CA AGING & DISABILITY RESEARCH PARTNERSHIP

California Department of AGING

EQUITY IN AGING CALIFORNIA ALL AGES

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.

Public Comment

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

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

For additional public comment 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

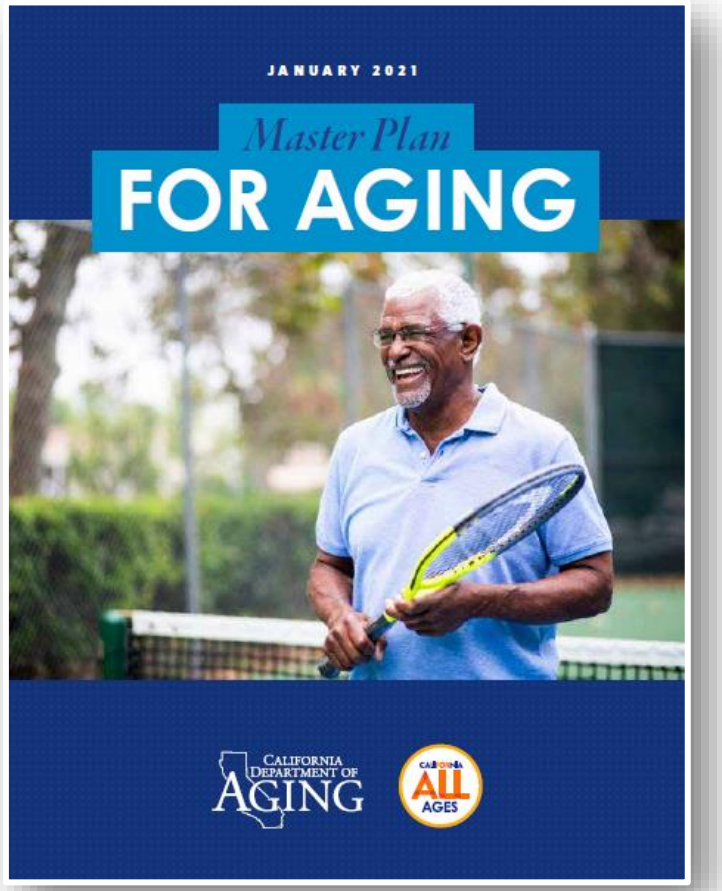
11:00 - 11:10: CA for ALL Ages & Abilities Day of Action

11:10 - 11:25: CADRP Priorities

11:25 - 11:45: Member Discussion

1145 - 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

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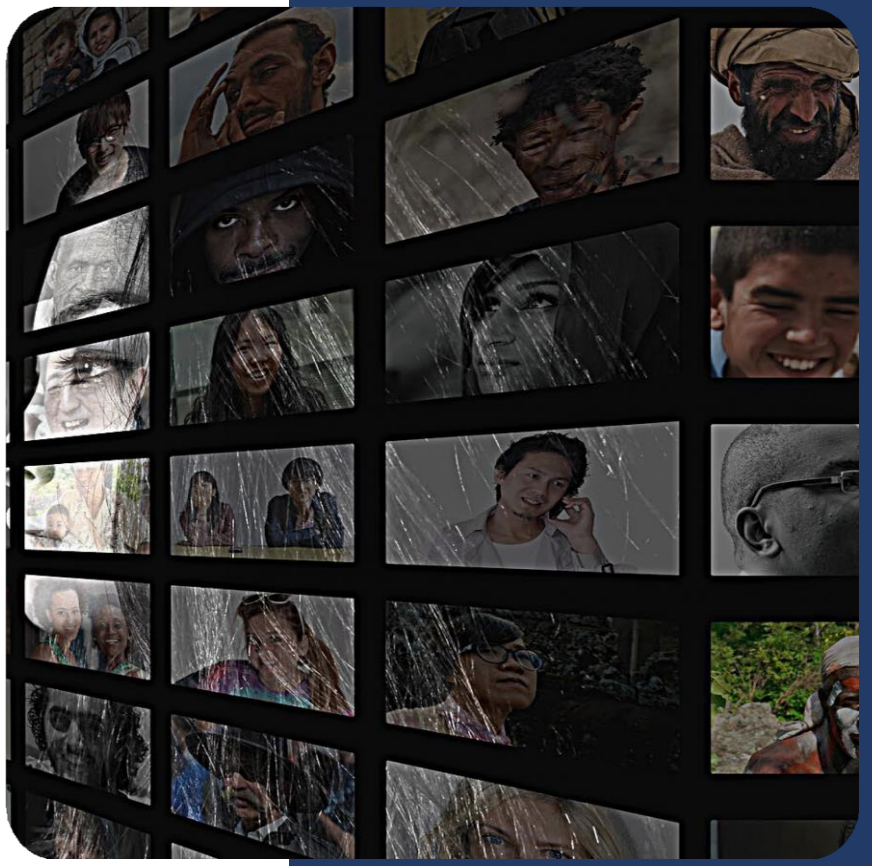
CalHHS/ CDII Equity Dashboard



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

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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.

California Culture

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

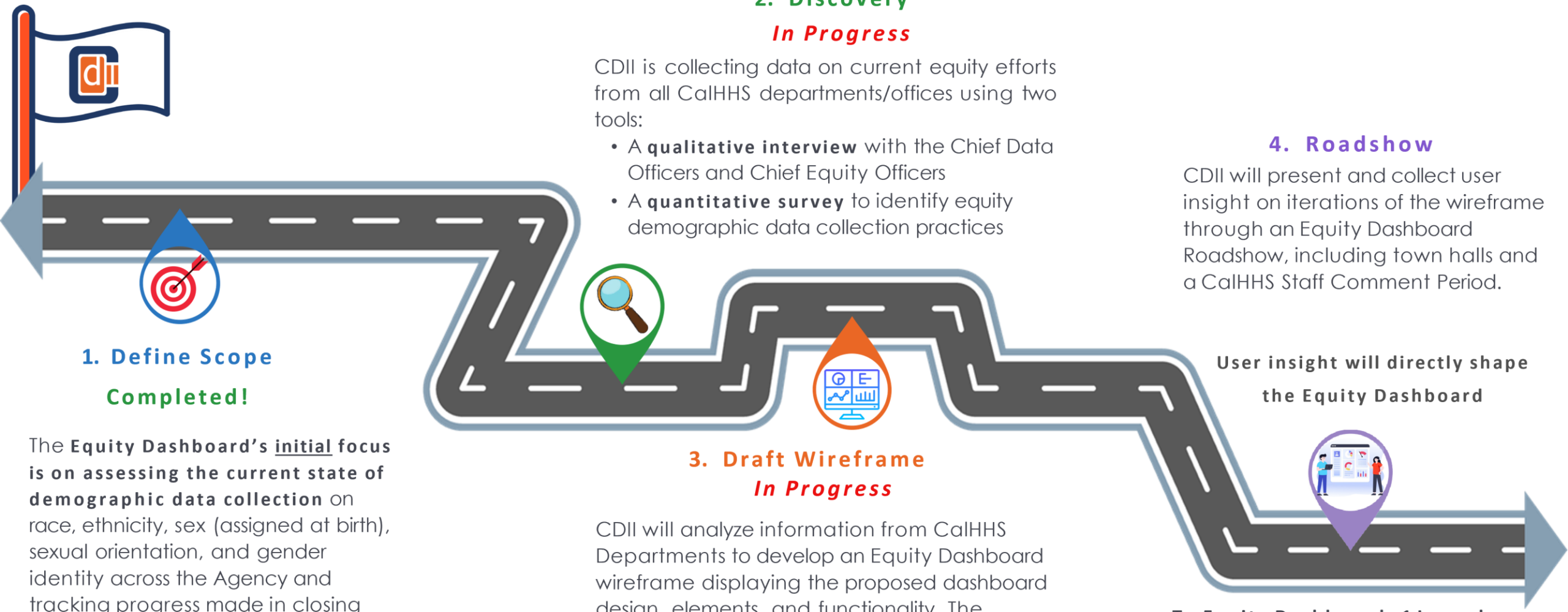
The U.S. Census Bureau reports the total population of the State of California was just under 40 million in the 2020 Census.

Nationally, our state population (per 2020 Census) means that one in eight Americans is a Californian!

June//2022

The CalHHS/CDII Equity Dashboard Initiative

Equity Dashboard Status: June 2022



1. Define Scope

Completed!

The **Equity Dashboard's <u>initial</u> 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

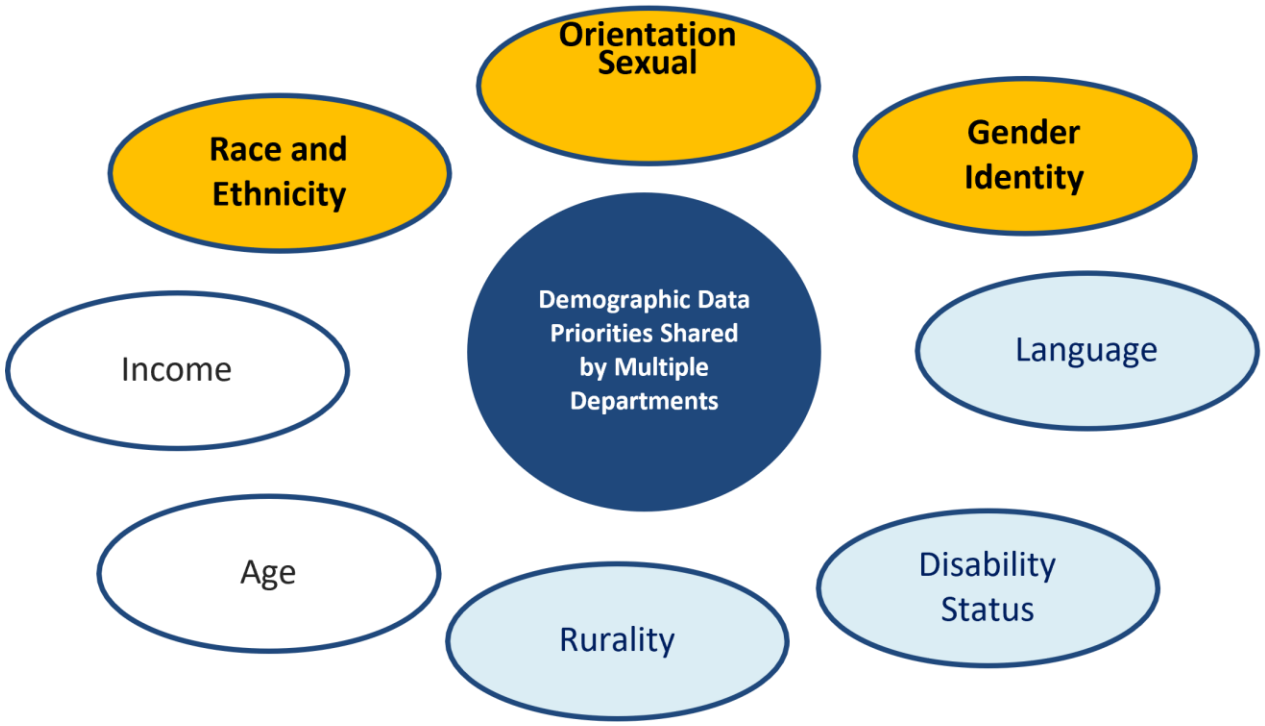
- ✓ Department of Public Health (DPH)
- ✓ Department of Managed Health Care (DMHC)
- ✓ Department of State Hospitals (DSH)
- ✓ Department of Social Services (CDSS)
- ✓ Department of Community Services and Development (CSD)
- ✓ Department of Aging (CDA)
- ✓ Department of Developmental Services (DDS)
- ✓ 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 demographicc data by geographic units.

Legend:

- **Interest across most CalHHS Depts/Offices**
- **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.**

Barriers to Demographic Data Collection
Legal Requirements • Multiple federal and state laws shape CalHHS programmatic, demographic data collection (e.g., California Government Code (GC) Section 8310.5) • Laws govern how data can be used, how it can be shared, and requirements often vary by program • Laws may limit re-use of data, limiting equity analyses
Data Source Integrity • Understanding the 'source' of the demographic detail is important; self-identification is considered the gold-standard
Data Submission Hesitancy • Certain populations may be less willing to provide their demographic information • Research indicates additional context around why and how demographic details improves completeness
Demographic Data is Collected Upstream • 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)

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

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CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

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.

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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

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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.

