CALIFORNIA DEPARTMENT OF AGING
July 15, 2022 California Aging and Disability Research Partnership
Meeting Transcript

09:59:49 Okay. Great about a minute left for any lucence or last minute items

10:00:07 Alright, There we go.

10:00:22 Good morning. Everybody gonna give it just a couple more seconds for folks to join, and we'll get started

10:00:47 Okay, So welcome everybody to the California aging and disability research partnership meeting like this was that second one of the year?

10:00:55 I heard Sarah say early, a couple of logistics reminders before I pass it off.

10:01:01 We continue to meet virtually. So this webinar is available on your computer, your smartphone, or your tablet.

10:01:09 And there's also a call in option for listen only participation.

10:01:13 The meeting, slides, recording, and transcript will be posted to the California Health and Human Services Master Plan for aging webpage, and you can find materials from past meetings archived there. as well,

10:01:24 We are saving time for public comment at the end of the meeting, but please feel free to use that. Q.

10:01:30 And a feature There's a q a icon on your toolbar, and you can submit your questions and comments throughout.

10:01:37 We'll circle back to them at the end we do have asl interpretation as well as close captioning closed captioning can be enabled by selecting the Cc.

10:01:46 Or live transcript icon on your toolbar. and I just sorry, Nancy.

10:01:52 We can go back one just a reminder that the session is being recorded, and that the transcript can be translated upon request.

10:02:02 If you would like to make that request, please email communications at Aging, Dot, C. A.

10:02:07 Gov. swinging background to public comment if you're joining us by phone.

10:02:14 You can press star 9 to be added to the queue and if you're joining us by webinar using zoom on your computer tablet or smartphone, you can use the raise hand icon to join the line and

10:02:26 we'll open open up your line during public comment to hear from you directly.

10:02:32 Thank you. And with that I would love to introduce Director Susan Demoris.
10:02:38 Good morning, everybody, and happy Friday. it's so great to see the these luminaries on the screen by name.

10:02:49 I'm so happy to be here today to join all of you, and you know I was thinking this this partnership is reflective of everything that's happening in the aging and disability world these days where last year

10:03:04 it was, It was but an idea, and now we're at our in our second meeting with a full roster packed agenda.

10:03:12 Guest speakers and work. that's happened in between just the first and second meetings, and going back to the formation of the master plan for aging one of the key.

10:03:27 Key planks was leadership. and I want to thank our leaders on this and Steve Housing.

10:03:32 I wanna thank Terry for sticking with us and her continued leadership, and each of you as a leader in your own right.

10:03:39 This is an area where you know now. that i've been in the health and human Services agency, and we'll hear from a Elizabeth shortly.

10:03:49 But I think we we have we've made so much tremendous progress.

10:03:54 In the aging and disability space when it comes to data and research.

10:03:59 And we have a ways still to go as compared to some other population groups.

10:04:03 And I think this is the group that's really gonna help us accelerate our pace and progress.

10:04:07 So I want to thank all of you for agreeing to serve on this as part of this partnership for joining us today for your contributions and ideas.

10:04:17 I look forward to hearing from you, and learning from you and I also wanted to welcome.

10:04:21 I don't know if Rigo has been able to join us yet, but we do have a new addition from the Scan Foundation.

10:04:26 Rigo cboron't think he's on just yet, and in other scan foundation news.

10:04:35 I also wanted to acknowledge Gretchen Alkama, who was a real champion of this work before.

10:04:42 It was even a glimmer in our eye.

10:04:45 She was one who agitated for a a body like this. And now we're here today in large part because of Gretchen's leadership while she was with the scan foundation. she is now enjoying a sabbatical and we

10:05:00 wish, scratching the best, and we thank her in in her absence, for her leadership.

10:05:04 That brought us to this day. and I'm wondering if there were any other opening remarks that I had but really just to thank Terry Shawn Sarah Steinhausen for pulling us all along and

10:05:17 now to introduce my colleague, Elizabeth Stephenson.
Thank you, Elizabeth, for being here and looking forward, to hearing from you, and there's Rigo welcome Rigo to the screen and to your first meeting.

Thank you so much, Susan, and good morning, everyone. It really is a pleasure to be here with you today.

I am Elizabeth Stephenson. I am the acting deputy director over the Insights Lab at the Center for data insights, innovation.

And you know I I wanted to take a moment this morning to just really acknowledge and improve the shift that we're making at Calhhs and across the entire State to drive forward, and actually insist on the use of data in developing their practices. Policies are decisions to make a difference in the lives of the people we serve.

You know, I think everyone here appreciates that individuals have the right to have meaningful, healthy lives, with opportunities to participate in their communities and society, regardless of their age or personal circumstances, and data is the best resource that we have to help meet that happen, but it's not something that can happen overnight.

I think many of you appreciate the infrastructure.

Challenge alone is enormous. You need systems, meet practice, data, literacy.

But we also need conversations. and insights that come from those conversations across all of the organizations that must work together to make this happen.

You know it's it's really too much to do alone.

It's too much to do all at once we have to have work groups.

We have to have initiatives and communities and committees like this one to be constantly in the process, pushing forward these data, driven solutions, and we have to see in partnership to leverage and connect our respective efforts So I just want to thank you for your partnership and your thoughtfulness, and your engagement in this this community, and I appreciate you in partnership with you.

Thank you, Elizabeth and Sarah will you take it from here absolutely thank you. everyone. it's so wonderful to see you all here.

I was saying before this meeting started that it's pretty fantastic!

To think that this is only our second meeting, because so much has happened between.

Our first meeting, which was in early april and till now. so a lot of what we've been discussing will be presented today, and really look forward to an engaging discussion like we had last time with all of you you Could see here

the list of committee members, we're really excited to have people here.
10:08:06 I will note that as well as Susan, just said Roche and Alcama is no longer with the fit scan foundation.

10:08:11 We really appreciate her time and commitment. and efforts to help launch the research partnership.

10:08:15 But we’re really pleased as Susan said that Now we have Regos Sboria, who's Vice President at the Scan Foundation to join us on this work.

10:08:25 So welcome to Regow. You can see we have on this committee a range of leaders across the field.

10:08:31 Leonard, Dr. Leonard Abbotto who's the director of the UCD.

10:08:35 Mind. Institute Zia dot Ziaaga Who’s Chief Medical Officer and Executive Vice President at West Health. we go superior with the Scan Foundation.

10:08:46 Donna Benton Research Associate Professor at Usc.

10:08:48 Leonard Davis School of Jontology, isabella Chu, who's with the Stanford Center for Population Health Sciences, Ryan, Easterly, who's a executive Director of the width with foundation. Steve Hornberger Who's co-director of the San Diego State University Policy Institute, Katherine Keith, Smith, Dr.

10:09:09 Katherine Keysman, Who's Director of the health Equity program at the Ucla Center for health policy research. research.

10:09:14 Marco Cochelle, who Dr. Margo who's director of the Ucsf.

10:09:22 Danny off homelessness and housing initiative.

10:09:24 Jasmine Black Samana, who is a program officer with Archdown Foundation.

10:09:27 Dr. David Lindemann who's Director of citrus health and been very active in helping lead the work of this committee as well. Dr.

10:09:37 Nari Me, who is director of the retirement security program at the Uc.

10:09:41 Berkeley Labor Center. Dr. Kathleen Wilbur, who is professor professor at Usc.

10:09:48 Leonard Davis School of Gerontology, and Dr.

10:09:51 Heather Young, who is a Dean Emerita with the Betty Arena.

10:09:57 More school of nursing. at uc davis and everybody on this committee has just had tremendous contributions to make in this field.

10:10:04 So we're we're so glad to have you all here next slide, please, Oops, can you go back and slide?

10:10:12 Thank you So we're just as quick updates for kind of what the agenda will look like. today.

10:10:19 We're gonna start with our department update from that I will provide, and then we're going to hear from our colleagues at the Center for data insights.
On the efforts to establish the Count Hhs equity dashboard. Katherine Keysman will lead us in a discussion on the California elder Index, and some next steps moving forward with that.

And then we will hear from our colleagues at Stanford, Isabella, and David, who will provide a presentation on the Us.

State index on successful aging, and how this effort might be incorporated with the work of this aging and disability research partnership.

We're gonna have a discussion about the upcoming conference for the California for all ages and abilities day of action, which is a very important opportunity for this committee to meet in person and present its priority platform to the State, and with in partnership with all stakeholders we're gonna have us.

It's end up discussion on the priorities of this committee.

That will be led by Zia and David Lindaman, as well as myself, to try and develop consensus on what those key priorities are that you all want to bring from to the event. in September and Then Finally, we will have time for public comment and summary summary of next steps after that.

So that's our day today. it's a packed agenda.

I will just have a few updates for the department of Aging.

First I wanna know that we're very hopeful that in the near. Hopefully. in the next week or 2 we will be able to announce a chief of research for our division of aging policy, research, and equity.

We're very excited about that and building the leadership capacity at the State level, so more to come on that, And we're also recruit going to be recruiting soon for a chief equity officer who will play not only a really important role in internally at the department of Aging.

In building our equity work with the staff and the culture of our work here, but also who will be outward, facing and working on all the policy initiatives with an Equity lens policy. And research.

So we and just think that that person will also play a key role in this work.

So so look for an announcement to the the job.

Our opportunity. We would love your support, and spreading the word on that.

