food
- f. Person who prepares my meals didn’t prepare the meal(s)

[ANSWER Q.38 THEN, IF UNHOUSED AT Q.4, SKIP TO Q.46]

Activities of Daily Living

39. Do you find yourself needing help with daily activities at least once each week?

- a. Yes
- b. No → **SKIP TO Q.44**

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

40. Of the following daily activities, which ones do you need help with at least once each week?

(SELECT ALL THAT APPLY)

- a. Cooking/preparing meals
- b. Cleaning home and clothes
- c. Bathing
- d. Medication
- e. Managing payment of bills (with my money / money of my household)
- f. Scheduling medical appointments
- g. Arranging transportation
- h. Shopping for groceries and household items
- i. Legal services – (Powers of Attorney, Medical Directives, Will, etc.)

41. How much of the help you NEED Are you receiving?

Almost None of the Help Needed	Very Little of the Help	Some of the Help Needed	Most of the Help Needed	All the Help Needed
1	2	3	4	5

[ONLY ASK Q.42 IF “1” “2” or “3” AT Q.41]

42. What do you still need help with?

(SELECT ALL THAT APPLY)

- a. Cooking/preparing meals
- b. Cleaning home and clothes
- c. Bathing
- d. Medication
- e. Managing payment of bills (with my money / money of my household)
- f. Scheduling medical appointments
- g. Arranging transportation
- h. Shopping for groceries and household items
- i. Legal services – (Powers of Attorney, Medical Directives, Will, etc.)

[ONLY ASK Q.43 IF “4” or “5” AT Q.41]

43. Who provides the help you need with daily activities?

(SELECT TOP 1 OR 2)

- a. Spouse/Partner
- b. Adult child
- c. Other family
- d. Friend or neighbor
- e. Social worker or caseworker
- f. Paid companion
- g. Other_____

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

[ONLY ASK Q.44 IF “NO” AT Q.39]

44. If you **needed help** with daily activities, whom could you ask for help?

(SELECT ALL THAT APPLY)

- a. Spouse/partner
- b. Adult child
- c. Other family member
- d. Friend or neighbor
- e. Social worker or caseworker
- f. Paid companion
- g. Other _____

Legal/Advocacy/Emergency Preparedness

45. Do you have an Advanced Directive (legal document detailing instructions for medical care in the event you cannot communicate your wishes due to being incapacitated)?

- a. Yes
- b. No
- c. Don't know

46. In the past 12 months, were you the victim of a crime?

- a. Yes
- b. No → **SKIP TO Q.49**

47. Did you report the crime to anyone?

- a. Yes
- b. No → **SKIP TO Q.49**

48. To whom did you report the crime

(SELECT ALL THAT APPLY)

- a. Police
- b. Spouse/partner
- c. Landlord/manager
- d. Adult child
- e. Other family
- f. Friend or neighbor
- g. Social worker or caseworker
- h. Paid companion
- i. Paid caregiver
- j. Other _____

<p>ANSWER Q.48 THEN, IF UNHOUSED AT Q.4, SKIP TO Q.72</p>
--

49. Do you have an EMERGENCY PLAN for disasters (earthquake, flood, fire, power outage)

- a. Yes
- b. No

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

Civic Participation/Employment

50. What is your current work status
- a. Full-time
 - b. Part-time
 - c. Retired
 - d. Unemployed (looking for work)
 - e. Jobless (want a job but not looking)
 - f. Disabled and unable to work
51. Over the past 12 months, how often did you volunteer?
- a. Zero/never
 - b. 1-2 times
 - c. 5 -10 times
 - d. Weekly
 - e. Almost every day

Outdoor Spaces/Buildings/Rec. Facilities

52. Over the past 12 months, how often did you go to parks in Glendale?
- a. Never → CONTINUE
 - b. 1-2 times each month
 - c. 1 time each week
 - d. Multiple times each week
- } SKIP TO Q.54

53. What are some of the reasons you did NOT go to parks in Glendale this past year?
(SELECT TOP 1 OR 2)
- a. Too far from where I live
 - b. Don't know where they are located
 - c. Did not feel safe
 - d. Not adequate shelter from sun and rain
 - e. Mobility is a challenge
 - f. Not interested in parks
 - g. Other _____