Address

Clifford L. Allenby Building
1215 O Street
Sacramento, California

Email

CDII@chhs.ca.gov

Website

https://www.chhs.ca.gov/home/data/#center-for-data-insights-innovation

CA Elder Index

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

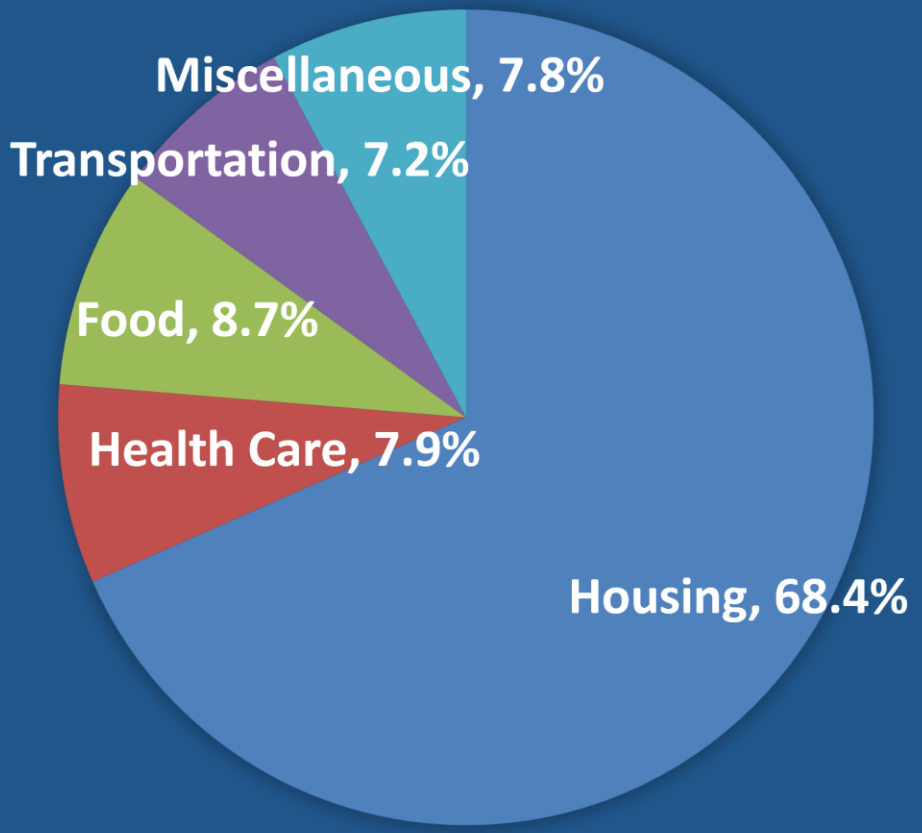
1. 50 year old standard of living (CPI adjusted)
2. Single national amount
3. Based on consumption of average family
4. Same amount whether renter or owner of home

Elder Index

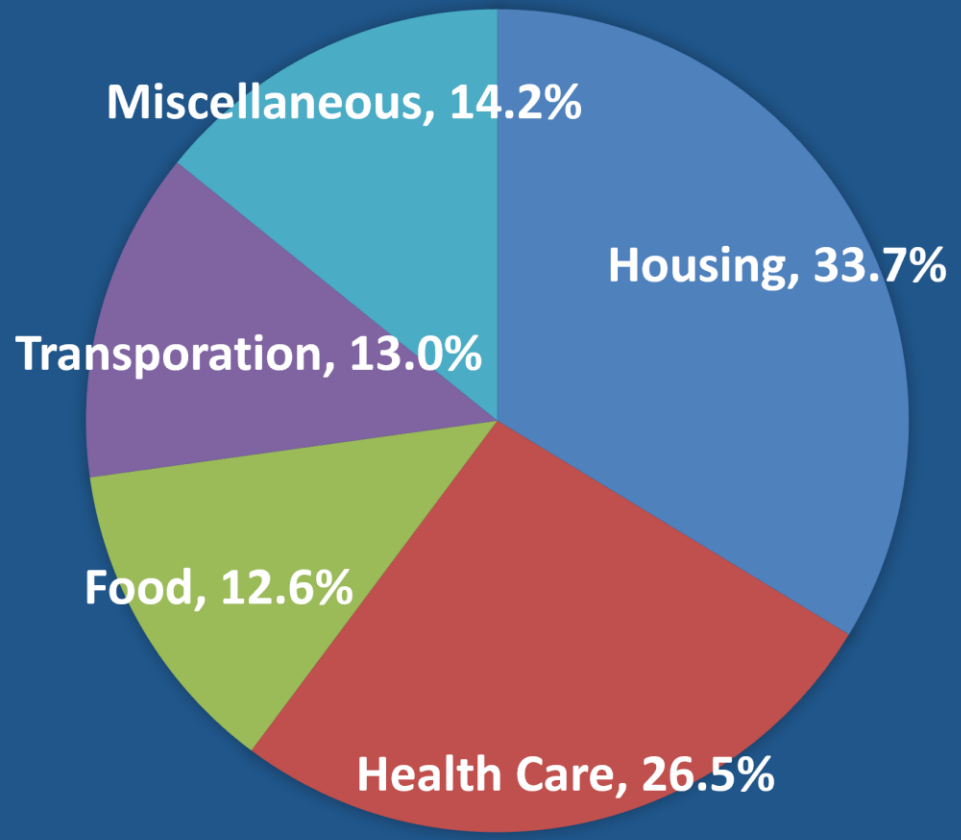
1. Current standard of living
2. County level
3. Uses costs of basic goods and services needed by average *older* adult (e.g. higher health care costs)
4. Varies by type of housing

Monthly Basic Living Cost Components, Single Elder Renter, Urban vs. Rural, 2019 Elder Index

