



California Aging and Disability Research Partnership Meeting

September 22, 2023

Meeting Logistics

Webinar or Telephone only - *No in-person meeting*

- **Live captioning streamed through webinar (Zoom)**
- **Meeting slides, transcript, and recording will be posted to CalHHS' Master Plan for Aging webpage.**
- **Please update your name in Zoom by left clicking the three dots in the upper right corner of your video and selecting "rename."**

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

CADRP Membership

Leonard Abbeduto, PhD, [UC-Davis MIND Institute](#)

Zia Agha, MD, [West Health](#)

Rigo Saborio, [The SCAN Foundation](#)

Donna Benton, PhD, [USC Leonard Davis School of Gerontology](#)

Isabella Chu, MPH, [Stanford Center for Population Health Sciences](#)

Ryan Easterly, [WITH Foundation](#)

Steve Hornberger, MSW, [SDSU Social Policy Institute](#)

Kathryn Kietzman, PhD, MSW, [UCLA Center for Health Policy Research](#)

Margot Kushel, MD, [UCSF Benioff Homelessness and Housing Initiative](#)

Jasmine Lacsamana, MPH, [Archstone Foundation](#)

David Lindeman, PhD, [CITRIS Health](#)

Angela Perone, [UCB School of Social Welfare](#)

Nari Rhee, PhD, Retirement Security Program,
[UCB Labor Center](#)

Kathleen Wilber, PhD, [USC Leonard Davis School of Gerontology](#)

Heather Young, PhD, RN, FAAN, [Betty Irene Moore School of Nursing at UC Davis](#)

Meeting Agenda

- **Welcome & Introductions**
- **CA 2030**
- **Master Plan for Aging (MPA) Key Outcomes: Recommendations**
- **Quantifying Equity for MPA Key Outcomes and Data Dashboard for Aging**
- **CADRP Partner Updates**
- **Public Comment**
- **Summary & Action Items**
- **Adjourn**

Welcome & Opening Remarks



Susan DeMarois

Director

California Department of Aging

Update on CA 2030



Susan DeMarois

Director

California Department of Aging

THE CA2030 PROJECT: PROGRESS AND INSIGHTS

Collaborative Consulting & The California Department of Aging
September 2023



CREATIVE

IDEAS TO ACTION

RESULTS



PURPOSE

Imagine and design a future-ready CA Aging Network (CDA, AAAs, and relevant stakeholders) equipped to serve future older Californians.

APPROACH

1. Establish a CA 2030 Steering Committee of diverse stakeholders.
2. Understand the current and ideal future state of the CA Aging Network through mixed-methods research.
3. Test scenarios for a future-ready CA Aging Network.
4. Develop actionable recommendations for CA Aging Network to achieve future readiness.

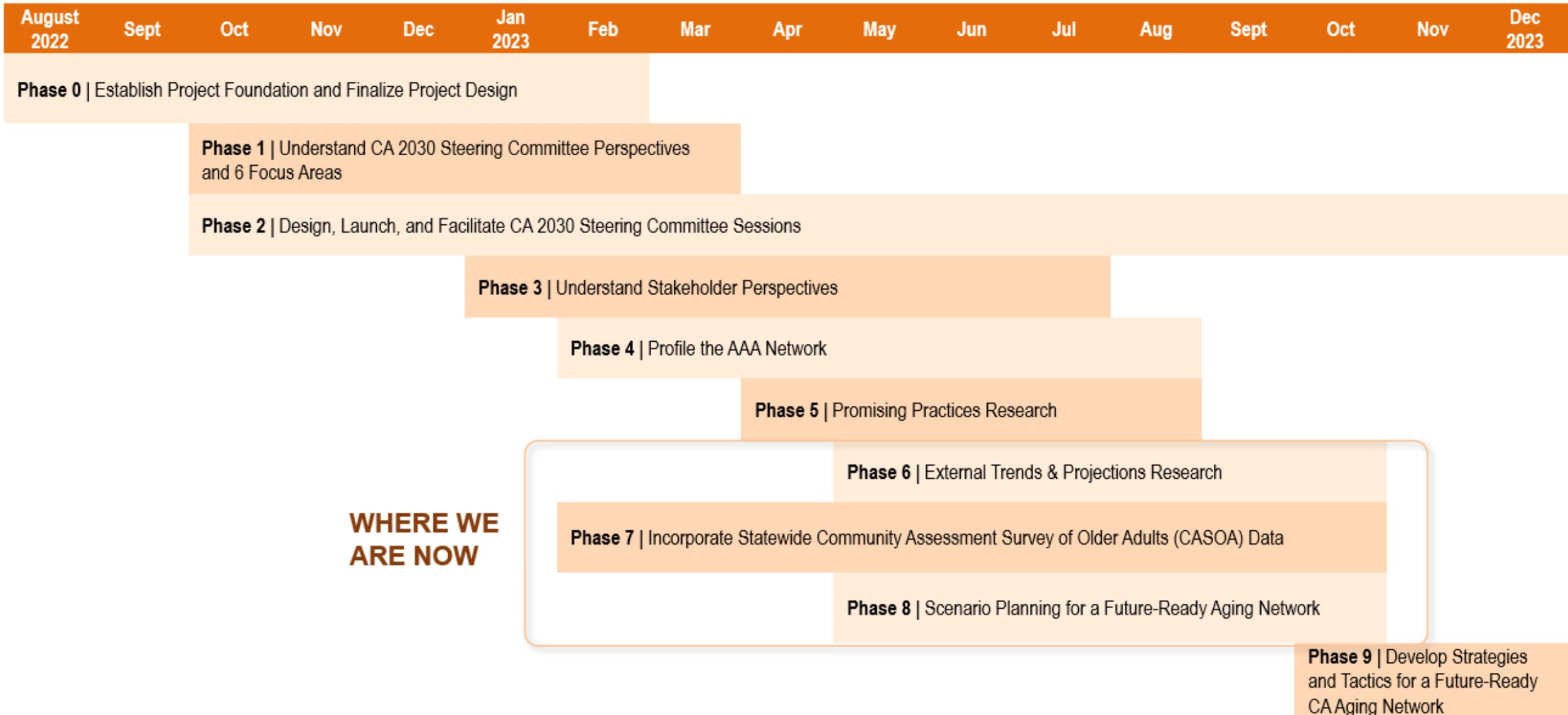


RESEARCH FOCUS AREAS

1. Geography and Demographics
2. Governance
3. Programs and Services
4. Key Performance Measures
5. Branding, Communications and Outreach
6. Funding Sources and Capacities



PROJECT TIMELINE



**WHERE WE
ARE NOW**



Image source: Collaborative Consulting via Midjourney AI (2023)

3 Researchers	13 Associations
4 Funders	17 Consumer Advocacy Groups
5 Thought Leaders	20 State Government Officials
7 Historians	33 AAA Directors
11 Community-based Organizations	129 AAA Agency Staff
11 Steering Committee Members	

California is becoming older.

There are more older Californians, and they are living longer.

Older adults are more diverse.

The racial, ethnic, and cultural diversity of Older Californians is expanding.

Consumer desires and preferences are evolving.

Care needs are increasing in complexity.

Dementia will increase; mental and behavioral health needs will grow; older adults will face multiple comorbidities.

The intersectionality of aging and disability is growing.

Life expectancy of people with disabilities is growing, and older adults are aging into disabilities.

“Younger generations are not going to tolerate the way care is delivered [today]. They're going to want more convenience, transparency, and navigation. They're going to expect the integration of technology into their whole experience.”

I think we're going to have a sicker population. If you look at trends that are happening to people under 65, there's no reason to believe that we're not going to have increasing comorbidities.”

Older adults will face greater social and health vulnerabilities.

- More older adults will face financial vulnerability and increasing disparities.
- The housing shortage is already a crisis – and could get worse.
- Climate change will pose risks to older Californians.

“Aging and poverty go together – the aging network needs to recognize this.”

The eldercare and caregiving crises are growing.

- Paid and unpaid caregiving shortages will become even more acute.
- Service demand will grow, and workforce challenges could deepen

“We should be paying attention to the integration of healthcare and social services because that's going to happen regardless of what any of us do [and] that's where the funding is going to be.”

