

What Does “Healthy” Mean to Seniors?

*Documenting Seniors’ Health Goals, Gaps in Services, and
Co-creating Structure for Improved Senior Health Outcomes*

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POSITIONALITY STATEMENT / AUTHOR'S NOTE

My name is Hannah Germonprez and I am a settler and transplant to California. Outside my work as a policy analyst, I am a Certified Massage Therapist, Health & STEM educator, and West Oakland Hoover Foster Residential Action Council (RAC) Member.

This report was conducted in partial fulfillment of the requirements for the Master of Public Policy degree at the Goldman School of Public Policy, University of California at Berkeley. The judgements and conclusions are solely mine, though they are grounded in community conversations with the Seniors for Hope And Justice (HAJ) advocacy group at St. Mary's Center, and SMC staff. The findings are not necessarily endorsed by the Goldman School of Public Policy, by the University of California, or by any other agency.

This project would not have been possible without the guidance and time of the Seniors for Hope and Justice and the Council of Elders. I am also grateful for the continued support of my advisor Ashley Adams and my project supervisors Sharon Hawkins Leyden and Cecilia Fernandez. Thank you to all the seniors who participated in the survey and the stakeholders who shared their time and experiences with me. Thank you to everyone involved! I feel so grateful to have been able to work with everyone.

If you have any feedback, questions, or would like to talk, please contact me at hgermonprez@berkeley.edu.

SUMMARY

St. Mary's Center (SMC) is a hub for seniors in West Oakland that provides a breadth of basic needs services. Though not a health clinic, SMC has consistently supported seniors in getting their basic needs through housing, social, and community services since 1939; amidst COVID 19, SMC adapted to provide food delivery services, the We Connect Technology Distribution program, and Emergency Winter Shelter. Community conversations, stakeholder interviews, and a health survey were conducted to assess the health goals / needs of senior members and identify future programming. Overwhelmingly, seniors are feeling the impacts of the COVID-19 pandemic through feelings of isolation, stress, and anxiety. Seniors are eager to share their experiences and help St. Mary's in planning programming. They are also interested in natural or alternative medicine to support their mind/body health, as they have been unable to access psychosocial (mental health) services. SMC provides a place for seniors to be in community safely with their variety of supportive services and community events. By supporting the coordination and community building efforts of the Seniors for Hope and Justice and seniors interested in planning community events, St. Mary's Center can continue to support the holistic wellbeing of their most vulnerable members.

INTRODUCTION

People experiencing homelessness and housing insecurity in Oakland face a serious intersection of health issues, including: lack of shelter, daily traumas, sanitation, food, and safety. Additionally, the onset and continued presence of COVID-19 in recent years has exacerbated and highlighted these issues. For Black / African-American Oaklanders and disabled populations, the issue of homelessness is an issue of discrimination¹.

In 2019's national count of homeless populations, 4,071 people experiencing homelessness were counted in Oakland, making up about 50% of the total count of 8,022 in Alameda County.² People who identified as Black or African American were vastly overrepresented in the 2019 survey, making up 70% of respondents, while the total Black population makes up 28% of Oakland residents.³

¹ CDC - Homelessness as a Public Health Law Issue—Publications by Topic—Public Health Law. (2020, April 23). <https://www.cdc.gov/phlp/publications/topic/resources/resources-homelessness.html>

² *EveryOneHome.org* | *Ending homelessness in Alameda County*. (2019). Retrieved from <https://everyonehome.org/>

³ Bureau, U. C. (n.d.). *2020 Census Results*. Census.Gov. Retrieved from <https://www.census.gov/2020results>

About 38% of respondents reported in the survey that they had at least one disabling condition.⁴ Conversely, only 7.7% of Oakland residents reported as having a disabling condition between 2015-2019.⁵ These groups are bearing the brunt of the compounding health outcomes associated with homelessness.

The health impacts of living on the street and the daily traumas of people experiencing homelessness cannot be stressed enough, but for seniors aged 55+ who may need more supportive services to address their basic needs, these issues are even more striking. Aging adults now makeup a growing number of the homeless population nationwide and in Oakland, and a large number of them experience caretaking needs for health conditions that cannot be addressed due to disrupted social networks, financial barriers, and housing status.⁶

Non Governmental Organizations (NGOs) like St. Mary's Center (SMC) have developed service models in response to addressing the basic needs of seniors, particularly those at risk for, experiencing, or previously experiencing homelessness. This is how SMC dedicates itself to its mission of "Hope, Healing, and Justice" for seniors in West Oakland and the surrounding areas.

SMC, which officially became a 501(c)3 public charity in 1992, has been a community-based center offering basic needs support to low income families, children, and seniors since 1939.⁷

SMC, like all NGOs and all organizations, was not exempt from the impact of COVID 19, and the government shutdown, stay at home orders, and public health mandates seriously impacted their ability to serve seniors in need in West Oakland. Fortunately, SMC was able to pivot during the pandemic, providing food delivery services and launching their pilot We Connect Program, as well as continuing case management for current clients, which allowed certain seniors to stay connected during the difficult time.

Now, with COVID 19 and its variants becoming a normal part of our lives, St. Mary's reopened its doors in March 2022. SMC staff and senior clients (also referred to as members) are brainstorming ways to evaluate and address the social isolation that has affected everyone, but especially SMC's multiply-marginalized members facing homelessness, food insecurity, and chronic health conditions.

