CA AGING & DISABILITY RESEARCH PARTNERSHIP

July 15th, 2022, 10am – 12pm
Meeting Logistics

Telephone or webinar (Zoom) only - No in-person meeting

Time for public comment has been reserved at the end of the meeting

Meeting slides, recording & transcript will be posted to the CalHHS MPA webpage

Translation: This session is being recorded and, upon request, the transcript can be translated. To make a translation request, please call (916) 419-7500 or email communications@aging.ca.gov.
Attendees joining by **phone**, press *9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.

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

For additional public comment or for meeting feedback email Engage@aging.ca.gov.
Welcome & Opening Remarks

Susan DeMarois
Director
California Department of Aging

Elizabeth Steffensen
Center for Data Insights and Innovation
California Health and Human Services Agency
CADRP Members

Leonard Abbeduto, PhD, Director, UC-Davis MIND Institute

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

Gretchen Alkema, PhD, Vice President, The SCAN Foundation

Donna Benton, PhD, Research Associate Professor, USC Leonard Davis School of Gerontology

Isabella Chu, MPH, Associate Director, Data Core, Stanford Center for Population Health Sciences

Ryan Easterly, Executive Director, WITH Foundation

Steve Hornberger, MSW, Co-Director, SDSU Social Policy Institute

Kathryn Kietzman, PhD, MSW, Director, Health Equity Program, UCLA Center for Health Policy Research

Margot Kushel, MD, Director, UCSF Benioff Homelessness and Housing Initiative

Jasmine Lacsamana, MPH, Program Officer, Archstone Foundation

David Lindeman, PhD, Director, CITRIS Health

Nari Rhee, PhD, Director, Retirement Security Program, UCB Labor Center

Kathleen Wilber, PhD, Professor, USC Leonard Davis School of Gerontology

Heather Young, PhD, RN, FAAN, Dean Emerita, Betty Irene Moore School of Nursing at UC Davis
Meeting Agenda

10:00 - 10:05: Welcome
10:05 - 10:15: CDA Updates
10:15 - 10:25: CalHHS Equity Dashboard
10:25 - 10:40: CA Elder Index
10:40 - 11:00: US State Index on Successful Aging
11:00 - 11:10: CA for ALL Ages & Abilities Day of Action
11:10 - 11:25: CADRP Priorities
11:25 - 11:45: Member Discussion
11:45 - 11:55: Public Comment
11:55 - 12:00: Summary & Next Steps
CDA & Committee Member Updates

Sarah Steenhausen
Deputy Director
Aging Policy, Research, & Equity
California Department of Aging

& All
CalHHS Equity Dashboard

Christine Blake, MBA
CalHHS Center for Data Insights & Innovation
CalHHS/CDII
Equity Dashboard

June/2022
The CalHHS/CDII Equity Dashboard Initiative
Advancing and Accelerating Equity: The Genesis of the CalHHS Equity Dashboard

The CalHHS Equity Dashboard will be a cross-agency tool to help agency and departmental leadership, and the public, understand the richly diverse populations our programs serve; and achieve health equity by measuring the progress in closing the disparity gaps in health and human services.

Factors Include:

- **COVID-19 Pandemic.** Shone a spotlight on existing inequities, many the result of structural racism

- **Senate Bill 17.** Posits racism as a public health crisis, calls for development of department-wide plans to address inequities

- **Inclusive by Design Initiatives.** Provided recommendations to strengthen racial and health inequities within CalHHS and issued joint recommendations to strengthen racial and health equity at Agency

- **Budget Change Proposal.** Adopted subset of Inclusive by Design initiative’s recommendations and authorized funding to support implementation of equity initiatives
The Dashboard

The 

CalHHS Equity Dashboard will be designed to be a cross-agency tool that will help Agency, departmental leadership, and the public, to: measure progress in closing equity data gaps; understand the richly diverse populations our programs serve; and identify and address disparities in health and human service needs that Californians face.

Embracing Diversity

According to U.S. News and World Report in 2020, California scored in the top five in three categories: socioeconomic diversity, household diversity and cultural diversity. California also scored highest of any state for linguistic diversity.

State of California Population
39,538,223

The U.S. Census Bureau reports the total population of the State of California was just under 40 million in the 2020 Census.