The integration of health and social services is growing.

Challenges in accessing services will persist.

Preparation for the aging demographic has strong political and public will.

“We have the ability in California to envision a different future, partly because of the leadership within the state; but also, the aging population will demand this of us.”

Advanced technologies offer a multitude of threats and opportunities for consumers.

Traits	Definition
Aging and Disability Forward	Strives to understand, prevent, and combat negative stereotypes associated with aging and disability by promoting positive images and strengths of all people.
Inclusive and Equitable	Addresses ageism, ableism, racism, and implicit biases. Manages resources and programs to meet Californians' evolving needs, ensuring equitable distribution and reach across populations and rural and isolated geographies.
Well-known and Accessible	Visible, recognized, and accessible to all Californians.
Consistent	Provides a standard of quality and core services across the state.
Locally Responsive	Adapts and develops services, practices, and programs to address community-specific needs and opportunities.
Strategic and Action-oriented	Invests in and relies on leaders who anticipate and respond to internal and external opportunities and threats by leveraging the strengths of their stakeholders, communities, partners, and agencies.
Performance-based and Outcomes-driven	Demonstrates the value and impact of its programs and services by measuring and monitoring performance and demonstrating the social, health, and economic outcomes of its results and investments.
Integrated	Connects to public and private stakeholders spanning the continuum of human, services, healthcare, behavioral health, and public health, serving as the trusted aging services, resource, advocate, and ally.



MPA Key Outcomes: Recommendations

Ross Lallian, *CA Dept of Aging*

Bella Chu, *Stanford Center for Population Health Sciences*

Zia Agha, *West Health Institute*

Purpose of MPA Key Outcomes

- A mechanism to track MPA impacts for older adults and adults with disabilities on high priority topics.
- Opportunity for cross department and state/academic collaboration to agree on appropriate measures, data sources, etc.
- Data driven information that CDA and other stakeholders can use in policy/program development.

Criteria for Selecting Key Outcomes

- 1. Goal-oriented.** Key outcomes offer optimal opportunities for achieving the goals of the MPA.
- 2. Policy-aligned.** Key outcome indicators further implementation and monitoring of near and long-term progress on key policy priorities.
- 3. Equity-promoting.** Key outcome indicators enable assessment of outcome disparities and progress toward advancing equity for historically marginalized, and underrepresented communities.
- 4. Achievable.** Key outcome indicators include targets that are reasonably achievable within a ten-year period.
- 5. Meaningful.** Key outcome indicators measure outcomes that, if achieved, would have a meaningful positive impact on the well-being of older adults, adults with disabilities, and their families.

Key Outcomes Workgroups

Housing/ homelessness/ transportation (MPA Goals 1 & 5)	Behavioral health/isolation (MPA Goals 2 & 3 & 4)	Paid & unpaid caregiving (MPA Goal 2 & 4)
<ul style="list-style-type: none">• Lead: Bella Chu• Members:<ul style="list-style-type: none">• Nari Rhee• Margot Kushel• Derek Christopher• Evan Wallis• Terri Shaw	<ul style="list-style-type: none">• Lead: Zia Agha• Members:<ul style="list-style-type: none">• Terri Shaw• Kathryn Kietzman• Len Abbeduto• Kate Wilber	<ul style="list-style-type: none">• Lead: David Lindeman• Members:<ul style="list-style-type: none">• Heather Young• Donna Benton• Steve Hornberger• Nari Rhee• Angie Perone• Jasmine Lacsamana• Kathy Kim• Scott McGrath• Terri Shaw

Overview of Preliminary Recommendations

1. Proposed Key Outcomes

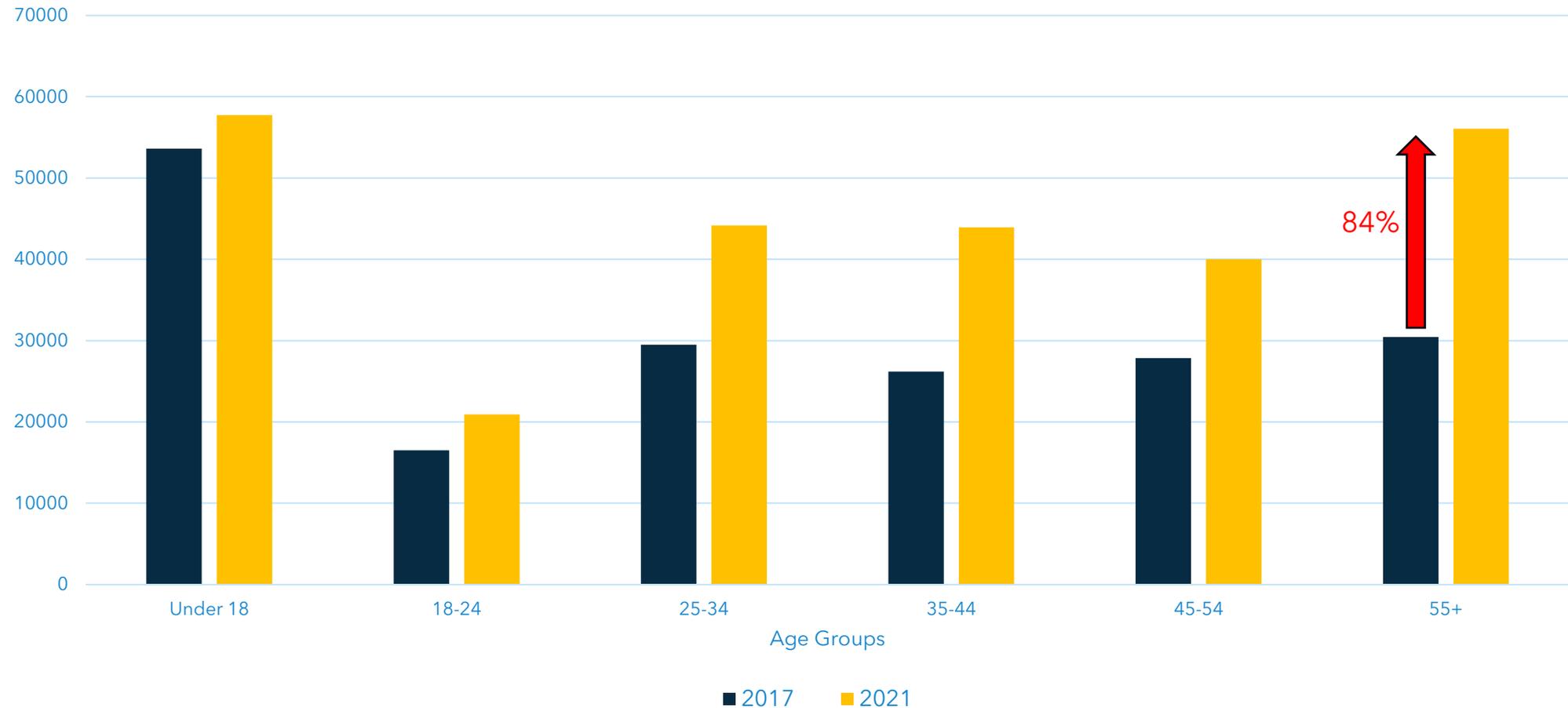
- Reduce homelessness for older adults.
- Reduce the housing cost burdens faced by older adults and adults with disabilities.
- Reduce self-reported psychological distress among older adults and adults with disabilities.
- Increase the proportion of older adults and adults with disabilities that receive needed behavioral health services.
- Reduce the burdens faced by family and friends caregivers.
- Reduce turnover rates among the direct care workforce.

2. Opportunities to Promote Equity

- Assess the indicators for each outcome by as many of the following factors as possible: **age, race, ethnicity, language, citizenship status, sex, gender identity, sexual orientation, family status, disability, dementia/cognitive status, income, rural/urban** (see MPA Initiative 106).
- Identify at least one equity gap within each indicator and develop a specific target to address the gap and promote equity.

