

California Aging and Disability Research Partnership (CADRP)

July 19, 2024 | 10:00 a.m. - 12:00 p.m.

Welcome & Meeting Logistics



Carroll De Andreis

Manager, MPA Stakeholder & Public Engagement California Department of Aging

Meeting Logistics



Webinar or Telephone only

- Live captioning is available through the Zoom webinar functions.
- Meeting slides, transcript, and recording will be posted to <u>California Health and Human Services (CalHHS) Master Plan for</u> <u>Aging webpage</u>.
- Committee members please update your name display in Zoom by right clicking the upper right corner of your video and selecting "rename".

Virtual Meeting Operations



- The chat function is only enabled for Committee Members and California Department of Aging (CDA) staff to share meeting-related resources and information. The public will be able to view content shared in the chat during the meeting.
- The chat and the Question/Answer functions are not enabled for comments and questions from public attendees.
- We invite the public to provide comments. Please hold comments until the end of the meeting during the designated Public Comment period.
- Additional public comments and questions can be directed to <u>EngAGE@aging.ca.gov</u>.

Public Comment





Attendees joining by **phone**, press *9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.



Attendees joining by **webinar (Zoom)**, *click* the raise hand button to join line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line.

Note: Public commentors will have 2 minutes.

For additional public comment, email Engage@aging.ca.gov.

Committee Purpose



The primary purpose of the California Aging and Disability Research Partnership (CADRP) is to:

- 1.Advance age- and disability-focused research to strengthen the evidence base for promoting equitable opportunities for Californians to thrive as they age;
- 2.Provide input on key performance indicators and data sources to inform MPA Outcomes Reports and the Data Dashboard for Aging; and
- 3.Model a research partnership between California state government and academic institutions focused on using data for action and equity that can be replicated across other CalHHS person-centered, datadriven priorities.

CADRP Stakeholder Committee Members (2024-2025)



- Leonard Abbeduto, UC-Davis MIND Institute
- Zia Agha, West Health
- Donna Benton, USC Leonard Davis School of Gerontology
- Olivia Burns, The SCAN Foundation
- Isabella Chu, Stanford Center for Population Health Sciences
- **Ryan Easterly,** WITH Foundation
- **Steve Hornberger,** SDSU Social Policy Institute
- Kathryn Kietzman, UCLA Center for Health Policy Research
- Margot Kushel, UCSF Benioff Homelessness and Housing Initiative
- Jasmine Lacsamana, Archstone Foundation
- David Lindeman, CITRIS Health
- Angela Perone, UCB School of Social Welfare
- Nari Rhee, UCB Labor Center
- Kathleen Wilber, USC Leonard Davis School of Gerontology
- Heather Young, Betty Irene Moore School of Nursing at UC Davis

Meeting Agenda



```
10:00 a.m. - Welcome & Logistics
```

- 10:05 a.m. State Updates
- 10:15 a.m. 2024 MPA Day of Action Updates
- 10:35 a.m. Homelessness Data Sources and Gaps:

How to Build On MPA Key Outcome Measure

- 11:10 a.m. Data Dashboard for Aging Updates
- 11:30 a.m. LGBTQIA+ Study Updates
- 11:50 a.m. Public Comment
- 12:00 p.m. **Adjourn**

State Updates



Susan DeMarois

California Department of Aging

CA for ALL Ages & Abilities: 2024 MPA Day of Action



Ross Lallian

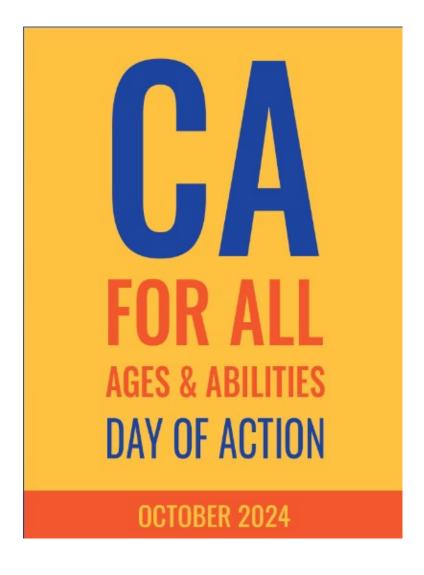
Chief of Research, CDA

Jackie Tompkins

Project Director, Master Plan for Aging, CDA

CA for ALL Ages & Abilities: 2024 MPA Day of Action





Register Today!

Date: Tuesday, October 8, 2024

Location: SAFE Credit Union Convention Center

Sacramento, CA

Time: Full-Day Event

Website: https://www.caforall.org/

Thank you to the MPA's philanthropic partners for supporting this event.











CA for ALL Ages & Abilities: 2024 MPA Day of Action



Focus future work on the highest priority issues facing Californians today & center future MPA planning on equity and lived experience.

