

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Patrick Ahrens, Chair

SB 971 (Choi) – As Amended April 9, 2026

**SENATE VOTE:** 38-0

**SUBJECT:** Healthy Aging Community Partnerships Program (Program)

**SUMMARY:** Provides that a local health department, area agency on aging, local school district, or other appropriate county department, may establish community-based programs for older adults designed to promote healthy aging, social engagement, and independent living in collaboration with relevant local entities, including school districts, libraries, faith institutions, and community organizations. Specifically, **this bill:**

- 1) Provides that if a local entity establishes a community-based program, the program activities may include, but are not limited to, technology assistance, physical activity, music or arts programming, cultural programming, language learning opportunities, shared meals, and other community-based enrichment activities that support healthy aging and social connection.
- 2) Defines “older adults” as persons 55 years of age or older for the purposes of the program.
- 3) Provides that these programs are not mandatory for any local entity or department to implement.
- 4) Provides that implementation is subject to the availability of local resources and partnerships.

**EXISTING LAW:**

- 1) Establishes, in federal law, the Older Americans Act (OAA), which promotes the well-being of Americans 60 years old and above through services and programs designed to meet their needs. (*42 United States Code (USC.) § 3001, et seq.*)
- 2) Establishes the Mello-Granlund Older Californians Act (OCA), which establishes the California Department of Aging (CDA), and sets forth its duties and powers, including, among other things, entering into a contract for the development of information and materials to educate Californians on the concept of “aging in place.” (*WIC § 9100 et seq.*)
- 3) Requires the Secretary of California Health and Human Services (CalHHS), in coordination with the Director of CDA, to lead the development and implementation of the Master Plan for Aging (MPA) established pursuant to Executive Order N-14-19. (*WIC § 9850*)
- 4) Requires each county board of supervisors to appoint a local health officer (LHO). Requires LHOs to enforce and observe orders of the board pertaining to public health and sanitary matters, including regulations prescribed by the California Department of Public Health (CDPH), and statutes related to public health. (*HSC §101000 and 101030*)

- 5) Defines “area agency on aging” (AAA) as a private nonprofit or public agency designated by CDA that works for the interests of older Californians within a planning and service area, and engages in community planning, coordination, and program development, and, through contractual arrangements, provides a broad array of social and nutritional services. (WIC §9006)
- 6) Recognizes AAAs as the local units on aging in California that are supported from an array of sources, including federal funding largely through the Older Americans Act, state and local government assistance, the private sector, and individual contributions for services. (WIC §9400)
- 7) Establishes an older adult wellness program within CDA. Requires the program to have all the following functions:
  - a. Focus on educating California’s older adults, as well as caregivers, families, and health care professions, about the importance of living a healthy lifestyle, including, but not limited to, nutrition, exercise, injury prevention, and mental well-being;
  - b. Provide information on, and help California’s culturally and ethnically diverse older adults and adults with functional impairments;
  - c. Provide educational information on the resources and services available for older adults from both private and public entities in communities throughout the state and the AAA;
  - d. Promote education and training for professionals and caregivers who work directly with older adults to maximize wellness;
  - e. Generate a cultural shift to a more positive vision and expectation with respect to how aging is viewed by all Californians;
  - f. Transform perceptions of aging into a more hopeful, appreciative, and aspiring mode of being;
  - g. Create a new culture that cherishes each of us;
  - h. Advance the recognition of the unique status, experience, capacity, and role of older adults to become our models for guidance and inspiration;
  - i. Replace the image of older adults who are “self-interested” with an image of older adults who are actively engaged and involved in their communities;
  - j. Promote and mobilize older adults and adults with disabilities into emerging roles for the public benefit;
  - k. Challenge the prevailing culture, to the extent that it discounts the value of age; and,
  - l. Rid our culture of the negative attitudes towards adults who are aging and adults with disabilities. (WIC §9660-9661)

**FISCAL EFFECT:** No fiscal analysis has been done at this time.

**COMMENTS:**

**According to the Author:** “California’s older adult population is growing rapidly, yet no designated public system is responsible for coordinating education and prevention services tailored to their real-life needs. SB 971 addresses this gap by establishing a statutory framework

that authorizes counties to deliver older adult education. By partnering with community-based organizations, this approach aims to improve health outcomes, promote independence, and enhance quality of life for Californians age 55 and over.”

***Aging in California:*** A recent compiled data report by the Public Policy Institute of California titled “California’s Aging Population” states:

By 2040, California’s older adult population (aged 65 and over) is projected to increase by a remarkable 59 percent, from 5.7 million to just over 9 million. This growth stands in stark contrast to the projected changes in other age groups. The working-age population (20–64 years old) is expected to increase only 3 percent, while the population under age 20 is anticipated to decrease by 23 percent. California is projected to have 3.4 million more older adults aged 65 and over, and 1.7 million fewer residents less than 65 years old.

This disproportionate growth in the older population will lead to a significant shift in the state’s age structure. Almost one-quarter of Californians (22%) will be age 65 or older by 2040, a substantial increase from 14 percent in 2020. The old-age dependency ratio (the number of older adults per 100 adults of working ages) is projected to grow from 24 to 38. In other words, there will be 38 older adults for every 100 working adults in the state.