Homelessness: Older Adults

People Who Accessed the Homelessness Response System in CA



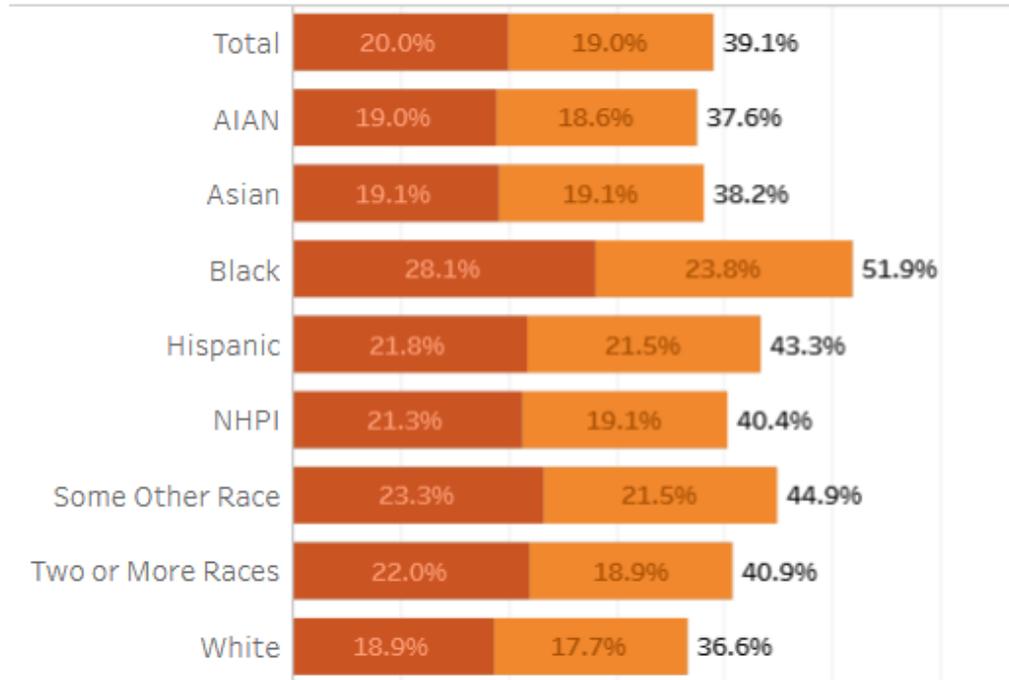
From 2017 to 2021, clients of services for unhoused people age 55+ increased 84%, compared to a 43% increase for all ages.

Homelessness: Indicators

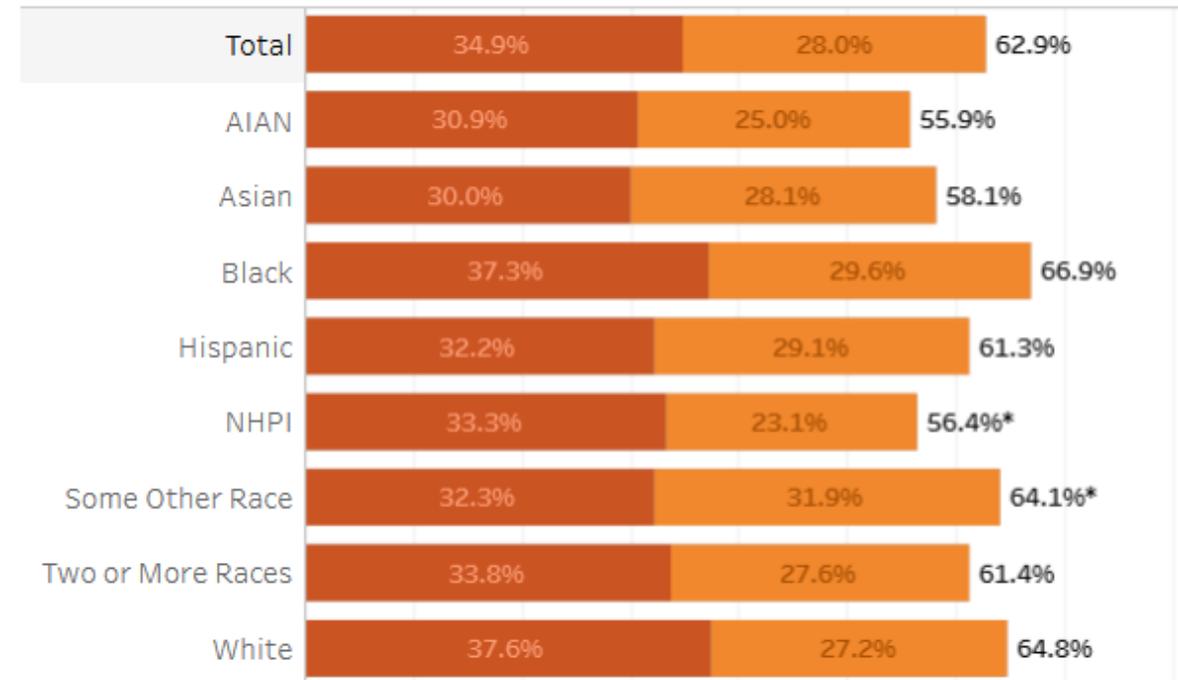
Tools	Reduce homelessness for older adults.
Indicators	Percentage of older adults who interacted with any homelessness service provider receiving state or federal funding.
Data Source	Homeless Data Integration System (numerator); American Community Survey (denominator)
Associated Drivers	<ul style="list-style-type: none">• Housing cost burden• Income• Demographics• Substance abuse prevalence• MPA initiatives 7, 87, 88, 117, and 118
Data/Research Gaps	<ul style="list-style-type: none">• Total population of unhoused individuals• The ability to cross tabulate data• Evaluation of related interventions• Linking with administrative data.

Housing Cost Burden: Households with 65+ Resident

All Households



Renter Households



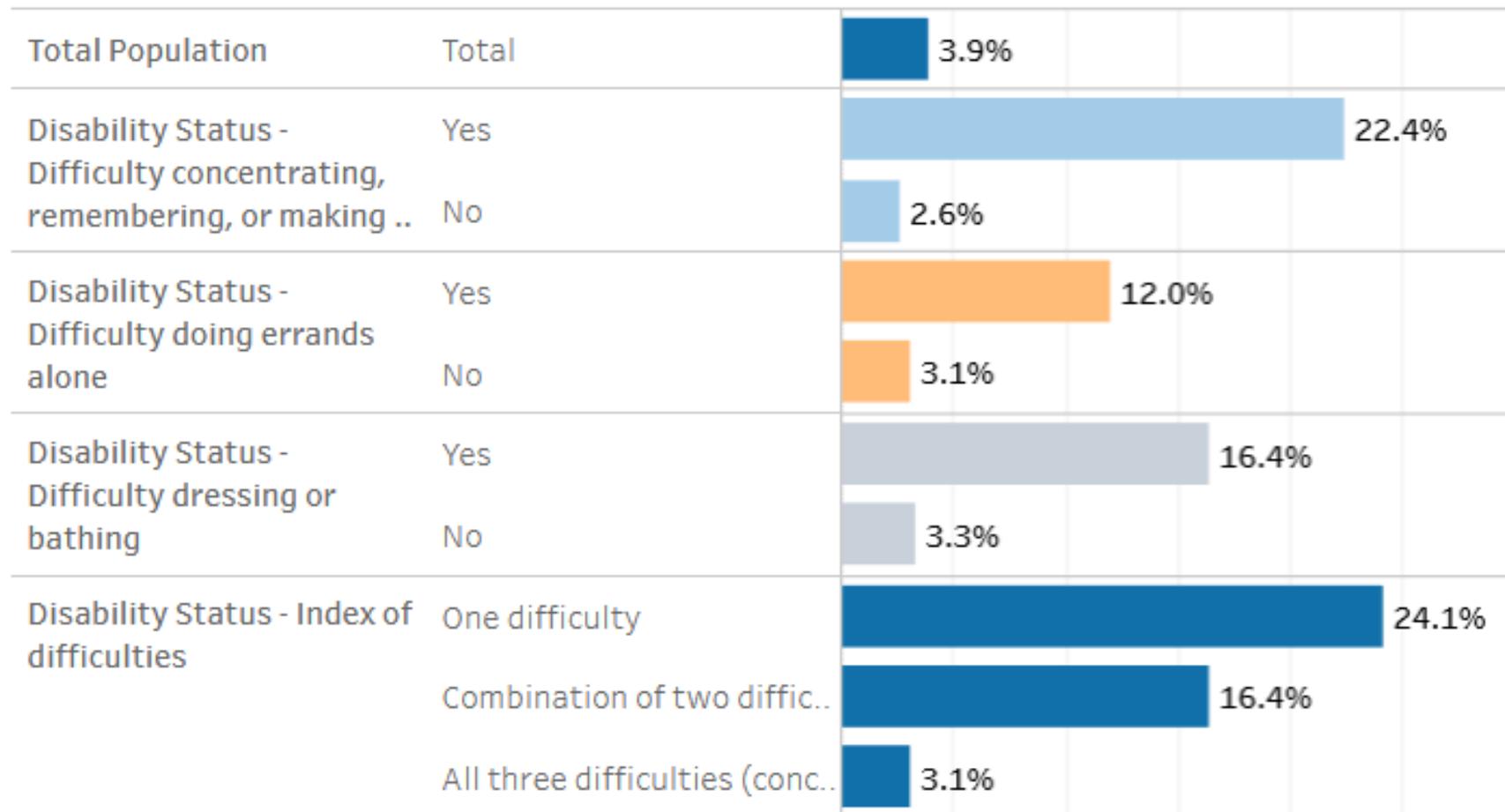
More than 50% Income for Housing
 30%-49% Income for Housing