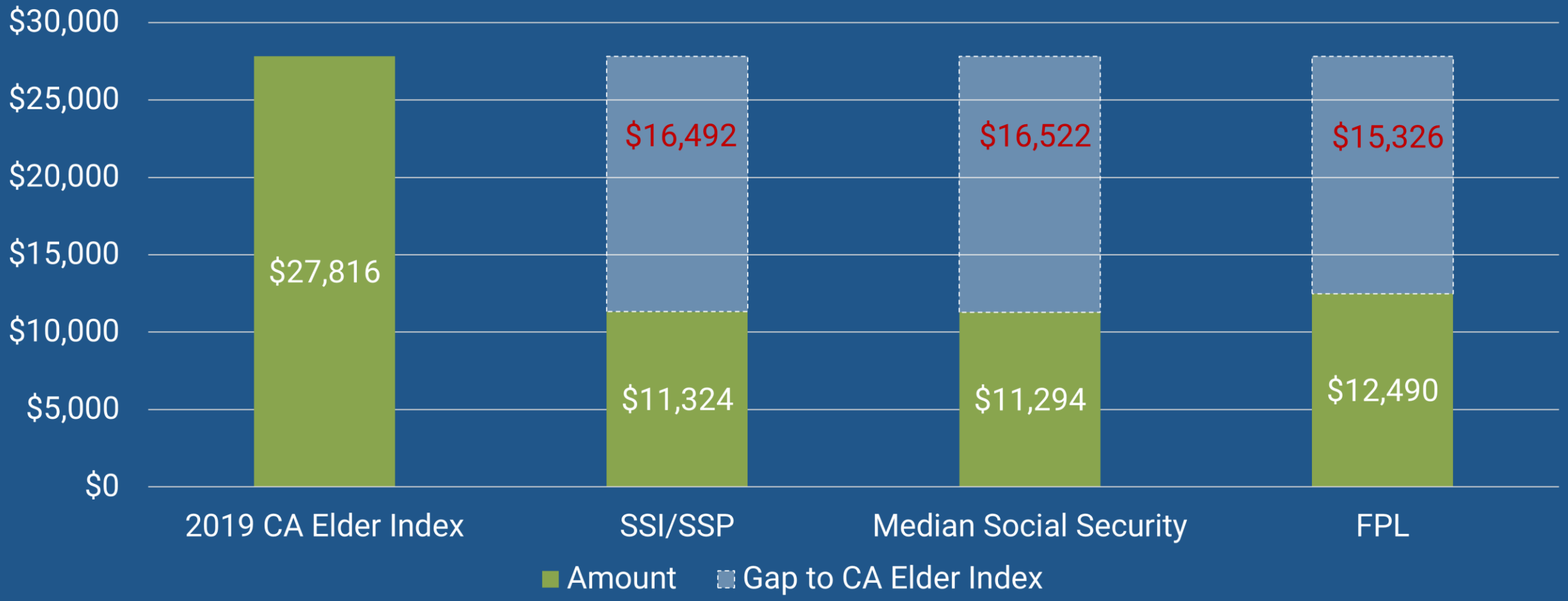
San Francisco County — $3,779/month



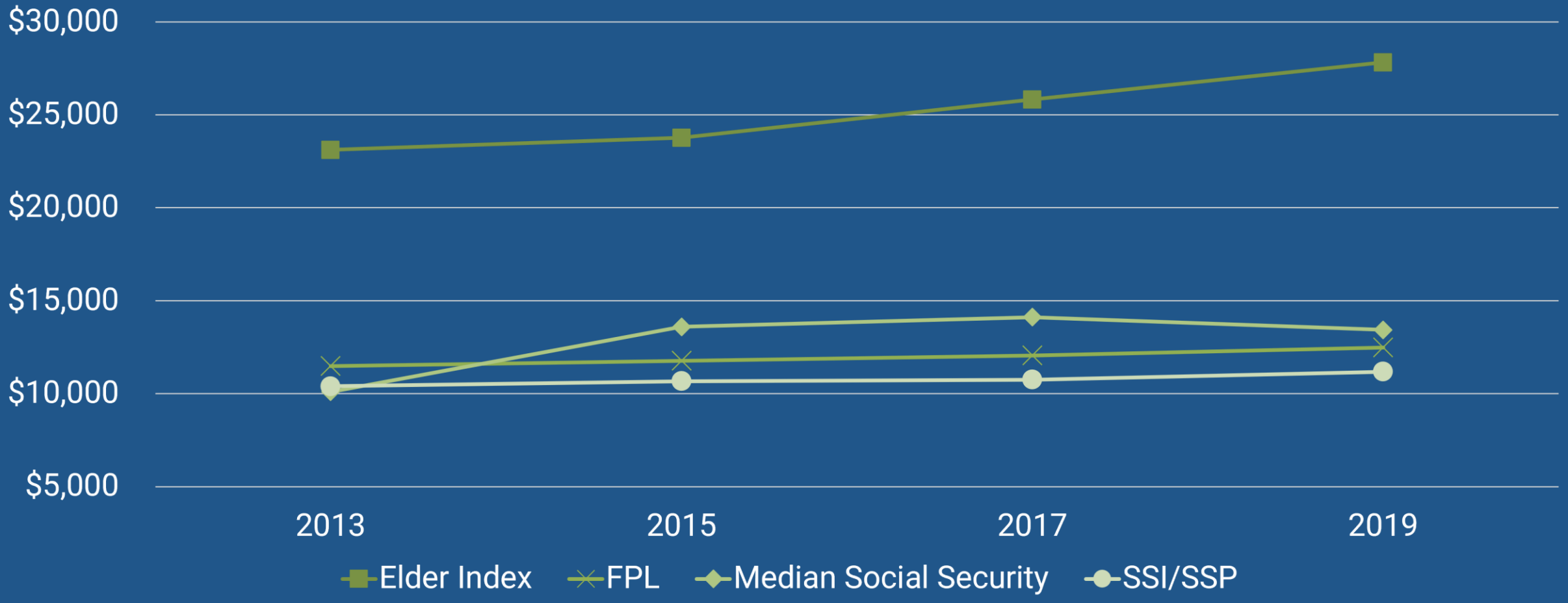
Imperial County — $2,100/month



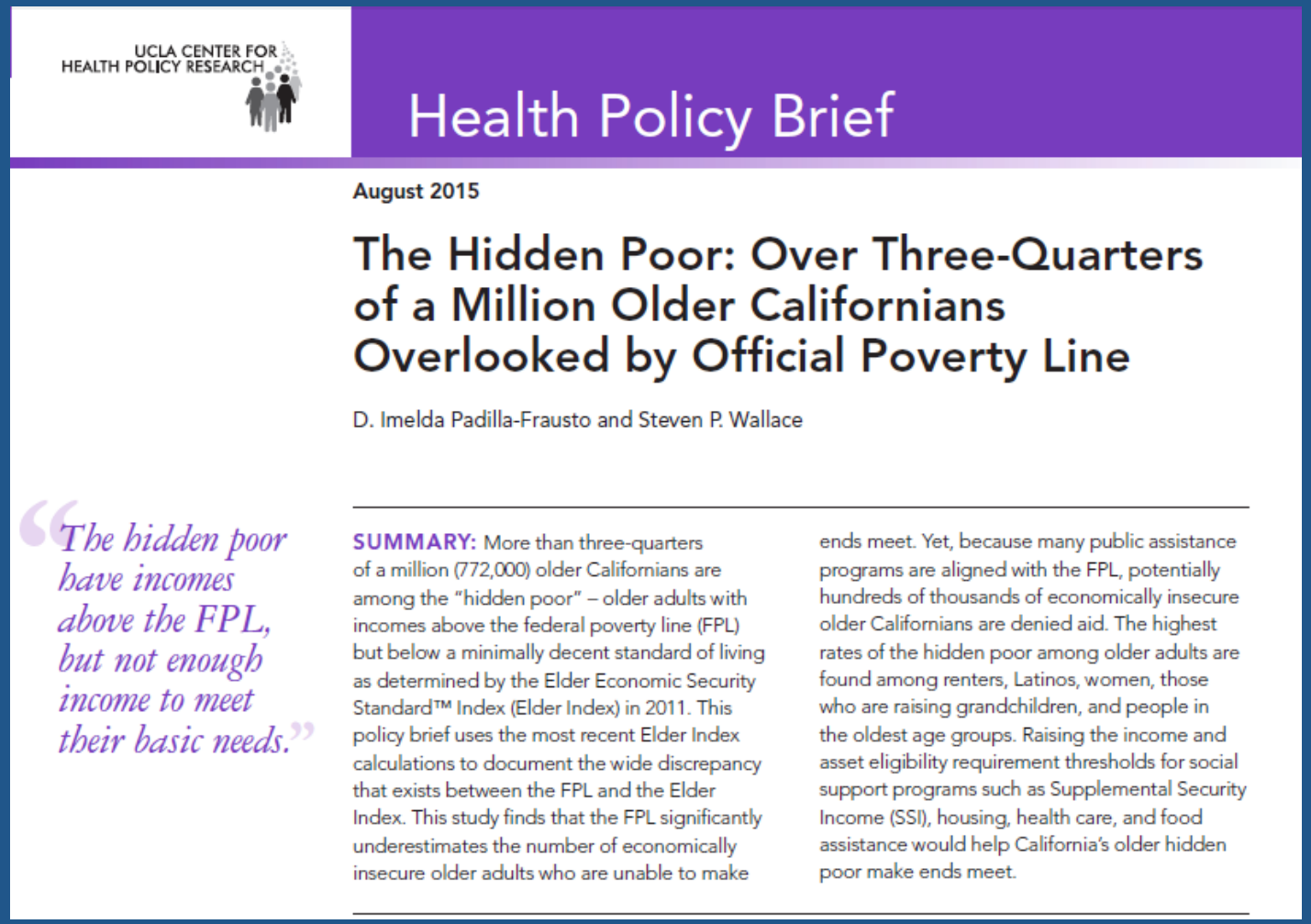
Basic Cost of Living for Single Elders Who Rent vs. Income Sources, 2019 CA Elder Index



Trends 2013 – 2019: Elder Index for Single Elder Renter vs. Income and FPL



Who is overlooked by the FPL?



UCLA CENTER FOR HEALTH POLICY RESEARCH

Health Policy Brief

August 2015

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

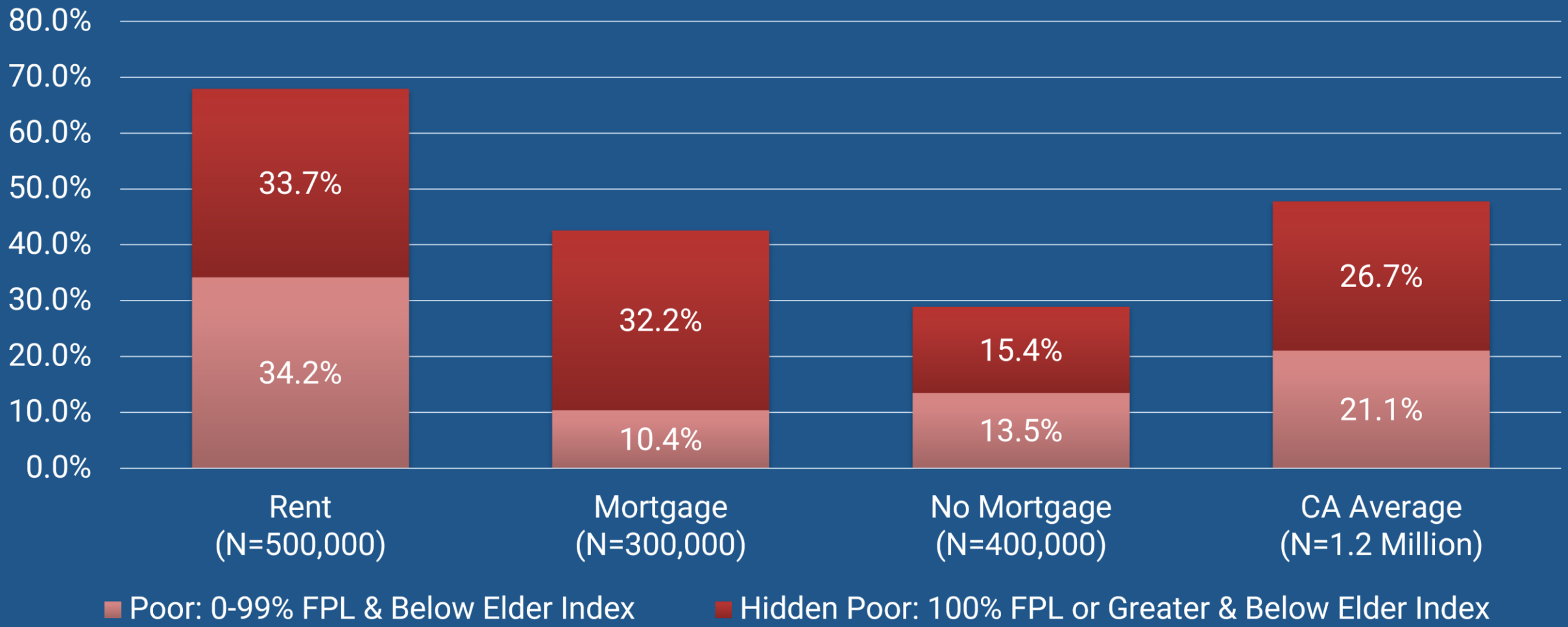
D. Imelda Padilla-Frausto and Steven P. Wallace

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

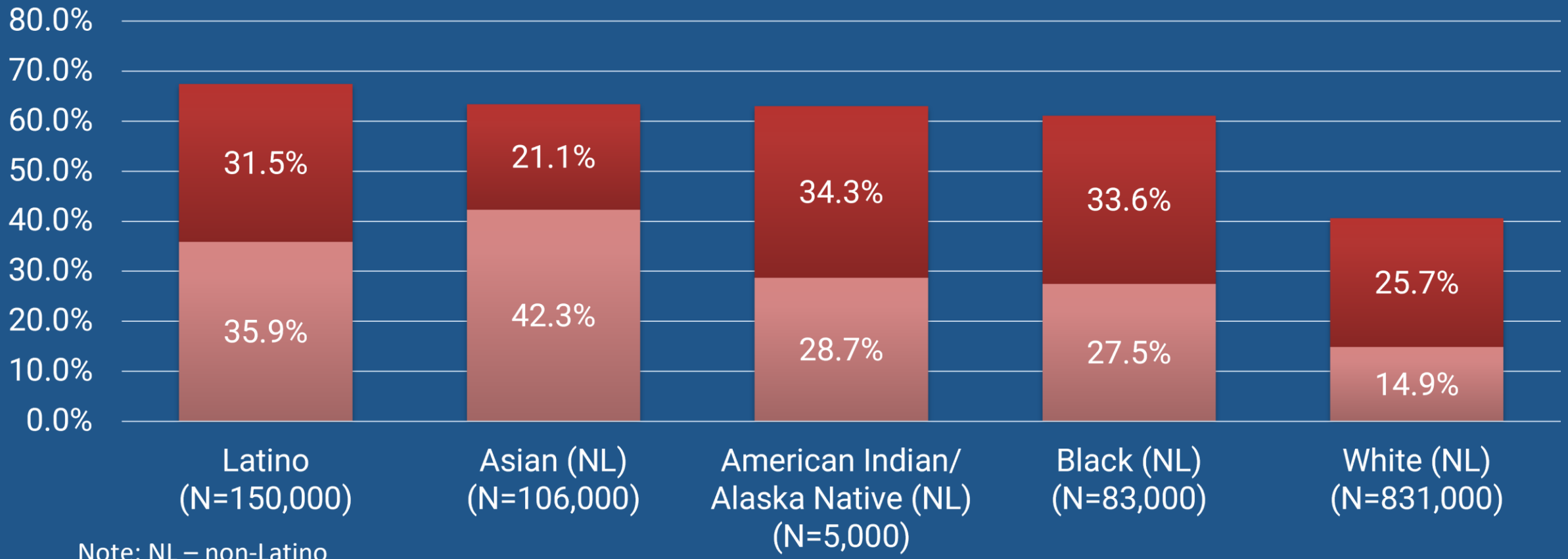
SUMMARY: More than three-quarters of a million (772,000) older Californians are among the "hidden poor" – older adults with incomes above the federal poverty line (FPL) but below a minimally decent standard of living as determined by the Elder Economic Security Standard™ Index (Elder Index) in 2011. 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.

http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1417

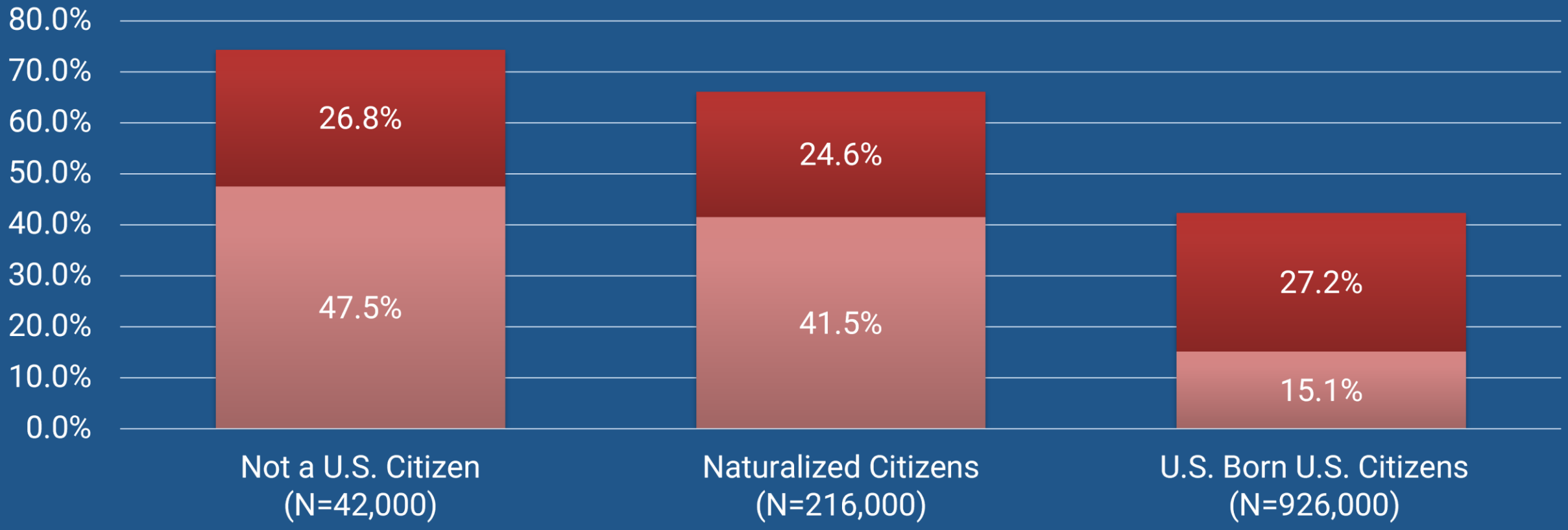
Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Housing Type