Nationally, our state population (per 2020 Census) means that one in eight Americans is a Californian!
Equity Dashboard Status: June 2022

1. Define Scope
   Completed!

   The Equity Dashboard’s initial focus is on assessing the current state of demographic data collection on race, ethnicity, sex (assigned at birth), sexual orientation, and gender identity across the Agency and tracking progress made in closing equity data gaps.

2. Discovery
   In Progress
   CDII is collecting data on current equity efforts from all CalHHS departments/offices using two tools:
   - A qualitative interview with the Chief Data Officers and Chief Equity Officers
   - A quantitative survey to identify equity demographic data collection practices

3. Draft Wireframe
   In Progress
   CDII will analyze information from CalHHS Departments to develop an Equity Dashboard wireframe displaying the proposed dashboard design, elements, and functionality. The wireframe will be accompanied by draft profiles of dashboard users.

4. Roadshow
   CDII will present and collect user insight on iterations of the wireframe through an Equity Dashboard Roadshow, including town halls and a CalHHS Staff Comment Period.

User insight will directly shape the Equity Dashboard

To Equity Dashboard v1 Launch
Estimated prototype launch in Fall 2022
Equity Dashboard “Discovery” Process Status

CDII has completed interviews with executive leadership across 14 out of 16 Departments

Completed Interviews
- Department of Public Health (DPH)
- Department of Managed Health Care (DMHC)
- Department of State Hospitals (DSH)
- Department of Social Services (CDSS)
- Department of Community Services and Development (CSD)
- Department of Aging (CDA)
- Department of Developmental Services (DDS)
- Department of Health Care Services (DHCS)
- Department of Rehabilitation (DOR)
- Department of Child Support Services (DCSS)
- Department of Health Care Access and Information (HCAI)
- Office of Law Enforcement Support
- Office of Systems Integration (OSI)
- Office of the Surgeon General (OSG)

Town Hall #1
Town hall #1 was held on June 7th, 2022 and included 70+ participants. Town Hall #1 allowed the audience to provide feedback to User Profiles motivations, frustrations and Equity Dashboard expectations. The audience feedback was used to create the first version of the Equity Dashboard wireframe that will be presented during Town hall #2 on July 19th, 2022.
Departments Identified Several Demographic Data Priorities

Focusing the CalHHS Equity Dashboard on race, ethnicity, sexual orientation, and gender identity first will allow the CDII team to create a minimally-viable product with the broadest user base.

Interest Beyond Race, Ethnicity, Sexual Orientation, and Gender Identity

- Departments suggested additional demographic variables be added to the Dashboard in future releases (most frequently requested in blue).
- DOR, CDA, and DDS expressed a collective interest in better standardizing and sharing disability data to improve service delivery.
- Several Departments mentioned a future goal of comparing their workforce (including providers) to the populations they serve.
- Departments consistently emphasized a need to visualize demographic data by geographic units.

Legend:
- ![](image) Interest across most CalHHS Depts/Offices
- ![](image) Interest across some CalHHS Depts/Offices
Equity Dashboard Discovery Process: Data Collection Interview Findings

The Equity Dashboard Team will collect and inventory agency-wide barriers that, if mitigated, would accelerate Departments’ demographic data collection improvements to support health equity initiatives.

- CalHHS Departments/Offices have varying levels of demographic data familiarity and capacity for data sharing.

  Using insights from the ‘Discovery’ process, CDII is considering **how to tailor its services to effectively support the range of needs across Departments.**

<table>
<thead>
<tr>
<th>Barriers to Demographic Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Requirements</strong></td>
</tr>
<tr>
<td>- Multiple federal and state laws shape CalHHS programmatic, demographic data collection (e.g., California Government Code (GC) Section 8310.5)</td>
</tr>
<tr>
<td>- Laws govern how data can be used, how it can be shared, and requirements often vary by program</td>
</tr>
<tr>
<td>- Laws may limit re-use of data, limiting equity analyses</td>
</tr>
<tr>
<td><strong>Data Source Integrity</strong></td>
</tr>
<tr>
<td>- Understanding the ‘source’ of the demographic detail is important; self-identification is considered the gold-standard</td>
</tr>
<tr>
<td><strong>Data Submission Hesitancy</strong></td>
</tr>
<tr>
<td>- Certain populations may be less willing to provide their demographic information</td>
</tr>
<tr>
<td>- Research indicates additional context around why and how demographic details improves completeness</td>
</tr>
<tr>
<td><strong>Demographic Data is Collected Upstream</strong></td>
</tr>
<tr>
<td>- Guidance and/or a mandate may be required to shape data collection outside of CalHHS direct control (e.g., DMHC working to shape the data collected by brokers and employers)</td>
</tr>
</tbody>
</table>
Today’s Focus: Share Feedback on User Profiles for Dashboard Development