⁴ *Point-in-Time Count* | *EveryoneHome.org*. (2019). Retrieved from <https://everyonehome.org/main/continuum-of-care/everyone-counts/>

⁵ *U.S. Census Bureau QuickFacts: Oakland, California*. (2015-2019). Retrieved from <https://www.census.gov/quickfacts/fact/table/oaklandcitycalifornia/PST045219>

⁶ Hahn JA KM, Bangsberg DR, Riley E, Moss AR. Brief Report: the aging of the homeless population: fourteen-year trends in San Francisco. *J Gen Intern Med*. 2006;21(7):775-8

⁷ *Mission & History – St. Mary's Center*. <https://stmaryscenter.org/mission-history/>

This project is the result of SMC coming together with community members, staff, and HAJ with the following problem goals:

Project Goals

- ❖ Document health goals of seniors in West Oakland
- ❖ Understand how senior health issues are being addressed
- ❖ Identify gaps in senior services
- ❖ Provide 1-2 new health strategies that seniors can incorporate into their lives
- ❖ Cocreate greater structure for senior community wellness
- ❖ Inform stakeholders and wider community members of health needs of seniors

DATA COLLECTION

In order to address the goals of the project, two separate data collection methods were used: (1) a Senior Wellness Survey and (2) Stakeholder Interviews. In this section, I will describe the methodology of how data was collected, analyzed and visualized for both.

Senior Wellness Survey

A Community-Based Participatory Research framework (CBPR) was modeled in the creation of the Senior Wellness Survey. CBPR is a type of Participatory Action Research (PAR) that works to place community members at the center of the research. This framework emphasizes research, action, and education, and draws on the work and teachings of Paolo Freire.⁸

Survey questions went through multiple rounds of editing with community members, including a health practitioner, Sharon Hawkins Leyden (SMC Clinical Director), Janny Castillo (SMC Director of Outreach and Services), and Seniors for Hope and Justice members. Conversations with seniors took place over the month of March, where we met on Zoom, went through questions, and brainstormed anticipated challenges. The survey was reduced to two pages, front and back, and many of the question's responses were converted to checkboxes for increased participation. Seniors were also given the option to check "Other" and write in responses. Lastly, seniors were asked to indicate their interest in helping plan future programming that may come out of the survey; those interested were able to write their names to be detached from the rest of their responses.

⁸ Collaboratory for Health Justice. (2020, April 10). *An Introduction to Community Based Participatory Research (CBPR)*. https://www.youtube.com/watch?v=2kcQ_C0xnBs

The Survey took place on two separate days in person: The SMC International Women’s Day Celebration March 10, 2022 and on March 13th, 2022 at SMC Sunday lunch. Participants at the International Women’s Day Event entered a raffle where two (2) \$25 gift cards were given out to randomly selected seniors.

An online version of the survey was also created and disseminated, but did not receive any responses.

Survey questions fell into three (3) categories: demographics, health status and goals, and programming. Full survey is attached in Appendix 1.

Surveys were completely anonymous. Paper responses were transferred into an Excel spreadsheet, cleaned, and visualized. Survey findings were discussed with a small group of SMC stakeholders, including the Seniors for Hope and Justice, Janny Castillo, Beverly Hop, (Emergency Food and Distribution Coordinator), and Sharon Hawkins Leyden.

Stakeholder Interviews

Stakeholder interviews were conducted February - March 2022 in order to engage SMC partners, providers, and wider community members. Interviews additionally offered an opportunity to gain perspective on the health status and goals of seniors and health services that are working and missing. Primary, Secondary, and Key Stakeholders were identified using definitions of Stakeholder from the KU Community Toolbox.⁹ Primary Stakeholders were those directly affected by health programming recommendations presented in this report. Additional stakeholders were identified through conversations with SMC staff, and referrals from the interviews themselves, see Appendix 2.

Interviews were recorded and then coded, meaning key words were pulled out and then categorized into three (3) separate categories: Health Issues and Goals of Seniors, Services Working, and Services Missing. The Interview Guide is included in Appendix 2 and was used to guide interviews, but questions and their phrasing were modified based on stakeholder. As an example, if the stakeholder interacted with seniors directly, more specific questions on senior health were asked.

“Minor” and “Major” themes were identified. Major themes were classified as having come up at least 5 times across interviews. Minor themes were identified as having occurred less than 5 times.

⁹ Chapter 7. *Encouraging Involvement in Community Work* | Section 8. *Identifying and Analyzing Stakeholders and Their Interests* | Main Section | *Community Tool Box*. (n.d.).
<https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/identify-stakeholders/main>

SURVEY RESULTS

Thirty-four seniors completed the Senior Wellness Survey over the two days the survey was administered in person. There were a total of 17 questions; topics for each question are bolded and results below.

Age: Seniors that completed the survey had an average age of 72, which aligns with SMC database age average exactly.

Gender: Fifty-nine percent (59%) of respondents identified as female, and 41% identified as male. The SMC database shows that 47% of members are female and 53% male.

Race: Fifty percent (50%) of respondents identified as Black or African American. Forty-one percent (41%) identified as Asian, Native Hawaiian, or Pacific Islander. Three percent (3%) identified as Indigenous American, and 3% identified as other. The SMC demographic information categorizes racial categories slightly differently, with the following categories and percentages.

African American	72%
Asian	13%
White	8%
Native Hawaiian/Pacific Islander	6%
Other/Multiple	1%

Table 1: Racial identifying data provided by Tucker Broft, SMC Contracts and Data Manager

Location: Location was variable as historical boundaries and neighborhoods are difficult to differentiate. However, 41% of respondents (12/29) said they lived in West Oakland.

Disability Status: Forty-seven percent (47%) of respondents (34) answered yes to having a physical disability and / or mental health condition, while 24% left the question blank or chose “Prefer Not to Respond.” SMC database numbers showed 31% of members have a disabling condition (mental/physical).

Yes	47%
No	29%
Blank	12%
Prefer Not to Respond	12%

Table 2: Breakdown of responses for Survey out of a total of 34 responses.