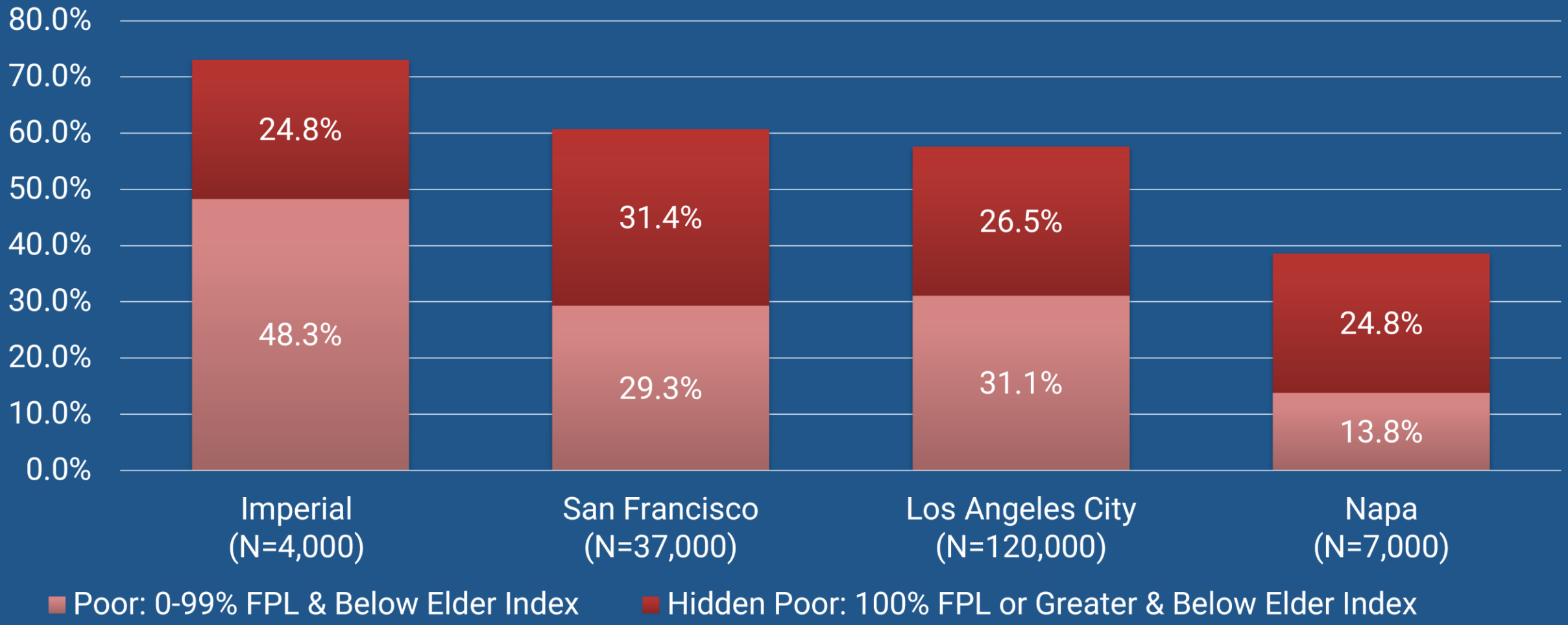
Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Race and Ethnicity



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



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



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

Metta Fund

Thomas J. Long Foundation

UCLA Fielding School of Public Health

Archstone Foundation

St. Joseph Health

California Program on Access to Care
University of California

Insight Center for Community Economic Development

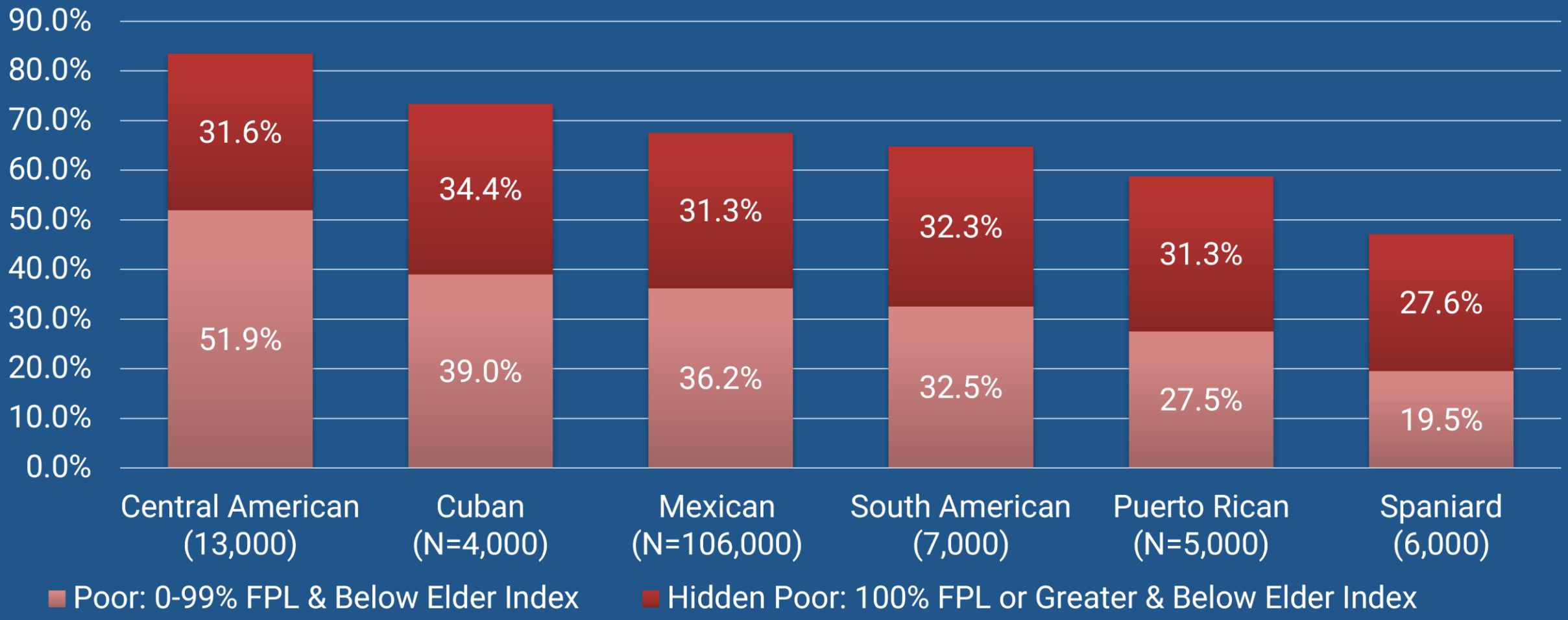
The California Wellness Foundation
promoting equity, advocacy and access

Thank You!
Questions?

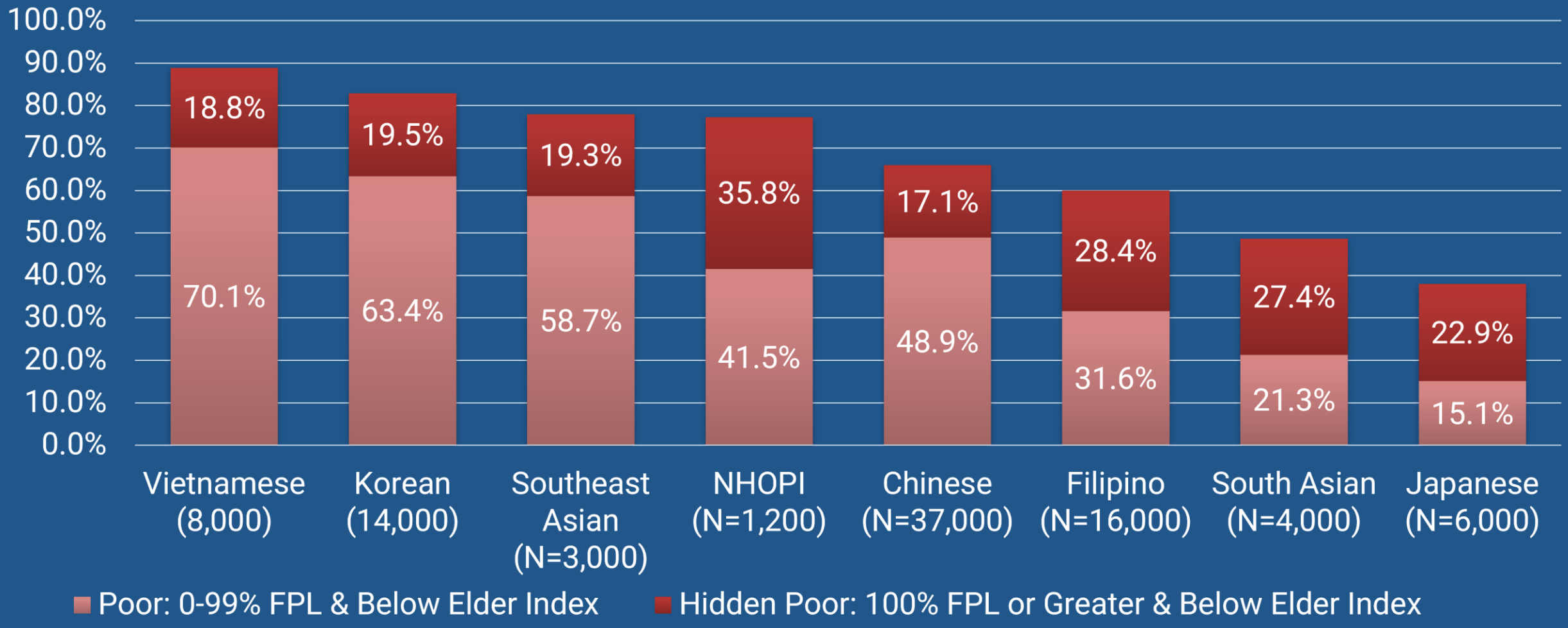
www.healthpolicy.ucla.edu/elderindex

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



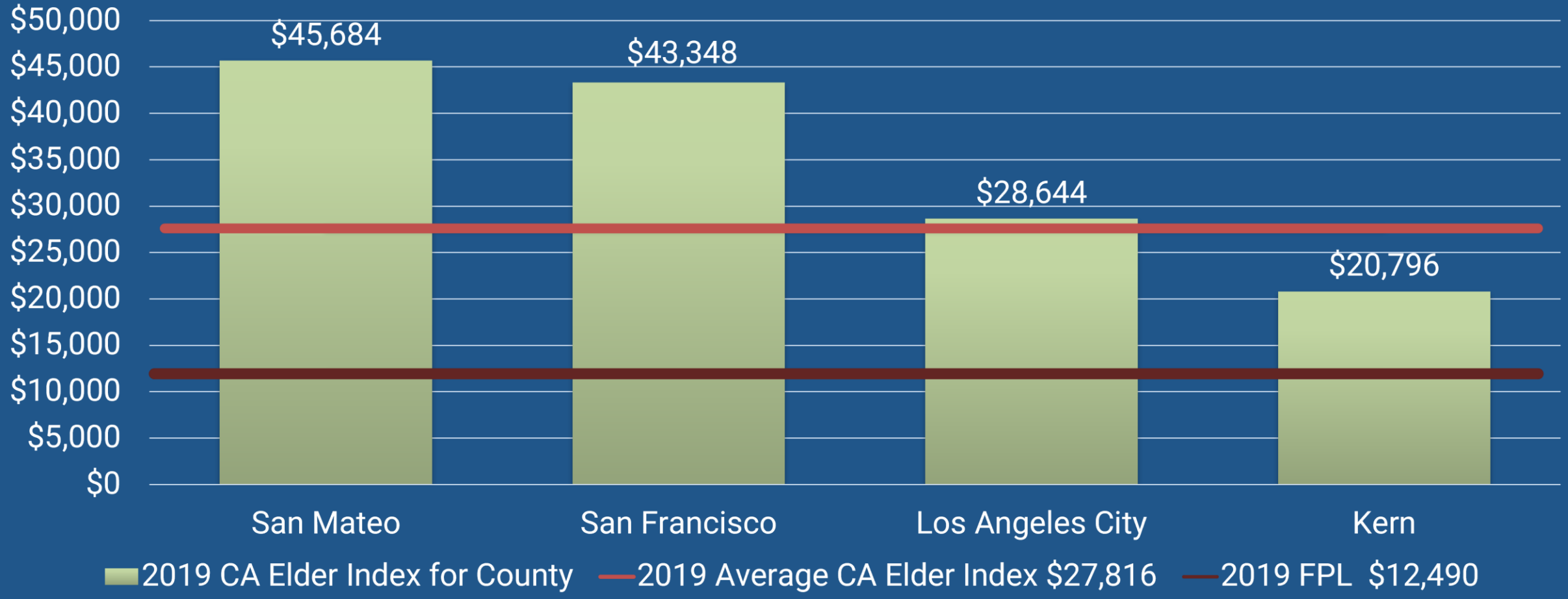
Single Elders Ages 65 and Older With Incomes Below the 2019 CA Elder Index: Poor and Hidden Poor By Asian Ethnicity



2019 CA Elder Index: Basic Living Cost Components by Housing Type

	Single Elder Living Alone, California Average		
	Homeowner with Mortgage	Renter	Homeowner without Mortgage
Housing	$1,920	$1,062	$549
Health Care	$409	$409	$409
Food	$273	$273	$273
Transportation	$273	$273	$273
Miscellaneous	$301	$301	$301
Monthly Total	$3,176	$2,318	$1,805
Annual Total	$38,112	$27,816	$21,660

Select County Comparisons: Basic Cost of Living for Single Elders Who Rent, 2019 CA Elder Index



US State Index on Successful Aging

David Rehkopf, Sc.D, MPH
Director, Stanford Center for Population Health Sciences

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

Developed with Frank F. Furstenberg, Holly Elser, Christian Jackson, Nicole Levy, John W. Rowe

THE MILBANK QUARTERLY

CURRENT ISSUE | EARLY VIEW | ARCHIVE | NAVIGATION

NOVEMBER 23, 2021
QUARTERLY ARTICLE

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

EARLY VIEW | ORIGINAL SCHOLARSHIP | STATE HEALTH POLICY | AGING

Authors:

DAVID H. REHKOPF

FRANK F. FURSTENBERG

HOLLY ELSER

CHRISTIAN JACKSON

NICOLE LEVY

JOHN W. ROWE

THE AGING SOCIETY RESEARCH NETWORK

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.

