



California Healthy Cities and Communities

Selma's Older Adults Plan to Stay

In the spring of 2007, the California Healthy Cities and Communities Program awarded three grants to help cities plan for the needs of their aging population and to engage older residents in planning efforts. This article profiles the progress in the City of Selma.

As the first of the Baby Boomer generation begins to reach retirement age, the City of Selma is in the process of determining future needs and interests of this population. One initial strategy was to conduct a community survey. Housing, transportation and assistance with living independently emerged as strong themes. One interesting finding was that 63 percent of those surveyed reported that they intended to remain in Selma after they retire, while another 16 percent were unsure. Only four percent do not plan to retire there. Travel, volunteering and working part-time topped the list of future retirees' plans.

The City of Selma (pop. 19,444) is located in Fresno County. According to the 2000 Census, approximately 10 percent of Selma's population is 65 years of age or older. Selma has a median household income of \$34,713 (versus \$56,645 for CA).

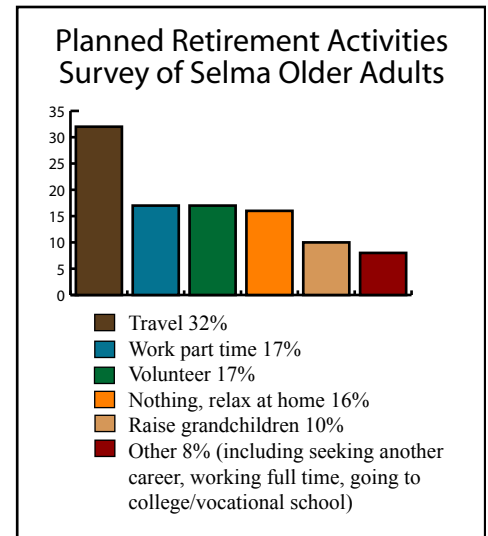
Residents age 45 and older (approx. 5,400) were mailed a survey with a postage paid return envelope.

Focused outreach was conducted at senior centers, community events, and mobile home parks. Part of the development of the survey involved convening a Steering Committee to provide input into the process. The committee included agencies that provide senior services, such as the Fresno Madera Area Agency on Aging and Selma Community Hospital.

The City received 967 completed surveys, representing a return rate of almost 18 percent. Responses were almost evenly divided by city quadrant. Results were analyzed for 4 ten-year age brackets beginning with age 45. Responses were pretty well balanced from each cohort, with the 56-65 age group having the highest number of responses. It is interesting that 13 percent chose not to indicate their age bracket.

Forty-nine percent of the 45 plus population is Hispanic/Latino, yet only 28% of the respondents self-identified as Hispanic. Sixteen percent of respondents did not indicate their ethnicity. Outreach and assistance with surveys was conducted in both English and Spanish.

The top three services respondents anticipated needing as they grew older included senior housing and/or planned senior developments, transportation, and health and



wellness programs. Low-cost health screening programs is the primary wellness service respondents felt should be offered to seniors. Low impact exercises, such as Tai Chi, Yoga, Pilates, and travel opportunities were the top-rated recreational opportunities.

Almost one-fourth of the respondents felt that the most important daily

continued on page 2

Inside This Issue ...

Page 2 ...

- Fall Prevention Resources
- CHCC Staff Update

Page 3 ...

- Support Services - Fall Prevention

Page 4 ...

- Events and Resources

continued from page 1

living focused services would be applying for benefits and programs, completing Medicare forms and help with legal matters. Transportation needs were second. Nutritional assistance was third.

Almost 39 percent stated that self-sufficiency and independent living workshops would be necessary as they aged. One-third of those surveyed wanted assistance with computer-related technology. Over half thought an important safety service would be to have a smoke alarm installed by the local fire department.


Assisted living and senior-only apartments were cited as important housing options for older adults in the city. Door-to-door public transportation and out-of-town transportation also rated as a priority. Several respondents made suggestions for improvement such as longer transit hours, rural transportation, buses for seniors, and volunteer drivers.