The CalHHS Equity Dashboard will be used to communicate information to internal and potentially external audiences about the Agency's progress in understanding the diversity of the population it serves and closing the current health disparity gaps.

In order to help define the audience for the Equity Dashboard, CDII has interviewed Department leaders to identify potential Dashboard users.

- **Internal User Profiles (initial focus of the dashboard)**
  - **Alisha Lad**
    - CalHHS Department Leader
  - **Chris Johnson**
    - CalHHS Department Policy/Program Lead

- **External User Profiles**
  - **Dr. Ruth Zambrana**
    - Researcher
  - **Michael Aguilar**
    - Community-Based Organization Lead
CalHHS Will First Develop a Dashboard Focused on Data Gaps

CalHHS Equity Dashboard
Prototype Launch estimated by Fall 2022

Required Actions for Development:
- Landscape assessment of department demographic data collection practices and methods
- Inventory of race, ethnicity, sexual orientation, and gender identity data collection practices by department/program
  - Develop an Equity Dashboard Implementation Plan
  - Identify opportunities for demographic data collection harmonization
  - Support departments in profiling measures of demographic data completeness/accuracy

**CDII Role:** Convene CalHHS Departments to understand each Department’s interests and ensure that Departmental needs and feedback drive design of the Equity Dashboard
Next Steps...

Data Collection
Continue to collect the initial set of quantitative demographic equity data from all CalHHS Departments/Offices and isolate information related to identifying equity data gaps for dashboard version 1.0 development.

Build the Dashboard
Review collected quantitative data and roadshow and town hall feedback to develop inaugural version of the CalHHS Equity Dashboard, which aims to clearly identify equity gaps in current Agency programs and services.

Product Release
Present product roadmap and launch beta version 1.0 of the CalHHS Equity Dashboard to the public and internal stakeholders as part of the CalHHS Open Data Portal services.
Future Plans

Evolving the Equity Dashboard Experience from Elemental to Excellence

BEST PRACTICES AND STANDARDIZATION

Identify and share best practices and lessons learned related to equity data collection, standardization, and use opportunities for cross-Agency data harmonization and future Equity Dashboard iterations.

DASHBOARD ENHANCEMENTS

Additional phases will be scoped in response to individual CalHHS Department/Office or various stakeholder needs. This would include things like expanding the breadth and depth of reported metrics, increasing dashboard functionality, or updating various tools and services to enhance the user experience (UX).

June/2022

The CalHHS/CDII Equity Dashboard Initiative
Thank You

Contact Our Team for Questions

We appreciate the opportunity to present the CalHHS Equity Dashboard project summary to you. Our team is hard at work making this concept a reality and we are truly grateful for the executive support from Agency leadership.

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Kathryn Kietzman, PhD, MSW
Director, Health Equity Program
UCLA Center for Health Policy Research
California Elder Index: A Health Equity Tool to Understand the Economic Needs of Older Adults and Identify those Struggling to Make Ends Meet

Kathryn Kietzman, PhD, MSW
Director, Health Equity Program, UCLA Center for Health Policy Research

D. Imelda Padilla-Frausto, PhD, MPH
Research Scientist, UCLA Center for Health Policy Research
Outline

- Measuring Economic Security vs Poverty
  - Federal Poverty Level (FPL) Guidelines vs
  - Elder Economic Security Standard™ Index (Elder Index)
- Identifying Inequities
  - Demographics of Economically Insecure Older Californians
- Current Efforts to Sustain the CA Elder Index
FPL vs. Elder Economic Security Standard™ Index

**FPL**
1. 50 year old standard of living (CPI adjusted)
2. Single national amount
3. Based on consumption of average family
4. Same amount whether renter or owner of home