CITATION:

Rehkopf DH, Furstenberg FF, Elser H,

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.

Multidimensional comparison of countries' adaptation to societal aging

Cynthia Chen[a], Dana P. Goldman[b], Julie Zissimopoulos[c], John W. Rowe[d,1], and Research Network on an Aging Society[2]

[a]Saw Swee Hock School of Public Health, National University of Singapore, Singapore 117549; [b]Schaeffer Center for Health Policy, University of Southern California, Los Angeles, CA 90089; [c]Schaeffer Center for Health Policy, Sol Price School of Public Policy, University of Southern California, Los Angeles, CA 90089; and [d]Department of Health Policy and Management, Mailman School of Public Health, Columbia University, New York, NY 10032

Edited by Andrew J. Cherlin, Johns Hopkins University, Baltimore, MD, and approved June 12, 2018 (received for review April 13, 2018)

As long-term changes in life expectancy and fertility drive the emergence of aging societies across the globe, individual countries vary widely in the development of age-relevant policies and programs. While failure to adapt to the demographic transformation carries not only important financial risks but also social risks, most efforts to gauge countries' preparedness focus on economic indicators. Using data from the Organization for Economic Cooperation and Development (OECD) and other sources, we developed a multidimensional Aging Society Index that assesses the status of older populations across five specific domains, including productivity and engagement, well-being, equity, economic and physical security, and intergenerational cohesion. For 18 OECD countries, the results demonstrate substantial diversity in countries' progress in adapting to aging. For any given domain, there are wide differences across countries, and within most countries, there is substantial variation across domains. Overall, Norway and Sweden rank first in adaptation to aging, followed by the United States, The Netherlands, and Japan. Central and eastern European countries rank at the bottom, with huge untapped potential for successful aging. The United States ranks best in productivity and engagement, in the top half for cohesion, and in the middle in well-being, but it ranks third from the bottom in equity. Only well-being and security showed significant between-domain correlation ($r = 0.59$, $P = 0.011$), strengthening the case for a multidimensional index. Examination of heterogeneity within and across domains of the index can be used to assess the need for, and effectiveness of, various programs and policies and facilitate successful adaptation to the demographic transition.

aging | society | international

Significance

The proportion of older adults in the population is growing rapidly across the globe. This demographic transformation into "aging societies" presents very consequential economic and social risks. Countries vary substantially in the degree to which they have been aging and in their establishment of the policies, supports, and services needed to facilitate the well-being of older persons. Based on a multidimensional definition of a successfully aging society, we present an index that quantifies the degree to which nations are effectively facing the challenge of population aging. This index permits comparisons across countries and facilitates identifications of gaps within countries in adaptation as well as approaches that have been effective in closing such gaps.

Successful adaptation to population aging within a society is particularly relevant for achieving the goals outlined in the 2030 Agenda for Sustainable Development of poverty eradication, ensuring well-being at all ages; reducing inequalities; and making cities inclusive, safe, and sustainable (1). The Second World Assembly on Aging highlighted the need to promote the development of society for all ages on national and international levels, emphasizing that older persons should benefit equitably and be able to participate in fruits of development in advancing their health and well-being, and to ensure a supportive and enabling environment for older adults to do so (2). Failure to adapt to the demographic transition entails not only financial but social risks.

There is substantial asynchrony in the rates at which countries are aging. Japan has, by far, the highest percentage of population above the age of 65 y (3). Western Europe has also aged ahead of the United States due to sustained reductions in total fertility below replacement rate post-World War II (baby bust), while the United States saw increases in fertility rates (baby boom). Consequently, Germany, for instance, currently has an age distribution that the United States will not experience until 2030. While the transfer of policies or programs from one country to another is never simple, and, when feasible, often requires substantial modifications, this asynchrony nonetheless provides the country with the opportunity to examine the experiences of countries that have aged ahead of it.

When assessing the aging of societies and their capacity to support older populations, the time has come to move beyond archaic and simplistic metrics, such as the old-age dependency ratio and life expectancy, to include measures that reflect the well-being of older persons. In this regard, we sought to develop an evidence-based metric to assess the status of older populations across countries and within countries across a series of economic and social domains to compare countries' success in adapting to population aging. The metric would serve both as a guide to inform policies for forging a productive and equitable aging society and as a tool to assess their effectiveness over time.

The Research Network on an Aging Society is a 14-member interdisciplinary group of geriatricians, demographers, sociologists, economists, psychologists, and policy experts working from the framework of the well-established successful aging paradigm (4). We formulated an evidence-based model of a successfully aging society. We defined the five major components for the successful aging of a society as follows:

Productivity and engagement: A successfully aging society facilitates the engagement of older persons in society, either through work for pay or volunteering (5–10).

Well-being: A successfully aging society provides health care informed by a sophisticated understanding of the health care needs of older persons (11, 12).

Equity: A successfully aging society distributes resources equitably across the older population, thus lessening the gap between the "haves" and the "have nots" (13, 14).

Author contributions: D.P.G., J.W.R., and R.N.o.a.A.S. designed research; C.C. and J.Z. performed research; R.N.o.a.A.S. contributed new reagents/analytic tools; C.C. and J.Z. analyzed data; and C.C., D.P.G., J.Z., and J.W.R. wrote the paper.

The authors declare no conflict of interest.

This article is a PNAS Direct Submission.

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[2]A complete list of the Research Network on an Aging Society can be found in SI Appendix.

This article contains supporting information online at www.pnas.org/lookup/suppl/doi:10.1073/pnas.1800201115/-/DCSupplemental.

Published online August 28, 2018.

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

Domain	Item	Weight	Source of data
Productivity &	labor force participation	0.45	American Community Survey
Engagement (0.22)	participating in community organizations	0.15	CPS Civic Engagement Supplement
	participating in service/civic organizations	0.15	CPS Civic Engagement Supplement
	average hours volunteering	0.25	CPS Civic Engagement Supplement
Security (0.19)	pension wealth*	0.15	Annual Survey of Public Pensions
	state GDP*	0.15	U.S. Bureau of Economic Analysis
	Poverty	0.25	American Community Survey
	food security	0.15	CPS Food Security Supplement
	violent crime rate*	0.15	Uniform Crime Reporting Statistics
	property crime rate*	0.15	Uniform Crime Reporting Statistics
Equity (0.18)	state income inequality*	0.5	Sam Houston State University
	education teriary	0.25	American Community Survey
	high school completion rate	0.25	American Community Survey
Cohesion (0.17)	frequency of eating dinner with household	0.5	CPS Civic Engagement Supplement
	frequency of talking with neighbors	0.25	CPS Civic Engagement Supplement
	frequency of doing favors for neighbors	0.25	CPS Civic Engagement Supplement
Well-Being (0.25)	age standardized mortality rate	0.5	Compressed Mortality File
	physical health	0.25	BRFSS
	mental health	0.25	BRFSS

