

Stakeholder Committee Recommendations to the MPA: CA For ALL Ages & Abilities

1. **Committee:** Alzheimer's Disease and Related Disorders Advisory Committee

2. **Primary Contacts:**

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Committee Recommendation #1

3. **Please succinctly describe your Committee's first recommendation:**

Expand training for direct care staff and providers in healthcare settings serving older adults, including those with Alzheimer's. Explore ways to expand career pathways for direct care staff, including the feasibility of tying training to wage increases and expanding community college certification programs for direct care staff.

4. **Which Master Plan for Aging Goal Area(s) does your recommendation align with?**

- Goal Two: Health Care Reimagined
- Goal Three: Inclusion & Equity
- Goal Four: Caregiving that works

5. **Does the recommendation build on an MPA 2021-22 initiative? If so, please indicate below:**

Yes, this builds on the following current MPA initiatives:

- Initiative 64: Dementia Care Aware
- Initiative 111: Direct Care Workforce Solutions Table to address workforce supply challenges
- Initiative 112: Consider expanding online training platforms for direct care workers—including opportunities for dementia training for IHSS family caregivers seeking a career ladder
- Initiative 113: Diversity pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways, High-Road Direct Care)

6. **Please provide the background and problem statement that has led your committee to prioritize this recommendation:**

By 2025, the number of Californians living with Alzheimer's disease will increase 25 percent from 670,000 to 840,000. As a result, there will be an increased need for a skilled workforce with knowledge about Alzheimer's disease and related disorders. Often care providers take care of individuals living with dementia without an understanding of their needs, do not engage care partners that might help ensure

implementation of their care plan, and may not know disability/disease-appropriate language or skills to communicate effectively.

California's direct care workforce is predominantly women and people of color. Most direct care workers earn less than half of California's median annual income and are twice as likely to live in a low-income household, with one in four falling below the federal poverty line. These low-wage jobs currently offer little opportunity for ongoing education and training or career advancement and few opportunities to learn the skills needed to improve the quality of care provided to some of California's more vulnerable residents.

7. What actions or steps are necessary to achieve this recommendation?

- For current care providers in healthcare settings, develop mandatory education and training about dementia, the challenges to caring for individuals living with dementia, knowledge of the needs of individuals living with Alzheimer's and related disorders, effective communication, and engagement of care partners in the care plan. This training should be available for all care providers seeking initial licenses and renewals.
- For current direct care staff, develop an ongoing competency-based training and certification program that is available statewide for direct caregivers with specific tiers of enhanced training aimed at promoting person-centered, culturally and linguistically responsive training that improves outcomes for older adults, including those living with Alzheimer's disease and related disorders. This could be similar to the direct support professional training program being developed by the Department of Developmental Services.
- Use the Direct Care Workforce Solutions Table to identify ways in which the enhanced training can be tied to wage differentials.
- Engage older adult community and residential providers to make the training available to their staff, pay for staff time staff to take the training, and provide input into the most effective methods to pay for increased direct care staff wages.
- Explore pilot programs with one or more community colleges to develop and expand certificate programs for direct caregivers who want to further their skills and have an increased opportunity for a career pathway.

8. How does this recommendation advance equity in aging and disability?

This initiative advances equity in several ways:

- It will improve the quality of care for diverse Californians living with Alzheimer's disease and other dementias.
- It will provide a career path for caregivers who are largely low-income women and people of color and create an opportunity to lift these individuals out of poverty.
- It will help ensure that direct caregivers and care providers in healthcare settings are better able to serve diverse Californians by requiring the training to be culturally and linguistically responsive.

