

**Findings from the  
2004 Lemoore Senior Medical Needs Assessment  
A Study Sponsored by the City of Lemoore, California**

**Submitted by:**

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## 1. Project Background

This report presents the findings from the Lemoore Senior Medical Needs Assessment study. Located in the San Joaquin Valley of central California, Lemoore is a city of approximately 22,000 residents, of whom about 12.2% are age 55 and above.<sup>1</sup> This rural community is home to the Naval Air Station, Lemoore (NAS), a major employer in the area, and also has a local Indian gaming casino nearby. As is true for other communities in Kings County, however, agriculture remains the foundation of the local economy.

In 2003, the City of Lemoore received a Community Development Block Grant to carry out a study of the medical needs of Lemoore's senior population. The study was intended provide evidence of identified need, and allow the City to engage in a planning process that will culminate in an effort to identify and secure additional funding for services. One official explained:

Whether [seniors] need more nurses to come out and visit them, or they need...a doctor that's in geriatrics, or whether [the need is] adult day care for parents that aren't hospitalized but can't be by themselves—whatever those medical needs are, [we want them] defined in a way that can continue CDBG grant funding...[and allow us to identify] other funding sources....The health industry has a lot of other types of grant funding, so it always makes sense to have a report that doesn't just sit on the shelf....We want to be able to use it as a spring board into action, actually carrying it out.

In May, 2004, the City contracted with Transforming Local Communities (TLC) to conduct the needs assessment. Section 2 of this report provides an overview of the research methodology used to collect data. Section 3 describes survey results, and Section 4 presents focus group and interview findings. Section 5 provides an in-depth analysis of gaps in the continuum of care for seniors from the perspective of those who participated in the study.

## 2. Research Methodology

As part of the preliminary planning process, TLC staff conducted a focus group with three providers from public and private non-profit agencies that offer services to seniors in Kings County. Providers were asked about services currently available to seniors (with particular emphasis on medical services); gaps in the continuum of care for seniors; and recommendations for the best way to access seniors, caregivers of seniors, and local providers in order to conduct a broad-based medical needs assessment.<sup>2</sup>

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<sup>1</sup> 19,712 according to U.S. Census figures for the year 2000. Whites make up slightly over 50% of the local population, followed by Latinos (30.5%), Asian (8.4%), African American (7.3%), and Native American (1.5%).

<sup>2</sup> Findings from this focus group are included in both Section 2 (Research Methodology) and Section 3 (Research Findings).

While fully supporting the concept of a comprehensive needs assessment, providers expressed concern regarding how to access seniors. While as many as 200 seniors a week participate in a senior lunch program provided at little or no cost at the local Senior Center, the general perception is that high-income seniors tend to avoid events and activities that cater to low-income seniors. Providers were also concerned about the challenges inherent in reaching out to Lemoore's ethnic minorities.

Providers generally agreed that no one strategy, such as a survey, would be sufficient to ensure that all seniors are given a chance to participate in the needs assessment process. They suggested that a combination of surveys and focus groups be used to increase the breadth and depth of the study. Their recommendations were incorporated into the research methodology.

## 2.1 The Senior Needs Assessment Survey

City officials, providers and TLC staff agreed that in order to be viable, the senior needs assessment survey instrument needed to be brief (no more than one page, front and back), in a slightly larger than average font size, and available in both Spanish and English. Since some seniors are unable to speak for themselves due to senility, debilitating illness, or other problems, it was agreed that caretakers of seniors as well as seniors themselves should be targeted. In order to avoid having two surveys in circulation, caretakers would be asked to use the same survey instrument and to answer on behalf of the senior they assist. A separate survey item was included asking the person completing the survey whether they were a senior or the caretaker of a senior. Caretakers who themselves were over the age of 55 were encouraged to complete a survey both for themselves, and for those they assist.<sup>3</sup>

On the recommendation of the providers, TLC staff intended to train volunteers from the Retired and Senior Volunteer Program (RSVP), social work students, and local veterans to assist in fielding the survey. Follow-up calls quickly proved that recruiting and training volunteers would be both labor intensive and time consuming, and would not necessarily result in adequate numbers of volunteers to carry out the study. In addition, the study had a short timeline, with the majority of the data to be collected during the months of July and early August.

Rather than conducting "intercept" surveys outside shopping centers and other venues during the intense heat of summer, TLC adopted the suggestion of City officials to target the Senior Center and local churches. In addition, TLC staff contacted barber shops and hair salons, the local pharmacy, restaurants, and other businesses that cater to the needs of seniors, and asked managers to make the survey available to their clientele. TLC provided surveys, letters of explanation that included contact information for the City and for TLC, and a decorated box into which seniors could drop completed surveys. TLC staff also contacted two local veteran's groups and received permission to contact members directly by mail in one instance, and through handouts distributed at a

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<sup>3</sup> Fewer than 5 of the surveys were completed by caregivers; consequently, the data from that group have not been analyzed separately.

monthly meeting in the other. Finally, TLC staff contacted three apartment and mobile home complexes and dropped off survey packets that managers distributed to senior residents. For the veterans groups and the housing complexes, TLC created a packet of information that included a letter explaining the project, the survey, a self-addressed, stamped envelope, and a raffle ticket. Seniors were informed in the informational letter that completing and returning the survey by July 28<sup>rd</sup> would make them eligible to participate in a drawing for a \$50, a \$25 and three \$10 gift certificates to SaveMart Grocery Store.<sup>4</sup> In all cases TLC staff requested from pastors, managers, business owners and directors an estimate of the appropriate number of surveys to make available. Table 1 provides an overview of the venues in which surveys were distributed, and the number returned.