Health/Community Support

54. Of the following financial responsibilities, which have been difficult to manage over the past 12 months?
(SELECT ALL THAT APPLY)
- a. Buying food
 - b. Paying mortgage or rent
 - c. Paying property taxes
 - d. Buying medication
 - e. Paying for medical expenses
 - f. Transportation costs
 - g. None
 - h. Other _____

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

55. Do you have medical insurance?

- a. Yes
- b. No
- c. Don't know

56. In the past 12 months, how many days were you hospitalized overnight?

- a. 0 Days
- b. 1-2 Days
- c. 3-5 Days
- d. 6 or More Days

57. In the past 12 months, how many days were you in a long-term rehabilitation facility?

- a. 0 Days
- b. 1-2 Days
- c. 3-5 Days
- d. 6 or More Days

58. In the past 12 months, have you received in-home care (physical therapy, speech therapy, nursing, etc.)?

- a. Yes
- b. No

Housing (+ independent living support)

59. Do you live in housing specific for Older adults/seniors?

- a. Yes
- b. No

60. What type of housing do you live in?

- a. Independent – my own house, condo, or apartment
- b. Live with family members
- c. Residences for older adults/seniors
- d. Group home/board and care
- e. Assisted living
- f. Nursing home

CONTINUE TO Q.61

SKIP TO Q.63

61. Do you own or rent where you live?

- a. Rent
- b. Own (WITH a mortgage payment)
- c. Own (NO mortgage payment)

62. How many people live in your household?

- a. I live alone
- b. One other person
- c. Two other people
- d. Three other people
- e. Four or more other people

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

63. Approximately how much do you pay each month for rent or mortgage?

- a. Less than \$300
- b. \$300 to \$599
- c. \$600 to \$999
- d. \$1,000 to \$1,499
- e. \$1,500 to \$2,499
- f. \$2,500 to \$3,999
- g. \$4,000 to \$6,999
- h. \$7,000 to \$9,999
- i. \$10,000 or more
- j. Not sure because someone else pays it for me
- k. Other _____

SKIP TO Q.72

[ONLY ASK Q.64 THROUGH 71 IF “YES” AT Q.2]

64. Who is the adult 60 years or older for whom you make decisions?

- a. Parent
- b. Another family member
- c. A friend
- d. Client who pays me for services
- e. Other _____

65. In the past 12 months, how did you typically help the adult 60 years or older?

(SELECT ALL THAT APPLY)

- a. Buying groceries
- b. Managing payment of monthly expenses
- c. Coordinating transportation
- d. Managing social outings
- e. Scheduling medical appointments
- f. Accompany to medical appointments
- g. Other _____

66. What type of housing do they live in?

- a. Independent – their own house, condo, or apartment
- b. Live with family members
- c. Residences for older adults/seniors
- d. Group home/board and care
- e. Assisted living
- f. Nursing home

Demographics of Person Receiving Support Services

Thinking about the adult 60 years or older, please describe their background.

67. What is their gender?

- a. Female
- b. Male
- c. Non-binary
- d. Another gender

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

68. Select the group(s) that best describes their background

(SELECT ALL THAT APPLY)

- a. Hispanic
- b. White
- c. Black/African American
- d. Asian/Pacific Islander
- e. Native American
- f. Armenian
- g. Other: _____

69. How proficient are they in English?

- a. They speak little to no English
- b. They speak some English
- c. They speak English very well

70. What is the primary language they speak at home?

- a. English
- b. Armenian
- c. Spanish
- d. Tagalog
- e. Other

71. Do they have any of the following conditions?

(SELECT ALL THAT APPLY)

- a. Cognitive decline or dementia
- b. Mobility impaired
- c. Incontinent
- d. Multiple ailments that require numerous medications
- e. Require supervision
- f. Respiratory condition (emphysema, Chronic Obstructive Pulmonary Disease)
- g. Visually impaired
- h. Hearing impaired
- i. No Conditions
- j. Other _____

Respect/Social Inclusion

[ASK FOR ALL PARTICIPANTS]

72. If the **City of Glendale** could introduce one new program to help older adults/seniors, what program or service would you like to see them introduce?