Housing Cost Burden: Indicators

Factors	Reduce housing cost burdens faced by older adults & adults with disabilities.
Indicators	<ul style="list-style-type: none">• Percentage of households with a <u>resident 65+</u> who spent more than 50% of their household income on housing (severely cost burdened).• Percentage of households with a <u>resident 65+</u> who spent more than 30% of their household income on housing (cost burdened).• Percentage of households with a <u>disabled adult resident</u> who spent more than 50% of their household income on housing (severely cost burdened).• Percentage of households with a <u>disabled adult resident</u> who spent more than 30% of their household income on housing (cost burdened).
Data Source	American Community Survey ; Dept. of Housing and Community Development; CA Housing Partnership; Housing and Urban Development
Associated Drivers	<ul style="list-style-type: none">• Ensure an adequate supply of affordable housing options for older adults and adults with disabilities.• MPA initiatives 1, 2, 3, 5, 6, 8, and 9.
Data/Research Gaps	Limited ability to do within-state geographic analysis.

Psychological Distress: Adults 60+

Percent of California Adults Age 60 or Older Who Experienced Serious Psychological Distress in the Past Year, 2020

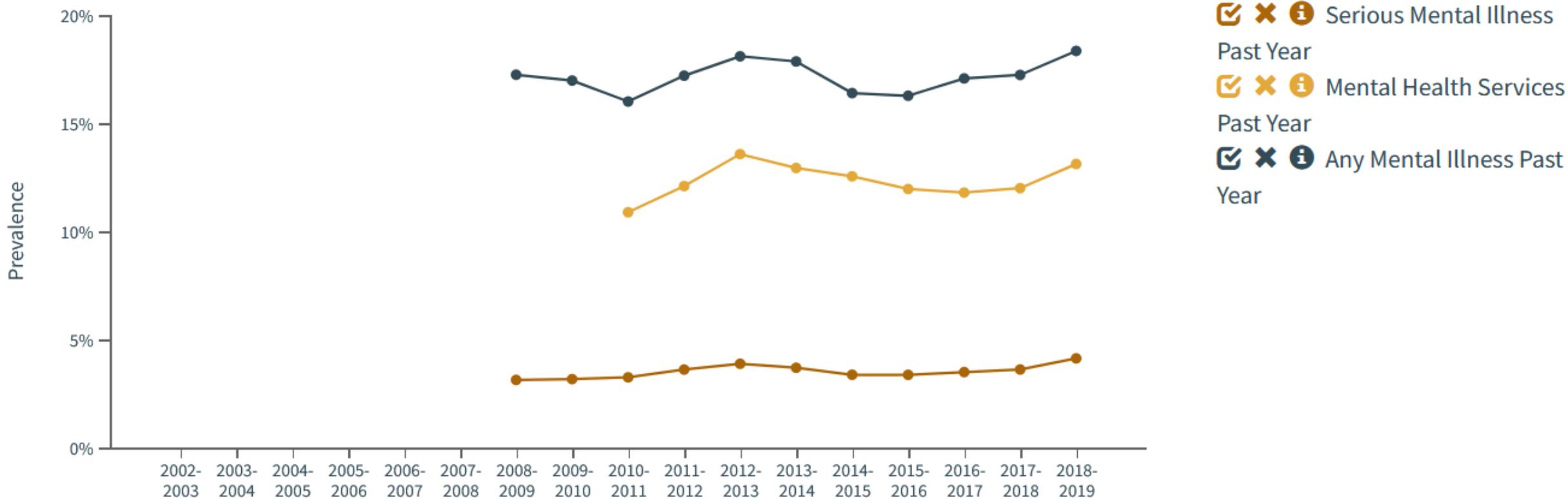


Psychological Distress: Indicators

Factors	Reduce self-reported psychological distress among older adults and adults with disabilities.
Indicators	<ul style="list-style-type: none"> Percentage of <u>older adults (60+)</u> who self-reported serious psychological distress (K6 of 13+) within the last year. Percentage of <u>older adults (60+)</u> who self-reported moderate psychological distress (K6 of 5+) within the last year. Percentage of <u>adults with disabilities</u> (age 19+ with self-reported cognitive difficulty, difficulty doing errands alone, and/or difficulty dressing or bathing) who self-reported serious psychological distress (K6 of 13+) within the last year. Percentage of <u>adults with disabilities</u> (who self-reported moderate psychological distress (K6 of 5-12) within the last year.
Data Source	California Health Interview Survey
Associated Drivers	<ul style="list-style-type: none"> Increase the availability and utilization of behavioral health services for older adults and adults with disabilities who experience moderate or serious psychological distress. MPA initiatives 31, 32, 52, 53
Data/Research Gaps	Survey research to refine prevalence of and associations between self-reported health status, psychological distress, loneliness, access to behavioral health services, and social determinants of health.

Access to Behavioral Health: Adults 26+*

Prevalence among Adults Aged 26 or Older in California, by Outcome



*Sample visualization based on readily available data. Data for adults 60+ is available for further analysis.