• Gather priority recommendations from the Master Plan for Aging (MPA) Stakeholder Committees to inform the development of the MPA Initiatives for the next two years (2025-26).

Highlight progress to-date and renew our shared commitment to the MPA

• Sustain and re-invigorate diverse partners and stakeholders on California's commitment to achieve the MPA's Five Bold Goals.

Engage Diverse Partners in the "Whole of Government Approach"

• Be a model by convening state and national leaders to advance equity, collaboration, and integration among sectors in charting a path forward to prepare for the nation's aging population.

CADRP Recommendations for 2024 MPA Day of Action



- Focus on making our research/data relevant to people.
 - Utilize data storytelling.
 - Amplify lessons learned.
 - Leverage qualitative data to effectively tell stories.
- Focus on barriers, in addition to drivers.
 - Focus upstream.
 - Focus on prevention.
- Prioritize casual inference.
- Focus on research to look at intersections (e.g. housing, families, workforce, and systems)

Homelessness Data Sources and Gaps



Margot Kushel, MD

Director, Benioff Homelessness and Housing Initiative University of California, San Francisco Benioff Homelessness and Housing Initiative



University of California San Francisco

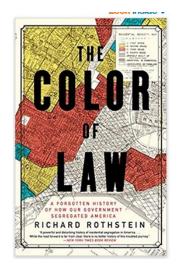
Aging, Health, and Homelessness: Findings from CASPEH and HOPE HOME

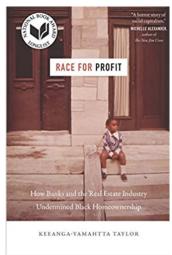
Margot Kushel, MD Professor of Medicine, UCSF Director, Benioff Homelessness and Housing Initiative

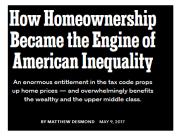


Homelessness is a racial (in)justice issue

- Home ownership primary means of wealth-building
- Legal discrimination in home ownership
 - Racial Covenants segregated neighborhoods
 - Redlining restricted access to mortgages in segregated neighborhoods
- Predatory lending
- Ongoing discrimination in rental market
- Criminal justice, employment and educational discrimination
- Black Americans at 3 to 4 times increased risk of homelessness



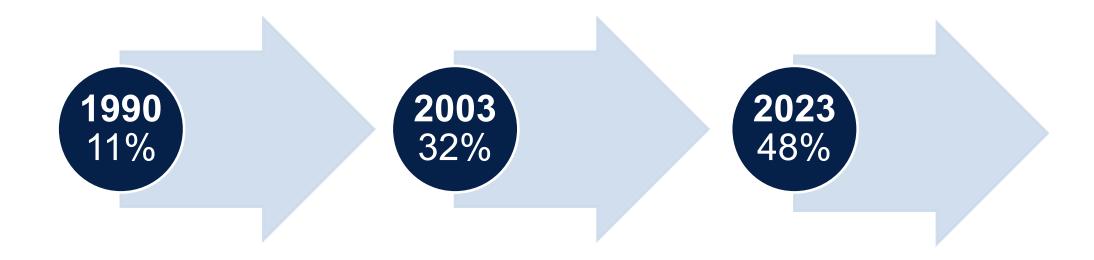






The homeless population is aging

Proportion of single homeless adults who are ≥50



(The California Statewide Study of People Experiencing Homelessness, 2023; The Aging of the Homeless Population: Fourteen-year trends in San Francisco, 2006)

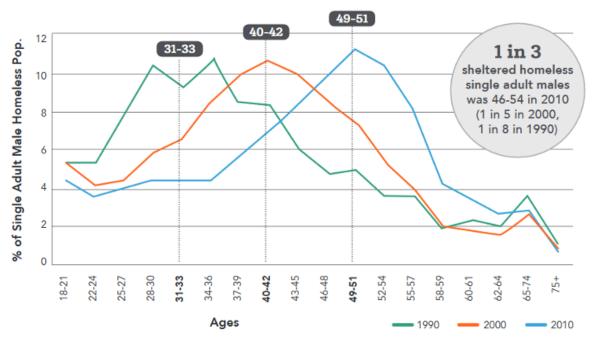


Generational Effect

Americans born in the second half of the baby boom (1955-1965)
have had elevated risk of homelessness throughout their lifetime

Figure 1: Age Distribution of Adult Male Shelter Users in the United States

Source: Culhane et al. (2013)/ U.S. Census Bureau Decennial Census Special Tabulation

