Optimizing Collective Aging Impact: Innovations in University and Community Partnerships
OPTIMIZING COLLECTIVE IMPACT:
INNOVATIONS IN UNIVERSITY
AND COMMUNITY PARTNERSHIPS

EXECUTIVE SUMMARY

Long Beach State University is a diverse, student-centered, globally-engaged public university committed to providing highly-valued undergraduate and graduate educational opportunities through superior teaching, research, creative activity and service for the people of California and the world. The College of Health and Human Services (CHHS) prepares the next generation of workforce in a variety of clinical health professions, multiple areas within the business and government sectors, and in health, social, and safety services. With being home to nearly 9,300 student majors studying in over 70 diverse degree and certificate programs offered within 11 distinct departments and schools, CHHS is among the largest of the six academic colleges comprising the University.

The CHHS faculty professional backgrounds, disciplinary preparation, expertise, and interests span widely. They were recruited as faculty from among the best graduates of the world’s most prestigious universities and additionally, many have a wealth of professional experience. Each faculty member has an impressive network of local, regional, national and/or international scholars, researchers and practitioners. Hence, CHHS Faculty are an incredible asset to the University and in most instances, to a select segment of the community in their respective roles.

With over 1760 community partner affiliation agreements, CHHS faculty and students have a substantial and systemic footprint in our community. These agreements are initiated at the individual faculty and program levels within schools and departments and therefore, span many areas of focus and functions and are largely aimed at providing students with an experiential and transformational education. In many instances, different faculty and programs have affiliation with the same community partner, yet multi-disciplinary student experiences and sustained focused research and scholarly activities have not been realized. Additionally, the direction of the California State University system and our University campus, signals a need to foster interdisciplinary education and research and the expansion of new and existing community partnerships.

Hence, during the 2016-2017 academic year, CHHS began exploring ways in which faculty may have interest in working more closely together with our community partners to better optimize talent, time, and resources and to realize greater impact on our students and the communities we serve. We began this work by conceptualizing an event in which our primary purpose would be to provide the very large and very diverse CHHS faculty an opportunity to convene and intellectually engage with one another and with our community partners to have a common experience – all as prelude to a strategic planning.
The intellectual engagement with one another and with our community partners took on the form of a roundtable discussion event – Optimizing Collective Impact: Innovations in University and Community Partnerships. To ensure the event was well-planned and resulted in meaningful outcomes for everyone, we assembled a planning team comprised of leaders from the College and from our community. Members of this planning team included:

**COMMUNITY**

- John Bishop, CEO, Memorial Care Health System, Long Beach Memorial, Miller Children’s & Women’s Hospital Long Beach, Community Hospital Long Beach
- Terry Geiling, President and CEO, American Gold Star Manor
- Joe Prevratil, President and CEO, Archstone Foundation
- Mark Taylor, Chief of Staff for the Mayor, City of Long Beach
- Chris Wing, President and CEO, SCAN Health Plan

**UNIVERSITY**

- Andrea Taylor, Vice President of University Relations and Development
- Brenda Vogel, Director, School of Criminology, Criminal Justice, and Emergency Management
- Lucy Huckabay, Director, School of Nursing
- Jennifer Moore, Director of Development, College of Health and Human Services
- Sharon Cruz, Executive Assistant to the Dean
- Monica A. F. Lounsbery, Dean, College of Health and Human Services

In selecting topics for the roundtable discussion, we aimed to identify areas that (a) aligned with the scholarly interests of multiple faculty from multiple disciplinary areas, (b) were complex issues and conducive to examination from multiple disciplinary lenses, and (c) were aligned with community priorities. Hence, we first surveyed CHHS faculty about their research interests and second, we held multiple individual conversations with many community leaders. The four areas of homelessness, health disparity, aging, and clinical care and prevention emerged. The planning team met regularly throughout the academic year to plan the roundtable event. Drs. Tara Gruenewald from Gerontology, Laura D’Anna from Health Sciences, Rashida Crutchfield from the School of Social Work, and Natalie Cheffer from the School of Nursing worked individually and collectively to develop the roundtable facilitation questions outlined below:

1. Introduce yourself. Share why you chose this roundtable discussion topic.
2. What do you believe is the most pressing problem or unmet need that we can work on together?
3. How can collaborative efforts be fostered and sustained?
4. What is the most critical first step?
CHHS sent email invitations to all full-time faculty and community partner contacts and 185 individuals RSVP’d for the event. A total of 24 tables seating 8-10 participants were planned (6 tables in homelessness, 6 tables in health disparities, 7 tables in aging, and 5 tables in clinical care and prevention). Twenty-five CHHS faculty volunteered to facilitate the roundtable discussion and take detailed notes at an assigned table. All faculty facilitators attended a brief training before the roundtable discussion began. Ten CHHS students volunteered to greet participants and assist faculty facilitators.