And then, finally, we will be hiring a chief policy officer to accompany the team and help expand and develop our policy in relation to the master plan for agent.

That's the update in terms of our state staff development.
10:12:59 But I did want to note also, we had a briefing a few days ago, or I think it was last week, July seventh.

10:13:08 On the recently past 2022 23 State budget about launching, and we don't really have time to go into depth on them.

10:13:22 But what we can do is provide an update to all of you by email with some more information on it, particularly areas that I think, impact this committee's work, including a gap analysis of our home and community-based service system as well as efforts to do a study on long term services and support financing that a companies, some of the earlier work that the State did in terms of access and affordability of long term care.

10:13:51 So those are just a few quick highlights, but much more to discuss on that.

10:13:56 Finally, I know we will have time to talk about it but we're really excited about the September twentieth convening that we will be focusing on in a later part of our agenda and I believe we put up a link in the chat if you haven't yet registered.

10:14:12 See the link on there that says Cal, for all and you can register there.

10:14:18 We're very excited to see you then I would just turn to Susan and Amanda, and Terry.

10:14:23 Is there any other updates that we would like to highlight for Cda that I might have missed?


10:14:35 Great excellent. So now I'm really pleased to turn it over to Christine Blake, who is with the center for data insights and innovation at the California Health and Human Services Agency, Christine, we are so grateful to have you here to talk about the equity dashboard and it's alignment with the work of this committee.

10:14:56 So welcome to Christine. Thank you so much, Sarah. I appreciate your time, and in the opportunity to really be here.

10:15:07 If we go to the next slide, our team really started as a grassroots organization.

10:15:16 Between the health and human services. office of the Aio, and sooner days data, insights and innovation.

10:15:26 If you go to the next slide. in terms of our efforts.

10:15:31 It really began in terms of the Covid 19 pandemic. We really saw a lot of the inequities instructional racism throughout the country.

10:15:44 We met with a group of directors they're known you know, in terms of basically the department directors.

10:15:50 I'll say specifically, who created a group and a meeting just called racism. as a public health crisis.
Our initial goal was creating a one page Memo

And sitting in to Dr. Galley, our our health team, and says, secretary helping me instead, healthcare services.

Secretary and letting him know that we had concerns about where we were.

As the agency, and what equity and initiatives were going on across all of our departments.

When we sent that memo we asked for an executive sponsor, who at that point was Dr. Nadine Burke Harris, or California Surgeon General, and when we asked for that it was the partnership that was kind of just fluid, and very very organic.

We met with the directors that were part of that group, and received a lot of direction from them.

That initiative was called inclusive by the sign

During our initiative we gather information We identified with roles and levers.

Each of our departments pulled when it came to equity, or what challenges they faced. and what strengths they had.

And once we did our discovery process, we came up with 5 or 6 different recommendations.

One of those being our equity dashboard, and we also receive funding through a budget budget.

Change proposal to fund this initiative as well.

So we go to the next slide. So, in short, what that dashboard was intended, the intention of the dashboard was to identify health disparities, not just as related to Covid, but throughout all of our programs and services that we have

throughout the Health and human services agent. So in the beginning

That was our our marching order as of today we've identified. What we are going to do initially, which is really identifying where we can close the data gaps, identifying what data are we missing when it comes to racial

sexual orientation, ethnicity, and gender identity.

If you go to the next slide, so with at that scope defined which you will see on the left hand, on the slide.

With that identified scope. We discussed it, decided to go through and do discovery process.

But as it relates to data specifically right. so we wanted to reach out to departments chief data officers or the chief equity officers, if they have them in place, and really understand to our departments, what equity, means to them.
10:18:27 specifically. So we completed a qualitative interview. We also completed a quantitative survey that we sent out to our departments to allow them to identify what program programmatic data they had as it relates to demographics and so we've received a lot of feedback and a lot of information. We have completed our interviews as of today, and we've also completed our Town Hall Number One, which was on June seventh.

10:19:00 That town hall included over 70 participants, which was amazing. And during that town hall we developed 4 different user profiles which are going to be discussed in just a few slides.

10:19:11 We do have a town hall, too, coming up on July nineteenth at 9, 30 to 11 am.

10:19:16 Where will we will we showing actually our wireframes for the dashboard, which is really just the 2 dimensional screenshots of what we think this dashboard would show what the features and functionalities are, and really getting user feedback. Since we are your operating through human center design, we will continue to have road shows.

10:19:39 Continue to partner and collaborating with different departments through our agency and the initial goal.

10:19:45 As I mentioned, is really to identify the data gaps. The demographic data we have. we do. Once you move towards identifying those those disparities, and how we can close those items and and identify metrics to close those items before we move into a public facing dashboard for the next slide.

10:20:12 So here you'll see a list of departments as I mentioned that we've completed interviews for as of 2 weeks ago.

10:20:21 We complete a 14 out of 16 out of as of today. We've completed interviews with all of the arguments, and you'll see a little bit more information about our town halls.

10:20:31 You make sure you if you are at health and human services.

10:20:42 So for this slide. I think our slides may be a little Porky, because they come to come sometimes from our Google drive.

10:20:49 But I'll pass this on to one of our CDI team members.

10:20:53 Cam. Yeah. thanks, Christine. hi All So as Cre.

10:21:03 As Christine was mentioning. We we did a discovery process across Calhhs departments and and ask them when you think about equity and the data that you're missing.
10:21:15 What data are you most interested in? And you can see this is a constellation of different sort of demographic data.

10:21:26 And what we highlighted was that race and ethnicity, sexual orientation, gender identity was something that was shared across all Calhhs departments, and that makes it a really great use case for our first iteration of this call hhs equity dashboard I think there's fully an anticipation to expand this work and tackle the other dimensions that often shape our thinking on equity and that'll be something that calhs works on over time.

10:22:05 If you go to the next slide, What was really interesting is

10:22:13 We started to ask about challenges to collecting this demographic data, and we heard 4 consistent barriers.

10:22:23 There's these really intense legal requirements often for good reason. there's data source integrity issues.

10:22:32 You know we know that self-identification is considered a gold standard, and so often the data that we collect.

10:22:39 We don't know how it was collected we also know that the gaps that we see in this data might be due to data.

10:22:50 Submission hasancy, and then, finally, sort of acknowledging that some of our departments are really looking at shaping data collection upstream.

10:23:01 They themselves do not have the systems to collect the data, but they rely on others, and they're looking to promulgate standards to help better collect that data.

10:23:14 You go to the next slide. we've been identified 4 initial users of this dashboard.

10:23:24 And you can see We've named them But the role is right underneath, And a really important user group that came out of this was the researcher and Christine.

10:23:36 I think I wanted to pass it back to you here to expand on that just a little bit more.

10:23:43 Yeah, absolutely. This was a really interesting feedback loop in terms of what we heard from our our keys employees, and in in our partners in this work.

10:23:59 We identified internal users, you know, department leaders, the people who are over programs and policy development.

10:24:09 I think one of the most interesting feedback loops that we received is is the researcher because we initially identified them as an external user.

10:24:19 When in reality we have so many researchers that are actually working in State government as well.

10:24:24 So we didn't want to exclude them in terms of them being internal and external.
And I think just for this specific group, when we are talking about external researchers, there will be time for us. Once we've developed the dashboard internally to really reach out to external research, to identify You know how would you use the dashboard, and I think that's something I would be super interested in learning about in the future.

Once we come unto feature iterations. but understanding how our external researchers will use the dashboard, and what features and functionality makes sense more to our researchers.

If we go to the next slide. So what are we going to focus on?

First we are as I said, wrapping up our interviews.

We will be identifying and just getting into what the landscape is of our specific demographic data.

And doing that inventory we're also going to in the next couple of weeks, created implementation plan and start working with our engineers.

And may basically get identify kind of the process. more.

So utilizing our open data portal, of course, and what we have at Cdi with our agency data, have but also identifying kind of that that stream word stream that goes into creating a dashboard itself once we identify and have a solid version one and maybe version.

So the dashboard is using if we go to the next slide. So, as I mentioned just our data collection in terms of next steps building the dashboard and having that iterative release, we are working in agile methodology. So, making sure that we intertwined that human human center design element and getting that feedback as the product owner, that's something that's super important to me as well as Cdi.

So with that. I know we are running a little bit behind schedule.

And just kind of wrap up on this slide There is a lot of feedback we received from departments in terms of standardization.

So that's also something that we are looking at prior to doing enhancements in the future.

So appreciate your time, and thank you so much for allowing us to speak today.
Thank you very much, Christine and kam thank you both it's just been a joy to work with both of you, and to participate in the recent town hall, and your slides.

Just just show the tip of the iceberg of all the work that that you're doing, and we appreciate it.

Given the time, I will If any members of the partnership have a question or comment, we have time for one before we move on to Dr.

Kitesman looking at the screen. Did anybody want to make a comment or observation while we have Christine and Cam with us, not seeing any hands raised?

Well, thanks, thank you so much for taking time to join us We hope you'll be regular members of this group.

And now we'll be hearing if unless I missed anybody can.

Katherine. Thank you so much for joining us as a member, but also to to share the work of the California Elder Index.

Emilda Adia Thrusto, and to have the opportunity to share some information about the California elder index with all of you.