9. What is the estimated or proposed timeline for this recommendation?

- Expand Dementia Care Aware to include all care providers in the healthcare setting by planning the training in 2023 and making the training available beginning in 2024. Assess the feasibility of requiring continuing education and implement the requirements in 2025.
- Work with stakeholders to develop the caregiver training using online training platforms as appropriate in 2023. In 2023, engage older adult community and residential providers to discuss the most effective ways to make the training available to their staff including paying for staff time staff to take the training. Roll out the training in 2024.
- Explore the feasibility of tying the training to wage tiers and the timeline for doing so with the Direct Care Workforce Solutions Table in 2023.
- Develop community college pilot programs to increase the number of certification programs that are available for direct caregivers who want to further increase their skills and have enhanced opportunities for a career path in 2024.

10. What are the proposed outcomes measures for this recommendation?

- The number of care providers in healthcare settings who take the expanded Dementia Care Aware training.
- The number of patients and healthcare partners who express satisfaction with dementia-friendly care following Dementia Aware training.
- Improvement in health care plan implementation following Dementia Care Aware training.
- The number of direct caregivers who participate in each of the training tiers.
- The number of direct caregivers who receive a wage increase as a result of their participation, once wage increases tied to training are available.
- The number of training and/or certification programs developed by community colleges and the number of direct caregivers participating in those programs.



Committee Recommendation #2

3. Please succinctly describe your Committee's second recommendation.

Continue to expand culturally and linguistically competent communications to older adults, people with disabilities, and families as these are barriers that will cause social isolation, especially for those who are non-English speaking or limited English speaking who are new immigrants to the U.S.

4. Which Master Plan for Aging Goal Area(s) does this recommendation align with?

Goal Three: Inclusion & Equity, Not Isolation

5. Does this recommendation build on an MPA 2021-2022 initiative? If so, please indicate below.

Yes, this builds on Initiative 75: Inclusion & Equity in Aging – Continue to expand culturally and linguistically competent communications to older adults, people with disabilities, and families.

6. Please provide the background and problem statement that has led your committee to prioritize this recommendation.

According to the [Centers for Disease Control and Prevention](#), "Social isolation was associated with about a 50% increased risk of dementia and other serious medical conditions...there is strong evidence that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk...immigrant and lesbian, gay, bisexual populations experience loneliness more often than other groups. Latino immigrants, for example, 'have fewer social ties and lower levels of social integration than US-born Latinos.' First-generation immigrants experience stressors that can increase their social isolation, such as language barriers, differences in the community, family dynamics, and new relationships that lack depth or history, the report states. Similarly, gay, lesbian, and bisexual populations tend to have more loneliness than their heterosexual peers because of stigma, discrimination, and barriers to care."

7. What actions or steps are necessary to achieve this recommendation?

Priorities should be given to utilize bilingual and bicultural translators to create culturally and linguistically competent communications with older adults, people living with disabilities, and families, instead of relying on online translation platforms or individuals who have limited knowledge, skills, and abilities in reading and writing their native language and/or the second language.

8. How does this recommendation advance equity in aging and disability?

Implementing this recommendation will ensure that older adults, people living with disabilities, and families who are non-English speaking or limited English speaking have access to resources to break down the barrier of social isolation.

9. What is the estimated or proposed timeline for this recommendation?

- Develop a Steering Committee with members appointed from local community-based organizations serving primarily limited-English speaking or non-English communities to provide advice and to ensure delivery of the recommendation and the achievement of the outcomes in 2023.
- Create an inventory of translated materials and partner with local community-based organizations serving primarily limited-English speaking or non-English communities to assess if these materials are culturally and linguistically competent in 2023.
- Partner with local community-based organizations to create a registry of culturally and linguistically competent translators with the knowledge, skills, and abilities to translate materials that will be easily understood by non-English and

limited-English speaking older adults, people with disabilities, and families in 2023.

10. What are the proposed outcomes measures for this recommendation?

- To increase culturally and linguistically translated materials that will be easily understood by non-English and limited-English speaking older adults, people with disabilities, and families.
- To help decrease social isolation, especially for non-English speaking or limited English speaking individuals who are new immigrants to the U.S.