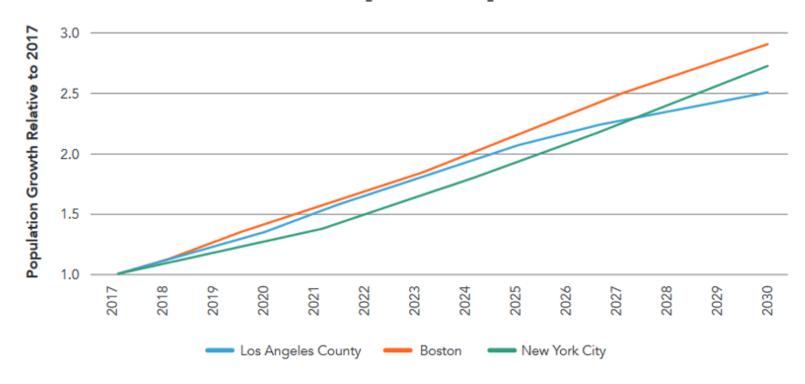


"The Emerging Crisis of Aged Homelessness" Culhane, Treglia, Byrne, Metraux, Kuhn, Doran, Johns, Schretzman https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness.pdf



This trend will continue...

Figure 2: Forecasted Relative Change in the 65 and Older Homeless Population Compared to 2017



Culhane, Treglia, Byrne, Metraux, Kuhn, Doran, Johns, & Schretzman. 2019. "The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?". https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness.pdf



Toward a New Understanding

The California Statewide Study of People Experiencing Homelessness

June 2023

Benioff Homelessness and Housing Initiative



University of California San Francisco



HOPE HOME Study

Health Outcomes of People Experiencing Homelessness in Older Middle age



Photo: Barbara Ries





© Sam Comen

- 31% reported a Black racial identity (vs. 6% statewide)
- 3% reported Native American/Indigenous (vs. 0.3% statewide)
- 14% reported multiracial (vs. 3% statewide)
- 18% reported Latina/o/x (vs. 28% statewide)



Median Age: 47

(range 18-89)

48% of single adults were 50+

41% of those 50+ first became homeless at 50 or older



Older Adults Who Were Homeless Before Age 50

- → More adverse life experiences
- → Low-income attainment in early adulthood
- → No spouse partner
- → Mental health problems
- → Alcohol use problems
- → Traumatic brain injury
- → Imprisonment



Photo: Barbara Ries

Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2016 Feb 26. pii: gnw011.



Older Adults First Homeless After Age 50

- → Low wage work throughout life
- → Crisis
 - Job loss
 - Marital breakdown
 - Illness (participant, spouse)
 - Death (spouse, parent)
- → Lack of advocacy and social support



© Sam Comen

Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2016 Feb 26. pii: gnw011.



- Institutional settings: 19%
- Non-leaseholding arrangements: 46%
- Leaseholding arrangements: 35%



© Sam Comen



Among homeless Californians 50+

- Median monthly household income: \$920

Non-Leaseholders

- Median monthly household income: \$996
- Proportion who didn't pay rent 42%
- Median rent of those who pay rent: \$412

Leaseholders

- Median monthly household income: \$1100
- Median monthly rent: \$659





"So, I've given my whole check up many times just to pay my rent. Yeah. I would prefer to go broke paying my rent than to go broke and not have nothing at all. Even if it costs me my whole SSI check, I don't care. As long as my rent gets paid, that's all I care. My bills, my lights, I don't care."

CASPEH Participant (54-year-old woman)





Among those 50 and older

- 53% reported having fair/poor health
- 68% reported at least one chronic health condition
- 35% reported at least two chronic health conditions



43% reported difficulty with one or more activities of daily living



23% 3 or more limitations



Among HOPE HOME participants

26% had moderate-severe impairment on a screening test for global cognitive impairment

Hurstak E, Johnson JK, Tieu L, Guzman D, Ponath C, Lee CT, Jamora CW, Kushel M. Factors associated with cognitive impairment in a cohort of older homeless adults: Results from the HOPE HOME study. Drug Alcohol Depend. 2017 Sep 1;178:562-570. doi: 10.1016/j.drugalcdep.2017.06.002. PMID: 28738314; PMCID: PMC5568464.