The most dramatic growth is projected among the oldest age groups—or the oldest old. The population aged 80 and over is expected to more than double, increasing by nearly 1.8 million in 2040. This rapid growth in the oldest age groups, driven by both the aging of the baby boomers and increases in longevity, is especially significant because of this group’s relatively high personal care and health care needs.<sup>1</sup>

Life expectancy continues to rise,<sup>2</sup> however during 2019-2021 overall life expectancy for Californians fell from 81.4 years to 78.4 years. For Hispanics, life expectancy declined by nearly 6 years, a difference three times greater than their white counterparts. And the difference between those in California’s highest and lowest income brackets increased by three-and-a-half years to greater than 15 years (11.5 years before the pandemic to more than 15 years in 2021).<sup>3</sup>

It is important to note that the COVID-19 pandemic caused a brief (and traumatic) deviation from the long-term pattern of increases in life expectancy. The latest estimates suggest that life expectancy has resumed its pre-pandemic trend of gradually increasing longevity. The Department of Finance projects moderate increases in life expectancies through 2060.<sup>4</sup>

***Area Agencies on Aging:*** CDA administers programs serving older adults through contracts with local agencies in 33 locations across the state which provide a wide array of services on a community level to seniors and adults with disabilities. AAAs are designated to address the needs and concerns of older adults at the regional and local level. Each county is required to

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<sup>1</sup> <https://www.ppic.org/publication/californias-aging-population/>

<sup>2</sup> <https://longevity.stanford.edu/the-new-map-of-life-initiative/>

<sup>3</sup> <https://newsroom.ucla.edu/releases/covid-life-expectancy-drops-by-race-and-income>

<sup>4</sup> [www.cdc.gov/nchs/data/databriefs/db492.pdf](http://www.cdc.gov/nchs/data/databriefs/db492.pdf)

have an AAA to ensure all communities have access to local aging programs and provide information and services for older adults. While California is home to 58 counties, not all counties have a stand-alone AAA. Some AAAs represent multiple counties to serve the region.

**Master Plan for Aging:** In January of 2021, the Governor released his Master Plan for Aging (MPA). The MPA prioritizes the health and well-being of older Californians and the need for policies that promote healthy aging. The MPA serves as a blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California's leadership in aging, disability, and equity.

The work plan laid out in the MPA mid-way through its ten year timeline continues to highlight the urgent needs facing California's older adults, people with disabilities, their families, caregivers, advocates and the workforce supporting these populations..

The MPA for 2025-26 outlines five bold goals and currently seeks to advance 81 initiatives to build a California for All Ages by 2030. Each initiative features a designated area of focus; to deliver, to analyze and to communicate. It also includes a Data Dashboard on Aging to measure progress.<sup>5</sup>

- Goal One: Housing for All Ages and Stages
- Goal Two: Health Reimagined
- Goal Three: Inclusion and Equity, Not Isolation
- Goal Four: Caregiving That Works
- Goal Five: Affording Aging

**Older Adult Education:** Older adult education is noncredit courses offered to promote lifelong learning. Previously, older adult education programs were overseen by local school districts, with funding provided to those school districts to provide services to older adults. After the Great Recession of 2008, older adult education was consolidated into the community college system. This consolidation effectively eliminated older adult specific education as a distinct public service. California's older adult education is now done primarily through the California Adult Education Program which offers free, noncredit, flexible courses on topics such as digital literacy and health.

### Arguments in Support

The Alzheimer's Association in their letter of support, states "This legislation enhances care and support in the community for older adults generally, which can have a specific benefit for people living with Alzheimer's disease or another dementia. Brain health and nutrition can be closely associated. Unfortunately, someone living with cognitive impairment may have difficulty preparing and obtaining meals for a variety of reasons. This program will provide more resources for older adults to access meals, which is needed now more than ever.

The instructional programs include topics that can be complicated for people living with cognitive impairment: these programs could help this vulnerable population adapt to remote caregiving with the use of new technology, navigate care, prevent falls that can be devastating

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<sup>5</sup> <https://mpa.aging.ca.gov/DashBoard/>

for health outcomes, prepare for the emergency evacuations that cause people living with dementia to wander and support their emotional wellbeing to avoid their health deteriorating from social isolation.”

### **Arguments in Opposition**

The Association of Community and Continuing Education cites in their letter of opposition, “Nothing in SB 971 requires statutory change. Community colleges, local public health departments, and partners already have full authority to collaborate, share information, and design programs that support older adults. The bill does not remove barriers; it simply adds unnecessary statutory language to authorize activities that are already permissible.” It further reasons their opposition with the following:

- 1) The bill fails to recognize California Community Colleges as existing, central providers of older adult education. Community colleges have served older adults for decades through noncredit and community education programs that promote healthy aging, social connection, and lifelong learning. In 2024-25, there were 66 community colleges across the state that provided Older Adult education with over 250,000 enrollments. SB 971 does not acknowledge this existing statewide infrastructure, or the expertise colleges bring to serving older Californians. Instead, it creates a framework that overlooks the system best positioned to deliver these services.
- 2) The bill provides no resources to implement its goals. SB 971 establishes new expectations for coordination, planning, and reporting, yet it includes no funding to support these activities. Community colleges are not named in the bill yet provide significant educational programs to the older adult population. Local public health departments—named in the bill—are already operating under significant resource constraints. Adding new responsibilities without funding will only strain these systems further.

**Suggested committee amendments:** The committee suggests adding community colleges and public and private colleges and universities to the bill language to allow for inclusivity and recognize the work currently being done in older adult education

**105146.** (a) A local health department, area agency of *on* aging, local school district, community college, public or private college or university, or other appropriate county department, as determined by the county, may establish community-based programs for older adults designed to promote healthy aging, social engagement, and independent living in collaboration with relevant local entities, including school districts, libraries, faith institutions, and community organizations.

**Dual referral:** With passage out of the Committee on Aging and Long-Term Care, SB 971 will be rereferred to the Committee on Health.

### **REGISTERED SUPPORT / OPPOSITION:**

#### **Support**

AARP  
Alzheimer's Association  
California Long-Term Care Ombudsman Association  
LeadingAge California

**Opposition**

Association of Community and Continuing Education

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