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

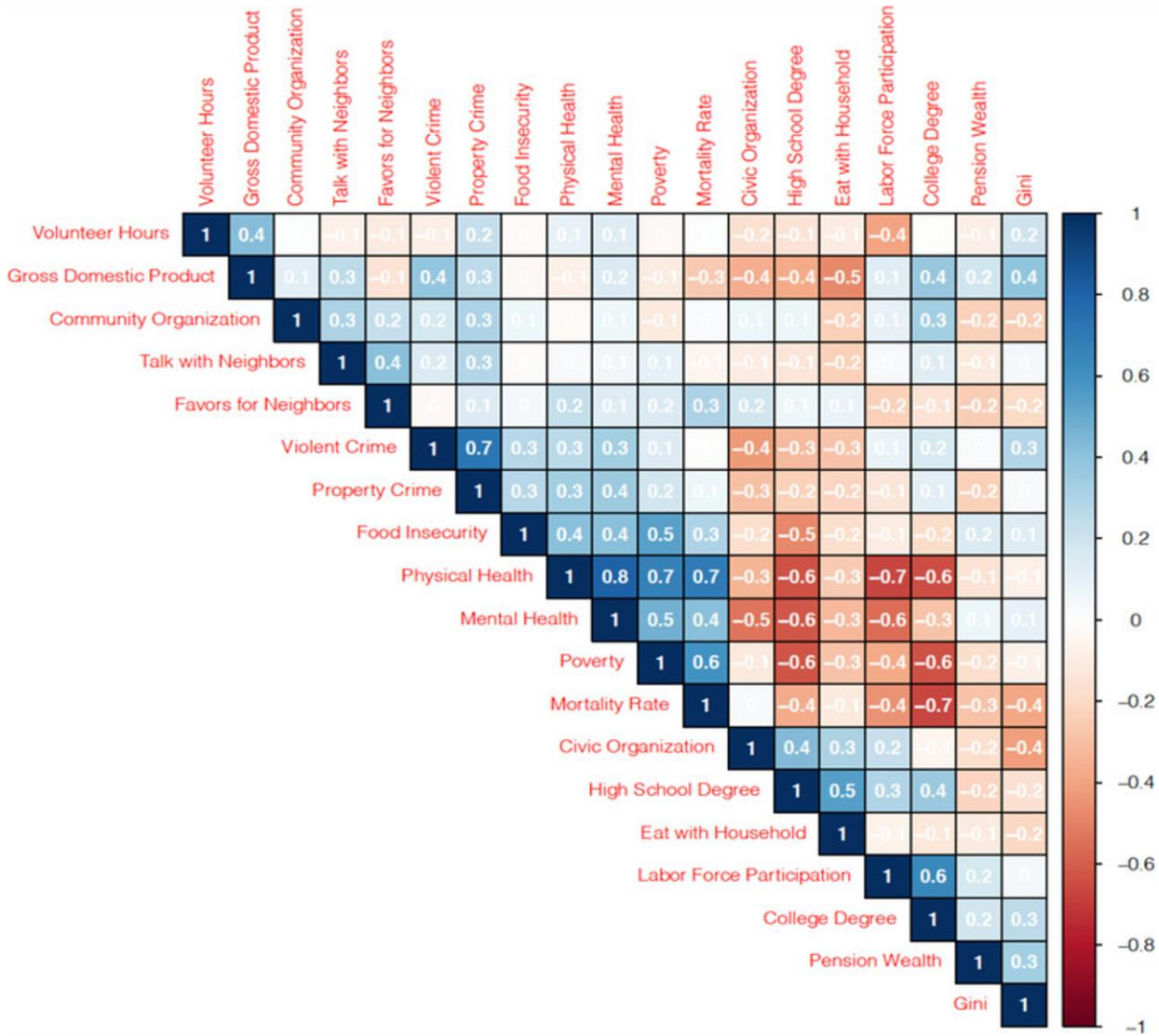

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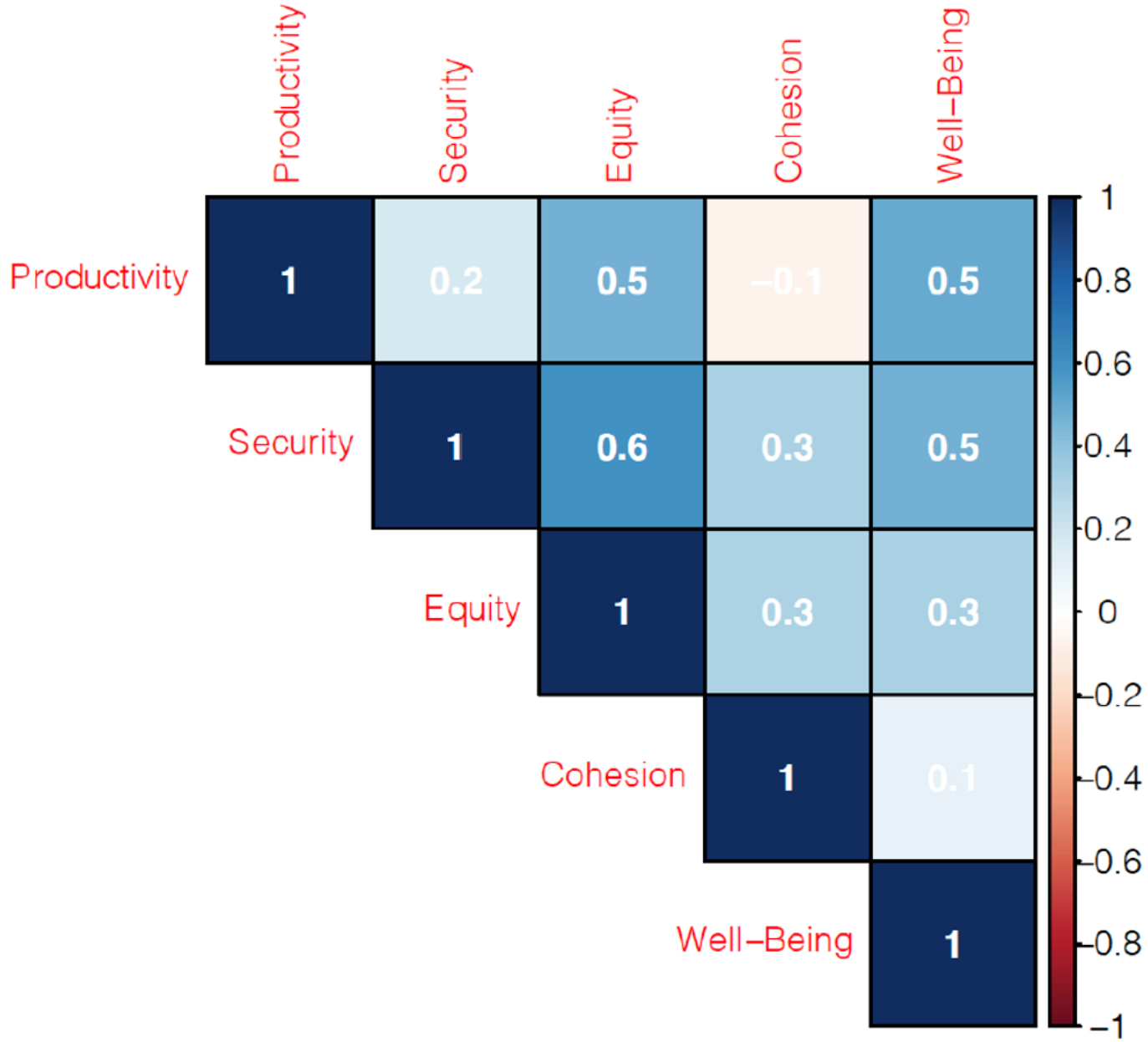
Figure S5. Correlation of Domains, 2017.



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%

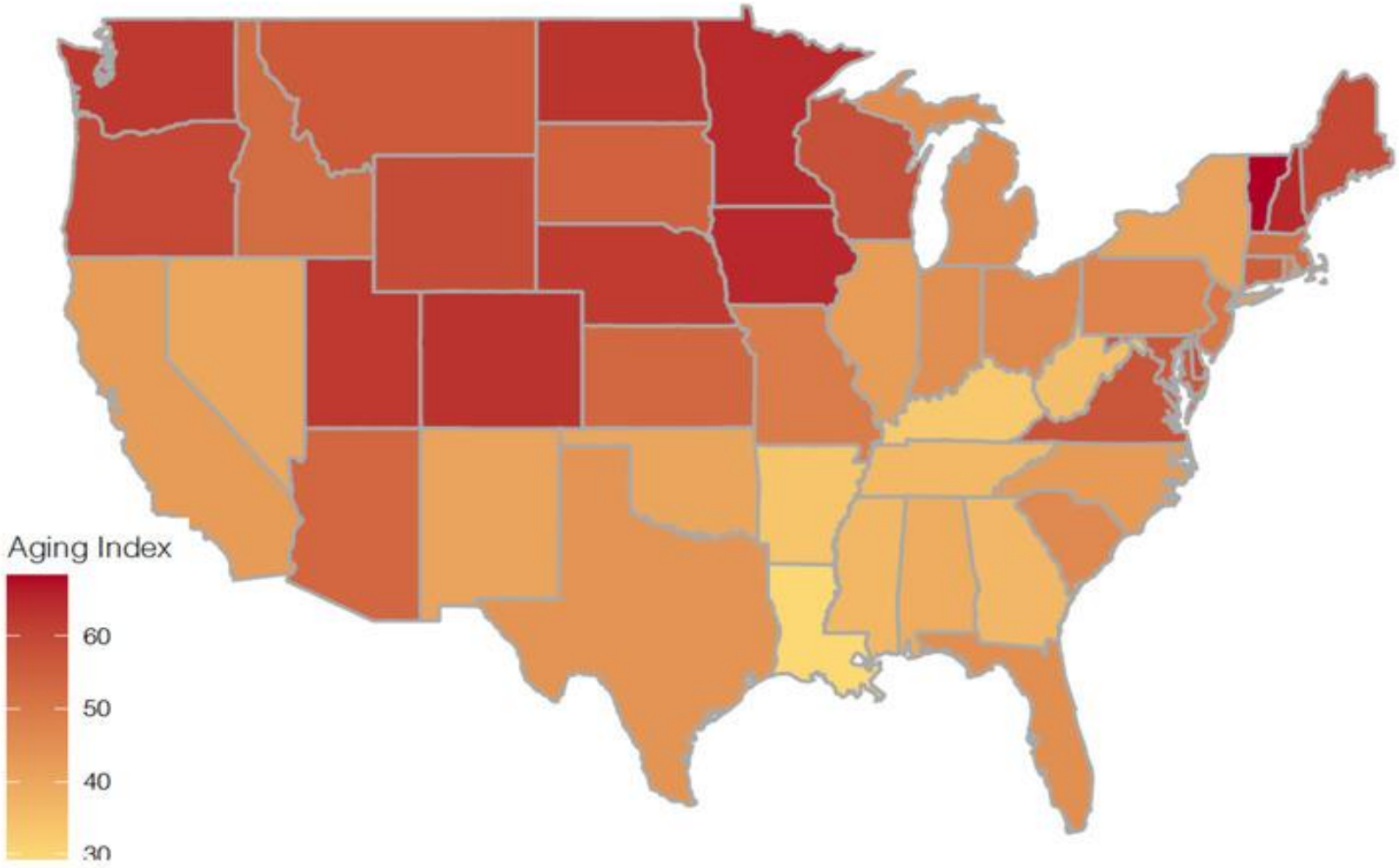
$$Goalpost = \frac{actual\ - min}{max - min} * 100\%$$

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.

eg. 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



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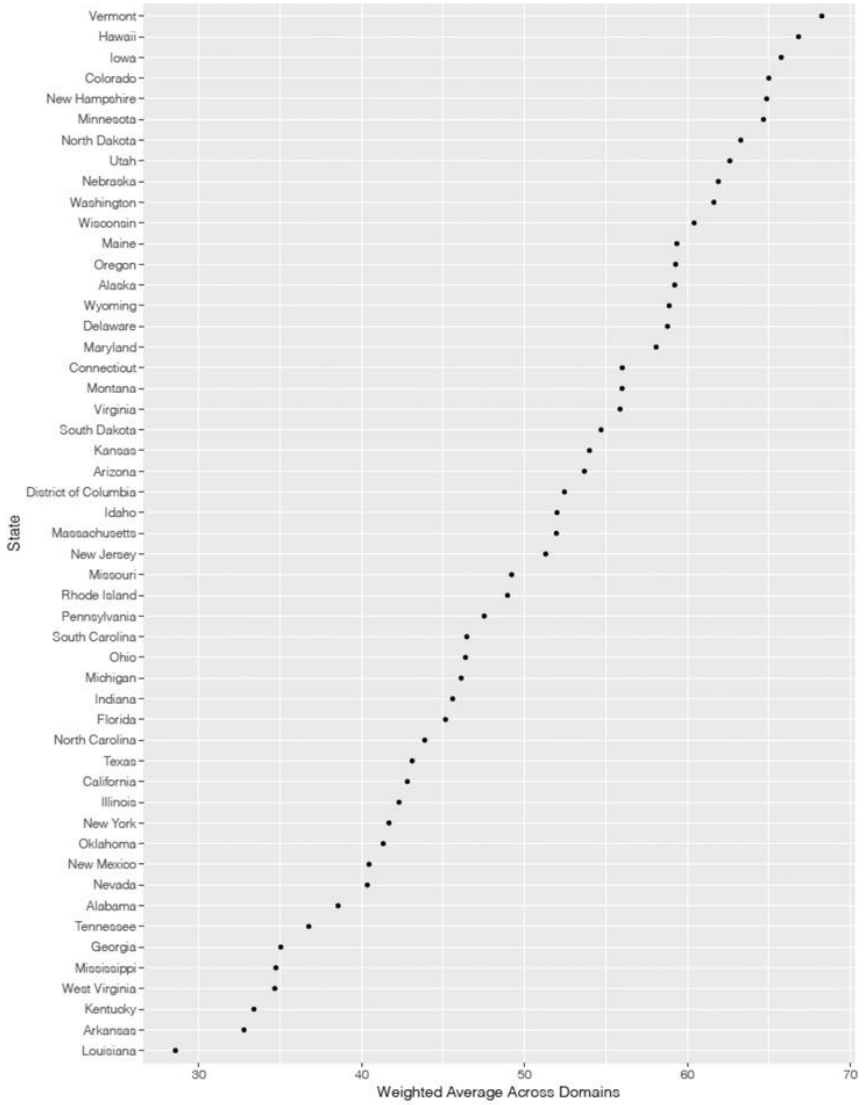

California: 38th

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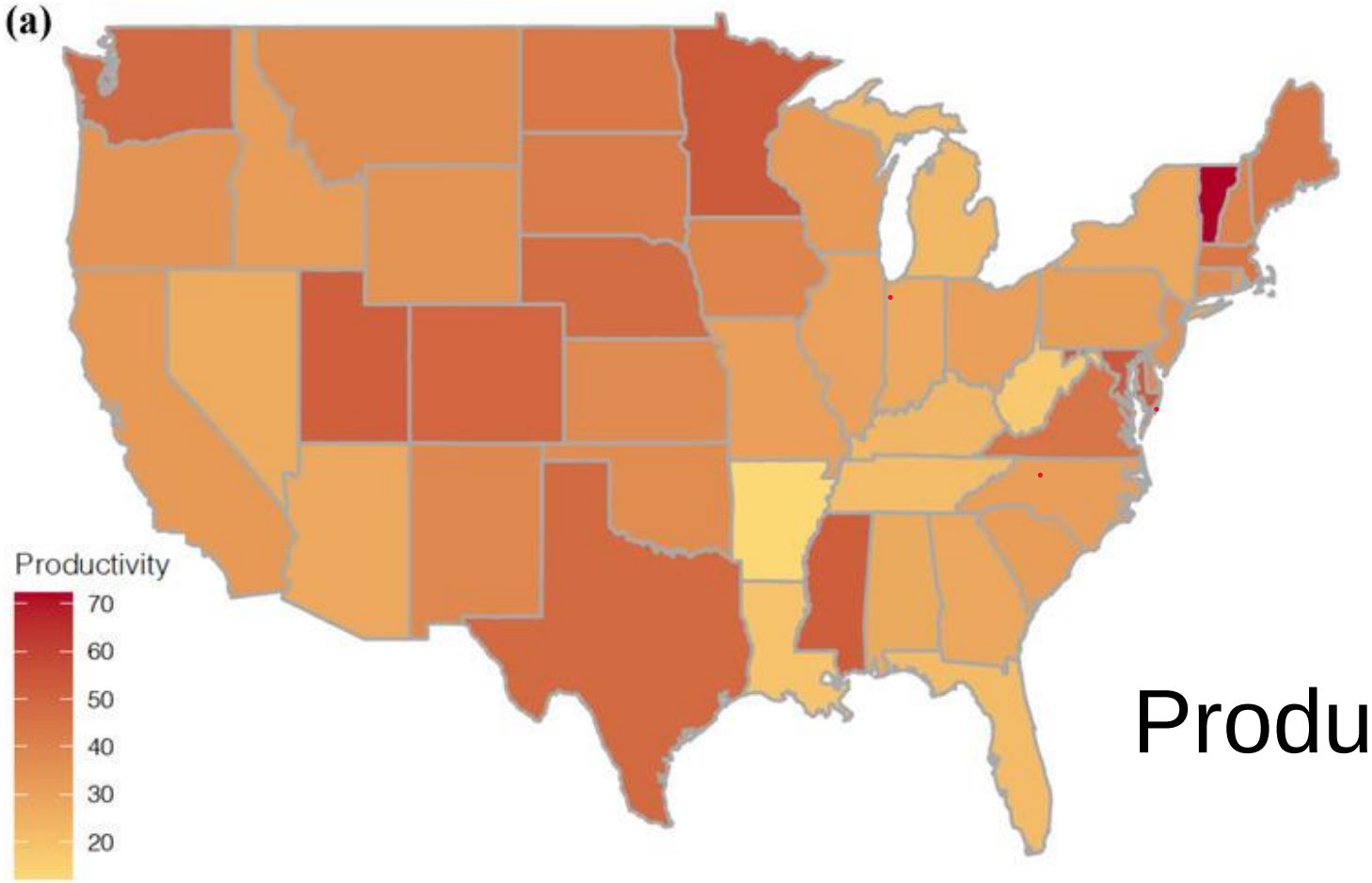