So this next slide, please. this measure of economic security for older adults in California was first developed about 15 years ago, and it built on the work of the national Elder economic security index customizing it to better reflect the demographics and actual cost of living here, in California so the Cei, as we call it, for short calculates, the amount of income.

It also provides estimates of the number of economically insecure.

Older adults in California, and these data are available by year, county, family type and several demographic indicators.

Importantly, California is the only State to have enacted the elder index into Law Assembly Bill, 1, 38, which was passed back in 2011, requires the area agencies on Aging to use the Elder index in their program and service planning for older adults So today we're going to walk you through a brief description of the Cei and present some data to illustrate how it can be used as a health equity tool to support a more equitable distribution of resources among older adults who are struggling to make ends meet.

So i'm gonna turn it over to emilda I'm so pleased that she's able to join us today, and she has a long history of working on this Cei next slide, please mailed up thank you Catherine
10:30:02 sorry previous slide. Yeah, thank you. So what we provided a brief overview on measuring the importance of measuring economic security, using the elder economic security standard also called the Albert Index versus measuring poverty using the Federal poverty level

10:30:18 guidelines also known as the fpl We will show you how we use the California elder Index to document the cost of living for older adults in California, and how we use it to identify inequities.

10:30:31 Then we'll close by sharing our current efforts to sustain the California algebra next slide, please.

10:30:40 Since the mid 1990 S. the scientific consensus has been that the Fpl.

10:30:44 Has become an outdated and inaccurate measure of adequate income.

10:30:48 Instance, the Fpl. is based on a 50 year old standard of living where food costs took up one over 3 of a family's budget, since it's development in the 1,900 sixtys.

10:30:58 It continues to be based on food cost, with adjustments made each year using the consumer price index.

10:31:05 The elder index, however, is based on the current standard of living, which includes cost for housing, healthcare food, transportation, and a small amount from miscellaneous costs, such as personal care or telephone.

10:31:19 The second issue with the Fpl. is that it is only a single amount for the nation, and does not take into consideration the geographic differences and the cost of living, such as the high cost of living.

10:31:31 We see here in California. The third issue with the Fpl.

10:31:35 Is that is based on the consumption of an average non elderly family, whereas the elder index is based on the cost of basic goods and services needed by an average older adult such as higher healthcare costs that older

10:31:49 adults face. Lastly, while the Fpl. is the same amount for renters and how homeowners, the elder Index takes into consideration the higher costs that render space which is an important which is important for our older adults of

10:32:04 color in California, because they are more likely to be renters, and it also takes you consideration, the higher cost for older homeowners who are still paying a mortgage Next, slide.

10:32:15 Please. When the Fpl. was created in the 1,900 sixtys, food costs took up one third of the family's budget.

10:32:23 However, here the California elder index for a single elder renter

10:32:30 In an urban area such as San Francisco.

10:32:31 We see that rent takes up more than 2 over 3 of their budget, and if that single elder is living in a rural area, such as an Imperial county rit takes up one third of their budget, and health care nearly another
one third of their budget. Next slide, please, and comparing the California index for single to income sources and the Fpl.

So we have the California over index here on the left hand side, and we had the different E income sources and their gaps.

We find that the gap in income is more than 2 times each of these measures.

Next slide, please. Over the years we have seen an increase in the increasing gap between the California elder Index and these other measures the California elder index is the top line green line at the top and the other measures are the 3

down below. Next slide, please. using the California Elder index.

We have identified a particularly vulnerable group of older adults that we call the Hidden Poor, because these are older adults who have incomes above the Fpl.

And thus may be overlooked and may not be eligible for safety net programs that use the Fpl.

As eligibility criteria. And yet these older adults do not have enough income to cover their basic living expenses as calculated by the California elder Index.

Katherine will show share data on which older adults are among the hidden poor.

Katherine

Thank you, Emilde. So the next set of slides, if you could go to the next slide, please provide a comparison of older adults identified as poor when using the Fpl.

With older adults who are among the hidden poor as identified by the California elder index.

You'll see that the Cei identifies a much larger pool of older adults who are struggling to make ends meet on this slide of the 1.2 million single elders living alone in California about 40% are renters 24% are

homeowners with a mortgage. And another thing, 36% are homeowners without a mortgage.

And this graph shows that while one third of single elder renters are defined as poor, using the Fpl.

The Cei identifies an additional one over 3 as economically insecure, and among the hidden poor homeowners with the mortgage increase from 10% when using the Fpl as a metric to more than 40% that

are identified when using the cci. The Cei also illustrates that 29% of those who own their homes outright are also having financial difficulties as compared to only 14% who are identified using the Fpl

in the far right column, when you look at the average across housing types, nearly half of single elders in California don't have enough income to make ends meet.
Next slide, please. So this slide shows differences in economic and security by racial and ethnic group.

While the CI identifies 40% of single older adult whites is economically insecure.

That's the bar farthest to the right on your screen.

You can see that all other racial and ethnic groups are much more likely than whites to experience economic insecurity in California, with Latinos, Asians, American, Indian, Alaska natives and blacks representing between 61 and 67% of single older adults experiencing economic insecurity.

Next slide, please. When we look at single elders by citizenship status, we find that those who are not yet not citizens of the US.

To the greatest amount of financial insecurity. at 74%, followed by those who are naturalized citizens at 66%.

While US born citizens have the lowest rate of economic and security.

At 42%. it's interesting to also note that while the hidden poor is about the same across citizenship status groups.

Representation in the FPL group varies considerably. Next slide, please

This slide looks at variation in economic security by geography.

In this example you can see, Imperial County has the largest representation of economically in secured single older adults.

At 73%, followed by San Francisco and the city of LA at 61 and 58% resp., and the county, with the smallest representation of poor hidden poor single older adults.

In Napa County is is a at 39%, which I think you might still agree is way too large.

Next slide, please. So to wrap up I just want to share a little bit about what we're currently doing to advance the CEI with grant support from metaph fund, we're currently developing and improving the back-end technology and

infrastructure of the CI database and we're working with an advisory board to identify and secure sustainable sources of funding that will support the continued and consistent use of the CEI by policymakers, program planners, administrators and advocates.

We're using new software that better accommodates the complexity of the CEI today.

We presented just single elders, but they complexity, comes into various household types, with couples, children, adult children living with with older adults, grandchildren, and so forth.

So there's a lot of complexity that we're incorporating into the tool.
You know, we're also streamlining annual updates and enhancing visualizations for a publicly available and interactive data dashboard that's available.

And then in our improvements, we're gonna be in integrating the current cost of living dashboard with the demographic dashboard.

The overall goal here is to improve efficiency and to make the CEI as responsive as possible to the needs of a large and diverse group of stakeholders.

In addition to providing annual updates to reflect real-time cost of living, we also hope to increase the visibility in the uptake of the CEI by raising awareness of its power as a health equity tool by providing training and technical assistance as needed as advancing innovations and conducting research and evaluation to assess its use and effectiveness for planning and advocacy.

Moving forward next slide, please. I just like to acknowledge all of the funders who have so generously supported this work over the past 15 years or so.

Here are a couple of links. If you want to take a look at our cost of living dashboard and demographic dashboard.

Thank you so much. Thank you both for that you know we could have probably spent a 2 day conference to learn all about everything that you're doing.

This was really just a teaser and and this work is so incredible. especially, you know, as you mentioned we continue to use outdated data that's not reflective of what's happening today in California I find those county reports. So helpful to our local planning for the master plan for aging the rollout of our age.

Friendly. community initiatives I think that's such critical data for county boards of supervisors and local leaders to have.

So thank you. Thank you very much. Again, moving quickly through the agenda, we do have time for 1, one, maybe 2 questions.

If anybody David, let's hear from you thank you yeah a quick question.

So yeah, Echo, those comments this is so important it needs to be done, and it's just such wonderful work to implement it.

I was curious, if you've compared this at all or talked with the folks who've developed a California poverty measure. the folks of the public policy institute of California it strikes me that there's a lot of similarities between what they're doing. they have kind of a similar mission to get this implemented and just curious if you've done comparisons with that measure that they've developed you know, adjusting for cost of living adjusting.

for programs and calendar with with the measure that you that You've developed.
That's a great question. Yeah, that is a really great question, and no, we haven't is the quick and short answer.

But you know I'm hoping that with our efforts to sustain the California elder index.

We'll have you know the opportunity, to do that I think that would be really really helpful to understand what other folks are doing in the State and and compare our data and figure out you know what's what each of us are doing. The elder index is not taken into consideration.

Any sort of social supports or anything we are really looking at.

How much income does it? It doesn't older don't need to be economically secure in and of themselves without any sort of social support.

So that's something that we look at but it's it would be interesting to see how these other programs could.

That would help to offset the older adults who are economically insecure in particular, those who are among the hidden poor who are often overlooked.

Because they have money that's you know that have income that's above the Fpl.

Which is is the official measure of of poverty.

So hopefully. We'll do that in the future. Oh, awesome thanks, thank you, Catherine and Emilde.

Were there any other questions or comments before we move to David and Isabella?

Oh, Sarah, yes, I was just gonna say, Well, thank you so much, Catherine.

And for the presentation it's such important work, and I think that there's so much opportunity to continue thinking how the data from the elder index can be applied in not only our work with the data dashboard and aging, and our research, but also in, you know, defining the problem across the board.

As it relates to older adults, and in making the case for system change.