**Elder Index**
1. Current standard of living
2. County level
3. Uses costs of basic goods and services needed by average older adult (e.g. higher health care costs)
4. Varies by type of housing
Monthly Basic Living Cost Components, Single Elder Renter, Urban vs. Rural, 2019 Elder Index

San Francisco County — $3,779/month
- Housing, 68.4%
- Health Care, 7.9%
- Food, 8.7%
- Transportation, 7.2%
- Miscellaneous, 7.8%

Imperial County — $2,100/month
- Housing, 33.7%
- Health Care, 26.5%
- Food, 12.6%
- Transportation, 13.0%
- Miscellaneous, 14.2%
Basic Cost of Living for Single Elders Who Rent vs. Income Sources, 2019 CA Elder Index

- **2019 CA Elder Index**: $27,816
- **SSI/SSP**: $11,324
- **Median Social Security**: $11,294
- **FPL**: $12,490
Who is overlooked by the FPL?

“...The hidden poor have incomes above the FPL, but not enough income to meet their basic needs.”

The Hidden Poor: Over Three-Quarters of a Million Older Californians Overlooked by Official Poverty Line

D. Imelda Padilla-Frausto and Steven P. Wallace

SUMMARY: More than three-quarters of a million (772,000) older Californians are among the “hidden poor” — older adults with incomes above the federal poverty line (FPL) but below a minimally decent standard of living as determined by the Elder Economic Security Standard™ Index (Elder Index) in 2011. This policy brief uses the most recent Elder Index calculations to document the wide discrepancy that exists between the FPL and the Elder Index. This study finds that the FPL significantly underestimates the number of economically insecure older adults who are unable to make ends meet. Yet, because many public assistance programs are aligned with the FPL, potentially hundreds of thousands of economically insecure older Californians are denied aid. The highest rates of the hidden poor among older adults are found among renters, Latinos, women, those who are raising grandchildren, and people in the oldest age groups. Raising the income and asset eligibility requirement thresholds for social support programs such as Supplemental Security Income (SSI), housing, health care, and food assistance would help California’s older hidden poor make ends meet.

Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Housing Type

- Rent (N=500,000): 34.2% Poor, 33.7% Hidden Poor
- Mortgage (N=300,000): 10.4% Poor, 32.2% Hidden Poor
- No Mortgage (N=400,000): 13.5% Poor, 15.4% Hidden Poor
- CA Average (N=1.2 Million): 21.1% Poor, 26.7% Hidden Poor
Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Race and Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Poor: 0-99% FPL &amp; Below Elder Index</th>
<th>Hidden Poor: 100% FPL or Greater &amp; Below Elder Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino (N=150,000)</td>
<td>31.5%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Asian (NL) (N=106,000)</td>
<td>21.1%</td>
<td>42.3%</td>
</tr>
<tr>
<td>American Indian/Alaska Native (NL) (N=5,000)</td>
<td>34.3%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Black (NL) (N=83,000)</td>
<td>33.6%</td>
<td>27.5%</td>
</tr>
<tr>
<td>White (NL) (N=831,000)</td>
<td>25.7%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

Note: NL – non-Latino
Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Citizenship Status

- Not a U.S. Citizen (N=42,000):
  - Poor: 0-99% FPL & Below Elder Index: 26.8%
  - Hidden Poor: 100% FPL or Greater & Below Elder Index: 47.5%

- Naturalized Citizens (N=216,000):
  - Poor: 0-99% FPL & Below Elder Index: 24.6%
  - Hidden Poor: 100% FPL or Greater & Below Elder Index: 41.5%

- U.S. Born U.S. Citizens (N=926,000):
  - Poor: 0-99% FPL & Below Elder Index: 27.2%
  - Hidden Poor: 100% FPL or Greater & Below Elder Index: 15.1%
Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Select Counties

<table>
<thead>
<tr>
<th>County</th>
<th>Poor: 0-99% FPL &amp; Below Elder Index</th>
<th>Hidden Poor: 100% FPL or Greater &amp; Below Elder Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imperial</td>
<td>48.3%</td>
<td>24.8%</td>
</tr>
<tr>
<td>San Francisco</td>
<td>29.3%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Los Angeles City</td>
<td>31.1%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Napa</td>
<td>13.8%</td>
<td>24.8%</td>
</tr>
</tbody>
</table>
Current Efforts to Sustain the CA Elder Index

1) Developing back-end technology and infrastructure of the California Elder Index (CEI) database

2) Seeking sustainable funding sources to:
   - Support annual updates
   - Raise awareness and educate
   - Promote use and dissemination
   - Train & provide technical assistance
   - Advance CEI innovations
   - Conduct research and evaluation
Funder Acknowledgments, Past 15 Years
Thank You!