Productivity

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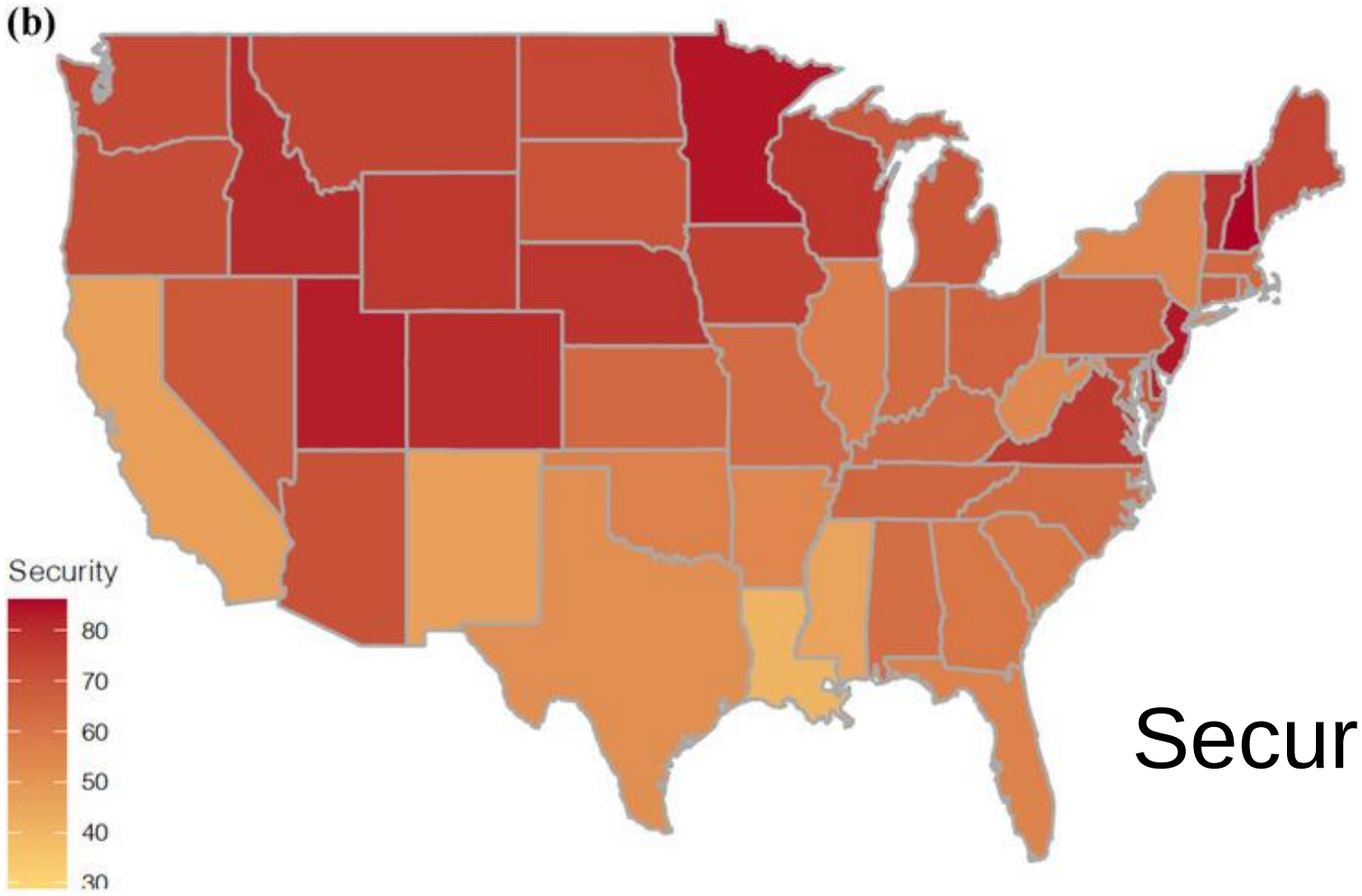

Security

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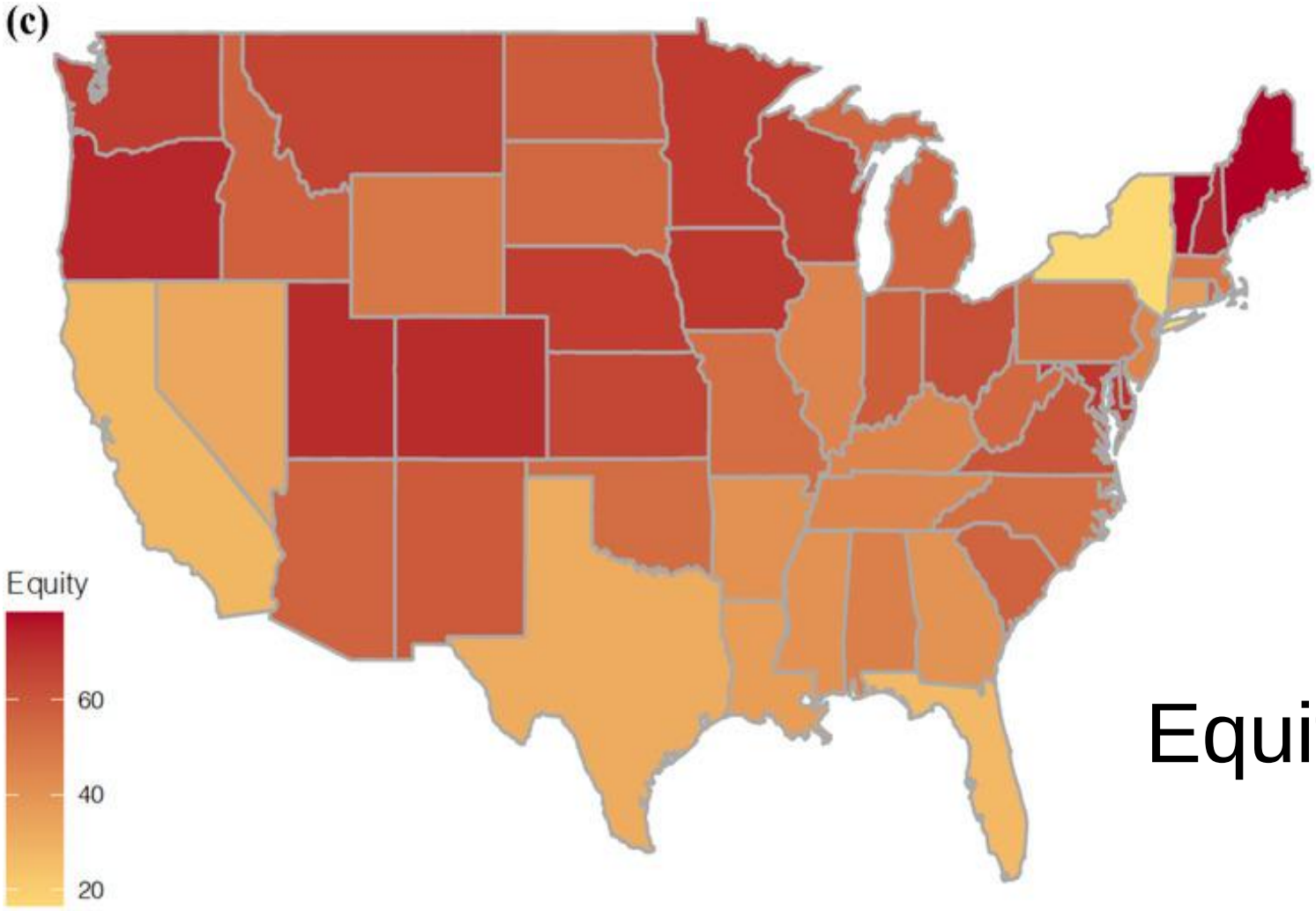

Equity

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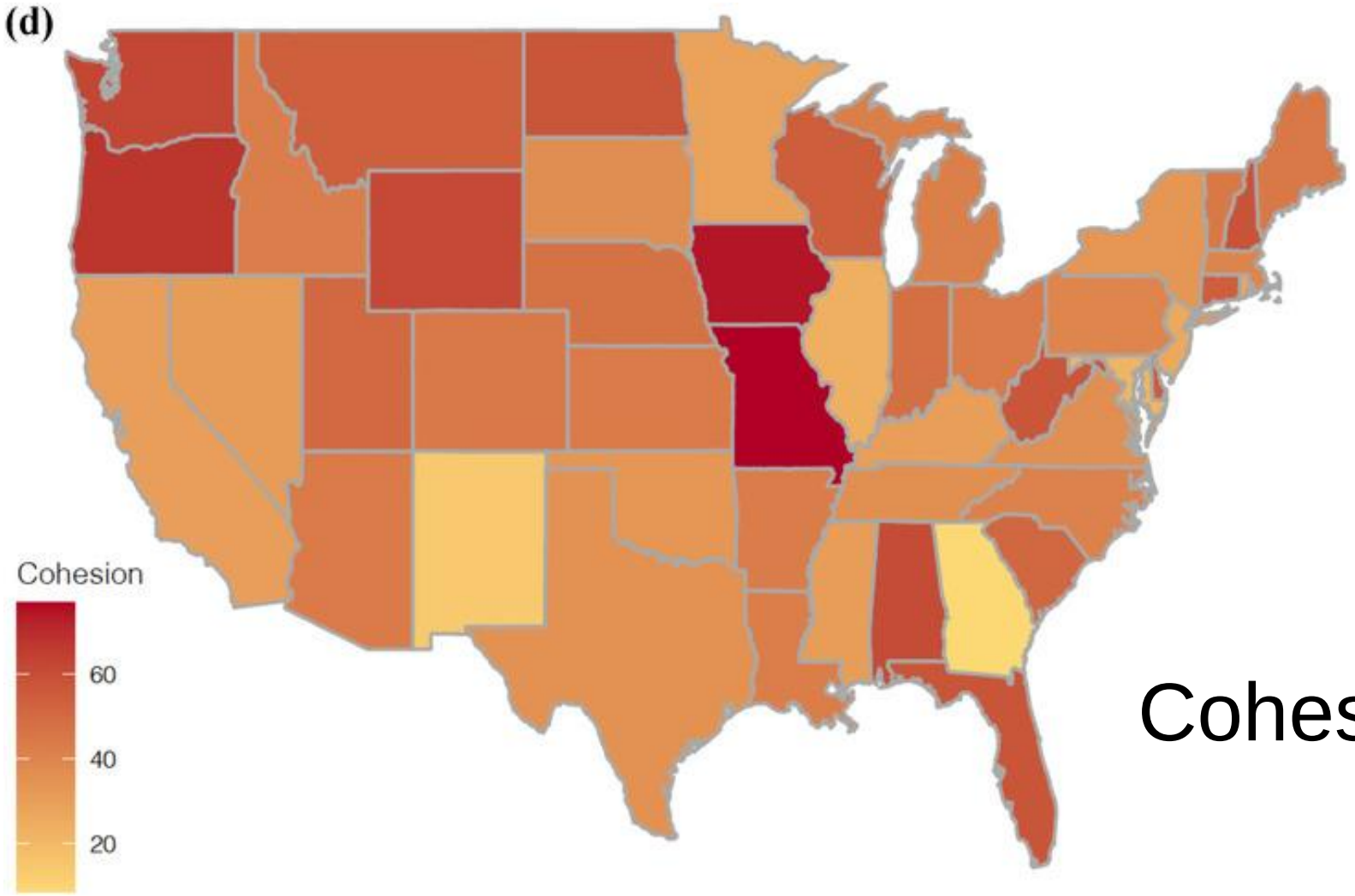