So I think we have so much more to do to leverage this tool, and really appreciate both of your presenting on it.

Thank you so much.

Sure. So so glad to be invited to be a part of this, and really explore with all of you.

If there's something we could do here, that would be useful.
I mean ballot. Did you want to start out with any other introductory comments?

Or do you want me to just start yeah just introducing myself? I'm Isabella chew I work with David very closely at the standpoint.

Center for population, health sciences, and our group is working on a number of refinements to existing indices of social degradation.

So today, David's gonna talk about one of these in seeds in detail.

So really looking forward to working. Yeah. So so everything I want to talk about here is in this paper that we published recently.

That's about a metrics of successful aging of States

And so you can get any of the details here if you have trouble accessing it from where you are with any firewalls or any limitations.

Just email me directly, and i'll send you a copy of it next slide.

So we wanted to do something kind of different here than a lot of the other indices that we're out there looking at aging and really take a life course.

Kind of preventative approach to thinking broadly about what are all the aspects of society that we think are important to create a society and places where people can age successfully in a really broad definition of that term.

And so we wanted to get away from some of the kind of more specific measures that were out there, and and there's a lot of useful things out there.

I think ours is complementary. But our angle was really kind of thinking holistically about.

What are all the things in society across a few different domains that we can use as metrics that we can look at progress on to see how we're doing for aging.

Now, and in the future next slide. So here was our some of the criteria that we had.

We wanted something that we could look at on a yearly basis, or we could monitor trends over time on a fairly a fairly short timeline, and something that would serve as a tool for policymakers and people in organizations who wanted to advocate for for healthier societies for aging, and it was based on the other resource off point.

This was our work that was done as part of a network on successful aging, which is led by Jack Row.
And it it's been a group that we've been meeting together for I think 15 years now. at least once a year, and it started out as a Macarthur a macarthur network on successful aging and then it's been such

And so this was a project that came out of that group.

To look at. country comparisons. and what I did was with Jack and others was, Look at this for us states the idea here.

I'm not gonna have anything on in the presentation but for something for you to be thinking about. is to think about.

Could this be something useful to look at within California so to look at counties in California, or smaller areas in California, and how each of these places, what they're doing, and how what they're doing for successful aging to promote successful aging in their region in in smaller regions of California.

Next slide. Okay, So you can go ahead and click 3 to all 5 here, I think I guess it's not quite odd.

So here were the 5 things you know I i'd be super interested every time I present this i'm really interested in getting feedback on what kind of other domains you think are really important for thinking about what makes a successfully Aging Society in terms of our group and the literature which is a really interdisciplinary group, everyone working on aging.

But in psychology and in biology, sociology, political science, wide range of just gerontology.

Of course these were kind of the 5 constructs that we kind of agreed economics that we agreed to as a group from the literature, from our studies, productivity, and engagement.

So really important. Here we don't mean like holding a job volunteer work is included.

And so this isn't about just wages but being productively engaged in society.

Second is security, which we mean both physical security and terms of safety, but also economic security equity.

So that does involve economic security as well education, but in terms of how equitable that place is.

Co-chair is more about sort of social connectedness, of places and neighborhoods, and fifth was well-being, which has more to do with health.

Both life, expectancy, but also quality of life. So this is what we start out with.

I think you know, as we look forward to thinking about possibly doing something within California, we could adapt this expand this, have a better aligned with sort of the, you know, the the goals for for aging in California.
But these are the general things that we thought, you know, based on several years of deliberation, and looking at the literature, were important to look at.

Next slide. So here's the measures that we created in each that we had in each of these domains for us states This is where we could do a lot more work.

This is a starting point. it's pretty tricky as to get data that's representative of the State.

That is also collected on a yearly basis. So a lot of this is from census acs data or that should yeah or Cps data.

But there's other data sources We use some of it's from behavioral risk factors data.

I think when we go to, or if we go to sort of a California specific survey that opens up a lot more possibilities and then tied it type of data we could get that, you know, is available in California But not in other States. But just here's briefly an example of some of the components of each of those domains. you also I Won't get into this in this short presentation.

We also have a weights for each of These each, of these domains based on sort of a a process of working through the group to saying, You know which were the most important, you know, as you see here.

They're kind of between point 1 7 and point 2 5 so generally pretty closely weighted a lot of the weights with Ind domains.

We're really just so we want double counting things so we have like tertiary education and high school education completion rate.

And so we kind of didn't want to be double counting high school education.

So we waited that so we could also get State income inequality within the equity category.

Again. All this stuff is in the publication for more details. All right.

Next slide so quickly. you know this is just a correlation plot of all of these components.

And the darker colors mean they're either strongly more negatively or positively correlated.

The take-home point here is there's a lot of sort of light colors, colors that are light blue or light red, showing that i'll across these across all these measures that we use They're not highly correlated so it's important that a lot of these things are in here, and it's also an important statement about the multi-dimensionality of of places for successful aging that you can't capture this with one or 2 questions. that you need kind of a wide range of questions to really capture what's been for successful aging.

Next slide. And here's just that same thing. but in terms of these domains, so you know, like security and equity are pretty correlated at point 6 well-being and security well being in productive productivity, correlated so
these things do kind of track together. they're all somewhat positively correlated, but also in love with these domains, are correlated at point one or point 2.

So again, this is the state level this is comparing us states, but you know some are doing better in some domains and and others. So that’s also kind of a guide post for States to look at.

Like, Where are we falling behind? Where can we make the most progress? Because each of these domains, while they track together, are really pretty different across states.

Next slide. you know, for the for the sake of time in this presentation and a go i’m gonna kind of skip over the details of how we scored this again. This will be in the publication. Just get to some of our findings.

Yeah, to that map. Okay. So here's just mapping out the overall index. And where States fared how well they were doing so.

This is a theoretical range of 0 to 100, but because some States are doing better in some areas than others. The range is actually sort of 30 to around 70, and by our metrics. Unfortunately, California is a little bit lower than a lot of the sort of average state here based on the metrics that we have.

Okay, Next slide.

So overall California was 30 eighth. we are right by New York and Texas. So this top states for promoting successful aging was Vermont, Hawaii, Iowa, Colorado, and New Hampshire.

So I think, as we think about California as a whole, we think about some of our comparative states, you know, states like New York, and Texas, where we are kind of like right in the same bucket with those but you know, not doing as well as some of these other other states, at least. by by our domains.

Okay, next slide. So just looking through i'll go through these routes, we quickly But you can see how different states will be doing better than others in productivity.

Can next slide security. Next thing, equity. so equity is the one where California you know, due to our levels of income inequality.

That's one of the things that really kind of brings California down in terms of this metric. But we can do Sensitivity analyses, you know, sort of dropping out some of these metrics, focusing on one area in particular, and looking how the State is doing over time.
But again, the idea would be, you know, to potentially do this within California.

So we can look at what areas of California are doing better, where they in particular legging behind other areas, and where we may sort of invest resources.

For for sort of promoting healthy aging in the future.

Next slide. cohesion cohesion measures are pretty pretty weak.

I take this with a bit of a grain of salt.

This is something where I think new data sources on cohesion could really help this measure.

Do a lot better next slide. well, being California is doing quite a while one of the top performers in terms of you know, life expectancy across the whole population mental health and physical health.

So we did more to take all those things into account. So good news from California in terms of power performing in those areas.

Next slide. This was a change over time, so we did look at something.

You know one of the things about this index was looking at each year.

You know, especially after the great recession. you know, California was sort of flat for a while, and since the great recession due to a lot of the issues that stay has been facing in terms of income inequality and things

kind of still coming out of the great recession we've been kind of on a slight sort of downward slope over time. Next slide here's an example of just what you can what you can look at in detail

of different states. And so this was in in the paper what we focused on.

But looking at a few states in the South and I think it's an important message about

You know, looking at where we are in time and and kind of looking at these trajectories.

And so Louisiana had this big drop in around 2,010.

Mississippi, on the other hand, on a little bit of an upward trend.

But this is the kind of thing we could do, you know, for counties within the State can next slide.

Okay, good. We have a few minutes for questions here. So this highlighted these core domains.

We have. I think you know, we would want to adapt these domains and adapt the questions, but we could take sort of a similar approach in methodology.

Within within California, to look at different counties you know from what i've looked at so far.

There's you know obviously a lot of that acs data could be replicated.

There's some things that you know when we went from the International Index to the State Index.
We changed some measures. Things that just didn't make sense to look at in States there'll be some of those items in California that you know, may not make sense, like for example, you know income inequality at the county level. That might not be the the right measure, for we might want to use a different different measures there.

If if the importance is sort of how for example, the counties level of income as compared to the State, might be actually more relevant.

So some of those things could be adapted. We did like a lot of stuff in the paper that you can get into in terms of looking at the robustness of the measures.

The waiting schemes, all of those details that you know we can really build on.

So thank you so much for your time and listening to this you know it's really a different kind of metric in terms of, you know.

We actually measure things like a level of education things that you know won't pay off for aging for many many years.

But if we take sort of a long view of the health of the State, and how the health of old folks, you know, wanting to invest in in things that promote these things, and have them as part of our our index which hopefully can promote that kind of life. course view of of aging as we go forward.

So thank you very much, and happy to take some questions, and of course, please email me at any time.

Happy to talk one on one, or answer any questions over email as well.