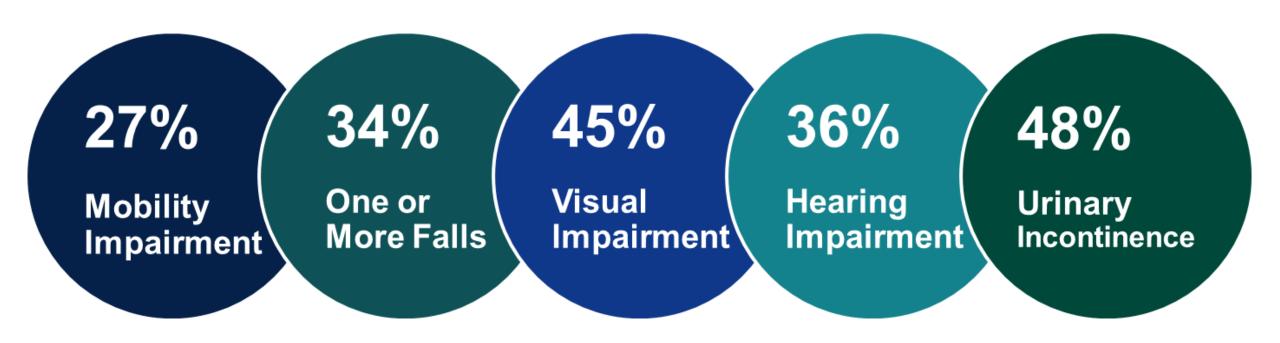
Among HOPE HOME participants

35% had moderate-severe impairment on a screening test for executive function

Hurstak E, Johnson JK, Tieu L, Guzman D, Ponath C, Lee CT, Jamora CW, Kushel M. Factors associated with cognitive impairment in a cohort of older homeless adults: Results from the HOPE HOME study. Drug Alcohol Depend. 2017 Sep 1;178:562-570. doi: 10.1016/j.drugalcdep.2017.06.002. PMID: 28738314; PMCID: PMC5568464.



High prevalence of all geriatric conditions



Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. Gerontologist. 2016 Feb 26. pii: gnw011. [Epub ahead of print] PubMed PMID: 26920935.



50 is the new 75



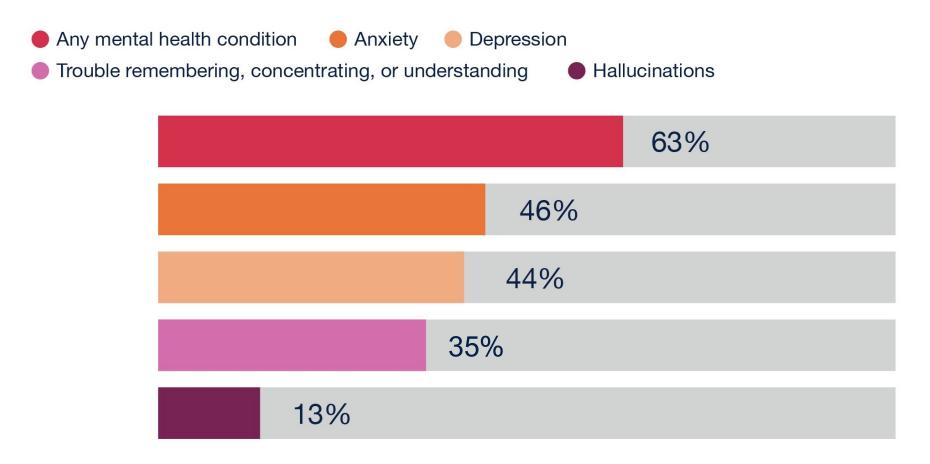


"A lot of shelters, they don't have – they're not equipped for disabilities, for handicapped, disabled. You know? They don't have handrails in the showers. They don't have a ramp, you know... the disability can be a problem. They don't accept us in a lot of shelters."

- CASPEH Participant



Mental health symptoms experienced in the past 30 days for those 50+





43% reported a complex behavioral need EITHER

- Current regular illicit drug use (30%)
- Heavy episodic alcohol use (weekly) (8%)
- Current hallucinations (13%) OR
- Recent mental health hospitalization (5%)



22% reported a complex behavioral health need

AND one or more ADL limitation



28% experienced physical violence during their current episode of homelessness

Of those who experienced this, 59% said the perpetrator was a stranger



- 6% experienced sexual violence during their current episode
 - 12% of older cis-gender women
- Of those who experienced this, 75% said the perpetrator was a stranger