Years at SMC: On average, respondents have been coming to St. Mary’s for services and activities for 7.4 years. The median or most frequent response was 8 years. The maximum time was 20 years and minimum was 1 month.

Services/Activities: A majority of seniors (64%) who completed the survey use St. Mary’s food services. Many participate in celebrations, friendly visiting, Sunday dinner, and case management.

What services do you receive and/or what activities do you participate in at SMC?

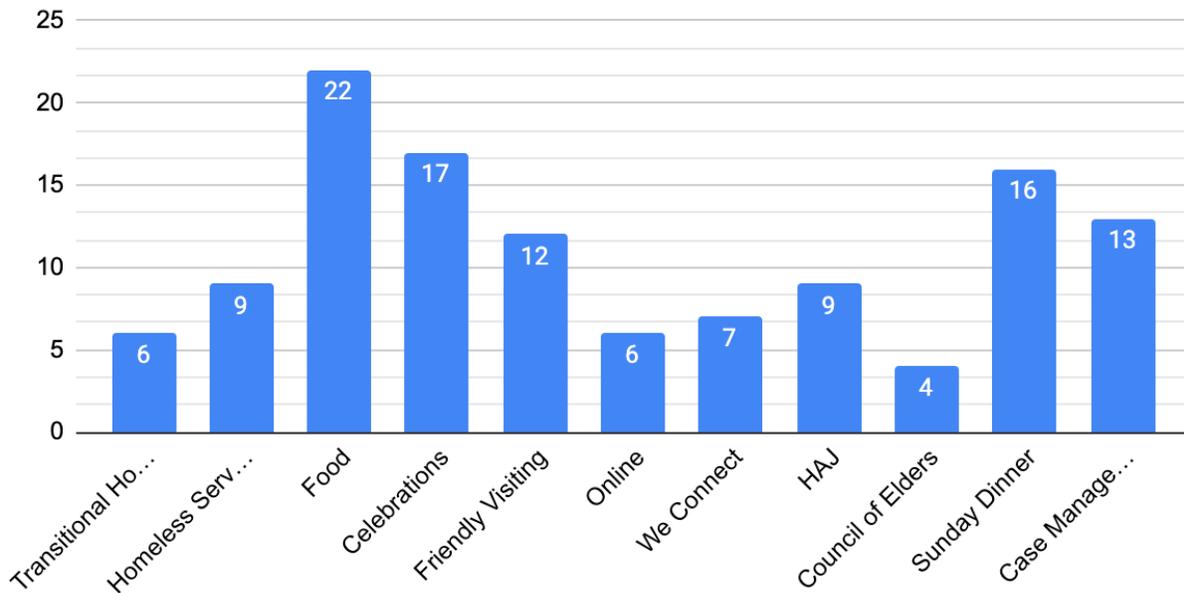


Figure 1: Graph of responses for what services and activities the seniors participate in at SMC.

Benefits: The majority of seniors (52%) indicated that St. Mary’s was a place where they could socialize. Additionally, three separate seniors wrote that SMC helps them “Keep Busy”, “Have Fun”, and address “Problems.” Counts for each response are reflected in Figure 2 below.

How are these services/activities beneficial to you?

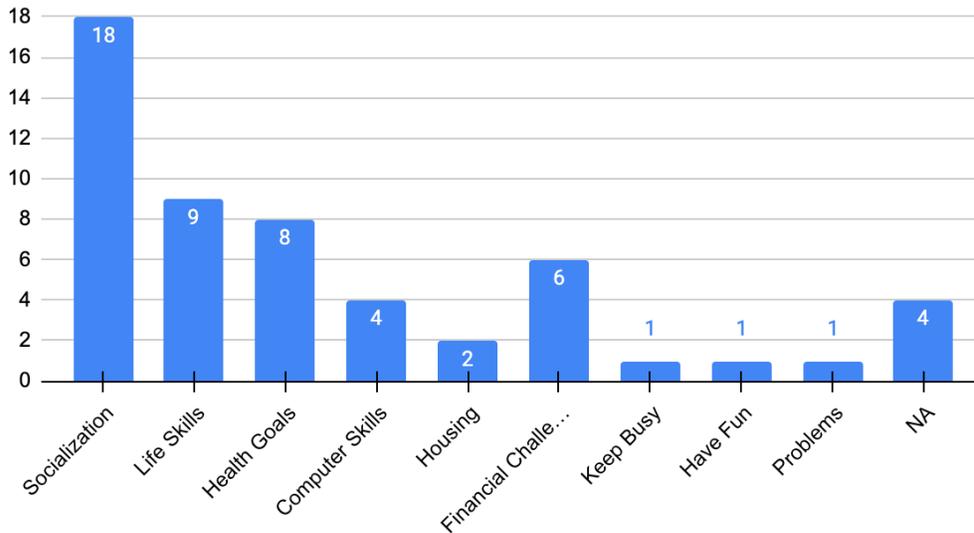


Figure 2: To expand on the previous responses, this figure shows responses for the Survey Question “How are these services/activities beneficial to you?”

Mental Health: In response to Question 8, seniors at St. Mary’s are most likely to be experiencing worry, loneliness, and anxiety. Seventy percent (70%) of respondents (17 out of 24 who answered) selected 2 or more mental health indicators.

Do you experience any of the following?

