

California's **MASTER PLAN FOR AGING**



**Research Subcommittee
Meeting #2
December 10, 2019**

Meeting Logistics

- [The meeting materials are posted online here.](#)
- Attend in-person or by phone:
 - ✓ Call In: 844-291-6362 Access Code: 8056243
 - ✓ Ask for Master Plan for Aging Meeting
- For public comment and meeting feedback, go to:
<https://www.surveymonkey.com/r/MPAComment>
- To submit detailed recommendations for MPA, go to:
<https://www.surveymonkey.com/r/MasterPlanRecommendations>
- Accommodations:
 - Simultaneous captioning is available in the room
 - Live telephonic access with two-way communication for public comment

Meeting Agenda

1. Welcome & Overview
2. Research Committee Process and Recommendation Form
3. Home- and Community-Based Services Recommendations - Part 1
 - Long-Term Services and Supports Benefit
 - CalPACE
4. Data Sources
 - Mapping California Health Interview Survey Data to the MPA Framework Goals
 - Growing Diversity in California's Older Adult Population: Inequities and Data Needs
5. Home- and Community-Based Services Recommendations - Part 2
 - Information and Assistance
 - Community-Based Adult Services and Adult Day Services
6. Public Comment
7. Summary of Recommendations and Action Steps

Research Subcommittee Meeting Topics & Schedule

- #1 October 28, 2019: Information & Assistance Systems
- #2 December 10, 2019: **GOAL 1: LTSS (Part 1) Information and Assistance, LTSS Benefit, Other HCBS.**
- #3 January 24, 2020* GOAL 1: LTSS (Part 2) In-Home Supportive Services (IHSS); LTSS Workforce, Family Caregivers & Technology, Group Living: RCFs & SNFs
- #4 February 25, 2020: GOAL 2: Livable Communities and Purpose
- #5 March 19, 2020: Goal 3: Health and Well-Being
- #7 April 29, 2020: Goal 4: Economic Security and Safety
- #8 May 26, 2020: All Goals, Dashboard
- #9 June 25, 2020: All Goals, Dashboard

* Jan 24 Hosted at UC Berkeley CITRIS

Note: All future Research Subcommittee meetings 1 p.m. to 5 p.m. unless otherwise noted

Research Subcommittee Role

- **For Each Recommendation, Identify:**
 - Evidence supporting the recommendation
 - Person-centered metrics/indicators to measure the success of the goal
 - Short-term, by 2020
 - Mid-term, by 2025
 - Long-term, by 2030
 - Data sources: What can we use? Where are the data gaps?
 - Methodologies for evaluation
- **Dashboard Development**
 - Content
 - Look and feel
 - Data sources/data gaps
- **Research/Data/Technology Recommendations**

Recommendation: LTSS Benefit

- **Recommendation:** Create a social insurance LTSS benefit in California.
- **Evaluation:** *How will we know that the implementation of the recommendation is successful?*
 - **Short-term:** By 2020, an actuarial study and proposed benefit design and financing plan will be completed.
 - By 2021 the program is codified in law and a governance structure has been created.
 - **Mid-term:** By 2025 a social insurance benefit will be launched (beginning to pay benefits).
 - **Long-term:** By 2030, the percentage of individuals reporting unmet LTSS needs will decline by 20 percent, according to the California Health Interview Survey (CHIS) data.
- **Person-Centered Measure:**
 - Unmet needs for LTSS and adverse consequences of unmet need
 - Percentage of seniors spending down into Medi-Cal
 - Seniors with debt due to long-term care spending
- **Data Sources:** New CHIS LTSS module

Recommendation: PACE Expansion

- **Recommendation:** Provide access to PACE for all older adults and seniors with complex needs who need it and can benefit from it.
- **Person-Centered Metrics:**
 - Hospital utilization measures, percent of beneficiaries residing in community versus nursing facilities, falls, pressure ulcers, medication errors, consumer satisfaction
- **Evaluations:**
 - **Short-term:** By 202, PACE enrollment is continuing to grow at current rate.
 - **Mid-term:** By 2025, PACE enrollment growth and expansion has accelerated from current levels; several more counties are served by PACE.
 - **Long-term:** by 2030, All counties that can sustain PACE have PACE.
- **Data Sources:**



THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS)

Mapping California Health Interview Survey Data to the 4 MPA Framework Goals

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UCLA Fielding School of Public Health, Department of Community Health Sciences

Long-Term Services and Supports (LTSS) in California: Data Needs

- Lack population-level data to assess needs, use, and possible gaps in services and supports for people with chronic care needs and disabilities
- Many programs do not uniformly collect and report data
- Available data is fragmented, reflecting a “system” of LTSS that is financed through different payers, administered by different agencies, and delivered in multiple and diverse settings
- Little capacity to share data across delivery sites

California Health Interview Survey (CHIS)

- Largest population-based state health survey in the United States
- Representative sample of non-institutionalized California civilians, approximately 20,000 households each year
- CHIS is administered in 7 threshold languages: English, Spanish, Cantonese, Mandarin, Korean, Vietnamese, and Tagalog
- As of the 2019-2020 cycle, CHIS is using address-based sampling and 2 modes of data collection: web and telephone

Long-Term Services and Supports (LTSS) in California: A New CHIS Study

Three Study Phases:

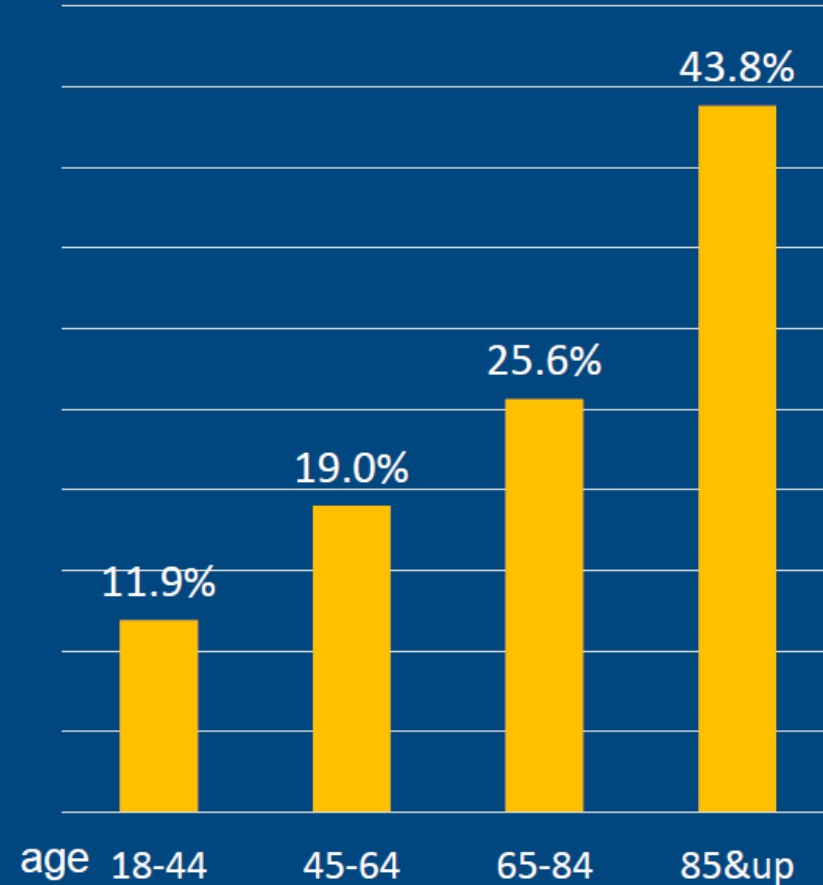
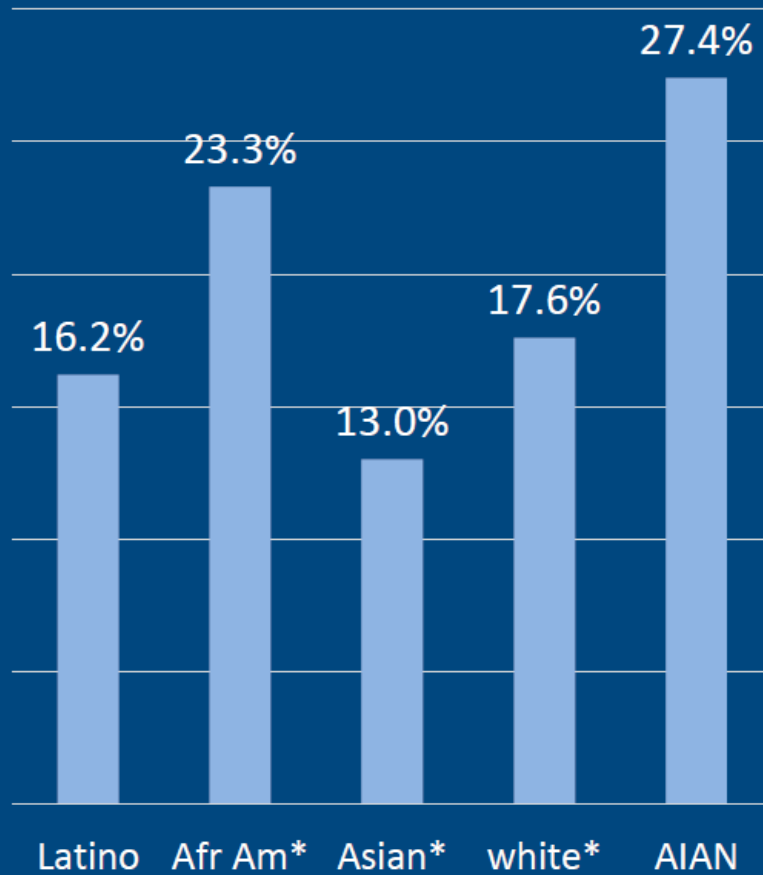
- I. 2019-2020: CHIS Follow-On Survey, about 2,000 respondents by web or telephone
- II. 2021-2022: In-person interviews with 100 Californians with LTSS needs
- III. 2023-2024: CHIS Follow-On Survey, about 2,000 respondents by web or telephone