<b>Organization/Business</b>		<b># of Surveys Disseminated*</b>	<b># of Surveys Returned</b>	<b>Rate of Return</b>
Churches**	First Baptist Church	60	14	23%
	Seventh Day Adventist Church	20	2	10%
	St. Peters Catholic Church	34	2	6%
	Lemoore Presbyterian	60	9	15%
Housing Complexes	Elderly Apartments	22	4	18%
	Magnolia Apartments	40	32	80%
	Mountain View Apartments	40	16	40%
Veterans Groups	American Legion	34	12	35%
	Veterans of Foreign Wars	40	3	8%
Salons/Barber Shops	Dodd's Barber Shop	20	0	0%
	Lemoore Barber Shop	30	0	0%
	Metamorphosis Salon	15	1	7%
Public Agencies/Organizations	Lemoore Chamber of Commerce	49	0	0%
	Kings County Commission on Aging	100	2	2%
	Lemoore Branch Library	15	3	20%
Private Non-profit Agencies	Sara Mooney Museum	20	4	20%
	Lemoore Senior Center	100	55	55%
Businesses	Leonie's Pharmacy	40	11	28%
	Country Waffles	40	18	45%
Other	Lemoore Golf Course	20	6	30%
	Unknown source, returned by mail	0	10	--
<b>TOTALS</b>		<b>799</b>	<b>204</b>	<b>26%</b>

\* Surveys were distributed in both English and Spanish

\*\* Over 20 churches were contacted by mail and phone, but most did not return phone calls, and some refused to participate on the grounds that many of their members were out of town for the summer.

<sup>4</sup> Raffle winners were announced on August 9<sup>th</sup>.

By far the highest rate of return came from Magnolia Garden Apartments (80%). The Lemoore Senior Center also had a relatively high rate of return (55%). The lowest rates of return came from the barber shops (0%), the Chamber of Commerce (0%), and the Commission on Aging (2%). In most cases, staff of these businesses and agencies indicated that summer is a poor time to collect surveys, because people tend to be out of town and business tends to be slow. Survey results are discussed in Section 3 below.

## 2.2 Focus Groups and Interviews

While surveys can provide a range of responses about a variety of local issues of interest to seniors, focus groups provide an opportunity to explore issues in a more in depth way, and can provide a richer source of information to be used in decision-making and planning.

One focus group was conducted with service providers (see Section 1 above), and four focus groups were conducted with seniors themselves: two with seniors having lunch at the Senior Center, one with members of the local Women's Club, and one with members of a local church that serves the Spanish-speaking community. A total of 21 seniors participated in the groups, 8 of whom were male, and 13 of whom were female. Participants ranged in age from 57 to 80. Focus group questions focused on many of the same topics included in the Senior Survey: housing, recreation, medical, transportation, and other services available to seniors. Participants were asked also to comment on unmet needs of seniors in Lemoore, with specific emphasis on medical and quality of life issues.

In addition to the focus groups, one interview was conducted with a staff person at the local Senior Center. All five focus groups and the interview were taped with the permission of the participants, transcribed, and analyzed for patterns and trends in the data. Focus group findings are presented in Section 4 below.

## 3. Survey Results

A total of 204 surveys were completed. The demographic profile of respondents is presented in Table 2. Nearly two-thirds (63.2%) of the respondents were female; 35.3% were male. The respondents

<b>Question</b>	<b>Response Categories</b>	<b>% Selecting Response*</b>
Are you a:	Male	35.3
	Female	63.2
How old are you?	55-64 years old	22.1
	65-74 years old	35.3
	75-85 years old	27.0
	Over 85 years old	7.4
Annual household income:	Less than \$10,000	17.6
	\$10,001-\$17,000	23.5
	\$17,001-\$24,000	12.7
	\$24,001-\$35,000	13.2
	\$35,000 or more	21.6
Are you a U.S. Veteran?	Yes	27.0
	No	62.7
Current recipient of Social Security Railroad retirement benefits?	Yes	69.6
	No	26.5

\*Percentages may not sum to 100% due to missing data

ranged in age from 55 to 94 years old, with an average age of 71. More than a third (35.3%) of the respondents were in the age group of 65 to 74 years; 27.0% were in the 75 to 85 age group, and 22.1% were in the 55 to 64 age group. Seniors who were 85 years of age or older made up the smallest group, representing 7.4% of respondents.

More than half of the respondents (53.8%) had an annual household income of \$24,000 or below: 17.6% reported an income of less than \$10,000, 23.5% had an income level between \$10,001 and \$17,000, and 12.7% were in the \$17,001 to \$24,000 income range. About one-third of the respondents (34.8%) had an annual household income greater than \$24,000: 13.2% of respondents reported an annual income of \$24,001-\$35,000, and 21.6% reported an income greater than \$35,000. More than two-thirds of survey respondents (69.6%) reported that they receive Social Security or Railroad Retirement benefits. Slightly more than one-quarter of the respondents (27%) indicated that they are a veteran of the U.S. military.

## 2.1 Payment of Medical Expenses

Seniors were asked to indicate the various ways in which they usually pay for their medical expenses. Their responses are presented in Table 3. The most common methods of medical payment were Medicare A (57.8%) and Medicare B (52.9%). Only 23.5% of seniors indicated that they have private insurance plans. Other payment methods included Medi-Cal (16.2%), Veteran's Benefits (10.8%), Medicare Senior Supplemental Plan (8.8%), and HMO/other managed care (7.4%). The percentage of seniors who indicated that they pay for their own medical expenses (out-of-pocket) was 14.2%. Other sources of payment were indicated by 19.1% of respondents and included AARP, Tri-Care, Blue Cross supplement, and various employment, retirement, and supplemental plans.

<b>Selections</b>	<b>% Selecting Response</b>
Medicare A	57.8
Medicare B	52.9
Medicare Senior Supplemental Plan	8.8
MediCal	16.2
Veteran's Benefits (VA)	10.8
HMO, Kaiser, or other managed care	7.4
Private Insurance plan	23.5
Private pay (out-of-pocket)	14.2
Other	19.1

\*Percentages total more than 100% because seniors could select multiple responses.