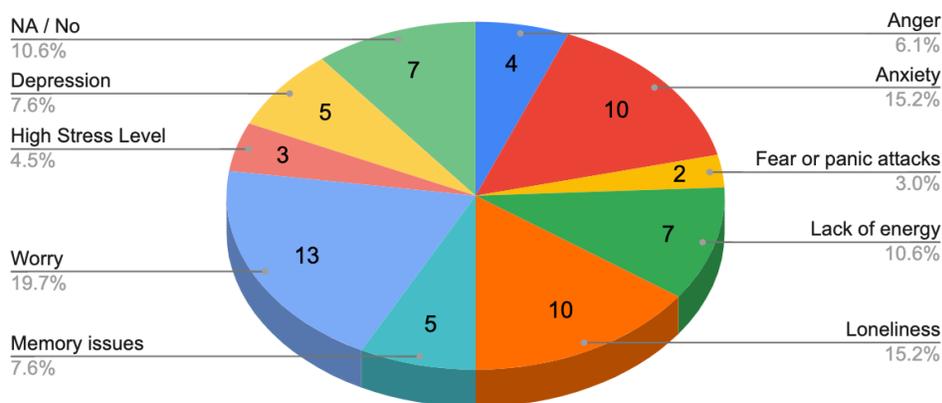


Figure 3: A pie chart of responses for seniors' mental health

Health Goals: Seniors reported lowering cholesterol (18), lowering blood pressure (18), and improving nutrition (17) as their top health goals, while many other goals were also included among responses, seen in figure 4 below.

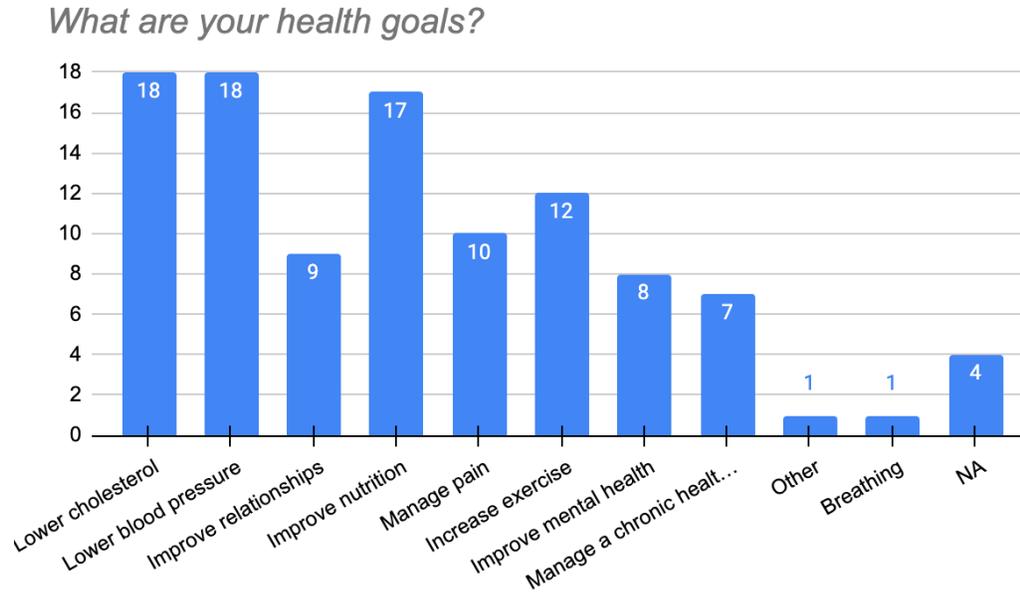


Figure 4: A bar graph showing the count for each health goal

Health Services: Fifty percent (50%) or 16 out of 34 seniors responded to the question *Where are you getting health support?* with “In a medical setting.” Eight (8) seniors get their health support from local organizations, seven get health support in their home and six responded NA. Other individual seniors wrote in the following: Sutter Health, LifeLong, the VA, individual therapy, private doctors.

Barriers / Challenges: The figure below shows responses for the barriers that seniors face in meeting their health goals. “Resources” on the graph means money. Fourteen (14) seniors or 41% did not respond (NA). One senior wrote in “WWIII”.

What barriers/challenges do you have that stop you from meeting your health goals?

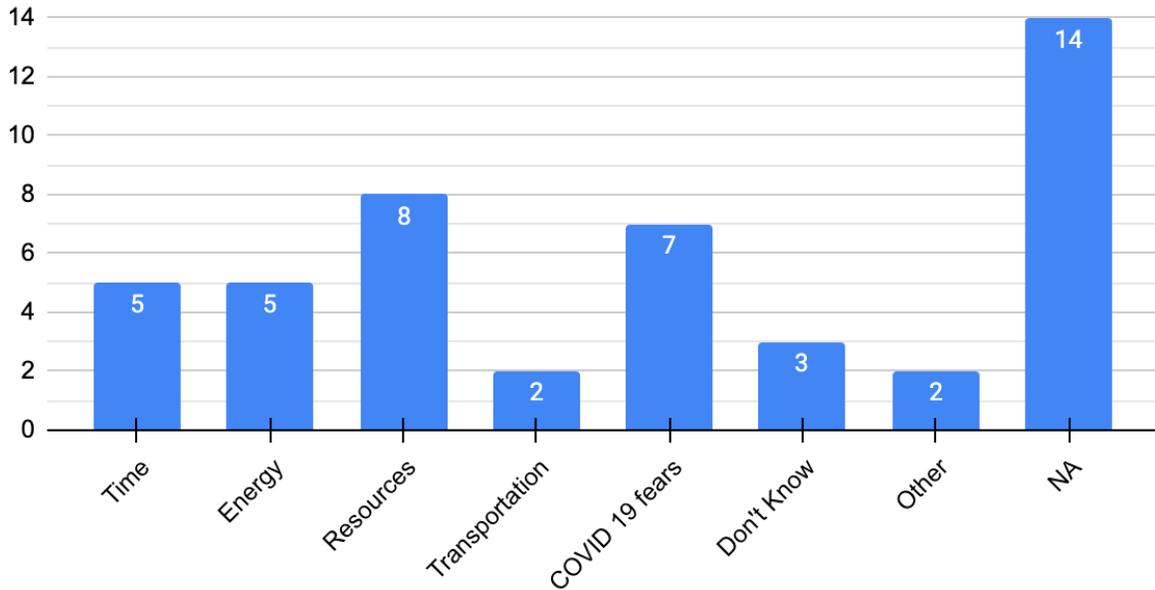


Figure 5: A bar chart showing the count of barriers that seniors face in meeting health goals.