Questions?

www.healthpolicy.ucla.edu/elderindex

California Elder Index Dashboards
Cost of Living Dashboard:
www.healthpolicy.ucla.edu/elderindexcost
Demographics Dashboard:
www.healthpolicy.ucla.edu/elderindexdemog
Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Latino Ethnicity

- Central American (13,000): 31.6% Poor, 51.9% Total
- Cuban (N=4,000): 34.4% Poor, 39.0% Total
- Mexican (N=106,000): 31.3% Poor, 36.2% Total
- South American (N=7,000): 32.3% Poor, 32.5% Total
- Puerto Rican (N=5,000): 31.3% Poor, 27.5% Total
- Spaniard (N=6,000): 27.6% Poor, 19.5% Total

Legend:
- Poor: 0-99% FPL & Below Elder Index
- Hidden Poor: 100% FPL or Greater & Below Elder Index
Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Asian Ethnicity

- Vietnamese (8,000): 18.8% Poor, 70.1% Hidden Poor
- Korean (14,000): 19.5% Poor, 63.4% Hidden Poor
- Southeast Asian (N=3,000): 19.3% Poor, 58.7% Hidden Poor
- NHOP (N=1,200): 35.8% Poor, 41.5% Hidden Poor
- Chinese (N=37,000): 17.1% Poor, 48.9% Hidden Poor
- Filipino (N=16,000): 28.4% Poor, 31.6% Hidden Poor
- South Asian (N=4,000): 27.4% Poor, 21.3% Hidden Poor
- Japanese (N=6,000): 22.9% Poor, 15.1% Hidden Poor

Legend:
- Poor: 0-99% FPL & Below Elder Index
- Hidden Poor: 100% FPL or Greater & Below Elder Index
## 2019 CA Elder Index: Basic Living Cost Components by Housing Type

<table>
<thead>
<tr>
<th></th>
<th>Single Elder Living Alone, California Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homeowner with Mortgage</td>
</tr>
<tr>
<td>Housing</td>
<td>$1,920</td>
</tr>
<tr>
<td>Health Care</td>
<td>$409</td>
</tr>
<tr>
<td>Food</td>
<td>$273</td>
</tr>
<tr>
<td>Transportation</td>
<td>$273</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$301</td>
</tr>
<tr>
<td>Monthly Total</td>
<td>$3,176</td>
</tr>
<tr>
<td>Annual Total</td>
<td>$38,112</td>
</tr>
</tbody>
</table>
Select County Comparisons: Basic Cost of Living for Single Elders Who Rent, 2019 CA Elder Index

- **San Mateo**: $45,684
- **San Francisco**: $43,348
- **Los Angeles City**: $28,644
- **Kern**: $20,796

- **2019 CA Elder Index for County**
- **2019 Average CA Elder Index $27,816**
- **2019 FPL $12,490**
A US State Index of Successful Aging: Differences Between States and Over Time

Policy Points:

- The focus of successful aging is on the social contexts that enable individuals to be productively engaged and secure, with an emphasis on equity. There is currently no index to measure progress towards this goal at the US state level.
- We developed an empirical index for the evaluation of US state adaptation to societal aging across five critical domains that support successful population aging: (1) productivity and engagement, (2) security, (3) equity, (4) cohesion, and (5) well-being.
- Our index shows substantial variability over time and is not overly influenced by the performance of an individual domain. This suggests that it can be used to monitor state progress over time toward the goal of supporting successful aging.
- Rather than a major national trend, there are large between-state differences and changes in our index over time. This suggests individual US state policies and programs, as well as local economic conditions, may have a substantial impact on adaptations to societal aging.
Rationale

- **Society-level characteristics** can have major positive or negative effects on the health and well-being of older persons.