Committee Recommendation #3

3. Please succinctly describe your Committee’s third recommendation:

Support the needs of unpaid/family caregivers through a multi-prong approach of providing financial support; offering training; and increasing investments in and access to respite services.

4. Which Master Plan for Aging Goal Area(s) does your recommendation align with?

- Goal Two: Health Reimagined
- Goal Four: Caregiving That Works
- Goal Five: Affording Aging

5. Does the recommendation build on an MPA 2021-22 initiative? If so, please indicate below:

Yes, this builds on the following current MPA initiatives:

- Initiative 66 (within Dementia in Focus) - Assess options to increase Adult Day Services, especially for people with dementia
- Initiative 110 (within Family and Friends Caregiving Supports) - Consistent with CalAIM, expand respite care for family caregivers.
- Initiative 120 (Income Security as We Age) - In State Planning for Affordability, include aging, disabled, and caregiving populations and life course considerations.
- Initiative 128 (Income Security as We Age) - Review CalEITC participation data by older adults for equity and consider reforms to expand access and impact.

6. Please provide background and problem statement that has led your committee to prioritize this recommendation:

Unpaid caregivers have been on the front line in supporting their family members and loved ones during the pandemic. Based on the [California Health Interview Survey](#), 1 in 4 Californians currently provide 20 hours or more of care to family and loved ones. Still, only 1 in 11 received any payment for the care they provided. With respect to Alzheimer’s, the [California Department of Public Health \(CDPH\) Alzheimer’s report](#) found that 1.6 million Californians are providing care for loved

ones living with Alzheimer's. In addition, 67% of California family caregivers pay out of pocket to care for a loved one, with costs averaging well over \$10,000 per year. The report also found that Black and Latino caregivers spend a higher proportion of their income on out-of-pocket expenses. The needs of California caregivers are evident and real.

By 2025, the number of Californians living with Alzheimer's will increase 25 percent from 670,000 to 840,000 and be supported by 1.6 million caregivers. The number of individuals living with Alzheimer's is expected to double by 2040, based on the CDPH report. Given this growth, caregivers must have the training, respite, and financial support necessary to support their loved ones.

7. What actions or steps are necessary to achieve this recommendation?

- Financial support for unpaid caregivers through vehicles such as a tax credit or a Long-Term Services and Supports benefit is easily understood and accessed.
- Building both increased access and awareness to state-developed dementia-specific training for unpaid caregivers, as well as expansion of Alzheimer's Day Care Resource Centers (ADCRC), with a focus on disproportionately impacted communities of color.
- Increased investment into respite services for family caregivers, such as the Caregiver Resource Centers, focuses on providing this service to communities of color.

8. How does this recommendation advance equity in aging and disability?

The CDPH report concluded that out-of-pocket expenses for unpaid caregivers in the Black, Latino, and AAPI communities are higher than the statewide average. Affordability, just like the prevalence of the disease, disproportionately impacts these communities. Thus, addressing this challenge with new statewide programs helps address the equity challenges of aging and Alzheimer's. Additionally, more awareness of current and future programs that provide training and respite to unpaid/family caregivers must be focused on disproportionately impacted communities to ensure the most significant impact.

9. What is the estimated or proposed timeline for this recommendation?

Develop proposals in 2023 that could be included in the state budget, increasing financial support for unpaid caregivers, providing funding for additional respite services, and expanding Alzheimer's Day Care Resource Centers. The goal would be to have them achieved in 2024.

10. What are the proposed outcomes measures for this recommendation?

- Financial support: The outcomes would be the number of individuals who receive financial support through a tax credit or long-term care benefit, or other expanded benefit.
- Dementia training: The outcomes would be the development of a training component available to the public, and how many individuals access it and positively evaluate the program.

- Respite Services: The outcome would be the number of new individuals served through the increased investment in the program and measures demonstrating the success in expanding the availability of the service in underserved communities of color.