Short answer: _____

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

Demographic profile of users

[ONLY ASK Q.72 IF “YES” AT Q.1]

73. What is your current work status?

- a. Full-time
- b. Part-time
- c. Retired
- d. Unemployed (looking for work)
- e. Jobless (want a job but not looking)
- f. Disabled and unable to work

74. What is your gender?

- a. Female
- b. Male
- c. Non-binary
- d. Another gender

75. Select the group(s) that best describe you.

(SELECT ALL THAT APPLY)

- a. Hispanic
- b. White
- c. Black/African American
- d. Asian/Pacific Islander
- e. Native American
- f. Armenian
- g. Other: _____

76. How proficient are you in English?

- a. I speak little to no English
- b. I speak some English
- c. I speak English very well

77. What is the primary language you speak at home?

- a. English
- b. Armenian
- c. Spanish
- d. Tagalog
- e. Other

City of Glendale Senior Needs Assessment (Survey) – FINAL DRAFT

[ONLY ASK Q.77 IF “NO” AT Q.1]

78. Do you have any of the following conditions?

(SELECT ALL THAT APPLY)

- a. Cognitive decline or dementia
- b. Mobility impaired
- c. Incontinent
- d. Multiple ailments that require numerous medications
- e. Require supervision
- f. Respiratory condition (emphysema, Chronic Obstructive Pulmonary Disease)
- g. Visually impaired
- h. Hearing impaired
- i. No Conditions
- j. Other _____

79. Thinking about all the people who earn money in your household before taxes (gross) – If their annual incomes were combined, approximately how much money is earned per year?

- a. Less than \$20,000
- b. \$20,000 – \$39,999
- c. \$40,000 – \$59,999
- d. \$60,000 – \$79,999
- e. \$80,000 – \$99,999
- f. More than \$100,000

Thank you for your participation!

If you would like to receive a copy of the report, please provide an email address.

Appendix F.

Caregiver Survey

Results

The following provides a summary of responses by caregivers to the survey question:

*“If the **City of Glendale** could introduce one new program to help older adults/seniors, what program or service would you like to see them introduce?”*

Table 3: Caregiver Survey Results

Summary of Qualitative Responses
Transportation assistance – Caregivers mentioned in various forms like enhanced medical transportation, rides for seniors, and free transportation to medical appointments or the market.
Housing assistance – Requests include affordable housing, Section 8, and rental assistance, with affordability being a major concern.
Socialization and companionship – Caregivers cited requests for home visitors, volunteers spending one-on-one time with seniors, and more opportunities for senior gatherings.
In-home support – Participants mentioned programs that offer home care assistance, in-home visitors, and help with daily routines and medical appointments.
Respite care and caregiver support – Requests for help in managing senior care when caregivers are unavailable, such as during hospital stays or emergencies.

Appendix G.

Survey Participant

Demographics

Survey Participant Demographics & Census Data Comparison

Age – 60 years and older			
Survey Participants			Census ¹
60-64	262	21.7%	28.4%
65-74	526	43.7%	36.5%
75-84	315	26.1%	22.9%
85 and older	102	8.5%	12.2%
Total	1,205	100.0%	100.0%

Gender – 60 years and older			
Survey Participants			Census ¹
Female	685	56.8%	56.5%
Male	463	38.4%	43.5%
Non-binary	1	0.1%	
Another Gender	2	0.2%	
Missing	54	4.5%	
Total	1,205	100.0%	100.0%

Source:

¹U.S. Census Bureau. "Age and Sex." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101, 2022, <https://data.census.gov/table/ACSST1Y2022.S0101?g=160XX00US0630000&moe=false>. Accessed on August 6, 2024.

Survey Participant Demographics & Census Data Comparison

Race/Ethnicity – 60 years and older			
Survey Participants			Census ^{2,3}
White	696	57.8%	69.0%
Black	25	2.1%	1.7%
Asian	160	13.3%	12.9%
Armenian**	330	27.4%	40.9%
Native	13	1.1%	0.1%
Hispanic	137	11.4%	14.3%
Other	26	2.2%	4.7%
Total	1,205	100.0%	100.0%

Source:

²U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2022, <https://data.census.gov/table/ACSST5Y2022.S0102?g=160XX00US063000&moe=false>. Accessed on August 7, 2024.