- These effects are mediated through limitation or enhancement of access to effective health care, through providing supports that enhance function and restrict dependency, by assuring financial security and opportunities for older persons to effectively engage in society.

- U.S policymakers continue their preoccupation with the future solvency of Medicare and Social Security to the neglect of broader issues.

- We must move beyond the archaic old-age dependency ratio and metrics, such as GDP, which neglect many of the critical factors that influence societal function and healthy aging.
To be useful an Index of Societal Aging must:

- Include reliable and sensitive indicators that permit accurate assessment of both current conditions and likely future trajectory of the state.

- Serve both as a guide to the implementation of policies and a tool by which we can assess their effectiveness over time and across countries.
There are five domains in the Hartford Aging Index

1. **Productivity and Engagement**: measures connectedness within and outside the workforce
2. **Security**: measures support for retirement and physical safety
3. **Equity**: measures gaps in well-being and economic security between the haves and have nots
4. **Cohesion**: measures tension across generations and social connectedness
5. **Well-being**: measures the state of being healthy
<table>
<thead>
<tr>
<th>Domain</th>
<th>Item</th>
<th>Weight</th>
<th>Source of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productivity &amp;</td>
<td>labor force participation</td>
<td>0.45</td>
<td>American Community Survey</td>
</tr>
<tr>
<td>Engagement (0.22)</td>
<td>participating in community organizations</td>
<td>0.15</td>
<td>CPS Civic Engagement Supplement</td>
</tr>
<tr>
<td></td>
<td>participating in service/civic organizations</td>
<td>0.15</td>
<td>CPS Civic Engagement Supplement</td>
</tr>
<tr>
<td></td>
<td>average hours volunteering</td>
<td>0.25</td>
<td>CPS Civic Engagement Supplement</td>
</tr>
<tr>
<td>Security (0.19)</td>
<td>pension wealth*</td>
<td>0.15</td>
<td>Annual Survey of Public Pensions</td>
</tr>
<tr>
<td></td>
<td>state GDP*</td>
<td>0.15</td>
<td>U.S. Bureau of Economic Analysis</td>
</tr>
<tr>
<td></td>
<td>Poverty</td>
<td>0.25</td>
<td>American Community Survey</td>
</tr>
<tr>
<td></td>
<td>food security</td>
<td>0.15</td>
<td>CPS Food Security Supplement</td>
</tr>
<tr>
<td></td>
<td>violent crime rate*</td>
<td>0.15</td>
<td>Uniform Crime Reporting Statistics</td>
</tr>
<tr>
<td></td>
<td>property crime rate*</td>
<td>0.15</td>
<td>Uniform Crime Reporting Statistics</td>
</tr>
<tr>
<td>Equity (0.18)</td>
<td>state income inequality*</td>
<td>0.5</td>
<td>Sam Houston State University</td>
</tr>
<tr>
<td></td>
<td>education tertiary</td>
<td>0.25</td>
<td>American Community Survey</td>
</tr>
<tr>
<td></td>
<td>high school completion rate</td>
<td>0.25</td>
<td>American Community Survey</td>
</tr>
<tr>
<td>Cohesion (0.17)</td>
<td>frequency of eating dinner with household</td>
<td>0.5</td>
<td>CPS Civic Engagement Supplement</td>
</tr>
<tr>
<td></td>
<td>frequency of talking with neighbors</td>
<td>0.25</td>
<td>CPS Civic Engagement Supplement</td>
</tr>
<tr>
<td></td>
<td>frequency of doing favors for neighbors</td>
<td>0.25</td>
<td>CPS Civic Engagement Supplement</td>
</tr>
<tr>
<td>Well-Being (0.25)</td>
<td>age standardized mortality rate</td>
<td>0.5</td>
<td>Compressed Mortality File</td>
</tr>
<tr>
<td></td>
<td>physical health</td>
<td>0.25</td>
<td>BRFSS</td>
</tr>
<tr>
<td></td>
<td>mental health</td>
<td>0.25</td>
<td>BRFSS</td>
</tr>
</tbody>
</table>
A US State Index of Successful Aging: Differences Between States and Over Time
Figure S5. Correlation of Domains, 2017.