LTSS Screening Questions

- i. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? [Yes, No]*
- ii. Do you have difficulty dressing or bathing? [Yes, No]*
- iii. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? [Yes, No]*

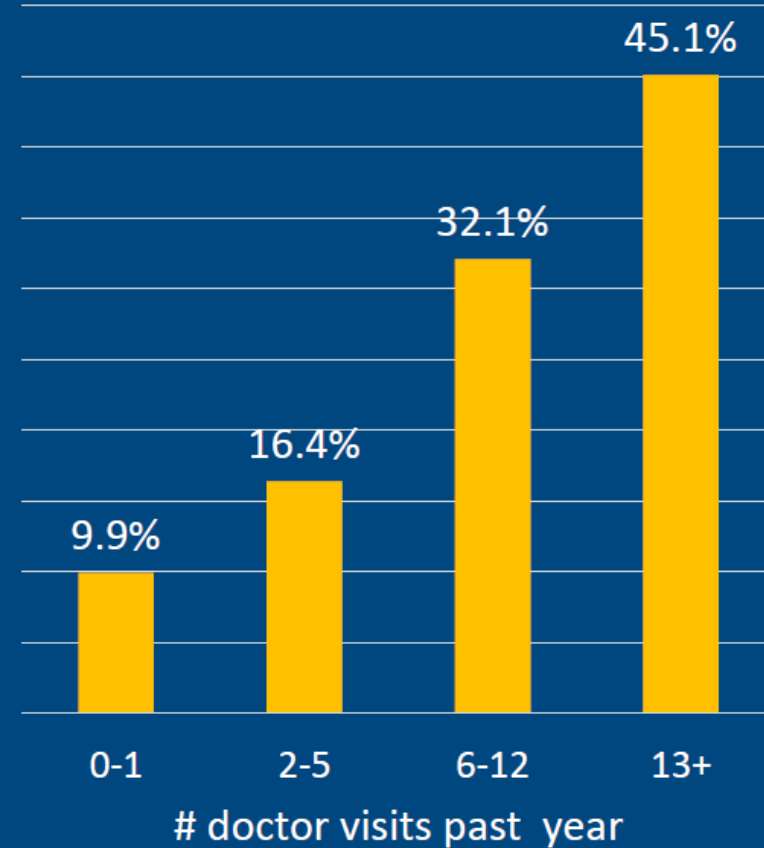
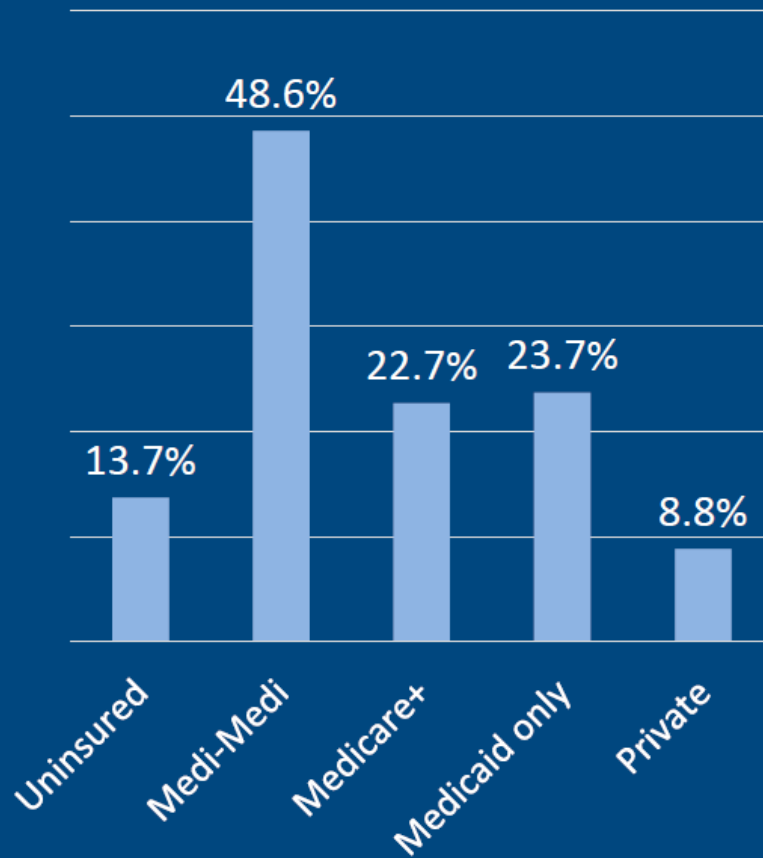
[Note: If participant responds in affirmative to any of the 3 screening questions, s/he would be eligible to participate in the follow-on survey]

Percent with any disability screen, California



Source: CHIS 2016, *=nonLatino

Percent with any disability screen, California



Source: CHIS 2016

LTSS Follow-On Survey

MPA Goal 1: Services and Supports

Service Needs:

What is the level of demand for LTSS? What is the extent of unmet need? What are specific unmet needs?

Types of Services/Supports:

For those who are getting help, are they receiving formal/paid, informal/unpaid care? Who is providing care? What is their relationship to person with LTSS needs? What types of services are they using?

LTSS Follow-On Survey

MPA Goal 1: Services and Supports (continued)

Access to Services:

Who is/ is not receiving needed services? How do consumers learn about available services? What are the barriers, facilitators to accessing LTSS?

Caregiving (CHIS general survey):

Prevalence of caregiving, characteristics of person cared for, consequences of caregiving, support for caregivers

LTSS Follow-On Survey: MPA Goal 2: Livable Communities and Purpose

Consumer Experience:

How well do services support consumer choice and independence? Social/community engagement? Are services and supports responsive, culturally/linguistically appropriate, person-centered?