Terrific, David. Thank you and Isabella. We did have one question in the chat from Ryan easterly, and then I see Dr. Fernando Torres gills hand is raised so let's let's hear for first from Ryan.

Then from Fernando and then the towards the end of the agenda, we're gonna be able to talk about all of these presentations as well, and a broader context.

So let's hear from ryan I thank you so much for this presentation, and for the work you're doing I was curious, as far as the domains especially with well-being and possibly security. do they touch on physical access or accessibility of environments?

Yeah, that's a great question. you know we actually were looking at the the the quick answer is no we've looked at some of that data and had trouble getting some of that that we felt was, we're good measures across the States.

But that would be absolutely something, and that we'd love to include, as we find, some good data on that and within the State of California might be something that we could do more with.
So I absolutely agree that that'd be really important to include and we would like to do that.

Okay, Thank you. Yeah.

Take it away, Fernando, with your Friday shirt.

Great Friday, Friday kicking back summer vacation. But first let me commend David and your colleague and it's wonderful to have Stanford now.

More fully involved with us as we seek to promote.

You know. good aging, healthy agent. However, one defines it, and this index you have will be a real contribution to the giving us more of the detailed nuances, and I think a broader template within which to get a

bigger picture. So I want to commend you all. Heavy said that just a couple of comments, and even a of collegial critique, as was mentioned earlier.

First, you know disability, accessibility, mobility, limitations. you know really influence how one measures their own quote unquote successful aging, and and that doesn't come out.

And I realize a lot of this is based on what data might be available.

However, you define that the third is racial ethnic status, and the fourth is Zip code, the Zip code, you know where you live. And so, if you could consider at some point bringing out as well what might be the more

significant variables lumped them to give us a better picture.

I think that will better help explain why California does not do as well, and what we might do to improve it with our master plan on aging, and the last is just a a collegial critique in in previous work on the concept of

successful aging. whether it's you know the best place to live the best place to retire.

It's really only about white retirees with a lot of money that moved to quote Unquote safe states like Vermont, New Hampshire, Utah, and then they get the best rankings because They're kind of like

places for people that are well off to escape, too, and that puts a real negative on places like California.

So I don't know how you're gonna measure that.

But if you could explain more clearly, and however you do how you define successful aging, and it doesn't mean only if you're white, disabled and willing to move to vermont and so that's kind
of a yeah that's not concerned about yeah no. So you know, we've been in touch with folks who've done some of those other indices which which had that flavor to them.

And and that was a big motivation, for me and wine to do this like we didn't have like got the number of golf courses nearby, you know, like you see in these other measures, so I like that and and

sort of affluence, sort of things that you would have that affluent people would have access to.

So that was very specific, and something we wanted to avoid and go in a different direction.

Here, so that's why we did include like the measures of you know that were cohesion the measures of equity.

And I think you know one of the debates was like shit.

Should equity just be something that is part of each of these indices.

So equity and productivity, equity and each of the domains like equity and well-being

And so that's actually what i'm working on Now, so not having equity, is like one of the domains, but like how equitable is a state, or is a place in each of these areas, and really having that as a metric that we're

trying to optimize. So I think we can have like a fully balanced that equity in there as well.

So you know, totally agree with that critique and I think you know I would love to talk with you more.

There's there's a lot to to talk about in your comments there, and it'd be great to chat with you more about this.

If you have time, but you 2 have already made a great contribution.

So thank you Yeah, thanks. so much terrific so we’re just gonna let Fernando keep keep rolling on the agenda.

We're we're so we're delighted that Dr.

He, was instrumental in every aspect of the master plan for aging stakeholder, Advisory Committee.

The Equity Work group, and now he is a member of the Impact Stakeholder committee that performs oversight for the master plan, and that acronym means implementing the master plan for aging in California together impact So

Fernando joins us as a member of that, along with Amanda Lawrence, who is our project director for the master plan for aging.

Nearly since inception. so fernando and Amanda are going to share with us.
What's coming up with our California for all ages and abilities day of action. I'll let a man to go first, and then I'll follow up great I'll set the stage for you Fernando

so go ahead and go to the next slide, please.

As we have mentioned a few times in this meeting, and you should have received an invitation, and hopefully some other newsletters announcing that we are hosting at California for all ages and abilities. Day of action.

Tuesday, September twentieth. actually 8 30 am.

To 4 Pm. The slide is slightly incorrect.

And this is a role fantastic opportunity for our stakeholders who are focused on aging and disability, who are specifically focused on the master plan for aging as well to come together with less legislators

with the Governor's office, with other State leaders across health and human services.

Agency. the administration as well as the public so We are hosting this event in Sacramento, and not only is it a time for us to come together to have a call for action, but it's, also an opportunity for each

of our 6 committees which are featured on the next slide.

I want to remind everyone that we do facilitate and coordinate 6 committees focused on aging and disability.

Of course there's also the California commission on aging Each of these committee members are invited. we'd like you to all attend registration.

Link is in the chat, but also I sent everyone in an email today about it.

And each of these committees, councils, advisory bodies will be presenting recommendations for the next 2 years of the master plan for aging.

So when we developed the master plan you know we knew we didn't want to have just a plan that is rigid.

It's flexible, and every 2 years we revisit it, and we create new initiatives for the next 2 years.

So Fernando, as a member of the Impact Stakeholder Committee, who has been instrumental in the oversight of master plan for aging implementation, and also the planning of the of this event is going

to share a bit about what We're, really looking for at this event.

Go ahead, Fernando. Thank you very much, Amanda, and all of us here, and thank you all for your commitment to, I think.

Is their Stanford colleagues, have indicated making this a nicer state for all of us to grow older, regardless of our sex ethnicity, race, sexual orientation income and Certainly age and disability, and
11:06:44 I'm been pleased to be part of the impact committee which is kind of the really like the oversight accountability committee of roughly 7 of us that are taking the many recommendations that came out of the master plan on aging, which was a larger stakeholder and Sarah earlier explain the work we're doing, and making sure that through our connection with Susan, the department on aging layer songs to all the different state units or state entities that have some role in implementing these recommendations that in fact it happens that's something comes out of it.

11:07:12 And we've been so fortunate to be in the state, like California, with the governor and our progressive state legislature committed to issues of and growing and older, and more diverse California and to put it simply they've given us lots of money, lots of money and it helps that we have a big budget to us, and from that I think for the first time in many decades, and I've been involved in at least 2 previous strategic planning efforts over the last 30 years, which sadly was good work by good academics.

11:07:21 But they resulted in the proverbial study on the shelf.

11:07:56 And implementing many of the recommendations. A lot of this is still working.

11:08:12 Progress. we've got great progress with a recent state budget on many areas. we're gonna push for more of course, but we're making more progress than we have in the last 40 50 years, and for that we are all grateful one area that I've been focused on both on the master plan and on the impact committee with my colleagues is to ensure that we're integrating issues of aging disability and diversity, and addressing the isms, especially ableism and racism and nativism, and ages, and that really were pronounced during the pandemic.

11:08:57 And therefore the work you all are doing in this group, and when we come together on the twentieth, is going to be so important as we refine and promote and continue with our work.

11:09:09 In the second, third, and even fourth year, as we continue with the master plan on aging, and as the impact committee continues to oversee, hold accountable, not just a state unit, but working closely with the number of wonderful amazing appointments in the governor's office and the California department on aging. and again, Sarah has already described some of those positions, and I must say that in my career it's really the first time where the department an agent in particular has just real expertise individuals with commitment gravitas expertise and really giving the department now a real influence, I mean a real quote unquote player in influencing what the state does and ultimately it
11:09:52 is about how we age in the state which was some of my comments with our Stanford colleagues, and I certainly like a lot of us have a personal stake in this I'm both to Latino aging
11:10:06 with the disability, and my wife and I and family are committed to
11:10:15 Our end of life in this wonderful state. and so we want to make sure that California moves from 38, or whatever that was, to at least the top 5.
11:10:25 It will take time and certainly as a polio survivor that's just turned 74 and in the State that becoming that's already majority minority and recognizing that I have a number of mobility
11:10:41 limitations that will require me to adapt and adjust my lifestyle
11:10:48 Already the work done by the master plan, and the work done by our colleagues here.
11:10:52 I know we'll make it even nicer for me to age with the disability and a majority minority state.
11:11:00 So I just saw share all this with you because we're excited i'm excited.
11:11:05 This really is the best time to be engaged in this work.
11:11:09 So your input your recommendations, your pressure, your advocacy both with and for a even, were necessary against us, so that we can all stay on this, but also in influencing the State legislature, and continuing to support this governor.
11:11:26 who's really done more for aging and I won't mention the previous governor, who was one of our older ones, did not quite seem to have an interest in these issues, But this young governor really has an interest and and so for that we're
11:11:40 we're most grateful for what he and they and the appointees have been doing so.
11:11:45 I hope, Amanda, and that was some of the comments you wanted me to make but certain to reinforce that this is the golden opportunity.
11:11:54 Let's keep pushing. join, us in september We need your support and your recommendations.
11:12:00 We still have a long ways to go as we saw on that index. but we're making great progress, and I might add, by the way, that many other States are now looking to California as a template as an example because they're
11:12:12 wondering. Wow! how did you get the various stakeholders from the public private, academic for profit, unions, etc., etc.
11:12:21 100, they all come together. And secondly, how did you get the State Legislature and your executive offices to work together?
11:12:30 And so I think we can at least say that as much work as we have to do.
11:12:35 We're now showing the rest of the nation this is how we all come together.
11:12:39 So. Anyway, i'll stop there, thank you thank you so much Fernando.
11:12:45 You should come to all of our meetings.
I did want to just bring up process really quickly. and and this is dovetails perfectly into our next agenda.