The event took place at the Pointe in the Walter Pyramid on the campus of Long Beach State from 8-10:30 a.m. on April 21, 2017. A total of 172 people (95 CHHS faculty and 77 community partners) participated in this engaging event. All of the notes from each roundtable discussion were collated and given to individual CHHS faculty who were commissioned to review and analyze all table discussion records and write a peer-reviewed brief to provide an overview of the results of each discussion.

As a next step, CHHS will reconvene the planning team to debrief on the event, review the discussion results, and to recommend members from both the university and the community to serve on a separate planning task force for each roundtable topic. These planning task forces will determine next steps based on the discussion results.

Monica A.F. Lounsbery, Ph.D.
Dean, College of Health & Human Services
We are currently in the middle of the longevity revolution,¹ the most significant demographic shift in human history. Over the last century, humans gained approximately 30 years in average life expectancy, increasing from 49 years of age in the early 1900s to 79 years in the early 2000s. This same gain in life expectancy previously required 5,000 years of human evolution to achieve.¹ A consequence of our significant lengthening of life is a rapidly growing number of older individuals in societies worldwide. In the United States alone, the number of individuals age 65 and over is expected to double over the 30-year period from 2000 to 2030 (see Figure 1). Our increasing length of life has also contributed to a profound alteration in the age structure of societies worldwide, such that older individuals now compose a significant, and increasing, proportion of our population. By 2050, the United Nations² estimates that the number of older adults will surpass the number of children in the world for the first time in history.
BACKGROUND

The rapid “aging” of our population touches almost every sector of science and society essential to successful human and community functioning, including healthcare, public health, behavioral health, recreation and leisure, finance, government and policy, public planning, engineering, media and communications, among others. Each of these sectors faces considerable challenges in adapting to the rapid growth in the size of the older adult population and the increasing length of human life. This includes addressing the needs and desires of individuals in phases of life that previously did not exist or were only experienced by a minority of the population. For example, Americans reaching the age of 65 today can expect to live almost another 20 years, on average, representing a significant proportion of the life span supported by individual and societal efforts and resources. Although these demographic shifts are often characterized as daunting, an alternative perspective is that each of these sectors affected by the aging of our population are being presented with a wealth of opportunities for workforce development and scientific and applied innovation.

AGING IN LONG BEACH

The growth in the number and proportion of older adults in the population occurring nationally and internationally is also observed in the local Long Beach community. Demographic, socioeconomic, and cultural characteristics of the city’s aging population similarly affect the needs of residents and the provision of services. Although newer cohorts of elders are more educated and resource-rich than their predecessors, a considerable number of individuals enter the older adult phase of the lifespan with insufficient material and other resources. These challenges are projected to increase. The figure below, adapted from data provided in the Long Beach Department of Health and Human Services 2016 Older Adult Strategic Plan Update, illustrates the predicted increase in the percentage of older adults who will live in poverty in Long Beach over the next ten years. Less than half have retirement income beyond Social Security to draw upon. Approximately a quarter of elder residents have less than a high school education. Almost half (46%) of the current 43,000 city elders are Asian, Black or African-American, or of Hispanic or Latino origin, which is more than double the proportion of these racial/ethnic groups in the U.S. population of adults age 65 and over. The proportion of ethnic minorities in the aged population is also projected to continue to increase in the coming decades. As of the 2010 Census, 35% of older city residents speak a language other than English and 24% lacked English-language proficiency.