(CHIS general survey):

Housing, social cohesion, safety, civic engagement, voter engagement

LTSS Follow-On Survey

MPA Goal 3: Health and Well-Being

Consequences of Unmet Need:

How does unmet need for LTSS affect quality of life, physical and mental health, financial well-being? To what extent is unmet need associated with health service utilization, such as ER visits, hospitalizations?

(CHIS general survey):

Health insurance, health conditions, health behaviors, psychological distress, functional disability, loneliness, suicide ideation and attempts, access to care, delays in care, care coordination

LTSS Follow-On Survey:

MPA Goal 4: Economic Security and Safety

(CHIS general survey):

Employment, income, poverty status, food security, social cohesion, safety

Public program participation: Food stamps/CalFresh, SSI, Social Security/pension payments, Medi-Cal eligibility, reasons for non-participation in Medi-Cal

Other Data Sources

AARP Livability Index

<https://livabilityindex.aarp.org/search#California+USA>

Long Term Services and Supports State Scorecard

<http://www.longtermscorecard.org/databystate/state?state=CA>

AARP Across the States: Profiles of Long Term Services and Supports

<https://www.aarp.org/ppi/info-2018/state-long-term-services-supports.html>

Other Data Sources (continued)

Behavioral Risk Factor Surveillance System <https://www.cdc.gov/brfss/index.html>

National Study of Long-Term Care Providers

<https://www.cdc.gov/nchs/nsltcp/index.htm>

CAHPS Home and Community-Based Services Survey

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html>

CHIS and LTSS 2019-20 Follow-on Survey Timeline

- CHIS 2019-2020
 - Began 2019 data collection Oct 2019
 - End 2020 data collection Dec 2020

- LTSS Follow-on Survey 2019-2020
 - Begin 2019 data collection Dec 2019
 - Preliminary subset for data analysis (n=200) Apr 2020
 - Complete 2019 dataset (n=1000) Oct 2020
 - End 2020 data collection Jan 2021
 - Complete 2019-2020 data set (n=2000) Oct 2021

CHIS and LTSS 2023-24 Follow-on Survey Timeline

- CHIS 2023-2024
 - Begin 2023 data collection Jan 2023
 - End 2024 data collection Dec 2024

- LTSS Follow-on Survey 2023-2024
 - Begin 2023 data collection Feb 2023
 - Complete 2023 dataset (n=1000) Oct 2024
 - End 2024 data collection Jan 2025
 - Complete 2023-2024 data set (n=2000) Oct 2025

Using LTSS and CHIS Data for Statewide Planning

California's Master Plan for Aging is a critically important opportunity to get ahead of a growing public health issue.

The CHIS LTSS study will provide useful baseline data and a foundation from which we can begin to analyze population-level LTSS trends over time.

Review of CHIS LTSS and other important data sources can inform the work of this committee, as we develop indicators to measure the state's progress on the Master Plan for Aging.

Thank You!

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Growing Diversity in California's Older Adult Population:
Inequities and Data Needs CA Master Plan on Aging Research
Subcommittee
December 10, 2019

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Take Home Points

The state is becoming older & more racially & ethnically diverse

Disability highest among Latino elders

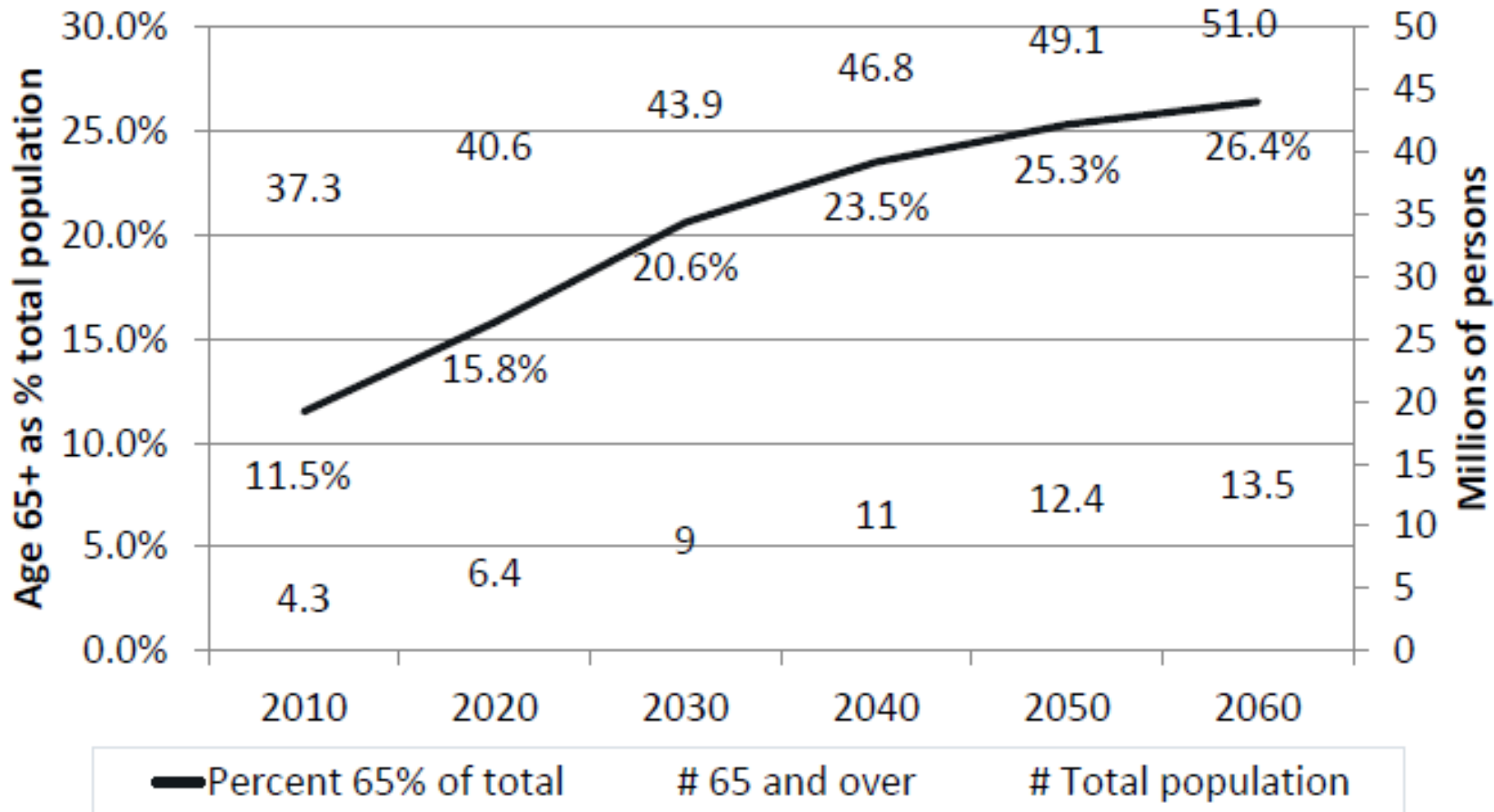
Economic insecurity highest among diverse elders