- Productivity
  - Security: 0.2
  - Equity: 0.5
  - Cohesion: -0.1
  - Well-Being: 0.5

- Security
  - Productivity: 1
  - Equity: 0.6
  - Cohesion: 0.3
  - Well-Being: 0.5

- Equity
  - Productivity: 1
  - Security: 0.3
  - Cohesion: 0.3

- Cohesion
  - Productivity: 1
  - Security: 0.1

- Well-Being
  - Productivity: 0.5
  - Security: 0.5
  - Equity: 0.3
  - Cohesion: 0.1
  - Well-Being: 1
Scoring on a measure

1. Ensure larger values implies better outcomes
   • eg. 1-poverty rate

2. Standardization across measures:
   • **Goalpost**: min and max values are set as goalposts to expressed different units into measures between 0 and 100%

\[
\text{Goalpost} = \frac{\text{actual} - \text{min}}{\text{max} - \text{min}} \times 100\%
\]
Scoring on a measure con’t

All individual measures are standardized with a score of zero for the worst performing state and a score of 100 for the best performing state where higher values indicate better outcomes.

e.g. In the measure “Average Hours Volunteering, Age 65+”), in 2003-2005 the lowest state is Louisiana, where those over 65 years volunteered an average of 0.49 hours a year, and the most volunteering was in New Hampshire, where those over 65 volunteered an average of 3.39 hours per year. Thus Louisiana was given a score of 0 for this measure and New Hampshire a score of 100. In Massachusetts, the average is 1.03, which is 19% of the way between 0.49 and 3.39, so it was given a score of 19.
A US State Index of Successful Aging: Differences Between States and Over Time

California: 38th
A US State Index of Successful Aging: Differences Between States and Over Time

Productivity

Productivity
A US State Index of Successful Aging: Differences Between States and Over Time

(c)

Equity

Milbank Quarterly, First published: 23 November 2021, DOI: (10.1111/1468-0009.12542)
A US State Index of Successful Aging: Differences Between States and Over Time

Cohesion

Milbank Quarterly, First published: 23 November 2021, DOI: (10.1111/1468-0009.12542)
California: 47th
A US State Index of Successful Aging: Differences Between States and Over Time

Milbank Quarterly, First published: 23 November 2021, DOI: (10.1111/1468-0009.12542)
Conclusions

- Hartford State Aging Index highlights the core domains of a successful aging society
- Robust to different weighting schemes and methods
- Captures change in U.S. State rankings over time
- Use other States as a benchmark can highlight potential for improvements and emulate their strengths
- Future work analyzing the causes of the rankings could provide guidance for how U.S. State policy could lead to environments that promote a successful aging society
- Could be adapted to look at County performance within a state
Partnership Recommendations

CA for ALL Ages & Abilities Day of Action

Amanda Lawrence
Project Director, Master Plan for Aging
California Department of Aging

Fernando Torres-Gil, PhD
Director, Center for Policy Research on Aging & Professor, UCLA Luskin School of Public Affairs and IMPACT Stakeholder Committee Member
CA for All Ages & Abilities Day of Action

Tuesday • September 20
9AM - 4PM

Join us for a full-day, in-person event at the SAFE Credit Union Convention Center in Sacramento.
Master Plan for Aging Stakeholder Committees

- Alzheimer’s Disease and Related Disorders Advisory Committee
- CA Aging & Disability Research Partnership
- Disability and Aging Community Living Advisory Committee
- Elder & Disability Justice Coordinating Council
- Equity in Aging Advisory Committee
- IMPACT Stakeholder Committee
Partnership Priorities

Zia Agha, MD
Chief Medical Officer
West Health Institute

David Lindeman, PhD, MSW
Director, CITRIS Health & Director, Center for Technology & Aging
UC- Berkeley
California Aging & Disability Research Partnership (CADRP) - Setting Priorities

July 15, 2022

Zia Agha Chief Medical Officer and EVP West Health
David Lindeman, Director CITRIS Health
The near-term objectives of the CADRP

- Establish an advisory function to contribute to related progress indicators and targets
- Serve as a learning laboratory to assist in the planning of additional MPA research partnership opportunities, including a research collaborative and/or data action center
- Identify public and private funding opportunities to support age- and disability-focused research efforts consistent with MPA and CADRP priorities
- Serve as a model for achieving additional CalHHS and Administration priorities beyond the MPA
Establish an advisory function to contribute to related progress indicators and targets