## 2.2 Health Coverage

Survey respondents were asked about dental, vision and prescription coverage. Their responses are included in Table 4. The majority of the respondents (60.3%) stated that their insurance does not include dental coverage. More than half the seniors (56.4%) indicated that their insurance plan does not include vision treatment. Only 23% of senior respondents indicated that they have prescription discount cards.

<b>Statement</b>	<b>Response Categories</b>	<b>% Selecting Response</b>
Does your insurance include dental coverage?	Yes	34.8
	No	60.3
Does your insurance include vision (including glasses)?	Yes	36.3
	No	56.4
Do you have a prescription discount card?	Yes	23.0
	No	71.1

### 2.3 Location of Medical Services

The seniors were asked to indicate the town/city in which they receive most of their medical services; their responses are presented in Table 5. More seniors (38.7%) reported that they receive medical services in Lemoore than in other locations. About one-quarter of the seniors (25.5%) indicated that they travel to the city of Hanford for their medical services, 7.4% travel to Fresno, and 1.0% to Visalia. Many seniors (21.6%) indicated that their medical needs are met in more than one city or town.

<b>Statement</b>	<b>Response Categories</b>	<b>% Selecting Response*</b>
In what town/city do you receive most of your medical services?	Lemoore	38.7
	Hanford	25.5
	Fresno	7.4
	Visalia	1.0
	More than one location	21.6
How do you get to your doctor or health care provider?	My own car	75.0
	Bus	6.9
	Taxi	1.0
	Family or friend	16.2
	Other	3.0
Is transportation a problem for you? (for example, to get groceries)	Never	68.1
	Sometimes	24.0
	Often	2.0
	Always	3.9

The survey respondents were also asked about the method of transportation they use to get to their doctor or health care provider. The majority of the seniors (75%) reported that they use their own car, while some seniors (16.2%) indicated that they rely on a

family member or friend. Few seniors indicated that they use public transportation such as a bus (6.9%) or a taxi (1.0%). Three percent (3%) of respondents indicated that they get to the doctor using other methods, including outreach workers, VA vans, and walking. When asked whether transportation is a problem for them (for example, to go get groceries), the majority of seniors (68.1%) indicated that they never have transportation problems. About a quarter of the seniors (24%) indicated that transportation is sometimes a problem, and 5.9% indicated that transportation is often or always a problem for them.

## 2.4 Current Living Situation

Respondents were asked about their current living situation. Responses are presented in Table 6. About half of the respondents (49.5%) indicated that they own a home. A significant minority of seniors indicated that they either live in mobile homes (16.7%) or rent a house or apartment (13.2%). Few seniors reported that they live with family or friends (3.9%), and none indicated that they live in an assisted care facility.<sup>5</sup>

<b>Living Situation</b>	<b>% Selecting Response*</b>
I own my own home	49.5
I rent a house or apartment	13.2
I live in a mobile home	16.7
I live in low-income or HUD-subsidized housing for seniors	4.4
I live with other family and friends	3.9
I live in an assisted care facility	0.0
More than one option chosen	8.8
* Percentages may not sum to 100% due to missing data.	

## 2.5 Programs and Services for Seniors

Seniors were asked to indicate whether they use various services and programs that are available in Lemoore. Results are presented in Table 7. The most frequently used program was lunch at the Lemoore Senior Center, with 41.7% of respondents indicating that they use this service.<sup>6</sup> Far fewer seniors (12.3%) indicated that they use the Retired and Senior Volunteer Program (RSVP). Still fewer respondents (ranging from 0% to 2.9%) indicated that they use other services and programs listed on the survey. Many seniors (ranging from 10.3% to 16.2%) did not respond at all to these items, perhaps indicating a lack of knowledge about these services.

The respondents who indicated they had used a service were asked to indicate their level of satisfaction with it. Responses for the two services used by the greatest number of seniors are presented in Table 8 below. Responses indicate that the majority of seniors appear to be very satisfied with the services provided.

<sup>5</sup> The difficulty of reaching home-bound seniors and seniors living in assisted care undoubtedly contributed to their lack of representation in this survey. Although efforts were made to contact assisted care providers, most did not return phone calls and none agreed to participate in the study.

<sup>6</sup> This response is undoubtedly reflective of the fact that the Senior Center was a venue in which surveys were collected.

<b>Table 7 Respondents' Use of Existing Services (N=204)</b>		
<b>Statement</b>	<b>Options</b>	<b>% Selecting Response*</b>
Meals on Wheels	Yes	2.9
	No	86.8
Lunch at the Lemoore Senior Center	Yes	41.7
	No	55.9
Adult Day Support Center	Yes	0.0
	No	84.3
Respite Care (nursing home care)	Yes	1.5
	No	84.3
Senior Peer Counseling	Yes	.5
	No	83.8
Health Insurance Counseling and Advocacy Program (HICAP)	Yes	2.0
	No	82.4
Preventive Health care for the Aging Program (PHCA)	Yes	2.5
	No	82.8
Multi-Purpose Senior Service Program (MSSP)	Yes	2.0
	No	82.4
Retired & Senior Volunteer Program (RSVP)	Yes	12.3
	No	75.0
Senior Companions Program	Yes	2.9
	No	80.9

<b>Table 8 Respondents' Satisfaction with Senior Services</b>		
<b>Statement</b>	<b>Level of Satisfaction</b>	<b>% Selecting Response</b>
Lunch at the Lemoore Senior Center (n=70)	Very	62.9
	Somewhat	30.0
	Not at all	7.1
Retired & Senior Volunteer Program (RSVP) (n=16)	Very	75.0
	Somewhat	25.0
	Not at all	0.0

## 2.6 Desired Services

Survey respondents were asked in an open-ended question to indicate what services and programs they would like to see offered to seniors in Lemoore that are not currently available. The most frequently desired service was improved transportation access, in terms of bus, van, and KART availability. Many seniors also requested senior discounts for services, purchases, entertainment, and medicine. A number of seniors would like assistance with home repairs and housecleaning, and several requested weekend

meals. Several seniors requested more wheelchair access ramps and parking areas designated for the handicapped. A few seniors desire exercise facilities, including an improved golf course. Other services mentioned were a farmers' market, an assisted living/retirement home, financial assistance for health care costs, rental assistance, and a "care line" to provide information and referral assistance to seniors.

