

UNFINISHED BUSINESS

Bill No: SB 971
Author: Choi (R), et al.
Amended: 8/5/26
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 3/25/26

AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE HUMAN SERVICES COMMITTEE: 4-0, 4/20/26

AYES: Becker, Niello, Laird, Weber Pierson

NO VOTE RECORDED: Pérez

SENATE FLOOR: 38-0, 5/18/26

AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

NO VOTE RECORDED: Niello, Padilla

ASSEMBLY FLOOR: 73-0, 8/17/26 - See last page for vote

SUBJECT: Healthy Aging Community Partnership Program

SOURCE: California Senior Legislature

DIGEST: This bill permits local health departments, area on aging, community college, public or private college, public or private university, or other appropriate county department to establish a Healthy Aging Community Partnership Program for older individuals designed to promote health aging, social engagement, and independent living in collaboration with relevant local entities. Specifies that the program does not duplicate or supplant current adult education courses, classes,

and services provided by the California Community Colleges, including through the Adult Education Program.

Assembly Amendments of 8/5/26:

- 1) Add community colleges and public or private colleges or universities to the list of entities authorized to establish a Healthy Aging Community Partnership Program for older individuals;
- 2) Strike local school districts from the list of entities authorized to establish a Healthy Aging Community Partnership Program for older individuals;
- 3) Align the definition of older adult that of WIC §9018; and,
- 4) Specify that a Healthy Aging Community Partnership Program does not duplicate or supplant current adult education courses, classes, and services provided by the California Community Colleges, including through the Adult Education Program.

ANALYSIS:

Existing law:

- 1) 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. [Health & Safety Code (HSC) §101000 and 101030]
- 2) Establishes the Mello-Granlund Older Californians Act and sets forth the state's commitment to older adults, people with disabilities, and family caregivers served by the programs administered by the California Department of Aging (CDA). [Welfare & Institutions Code (WIC) §9000]
- 3) Defines "older individual" or "elderly" as a person 60 years of age or older, except where this provision is inconsistent with federal requirements. [WIC §9018]
- 4) 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]

- 5) 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]
- 6) 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]
- 7) Requires the Secretary of the California Health and Human Services Agency (CalHHS), in coordination with the Director of CDA, to lead the development and implementation of the state's master plan for aging (MPA). [WIC §9850]

This bill:

- 1) Permits a local health department, area agency on aging, community college, public or private college, public or private university, or other appropriate county department, as determined by the county, to establish a Healthy Aging Community Partnership Program to provide community-based programs for older individuals 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.
- 2) Permits a Healthy Aging Community Partnership Program, if a local entity establishes one, to include, but not be 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.
- 3) Defines “older individual” as a person 60 years of age or older, except where this provision is inconsistent with federal requirements.
- 4) Prohibits requiring any local entity or department to implement a Healthy Aging Community Partnership Program.
- 5) Requires the implementation of a Healthy Aging Community Partnership Program to be subject to the availability of local resources and partnerships.
- 6) Specifies that a Healthy Aging Community Partnership Program does not duplicate or supplant current adult education courses, classes, and services provided by the California Community Colleges, including through the Adult Education Program.

Background

According to the author of this bill:

California’s older adult population is growing rapidly, yet there is no designated public system responsible for coordinating education and prevention services tailored to older adults’ real-life needs. This bill will establish a statutory framework authorizing counties to deliver older adult education and technology training through local public health systems, in partnership with community-based organizations and local school districts, to improve health, independence, and quality of life for Californians aged 55 and over.

Older Americans Act. The Administration of Community Living (ACL) of the U.S. Department of Health and Human Services states that Congress passed the

Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older persons. The original OAA established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The OAA also established the Administration of Aging to administer the newly created grant programs and to serve as the federal focal point on matters concerning older persons.

Mello-Granlund Older Californians Act. The Older Californians Act of 1980 designated CDA as the single state agency responsible for administering the OAA; and defined the duties and functions of CDA as well as the state's 33 AAAs. The Older Californians Act was later amended by the Mello-Granlund Older Californians Act, AB 2800 (Granlund, Chapter 1097, Statutes of 1996), which also expanded upon the original act by establishing new programs and making structural changes to service delivery. The Mello-Granlund Older Californians Act sets forth California's commitment to older adults, people with disabilities, and family caregivers served by the programs administered by CDA.