Housing costs a major challenge

The state is aging & becoming more diverse

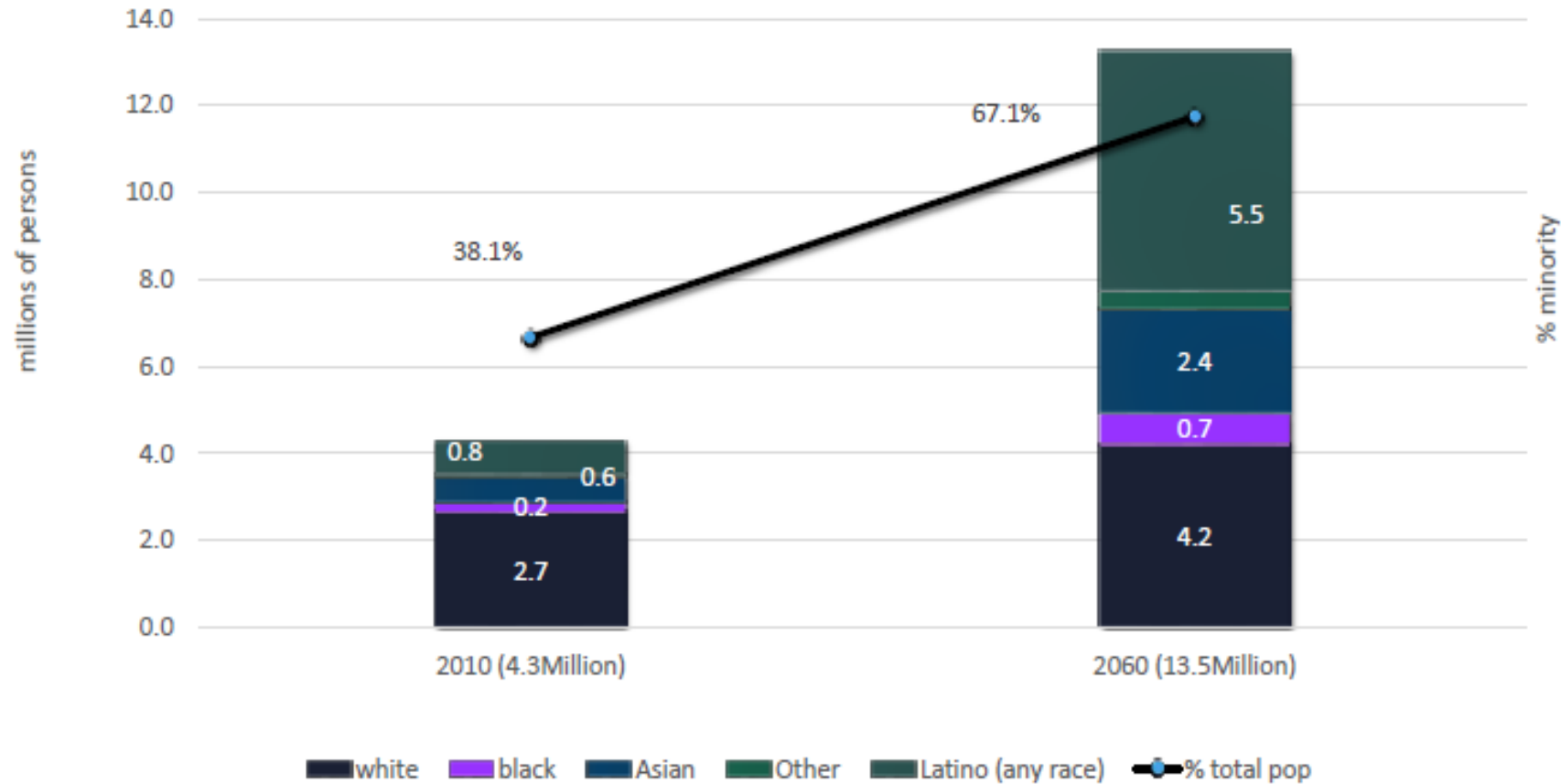


Population Growth, Age 65+, California, 2010-2060



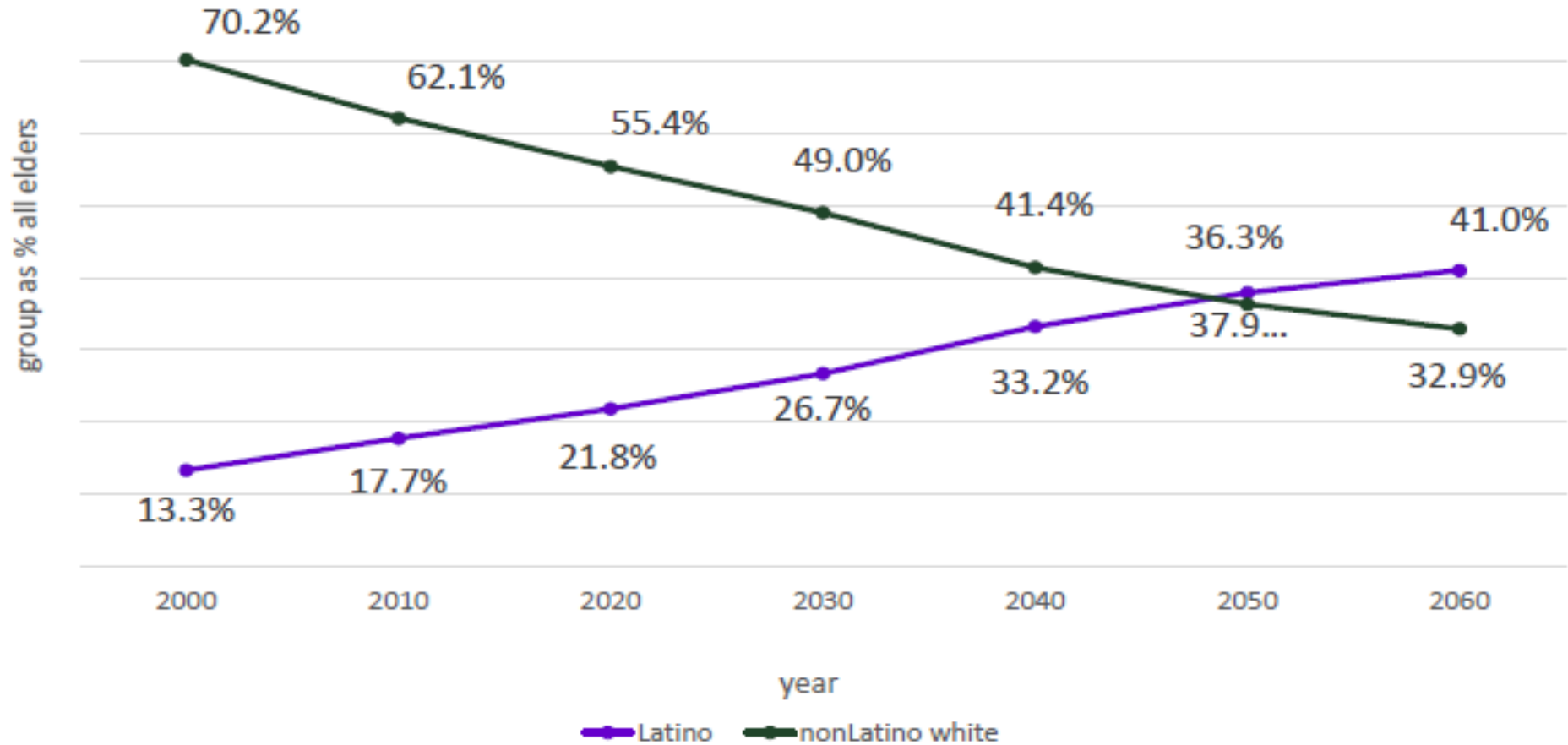
Source: California Department of Finance, 2016, P-3 database
<http://www.dof.ca.gov/Forecasting/Demographics/Projections/>

Fastest Growth, Elders of Color



Source: California Department of Finance, 2016, P-3 database
<http://www.dof.ca.gov/Forecasting/Demographics/Projections/>