Almost 65 percent of the survey respondents have never attended activities at the senior center. When asked why, the majority (60%) worked full time or reported that they were too young (under age 55). Of the remainder, 13 percent were unaware of the location or available programs; 12 percent felt that the name “senior center” was not appealing; 11 percent did not attend due to health; and 5 percent had problems attending due to the lack of transportation. Over three quarters of the respondents got their information on senior center activities from the local newspaper or word of mouth.

The top five areas of concern for people as they age were the loss of independence, the ability to complete routine household chores, access to transportation, the lack of affordable housing, and financial security.

“We are pleased with the response
Page 2 ♦ Connections ♦ Winter 2008

to the survey. We were hoping for 5 to 10% of those surveyed to make comments. It is exciting to see the amount of interest in our future direction,” said D-B Heusser, City Manager. The Steering Committee has received the results and they were presented to the City Council on January 22, 2008.

Future work will include research into specific population groups including Hispanics/Latinos, especially monolingual populations. The Steering Committee will also review the findings to identify action steps to address the issues raised. 

CHCC Staff Update


Amy Noakes Springmeyer joined the Center for Civic Partnerships in October 2007 as a Technical



Amy Noakes Springmeyer

Assistance Specialist IV. She assists with the California Healthy Cities and Communities Network. She is also involved with the Center’s

work on sustainability. Amy has nine years of nonprofit experience working with persons with disabilities and seniors.

Previously, Amy worked with the Area 4 Agency on Aging as a Program Manager. She has also worked for the Sacramento County Adult and Aging Commission as their Senior Program Manager. In addition, she has worked with the California Foundation for Independent Living Centers coordinating and managing two major statewide projects during her tenure. Amy received her Bachelors of Science in Business Management from University of Phoenix and is currently pursuing her Master’s in Public Policy Administration at California State University, Sacramento. 

Fall Prevention Resources

www.stopfalls.org. Information about fall prevention efforts in California can be found on the Fall Prevention Center of Excellence (FPCE) website. The FPCE Brief “Multifactorial and Physical Activity Programs for Fall Prevention” identifies six multifactorial community-based programs and eight physical activity programs for fall prevention. The programs and activities are based on or adapted from empirical research. The array of choices presented provides enough diversity to fit differing needs within the community.¹⁰ According to the FPCE, these activities “hold great promise for adoption by community centers, senior housing, and other settings.”

<http://marinonthemove.org/> Sponsored by the Marin County Department of Health and Human Services, the website provides a listing from A to Z of physical activities.

http://www.ci.irvine.ca.us/depts/cd/buildingsafety/accessibility_universal_design.asp The City of Irvine Universal Design program offers a checklist for new homebuyers and builders.

<http://www.opha.on.ca/resources/falls.pdf> Prevention of Falls in the Elderly Population is a booklet on the role of the community in fall prevention.

Falling is one of the greatest threats to an older person’s independence. More than 40 percent of those who suffer a serious injury cannot return home and must live out their days in a nursing home.

- Falls typically occur with everyday activities, with a simple misstep, tripping, or pivoting too fast.
- Between 20 and 30% of those who fall will suffer moderate to severe injuries such as bruises, fractures, or head traumas.¹¹
- 55% of fall injuries among older people occur inside the house.¹²
- 23% occur outside but near the house.¹³
- 22% occur [in the community] away from the home.¹⁴

~ Support Services ~

Fall Prevention

This article is the fifth in a series on innovative and promising practices that expand upon six domains featured in our publication, "A Healthy Community Perspective on Aging Well." The domains are: Varied Housing Options, Transportation, Community Involvement, Employment, Lifelong Learning, and Supportive Services.

What do Beyonce Knowles, Paula Abdul, Kurt Vonnegut, Ed McMahon, Nancy Reagan, Supreme Court Justice John Roberts, Queen Mother of England, and Robert Atkins all have in common? All have fallen and sustained injuries. Everyone falls down and falls are not just limited to older adults.¹

With successful prevention strategies, many individuals are able to avoid falls. The most promising fall prevention strategies include physical activity and exercises that emphasize strength and balance. Receiving a medical fall risk assessment that includes a review and management of medications, visiting the eye doctor, and making home modifications to reduce tripping hazards are also key components in reducing falls.