- Process for CADRP to set priorities – getting to Sep 20th and long game
  - Identify 2-3 priority areas for each of the 5 MPA goal areas
  - Identify 2-3 metrics to serve as progress indicators
  - Establish baseline data and identify gaps
  - Set targets / benchmarks for key metrics
  - Identify research / data opportunities to test hypothesis and fill knowledge gaps
  - Identify and develop partnerships (academia, industry, public sector, and stakeholders)
Guiding principles for progress indicators and targets

- Priority areas guided by MPA initiatives and ongoing investments
- Metrics should capture pop based and process level data to help measure progress
- Have high internal and external validity
- Must be timely and responsive
- Metrics and data should guide and inform future investments
## Examples of Existing Data Indicators from MPA Data Dashboard

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategy</th>
<th>Data Indicator(s)</th>
<th>Data Source</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing for All Ages &amp; Stages</td>
<td>More Housing Options</td>
<td># of subsidized housing units per 10k population</td>
<td>AARP Living Index 2018</td>
<td>Current data source dates back to 2018. Housing data should also focus on housing choice voucher program and supportive housing for the elderly program.</td>
</tr>
<tr>
<td></td>
<td>Transportation Beyond Cars</td>
<td>% of all trips that are transit trips (including paratransit) by older adults aged 60+</td>
<td>NHTS 2017</td>
<td>Current data source dated back to 2017. Data source doesn’t summarize community transportation options such as dial-a-ride and assisted transportation services.</td>
</tr>
<tr>
<td>Health Reimagined</td>
<td>Enrollment in Medicare Plans and Programs</td>
<td>% of beneficiaries enrolled in Original Medicare</td>
<td>CMS 2019</td>
<td>Current data source (2019) calculates beneficiary’s enrollment during the year therefore partial year enrollments can be counted in more than one category. Data Source also needs to highlight move away from FFS models and value-based care options such as ACO plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of beneficiaries enrolled in Cal MediConnect</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of beneficiaries enrolled in Medicare Advantage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal</td>
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</tr>
<tr>
<td>Inclusion &amp; Equity, not Isolation</td>
<td>Life Satisfaction</td>
<td>% of adults age 60 or older reporting life satisfaction of 8 on a scale of 0-10</td>
<td>CHIS</td>
<td>A better indicator of life satisfaction is the OECD Better Life Index which examines individual’s health, education, income, personal fulfilment and social conditions</td>
</tr>
<tr>
<td></td>
<td>Protection from Abuse, Neglect &amp; Exploitation</td>
<td># of confirmed allegations of abuse by others, adult protective services clients age 65 or older</td>
<td>CDSS APS</td>
<td>Would be helpful to compare and understand trends across other states and baselines</td>
</tr>
<tr>
<td>Caregiving that Works</td>
<td>Good Caregiver Jobs Creation</td>
<td>Availability of # of paid caregivers</td>
<td>BLS</td>
<td>This only covers caregivers that are paid not informal caregivers. New CHIS survey and indicators should capture this gap.</td>
</tr>
<tr>
<td>Affording Aging</td>
<td>Income Security as we Age</td>
<td>% of adults age 65 or older with a household income below the California Elder Index (CEI)</td>
<td>CHIS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food Insecurity</td>
<td>% of low-income (&lt;200% FPL) adults age 60 or older who are experiencing food insecurity</td>
<td>CalFresh</td>
<td>Information on participation in programs that support food insecurities is not captured only CalFresh</td>
</tr>
</tbody>
</table>
Action Items and Next Steps

- Subcommittee/workgroup to review measures
- Recommendation of measures by subcommittee for full committee review and approval at August meeting
- Progress report to CDA for Sep 20th Conference in Sacramento
- Statewide promotion of metrics and importance of evidence-based tracking
- Outreach to researchers and support for collaborative research efforts
Member Discussion
Attendees joining by **phone**, press *9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.

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

For additional public comment or for meeting feedback email Engage@aging.ca.gov.
Summary & Next Steps

Sarah Steenhausen
Deputy Director
Division of Aging Policy, Research, & Equity
California Department of Aging
Thank you!

Contact: Engage@aging.ca.gov.