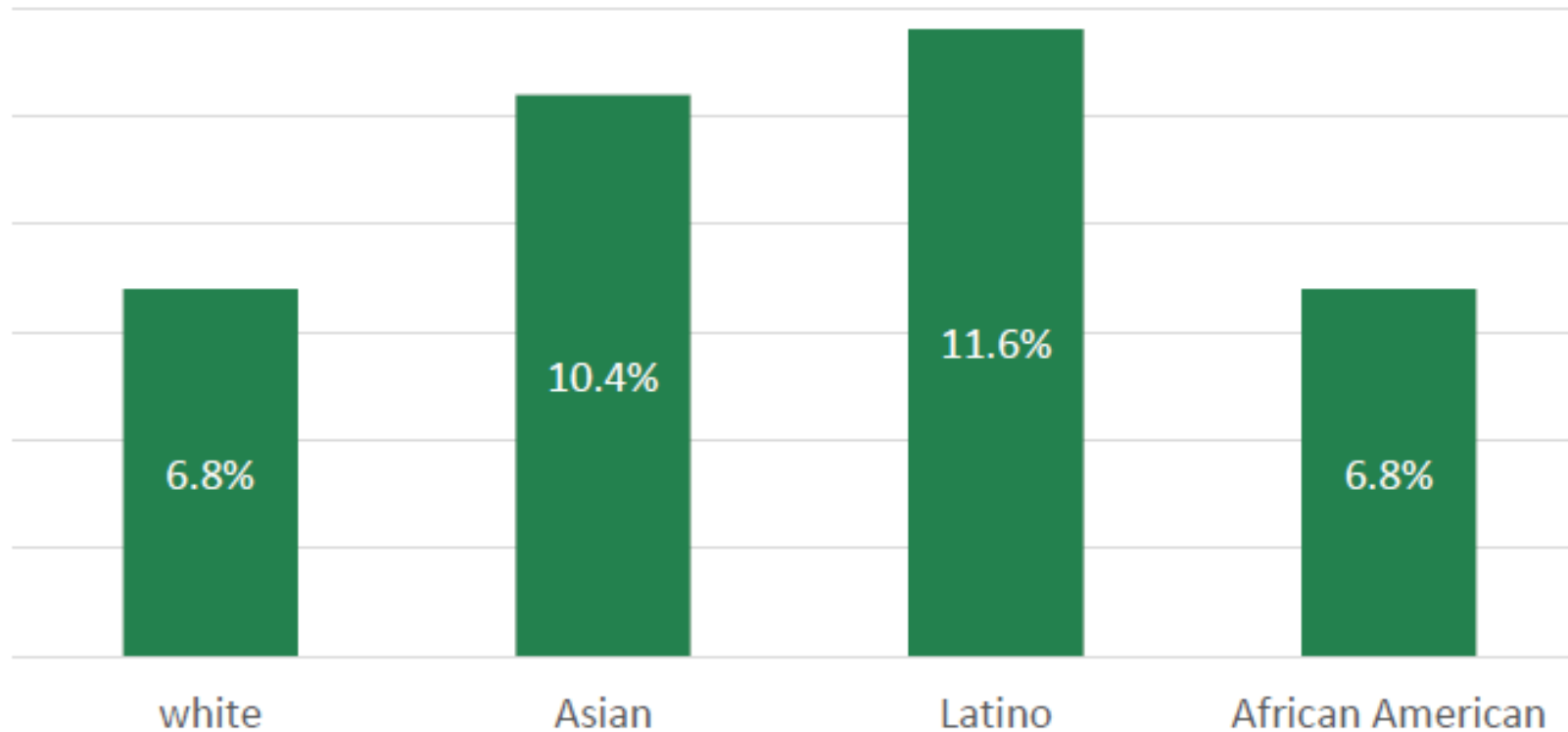
Growing Diversity of Elderly in California



Source: California
Department of Finance,
2016, P-3 database [http://
www.dof.ca.gov/
Forecasting/
Demographics/
Projections/](http://www.dof.ca.gov/Forecasting/Demographics/Projections/)

Disability Inequities, Age 65 & Over, California, 2016

Has Difficulty Dressing, Bathing, Getting Around



- Note: white, Asian & black are nonLatino; Latino is any race

- Source: <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/eidd.aspx>

Diverse older adults face economic insecurity



Poor and near poor, Age 65 & Over, California, 2018

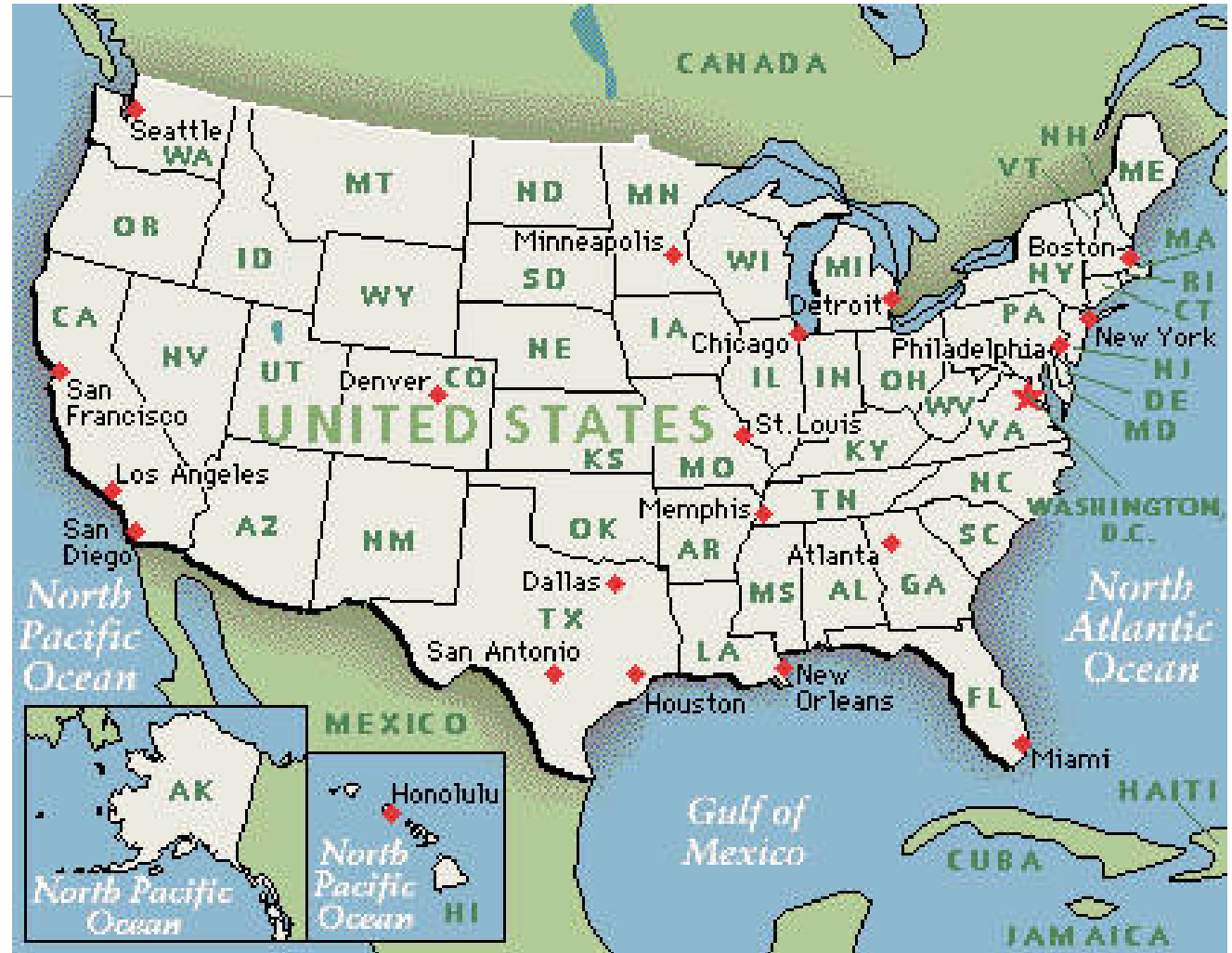


• Note: white, Asian & black are nonLatino; Latino is any race; AIAN includes multiple race/ethnicity