#### **4. Focus Group Findings**

Focus group findings fell into five broad categories: health care, transportation, housing, assisted living, and services available through the Senior Center. In addition, participants talked about gaps in the continuum of services available, a discussion that is included in Section 5.

##### **4.1 Health Care**

According to providers, Lemoore does not have a stable and permanent health care system, and no geriatrics specialists provide services in the area. An HMO, Pacific Health Care, provided services to seniors at one time, but moved out of the area because the health care market was too small to justify the cost of maintaining services. Users of Pacific Health Care were transferred to Kaiser Permanente, which has facilities in the city of Fresno, over 30 miles away. Since the loss of Pacific Care as a provider, transportation to and from health care services has become a key issue for low-income senior citizens, and for those who can no longer drive and do not have caretakers able to provide transport.

According to providers, the citizens of Lemoore go to a specific doctor not out of choice, but out of need. Because no physicians in the area specialize in treating seniors, providers believe that the needs of seniors are often misunderstood, overlooked, or even ridiculed. One provider discussed the attitude of dismissal with which some physicians greet seniors who complain of physical pain or depression:

"What do you expect?! They're 74!" says the physician back to the patient when they describe a condition or their feelings.

Over 38% of survey respondents indicated that they get their primary health care needs met in Lemoore; another 25.5% go to Hanford, nine miles away. Most focus group participants appeared to be satisfied with the services they receive in Lemoore, but also indicated that for serious health problems (those related to cardiology, dialysis, diabetes and "diseases of old age" like Alzheimer's), they must travel to specialists in Hanford or Fresno (see the inset below).

Although specialized medical care is a primary need in Lemoore, a number of services *are* available to seniors. Local providers include the Kings Health Supportive Public Authority, the Preventative Health Care for the Aging Program, the Kings County Department of Health, and the Kings County Commission on Aging (a non-profit organization that serves seniors that are 60 years and older), among others. The Commission on Aging Council publishes a Directory of Services for seniors in Kings

County that includes information on legal assistance, nutrition, health and home care, housing, long term care, employment and volunteering, financial and emergency assistance, transportation, recreation, and SSI, Medicare, MediCal and HICAP. Examples of community-driven efforts to increase services to seniors are in evidence; for example, Kings Area Rural Transit (KART) established a route to the Kaiser Permanente facility in Fresno when Pacific Care left the community to assist seniors with transportation needs. Although seniors who participated in focus groups at the Senior Center mentioned that the Center provides them with an updated directory annually, many other seniors appeared to be unfamiliar with these programs and services.

### Dealing with the “Diseases of Old Age” in Lemoore

Seniors were asked to respond to a hypothetical problem:

*I just moved here from Bakersfield. I'm 62 years old and I have a husband who was just diagnosed with early stage Alzheimer's. What kinds of services are available for me in Lemoore?*

One senior replied bluntly, “You’d be in trouble.”

In all five focus groups, participants discussed the limited medical, assisted care, and home nursing options available in Lemoore. Everyone was in agreement that the nearest services for an Alzheimer’s patient are in Hanford. One person said:

*I have a friend whose husband died of Alzheimer's, I went to the funeral last week. They had on this thing, where he died was Fresno, she kept him at home as long as she could and she had her daughter near her and grandchildren that helped her. But he just couldn't be out of anybody's sight.*

Seniors in the focus groups generally agreed that people have to go to Hanford for services when a family member has a serious, debilitating illness, and none were aware of local resources to assist with home care or respite.

If lack of awareness of existing programs is a problem, so is the cost of care for some seniors. Survey results showed that even when they are privately ensured or on Medicare, most seniors lack vision, dental and prescription coverage. Additionally, providers cited problems they regularly encounter in making seniors and caregivers aware of how Medicare works, and which services are covered under the program. Providers have found that many seniors do not understand the difference between Medicare A and Medicare B, assuming that they qualify for all services when in fact they are restricted because they have only Medicare A. Coupled with the loss of local services and the restrictive number of physicians available county-wide, seniors face real difficulties in accessing appropriate services in a timely manner—and paying for them.

Members from the Spanish-speaking group confirmed this view. Most of the members of this group—and most of the people that they know—have no health insurance or have limited benefits. Some depend on family members who work during the day for transportation, and this often means that the person providing the transportation must take time off work without pay, because they lack sick leave and vacation benefits.

Members of this group wanted to see a clinic in Lemoore with extended weekday and Saturday hours of operation, so that they can at least meet their primary needs locally.

## 4.2 Transportation

Most focus group participants and survey respondents indicated that they drive themselves to medical appointments or depend on family members, some of whom drive in from as far away as Visalia to take a parent to Fresno for services and back again. Others rely on neighbors or church members for transportation. One member of the Latino group explained:

Many cannot drive. Like her [indicating another member of the group]. She cannot walk, she can't drive and she has to rely on us to take her to take her because she cannot drive. In Hanford they do have transportation. They have a valley medical transportation unit that takes people to their doctor, but there are no such services here in Lemoore that I know of.

Nearly every focus group participant was familiar with Kings Area Regional Transit (KART), and most knew that they could get tokens to ride free of charge if they qualified as low-income; however, few had ever used the service. A member of the Latino group indicated that she had to walk a considerable distance in order to use KART, and others mentioned that KART's schedule of operation is restrictive, particularly given that the buses are small and can take only a limited number of people. This person knew of several occasions when seniors were denied a ride because the bus was full.