Item is that we do have a formal template. for every committee to submit their top 2 to 3 recommendations. 4 years, 2, 3, and 4 of the master plan for aging.

And so we'll have to talk through. a little bit of process Hopefully, later on, after Zia presents, and you have a discussion about this partnerships priorities moving forward.

So there is a formal process we do want the recommendation submitted late August, so that we can go through them, and then there'll be an opportunity for you to present them

Each committee gets about 7 min just to really quickly high level overview of what you want to see in the next iteration of the master plan for aging and a reminder for everyone.

You do have to register yourself for this event you get to pick which meal you want.

There's 5 lovely selections and I can't Wait to see you there back over to you, Susan.

Great. Thank you, Fernando, for spending time with us today, and I always appreciate your thoughts, and nudging in the right direction.

I did wanna also add that we're we're all very fortunate that this event is underwritten and sponsored by our generous philanthropic partners, 7 funders support the work of the master plan for aging. At least 3 of them are represented on this call today West.

The Gary and Mary West Foundation, the Scan Foundation Arch stone.

And am I missing anybody on today's call But we we really wanna thank you for being so eager to part, and metaphor is, I think, also represented on this call.

In in addition to others. So I just really want to thank you for your your willingness to partner on this.

And what fernando didn't mention is I I believe he was once involved with a white house conference on aging, and this this took shape, as you know, trying to bring.

We think we're another nation state here in California. so we really aspire to be as grand and impactful as a White House Conference on aging for our large, large and diverse state.

So now I turn it over to Dr. Zia Aga and David Lindeman, who are going on 18. We are hoping that in this have been his federal administration the Biden administration there may yet be a White House Conference. on aging it may be 2,024, 2,025 efforts are being made to get that in the old Americans act the preparation.

So, but I it will make the one on september even more important, because we will be ahead of the game, so to speak.

California's voice will speak first and loudest so the September 20 is a real crucial opportunity for all of us, and I must say you'll know my age because I first attended the 1,970
11:15:49 One White House conference on aging as a delegate I’ve been involved with the 80.

11:15:55 One I ran the 95 was involved in the 2015 so I’m.

11:15:59 Aging with White House conferences on the aging so I hope I’m still around for the next big one, but at least for California’s State House conference and aging thank you all right, Zia and David we turn

11:16:12 it over to you thank you very much. zia I may, as we discussed.

11:16:20 I'll kick us off and if you could go to the first slide, but i'd first like to

11:16:27 Not only thank again Fernando for such an eloquent kickoff to this area, and again framing it as we've been doing, and Amanda for setting the stage.

11:16:36 But this is a perfect segue to what we've been asked to do.

11:16:42 Charged by our colleagues at the department and that is to help us move from some of this excellent work that we've heard today.

11:16:49 Fabulous presentations to some very concrete process issues for our cadrp to move forward, and at least immediately, in terms of what we can do for the September twentieth meeting.

11:17:03 Before doing that i'd like to make sure that We just loop back and thank director and deputy Director Susan. Sarah. You folks have been amazing champions in this area.

11:17:16 We can't thank you enough for raising the issues, not only for the use of data, not only for the master plan and aging, but just showing evidence-based work like again Elizabeth has shared with us is going to happen more and more in

11:17:28 the state, and again calling out, We have to give a shout-out to Terry, shot for championing this with us and for us, so that we are at a point where we can now actually see progress.

11:17:51 So if you would please go to the next slide. We wanted to just step back a second.

11:17:57 Make sure we took all the wonderful material you've heard today.

11:18:02 Put it into context that this has come from several years of work.

11:18:04 Now led by the Master Plan on aging groups, and particularly the of research subcommittee that was looking at.

11:18:13 How we can use these fantastic resources that the state has others that are going to be developed to really serve as a metrics to track progress.

11:18:22 It's to look at successes and gaps for the master plan on aging, and move us forward.

11:18:30 So we have a few points. i'm going to just talk to the first area of some of the context, some of the rationale that have been put forward.
11:18:39 And just remind our group and those who are tending for the first time, and then turn it to Zia, who has a straw man that we would like to propose to the group as a way to start this process of specific metrics and

11:18:51 Finally, we want to just come back and talk about action items, particularly in preparation for the September meeting.

11:18:59 So again, the use of data the way we've been approaching.

11:19:04 It has been to really set up specific indicators, targets, goals, moving forward for the State.

11:19:13 For us to have measurement, we're looking forward to the opportunity that this can be part of a learning laboratory and bringing in researchers, not only from academia, but from industry and individuals who are in State government, now we are so

11:19:29 thrilled congratulations to susan sarah i'm bringing on a research team, but also that we can move this forward to look at the vary broad a way that the master plan on aging can be moved forward and if anything

11:19:43 we can be used as a model, not only for the agency and the Department, but, as we've just heard, as this is going on in many other States, become a model for other states moving forward.

11:19:55 Next slide, please. So we one of the things we have done is tried to distill some of the work that's gone on through the mass plan and aging subcommittee.

11:20:06 What this group has been charged to do and we've laid out a few ideas for everyone's consideration again.

11:20:12 This is a input from everybody. This is not written in stone this is a for everybody's consideration.

11:20:20 To get us to what we can present at September twentieth, to showcase and lay out a framework for how we could envision moving forward over the coming years.

11:20:28 As Fernando nicely said, We are looking not just at this year, but years to come, and how we can start with the baseline to get that type of information.

11:20:37 And then grow it. So we have, putting forward several priority areas that have were identified in the 5 master plan and aging goal areas selected again for your consideration.

11:20:51 Several key metrics that could serve to get us started.

11:20:55 They are not final or immutable in any way. In fact, we would envision them being expanded, and that they would be used for both setting targets, benchmarks, and tracking progress, and gaps, and finally, that it could

11:21:09 be the beginning of establishing more research environment bringing together different researchers.
The wonderful folks we've had on today and many others, to really look, push us forward in terms of having California be a model for being able to track what is being done, not only through master plan, but through all of its various organizational entities. Next slide, please. So view of the principles we were looking at in as I turned this over to Zia we wanted.

These are not exhaustive. We heard of several important issues around equity around different other elements.

So this is just a start that we're trying to use as a framework. But we're looking at first and foremost what was laid out in the all.

The plans in the Master plan on aging look, trying to be a comprehensive and looking at the different initiatives, and so starting at that point, identifying areas that we could capture information up not just on a program, by program basis but clearly as you've seen from the wonderful indices we've heard today.

Population based measures. We wanna make sure that it is very robust in nature with in terms of its data, validity and reliability, and that it also gives a department as well as policymakers timely and responsive information, and finally, that we will look at this over time that it'll not only provide the governor and the legislature with opportunities to understand what can be where we should be putting our resources, but being able to target and enhance where that information will be going I'd like to turn it over to Zia at this point, and then we'll come back and again ask for input and talk about the process for how we take and distill the best information to present in September as a starting point, not an endpoint by he means, but our starting point to engage.

The rest of the State, our master plan on aging colleagues and help the Department move us forward.

Zia. Thank you, David. Can you go to the next slide, please?

So I wanted to spend a few minutes just highlighting some of the work that that we did as part of the research subcommittee for the master plan in establishing our data dashboard.

And during that work we went through a process of stakeholder engagement, talking to experts to identify certain measures and metrics and target, and that has served as well that mechanism.

And I think what David just described is some somewhat of a mirror image of that that we want to conduct for the cadrp priorities.

And of course, by walking us through. sorry. Can you not hear me?
I just got a text from there how about that still a little bit. But yeah, it's better so i'm going to walk us through.

You know the 5 goal areas, and i've picked you know some key measures that may not fit all of the criteria that David had highlighted. And clearly. I think this is more to sort of just give a flavor or a framework of the types of things that can sort of guide us.

I think it's really important that These measures or these targets serve as beacons. That we can all then aspire to work towards. and I think those beacons will help us identify areas for research.

To, you know further, certify our understanding what innovations are needed, what programs I need to help us get there.

And and, as Fernando said, like you know this is a journey. But we have to start somewhere. So i'm going to go over, you know, from all of our 5 goal areas some examples that we have identified, especially through our data dashboard work.

And then, of course, highlight. some of the gaps which will then require this committee and others to pull together resources and move forward.

So in in the area of housing for all ages and stages there are many, many metrics in the dashboard, but the 2 that I've sort of picked are talking to more of a general population level. impact.

If you think about more housing options, we have data from Arp and their livability index that helps us understand what percentage of how housing units are made affordable or subsidized to different programs voucher programs supporting housing for elderly are not explicitly laid out in this data, but those are the types of interventions that one could foresee in making housing more affordable.

Similarly for transportation, transit trips for older adults.

So this is data from the national highway transportation agency. That will really help us understand what is the impact of the transportation system, especially for the disabled and senior community?

What are the types of policy, options and interventions that can help us improve that metric?

And what is the target that we want to achieve again. there's work to be done here, especially on the paratransit and assisted transit side.