• Source: Current Population Survey 2018

<http://www.census.gov/cps/data/cpstablecreator.html>

FPL same amount everywhere \$12,490
(1-person 2019)



<https://aspe.hhs.gov/poverty-guidelines>

Housing Costs Vary Geographically

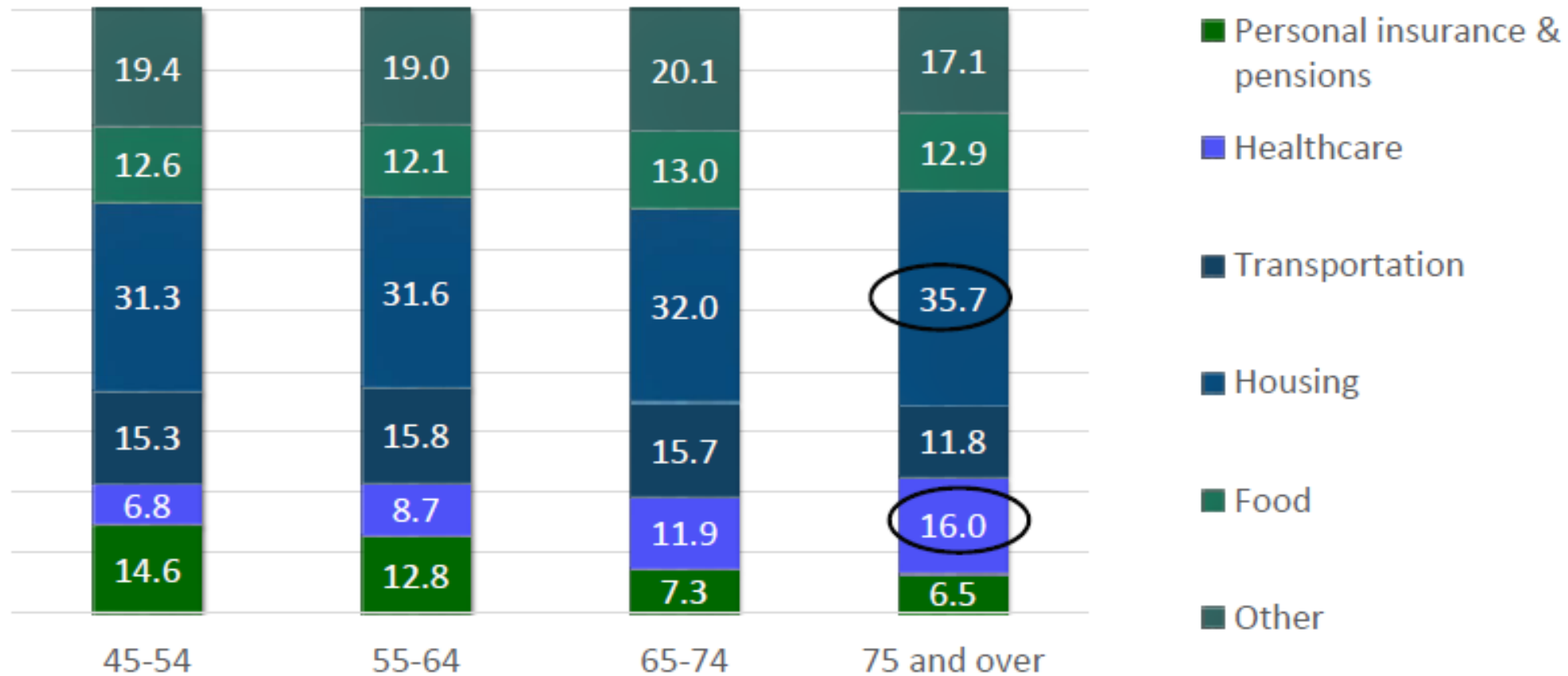
HUD Fair Market Rents, 2019 1-br apartment

San Francisco, CA	\$2,255
Boston, MA	\$1,801
New York, NY	\$1,599
Los Angeles, CA	\$1,384
Portland, OR	\$1,134
Minneapolis, MN	\$ 915
Fresno, CA	\$ 769
Brownsville, TX	\$ 563

Source:

<https://www.huduser.gov/portal/datasets/fmr.html>

Distribution of household expenditures, 2018



Source: 2018 Consumer Expenditure Survey <https://www.bls.gov/cex/tables.htm>

Better Alternative: Elder Economic Security Standard index (Elder Index)

For counties

Based on actual costs (needs) of basic necessities for older households:
housing, food, transportation, health care, and other costs

Uses unadjusted income

Current data

See: www.healthpolicy.ucla.edu/ElderIndex

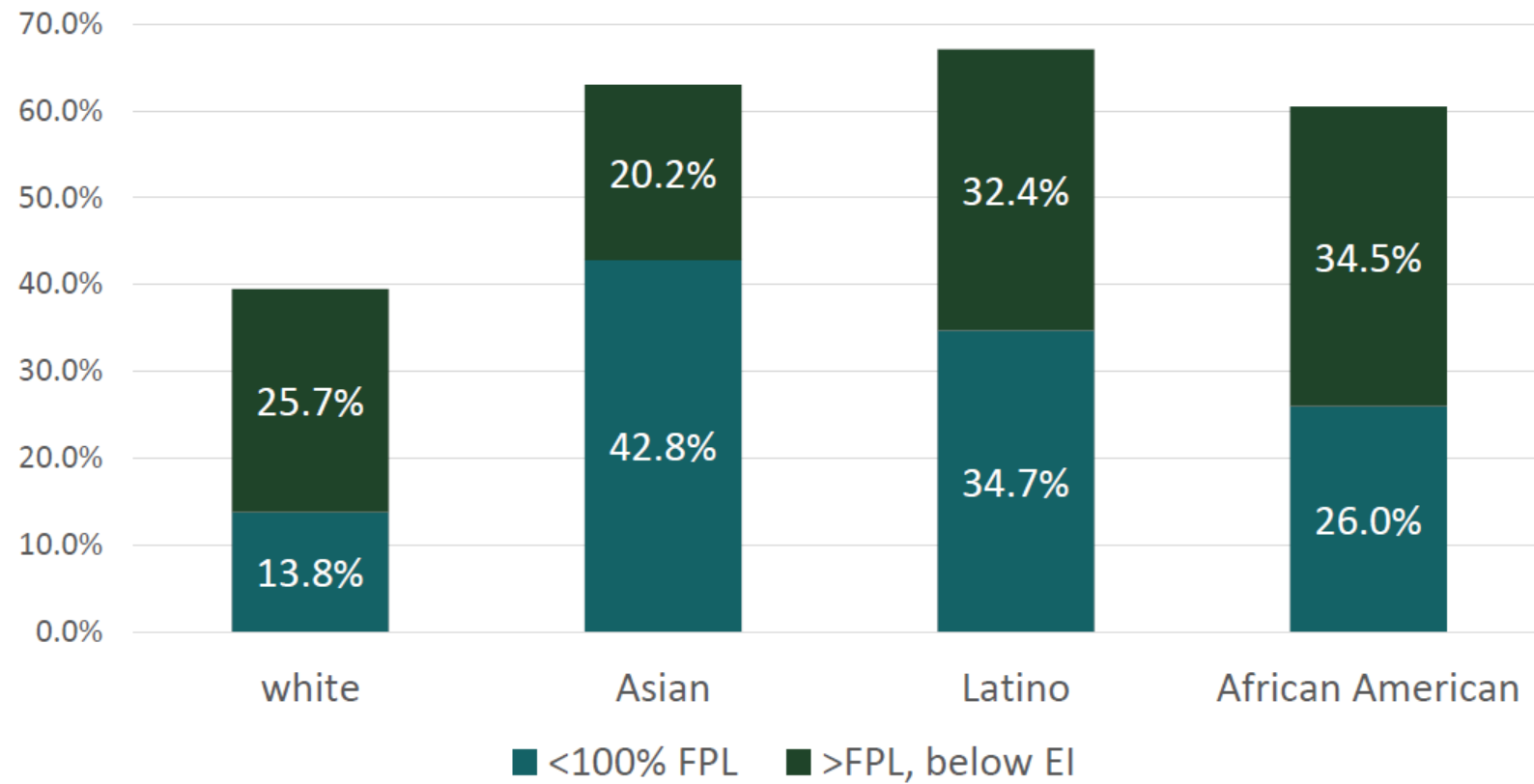
Elder Standard Index 2017

LA City & Humboldt County (FPL=\$12,060)