One member of the Women's Club thought that Dial-A-Ride is available to seniors in Kings County, but wasn't sure that many people knew about it or knew how to use it. A few participants were aware of volunteer drivers who are available to take seniors to medical appointments, but said that often drivers are not available when needed.

Another focus group participant mentioned the availability of volunteer drivers through the Kings County Commission on Aging, but stated that the need for drivers always outstrips the number of volunteers available to drive.

## 4.3 Affordable Housing

Most of the focus group participants from the Senior Center were aware that senior housing exists in Lemoore; however, while most could name at least one apartment complex that caters to seniors, they were less certain of the availability of single-family residential housing. Members of the Latino group were vague about whether housing for seniors exists at all; only one person, the church pastor, indicated knowledge of an apartment complex for seniors. In contrast, members of the Women's Club named not only the established apartment and mobile home complexes listed by other groups, but also mentioned the availability of a new hotel for seniors that will be opening in the near future. They also discussed the phenomenon of older residents "migrating" from outlying areas and from single family dwellings and creating informal senior communities within existing mobile home and apartment complexes. One member explained:

They sell their homes and then they want to be someplace safe and that's where a lot of people. [They are] mostly widows; some of them have been couples but [they're] mostly widows and they go there [to Magnolia Gardens] if they can get a place. Of course, [the complex] can't get any bigger—it's limited as to size. We know several [seniors] that had to go to Hanford [because no units were available in Lemoore].

#### 4.4 Assisted Living

The term “assisted living” was used by most focus group participants to describe both a formal category of elder care (as in “assisted living facility”) *and* to describe informal mechanisms available through community, family and friends to help seniors meet their basic needs while remaining in an independent living situation.

Those focus group members who used “assisted living” to describe a category of formal care were in agreement that the nearest assisted living facility is located in Hanford. Seniors were incensed at the cost of such facilities, and at the fact that in order to get “government assistance” (e.g., Medicare), seniors must literally have no assets—car, house, or bank account. In discussing the cost, one focus group participant said:

The minimum [cost of residence in an assisted care facility) around here for the people I know is \$3,000 a month. And that just sucks everything. I had one relative who was elderly and my sister-in-law, who was ten years older than I, was responsible for her because she had no children. And she had to sell everything that woman owned. They stripped her of everything over a period of years and then they finally had to put her on welfare. They sold the house; they had to use that money all up first [before she could receive Medicare benefits in assisted living].

The discussion among members of the Women's Club focused on ways to keep seniors in their own homes. One person stated:

I would like to see some services that would allow people to stay in their own home and it not be necessary for them to move. They're going because they have some needs that aren't being met....

Another member of the group was enthusiastic in her agreement:

What I would like to see is some assisted living. Where you could stay at home longer... because there could be some help. If a lady has to take care of her husband, she's the best one to take care of him. But wouldn't it be nice if she had a housekeeper that would come or a gardener would come or [someone to help her take care of] those things that [would] make you able to stay in your own house.

Seniors used the term “assisted living” in this context to include everything from housekeeping to home maintenance:

Yard work and things like that, you can't get reliable people to come. If the burner goes out on your air conditioning or heater, somebody to light the burner or little things, believe me it's impossible to get help.

Focus group participants even suggested having volunteers available who could drop in on seniors to ensure that they have their medications lined up and counted out for the day. Nearly everyone had a story about a friend or loved one who needed assistance with their medications:

I know a woman who did that for her husband and she came and worked on an election board with me. Working all day on election board she had to go home twice to make sure because if she didn't watch him, he didn't know which end of the box to start from. She had to go home and dole them out to him; she couldn't leave him alone to even go play bridge for a couple of hours.

One senior suggested that such services as yard work, housekeeping, home maintenance and assistance with medications be made a part of a health care package available to homebound seniors, but another argued that such a system would simply enrich insurance companies. She suggested a government subsidy for the middle-income senior since, from her perspective, low-income seniors are already eligible for many services and the highest income seniors don't need the financial assistance. Pointing out that it is actually less costly for taxpayers to provide assistance to a homebound senior than to house a senior in an assisted living facility at public cost, she added:

[If it's part of health care] it's extremely expensive for the old person and the person that's [doing the work] is making hardly anything....Maybe [it would make sense] if there's some kind of government subsidy [to] help with that, because...a lot of people can't afford the care provider that's there at home. They're going to have to go to the rest home and the government is going to have to pay it all.

Some seniors dreaded the idea of being forced to move to a facility in Hanford or even further away, because of the loss of social networks. One person said simply:

They want to stay in Lemoore that's where their friends are.

A second person added:

There are some generous people, two or three of them at the Presbyterian Church in town that go to the Hermitage<sup>7</sup> every Sunday morning and they bring six people back to church in Lemoore.

This person went on to advocate for an assisted living facility in Lemoore:

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<sup>7</sup> A residential facility in Hanford that provides assisted living.

But I really feel we should push for having a home here like that rest home over there because I hate to lose our people from here to go to Hanford when they've lived here all their lives.

Another person agreed:

Every day your friends could come in to see you, you know. You could always drop by.

#### **4.5 The Senior Center**

The Senior Center in Lemoore offers a range of health-related services and entertainment opportunities for seniors in Lemoore. The Center serves lunch to seniors four days a week (Monday, Tuesday, Thursday and Friday) at low or no cost, and provides transportation to house-bound seniors. The Center also regularly invites guest speakers to address issues of concern to seniors. In the recent past, for example, speakers have discussed nutrition and the management of diabetes, as well as property tax breaks that may be available to seniors. Once a month a staff person from the Kings County Public Health Department comes to the Center to discuss a health-related issue and/or provide blood pressure and vision screening. Recreational programs offered by the Center, according to focus group participants, include bingo nights on Tuesdays and Thursdays, a potluck with music and dancing on Fridays, and seasonal activities such as Halloween, Easter and Christmas parties. One participant talked about the annual Christmas celebration sponsored by the Center:

On Christmas we always go to the Spaghetti House for dinner. We leave here at four o'clock, we go to Spaghetti House to eat dinner. The bus is chartered and we go to Christmas Tree Lane. And that's every Christmas. That's a good thing....We sing Christmas carols going up and coming back and it's a fun night for seniors and we look forward to it.