Senior Activities: Seniors participate in similar activities to the activities they do at SMC. Fourteen (14) out of 34 seniors do outdoor activities. Other activities that seniors are likely to participate in are computer and online (11), family visiting (10), dining (10), local attractions (8), social justice (6), faith based (6), and solo games (6). Only three seniors reported as having taken classes. Four (4) seniors said they go to health fairs and do family games.

Health Support / Health Education Interests: Seniors overwhelmingly reported wanting to get support for high blood pressure at (20 out of 34) or 58% of respondents. Many other health conditions also were selected by seniors to learn more about or needing support with, such as dental care (13), eye care (13), pain management (12), diabetes (11), weight management (10), and shortness of breath (10).

Are you interested in learning more and getting support for the conditions below?

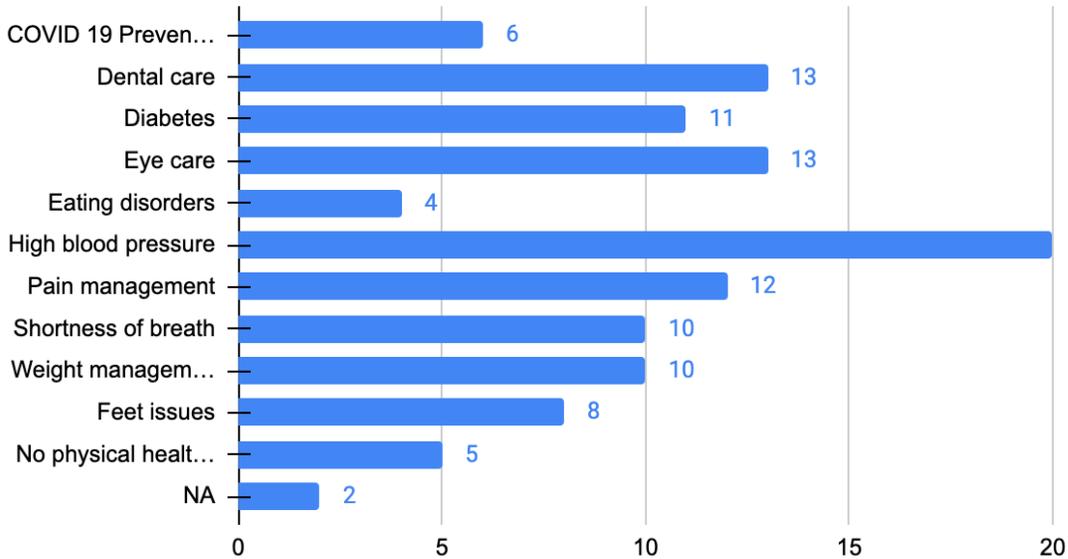


Figure 6: A bar chart displaying horizontal lines for health conditions seniors have interest in.

Event Format Preference: Seniors (59%) reported having a preference for in person events, with 24% of seniors wanting both virtual and in person options and just under 20% of seniors having no preference or leaving this question blank.

Do you prefer in-person or online events?

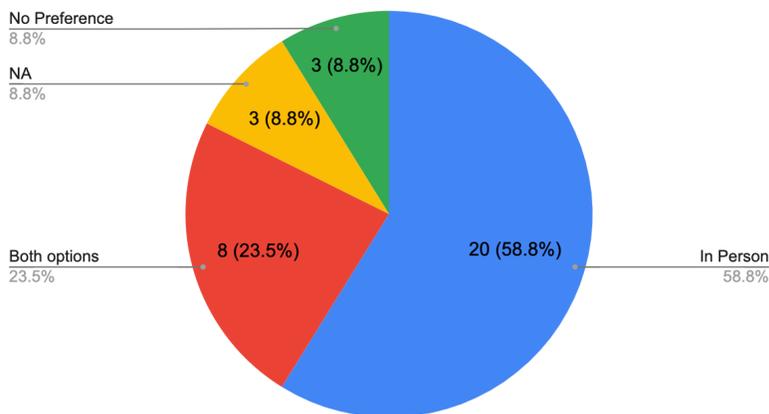


Figure 7: A pie chart showing preference for format of events.

Natural Health Consultation: Over 55% of seniors, or 20 out of 34 respondents, would be interested in a natural, personal health consultation.

Would you be interested in natural, personal health consultation?

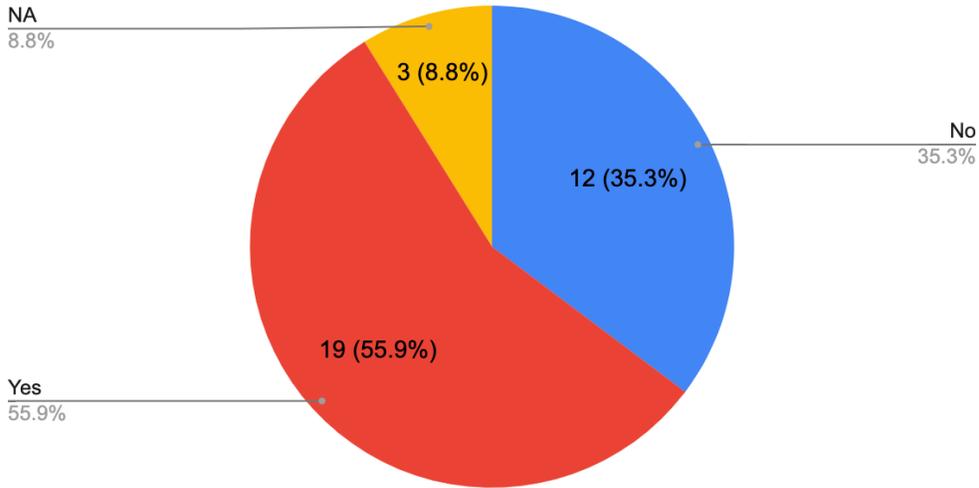


Figure 8: A pie chart displaying Senior responses for their interest in a natural health consultation.