Monthly Expenses	Los Angeles City		Humboldt County	
	Owner w/o Mortgage	Renter, One Bedroom	Owner w/o Mortgage	Renter, One Bedroom
Housing	\$600	\$1,177	\$377	\$769
Food	266	266	259	259
Transportation	222	222	222	222
Health Care=Good	168	168	446	446
Miscellaneous	250	250	259	259
Elder Index /Month	\$1,506	\$2,083	\$1,563	\$1,955
Elder Index Per Year	\$18,072	\$24,996	\$18,756	\$23,460

Note:
Numbers
may not add
up to total
due to
rounding

Hidden poor, Age 65 & Over living alone, California, 2015



- Note: white, Asian & black are nonLatino; Latino is any race
- Source: <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/eidd.aspx>

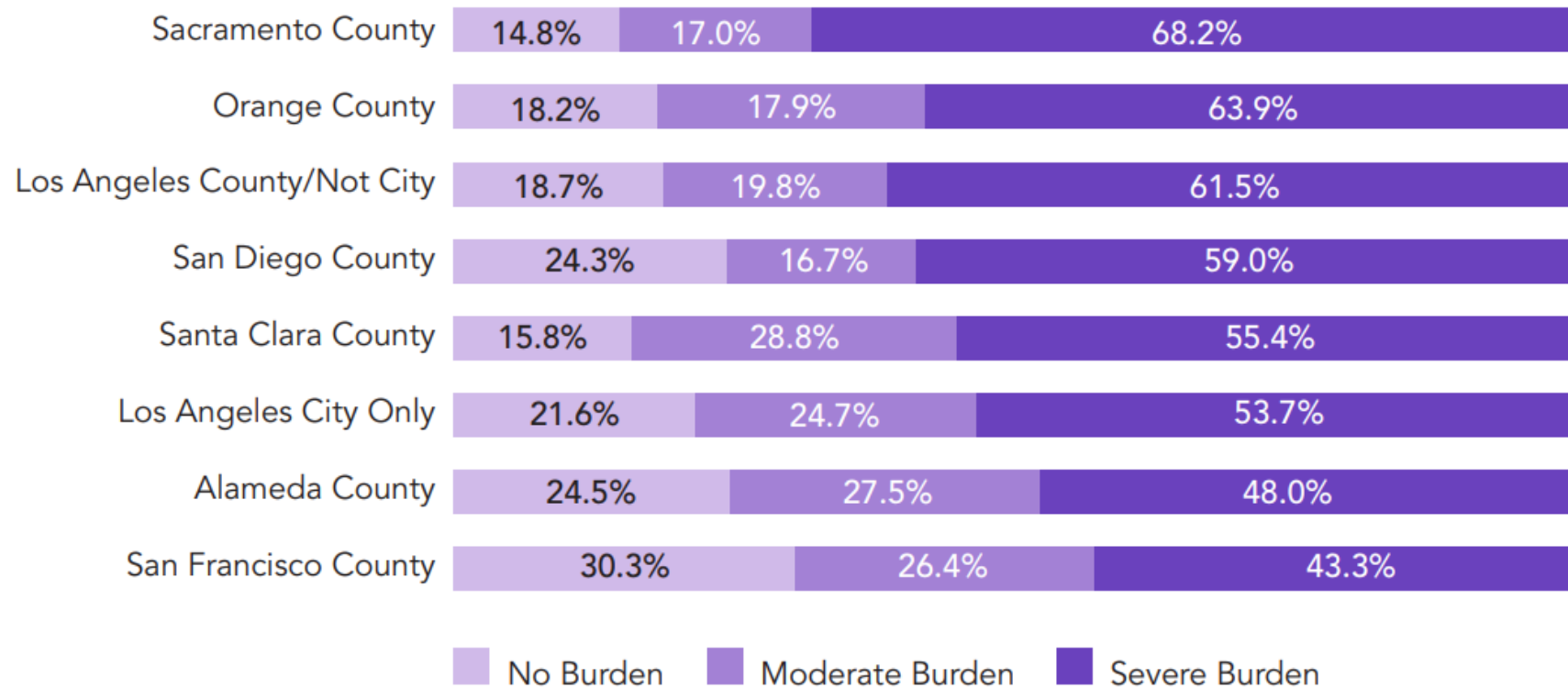
The impact of housing costs

Moderate = 30-49% of income spent on housing

Severe = 50% or more



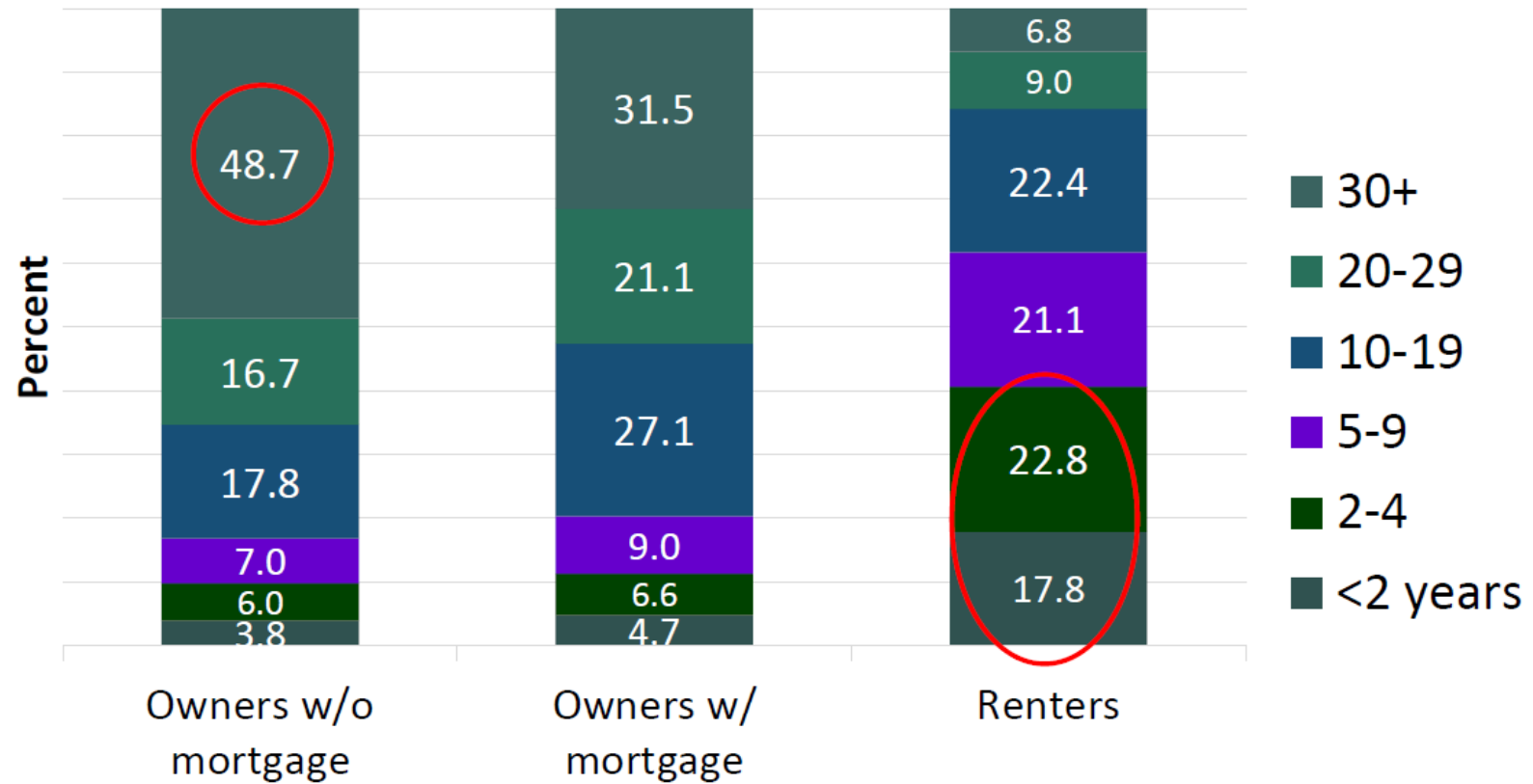
Rent-burdened low-income* Californians, Age 65+, 2016