In the prior six months,

37% reported an ED visit

25% reported a physical health care hospitalization

5% reported a mental health hospitalization



I can't afford housing

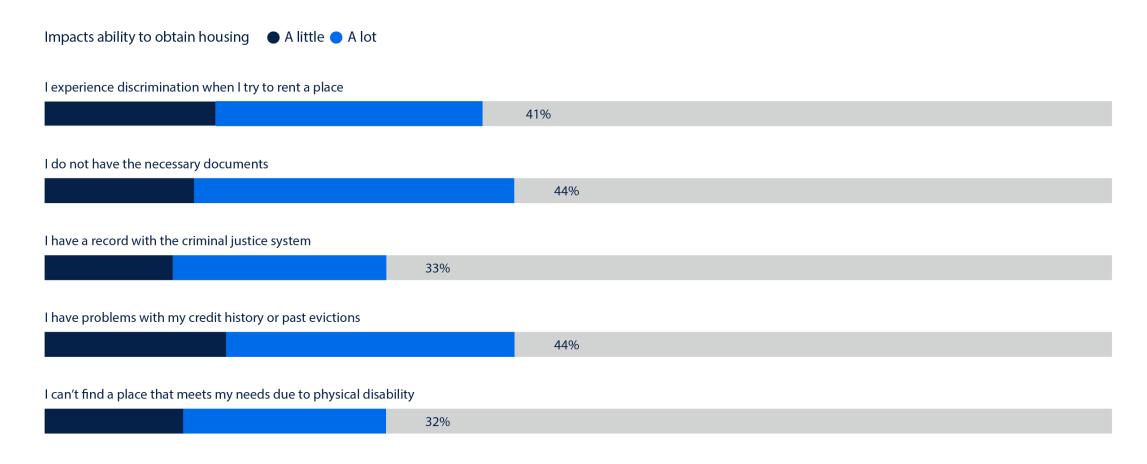
86%

Impacts ability to obtain housing

A littleA lot



Barriers in Housing Among those 50 and Older







"Most buildings that I have been in or been to have stairs – a lot of stairs. A lot of these apartment buildings don't have accessibility for a wheelchair or for a left leg amputee. So that's one of the major – and the money. [laughs] I don't receive enough money each month to live on my own in an apartment. Mm-hmm. I don't have enough income."

- CASPEH Participant



Among HOPE HOME participants

164 confirmed deaths

Mortality Rates are

3.1x greater

than general population for men

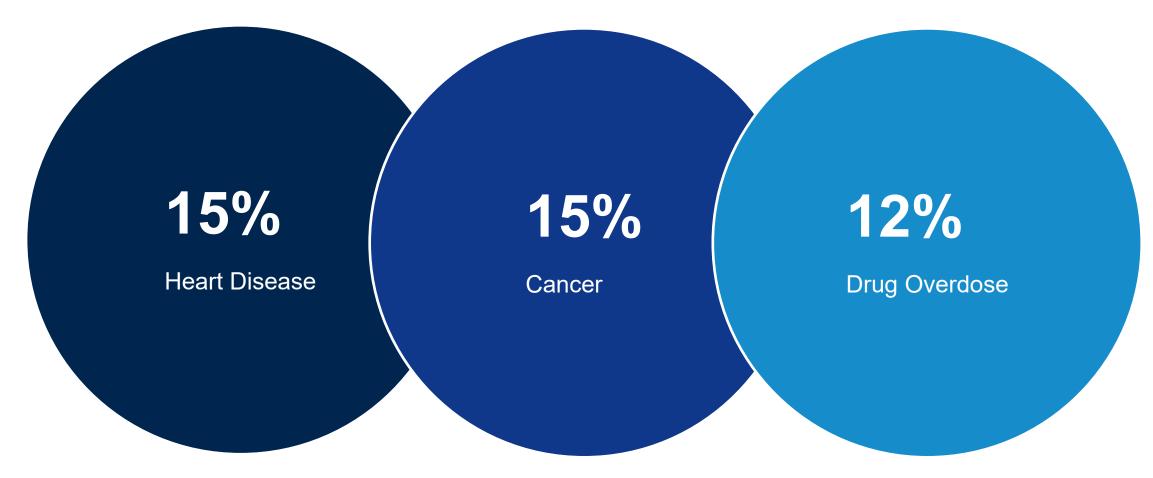
5.2x greater

than general population for women

Brown RT, Evans JL, Valle K, Guzman D, Chen YH, Kushel MB. Factors Associated With Mortality Among Homeless Older Adults in California: The HOPE HOME Study. JAMA Intern Med. 2022; doi: 10.1001/jamainternmed.2022.3697



Top causes of death among HOPE HOME participants



^{*}Based on 117 deaths.

Brown RT, Evans JL, Valle K, Guzman D, Chen YH, Kushel MB. Factors Associated With Mortality Among Homeless Older Adults in California: The HOPE HOME Study. JAMA Intern Med. 2022; doi: 10.1001/jamainternmed.2022.3697



Conclusions

- → The population experiencing homelessness is aging
- → Many entering homelessness in late middle age
- → Early onset of geriatric conditions including cognitive, functional, and mobility impairment
- Experience of homelessness is harrowing and filled with despair
- Homelessness systems need to be responsive to needs of aging population
- → Ending homelessness will require sustained efforts to address root causes, particularly the severe shortage of deeply affordable housing



Policy Recommendations

- Increase access to affordable housing options
- Expand targeted prevention
- Provide supports to match behavioral health needs
- Provide supports to match functional and cognitive needs
- → Increase household incomes
- Increase outreach and service delivery during homelessness
- → Embed a racial equity approach in homeless system service delivery





@UCSFBHHI | @MKushel | @Margot Kushel



homelessness@ucsf.edu | margot.kushel@ucsf.edu

Benioff Homelessness and Housing Initiative



homelessness.ucsf.edu

Data Dashboard for Aging (DDA) Updates



Evan Wallis

Research Data Specialist III California Department of Aging

Background



← → C mpa.aging.ca.gov/DashBoard

- The Data Dashboard for Aging (DDA) recently migrated to a new web address
- The move enables the Department to make faster and larger changes to the DDA
- Opportunity to highlight recent changes and solicit feedback