Future Event Planning: Seventeen (17) or 50% of seniors checked that they were interested in helping to plan future St. Mary’s events with other seniors. Two seniors responded “no” and 15 did not respond.

Future Event Interests: Seniors indicated that they were primarily interested in future community events involving food, cooking and nutrition (11), music (9), gardening (8), arts and crafts (8), and movement (7). Though, there were additional interests expressed in other activities seen in figure 9 below. Write-ins included a women’s group and money management.

Please check the activities you would like to help with...

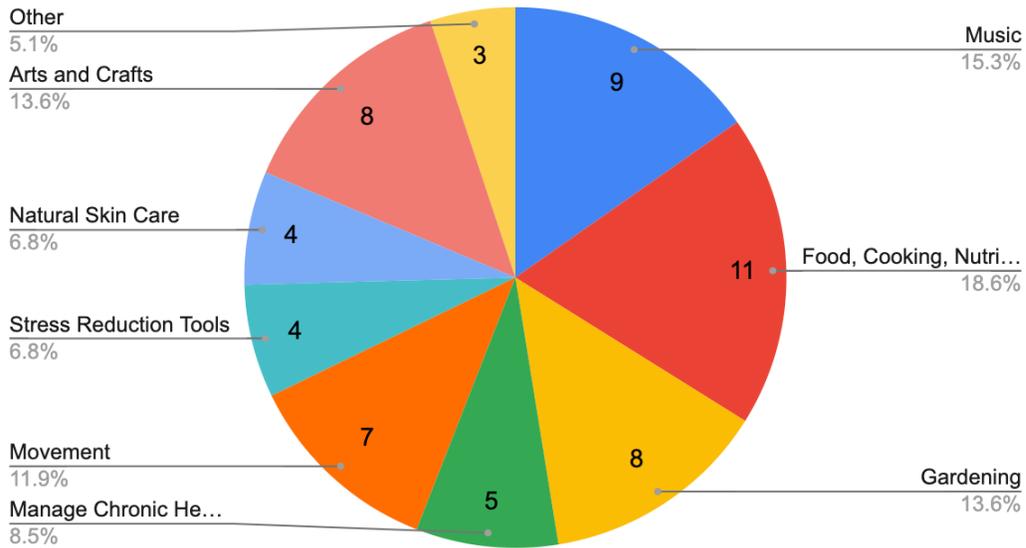


Figure 9: A pie chart displaying counts of seniors interested in future wellness programming.

INTERVIEW RESULTS

Ten (10) stakeholders were available to be interviewed. One interview’s recording was unable to be retrieved due to technical difficulties.

Because of the number of Stakeholders and partners that St. Mary’s works with, not all identified stakeholders were able to be interviewed because of time constraints of the project, stakeholder capacity, and the limitations of this project scope.

Stakeholders: Stakeholders included the following with some choosing to remain anonymous:

Title	Type
SMC Case Manager	Secondary
SMC Executive Director	Secondary, Key
Behavioral Health Specialist for a Community Agency	Secondary
SMC Volunteer, Wellness Coordinator, Representative for WeConnect Program	Secondary
SMC Director of Outreach and Services, Janny Castillo	Secondary, Key
SMC Community Outreach and Services Organizer	Secondary
SMC Seniors for Hope and Justice, Council of Elders	Primary, Key
Chief of Integrated Services, LifeLong	Secondary
Program Supervisor for Calfresh Healthy Living UC Cooperative Extension; Community Educator,	Secondary; Secondary

Table 3: List of stakeholders interviewed and coded.

Summary of themes:

	“Major” Theme (More than 5 Occurrences)	“Minor” Theme (Fewer than 5 occurrences)
Health Issues / Goals	Connectivity / Isolation Mental Health Cardiovascular (Blood Pressure) Immune System Memory Impairment Chronic Health Conditions Health Disparities Respiratory / COVID 19 Mobility Food Insecurity Housing	Cancer Respiratory Issues Arthritis Injury Capacity Substance Use Skin Issues Diabetes STIs Cognitive Impairment
Services that are Working	WeConnect Food Social Food Delivery Services Health Clinics (LifeLong) Movement Case Management Seniors for Hope and Justice	Technology Access Tai Chi for Arthritis
Services Missing	Natural/Alternatives Medicine Transportation Food Delivery Digital Divide Volunteer End of Life Preparations Nutrition Money Management Psycho Social Care / Mental Health	In Home Services Music Cyber Security Meaningful Touch

Table 4: Summary of themes that came up across nine (9) stakeholder interviews.

DISCUSSION

While more data analysis could provide additional insight into how senior health issues, goals, and program wants differ across race, gender, age, and income, the results of the survey and the stakeholder interview offer important insight into the current mental and physical health status of seniors using services and the community center for support. Results also provide SMC and seniors a guidepost for future health programming.

Senior Health: Seniors are facing compounding effects of loneliness, isolation, and stress from the ongoing effects of COVID 19 pandemic. This social isolation and lack of access to in-home health support is particularly striking for seniors without access to technology, who may also be experiencing housing insecurity. This can be seen in Question 8 on mental health indicators, where more than 50% of seniors selected 2 or more related descriptors, such as “worry,” “fear or panic attacks,” and “high stress level.”