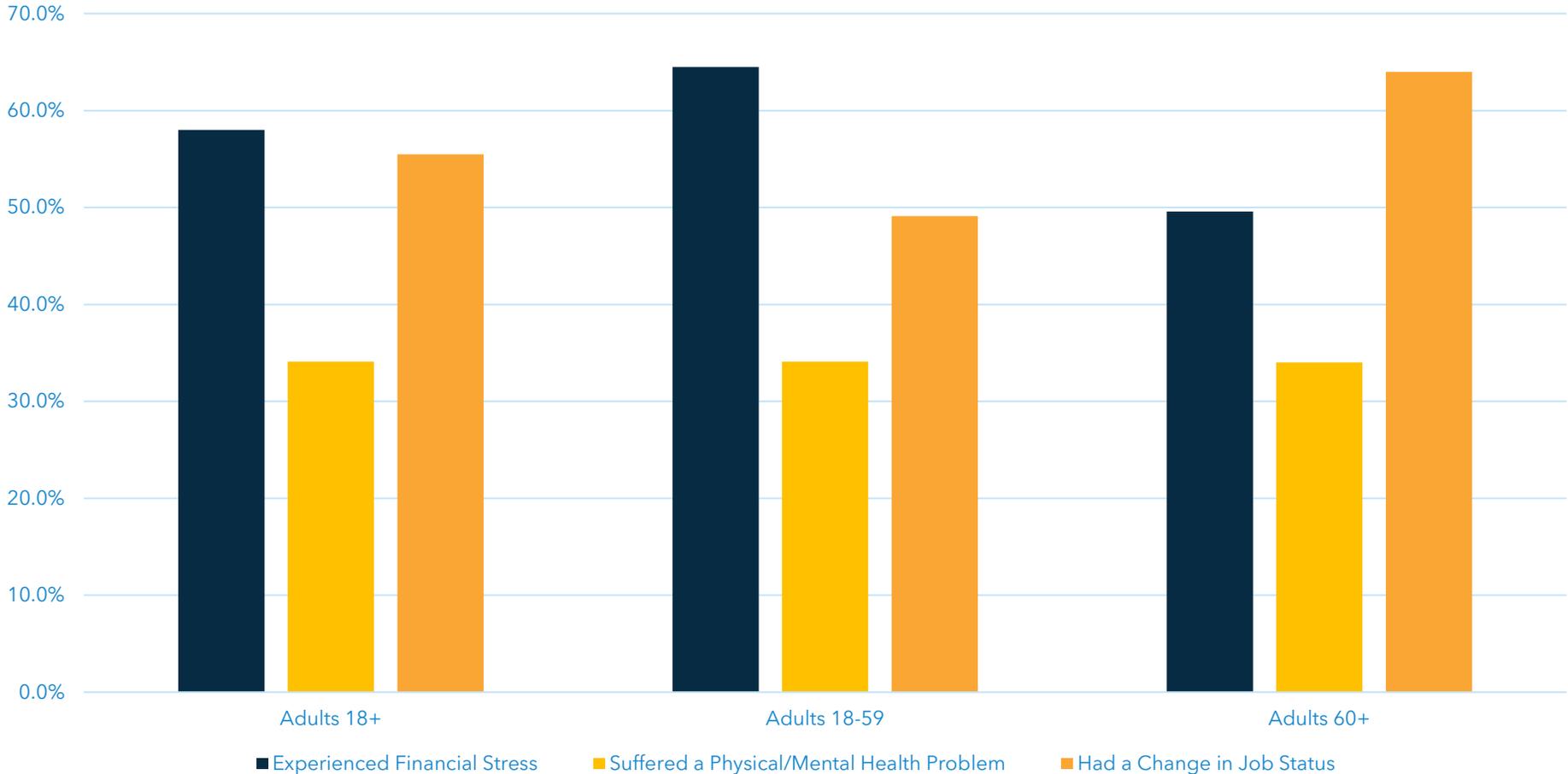
Access to Behavioral Health: Indicators

	Increase the proportion of older adults and adults with disabilities that receive needed behavioral health services.
Indicators	<ul style="list-style-type: none"> • Percentage of older adults with any mental illness (AMI) who did not receive treatment • Percentage of older adults with AMI reporting unmet need • Percentage of adults with disabilities with AMI who did not receive treatment • Percentage of adults with disabilities with AMI reporting unmet need
Data Source	SAMHSA - NSDUH (AMHTXRC-3 and -2 variables) (includes data by age and general health status, not disability)
Associated Drivers	<ul style="list-style-type: none"> • Age-Wise, CalAIM, CDA efforts to combat isolation and reduce stigma in older adult behavioral health (including a media campaign) • MPA initiatives 31, 54
Data/Research Gaps	Conduct supplemental data analysis using California Health Care Payments Database (HPD) and/or Medicare claims data to assess prevalence and disparities in: <ul style="list-style-type: none"> • Claims for inpatient/outpatient treatment/counseling and/or specified CPT codes (e.g., codes that focus on cognitive function); • Availability of and access to behavioral health services by county; • Behavioral health claims by treatment setting (including virtual); and/or • Claims for behavioral health and/or cognitive medications.

Caregiver Burdens: Family and Friend Caregivers



Consequences of Caregiving on California Family and Friend Caregivers, by Age of Caregiver, 2019-2020



Caregiver Burdens: Indicators

Factors	Reduce the burdens faced by family and friends caregivers.
Indicators	Number/percentage of adult caregivers who experienced financial stress, physical/behavioral health issues, or a change in job status as a result of their caregiving.
Data Source	California Health Interview Survey ; CareNav; Department of Health Care Access and Information; Employment Development Department (paid family leave claims)
Associated Drivers	<ul style="list-style-type: none">• Extent of care being provided• Associated legislation• Availability of state/local grant funding• Availability of adult day care providers• MPA initiatives 79, 80, 81, 82, 107, 108, 109, and 110.
Data/Research Gaps	<ul style="list-style-type: none">• Data does not capture all caregivers• Lack of data regarding the intensity of care provided• Lack of data intersectionality• Not all associated data is aggregated by age groups

Direct Care Workforce: Turnover Rates



- Factors that contribute to high turnover:
 - Low wages
 - Burnout
 - Lack of advancement opportunities
 - Insufficient training
 - Lack of family leave
 - Risk of job-related injuries

Direct Care Workforce Turnover: Indicators

Factors	Reduce turnover rates among the direct care workforce.
Indicators	<ol style="list-style-type: none"> 1. Turn over rates for the direct care workforce. 2. Recruitment of the direct care workforce. <p>Number of in-home caregiving workforce per 1,000 adults age 60+; Home Care Workers/Aides employed through an agency; IHSS registered workers; Certified Nursing Assistants and Home Health Aides</p>
Data Source	Dept of Health Care Access and Information; CA Dept of Public Health, CA Dept of Social Services; Dept of Finance
Associated Drivers	<ul style="list-style-type: none"> • Compensation • Immigration status • Intensity of work duties • Gateway In • CalGrows • MPA initiatives 83, 84, 85, 111, 112, and 113.
Data/Research Gaps	<ul style="list-style-type: none"> • Job satisfaction • Career aspirations • Lack of training efficacy data • Lack of data for expanded operations such as wrap around services

Next Steps

- Schedule reoccurring workgroup meetings.
- Conduct an environmental scan of ready to use data sources.
- Work with state partners to acquire high value datasets.
- Decide on a methodology to develop targets for the outcome measures.
- Data preparation.
- Key outcomes dashboard/visualization development.
- State approval process.

Discussion

- Any modifications to the proposed outcome measures?
- Are you aware of additional data sources which may inform this process?
- Would you like to join one of the workgroups?



Equity in the MPA: Future State

Ross Lallian, Chief of Research
Evan Wallis, Senior Research Specialist

Objectives

- Present the current state of demographic data collection related to the Master Plan for Aging (MPA).
 - Discuss opportunities for improvement in this area.
- Introduce the future state of demographic data collection and equity tracking.
- Describe how this future state will lead to consistency across workstreams and ability to track progress over time.