Cohesion

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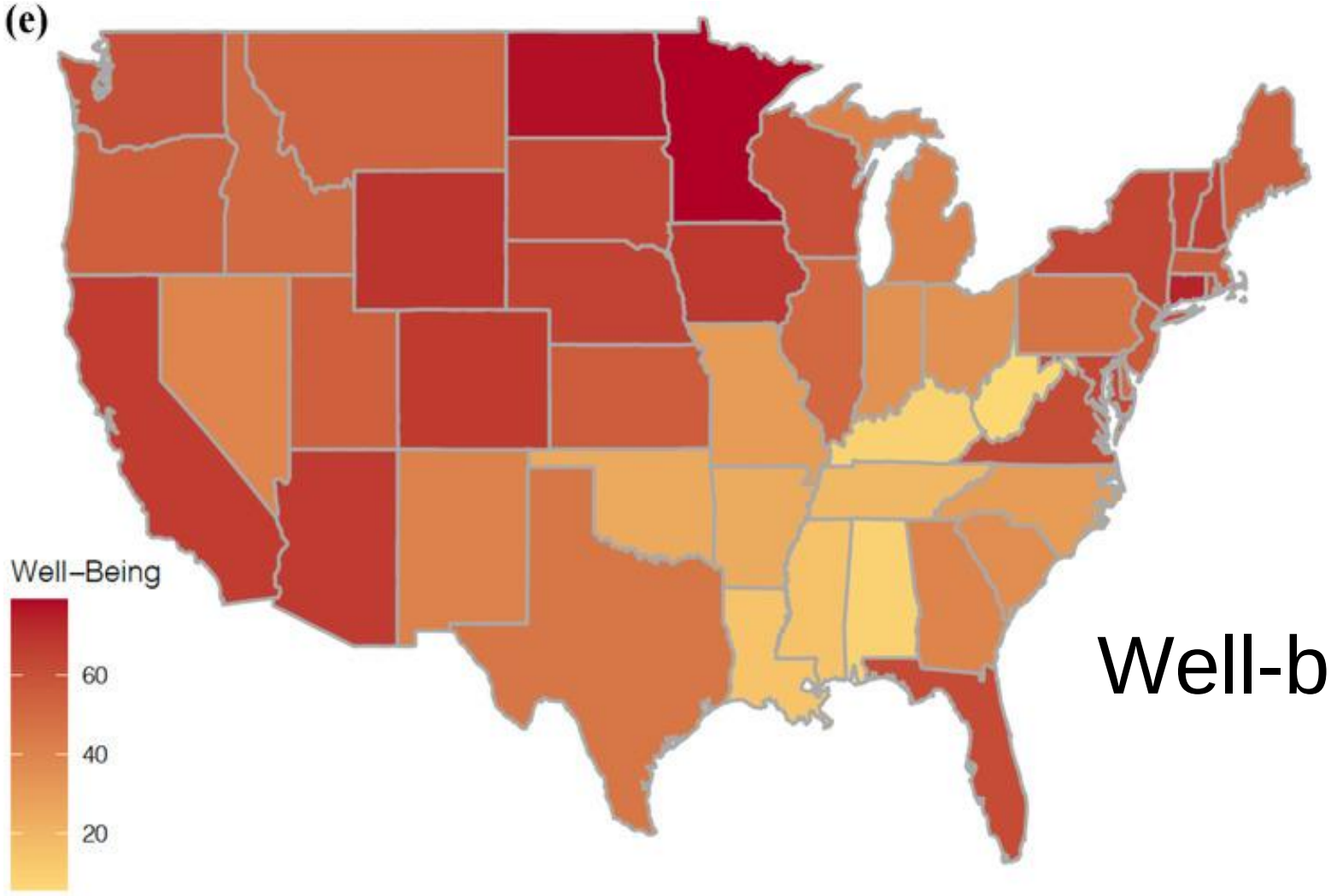

Well-being

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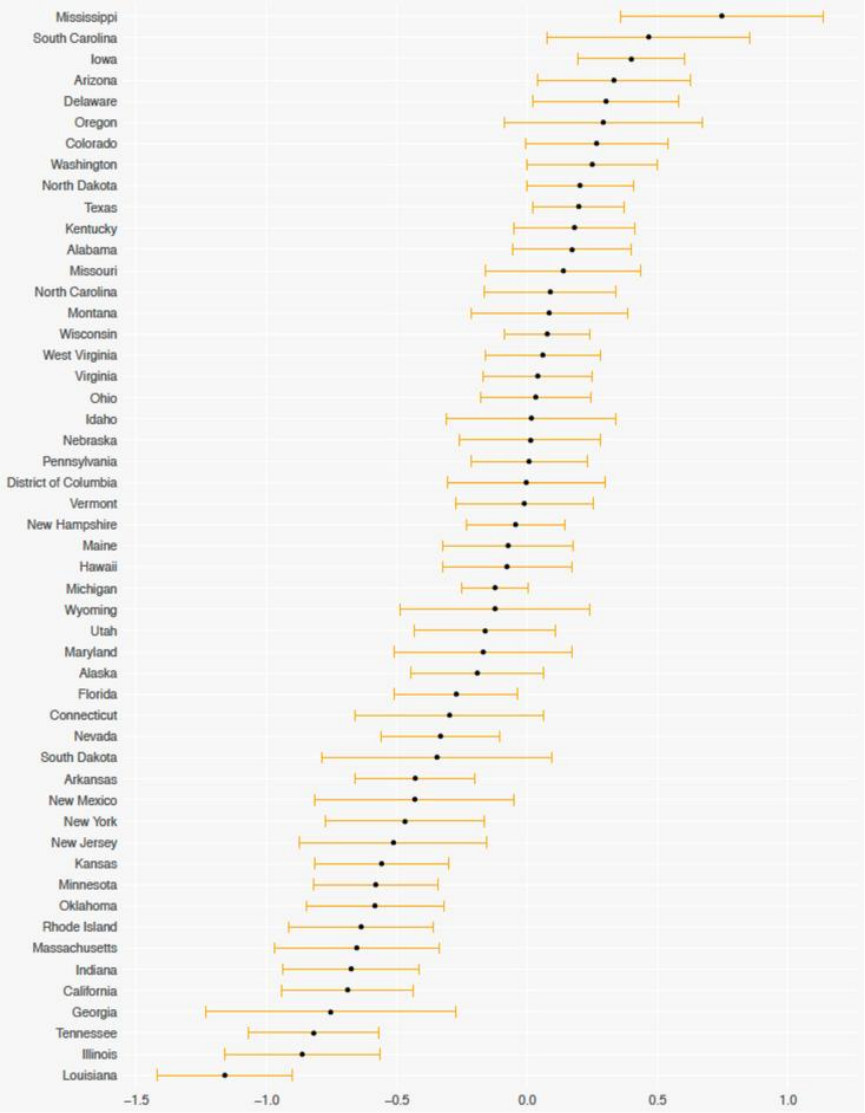

California: 47th

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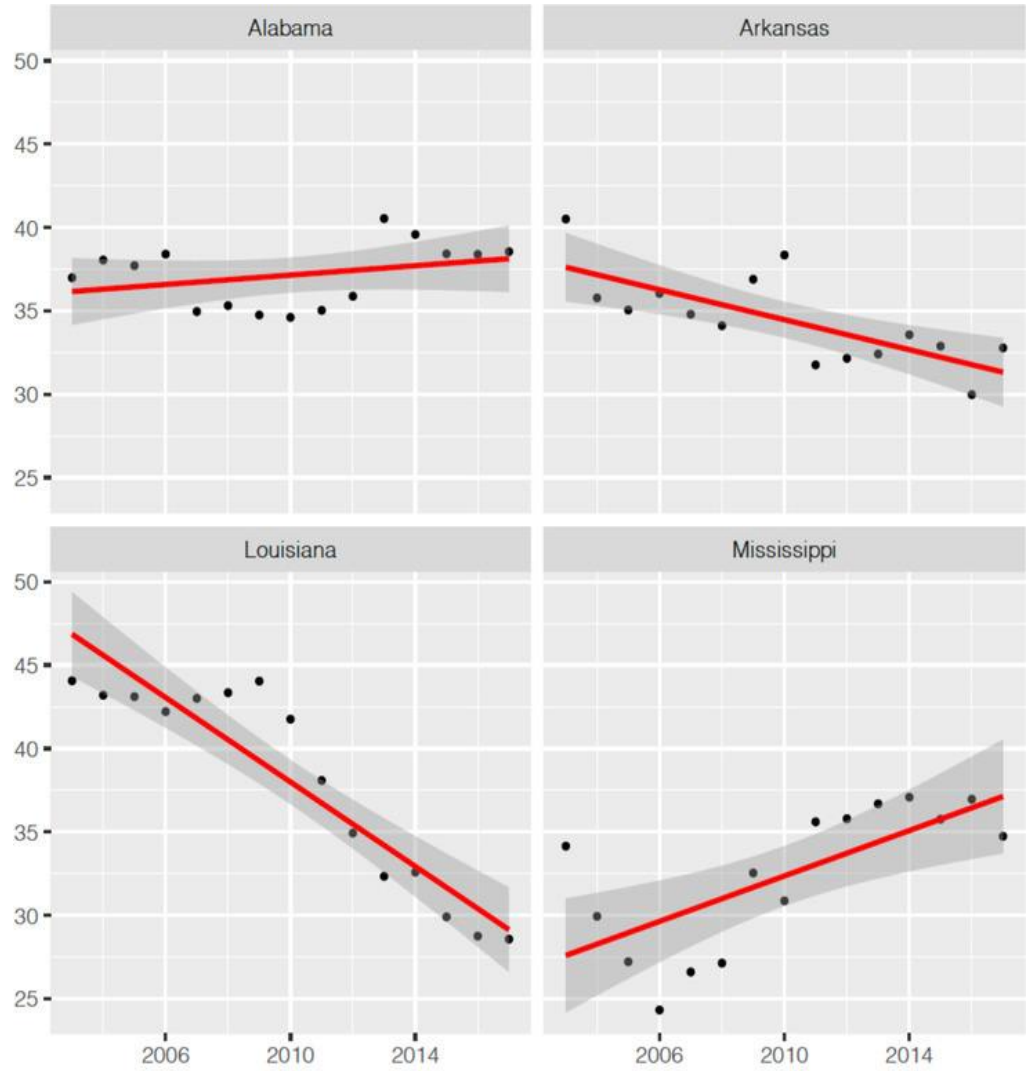
A US State Index of Successful Aging: Differences Between States and Over Time



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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**

CA for ALL Ages & Abilities Day of Action

Partnership Recommendations

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

Event Registration | Lodging & Travel | Travel Stipends | COVID-19 Policy | Contact & Support

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

Goal	Strategy	Data Indicator(s)	Data Source	Gaps
Housing for All Ages & Stages	More Housing Options	# of subsidized housing units per 10k population	AARP Living Index 2018	Current data source dates back to 2018. Housing data should also focus on housing choice voucher program and supportive housing for the elderly program.
	Transportation Beyond Cars	% of all trips that are transit trips (including paratransit) by older adults aged 60+	NHTS 2017	Current data source dated back to 2017. Data source doesn't summarize community transportation options such as dial-a-ride and assisted transportation services.
Health Reimagined	Enrollment in Medicare Plans and Programs	% of beneficiaries enrolled in Original Medicare	CMS 2019	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.
		% of beneficiaries enrolled in Cal MediConnect		
		% of beneficiaries enrolled in Medicare Advantage		

Examples of Existing Data Indicators from MPA Data Dashboard (continued)

Goal	Strategy	Data Indicator(s)	Data Source	Gaps
Inclusion & Equity, not Isolation	Life Satisfaction	% of adults age 60 or older reporting life satisfaction of 8 on a scale of 0-10	CHIS	A better indicator of life satisfaction is the OECD Better Life Index which examines individual's health, education, income, personal fulfilment and social conditions
	Protection from Abuse, Neglect & Exploitation	# of confirmed allegations of abuse by others, adult protective services clients age 65 or older	CDSS APS	Would be helpful to compare and understand trends across other states and baselines
Caregiving that Works	Good Caregiver Jobs Creation	Availability of # of paid caregivers	BLS	This only covers caregivers that are paid not informal caregivers. New CHIS survey and indicators should capture this gap.
Affording Aging	Income Security as we Age	% of adults age 65 or older with a household income below the California Elder Index (CEI)	CHIS	
	Food Insecurity	% of low-income (<200% FPL) adults age 60 or older who are experiencing food insecurity	CalFresh	Information on participation in programs that support food insecurities is not captured only CalFresh

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

Public Comment

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

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

For additional public comment 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.