One issue related to this question is that we didn’t ask about the frequency of certain experiences. While this survey may be a good indicator of the current mental health statuses of seniors, we cannot make assumptions about whether seniors were experiencing these feelings weekly, monthly, or yearly.

Services Working: For housed seniors with access to Wi-Fi, the We Connect program that was launched during the pandemic provided important connection and community for the Seniors for Hope and Justice. The program offered seniors the opportunity to continue important advocacy work. Additionally, because telehealth services became the norm during the pandemic, the program offered seniors more access to medical care.

Food, which plays a huge role in connection, and mental and physical health, has been an integral part of services that SMC and other NGOs have provided before, during, and after the pandemic. This is particularly important considering the history of food insecurity in West Oakland, and the recent closure of Community Foods Market, a partner with St. Mary’s and sole supermarket in the neighborhood.¹⁰ During the pandemic, many organizations who had to close their doors redirected their grant and government funding into food delivery services, including SMC. The importance of fresh food delivery for connection cannot be overstated, and with the public health response around the pandemic fading, it is important to continue to invest funding into delivery services.

¹⁰ *Why West Oakland’s only full-service grocery store closed after less than 3 years.* (2022, February 28). The Oaklandside. <https://oaklandside.org/2022/02/28/community-foods-west-oakland-closure/>

PROGRAMMING SUGGESTIONS

Recommendations below were considered using the survey data, stakeholder interviews, and community conversations:

1. Senior Led and Planned Community Classes: Future programming at SMC should include and prioritize seniors in the planning process to address social isolation, increase participation, and create a community of support. Additionally, this provides seniors with an opportunity to contribute to their legacy.

2. Programming to Build Community, Relieve Stress: Seniors and stakeholders are interested in programming around (1) food, cooking, and nutrition, (2) movement, music, exercise (3) alternative health practices such as chiropractic, acupuncture and related therapies.

Many seniors come from cultures and traditions with healing therapies not offered by Western practices, so including programming that is culturally relevant for SMC members should be prioritized.

Classes / events should be offered in hybrid format, to provide the most accessible programming, whenever possible. Other ideas are included below:

- ❖ Chronic health condition support
- ❖ Post COVID-19 and Long COVID-19 care
- ❖ Cyber security
- ❖ End of life and/or money management
- ❖ Arts and crafts

The connection between being in community through song, dance, art and food and activating the parasympathetic nervous system, which controls our “rest and digest” bodily responses is well documented. Calming the nervous system through these types of activities allows the body to release stress and process trauma in an environment that is safe and connected to the community, furthering feelings of safety.

LIMITATIONS

While more conclusions could be drawn from the two sources of data, the project’s limitations should be considered. The first limitation is the positionality of the researcher and stakeholders – unless you are living what the seniors are living, it is difficult to speak on the health of homeless-experienced SMC seniors (even if you were homeless somewhere else or in the past).

The small sample size of the survey (34 out of 200/300 SMC members) is another limitation, which may not represent the needs of unhoused members. Additionally, human error with transferring data from a paper survey, cleaning and analyzing data in a limited time frame with limited resources should also be considered.

Some questions in the survey may have been difficult for seniors to understand and respond to, and other questions left out important health conditions including arthritis, COVID 19, and substance use.

NEXT STEPS / ACTION

Interviews and surveys brought forward a multitude of ideas and important information on what seniors need to be healthy that should continue to be discussed in the community, specifically with seniors.

With the number of interests seniors have, the breadth of health goals, and missing services, SMC should consider using the following questions when choosing programming to invest resources into and prioritize,:

- ❖ *Community Support: Is there support from community members? How likely are Seniors to participate in this?*
- ❖ *Effectiveness: Is this programming effective? Is this program likely to improve health outcomes for SMC members?*
- ❖ *Equity: Is this program equitable and accessible? Meaning does this intervention improve health outcomes for the multiply-marginalized members at SMC?*

APPENDIX 1
Senior Wellness Survey

Seniors speak out about their health needs!
What does ‘healthy’ mean to you?

St. Mary’s Center is partnering with a West Oakland health worker and UC Berkeley researcher in a survey project to better (1) understand and (2) support the health goals and needs of our Senior community members.

Seniors, you have valuable, personal and community experience that we would like to document in this survey to help us understand your health issues and find solutions that work.

Your feedback will also help plan future health workshops. If that is something you are interested in, please let us know in the last survey question.

Survey answers will be anonymous. Thank you so much for taking the time to fill it out! If you have any questions, please feel free to ask a St. Mary’s Center staff member or Senior Advocate. Thank you! We really look forward to your participation!

Goals of Survey

1. Document health issues and identify gaps in services for Seniors in West Oakland
2. Provide new health strategies that Seniors can incorporate into their lives
3. Inform stakeholders and wider community members of the health needs of Seniors

1. What is your age? (Answer) _____

2. What is your gender identity?

- Male
- Female
- Nonbinary / Other

Prefer not to answer

3. What is your race/ethnicity? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Latinx or Latin American |
| <input type="checkbox"/> Asian, Native Hawaiian, or Pacific Islander | <input type="checkbox"/> Indigenous American (Native to Americas or Alaska) |
| <input type="checkbox"/> White | <input type="checkbox"/> Prefer not to respond |
| | <input type="checkbox"/> Other: _____ |

4. What part of Oakland do you live in? If not in Oakland, what city do you live in?

(Answer)_____

5. Do you have a physical disability and/or mental health challenge? (Check all that apply)

- Yes, I have a physical disability
- Yes, I have a mental health challenge
- No, I do not have any disabilities
- Prefer not to respond