But there will be, you know, novel data sources that we can tap into.
Once we align on these types of measures from the healthcare side we chose just as an example, and this is probably the area where we have the most data is enrollment in different types of cms plans especially the Medicaid advantage. plans enrollment of danish fisheries in calmedic connect, and then moving it, moving forward in Calhoun.

And then those weren't pure fee for service medicare But then, of course, we know that there's also work happening in other value-based programs, such as aco plans and that data is not currently available at least not through

Cms directly, And so those will be some of the areas of opportunity to further identify those data points.

And and the reason for measuring that is, that we believe as a group that getting seniors, the right value-based care options that provide not just a silent approach, but but a total total sort of Care plan including Ltss and

other services is in their best interest in aligns with the goals of the master brand for aging.

Next one, please

Okay. So goal 3 inclusion and equity, not isolation.

Some of the measures here that we have in our data dashboard address life satisfaction.

So this reminds me of something that you know, David was talking about sort of successful aging, you know, and how seniors themselves perceive how they're doing

So these are some of the indicators that are available through the California Health Interview Survey.

A really important tool to measure and report on California led by kathy Keatsman and the team at Ucla, and we've been working with them, and I think there's going to be tremendous opportunity to leverage that

tool as we think about the global satisfaction measures. And then there are specific measures on abuse, neglect.

And exploitation and data is collected by the adult productive services, which is a department within the California Department of Social Services, and that can help us track and trend the reported cases and and see where are the discrepancies

which parts of California, and are doing better which are not doing better.

Caregiving is a huge focus. we've seen a lot of interest on the workforce development and caregiving support. and in the budget.

And we think that creating this workforce, both paid and unpaid, is critical, as we support the needs of Californians with disability, and who are getting older today.
11:29:47 This data is reported by the Bureau of Labor Statistics.

11:29:51 And we are hoping that we can augment some of these measures through chess and other indicators to capture some of these gaps specifically on the on the unpaid caregiver side.

11:30:02 There are big gaps, both in terms of quantifying their numbers, but also, you know the value, the dollars that they that are used in and not counted for, and then affordable aging or affording aging income security.

11:30:17 We heard of fantastic talk this morning on the elder index.

11:30:21 So clearly, you know, helping more California move out of poverty and move up the ladder as a goal for all of us.

11:30:31 And to do that, you know we have to both address their income but also what their money, what they're they're spending their fixed incomes on. so the high cost of healthcare high cost of housing needs to be addressed and

11:30:43 those should be some of our goals and then food and security some some really good work has happened with calfash and the food program, but also, meals on wheels and delivering meals and homes.

11:30:56 And we've seen that Firsthand the importance of those types of supports through Covid.

11:31:01 So really, you know, addressing the food insecurity for seniors, and understanding how best to support that, we need to identify measures that can capture that at a global level, not at a program.

11:31:13 Level. So these are just some examples of the types of measures and metrics.

11:31:18 And again. The goal here is to establish those beacons that are going to help guide us over the next 8 years.

11:31:24 I guess we 2 years into this journey already, and will help guide the research, because the the beacons will identify weaknesses and opportunities, and we need to fill those So next slide, please.

11:31:39 And we do want to sort of lay out some thoughts and framework.

11:31:41 And again, like David said, This is by no means fully baked at all, but more a conversation that we're starting for all of you to reflect on. We'll be engaging with the other committee members.

11:31:53 Offline. But we do want these, you know, come up with a straw and list of measures that the Work group can review.

11:31:59 Have these recommendations then be presented to Cda.

11:32:03 For full Committee review, provide a progress report before the Conference in Sacramento, our activities, and how we got to where we are.

11:32:12 And then, once we have some alignment, we need to start doing some important work around statewide promotion.
11:32:18 Whether it is through other departments and agencies in the State, but also with stakeholder and public engagement, and then outreach, of course, to our researchers and collaborators to help really support this work, moving forward great sorry if

11:32:35 I went a few minutes. Oh, no, this is perfect, Zia and David.

11:32:40 Thank you so much for such a very, very excellent outline of how to consider setting the priorities for catarp.

11:32:50 And I was gonna help facilitate a conversation taking what you all just discussed.

11:32:54 But I really want you to both also lead it I think there’s a lot to consider.

11:32:59 I’m also mindful that we have probably about 20 min for this discussion, because I we have to leave some time for public comment, but just some things to consider right now, and then I want to turn it over to all of you and the members

11:33:11 on the committee, You know, as David said at the beginning of his presentation, what would be ideal in time for the Conference on September twentieth is for this committee to identify 2 to 3 priority areas

11:33:23 for each call area with potentially 2 to 3 metrics that could serve as the progress indicators.

11:33:30 And eventually this committee could work towards establishing baseline data and identifying gaps and setting target and benchmarks for key metrics.

11:33:40 All the while building the case for data and research, for the broader aging and disability research partnership agenda.

11:33:48 So really appreciate how you all laid that out, and to get it started.

11:33:53 I want to turn to Heather Young, who I saw has a question.

11:33:57 Heather.

11:34:00 Thank you, Sarah, and thank you so much sia and David, for the tremendous outline of what you’re thinking about there.

11:34:09 I really appreciate all of it. I was just wondering about what the extent to which we might want to think about metrics.

11:34:16 I saw the the idea of having a beacons and I think that’s absolutely important. and that the idea of being able to measure impact.

11:34:23 And on the metrics guiding principles the second bullet said: Capturing population based and process level data.

11:34:32 And there's something in between that you know getting the effect on the population where there's a more proximal set of metrics that have to do with how well something is working moving, something towards those population metrics an example would

11:34:46 be. for example, we're thinking about with the family care giving us to Davis.
We're evaluating the investment in the crcs, the caregiver resource centers donna Benton's part of that as well as we're getting a lot of state level data about caregivers and about the impact of that investment.

And I know there are other efforts across the State that are also looking at impact of the specific investments, and it feels to me that that might be an appropriate piece to have some of the high-level indicators of where certain investments have made a difference already, or we're trending in the direction that we want to both reinforce policy decisions and to help with course, correction, and also to really meet the needs and often legislators have which is you know I put money here. what happened with it and i'm, wondering whether that might be something we think about with some key indicators there. and i'm really eager to work with all of you on this this is very exciting if I may respond. Heather. Thank you, as always.

So thoughtful, and you hit it exactly on the head one of the key issues that we've been discussing offline, and that is this the area of how do we overlap between or cover both very large population based trends and in using indices, metrics like we've been hearing about today versus a program outcome measures and we wanted we were being deferential here to the State departments, because we know that's up to their responsibility to evaluate their own programs first and foremost. But then, how can this group support or help that, and that be perceived? As if you will, overstepping bounce?

I think the issue is, How can we be supportive and give both the department and policymakers, as you've just nicely said very concrete information about how programs to move forward? So whether those should be included in the broader measures or just ways that we can enhance showing progress. I think that's a wonderful discussion for this group to have over the months to come. Absolutely. It's such a great point of amplifying more than you know more than taking it over. absolutely.

Thank you, Heather. And we will note that you really want to be part of this process, because, as David mentioned Tanzania in August, the meeting that they were referring to is there has been a monthly meeting kind of a working group of of members from this committee have who expressed an interest to continue the dialogue in between meetings.

You are all welcome to those meetings, and we will make sure that you all know about it, because that august meeting will essentially be the place where they can finalize and solidify how they want to how you all want to present the
11:37:39 priorities, and we will make sure to communicate everything to you all because we want you, all who are on this committee to have that opportunity to weigh in and be part of that process.

11:37:49 Because I can imagine that you can't get to final consensus in the next 10 min.

11:37:54 So with that Dr. Amel de padill Frosto, i'd love to turn to you for your thoughts.

11:38:01 Yeah, I just wanna say how excited I am about this whole data dashboard that you guys are putting together.

11:38:08 I love data, and I think it's one of the best ways to like really start looking at how we're moving the needle on some of these indicators, and i'm i'm really glad to see that they calfree elder index is is part of that and then my question is with within the the healthy living.

11:38:22 is And i'm wondering if you guys have thought about dental care.

11:38:36 Catherine and I have been working on a manuscript looking at economic insecurity and dental outcomes and oral health outcomes.

11:38:46 Get, you know. I should all probably know that you know dental cut isn't covered by medicare. And unless these older adults have very low incomes. they're also not going to be covered by medicaid.

11:39:02 And so what we're seeing is this group of hidden poor elderly.

11:39:07 Have, you know, as poor oral health outcomes as those who are identified.

11:39:14 As for by the Fpl. and so i'm just wondering you know when you're thinking about reimagining health. if dental care is included in that and also mental health I know there's coverage Now.

11:39:29 for mental health care services, but just sort of thinking about, you know.

11:39:34 Are we? Are we looking at our older adults comprehensively, you know, across all their health issues or everything that's encompassed within health because it's all interrelated, right?

11:39:48 But we we tend to think about it, because every service is siloed and point 9.

11:39:56 So just integrating that, and thinking about overall health for older adults.

11:39:59 Thank you for that that's a wonderful question I was just gonna ask, because Terry is an intricate intricately involved. Did the data dashboard for aging as a Zia either terry anzia do you want to respond

11:40:12 to the comment. i'm putting a link up for those who Aren't Haven't reviewed it recently the data dashboard.

11:40:19 I will put it the link up right now in chat All i'll say is, I totally agree with him, although I mean, you know, at the West Foundation.