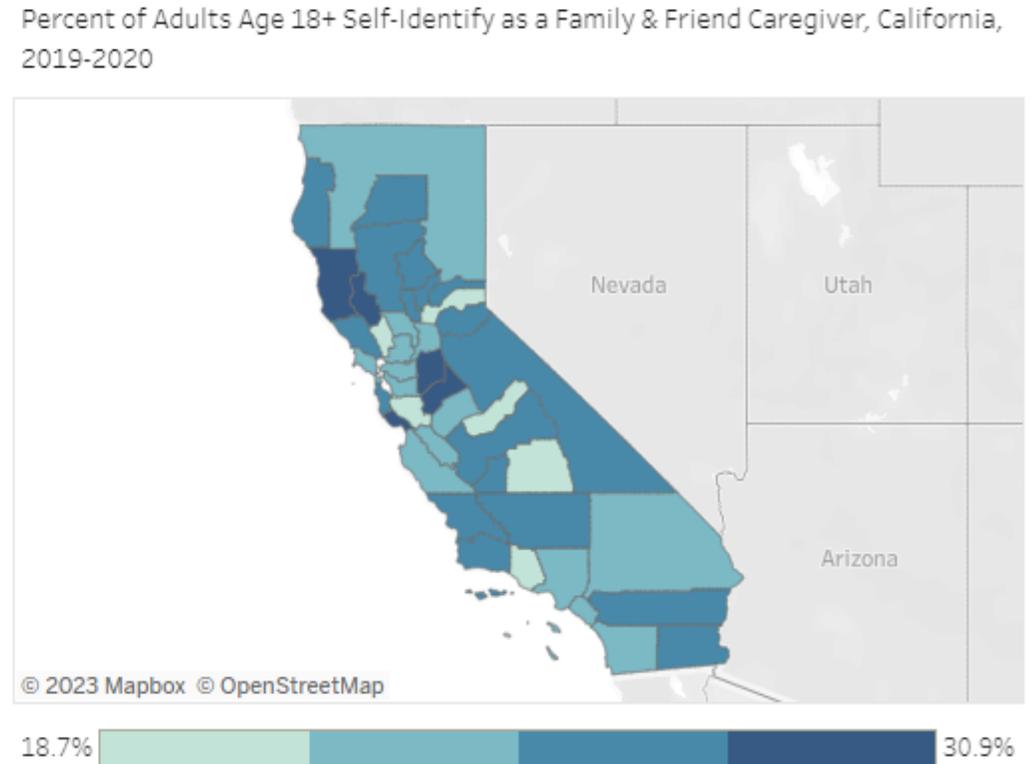
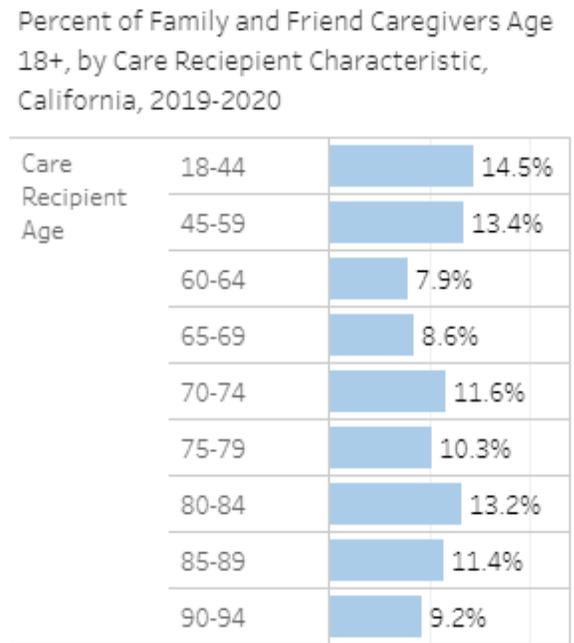
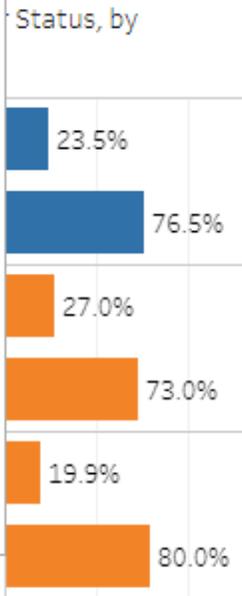
Current State of Data Collection

2019-2020 California: 23.5% of Adults Age 18+ Self-Identify as a Family & Friend Caregiver (6,976,000 / 29,677,000 Adults Age 18+)

Caregiver Status Characteri... Care Recipient Characteri... Geography Type Geography Age Group Measure Year

(Multiple values) Care Recipient Age California Counties California 18+ Caregiver 2019-2020

- Total Population
- Sex
- Race/Ethnicity
- Education
- FPL (99% Interval)
- FPL (100% Interval)
- Birthplace
- Household Size
- Immigration Status
- Insurance Type
- Language at Home
- Urban/Rural
- SOGI - LGBTQ
- SOGI - Gender Identity
- SOGI - Sexual Orientation by Gender
- Work Status

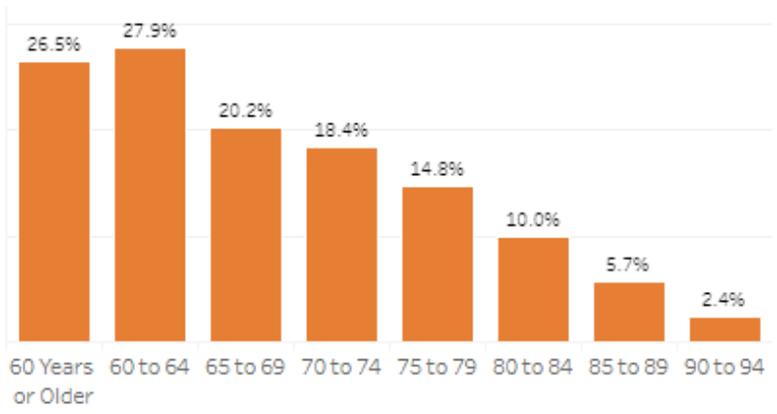


Current State of Data Collection

2016-2020 Orange: 26.5% (646,000 Persons 60 years or Older / 2,434,000 Orange Annual Adult Population Average)

Year: 2016-2020 Location: Orange

Age Group, Household Size, Race/Ethnicity, Urban/Rural and Disability



Household Size	Lives with Others	82.9%
	Lives Alone	
Race/Ethnicity	White	64.7%
	Asian	17.8%
	Hispanic	15.2%
	Black	1.1%
	Two or More Races	1.0%
	AIAN NHPI	0.2%
Urban/Rural	Large City	71.3%
	Suburban	
	Mixed	3.8%
	Small Town	0.3%
	Rural	**
	Small City	**

Education, Income, and Insurance Type

Education	< High School Education	10.9%
	High School Education	20.3%
	Some College	22.3%
	Univ/Col Degree or Above	46.5%
FPL (100% Interval)	FPL 0 - 100%	11.0%
	FPL 101 - 200%	15.5%
	FPL 201 - 300%	11.0%
	FPL 301 - 400%	10.7%
	FPL 401 - 700%	24.7%
	FPL 701% and above	27.1%
Insurance Type	Employment Based / Private	25.1%
	Healthy Families/CHIP / Other Public	0.2%
	Medicaid	4.2%
	Medicare alone/with Other	58.8%
	Uninsured	1.7%

Sexual Orientation and Gender Identity

LGBTQ	Cis-Gender and Straight/Heterosexu..	98.1%
	LGBTQ	1.9%
Sexual Orientation	Bisexual	0.7%
	Celibate/Other	2.1%
	Gay, Lesbian, or Homosexual	0.8%
	Straight or Heterosexual	96.2%
Sexual Orientation by Gender	Bisexual - Female	0.3%
	Bisexual - Male	0.4%
	Gay, Lesbian, or Homosexual - Female	0.4%
	Gay, Lesbian, or Homosexual - Male	0.4%
	Straight/Heterosexual - Female	52.7%
	Straight/Heterosexual - Male	45.7%
Gender Identity	Cis-Gender	99.6%
	Transgender or Gender Non-Confor..	0.4%

Birthplace, Immigration Status, and Language

Birthplace	US	69.6%
	Asia & Pacific Islands	
	Mexico	5.9%
	Europe	3.4%
	Other	1.5%
	Other Latin America Central America	1.5% 0.4%
Immigration Status	US-Born Citizen	69.6%
	Naturalized Citizen	
	Non-Citizen	4.9%
Language at Home	English	68.8%
	English and One Other Language	16.0%
	Vietnamese	6.1%
	Spanish	3.6%
	Other One Language Only	2.9%
	Other Two or More Languages Chinese	1.4%

Opportunities for Improvement

- Develop the ability to quantify and track equity over time.
- Design features that are easier for consumers to understand.
- Aim to collect consistent demographic data across workstreams and visualizations.
- Create features and outputs which allow for data to be actionable.