³U.S. Census Bureau. "SEX BY AGE." American Community Survey, ACS 5-Year Estimates Selected Population Detailed Tables, Table B01001, 2021, <https://data.census.gov/table/ACSST5Y2021.B01001?q=armenian&g=160XX00US06300000&moe=false>. Accessed on September 5, 2024.

Survey Participant Demographics & Census Data Comparison

English Proficiency – 60 years and older for Survey Only			
Survey Participants			Census⁴
I speak little to no English	176	14.6%	31.7%
Some English	144	12.0%	21.9%
Speak English Very Well	826	68.5%	46.4%
Missing	59	4.9%	
Total	1,205	100.0%	100.0%

Language Spoken at Home – 60 years and older for Survey Only			
Survey Participants			Census⁴
English	685	56.8%	
Armenian	299	24.8%	42.8%
Spanish	60	5.0%	13.5%
Korean	24	2.0%	14.5%
Tagalog	34	2.8%	
Other	40	3.3%	1.8%
Missing	63	5.2%	
Total	1,205	100.0%	100.0%

Source:

⁴ U.S. Census Bureau. "Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over." American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B16004, 2022, <https://data.census.gov/table/ACSDT1Y2022.B16004?q=B16004: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over&g=160XX00US06300000&moe=false>. Accessed on September 5, 2024.

Note: Census Estimate is for 65 years and older, which is a departure from other estimates for residents 60 years and older. Furthermore, the Census does not specify Armenian language. It lists "other Indo-European languages." However, based on other demographic estimates by the Census, we are confident this language is primarily Armenian. The Census reports "Asian languages," which is why the total percent is reported rather than Korean and Tagalog.

Survey Participant Demographics & Census Data Comparison

Household Income		
Survey Participants		
Less than \$20,000	336	27.9%
\$20,000-\$39,999	204	16.9%
\$40,000-\$59,999	101	8.4%
\$60,000-\$79,999	90	7.5%
\$80,000-\$99,999	-	0.00%
More than \$100,000	199	16.5%
Decline	275	22.8%
Total	1,205	100%

Endnotes

ⁱ Hawkins MM, Holliday DD, Weinhardt LS, Florsheim P, Ngui E, AbuZahra T. Barriers and facilitators of health among older adult immigrants in the United States: an integrative review of 20 years of literature. BMC Public Health. 2022 Apr 14;22(1):755. doi: 10.1186/s12889-022-13042-x. PMID: 35421979; PMCID: PMC9008931.

ⁱⁱ World Health Organization. (2007). *Global Age-Friendly cities: A guide*.
<https://www.who.int/publications/i/item/9789241547307>

ⁱⁱⁱ U.S. Census Bureau. QuickFacts. Glendale city, California; Los Angeles County, California.
<https://www.census.gov/quickfacts/fact/table/glendalecitycalifornia,losangelescountycalifornia/SEX255223>

^{iv} U.S. Census Bureau. Population 60 Years and Over in the United States. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2022, <https://data.census.gov/table/ACSST5Y2022.S0102?g=160XX00US0630000&moe=false>. Accessed on August 7, 2024.

^v U.S. Census Bureau. Population 60 Years and Over in the United States. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2022, <https://data.census.gov/table/ACSST5Y2022.S0102?q=S0102&g=050XX00US06037&moe=false>. Accessed on August 7, 2024."

^{vi} Tavernise, S., & O'Hare, W. P. (2013). Elderly immigrants in the United States (Issue 29). Population Reference Bureau. <https://www.prb.org/wp-content/uploads/2020/11/TRA29-2013-elderly-us-immigrants.pdf>

^{vii} U.S. Census Bureau. "Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over." American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B16004, 2022, [https://data.census.gov/table/ACSST1Y2022.B16004?q=B16004: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over&g=160XX00US0630000&moe=false](https://data.census.gov/table/ACSST1Y2022.B16004?q=B16004:Age%20by%20Language%20Spoken%20at%20Home%20by%20Ability%20to%20Speak%20English%20for%20the%20Population%205%20Years%20and%20Over&g=160XX00US0630000&moe=false). Accessed on September 5, 2024.

^{viii} U.S. Census Bureau. "Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over." American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B16004, 2022, <https://data.census.gov/table/ACSST1Y2022.B16004?q=B16004: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over&g=160XX00US0630000&moe=false>. Accessed on September 5, 2024.