11:40:29 We're very aware of the issues around oral health and for sure we believe that the mouth is part of the human body, and should be addressed.
So, I think we have discussed it. We've had discussions with the data dashboard team on highlighting some of those gaps, and there are dental deserts in California where there is very little access and then

mental health has been addressed. I think there are dashboard items that address that.

But again a critical area that again through the lens of Covid we have seen even more impact.

So thank you for those comments. Good! If I may interjecting it, and suggest to me that I think what you've just presented is a broader challenge to us, and perfectly.

We not only totally agree about a holistic approach to health the issues of including dental health, mental health behavioral health continue right on down, but that applies to each of the other 4 areas that we're looking at as well and I think our challenge here is that we were asked to identify some examples.

The top, 2 or 3, maybe maybe they aren't even the top.

But 2 or 3 representative areas that do have data that we can start with.

But we're the I think the committee is challenged with how do we continue?

Identify the additional sub areas? And do we put those into the dashboard?

Do we make sure that we track those how do we make sure that we're comprehensive in what we include so please don't take it that we're excluding other areas, and we say that to each of the 5 topics. It. I think That's our challenge how do we do it so that they're workable, manageable and still very strongly evidence-based.

Terry. Yeah, thank you, David, for that, Terry. You have thoughts to add on

My I think all those points are very well taken, and I agree, and we have always said that the data dashboard for aging is a is a work in progress, a continuous improvement effort, etc.

And so we're always eager to keep refining it and so I think it's a great suggestion and to look at whether there's some some key data on dental access and outcomes that we could include having said that I also know that part of the challenge always has been to be comprehensive, and yet helped to focus the mind and attention on the of those key.

Things back to heather's point of where we can actually move the needle and or think there's a big your biggest need to move the needle, and therefore focus attention on it.

And so I think, having the comprehensive data is essential.

But the layer that we're trying to put on top of it now is, is getting those those priorities and focus points those beacons, as Zia said and eventually, even to start sending some targets for those.

Yeah, I think it's fair to say this committee definitely has a good pathway forward for lots of work that can be done.
So we're very excited to have all of your employees and energy. And just so, you know, even if you're not officially on the the California aging and disability research partnership, we welcome you in all of these meetings we want to

We would love to have you part of it so. Donna, and then we will hear from Steve and and Don.

Nav project has been in developing data I know you've worked a lot with Dr.

Heather young, and maybe you're planning on talking briefly about that.

I think that's something to highlight to about how it can be worked into the data dashboard.

Okay, I was wrong. So, which is always a surprise.

Because I was thinking about I was wondering if.

Are Are we doing anything around? fall prevention and universal?

Home design that we, you know we know the importance of how Falls impact overall for aging and just a home, Mary end of problems.

And I I think that that should be something high on our dashboard and universal home design, which is all part under housing.

So that that's which can be used across the age span, but particularly for older adults, and no I wasn't going to talk about. we will definitely have more opportunities to do so because there's a lot of data there.

Are other people that have. But yes, we do have some very intent.

Very statements, you know, State level intense data by caregiving, And so I think it'll feel a lot of the gaps specifically. so. we do have on the data dashboard a dashboard that addresses ground level falls, and and also mortarity from those falls.

But I agree with you that there's definitely more work to be done there don't know Terry. if we have anything on universal design or house design.

I think, with most of the housing data, that we have is focused on housing affordability and availability with a huge focus on homeless populations.

But if there's good data on universal design you know we would love to be able to include that I think that's an excellent suggestion.

Yeah. finding the the data for it. Yeah. 2 quick thoughts to build know what you just said, Terry.
11:46:16 I think we may also wanna challenge ourselves to say and here's where we need more data, because otherwise we're just doing a health centric.

11:46:25 We're only looking internal and we need to be pushing ourselves to be looking external, and I thought the issue about the health.

11:46:32 Go through. Imagine I mean Cal. Aim is going through that whole process.

11:46:35 So I wonder How do we connect with cal hang because otherwise we're gonna be focusing internally to what's available for us older adults in terms of helping.

11:46:46 But the whole system is moving forward and is being transformed.

11:46:49 So I think we need to figure out, How do we begin to?

11:46:51 Connect to them. And finally, I love the idea about livability from a Rp.

11:46:59 That you listed under housing and that's it but I wonder if we might also want to look at all of the 8 domains as a way, because the State has agreed to become a an age friendly State.

11:47:08 So I think that's part of also the umbrella that we're trying to move towards, and I I know we have challenges about how to capture data, and all of that.

11:47:17 But at least it's the right challenge absolutely absolutely steve so any other final questions.

11:47:29 What I've heard summarized is First we will Okay, yes, Kate, please. We would love to hear from you.

11:47:39 I know you just put something in chat. So please,

11:47:52 National data sources. The long term services and support scorecard offers a lot of very useful metrics, and I think might be valuable to take a look at.

11:48:01 See, I mentioned Elder abuse and aps and there's a national name, namer's data set that we can use for comparison.

11:48:08 Also the age, friendly internationally there's some really good research going on in terms of how to evaluate age-friendly efforts, and I can make those available.

11:48:20 So I think there's there's so much exciting opportunity here in California.

11:48:26 It's an it's such a pleasure to be on this Zoom meeting today.

11:48:32 Okay, You have really been on this issue from the beginning. I you know Kate has been talking, I think, for 30 years.

11:48:38 Now talking about the need to build out data and was you know really focused on the issue of developing a data warehouse which for years got 0 traction at the state level.

11:48:49 And and now we're really saying movement on that level agency and and in our work as well in different forms.
11:48:56 So, Kate, Thank you as always for all your contributions, and I do want to flag that I just think that the greatest value from this group comes from these discussions.

11:49:05 So we had some wonderful informative presentations, and what I think we can do at the August work.

11:49:11 Group meeting, for everybody who can attend is kind of Continue to take what we've learned and discussed today.

11:49:18 Distill it, so that you all feel prepared and ready to present what you want as your priorities.

11:49:24 And you know we will follow up Zia and David with you before to help plan for that meeting.

11:49:30 But I think there's just a lot to consider and I also want to just call attention to some of the important considerations.

11:49:37 Get to align with disability. So I just started thinking in my head.

11:49:42 The California elder index is fantastic tool and i'm wondering, too, the extent to which we can start thinking about it about Elder and E.

11:49:50 Elder and elder index, and for for dots with disabilities, because it it really could be applicable to a broader population.

11:49:59 Just as one example. And then, in taking the work, the amazing work we heard about from Stanford, how we can think about building in some of the accessibility measures and potentially developing a data set unique to California.

11:50:11 So just lots more to discuss And I know that another theme that was raised in our last meeting was the importance of qualitative data.

11:50:22 So how we might consider utilizing the data dashboard and our research efforts to really capture the qualitative data from older adults.

11:50:29 People with disabilities and caregivers. So things to think about.

11:50:33 David and Zia any other thoughts about our next steps?

11:50:38 We will be in touch. And, as I said, please invite colleagues that you think would want to contribute to this discussion.


11:50:49 Especially those inter meetings that we're gonna have between this meeting and and August, and then of course, September, if people want to sort of either just text email us or in the chat.

11:51:00 But put their contact, information or their willingness to participate in those interim working meetings.

11:51:06 They're much less formal it's not being recorded, and we don't have dignitaries like Susan kicking us off. but we get some work done we're all work happens yes, i'd only i'd
only add, we'd also appreciate just want to double down on the fact that this is a group process. This we're facilitators, as much as contributors and we really value everybody's input and how we can start

reaching out to others, and even more september the twentieth is a starting point, as you’re thinking about what we’re doing.

We'd love to be thinking where what can we do to help set up the some core metrics, so that the department will have in this committee will have some baseline as we get to the end of the year.

How we are thinking down the road rather than just what do we do to get to September twentieth?

Absolutely that's the whole You're absolutely right it's not just about September twentieth.

It's really about setting the agenda of this work over the next several years.

So. I know that we So so all the committee members will be notified of these meeting opportunities.

And then as I said If If you're an individual who's not connected to the committee.

You can let us know we're happy to include you in that as well.

But I also just wanted to thank amanda for her tremendous work, and helping prepare us all for this meeting as well as Terry as we've said

It's always wonderful to see all of you here and look forward to continuing the discussion.

Susan, take it away. Great! yes, thank you to Amanda, Sarah and Terry Shaw.

And I just love seeing these new i've learned so much today about new sources and resources that I didn't know existed.

So thank you all. Thank you to our partnership committee members who do join us, and to any participants who are members of the public, are interested in this work.

We now open it up for questions for anyone who's listening to the webinar by zoom or by phone in our remaining minutes

Thanks, Susan, that I I guess I will give folks a couple more minutes.

But just a quick reminder about how to engage in public comments.

If you're joining us by phone, you can press star 9, and that will add you to the queue, and if you're joining us by webinar maybe on your smart smart device, or your Pc.

You can select the raise hand, icon, and that will add you to the queue.

Looks like we have a request from Priscilla to be included in the August meeting. Priscilla.

We've got your email address and we'll share that with the folks at Cda.
11:53:54 Any other questions or comments.

11:54:02 Seeing them. alright. Gosh! when I saw this agenda and we were working on developing it.

11:54:10 I thought there's no way we're gonna do all that in 2 h.