Our growing aged population will have significant social and health service needs. Currently, half of Long Beach elders live alone. This is a much greater percentage than the 28% of adults age 65 and over that live alone in the U.S. as a whole, although on par with...
the national proportion of older women living alone. Safety is a paramount concern, both in the form of abuse, crime victimization, and injury. The city reports significant increases in referrals for physical and sexual abuse and neglect of older adults. Approximately 14,000 older adults in Long Beach are classified as being at significant risk for a fall and the hospitalization rates for falls in Long Beach are 12.3% higher than in LA County as a whole. Disability rates are high with almost 40% of older adults in the city having one or more disabilities. These characteristics of the Long Beach aging population suggest a strong need for all community sectors to address the growing environmental, technological, and sociological needs of the older adult population.

LONG BEACH AGING SERVICES

Long Beach has a long history of development and support of community non-profit and for-profit organizations that serve the needs of older adults. These include healthcare and Medicare Advantage organizations that specialize in the care or insurance coverage of older adults in the local area, including SCAN Health Plan, Molina, CareMore, Memorial Care, and St. Mary Medical Center. Long Beach has over a dozen assisted living and/or memory care facilities, as well as senior-focused independent living communities, such as the Long Beach Senior Arts Colony and Leisure World in neighboring Seal Beach. A number of non-profit organizations, including Meals on Wheels, Jewish Family Services, and Heart of Ida, also provide nutrition, psychosocial, and physical health support services, as do organizations in neighboring cities and in Los Angeles County. The LBSU Osher Lifelong Learning Institute and the LifeFit Center provide educational, recreational, and fitness services to Long Beach elders. The Archstone Foundation has provided decades of support for aging-focused science and practice in Southern California and beyond.

The city supports six senior centers administered through the Department of Parks and Recreation that provide a multitude of services to elder residents. The Long Beach Department of Health and Human Services organizes services for elder residents in the city, including the Senior Links home visitation program, falls assessment and prevention education, and elder-focused housing services. The city has provided critical information gathering and planning support through these two departments, including the conduct of multiple needs assessments of elder residents and the development of two strategic plans for older adults in the city of Long Beach. These departments provide ongoing information dissemination support and advocacy for enhancement of older adult services, including the newly established city Office of Aging and a physical and virtual city resource guide.
Both the university and community are engaged in a wide array of efforts to support the health and well-being of the aging population in the greater Long Beach area and its surrounding communities. The aging discussion group was composed of 54 professionals across 7 discussion subgroups, including 22 faculty members across multiple CHHS departments and 32 professionals from community organizations and businesses that serve the aging population in the city. Roundtable participants were tasked with identifying the most pressing problems or unmet needs with regards to the aging population in the city, how university-community collaborations could address these needs and mechanisms for supporting and sustaining such collaborations, and the next steps that should be taken to support innovation in university-community partnerships.
A wide array of needs was identified in roundtable discussions. Generally, these needs can be clustered into four areas: (1) support to age in place, (2) knowledge of and access to services, (3) social and community engagement, and (4) economic challenges.

**Support to Age in Place.** All of the roundtable discussions identified the need to better support aging in place, or the ability to age independent of institutionalization in the community. Important conditions to address included:

- Access to affordable housing in the community
- Access to, or modification support for, housing that is properly designed to support safe and independent functioning
- Access to affordable utilities (e.g., electricity, water, sanitation)
- Mechanisms for monitoring and identification of elder residents in need of support and intervention
- Additional mobility and transportation services to support independent functioning, access to services, and social engagement
- The need for programs and services to combat social isolation and depression among elder community residents
- Services and supports for caregivers of all ages

Surveys of older adults routinely find that elders prefer to age in their homes and communities as compared to moving to new communities which may be specifically designed for older adults or into care-focused institutions. Many of the conditions identified by roundtable participants as central to supporting aging in place in Long Beach have been highlighted as key barriers to overcome in achieving this goal in numerous reports and studies.
Knowledge of and Access to Services. Multiple groups identified access to social and health services as an important challenge. Noted barriers included:

- A lack of services or insufficient availability of services, particularly in the areas of mobility, transportation, and nutrition assistance
- A lack of knowledge of available services by elder residents and their caregivers
- Shortcomings in the location and delivery of services, such as service offerings at locations that are difficult for seniors to access and a failure to bring services to locations where seniors are
- A lack of coordination among service providers in the city

Social and Community Engagement. All discussion groups emphasized the need for programs that promote social and community engagement. This need was intertwined with the need to combat potential social isolation and depression among older adults. Promising forms of engagement and mechanisms to increase engagement included:

- Enhanced volunteer opportunities for older adults, including opportunities that might benefit children and young adults
- Encouragement of volunteer opportunities for younger adults that would involve contact with, or service to, older individuals
- Multigenerational and intergenerational programming and service delivery (e.g., multigenerational social programming, intergenerational daycare)
- Enhanced training in, and accessibility of, the use of technology for social engagement and communication

Decades of research have indicated that social isolation, lack of social engagement, and poor quality social connections are as damaging to health as most of the biobehavioral risk factors (e.g., smoking, exercise, diet) that absorb the bulk of our public health dollars. Volunteerism and intergenerational engagement are promising forms of social engagement for the promotion of health and well-being. Roundtable participants also lauded these forms of engagement for their potential to decrease ageism and be intergenerational win-wins.

Economic Challenges. Acknowledgement of economic barriers to: (1) older adults’ ability to thrive and function independently, (2) access and delivery of services and programs, and (3) fostering and sustaining innovative university and community partnerships, permeated all roundtable discussions. These challenges were viewed as formidable given the current constrained resources of elder residents, community organizations, the city, and the university.
UNIVERSITY-COMMUNITY COLLABORATIONS

Although the needs and challenges identified in roundtable discussions were numerous and formidable in scope, this was matched with enthusiasm amongst roundtable participants for innovations in university and community collaborations to achieve significant progress in meeting the demands of our aging society. Solutions for next steps in fostering these partnerships focused on three activities:

• A centralized, publicly-available, and easily accessible (e.g., web-based) database to foster knowledge of, and collaborations among, appropriate stakeholders.
• A website devoted to aging-focused issues, evidence-based information, community services, and university-community partnerships.
• Virtual meetings that facilitated continued information exchange and dialogue for stakeholders constrained by geography and time.
• The convening of periodic face-to-face forums.

It was noted that success in innovation of partnerships would require stakeholders on both sides to step outside their disciplinary and practice silos. Top-down support from the upper levels of university and city administration were also indicated as necessary for success.

Educational Opportunities. The university was characterized as an important source of knowledge and expertise that could be utilized to enhance service and resource delivery in the community. Key suggested mechanisms of university support included:

• University efforts to identify the knowledge and skills needed to support community services and translation of that information into educational programs aimed at training the current and future gerontological workforce.
• Direct support of aging-focused community services through the provision of interns, volunteers, and students engaged in service learning activities to community organizations.
• The conduct of research in collaboration with community stakeholders, including needs assessments of older adult residents and aging service agencies, evaluation of aging-focused community programs, and continued contributions to basic science that inform knowledge and practice in the fields of gerontology, geriatrics, the health sciences, and relevant disciplines.
**Strategic Planning.** The development of a strategic plan for university-community collaboration was also identified as a critical step in the growth and sustainability of partnerships. At a minimum, it was suggested that this plan outline:

- Key needs, resources, and priorities with regards to support of the older adult population of Long Beach.
- Key needs, resources, and priorities with regards to university and community service provider stakeholders.
- Potential mechanisms of collaboration between the university and the city and community.
- Collaboration goals and progress benchmarks.

Roundtable participants emphasized the importance of acquiring resources to support each of the next steps outlined above, including support for dedicated staff. The need for formal affiliation agreements was also viewed as essential to successful innovation of university-community partnerships.

## MOVING FORWARD

The time is ripe to harvest the efforts of the city, community, and university to identify and support best practices and scientific research to promote the health and well-being of the aging population in Long Beach. Notably absent from this overview of our roundtable discussion is the passionate commitment expressed by roundtable participants to achieve true progress in meeting the needs and desires of city elders through university-community collaborations. A key next step will be the channeling of this passion into concrete actions to promote partnerships between the city, community, and university to support our common goals.


A Profile of Older Americans: 2014 Administration on Aging Administration for Community Living. U.S. Department of Health and Human Services


Colopy, K. & Knight, M.. Older Adult Strategic Plan Update, 2016 & 2016 Updated Strategic Plan for Older Adults. Long Beach Department of Health and Human Services and Long Beach Parks, Recreation, and Marine Services.

The College of Health & Human Services (CHHS), California State University, Long Beach. http://web.csulb.edu/colleges/chhs/

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