^{ix} Joint Center for Housing Studies of Harvard University. (2019). *The State of the Nation's Housing 2019*. Joint Center for Housing Studies. <https://www.jchs.harvard.edu/research-areas/reports/state-nations-housing-2019>

^x California Legislative Information. (2019). AB-1482: *Tenant Protection Act of 2019: Rent caps*. California Legislature. https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1482

^{xi} Centers for Disease Control and Prevention. (2022). *FastStats - Hospital Utilization*. National Center for Health Statistics. Retrieved from https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_P-10.pdf

^{xii} Committee on Family Caregiving for Older Adults; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Schulz R, Eden J, editors. *Families Caring for an Aging America*. Washington (DC): National Academies Press (US); 2016 Nov 8. 2, Older Adults Who Need Caregiving and the Family Caregivers Who Help Them. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK396397/>

^{xiii} U.S. Census Bureau. "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, <https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance&g=160XX00US0630000&moe=false>. Accessed on August 7, 2024.

^{xiv} National Institute on Aging. (2020). *Social isolation, loneliness in older people pose health risks*. <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

^{xv} Centers for Disease Control and Prevention. (2018). *The state of mental health and aging in America*. https://www.cdc.gov/aging/pdf/mental_health.pdf

^{xvi} National Aging and Disability Transportation Center. (2021). *Transportation needs and assessment*. <https://www.nadtc.org/wp-content/uploads/2021/07/NADTC-Transportation-Survey-Results.pdf>

^{xvii} Lin, D., & Cui, J. (2021). Transport and mobility needs for an ageing society from a policy perspective: Review and implications. *International Journal of Environmental Research and Public Health*, 18(22), 11802. <https://doi.org/10.3390/ijerph182211802>

^{xviii} Jack, K., Ridley, C., & Turner, S. (2019). Effective communication with older people. *Nursing Older People*. <https://doi.org/10.7748/nop.2019.e1126>

^{xix} Kelly, M. E., Duff, H., Kelly, S., Power, J. E. M., Brennan, S., Lawlor, B. A., & Loughrey, D. G. (2017). The impact of social activities, social networks, and social support on cognitive function: A systematic review. *Ageing Research Reviews*, 37, 61-74. <https://doi.org/10.1016/j.arr.2017.03.003>

^{xx} National Institute on Aging. (2020). *Social isolation, loneliness in older people pose health risks*. <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

U.S. Bureau of Labor Statistics. (2021). *Labor force statistics from the current population survey*. <https://www.bls.gov/cps/cpsaat11.htm>

^{xxi} Citation: Holt-Lunstad, J. (2020). The double pandemic of social isolation and COVID-19: Cross-sector policy must address both. *Journal of Aging & Social Policy*, 32(4-5), 277-287. <https://doi.org/10.1080/08959420.2020.1780100>

^{xxii} Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2021). *Household food security in the United States in 2020*. U.S. Department of Agriculture, Economic Research Service. <https://www.ers.usda.gov/publications/pub-details/?pubid=102075>

^{xxiii} Ziliak, J. P., & Gundersen, C. (2020). *The state of senior hunger in 2018*. Feeding America. <https://www.feedingamerica.org/sites/default/files/2020-05/2020-The%20State%20of%20Senior%20Hunger%20in%202018.pdf>

^{xxiv} Federal Emergency Management Agency. (2020). *Disaster Preparedness for Seniors by Seniors*. U.S. Department of Homeland Security. Available at <https://www.fema.gov>.

^{xxv} Bethel, J. W., Foreman, A. N., & Burke, S. C. (2011). Disaster preparedness among medically vulnerable populations. *Journal of Public Health Management and Practice*, 17(2), 146-154.

^{xxvi} Morrow-Howell, N., Hong, S., & Tang, F. (2014). Who benefits from volunteering? Variations in perceived benefits. *The Gerontologist*, 54(4), 495–507.
<https://doi.org/10.1093/geront/gnt098>

^{xxvii} Bureau of Labor Statistics. (2016). *Volunteering in the United States, 2015*. U.S. Department of Labor. Retrieved from
https://www.bls.gov/news.release/archives/volun_02252016.htm