Data Dashboard for Aging

- + Insurance Coverage
- + Usual Source of Care
- + Primary Care Shortage
- + View Initiatives

Year 2021

93.7%

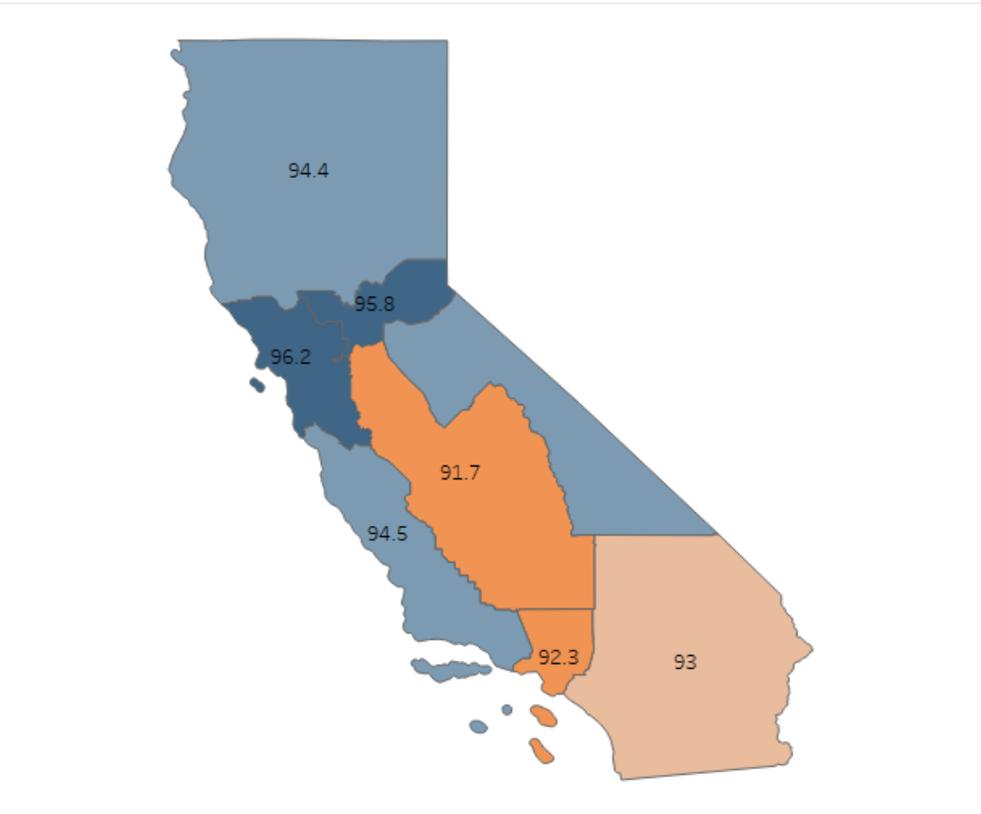
Population Age 60+ with a Usual Source of Care

Geography Region

This information estimates percentage of adults age 60 or older who self-reported they had a usual source of care. Use the dropdown menus to change the year and/or geographic detail. Hover the cursor over items to see additional detail and trends.

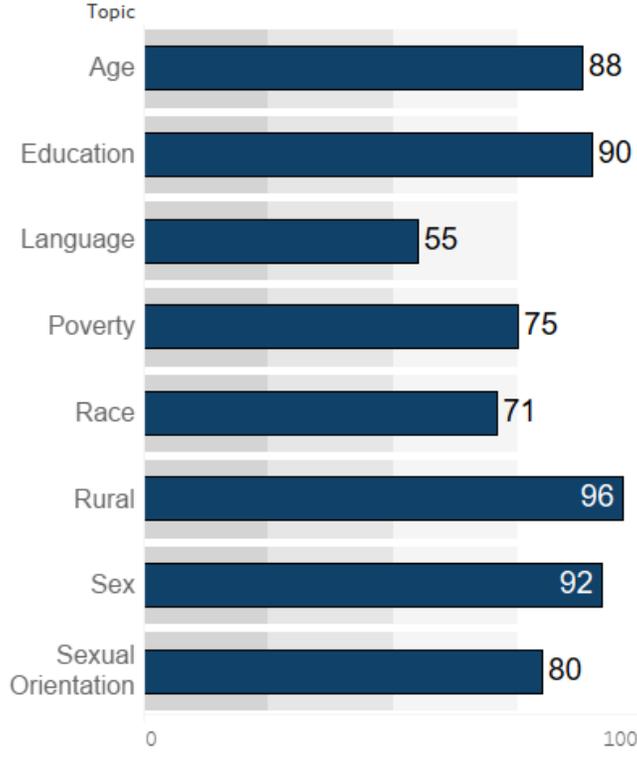
 About the Data

Geographic Variation: Region 2021



Region	Value (%)
North	94.4
Northwest	96.2
Central	91.7
Southwest	94.5
South	92.3
East	93.0
Central Valley	95.8

Equity Measures Statewide 2021



Topic	Value (%)
Age	88
Education	90
Language	55
Poverty	75
Race	71
Rural	96
Sex	92
Sexual Orientation	80

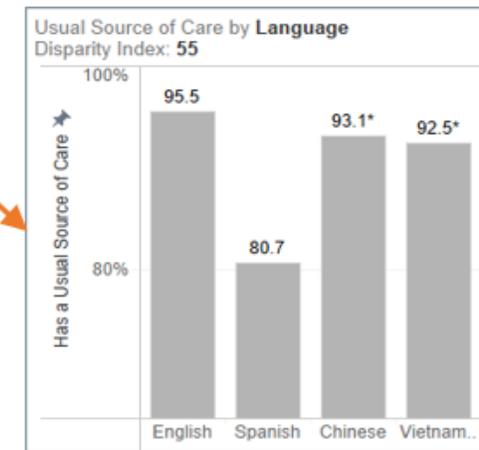
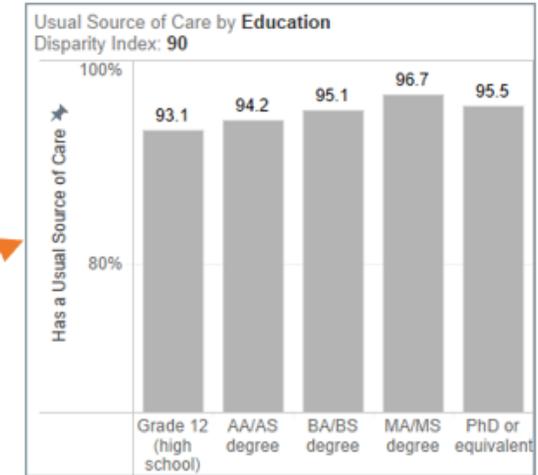
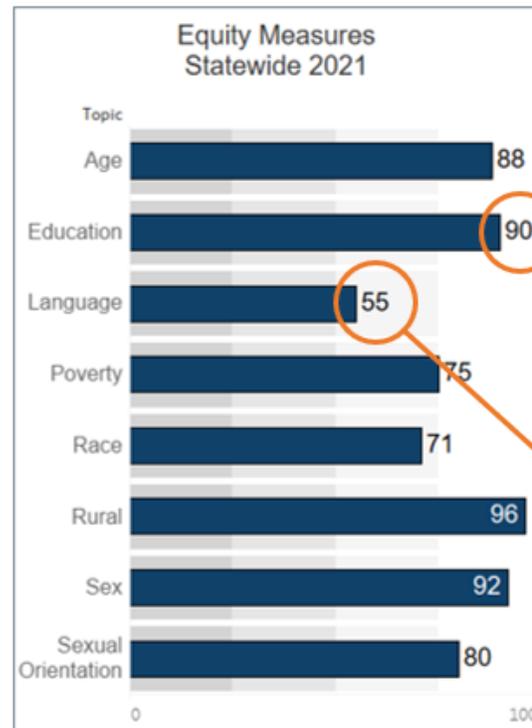
Value 91.7% 96.2%

[DOWNLOAD THE DATA](#)



Equity Index (EI)