CDA. According to CDA's website, the CDA operates under the umbrella of CalHHS and administers programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities. These programs receive funding through the federal OAA, the Older Californians Act, and through the Medi-Cal Program. CDA contracts with the network of 33 AAAs. The ACL website defines an AAA as a public or private nonprofit agency designated by a state to address the needs and concerns of all older persons at the regional and local levels. AAAs are primarily responsible for a dedicated geographic area, also known as a planning and service area that is either a city, a single county, or a multi-county district. AAAs coordinate and offer a wide array of federal and state-funded community-based services that aim to assist older adults as well as younger adults with disabilities to live as independently as possible, promote healthy aging and community involvement, and support family members in their vital care giving role. Some of these services include, but are not limited to: in-home support services, transportation, health and wellness programs, benefits counseling, and home-delivered and congregate meals.

CDA also contracts with 38 agencies that operate the Multipurpose Senior Services Program through the Medi-Cal Home and Community-Based Services Waiver for the elderly and certifies approximately 242 Adult Day Health Care Centers for participation in its Medi-Cal Community Based Adult Services Program. CDA actively collaborates with many other State departments, among other entities, on transportation, housing and accessibility, emergency preparedness and response,

wellness and nutrition, falls and injury prevention, improving services to persons with dementia, reducing fraud and abuse, and many other issues. Currently, CDA administers the following programs: AAA; Aging and Disability Resource Connection; California Caregiver Awareness, Resources, Education & Support Program; Growing a Resilient and Outstanding Workforce; CalFresh Outreach Program; CalFresh Healthy Living; Community-Based Adult Services; Caregiver Resource Centers; Dignity At Home Fall Prevention Program; Bridging the Digital Divide; Health Insurance Counseling and Advocacy Program; Legal Services; Long-Term Care Ombudsman Program; Multipurpose Senior Services Program; the Office of Long-Term Care Patient Representative; and Senior Community Service Employment Program.

MPA. In 2019, Governor Gavin Newsom signed Executive Order N-14-19 in response to the increase of the aging population in California. The executive order, known as the MPA, calls for a comprehensive plan to address and prepare the state's aging population. MPA is a 10 year blueprint for state and local governments, the private sector, and philanthropy that prioritizes preparing the state for the demographic changes and continuing California's leadership in aging, disability, and equity. MPA outlines five goals: (1) Housing for All Ages and Stages; (2) Health Reimagined; (3) Inclusion and Equity, Not Isolation; (4) Caregiving that Works; and (5) Affording Aging.

FISCAL EFFECT: Appropriation: No Fiscal Com.: No Local: No

This bill is keyed non-fiscal.

SUPPORT: (Verified 8/17/26)

California Senior Legislature (source)

AARP

Alzheimer's Association

California Association for Adult Day Services

California Long-Term Care Ombudsman Association

California Federation of Teachers

California PACE Association

County of Los Angeles

LeadingAge California

OPPOSITION: (Verified 8/17/26)

None received

ARGUMENTS IN SUPPORT: The sponsor of this bill, the California Senior Legislature (CSL), writes that too many seniors face barriers to essential information, social connection, and preventive health education. CSL, among other supporting organizations, state that this bill offers a community-based approach by allowing local health departments to partner with trusted local entities to deliver programs tailored to older adults' needs. They believe that this bill will strengthen local capacity to serve older adults, improve health outcomes, and foster greater community connection. The California Federation of Teachers (CFT) adds that older adult education was historically supported through Adult Education programs prior to the Great Recession, but statutory and funding changes eliminated older adult-specific education classes. As a result, many older adults now face social isolation, digital exclusion, difficulty accessing healthcare and benefits, increased vulnerability to fraud, and preventable declines in physical function. CFT states that this bill will restore older adult education as a recognized public function and reframe it as preventative public health infrastructure rather than an unfunded afterthought. CFT furthers that the framework outlined in this bill avoids creating new bureaucracy while directly supporting the goals of California's MPA. Additionally, the Alzheimer's Association states that this bill enhances care and support in the community for older adults generally, which can particularly benefit those living with Alzheimer's disease or another dementia. The programs permitted in this bill could help this vulnerable population adapt to remote caregiving with the use of new technology, navigate care, prevent falls, prepare for emergency evacuations, and support their emotional wellbeing. The Alzheimer's Association also writes that this bill supports communities invested in health aging deliver meals and educational programs that have the potential to improve outcomes for older adults, and also have the capability to address the unique challenges for those with Alzheimer's disease or dementia. [Click or tap here to enter text.](#)

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