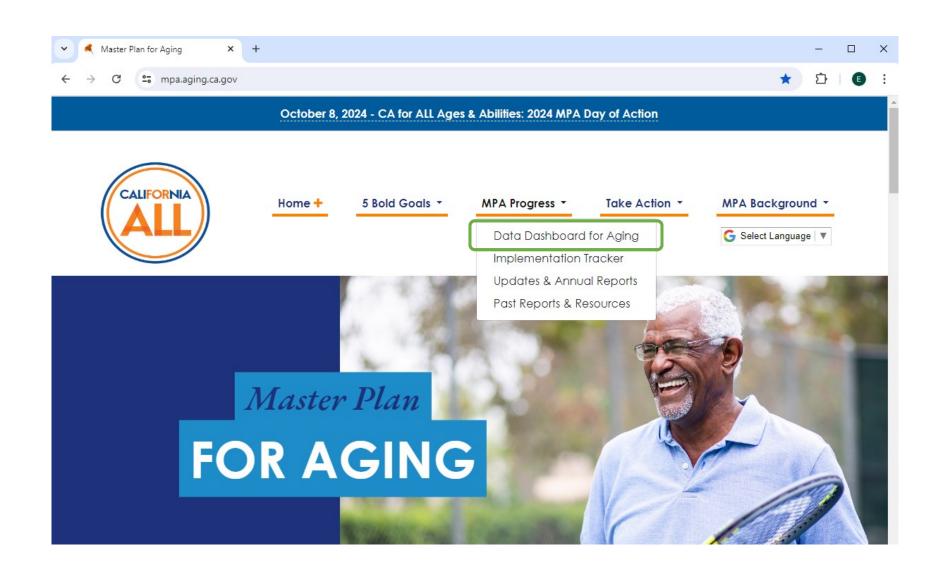
DDA Updates



- Usability improvements
 - Summary page
 - Reduce input required from user
 - Consistent layout
 - Main metric
 - How main metric varies by population
 - How main metric varies by location
- Developed a MPA Key Outcomes Dashboard
- Updated design and data in the demographic profile dashboard

Accessing the DDA





DDA Home Page



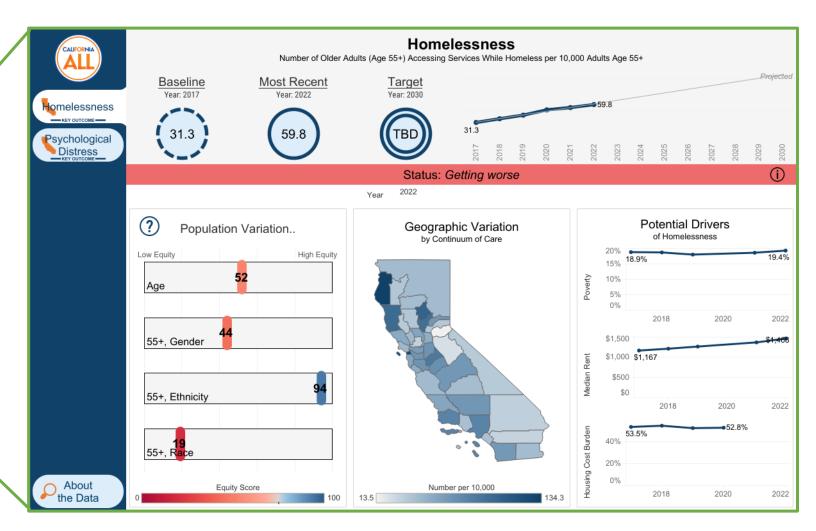


- Navigation hub for the DDA
- Highlights data about timely issues, recent work
- Provides frequently requested data about general characteristics of the older adult population