<http://healthpolicy.ucla.edu/publications/Documents/PDF/2018/RentBurdened-factsheet-aug2018.pdf>

*"Low income" is defined as having a family income below 200% of the federal poverty threshold, as calculated by the U.S. Census Bureau.

Years living in current home, Households w/Head Age 65+, CA



Source: 2017
American
Community Survey,
noninstitutionalized
population

Consequence of forced move?

Weakened social networks

Disrupted health care relationships

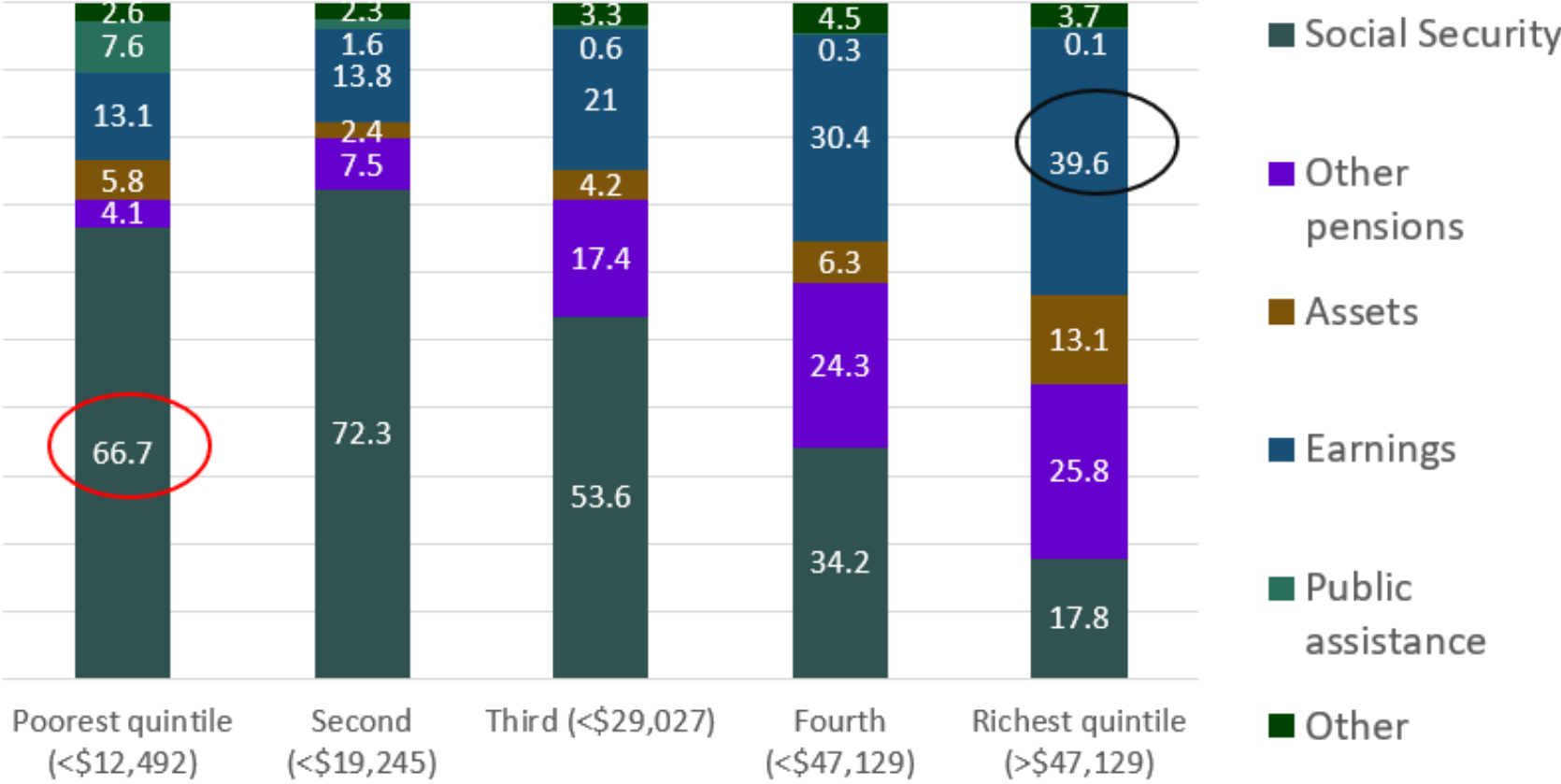
Possible decline in access to community services



Policy on income security



Sources of income, Age 65+, 2014



Source:
<http://www.agingstats.gov> 2016

Improve SSI

CA adds food stamps <https://www.justiceinaging.org/ssi-in-california/>

CA has not yet restored cuts from recession

CalSavers



<https://www.calsavers.com/>

Conclusion

Elders of color are a growing segment of the older population

Health and economic equity are major challenges

Housing costs are a burden

Public policy can help or hurt future cohorts



Thank you



Recommendation: Information and Assistance

- **Recommendation:** Develop a consumer-friendly, branded, standardized, web-based and digitalized statewide Consumer Assistance (I&A) system that feeds into local systems.
- **Person-Centered Metrics:** Older adults who call the information line will report that they have fewer unmet needs for caregiving resources, personal care assistance, and other needs.
- **Evaluation:** *What is the measure of success?*
 - **Short-term:** A statewide system is developed by 2022.
 - **Mid-term:** By 2025, all Californian's who call the I&A system will be connecting with a local Consumer Assistance program through a No Wrong Door process that provides warm hand-offs to program and services that they are eligible for and follow-up assistance.
 - **Long-term:** by 2030, regions with improved I&A systems will have improved health outcomes, fewer unmet needs, caregivers will report less burden.
- **Data Sources: ?**

Recommendation: Adult Day Services

- **Recommendation:** A more efficient integrated licensing and certification process was in place in the 1980s through the 1990s. Returning to this integrated structure and process would streamline oversight and help to resolve conflicts in state and federal law and regulations. This integration would reduce or eliminate fragmentation of these two important processes; provide a more efficient use of state resources and ensure adequate oversight of these centers by highly trained staff to protect the health and safety of center participants.
- **Person-Centered Metrics:**
 - Number of health and safety deficiencies and severity
 - Improved satisfaction among provider and consumer community
- **Evaluations:**
 - **Short-term:** By 2020, a Governor's proposal will be approved to initiate a pilot project of consolidated L&C.
 - **Mid-term:** By July 2021, a budget change proposal will be approved to begin the licensing and certification consolidation.
 - **Long-term:** by 2026 an assessment of the success of the consolidation will be performed
- **Data Sources: ?**

Public Comment

To submit written public comment, go to:

<https://www.surveymonkey.com/r/MPAComment>

Summary of Recommendations and Action Steps