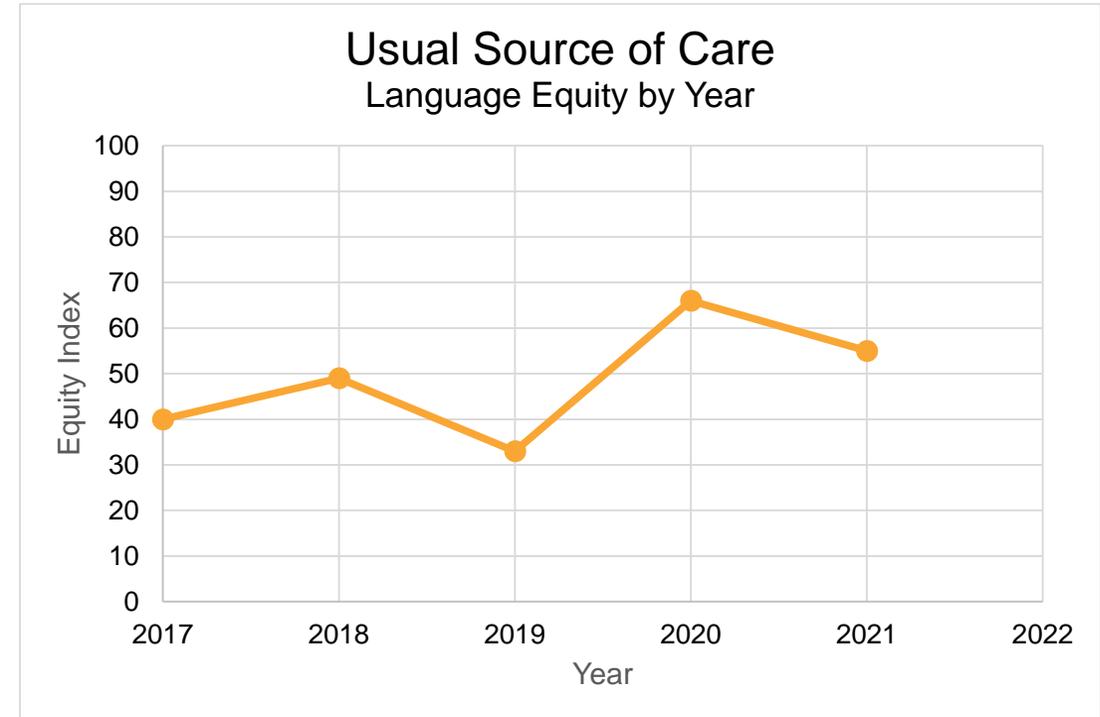
- Scale of 0 to 100
- **Higher** numbers indicate **more equity**
 - Smaller variation between groups
- **Lower** numbers indicate **less equity**
 - Larger variation between groups



Tracking Equity

For each indicator:

- Individual equity targets for each topic
 - e.g. *Language EI of 80 or higher*
- Overall equity target across all topics
 - e.g. *8 out of 8 topics have an EI of 80 or higher.*



Benefits of Standardized Data

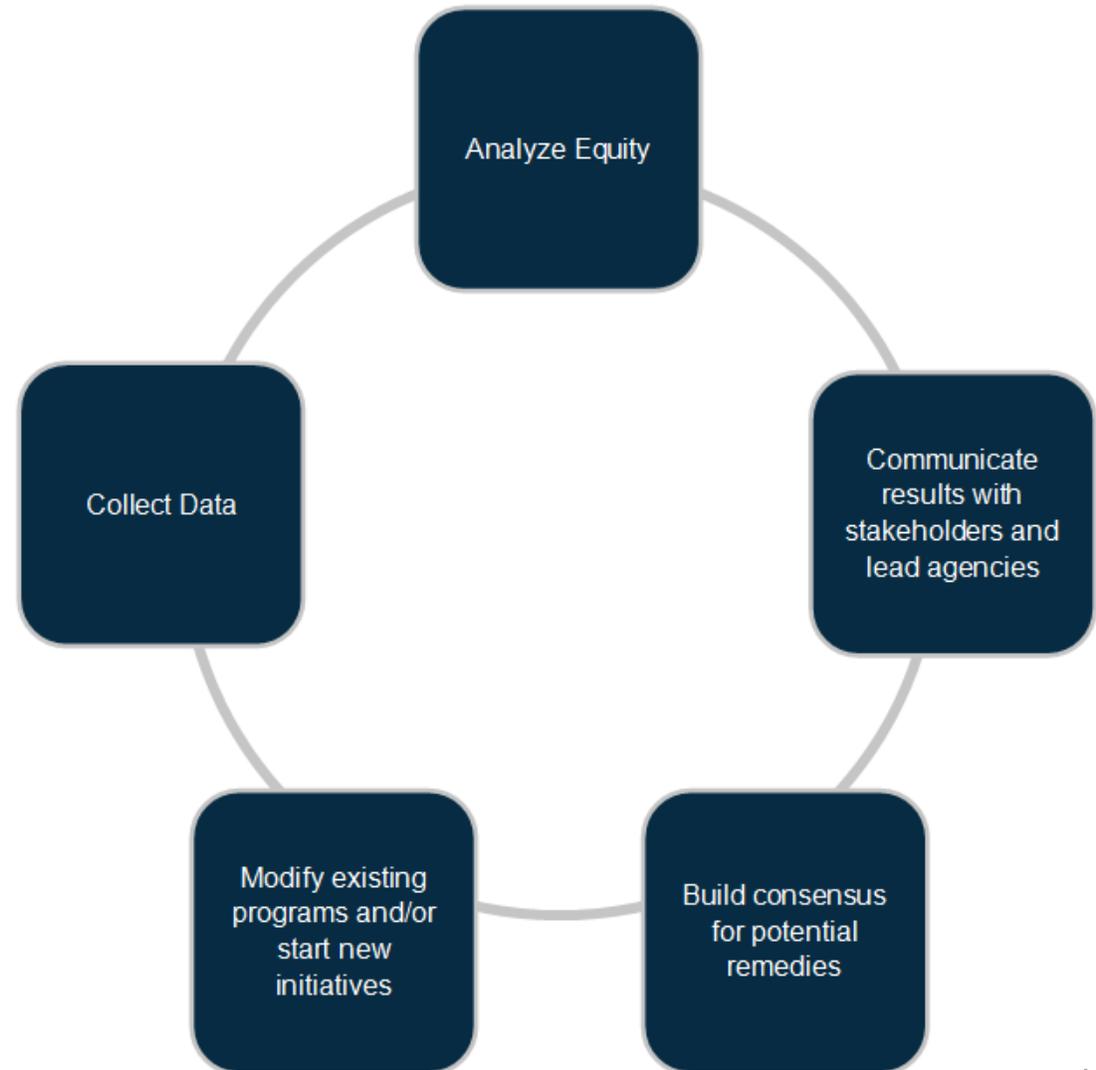
Standardized equity data enables CDA to assess equity across the MPA, potentially identifying areas where inequity is greatest for each topic (e.g. *race/ethnicity*).

Topic	Park Access	Housing Cost Burden	Routine & Personal Care Needs Met	Usual Source of Care	Protection from Abuse	Food Insecurity
Race/Ethnicity	62	49	68	71	61	48

The fictitious data displayed is shown only as an example. These data do not represent actual analysis.

First Step

CDA's equity data framework is one step in a larger collaborative system.





CADRP Partner Updates

Ross Lallian, *CA Dept of Aging*

Zia Agha, Chief Medical Officer and
Executive Vice President, *West Health
Institute*



Thank You

Ross.Lallian@aging.ca.gov

CADRP Purpose

- Advance age- and disability-focused research to strengthen the evidence base for promoting equitable opportunities for Californians to thrive as they age;
- Provide input on key performance indicators and data sources to inform MPA Outcomes Reports and the Data Dashboard for Aging; and
- 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, data-driven priorities.

CADRP Priorities

At the September 2022 CA For All Ages & Abilities Day of Action, CADRP committed to:

- Building consensus on key outcomes and associated drivers, metrics, and data.
- Identifying and launching 2-3 research projects (with associated key outcomes) to lay a foundation for a research consortium.

Using Behavioral Health Research as a Test Case

- Opportunities to:
- Address research gaps identified in the key outcomes effort.
- Engage in both qualitative and quantitative exploration on priority topics.
- Identify key components of public-private research collaboration to inform development of a consortium.

Research Proposal: Behavioral Health

Two research gaps identified in Behavioral Health Key Outcomes:

- Survey research on prevalence of and associations between self-reported health status, psychological distress, loneliness, access to behavioral health services, and social determinants of health.
- Supplemental data analysis to assess prevalence and disparities in:
 - Claims for inpatient/outpatient treatment/counseling and/or specified CPT codes (e.g., codes that focus on cognitive function);
 - Behavioral health claims by treatment setting (including virtual); and/or
 - Claims for behavioral health and/or cognitive medications.

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.



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

Ross Lallian

Chief of Research

CA Department of Aging

January 2024 CADRP Meeting

- Speaker from Dept of Health Care Access and Information to discuss the Health Care Payments Data program and process for requesting data.
- Speaker from Center for Data Insights and Innovation to provide an update on the Agency Data Hub.
- Updates on MPA Key Outcomes effort and behavioral health research project.



CADRP Contact: Ross.Lallian@aging.ca.gov

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