6. How long have you been receiving services from SMC?

(Answer)_____

7. What services do you receive and/or what activities do you participate in at SMC? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Celebration and cultural events |
| <input type="checkbox"/> Homeless services | <input type="checkbox"/> Online activities like Tai Chi for Arthritis |
| <input type="checkbox"/> Grocery and food support, onsite meals | <input type="checkbox"/> Hope and Justice activities |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Council of Elders |
| <input type="checkbox"/> Sunday dinner | <input type="checkbox"/> Friendly visiting |
| <input type="checkbox"/> We Connect tech support | <input type="checkbox"/> Other: _____ |

8. How are these services/activities beneficial to you? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I am eating better. | <input type="checkbox"/> I am learning new computer skills. |
| <input type="checkbox"/> I have a place to socialize. | <input type="checkbox"/> I am adopting new life skills. |
| <input type="checkbox"/> They help me with financial challenges. | <input type="checkbox"/> They help me meet my health goals. |

Other: _____

Other: _____

9. Do you experience any of the following? (Check all that apply)

- Fear or Panic Attacks
- Anxiety
- Loneliness
- Worry
- Depression
- High Stress Level

- Anger
- Lack of energy
- Memory issues
- Suicidal thoughts
- Irritability

10. What are your health goals? (Check all that apply)

- Lower cholesterol
- Lower blood pressure
- Manage a chronic health condition
- Improve nutrition
- Manage pain

- Improve relationships
- Increase exercise
- Improve mental health
- Other (Answer in box)

--

11. Where are you getting your health services? (Check all that apply)

- I am seeking care in a medical setting
- I am getting in home health support
- I am getting health support from local organizations

- Other: _____
- Other: _____

12. What barriers/challenges do you have that stop you from meeting your health goals? (Check all that apply)

- I don't have the time / too busy
- I don't have the energy
- I don't have the resources / money

- I don't know where to go
- COVID 19 caution
- Other: _____

Other: _____

13. What activities are you involved in outside of SMC? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Outdoor activities | <input type="checkbox"/> Family visiting |
| <input type="checkbox"/> Senior building activities | <input type="checkbox"/> Dining with friends and families |
| <input type="checkbox"/> Classes | <input type="checkbox"/> Local attractions like museums, parks |
| <input type="checkbox"/> Faith based | <input type="checkbox"/> Social justice activities |
| <input type="checkbox"/> Solo games (solitaire, puzzling) | <input type="checkbox"/> Health fairs |
| <input type="checkbox"/> Family games (dominoes, cards, etc) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computer and online activities | <input type="checkbox"/> Other: _____ |

14. Are you interested in learning more and getting support for the conditions below? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Feet issues |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> COPD + Lung Conditions | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> COVID-19 prevention | <input type="checkbox"/> Weight management |
| <input type="checkbox"/> Memory Impairment, Dementia, Alzheimers | <input type="checkbox"/> Lightheadedness |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> I do not have physical health concerns |
| <input type="checkbox"/> Eye care | <input type="checkbox"/> Other: _____ |

15. Do you prefer in-person or online events?

- | | |
|--|--|
| <input type="checkbox"/> In person | <input type="checkbox"/> I don't have any preference |
| <input type="checkbox"/> I would like to have both options | <input type="checkbox"/> Online |

16. Would you be interested in natural, personal health consultation?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Senior Leaders

17. Would you be interested in helping to plan SMC events with other Seniors?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please check the activities you would like to help with:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Music |
| <input type="checkbox"/> Food, Cooking and Nutrition | <input type="checkbox"/> Gardening |

- Movement/Exercise
- Stress Reduction Tools
- Natural Skin Care

- Managing chronic health conditions
- Other: _____

If you would like to help plan events please write your name and contact information in the box below. We will detach this sheet from the rest of your responses to respect confidentiality.

Name: _____ Phone: _____

<input type="checkbox"/> Check this box if you would like to be contacted through a SMC staff member

Thank you for your time and sharing your experience.

APPENDIX 2

“Stakeholder” or Provider Interview Guide: Perspectives on Health Needs of Seniors Community Members of SMC

Estimated Time: 30 min

Thank you for agreeing to talk with me today. I’m a Berkeley grad student, massage therapist, health educator and West Oakland (Hoover Foster) community member interested in working towards community wellness. As a requirement for my program I have to do a policy research project. I’m working with SMC and some natural health practitioners in Oakland trying to understand the current health needs of West Oakland Seniors at risk for or experiencing homelessness. My goal in speaking with you is to gather perspective about the health needs of Seniors and health services that Seniors are currently seeking and have access to in the community.

I would like to ask permission to record our interview, so I can focus on listening instead of taking notes, and we can have an accurate transcription. Also, please let me know if at any point you would like me to turn off the tape recorder. I want to thank you again for your participation and remind you that this interview is completely voluntary.

Do I have permission to use your name and organization in my report? If not, would you be comfortable with a different identifier? I.e. Description of Job, Community Member, Caseworker, etc.?

Before we start, do you have any questions? May I have permission to start the recording?

Questions

1. *Let’s start by stating your name and organization name.*

(If they wish to be anonymous skip this question)

2. *First, could you please describe what you do?*
3. *(If they work with Seniors) How long have you been engaged with this Senior community? / How long have you been a part of SMC?*
4. *How often do you interact with these Seniors?*

5. *What are the most common health issues you see in the Senior population?*

Probes: What do you think are the causes of those issues?

6. *What services are working and what services are missing?*

7. *Do you see differences in health issues across populations of Seniors?*

PROBE:How do you see these differences, health disparities showing up in your work day-to-day? Secondly, which health disparities that impact Seniors in West Oakland would be most beneficial to address in the coming year?

8. *Anything else you would like to share to help us understand the challenges Seniors are facing?*

9. *Lastly, is there anyone else you know of that works with Seniors that would be willing and able to speak with me?*