Participants also described bus trips to the Indian Gaming Casino and a once-a-year trip to Morro Bay for dinner.

The Senior Center staff appears to be extremely knowledgeable about services available in the area. The staff makes copies of the Lemoore Senior Resource Directory, published annually by the Kings County Commission on Aging, available to any senior who comes to the Center.

The importance of the Senior Center to local seniors cannot be underestimated. TLC staff observed between 80 and 120 seniors being served lunch on four different occasions. Many seniors come to the Center as early as 10:00 a.m. and stay as late as 2:00 p.m. to chat, play cards, and enjoy the social atmosphere. One focus group participant explained:

There are several people who have lost their houses and they were just with-drawing. And then they come here and they feel so much better and everything. It's the best medicine we have.

The group that was least knowledgeable about the Senior Center and its services was that of the Latino church members. While members knew that the Center serves lunch, they were unaware of any other services. Two members discussed the fact that the Center once offered bingo games, but thought that it had stopped offering bingo nights because of competition from the nearby Indian Gaming Casino. The lack of knowledge among this group may reflect the fact that activities are conducted in English, and that information and outreach to the Spanish-speaking community is either non-existent or inadequate.

## 5. Analysis: Gaps in the Continuum of Services

The health of seniors, mental and physical, is tied to good nutrition, exercise, social connectedness and the availability of quality medical care—that is, quality of life issues. Both the needs assessment survey and the focus group protocol were designed to collect data about the *unmet needs* of Lemoore's senior residents; that is, those gaps in the continuum of services available to seniors that may negatively impact the quality of their lives.

Many focus group participants talked about how services and programs for seniors have decreased over the years: seniors reported, for example, that the Senior Center no longer offers two meals a day—and, in fact, only offers lunch four days a week; the facilitated exercise program that used to be available through the Center no longer exists; the number of bingo nights has been cut back. Seniors complained that the one movie theater in town does not have a wheelchair ramp to accommodate the disabled. One person expressed regret for the fact that while Meals on Wheels used to deliver meals daily, making it possible for a driver to check on the home-bound senior, now five frozen meals are delivered on Monday, and the driver has contact with the senior only once a week.

The loss of an individual program or service over time does not necessarily diminish the overall quality of life for seniors, because as some services are reduced or cut, others often take their place. For example, KART now offers a route from Lemoore to the Kaiser complex in Fresno, and a new, high-end “hotel for seniors” will be opening in Lemoore in the next few months. However, analysis of patterns or trends in the survey and focus group data revealed the existence of definite gaps in the continuum of services available to seniors. These include:

- (1) lack of adequate transportation for home-bound seniors and seniors with special needs;
- (2) lack of networking and social opportunities;
- (3) failure to provide adequate outreach to those members of the community who are Spanish-speaking; and

(4) absence of a coordinated plan to assist seniors in meeting basic needs.

The remainder of this report provides a summary and analysis of these gaps in the service delivery system, and presents the innovative solutions suggested by the seniors themselves to address them. Although discussed separately, it is important to note here that these areas of need are interwoven; lack of transportation, for example, has a direct impact on networking and social opportunities, and the absence of a plan to assist seniors in meeting basic needs is as true for Caucasians and other minority groups as it is for Latinos. By the same token, the solutions suggested, although multifaceted, share a single theme: building and enhancing the concept of “community.”

## 5.1 Access

The availability of a good transportation network does not simply refer to the ability of seniors to get to and from their doctor’s office. It also refers to seniors’ ability to access grocery stores, participate in local events and activities, and visit friends and family.

In talking to seniors, it became clear that loss of mobility—particularly the ability to drive—changes the entire shape and pattern of a person’s life. It destroys seniors’ independence, diminishes their social networks, and imposes a degree of isolation that is very difficult to overcome. Some seniors are able to accommodate the loss of a vehicle because they live close to stores and services or because they have family members on whom they can depend for assistance. Local pharmacies will deliver medication to those living inside the city limits of Lemoore, and rides are available through RSVP or KART—although the availability of drivers in the former instance and the limitations of route and scheduling in the latter can present challenges. Those who live outside the city limits, however, have very limited options. According to focus group members, many seniors give up homes they have lived in for decades in order to move to a mobile home park or apartment complex, simply to avoid social and physical isolation. Often these individuals move to Magnolia Gardens or another complex that has a high concentration of seniors, and thus form “enclaves” of older residents who can, as one person put it, “watch out for and take care of one another.” This is a viable, if difficult, solution to the problem of isolation; however, Lemoore has a limited number of housing options for seniors, and many end up moving to Hanford or other towns to be closer to services or families.

In survey responses and in focus group discussions, seniors indicated that they want to see both a delivery service (e.g., for groceries and pharmaceuticals) and a transportation system both within Lemoore and to and from nearby towns and cities that is more responsive to the needs of seniors. One senior talked about a local service once offered through the parks and recreation district:

My aunt used to take it. They would pick her up, I think it was two days a week, [and] they would take [seniors] by the grocery store....They could go in and get groceries and come out. They would stop at the bank, they would stop at the post office....As far as I know the park does not offer that now.

Other focus group participants expressed appreciation for the KART route to Fresno, but wanted to see it expanded to take in more medical offices in the same area:

Okay, I have a ten o'clock appointment at St. Agnes and somebody else has a eleven o'clock appointment at the eye institute—it's all right down there. You have these appointments but you'll have to set up a [special] bus schedule. [The driver says,] "Okay, I'm going to go and drop you off and I'll drop that one off and I'll be able to pick you up in two hours or three hours. You may have to wait but at least you're going to have a ride.