DDA Home Page: MPA Key Outcomes



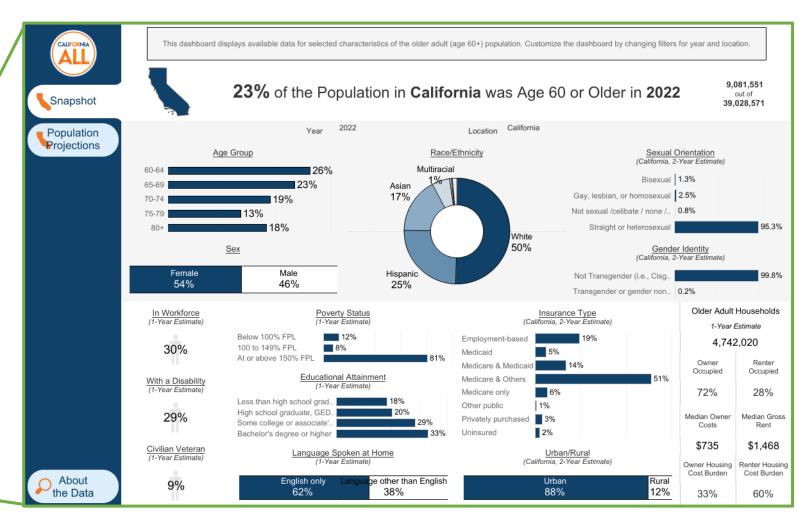




DDA Home Page: Population Profile







DDA Goal Pages



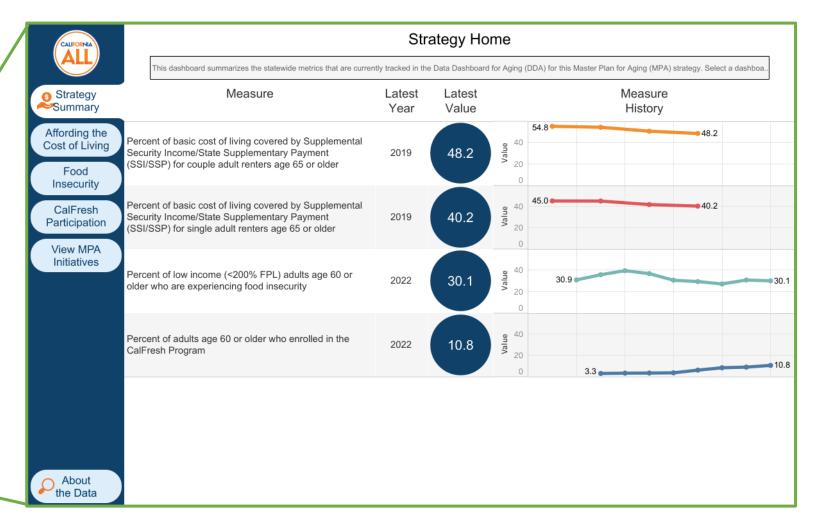


- Summarize the metrics currently being tracked in each strategy
- Provide more detail about each metric for those interested
- Add context to metrics by integrating active policy initiatives

DDA Goal Pages: Strategy Home



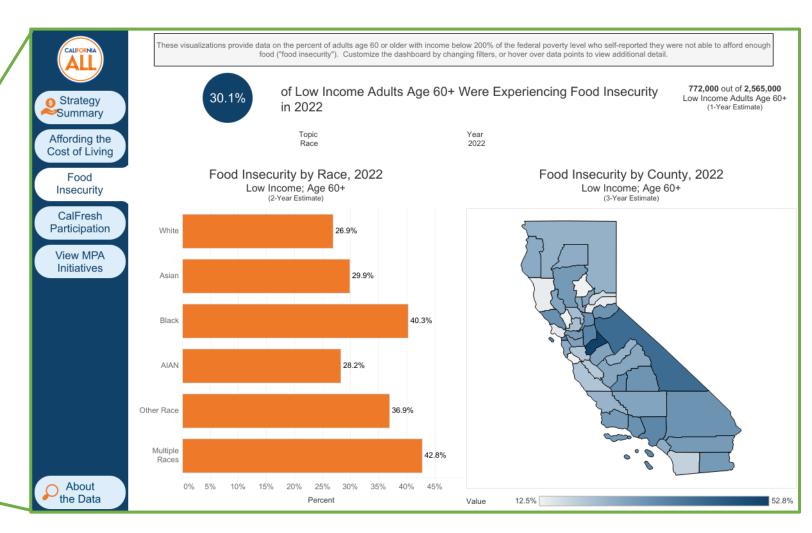




DDA Goal Pages: Indicator Detail



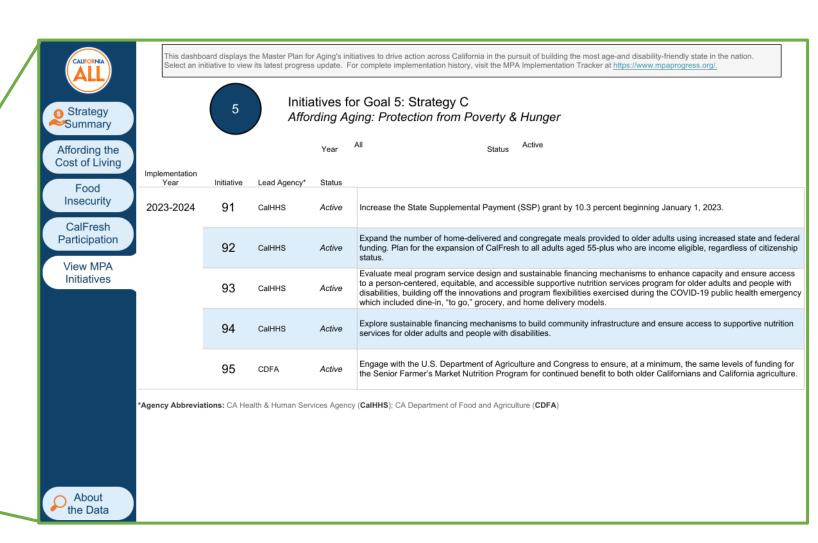




DDA Goal Pages: MPA Initiatives







DDA Upcoming



- Implement redesign of remaining goal pages
- Continue updating existing dashboards with additional years of data
- Implement the Equity Score across the DDA
- Integrate qualitative data and improve data storytelling
- Solicit feedback from committees and stakeholders about maximizing the usability and utility of the DDA