Within the community, there are also fall risk factors. These include a broad range of environmental hazards and obstacles, such as cracks in sidewalks, steep curbs and steps at transit stops, and the lack of supportive features, such as inadequate lighting or the lack of places to sit or hand rails to help keep one's balance in stairways.

Taking Action Against Falls

Public officials such as community and transportation planners, community service providers, and those responsible for maintenance and repairs, should be aware of, and actively promote, community environments that lower the risk of falls.²

"Hazards related to the built environment include poorly maintained buildings; a lack of safety features such as handrails, grab bars, curb cuts, and ramps; and inadequate lighting or glare from surfaces. Outdoor community hazards include uneven pavement or surfaces, pavement cracks, tree roots, slippery walking surfaces, obstacles in walkways, uneven


steps, unsafe stair design and poor lighting."⁴ According to Dr. Jon Pynoos, Professor of Gerontology at USC Andrus Gerontology Center, "such problems can be related to poor enforcement of codes or safety regulations as well as inadequate building codes."⁵

Fall Prevention Technical Assistance

In California, the Fall Prevention Center of Excellence (FPCE) received a grant from the Archstone Foundation as principal developer of California's fall prevention infrastructure. The FPCE is a consortium of five academic and public health organizations including the California Department of Public Health, State and Local Injury Control Section. The FPCE provides technical assistance to ten California-based fall prevention coalitions that work in their local areas to conduct needs assessments, develop strategic plans, and carry out activities that increase interest in fall prevention.

Community Based Fall Prevention Programs

Several community-based fall prevention programs exist in California. MarinOnTheMove.Org is a collaboration of organizations and individuals whose mission is to promote physical activity and healthy nutritional choices for Marin residents. The Irvine City Council developed a voluntary Universal Design program where participating homebuilders offer universal design features in new housing.⁶

The San Francisco Community and Home Injury Prevention Program for Seniors (CHIPPS) provides fall prevention information through presentations, workshops, home assessments and minor home modifications to older adults in the city.⁷ City leaders in Northridge, located in Los Angeles County, declared the nation's first "fall-free zone, as in: no falling down here."⁸ Other counties such as San Diego, San Mateo, Sonoma, Butte and countless others have created task forces focusing on fall prevention.⁹ 

¹Famous Fallers. Retrieved December 12, 2007, from Fall Prevention Center of Excellence Web site: http://www.stopfalls.org/basics/famous_fallers.shtml

Specific areas where municipalities can make a difference include³:

- Promoting fall prevention education in various settings, including community centers and libraries.
- Promoting walking programs.
- Adopting universal design policies.
- Supporting local wellness programs.
- Ensuring sidewalks are maintained, steps are even, and handrails are available.
- Allowing adequate time for pedestrians at street crossings.
- Convening a workgroup to focus on policy recommendations.
- Conducting a comprehensive assessment/audit of community hazards.
- Using focus groups to obtain their recommendations for promoting community-based fall prevention activities.
- Developing and widely disseminating fall prevention resources to business owners.

²National Council on Aging. (2005). Falls Free: Promoting a National Falls Prevention Action Plan

³List adapted from Cicero, MSW, MPL, C. Preventing Outdoor Falls. Retrieved December 12, 2007 from Fall Prevention Center of Excellence Web site: http://www.stopfalls.org/grantees_info/files/PreventingOutdoorFalls-Cicero.pdf

⁴Scott VJ, Peck SHS, Kendall PRW. Prevention of falls and injuries among the elderly: A special report from the office of the provincial health officer. Office of the Provincial Officer, British Columbia Ministry of Health Planning, 2004.

⁵National Council on Aging. (2005). Falls Free: Promoting a National Falls Prevention Action Plan. The Role of the Environment in Fall Prevention at Home and in the Community, pp 41-54. Washington, DC: Center for Healthy Aging.

⁶City of Irvine, Accessibility/Universal Design. Retrieved December 17, 2007, from City of Irvine Website Web site: http://www.ci.irvine.ca.us/depts/cd/buildingsafety/accessibility_universal_design.asp

⁷San Francisco Dept. of Public Health. (2007, November 13). Seniors-CHIPPS. Retrieved December 17, 2007, from San Francisco Dept. of Public Health Web site: <http://www.dph.sf.ca.us/php/chipps.htm>

⁸Bartholomew, D. Northridge takes stand against falls in senior population. (2007, Nov. 10). Dailynews.com.