Another focus group participant protested:

But if you're eighty years old and don't feel good, and you're standing out on the curb...

The first participant replied:

But you're dreaming if you think you're going to get a bus ride and come right back. But then it's not right to have to depend on a volunteer either. Because maybe there's not a volunteer that would [be available to] do it.

The general consensus seemed to be that the answer is in having a combination of transportation options available to seniors—through Dial-A-Ride, KART, RSVP—similar to what is currently in existence but with a few critical changes in scheduling and coordination. Seniors also felt it would be in the best interests of SaveMart, K-Mart and other local vendors to make a van available to seniors once or twice a week that would pick them up and drop them off for an hour or two of shopping before taking them back home—perhaps for a modest fee.

Delivery was another transportation service that seniors wanted to see expanded:

I get my medicine at Kmart and I know that they do deliver in town. If you live in the country you're sunk...Grocery delivery would be very beneficial. And that would be wonderful for a business to start.

Some participants suggested that helping develop new transportation options would be a wonderful project for local service clubs and fraternal organizations to take on as a collaborative venture:

If you could get a group together that were from the organizations in town...They could then say what their groups could do to help.

It was clear from both the surveys and the focus group discussions that, regardless of the challenge involved in addressing it, transportation (and therefore access to crucial services and social networks) is the single most critical issue facing seniors in Lemoore.

## 5.2 Networking and Social Opportunities

Social isolation is one of the greatest risk factors for suicide among seniors. As was seen in Section 4.5 above, focus group participants appeared to value the opportunity to

socialize with others through the lunch program offered by the Senior Center as much or more than they valued the lunch itself. TLC staff found that seniors were loathe to give up their card games and conversations even to complete the needs assessment survey—and those that participated in the focus groups spoke enthusiastically about the social activities sponsored by the Center. Without a doubt, seniors would enthusiastically support the expansion of services available through the Center. Seniors suggested, among other things, that either the Center or the city sponsor weekly barbecues and concerts for seniors in local parks during the late spring, early summer and fall months.

Informal networks may be as powerful an intervention for seniors as formal services. The Lemoore Women's Club is a case in point. The local Women's Club, established over 100 years ago, was moribund for a period until a small group of residents, under the guidance of one woman with a vision and a remarkable gift for organizing, resurrected it a few years ago. Although open to all ages, the majority of the Club's members are age 55 and over. One member explained:

We do lots of recreational things. Thursday is our meeting and we're going to go to the new Depot. We try to promote businesses in Lemoore and so we're going to go to...a Filipino restaurant. I've never been. And we're going to go and check out the new place. So we've gone to all the restaurants here in town and I really think it's one of my good deeds to have all of these people that wouldn't be having any fun if we didn't have some kind of a group to get them together to go do it.

The Club regularly sponsors trips to local historical sites, museums and exhibits, some as far away as Fresno. One woman described the "field trips" the group takes by car, bus or train:

First of all we have to eat. We have to eat early because these ladies don't eat well after eleven o'clock in the morning. And then we have a very short meeting, it's not a big structured thing and then we have some fun. We can't walk too far and it can't be too expensive, can't drive too far and there are some limitations to it; but there's still lots of things to do....Grangeville Community Church, we need to go see that. It's the oldest church in Kings County. And these ladies have lived here all their lives and they've never been.

Another member added:

There are wonderful things that are close y but there has to be some kind of organization. We say we're going to meet at this time and then we're going to go.

The Club doesn't restrict itself to recreational activities; it also sponsors charitable events:

Yes, we're very proud of our club. Last year we raised money on this fundraiser, the tea party for mothers and their children. We made thirteen hundred dollars that went to high school scholarships for Lemoore girls.

Club members were enthusiastic over the opportunity presented by the senior needs assessment process to generate ideas for improving the quality of life for seniors in Lemoore. Promoting this and similar clubs and organizations centered around the needs of seniors may prove to be an important strategy in enhancing mental and physical health.

### 5.3 Outreach to Spanish-speaking Seniors

TLC staff made a concerted effort to ensure that Lemoore's Spanish-speaking community was well represented in the needs assessment process—with limited success. Although surveys were made available in both Spanish and English at churches, businesses, and restaurants, only a bare handful of Spanish-language surveys were completed, and most came from the local pharmacy. When it became clear that the Latino community was seriously underrepresented in the study, TLC staff contacted service providers and city officials to get the names of pastors who might provide access to members of their congregations for the purpose of conducting a focus group. One pastor did agree to sponsor a focus group.<sup>8</sup> Six individuals, four men and two women, attended. Five participants were seniors, and one was the caretaker of a senior.

It became apparent during the facilitation process that the difficulty TLC staff had in reaching Spanish-speaking seniors is symptomatic of a “disconnect” between the Latino and larger communities in Lemoore; a problem that appears to be seriously exacerbated by language, but that also may be attributed to cultural differences. The seniors in the group by and large lived with members of their extended families, and depended almost exclusively on family members and members of their church to meet their needs. Although some were bilingual in Spanish and English, participants in this group were unaware of housing options for seniors in Lemoore, had only a vague knowledge of the services available through the Senior Center, and were unaware that transportation services (other than KART) exist to assist them in getting to medical appointments. In addition, members of this group were the least likely to have any form of health insurance, and appeared to have little knowledge of how to access low-cost medical services. In describing the problems facing Spanish-speaking seniors, one participant said:

I think [the Hispanic community] has grown, but the people in the positions to help us have not grown like they should.

Some members of this group perceived the problem of access as rooted in a history of discrimination:

I was raised here... I don't know how much [Lemoore] has changed, but I can tell you from working with the City of Lemoore for eleven years that there is a lot of discrimination.... In forty years I've seen a lot of changes but how good they are, I don't know. I don't know if they have reached the Hispanic community.