LGBTQIA+ Study Updates



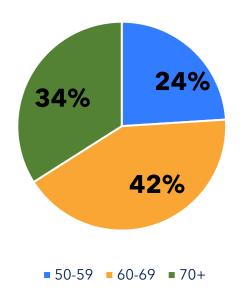
Angie Perone

Assistant Professor, School of Social Welfare University of California, Berkeley

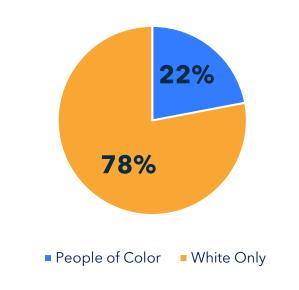
Characteristics of Survey Respondents



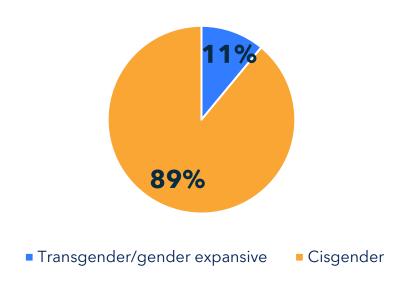
Age of Survey Respondents



Percent People of Color and White Respondents



Percent Transgender/Gender Expansive and Cisgender Respondents



Quality of Life



- High quality of life reported by most respondents (86%).
 - Among people of color: **18%** reported fair or poor quality of life.
 - Among transgender/gender expansive: **22%** reported fair or poor quality of life.
- Example of how across survey domains, challenges are greater for LGBTQIA+ people of color and transgender / gender expansive populations.

Physical, Cognitive, and Mental Health



Physical Health:

- 23% reported physical health as fair or poor.
- 17% are living with HIV.

Mental Health:

- 49% experienced a traumatic event in their lifetime.
- 24% had symptoms consistent with PTSD.
- 11% reported serious thoughts of suicide in past year.
 - Higher among transgender/gender expansive (16%).

Economic Wellbeing



Financial status and vulnerability:

• 26% reported financial insecurity or concerns.

• **Food security**: One in five respondents worried about having enough money for nutritious meals.

Working past age 67:

- 21% cisgender
- 26% transgender/gender expansive
- 39% Middle Eastern/North African
- 32% Black/African-American

Discrimination and Safety



Widespread discomfort with reporting and disclosures:

- 79% did not report to authorities.
- 30% transgender/gender expansive respondents reported discomfort with first responders knowing gender identity and sex assigned at birth.

Persistent discrimination:

- 27% reported being treated unfairly or discriminated against in the past 12 months.
 - Higher among people of color: 41%
 - Higher among transgender/gender expansive: 49%

Initial Recommendations



- Improve access, inclusivity, and safety of service for LGBTQIA+ older adults to promote healthy aging.
- Increase social and economic support for LGBTQIA+ older adults.
- Understand and address disparities among transgender and gender expansive older adults and older adults of color.
- Measure policy outcomes and improve data collection among LGBTQIA+ older adult communities.

Lessons Learned



- Effective community engagement is critical.
- Collecting detailed and representative data requires careful planning and execution.
- Designing an inclusive survey that reflects the diversity of the LGBTQIA+ community is essential.
- Significant disparities exist within the LGBTQIA+ older adult community, particularly among People of Color and transgender/gender expansive individuals.

Conclusion and Next Steps



- California's LGBTQIA+ communities cannot achieve their potential for healthy aging unless specific disparities and discrimination are addressed across an array of services.
- This initial survey documented areas of need important to conduct survey on a periodic basis going forward.
- Data collection should continue and be more robust.
- Study team is working on finalizing outputs for distribution
- Focus groups throughout the state will build on this data (i.e., sequential mixed methods) by examining the needs of targeted groups identified as hard-to-reach and underrepresented (e.g., rural, Spanish-speaking, Black, transgender, Deaf, etc). Focus groups start this month.

Public Comment





Attendees joining by **phone**, press *9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.



Attendees joining by **webinar (Zoom)**, click the raise hand button to join line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line.

For additional public comment, email Engage@aging.ca.gov



Learn more about the MPA at MPA.aging.ca.gov

Contact: EngAGE@aging.ca.gov

Learn more about CDA at www.aging.ca.gov