⁹2007 Fall Prevention Summit.

¹⁰Cicero, MSW, MPL, C., & Steinman, MS, B. Multifactorial and Physical Activity Programs for Fall Prevention. Fall Prevention Center of Excellence.

¹¹Nishita, PhD., C., & Choi, M.I.P.A., I. Profile of CA Falls. Fall Prevention Center of Excellence.

¹²National Health Interview Survey, 1997-1998. Accessed from <http://www.stopfalls.org/FAQ.shtml>.

¹³Ibid.

¹⁴Ibid.

Connections is a publication of California Healthy Cities and Communities (CHCC). It is published three times per year. CHCC is conducted by the Center for Civic Partnerships, Public Health Institute, under Contract #07-65423 with the California Department of Public Health, supported by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention. The contents are solely the responsibility of the authors and do not necessarily represent the official view of the CDC.

California Healthy Cities and Communities assists cities and communities with developing, implementing and evaluating inclusionary, community-driven programs, policies and plans, which address environmental, social and economic determinants of health. CHCC advocates a broad definition of health: a shared vision; widespread community participation; system reform; collaborative partnerships engaging local assets; and a means to measure progress and base improvements upon results.

Executive Editor Editor Staff Writer Designer
Joan Twiss Nicole Hara Amy Springmeyer Jade Chin

California Healthy Cities and Communities
Tel: 916/646-8680 Fax: 916/646-8660
Email: chcc@civicpartnerships.org

© 2008, State of California, Department of Public Health. This material may not be reproduced or disseminated without prior written permission from the California Department of Public Health.

Connections

Center for Civic Partnerships
California Healthy Cities and Communities
1851 Heritage Lane, Suite 250
Sacramento, CA 95815



A Center of the Public Health Institute

Events & Resources

Events

Design Guidelines for Small Towns and Rural Communities

American Planning Association
Series (web-based conference)
March 5, 2008
<http://www.planning.org/audioconference/>

Aging in America: 2008 NCOA-ASA Conference

March 27-30, 2008
Washington, D.C.
<http://www.agingconference.org/asav2/conf/jc/jc08/>

Active Living Research Conference

April 9-12, 2008
<http://activelivingresearch.org/conference/2008>

American Planning Association's National Planning Conference

April 27-May 1, 2008
Las Vegas, NV
<http://www.planning.org/2008conference/>

Earth Day is April 22, 2008

<http://www.epa.gov/earthday/>

Publications

Creative Practices in Home Safety Assessment and Modification

Study spotlights 10 creative programs and practices in home assessment and modification that can reduce home hazards through replication in community based organizations. To view the programs and practices, visit <http://healthyagingprograms.org/content.asp?sectionid=69&ElementID=568>

Planning for Public Forums: Questions to Guide Local Officials

provides practical steps to help local agencies build their capacity to use public forums effectively. Visit http://www.cacities.org/resource_files/25304.ILG_PlanPubForums.pdf

Healthy People 2010 Midcourse Review

The changes to the Healthy People 2010 objectives take the form of establishing baselines and targets for developmental objectives; changing the wording of objectives and sub-objectives; deleting objectives and sub-objectives; adding of new sub-objectives; and revising baseline and

targets. Visit <http://healthypeople.gov/data/midcourse/>

Web Sites

Planning for Retirement and Amenity Migration

With the baby boomers now preparing for retirement there will be a large increase in retirement migration both domestically and internationally. Research has recently increased in many disciplines concerning retirement migration but research and practice in planning has been limited. With the number of retirees migrating increasing rapidly, and the vast capital that this cohort will be migrating with, brings numerous opportunities for innovative and progressive communities. Visit: <http://retirementmigration.com/index.htm>

Eldersafety.org works to facilitate a collaborative, public health systems approach that increases the number of California's seniors who remain safely mobile in their communities and are able to successfully age in place.