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<sup>8</sup> The group was facilitated in Spanish by two Latinas from the TLC staff.

Others agreed that more bilingual staff were needed, both in local government and among service providers. The bilingual members of the group offered to volunteer time at doctor's offices and in other venues to assist Spanish-speaking seniors, and indicated that there are many people in their church community who would willingly do so, as well. Along the same lines, one participant suggested creating a team of bilingual liaisons or advocates who could assist seniors in accessing services:

The way I see it is that they could take a few [bilingual] individuals like me that are willing to work with the senior citizens and the government, and give them a little bit of training... That would help a lot....Those who can help, should.

Another member agreed, and spoke specifically to the lack of low-cost health services available to the uninsured:

Lemoore needs something, if it's even just a small clinic—and even if you have to have a stand-by doctor or nurse or whatever. I am sure some of us bilingual Latinos can help. I would I be willing to donate my time.

When asked about the best method to use to raise awareness within the community, members replied simply, "Through the radio and the churches." Participants appeared to believe that, given the general lack of knowledge about services available to seniors, an awareness campaign aimed specifically at the Spanish-speaking community would definitely improve access, and therefore the quality of life, for Latino seniors in Lemoore. Equally important, bilingual members of the community appear eager to assist in facilitating this kind of outreach.

#### **5.4 A Coordinated Approach to Assisting Seniors with Basic Needs**

As discussed in Section 4.4 above, both survey respondents and focus group participants expressed the need for low-cost assistance in meeting basic needs—defined, in this instance, as housekeeping, yard work and other home maintenance tasks, grocery shopping, assistance with measuring and counting medications—in short, with those activities that would make it possible for seniors to remain in independent living situations for a longer period.

Seniors had a variety of ideas about how to accomplish this. Pointing out that most of the people she has used in the past to help with these kinds of tasks were referred to her through friends, one focus group participant envisioned a loosely organized group of small-business owners who provide services to seniors at a discounted rate. Other members of the group applauded the suggestion, and thought that it would be in the City's best interest to set up a screening or even a licensing process for individuals who perform these kinds of tasks for seniors, to ensure that they don't take advantage of or steal from their clients.

Other focus group participants suggested that "the government" provide a subsidy of some kind to offset the cost of these kinds of services for low-income seniors. Again, participants focused on the longer term savings involved for taxpayers if seniors can

remain in independent living situations for a longer period. Even without such a subsidy, though, seniors agreed that having a network of trustworthy individuals who offer discounts to older people for assisting with tasks ranging from the mundane (mowing the lawn) to the extraordinary (plumbing and air conditioning repair) would be of inestimable value in improving the everyday quality of life for seniors in Lemoore.

## **6. Recommendations to Mitigate Gaps in the Continuum of Services**

Using the information from this study the City of Lemoore is looking ahead to develop ways to mitigate the gaps in service provided to the senior population. The report identified four areas of concern. They are prioritized below and each situation is discussed briefly in the following sections.

- (1) Lack of adequate transportation for home-bound seniors and seniors with special needs;
- (2) Lack of networking and social opportunities;
- (3) Failure to provide adequate outreach to those members of the community who are Spanish-speaking; and
- (4) Absence of a coordinated plan to assist seniors in meeting basic needs.

### **6.1 Transportation**

The City of Lemoore will be working with Kings Area Rural Transit (KART) to develop new routes that serve the senior population specifically. Contacts have already been made in this regard and plans are currently underway to implement new routes. The new Multi-mode Transit Station in downtown Lemoore offers a central location where seniors can go to access the new transportation modes. The City should consider Municipal shuttles that would operate from the Transit Center and provide citizens with access to events and locations around town that are not on any KART direct route. Finally, there is also a need to attract new businesses that can provide delivery services (i.e. pharmaceuticals and groceries) and the Community and Economic Development Department will investigate future possibilities in this area. While many business deliver within City limits, we must investigate the potential to expand those services into the unincorporated areas.

### **6.2 Networking and Social Opportunities**

Currently, the Lemoore Senior Center is the only facility dedicated to the ongoing social needs of seniors. The City needs to investigate other potential ways to provide this valuable service. A task force was recently established to investigate potential uses for a large section of property downtown that is currently vacant. Another senior center, or multi-use facility closer to the downtown area, may prove to be a viable use for the property.

The City's website is fast becoming a new resource for information and social activity. A special Senior Page link might provide our citizens with an opportunity to network that was not available before. City Staff will work with the Webmaster to create new links and opportunities.

### **6.3 Outreach to Spanish-speaking Seniors**

The City's website can be utilized to address this problem as well. There is the possibility of having a Spanish translation of some of the web pages that discuss events and services for seniors. The City plans to work with the local service clubs and churches that cater to primarily Spanish audiences to insure that information is disseminated to these language groups as well.

The study indicated a certain level of perceived discrimination on the part of Spanish-speaking seniors. This is a social issue, not specific to Lemoore, but still very important, especially given the large proportion of Hispanics within the general population. City Staff and City Council must be aware of these conditions and make every effort to communicate with all groups in both English and Spanish.

### **6.4 Basic Needs**

Many seniors are able to get to and from the store, visit with friends and attend church services without assistance. Other basic needs, however, are being overlooked. Lawn care and maintenance, property maintenance, shopping and housework are areas identified in the report that lack availability to seniors, especially low income seniors. Perhaps when local governments become flush with revenue, new programs can be developed that would utilize General Fund monies or other types of funding to subsidize local businesses that provide these services to low-income seniors. Unfortunately, current economic conditions prevent cities from developing new programs of this type. That does not mean, however, that potential future possibilities shouldn't be investigated and the City of Lemoore will do all it can to look forward and provide the highest quality of life that its citizens deserve.